Section 1: Agency Access and Availability

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	POSSIBLE ACTIONS
1.1	Is there evidence the provider agency meets the access standards related to appointment availability (emergency, urgent and routine need)? 42CFR 438.206 (1)(i) Timely access. Each MCO, PIHP, and PAHP must do the following: Meet and require its network providers to meet State standards for timely access to care and services, taking into account the urgency of the need for services. DHB/NC Medicaid Contract Attachment S PIHP shall ensure that Network Providers meet the following Access Standards related to Appointment Availability: 1. Emergency Services – Providers must provide face-to-face emergency services within two hours after a request for emergency care is received by Provider staff from the PIHP or directly from an Enrollee; the Provider must provide face-to-face emergency care immediately for life threatening emergencies Per TP RFA- immediately for MH and SUD; 2. Urgent Need Services -- Providers must provide initial face-to-face assessments and/ or treatment within forty-eight hours after the date and time a request for urgent care is received by Provider staff from the PIHP or directly from an Enrollee Per TP RFA- within 24 hours for MH and SUD; 3. Routine Need Services -- Providers must provide initial face-to-face assessments and/ or treatment within ten (10) calendar days of the date a request for routine care is received by Provider staff from the PIHP or directly from an Enrollee Per TP RFA- within 48 hours for SUD, 14 days for MH; **Emergency, Urgent, Routine as defined by the Tailored Plan RFA Section VII Attachments (pg. 161-163)** **xx. Emergency services for mental health: Services to treat a life-threatening condition in which a person is suicidal, homicidal, actively psychotic, displaying disorganized thinking or reporting hallucinations and**	**During the Review:** (1) Review the agency's policy and procedure manual for standards related to access and availability (2) Trillium Monitoring Staff will request provider submit a list of new referrals received within the last 90 days. Trillium Monitoring staff will randomly pick 10 members to review (3) Review screening/triage/referral (STR) information in the member's record for level of need. (4) Review Member's service record to determine whether the assessment or first date of service was provided within the established guidelines for emergency, urgent or routine care needs. **Note:** This Element Applies to the Following Services: **Enhanced** (Mobile Crisis, Diagnostic Assessment, IIH*, MST*, CST*, PSR*, Day Treatment*, Partial Hospitalization*, SAIOP, SACOT, Ambulatory Detox, Outpatient Opioid) -For **Intensive In Home** this item will only be reviewed for routine need services. -For **MST** this item will only be reviewed for routine need services. -For **CST** this item will only be reviewed for routine need services. -For **PSR** this item will only be reviewed for routine need services. -For **Day Treatment** this item will only be reviewed for routine need services. -For **Partial Hospitalization** this item will only be reviewed for routine need services. **-Outpatient Services:** Reviewed for emergency, urgent and routine service needs **-Innovations Services:** This element is not applicable. **-State-Funded Services:** Refer to service definition for specific requirements (reference to appropriate service definition must be	**Payback** **Plan-of-Correction** **Technical Assistance**

	delusions that may result in harm to self or harm to others, and/or displaying vegetative signs and is unable to care for self; includes crisis intervention for the purpose of BH appointment wait-time standards. **xxi. Urgent Care for Mental Health:** **1. Services to treat a condition in which a person is not actively suicidal or homicidal, denies having a plan, means or intent for suicide or homicide, but expresses feelings of hopelessness, helplessness or rage; has potential to become actively suicidal or homicidal without immediate intervention; displays a condition which could rapidly deteriorate without immediate intervention; and/or without diversion and intervention, shall progress to the need for emergent services/care for appointment wait-time standards.** **2. Services to treat a condition in which a person has potential to become actively suicidal or homicidal without immediate intervention for the purposes of the BH appointment wait-time standards.** **xxii. Routine Services for Mental Health: Services to treat a person who describes signs and symptoms resulting in clinically significant distress or impaired functioning, which has impacted the person's ability to participate in daily living or markedly decreased person's quality of life for the purposes of the BH appointment wait-time standards.** **xxiii. Emergency Services for SUDs: Services to treat a life-threatening condition in which the person is by virtue of their use of alcohol or other drugs, suicidal, homicidal, actively psychotic, displaying disorganized thinking or reporting hallucinations and delusions which may result in self-harm or harm to others, and/or is unable to adequately care for self without supervision due to the effects of chronic substance use; includes crisis intervention for the purpose of BH appointment wait-time standards.** **xxiv.Urgent care for SUD:** **1. Services to treat a condition in which the person is not imminently at risk of harm to self or others or unable to adequately care for self, but by virtue of the person's substance use is in need of prompt assistance to avoid further deterioration in the person's condition which could require emergency assistance for BH appointment wait-time standards.** **2. Services to treat a condition in which a person displays a condition which could without diversion and intervention,**	associated to the one in place at the time of actual service delivery for the date(s) reviewed. **Reference to appropriate service definition must be associated to the one in place at the time of actual service delivery for the date(s) of service being reviewed.**	

