

DRAFT

NC DHHS – NC DMH/DD/SAS Child/Adolescent Day Treatment (MH/SA) Endorsement Check Sheet Instructions

DRAFT

Introduction

Prior to site and service endorsement, business verification must take place. In the process of business verification, the business information presented on the provider endorsement or 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 corporation, 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 Local Management Entity (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.

(2) Providers must demonstrate evidence of facility licensure according to 10A NCAC 27G .1400 and provision of this facility based service in a structured program setting appropriate for the developmental age of the children/adolescents ages 3-17 year (18 or under for those

DRAFT

eligible for Health Choice and 20 or younger for those eligible for Medicaid) served. Consumers who receive Day Treatment services must be residents of their own home, or a substitute home. Day Treatment services shall be provided in a setting separate from the consumer's residence and in coordination with the local education agency. Review of the appropriate facility license for program operations. Review of policy and procedure manuals and program descriptions for language demonstrating that developmentally appropriate services delivered in a structured setting are provided in a licensed facility. Review the consumer address of residence, PCP, and educational services in coordination with the therapeutic services.

b. Review program description, operational schedule and interview staff to ensure there is a clearly identified best practice clinical model.

A 60 day follow-up should be completed to include a review of the service notes and PCP to determine if services provided are appropriate and address the participant's needs.

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., b. c. d. e and f

Review employment application, resume, license, certification and/or other documentation for evidence of degree and work experience with the target population the provider will serve and to ensure consistent with requirements and responsibilities of the positions. Review 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. Review staff schedules, attendance rosters, and caseload assignments and interview staff to ascertain consumer to staff ratios.

The positions and staffing include:

- 1) A full time Program Director who meets requirements specified in rule for a Qualified Professional (QP) and has a minimum of two years experience in child and adolescent MH and/or SA treatment services. The Program Director must be actively involved in program development, implementation and service delivery;
- 2) A minimum ratio of one full time QP to every six enrolled recipients is required to be present at all times. QP must have knowledge, skills and abilities required by population and age served and must be actively involved in service delivery;
- 3) Minimum of one additional full time equivalent (FTE) Qualified Professional, Associate Professional (AP) or Paraprofessional (PP) for every eighteen enrolled recipients;
- 4) Minimum of .5 full time dedicated Licensed Professional to every eighteen enrolled recipients who must be actively involved in service delivery. If a Provisionally Licensed Professional fills this position, the staff must be fully licensed within thirty months from date hired. For substance abuse focused programs, the Licensed Professional must be an LCAS;

DRAFT

- 5) Minimum ratio of 1 QP to every six recipients to be present at all times with minimum of two staff present with children at all times. Exception is when only one child is in the program, in which case only 1 staff member is required to be present;
- 6) Staffing configuration must be adequate to anticipate/meet consumer needs; and
- 7) Psychiatric consultation shall be available for each consumer.

Staffing qualifications must also reflect and meet the consumer needs specific to those with substance related disorders including Certified Clinical Supervisor (CCS), Licensed Clinical Addictions Specialist (LCAS) and/or Certified Substance Abuse Counselor (CSAC) under Article 5C and/or to those children with secondary needs related to developmental disabilities. Paraprofessionals may deliver services under the supervision of a QP, LCAS or CCS according to 10 NCAC 27G .0104.

Review employee training and supervision plans or other documentation demonstrating training has been scheduled and/or received according to core rules, consistent with the role of the level of the professional providing Child and Adolescent Day Treatment Services. Ensure that employee is trained to fully understand and implement designated level of service strengths and needs (PCP developed/modified by a child and family team, symptoms, medications, treatment practices, substance related disorders, crisis management/intervention, positive behavioral interventions, data, etc.).

Policy, personnel and procedure manuals contains language that demonstrates the Child and Adolescent Day Treatment Program Director be present and is responsible for coordinating needed assessments & developing/modifying the PCP and for providing or coordinating with the Child and Adolescent Day Treatment staff, the treatment for the child/adolescent. In addition, the Director must coordinate the educational and therapeutic services and supports with the family, local education agency (LEA-public/other school) and other providers. Review of job descriptions and scope of work for personnel under contract for language demonstrating program expectation. Review of service records should demonstrate program requirements. Youth and family interviews should demonstrate program compliance.

Review policy and procedure manuals and job descriptions for language that demonstrates that the Child and Adolescent Day Treatment Services provider must ensure provision of psychiatric consultation be available to each consumer by a licensed professional with related child/adolescent MH/SA experience.

