



# SAPTBG PREVENTION PROGRAM MONITORING

ITEM #	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
1	<p>Between July 1, 2016-December 31, 2016, there is evidence of information dissemination activities about prevention services, programs and knowledge of alcohol, tobacco and drug use, abuse and addiction.  <i>The use of this strategy is optional and can only be used in support of an identified CORE Prevention Strategy.</i></p> <p><b>42 CFR §96.125(b) (1) Primary prevention.</b> In implementing the Substance Abuse Prevention program the State shall use a variety of strategies, as appropriate for each target group of alcohol, tobacco and drug use, abuse and addiction.</p> <p>1) <b>Information dissemination.</b> This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco and drug use, abuse and addiction and their effects on individuals, families and communities and available prevention programs and services.</p>	<p>Review the documentation the provider used to promote facts, accessibility and awareness of the available prevention programs and documentation utilized to enlighten the public of the degree to which alcohol and drug usage can negatively affect an individual. The provider shows documentation that at least ONE of the following examples of information dissemination activities was delivered to the public between <b>July 1, 2016-December 31, 2016.</b></p> <p>If at least <b>ONE</b> of the following activities is answered YES, this item is MET. <b>This item will automatically populate based on the answers given.</b></p> <ul style="list-style-type: none"> <li>• Clearinghouse items and/or information resource center(s) were created/ordered.</li> <li>• Health promotion prevention program marketing materials were created.</li> <li>• Radio/TV public service announcements were developed.</li> <li>• Health fairs/other health promotion (e.g., conferences, meetings, seminars) were attended materials disseminated, certificates of attendance, etc.).</li> <li>• Information lines/Hot lines were developed and/or maintained.</li> <li>• Resource directories were created, updated and/or maintained.</li> <li>• Brochures were created and/or disseminated.</li> <li>• Speaking engagements were planned and delivered (content, promotional flyers, etc.).</li> </ul> <p><b>*This question could be rated "NA" if the Prevention Program responsibilities are shared with another provider(s) who is responsible for this item. Document the name of the other provider in the comment section .*</b></p>



# SAPTBG PREVENTION PROGRAM MONITORING

ITEM #	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
2	<p>Between January 1,2016-June 30, 2016, there is evidence of activities for education and two-way communication involving interaction between the educator/facilitator and participants.  <i>This is a Core Prevention Strategy and must be implemented.</i></p> <p><b>42 CFR §96.125(b)(2) Education:</b> This strategy involves two-way communication and is distinguished from the Information Dissemination strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g. of media messages) and systematic judgment abilities.</p> <p>Youth Prevention Education (Evidence Based Curricula) Information Guide Series, 8/01/2016.</p>	<p>Review the documented evidence of the educational strategies used for skill building through structured learning processes to increase the individuals' understanding of the severity of alcohol and drug usage/abuse.</p> <p>Activities for this strategy may include, but not be limited to, evidence -based curricula chosen from the National Registry of Effective Programs and Practices (NREPP <a href="http://www.SAMHSA.gov">www.SAMHSA.gov</a>) , classroom and/or small group sessions ) for all ages; parenting and family management classes; peer leader/helper programs and educational programs for youth groups and children of substance abusers groups. <b>Note: A modified service record or attendance sheet will need to be reviewed to determine the information below.</b></p> <p><b>This item will automatically populate based on the answers given.</b>  <b>ALL of the following statements need to be answered YES in order for this item to be MET for activities that occurred between July 1, 2016-December 31, 2016:</b></p> <ul style="list-style-type: none"> <li>• Name of the program/curriculum/curricula.</li> <li>• An approved evidence-based program has been implemented for universal, selective and/or indicated populations.</li> <li>• The prescribed number of required core curriculum sessions is offered (Ex. You offered all 12 sessions in Project TND to program participants.</li> <li>• The core curriculum is implemented in the appropriate setting as recommended by the program developer for all programs.</li> <li>• All sessions are at least 30 minutes long.</li> <li>• Sessions have been delivered no more than 2 times per week for all programs.</li> <li>• Each staff member delivering the program has completed Youth Prevention Education (YPE) Training as evidenced by a training certificate and/or training materials.</li> <li>• This information will be verified prior to the onsite audit review.</li> <li>• Each provider agency meets developer required formal training provided by the program developer, or documents mentoring and on the job training provided by a staff person with documented experience delivering the program. Trainer, Name of Participant).</li> </ul> <p><b>*This question could be rated "NA" if the Prevention Program responsibilities are shared with another provider(s) who is responsible for this item. Document the name of the other provider in the comment section. *</b></p>

## SAPTBG PREVENTION PROGRAM MONITORING

ITEM #	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
3	<p><b>Between July 1, 2016- December 31, 2016, there is evidence of alternative activities that exclude alcohol, tobacco and other drug usage.</b> <i>The use of this strategy is optional and can only be used in support of an identified CORE Prevention Strategy.</i></p> <p>The purpose is to discourage use of alcohol and other drugs by providing alternative, healthy activities utilized to discourage and distract individuals of an identified group from alcohol, tobacco and other drug usage and promote strategies used to replace this need with more beneficial and productive activities and thoughts.</p> <p><b>42 CFR §96.125(b)(3) Alternatives:</b> This strategy provides for the participation of target populations in activities that exclude alcohol, tobacco and other drug use. The assumption is that constructive and healthy activities offset the attraction to, or otherwise meet the needs usually filled by alcohol, tobacco and other drugs and would therefore, minimize or obviate resort to the latter.</p>	<p>The purpose is to discourage use of alcohol and other drugs by providing alternative, healthy activities utilized to discourage and distract individuals of an identified group from alcohol, tobacco and other drug usage and promote strategies used to replace this need with more beneficial and productive activities and thoughts.</p> <p>Review documented evidence of organized activities and strategies that exclude alcohol, tobacco and other drugs. Activities for this strategy must include at least ONE of the following that occurred between <b>July 1, 2016- December 31, 2016. This item will automatically populate based on the answers given.</b></p> <ul style="list-style-type: none"> <li>•Drug-free dances and parties were planned and delivered, Examples of documentation include planning notes and promotional materials.</li> <li>• Youth/adult leadership activities were planned and delivered. Examples of documentation include planning notes and promotional materials.</li> <li>• Community drop-in centers were planned and/or maintained.</li> <li>• Community service activities were planned and delivered (e.g. planning notes, promotional or registration materials)</li> <li>• Mentors were recruited and participated in activities</li> </ul> <p><b>*This question could be rated "NA" if the Prevention Program responsibilities are shared with another provider(s) who is responsible for this item. Document the name of the other provider in the comments section. *</b></p>



# SAPTBG PREVENTION PROGRAM MONITORING

ITEM #	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
4	<p>Between July 1, 2016 -December 31, 2016, there is evidence of activities for problem identification and referrals to determine if youth who have engaged in illegal/age inappropriate use of alcohol, tobacco and other drug use can have their behavior reversed through education.  <i>The use of this strategy is optional and can only be used in support of an identified CORE Prevention Strategy.</i></p> <p><b>42 CFR §96.125(b)(4) Problem Identification and Referral:</b> This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment.</p>	<p>Problem Identification and Referral (identification of youth who have engaged in illegal/age-inappropriate use of tobacco or alcohol and/or first-time use of illicit drugs to assess whether their behavior can be reversed through education).</p> <p>Review documented evidence of the activities and strategies used for identification and referral of youth who have engaged in illegal/age-inappropriate use of tobacco or alcohol and/or first-time use of illicit drugs to assess whether their behavior can be reversed through education. There is documented evidence that <b>one or more</b> of the following activities occurred between <b>July 1, 2016-December 31, 2016. This item will automatically populate based on the answers given.</b></p> <ul style="list-style-type: none"> <li>• There is documentation of inter-agency collaboration and coordination to refer consumers to additional services that may be needed and/ or services not offered by the provider agency. Examples of documented evidence to meet this requirement include interagency agreements, referral form, referral process and notes of coordination.</li> <li>• There is documentation of planning and implementation of Student Assistance Programs. Examples of documented evidence include planning notes, program materials etc.</li> <li>• There is documentation of inter-agency collaboration and coordination to make consumers aware of Employee Assistance Programs. Examples of documented evidence include brochures, flyers, etc.(Note: Division of MH/DD/SAS policy prohibits the earning of federal or state funds to support DWI Assessments or ADETS programs).</li> <li>• There is documentation of a needs assessment completed within the previous three years.</li> </ul> <p><b>*This question could be rated "NA" if the Prevention Program responsibilities are shared with another provider(s) who is responsible for this item. Document the name of the other provider in the comments section.</b></p>



# SAPTBG PREVENTION PROGRAM MONITORING

ITEM #	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
5	<p>Between July 1, 2016-December 31, 2016, there is evidence of community-based processes that include organizing, planning, and enhancing efficiency and effectiveness of service implementation, inter-agency collaboration, coalition building and networking through interaction with other stakeholders.  <i>This is a Core Prevention Strategy and must be implemented.</i></p> <p><b>42 CFR §96.125(b)(5) Community-Based Process:</b> This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for alcohol, tobacco and drug abuse disorders.</p> <p><input type="checkbox"/></p>	<p>Review documentation of the agency's collaborative initiatives to improve drug and alcohol prevention service and to promote awareness of these services within the local community. Examples of activities and strategies include <b>one or more</b> of the following activities that occurred between <b>July 1, 2016 - December 31, 2016. This item will automatically populate based on the answers given.</b></p> <ul style="list-style-type: none"> <li>• There is documentation of organizing and planning, of service implementation.</li> <li>• There is documentation of multi-agency collaboration and networking and/or coalition building (e.g. attendance at meetings and/or work groups).</li> <li>• There is documentation of planning or delivery of community and/or volunteer training (e.g. neighborhood action training).</li> <li>• There is documentation of systemic planning (e.g. following the steps of the Strategic Prevention Framework).</li> <li>• There is documentation of accessing services and funding (e.g. helping groups to obtain grant funding etc.).</li> </ul> <p><b>*This question could be rated "NA" if the Prevention Program responsibilities are shared with another provider(s) who is responsible for this item. Document the name of the other provider in the comment section. *</b></p>



# SAPTBG PREVENTION PROGRAM MONITORING

ITEM #	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
6	<p>Between July 1, 2016-Dec. 31, 2016, there is evidence of Synar Amendment activities (48 hours per six months period) to reduce youth access to tobacco products through community collaboration, merchant education, law enforcement-related activities or media/public relations.</p> <p><b>SYNAR Amendment.</b> In July 1992, Congress enacted the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act (PL 102-321), which includes an amendment (section 1926) aimed at decreasing youth access to tobacco. This amendment, named for its sponsor, Congressman Mike Synar of Oklahoma, requires states, territories, and the District of Columbia to enact and enforce laws prohibiting the sale or distribution of tobacco products to individuals under the age of 18. States must comply with the Synar Amendment to receive their full Substance Abuse Prevention and Treatment Block Grant (SABG) awards</p> <p><b>1492 Federal Register / Vol. 61, No. 13 / Friday, January 19, 1996 / Rules and Regulations, DEPARTMENT OF HEALTH AND HUMAN SERVICES</b></p> <p><b>45 CFR Part 96 ACTION: Final rule.</b> Substance Abuse Prevention and Treatment Block Grants: Sale or Distribution of Tobacco Products to Individuals under 18 Years of Age," The final rule is developed in accordance with section 1926 of the PHS Act, 42 U.S.C. 300x-26, as amended.</p> <p><b>42 CFR §96.130</b> State law regarding sale of tobacco products to individuals under age of 18. (b) The Secretary may make a grant to a State only if the State, for the first applicable fiscal year and subsequent fiscal years, has in effect a law providing that it is unlawful for any manufacturer, retailer, or distributor of tobacco products to sell or distribute any such product to any individual under age 18 through any sales or distribution outlet, including over-the-counter and vending machine sales.</p>	<p>There is documentation showing a total of 48 hours of SYNAR related activities that occurred between July 1, 2016-December 31, 2016.</p> <p><b>SYNAR Amendment Activities (reducing Youth Access to Tobacco ) utilize the following activities and strategies:</b> Community collaboration, merchant education, law enforcement related activities and media public relations</p> <p><b>*This question could be rated "NA" if the Prevention Program responsibilities are shared with another provider(s) who is responsible for this item. Document the name of the other provider in the comment section.</b></p>



## SAPTBG PREVENTION PROGRAM MONITORING

ITEM #	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
7	<p><b>The agency has implemented strategies to promote a drug-free workplace, according to their policy.</b></p> <p><b>96.123 Assurances.</b> (17) The State will abide by all applicable Federal laws and regulations, including those relating to lobbying (45 CFR part 93), drug-free workplace (45 CFR 76.600), discrimination (PHS Act Sec. 1947), false statements or failure to disclose certain events (PHS Act Sec. 1946)</p> <p><b>41 U.S. Code § 8103 - Drug-free workplace requirements for Federal grant recipients.</b> (a) In General. (1) Persons other than individuals: A person other than an individual shall not receive a grant from a Federal agency unless the person agrees to provide a drug-free workplace by (A) publishing a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violations of the prohibition; (B) establishing a drug-free awareness program to inform employees about—(i) the dangers of drug abuse in the workplace; (ii) the grantee's policy of maintaining a drug-free workplace; (iii) available drug counseling, rehabilitation, and employee assistance programs; and (iv) the penalties that may be imposed on employees for drug abuse violations.</p>	<p>Review the agency's policy which addresses a drug-free workplace. The agency must abide by the terms of the policy and establish a drug-free awareness program.</p>



# SAPTBG PREVENTION PROGRAM MONITORING

ITEM #	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
8	<p><b>There is a valid contract for the period of July 1, 2016 - June 30, 2017 between the LME/MCO and the provider of SA prevention services.</b></p> <p><b>10A NCAC 27A .0216</b> Substance Abuse Prevention and Treatment Block Grant. (a) The Division shall administer a grant program for the federal Substance Abuse Prevention and Treatment Block Grant which is made available to the Division under the authority of Public Law 102-321 Subpart II. (c) To be eligible to receive block grant funds, an area program shall provide the following services: (1) outpatient services, including outpatients services for children and adults who have substance disorders or are at risk for substance abuse and residents of its service area; (2) 24 hour-a-day emergency care services; (3) day treatment or other partial hospitalization services; (4) screening for patients being considered for admission to state facilities to determine the appropriateness of such admission; (5) consultation, education and primary prevention services; (6) TB screening and referral in accordance with federal requirements; and (7) substance abuse services for pregnant and parenting women and adolescents. (b) Funds shall expend in accordance with the special conditions set forth in the Memorandum of Agreement between the area program and the Division.</p> <p><b>42 CFR §96.132(c)</b> Additional agreements. The State shall coordinate prevention and treatment activities with the provision of other appropriate services (including health, social, correctional and criminal justice, educational, vocational rehabilitation, and employment services). In evaluating compliance with this section, the Secretary will consider such factors as the existence of memoranda of understanding between various service providers/agencies and evidence that the State has included prevention and treatment services coordination in its grants and contracts.</p> <p><b>NCGS § 122C-141.</b> Provision of services. (a) The area authority or county program shall contract with other qualified public or private providers, agencies, institutions, or resources for the provision of services, and, subject to the approval of the Secretary, is authorized to provide services directly.(b) All area authority or county program services provided directly or under contract shall meet the requirements of applicable.</p>	<p>Review the contract between the LME-MCO and the provider agency to ensure the existence of a signed and dated agreement between the two entities for the provision of SAPTBG Prevention Program services</p> <p>There is evidence/documentation that the LME/MCO contracted with the provider(s) to provide these services. between <b>July 1, 2016-June 30, 2017. ALL the following statements need to be answered YES in order for this item to be MET. This item will automatically populate based on the answers given.</b></p> <ul style="list-style-type: none"> <li>• The contract has been signed by both entities.</li> <li>• The contract is valid during the reporting period (July 1, 2016 - June 30,2017).</li> <li>• The contract contains the scope of work and deliverables expected of the provider.</li> </ul>





## SAPTBG PREVENTION PROGRAM MONITORING

ITEM #	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
9	<p><b>The LME/MCO has notified/informed the contract provider of the Block Grant requirements for the services provided.</b></p> <p><b>42 CFR §96.123 Assurances.</b> (a) The application must include assurances that: (1) the State will expend the Block Grant in accordance with the percentage to be allocated to treatment, prevention, and other activities as prescribed by law and, also, for the purposes prescribed by law.</p>	<p>The agency must provide documentation to verify the LME/MCO informed the provider agency of the Block Grant requirements for SAPTBG Prevention Program services. This information may be located in (but not limited to) the contract, a letter from the LME/MCO or in other forms of documentation.</p>
10	<p><b>The provider has been classified as a non-profit entity by the Secretary of State and the IRS.</b></p> <p><b>42 CFR §96.125 Primary prevention.</b>(a) For purposes of §96.124, each State/Territory shall develop and implement a comprehensive prevention program which includes a broad array of prevention strategies directed at individuals not identified to be in need of treatment. The comprehensive program shall be provided either directly or through one or more public or nonprofit private entities.</p>	<p><b>Pre-site:</b> DMH/DD/SAS Audit Team will verify non-profit <b>status (Secretary of State only)</b> of provider prior to the on-site review. Each provider will need to provide a copy of their non- profit status letter from the Internal Revenue Service.</p>
11	<p><b>Booster Sessions</b>  <b>Between July 1, 2015-December 31, 2016, the provider has adhered to the fidelity of the Project Alert curricula that provided booster sessions in the prescribed timeframes recommended by the developer. This is part of a Core Prevention Strategy and must be implemented.</b></p> <p><b>Note:</b> This is a new section and applies to only 1 evidence - based curricula: Project Alert Curricula. <b>This item should be scored N/A for all the other curricula. (See Guidelines)</b></p> <p><b>Youth Prevention Education (Evidence Based Curricula) Information Guide Series, 08/01/2016.</b></p>	<p>Review documented evidence that a booster program was delivered if required by the program developer.</p> <p><b>This requirement applies to the Project Alert Curricula.</b></p> <p><b>NOTE: Documented evidence of Booster Sessions should be within the time period between July 1, 2015-December 31, 2016.</b></p> <p><b>ALL the following statements need to be answered YES in order for this item to be MET. This item will automatically populate based on the answers given.</b></p> <p>Name of the Curriculum. _____</p> <p>Initial Session dates: •From _____ to _____</p> <p>Booster Session Dates: •From _____ to _____</p> <ul style="list-style-type: none"> <li>•The prescribed number of required booster sessions was offered.</li> <li>•Booster sessions are implemented in the appropriate setting as recommended by the program developer for all programs.</li> <li>• All booster sessions were at least 30 minutes long for all programs.</li> <li>• Booster sessions have been delivered no more than 2 times per week for all programs.</li> </ul> <p><b>*This question will be rated NA, if the provider has implemented the above curricula and the booster sessions are not scheduled to be implemented between July 1, 2014- Dec. 31, 2015. *</b></p>



# SAPTBG PREVENTION PROGRAM MONITORING

ITEM #	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
12	<p>Between July 1, 2016-December 31, 2016, there is evidence of legal and/or regulatory environmental activities that target establishing or changing written or unwritten community standards.  <i>This is a Core Prevention Strategy and must be implemented.</i></p> <p><b>42 CFR §96.125(b)(6) Environmental:</b> This strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence</p> <p><b>Public Policy to Reduce ATOD Use, Information Guide Series, 7/01/15</b></p>	<p>Environmental activities: ATOD Policy (establishes or changes written or unwritten community standards, codes and attitudes, thereby influencing the incidence and prevalence of alcohol tobacco and other drug use in the general population, including legal /regulatory initiatives and service and/or action-oriented initiatives) that includes:</p> <p style="text-align: right;"><b>AT LEAST</b></p> <p><b>ONE of the following activities must be answered YES, in order for this item to be MET. This item will automatically populate based on the answers given.</b></p> <ul style="list-style-type: none"> <li>• There is documentation of participation in a Division-sponsored or approved policy training. Examples of evidence include: training certificate, training materials, etc. <b>This information will be verified prior to the onsite review.</b></li> <li>• There is documentation of key stakeholders willing to partner to advance the policy effort (e.g. meeting attendance , MOU's and Partner Agreements ).</li> <li>• There is documentation of community level alcohol, tobacco, or other drug use (ATOD) problems, including relevant consumption patterns, contributing factors, and critical incidents (such as high profile deaths).Examples of evidence include law enforcement records, needs assessment data, survey data, local newspaper reports, etc.</li> <li>• There is documentation of current policy and enforcement history relevant to the problem priority. Examples of evidence include: focus groups, key information.</li> <li>• There is documentation that the problem priority is based on the information collected. Example of evidence include: meeting notes, formal/informal reports, surveys, etc.</li> <li>• There is documentation of the policy/procedure/practice (including enforcement activities) to be developed, improved or enhanced.</li> <li>• There is documentation about the collection of information about the policy unit as well as the level of support for the policy /enforcement effort. Examples of evidence include: planning notes. • There is documentation after the policy/procedure/practice is adopted, changed or enhanced, that monitoring of enforcement efforts and/or implementation is occurring. Examples of evidence include: tracking violations, sanctions, fines/penalties, number of retailer trainings conducted.</li> </ul>