	progress to the need for emergent services/care for the purposes of the BH appointment wait-time standards. **xxv. Routine Services for SUD: Services to treat a person who describes signs and symptoms consequent to substance use resulting in a level of impairment which can likely be diagnosed as a SUD**		
1.1	**Scoring:** (1) <u>Column 1:</u> Score "Met" or "Not Met" based on the Provider's Policy and Procedure AND whether or not timelines were met for appointment based on the STR information for the first member in sample. IF either of these elements is out of compliance, mark column 1 "Not Met" and add a comment explaining the issue. (2) <u>Columns 2-20:</u> Score "Met," "Not Met," or "N/A" based on whether or not timelines were met for appointments based on the STR information in the remaining members' records. (4) IF ONLY reviewing services that do not have specific guidelines for appointment availability, score this item as "N/A."		
1.2	Is there evidence the provider agency meets the access standards related to Office Wait Time (scheduled, walk-ins and emergency)? 42CFR 438.206 (1)(ii) – Ensure that the network providers offer hours of operation that are no less than the hours of operation offered to commercial enrollees or comparable to Medicaid FFS, if the provider serves only Medicaid enrollees DHB/NC Medicaid contract, Attachment S PIHP shall ensure that Network Providers meet the following Access Standards related to Office Wait Time: 1. Scheduled Appointments – Sixty minutes after the appointed meeting time; 2. Walk-Ins – within two hours after the Enrollee's arrival. If that is not possible, staff must schedule an appointment for the next available day; 3. Emergencies - PIHP staff shall ensure that Enrollees are provided face-to-face emergency care within two hours after the request for care is initiated by PIHP or directly by the Enrollee; life threatening emergencies shall be managed immediately.	**During the Review:** (1) Review Provider's office wait time policy and procedure manual (2) Review Provider's documentation/data specific to complaints/concerns for the review period selected to determine whether there are complaints related to office wait times **Notes:** **<u>Applies to the Following Services:</u>** -Enhanced (Diagnostic Assessment, SAIOP, SACOT, Ambulatory Detox and Outpatient Opioid) -Outpatient Services -Innovations: N/A -State-Funded Enhanced MH/SA/DD/SAS Services (refer to service definitions for specifics) **Scoring:** (1) The agency's policy and procedure manual should include steps the agency will take to address situations which prevent adherence to the office wait time standards (to include immediate notification of the enrollee when office wait times have been exceeded, estimated wait time and reason for delay) in order for this item to be scored as "Met" (2) If only reviewing services that this item does not apply, score this question as "N/A"	**Payback** **Plan-of-Correction** **Technical Assistance**

1.3	Is there evidence the provider agency provides physical access, reasonable accommodations, and accessible equipment for enrollees with physical or mental disabilities? 42 CFR 438.206 (3) Accessibility considerations. Each MCO, PIHP, and PAHP must ensure that network providers provide physical access, reasonable accommodations, and accessible equipment for Medicaid enrollees with physical or mental disabilities. DHB/NC Medicaid Contract Attachment S A. Facility Accessibility: Contracted Network Provider facilities must be accommodating for persons with physical or mental disabilities. PIHP shall require reasonable accommodations, in accordance with 42 CFR § 438.206 contained in 42 CFR Parts 430 through 481, edition revised as of October 1, 2015, and consider the ability of Network Providers to communicate with limited English proficient Enrollees in their preferred language and the ability of Network Providers to ensure physical access, reasonable accommodations, culturally competent communications, and accessible equipment for Medicaid Enrollees with physical or mental disabilities.	**During the Review:** (1) Review the agency's office policy and procedure manual for policies specific to facility accessibility, referral to other providers if needs of an individual cannot be accommodated, communications with limited English proficient enrollees, and culturally competent communications. (2) Review exterior and interior photographs for the following accommodations: handicapped parking and entrance ramps; wheelchair accommodating door widths; and bathrooms equipped with handicapped railing **Notes:** (1) Exterior and Interior photos must be provided that adequately demonstrate facility accessibility (2) If the office is located in a building that is not wheelchair accessible, Provider must accommodate for the accessibility needs of Members in their care by making arrangements for Members to be seen in an alternative locations where privacy is assured (3) If a Provider with fewer than (15) employees finds that there is no method of complying with accessibility requirements other than making significant alteration(s) in its' existing facilities, the provider may, as an alternative, refer the member to other Providers of those services that are accessible. (The provider assists the Member with choosing another provider that can meet their accessibility needs.) (4) **Applies to the Following Services:** -Enhanced (DA, PSR, Day Tx, Partial Hospitalization, FBC, SAIOP, SACOT, SA Non-Medical Community, Residential Tx, SA Medically Monitored Community Residential Treatment, Ambulatory Detox, Non-Hospital Detox, Medically Supervised Detox, Outpatient Opioid, Residential Services (I, II, III, IV, PRTF and TFC [Child Placing Agency]) -Outpatient Services -Innovations -Out of Home Crisis Supports; Day Supports; Residential Supports and Respite (facility only) -State-Funded Enhanced MH/SA/DD/SAS Services-See service definition for specifics ***See Additional guidance regarding this element on the following page.**	**Payback** **Plan-of-Correction** **Technical Assistance**

1.3	**Physical Access, Accommodations, and Accessible Equipment Guidelines Cont'd.** **Scoring:** (1) Policy and Procedures manual must have policy related to Members' physical access, reasonable accommodations, cultural competent communications, and accessible equipment in order for this item to be scored as "Met." (2) Exterior and Interior photographs must demonstrate accommodations listed above in order for this item to be scored as "Met."		
1.4	Does the agency have a tobacco free policy that prohibits smoking combustible tobacco products and the use of non-combustible tobacco products, including electronic, heated and smokeless tobacco products, and/or nicotine products that are not approved by the FDA as tobacco treatment medications, as well as, prohibits staff from purchasing, accepting as donations, and/or distributing tobacco products to the individuals they serve? NCDHHS NC Medicaid Division of Health Benefits. North Carolina Standard &Tailored Plan Tobacco-Free Policy Requirement.	**During the Review:** (1) Review Provider's policy and procedures manual for guidelines specifically related to tobacco use. **Scoring** (1) Provider's Tobacco-Use Policy Must Prohibit the Use of the Following Products: Combustible and Non-Combustible Products (including electronic/heated/smokeless tobacco products) and Nicotine Products that are not approved by the FDA as tobacco treatment medications in order for this item to be scored as "Met." (2) Provider's Tobacco-Use Policy Must prohibit staff from purchasing, accepting as donations, and/or distributing tobacco products to the Member served in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**
1.5	Does the agency's tobacco-free policy clearly apply to all members, staff, visitors, vendors & contractors as well as to all buildings, vehicles, and grounds within the agency's control? NCDHHS NC Medicaid Division of Health Benefits. North Carolina Standard &Tailored Plan Tobacco-Free Policy Requirement. **(Effective 7/1/25)**	**During the Review:** (1) Review Provider's policy and procedures manual for guidelines specifically related to tobacco use. **Scoring:** (1) Provider's tobacco-use guidelines must explicitly state that the tobacco-free policy is applicable to all members, staff, visitors, vendors and contractors in order for this item to be scored as "Met." (2) Provider's tobacco-use guidelines must state that the tobacco-use policy is applicable to all of the buildings, vehicles, and grounds that are controlled by the agency in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