A 60 day follow-up should be completed to include a review of the consumer record, Medicaid RA Forms/Paid Claims and interviews of youth, family and staff.

g - h

Policy, personnel and procedure manuals contains language that demonstrates the expectations that Child and Adolescent Day Treatment provides supervision of QP, AP and paraprofessional staff based on the staff's level of education, skill and experience and consistent with position requirements and responsibilities in 10 NCAC 27G .0203 and 10 NCAC 27G .0204 and with certification and/or licensure requirements of the appropriate discipline. For services provided to children/adolescents with substance related disorders, staffing and staff supervision includes Certified Clinical Supervisor (CCS), Licensed Clinical Addictions Specialist (LCAS) and/or Certified Substance Abuse Counselor (CSAC) under Article 5C. Review of job descriptions for language demonstrating program expectations.

DRAFT

Review supervision plans to ensure that they are individualized and appropriate for the level of education, skill and experience of staff. Review notes and documentation of the necessary individualized and appropriate clinical supervision for all staff, including the provisionally licensed professional, licensed RN, CCS, LCAS or CSAC as part of the Child and Adolescent Day Treatment services provided. Review supervision plan, notes, schedule and other supporting documentation that demonstrate on-going supervision consistent with the requirements and responsibilities. Review notes, schedule and other supporting documentation that demonstrate on-going supervision by the Qualified Professional. Rules allow for a provisionally licensed professional to serve as a QP according to 10A NCAC 27G .0104 18.a. Paraprofessionals may deliver services under the supervision of a QP, LCAS or CCS according to 10 NCAC 27G .0104. Necessary and appropriate relevant experience and clinical supervision of the provisionally licensed professional and all paraprofessionals is assumed practice and so documented for the delivery of Child and Adolescent Day Treatment services. Review of job descriptions for language demonstrating program expectations. Review of service notes and child records should reflect necessary and appropriate treatment/interventions delivered thru appropriate level/intensity of supervision, staffing and psychiatric consultation.

DRAFT

Qualified Professional: Review policy and procedure manuals and program descriptions to ascertain specifics that the Qualified Professional, CCAS or LCAS hired to provide Child and Adolescent Day Treatment services will have the skill, knowledge and experience to provide, coordination & oversight of initial and ongoing assessment activities, PCP development, ongoing monitoring of PCP implementation and PCP revision. Providers currently billing Medicaid for Community Support; review job descriptions, program descriptions and policy and procedure manual for language demonstrating that the Qualified Professional, CCAS or LCAS is required to have the skill, knowledge and experience to provide coordination & oversight of initial and on-going assessment activities, PCP development, ongoing monitoring of PCP implementation and PCP revision.

In addition to the above, review employee applications for evidence that the Qualified Professional have the skill, knowledge and experience to provide coordination & oversight of initial and on-going assessment activities, PCP development through a child and family team, ongoing monitoring of PCP implementation and PCP revision. Review training plans and records for evidence that training is scheduled or has taken place.

Associate Professional: Review program descriptions and policy and procedure manuals to ascertain that the Associate Professional is required to have the skill, knowledge and experience to provide the various skill building activities; support ongoing treatment and functional gains; one-on-one interventions with the consumer to develop interpersonal and community relational skills; therapeutic mentoring; symptom monitoring and self management of symptoms, etc. Review the training plan to ensure that all Child and Adolescent Day Treatment services specific training is scheduled and provided within 90 days of a staff member's delivery of service.

Review job description, policy and procedure manual for language demonstrating that the Associate Professional is required to have the skill, knowledge and experience to provide the various skill building activities; support ongoing treatment and functional gains; one-on-one interventions with the consumer to develop interpersonal and community relational skills; therapeutic mentoring; symptom monitoring and self management of symptoms, etc.

Review employee application for evidence that the Associate Professional have the skill, knowledge and experience to provide the various skill building activities; support ongoing treatment and functional gains; one-on-one interventions with the consumer to develop interpersonal and community relational skills; intervene with positive behavioral supports; symptom monitoring and promote self-management of symptoms, etc. Review training plans and records for evidence that associated training is scheduled or has taken place. Review training documentation, such as, training certificates demonstrating that all employees for the provider have had the required 20 hours of Child and Adolescent Day Treatment Services training required within the first 90 days of service.

Service Type/Setting

The elements in this section pertain to the provider's having an understanding of the Child and Adolescent Day Treatment Services and the service delivery system.

DRAFT

a - d Review in policy and procedure manuals and program descriptions for language demonstrating that services are provided a minimum of three hours per day during all days of operation, the Day Treatment Program operates each day the schools in the local education agency are in operation, the Day Treatment Program does not operate solely outside of traditional school hours with the exception of time-limited transition to another service and during the summer months the program remains in operation a minimum of four days a week. At least 75% of the treatment services per week averaged per month shall be provided in the on-site licensed setting with or on behalf of the consumer. Review program operations schedule and staffing schedule.

