

**NC DHHS – NC DMH/DD/SAS
Substance Abuse Non-Medical Community Residential Treatment (NMCRT)
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.) 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 (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 the 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.

c.(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,

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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.** Review substance abuse certification or license. In some cases, reviewer may need to verify with the NC Substance Abuse Professional Practice Board to ensure that the certification or license is current.

- b.** Review personnel files or other documentation of substance abuse licensure or certification and documentation such as staff sign in sheets or logs that required staff are on-site supervising the program a minimum of 8 hours per day, 7 days per week when the service is in operation. This means that a LCAS or CCS is physically on-site and providing clinical and program supervision a minimum of 8 hours per day, 7 days per week when the service is in operation and available by phone 24 hours a day. Review policy and procedure manual for language that demonstrates requirement.

- c.** Program description and policy and procedure manuals should have language demonstrating that QP and AP for substance abuse staff may provide this service. Verify that the AP has an individualized supervision plan in place and will be supervised by an LCAS or CCS.

- d.** Review program description, policy and procedure manuals and personnel manuals to ensure there is language demonstrating that paraprofessionals are required to have the knowledge, skills and abilities required to provide appropriate services for the substance abuse population and age to be served and individualized supervision plans are to be carried out by an LCAS or CCS. Also review documentation to ensure that paraprofessional staff will not provide services in lieu of on-site provision of services to recipients by a qualified professional, CCS, LCAS or CSAC. Review personnel files and supervision plans that document supervision requirements are met. Review employment application, job descriptions and other documents for high school education or GED and work experience with the substance abuse population. Review supervision plan to ensure the paraprofessional is under the supervision of a LCAS or CCS. Review program schedule, staff rosters and other documentation to ensure paraprofessionals are not providing services in lieu of on-site provision of services to recipients by a qualified professional, CCS, LCAS or CSAC.

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Service Type/Setting

The elements in this section pertain to the provider's having an understanding of the NMCRT service.

- a.** Review program description for language that demonstrates the NMCRT is a 24-hour residential recovery program, within a professionally supervised residential facility, that provides trained staff who work intensively with adults with substance abuse disorders who provide or have the potential to provide primary care for their minor children. This is a rehabilitation facility, without twenty-four hour per day medical/ nursing monitoring, where a planned program of professionally directed services is delivered including evaluation, care and treatment for the restoration of functioning for persons with an addiction disorder. In addition, service notes should include individual and group activities to address the substance abuse treatment needs of the consumers served by the NMCRT based on the goals in the PCP.

- b.** NMCRT must show evidence of a current 10A NCAC 27G .4100 Residential Recovery Program for Individuals with Substance Abuse Disorders and their Children license issued by the Division of Facility Services.

- c.** Review program description and service records to verify compliance with maximum length of stay of 30 days in a 12 month period.

Program/Clinical Requirements

- a.** Review program description for language demonstrating the following types of services are included in the NMCRT program: These programs shall include assessment/referral, individual and group therapy, family therapy, recovery skills training, disease management, symptom monitoring, monitoring medications and self management of symptoms, aftercare, follow-up and access to preventive and primary health care including psychiatric care. The facility may utilize services from another facility providing psychiatric or medical services. Services shall promote development of a social network supportive of recovery, enhance the understanding of addiction, promote successful involvement in regular productive activity (such as school or work), enhance personal responsibility and promote successful reintegration into community living. Services shall be designed to provide a safe and healthy environment for consumers and their children. Review operation schedule for evidence of the above program/clinical requirements. Review service notes to ensure the above services are provided appropriate to the goals in the consumer's PCP.

- b.** Review program description for language that demonstrates the NMCRT includes case management to arrange, link or integrate multiple services as well as assessment and reassessment of the recipient's need for services; informs the recipient about benefits, community resources, and services; assists the recipient in accessing benefits and services; arranges for the recipient to receive benefits and services; and monitors the provision of services. Review operation schedule for evidence that the case management functions are

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available. Review service notes to ensure the above case management services are provided appropriate to the goals in the consumer's PCP.

c. Review program description for language that demonstrates that each adult shall receive in accordance with their Person-Centered Plan: training in therapeutic parenting skills, basic independent living skills, child supervision, one-on-one interventions with the community to develop interpersonal and community coping skills, including adaptation to school and work environments and therapeutic mentoring. In addition, their children shall receive services in accordance with 10A NCAC 27G .4100. Review operation schedule for evidence that the above is available to each adult in accordance with their PCP. Review service notes to ensure children receive services in accordance with 10A NCAC 27G .4100.

d. Review the policies and procedures for language that demonstrates the development, monitoring and revising of the consumer's person centered plan is the responsibility of the qualified professionals if the consumer was admitted to NMCRT prior to the development of a PCP. Review policy and procedure manuals and job descriptions for language demonstrating the expectation that a Qualified Professional will be responsible for the development, monitoring, revising and updating the PCP. Review the PCP for evidence that the Qualified Professional was the lead in the development of the PCP and the planning meeting for same. Review revisions, updates and service notes for evidence that a Qualified Professional continued the responsibility for leading PCP planning process.

e. Review policy and procedure manuals and job descriptions for language demonstrating the expectation that the NMCRT service provider will ensure provision of first-responder services for all of the consumers. This includes either face-to-face or telephonically 24/7/365. In the case of emergent condition, 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 is aware of the crisis response procedure and the phone number to reach the NMCRT provider. Review on-call rotation schedules for evidence that after-hours crisis response is available. Review procedure for crisis plans to be made available to the Qualified Professional on-call. Call crisis number and "mystery shop" to verify access according to requirements.

Documentation Requirements

A daily full service note is the minimum requirement for NMCRT. Documentation must meet all record and documentation requirements in the DMH/DD/SAS Service Records Manual.

a. Review service record policy and procedure manual for language that demonstrates a daily full service note 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. Services provided to all children in the program must be documented. Goals for parent-child interaction shall be established and progress towards meeting these goals shall be documented in the service

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record. A documented discharge plan discussion with the recipient will be included in the record. Review service note and PCP for above requirements.