1.6	Does the agency have tobacco-free signage posted as well as Quitline signage and material? NCDHHS NC Medicaid Division of Health Benefits. North Carolina Standard &Tailored Plan Tobacco-Free Policy Requirement. **(Effective 7/1/25)**	**Evidence:** Provider must submit photo or video evidence that tobacco-free and Quitline signage has been posted within the facility. Provider must submit photo evidence of the availability Quitline materials (such as pamphlets) within the facility. **Scoring**: Photo evidence of Tobacco-Free and Quitline signage, **and** Quitline materials must be submitted in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**
1.7	For ICF & IDD Residential providers, does the agency's policy: 1. Prohibit indoor use of tobacco products in all provider owned/operated contracted settings, 2. Prohibit staff/employees from using tobacco products anywhere on grounds 3. Provide for tobacco/2nd hand smoke-free common areas outside? NCDHHS NC Medicaid Division of Health Benefits. North Carolina Standard &Tailored Plan Tobacco-Free Policy Requirement. **(Effective 7/1/25)**	**During the Review:** (1) Review Provider's policy and procedures manual for guidelines specifically related to tobacco use. **Notes:** If only reviewing non ICF &IDD Residential services, score this item as "N/A." **Scoring:** Provider's tobacco-use policy must contain **all** of the following elements in order for this item to be scored as "Met." (1) Prohibition of indoor tobacco-use in all provider owned/operated/contracted settings. (2) Prohibition of staff/employee tobacco-use anywhere on [agency] grounds (3) Availability of tobacco/smoke-free common areas outdoors (to include second-and smoke)	**Payback** **Plan-of-Correction** **Technical Assistance**
1.8	Does the agency integrate tobacco use treatment or provide referrals to tobacco use treatment resources when needed? NCDHHS NC Medicaid Division of Health Benefits. North Carolina Standard &Tailored Plan Tobacco-Free Policy Requirement. **(Effective 7/1/25)**	**During Review:** (1) Review Member's service record to determine if there is a history of tobacco use. (2) **IF** the member reviewed has a history of tobacco use (based on a service record review), check for evidence that tobacco use treatment and/or tobacco use treatment resources has been provided to the member. **Scoring:** (1) If the member does not have a history of tobacco use, score this item as "N/A" (2) Evidence of provider's efforts to integrate tobacco use treatment [into the service treatment] or evidence that tobacco use treatment resources have been provided to the member must be submitted in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

Section 2: Treatment Planning, Provision & Documentation

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	HIGHEST LEVEL OF ACTION POSSIBLE: PB = Payback POC = Plan of Correction TA: Technical Assistance
2.1	Is there a valid consent for treatment in the service record? 27G 0205.6 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN: (d) The plan shall include: (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained 10A NCAC 27G .0206 CLIENT RECORDS: (6) A signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician. 10A NCAC 27E .0104 (g) (2) (B) When a restrictive intervention is used as a planned intervention, ...prior to the initiation or continued use of any planned intervention, the following written notifications, consents and approvals shall be obtained and documented in the client record:...consent of the client or legally responsible person, after participation in treatment planning and after the specific intervention and the reason for it have been explained in accordance with 10A NCAC 27D .0201. RM&DM [APSM 45-2] G. S. § 90-21.5 - Minor's consent sufficient for certain medical health services. (See Appendix G)	**During Review:** Review the service record for a consent for treatment signed by the individual and/or legally responsible person prior to the date of service being reviewed. **Notes:** (1) This item is not solely for consent for the treatment that is outlined on the plan; therefore a separate consent for treatment is required. (2) If an individual has a Behavior Support Plan that includes both the developer's and Individual's or legally responsible person's signatures, this constitutes informed consent. (3)If no written consent is found, look for documentation explaining why written consent was not obtained. (4) Any planned restrictive interventions must be included in the plan. (5) A minor may seek and receive periodic services from a physician without parental consent 6.) Consent is not required prior to the completion of a CCA. **Scoring:** The Following Elements are Required (and must be included in order for this item to be scored as "Met.") 1. Signature of the individual and/or legally responsible person. 2. Permission to seek emergency medical care from a hospital or physician (consent does not need to be hospital/physician specific) shall be obtained from the individual or legally responsible person. 3. Consent for planned use of a restrictive intervention.	**Payback** **Plan-of-Correction** **Technical Assistance**

