

**NC DMH/DD/SAS
Ambulatory Detox
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 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 identified documents for evidence 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.) If the provider organization has met these criteria during the initial review for endorsement, you must verify that there has been no change in the organization's business status and no change within the organization that might effect its operation.

a (2). Policy and procedure manual should contain language indicating intent to have national accreditation within three years of their enrolment with DMA. For other than initial endorsement, review DMA enrollment document to verify provider's date of enrollment. Once the provider has been enrolled with DMA for a period of three years, a certification of national accreditation or some other evidence supporting the provider organization's achievement of national accreditation must be produced and validated.

a (3). Review documentation that demonstrates provider is a legal US business entity. Documentation should indicate the business entity is currently registered with the local municipality or the office of the NC Secretary of State, that the information registered with the local municipality or the Secretary of State is current, and that there are no dissolution, revocation or revenue suspension findings currently attached to the provider entity. Also review corporate documentation demonstrating registration to operate a business in NC. Information for corporate entities may be verified on the web site for the Secretary of State. (Refer to key documents section of 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

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employees in place 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.1). Review policy and procedure manual, program description, job descriptions for language verifying: staff with the appropriate degrees, license, certifications, education, training and skill consistent with requirements and responsibility of the positions, that include: 1) physicians who are available 24 hours a day by telephone and who can conduct an assessment within 24 hours of admission, 2) a registered nurse who will be available to conduct nursing assessments on admission and oversee the monitoring of a patient’s progress and medication; 3) appropriately licensed and credentialed staff who will be available to administer medications in accordance with a physicians order; 4) Qualified Professionals and Associate Professionals in substance abuse for counseling services and LCAS or CCS to supervise QP and AP staff. Review program description, personnel files, employment application, resume, license, certificates and other documentation to verify that staff hold the appropriate degrees, license, certifications, education, training and skill consistent with requirements and responsibility of the required positions. Review supervisory plans and notes to verify that the Qualified Professionals and Associate Professionals have received supervision from a LCAS or CCS according to 10A NCAC 27G.0104. Review service record, service notes and staff schedules including on-call responsibilities to verify that physician assessment was completed within 24 hours of admission; a nursing assessment was completed at admission and a nurse to monitor patient progress and medication; medications were administered per physician order and other services were provided according to the PCP.

Service Type/Setting

The elements in this section pertain to the provider’s having an understanding of Ambulatory Detox and the service delivery system.

a. Review the program description for language that demonstrates the ambulatory detoxification without extended on site monitoring (Outpatient Detoxification) is an organized outpatient service delivered by trained clinicians who provide medically supervised evaluation, detoxification and referral services according to a predetermined schedule. Such services are provided in regularly scheduled sessions. The services are designed to treat the patient’s level of clinical severity and to achieve safe and comfortable withdrawal from mood-altering drugs (including alcohol) and to effectively facilitate the patient’s transition into ongoing treatment and recovery. Review service schedule, program description and services notes for documentation of provision of appropriate program services.

b. Conditional and Full: Verification of 10A NCAC 27G .3300 Outpatient Detoxification for Substance Abuse license issued by DFS.

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.

a. Review program description, policy and procedure manuals and personnel files for language that demonstrates the following: 1) The treatment of each patient will be under the supervision of a physician; 2) Each facility has at least one staff member on duty trained in the following areas:

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monitoring vital signs, alcohol withdrawal symptoms, including delirium tremens, and symptoms of secondary complications to alcoholism; 3) Each direct care staff member will receive continuing education to include understanding of the nature of addiction, the withdrawal syndrome, group therapy, family therapy and other treatment methodologies; 4) Each outpatient detoxification facility will operate at least eight hours per day, for a minimum of five days per week. Review service notes and PCP for language that demonstrates each patient is under the supervision of a physician. Review hours of operation, staff schedules and training to verify the facility has at least one staff member on duty trained in the following areas: monitoring vital signs, alcohol withdrawal symptoms, including delirium tremens, and symptoms of secondary complications to alcoholism and the facility operates at least eight hours per day, for a minimum of five days per week. Review personnel file, staff training documentation and staff schedules to ensure at least one staff member on duty is trained in the following areas: each direct care staff member received continuing education to include understanding of the nature of addiction, the withdrawal syndrome, group therapy, family therapy and other treatment methodologies.

- b. Review program description, policy and procedure manual for language that demonstrates that before clients are discharged, the facility shall complete a discharge plan for each client and refer each client who has completed detoxification to the level of treatment or rehabilitation in accordance with the client needs. Review service notes to verify that before clients are discharged, the facility completed a discharge plan for each client and referred each client who completed detoxification to the level of treatment or rehabilitation in accordance with the client needs.

Documentation Requirements

All contacts for ambulatory detox services must be documented - a daily full service note is the minimum requirement. Documentation must meet all record and documentation requirements in the DMH/DD/SAS Service Records Manual.

- a. Review policy and procedure manuals for language demonstrating the expectation that the minimum standard is a daily full service note that includes: 1) the recipient's name, 2) Medicaid ID, 3) date of service, 4) purpose of contact, 5) the provider's interventions, 6) the time spent performing the intervention, 7) the effectiveness of interventions, and 8) the signature and credentials of the staff providing the service. Review service record to verify all components of the daily full service note are documented.
- b. Review policy and procedure manual for language that demonstrates that all clinically significant contacts with the client must be recorded in the medical record. Review service record to verify contacts are documented.