



**VERMONT AGENCY OF HUMAN SERVICES
DEPARTMENT OF MENTAL HEALTH**

Additional Agency Review

**Northeast Kingdom Human Services
(NKHS)**

DRAFT

December 3, 2020

Additional Agency Review for Northeast Kingdom Human Services (NKHS)

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1. Process Overview

Designation Requirements

The *Administrative Rules on Agency Designation* require Vermont's designated agencies (DAs) and specialized services agencies (SSAs) to go through a process of redesignation every four years. The *Administrative Rules* can be found on DMH's website, <https://bit.ly/2GsYQK1> or DAIL's website, <https://bit.ly/2Dh1hvk>. The *Administrative Rules* state that for "each population served by the departments, the Commissioners shall designate one agency in each geographic area of the state to assure that people in local communities receive services and supports, consistent with available funding, the state System of Care Plans, the local System of Care Plans, outcome requirements, regulations promulgated by [DMH and DAIL], the goals of Vermont for its citizens, the goals of the citizens themselves, and other policies, plans, regulations, and laws."

The *Administrative Rules on Agency Designation* require that a Designated Agency maintain one of four statuses during the Designation Period (in the absence of a De-Designation status):

1. Designated, no further action required
2. Designated, with minor deficiencies *
3. Provisional Designation without intent to de-designate *
4. Provisional Designation with intent to de-designate *

*A required Plan of Corrective Action must be completed within a time limit agreed upon by two parties.

Additional Agency Review (AAR)

Designated Agencies are required to maintain adherence with Administrative Rules standards throughout the term of the Designation period. Provisions are made within the Administrative Rules for DMH to re-evaluate adherence with Administrative Rule standards in circumstances that require additional examination during the Designation period. Pursuant to the *Administrative Rules on Agency Designation*, revised June 1, 2003, in §§ 10, Additional Agency Reviews (AAR's) may occur to ensure that Designated Agencies (DAs) and Specialized Service Agencies (SSAs) are in compliance with departmental rules, regulations, and contract or grant requirements, along with the department's mission and the local system of care plan, These reviews are generally scheduled to take place before the official designation process and are meant to provide agencies with information that will help them meet designation requirements and inform DMH in the redesignation process or may occur ad hoc when concerns arise as outlined in §§ 10.

In 2018, NKHS was designated with minor deficiencies, with re-designation to occur between calendar years 2021-2022. A Plan of Correction addressing deficiencies was submitted following the DMH site visit as required and it was accepted by DMH in August 2018.

Following a series of communications between DMH and NKHS in 2019 totaling 18 different letters/emails prior to and at the site visit in March, and from staff and stakeholders across departments regarding ongoing concerns in the areas of fiscal priorities, lack of support from leadership, organizational restructuring,

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diminished staff morale, staff turnover, and concerns for the quality of services provided at NKHS, the DMH and DAIL Commissioners met with the Executive Director and the NKHS Board of Directors to discuss necessary strategies to address these concerns. The nature of the concerns echoed complaints raised in 2018 in the areas of Agency Governance and Agency Organization/Administration, leaving DMH concerned that any corrective actions outlined in the NKHS plan had not been sufficient to remedy the deficiencies. DMH notified NKHS of its intention to conduct an additional Agency Review in January 2020.

NKHS currently holds Full Designation through Calendar Year 2022. An AAR was conducted to determine if a change in designation status is warranted during the current period of designation. Information gathering and interviews were conducted prior to the emergence of the COVID-19 pandemic. To avoid potential community spread and in recognition of impacts to both state and local workforces providing other critical service needs, all non-critical activities were temporarily suspended for a period of months. This suspension of non-essential functions unfortunately resulted in a delay in completing and providing a timely Additional Agency Review Report for NKHS. Since the site visit in March of 2020, DMH has received an additional 36 different communications from 16 different individuals across more than five NKHS departments continuing to voice the same concerns.

Designation Status Review

In parallel to AAR activities, DMH personnel are expected to conduct a verification of NKHS' functioning as an agency and the quality of services provided relative to the existing *Administrative Rules standards* applicable and its current Designated Agency status. Any findings and/or deficiencies in standards requirements pertaining to a current designation status must be addressed. Designation status may change depending on the number of deficiencies or presence of major deficiencies identified.

