

**NC DHHS – NC DMH/DD/SAS
Community Support Team Endorsement Check Sheet Instructions**

DRAFT September 28, 2009

Introduction

Prior to site and service endorsement, business verification must take place. In the process of business verification, the business information presented on the DMA CIS (Community Intervention Services) application is validated. At that time, the provider organization submits a self-study of the core rules (10A NCAC 27G .0201-.0204) verifying that they have met all the requirements therein. (The provider is not required to submit this if nationally accredited, licensed with DFS or has had a compliance review from NC Council of Community Programs within the past three years.) The documents created in adherence with the core rules should be utilized as evidence of provider compliance where noted in the check sheet and instructions.

The following set of instructions is to serve as general guidelines to facilitate the review of providers for endorsement. Service definition, core rules (as noted above), staff definitions (10A NCAC 27G .104) and other DHHS communications (e.g. Service Records Manual, Communication Bulletins, Implementation Updates and other publications) should be used to support the reviewer’s determination of compliance. In addition, the Business Entity Type Reference document (attached) assists to clarify the requirements for different business entities such as corporations, partnerships and limited liability corporations and partnerships

Provider Requirements

In this section, the provider is reviewed to ascertain that requirements are met in order for services to be provided. The provision of services is addressed later in this endorsement process.

a (1). Review Notice of Endorsement Action (NEA) letter from other LME for evidence the provider meets business verification requirements.

OR

LME conducting endorsement review has already determined business verification requirements are met by provider by reviewing documents for evidence that the provider meets DMH/DD/SAS and /or DMA standards as related to administration responsibilities, financial oversight, clinical services and quality improvement. These standards include, but are not limited to, policies and procedures (contents of which are mandated in 10A NCAC 27G .0201 – Governing Body Policies) and the key documents required by law for the formation of the business entity. Refer to attachment titled Business Entity Type.

Staffing Requirements

In this section, the reviewer is primarily concerned with the hiring practices of the provider and ensuring that all employees required per the service definition are in place and are equipped with the education, training and experience to work with the population served in the capacity and at the level of intervention for which they were hired. The review of the provision of services is more thoroughly examined in the “Program/Clinical Requirements” section of the endorsement review.

- a.** Review organizational chart for CST, program description, personnel manual and job descriptions to verify hiring three full-time staff positions as follows:
- one full-time team leader who is a master's-level Qualified Professional, a Provisionally Licensed Professional, or a Licensed Professional
- AND
- one full-time equivalent (FTE) Qualified Professional (may be filled by no more than two individuals)
- AND
- one FTE Qualified Professional, Associate Professional, Paraprofessional, or Certified Peer Support Specialist.
- Review personnel files per core rules checklist for employment application, resume, license, certification, or other documentation for evidence of degree and work experience with adults with MH/SA issues. In some cases, reviewer may need to verify the source of the degree to ensure that it is a credible and valid degree. Review staff schedule to verify staff positions are filled and working full-time. Reviewer will verify that the FTE positions are filled by no more than two individuals and the schedule reflects a combined full time position.
- b.** Review organizational chart for CST, program description, personnel manual, job descriptions, personnel files per core rule checklist, job applications and other documentation as appropriate to verify the QP or AP positions are staffed with persons meeting requirements according to 10A NCAC 27G. 0104 and evidence that a minimum of 1 year work experience with adults with MH/SA issues.
- c.** In the event that the team composition consists of a paraprofessional level staff, review organizational chart for CST, program description, personnel manual, job descriptions, personnel files per core rule checklist, job applications and other documentation as appropriate to verify the persons meets requirements according to 10A NCAC 27G. 0104 and evidence that a minimum of 1 year work experience with adults with MH/SA issues. Reviewer will look at program description, personnel manual, and job descriptions to verify the paraprofessional position will provide only those CST services within the scope of the paraprofessional practice.
- d.** In the event that the team composition consists of a Certified peer Support Specialist level staff, review organizational chart for CST, program description, personnel manual, job descriptions, personnel files per core rule checklist, job applications and other documentation as appropriate to verify the persons meets requirements of a Certified Peer Support Specialist. Reviewer will look at program description, personnel manual, and job descriptions to verify the Certified Peer Support Specialist position will provide only those CST services within the scope of the Peer Support Specialist practice.
- e.** Review organizational chart for CST, program description, personnel manual, job descriptions, personnel files per core rule checklist, and other documentation as appropriate to verify individual supervision is to be provide to all team members by the Team Leader meeting requirements specified in 10 A NAC27.G.0104 & .0203. Review supervision plans/contracts, supervision notes, supervision schedule and other documentation as appropriate for on-going individual supervision is provided to all team members by the Team Leader.
- f.** Review organizational chart for CST, program description, personnel manual, job descriptions and other documentation as appropriate to verify the CST will maintains a maximum caseload