2.2	Is there a valid clinical/psychological/diagnostic assessment supporting/recommending the service provided? APSM-45.2 RM &DM Chapter 3 Clinical Assessments and Evaluations. NC Medicaid Diagnostic Assessment. Clinical Coverage Policy 8A-5. Clinical Coverage Policy 8A.	**During the Review:** (1) Review the Clinical Coverage Policy or Service definition for the service reviewed to determine if there is a specific type of assessment/evaluation required for the service. (2) Review the assessment/evaluation to ensure it contains the required elements (if applicable). (3) Verify that the service reviewed is recommended in the assessment/evaluation **Scoring:** Valid clinical/psychological/diagnostic assessment that supports/recommends the service reviewed must be submitted in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

2.3	Is there a valid service plan? DHB/NC Medicaid Clinical Coverage Policy 8A-8P 5.4 Service Orders 5.5.1 Medicaid Service Summary 5.7 PCPs 5.7.2 PCP Reviews and Annual Rewriting State-Funded Enhanced Mental Health and Substance Abuse Services, Section 5.4: A comprehensive clinical assessment is one mechanism to demonstrate medical necessity for a service and to assess and identify an individual's needs. For state-funded services, a service order is recommended. Providers shall coordinate with Trillium regarding their requirements for service orders. Section 5.7 Person Centered Plans - Most state-funded services covered by this policy require a PCP. Refer to the service definitions in Attachment D, the DMH/DD/SAS Person-Centered Planning Instruction Manual, and the DMH/DD/SAS Records Management and Documentation Manual for specific information. RM&DM [APSM 45-2] PCP Instruction Manual. State-Funded MH/DD/SA Service Definitions.	**During the Review:** **Review the service plan for the following criteria:** (1) Format required by service definition Most, but not all enhanced services per Medicaid Clinical Coverage Policies 8A, 8A-1, 8A-2 and State-Funded Enhanced Mental Health and Substance Abuse Services require a Person Centered Plan See also State-Funded MH/DD/SA Service Definitions. (2) Specific plan requirements (per service definition) (3) For providers that have electronic health records or electronic medical records, the PCP must contain all the required elements in accordance with 10A NCAC 27G .0205, but the standard format of the paper PCP is not required. - The individualized PCP/Service Plan shall begin at admission and shall be rewritten annually and updated/revised: If the needs of the person have changed, (e.g., an existing service is being reduced or terminated On or before assigned target dates expire For the addition of a new service When a provider or service changes. (4) The individualized PCP must include the elements required for the comprehensive crisis plan [Crisis Prevention and Intervention Plan]. (5) Appropriate service has been ordered on or before the date of service being reviewed. The service needs to be identified in the Action Plan of the PCP to be ordered via signature on the PCP. If the service does not require a PCP, a separate service order form is acceptable. (6) Dated Signatures: Medicaid-funded services must be ordered by a licensed MD or DO, licensed psychologist, licensed nurse practitioner or licensed physician assistant unless otherwise noted in the Service Definition. For state-funded services, a service order is recommended. ***See Additional guidance regarding this element on the following page.**	**Payback** **Plan-of-Correction** **Technical Assistance**

2.3

Service Plan Requirements Cont'd.

(7) Each service order must be signed and dated by the authorizing professional.

A. All MH/IDD/SU services, reimbursed by Medicaid (except assessments/evaluations) must be ordered prior to or on the day services begin. For some of the state-funded definitions, a service order is required, and for others, the provider is directed to the LME-MCO to coordinate with them regarding *their* service order requirements.

*****Per CCB #3-8/26/15: Trillium will require ALL STATE-Funded Mental Health and Substance-Use services to be ordered by a licensed physician, licensed psychologist, physician assistant, or licensed nurse practitioner prior to or on the day that the services are to be provided.

*Per CCB #3-8/26/15: Effective October 01, 2015, the Part III Service Orders Section A of the PCP must be fully completed by a licensed physician (MD or DO), licensed psychologist (PhD), licensed physician assistant or a licensed nurse practitioner or Medicaid and State-Funded Mental Health and Substance Use services. Section B may still be completed by a Qualified Professional (QP) or Licensed Professional (LP) for Intellectual and Developmental Disability services. (These same rules apply for B3 services.)

1. Electronic signatures are permitted in accordance with 45-2, Chapter 8-6 for providers with electronic health or medical records.
2. Dates may not be entered by another person or typed in
3. No stamped signatures unless there is a verified Americans with Disabilities Act (ADA) exception.
4. When the PCP is reviewed/updated, but no new service is the result, the signature for the service order is not required unless it is time for the annual review of medical necessity.

(8) In a PCP, service must be identified in the plan for the service order to be valid.
(9) Signatures are obtained for each required/completed review, even if no change occurred.
(10) Signature verifying medical necessity (a service order) is required only if a new service is added, unless it is the annual review of medical necessity.
(11) Author of the PCP and the legally responsible person (LRP) have signed the PCP: If the legally responsible person did not sign the PCP until after the service date, there must be documented explanation and evidence of ongoing attempts to obtain the signature.
(12) For audit purposes, signatures must be dated on or before the date of service, but never before the Date of Plan.
(13) Service plan must indicate the specific service that was billed.
(14) Target dates may not exceed 12 months.
(15) Documentation of the legally responsible person (if not the parent of a minor, needs to be reviewed)

1. Court-ordered guardianship or court-appointed custody to DSS.
1. If a minor is cared for by someone other than a parent, and evidence of that caretaker having the intention for long-term care is present, that may be accepted as "in loco parentis" in lieu of legal guardianship.

(16) If the service plan format requires a crisis plan, the crisis plan must address all areas as outlined in the PCP format. Use a copy of the PCP to determine these areas.

2. A crisis plan that states only to "call 911" is not an acceptable plan.

(17) Service Plan should be clearly based on the Individual's **documented** needs.

