

**Service Provider Corporate Standards**

**Name of Agency:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

**Name of Executive Director:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address of Corporate Site:** \_\_\_\_\_

**Services Provided at Corporate Site:** \_\_\_\_\_

Administrative Standards	Findings		Comments
<i>Provider submits the following documentation electronically on cd for review; when minutes, reports or data are requested, please submit <b>six</b> months worth reflective of the most current time period.</i>	Met	Not Met	
1) The management group designated to oversee the provision of services has sufficient management capacity and authority as evidenced by: <ul style="list-style-type: none"> <li><input type="checkbox"/> Governing by-laws that define scope, authority, and membership of management group</li> <li><input type="checkbox"/> Organizational chart indicates management structure that administratively supports size and scope of service provision</li> <li><input type="checkbox"/> Articles of incorporation coincide with governing board/executive management infrastructure</li> <li><input type="checkbox"/> Conflict of interest policy (related to governing board/management team)</li> </ul>			
2) The executive director has an advanced degree from an accredited college/university in a related field ( <i>business or human services</i> ) with at least 2 years related experience in management, business or fiscal operations <u>or</u> a bachelors degree in a related field with at least 5 years experience in management, business, or fiscal operations as evidenced by: <ul style="list-style-type: none"> <li><input type="checkbox"/> Executive Director's resume and evidence of diploma/credentials (transcript)</li> <li><input type="checkbox"/> Documentation of background check of Executive Director without finding of a felony criminal conviction or a sex offender conviction.</li> </ul>			
3) The management group is active in the oversight of the agency's operations: [active oversight includes review of financial reports, approval of policy, strategic planning, vision, mission and philosophy, oversight of the executive director], as			

<p>evidenced by:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Strategic plan (or other long term plan)</li> <li><input type="checkbox"/> Review of portions of management group minutes that indicate that the above reports are reviewed and discussed</li> </ul>		
<p>4) The agency has a continuity of operations plan for the Executive Director and key management staff (delegated authority in the even of extended leave or resignation) as evidenced by:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Continuity of operations plan</li> </ul> <p>5) The agency has training capacity to meet all compliance requirements and support the size and scope of service provision as evidenced by:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Training Plan for all levels of staff that includes the minimum regulatory requirements as well as provides opportunities for trainings on Best Practices (BP) and/or Evidence Based Practices (EBP).</li> <li><input type="checkbox"/> Organizational chart indicates training structure that supports size and scope of service provision</li> <li><input type="checkbox"/> Personnel policy on required employee training including orientation and annual training requirements</li> <li><input type="checkbox"/> Reports track training test scores and provide aggregate data. The benchmark is that all staff score an average of 80% training proficiency</li> <li><input type="checkbox"/> Sample training curriculum</li> <li><input type="checkbox"/> Provides opportunity for professional growth</li> </ul>		
<p>6) Compliance/Risk Management Department – Entity must demonstrate a compliance program that includes periodic audits of services provided by trained personnel, training of all personnel in compliance and ethics principles, evidence of repayments of amounts discovered to have been paid in error.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Compliance Officer with certification in compliance capability from a national compliance association and/or an advanced degree such as a JD or Masters in forensic accounting</li> <li><input type="checkbox"/> Compliance Plan that meets the guidelines of the OIG (Office of Inspector General)</li> </ul>		
<p><b>Fiscal Management</b></p>	<p><b>Findings</b></p>	<p><b>Comments</b></p>

	Met	Not Met
<p><i>Provider submits the following documentation on cd for review; when reports or data are requested, unless noted otherwise; please submit <b>six</b> months worth reflective of the most current time period.</i></p>		
<p>7) The agency has fiscal management structure to meet all compliance requirements and support the size and scope of service provision as evidenced by:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Designated finance officer on staff or under contract with five years of verified fiscal management experience at the senior management level and CPA license.</li> <li><input type="checkbox"/> Finance staff with 2-4 years of experience in their related disciplines: Accounts Payable, Accounts Receivable, Payroll and Financial Reporting.</li> <li><input type="checkbox"/> The Provider maintains sufficient cash flow to operate for one or more quarters.                             <ul style="list-style-type: none"> <li><input type="checkbox"/> There is an active Line of Credit in place.</li> <li><input type="checkbox"/> There are cash reserves on hand.</li> </ul> </li> <li><input type="checkbox"/> The Provider has filed the required State Cost Reports in a timely and accurate fashion.</li> </ul>		
<p>8) The provider agency has a written policy and procedure for retaining a reputable external Accounting Firm to perform annual financial reviews as evidenced by:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The Accounting Firm is in good standing with the North Carolina Board of CPA Examiners.</li> <li><input type="checkbox"/> The financial firm retained to perform the review uses generally accepted accounting principles.</li> <li><input type="checkbox"/> The provider agency has received at least one external financial review which is available for review.</li> <li><input type="checkbox"/> The external financial review does not contain any “going concern”</li> </ul>		