Additional Agency Review/Designation Status Report

The comprehensive review of documents and on-site activities result in a combined report reflecting components of an AAR and any standards deficiencies identified that may impact the current Agency Designation status. Not all designation sections may be reviewed as part of an AAR. During an additional focused review, only applicable sections, standards, and requirements will be reviewed and applied. If any standards for designation are deemed to be deficient or to no longer meet the requirements for the standing designation outcome, corrective actions are identified in each of the relevant Administrative Rules Section/s in the report. Any actions required must be submitted as a new Plan of Correction to DMH within 30 calendar days of receipt of the issued report. Dependent on the extent of any deficiencies identified and actions required, the current Designation Status and any remaining period of designation may be impacted. As always, DMH remains committed to supporting necessary improvements in any area cited and is available for technical assistance in advising an agency in the development of a suitable Plan of Correction.

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2. Agency Information

AAR Areas

The programs reviewed by DMH in this AAR include Children, Youth, and Family Services (CYFS), Community Rehabilitation and Treatment (CRT), Adult Outpatient (AOP), and Emergency/Crisis Services (ES), as well as administrative services and overall agency functioning. In addition to the programmatic review, DMH also reviewed documents provided by NKHS related to Agency Designation requirements.

Sources of Information

The AAR included a documentation review, feedback from stakeholders, and a site visit. The site visit consisted of interviews with NKHS leadership, staff, the Board of Directors, the Local Program Standing Committees (LPSC) for both Adult and Children and Families, clients and families, and community partners.

DMH requested that NKHS provide the following documentation as part of this review:

- quality improvement plan
- agency strategic or management plan
- policies and/or procedures related to hiring
- current list of all open positions
- list of any positions that NKHS has eliminated in 2019
- updated agency org chart that indicates supervisors for all programs
- list of staff who are providing supervised billing
- agency wide staff list that includes credentials
- policies related to grievances and appeals
- number of grievances and appeals received in 2019, aggregated by program
- the last twelve months of minutes from the Adult and Children's LPSCs for mental health
- minutes from Board of Directors meetings that occurred after August 2019
- list of contracts that were canceled or ended in 2019 and the reason why
- list of current contracts that are at risk of being unfulfilled and a status update

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Other documents that provide important context for these findings include:

- DMH's perception of care surveys for
 - adolescents ages 13-17
 - parents of all children served
 - adults enrolled in the Community Rehabilitation and Treatment program
- DMH Statistical Reports
- data from the Monthly Service Reports (MSR) that the agency submits to the department under the master grant with the Agency of Human Services
- agency participation in major DMH initiatives to improve the functioning of the system of care and outcomes for clients

In addition to the documentation above, DMH also met with and/or heard from the following groups:

- board of directors
- NKHS Staff
- community stakeholders in Children's Services and in Adult Mental Health programs
- Local Program Standing Committees for Adult Mental Health and for Children, Youth and Families
- recipients of NKHS services

As part of an AAR and verification of NKHS' agency designation status, DMH requested the following documentation:

- Program Status Updates for
 - Community Rehabilitation and Treatment (CRT) Services
 - Adult Outpatient Services (AOP)
 - Emergency/Crisis Services (ES)
 - Children, Youth and Family Services (CYFS)
- DMH perception of care surveys for
 - adolescents ages 13-17
 - parents of adolescents
 - adults enrolled in the CRT program
- Agency Quality Plan
- meeting minutes for the board of directors and the local program standing committees

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- DMH Statistical Reports
- surveys of the following:
 - CYFS, CRT, AOP, and ES staff conducted by Cope & Associates consulting group
 - supervisors in Children’s Services and in Adult Mental Health (AMH) programs
 - community stakeholders in Children’s Services and in AMH programs
 - Local Program Standing Committees for AMH and for programs for CYFS

Relevant Dates

Date of AAR Notification Letter:	1/6/2020
Additional Agency Review	3/12/2020
Public Comment Period:	N/A
Report Completion Date:	11/30/2020
SPSC Recommendations Due Date:	N/A
DMH Commissioners Decision Date:	12/3/2020
Current Designation Expiration Date:	7/31/2022

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3. Combined Results Overview

