

Reviewer:

Date reviewed:

**NC DHHS
DMH/DD/SAS
Intensive In-Home Services**

Provider: _____

Site: _____

DESCRIPTION							
Intensive In-Home Services		Evidence of Compliance	MET	NOT MET	NA	60 day review	COMMENTS
Provider Requirements							
a	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 MHDDASAS. These standards set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services.	NEA from another lme or business verification completed locally					
Staffing Requirements							
a	Service model is delivered by a 3 person team* comprised of 1 Full-time dedicated team leader and at least 2 additional Full-time equivalent (FTE) positions. The team leader must be a dedicated Full-Time Licensed Professional (LP), a provisionally licensed conditional upon being fully licensed within 30 months from date of hire, OR a board-eligible QP actively seeking licensure conditional upon being fully licensed with 30 months from date of hire. * Note: IIH services for consumers with a diagnosis of substance abuse shall include at least one Certified Clinical Supervisor (CCS), Licensed or Provisionally Licensed Clinical Addiction Specialist (LCAS), or Certified Substance Abuse Counselor (CSAC) as a member of the three-person team. * Note: IIH services focused on mental health interventions shall include at least one Licensed, Provisionally Licensed or Qualified Mental Health Professional with the knowledge, skills, and abilities required by the population and age to be served as a member of the three-person team.	Program description; Personnel Manual; Job descriptions; Personnel files; Staff interviews					
b	One FTE QP who has the knowledge, skills, and abilities required by the population and age to be served	Program description; Personnel Manual; Job descriptions; Personnel files; Staff interviews					
c	One FTE QP or AP who has the knowledge, skills, and abilities required by the population and age to be served	Program description; Personnel Manual; Job descriptions; Personnel files; Staff interviews					
d	Team-to-family ratio shall not exceed one to eight (1:8) for each three-person team.	Program description; Personnel Manual; Job descriptions; Staff caseload assignment				service notes, service records	

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e	<p>1) All members of the IIH services team shall be supervised by the team leader.</p> <p>2) Associate Professionals shall be supervised according to supervision requirements specified in 10A NCAC 27G .0104 and according to licensure and certification requirements of the appropriate discipline.</p> <p>3) Supervision of IIH staff is covered as an indirect cost and therefore should not be billed separately as an IIH service.</p>	<p>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;</p>				<p>Progress Notes; Medicaid RA Forms/Paid Claims</p>	
f	<p>1) All staff providing Intensive In-Home Services to children and families must have a minimum of one (1) year documented experience with this population. 2) No IIH Team member who is actively fulfilling an IIH Team role may contribute to the staffing ratio required for another service during that time.</p> <p>3) When fulfilling the responsibilities of IIH services, the staff member shall be fully available to respond in the community.</p>	<p>Program description; Personnel Manual; Job descriptions; Personnel file, training plan & record</p>				<p>PCP, service notes, service records</p>	
g	<p>1) Each staff member providing IIH services shall complete a minimum of 20 hours of training specific to the required rehabilitative service activities and all other components of the IIH 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. 2) The team leader, who is responsible for Person Centered Plan development, shall also participate in PCP Instructional Elements training within the same time frame.</p>	<p>Program description; Personnel Manual; Job descriptions. Personnel files and/or other documentation of required experience and completion of training requirements; training plans and supervision records</p>				<p>Progress Notes; PCP</p>	
Service Type/Setting							
a	<p>1) IIH is a direct and indirect, periodic, rehabilitative service in which the team members provide medically necessary services and interventions that address the diagnostic and clinical needs of the recipient.</p> <p>2) The team provides interventions with the family and caregivers on behalf of the recipient as well as arranges, coordinates, and monitors services on behalf of the recipient.</p> <p>3) This service is provided in <u>any</u> location. IIH providers shall deliver services in various environments, such as homes, schools, court, detention centers and jails (for State funds only*), homeless shelters, libraries, street locations, vocational settings, and other community settings.</p>	<p>Program description, policies and procedures, job descriptions, Staff Interviews</p>				<p>PCP, service notes, Medicaid RA forms/Paid Claims</p>	
Program / Clinical Requirements							

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a	<p>1) For IIH recipients, all aspects of the delivery of this service occurring in a 24-hour period, starting at 7 a.m., will equal one contact (two hours minimum). 2) It is the expectation that service frequency will decrease over time: at least 12 contacts (two hours minimum) per recipient are required in the first month, and at least 6 contacts per recipient per month are required in the second and third months of IIH services. The IIH service varies in intensity to meet the changing needs of individuals, families, and caregivers; to assist them in the home and community settings; and to provide a sufficient level of service as an alternative to the individual's need for a higher level of care.</p>	Program description; interview staff				PCP, service notes, Medicaid RA forms/Paid Claims	
b	<p>Services are delivered primarily face-to-face with the youth, family, and caregivers and in locations outside the agency's facility. The aggregate services that have been delivered by the endorsed provider site will be assessed and documented annually by each endorsed provider site using both of the following quality assurance benchmarks:</p> <ul style="list-style-type: none"> • At least 60% of the contacts shall occur face-to-face with the youth, family, and caregivers. The remaining units may be either telephone or collateral contacts. • At least 60% of staff time shall be spent working outside of the agency's facility, with or on behalf of the recipients. 	Program description; policies and procedures; - staff interviews				PCP, contact logs, Medicaid claim forms, consumer records and service notes	

