

**NC DHHS – NC DMH/DD/SAS
Intensive In Home Services (IIH) (MH/SA)
Endorsement Check Sheet Instructions**

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 Division of Medical Assistance (DMA) Community Intervention Services (CIS) 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 Division of Health Service Regulation (DHSR) 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.

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 program description, personnel Manual, job descriptions, personnel files, and conduct staff interviews for evidence of team concept within service model. Evidence should contain language indicating intent to provide Intensive In Home services by a team of three persons. Members of the team include a fulltime 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 Qualified Professional (QP) actively seeking licensure conditional upon being fully licensed within 30 months from date of hire. This individual must have one year documented experience with the population to be served. This staff member may not contribute to the staffing ratio required for another service during the same time. When fulfilling the responsibilities of IIH services, the staff member shall be fully available to respond in the community.

Ensure that services for consumers with a diagnosis of substance abuse 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 3-person team.

Ensure that services for consumers with a diagnosis of mental illness includes 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 appropriate to the needs and age of the child/adolescent.

b. Review program descriptions, personnel manual, job descriptions, personnel files, and conduct staff interviews to determine that at least one fulltime Qualified Professional has been hired to provide Intensive In Home services and the individual has the skills, knowledge and abilities required by the population and age to be served. This staff member may not contribute to the staffing ratio required for another service during the same time. When fulfilling the responsibilities of IIH services, the staff member shall be fully available to respond in the community.

c. Review program descriptions, personnel manual, job descriptions, personnel files, and conduct staff interviews to determine that at least one fulltime Qualified Professional or Associate Professional (AP) has been hired to provide Intensive In Home services and the individual has the knowledge, skills, and abilities required by the population to be served. This individual must have one year documented experience with the population to be served. This staff member may not contribute to the staffing ratio required for another service during the same time. When fulfilling the responsibilities of IIH services, the staff member shall be fully available to respond in the community.

d. Review program description, personnel manual, job descriptions, staff caseload assignment and service notes to ascertain the team to family ratio does not exceed one to eight (1:8) for each three person team. Look at policy and procedure manuals and program and job descriptions for language demonstrating that services will be provided at a team to family ratio of 1 to 8 for each three person team. Members of the team include a fulltime Licensed Professional (or provisionally licensed or board-eligible QP actively seeking licensure as the team leader conditional upon being fully licensed within 30 months from the

date of hire) who is the designated team leader and FTE QP and at least one other FTE QP or AP who serves on the 3 person team.

In addition to the above, review caseload assignment sheet and service record for the numbers of consumers are served per team to family ratio of 1 to 8 for each three person team.

During the 60 day follow-up review of consumer records, review service notes for related treatment interventions and staff signatures and review service records for the numbers of consumers served per team to family ratio of 1 to 8 (1:8) for each tree person team.

e. Review the program description, personnel manual, job descriptions, personnel files or other documentation that education, experience and training for staff are consistent with requirements and responsibilities, documentation of required supervision outlined in plan, Medicaid RA forms, and paid claims to determine that supervision is provided by the team leader/Qualified Professional, for all staff on the IIH team. The team leader is responsible for the supervision of the AP. Individual supervision to staff based on the staff's level of education and experience. Review supervision plans to ensure that they are individualized and appropriate for the level of education and experience of staff and according to licensure and certification requirement for the appropriate discipline according to 10A NCAC 27G .0104. Review supervision notes and documentation of the necessary individualized and appropriate clinical supervision for all staff, including the provisionally licensed professional as part of the Intensive In Home services provided.

In addition to the above, interview staff, review supervision plan, notes, schedule and other supporting documentation that demonstrates on-going supervision consistent with the service. Review notes, schedule and other supporting documentation that demonstrate on-going supervision by the Qualified Professional. It is important to note that the rules allow for a provisionally licensed professional to serve as a QP (10A NCAC 27G .0104 18.a). Necessary and appropriate relevant experience and clinical supervision of the provisionally licensed professional is assumed practice and so documented for the delivery of Intensive In Home services.

The 60 day follow-up review of consumer records should include notes indicating clinical supervision conducted by the team leader.

f. Review program description, personnel manual, job descriptions, personnel file, training plans and supervision records to determine that each staff member has at least one year documented experience with the population to be served. Staff members may not contribute to the staffing ratio required for another service during the same time. When fulfilling the responsibilities of IIH services, staff members shall be fully available to respond in the community. Review training plan to determine that staff have attended relevant training regarding the population to be served.