Agency-Applied Standards

Administrative Rule	Description	Meets Standard
4.1	Corporate Status	N/A to AAR
4.5	Data and Information Systems	N/A to AAR
4.6	Fiscal Management	N/A to AAR
4.12	Accessibility	N/A to AAR

Program- Applied Standards – Administrative, Clinical, and Quality

Administrative Rule	Description	Meets Standard	
		AMH	CYFS
4.2	Governance	No	No
4.3	Agency Organization and Administration	No	No
4.4	Consumer and Family Involvement	Yes	Yes
4.7	Comprehensive Service System	No	No
4.8	Quality Improvement and Outcomes	Yes	Yes
4.9	Consumer Support, Treatment and Records	No	No
4.10	Personnel Practices	No	No
4.11	Training	No	No
4.13	Rights and Responsibilities of Recipients	Yes	Yes
4.14	Confidentiality	Yes	Yes
4.15	Grievance Procedures	No	No
4.16	Local System of Care Plan	Yes	Yes

4. Agency Designation Report Sections

This report contains two specific sections:

1. Agency – Applied Standards Administration (if applicable to the AAR of the agency)
2. Program – Applied Standards - Adult Mental Health Services (AMH) and Children, Youth and Family Services (CYFS)

5. Agency Designation - Administration Section

Introduction

The Agency Applied Standards in the Administration section cover those areas of designation that are generally neutral supporting programs of both DMH and DAIL. These include Incorporation, Information Systems, Financial Management Systems, and Physical Accessibility.

Not Applicable for the NKHS Additional Agency Review

6. Agency Designation – AMH and CYFS Services Sections

Introduction

The Program Applied Standards include additional Administrative, Clinical, and Quality programs that may have program-level variability dependent on the unique needs, best-practices, training, documentation, and reporting requirements of the program populations served.

Contributors to the Adult Mental Health Services AAR Report

DMH:

- Alison Krompf, *Director of Quality and Accountability*
- Jessica Bernard, *Assistant Director of Quality*
- Eva Dayon, *Quality Management Coordinator*
- Dr. Tom Weigel, *Medical Director*
- Samantha Sweet, *Care Management Director*
- Christina Thompson, *Quality Management Coordinator*

Contributors to the Child Mental Health Services AAR Report

DMH:

- Jessica Bernard, *Assistant Director of Quality*
- Eva Dayon, *Quality Management Coordinator*
- Alison Krompf, *Director of Quality and Accountability*
- Dr. David Rettew, *Medical Director*
- Erika Rojas, *Care Manager*
- Dana Robson, *Children’s Mental Health Operations Chief*
- Christina Thompson, *Quality Management Coordinator*

Administrative Rules Sections/Standards Applicable in AAR of AMH and CYFS Programs

- 4.2 Governance
- 4.3 Agency Organization and Administration
- 4.4 Consumer and Family Involvement and Input
- 4.7 Comprehensive Service System
- 4.8 Quality Improvement and Outcomes
- 4.9 Consumer Support, Treatment, and Records
- 4.10 Personnel Practices
- 4.11 Training
- 4.13 Rights and Responsibilities of Recipients
- 4.14 Confidentiality
- 4.15 Complaints, Grievances, and Appeals Procedures
- 4.16 Local System of Care Plan

Administrative Rule 4.2 Governance	<u>Meets Standard</u>
4.2.1 – <i>Board of Directors Representative of Demographics in Area Served</i>	AMH/CYFS
4.2.2 – <i>Executive Director</i>	
4.2.3 – <i>Bylaws</i>	
4.2.4 – <i>Board of Directors Responsibilities</i>	
4.2.5 – <i>Local Program Standing Committee Composition and Expense Reimbursement Policy</i>	
4.2.6 – <i>Local Program Standing Committee Responsibilities</i>	No

Sources of Information:

AMH: 4.2.1— List of board members with: demographic representation, c/f member representation, geographic representation, survey from board president, independent audit attestation (DA audit guidelines)

AMH/CYFS: 4.2.2— Tomasz Jankowski is Executive Director, Description of position responsibilities overseen by Board

