

**NC DHHS – NC DMH/DD/SAS
Substance Abuse Intensive Outpatient Program (SAIOP)
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. 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

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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. 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 licensure or certification and documentation such as staff sign in sheets or logs that required staff are on-site supervising the program. This means that the LCAS or CCS is physically on-site and providing clinical and program supervision a minimum of 50% of the hours of program operation.

c. Review program description, personnel manual and job descriptions. Program description and policy and procedure manuals should have language demonstrating that an individualized supervision plan carried out by an LCAS or CCS is required for QP and AP staff. Review personnel files and supervision plans and documentation, such as supervision logs, that substance abuse supervision requirements are being met. Review supervision plans to ensure that they are individualized, appropriate for the level of education and experience of staff and that supervision is provided by the LCAS or CCS. In addition, review notes, schedule and other supporting documentation that demonstrate on-going supervision by the LCAS or CCS.

d. Review program description and proposed staffing schedule for evidence of consumer to QP ratios. (For Adult Consumers: a ratio of not more than 12 adult consumers to 1 QP. For Adolescent Consumers: a ration of not more than 6 adolescent consumers to 1 QP) Review staff schedule and SAIOP attendance roster to determine consumer to QP ratio. Group service notes may also be utilized to determine this ratio.

e. 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 to be carried out by an LCAS or CCS is required for paraprofessional staff. 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

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experience with the substance abuse population. 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 CCS, LCAS or CSAC.

Service Type/Setting

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

a. Review program description for language that demonstrates the SAIOP provides structured individual and group addiction activities and services that are provided in an out-patient program designed to assist adults or adolescent consumers to begin recovery and learn skills for recovery maintenance. Service notes should include individual and group activities to address the substance abuse treatment needs of the consumers served by the SAIOP based on the goals in the PCP. Program content should be in accordance with the program/clinical requirements listed in Program/Clinical Requirements section of this document.

b. SAIOP must show evidence of a current 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program license issued by the Division of Facility Services.

Program/Clinical Requirements

a. Review program description for language demonstrating the following types of services are included in the SAIOP program:

1. Individual counseling and support;
2. Group counseling and support;
3. Family counseling, training or support;
4. Biochemical assays to identify recent drug use (e.g. urine drug screens);
5. Strategies for relapse prevention to include community and social support systems in treatment;
6. Life skills;
7. Crisis contingency planning;
8. Disease Management; and
9. Treatment support activities that have been adapted or specifically designed for persons with physical disabilities, or persons with co-occurring disorders of mental illness and substance abuse/dependence or mental retardation/developmental disability and substance abuse/dependence, if applicable. Review program 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 consumers PCP.

b. Review program description for language that demonstrates the SAIOP 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 program operation schedule for evidence of the case management functions

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

c. Review program description and schedule of operation (proposed for new programs) to demonstrate that the SAIOP operates no more than 19 hours per week, offers a minimum of 3 hours of scheduled services per day, at least 3 days per week with no more than 2 consecutive days without services available. Please note, the three hours of service is face-to-face and does not count break times and the no more than 2 consecutive days without service includes holidays and weekends.

d. Review program description for language that demonstrates consumers are scheduled to attend SAIOP services for a minimum of 3 hours for any scheduled day of service and group counseling is offered each day the program is in operation. The 3 hours of service is face-to-face and does not count break times. SAIOP cannot not be billed when a consumer does not receive three hours of face-to-face SAIOP services. Review consumer attendance and service notes to demonstrate three hours of SAIOP services are provided for each day the service is billed. The 3 hours can include a combination of individual, group and case management services but must include group counseling at a minimum.

e. 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 SAIOP prior to the development of a PCP. Review policy and procedure manuals and job descriptions for language demonstrating the expectation that the 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 the Qualified Professional continued the responsibility for leading PCP planning.

f. Review policy and procedure manuals and job descriptions for language demonstrating the expectation that the SAIOP 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, and have the capacity to respond face-to-face within 2 hours, as well as have access to the crisis plans of consumers. In addition to the above, 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 SAIOP 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 SAIOP. Documentation must meet all record and documentation requirements in the DMH/DD/SAS Service Records Manual.

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a. Review service record policy and procedure manual for language that demonstrates a daily full service note includes: the name of the consumer, Medicaid ID number, if applicable, date of service, purpose of the contact, the specific intervention provided, how much time was spent providing the intervention, the effectiveness of the intervention and the signature of the person providing the service with their position, degree/certification after the signature. Review service note for above requirements. The SAIOP can document each intervention separately, for example, a service note for each of the following: 1 ½ group, 1 hour individual and ½ case management activity. Each service note must meet the stated requirements and all interventions for the date of services must be a minimum of 3 hours total.

b. Review the service record policy and procedure manual for language that demonstrates a discharge plan will be developed with the consumer and documented in the service record. Review the service record for evidence that the discharge plan was discussed with the consumer and documented in the service record.