# SAPTBG PREVENTION PROGRAM MONITORING

ITEM #	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
13	<p>Between July 1, 2016-December 31, 2016, there is evidence of activities that target environmental strategies and communication campaigns that utilize purposeful promotional strategies to change knowledge, attitudes, behavior or policy in a specific, intended audience via marketing and advertising techniques. <i>This is a Core Prevention Strategy and must be implemented.</i></p> <p><b>42 CFR §96.125(b)(6) Environmental:</b> This strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence</p> <p><b>Communication Campaigns Information Guide Series, 07/01/15</b></p>	<p><b>Environmental Activities: COMMUNICATION CAMPAIGNS</b> (campaigns utilize a purposeful promotional strategy to change knowledge, attitudes, behavior or policy in a specific, intended audience via marketing and advertising techniques.) that includes at least <b>ONE</b> the following activities that occurred between <b>July 1, 2016 - December 31, 2016</b>.</p> <p><b>At least ONE of the following statements need to be answered YES in order for this item to be MET. This item will automatically populate based on the answers given.</b></p> <ul style="list-style-type: none"> <li>• There is documentation of a Division-sponsored or approved Communication Campaign training (e.g. training certificate and/or training materials). <b>This information will be verified prior to the audit.</b></li> <li>• There is documentation of support and/or participation from those community sectors that are responsible for providing access to the target audience.</li> <li>• There is documentation of collected baseline survey data from the target audience.</li> <li>• There is documentation of at least one objective using the baseline data collected from the target audience. Each objective should specify the direction of change (increase or decrease), specify focus of change, identify the specific target audience, and be measurable from the data sources.</li> <li>• There is documentation that campaign materials are disseminated using a minimum of two message distribution sources(e.g. posters and newsletters, journals, etc).</li> <li>• There is documentation that campaign materials are disseminated using a minimum of two message distribution sources (e.g. posters and newsletters, journals etc.)</li> <li>• There is documentation that messages are distributed through sources that are popular and credible with the target population.</li> <li>• There is documentation that campaign materials are released at least once every six weeks.</li> <li>• There is documentation that data is collected at least once every 2 years to assist in the refinement of campaign messages and measure progress toward the achievement of objectives.</li> <li>• There is documentation that messages are distributed using supplemental methods (e.g. contests, promotional materials etc.) at least once every 3 months.</li> <li>• The campaign materials do not include moral or fear appeals (ex. images intended to scare or shock viewers, such as mock crashes, etc. There is documented feedback collected about campaign messages and materials from a representative sample of the target audience.</li> </ul> <p><b>*This question could be rated "NA" if the Prevention Program responsibilities are shared with another provider(s) who is responsible for this item. Document the name of the other provider in the comment section. *</b></p>



## SAPTBG PREVENTION RECORD REVIEW

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
1	<p><b>There is a modified service record for the program participant.</b></p> <p><b>RECORDS MANAGEMENT AND DOCUMENTATION MANUAL</b>            for Providers of Publicly-Funded MH/DD/SA Services            CAP-MR/DD Services and Local Management Entities            North Carolina Department of Health and Human Services            Division of Mental Health, Developmental Disabilities, and Substance Abuse Services APSM 45-2  <b>Revised October 2016; Effective December 1, 2016</b>  <b>(Documentation Requirements for Services Using Modified Records)</b> Modified records shall only be used for the following services: Behavioral Health Prevention Education Services for Children and Adolescents in Selective and Indicated Populations)</p>	<p>For the period beginning <b>July 1, 2016-December 31, 2016</b>, there is evidence of a modified service record for the program participant.</p>
2	<p><b>There is documentation that a risk assessment profile was completed on the program participant.</b></p> <p><b>RECORDS MANAGEMENT AND DOCUMENTATION MANUAL</b>            for Providers of Publicly-Funded MH/DD/SA Services            CAP-MR/DD Services and Local Management Entities            North Carolina Department of Health and Human Services            Division of Mental Health, Developmental Disabilities, and Substance Abuse Services APSM 45-2  <b>Revised October 2016; Effective December 1, 2016</b>  <b>Behavioral Health Prevention Education Services for Children and Adolescents in Selective and Indicated Populations, 1(a)</b> The assessment of the participant shall include documentation of the findings on a child or adolescent risk profile that identifies one or more designated risk factors for substance abuse...)</p>	<p>For the period beginning <b>July 1, 2016-December 31, 2016</b>, there is evidence of a child and/or adolescent risk profile that documents findings identified as selective or indicated and having one or more of the designated risk factors.</p> <p><input type="checkbox"/></p>



## SAPTBG PREVENTION RECORD REVIEW

3	<p>The risk assessment profile included documentation on the program participant's history of substance use and/or abuse.</p> <p><b>RECORDS MANAGEMENT AND DOCUMENTATION MANUAL</b>          for Providers of Publicly-Funded MH/DD/SA Services          CAP-MR/DD Services and Local Management Entities          North Carolina Department of Health and Human Services          Division of Mental Health, Developmental Disabilities, and Substance Abuse Services APSM 45-2  <b>Revised October 2016; Effective December 1, 2016</b>  <b>(Chapter 11, Behavioral Health Prevention Education Services for Children and Adolescents in Selective and Indicated Populations, 1(b) The assessment of the participant shall include documentation of history of substance abuse...)</b>  <b>At the point of admission the child met the eligibility requirement for the target population.</b></p>	<p>For the period beginning <b>July 1, 2016-December 31, 2016</b>, there is documentation, if any, of a description of the child's and/or adolescent's current substance abuse patterns, if any, and attitudes towards use. Include other relevant histories and mental status that is sufficient to rule out other conditions suggesting the need for assessment and /or treatment for a substance abuse or dependence diagnosis and /or co-occurring psychiatric diagnosis.</p>
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## SAPTBG PREVENTION RECORD REVIEW

4	<p><b>At the point of admission, the child met the eligibility requirement for the target population.</b></p> <p><b>RECORDS MANAGEMENT AND DOCUMENTATION MANUAL</b> for Providers of Publicly-Funded MH/DD/SA Services          CAP-MR/DD Services and Local Management Entities          North Carolina Department of Health and Human Services          Division of Mental Health, Developmental Disabilities, and Substance Abuse Services          APSM 45-2  <b>Revised October 2016; Effective December 1, 2016</b>  <b>(Selective)</b> Child is at elevated risk for Substance abuse AND High risk factor #4, 5, 7,11,13,16  <b>(Selective)</b> Documented school truancy, school failure, suspension, expulsion, dropping out OR High risk factor #2,3  <b>(Selective)</b> Formal and Informal contacts with law enforcement for arrest, detention, warning, OR (High Risk Factor #8,12  <b>(Selective)</b> One or both parents have a substance abuse related disorder. High risk factor # 6  <b>(Indicated)</b> Uses drugs/alcohol at a pre-clinical level AND  <b>(Indicated)</b> Documented school truancy, school failure, suspension, expulsion, dropping out OR High risk factor #2,3  <b>(Indicated)</b> Formal and Informal contacts with law enforcement for arrest, detention, warning, OR High Risk Factor #8,12  <b>(Indicated)</b> Documented Child Abuse or Neglect OR High risk Factor #8  <b>(Indicated)</b> One or both parents have a substance abuse related disorder High Risk factor #6</p>	<p>There is evidence that the program participant met the following eligibility requirements for substance abuse prevention services for the target population to while the child was assigned. <b>This item will automatically populate based on the answers given.</b></p> <p><b>Selective Substance Abuse Services</b></p> <ul style="list-style-type: none"> <li>• Child is at elevated risk for Substance abuse AND</li> <li>• Documented school truancy, school failure, suspension, expulsion, dropping out OR</li> <li>• Formal and Informal contacts with law enforcement for arrest, detention, warning, OR</li> <li>• Formal and Informal contacts with law enforcement for arrest, detention, warning, OR</li> <li>• One or both parents have a substance abuse related disorder</li> </ul> <p><b>Indicated Substance Abuse Prevention Services</b></p> <ul style="list-style-type: none"> <li>• Uses drugs/alcohol at a pre-clinical level AND</li> <li>• Documented school truancy, school failure, suspension, expulsion, dropping out OR</li> <li>• Formal and Informal contacts with law enforcement for arrest, detention, warning, OR</li> <li>• Documented Child Abuse or Neglect OR</li> <li>• One or both parents have a substance abuse related disorder</li> </ul>
5	<p><b>The plan is based on the risk factors and on the identified problems and needs of the child and family.</b></p> <p><b>RECORDS MANAGEMENT AND DOCUMENTATION MANUAL</b>          for Providers of Publicly-Funded MH/DD/SA Services          CAP-MR/DD Services and Local Management Entities          North Carolina Department of Health and Human Services          Division of Mental Health, Developmental Disabilities, and Substance Abuse Services          APSM 45-2  <b>Revised October 2016; Effective December 1, 2016</b>  <b>(Chapter 11, Behavioral Health Prevention Education Services for Children and Adolescents in Selective and Indicated Populations, 2(a)</b> The service plan shall be based on an identification of the child's, adolescent's, and/or family's problems, needs, and risk factors...)</p>	<p>For the period beginning <b>July 1, 2016-December 31, 2016</b>, there is evidence that the plan is based on the child's/adolescent's and/or family's problem needs and risk factors with recognition of the strengths, supports and protective factors shall match the child or adolescent risk profile with appropriate evidence based prevention goals that addresses the child and/or family's knowledge, skills, attitudes, intentions and/or behaviors.</p>



## SAPTBG PREVENTION RECORD REVIEW

6	<p><b>The plan is signed by the participant and the parent/guardian, as appropriate, prior to the delivery of services.</b></p> <p><b>RECORDS MANAGEMENT AND DOCUMENTATION MANUAL</b>          for Providers of Publicly-Funded MH/DD/SA Services          CAP-MR/DD Services and Local Management Entities          North Carolina Department of Health and Human Services          Division of Mental Health, Developmental Disabilities, and Substance Abuse Services          APSM 45-2  <b>Revised October 2016; Effective December 1, 2016</b>  <b>Behavioral Health Prevention Education Services for Children and Adolescents in Selective and Indicated Populations, 2(c)</b> The service plan shall be signed by the participant and the parent/legally responsible person, as appropriate, prior to the delivery of services.)</p>	<p>For the period beginning <b>July 1, 2016-December 31, 2016</b>, there is evidence of a signed plan by the participant and the parent/guardian, as appropriate, prior to the delivery of services.</p>
7	<p><b>All the required elements on the service grid are completed for each session the child attended.</b></p> <p><b>RECORDS MANAGEMENT AND DOCUMENTATION MANUAL</b>          for Providers of Publicly-Funded MH/DD/SA Services          CAP-MR/DD Services and Local Management Entities          North Carolina Department of Health and Human Services          Division of Mental Health, Developmental Disabilities, and Substance Abuse Services          APSM 45-2  <b>Revised October 2016; Effective December 1, 2016</b>  <b>Behavioral Health Prevention Education Services for Children and Adolescents in Selective and Indicated Populations</b> Following the delivery of each service, the minimum standard for documentation in the service record shall be a Service Grid which includes:          a. Identification of the evidence-based program being implemented;          b. Full date and duration of the service that was provided;          c. Listing of the individual child or adolescent and/or his family members that were in attendance;          d. Identification of the curriculum module delivered;          e. Identification of the module goal;          f. Identification of the activity description of the module delivered;          g. Initials of the staff member providing the service which shall correspond to a signature with credentials identified on the signature findings or changes in the status of the child or adolescent that pertain to the appropriateness of provision of services at the current level of care and/or the need for referral for other services shall be documented.)</p>	<p>There is evidence that following the delivery of each service beginning <b>July 1, 2016-December 31, 2016</b>, the minimum standard for documentation in the service record shall be a Service Grid, which includes:          a) Full date and duration of the service that was provided;          b) Listing of the individual child or adolescent and/or his or her family members that were in attendance;          c) Identification of the activity and description of the service delivered; and          d) Initials of the staff member providing the service which shall correspond to a signature with credentials identified on the signature log section of the Service Grid.</p>



# SAPTBG INDIVIDUALS USING SUBSTANCES INTRAVENOUSLY PROGRAM MONITORING

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
1.	<p><b>There is evidence of an active outreach program directed towards individuals with a Substance Use Disorder who use drugs intravenously.</b></p> <p><b>42 CFR §96.126 Capacity of treatment for intravenous substance abusers.</b>  <b>(e)</b> The State shall require that any entity that receives funding for treatment services for intravenous drug abuse carry out activities to encourage individuals in need of such treatment to undergo such treatment. The States shall require such entities to use outreach models that are scientifically sound, or if no such models are available that are applicable to the local situation, to use an approach which reasonably can be expected to be an effective outreach method.</p>	<p>The agency must provide documented evidence of the efforts utilized to extend intravenous prevention services beyond the customary methods. Reliable methods should include the following, but not limited to:</p> <ol style="list-style-type: none"> <li>(1) Selecting, training and supervising outreach workers;</li> <li>(2) Contacting, communicating and following-up with high risk substance abusers, their associates, and neighborhood residents, within the constraints of Federal and State confidentiality requirements,</li> <li>(3) Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV;</li> <li>(4) Recommend steps that can be taken to ensure that HIV transmission does not occur; and</li> <li>(5) Encouraging entry into treatment.</li> </ol>
2.	<p><b>There is evidence of priority admission provided to individuals with a Substance Use Disorder who use drugs intravenously.</b></p> <p><b>42 CFR §96.126(b) Capacity of treatment for intravenous substance abusers.</b> In order to obtain Block Grant funds, the State shall ensure that each individual who requests and is in need of treatment for intravenous drug abuse is admitted to a program of such treatment not later than—</p> <ol style="list-style-type: none"> <li>(1) 14 days after making the request for admission to such a program; or</li> <li>(2) 120 days after the date of such request, if no such program has the capacity to admit the individual on the date of such request and if interim services, including referral for prenatal care, are made available to the individual not later than 48 hours after such request.</li> </ol> <p><b>42 CFR §96.132(c) Additional agreements.</b> The State shall coordinate prevention and treatment activities with the provision of other appropriate services (including health, social, correctional and criminal justice, educational, vocational rehabilitation, and employment services). In evaluating compliance with this section, the Secretary will consider such factors as the existence of memoranda of understanding between various service providers/agencies and evidence that the State has included prevention and treatment services coordination in its grants and contracts.</p>	<p>The provider must provide documentation that will verify the agency has a method in place to ensure intravenous drug user's requests for services are handled expediently, within the established timeframes per Federal guidelines.</p>





# SAPTBG INDIVIDUALS USING SUBSTANCES INTRAVENOUSLY PROGRAM MONITORING

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
3.	<p>The agency has implemented strategies to promote a drug-free workplace, according to their policy.</p> <p><b>42 CFR §96.123(17) Assurances.</b> The State will abide by all applicable Federal laws and regulations, including those relating to lobbying (45 CFR part 93), drug-free workplace (45 CFR 76.600), discrimination (PHS Act Sec. 1947), false statements or failure to disclose certain events (PHS Act Sec. 1946).</p> <p><b>41 U.S.C. §8103. Drug-free workplace requirements for Federal grant recipients (a) In General.—</b> (1) Persons other than individuals.—A person other than an individual shall not receive a grant from a Federal agency unless the person agrees to provide a drug-free workplace by— <b>(A)</b> publishing a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the grantee’s workplace and specifying the actions that will be taken against employees for violations of the prohibition; <b>(B)</b> establishing a drug-free awareness program to inform employees about— <b>(i)</b> the dangers of drug abuse in the workplace; <b>(ii)</b> the grantee’s policy of maintaining a drug-free workplace; <b>(iii)</b> available drug counseling, rehabilitation, and employee assistance programs; and <b>(iv)</b> the penalties that may be imposed on employees for drug abuse violations;<b>(C)</b> making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by subparagraph (A); <b>(D)</b> notifying the employee in the statement required by subparagraph <b>(A)</b> that as a condition of employment in the grant the employee will— <b>(i)</b> abide by the terms of the statement; and <b>(ii)</b> notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than 5 days after the conviction; <b>(E)</b> notifying the granting agency within 10 days after receiving notice under subparagraph <b>(D)(ii)</b> from an employee or otherwise receiving actual notice of a conviction; <b>(F)</b> imposing a sanction on, or requiring the satisfactory participation in a drug abuse assistance or rehabilitation program by, any employee who is convicted, as required by section 8104 of this title; and <b>(G)</b> making a good faith effort to continue to maintain a drug-free workplace through implementation of subparagraphs (A) to (F).</p> <p><b>(DRUG-FREE WORKPLACE ACT OF 1988, THE FEDERAL LAW, was enacted November 1988, with subsequent modification in 1994 by the Federal Acquisition Streamlining Act.)</b></p>	<p>Review the agency’s policy which promotes a drug-free workplace. The agency must abide by the terms of the policy and show evidence of having established a drug-free awareness program.</p>



# SAPTBG INDIVIDUALS USING SUBSTANCES INTRAVENOUSLY PROGRAM MONITORING

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
4.	<p><b>There is evidence the LME-MCO contracted with the provider(s) for these services.</b></p> <p><b>NCGS § 122C-141.</b> Provision of services. <b>(a)</b> The area authority or county program shall contract with other qualified public or private providers, agencies, institutions, or resources for the provision of services, and, subject to the approval of the Secretary, is authorized to provide services directly..... <b>(b)</b> All area authority or county program services provided directly or under contract shall meet the requirements of applicable State statutes and the rules of the Commission and the Secretary. The Secretary may delay payments and, with written notification of cause, may reduce or deny payment of funds if an area authority or county program fails to meet these requirements.</p> <p><b>10A NCAC 27A.0213 Communicable Disease Risk/Services To Intravenous (IV) Drug Users.</b> <b>(a)</b> The Division shall administer a program for substance abuse services to adolescents or adults who inject controlled substances or have sexual contact with partners who inject controlled substances, including methadone. <b>(b)</b> Funds shall be used for the provisions of services in accordance with the special conditions in the Memorandum of Agreement or Summary of Significant Federal Requirements. <b>(c)</b> Funds shall be awarded, paid and settled in accordance with the Annual Memorandum of Agreement.</p>	<p>Review the contract between the LME-MCO and the provider agency to ensure the existence of a signed and dated agreement between the two entities for the provision IV Drug services funded by SAPTBG. The contract shall be in force and covers the period of the audit.</p>
5.	<p><b>The LME-MCO has notified/informed the contract provider of the Block Grant requirements for the services provided.</b></p> <p><b>42 CFR §96.123 Assurances.</b> <b>(a)</b> The application must include assurances that: <b>(1)</b> the State will expend the Block Grant in accordance with the percentage to be allocated to treatment, prevention, and other activities as prescribed by law and, also, for the purposes prescribed by law.</p>	<p>The agency must provide documentation to verify the LME/MCO informed the provider of the Block Grant requirements for SAPTBG Program Monitoring- IV Drug services. This information may be located (but not limited to) in the contract, a letter from the LME/MCO or in other forms of documentation.</p>