3. Check the plan against other plans to assure that it is based on that Individual's needs. (Canned plans with the same goals and strategies are not acceptable.) Wording from an individual's plan, and subsequent plans that are exact replications would require additional review to ensure that the service plan is based on the person's identified need(s) and CCA if appropriate to the service. If this cannot be validated by the reviewer, tis item should be scored as "Not Met." There must always be one goal that meets the requirement of the service definition.

Scoring:
(1) Service Plan must meet the requirements per the applicable service definition and Clinical Coverage Policy in order for this item to be scored as "Met."
(2) If there is not a service plan in the record for the date of service this item should be scored as "Not Met."

2.4	Is there a valid service order? DHB/NC Medicaid Clinical Coverage Policies 8A-8P State-Funded Enhanced Mental Health and Substance Abuse Services Service Definitions State-Funded MH/DD/SA Service Definitions Records Management and Documentation Manual APSM 45-2 (Section 5-2)	**During Review:** (1) Review the Member's service plan to locate the service order (2) Verify that the service order is current for the DOS reviewed, and that all necessary checkboxes and signatures have been completed **Note:** Refer to the information listed in Section 2.3 of these guidelines for guidance related to service orders. **Scoring:** Service order must be current, and must contain all of the required elements in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

2.5	Does the member meet entrance criteria per the service definition? DHB/NC Medicaid CCPs 8A; 8A-1, 8A-2 State-Funded Enhanced Mental Health and Substance Abuse Services. In each policy, there is a section within each service definition labeled “Entrance Criteria;” these criteria must be met for the service(s) being reviewed. The entrance criteria are too numerous to reprint here - please refer to CCP 8A or State-Funded Enhanced Mental Health and Substance Abuse Services to the Entrance Criteria sections. APSM – 45-2 RM&DM State-Funded MH/DD/SA Service Definitions.	**During the Review:** Review the assessment in relation to the entrance criteria found in the service definition in DMA CCPs 8A, 8A-1, 8A-2 State-Funded Enhanced MH and SA Services, or State-Funded MH/DD/SA Service Definitions, Rev. 8/1/14. Does the CCA indicate that the individual is eligible to receive the service? **Notes:** (1) A Comprehensive Clinical Assessment that demonstrates medical necessity shall be completed prior to the provision of service. If a substantially equivalent assessment is available, reflects the current level of functioning, and contains all the required elements as outlined in community practice standards as well as in all applicable federal and state requirements, it may be used as part of the current Comprehensive Clinical Assessment. (2) In the event that an individual declines the recommended level of care and it is deemed clinically appropriate to provide services at a lower level of care, an explanation must be documented in a clinical note or addendum. (3) If a change in service is recommended as a result of reassessment, the reassessment must be documented. (4) If reviewing a service that has been authorized, UM has already validated medical necessity/entrance criteria is met. However, if reviewing a service/date that falls within a pass-through period, review CCA carefully to determine if “Met” or “Not Met.” Services with a pass-through period: CST (first 30 days); SACOT (first 60 days); SAIOP (first 30 days); FBC (first 112 units/days); OPT (24 unmanaged visits/fiscal year); MST (no prior auth. for Medicaid); Partial Hosp. (first 7 days); Mobile Crisis (first 32 [15 min.] units; Peer Support (24 unmanaged [15 min] units/fiscal year; Supp. Employment (MH/SU; first 64 [15 min.] units **Scoring:** (1) Score this item as “NA” if the service reviewed is an assessment (2) If reviewing a service that has not been authorized by UM, evidence that the member meets the entrance criteria for the service review must be submitted in order fo r this item to be scored as “Met.”	**Payback** **Plan-of-Correction** **Technical Assistance**

2.6	When required by the service definition, and as authorized by the member, there is documentation that coordination of care is occurring between the providers involved with the individual. Refer to the pertinent DHB/NC Medicaid Clinical Coverage Policy or State-Funded service definition	**Evidence**: The agency must demonstrate that coordination with other providers, organizations, and natural supports, as required by the service definition, is occurring for each client in the sample. **Notes:** (1) Coordination of care requirements will vary by service definition, and documentation formats will vary by agency, but must be written. **Common requirements include, but are not limited to**: case management; coordination with medical, psychiatric, or other providers; coordination in crisis or discharge planning; participation in child and family teams. (2) If an individual refuses to allow the agency to contact other providers or natural supports, the agency must provide documentation of the refusal. (3) Clinical Coverage Policies 1A-41, 8A, 8A-1, and 8A-2: Coordination of care expectations vary by service definition. Documented activities should be based on service definition requirements and individualized according to the PCP. (4) All service definitions except Diagnostic Assessment, Partial Hospitalization, and Detoxification services contain some description of expected coordination activities. *Mobile Crisis Management requires coordination through crisis planning at discharge. *Professional Treatment Services in Facility-Based Crisis Program and Substance Abuse Medically Monitored Community Residential Treatment require linkage to the community at discharge. *DMH/DD/SAS State-Funded Enhanced MH/SA Service Definitions - same guidance as above. *Existing State-Funded DMH/DD/SA Service Definitions - same guidance as above. *Clinical Coverage Policy 8C: Reference - Section - 7.2.2 Clinical Coverage Policy 8P (Innovations Waiver Services): N/A **Scoring**: (1) For each service which requires care coordination, the agency must provide documentation that demonstrates coordination with another agency, organization, or natural support, as described by the service definition, and individualized to the consumer in order for this review item to be scored as "Met." (2) If the provider has submitted evidence of their efforts to ensure linkage and coordination, but their efforts have not resulted in a response (such as unanswered emails or phone calls) score this item as "Met." (3) For claims for Diagnostic Assessment, Partial Hospitalization, and Detoxification services), score this item as "N/A."	**Payback** **Plan-of-Correction** **Technical Assistance**