AMH/CYFS: 4.2.3—Bylaws, Bylaw review by General Counsel to the Commissioner

AMH/CYFS: 4.2.4—Bylaws, Board meeting schedule and minutes January 2018 – June 2019; Policies implemented or updated during designation cycle, Cope & Associates Survey of Board of Directors (verified in Agency Review), Leadership meeting during site visit to include Board President or Board representation

AMH/CYFS: 4.2.5—Agency policy on reimbursement, Local Program Standing Committee (LPSC) membership list (verified in Agency Review), Cope & Associates Survey of LPSC (verified in Agency Review), Site visit interviews with LPSC

AMH/CYFS: 4.2.6—Policies on LPSC development or governance, Policies on training and training schedule, LPSC Meeting minutes July 2017 - June 2019, Board interviews. (verified in Agency Review),

Action Required:

4.2.2. Ineffective Board oversight findings as evidenced through interviews, surveys, and complaints

The NKHS Board must develop an organizational plan outlining benchmarks and milestones of how its Executive Director “shall be responsible to the board for all agency activities and for the application and implementation of agency established policies” that is inclusive of input of NKHS personnel and its key community stakeholders and other service providers.

4.2.3.3. – Ineffective organizational leadership oversight findings as evidenced through interviews, surveys, and complaints

In addition to adopting bylaws that comply with this designation standard, DMH shall hold NKHS leadership accountable for ensuring that Board meetings, including requests for minutes of those meetings with the exception of when the Board determines need for Executive Session, are open and minutes provided in compliance with both designation standard and public meeting requirements.

4.2.4.10 – Ineffective Board and organizational oversight findings as evidenced through interviews, surveys, and complaints

The board in overseeing its responsibility for consumer grievances and appeals should have an expectation of comprehensive information being shared with board members on the nature of the complaint/s, investigation/s undertaken, and resolution/s by the NKHS leadership, especially if attestation to full understanding of the issues is requested by NKHS leadership.

4.2.4.12 – Ineffective Board oversight findings as evidenced through interviews, surveys, and complaints

A plan promoting culture change and an outline of the organization’s plan to understand and improve timely and shared decision-making across NKHS’ programs is needed. This issue is evidenced by extensive turnover overall, and consistent turnover of licensed and experienced mental health staff since 2019 documenting organizational culture as the reason for departure.

4.3.4 – Inadequate organizational leadership finding as evidenced through interviews, surveys, and complaints

The ongoing decline in staff morale, rates of staff turnover, and the challenges of agency recruitment are the result of a negative workplace culture more than being fundamentally demographic, financial, or a lack of interested or qualifying talent as cause. A management plan to address the common themes that are prevalent and underlying, as well as timely change or transition of leadership and/or management personnel who are consistently identified as responsible for the ongoing workplace climate must be addressed.

4.3.5 – 4.3.6 – Inadequate organizational leadership finding as evidenced through interviews, surveys, and complaints

A plan to improve collaboration and positive presence in the NKHS catchment area that includes strategies for outreach to communities served, input forums to identify needs, and prioritization of action steps to respond is needed to reach persons served, other providers, and community stakeholders.

4.3.7 – Inconsistent and/or ad hoc application of supervisory structure/accountability as evidenced through interviews, surveys, and complaints

A clear organizational chart that is structurally accurate and consistently applied for leadership, management, supervisory, and direct-care staff communication and accountability is needed.

<u>Administrative Rule 4.4 – Consumer and Family Involvement</u>	<u>Meets Standard</u>
<i>4.4.1 – Monitor and Use of Consumer and Family Satisfaction Information</i>	AMH/CYFS
<i>4.4.2 – Consumer/Family Inclusion in Program Design</i>	
<i>4.4.3. – Documentation of Consumer/Family Inclusion in Reviews of Trends, Types of Services, Requests for Services, Monitoring of Quality of Services, and Evaluation of Agency Effectiveness</i>	Yes *
<i>4.4.4 – Consumer/Family Involvement in Design, Delivery, and Evaluation of Training Activities</i>	
<u>Sources of Information:</u>	
<p>4.4.1-4: Policies and strategies, Involvement of consumers/families, Records of monitoring efforts, Records of discussions with consumer/family members, Records of consumer/ family feedback on results of Perception of Care surveys, Notes from consumer focus meetings, Lists of activities conducted with local chapters of MH organizations, DA surveys related to consumer/family perspective on training needs, quality of services, needs for services, satisfaction (verified in Agency Review), Cope & Associates Survey of staff and supervisors.</p>	
<u>Action Required:</u>	