## SAPTBG INDIVIDUALS USING SUBSTANCES INTRAVENOUSLY RECORD REVIEW

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
1.	<p>There is evidence that this individual meets the requirements of the designated benefit plan. <i>[This item is automatically scored based on results from the IV Individual ASCDR Eligibility Checklist]</i></p> <p><b>NC DMHDDSAS Benefit Plan Eligibility Criteria, 06/17/14 version Effective 08/01/14.</b>  <b>Adult Substance Abuse Injecting Drug User/Communicable Disease (ASCDR).</b>            Adults who are ages 18 and over with a primary substance use disorder covered in the Benefit Plan Diagnosis Array AND who would benefit from assessment, initiation, engagement, treatment, continuity of treatment services, and/or supports for relapse prevention and recovery stability, AND who meet one of the following three criteria: 1. Currently (or within the past 30 days) injecting a drug under the skin, into a muscle, or into a vein for non-medically sanctioned reasons, OR 2. Infected with HIV, tuberculosis, or hepatitis B, C, or D, OR 3. Meet criteria for severe opioid use disorder, are addicted at least one year before admission, and who are enrolled in an opioid treatment program.</p>	<p>The reviewer will complete the eligibility checklist, based on documentation found in the individual's service records, to ensure the individual meets the requirement/criteria (e.g. client eligibility, service definition requirements) for the specified benefit plan, as identified on the eligibility check list.</p> <p><b>This item will automatically populate based on the answers given.</b></p>
2.	<p>There is evidence of a TB screening included in the service record.</p> <p><b>42 CFR §96.127(a) Requirements regarding tuberculosis.</b> States shall require any entity receiving amounts from the grant for operating a program of treatment for substance abuse to follow procedures developed by the principal agency of a State for substance abuse, in consultation with the State Medical Director for Substance Abuse Services, and in cooperation with the State Department of Health/Tuberculosis Control Officer, while (3)(iii) meeting all State reporting requirements while adhering to Federal and State confidentiality requirements.</p>	<p>Review individual records for documentation to verify a TB screening has been completed and evidence of the results is recorded. The screening should include the person's response to the symptoms commonly associated with tuberculosis:</p> <ul style="list-style-type: none"> <li>• a bad cough that lasts 3 weeks or longer</li> <li>• pain the chest</li> <li>• coughing up blood or sputum</li> <li>• weakness or fatigue</li> <li>• weight loss</li> <li>• no appetite</li> <li>• chills</li> <li>• fever</li> <li>• sweating at night</li> </ul> <p>Source: Centers for Disease Control and Prevention</p>



## SAPTBG INDIVIDUALS USING SUBSTANCES INTRAVENOUSLY RECORD REVIEW

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
3.	<p>If there was evidence of TB symptoms, there is documentation of a referral for follow-up services.</p> <p><b>42 CFR §96.121 Definitions.</b> Interim Services or Interim Substance Abuse Services means services that are provided until an individual is admitted to a substance abuse treatment program. The purposes of the services are to reduce the adverse health effects of such abuse, promote the health of the individual, and reduce the risk of transmission of a disease. At a minimum, interim services include counseling and education about tuberculosis (TB), about the risks of needle-sharing, the risks of transmission to sexual partners and infants, and about steps that can be taken to ensure that TB transmission does not occur, as well as referral for TB treatment services if necessary.</p> <p><b>42 CFR §96.127 Requirements regarding tuberculosis. (a)</b> States shall require any entity receiving amounts from the grant for operating a program of treatment for substance abuse to follow procedures developed by the principal agency of a State for substance abuse, in consultation with the State Medical Director for Substance Abuse Services, and in cooperation with the State Department of Health/Tuberculosis Control Officer, which address how the program—<b>(3)</b> Will implement infection control procedures established by the principal agency of a State for substance abuse, in cooperation with the State Department of Health/Tuberculosis Control Officer, which are designed to prevent the transmission of tuberculosis, including the following: <b>(iii)</b> Meeting all State reporting requirements while adhering to Federal and State confidentiality requirements, including 42 CFR part 2; and <b>(4)</b> will conduct case management activities to ensure that individuals receive such services. <b>(b)</b> The principal agency, in cooperation with the State Department of Health/Tuberculosis Control Officer, shall also establish linkages with other health care providers to ensure that tuberculosis services are routinely made available. All individuals identified with active tuberculosis shall be reported to the appropriate State official as required by law.</p>	<p>Review the service record for documentation to assure that individuals whose screenings indicated high risk were referred to the local health departments or other proper authorities/agencies for additional screenings/testing and treatment, as necessary.</p> <p><b>If symptoms were not present, this question will be rated NA. Note reason for NA in the comment section on the audit tool.</b></p>
4.	<p>There is evidence that the American Society of Addiction Medicine Criteria (ASAM) was completed during the admissions process.</p> <p><b>SESSION LAW 1999-116 HOUSE BILL 715 (Approved May 28, 1999) Section 1. G.S. 58-50-61(d).</b>            Program Operations. – In every utilization review program, an insurer or URO shall use documented clinical review criteria that are based on sound clinical evidence and that are periodically evaluated to assure ongoing efficacy. Criteria for determining when a patient needs to be placed in a substance abuse treatment program shall be either (i) the diagnostic criteria contained in the most recent revision of the American Society of Addiction Medicine Patient Placement Criteria (ASAM) for the Treatment of Substance-Related Disorders or (ii) criteria adopted by the insurer or it's URO. The Department, in consultation with the Department of Health and Human Services, may require proof of compliance with this subsection by a plan or URO</p> <p><b>North Carolina Treatment Outcomes And Program Performance System Implementation Guidelines Version 11.0, Effective July 1, 2014.</b> All individuals will be assessed for service eligibility on the basis of the American Society of Addiction Medicine (ASAM) Criteria 3rd Edition incorporated by reference to include subsequent amendments and editions.</p>	<p>Review the individual's record for documentation to ensure an approved evaluation (ASAM) that addressed all criterion was completed during the admissions process to obtain pertinent information needed in making clinical decisions for assessing the individual's need for treatment for substance use.</p>



## SAPTBG INDIVIDUALS USING SUBSTANCES INTRAVENOUSLY RECORD REVIEW

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
5.	<p>The record contains a signed authorization to release information that is time-limited (no more than 12 months) and contains all the other required elements for the release of information, including a clear reference to the specific information to be released.</p> <p><b>10A NCAC 26B .0202 CONSENT FOR RELEASE FORM. (a)</b> When consent for release of information is obtained by an area or state facility covered by the rules in this Subchapter, a Consent for Release form containing the information set out in this Paragraph shall be utilized. The consent form shall contain the following information: <b>(1)</b> client's name; <b>(2)</b> name of facility releasing the information; <b>(3)</b> name of individual or individuals, agency or agencies to whom information is being released; <b>(4)</b> information to be released; <b>(5)</b> purpose for the release; <b>(6)</b> length of time consent is valid and <b>(7)</b> a statement that the consent is subject to revocation at any time except to the extent that action has been taken in reliance on the consent.<b>(8)</b> Specific language that prohibits re-disclosure.</p> <p><b>SFY 2014 - 2015 NC -TOPPS IMPLEMENTATION GUIDELINES. Authorization (Consumer Consent) to release information for Coordination of Care.</b> Federal law requires the provider agency to obtain explicit consent form a consumer before sharing any PHI with other provider agencies for the purpose of coordinating care for a specific consumer. This requirement includes obtaining written consent to share a consumer's PHI with an LME-MCO, as well as with other DMH/DD/SAS provider agencies of primary medical care providers.</p> <p>42 CFR §96.132(e) Additional agreements. The State is also required to have in effect a system to protect from inappropriate disclosure patient records maintained by the State in connection with an activity funded under the program involved or by any entity which is receiving amounts from the grant and such system shall be in compliance with all applicable State and Federal laws and regulations.</p> <p>10A NCAC 26B .0208 PROHIBITION AGAINST REDISCLOSURE  <b>(a)</b> Area or state facilities releasing confidential information shall inform the recipient that redisclosure of such information is prohibited without client consent; <b>(b)</b> A stamp may be used to fulfill this requirement.  <input type="checkbox"/></p>	<p>The reviewer shall look for documented evidence that an individual's signed permission was given to allow a covered entity to use or disclose the individual's protected information. This authorization is not valid unless it contains all of the required elements and statements. The consent form must be time-limited and must be renewed at least annually.</p> <p><b>This item will automatically populate based on the answers given.</b></p>
6	<p><b>There is evidence of timely admission or referral to appropriate services.</b></p> <p><b>42 CFR §96.126(b) Capacity of treatment for intravenous substance abusers.</b>            In order to obtain Block Grant funds, the State shall ensure that each individual who requests and is in need of treatment for intravenous drug abuse is admitted to a program of such treatment not later than— <b>(1)</b> 14 days after making the request for admission to such a program; or <b>(2)</b> 120 days after the date of such request, if no such program has the capacity to admit the individual on the date of such request and if interim services, including referral for prenatal care, are made available to the individual not later than 48 hours after such request.</p>	<p>Review the record for documentation to ensure a referral was made within the program's identified timeframes when a request for substance use treatment was made by an individual.</p>



# SAPTBG INDIVIDUALS USING SUBSTANCES INTRAVENOUSLY RECORD REVIEW

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
7	<p><b>There is evidence that a NC TOPPS was completed within the required timeframes: Initial assessment, 3 month update, 6 month update, 12 month update and every 6 months, thereafter [This item is automatically scored based on results from 8a through 8e below]</b></p> <p><b>Evidence that a NC-TOPPS was completed within the required timeframes</b>  <b>NORTH CAROLINA - TREATMENT OUTCOMES AND PROGRAM PERFORMANCE SYSTEM (NCTOPPS)</b>  <b>SFY 2014-2015 NC-TOPPS IMPLEMENTATION GUIDELINES (V)</b>  <b>Effective July 1, 2014.</b> In order to comply with federal block grant requirements, NC-TOPPS interviews are required for all adults and children ages six years and above who are receiving any qualifying service for any mental health/and/or substance abuse issues. It is the responsibility of the LME-MCO to ensure that all of the provider agencies of publicly-funded mental health and substance abuse services in its catchment area meet NC-TOPPS requirements.</p>	<p>Review individual records to ensure the following NC-TOPPS guidelines are followed, when applicable. All elements, if required, must be <b>MET or NA</b> before this item will be automatically scored as <b>"MET"</b>. <b>This item will automatically populate based on the answers given.</b></p> <p>The NC-TOPPS is administered as a regular part of developing and updating an individual's service plan. The Initial NC TOPPS should be complete during the first or second treatment visit as part of the development of the treatment plan, with the consumer present. Updates, if required, should be completed based on the initial assessment date and within 15 days before or after the due date as follows: 3 month update (90 days), 6 month update (180 days) and 12 month update (360 days). Six month updates should be completed, thereafter.</p> <p>If the person is discharged prior to the requirement of updates, mark each as NA and document the reason for the NA in the comment section.</p> <p>NOTE: If an update is not completed on time, it is still required to be completed within 30 days before or after the due date. However, if an update is missed and another update is now due, only the current Update Due can be completed in the NC-TOPPS system. (For example, if a 3 month update is missed and a 6 month update is now due, only the 6 month update can be completed.)</p> <p>All Opioid Treatment Programs (OPTs) are required to have an NCTOPPS completed.</p> <p>Consumers receiving Developmental Disability (DD) services and supports and MH and/or SA require an NCTOPPS only when the services are predominantly treating MH or SA needs.</p> <p>For consumers receiving state funded services only or both state and Medicaid funded services, interviews are not required for consumers receiving only one or more of the following services:</p> <ul style="list-style-type: none"> <li>■ Mental health outpatient therapy or medication management (If the consumer has a substance abuse diagnosis and is only receiving outpatient services with service codes 90832 - 90838, 90846, 90847, 90849, 90853, H0004 HQ, H0004 HR, and H0004 HS funded through Medicaid Basic Benefits, NCTOPPS is not required.)</li> <li>■ Psychosocial Rehabilitation (PSRs)</li> <li>■ Crisis services (social setting, detoxification, non-hospital medical detoxification, mobile crisis, facility-based crisis program, local inpatient crisis services, or respite)</li> <li>■ Psychiatric inpatient hospitalization services</li> <li>■ Developmental disability services and supports</li> </ul> <p>For consumers receiving only Medicaid funded services, interviews are not required for consumers receiving only one or more of the following services:</p> <ul style="list-style-type: none"> <li>■ Unmanaged outpatient therapy and/or medication management, including authorized extensions to these services</li> <li>■ Crisis services (social setting, detoxification, non-hospital medical detoxification, mobile crisis, facility-based crisis program, local inpatient crisis services, or respite)</li> <li>■ Psychiatric inpatient hospitalization services</li> <li>■ Developmental disability services and supports</li> <li>■ Group Home - Low</li> </ul> <p><b>All elements, if required, must be met before this Item will be automatically scored as "MET".</b></p>



## SAPTBG INDIVIDUALS USING SUBSTANCES INTRAVENOUSLY RECORD REVIEW

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
8	<p>There is evidence the LME-MCO contracted with the provider for these services.</p> <p><b>42 CFR §96.132(c) Additional agreements.</b> The State shall coordinate prevention and treatment activities with the provision of other appropriate services (including health, social, correctional and criminal justice, educational, vocational rehabilitation, and employment services). In evaluating compliance with this section, the Secretary will consider such factors as the existence of memoranda of understanding between various service providers/agencies and evidence that the State has included prevention and treatment services coordination in its grants and contracts.</p> <p><b>NCGS § 122C-141. Provision of services.</b> (a) The area authority or county program shall contract with other qualified public or private providers, agencies, institutions, or resources for the provision of services, and, subject to the approval of the Secretary, is authorized to provide services directly..... (b) All area authority or county program services provided directly or under contract shall meet the requirements of applicable State statutes and the rules of the Commission and the Secretary. The Secretary may delay payments and, with written notification of cause, may reduce or deny payment of funds if an area authority or county program fails to meet these requirements.</p> <p><b>10A NCAC 27A.0213 Communicable Disease Risk/Services To Intravenous (IV) Drug Users.</b> (a) The Division shall administer a program for substance abuse services to adolescents or adults who inject controlled substances or have sexual contact with partners who inject controlled substances, including methadone. (b) Funds shall be used for the provisions of services in accordance with the special conditions in the Memorandum of Agreement or Summary of Significant Federal Requirements. (c) Funds shall be awarded, paid and settled in accordance with the Annual Memorandum of Agreement.</p>	<p>Review the contract between the LME-MCO and the provider agency to ensure the existence of a signed and dated agreement between the two entities for the provision of services to IV drug users funded by the SAPTBG. The contract is in force(i.e., current) during the period of this audit.</p>
9	<p>There is evidence the LME-MCO notified/informed the provider of the block grant requirements for the services provided.</p> <p><b>42 CFR §96.123 Assurances.</b> (a) The application must include assurances that: (1) the State will expend the Block Grant in accordance with the percentage to be allocated to treatment, prevention, and other activities as prescribed by law and, also, for the purposes prescribed by law.</p>	<p>The agency must provide documentation to verify the LME/MCO informed the provider agency of the expectations for the service provided, service provision and the other compliance requirements of entities receiving SAPTBG funds. This information may be found in the contract, a letter or from other sources.</p>



# SAPTBG RECORD REVIEW

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
1	<p><b>There is evidence that this individual meets the requirements of the designated benefit plan. [This item is automatically scored based on results from the SAPTBG Individual Eligibility Checklist]</b></p> <p><b>NC DMHDDSAS Benefit Plan Eligibility Criteria. 6.</b> The LME-MCO authorization and claims adjudication process must ensure that consumers who receive State/Federal funded services meet the eligibility criteria of the Service Definition, or the Benefit Plan, whichever is strictest. The LME-MCO must maintain documentation to support this determination, and make it available to the Division or its agents upon request. LME-MCOs are responsible for ensuring Providers are eligible to provide services reimbursed with State/Federal Block Grant funds. LME-MCOs are further responsible for ensuring services are delivered in accordance with Service Definition requirements and client eligibility requirements.</p>	<p>The reviewer will complete the eligibility checklist, based on documentation found in the service record, to ensure the individual meets the required criteria for the specified benefit plan as identified on the eligibility checklist.</p> <p><b>[This item is automatically scored based on results from the SAPTBG Individual Eligibility Checklist]</b></p> <p><b>The checklist must be completed to ensure eligibility requirements are met before completing the SAPTBG Individual Specific review tool. If criterion does not apply, mark as NA.</b></p>
2	<p><b>There is evidence of a TB screening included in the service record.</b></p> <p><b>42 CFR §96.127 Requirements regarding tuberculosis. (a)</b> States shall require any entity receiving amounts from the grant for operating a program of treatment for substance abuse to follow procedures developed by the principal agency of a State for substance abuse, in consultation with the State Medical Director for Substance Abuse Services, and in cooperation with the State Department of Health/Tuberculosis Control Officer, which address how the program—<b>(3)</b> Will implement infection control procedures established by the principal agency of a State for substance abuse, in cooperation with the State Department of Health/Tuberculosis Control Officer, which are designed to prevent the transmission of tuberculosis, including the following: <b>(i)</b> Screening of patients; <b>(ii)</b> Identification of those individuals who are at high risk of becoming infected;</p>	<p>Review individual records for documentation to verify a TB screening has been completed and evidence of the results is recorded. The screening should include the person's response to the symptoms commonly associated with tuberculosis:</p> <ul style="list-style-type: none"> <li>- a bad cough that lasts 3 weeks or longer</li> <li>- pain the chest</li> <li>- coughing up blood or sputum</li> <li>- weakness or fatigue</li> <li>- weight loss</li> <li>- no appetite</li> <li>- chills</li> <li>- fever</li> <li>- sweating at night</li> </ul> <p>Source: Centers for Disease Control and Prevention</p>





## SAPTBG RECORD REVIEW

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
3	<p>If there was evidence of TB symptoms, there is documentation of a referral for follow-up services.</p> <p><b>42 CFR §96.121 Definitions.</b> Interim Services or Interim Substance Abuse Services means services that are provided until an individual is admitted to a substance abuse treatment program. The purposes of the services are to reduce the adverse health effects of such abuse, promote the health of the individual, and reduce the risk of transmission of a disease. At a minimum, interim services include counseling and education about tuberculosis (TB), about the risks of needle-sharing, the risks of transmission to sexual partners and infants, and about steps that can be taken to ensure that TB transmission does not occur, as well as referral for TB treatment services if necessary.</p> <p><b>42 CFR §96.127 Requirements regarding tuberculosis. (a)</b> States shall require any entity receiving amounts from the grant for operating a program of treatment for substance abuse to follow procedures developed by the principal agency of a State for substance abuse, in consultation with the State Medical Director for Substance Abuse Services, and in cooperation with the State Department of Health/Tuberculosis Control Officer, which address how the program—<b>(3)</b> Will implement infection control procedures established by the principal agency of a State for substance abuse, in cooperation with the State Department of Health/Tuberculosis Control Officer, which are designed to prevent the transmission of tuberculosis, including the following: <b>(iii)</b> Meeting all State reporting requirements while adhering to Federal and State confidentiality requirements, including 42 CFR part 2; and <b>(4)</b> will conduct case management activities to ensure that individuals receive such services. <b>(b)</b> The principal agency, in cooperation with the State Department of Health/Tuberculosis Control Officer, shall also establish linkages with other health care providers to ensure that tuberculosis services are routinely made available. All individuals identified with active tuberculosis shall be reported to the appropriate State official as required by law.</p>	<p>Review individual records for documented evidence to ensure individuals whose screenings indicated high risk symptoms were referred to the local health departments or other proper authorities for additional screenings/testing and treatment as necessary.</p>