2.7	Is there a valid service note? State-Funded Enhanced MH and SA Services DHB/NC Medicaid CCP 8A - Section 5.8: DHB/NC Medicaid CCP 8A-1 - Section 5.5 and 8A-2 – Section 5.5 State-Funded MH/DD/SA Service Definitions RM&DM [45-2	**Scoring:** Service Note must meet each of the requirements listed below in order to be scored as "Met." (1) Service note must be written and signed by the person who provided the service (full signature, no initials). 4. Signature includes credentials, license, or degree for professionals; position name for paraprofessionals, which may be typed, stamped or handwritten. (Do not rate as "Not Met" if credentials are missing. If it is a systemic issue, require a Plan of Correction.) 5. If there is an unsigned note, review and rate this and other questions related to the note accordingly. Questions related to the staff person remain rated as "N/A." 6. Do not assume based on handwriting that you can identify the service provider. If a signature is questionable, request the provider's signature log to validate signature. (2) Service note must reflect intervention/treatment. 1. Even if the goal(s) are not written out on the note in the exact verbiage as in the plan, if the note/intervention relates to at least one current goal in the plan, score this item as "Met;" however, provide feedback on the tool if improvement is needed in this area. 2. If the intervention relates to a goal in the plan but it is not the stated goal on the note, do not call out of compliance, but make a clear comment in the comment section. If it is a systemic issue, require a POC. (4) Documentation provided for a specific date of service must adequately represents the number of units paid. 3. Does the intervention/treatment documented justify the amount of time paid? Does the intervention documented reasonably take place in the time documented? (5) Documentation must be completed within 24 hours of the staff's shift (for example, if the staff person is off for next 2 days those days don't count toward the 24 hours). 1. All notes entered after the 24 hours must be entered as a "late entry." In order for a date of service to be billable, a note must be written or dictated within 7 calendar days. The note shall be entered as a "late entry" and must include a dated signature. If an electronic note (one example, Microsoft Word) is used and late entries are tracked/stamped in the system, this will meet documentation requirements. *** See below for additional guidance related to service documentation requirements.**	**Payback** **Plan-of-Correction** **Technical Assistance**

2.7

Service Notes Guidelines Continued
Scoring: Service Note Requirements Continued.

(6) Service note must be individualized and specific to the date of service.

1. Review service notes around the service date audited to determine if notes are individualized. (Notes should vary from day to day, and person to person.
2. The first record audited may have to be revisited if consequent notes in another record appear to be the same.
3. Documentation that has been photocopied from an earlier service date, or is a handwritten replication of an earlier note is not acceptable.
4. Considerations: Look very closely at the record
    1. Exact wording across 2 or more notes for one person or across records
    2. Conflicting pronouns (he/she; him/her)
    3. Other individual's names or identifying information found within the service notes

Notes:

(1) Written" means "composed".

(2) If there is no note for the date being audited, then audit questions related to the qualifications, training, supervision, record checks of the staff who provided the service are rated "N/A."

(3) Determining whether or not documentation reflects treatment for the duration of the service billed can be a very gray area, so do not score this item as "Not Met" unless there is no question about the intervention/treatment documented vs. the amount of time billed. If reviewing a "canned" note, score this item as "Not Met" since it cannot be verified if or what treatment occurred on the date of service.

(3) **EHR/EMR Service Documentation:**

5. If an electronic health record (EHR/EMR) is used late entries are tracked/date stamped in the system, therefore the procedures for labeling late entries as outlined in the RMDM (45-2) are not required.
6. When a provider utilizes an EMR or EHR system, access should be granted to the reviewer to the appropriate documentation to ensure there is compliance with all components of this element.
7. Subsequently, if a paper version has to be provided (this should be the exception and not the rule), it is the responsibility of the provider to ensure that comprehensive information is provided at the time of submission.
8. As long as the provider ensures that all elements are provided to the reviewer in a printed format, it is understood that the format as specified in RMDM 45-2 is not applicable due to the use of EHR/EMR

(4) **For a service grid**: "Written" means "completed" by the person who provided the service. Each provider of the service must complete the information on the back of the grid – print name, full signature (including position [paraprofessionals] or credentials [professional] and initials). The initials on the back of grid must match the initials on the front to verify that the service provider signed the note. As long as there is an appropriate signature with corresponding initials on the grid, full signatures are not required for every entry. • For a full service note: "Written" means composed. There must be a full signature, no initials. If a signature is questionable, request the provider signature log to validate signature.

2.8	Is there evidence the provider serves as first responder (if required by the service definition)? Refer to the pertinent DHB/NC Medicaid Clinical Coverage Policy or State-funded service definition.	**Evidence**: (1) The agency must demonstrate that it is providing 24/7/365 coverage as provided by their service definition. Documentation will vary by agency and ***may*** include, but not be limited to any of the following: first responder procedures and staffing logs, documentation of provision of first responder services, written arrangements with other entities for provision of crisis services, documentation in the service plan, agency policies and procedures, documentation that the individual has been given specific information about how to access services during a crisis. (2) Trillium's monitoring team may, at their discretion, choose to test first responder 24/7/365 capabilities by calling the first responder line. **Notes:** **Clinical Coverage Policies 1A-41, 8A, 8A-1 and 8A-2**: Individual's crisis plan must include the agency or designate as the first responder and provide explicit information about how to access first responder service when in crisis. **Enhanced MH and SAS:** First responder requirements vary by service definition. **Diagnostic Assessment, Psychosocial Rehabilitation and Partial Hospitalization:** No first responder requirements; claims for these three services, should be marked "N/A." **Clinical Coverage Policy 8C (Outpatient Behavioral Health):** Reference - Section 7.4 **DMH/DD/SAS State-Funded Enhanced MH/SA Service Definitions**: Same guidance as above. **Clinical Coverage Policy 8P (NC Innovations)**: Provision of crisis services or an arrangement with an enrolled crisis services provider is only required for the following service definitions: Community Living and Supports, and Residential Supports. The client may choose any enrolled crisis provider and is not required to use the agency's crisis services provider. For claims for services definitions which do not require crisis services, this item should be marked N/A. **Scoring:** (1) For each service which requires 24-hour coverage, the agency must provide documentation that demonstrates provision of crisis services as required by their service definition in order for this item to be scored as "Met." (2) Crisis plans must include explicit information about accessing first responder or crisis services in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