4.7.3: DMH central office staff

4.7.4: DMH Legal Unit

4.7.5: DMH central office staff; Cope & Associates Survey results from LPSC, staff, and supervisors (verified in Agency Review)

4.7.6: DMH Minimum Standards chart review site visit September 28, 2020

4.7.7: Cope & Associates Survey results from stakeholders (verified in Agency Review)

Action Required (AMH):

4.7.1 – Inadequate current adult outpatient mental health services capacity

A plan to revitalize and more routinely meet the intake and referral needs of adults seeking only primary mental health treatment needs to be developed.

4.7.2 – Inadequate Crisis Bed stabilization capacity to provide for stepdown or diversion from higher levels of care

NKHS must develop a plan for routine capacity to:

- accept individuals with emergent needs who require stabilization services but not a hospital level of care
- assist individuals to transition to appropriate levels of care in a timely manner

4.7.4 – Lack of timely and/or adequate assistance to DMH legal with court proceedings for Orders of Non-Hospitalization

NKHS needs to identify and demonstrate an adequate response plan for requests made by DMH legal services for court hearings and Orders of Non-Hospitalization (ONH).

4.7.5 – Lack of Timely Return to Community from Inpatient or Institutional Placements

NKHS efforts are inadequate in providing or contracting for the services needs of adult clients who may have more complex treatment needs and are ready to move to lower levels of care, from either hospitalization or who may need transitional residential program support services, in a timely manner.

Identification and planning within the DMH guidelines of service and budget priorities and allocations established for NKHS' programs needs to be developed with considerations for such referrals from within its catchment area.

4.7.7 – Inadequate demonstration of collaboration with other service providers

NKHS needs to ensure there are processes in place to promote internal and external communication regarding referrals and releases to better support collaboration with clients, families, providers, community stakeholders, and DMH care management.

Action Required (CYFS):

4.7.1. Lack of intensive community services to support clients remaining in the community

DMH has observed an increase in residential referrals for youth, as well as an increase in DMH denials of applications for residential placement from NKHS because the youth did not meet the required criteria for that level of care. Over the past five years, referrals have steadily increased from five referrals in 2016 - all being approved, to 12 referrals in 2020 - half of which were denied because they did not meet criteria for that level of care. Targeted efforts to expand service capacity for clients in need of wraparound services in the community is needed.

4.7.1 – Inadequate current child outpatient mental health services capacity

A plan to revitalize and more routinely meet the intake and referral needs of children seeking only primary mental health treatment needs to be developed.

4.7.7 – Inadequate demonstration of collaboration with other service providers

Ensure there are processes in place to support children and youth presenting with both mental health and developmental concerns. Effective collaborative treatment programming and training for staff on the services available for children and youth with developmental disabilities is needed. Additionally, stakeholder reports of inadequate transition and discharge planning highlight a need for increased training on trauma informed practices for ensuring continuity of care of clients as they move through the system.

Administrative Rule 4.8 – Quality Improvement and Outcomes	Meets Standard
<i>4.8.1 – Quality Improvement and Assurance System [Must Meet Requirements 4.8.1.1 – 4.8.1.2]</i>	AMH/CYFS
<i>4.8.2 – Timely and Effective Response to DMH Recommendations</i>	
<i>4.8.3 – A Written Description of the Utilization Review and Management Program [Must Meet Requirements 4.8.3.1]</i>	Yes
<p>Sources of Information: Agency produced outcomes related to consumer care, program effectiveness, and administration, Written description of the UR/UM process, including structure, procedures, staff responsibility, and criteria, Assessment by DMH Quality Management, Program Directors on response to DMH recommendations, Site visit discussion of agency outcomes and quality improvement process</p> <p>Policies related to quality improvement, Quality Improvement Plan, Strategic Plan, and Written description of the QI program, evidence that it is updated (or reviewed) annually (verified in Agency Review)</p>	
<p>Action Required: None</p>	

