

**NC DHHS – NC DMH/DD/SAS
Medically Monitored Community Residential Treatment (MMCRT)
Check Sheet Instructions**

**NC DHHS – NC DMH/DD/SAS
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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. 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.) 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.

b. Policy and procedure manual should contain language indicating intent to have national accreditation within three years of their enrolment 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.

c. 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

NC DHHS – NC DMH/DD/SAS
Medically Monitored Community Residential Treatment (MMCRT)
Check Sheet Instructions

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.

Policy and procedure manuals, program descriptions, and job descriptions should specify that MMCRT will be staffed by physicians who are available 24 hours a day by telephone and that there would be registered nurse coverage 24 hours a day. Review employment application, resume, license, certification, or other documentation for evidence that a physician is on call and available 24 hours a day and that there is 24-hour coverage by a registered nurse.

a. Policy and procedure manuals, program descriptions, and job descriptions should specify the intent that staff who meet the requirements specified for CCS, LCAS, or CSAC under Article 5C may deliver the MMCRT program. Review employment application, resume, license, certification, or other documentation for evidence that individuals delivering services meet the requirements specified for CCS, LCAS, or CSAC under Article 5C if they do not meet other staff requirements listed in items b, c, or d below.

b. Policy and procedure manuals, program descriptions, and job descriptions should specify the intent that the program will be under the clinical supervision of a LCAS or CCS who is on site a minimum of 8 hours per day when the service is in operation and available by phone 24 hours a day. Review employment application, resume, license, certification, or other documentation for evidence that the program is under the clinical supervision of an LCAS or CCS who is on site a minimum of 8 hours per day when the service is in operation and has been available by phone 24 hours a day.

c. Policy and procedure manuals, program descriptions, and/or job descriptions that specify the intent that clinical services may also be provided by staff who meet the requirements for Qualified Professional or Associate Professional for Substance Abuse according to 10A NCAC 27G.0104. Review employment application, resume, license, certification, or other documentation for evidence that, if staff do not meet the requirements under sections a, b, or d, they meet the requirements for Qualified Professional or Associate Professional for Substance Abuse according to 10A NCAC 27G.0104.

d. Policy and procedure manuals, program descriptions, and/or job descriptions that specify the intent that clinical services may also be provided by staff who meet the requirements for paraprofessional status according to 10A NCAC 27G .0104 and who have the knowledge, skills

NC DHHS – NC DMH/DD/SAS
Medically Monitored Community Residential Treatment (MMCRT)
Check Sheet Instructions

and abilities required by the population and age to be served as long as there are the supervision of a LCAS or CCS. Paraprofessional level staff may not provide services in lieu of on-site provision to recipients by a qualified CCS, LCAS, or CSAC. Review employment application, resume, license, certification, medical record, or other documentation for evidence that, if staff do not meet the requirements under sections a, b, or c above, they meet the requirements for paraprofessional status according to 10A NCAC 27G .0104 and there is documentation of supervision from a LCAS or CCS.

Service Type/Setting

a-b. Policy and procedure manuals, program descriptions, and/or other records should document that MMCRT is a non-hospital twenty-four hour rehabilitation facility for adults, with twenty-four hour a day medical/nursing monitoring, where a planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with alcohol and other drug problems and/or addiction occurs and there should be documentation that the facility is licensed under 10A NCAC 27G.3400. Review employment application, resume, license, certification, medical records, or other documentation for evidence that MMCRT operates 24 hours a day and that there is documentation of medical/nursing monitoring. There should be evidence in the record of a planned and professionally directed program of treatment designed to restore functioning of persons with alcohol and/or other drug addictions and that the facility is licensed under 10A NCAC 27G.3400.

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.

a. Policy and procedure manuals, program descriptions, and/or other records should document that the MMCRT program intends to be staffed by physicians who are available 24 hours a day by telephone and who conduct assessments within 24 hours of admission. Review employment application, resume, license, certification, medical records, or other documentation for evidence that the MMCRT program is staffed by physicians who are available 24 hours a day by telephone and who have conducted assessments within 24 hours of person's admission.

b. Policy and procedure manuals, program descriptions, employment application, resume, license, certification, medical records, or other documentation should document that the MMCRT program is staffed by a registered nurse who will be available to conduct a nursing assessment on admission as well as oversee the monitoring of a patient's progress and the patient's medication administration on an hourly basis.

d. Policy and procedure manuals, program descriptions, and/or other records should document that, if a person is admitted prior to the development of a PCP, it will be the responsibility of the qualified professionals at the MMCRT to develop, monitor, and revise the PCP. Review PCP, medical records, or other documentation for evidence that, if a person was admitted prior to the development of a PCP, the qualified professionals at the MMCRT developed, monitored, and revised the PCP.

NC DHHS – NC DMH/DD/SAS
Medically Monitored Community Residential Treatment (MMCRT)
Check Sheet Instructions

e. Policy and procedure manuals and program descriptions should specify the intent that the MMCRT program has the intention and capacity to be the first responder for their consumers on a face to face basis and also telephonically at all times (24/7/365) and that they intend and have the capacity to provide a face-to-face emergency response within 2 hours. Review consumer medical records and/or other records for documentation that the MMCRT program has provided the first responder services for their consumers in crisis under the guidelines described in item e above.

Documentation Requirements

a. Review in policy and procedure manuals and program descriptions for language demonstrating that the MMCRT program intends to document with a minimum standard of a daily full service note that includes: 1) Recipients name, 2) Medicaid ID number, 3) Date of Service, 4) the purpose of contact, 5) describes the provider's interventions, 6) includes the time spent performing the interventions 7) effectiveness of the intervention, and 8) the signature (degree/credentials or position) of the person providing the service. You should be documentation that the program intends to discuss discharge planning with the consumer. Review consumer medical records and other records to ensure that the MMCRT program has consistently documented treatment using a daily full service note that includes the above. There should also be documentation in the medical record of a discharge plan discussion with the consumer.