

**NC DHHS – NC DMH/DD/SAS
Multisystemic Therapy (MST)
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.

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). Review the policy and procedure manual. It should contain language indicating intent to secure national accreditation within three years of the provider 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. (MST providers must be licensed to use the MST technology by MST Services of Charleston, SC and the Family Services Research Center of 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

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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.

a (4). Review the policy and procedure manual and program descriptions for language that services are delivered in-home, at school, homeless shelters, street operations and other community settings 24 hours, 7 days a week. Also look for documentation that use of state funds will allow for services in detention centers and jails.

Review documentation to ascertain that MST services are provided 24 hours, 7 days a week by staff that will maintain contact and intervene as one organizational unit. Review MOAs and formal/informal agreements with community partners specifying agreement between parties to coordinate and collaborate in the delivery of service in specific locations. Review PCP and other service record documentation for specifying services will be provided in community location(s).

The reviewer checks to ascertain that the MST providers are utilizing intensive models of treatment based on empirical data and evidence-based interventions that target specific behaviors with individualized behavioral interventions. Reviewers should check to ensure that specialized therapeutic and rehabilitative interventions are available to address special areas such as substance abuse, sexual abuse, sexual reactivity, sex offending, and domestic violence.

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 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 employment application, resume, license, certification, or other documentation for evidence of degree and work experience with the target population the provider will serve and consistent with the requirements and responsibilities of the positions. This model includes at a minimum a master’s level QP who is the team supervisor and three (3) QP staff who provide available 24-hour coverage, 7 days per week. Review employee training plans or other documentation demonstrating training has been scheduled and/or received according to core rules. Ensure that employee is trained to fully understand and implement designated level of service strengths and needs (PCP developed by a child and family team, symptoms, medications, treatment practices, data, substance abuse related disorders, crisis intervention, etc.)

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a (2). Review employee training plans or other documentation to ensure that staff participate in MST introductory training and quarterly training on topics directly related to the needs of youth in treatment and their family on an ongoing basis.

a (3). Review training plans or other documentation to ensure all staff on the MST team shall receive a minimum of one (1) hour of group supervision and one (1) hour of telephone consultation per week.

a (4). Review program description to verify that the MST team member to family ratio shall not exceed one to five for each member.

Service Type/Setting

The elements in this section pertain to the provider's having an understanding of the MST service and the service delivery system.

a (1). Review policy and procedure manual and program descriptions for language that demonstrates understanding of the MST service. MST is a direct and indirect periodic service where the MST workers provide direct intervention and also arranges, coordinates and monitors services on behalf of the recipient and is provided in a number of community settings (homes, school, homeless shelters, libraries, etc.) MST also includes telephone time with the individual recipient and collateral contact with persons who assist the recipient in meeting goals specified in the PCP. Review PCP for evidence that MST services will provide direct and indirect interventions with the consumer and family, in any location. Review service notes to verify that services are provided in the community in such locations as in-home, schools, homeless shelters, etc.

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. Interventions should reflect clinically recognized models.

a. Review program description for language demonstrating that services will be provided a minimum of twelve contacts within the first month. For the second and third months of MST, an average of six contacts per month must occur. It is the expectation that the service will be titrated over the last two months. 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.

b. Review policy and procedure manual and job descriptions for language demonstrating that the MST Qualified Professional is responsible for the development, monitoring, revising and updating the PCP through a child and family team. Policy and procedures should be in place for PCP development including a crisis plan, documentation of the

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Child and Family team meetings with membership, roles and responsibilities, and documentation of family involvement in the chart. Review the PCP for evidence that the QP was the lead in the development of the PCP and the planning meeting. Review revisions, updates and service notes for evidence that the Qualified Professional continued the responsibility for leading PCP planning.

c. Review policy and procedure manuals and job descriptions for language that demonstrates the expectation that MST service providers 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 plans of consumers. Review crisis plans and service notes for evidence of crisis plans and that the consumer and/or legally responsible person is aware of the crisis response procedure and the phone number to reach the MST provider. Review on-call rotation schedules for evidence that after hours crisis response and access to 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 QP on-call.

Documentation Requirements:

All contacts for Multisystemic Therapy 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 Record Manual.

Review personnel training on the following policies and procedures. Review policy and procedure manuals for language demonstrating the expectation that the minimum standard daily full service note includes: 1) recipient's name, 2) Medicaid ID relevant, 3) date of service, purpose of contact, 4) the provider's interventions, 5) the effectiveness of interventions, and 6) the signature and credentials of the staff providing the service. Review record to verify all components of the daily full service note are documented. Review policy and procedure manual for language that demonstrates that all clinically significant contacts with the recipient must be recorded in the medical record. Review service records to verify contacts are documented.