## SAPTBG RECORD REVIEW

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
4	<p>There is evidence that the American Society of Addiction Medicine Criteria (ASAM) was completed during the admissions process.</p> <p><b>SESSION LAW 1999-116 HOUSE BILL 715 (Approved May 28, 1999)</b>  <b>Section 1. G.S. 58-50-61(d).</b>            Program Operations. – In every utilization review program, an insurer or URO shall use documented clinical review criteria that are based on sound clinical evidence and that are periodically evaluated to assure ongoing efficacy. Criteria for determining when a patient needs to be placed in a substance abuse treatment program shall be either (i) the diagnostic criteria contained in the most recent revision of the American Society of Addiction Medicine Patient Placement Criteria (ASAM) for the Treatment of Substance-Related Disorders or (ii) criteria adopted by the insurer or it's URO. The Department, in consultation with the Department of Health and Human Services, may require proof of compliance with this subsection by a plan or URO.</p> <p><b>North Carolina Treatment Outcomes And Program Performance System Implementation Guidelines Version 11.0, Effective July1, 2014.</b> All individuals will be assessed for service eligibility on the basis of the American Society of Addiction Medicine (ASAM) Criteria 3rd Edition incorporated by reference to include subsequent amendments and editions.</p>	<p>Review the individual record for documentation to ensure ASAM criteria were utilized to obtain pertinent information needed to determine the appropriate clinical level of care and the intensity of service needed for the individual.</p>
5	<p>The record contains a signed authorization to release information that is time-limited (no more than 12 months) with clear reference to the specific information to be released.</p> <p><b>10A NCAC 26B .0202 CONSENT FOR RELEASE FORM. (a)</b> When consent for release of information is obtained by an area or state facility, a Consent for Release form shall be utilized. Unless revoked sooner by the client or the client's legally responsible person, a consent for release of information shall be valid for a period not to exceed one year.</p>	<p>The reviewer shall look for documented evidence that the individual's signed permission was given to allow a covered entity to use or disclose the individual's protected information. This authorization is not valid unless it contains all of the required elements and statements. The consent form must be time-limited and must be renewed at least annually.</p> <p><b>This item will automatically populate based on the answers given.</b></p>

# SAPTBG RECORD REVIEW

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
6	<p>There is evidence that a NC TOPPS was completed within the required timeframes.</p> <p>Evidence that a NC-TOPPS was completed within the required timeframes  <b>NORTH CAROLINA - TREATMENT OUTCOMES AND PROGRAM PERFORMANCE SYSTEM (NCTOPPS) SFY 2014-2015 NC-TOPPS IMPLEMENTATION GUIDELINES (V). Effective July 1, 2014.</b> NC-TOPPS Interviews are required for all substance abuse Benefit Plan adults and children ages six years and above who are receiving any qualifying service, including outpatient only services, for any substance use diagnosis.</p>	<p>Review individual records to ensure the following NC-TOPPS guidelines are followed, when applicable. All elements, if required, must be MET or NA before this item will be automatically scored as "MET".</p> <p>The NC-TOPPS is administered as a regular part of developing and updating an individual's service plan. The Initial NC TOPPS should be complete during the first or second treatment visit as part of the development of the treatment plan, with the consumer present. Updates, if required, should be completed based on the initial assessment date and within 15 days before or after the due date as follows: 3 month update (90 days), 6 month update (180 days) and 12 month update (360 days). Six month updates should be completed, thereafter. If the person is discharged prior to the requirement of updates, mark each as NA and document the reason for the NA in the comment section. <b>NOTE: If an update is not completed on time, it is still required to be completed within 30 days before or after the due date. However, if an update is missed and another update is now due, only the current Update Due can be completed in the NC-TOPPS system. (For example, if a 3 month update is missed and a 6 month update is now due, only the 6 month update can be completed.)</b></p> <p><b>This item will automatically populate based on the answers given.</b></p> <p>Consumers receiving Developmental Disability (DD) services and supports and MH and/or SA require an NCTOPPS only when the services are predominantly treating MH or SA needs. All Opioid Treatment Programs (OPTs) are required to have an NCTOPPS completed.</p> <p>For consumers receiving state funded services only or both state and Medicaid funded services, interviews are not required for consumers receiving only one or more of the following services:</p> <ul style="list-style-type: none"> <li>■ Mental health outpatient therapy or medication management (If the consumer has a substance abuse diagnosis and is only receiving outpatient services with service codes 90832 - 90838, 90846, 90847, 90849, 90853, H0004 HQ, H0004 HR, and H0004 HS funded through Medicaid Basic Benefits, NCTOPPS is not required.)</li> <li>■ Psychosocial Rehabilitation (PSRs)</li> <li>■ Crisis services (social setting, detoxification, non-hospital medical detoxification, mobile crisis, facility-based crisis program, local inpatient crisis services, or respite)</li> <li>■ Psychiatric inpatient hospitalization services</li> </ul> <ul style="list-style-type: none"> <li>■ Unmanaged outpatient therapy and/or medication management, including authorized extensions to these services</li> <li>■ Crisis services (social setting, detoxification, non-hospital medical detoxification, mobile crisis, facility-based crisis program, local inpatient crisis services, or respite)</li> <li>■ Psychiatric inpatient hospitalization services</li> <li>■ Developmental disability services and supports</li> <li>■ Group Home - Low</li> </ul>



## SAPTBG RECORD REVIEW

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
7	<p><b>There is evidence that the LME-MCO contracted with the provider for these services.</b></p> <p><b>NCGS § 122C-141. Provision of services.</b> (a) The area authority or county program shall contract with other qualified public or private providers, agencies, institutions, or resources for the provision of services, and, subject to the approval of the Secretary, is authorized to provide services directly..... (b) All area authority or county program services provided directly or under contract shall meet the requirements of applicable State statutes and the rules of the Commission and the Secretary. The Secretary may delay payments and, with written notification of cause, may reduce or deny payment of funds if an area authority or county program fails to meet these requirements</p> <p><b>10A NCAC 27A .0216 Substance Abuse Prevention and Treatment Block Grant.</b> (a) The Division shall administer a grant program for the federal Substance Abuse Prevention and Treatment Block Grant which is made available to the Division under the authority of Public Law 102-321 Subpart II. (c) To be eligible to receive block grant funds, an area program shall provide the following services: (1) outpatient services, including outpatients services for children and adults who have substance disorders or are at risk for substance abuse and residents of its service area; (2) 24 hour-a-day emergency care services; (3) day treatment or other partial hospitalization services; (4) screening for patients being considered for admission to state facilities to determine the appropriateness of such admission; (5) consultation, education and primary prevention services; (6) TB screening and referral in accordance with federal requirements; and (7) substance abuse services for pregnant and parenting women and adolescents. (b) Funds shall expended in accordance with the special conditions set forth in the Memorandum of Agreement between the area program and the Division.</p>	<p>Review the contract between the LME-MCO and the provider agency to ensure the existence of a signed and dated contract between the two entities for the provision of services funded by SAPTBG. The contract is in force (i.e., current) during the period of the audit.</p>
8	<p><b>There is evidence the LME-MCO notified/informed the provider of the block grant requirements for the services provided.</b></p> <p><b>42 CFR §96.123 Assurances.</b> (a) The application must include assurances that: (1) the State will expend the Block Grant in accordance with the percentage to be allocated to treatment, prevention, and other activities as prescribed by law and, also, for the purposes prescribed by law.</p>	<p>The agency must provide documentation to verify the LME/MCO informed the provider of the expectations for service provision as outlined in the contract and of the requirements for providing SAPTBG funded services including the reporting and other compliance requirements. This information may be located within the contract, a letter from the LME/MCO or from other sources of documentation.</p>



## SAPTBG WOMEN'S SET-ASIDE FUNDING PROGRAM MONITORING

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
1	<p><b>There is a written program description for pregnant women and women with dependent children that includes treating the family as a unit.</b></p> <p><b>42 CFR §96.124(e) Certain allocations.</b> With respect to paragraph (c) of this section, the amount set aside for such services shall be expended on individuals who have no other financial means of obtaining such services as provided in §96.137. All programs providing such services will treat the family as a unit and therefore will admit both women and their children into treatment services, if appropriate.</p>	<p>The agency must provide evidence of a written method to ensure women and their children will be treated as a family unit and both will be admitted for treatment services as needed. Family-Centered services include prevention, intervention, treatment and recovery community support services.</p>
2	<p><b>There is a written program description for pregnant women and women with dependent children that makes provision for primary medical care and primary pediatric care services.</b></p> <p><b>42 CFR §96.124(e)(1)(2) Certain allocations.</b> The State shall ensure that, at a minimum, treatment programs receiving funding for such services also provide or arrange for the provision of primary medical care for women, including referral for prenatal care, and primary pediatric care, including immunization, for their children.</p>	<p>The agency must provide a written plan that addresses necessary medical and health care provision for pregnant women and their dependent children. These services may include monitoring medical conditions, screenings, preventive medical and dental care, pregnancy care and planning needs, nutritional needs, medical examinations and referrals for services as needed.</p>
3	<p><b>There is a written program description for pregnant women and women with dependent children that provides gender specific substance use disorder treatment.</b></p> <p><b>42 CFR §96.124(e)(3). Certain allocations.</b> The State shall ensure that, at a minimum, treatment programs receiving funding for such services also provide or arrange for the provision of gender specific substance abuse treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse and parenting, and child care while the women are receiving these services.</p>	<p>The agency must provide a written method to ensure the provision or arrangement for specific treatment programs for women that address substance use and other issues that are observed and discussed during the assessment and/or while in treatment.</p>
4	<p><b>There is a written program description for pregnant women and women with dependent children that provides or makes provision for therapeutic interventions for children in custody of women in treatment.</b></p> <p><b>42 CFR §96.124(e)(4) Certain allocations.</b> The State shall ensure that, at a minimum, treatment programs receiving funding for such services also provide or arrange for the provision of therapeutic interventions for children in custody of women in treatment which may, among other things, address their developmental needs, their issues of sexual and physical abuse, and neglect.</p>	<p>The agency must provide a written method that makes provisions for children's psychological needs, developmental needs and any other issues that are observed and discussed during the assessment. The agency's written program should address efforts made with other programs to aid in providing comprehensive services that will meet the needs of the child(ren).</p>
5	<p><b>There is a written program description for pregnant women and women with dependent children that provides case management and transportation to access services.</b></p> <p><b>42 CFR §96.124(e)(5) Certain allocations.</b> The State shall ensure that, at a minimum, treatment programs receiving funding for such services also provide or arrange for the provision of sufficient case management and transportation to ensure that women and their children have access to services provided.</p>	<p>The agency must provide a written method to ensure adequate case management and transportation services are available and provided for pregnant women and women with children as needed. The program description should include strategies for coordinating services and arranging transportation, including travel costs and special travel arrangements, if needed, in order to access services.</p>



## SAPTBG WOMEN'S SET-ASIDE FUNDING PROGRAM MONITORING

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
6	<p><b>There is evidence of an active outreach program directed towards pregnant women and women with dependent children who are involved in substance use.</b></p> <p><b>42 CFR §96.131 Treatment services for pregnant women (b)</b> The State will, in carrying out this provision publicize the availability to such women of services from the facilities and the fact that pregnant women receive such preference. This may be done by means of street outreach programs, ongoing public service announcements (radio/television), regular advertisements in local/regional print media, posters placed in targeted areas, and frequent notification of availability of such treatment distributed to the network of community based organizations, health care providers, and social service agencies.</p>	<p>Review documentation of the activities and methods the provider utilized to promote the awareness of the services the agency provides for pregnant women. Outreach activities should provide linkage to support services for women and their children which are essential for successful treatment.</p>
7	<p><b>There is evidence of priority admission provided to pregnant women who have a substance use diagnosis.</b></p> <p><b>42 CFR §96.123(6) Assurances.</b> Pregnant women are provided preference in admission to treatment centers as provided by §96.131, and are provided interim services as necessary and as required by law.</p> <p><b>42 CFR §96.131(a) Treatment services for pregnant women.</b> The State is required to, in accordance with this section, ensure that each pregnant woman in the State who seeks or is referred for and would benefit from such services is given preference in admissions to treatment facilities receiving funds pursuant to the grant. In carrying out this section, the State shall require all entities that serve women and who receive such funds to provide preference to pregnant women. Programs which serve an injecting drug abuse population and who receive Block Grant funds shall give preference to treatment as follows: <b>(1)</b> Pregnant injecting drug users; <b>(2)</b> Pregnant substance abusers; <b>(3)</b> Injecting drug users; and <b>(4)</b> all others. <b>(b)</b> Treatment services for pregnant women. The State will, in carrying out this provision publicize the availability to such women of services from the facilities and the fact that pregnant women receive such preference</p>	<p>The provider must provide documentation the provider has a method in place to ensure pregnant women with a substance use diagnosis are given admission preference.</p>



# SAPTBG WOMEN'S SET-ASIDE FUNDING PROGRAM MONITORING

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
8	<p>The agency has implemented strategies to promote a drug-free workplace, according to their policy.</p> <p><b>(DRUG-FREE WORKPLACE ACT OF 1988, THE FEDERAL LAW, was enacted November 1988, with subsequent modification in 1994 by the Federal Acquisition Streamlining Act.)</b></p> <p><b>41 U.S.C. §8103. Drug-free workplace requirements for Federal grant recipients (a) In General.— (1) Persons other than individuals.—</b>A person other than an individual shall not receive a grant from a Federal agency unless the person agrees to provide a drug-free workplace by— <b>(A)</b> publishing a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violations of the prohibition; <b>(B)</b> establishing a drug-free awareness program to inform employees about— <b>(i)</b> the dangers of drug abuse in the workplace; <b>(ii)</b> the grantee's policy of maintaining a drug-free workplace; <b>(iii)</b> available drug counseling, rehabilitation, and employee assistance programs; and (iv) the penalties that may be imposed on employees for drug abuse violations;<b>(C)</b> making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by subparagraph (A); <b>(D)</b> notifying the employee in the statement required by subparagraph (A) that as a condition of employment in the grant the employee will— <b>(i)</b> abide by the terms of the statement; and <b>(ii)</b> notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than 5 days after the conviction; <b>(E)</b> notifying the granting agency within 10 days after receiving notice under subparagraph (D)(ii) from an employee or otherwise receiving actual notice of a conviction; <b>(F)</b> imposing a sanction on, or requiring the satisfactory participation in a drug abuse assistance or rehabilitation program by, any employee who is convicted, as required by section 8104 of this title; and <b>(G)</b> making a good faith effort to continue to maintain a drug-free workplace through implementation of subparagraphs (A) to (F).</p>	<p>Review the agency's policy which promotes a drug-free workplace. The agency must abide by the terms of the policy and show evidence of having established and promotes a drug-free awareness program..</p>
9	<p>There is evidence that the LME-MCO contracted with the provider for these services.</p> <p><b>10a NCAC 27a .0214. Treatment Alternatives for Women (a)</b> The Division shall administer a program to provide comprehensive services to substance abusing pregnant women or substance abusing women with dependent children. <b>(b)</b> Funds shall be used for the provision of services in accordance with the special conditions in the Memorandum of Agreement or Summary of Significant Federal Requirements. <b>(c)</b> Funds shall be awarded, paid and settled in accordance with the Annual Memorandum of Agreement.</p>	<p>Review the contract between the LME-MCO and the provider agency to ensure the existence of an agreement between the two entities for the provision of WSAF services.</p>



## SAPTBG WOMEN'S SET-ASIDE FUNDING PROGRAM MONITORING

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
10	<p>The LME-MCO has notified/informed the contract provider of the Block Grant requirements for the services provided.</p> <p><b>45 CFR §96.123 Assurances. (a)</b> The application must include assurances that: <b>(1)</b> the State will expend the Block Grant in accordance with the percentage to be allocated to treatment, prevention, and other activities as prescribed by law and, also, for the purposes prescribed by law.</p>	<p>The agency must provide documentation to verify the LME/MCO informed the provider of the expectations for service provision as outlined in the contract and of the requirements for providing SAPTBG funded services including the reporting and other compliance requirements. This information may be located within the contract, a letter from the LME/MCO or from other sources of documentation.</p>





## SAPTBG WOMEN'S SET-ASIDE FUNDING RECORD REVIEW

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
1	<p><b>There is evidence that this individual meets the requirements of the designated benefit plan (ASWOM).</b> <i>[This item is automatically scored based on results from the WSAF Individual (ASWOM) Eligibility Checklist]</i></p> <p><b>NC DMHDDSAS Benefit Plan Eligibility Criteria. 6.</b> The LME-MCO authorization and claims adjudication process must ensure that consumers who receive State/Federal funded services meet the eligibility criteria of the Service Definition, or the Benefit Plan, whichever is strictest. The LME-MCO must maintain documentation to support this determination, and make it available to the Division or its agents upon request. LME-MCOs are responsible for ensuring Providers are eligible to provide services reimbursed with State/Federal Block Grant funds. LME-MCOs are further responsible for ensuring services are delivered in accordance with Service Definition requirements and client eligibility requirements.</p>	<p>The reviewer will complete the eligibility checklist, based on documentation found in the individual's service records to ensure the individual meets the criteria for the ASWOM benefit plan, as identified on the eligibility checklist.</p> <p><b>This item will automatically populate based on the answers given.</b></p>
2	<p><b>There is evidence that this woman's primary medical care needs were addressed.</b></p> <p><b>42 CFR §96.124(e)(1) Certain allocations.</b> The State shall ensure that, at a minimum, treatment programs receiving funding for such services also provide or arrange for the provision of primary medical care for women, including referral for prenatal care.</p>	<p>Review individual records for documentation to ensure necessary medical and health care needs were assessed and assistance was provided to locate and secure appropriate medical treatment, preventive medical care, pregnancy care and planning needs and nutritional needs as needed.</p>
3	<p><b>There is evidence that this woman's child (ren)'s primary pediatric care needs were addressed.</b></p> <p><b>42 CFR §96.124(e)(2) Certain allocations.</b> The State shall ensure that, at a minimum, treatment programs receiving funding for such services also provide or arrange for the provision of primary pediatric care, including immunization, for the children.</p>	<p>Review individual records for documentation to ensure the child(ren)'s pediatric needs were discussed and provided as needed. If the woman do not have custody of her children or is pregnant or has no children, this question is marked NA. Document the reason for NA in the comment section.</p>
4	<p><b>There is evidence that this woman received gender specific treatment.</b></p> <p><b>42 CFR §96.124(e)(3).</b> Certain allocations. The State shall ensure that, at a minimum, treatment programs receiving funding for such services also provide or arrange for the provision gender specific substance abuse treatment.</p>	<p>Review individual records for documentation to ensure that the services provided or arranged were gender specific for the individual.</p>
5	<p><b>There is evidence that this woman's child (ren)'s therapeutic needs were addressed.</b></p> <p><b>42 CFR §96.124(e)(3) Certain allocations.</b> The State shall ensure that, at a minimum, treatment programs receiving funding for such services also provide or arrange for the provision of therapeutic interventions for children in custody of women in treatment.</p>	<p>Review individual records for documentation to ensure the child(ren)'s psychological, developmental, emotional, physical or sexual abuse, neglect issue, social emotional delays and any other issues that are observed and discussed during the assessment were addressed and if needed, services are accessible. If the woman does not have custody of her child(ren or is pregnant or has no children, this question is marked NA. Document the reason for NA in the comment section.</p>



## SAPTBG WOMEN'S SET-ASIDE FUNDING RECORD REVIEW

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
6	<p><b>There is evidence that this woman's need for case management services was assessed and delivered, if needed.</b></p> <p><b>42 CFR §96.124(e)(5) Certain allocations.</b> The State shall ensure that, at a minimum, treatment programs receiving funding for such services also provide or arrange for the provision of sufficient case management.</p>	<p>Review individual records for documentation to ensure case management needs were addressed and provided, if needed. If provided, activities that include assessing, arranging, counseling, monitoring, developing and coordinating should be documented in the individual's record.</p>
7	<p><b>There is evidence that this woman's ability to get to and from substance use services (transportation needs) was assessed and a plan to address the need, if applicable.</b></p> <p><b>42 CFR §96.124(e)(5) Certain allocations.</b> The State shall ensure that, at a minimum, treatment programs receiving funding for such services also provide or arrange for the provision of sufficient transportation to ensure that women and their children have access to services.</p>	<p>Review individual records for documentation to ensure the need for transportation services was assessed and provided or arranged, including travel costs and special travel arrangements, if needed, in order to access services.</p>
8	<p><b>There is evidence this woman's need for child care services (in order to participate in substance use services) was assessed.</b></p> <p><b>42 CFR §96.124(e)(3) Certain allocations.</b> The State shall ensure that, at a minimum, treatment programs receiving funding for such services also provide or arrange for the provision of child care while the women are receiving these services.</p>	<p>Review individual records for documentation to ensure the individual's child care needs were addressed, coordinated and/or arranged, as needed.</p> <p><b>If the woman does not have custody of her children or is pregnant or has no children, this question is marked NA. Document the reason for NA in the comment section.</b></p>
9	<p><b>There is evidence that the American Society of Addiction Medicine Patient Criteria (ASAM) was completed during the admissions process.</b></p> <p><b>SESSION LAW 1999-116 HOUSE BILL 715 (Approved May 28, 1999)</b>  <b>Section 1. G.S. 58-50-61(d). Program Operations.</b> – In every utilization review program, an insurer or URO shall use documented clinical review criteria that are based on sound clinical evidence and that are periodically evaluated to assure ongoing efficacy. Criteria for determining when a patient needs to be placed in a substance abuse treatment program shall be either (i) the diagnostic criteria contained in the most recent revision of the American Society of Addiction Medicine Patient Placement Criteria (ASAM) for the Treatment of Substance-Related Disorders or (ii) criteria adopted by the insurer or it's URO. The Department, in consultation with the Department of Health and Human Services, may require proof of compliance with this subsection by a plan or URO.</p>	<p>Review the individual record for documentation to ensure ASAM criteria were utilized to obtain pertinent information needed to determine the appropriate clinical level of care and the intensity of service needed for the individual.</p>



