

Reviewer:  
Date Reviewed:

NC DHHS  
DMH/DD/SAS

Provider: \_\_\_\_\_  
Site: \_\_\_\_\_

Child and Adolescent (MH/SA) Day Treatment

DESCRIPTION						
Day Treatment	Evidence of Compliance	MET	NOT MET	NA	60 Day Review Evidence of Compliance	Comments
<b>Provider Requirements</b>						
<b>a</b>	1) Agency has required business verification and must be delivered by practitioners employed by a MH/SA provider organization which meets standards established by the Division of MHDDSAS. These standards set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services 2) Delivered in a licensed facility under 10A NCAC 27G .1400	NEA from another LME or Business Verification completed locally and evidence of facility licensure				
<b>b</b>	Provider must follow a clearly identified best practice clinical model that produces positive outcomes.	Program description and operational schedule, Staff interviews			service notes showing service provided that are appropriate to participant's needs based on PCP, staff interviews	
<b>Staffing Requirements</b>						
<b>a</b>	Full-time Program director will meet requirements specified for a QP (10A NCAC 27G .0104) who must be actively involved in program development, implementation, and service delivery	Program description; Personnel Manual; Job descriptions; Personnel files or other documentation that the degree, licensure and/or certification for staff are consistent with requirements and responsibilities; Staff interviews				

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Day Treatment		MET	NOT MET	NA	Comments	
<b>b</b>	<p>1) Minimum ratio of 1 Full-time QP to every 6 enrolled recipients is required to be present.</p> <p>2) QP must have knowledge, skills, and abilities required by population and age served, who must be actively involved in service delivery</p>					

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c	Psychiatric consultation shall be available for each consumer.				Consumer charts show that psychiatric consultation was provided when clinically indicated for consumers, staff interviews	
d	Minimum of 1 additional full-time equivalent (FTE) QP, AP, or PP to every 18 enrolled recipients				service notes, Medicaid RA Forms/Paid Claims	
e	Minimum of .5 full-time dedicated Licensed Professional to every 18 enrolled recipients who must be actively involved in service delivery. <b>NOTE:</b> A Provisionally Licensed Professional who fills this position must be fully licensed within 30 months from date of hired. <b>NOTE:</b> For Substance abuse focused programs, the LP must be an LCAS.				service notes, Medicaid RA Forms/Paid Claims	
f	1) Minimum ratio of 1 QP to every 6 recipients to be present AT ALL TIMES <b>WITH</b> 2) Minimum of 2 staff present with children AT ALL TIMES. <b>NOTE:</b> Exception is when only one child is in the program, in which case only 1 staff member is required to be present. <b>NOTE:</b> Staffing configuration must be adequate to anticipate and meet the needs of the recipients receiving this service.				service notes, Medicaid RA Forms/Paid Claims	

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<b>g</b> Supervision is provided according to supervision requirements specified in 10A NAC27.G.0104 & 10A NCAC 27G.0204 <b>AND</b> 1) is Individualized	Program description; Personnel Manual; Job descriptions. Personnel files or other documentation that education, experience & training for staff are consistent with requirements and responsibilities; Documentation of required supervision outlined in plan; Staff interviews					
<b>h</b> Each staff member providing Day Treatment must complete a minimum of 20 hours of training specific to the required rehabilitative service activities and all other components of the Day Treatment service definition, as well as crisis response, Person Centered Thinking, and System of Care (SOC) within the first 90 days of each staff member's delivery of this service.	Program description; Personnel Manual; Job descriptions. Personnel files and/or other documentation of required experience and completion of training requirements per core rules checklist; training certificates. Agency staff training plan					
<b>Service Type / Setting</b>						

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a	<p>1) Day/night service that shall be available year round for a minimum of three hours a day during all days of operation. 2) During the school year, the Day Treatment Program must operate each day that the schools in the local education agency are in operation. 3) The Day Treatment provider may not operate solely outside of traditional school hours with the exception of time-limited transition to another service. 4) During the summer months, the program must remain in operation a minimum of four days a week.</p> <p>Program description; Policy &amp; Procedure Manual; Actual operating schedule, Staff interviews.</p>				<p>service notes, PCP, contact log, claim forms, program schedule, staff interviews</p>	

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<b>b</b>	At least 75% of the treatment services per week, averaged per month, shall be provided in the on-site licensed setting.				service notes documenting implementation of appropriate program content, PCP, contact log, program schedule, monthly averages	
<b>c</b>	DT mileu shall be provided in a licensed facility separate from child's residence				service notes, PCP , program schedule, client and staff interviews	
<b>d</b>	Day Treatment may include time spent off site in places that are related to achieving service goals such as normalizing community activities that facilitate transition/integration with their school setting, visiting a local place of business to file an application for part time employment.				service notes,, PCP , program schedule, client and staff interviews	
<b>Program/Clinical Requirements</b>						
<b>a</b>	<p><b>1)</b> Structured treatment service program builds on strengths and addresses identified functional problems of the complex condition of each child/adolescent and family. Interventions support symptom reduction, improve behavioral functioning, increase ability to cope, relate to others, support, promote recovery, enhance child's capacity to function in an educational setting, inclusive setting, or to be maintained in community based services. <b>2)</b> Available to children 3-17 years of age (20 or younger for those eligible for Medicaid.)</p>	Program description and operational schedule, Staff interviews.			service notes showing service provided that are appropriate to participant's needs based on PCP, PCP , staff interviews	