<p>comments that question whether the agency has the financial strength to continue.</p>		
<p>9) The provider has an Accounting Policy and Procedure manual that addresses:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Internal controls as they relate to the Financial Statements, Cash, Assets, etc.</li> <li><input type="checkbox"/> Separation of duties within the Accounting department to help prevent fraud.</li> <li><input type="checkbox"/> Development and revision of annual budgets.</li> <li><input type="checkbox"/> Monitoring of financial information no less than quarterly.</li> <li><input type="checkbox"/> Monitoring of cash flow at least monthly to ensure that the Agency is solvent.</li> <li><input type="checkbox"/> Timely and accurate preparation of Financial Statements.</li> </ul>		
<p>10) The Provider has Information Systems that will allow them to timely report on the financial operations of the organization.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Integrated Accounting systems that will pull together the necessary financial information from Accounts Payable, Accounts Receivable, Payroll and General Ledger sub-ledgers.</li> <li><input type="checkbox"/> Electronic systems to monitor the productivity of operations staff.</li> <li><input type="checkbox"/> Electronic billing systems that allow for timely billing and cash positing.</li> <li><input type="checkbox"/> Monthly Financial Reporting sent to Operations staff by the 15<sup>th</sup> of each month.</li> <li><input type="checkbox"/> Receivable reporting shared with Operations to ensure that outstanding invoices are collected in a timely manner.</li> </ul>		
<p><b>Quality Assurance/Improvement</b></p>	<p><b>Findings</b></p>	
<p><i>Provider submits the following documentation on cd for review when minutes, reports, forms or data are requested; unless noted otherwise, please submit <b>six</b> months worth</i></p>	<p>Met      Not Met</p>	

<p><i>reflective of the most current time period.</i></p>		
<p>11) The agency has attained and is able to maintain a 3-year accreditation by one of the four DHHS approved national accrediting bodies.</p>		
<p>12) The agency has quality management structure to meet all compliance requirements and support the size and scope of service provision as evidenced by:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> An identified staff person, who has at least 2 years experience in quality assurance activities, that manages quality assurance/improvement activities (job description/resume)</li> <li><input type="checkbox"/> QA/QI oversight committee to review regular reports on service quality and trends, Best Practice/EBP outcomes, and to oversee projects that demonstrate QI/QA activities (review of sample QA/QI Comm minutes)</li> </ul>		
<p>13) The agency has credentialing process for all new hires that includes review of education and experience and assesses what level of service provision a staff person is qualified to provide, supervision level, and training needs.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Credentialing (review primary source verification of education, credentials and experience) policy/procedure</li> <li><input type="checkbox"/> Reports available that track incidents of non-credentialed staff providing services and show no more than 5% failure in aggregate on average.</li> <li><input type="checkbox"/> Peer Review or QA Committee minutes</li> </ul>		
<p>14) The provider conducts consistent periodic review of case records for quality, completeness and regulatory compliance. The benchmark is that the provider agencies are not subject to more than 5% payback of annual aggregate receipts in response to external audits</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Record review policy/procedure</li> </ul>		
<p>15) Data gathering and reporting in <i>addition</i> to regulatory requirements (incident reporting, complaints, etc.) such as; consumer satisfaction, service outcomes (including Best Practice/EBP outcomes), employee satisfaction, etc. The benchmark is no more than 5% failure for timely filing of IR.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adjunct data/outcome reports</li> <li><input type="checkbox"/> Surveys/measurement tools</li> </ul>		

<ul style="list-style-type: none"> <li><input type="checkbox"/> Agency communications related to aggregate findings/analysis (reports, newsletters, web site)</li> <li><input type="checkbox"/> Identify computer system or software used to support data collection and reporting</li> </ul>		
<p>16) Client Rights Committee ensures client rights protections by including a review of data regarding consumer complaints and adverse events in order to assure actions to respond to complaints and prevent further incidents.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Client Rights Committee Policy/procedure (inclusive of composition and process for identifying members)</li> <li><input type="checkbox"/> Orientation plan and training information provided to members</li> <li><input type="checkbox"/> Client Rights Committee minutes</li> <li><input type="checkbox"/> Data collection reflecting number/type of complaints and resolutions</li> </ul>		
<p>17) Quality Improvement Plan – plan that goes beyond basic QA and defines specific objectives for on-going assessment of agency needs, as well as assessment of risks and reporting what is learned and how findings are implemented into new practices</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> QI Plan – should include agency’s leadership, actions to complete, how information will be reported and tie in with agency’s strategic plan</li> <li><input type="checkbox"/> Evidence of progress toward implementation of QI plan; e.g.: developed tools, procedures implemented, Gantt chart, etc.</li> <li><input type="checkbox"/> Evidence of review and incorporation of internal and external evaluations of agency services/programs</li> <li><input type="checkbox"/> Demonstrated activities to incorporate best and evidence based practices into service array.</li> </ul>		
	<b>Findings</b>	<b>Comments</b>
<b>Clinical Standards</b>		
<p>18) The agency has clinical management structures to provide appropriate clinical supervision and support the size and scope of service provision as evidenced by:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Organizational chart indicates clinical positions and oversight structure.</li> <li><input type="checkbox"/> The agency employs a full time Licensed Clinical Director whose job roles</li> </ul>		

