Colorado Nursing Facilities Application for Supplemental Programs	
Facility Name:	
Address:	
Phone:	Fax#:
Alt Fax#:	Provider#:
Name of Person Completing this Application:	
Position:	
Email Address:	
Application Time Frame from/to:	

Annual Application Deadline: March 31

Specialty Program Identification: Must have both a Mission Statement and Policies and Procedures in place to apply		
Item	Description	Documented Evidence
Mission	Mission statement	Submit mission statement
Program description	Identify program objectives, staffing patterns, services provided and targeted population served	Submit statement detailing all areas
Policies and Procedures	Written Policy & Procedure Manual covering all key components listed below	Submit Policy and Procedures manual that includes clear criteria to identify population being served and programming being offered

Staffing and Education: Must have all components in place to apply		
Item	Description	Documented Evidence
Program must be under the direct supervision of a Program Director	Program Director must have prior experience with targeted population	Copy of resume or listing of prior work experience of Program Manager
Enhanced staffing in Social Services and Activities	Minimum staffing in combined Social Services and Activities is 1 FTE per 15 residents served in the program	Submission of statement describing staffing patterns and qualifications required for staff.

Crisis Intervention Training	Nationally recognized training required for all staff who routinely interact with residents served in the program	8 hours of initial training ; subsequent training 6 hours bi-annually. (Please provide training rosters and training hours, in addition to bio of trainer related experience
Staffing and Education: Must have all components in place to apply		
Item	Description	Documented Evidence
Population Specific Training	Mental Illness, Neurological Disorders, Dementia, Drug & Alcohol, 27-10 Regulations, Emergency Management and Suicide Prevention	Minimum requirement: Annual training. (Please provide training rosters and training hours .) Provide bio of trainer related experience
Psychotropic Medication Training	Training required for all staff who routinely interact with the residents served in the program. To include: potential side effects, precautions for proper administration and other possible adverse reactions.	Minimum requirement: One hour annually. (Please provide description of training and training rosters . Trainer must be a participant in psychotropic medication review. Provide bio of trainer related experience
Staff Support Program	Examples include: Stress Management Training, Post Crisis Support, EAP	Submit evidence of ongoing support such as EAP policy, inservice rosters, massage visits, etc.
Memo of Understanding	Completed agreement between the facility and the mental health center providing treatment	Standardized MOU is recommended
Joint nursing facility/mental health treatment	Schedule and format of joint nursing facility/mental health treatment effectiveness review meetings with mental health providers	Chart notes reflecting treatment reviews. Signature pages of review meetings.

Service provision collaboration with mental health providers	Description of collaboration efforts with mental health providers	Chart notes reflecting care coordination with mental health providers.

Psycho-Social Programming: Must have all components in place to apply		
Item	Description	Documented Evidence
Therapeutic groups in addition to regulatory requirements under F248.	Groups must be age appropriate & population specific. Examples include: Healthy Lifestyles, Goal Setting, Effective Communication, Social Skills, Problem Solving, Hygiene, Conflict and Anger Management, Drumming, Art Therapy, Tai Chi, Meditation, Yoga, AA, NA	Written description of group and copy of calendar which identifies therapeutic group. (Resident names should be concealed.)
Therapeutic Work Programs	Program must include: Application/Contract, Time Recording System, Reward System.	Rosters of residents involved and brief description of work activity. Policy of time recording and reward system.
Community Reintegration	Components Include: Pass Program with community safety training, resident specific life skills training, community outings	Submission of written description of program.
Behavior Management and Guidelines	Resident specific written guidelines and positive reinforcement	Submission of 50% sample of mood and behavior care plans
Transitions Program	Description of transition program or efforts if being provided	
Secure Unit Programming	Description of how Supplemental Behavioral Program is provided to residents in secure unit (if applicable)	
Psychotropic Medication Review		

Item	Description	Documented Evidence
Clinical Behavior Review with Medication Management	Quarterly review to include: Social Services, Nursing, Pharmacist, Mental Health Agency Professional	Signature page of psychotropic medication management review. Please identify faciity staff and external staff with credentials e.g. psychiatrist, MH clinician, etc.

Revised 12/09