2.9	Is progress noted in at least 1 of the expected clinical outcomes OR, if progress is not noted, is it being addressed by the provider/treatment team and are appropriate modifications being made to the plan- goals, strategies and interventions? Refer to the pertinent DHB/NC Medicaid Clinical Coverage Policy or State-funded service definition.	**During the Review:** Review the applicable Service Definition or Clinical Coverage Policy to determine the expected clinical outcome for the service that was provided on the DOS reviewed. **Evidence:** Documentation related to the Member's progress in at least 1 of the clinical outcomes may be documented in the PCP Updates, Service Notes/Grids, CFT Notes, etc. **Scoring:** (1) Documented evidence of progress towards at least 1 of the clinical outcomes included in the applicable Service Definition or Clinical Coverage Policy for the service provided on the DOS reviewed must be submitted in order for this item to be scored as "Met." (2) Score this item as "N/A" for services that do not have expected clinical outcomes (such as respite). (3) **IF** the DOS being reviewed is too early within the provision of treatment/services to have achieved clinical outcomes or warrant changes, score this item as N/A.	**Payback** **Plan-of-Correction** **Technical Assistance**
2.10	Does the documentation indicate the requirements of the service definition were met? DHB/NC Medicaid CCPs 8A, 8A-1, 8A-2 State-Funded Enhanced MH and SA Services State-Funded MH/DD/SA Service Definitions	**During the Review:** The service definition being audited must be reviewed in Clinical Coverage Policies 8A, 8A1, 8A-2 State-Funded Enhanced MH and SA Services; or State-Funded MH/DD/SA Service Definitions. The definition is compared to a review of all staff providing the service in the sampling, including staff or team composition requirements, staff ratios, and staffing levels, when required, as well as types of coverage, allowable activities, and other critical aspects of the service definition. **Scoring:** Review of the critical aspects, staffing patterns, and other key requirements outlined in the service definition must be verified in the documentation on the date the service being reviewed, in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

Section 3:
Review Elements Applicable ONLY to Non-Accredited, Non-Licensed Providers

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	HIGHEST LEVEL OF ACTION POSSIBLE: PB = Payback POC = Plan of Correction TA: Technical Assistance
3.1	There is evidence that the individual or legally responsible person has been informed of their rights. 10A NCAC 27D .0201 (a) A written summary of client rights as specified in G.S. 122C, Article 3 shall be made available to each client and legally responsible person. (b) Each client shall be informed of his right to contact the Governor's Advocacy Council for Persons with Disabilities (GACPD) [sic] Disability Rights North Carolina, the statewide agency designated under federal and State law to protect and advocate the rights of persons with disabilities. (d) In each facility, the information provided to the client or legally responsible person shall include; (1) the rules that the client is expected to follow and possible penalties for violations of the rules. (3) the procedure for obtaining a copy of the client's treatment/habilitation plan. **Item # (d)(2) in rule has been deleted intentionally as it is asked in another review item.*	**Prior to Review:** Request to review a copy of the agency's documents that are given to the individual/LRP informing them of their rights. **Evidence: Information provided to the individual must be in writing, and include the following elements:** 1. The individual/LRP has been informed of the right to contact Disability Rights North Carolina (formerly the Governor's Advocacy Council for Persons with Disabilities); 2. Rules for the agency that the individual is expected to follow and possible penalties for violations of the rules; 3. Documentation that the individual/LRP has been informed in writing the process for obtaining a copy of his or her treatment plan. **Notes:** (1) Information must be given within 3 visits or 72 hours, if a residential facility. (2) Verification of time requirement is noted through the dated signature of the LRP/ individual acknowledging receipt. **Scoring:** Each record must contain the three elements listed above in order to be scored as met.	**Payback** **Plan-of-Correction** **Technical Assistance**

3.2	The individual has been informed of the right to consent to or to refuse treatment. 10A NCAC 27D .0303 (c) Each voluntary client or legally responsible person has the right to consent or refuse treatment/habilitation in accordance with G.S. 122C-57(d). A voluntary client's refusal of consent shall not be used as the sole grounds for termination or threat of termination of service unless the procedure is the only viable treatment/habilitation option available at the facility. G S § 122C-57. Right to treatment and consent to treatment.(d) Each voluntarily admitted client or the client's legally responsible person (including a health care agent named pursuant to a valid health care power of attorney) has the right to consent to or refuse any treatment offered by the facility. Consent may be withdrawn at any time by the person who gave the consent. If treatment is refused, the qualified professional shall determine whether treatment in some other modality is possible. If all appropriate treatment modalities are refused, the voluntarily admitted client may be discharged. In an emergency, a voluntarily admitted client may be administered treatment or medication, other than those specified in subsection (f) of this section, despite the refusal of the client or the client's legally responsible person, even if the client's refusal is expressed in a valid advance instruction for mental health treatment. The Commission may adopt rules to provide a procedure to be followed when a voluntarily admitted client refuses treatment.	**Evidence:** Review the records in the sample to ensure a signed consent to treat is in place. **Notes:** Consent should reference the receipt or review of the agency's policy/handout which includes the following elements: 1. Clients have the right to refuse treatment as described in the statute without threat or termination of services except as outlined in the statute. 2. Consent for treatment may be withdrawn at any time. **Scoring**: Signed consent to treat, which includes the required elements, or references receipt or review of documentation, which includes the required elements, must be present in the record in order for this item to be scored as met.	**Payback** **Plan-of-Correction** **Technical Assistance**