<p>and responsibilities include the following:</p> <ul style="list-style-type: none"><li>○ Participation in the development, implementation, and oversight of Clinical Policies and Procedures for the agency.</li><li>○ Oversight of clinical supervision activities and programs.</li><li>○ Coordination and interface with Quality Assurance/Quality Improvement (QA/QI) activities as indicated in the Clinical Policy/Procedures and the QA/QI Policy/Procedures.</li><li>○ Some agencies provide services that require licensed professional as part of the staffing requirement (e.g., SAIOP, ACTT). This licensed professional cannot serve as the agency's licensed professional for specific services.</li><li>○ Participation with state and local stakeholders around development and implementation of new policies and procedures.</li></ul>		
<p>19) The agency has policies and procedures that include the following clinical structures:</p> <ul style="list-style-type: none"><li>□ Clinical capacity for programmatic oversight by licensed clinicians for all programs as demonstrated by peer review reports indicating:<ul style="list-style-type: none"><li>▪ Clinically appropriate assessment, person-centered planning, and therapeutic interventions are delivered within the specific service definitions. Benchmark is 80% findings of clinical appropriateness</li><li>▪ Clinically appropriate services are delivered to eligible recipients within the service definitions (right person, right treatment, right intensity, frequency and duration). Benchmark is 80% findings of clinical appropriateness</li><li>▪ Clinical staff operating within their appropriate scope of practice for services delivered. Benchmark is 90%</li></ul></li><li>□ Clinical supervision structure requires clinical supervision for all staff providing direct support as demonstrated in supervision agreements and supervision documentation.</li></ul>		

<ul style="list-style-type: none"> <li><input type="checkbox"/> On-call first responder structure has two levels of clinical back up</li> <li><input type="checkbox"/> Policy/procedure requiring consultation between the psychiatrist(s) and primary care provider.</li> <li><input type="checkbox"/> Policy/procedure requiring consultation between basic benefit provider (therapist, psychiatrist) and case manager/enhanced service provider as applicable</li> <li><input type="checkbox"/> Clear process for measuring and reporting clinical outcomes by program and individual (e.g., homelessness, hospitalizations, maintaining community placement, sobriety/abstinence from substances, legal involvement).</li> </ul>		
<p>20)The agency has defined relationship with psychiatric support with capacity to provide psychiatric service to population served by provider as demonstrated by:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Signed job description(s) or contract(s)</li> <li><input type="checkbox"/> Verification of active license</li> <li><input type="checkbox"/> Paid claims reports indicating services such as medication management and medication evaluation have been provided and continue post discharge from other basic and enhanced benefit services.</li> <li><input type="checkbox"/> Policy or contract language includes requirement for shared data reporting between psychiatric provider and comprehensive provider</li> </ul>		
<p>21) The agency has defined relationship with primary care providers with each geographical location in which it is located.</p>		
<p>22) The agency has a demonstrated relationship with CCNC local network</p>		
<p>23) The agency has defined relationship with licensed specialists in the areas of developmental disability and/or substance abuse as demonstrated by:</p> <ul style="list-style-type: none"> <li>a. Signed job description(s), contract(s), and/or affiliation agreements.</li> <li>b. Verification of active license</li> <li>c. Policy or contract language includes requirement for case/program</li> </ul>		

