MEDICAL SUPERVISION POLICY

OCTOBER 2013
Medical Supervision Policy
It is the policy of Sunrise Behavioral Health, L.L.C. to employ a full time or two part time medical doctors to supervise the medical appropriateness and clinical operations of the agency. Sunrise Behavioral Health, L.L.C. (hereinafter referred to as Sunrise) requires the supervising medical director (hereinafter referred to as M.D.) to abide by the following policies:

**Binding Contract**
At all times, the M.D. must have a legally binding contract with Sunrise that delineates the responsibilities of his or her direct supervision. The M.D. acknowledges those responsibilities and evidences agreeing to them with his or her witnessed or notarized signature.

**License to Practice**
In accordance with Nevada Revised Statutes Chapter 630, Sunrise requires the M.D. show evidence of being licensed to practice medicine in the State of Nevada with a current and valid Nevada State Board of Medical Examiner’s licensure (Nevada Revised Statutes, 2013).

**Responsibilities of M.D.**
The purpose of licensing, pursuant to NRS 630.045 is for licensing physicians…physician assistants…to protect the public health and safety and the general welfare of people of this State (Nevada Revised Statutes, 2013).

**Exercising Responsibilities in Good Faith**
The M.D. shall exercise his or her powers in good faith and with a view to the interests of the agency. In performing their respective duties, M.D.s are entitled to rely on information, opinions, reports, books of ICANotes, accounting or statements, including assessments, treatment plans, progress notes, other clinical statements, or other clinical data that is prepared or presented by: (a) one or more managing member of the corporation reasonably believed to be reliable and competent in the matters prepared or presented. (b) counsel, ICANotes representatives, financial advisors, valuation advisers, and other persons as to the matter reasonably believed to be within the preparers or presenters professional or expert competence or (c) a committee on which the director or officer relying thereon does not serve, established in accordance with NRS statute as to matters within the committees designating authority and matters on which the committee is reasonably believed to merit confidence.

**M.D. Supervisory Functions**
To that end, the supervising M.D. shall perform 4 main functions:
1. Ensuring that all Sunrise providers service clients and deliver services only under medical supervision.
2. Ensure the medical appropriateness of services provided.
3. Monitor and evaluate the quality/effectiveness of the services provided.
4. Operate within the scope of his or her licensure and expertise.

**Ensuring Providers Operate Under Medical Supervision**

In accordance with Sunrise’s quality assurance policy, the M.D. shall have access to electronic record keeping ensuring that all providers are following and implementing the treatment plan and instructions developed by the clinical team. The M.D. shall review assessments, treatment plans, and progress notes to validate that services are being delivered as prior authorized. The M.D. shall enforce supervision with the following oversight:

1. Scheduled routine visits to Sunrise offices/clinics to inspect and ensure the implementation of outlined policies. Routine visits include one unannounced visit per quarter to maintain all providers are working under medical supervision as instructed.
2. Routine scheduled review and personal oversight of medication management, client access to psychiatric services, and screening for recipients under consideration for admission to inpatient facilities. The M.D. shall remain on call for emergency response 24 hours per day.
3. Review documentation ensuring Sunrise coordinates care with other agencies for recipients, families, or legal guardian(s) in the case of minors requiring a higher intensity of need, especially when placed for short term or long term inpatient hospitalization. Documentation must include clients’ involvement and participation with the coordination of care.
4. A monthly meeting with the Clinical Director(s), Direct Supervisor(s), and Quality Assurance Manager(s) to review assessments, medical necessity of services, therapy, testing, serious incidents, open CPS/DFS cases, discharges, provider case loads and conduct, case management, and quality assurance.
5. Weekly review of a sampling of clients to randomly check electronic records are being recorded properly and in accordance with the Health Insurance Portability and Accountability Act (HIPAA). Quarterly review of all quality assurance questionnaires or surveys.
6. Document concerns or misconduct of all employees including Clinical Supervisor(s), Direct Supervisor(s), and Quality Assurance Manager(s) so managing members can respond with disciplinary action up to and including termination.
7. Document all meetings, communications, and supervision with a summarized report to turn into the State of Nevada in accordance with Medicaid Manual 403.2B.6.g.6 Provider Standards. M.D. reporting is in support of the “process to submit an annual Q&A report to DHCFP/Department of Health and Human Services” (Medicaid Services Manual, 2011, sec. 403, pg. 3).
**Ensure Medical Appropriateness of Services**

The M.D. shall base its finding of medical appropriateness on his or her professional opinion, documented assessments, 30-day, 60-day, 90-day progress reports, and statements or opinions supplied by the clinical team. The Nevada Administrative Code (2013) defines an assessment as “the systematic collection, analysis and interpretation of data that is relevant to the status of the health of a patient to determine the actual or potential needs of the patient regarding health care” (p. n.p).

**Definition of Medically Necessary**

NRS 695G.055 defines “Medically necessary” as health care services or products that a prudent physician would provide to a patient to prevent, diagnose, or treat an illness, injury, disease, or any symptoms thereof, that are necessary and:

1. Provided in accordance with generally accepted standards of medical practice;
2. Clinically appropriate with regard to type, frequency, extent, location and duration;
3. Not primarily provided for the convenience of the patient, physician or other provider of health care;
4. Required to improve a specific health condition of an insured or to preserve the existing state of health of the insured; and
5. The most clinically appropriate level of health care that may be safely provided to the insured (Nevada Revised Statute, 2013).