## SAPTBG WOMEN'S SET-ASIDE FUNDING RECORD REVIEW

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
10	<p><b>If this woman was pregnant when assessed for services, there is evidence of timely admission or referral to appropriate services.</b></p> <p><b>42 CFR §96.123 Assurances. (a) The application must include assurances that (6)</b> Pregnant women are provided preference in admission to treatment centers as provided by §96.131, and are provided interim services as necessary and as required by law;</p> <p><b>42 CFR §96.131(a) Treatment services for pregnant women.</b> The State is required to ensure that each pregnant woman in the State who seeks or is referred for and would benefit from such services is given preference in admissions to treatment facilities receiving funds pursuant to the grant.</p> <p><b>(d)</b> The State, in the case of each pregnant woman for whom a referral under paragraph (a) of this section is made to the State—<b>(1)</b> will refer the woman to a treatment facility that has the capacity to provide treatment services to the woman; or <b>(2)</b> will, if no treatment facility has the capacity to admit the woman, make available interim services, including a referral for prenatal care, available to the woman not later than 48 hours after the woman seeks the treatment services.</p>	<p>The reviewer will look for documentation to ensure the individual's need for services was assessed to determine if an expedited need for services existed and if needed, was provided in a timely manner.</p> <p><b>If this woman was not pregnant mark the question NA and comment.</b></p>
11	<p><b>If services required for the pregnant woman were not available within 48 hours, there is evidence interim services were offered or provided.</b></p> <p><b>42 CFR §96.131(a) Treatment services for pregnant women.</b> The State is required to ensure that each pregnant woman in the State who seeks or is referred for and would benefit from such services is given preference in admissions to treatment facilities receiving funds pursuant to the grant.</p> <p><b>(d)</b> The State, in the case of each pregnant woman for whom a referral under paragraph (a) of this section is made to the State—<b>(1)</b> will refer the woman to a treatment facility that has the capacity to provide treatment services to the woman; or <b>(2)</b> will, if no treatment facility has the capacity to admit the woman, make available interim services, including a referral for prenatal care, available to the woman not later than 48 hours after the woman seeks the treatment services</p>	<p>The reviewer will look for documentation to ensure the individual's need for services was assessed to determine if an expedited need for services existed and if needed, was provided in a timely manner.</p> <p><b>If this woman was not pregnant mark the question NA and comment.</b></p>



# SAPTBG WOMEN'S SET-ASIDE FUNDING RECORD REVIEW

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
12	<p><b>There is evidence that a NC TOPPS was completed within the required timeframes:</b></p> <p><b>Evidence that a NC-TOPPS was completed within the required timeframes</b>  <b>NORTH CAROLINA - TREATMENT OUTCOMES AND PROGRAM PERFORMANCE SYSTEM (NCTOPPS) SFY 2014-2015 NC-TOPPS IMPLEMENTATION GUIDELINES (V), effective July 1, 2014.</b> NC-TOPPS Interviews are required for all substance abuse Benefit Plan adults and children ages six years and above who are receiving any qualifying service, including outpatient only services, for any substance use diagnosis.</p>	<p>Review individual records to ensure the following NC-TOPPS guidelines are met, if applicable. <b>All elements, if required, must be Met or NA before this item will be automatically scored as "MET". This item will automatically populate based on the answers given.</b></p> <p>The NC-TOPPS is administered as a regular part of developing and updating an individual's service plan. The Initial NC TOPPS should be complete during the first or second visit while developing the treatment plan, with the consumer present. Updates, if required, should be completed based on the initial assessment date and within 15 days before or after the due date as follows: 3 month update (90 days), 6 month update (180 days) and 12 month update (360 days). Six month updates should be completed, thereafter. If the person is discharged prior to the requirement of updates, mark each as NA and document the reason for the NA in the comment section.</p> <p>NOTE: If an update is not completed on time, it is still required to be completed within 30 days before or after the due date. However, if an update is missed and another update is now due, only the current Update Due can be completed in the NC-TOPPS system. (For example, if a 3 month update is missed and a 6 month update is now due, only the 6 month update can be completed.)</p> <p>Consumers receiving Developmental Disability (DD) services and supports and MH and/or SA require an NCTOPPS only when the services are predominantly treating MH or SA needs. All Opioid Treatment Programs (OPTs) are required to have an NCTOPPS completed.</p> <p>For consumers receiving state funded services only or both state and Medicaid funded services, interviews are not required for consumers receiving only one or more of the following services:</p> <ul style="list-style-type: none"> <li>■ Mental health outpatient therapy or medication management (If the consumer has a substance abuse diagnosis and is only receiving outpatient services with service codes 90832 - 90838, 90846, 90847, 90849, 90853, H0004 HQ, H0004 HR, and H0004 HS funded through Medicaid Basic Benefits, NCTOPPS is not required.)</li> <li>■ Psychosocial Rehabilitation (PSRs)</li> <li>■ Crisis services (social setting, detoxification, non-hospital medical detoxification, mobile crisis, facility-based crisis program, local inpatient crisis services, or respite)</li> <li>■ Psychiatric inpatient hospitalization services</li> <li>■ Developmental disability services and supports</li> </ul> <p>For consumers receiving only Medicaid funded services, interviews are not required for consumers receiving only one or more of the following services:</p> <ul style="list-style-type: none"> <li>■ Unmanaged outpatient therapy and/or medication management, including authorized extensions to these services</li> <li>■ Crisis services (social setting, detoxification, non-hospital medical detoxification, mobile crisis, facility-based crisis program, local inpatient crisis services, or respite)</li> <li>■ Psychiatric inpatient hospitalization services</li> <li>■ Developmental disability services and supports</li> <li>■ Group Home - Low</li> </ul>



# SAPTBG CASAWORKs FOR FAMILIES™ RESIDENTIAL INITIATIVE PROGRAM MONITORING

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
1	<p>There is a signed copy of the Memorandum of Agreement between the NC CASAWORKS for Families Residential Program and the county department of social services in which the program is located.</p> <p><b>NCGS § 122C-141. Provision of services.</b> (a) The area authority or county program shall contract with other qualified public or private providers, agencies, institutions, or resources for the provision of services, and, subject to the approval of the Secretary, is authorized to provide services directly. (b) All area authority or county program services provided directly or under contract shall meet the requirements of applicable State statutes and the rules of the Commission and the Secretary. The Secretary may delay payments and, with written notification of cause, may reduce or deny payment of funds if an area authority or county program fails to meet these requirements</p>	<p>Review the Memorandum of Agreement between the NC CASAWORKS residential provider and the county DSS to ensure the existence of an agreement between the two entities. The MOA should address services for substance affected women issues such as, but not limited to: screening and assessment for employment, treatment and mental health, individual plan for recovery, case management to monitor progress in recovery and other issues, support for childcare, housing, transportation needs, women and child(ren) medical, dental and mental health treatment and family skills development.</p>
2	<p>There is a current list of the NC CASAWORKS for Families Residential Program Project Advisory Group members.</p> <p><b>CASAWORKS for Families: A Promising Approach to Welfare Reform and Substance-Abusing Women.</b> A CASA White Paper, May 2001 Source: The National Center on Addiction and Substance Abuse at Columbia University</p>	<p>The agency must provide a current list of the advisory group members for the Families Residential Program Project.</p>
3	<p>There is evidence of the Advisory Group meeting at least once in the current fiscal year.</p> <p><b>CASAWORKS for Families: A Promising Approach to Welfare Reform and Substance-Abusing Women.</b> A CASA White Paper, May 2001 Source: The National Center on Addiction and Substance Abuse at Columbia University</p>	<p>The agency must provide documentation of advisory group meetings. This evidence can be, but not limited to, meeting minutes, notes, meeting agenda, sign in/out sheets, email, etc.</p>
4	<p>There is evidence that the Substance Abuse Treatment elements of the CASAWORKS for Families Model have been implemented, contracted for and/or a current Memorandum of Agreement is in place.</p> <p><b>CASAWORKS for Families: A Promising Approach to Welfare Reform and Substance-Abusing Women.</b> A CASA White Paper, May 2001 Source: The National Center on Addiction and Substance Abuse at Columbia University</p>	<p>The agency must provide evidence that the substance use treatment elements have been implemented. Elements may include, but not limited to, a plan for the individual's recovery and employment; counseling sessions focusing on recovery and employability which includes life skills development, supports to reduce substance use, such as, women's health services which address nutrition, family planning, HIV, dental and eye care and fitness and spirituality.</p>



# SAPTBG CASAWORKs FOR FAMILIES™ RESIDENTIAL INITIATIVE PROGRAM MONITORING

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
5	<p>There is evidence that the Job Readiness Training elements of the CASAWORKS for Families Model have been implemented, contracted for and/or a current Memorandum of Agreement is in place.</p> <p><b>CASAWORKS for Families: A Promising Approach to Welfare Reform and Substance-Abusing Women. A CASA White Paper, May 2001</b></p> <p>Source: The National Center on Addiction and Substance Abuse at Columbia University</p>	<p>The agency should provide documentation to ensure the elements for job readiness training have been implemented. Job readiness elements focuses on screening and assessment for employment; job seeking, job retention and job promotion activities such as, but not limited to, orientation to work, on-the-job experiences, job clubs, a work portfolio and job development and accessing the need for literacy and vocational services.</p>
6	<p>There is evidence that the Case Management elements of the CASAWORKS for Families Model have been implemented, contracted for and/or a current Memorandum of Agreement is in place.</p> <p><b>CASAWORKS for Families: A Promising Approach to Welfare Reform and Substance-Abusing Women. A CASA White Paper, May 2001</b></p> <p>Source: The National Center on Addiction and Substance Abuse at Columbia University</p>	<p>The agency should provide evidence that the elements for case management have been implemented. Case management will involve screening and assessing the individual for employment, the need for literacy and vocational services and monitoring progress in recovery and employment. . The case manager, along with the individual, develops a plan for recovery, employment and economic self-sufficiency.</p>
7	<p>There is evidence that the Parenting Skills elements of the CASAWORKS for Families Model have been implemented, contracted for and/or a current Memorandum of Agreement is in place.</p> <p><b>CASAWORKS for Families: A Promising Approach to Welfare Reform and Substance-Abusing Women. A CASA White Paper, May 2001</b></p> <p>Source: The National Center on Addiction and Substance Abuse at Columbia University</p>	<p>The agency should provide evidence that parenting skill elements have been implemented. Elements of parenting skills include, but not limited to, development of family skills including parenting, child welfare, family preservation, respite care, child psychology and child advocacy.</p>
8	<p>There is evidence that the Child Mental Health Interventions elements of the CASAWORKS for Families Model have been implemented, contracted for and/or a current Memorandum of Agreement is in place.</p> <p><b>CASAWORKS for Families: A Promising Approach to Welfare Reform and Substance-Abusing Women. A CASA White Paper, May 2001</b></p> <p>Source: The National Center on Addiction and Substance Abuse at Columbia University</p>	<p>The agency should provide evidence to ensure the elements for child mental health have been implemented. Elements of child mental health interventions may include, but not limited to, are screening and assessment of mental health needs psychologically, socially and emotionally, parenting, child welfare and child advocacy.</p>
9	<p>There is evidence that the Transportation elements of the CASAWORKS for Families Model have been implemented, contracted for and/or a current Memorandum of Agreement is in place.</p> <p><b>CASAWORKS for Families: A Promising Approach to Welfare Reform and Substance-Abusing Women. A CASA White Paper, May 2001</b></p> <p>Source: The National Center on Addiction and Substance Abuse at Columbia University</p>	<p>The agency should provide evidence to ensure the elements for transportation have been implemented. Transportation element include assessing the need for transportation services, including travel costs and special travel arrangements, if needed, in order to help access services needed for economic self-sufficiency.</p>



# SAPTBG CASAWORKs FOR FAMILIES™ RESIDENTIAL INITIATIVE PROGRAM MONITORING

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
10	<p>There is evidence that the Child Care elements of the CASAWORKS for Families Model have been implemented, contracted for and/or a current Memorandum of Agreement is in place.</p> <p><b>CASAWORKS for Families: A Promising Approach to Welfare Reform and Substance-Abusing Women. A CASA White Paper, May 2001</b></p> <p>Source: The National Center on Addiction and Substance Abuse at Columbia University</p>	<p>The agency should provide documentation to ensure the elements for child care have been implemented or are in place for implementation.</p>
11	<p>There is evidence that the LME-MCO contracted with this provider(s) to provide these services.</p> <p><b>NCGS § 122C-141. Provision of services. (a)</b> The area authority or county program shall contract with other qualified public or private providers, agencies, institutions, or resources for the provision of services, and, subject to the approval of the Secretary, is authorized to provide services directly..... <b>(b)</b> All area authority or county program services provided directly or under contract shall meet the requirements of applicable State statutes and the rules of the Commission and the Secretary. The Secretary may delay payments and, with written notification of cause, may reduce or deny payment of funds if an area authority or county program fails to meet these requirements.</p> <p><b>10A NCAC 27A .0216 Substance Abuse Prevention and Treatment Block Grant. (a)</b> The Division shall administer a grant program for the federal Substance Abuse Prevention and Treatment Block Grant which is made available to the Division under the authority of Public Law 102-321 Subpart II. <b>(b)</b> To be eligible to receive block grant funds, an area program shall provide the following services: (1) outpatient services, including outpatients services for children and adults who have substance disorders or are at risk for substance abuse and residents of its service area; (2) 24 hour-a-day emergency care services; (3) day treatment or other partial hospitalization services; (4) screening for patients being considered for admission to state facilities to determine the appropriateness of such admission; (5) consultation, education and primary prevention services; (6) TB screening and referral in accordance with federal requirements; and (7) substance abuse services for pregnant and parenting women and adolescents. <b>(c)</b> Funds shall be expended in accordance with the special conditions set forth in the Memorandum of Agreement between the area program and the Division.</p>	<p>Review the contract between the LME-MCO and the provider agency to ensure the existence of a signed and dated agreement between the two entities for the provision of CASAWORKS services.</p>
12	<p>The LME-MCO has notified/informed the contract provider of the Block Grant requirements for the services provided.</p> <p><b>42 CFR §96.123 Assurances. (a)</b> The application must include assurances that: <b>(1)</b> the State will expend the Block Grant in accordance with the percentage to be allocated to treatment, prevention, and other activities as prescribed by law and, also, for the purposes prescribed by law.</p>	<p>The agency must provide documentation to verify the LME/MCO informed the provider of the expectations for service provision as outlined in the contract and of the requirements for providing SAPTBG funded services including the reporting and other compliance requirements. This information may be located within the contract, a letter from the LME/MCO or from other sources of documentation.</p>





## SAPTBG CASAWORKs FOR FAMILIES™ RESIDENTIAL INITIATIVE RECORD REVIEW

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
1	<p><b>There is evidence that the woman is at least 18 years of age.</b></p> <p><b>CASAWORKS for Families: A Promising Approach to Welfare Reform and Substance-Abusing Women.</b> A CASA White Paper, May 2001 Source: The National Center on Addiction and Substance Abuse at Columbia University</p>	Review the documentation in the record to determine the woman's age.
2	<p><b>There is evidence that all children in the residence are 11 years of age or under.</b></p> <p><b>CASAWORKS for Families: A Promising Approach to Welfare Reform and Substance-Abusing Women.</b> A CASA White Paper, May 2001 Source: The National Center on Addiction and Substance Abuse at Columbia University</p>	Review the documentation in the record to determine the child(ren)'s age.
3	<p><b>There is evidence that the woman has a principal or primary DSM IV-TR (or its successors) diagnosis of substance use disorder.</b></p> <p><b>CASAWORKS for Families: A Promising Approach to Welfare Reform and Substance-Abusing Women.</b> A CASA White Paper, May 2001 Source: The National Center on Addiction and Substance Abuse at Columbia University</p>	Review the individual record for documentation to ensure the comprehensive assessment indicated a diagnosis of substance use or dependency disorder for the individual.
4	<p><b>There is evidence that the individual had an ASAM level of 3.1 or 3.5.</b></p> <p><b>SESSION LAW 1999-116 HOUSE BILL 715 (Approved May 28, 1999)</b> <b>Section 1. G.S. 58-50-61(d). Program Operations.</b> – In every utilization review program, an insurer or URO shall use documented clinical review criteria that are based on sound clinical evidence and that are periodically evaluated to assure ongoing efficacy. Criteria for determining when a patient needs to be placed in a substance abuse treatment program shall be either (i) the diagnostic criteria contained in the most recent revision of the American Society of Addiction Medicine Patient Placement Criteria (ASAM) for the Treatment of Substance-Related Disorders or (ii) criteria adopted by the insurer or it's URO. The Department, in consultation with the Department of Health and Human Services, may require proof of compliance with this subsection by a plan or URO.</p>	Review the record for documentation to ensure the ASAM criteria were utilized in order to make a determination of the appropriate level of substance use care needed.
5	<p><b>There is evidence that a Person Centered Plan (PCP) was initiated upon admission to the program.</b></p> <p><b>APSM 45-2 Records Management and Documentation Manuals, Chapter 4.</b> A PCP is required for all Community Intervention Services and those same services when they are State-funded, except for assessments and crisis services, e.g., the Diagnostic Assessment, Mobile Crisis Management, and detoxification services. A PCP is also required for all other services, including State-defined services, when they are provided in conjunction with a MH/DD/SA Community Intervention Service. A PCP is required on or before the day the service is delivered.</p>	Review the PCP to ensure verification of the individual and/or family member's signed and dated signatures within the PCP, prior to or on the day the of admission. An Economic Self-Sufficiency Plan (ESSP) may be used in addition with the PCP; but, there must be a PCP in place.





