

Administrative Office of the Courts & Probation Rehabilitative Services – Provider Concern Form



Name of Person Reporting the Concern: Click or tap here to enter text.

District or Division (if applicable): Click or tap here to enter text.

Service Provider and/or Agency: Click or tap here to enter text.

Service or Program: Click or tap here to enter text.

Please provide a detailed description of the issue, complaint, or concern, the names of staff members and any clients involved, the date(s) the incident or violation took place, and the specific rule or policy that corresponds to the concern. Additional supportive documentation that helps substantiates the concern may also be attached.

Click or tap here to enter text.

Describe any steps taken to address the concern, including dates of contact and the specific parties involved.

Click or tap here to enter text.

Staff Signature: _____ Date: _____

Send completed form and any supportive documentation to nsc.qualityassurance@nejudicial.gov

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For Rehabilitative Services Use only:

Rehabilitative Services Staff: Click or tap here to enter text.

Steps taken by Rehabilitative Services to address the concern(s):

Click or tap here to enter text.

*Outcome:

- Concern resolved and no further follow up is needed (green)
- Concern forwarded to District staff to work with Provider and/or Agency (green)
- Concern forwarded to the associated Program Specialist and/or Quality Assurance Specialist for potential fidelity review (blue)
- Concern forwarded to Quality Assurance Specialist for potential PIP (yellow)
- Concern forwarded to Provider Network Specialist for potential CAP (orange)
- Concern forwarded ASAP to Quality Assurance Specialist and Provider Network Specialist (red)
- Other (please describe):

Click or tap here to enter text.

*A copy of the completed the Provider Concern Form will be filed in the Service Provider Information Management System.

Rehabilitative Services Staff Signature: _____ Date: _____

Triaging Provider Concerns

PROVIDER CONCERN PRIORITY LEVEL	EXPECTED RESPONSE
<p>Health and Safety – concerns requiring immediate action and suspension until an investigation by the AOCPS or another state entity has concluded.</p> <p>Examples may include but are not limited to:</p> <ul style="list-style-type: none"> • Critical incidents involving one or more justice-involved individuals that are reported to be in immediate jeopardy for their physical, mental, psychosocial, and/or health needs which is likely to cause a serious adverse outcome such as injury, harm, impairment, or death. • The Registered Service Provider (RSP) receives a citation for either a misdemeanor or felony. • Circumstances demonstrate unprofessional or unethical conduct. • A hold, suspension, or investigation has been initiated by another state entity. • Fails to maintain individual credentials and/or facility licensure in good standing. <ul style="list-style-type: none"> ○ May be self-reported by Service Provider or Agency 	<p>Expected response for the first person aware of the concern:</p> <ul style="list-style-type: none"> • Contact emergency personnel as needed. • Report to DHHS – Division of Public Health licensure and/or Child/Adult Abuse and Neglect Hotline as appropriate. • Notify Rehabilitative Service within 24 hours; submit Provider Concern Form. <p>Rehabilitative Services:</p> <ul style="list-style-type: none"> • Assistant Deputy Administrator immediately notifies Chief Probation Officers and Deputy Administrators regarding a hold or critical provider incident and of any clients involved. • If youth are placed at facility, the Assistant Deputy Administrator notifies Chief Probation Officers to inform judge and seek review hearing for an alternate placement if needed. • Ensures the Probation District follows up on the status of any justice-involved individuals directly or potentially impacted by the concern. • Service Quality Assurance Specialist initiates an Investigative Quality Assurance Review for possible disciplinary action if needed. • Provider Network Specialist initiates removal from the Registered Service Provider Network if warranted by investigatory review or change in licensure.
<p>Investigated Complaints – situations that may result in a Corrective Action Plan (CAP) or potential removal from the Registered Service Provider Network when the issue persists with no change or remediation.</p> <p>Examples may include but are not limited to:</p> <ul style="list-style-type: none"> • Not responsive to coaching or communication. • Refusal to follow the Standards of Practice, Service Definition, and Standardized Model. • Refusal to cooperate with the Program Improvement Plan process. 	<p>Expected Response from Staff:</p> <ul style="list-style-type: none"> • Notify Rehabilitative Service within 15 days; submit Provider Concern Form. <p>Rehabilitative Services:</p> <ul style="list-style-type: none"> • Send email and certified letter to the RSP notifying the areas of non-compliance with a requirement to submit a CAP within 15 days. • Acceptance of CAP or notification it does not meet standards within 15 days. • If no response from the RSP, service provider and/or agency is removed from the Registered Service Provider Network. • Approved CAP is shared with Districts and associated AOCPS staff. • Follow up review conducted in 90 days.
<p>Non-Compliance – issues with a Registered Service Provider/Agency that may result in a Program Improvement Plan (PIP).</p> <p>Examples may include but are not limited to:</p> <ul style="list-style-type: none"> • Failure to perform or maintain required training and knowledge for working with justice-involved individuals as expected in the Standards of Practice, Service Definition, and Standardized Model. 	<p>Expected Response from Staff:</p> <ul style="list-style-type: none"> • Notify Rehabilitative Service within 15 days; submit Provider Concern Form. <p>Rehabilitative Services:</p> <ul style="list-style-type: none"> • On-site and/or off-site review of client record/files will be conducted to ensure compliance with the RSP requirements. • Technical Assistance for RSP staff development and training opportunities may be offered proactively in the form of coaching/education to ensure service delivery meets compliance. • PIP requested, and the RSP is notified via email and in writing of the areas needing improvement. • PIP must be received from RSP within 30 calendar days. • Districts and associated AOCPS staff are notified of coaching and expectations.

