

**NC DHHS – NC DMH/DD/SAS
Diagnostic Assessment (MH/DD/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 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.

A diagnostic/assessment determines whether the recipient is appropriate for and can benefit from mental health, developmental disabilities, and/or substance abuse services based on the recipient's diagnosis, presenting problems, and treatment/recovery goals. It also evaluates the recipient's level of readiness and motivation to engage in treatment. Results from a diagnostic/assessment include an interpretation of the assessment information, appropriate case formulation and an order for immediate needs and the development of the person centered plan.

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 that 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.)

a (2). Policy and procedure manual should contain language indicating intent to have national accreditation within three years of their enrollment with DMA. 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.

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a (3). Review documentation that demonstrates provider is a legal U.S. 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 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 manuals, program descriptions, employment application, resume, license, certification and job descriptions to ensure there are two Qualified Professionals, that meet the requirements according to 10A NCAC 27.G.0104 and that both are licensed or certified. Also review to determine if the staff have the skill, knowledge and experience to provide the intensive clinical & functional evaluation specified in the Program Requirements section below.

a (2). **Review** policy and procedure manuals, program descriptions, employment application, resume, license, certification and job descriptions to ensure that one of the Qualified Professionals hired to provide Diagnostic Assessment will be a licensed physician, licensed psychologist, nurse practitioner, or physician assistant.

a (3). **Review** policy and procedure manuals, program descriptions, employment application, resume, license, certification and job descriptions that for SA focused diagnostic assessment the team must include a qualified professional credentialed as a CCS or LCAS and that for a DD focused assessment, the team must include a Master's level QP with at least 2 years experience with DD.

Service Type/Setting

The elements in this section pertain to the provider’s having an understanding of Diagnostic Assessment is a periodic service that can be provided in any location. Review documentation that demonstrates that Diagnostic Assessment as a periodic service is being provided in appropriate locations.

Program 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 and

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that the service results in a documented outcome that meets all eight elements within the Diagnostic Assessment service definition.

a Review in policy and procedure manuals and program descriptions for language demonstrating that the Diagnostic Assessment will be an intensive clinical & functional evaluation of a consumer's mental health, developmental disability or substance abuse condition that results in the issuance of a diagnostic assessment report with a recommendation regarding whether the consumer meets target population criteria. Review for evidence that documents that the Diagnostic Assessment will contain all eight required elements and provide recommendations for enhanced benefit service delivery.

Review the diagnostic assessment for evidence of each of the following eight elements:

1. A chronological general health and behavioral health history (includes both mental health and substance abuse) of the recipients symptoms, treatment, treatment response and attitudes about treatment over time, emphasizing factors that have contributed to or inhibited previous recovery efforts;
2. Biological, psychological, familial, social, developmental and environmental dimensions and identified strengths and weaknesses in each area;
3. A description of the presenting problems, including source of distress, precipitating events, associated problems or symptoms, recent progressions, and current medications
4. Strengths/problems summary which addresses risk of harm, functional status, comorbidity, recovery environment, and treatment and recovery history;
5. Diagnoses on all five axes of DSM-IV;
6. Evidence of an interdisciplinary team progress note that documents the team's review and discussion of the assessment;
7. A recommendation regarding target population eligibility; and
8. Evidence of recipient participation including families, or when applicable, guardians or other caregivers.

b. Review in policy and procedure manuals and program descriptions for language demonstrating that for substance abuse focused diagnostic assessments, the designated diagnostic tool specified by the division (e.g. SUDDS IV, ASI, SASSI) for specific SA target populations, (i.e. Work first, DWI, etc) will be utilized and that any elements included in this service definition that are not covered by the tool will be completed.

Documentation Requirements

Review in policy and procedure manuals and program descriptions for language demonstrating that documentation for the Diagnostic Assessment will include all eight of the elements listed in the service definition. Review the documentation for the Diagnostic Assessment for evidence that all eight of the required elements in the service definition were addressed.