of 45 individuals per team and the recipient-to-staff ratio is no more than 15:1. Also, review to verify that the team caseload will be determined by the level of acuity and the needs of the individuals to be served.

The 60 day follow-up should include review of the caseload list, billing/tracking forms, and service notes to verify the CST maintained a maximum caseload of 45 individuals per team and the recipient-to-staff ratio is no more than 15:1.

- g. Review organizational chart for CST, program description, personnel manual, job descriptions, personnel files per core rule checklist, job applications, training certificates, agency staff training plan and other documentation as appropriate to verify all CST staff have completed the minimum of 20 hours of training specific to the required components of the CST service definition, including crisis response and person-centered thinking, within the first 90 days of each staff member's delivery of this service. Review to verify that Qualified Professional staff responsible for Person Centered Plan development has completed "PCP Instructional Elements" training within the same time frame. Review that all other training has been completed meeting requirements of 10A NCAC 27G .0202 & .0203.

Service Type/Setting

The elements in this section pertain to the provider's having an understanding of the CST service and the service delivery system.

- a. 1) Review program description, job descriptions, policy and procedure manuals and other documentation as appropriate as well as conduct interviews with CST staff to verify CST is a direct and indirect periodic rehabilitative service. Review will also ensure CST is a team service providing medically necessary direct intervention and also arranges, coordinates, & monitors services on behalf of the recipient. CST providers deliver services in various environments, such as homes, schools, courts, homeless shelters, street locations, libraries, vocational settings, and other community settings.
- 2) Review program description, job descriptions, policy and procedure manuals and other documentation as appropriate as well as conduct interviews with CST staff to verify CST includes telephone time with the recipient and collateral contact with persons who assist the recipient in meeting their rehabilitation goals specified in the Person Centered Plan.

The 60 day consumer record follow-up review for a. and b. above include the following: Review the PCP and service notes for evidence that CST is a direct and indirect periodic rehabilitative service, is medically necessary, with direct interventions. Verify that CST services is delivered in various environments, such as homes, schools, courts, homeless shelters, street locations, libraries, vocational settings, and other community settings. Review claim form for supporting information. And may include telephone time. A review of service notes should verify that this is actually happening.

Program/Clinical Requirements

The elements in this section are reviewed as they pertain to service delivery. It is important that consumers be served in accordance with the service definition according to individual needs identified in the PCP in regard to the frequency, intensity and type of therapeutic interventions.

Interventions should reflect clinically recognized models (therapeutic mentoring, positive behavioral supports, motivational enhancement therapy, anger management, etc.).

- a. Review program description, policy and procedure manuals, job descriptions, supervision plans, team meeting minutes and other documentation as appropriate to verify that each recipient served CST services are provided at least eight (8) contacts in the first month of service and at least once a week in subsequent months.

The 60 day consumer record follow-up should include review of the PCP and service notes regarding the above requirements.

- b. 1) Review program description, policy and procedure manuals, job descriptions, supervision plans, team meeting minutes and other documentation as appropriate to verify an aggregate seventy-five per cent (75%) or more of CST services delivered are performed face to face with the recipients.
2) Review program description, policy and procedure manuals, job descriptions, supervision plans, team meeting minutes and other documentation as appropriate to verify an aggregate seventy-five per cent (75%) or more of staff time is spent working outside of the agency's facility, with or on behalf of the recipient.
3) Review program description, policy and procedure manuals, job descriptions, supervision plans, team meeting minutes and other documentation as appropriate to verify the CST Team Leader actively participates in the delivery of the service.

The 60 day consumer record follow-up should include review of the PCP and service notes regarding the above requirements.