<p>consultation and/or direct service provision when necessary and appropriate.</p> <p>d. Peer review reports indicate SA or DD services have been provided as indicated on PCP.</p>		
<p>24) The agency has written policies and procedures requiring a first responder system consistent with state policy that includes the following.</p> <ul style="list-style-type: none"> <li>a. Availability of a 24/7/365 telephone response first responder system based on services provided</li> <li>b. Clear process for consumers to connect with agencies first responder system.</li> <li>c. Triage and assessment procedures to address on-call activities.</li> <li>d. Identification of response based on triage/assessment.</li> <li>e. Identification of local resources for additional crisis support.</li> <li>f. Internal validation and reporting of effective first responder access (e.g., test calls)</li> <li>g. Process for measuring and reporting specific clinical outcomes (e.g., crises de-escalated, hospitalizations, law/medical personnel involvement, etc.)</li> <li>h. Licensed clinician case consultation including debriefs and problem-solving for critical incidents including but not limited to: completed suicide/homicide, hospitalizations, incarceration, etc.</li> </ul>		
<p>25) The agency must demonstrate capacity to provide a set of integrated or linked service functions as a standalone agency or through affiliation agreements (this continues to need definition). Minimally the following must be provided:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Services provided by licensed clinicians within the clinical structures as defined above:             <ul style="list-style-type: none"> <li><input type="checkbox"/> Medication management</li> <li><input type="checkbox"/> Comprehensive Clinical Assessment</li> <li><input type="checkbox"/> Out Patient Therapy</li> <li><input type="checkbox"/> Psychiatric evaluations</li> </ul> </li> </ul>		

<ul style="list-style-type: none"> <li><input type="checkbox"/> Psychological testing</li> <li><input type="checkbox"/> Case Management functions as defined by the state</li> <li><input type="checkbox"/> Skill Intervention Service as defined by the state and provided by LP/QP staff</li> <li><input type="checkbox"/> Maintenance Effort Service as defined by the state and provided by AP/PP/Peer Specialist</li> <li><input type="checkbox"/> A minimum of 2 additional enhanced benefit services</li> </ul>		
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## GLOSSARY

**Accounts Receivable** – Money a company is owed for rendering its services and products.

**Best Practice (BP)** - treatments and services that are promising but less thoroughly documented - models or interventions that have not yet been replicated but are identified as “promising practices” because they show benefit based on collective practice or outcome data.

**CEU’s** – The Continuing Education Unit is a standard unit of measure, to quantify continuing adult education and training activities. Many professions require those licensed in the profession to take a certain number of continuing education hours each year.

**Continuity of Operations Plan** - refers to the preparation or plan the agency maintains related to the continuation of essential operations in the case of extended leave of the director or key personnel.

**Cost Analysis** - breaking down the costs of some operation and reporting on each factor separately.

**Credentialing** – is defined as a process for validating professional licensure, clinical experience and education.

**Evidence Based Practice (EBP)** - is an approach to care wherein professionals use the best evidence possible, i.e. the most appropriate information available, to make clinical decisions for individual patients. EBP promotes the collection, interpretation, and integration of valid, important and applicable patient-reported, clinician-observed, and research-derived evidence. The best available evidence, moderated by patient circumstances and preferences, is applied to improve the quality of clinical judgments and facilitate cost-effective care.

**Gantt Chart** – a horizontal bar chart frequently used in project management, a Gantt chart provides a graphical illustration of a schedule that helps to plan, coordinate, and track specific tasks in a project. Gantt charts illustrate the start and finish dates of the elements that comprise the work breakdown structure of a project.

**Generally Acceptable Accounting Practices** - A widely accepted set of rules, conventions, standards, and procedures for reporting financial information, as established by the Financial Accounting Standards Board.

**Line of Credit** - An arrangement in which a bank or vendor extends a specified amount of unsecured credit to a specified borrower for a specified time period.

**MOU** – A legal document outlining the terms and details of an agreement between parties, including each parties requirements and responsibilities.

**Peer Review** - a process of subjecting a staff person's work (or credentials/experience in this reference) to the scrutiny of others who are in the same field and/or have expertise and knowledge of the evaluated subject.

**Quality Assurance** – a process or program for the systematic monitoring and evaluation of the various aspects of a project, service, or facility to ensure that standards of quality (regulatory requirements) are being met. Quality assurance includes formal review of care, problem identification, corrective actions to remedy any deficiencies and evaluation of actions taken.

**Quality Improvement** – refers to the on-going betterment or enhancement of a product, service, or facility for the benefit of the consumer and the organization; activities devoted to maintaining and improving work process performance through small and gradual improvements as well as radical innovations.

**Social Marketing** - refers to a marketing plan designed to increase public awareness and reduce the stigma attached to disabilities; as well as increase the visibility of the provider agency in the community to promote collaboration, consumer rights and access.

**Successful Discharge** – the discontinuation of services to a consumer after the consumer has made sufficient progress in identified goals to either step down to a lower level service (external to the existing agency) or be self sustaining.

**Supervision Plan** - a plan that identifies the level (frequency/duration) and type (i.e. clinical) of supervision an employee receives. A supervision plan identifies knowledge and skills/competencies to be acquired, education/training to be received, and activities the employee will engage in. These may be general statements or written in the form of specific objectives that the employee will achieve within a defined time period.