

## Concerns Regarding Comprehensive Provider Document

Provider Responses	Fiscal	Clinical Director	Executive Director	Specific Standards	State Level Verification	State/Medicare	Multiple Services	Social Marketing	National Accreditation	Required Services	Misc
1			X						X		
2									X		
3									X		
4								X	X	X	
5					X				X		CSP affiliates
6							X		X		Duplication of monitoring
7		X	X						X		QA Staff Requirements
8	X								X		CSP by disability
9											Document creates more problems, it's not good for small providers and it increases costs
10						X			X		Comments were unrelated to the document
11											scrap it
12	X								X		this will not improve care
13									X		
14									X		
15	X								X		excessive requirements
16						X			X		the document is not reasonable, proprietary issues -board minutes, no longer site/service specific
17		X		X							Review 1 time
18					X				X		Change headings, desk audit
19									X		

## Regional Review Panel Standards For Comprehensive Provider

**Name of Agency:** \_\_\_\_\_  
**Name of Executive Director:** \_\_\_\_\_  
**Address of Corporate Site:** \_\_\_\_\_  
**Accreditation Organization:** \_\_\_\_\_  
**Date Submitted:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

	Findings	Comments
	Met	Not Met
1) Provider must be accredited by one of the following accreditation bodies: <ul style="list-style-type: none"> <li><input type="checkbox"/> CARF (The Commission on Accreditation and Rehabilitation Facilities)</li> <li><input type="checkbox"/> JCAHO (The Joint Commission on Accreditation of Healthcare Organizations)</li> <li><input type="checkbox"/> COA (The Council on Accreditation)</li> <li><input type="checkbox"/> CQL (The Council on Quality and Leadership)</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	Letter from accrediting body for accreditation of 3 years.
2) Provider delivers three (3) or more Community Intervention Services and Diagnostic Assessment in each market.	<input type="checkbox"/> <input type="checkbox"/>	Documentation of three or more LME Endorsed Enhanced Services including Diagnostic Assessment.
3) Provider has at least one (1) FTE Psychiatrist	<input type="checkbox"/> <input type="checkbox"/>	Copy of License; Board Certification; Job description/contract; at least 32-40 hours.  Requires interview with Regional Team
4) Provider has a Masters level Clinical Director (1FTE) that is Licensed.	<input type="checkbox"/> <input type="checkbox"/>	Copy of License Requires interview with

		Regional Team
<p>5) Provider delivers Community Intervention Services to Medicaid and State funded Consumers.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6) Standard Contract for Comprehensive Providers signed by the Provider</p>	<input type="checkbox"/>	<input type="checkbox"/>

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Comprehensive Provider (CP) –

1. Determination of CP status completed by a Regional Panel made up of one LME representative ( from each LME) and at least one rep from DMA and DMH. State representatives must concur with any final determination.
  - a. Process requires interview with the following CEO, Medical Director/Psychiatrist and the Clinical Director.
  - b. Requires provider ( not the LME) to sign standard contract attesting to its ability to meet the terms and conditions. Prior history of contract compliance in this region is applicable in the final determination.
2. Review for site and service endorsement consistent with rule. Provider must meet the expectations for the minimum number of services by market.
3. Regional Panel may review individual endorsement actions by LMEs.
4. Regional Panel approves ( or disapproves) Provider allowing individual LME(s) to sign contract
5. Verification of contract compliance (sub recipient monitoring) completed by LMEs. Issues of non compliance sufficient for termination require review by Regional Panel.

The purpose of the regional review is to move away from local disputes regarding individual sites/services to Corporate level actions (by region) that are violations of a contract.

Assumes litigation as a result of contract terminations are between the State of NC and the Comprehensive Provider.