Reviewer may want to verify provider understands that if consumer needs more or less intensive services, consumer is to be referred to a more or less intensive service such as Community Support, if a youth in transition to adult services Community Support Team, MST or coordinated with Therapeutic Foster Care Treatment services. It is recommended for reviewer to have a discussion about use of best practice models in the Child and Adolescent Day Treatment Services delivery, such as Positive Behavior Supports, Cognitive Behavioral Therapy (CBT), CBT Trauma Informed Therapy, Functional Family Therapy and Motivational Interviewing.

Providers must demonstrate evidence of facility licensure according to 10A NCAC 27G .1400 and provision of this facility based service in a structured program setting appropriate for the developmental age of the children/adolescents ages 3-17 year (18 or under for those eligible for Health Choice and 20 or younger for those eligible for Medicaid) served. Consumers who receive Day Treatment services must be residents of their own home, or a substitute home. Day Treatment services shall be provided in a setting separate from the consumer's residence and in coordination with the local education agency. Review of the appropriate facility license for program operations. Review of policy and procedure manuals and program descriptions for language demonstrating that developmentally appropriate services delivered in a structured setting are provided in a licensed facility. At least 75% of the treatment services per week averaged per month shall be provided in the on-site licensed setting with or on behalf of the consumer. Review planned program operations schedule and staffing schedule.

The 60 day follow-up review should include a review of service notes, PCP, contact log and/or claim form for evidence that each consumer has received a minimum of three hours per day during all days of operation. Review service notes documenting implementation of developmentally age appropriate content and effective practices. Review the consumer address of residence, PCP, and educational services in coordination with the therapeutic services. Record review and program schedule should reflect at least 75% of the treatment services per week averaged per month is provided in the on-site licensed setting with or on behalf of the consumer. Review service notes, consumer and staff attendance, and staffing schedule. Review contact log and service records noting coordination with family and local education agencies and other services and supports in delivery of services off-site of the licensed setting. Review to ascertain that the Child and Adolescent Day Treatment Services staff assesses the need that established practices or curricula for interventions are used within the context of Child and Adolescent Day Treatment Services and that when a consumer's need indicates, he/she is offered an evidence-based intervention appropriate to the need.

DRAFT

Program/Clinical Requirements

The elements in this section are reviewed as they pertain to service delivery. It is important that consumers are 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 (crisis planning/de-escalation strategies, positive behavioral supports, motivational enhancement therapy, anger management, daily life skills management, etc.).

a., c. e. g. h. i. Program review of description, policies, procedures, staffing, relevant personnel records and licensure that demonstrate the provision of structured treatment service program in the context of a treatment milieu that builds on strengths and addresses identified functional challenges complexity of each child/adolescent and family. Interventions support symptom reduction and/or sustain symptom stability at the lowest possible levels, increase ability to cope, relate to others, support, sustain recovery, enhance capacity to function in an inclusive setting or to maintain functioning in community based services. Document improved functional skills that include but are not limited to functioning in a mainstream setting, maintaining residence with a family or community based setting such as foster home or therapeutic home and maintaining appropriate role functioning in community settings.

Personnel policies, descriptions, training and supervision plans document and promote increased relevant experience and skill development that demonstrate best practice. Program and daily plans, PCP and service record reflect appropriate behavioral/symptom interventions and management, social and other therapeutically relevant skill development, adaptive skill training, enhancement of communication and problem-solving skills, anger management, family support, including training of family/caregivers and other who have a legitimate role in addressing the needs identified in the PCP; monitoring psychiatric symptoms, self-directed care, relapse prevention, disease management strategies and related positive behavior support activities and reinforcements.

Provision of this facility based service in a structured program setting appropriate for the developmental age of the children/adolescents ages 3-17 year (18 or under for those eligible for Health Choice and 20 or younger for those eligible for Medicaid). In addition to the above, PCP and service notes reflect treatment that matches strengths and needs of child/adolescent, cultural/ethnic/gender sensitivity, reflect best practice and coordinate with educational and community services and supports. Services focus on sustaining success in school (e.g. integrated into all classes with provision for alternative supports when needed such as an agreed upon self-directed 'cooling off' space/time) or transitioning into employment. Record reviews document child and family team meetings, CFT participants and appropriate interventions and transition planning in coordination with family and school personnel and/or vocational supports. Record reviews provide evidence that Day Treatment program staff collaborates with the school and clinical home prior to admission and through out service duration. There is also evidence of a clear delineation between the educational instruction and therapeutic interventions.

b, d. f. Review for compliance in program procedures, policies, staff training, supervision and quality management. In addition, providers will demonstrate service outcomes, individual treatment goals reflect developmentally age appropriate and effective therapeutic interventions in the PCP. CFT members relevant to the child's successful achievement of service goals, including but not limited to family member, mentors, school personnel,

