

**NC DHHS – NC DMH/DD/SAS
Psychosocial Rehabilitation Endorsement Check Sheet Instructions**

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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 PSR, program description, personnel manual and job descriptions to verify hiring:
- At least one (1) full time program director per site who meets the requirements specified for a Qualified Professional and has a minimum of two years experience in adult mental health treatment services who must be actively involved in program development, implementation, and service delivery;
- AND
- At least one (1) FTE Qualified Professional or Associate Professional
- AND
- At least one (1) additional FTE (Qualified Professional, Associate Professional, Paraprofessional, or Certified Peer Support Specialist)
- AND
- At least one (1) staff member on site for each (8) eight or fewer recipients in average daily attendance shall be maintained.
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- One Qualified Professional must be on staff for every 24 recipients, based on average daily attendance. The PSR Program Director may serve as this Qualified Professional.
 - One of the staff (other than the program director) must be designated to address the vocational needs of the recipients.

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.

- b.** Review organizational chart for PSR, 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 the PSR program consists of a paraprofessional level staff, review organizational chart for PSR, 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 PSR services within the scope of the paraprofessional practice.
- d.** In the event PSR program consists of a Certified peer Support Specialist level staff, review organizational chart for PSR, 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.

Review will verify staff has a valid certificate from BHRP recognizing staff as a NC 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 PSR services within the scope of the Peer Support Specialist practice.

- e. Review organizational chart for PSR, program description, personnel manual, job descriptions, personnel files per core rule checklist, and other documentation as appropriate to verify individual supervision is to be provided to all PSR staff according to 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 PSR staff.
- f. Review organizational chart for PSR, program description, personnel manual, job descriptions and other documentation as appropriate to verify the PSR staff ratios are as follows:
 - At least one (1) staff member is on site for each (8) eight or fewer recipients in average daily attendance.
 - One Qualified Professional is on staff for every 24 recipients, based on average daily attendance. The PSR Program Director may serve as this Qualified Professional.
 - One of the staff (other than the program director) is designated to address the vocational needs of the recipients.
- g. Review organizational chart for PSR, 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 PSR staff have completed the minimum of 20 hours of training specific to the required components of the PSR 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 PSR service and the service delivery system.

- a. Review program description, job descriptions, policy and procedure manuals, agency license and other documentation as appropriate as well as conduct interviews with PSR staff to verify PSR is a day/night service provided in a licensed facility meeting the requirements of 10A NCAC 27G.1200. Reviewer also verifies that PSR is available at least five hours a day and includes off site service activities related to transferring rehabilitative skills to the community for the purpose of achieving the goals outlined in Person Centered Plans.

The 60 day consumer record follow-up review for a. above should include the following:
Review the PCP and service notes for evidence that PSR is a day/night service provided in a licensed facility meeting the requirements of 10A NCAC 27G.1200, that PSR is available at least five hours a day and services include off site service activities related to transferring rehabilitative skills to the community. Review claim form for supporting information. For example, a reviewer would expect PCP to indicate that the Qualified Professional will monitor

progress of recipient in meeting goals and that the interventions are effective. 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 PSR services are available five or more hours per day, at least five days per week, and policies and procedures are in place to provided services on weekends or in the evening as clinically indicated. The number of hours that a recipient receives PSR services is specified in his/her Person Centered Plan.

The 60 day follow-up should include review of the PCP, service notes, Medicaid paid claims, and RA and recipient interviews for indication that PSR services are available five or more hours per day, at least five days per week, the recipient's PCP indicate the number of hours they will attend PSR and the recipient actually attended PSR per the PCP.

- b. Review program description, job descriptions, policy and procedure manuals, supervision plans, Team Meeting Minutes and other documentation s appropriate to verify that the PSR provides transitional or supported employment services to facilitate the recipient's entry into competitive employment in accordance with 10A NCAC 27G.1203.

The 60 day follow-up should include review of the Service Notes; PCP; Team meeting minutes verifying recipients receive transitional or supported employment services to facilitate the recipient's entry into competitive employment in accordance with 10A NCAC 27G.1203.

- c. Review program description, policy and procedure manuals, job descriptions, supervision plans, team meeting minutes and other documentation as appropriate to verify the PSR program provides structured rehabilitative interventions designed to:
 - assist the recipient in achieving recovery goals identified in the Person Centered Plan;
 - promote healthy lifestyles that reduce psychiatric symptoms;
 - promote symptom stability and wellness management, such as self-management of medication, psychoeducation, relapse prevention training, and coping skills training; restore personal, social, and community living skills necessary for independent self-management;
 - assist individuals in gaining access to necessary services in all life domains (emotional, social, safety, housing, medical and health, educational, vocational, and legal);
 - provide psychoeducational information to the recipients, families, and/or other individuals involved with the recipient's care about the recipient's diagnosis, condition, and treatment to support recovery and encourage problem solving strategies;
 - establish or restore prevocational skills that focus on the development of positive work habits and abilities, talents, and skills that increase the individual's self worth, purpose and confidence; these activities are not to be job-specific training; increase the ability to access financial entitlement, housing, work, and social opportunities in the community;

- provide or make provision for transitional or supported employment services.

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

- d) Review program description, policy and procedure manuals, job descriptions, supervision plans, team meeting minutes, on-call schedule and other documentation as appropriate to verify PSR interventions are designed to meet the following outcomes:
- achieved recovery goals identified in the Person Centered Plan;
 - reduced psychiatric symptoms;
 - increased symptom stability and management;
 - improved personal, social, and community living skills;
 - increased access to necessary services in all life domains;
 - improved problem solving strategies;
 - improved use of appropriate coping skills;
 - improved functioning in community roles;
 - established or restored prevocational skills; and
 - increased ability to access financial entitlement, housing, work, and social opportunities in the community.

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 PSR 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 PSR staff will ensure service documentation is completed per Medicaid guidelines.

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