- Qualified provider's name, current professional credentials (consistent with issued Vermont license), and signature must be present
- NKHS personnel may only provide services and/or sign documentation within the scope of a current Vermont license issued to that personnel.
- 4.9.8 – *Review of Eligibility, Need for Services and/or Service Plan*
 - A current service plan must be developed and on file for all clients receiving mental health treatment services
 - Ensure a standardized screening or assessment tool is used to assess progress for each client
 - Screening/assessment tool findings should inform client goals and service delivery as indicated.
- 4.9.9 – *Provide for or Arrange Services That Safeguard Health and Safety of the Consumer*
 - When providing crisis stabilization services
 - Admission documentation includes description of the precipitant crisis, assessment of need, and plan for treatment
 - Clients have an intake LOCUS completed and included in their chart
 - Discharge summaries include observation log, issues addressed, clinician's assessment, skills developed, follow up plan, and discharge LOCUS

Action Required (CYFS):

- 4.9.2 – *Signature of Consumer, or Guardian, Documenting Participation in Planning*
- The family's and/or youth's signature is present. If signature is not present, it should be an exception and explained in the IPC.
- 4.9.7 – *Treatment Plans That Comply with Practice Guidelines and Records Standards*
 - Ensure that all clients have clinical assessments completed within 45 days of intake or within two years for a reassessment.
 - Assessments must include all areas identified in section 3.1 of the Mental Health Provider Manual.
 - Goals/outcomes are a statement of the overall, long term desired results of service interventions and are meaningful to and have been developed in partnership with client and families, as evidenced by documented input from client/family.
 - Goals reflect evaluation and/or other assessments, or recent progress notes if the plan is an update.
 - Goals have objectives that are observable, measurable, achievable, and include specific time frames for achieving/assessing progress.
 - IPC reflects risk factors and has measures in place to minimize them, including individualized plans and strategies when needed.
 - Plan describes the specific changes in behavior, function and/or status that would indicate progress toward the long-term goal.
 - Documentation shows who will provide services (at least title or position is required).

- Qualified provider’s name, credentials, and signature must be present (must be signed by a licensed; physician, nurse practitioner, psychologist, marriage and family therapist, MH counselor, or social worker).
- Assure access to psychotherapy services by qualified personnel, especially when clients receive medication treatment services
- Assure adequate record of vital signs, height, and weight for all clients that should be monitored for metabolic side-effects of psychotropic medications prescribed
- Improvement in documentation of efforts to communicate with primary care providers
- When applicable, evidence of proper transition/exit planning documentation and notifications are included in the chart
- If client is receiving services through residential care, there must be documentation of ongoing DA participation in treatment and discharge planning

<u>Administrative Rule 4.10 – Personnel Practices</u>	<u>Meets Standard</u>
4.10.1 – Agency Personnel Are Assigned Duties and Responsibilities Appropriate to Level of Training, Education, and Experience	AMH/CYFS
4.10.2 – Regular Evaluation of Each Staff Member by Capable People	No
4.10.3 – Position Description for Each Employee	
4.10.4 – Nondiscrimination Policies	
<u>Sources of Information:</u> Quality Services Review; interviews and surveys of service coordinators, staff, supervisors and consumers, Personnel Policies, Emails, Letters and Phone Calls from staff, board members and stakeholders.	
<u>Action Required:</u> 4.10.1-1 – Inadequate adherence to standard, “Agency Personnel Are Assigned Duties and Responsibilities Appropriate to Level of Training, Education, and Experience” as evidenced through interviews, surveys, and complaints	
<ul style="list-style-type: none"> ○ DA must employ qualified personnel who possess appropriate clinical licensure to review and/or sign-off on treatment and services notes. ○ DA must consistently adhere to minimum hiring requirements for positions and posting of position vacancies in accordance with agency personnel policies. ○ DA must assign only individuals to job responsibilities/service types that they are qualified to provide based on license, scope of practice/expertise, and applicable training. ○ Qualified personnel must review emergency services within 24 hours or the first working day following contact. 	

- NKHS personnel must immediately stop using credentials that they do not currently hold by license in VT.