- c. Review program description, policy and procedure manuals, job descriptions, supervision plans, team meeting minutes and other documentation as appropriate to verify the team collaborates to provide services and interventions documented in a Person Centered Plan, which include the following, as clinically indicated:
- identification of strengths that will aid the individual in his or her recovery, as well as the identification of barriers that impede the development of skills necessary for independent functioning in the community;
 - individual and team therapeutic interventions with the recipient that directly increase the acquisition of skills needed to accomplish the goals of the Person Centered Plan;
 - psychoeducation regarding 1) the identification and self-management of the prescribed medication regimen, with documented communication to prescribing practitioner(s), 2) the identification and self-management of symptoms, as well as the identification and self-management of triggers and cues (early warning signs); direct preventive and therapeutic interventions that will assist with skill building related to goals in the Person Centered Plan, 3) and training of family, unpaid caregivers, and others who have a legitimate role in addressing the needs identified in the Person Centered Plan;
 - coordination and oversight of initial and ongoing assessment activities; ensuring linkage to the most clinically appropriate and effective services;
 - facilitation of the person centered planning process, which includes the active involvement of the recipient and people identified as important to him or her (such as family, friends, and providers);
 - effective coordination of clinical services, natural supports, and community supports for the recipient and his or her family.

The 60 day consumer record follow-up should include review of the PCP and service
CST Endorsement Check Sheet Instructions

September 28, 2009

notes regarding the above requirements.

- d) Review program description, policy and procedure manuals, job descriptions, supervision plans, team meeting minutes and other documentation as appropriate to verify the CST Team Leader drives the delivery of this rehabilitation service. In partnership with the recipient, the assigned CST Qualified Professional identified as the person responsible for the Person Centered Plan has ongoing clinical responsibility for the initial development, implementation, monitoring, and ongoing revision of the Person Centered Plan including involving other medical and non-medical providers and natural and community supports. The reviewer will also verify that the CST Team Leader is responsible for monitoring and evaluating the effectiveness of interventions as evidenced by symptom reduction and progress toward goals identified in the Person Centered Plan for all recipients the team serves.

The 60 day consumer record follow-up should include review of the PCP and service notes regarding the above requirements.

- e) Review program description, policy and procedure manuals, job descriptions, supervision plans, team meeting minutes, on-call schedule and other documentation as appropriate to verify the agency has policies in place specifying CST staff responsibility to carry out first responder activities for the recipients the team serves. First responder activities include face to face and telephonically, and are available at all times (24/7/365), with capacity for face-to-face emergency response within 2 hours. The first responder policy and procedures indicates each recipient's crisis plan is included in their Person Centered Plan. Review program description, policy and procedure manuals, job descriptions, supervision plans, team meeting minutes, and other documentation as appropriate to verify that the CST staff provides direct interventions in escalating situations to prevent a crisis (including identifying cues and triggers). CST staff also assists the recipient and his or her natural supports in implementing preventive and therapeutic interventions outlined in the Person Centered Plan (including the crisis plan).

The 60 day consumer record follow-up should include review of the PCP and service notes regarding the above requirements.

- f) Review program description, policy and procedure manuals, job descriptions, supervision plans, team meeting minutes, on-call schedule and other documentation as appropriate to verify CST is an intensive community-based rehabilitation team service that provides treatment and restorative interventions carried out by the team and designed to meet the following outcomes:
- assist the recipient in achieving recovery goals identified in the Person Centered Plan;
 - reduce psychiatric and addiction symptoms and promote symptom stability;
 - restore personal, community living, and social skills necessary for self-management;
 - assist individuals to gain access to necessary services in all life domains;
 - increase the ability to access financial entitlement, housing, work, and social opportunities in the community; and
 - monitor and evaluate the effectiveness of delivery of all services and supports identified in the Person Centered Plan.

The 60 day consumer record follow-up should include review of the PCP and service

notes regarding the above requirements.

Documentation Requirements

All contacts for CST must be documented - a daily service note is the minimum requirement. Documentation must meet all record and documentation requirements in the DMH/DD/SAS Service Records Manual.

Review policy and procedure manuals, program description, and job descriptions for language demonstrating the CST staff will ensure service documentation is completed per Medicaid guidelines.

The 60 day consumer record follow-up should include review of the PCP and service notes regarding the above requirements.