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C	<p>These services are delivered to children and adolescents, primarily in their living environments, with a family focus, to:</p> <ul style="list-style-type: none"> • Provide parenting skills training that builds effective communication and positive behavioral intervention strategies with the youth to help meet the Person Centered Plan goals • Provide therapy with the youth and family. • Work with the youth and his or her caregivers to implement home-based behavioral support plans • Provide ongoing evaluation of the presenting psychiatric or addiction symptoms • Identify strengths that will aid in stabilizing the family unit, as well as identify barriers that may impede the development of skills necessary for functioning in the family and community • Provide psychoeducation to the youth, family, and caregivers for the <ul style="list-style-type: none"> o identification and self-management of symptoms o development of self-help skills o development of practical daily living tasks required for basic functioning in the home and community o identification and self-management of triggers, cues, and early warning signs • Defuse the current crisis, evaluate its nature, and intervene to reduce the likelihood of a recurrence • Ensure linkage to needed community services and resources • Provide ongoing evaluation of the effectiveness of interventions, as evidenced by progress toward goals in 	<p>Program description; Staff interviews</p>					
						PCP, service notes	

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<p>d</p> <p>1) This team service includes a variety of interventions available 24 hours a day, 7 days a week, 365 days a year, a</p> <p>2) is delivered by the IIH staff who maintain contact and intervene as one organizational unit.</p>	<p>On call schedule,</p>				<p>PCP, service notes</p>	

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<p>e 1) Team approach (for the entire family) is structured, face-to-face scheduled therapeutic interventions to provide support & guidance across multiple functional domains: emotional, social, safety, housing, medical and health, educational, vocational, and legal is NOT delivered in group setting.</p> <p>2) This service</p>	<p>Program description; Staff interviews</p>				<p>PCP, service notes;</p>	

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f	<p>1) The development, monitoring, and on-going revision of the recipient's person centered plan <i>is the responsibility of the Team Leader</i> 2) In partnership with the youth, his or her family, and the legally responsible person, as appropriate, <i>the team leader is responsible</i> for convening the Child and Family Team, which is the vehicle for the person-centered planning process. 3) <i>The team leader is responsible</i> for monitoring and documenting the status of the recipient's progress and the effectiveness of the strategies and interventions outlined in the Person Centered Plan. 4) <i>The team leader</i> consults with identified medical (such as primary care and psychiatric) and non-medical providers [for example, the county department of social services (DSS), school, the Department of Juvenile Justice and Delinquency Prevention (DJJDP)] and includes their input in the person-centered planning process 5) <i>The team leader</i> engages community and natural supports, and includes their input in the person-centered planning process 6) The team meets <i>at least</i></p>	<p>Policies and Procedures in place for PCP development that include having; Program Description; PCP including crisis plan, documentation of C&F Team meetings with membership, roles, responsibilities, ; Staff interviews; Client interviews</p>				<p>consumer records, PCP development and revisions, documentation of family involvement in the chart,</p>	
g	<p>Shall provide "first responder" crisis response 24 hours a day, 7 days a week, 365 days a year</p>	<p>Policies and procedures in place for crisis response. On-call scheduling process and On-call schedule; / Staff interviews</p>				<p>INDIVIDUALIZE D Crisis Plan in chart; Service notes document implementation of crisis plan when needed;</p>	
h	<p>Service order 1) in place <i>PRIOR TO</i> or on the day that the service initially provided 2) based on individualized assessment of recipient's needs</p>	<p>Program description;</p>				<p>PCP; DA/Comprehensive Clinical Assessment</p>	
Documentation Requirements							

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a	<p>Minimum standard is a daily full service note written and signed by the person(s) who provided the service, that includes:</p> <ul style="list-style-type: none"> • Recipient's name • Medicaid identification number • Service provided (for example, IIH 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 credentials of the staff member(s) providing the service 	<p>Services record policy and procedures; Policy and procedure,</p>				<p>PCP, service notes</p>	
b	<p>Documentation of intervention(s)/activity(ies) that reflect:</p> <ol style="list-style-type: none"> 1) Monitoring the status of the recipient's progress and the effectiveness of the strategies and interventions outlined in the PCP 2) Linkage to the most clinically appropriate and effective service(s) 3) Linkage to an alternative service when clinically indicated and functionally appropriate for the needs of the youth and family as determined by the CFT- NOTE: Activities that led to referral should be documented 4) Development of youth and family's coping skills 5) Therapeutic interventions for the individual, the family, or both 6) Substance abuse interventions management 7) Crisis 8) Intensive case management 	<p>Policy & Procedure Manual; Program Description;</p>				<p>PCP, service notes.</p>	
c	<p>Documented Discharge plan</p>	<p>Policy & Procedure Manual; Program Description;</p>				<p>notes; Discharge Plan; Discharge ITR/Service Authorization</p>	
d	<p>Completed LME Consumer Admission and Discharge Form submitted to LME</p>	<p>Policy & Procedure Manual; Program Description;</p>				<p>PCP, service notes; LME Consumer Admission and Discharge Form;</p>	