**Following Guidelines**

M.D.s shall use the guidelines of the medical board to determine medical appropriateness, and use the APA to evaluate the clinical team’s assessments and reports. Under the APA’s (2010) Standard 9: “psychologists making recommendations, reports, diagnostic or evaluative statements base the their opinions on information and techniques sufficient to substantiate their findings” (p. 12). APA’s (2010) Standard 9 goes on to state: “except as noted, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination adequate enough to support their statements or conclusions” (p.12).

**Explaining When Not Medically Necessary**

Also in accordance with the APA’s (2010) Standard 9, when psychologists conduct an assessment and services are not warranted or necessary, in their professional opinion, than the psychologist will explain their determination along with the sources of information on which they based their conclusions.

**Monitor and Evaluate the Quality/Effectiveness of the Services Provided**

As outlined in the area of ensuring providers are working under medical supervision, the M.D. agreed to perform 5 duties. The five duties: routine visits, monthly meetings, monitoring electronic record keeping, documenting misconduct, and documenting supervision serve as the
component of monitoring the effectiveness of services provided. In addition, there is an evaluation piece that will be done separately. The medical director shall:

1. Ensure there is informed consent as in accordance with the APAs (2010) Standard 10 requires the psychologists inform clients/patients as early as feasibly possible regarding therapeutic relationship, anticipated course, fees, involvement of third party, limits of confidentiality. (American Psychological Association, 2010). This standard includes allowing a client a reasonable amount of time to ask questions and receive answers. The M.D. shall validate this through Medicaid Services Manual (2011) 403.2B.2.e.9: Documenting requirement which states that a rehabilitative plan shall include the following three signatures:
   a. Clinical Supervisor
   b. Recipient and their family/legal guardian in case of legal minors
   c. Individual responsible for plan
2. Create a small summary regarding onsite visits and electronic record keeping. This can be reported telephonically, via email, via Skype or similar service, or face-to-face.
3. Create a written report subsequent to monthly meetings that exceed documenting the meeting, but include the outcomes of the M.D. evaluating what was reported in the meetings. This report can be generated in conjunction with a designated member of clinical team the M.D. appoints, and must include results of direct supervision provided for the Clinical Supervisor and the Direct Supervisor.
4. Create a report regarding concerns of provider misconduct. The report communicating evaluated concerns must be sent in writing either through email or letter.
5. Documenting supervision shall include a summary that is as extensive as the M.D. deems necessary.
6. In conjunction with monitoring and evaluating quality and effectiveness of services, and in accordance with the Medicaid Services Manual (2011), the M.D. shall be “available at all times when deemed medically appropriate” (sec. 403, pg. 4).

Operate in the Scope of Licensure
The Nevada State Board of Medical Examiners defines tenets by which all medical doctors must abide. The M.D. must operate within the scope of their licensure as defined by the governing Medical Board. In addition, the M.D.’s supervision shall include ensuring that providers work within their scope of practice as well, paying particular attention to ensuring that QBAs do not perform services of QMHAs and QMHAs do not perform services of the QMHP as defined by MSM 403.6A & 403.6B (Medicaid Services Manual, 2011).

Competencies
The APA’s (2010) Standard 2 provides that “psychologists work within the boundaries of their competence based on their education, training, supervised experience, consultation, study or professional experience” (p.5). Professionals, who delegate, must take reasonable steps to avoid
giving responsibilities where multiple relations can jeopardize judgment, where tasks exceed: basis of education, training or experience, either independently or with supervision provided; and where a person cannot competently perform services (American Psychological Association, 2010).

Nevada Administrative Code (2013) NAC 630.360 further defines the performance of authorized medical services as those in which a physician assistant is authorized to perform tasks that commensurate with the education, training, experience and level of competence. It must also be within the scope of practice of the supervising physician. (Nevada Administrative Code, 2013). While it is understood that providers are not physician’s assistants, Sunrise requests the M.D. puts the same precautionary measures into place.

**Education and Training**

The APA’s (2010) Standard 7 states there is “a responsibility for education and training in which professionals take reasonable steps to ensure that programs include appropriate information and proper experiences to meet the requirements for licensure, certification or other goals” (p.10). This is to ensure that claims of the training and education are valid (American Psychological Association, 2010). The M.D. shall review all training provided to providers to include review of the initial 16 hour training session as well as quarterly in-service educational meetings as recommended and required by the State of Nevada.

It is the desire of Sunrise Behavioral Health, L.L.C. to operate a long term and reputable behavioral health agency within the community. Sunrise will work in partnership with supervising medical doctors, clinicians, and other mental health professionals to meet the statutes and codes defined in the American Psychological Association, Division of Health Care and Financing Medicaid Services Manual, Health Insurance Portability and Accountability Act (HIPAA), Nevada Administrative Code, and Nevada Revised Statutes.