During the 60 day consumer record follow-up, review the Person Centered Plan (PCP) and service notes to insure the staff members were fully available and have responded in the community when needed.

g. Review program description, personnel manual, job descriptions, personnel file or other documentation of required experience and completion of training requirements, training plans and supervision records to determine that each staff member is trained to fully understand and implement the service per the service definition.

Review employee training 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 Intensive In Home Services. Review training plans and records for evidence that each staff member has received or is scheduled for 20 hours of training specific to the required rehabilitative service activities and all other components of the IHH service definition, including crisis response, person centered thinking, and system of care (SOC) within the first 90 days of each staff member's delivery of this service.

Review program description, personnel manual, job descriptions, personnel file or other documentation of required experience and completion of training requirements, training plans and supervision records to determine that team leader has or is scheduled to participate in PCP Instructional Elements training within the same time frame – within the first 90 days of the delivery of service by the team leader.

At the 60 day follow-up review PCPs for team leader participation in the development of PCPs.

Service Type/Setting

The elements in this section pertain to the provider's understanding of the Intensive In Home Services and the service delivery system.

a. 1) Review policy and procedure manuals, program descriptions, job descriptions and conduct staff interviews for evidence that delivery of services is both direct and indirect. . This service is grounded in family centered practice, is community based service most often provided in the child's home with family/primary caregivers as well as in other daily settings in the child's routine, such as school. Interventions are integrated and organized based on child and family strengths and needs, functional and clinical assessment and close monitoring for improved outcomes.

a. 2) Review policy and procedure manuals, program descriptions, job descriptions and conduct staff interviews for evidence that delivery of services is both direct and indirect where the team provides direct interventions and also arranges, coordinates and monitors services on behalf of the recipient and is provided in any location Service settings may include recipient's home, school, shelters, therapeutic/foster care families, libraries, after school, etc. Services also include telephone time with the individual recipient and his or her family or caregivers, as well as collateral contact with persons who assist the recipient in meeting his or her rehabilitation goals specified in the Person Centered Plan

a.3) Review policy and procedure manuals, program descriptions, job descriptions, and conduct staff interviews for assurance that the Qualified Professional, Licensed or provisionally Licensed Professional and/or Associate Professional is expected to provide direct interventions with and/or on behalf of the consumer in any location in the community with a child/adolescent and family. Various environments include but are not limited to:

homes, schools, court, detention centers and jails (for state funds only), homeless shelters, libraries, street locations, vocational settings, and other community settings.

The 60 day consumer record follow-up review for a. 1-3 above should include the following: Review the PCP and service notes for evidence that Intensive In Home 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 or family reunification. A review of service notes should verify that this is actually happening.

Program/Clinical Requirements

a. 1) and 2) Review program description and conduct staff interviews for evidence indicating that all aspects of the delivery of this service occurring in a 24 hour period, starting at 7 AM will equal one contact (2 hours minimum). Also that the service frequency will decrease over time with at least 12 contacts (2 hrs minimum) per recipient are provided as required in the first month and at least 6 contacts per recipient per month are provided as required in the second and third month of the service. The service should vary in intensity to meet the changing needs of the individuals, families, and caregivers, to assist them in the home and community settings, and to provide a sufficient level of services as an alternative to the individual's need for a higher level of care.

The 60 day follow-up should include review of the PCP, service notes, Medicaid paid claims, and RA for indication of the number of contacts.

b. Review in policy and procedure manuals and program descriptions for language demonstrating that services are provided a minimum of twelve contacts within the first month with one visit equal to all visits occurring within a 24 hour period. An average of six contacts will occur for the second and third months. At least 60% or more of these contacts being out of the agency's facility with or on behalf of the consumer.

Review the program description and interview staff to determine that services are delivered primarily face to face with the individual, family, and caregivers in locations outside the agency's facility. Review in policy and procedure manuals and program descriptions for language demonstrating that services are provided aggregately, 60 % or more face-to-face with the consumer and 60% or more in the community.

The 60 day consumer record follow-up will include a review to determine that the required hours of service are met as described above (reviewer may want to request Medicaid RA forms and paid claims to compare to service notes for this review).

The 60 day consumer record review should include review of notes indicating the following: IIH includes telephone time with the individual recipient and his or her family or caregivers, as well as collateral contact with the persons who assist the recipient in meeting his or her rehabilitation goals specified in the PCP. IIH includes participating and ongoing clinical involvement with the Child and Family Team and meetings for the planning, development, implementation and revision of the recipient's PCP.