Triaging Provider Concerns

PROVIDER CONCERN PRIORITY LEVEL	EXPECTED RESPONSE
<p>Potential Quality Concern – relates to the fidelity of the service being performed, which may require further review to determine whether there is a need to investigate to confirm a quality assurance issue and/or an opportunity for improvement.</p> <p>Examples may include but are not limited to:</p> <ul style="list-style-type: none"> • A variation in service delivery as outlined in the Standards of Practice, Service Definition, and/or Standardized Model. These concerns are considered programmatic in nature, with the potential to be addressed without formal action. 	<p>Expected Response from Staff:</p> <ul style="list-style-type: none"> • Follow up with RSP to address fidelity concerns at the local level. • If unresolved, contact Program Specialist associated with service (if applicable), to conduct a programmatic review. • Notify Rehabilitative Service within 15 days of findings or request additional assistance; submit Provider Concern Form. <p>Rehabilitative Services:</p> <ul style="list-style-type: none"> • Review information and determine whether there is a need to conduct an investigatory review.
<p>Early Resolution – matters that can be discussed informally with the Registered Service Provider/Agency.</p> <p>Examples may include but are not limited to:</p> <ul style="list-style-type: none"> • Variation from the service definition, service interpretive guidelines and/or standards of practice that can be addressed through clarification and follow up at the local level. • Complaint has arisen from a misunderstanding, miscommunication, or an external influence beyond the control of the Service Provider/Agency. • Status, credentials, or qualifications of the provider or agency working with justice-involved individuals as an approved Registered Service Provider/Agency is in question. • The issue does not appear to be a violation of Registered Service Provider requirements. 	<p>Expected Response from Staff:</p> <ul style="list-style-type: none"> • Every reasonable effort should be made first by the Probation District to resolve issues locally concerning service delivery and/or in coordination with the associated Program Specialist. • Confirm status with the Provider Network Team and/or direct the individual on necessary next steps to complete or revise application to the Registered Service Provider Network. • Document steps taken toward resolution; submit Provider Concern Form within 15 days if further assistance is needed.

CONTACTS FOR ASSISTANCE

For questions related to Registered Service Provider status, contact the Provider Network Team at 888-471-0869 Option 1, or nsc.providernetwork@nejudicial.gov.

For questions related to vouchers, contact the Quality Service Review Team at 888-471-0869 Option 2 or nsc.probativouchers@nejudicial.gov.

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