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<b>b</b>	DT must address age, behavior, and developmental functioning of each child to ensure safety, health, and appropriate treatment interventions within the program milieu.				service notes showing service provided that are appropriate to participant's needs based on PCP, PCP , staff interviews	
<b>c</b>	Provides MH &/or SA intervention in the context of a therapeutic treatment milieu. Services focus on achieving functional gains, be developmentally appropriate, culturally relevant & sensitive, child & family centered, and focus on integrating the individual into an educational setting or transitioning into employment.				service notes showing service provided that are appropriate to participant's needs based on PCP, PCP , staff interviews	

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d	Developmentally appropriate outcomes, therapeutic or rehabilitation goals are defined in individual treatment goals in the PCP. CFT members are relevant to the child's successful achievement of service goals, including but not limited to family member, mentors, school personnel, members of the community who may provide support, structure and services.				Service notes document implementation of plan consistent with PCP, PCP and staff interviews	
e	DT QP is responsible for: a) Convening CFT b) Monitoring and documenting status of child's progress and effectiveness of DT strategies and interventions outlined in the PCP				PCP, Documentation of PC Planning meetings with consumer participation and input into all decisions. Service notes document implementation of plan consistent wit PCP, Staff interviews	
f	Documentation of working with clinical home provider: a) Consults with Medical & Non-Medical providers b) Engages community and natural supports c) Includes input in PCP process				Documentation of PC Planning meetings, with consumer participation and input into all decisions. Service notes document implementation of plan consistent with PCP; PCP,	

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g	<p>Services are designed to reduce symptoms and improve level of functioning to include (but not limited to):</p> <ol style="list-style-type: none"> <li>1) Functioning in an appropriate educational setting;</li> <li>2) Maintaining residence with a family or community based non-institutional setting (foster home, Therapeutic Family Services); and</li> <li>3) Maintaining appropriate role functioning in community settings.</li> </ol>	Program description			<p><u>Service notes, PCP, staff interviews</u></p>	

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h	<p>Best practices include developmentally appropriate, direct preventive, interventions to accomplish the goals of the PCP, as related to the MH or SA dx. Interventions shall include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>• Development of therapeutic relationships between the provider, child, and family/caregiver;</li> <li>• Development of skills and replacement behaviors which can be practiced, applied, and continually addressed with treatment staff in a therapeutic and educational environment;</li> <li>• Monitoring of psychiatric symptoms in coordination with the appropriate medical care provider;</li> <li>• Identification and self-management of symptoms/behaviors;</li> <li>• Development/improvement of social and relational skills;</li> <li>• Enhancement of communication and problem-solving skills;</li> <li>• Relapse prevention and disease management strategies;</li> <li>• Individual, group and family counseling;</li> <li>• Provision of strengths-based positive behavior supports; and</li> <li>• Psychoeducation, and training of family, unpaid caregivers, and/or others who have a legitimate role in addressing</li> </ul>	<p>Program description; Staff interviews</p>			<p>Service notes, PCP, staff interviews</p>	

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		MET	NOT MET	NA		
i	DT Program Staff collaborates with the school and clinical home <b>prior to admission</b> and throughout service duration. <b>1)</b> Clear delineation must be made between the educational instruction and therapeutic interventions. <b>2) DT</b>	Policy and procedure manual. Program description				Service Record, PCPs, service notes documenting implementation of appropriate content, staff interview
j	In addition Day Treatment provides case management services including, but not limited to assessing need for comprehensive services, linking the child/family to needed services/supports, monitoring the provision of services and supports, assessing the outcomes of services and supports, collaborating with other treatment providers, convening CFT meetings to coordinate provision of multiple services and ensure appropriate modification of the PCP over time	Policy and procedure manual. Program description				Service Record, PCP in chart, service notes documenting implementation of appropriate program content

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<b>k</b> Signed service order by MD, Licensed Psychologist, Physician Assistant, or Nurse Practitioner according to their scope of practice <b>prior to or on the first date of service</b>	Program description				PCP	
<b>Documentation Requirements</b>						
<b>a</b> Minimum standard is a daily service note written and signed by the person(s) who provided the service that includes the following: <ul style="list-style-type: none"> <li>• Child's name</li> <li>• Medicaid identification number</li> <li>• Service provided (for example, Day Treatment services)</li> <li>• Date of service</li> <li>• Place of service</li> <li>• Type of contact (face-to-face, telephone call, collateral)</li> <li>• Purpose of the contact</li> <li>• Description of the provider's interventions</li> <li>• Amount of time spent performing the interventions</li> <li>• Description of the effectiveness of the interventions</li> <li>• Signature and credentials of the staff member(s) providing the service</li> </ul>	Program Description; Policy & procedure manual;				Service record; Daily service notes that include all elements required	
<b>b</b> Documentation of interventions/activities that reflect: <b>1) Discussion of Discharge Plan with child, family/caregiver, and Child and Family Team at admission, as well as discharge</b> <b>2) Discussion of Transition Plan</b>	Program Description				service notes, PCP, client and family interviews	

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DESCRIPTION		Evidence of Compliance			60 Day Review Evidence of Compliance		Comments
Day Treatment		MET	NOT MET	NA			
c	Completed LME Consumer Admission and Discharge Form submitted to LME				service notes, PCP, admission and discharge form, ITR, service authorization request		