Administrative Rule 4.11 – Training	Meets Standard
4.11.1 – Regular assessment of board, staff, and consumers and family training needs	AMH/CYFS
4.11.2 – Annual Agency Training Plan	
4.11.3 – New Staff Orientation and Training Process	No

Sources of Information:
4.11.1-3 – Policies on training, Assessment of board, staff and consumer/family training needs, Copy of staff orientation training and evidence of its usage, Cope & Associates Survey results (verified in Agency Review Report), Discussion of training needs for BOD, staff, and consumer/families

Action Required:

4.11.1 – Regular assessment of board, staff, and consumers and family training needs
 NKHS must document training provided to management and direct care staff in the following areas:

- Professional Ethics – Licensure and Scope of Practice - area of limitations or expertise in comprehensive assessment, diagnoses, treatment and services plan, delivery of service within license and scope of practice expertise
- Clinical Supervision – Within scope of work, clear line of clinical oversight for identified supervisees, and competence to provide supervision within license and scope of practice/expertise
- Workplace Protections and Safeguards – regulatory and workplace policies for service coding/billing practices, legal reporting obligations, “whistleblower” protections, and regulatory entities that employees may submit questions or reports to if fearing employer retaliation
- Leadership training in the development of supportive working environments that foster staff satisfaction and stem staff turnover

4.11.2 –Annual Agency Training Plan

- All personnel identifying as QMHP must remain trained and remain active through required training
- Ensure that an Annual Agency Training Plan includes tracking training requirements and when re-training is required to maintain credentials.

4.11.3 – New Staff Orientation and Training Process
 Ensure that new staff onboarding, orientation and training includes:

- Verification of appropriate credentialing requirements prior to offer of employment/hire
- Provision of accurate position description and job responsibilities that remain in scope of position description until formally updated

Administrative Rule 4.15 – Complaints, Grievances and Appeals Procedures	Meets Standard
4.15 - Written Policy and Procedures for Complaints, Grievances, and Appeals and Dispute Resolution Information to All Recipients Consistent with Program Requirements	AMH/CYFS
	No
<p>Sources of Information: 4.15 – Inadequate demonstration of adherence to standard as evidenced through interview, surveys, and complaints documentation. Copy of Grievance and Appeal manual, Assessment by DMH G&A coordinator on compliance and areas for improvement, Interviews with LPSC/stakeholders regarding G&A and complaints, Policies related to G&A and Complaints, Cope & Associates Survey of staff (verified in Agency Review)</p>	
<p>Action Required: 4.15 - Written Policy and Procedures for Complaints, Grievances, and Appeals and Dispute Resolution Information to All Recipients Consistent with Program Requirements</p> <ul style="list-style-type: none"> • NKHS must ensure new staff orientation about grievances and appeals, a consistent process for notifying and providing information to individuals and families, and timely review and disposition of grievances and appeals. • NKHS needs to use the G&A reporting warehouse. See Global Commitment Medicaid Program Grievance and Appeals Technical Assistance Manual, 2017. • Per the <i>Global Commitment to Health Medicaid Program Grievance and Appeals Technical Assistance Manual</i>; <ul style="list-style-type: none"> ○ Grievance resolution letters need to include “The telephone number of the Health Care Advocate at Vermont Legal Aid. The notice must also inform the member of his or her right to initiate a grievance review with the Medicaid Program (DMH) as well as information on how to initiate such review”. ○ Appeal letters need to include information about right to a fair hearing, or expedited fair hearing, the process for making such a request, and the entities that can assist. ○ Submission of Grievance and Appeal documents into the Grievance and Appeal Warehouse must include the client’s grievance or appeal if a written copy exists, the grievance or appeal acknowledgement letter, the grievance or appeal decision letter, and any additional documentation in the event that an extension was necessary. • G&A information, policy, and forms must be available on the NKHS website. 	

Administrative Rule 4.16 – Local System of Care Plan	Meets Standard
4.16.1 – Determination of Needs for Agency Operations Informed by Consumers, Families, and Area Stakeholders	AMH/CYFS

<p>4.16.2 – Plan Includes Training Needs and Gaps and Anticipated Provision or Need for New/Additional Services or Training to Address Gaps</p> <p>4.16.3 – Facilitate Involvement of People in the Geographic Region in the Development of the Local System of Care Plan</p> <p>4.16.4 – Review and Update Plan Annually with Full Revision Every Three Years</p>	<p>Yes</p>
<p>Sources of Information: Local System of Care Plan on file</p>	
<p>Action Required: None</p>	