# SAPTBG CASAWORKs FOR FAMILIES™ RESIDENTIAL INITIATIVE RECORD REVIEW

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
6	<p>There is evidence that the Economic Self-Sufficiency Plan (ESSP) (or PCP, if ESSP is not used) is reviewed on at least a monthly basis.</p> <p><b>CASAWORKS for Families: A Promising Approach to Welfare Reform and Substance-Abusing Women.</b> A CASA White Paper, May 2001 Source: The National Center on Addiction and Substance Abuse at Columbia University</p>	<p>Review the service record to determine if there is evidence the ESSP, if used, and the PCP were reviewed monthly.</p>
7	<p>There is evidence of a signed authorization to release information between the county department of social services and the NC CASAWORKS for Families Residential Program, to communicate the person's treatment services.</p> <p><b>42 CFR §96.132 Additional agreements. (e)</b> The State is also required to have in effect a system to protect from inappropriate disclosure patient records maintained by the State in connection with an activity funded under the program involved or by any entity which is receiving amounts from the grant and such system shall be in compliance with all applicable State and Federal laws and regulations, including 42 CFR part 2. This system shall include provisions for employee education on the confidentiality requirements and the fact that disciplinary action may occur upon inappropriate disclosures. This requirement cannot be waived.</p>	<p>The reviewer will look for evidence that the individual has signed a release of information to allow the exchange of information between the county department of social services and the CASAWORKS program.</p>
8	<p>The authorization to release information meets all the requirements for a valid release.</p> <p><b>10A NCAC 26B .0202 CONSENT FOR RELEASE FORM. (a)</b> When consent for release of information is obtained by an area or state facility covered by the rules in this Subchapter, a Consent for Release form containing the information set out in this Paragraph shall be utilized. The consent form shall contain the following information: <b>(1)</b> client's name; <b>(2)</b> name of facility releasing the information; <b>(3)</b> name of individual or individuals, agency or agencies to whom information is being released; <b>(4)</b> information to be released; <b>(5)</b> purpose for the release; <b>(6)</b> length of time consent is valid; <b>(7)</b> revocation statement; <b>(8)</b> signature of the client or the client's legally responsible person; <b>(9)</b> date consent is signed; and <b>(10)</b> Re-disclosure statement</p>	<p>The reviewer shall look for documented evidence that an individual's signed permission was given to allow a covered entity to use or disclose protected information. This authorization is not valid unless it contains all of the required elements and statements.</p> <p><b>This item will automatically populate based on the answers given.</b></p>



# SAPTBG CASAWORKs FOR FAMILIES™ RESIDENTIAL INITIATIVE RECORD REVIEW

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
9	<p><b>There is evidence that a NC TOPPS was completed within the required timeframes.</b></p> <p><b>NORTH CAROLINA - TREATMENT OUTCOMES AND PROGRAM PERFORMANCE SYSTEM (NCTOPPS) SFY 2014-2015 NC-TOPPS IMPLEMENTATION GUIDELINES (V), effective July 1, 2014.</b> NC-TOPPS Interviews are required for all substance abuse Benefit Plan adults and children ages six years and above who are receiving any qualifying service, including outpatient only services, for any substance use diagnosis.</p>	<p>Review individual records to ensure the following NC-TOPPS guidelines are followed, when applicable. All elements, if required, must be MET or NA before this item will be automatically scored as "MET".</p> <p><b>This item will automatically populate based on the answers given.</b></p> <p>The NC-TOPPS is administered as a regular part of developing and updating an individual's service plan. The Initial NC TOPPS should be complete during the first or second treatment visit as part of the development of the treatment plan, with the consumer present. Updates, if required, should be completed based on the initial assessment date and within 15 days before or after the due date as follows: 3 month update (90 days), 6 month update (180 days) and 12 month update (360 days). Six month updates should be completed, thereafter.</p> <p>If the person is discharged prior to the requirement of updates, mark each as NA and document the reason for the NA in the comment section.</p> <p>NOTE: If an update is not completed on time, it is still required to be completed within 30 days before or after the due date. However, if an update is missed and another update is now due, only the current Update Due can be completed in the NC-TOPPS system. (For example, if a 3 month update is missed and a 6 month update is now due, only the 6 month update can be completed.)</p> <p>Consumers receiving Developmental Disability (DD) services and supports and MH and/or SA require an NCTOPPS only when the services are predominantly treating MH or SA needs. All Opioid Treatment Programs (OPTs) are required to have an NCTOPPS completed.</p> <p>For consumers receiving state funded services only or both state and Medicaid funded services, interviews are not required for consumers receiving only one or more of the following services:</p> <ul style="list-style-type: none"> <li>■ Mental health outpatient therapy or medication management (If the consumer has a substance abuse diagnosis and is only receiving outpatient services with service codes 90832 - 90838, 90846, 90847, 90849, 90853, H0004 HQ, H0004 HR, and H0004 HS funded through Medicaid Basic Benefits, NCTOPPS is not required.)</li> <li>■ Psychosocial Rehabilitation (PSRs)</li> <li>■ Crisis services (social setting, detoxification, non-hospital medical detoxification, mobile crisis, facility-based crisis program, local inpatient crisis services, or respite)</li> <li>■ Psychiatric inpatient hospitalization services</li> <li>■ Developmental disability services and supports</li> </ul> <p>For consumers receiving only Medicaid funded services, interviews are not required for consumers receiving only one or more of the following services:</p> <ul style="list-style-type: none"> <li>■ Unmanaged outpatient therapy and/or medication management, including authorized extensions to these services</li> <li>■ Crisis services (social setting, detoxification, non-hospital medical detoxification, mobile crisis, facility-based crisis program, local inpatient crisis services, or respite)</li> <li>■ Psychiatric inpatient hospitalization services</li> <li>■ Developmental disability services and supports</li> <li>■ Group Home - Low</li> </ul>



# SAPTBG WORK FIRST/CHILD PROTECTIVE SERVICES SUBSTANCE USE INITIATIVE PROGRAM MONITORING

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
1	<p>There is a signed copy of the Memorandum of Agreement between the LME-MCO and/or Contract Provider and the county department of social services for each county in the LME-MCO's catchment area.</p> <p><b>10A NCAC 27A .0216 Substance Abuse Prevention and Treatment Block Grant.</b> (a) The Division shall administer a grant program for the federal Substance Abuse Prevention and Treatment Block Grant which is made available to the Division under the authority of Public Law 102-321 Subpart II. (b) To be eligible to receive block grant funds, an area program shall provide the following services: (1) outpatient services, including outpatients services for children and adults who have substance disorders or are at risk for substance abuse and residents of its service area; (2) 24 hour-a-day emergency care services; (3) day treatment or other partial hospitalization services; (4) screening for patients being considered for admission to state facilities to determine the appropriateness of such admission; (5) consultation, education and primary prevention services; (6) TB screening and referral in accordance with federal requirements; and (7) substance abuse services for pregnant and parenting women and adolescents. (c) Funds shall be expended in accordance with the special conditions set forth in the Memorandum of Agreement between the area program and the Division.</p> <p><b>NCGS § 122C-141. Provision of services.</b> (a) The area authority or county program shall contract with other qualified public or private providers, agencies, institutions, or resources for the provision of services, and, subject to the approval of the Secretary, is authorized to provide services directly. (b) All area authority or county program services provided directly or under contract shall meet the requirements of applicable State statutes and the rules of the Commission and the Secretary. The Secretary may delay payments and, with written notification of cause, may reduce or deny payment of funds if an area authority or county program fails to meet these requirements</p> <p><b>Work First/Child Protective Services Substance Use Initiative.</b> It is required that local Memorandums of Agreement exist between the Local Management Entity (LME) and the county DSS to facilitate appropriate substance use services and mental health services to eligible populations.</p>	<p>Review the Memoranda of Agreement to ensure signed copy exists between the LME-MCO/ the contract provider and the county departments of social services within the catchment area. The memoranda should include the name of both agencies that are a party to the agreement.</p>
2	<p><b>Each Memorandum of Agreement contains the intent of the MOA.</b></p> <p><b>Work First/Child Protective Services Substance Use Initiative.</b> The initiative is intended to provide early identification of individuals applying for public assistance who may be experiencing substance use problems that act as a barrier to self-sufficiency. The identification assists in connecting the individuals to substance abuse treatment, so that sustained self-sufficiency is likely and benefits the family.</p>	<p>Review the Memorandum of Agreement to ensure the intent is clearly stated.</p>



# SAPTBG WORK FIRST/CHILD PROTECTIVE SERVICES SUBSTANCE USE INITIATIVE PROGRAM MONITORING

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
3	<p><b>Each Memorandum of Agreement (MOA) contains responsibilities of each agency (individual and joint).</b></p> <p><b>Work First/Child Protective Services Substance Use Initiative.</b> The joint responsibilities include developing and providing training for the county DSS and the LME-MCO, along with their contracted providers, regarding Work First, Food and Nutrition Services (FNS), Child Protective Services (CPS) and substance use disorders.</p>	<p>Review the MOA to ensure the agreed upon roles and responsibilities (individually and jointly) for each agency are identified and outlined in detail for each agency.</p>
4	<p><b>Each Memorandum of Agreement contains signatures of the Director of each agency.</b></p> <p>The joint responsibilities include developing and providing training for the county DSS and the LME-MCO, along with their contracted providers, regarding Work First, Food and Nutrition Services (FNS), Child Protective Services (CPS) and substance use disorders.</p>	<p>Review the Memorandum of Agreement to ensure the signatures of the directors, or authorized signatories, for both entities were obtained.</p>
5	<p><b>Each Memorandum of Agreement contains the effective date.</b></p> <p>The joint responsibilities include developing and providing training for the county DSS and the LME-MCO, along with their contracted providers, regarding Work First, Food and Nutrition Services (FNS), Child Protective Services (CPS) and substance use disorders.</p>	<p>Review the Memorandum of Agreement to ensure an effective date of the agreement was identified.</p>
6	<p><b>There is evidence that the Memorandum of Agreement has been reviewed within the last 12 months prior to the monitoring date (at a minimum).</b></p> <p><b>Work First/Child Protective Services Substance Use Initiative.</b> Monitoring of the Initiative occurs annually at the state level of both the LME-MCO management of the Initiative and of the individual cases.</p>	<p>Review the Memorandum of Agreement(s) to ensure the agreement was reviewed within twelve months prior to the date of the review.</p>



# SAPTBG WORK FIRST/CHILD PROTECTIVE SERVICES SUBSTANCE USE INITIATIVE RECORD REVIEW

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
1	<p><b>The QPSA (Qualified Professional – Substance Abuse) Provider is presently serving or has served an individual during the current fiscal year in the Work First/CPS Substance Use Initiative Program including Work First, Child Protective Services and/or Food Nutrition Services (FNS).</b></p> <p><b>P.L. 104-193 NCDHHS Division of Social Services, Work First State Plan.</b> North Carolina law requires all adult applicants and recipients of WFFA to be screened for substance abuse. A voluntary mental health screening is offered as part of the application. Further assessment is required if indicated by the screening process. A qualified Professional in Substance Abuse (QPSA) completes a thorough assessment of the individual's situation.</p>	<p>The provider must provide documented evidence that demonstrates the QPSA is actively providing services or has provided services in the fiscal year to participants in the Work First/CPS Substance Use Initiative Program.</p>
2	<p><b>There is evidence of a signed authorization to release of information between the individual's referring county department of social services and the local LME-MCO/Contract Provider to communicate regarding assessment and disposition.</b></p> <p><b>42 CFR§ 108A-80. Confidentiality of records. (a)</b> It shall be unlawful for any person to obtain, disclose or use, or to authorize, permit, or acquiesce in the use of any list of names or other information concerning persons applying for or receiving public assistance or social services that may be directly or indirectly derived from the records, files or communications of the Department or the county boards of social services, or county departments of social services or acquired in the course of performing official duties except for the purposes directly connected with the administration of the programs of public assistance and social services in accordance with federal law, rules and regulations, and the rules of the Social Services Commission or the Department.</p>	<p>The reviewer will look for evidence that the individual signed a release of information to allow the two entities to share and disclose the specified information referred to in the release of information form.</p>
3	<p><b>The release of information meets all the requirements for a valid release.</b></p> <p><b>10A NCAC 26B .0202 CONSENT FOR RELEASE FORM.</b> (a) When consent for release of information is obtained by an area or state facility, a Consent for Release form shall be utilized. Unless revoked sooner by the client or the client's legally responsible person, a consent for release of information shall be valid for a period not to exceed one year.</p>	<p>The reviewer shall look for documented evidence that an individual's signed permission was given to allow a covered entity to use or disclose protected information. This authorization is not valid unless it contains all of the required elements and statements.</p> <p><b>This item will automatically populate based on the answers given.</b></p>



# SAPTBG WORK FIRST/CHILD PROTECTIVE SERVICES SUBSTANCE USE INITIATIVE RECORD REVIEW

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
4	<p>There are three populations served under this initiative -- Work First, CPS and FNS. If the referral is coming from Work First or FNS specifically, there is evidence of a completed SUDDS 5 or pre-approved alternate assessment for the participant.</p> <p><b>42 CFR §96.132(a) Additional agreements.</b> With respect to individuals seeking treatment services, the State is required to improve the process in the State for referring the individuals to treatment facilities that can provide to the individuals the treatment modality that is most appropriate for the individuals. Examples of how this may be accomplished include the development and implementation of a capacity management/waiting list management system; the utilization of a toll-free number for programs to report available capacity and waiting list data; and the utilization of standardized assessment procedures that facilitate the referral process.</p>	<p>The reviewer will look for documentation to assure the QPSA completed a Substance Use Disorders Diagnostic Schedule-V (SUDDS-V) or an approved standardized substance use assessment to determine if a substance use disorder exists, to identify the substance abuse issues and to determine the appropriate level of treatment for the individual. If an approved alternative was used, there should be documentation from Starleen Scott-Robbins granting approval. If an assessment other than the SUDDS-V or an unapproved alternate was completed, the rating code is <b>"NOT MET"</b>. If the individual was engaged in or completed substance treatment prior to identification as a WORK First participant, a SUDDS-V is not required and the rating code should be <b>"NA"</b>. If the individual is required to get a urine toxicology screening, a SUDDS-V is not required and the rating code should be <b>'NA'</b>.</p> <p><b>*CPS referrals do not require a SUDDS V as part of the comprehensive clinical assessment.</b></p> <p><b>** (If the assessment is not SUDDS, please refer to the exemption list provided by the team leader.)</b></p>
5	<p><b>There is evidence concerning the participants' disposition after meeting with the QPSA.</b></p> <p><b>P.L. 104-193 NCDHHS Division of Social Services, Work First State Plan.</b> North Carolina law requires all adult applicants and recipients of WFFA to be screened for substance abuse. A voluntary mental health screening is offered as part of the application. Further assessment is required if indicated by the screening process. A qualified Professional in Substance Abuse (QPSA) completes a thorough assessment of the individual's situation.</p>	<p>If the person was referred for treatment, the reviewer will look for documentation on ongoing communication with DSS regarding participant engagement. The reviewer will look for a letter, progress notes or other forms of documentation to the department of social services concerning the person's participation in the program.</p>



# SAPTBG WORK FIRST/CHILD PROTECTIVE SERVICES SUBSTANCE USE INITIATIVE RECORD REVIEW

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
6	<p><b>There is evidence that the LME-MCO contracted with the provider for these services.</b></p> <p><b>NCGS § 122C-141. Provision of services.</b> (a) The area authority or county program shall contract with other qualified public or private providers, agencies, institutions, or resources for the provision of services, and, subject to the approval of the Secretary, is authorized to provide services directly..... (b) All area authority or county program services provided directly or under contract shall meet the requirements of applicable State statutes and the rules of the Commission and the Secretary. The Secretary may delay payments and, with written notification of cause, may reduce or deny payment of funds if an area authority or county program fails to meet these requirements.</p> <p><b>10A NCAC 27A .0216 Substance Abuse Prevention and Treatment Block Grant.</b> (a) The Division shall administer a grant program for the federal Substance Abuse Prevention and Treatment Block Grant which is made available to the Division under the authority of Public Law 102-321 Subpart II. (b) To be eligible to receive block grant funds, an area program shall provide the following services: (1) outpatient services, including outpatients services for children and adults who have substance disorders or are at risk for substance use and residents of its service area; (2) 24 hour-a-day emergency care services; (3) day treatment or other partial hospitalization services; (4) screening for patients being considered for admission to state facilities to determine the appropriateness of such admission; (5) consultation, education and primary prevention services; (6) TB screening and referral in accordance with federal requirements; and (7) substance abuse services for pregnant and parenting women and adolescents. (c) Funds shall expended in accordance with the special conditions set forth in the Memorandum of Agreement between the area program and the Division.</p>	<p>Review the contract between the LME-MCO and the provider agency to ensure the existence of a signed and dated agreement between the two entities that describes the scope of work, roles and responsibilities and deliverables for the provision of services under this initiative.</p>
7	<p><b>The LME-MCO has notified/informed the contract provider of the Block Grant requirements for the services provided.</b></p> <p><b>42 CFR §96.123 Assurances.</b> (a) The application must include assurances that: (1) the State will expend the Block Grant in accordance with the percentage to be allocated to treatment, prevention, and other activities as prescribed by law and, also, for the purposes prescribed by law.</p>	<p>The agency must provide documentation to verify the LME/MCO informed the QPSA provider of the expectations for providing services funded under this initiative including reporting and other compliance requirements. This information may be located within the contract, a letter from the LME/MCO or from other sources of documentation.</p>



## JUVENILE JUSTICE SUBSTANCE ABUSE MENTAL HEALTH PARTNERSHIP (JJSAMHP) PROGRAM MONITORING

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
1.	<p>There is evidence the LME-MCO collaborated with the Division of Adult Correction and/or Juvenile Justice staff and other key stakeholders to regularly review and reevaluate the needs of individuals involved in the justice system and their families.</p> <p><b>Framework for Addressing the Needs of Juvenile Justice (JJ) Involved Youth (June 2016).</b> The Division of Adult Correction and Juvenile Justice (JJ) and the Division (DMHDDSAS) expect the highest adherence to standards of excellence when providing interventions for youth and families. The policy level, expectations include: (1) mutual agreements on strategic objectives and outcomes for recovery oriented systems of care involving at risk and juvenile justice-involved youth between JJ and DMHDDSAS, as well as any other partner agency or group and (2) willingness to engage in ongoing evaluation and quality management.</p> <p><b>2016 Compliance Supplement for the Block Grants for Prevention and Treatment of Substance Abuse CFDA - 93.59: Juvenile Justice Substance Abuse Mental Health Partnership (JJSAMHP) --</b> LME-MCOs collaborate with local juvenile justice staff and other key stakeholders to regularly review and reevaluate the needs of individuals involved in the juvenile justice system and their families. These partnerships provide an initiative focusing on best practices in service delivery for court-involved youth with substance use and co-occurring mental health disorders that best suits the needs and resources of the communities served.</p>	<p>The LME-MCO shall provide evidence of the agency's joint efforts in working with the team to assure the needs of the youths and their families are continuously assessed and reviewed as they navigate through the system. This evidence can be documented in the following, but not limited to: the Plans of Work, presented in minutes/notes of Child and Family team meetings and team collaboration meetings.</p>
2.	<p>There is evidence of the JJSAMHP Plan of Work (POW) was signed by the LME-MCO Director and the Juvenile Justice Chief Court Counselor.</p> <p><b>FYs 2016-2017 JJSAMHP Plan of Work Expectations and Innovations (June 2016).</b> The Plan of Work for JJSAMHP is to support the strengthening of a more coordinated and innovative system to address the needs of juvenile justice involved youth and their families. DMHDDSAS along with JJ have worked collaboratively as Reclaiming Futures State Champions. This plan of work is designed to integrate the Reclaiming Futures framework and guiding principles for strengthening local systems of care.</p> <p>The LME-MCO Director's signature and the associated district Chief Court Counselor(s) signature are required for the JJSAMHP Plan of Work.</p>	<p>The LME-MCO Director and the associated Chief Court Counselor(s) signatures are a requirement for the Plan of Work. The Plan of Work is evidence of the coordinated efforts of the two agencies' commitment to more effectively meet the needs of youth and families involved in both systems.</p> <p><b>Due to staff turnover, as long as there is a signature signed by the Chief Court Counselor at the time, this item is MET.</b></p>





## JUVENILE JUSTICE SUBSTANCE ABUSE MENTAL HEALTH PARTNERSHIP (JJSAMHP) PROGRAM MONITORING

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
3.	<p>There is evidence the Plan of Work (POW) documents activities within JJSAMHP 5 Domains.</p> <p><b>Juvenile Justice Substance Abuse Mental Health Partnerships (JJSAMHP).</b> Although local teams define services provision in their area, there are five domains that are expected to have some uniformity to ensure that youth engage in services based on best practices. These five domains are:</p> <p><u>Expectations and Innovations</u></p> <ul style="list-style-type: none"> <li>■ <b>Screening/Referral: Screening from Juvenile Justice and Referral to Identified Provider(s).</b> Screening involves usage of a reputable tool to identify youth who potentially have a substance abuse problem. In the case of JJSAMHP, the tool should also be able to detect possible mental health challenges. The tool that is used in North Carolina is the Global Appraisal of Individual Needs- Short Screener (GAIN-SS).</li> <li>■ <b>Assessment: Usage of a valid, reliable and comprehensive assessment for MH, SA and Co-Occurring Disorders.</b> A comprehensive assessment involves usage of a tool to ascertain a wide range of individual and family risk factors, service needs, as well as the youth's strengths and assets.</li> </ul> <p><u>Reclaiming Futures/Better Treatment</u></p> <ul style="list-style-type: none"> <li>■ <b>Engagement:</b> Utilization of System of Care Principles to Engage Families and Assist in Completion of Treatment</li> </ul>	<p>The LME-MCO must provide evidence that the Plan of Work documents activities within the JJSAMHP 5 Domains, which may include but not limited to: training for youth and family, staff trainings, evidence based screening (GAIN SS) and assessments, Child and Family Training (CFT), Evidence-Based Practices (Multi-systemic Therapy [MST], Cognitive Behavioral Therapy [CBT]) and other training needs as identified.</p> <p style="text-align: center;"><b>All 5 domains must be addressed in the POW in order for this item to be MET.</b></p>
	<ul style="list-style-type: none"> <li>■ <b>Evidence Based Treatment:</b> Usage of Evidence Based Treatment to Address Substance Abuse and/or Mental Health Issues. The Evidence Based Practices/Treatments include: Multi-systemic Therapy (MST), Trauma-Focused Cognitive Behavioral Therapy, Global Appraisal of Individual Needs (GAIN), Seven Challenges, Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET/CBT), Strengthening Families, Dialectical Behavior Therapy, Adolescent Community Reinforcement Approach and Structural Family Therapy.</li> </ul> <p><u>Beyond Treatment</u></p> <ul style="list-style-type: none"> <li>■ <b>JCPC: Beyond Treatment/Recovery Oriented:</b> Systems of Care. This domain involves inclusion of Juvenile Crime Prevention Council (JCPC) particularly with respect to Recovery Oriented Systems of Care (ROSC). This is described by Reclaiming Futures as "Beyond Treatment" and entails involvement in other community based activities and recovery often includes natural supports and helps that can only be provided by the community. Recovery-oriented systems of care are designed to support individuals seeking to overcome substance use disorders across the lifespan</li> </ul>	