DRAFT

members of the community who may provide support, structure and services. Record reviews document child and family team meetings, CFT participants and appropriate interventions and transition planning in coordination with family and school personnel and/or vocational supports and modifications made to PCP based on current assessments and CFT findings. Personnel training and supervision plans include PCP development, modification and implementation thru child and family team meetings.

e. k. l. Providers must demonstrate compliance in program procedures, policies, staff training, supervision and quality management. In addition, providers will demonstrate service outcomes, individual treatment goals reflect developmentally age appropriate and effective therapeutic interventions in the PCP. Program and policy manual review demonstrates delivery of non traditional therapeutic interventions, such as time spent off site in places related to achieving individual consumer goals including, but not limited to normalizing community activities, such as visiting a local place of business to file applications for part time employment. For younger children, relationship and play-based therapies should be delivered in a natural setting and include services and supports on an individual & group basis in a structured community based setting. At least 75% of the treatment services per week averaged per month shall be provided in the on-site licensed setting. Service record documents assessments and improved functional skills that include but are not limited to functioning in a mainstream setting, maintaining residence with a family or community based setting such as foster home or therapeutic home and maintaining appropriate role functioning in community settings. PCP, service notes reflect practice and program expectations. Review Program description to determine procedures/ policies related to determining medical necessity and obtaining service orders.

j. Program and policy manual review demonstrates delivery of services is both direct and indirect where the Day Treatment staff provides direct interventions and also arranges, coordinates and monitors services on behalf of the recipient. Services also include telephone time with individual recipient and collateral contact with persons who assist the recipient in meeting goals specified in the PCP. Continuity planning and coordinated planning with the LEA, transition planning, in addition to crisis planning should be present in the PCP.

Review policy and procedure manual, program descriptions and job descriptions for language demonstrating that the Day Treatment staff is expected to provide direct interventions with and/or on behalf of the consumer at least 75% of the time in the on-site licensed facility as well as in the community with a child/adolescent and family. Also review for language that the Qualified Professional is expected to/do arrange for, coordinate and monitor services on behalf of the consumer and family. For example, reviewer would expect to see PCP indicating Qualified Professional to connect youth to mentoring program through Boys and Girls Club. A review of the service notes should indicate that the Qualified Professional actually connected the youth to the mentoring program through Boys and Girls Club and visited the youth to monitor the mentoring services were meeting his/her needs.

The 60 day follow-up review should include a review of the PCP for evidence of direct and indirect interventions with the consumer and family per the above. Review service notes for evidence that the Qualified Professional is actually providing indirect and direct interventions in any community location with the consumer. Review claim form for location of service. Review service notes for first responder and 24/7 access to therapeutic interventions (e.g.

DRAFT

suicide prevention plan in place and followed in an evening crisis event). Review PCP and service notes for evidence that Child and Adolescent Day Treatment Services include facilitating service and/or life transitions in/out of transitions. Review claim form for supporting information. For example, a reviewer would expect PCP to indicate that the Qualified Professional will monitor progress of youth mentoring or tutoring program by talking to the mentoring staff on a regular basis or will monitor progress of youth and family in life transitions involving housing, vocation or family reunification if in foster care. A review of service notes and should verify that this is actually happening. Documentation of collateral contacts, new/current assessments and review/modification of PCP through child and family team is evident.

Documentation Requirements

a – c. All contacts for Child and Adolescent Day Treatment Services must be documented - a daily service note is the minimum requirement. Documentation must meet all record and documentation requirements in the DMH/DD/SA Service Records Manual.

Review the Service Record Policy and Procedure regarding Documentation Requirements. Review policy and procedure manuals for language demonstrating the expectation that the minimum standard daily full service note includes:

- recipient's name
- Medicaid identification number
- Service provided (for example IHH services)
- Date of service
- Place of service
- Type of contact (face to face, telephone call, collateral)
- Purpose of the contact
- Description of the provider's interventions
- Amount of time spent performing the intervention
- Description of the effectiveness of the interventions
- Signature and credential of the staff member(s) providing the service

Review policy and procedure manual for language that demonstrates that all clinically significant contacts with the recipient must be recorded in the medical record. Review policy and procedure manual for language which addresses completion of required forms, transition and discharge planning.

The 60 day follow-up review should include a review of the consumer record to verify all components of the daily full service note are documented and to verify contacts are documented. Review of PCP and service records for release of/coordination of information for planning/transitions and service notes. PCP shall include a Crisis Plan and Transition Plan. Service record shall reflect outcomes sustained and progress toward implementing the Transition Plan. These shall be noted, minimally, at UR intervals and/or child and family team (CFT) meetings. Transition planning should be coordinated with the child/adolescent and family through the CFT with other services and supports including the local LEA, community providers such as social services, juvenile justice, vocational rehabilitation, mentoring and informal supports.