In addition, review service notes, PCP, contact log and/or claim form for evidence that each consumer has received a minimum twelve contacts per the first month with 60% of the contacts being face-to-face with the consumer out of the agency's facility, an average of six contacts per the second and third months.

In addition, review service notes and/or contact log, and claim forms for aggregate face-to-face contact with the consumer equals 60% or more of the service delivery time. Review service notes and/or contact log, and claim forms to calculate and ensure that aggregate totals for contact with the consumer in the community equal 60% or more of the service delivery time.

c. Review the program description and conduct staff interviews to determine that services are delivered to children and adolescents, primarily in their living environments, with a family focus to:

- provide parenting skills training that builds effective communication and positive behavioral intervention strategies with the youth to help meet the Percent 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 psycho educational to the youth, family, and caregivers for the identification and self – management of symptoms
development of self-help skills
development of practical daily living tasks required for basic functioning in the home and community
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 evidence by progress toward goals in the PCP

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

d. Review on-call rotation schedules for evidence that after hours crisis response and access to a variety of interventions 24/7 is available. Look for evidence of a protocol for 24/7 coordinated response as one organizational unit.

The 60 day consumer record follow-up should include review of the PCP and service notes for evidence of variety of interventions.

e. Review program description and conduct staff interviews for evidence that the IHH service is a team approach involving structured, face to face, scheduled therapeutic interventions to provide support and guidance across multiple functional domains? Emotional, social, safety, housing, medical and health, education, vocational, and legal. There is evidence that the service is not delivered in a group setting.

The 60 day consumer record follow-up should include a review of the PCP and service notes regarding the team approach and therapeutic interventions. There should be no group setting services noted.

f. Review policy and procedure for PCP development and Program description with PCP language demonstrating the expectation that the team leader is responsible for the convening the Child and Family Team, including the development, monitoring, revising and updating the PCP through a child and family team. Team leader is responsible for monitoring and documenting the status of the recipients' progress and the effectiveness of the strategies and interventions per the PCP. The team leader is responsible for consults with the medical and non-medical providers and includes their input in the PCP planning process. The team process includes community and natural supports in the planning process. Review documentation of Child and Family Team meetings including membership, roles and responsibilities, including documentation of family involvement

During the 60 day follow-up of consumer records: review the PCP for evidence that the Qualified Professional was the lead in the development of the PCP, family involvement, crisis plan, etc. Review revisions, updates and service notes for evidence that the Qualified Professional continued the responsibility for leading PCP planning.

g. Review policy and procedures in place for crisis response and for language demonstrating the expectation that the Intensive In Home Services provider will ensure provision of first-responder services for all of the consumers. This includes either face-to-face or telephonically 24/7/365, and have the capacity to respond face-to-face within 2 hours, as well as have access to the crisis and transition plans of consumers.

Review on-call rotation schedules for evidence that after hours crisis response and access to a variety of interventions 24/7 is available. Look for evidence of a protocol for 24/7 coordinated response as one organizational unit. Review procedure for crisis plans to be made available to the Qualified Professional on-call. Call crisis number and "mystery shop" to verify access according to requirements.

In addition to the above, during the 60 day follow-up review individual crisis plans and service notes for evidence of crisis and related transition plans and that the consumer and/or legally responsible person is aware of the crisis response procedure and the phone number to reach the Intensive In Home Services provider.

h. Review program description to ensure service orders are required to be in place prior to or on the day that the service is initially provide and that the service order is based on an individualized assessment of the recipient's needs.

The 60 day consumer record review should include a review of the PCP for the assessment date and the consumer record should include a copy of the Diagnostic Assessment or Comprehensive Clinical Assessment.

Documentation Requirements

a. Review the Services Record Policy and Procedure regarding Documentation Requirements.

Requirements should include the following:

- 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

The 60 day consumer record review should include a review of service notes to insure the above requirements are met.

b. Review Policy and Procedures and Program Descriptions for documentation requirements to include the following:

Documentation of intervention(s)/activity(ies) that reflect: 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
- 7) Crisis management
- 8) Intensive case management

The 60 day follow-up review should include a review of the PCP and service notes for inclusion of the above mentioned requirements.

c. Review the policies and procedures and program description for requirements related to the Discharge plan.

The 60 day follow-up review should include a review of PCP, service notes, and discharge plans if available.

d. Review the Policies and Procedures in addition to the program description for expectations regarding the consumer admission and discharge process and documentation.

The 60 day follow-up review should also include a review of the consumer record for admission and discharge documents as required.

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