## JUVENILE JUSTICE SUBSTANCE ABUSE MENTAL HEALTH PARTNERSHIP (JJSAMHP) PROGRAM MONITORING

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
4.	<p>There is evidence of a signed Memoranda of Agreement that outlines the responsibilities of each partner and the team's processes and procedures, such as monitoring of programs and practices as identified in the Plan of Work.</p> <p><b>FYs 2016-2017 JJSAMHP Plan of Work Expectations and Innovations (June 2016).</b> The teams should have an active memoranda of agreement that memorialize local team processes and procedures consistent with the efforts of Reclaiming Futures.</p> <p><b>*Note: Acceptable documentation when JJ signature is not available will be addressed in the guidelines</b></p>	<p>Review the Memoranda of Agreement(s) to ensure signatures of the local team members agreeing to the processes, procedures and deliverables as outlined in the MOA for each partner.</p> <p><b>LME-MCO shall document all efforts to obtain signatures from all partners. This item will be met if there are documented efforts to obtain signatures from all partners.</b></p>
5.	<p>There is evidence that the LME-MCO extended an invitation to Juvenile Justice to participate in the data collection process for the 2017 LME-MCO Gaps Analysis report.</p>	<p>The LME-MCO shall provide documented evidence that Juvenile Justice was extended an invitation to participate in the LME-MCO's Gaps and Needs Analysis.</p>
6.	<p>There is evidence that the LME-MCO's 2017 Gaps and Needs Analysis report included the gaps and needs identified by JJSAMHP.</p>	<p>The LME-MCO shall provide documented evidence that the service needs and gaps of youth involved in the juvenile justice system are included in the LME-MCO's Gaps and Needs Report.</p>
7.	<p>There is evidence of the activities conducted by the partnership for the fiscal year.</p> <p><b>Juvenile Justice Substance Abuse Mental Health Partnerships (JJSAMHP).</b> Allowed activities include screening, assessment, substance abuse and co-occurring mental health disorders services and training to support implementation, child and family team activities, coordination with the Division of Adult Correction and Juvenile Justice and juvenile court and transition services from Residential Care and Youth Development Centers.</p> <p><b>93.959 Block Grants for Prevention and Treatment of Substance Abuse, April 2016.</b></p> <p><b>Training.</b> Funds are allocated to the LME-MCOs to support substance abuse specific training to enhance staff development. These funds can support registration and costs to attend substance use disorder training workshops or conferences, to contract for trainers for specific substance use-related training and other related substance abuse professional development activities.</p>	<p>The LME-MCO shall provide documentation regarding the activities conducted by the partnership for the fiscal year.</p>



## JUVENILE JUSTICE SUBSTANCE ABUSE MENTAL HEALTH PARTNERSHIP (JJSAMHP) PROGRAM MONITORING

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
8	<p>There is evidence that the LME-MCO contracted with the providers to provide JJSAMHP services.</p> <p><b>NCGS § 122C-141. Provision of services.</b> (a) The area authority or county program shall contract with other qualified public or private providers, agencies, institutions, or resources for the provision of services, and, subject to the approval of the Secretary, is authorized to provide services directly..... (b) All area authority or county program services provided directly or under contract shall meet the requirements of applicable State statutes and the rules of the Commission and the Secretary. The Secretary may delay payments and, with written notification of cause, may reduce or deny payment of funds if an area authority or county program fails to meet these requirements.</p> <p><b>42 CFR §96.132(c) Additional agreements.</b> The State shall coordinate prevention and treatment activities with the provision of other appropriate services (including health, social, correctional and criminal justice, educational, vocational rehabilitation, and employment services). In evaluating compliance with this section, the Secretary will consider such factors as the existence of memoranda of understanding between various service providers/agencies and evidence that the State has included prevention and treatment services coordination in its grants and contracts.</p>	<p>Review the contract(s) between the LME-MCO and the service provider for documentation to ensure the contract is valid for the provision of JJSAMHP services during the reporting audit period, has been signed by both entities and the contract contains the scope of work and deliverables expected of both entities.</p>
9	<p>The LME-MCO has notified and informed the contract provider of the Block Grant requirements for JJSAMHP services.</p> <p><b>42 CFR §96.123 Assurances.</b> (a) The application must include assurances that: (1) the State will expend the Block Grant in accordance with the percentage to be allocated to treatment, prevention, and other activities as prescribed by law and, also, for the purposes prescribed by law.</p>	<p>Review documented evidence to ensure the LME/MCO informed the provider of the expectations for service provision as outlined in the contract and of the requirements for providing Juvenile Justice Substance Abuse Mental Health funded services, including the reporting and other compliance requirements. This information may be located within the contract, a letter from the LME/MCO or from other sources of documentation.</p>



## JUVENILE JUSTICE SUBSTANCE ABUSE MENTAL HEALTH PARTNERSHIP (JJSAMHP) RECORD REVIEW

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
1	<p>There is evidence that an approved, reliable and comprehensive evidence-based assessment (EBA) tool [i.e., the Global Appraisal of Individual Needs (GAIN), the GAIN Lite, the Child Behavior Checklist (CBCL) and the Comprehensive Health Assessment Tool (CHAT)] was used to identify possible substance use, mental health and co-occurring problems at the individual's earliest contact with the juvenile justice system.</p> <p><b>JJSAMHP Plan of Work for Fiscal Year 2016-2017.</b> Juvenile justice involved youth and families will be provided valid, reliable and comprehensive assessment tools (such as the GAIN, GAIN Lite, Child Behavior Checklist, and the CHAT) that identify substance use, mental health and co-occurring disorders.</p> <p><b>2016 Compliance Supplement for the Block Grants for Prevention and Treatment of Substance Abuse CFDA - 93.59:</b> Juvenile Justice Substance Abuse Mental Health Partnership (JJSAMHP). LME-MCOs collaborate with local juvenile justice staff and other key stakeholders to regularly review and reevaluate the needs of individuals involved in the juvenile justice system and their families. These partnerships provide an initiative focusing on best practices in service delivery for court-involved youth with substance use and co-occurring mental health disorders that best suits the needs and resources of the communities served.</p>	<p>Review the individual's record to ensure the juvenile justice system used an approved, reliable and comprehensive evidence-based assessment (EBA) tool to determine the individual's need for services.</p> <p>Note: The tool must be an approved assessment tool – either the GAIN, GAIN Lite, CBCL or CHAT - not a screening tool. The GAIN Short Screener (GAIN SS) and the SASSI are screening tools and not assessment tools.</p> <p>If a screening tool or one of the approved EBA tools is not used by the juvenile justice system, score this item N/A and indicate which tool(s) are being used.</p>



**JUVENILE JUSTICE SUBSTANCE ABUSE MENTAL HEALTH PARTNERSHIP (JJSAMHP) RECORD REVIEW**

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
2	<p>There is evidence that a NC TOPPS was completed within the required timeframes:</p> <p><b>NORTH CAROLINA - TREATMENT OUTCOMES AND PROGRAM PERFORMANCE SYSTEM (NCTOPPS) SFY 2014-2015 NC-TOPPS IMPLEMENTATION GUIDELINES (V), Effective July 1, 2014.</b> NC-TOPPS Interviews are required for all substance abuse Benefit Plan adults and children ages six years and above who are receiving any qualifying service, including outpatient only services, for any substance use diagnosis.</p>	<p>Review individual records to ensure the following NC-TOPPS guidelines are followed, when applicable. All elements, if required, must be MET or NA before this item will be automatically scored as "MET".</p> <p>Review individual records to ensure the following NC-TOPPS guidelines are followed, when applicable. All elements, if required, must be MET or NA before this item will be automatically scored as "MET". This item will automatically populate based on the answers given. The NC-TOPPS is administered as a regular part of developing and updating an individual's service plan. The Initial NC TOPPS should be complete during the first or second treatment visit as part of the development of the treatment plan, with the consumer present. Updates, if required, should be completed based on the initial assessment date and within 15 days before or after the due date as follows: 3 month update (90 days), 6 month update (180 days) and 12 month update (360 days). Six month updates should be completed, thereafter. If the person is discharged prior to the requirement of updates, mark each as NA and document the reason for the NA in the comment section.</p> <p>NOTE: If an update is not completed on time, it is still required to be completed within 30 days before or after the due date. However, if an update is missed and another update is now due, only the current Update Due can be completed in the NC-TOPPS system. (For example, if a 3 month update is missed and a 6 month update is now due, only the 6 month update can be completed.) Consumers receiving Developmental Disability (DD) services and supports and MH and/or SA require an NCTOPPS only when the services are predominantly treating MH or SA needs. All Opioid Treatment Programs (OPTs) are required to have an NCTOPPS completed. For consumers receiving state funded services only or both state and Medicaid funded services, interviews are not required for consumers receiving only one or more of the following services:</p> <ul style="list-style-type: none"> <li>■ Mental health outpatient therapy or medication management (If the consumer has a substance abuse diagnosis and is only receiving outpatient services with service codes 90832 - 90838, 90846, 90847, 90849, 90853, H0004 HQ, H0004 HR, and H0004 HS funded through Medicaid Basic Benefits, NCTOPPS is not required.)</li> <li>■ Psychosocial Rehabilitation (PSRs) Crisis services (social setting detoxification nonhospital medical detoxification mobile)</li> </ul>



## JUVENILE JUSTICE SUBSTANCE ABUSE MENTAL HEALTH PARTNERSHIP (JJSAMHP) RECORD REVIEW

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
3	<p>There is evidence of an authorization to release information that is signed by the child or legally responsible person (LRP) for sharing of information between the local juvenile court and the JJSAMHP.</p> <p><b>42 CFR §2.1</b> Statutory authority for confidentiality of drug abuse patient records. (a) Disclosure authorization. Statutory authority for confidentiality of drug abuse patient records. (a) Disclosure authorization. Records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any drug abuse prevention function conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall, except as provided in subsection (e) of this section, be confidential and be disclosed only for the purposes and under the circumstances expressly authorized under subsection (b) of this section. (b2). Whether or not the patient, with respect to whom any given record referred to in subsection (a) of this section is maintained, gives his written consent, the content of such record may be disclosed as follows: (B) To qualified personnel for the purpose of conducting scientific research, management audits, financial audits, or program evaluation, but such personnel may not identify, directly or indirectly, any individual patient in any report of such research, audit, or evaluation, or otherwise disclose patient identities in any manner.</p> <p><b>42 CFR 2.14 - Minor patients. (c) State law requiring parental consent to treatment. (1)</b> Where State law requires consent of a parent, guardian, or other person for a minor to obtain alcohol or drug abuse treatment, any written consent for disclosure authorized under subpart C of these regulations must be given by both the minor and his or her parent, guardian, or other person authorized under State law to act in the minor's behalf. <b>(2)</b> Where State law requires parental consent to treatment the fact of a minor's application for treatment may be communicated to the minor's parent, guardian, or other person authorized under State law to act in the minor's behalf only if: <b>(i)</b> The minor has given written consent to the disclosure in accordance with subpart C of these regulations or <b>(ii)</b> The minor lacks the capacity to make a rational choice regarding such consent as judged by the program director under paragraph <b>(d)</b> of this section.</p> <p><b>10A NCAC 26B .0202 CONSENT FOR RELEASE FORM.</b> (a) When consent for release of information is obtained by an area or state facility, a Consent for Release form shall be utilized. Unless revoked sooner by the client or the client's legally responsible person, a consent for release of information shall be valid for a period not to exceed one year.</p>	<p>The reviewer will look for evidence that the child or legally responsible person has signed the authorization to release information to allow the exchange of information between the juvenile court and the JJSAMHP.</p>



## JUVENILE JUSTICE SUBSTANCE ABUSE MENTAL HEALTH PARTNERSHIP (JJSAMHP) RECORD REVIEW

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
4	<p>There is evidence of the youth's and family's participation in the initial Child and Family Team meeting.</p> <p>©2009-2014 Juvenile Justice Substance Abuse Mental Health Partnerships.</p> <p><b>The Child &amp; Family Team Process.</b> At the core of a System of Care approach is the Child &amp; Family Team. Child &amp; Family Teams consists of family members, their natural supports and other stakeholders who come together to create, implement and/or update a plan with youth and families. The plan builds on the strengths of the youth and family which, also, addresses their needs, desires and dreams.</p> <p><b>2016 Compliance Supplement for the Block Grants for Prevention and Treatment of Substance Abuse CFDA - 93.959: Juvenile Justice Substance Abuse Mental Health Partnership (JJSAMHP).</b></p> <p>LME-MCOs collaborate with local juvenile justice staff and other key stakeholders to regularly review and reevaluate the needs of individuals involved in the juvenile justice system and their families. These partnerships provide an initiative focusing on best practices in service delivery for court-involved youth with substance use and co-occurring mental health disorders that best suits the needs and resources of the communities served.</p>	<p>Review the individual's record for evidence of participation in the initial Child and Family Team Meeting. This information may be documented in a service note, meeting minutes and any other form of communication acceptable by the provider.</p>
5	<p>There is evidence that the youth and family participated in the service planning process.</p> <p><b>10A NCAC 27G .0205. ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN.</b>  <b>(a)</b> The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p>	<p>Review the service plan for evidence that the child and family participated in the service planning process.</p> <p>A service plan is not required if the individual is expected to be in treatment less than 30 days.</p> <p>If the individual is in service less than 30 days (either due to discharge, no show or termination, etc.) this item should be marked N/A with a comment.</p>



## JUVENILE JUSTICE SUBSTANCE ABUSE MENTAL HEALTH PARTNERSHIP (JJSAMHP) RECORD REVIEW

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
6	<p>There is evidence that activities within the JJSAMHP Domains are included within the individual's service record.</p> <p><b>The Juvenile Justice Substance Abuse Mental Health Partnerships (JJSAMHP)</b> Although local teams define services provision in their area, there are five domains that are expected to have some uniformity to ensure that youth engage in services based on best practices. These five domains are:</p> <p><b>Screening/Referral:</b> Screening from Juvenile Justice and Referral to Identified Providers. Screening involves usage of a reputable tool to identify youth who potentially have a substance disorder problem. In the case of JJSAMHP, the tool should also be able to detect possible mental health challenges. The tool that is used in North Carolina is the Global Appraisal of Individual Needs-Short Screener (GAIN-SS).</p> <p><b>Assessment:</b> Usage of a Valid, Reliable and Comprehensive Assessment for MH, SA and Co-Occurring Disorders. According to Reclaiming Futures, a comprehensive assessment involves usage of a tool to ascertain a wide range of individual and family risk factors, service needs and the youth's strengths and assets.</p> <p><b>Engagement:</b> Utilization of System of Care Principles to Engage Families and Assist in Completion of Treatment. Although engagement can entail various areas, including partnering with families, etc., the focus was ensuring admission to a partnering provider who agreed to include Child and Family Teams as part of the Continuum of care. Engagement refers to the methods, policies and procedures to continually engage the youth and family through the entire process from screening to referral, assessment and treatment.</p> <p><b>Evidence Based Treatment:</b> Usage of Evidence Based Treatment to Address Substance Use and/or Mental Health Issues.</p> <p><b>JCPD: Beyond Treatment/Recovery Oriented Systems of Care:</b> This domain involves inclusion of Juvenile Crime Prevention Council (JCPC) particularly with respect to Recovery Oriented Systems of Care (ROSC). This is described by Reclaiming Futures as "Beyond Treatment" and entails involvement in other community based activities and recovery often includes natural supports and helps that can only be provided by the community. Recovery-oriented systems of care are designed to support individuals seeking to overcome substance use disorders across the lifespan</p>	<p>Review the service record for documentation of activity in the 5 JJSAMHP Domains, which may include but not be limited to: training for youth and family, evidence based screening (GAIN SS) and assessments, Child and Family Training (CFT), Evidence-Based Practices (Multi-systemic Therapy [MST], Cognitive Behavioral Therapy [CBT]), community based activities and other activities or services that address better treatment and/or beyond treatment for the individual.</p> <p style="text-align: center;"><b>Note: The reviewer will document Yes or No for each domain.</b></p>





# COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT PROGRAM MONITORING

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
1	<p>There is evidence that funds are used to provide access to mental health services to target populations, including children and youth with co-occurring disorders and adolescents transitioning into adulthood.</p> <p><b>10A NCAC 27A.0209 Community Mental Health Services Block Grant. (c)</b> The mental health services shall be provided within the limits of the capacity of the area program, to any individual residing or employed in the service area of the center, regardless of ability to pay for such services, in a manner which preserves human dignity and assures continuity and high quality care.</p> <p><b>CFR SAMHSA</b>  <b>CMHSBG</b> 2016-17 application pp.14-18, 66-68, 75, 155-158 for target populations  <b>MHBG</b> application pp 155-158 for transition aged consumers 2015-16  <b>DMH Service Integrity Plan SFY pg.10-11</b></p>	<p>Review documentation that may include contracts with providers. Review intake and screening information, MOAs with providers, flyers, brochures, policy/procedure, etc.</p>
2	<p>There is evidence that services are provided to adults with Serious Mental Illness (SMI) regardless of inability to pay.</p> <p><b>10A NCAC 27A.0209 Community Mental Health Services Block Grant. (b)</b> The appropriate portion of funds which are made available to the Division of Community mental Health services shall be made available to eligible programs. The purpose of these funds is to provide comprehensive community mental health services to adults with a serious mental illness and to children with a serious emotional disturbance who meet the unit cost reimbursement (URC) criteria for Level 1 or Level 2; <b>(c)</b> The mental health services shall be provided within the limits of the capacity of the area program, to any individual residing or employed in the service area of the center, regardless of ability to pay for such services, in a manner which preserves human dignity and assures continuity and high quality care.</p> <p>Section 4.2 First and Third Party Payments refers to G.S. 122C-146.  G.S. 122C-146 states, "However, no individual may be refused because of an inability to pay."</p>	<p>Review documentation that may include contracts with providers, MOAs with providers, flyers, brochures, policy/procedure.</p>



# COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT PROGRAM MONITORING

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
3	<p><b>There is evidence that services are provided to children with Severe Emotional Disturbance (SED) regardless of inability to pay.</b></p> <p><b>10A NCAC 27A.0209 Community Mental Health Services Block Grant. (b)</b> The appropriate portion of funds which are made available to the Division of Community mental Health services shall be made available to eligible programs. The purpose of these funds is to provide comprehensive community mental health services to adults with a serious mental illness and to children with a serious emotional disturbance who meet the unit cost reimbursement (URC) criteria for Level 1 or Level 2; <b>(c)</b> The mental health services shall be provided within the limits of the capacity of the area program, to any individual residing or employed in the service area of the center, regardless of ability to pay for such services, in a manner which preserves human dignity and assures continuity and high quality care.</p> <p>Section 4.2 First and Third Party Payments refers to G.S. 122C-146. G.S. 122C-146 states, "However, no individual may be refused because of an inability to pay."</p>	<p>Review documentation that may include contracts with providers, MOAs with providers, flyers, brochures, policy/procedure.</p>
4	<p><b>The LME-MCO and their contract providers have a system in place to prevent inappropriate disclosure of individual records.</b></p> <p><b>42 CFR §96.132(e) Additional agreements.</b> The State is also required to have in effect a system to protect from inappropriate disclosure of patient records maintained by the State in connection with an activity funded under the program involved or by any entity which is receiving amounts from the grant and such system shall be in compliance with all applicable State and Federal laws and regulations.</p> <p><b>10A NCAC 26B .0208 PROHIBITION AGAINST REDISCLOSURE</b> <b>(a)</b> Area or state facilities releasing confidential information shall inform the recipient that redisclosure of such information is prohibited without client consent; <b>(b)</b> A stamp may be used to fulfill this requirement.</p>	<p>Evidence can be found in policy/procedure, contracts, training, monitoring, etc. The provider should have a procedure in place that will prevent an individual's protected information from improper exposure. This system should specify to whom the information is shared, why the information is shared, what information is shared, how much information is shared, and how long the information is shared. A provider agency may only share a consumer's PHI with entities explicitly named on the signed consent form.</p>
5	<p><b>There is evidence that the LME-MCO supports and promotes the implementation of evidenced based treatment services through the provision of provider training and monitoring.</b></p> <p>2016-2017 MHBG application; DMH LME-MCO contract; and State Plan 2006</p>	<p>Evidence may include documentation of training, documentation of monitoring, etc. Evidence-based services include but are not limited to: Assertive Community Treatment, Supported Employment, Medication Algorithms, Integrated Dual Diagnosis Treatment, Family Psychoeducation, Supported Housing, Self-Management, trauma-informed therapies, dialectical behavioral therapy, intensive in-home evidence-based models. Review MOU, MOA and contract.</p>



# COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT PROGRAM MONITORING

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
6	<p><b>There is evidence of participation by service recipient and family member in the community mental health system of care.</b></p> <p>Citations: State Plan 2006 Blueprint for Change. Community Collaborative Guidance Document (last revised November 2016); Core Functions of the SOC Coordinator within a Managed Care Organization guidance document (last revised November 2016)</p>	<p>Evidence includes, but is not limited to, documentation indicating representation of a youth/family consumer and an adult consumer of mental health services in the CFAC, youth/family consumer representation in community collaboratives, and involvement of youth and/or family members, peer supports, family partners involved in policy development, monitoring, training/education opportunities, etc.</p>
7	<p><b>There is evidence of activities to increase and diversify the participation of youth and families with life experiences in the public mental health system in the local SOC community collaborative.</b></p> <p>2012 SOC DMH memo from Steve Jordan            State Plan 2006 Blueprint for Change; Community Collaborative Guidance Document (last revised November 2016)            Core Functions of the Systems of Care (SOC) Coordinator within a Managed Care Organization guidance document (last revised November 2016)</p>	<p>Children Only: Review consumers notes, consumer affairs documentation, meeting minutes, outreach materials, documentation of any contracted family partners asked to recruit membership, and other supporting documentation.</p>
8	<p><b>There is evidence the LME-MCO has a process for gathering and submitting SOC Coordinator activity data in the semi-annual reports submitted to the State SOC Coordinator.</b></p> <p>State SOC Coordinator/Contract staff emails 4/14/16, 6/10/16, 10/31/16 and 12/06/2016 SOC Coordinators' Breeze Call.</p>	<p>Children Only. SOC Coordinators are asked to report on number of outreach efforts (by system category); number of trainings provided (including Child and Family Team trainings); number of CFTs to whom they provide technical assistance; and number of collaborative meetings they staff or support. SOC Coordinators are also encouraged to document outreach, training and technical assistance efforts by family partners or advocates with whom they work. Review DMH Performance Contract reports for evidence of having met report due date. For some LME-MCOs, one may need to review the Quality Management or Care Coordination or SOC staff policy and procedure for submitting SOC semi-annual reports.</p>
9	<p><b>There is evidence the program provides outreach and assertive engagement activities to individuals and families.</b></p> <p><b>Fidelity Monitoring Scale</b> - Program Philosophy/Approach - Assertive Outreach: Commitment to encouraging engagement in the face of participant apathy or avoidance.</p>	<p><b>First Episode Psychosis: Trillium and Alliance Only</b>, all others score NA with a comment. Review the policy, meeting minutes, etc.</p>



# COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT PROGRAM MONITORING

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
10	<p>There is evidence the program provides the required elements of a Coordinated Specialty Care Team.</p> <p>Allocation letter to the LME/MCO</p>	<p><b>First Episode Psychosis: Trillium and Alliance Only</b>, all others score NA with a comment. Review the policy and staff qualifications.</p>
11	<p>There is evidence the program provides crisis services or has an agreement in place with a provider for these services.</p> <p>Fidelity Monitoring Tool</p>	<p><b>First Episode Psychosis: Trillium and Alliance Only</b>, all others score NA with a comment. Review the policy and other documentation to reveal if the service is in-house or contracted.</p>
12	<p>There is evidence of the LME-MCO support and oversight of implementation of the provision of services to individuals experiencing first episode psychoses (FEP).</p> <p>Allocation letter to the LME/MCO</p>	<p><b>First Episode Psychosis: Trillium and Alliance Only</b>, all others score NA with a comment. Review contract, meeting minutes and supporting documentation.</p>
13	<p>There is evidence the program conducts education and marketing sessions with stakeholders and providers to increase awareness of FEP population and available resources.</p> <p>Fidelity Monitoring Tool - Section Assertive Community Outreach and Community Education</p>	<p><b>First Episode Psychosis: Trillium and Alliance Only</b>, all others score NA with a comment. Review documentation that the LME-MCO ensures services are provided to specific target population.</p>



## COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT RECORD REVIEW

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
1	<p><b>There is evidence that this individual has a principle or primary diagnosis of Serious Mental Illness (SMI) (adults) or Severe Emotional Disturbance (SED) (children).</b></p> <p>The NC General Statutes define SMI among adults as persistent mental disability that results in "long-term limitation of functional capacities for the primary activities of daily living, such as interpersonal relations, homemaking-self-care, employment, and recreation." North Carolina uses the federal definition of children with SED which is ". . . persons from birth up to age 18, who are currently or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the DSM-IV, that resulted in functional impairment which subsequently interferes with or limits the child's role or functioning in family, school, or community activities" (Federal Register, June 1998).</p> <p><b>§300x-1. State plan for comprehensive community mental health services for certain individuals.</b> The Secretary may make a grant under section 300x of this title only if - (1) the State involved submits to the Secretary a plan for providing comprehensive community mental health services to adults with a serious mental illness and to children with a serious emotional disturbance.</p>	<p>Review documentation found in the individual's service record, to ensure the individual meets the requirement criteria for the diagnosis requirements of treatment program. The reviewer will be looking for an Axis I diagnosis from the DSM-5 ).</p>
2	<p><b>There is evidence of individual and/or family involvement in treatment planning.</b></p> <p>APSM 45-2 Records Management and Documentation Manuals.</p> <p>The clinical home provider is responsible for developing the Person-Centered Plan. The PCP must be developed by a Qualified Professional [QP] or a Licensed Professional [LP] according to the requirements of the service definition and in collaboration with the individual, family members [when applicable], and all service providers in order to maximize unified planning.</p>	<p>Review documentation that will ensure the individual and/or family is involved in treatment planning, such as, but not limited to, the individual and/or family member's signed and dated signatures within the PCP; input in goal planning; likes and dislikes in recipient's own words and evidence the plan focused on the individual choices, needs and interests. If the caregiver is on the phone for CFT or caregiver's signature is obtained on different date from the meeting date, or changes are made on the child's PCP, that might be indication that the meeting time was not convenient for the child/caregiver. If the individual/family member signature does not align with meeting date, note the reason.</p>



## COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT RECORD REVIEW

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
3	<p>There is evidence that a NC TOPPS was completed within the required timeframes:</p> <p><b>NORTH CAROLINA - TREATMENT OUTCOMES AND PROGRAM PERFORMANCE SYSTEM (NCTOPPS) SFY 2014-2015 NC-TOPPS IMPLEMENTATION GUIDELINES (V), effective July1, 2014.</b> NC-TOPPS Interviews are required for all substance abuse Benefit Plan adults and children ages six years and above who are receiving any qualifying service, including outpatient only services, for any substance use diagnosis.</p> <p><b>42 CFR §96.132 Additional agreements. (a)</b> With respect to individuals seeking treatment services, the State is required to improve (relative to fiscal year 1992) the process in the State for referring the individuals to treatment facilities that can provide to the individuals the treatment modality that is most appropriate for the individuals. Examples of how this may be accomplished include the development and implementation of a capacity management/waiting list management system; the utilization of a toll-free number for programs to report available capacity and waiting list data; and the utilization of standardized assessment procedures that facilitate the referral process.</p>	<p>Review individual records to ensure the following NC-TOPPS guidelines are met, if applicable. All elements, if required, must be Met or NA before this Item will be automatically scored as "MET".</p> <p>The NC-TOPPS is completed as a regular part of developing and updating an individual's service plan. The Initial NC TOPPS should be completed during the first or second visit while developing the treatment plan, with the consumer present. Updates, if required, should be completed based on the initial assessment date and within 15 days before or after the due date as follows: 3 month update (90 days), 6 month update (180 days) and 12 month update (360 days). Six month updates should be completed, thereafter.</p> <p>If the person is discharged prior to the requirement of updates, mark each as NA and document the reason for the NA in the comments section. <span style="float: right;">NOTE: If an update is not completed on time, it is still required to be completed within 30 days before or after the due date. However, if an update is missed and another update is now due, only the current update due can be completed in the NC-TOPPS system. For example, if a 3 month update is missed and a 6 month update is now due, only the 6 month update can be completed.)</span> If the person is discharged prior to the requirement of updates, mark each as NA and document the reason it was NA in the comments section.</p> <p><b>For consumers receiving only Medicaid funded services, interviews are not required for consumers receiving only one or more of the following services:</b></p> <ul style="list-style-type: none"> <li>■ Unmanaged outpatient therapy and/or medication management, including authorized extensions to these services</li> <li>■ Crisis services (social setting, detoxification, non-hospital medical detoxification, mobile crisis, facility-based crisis program, local inpatient crisis services, or respite)</li> <li>■ Psychiatric inpatient hospitalization services</li> <li>■ Developmental disability services and supports</li> </ul> <p>For consumers receiving state funded services only or both state and Medicaid funded services, interviews are not required for consumers receiving only one or more of the following services:</p> <ul style="list-style-type: none"> <li>■ Mental health outpatient therapy or medication management (If the consumer has a substance abuse diagnosis and is only receiving outpatient services with service codes 90832 - 90838, 90846, 90847, 90849, 90853, H0004 HQ, H0004 HR, and H0004 HS funded through Medicaid Basic Benefits, NCTOPPS is not required.)</li> <li>■ Psychosocial Rehabilitation (PSRs)</li> <li>■ Crisis services (social setting, detoxification, non-hospital medical detoxification, mobile crisis, facility-based crisis program, local inpatient crisis services, or respite)</li> <li>■ Psychiatric inpatient hospitalization services</li> <li>■ Developmental disability services and supports.</li> </ul> <p>Consumers receiving Developmental Disability (DD) services and supports and MH and/or SA require an NCTOPPS only when the services are predominantly treating MH or SA needs. All Opioid Treatment Programs (OPTs) are required to have an NCTOPPS completed.</p>



## COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT RECORD REVIEW

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
4	<p>The record contains a signed authorization to release information that is time limited (no more than 12 months) with reference to the specific information to be released.</p> <p><b>10A NCAC 26B .0202 CONSENT FOR RELEASE FORM.</b> (a) When consent for release of information is obtained by an area or state facility, a Consent for Release form shall be utilized. Unless revoked sooner by the client or the client's legally responsible person, a consent for release of information shall be valid for a period not to exceed one year.</p> <p><b>42 CFR §2.1 Statutory authority for confidentiality of drug abuse patient records. (a)</b> Disclosure authorization. Records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any drug abuse prevention function conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall, except as provided in subsection (e) of this section, be confidential and be disclosed only for the purposes and under the circumstances expressly authorized under subsection (b) of this section.</p>	<p>The reviewer shall look for documented evidence that an individual's signed permission was given to allow a covered entity to use or disclose the individual's protected information. This authorization is not valid unless it contains all of the required elements and statements. The consent form must be renewed at least annually. A written consent to release information must include:</p> <ol style="list-style-type: none"> <li>(1) The specific name or general designation of the program or person permitted to make the disclosure.</li> <li>(2) The name or title of the individual or the name of the organization to which disclosure is to be made.</li> <li>(3) The name of the patient.</li> <li>(4) The purpose of the disclosure.</li> <li>(5) How much and what kind of information is to be disclosed.</li> <li>(6) The signature of the patient and, when required for a patient who is a minor, the signature of a person authorized to give consent under § 2.14; or, when required for a patient who is incompetent or deceased, the signature of a person authorized to sign under § 2.15 in lieu of the patient.</li> <li>(7) The date on which the consent is signed.</li> <li>(8) A statement that the consent is subject to revocation at any time except to the extent that the program or person which is to make the disclosure has already acted in reliance on it. Acting in reliance includes the provision of treatment services in reliance on a valid consent to disclose information to a third party payer.</li> <li>(9) The date, event, or condition upon which the consent will expire if not revoked before. This date, event, or condition must insure that the consent will last no longer than reasonably necessary to serve the purpose for which it is given.</li> <li>(10) There is specific language that prohibits re-disclosure.</li> </ol>



## COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT RECORD REVIEW

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
5	<p>There is evidence of the onset of psychotic symptoms within the last three years.</p> <p>SAMHSA, Fall 2014, Vol. 22, number 4, SAMHSA News -- Effective Intervention</p>	<p><b>First Episode Psychosis: Alliance and Trillium Only.</b> Review the record - history, assessment, notes.</p>
6	<p>There is evidence the individual is between the ages of 15-30.</p> <p><b>Fidelity Monitoring Scale.</b></p> <p>Organizational Factors-Targeted Service Population Ages 15-30.</p>	<p><b>First Episode Psychosis: Alliance and Trillium Only.</b> Review the record for the individual's age.</p>
7	<p>There is evidence the individual has experienced an onset of First Episode Psychosis that is not secondary to other conditions.</p> <p><b>Guidance for Revision of the FY2016-2017 Block Grant Application</b> for the new 10% set-aside (February 8, 2016). "...the funds from set-aside are only used for programs showing strong evidence of effectiveness and targets the first episode psychosis. SAMHSA shall not expand the use of the set-aside to programs outside of those that address first episode psychosis.</p> <p><b>Fidelity Monitoring Scale</b>...Organizational Factors-Targeted Service Population Onset First Episode Psychosis, Psychosis not secondary to other conditions.</p>	<p><b>First Episode Psychosis: Alliance and Trillium Only.</b> The reviewer will review the record for diagnosis, intake and screenings.</p>
8	<p>There is evidence the individual was screened within 72 hours of contact.</p> <p><b>Fidelity Monitoring Scale.</b> Rapid Evaluation – Minimal Standard of Care; Screening Window – Participants are screened by phone within 72 hours of contact for eligibility and scheduling of initial evaluation</p>	<p><b>First Episode Psychosis: Alliance and Trillium Only.</b> –Review the record, screening and other documentation.</p>
9	<p>There is evidence the individual who chose not to receive treatment through a Coordinated Specialty Care (CSC) team at any point during the treatment process are informed of other treatment options and upon request, linked to an alternative service.</p> <p><b>Fidelity Monitoring Scale</b>...Participant-Centered Services - Approaching Standard; Secondary-Intervention Ready for Non-Responsive Participants – Participants who are non-responsive to treatment or outreach are referred to appropriate treatment providers but little to no follow-up is given for assurance of engagement</p>	<p><b>First Episode Psychosis: Alliance and Trillium Only.</b> Review the records - referrals, intake, discharge/disposition and service notes</p>





## COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT RECORD REVIEW

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
10	<p>There is evidence that provider worked with child/youth and/or family to identify informal/natural support persons to invite to participate in the PCP planning process.</p> <p>PCP Planning Documents and Introduction to Child and Family Teams (CFT012) Training Curriculum (required training for enhanced child service providers)</p>	<p><b>Child Only.</b> Review the record (patient care plan, progress notes, etc.)</p>
11	<p>If the assessment indicated a need for treatment for trauma, there is documentation that provider assisted child/youth and family with referral (and if necessary) service transition process.</p> <p>Joint CMCS &amp; SAMHSA Informational Bulletin: 5/7/2013 Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions, pg. 6 including additional resources from the National Child Traumatic Stress Network website at: <a href="http://www.nctsn.org/">http://www.nctsn.org/</a></p>	<p><b>Child Only.</b> Review the record (assessment)</p>



## SYSTEM OF CARE EXPANSION GRANT - HIGH FIDELITY WRAPAROUND PROGRAM MONITORING

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
1	<p>There is evidence of a monthly Sustainability Meeting.</p> <p>HFW Team member roles and responsibilities NC Wraparound Team Chart Document</p>	<p><b>Systems of Care-High Fidelity Wraparound (HFW): Cardinal, Vaya and Eastpointe only</b>, all others score NA with a comment. Review meeting minutes.</p>
2	<p>There is evidence that the Family Partner Coordinator (FPC) supported the HFW Team by: active participation in wraparound consultation meetings, outreach/education to HFW families and other families who live in the same community; and by educating local collaboratives and local stakeholder groups about HFW pilot sites.</p> <p><b>FPC Admissions and Discharge criteria Aug. 2016</b></p>	<p><b>Systems of Care-High Fidelity Wraparound: Cardinal, Vaya and Eastpointe only</b>, all others score NA with a comment. Review meeting minutes; FPC quarterly reports (that LME/MCO key point of contact should have) and supporting documentation.</p>



# SYSTEM OF CARE EXPANSION GRANT - HIGH FIDELITY WRAPAROUND RECORD REVIEW

ITEM:

ITEM:

REVIEW ITEM WITH SUPPORTING CITATIONS:

REVIEW GUIDELINES:



## SYSTEM OF CARE EXPANSION GRANT - HIGH FIDELITY WRAPAROUND RECORD REVIEW

ITEM:	ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
1	1	<p>There is evidence that a Strength, Needs and Culture Discovery (SNCD) Assessment was completed with the child/family.</p> <p>The Foundations of High Fidelity Wraparound (HFW)            Vroon VDB Training and Certification Manual-Jim Rast and Brittany Rast-Smith, Chapter 11 (book is required training from national HFW consultant)            Final HFW Entrance Criteria and Discharge Procedures</p>	<p><b>SOC-HFW: Cardinal, Vaya and Eastpointe Only.</b> Review the record for an assessment.</p>
2	2	<p>There is evidence that HFW child/youth received a behavioral health service.</p> <p><b>Final HFW Entrance Criteria and Discharge Procedures</b></p>	<p><b>SOC-HFW: Cardinal, Vaya and Eastpointe Only.</b> Review plan and the record for services.</p>
3	3	<p>There is evidence that HFW child/youth received support from the HFW team.</p> <p>Final HFW Entrance Criteria and Discharge Procedures</p>	<p><b>SOC-HFW: Cardinal, Vaya and Eastpointe Only.</b> Review the plan and the record.</p>
4	4	<p>For HFW child/youth and families there is evidence the team attempted to help assure more efforts were made for individuals who reached the transition planning phase, the caregiver/family assumed more responsibility/ took lead in identifying and obtaining resources needed to implement wraparound plan.</p> <p>The Foundations of HFW, Vroon VDB Training and Certification Manual - Jim Rast and Brittany Rast-Smith, Chapter 26 (book is required training from national HFW consultant)</p>	<p><b>SOC-HFW: Cardinal, Vaya and Eastpointe Only.</b> Review the record (patient care plan, progress notes, etc.).</p> <p><b>NOTE:</b> This item will not be scored for or against the LME-MCO or the provider, but will be used for information purposes for the Community MH Section to monitor the effectiveness of the HFW model and to determine the extent to which the family takes responsibility as the child/youth reaches the transition phase.</p>