3.3	The individual is informed of the right to treatment, including access to medical care and habilitation, regardless of age or degree of MH/IDD/SA disability. G S § 122C-51 Declaration of policy on clients' rights... It is further the policy of this State that each client who is admitted to and is receiving services from a facility has the right to treatment, including access to medical care and habilitation, regardless of age or degree of mental illness, developmental disabilities, or substance abuse. Each client has the right to an individualized written treatment or habilitation plan setting forth a program to maximize the development or restoration of his capabilities. NCAC 27G .0205 ASSESSMENT AND TREATMENT/ HABILITATION OR SERVICE PLAN (d) The plan shall include: (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	**Evidence:** Review a copy of the documents that the agency gives to the individual/LRP, informing them of their right to treatment, including access to medical care and habilitation, regardless of age or degree of MH/DD/SA disability. **Notes:** (1) Rights information must include both the right to an individualized written treatment plan **and** the right to access medical care for treatment of physical ailments. (2) Information provided to the individual must be in writing. **Scoring:** Each record must contain all elements in order to be scored as met.	**Payback** **Plan-of-Correction** **Technical Assistance**

3.4	The individual has been notified that release/disclosure of information may only occur with a consent unless it is an emergency or for other exceptions as detailed in the General Statutes or in 45 CFR 164.512 of HIPAA. 45 CFR 164.512: Uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required. 10A NCAC 26B .0205 INFORMED CONSENT Prior to obtaining a consent for release of confidential information, a delegated employee shall inform the client or his legally responsible person that the provision of services is not contingent upon such consent and of the need for such release. The client or legally responsible person shall give consent voluntarily. 10A NCAC 26B .0201 CONSENT FOR RELEASE Area or state facility employees may not release any confidential information until a Consent for Release form as described in Rules .0202 and .0203 of this Section has been obtained. Disclosure without authorization shall be in accordance with G.S. 122C-52 through 122C-56 and Section .0300 of this Subchapter. 10A NCAC 26B .0301 NOTICE TO CLIENT (a) Each area or state facility that maintains confidential information shall give written notice to the client or the legally responsible person at the time of admission that disclosure may be made of pertinent information without his expressed consent in accordance with G.S. 122C-52 through 122C-56. This notice shall be explained to the client or legally responsible person as soon as possible. 10A NCAC 26B .0205 INFORMED CONSENT Prior to obtaining a consent for release of confidential information, a delegated employee shall inform the client or his legally responsible person that the provision of services is not contingent upon such consent and of the need for such release. The client or legally responsible person shall give consent voluntarily. 42 CFR Part 2 Subpart D Disclosures Without Patient Consent. General Statute 122C-52(d) No provision of G.S. 122C-205 and G.S. 122C-53 through G.S. 122C-56 permitting disclosure of confidential information may apply to the records of a client when federal statutes or regulations applicable to that client prohibit the disclosure of this information.	**Evidence:** Request to review a copy of the documents that the agency gives to the individual/LRP informing them of confidentiality requirements and exceptions to confidentiality. **Notes:** Information provided to the individual must be in writing and include the following elements: 1. That confidential information may not be released without written consent except in emergency or as provided for in General Statutes 122C-52 through 122C-56, and that release/disclosure may occur without consent in the case of required emergency treatment, request from the funding source, or an audit. 2. That the provision of services is not contingent upon such consent and of the need for such release. The client or legally responsible person shall give consent voluntarily. 3. That confidential information may not be disclosed without written consent when federal statutes prohibit that release. **Scoring:** (1) The provider should present evidence that each of the elements listed in the cited regulations has been explained to the individual/LRP. This may be explained in writing or verbally, but the individual/LRP should sign, indicating that each of the elements have been explained. (2) Each record must contain all elements in order to be scored as met.	**Payback** **Plan-of-Correction** **Technical Assistance**

3.5	Authorizations to release information are specific to include the individual's name, the name of the facility releasing information, the name of the individual to whom information is being released, the specific information to be released, the purpose, the length of time the consent is valid, and the signatures of the individual/legally responsible person. 10A NCAC 26B .0202 10A NCAC 26B .0202 CONSENT FOR RELEASE FORM (a) 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: (1) client's name; (2) name of facility releasing the information; (3) name of individual or individuals, agency or agencies to whom information is being released; (4) information to be released; (5) purpose for the release; (6) length of time consent is valid; (7) 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; (8) signature of the client or the client's legally responsible person; and (9) date consent is signed.	**Evidence:** Review the most recent authorization obtained within the 12 months prior to the review. **Note:** For each release every element must be reflected in the authorization to include, but is not limited to: 1. Individual's name; 2. Name of the facility releasing the information; 3. Name of the individual or individuals, agency, or agencies to whom information is being released; 4. Information to be released. The individual must specifically authorize the release/disclosure of information which contains HIV/AIDS information (NC General Statute 130A -143) and Substance Abuse information (42 CFR Part 2). For example, boxes to be checked indicating authorization; statement of authorization, etc. These examples are not all inclusive. 5. Purpose for the release; 6. Length of time that the consent is valid, 7. 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; 8. Signature of the individual or the individual's legally responsible person; and 9. Date that the consent is signed. **Scoring:** Each record must contain all elements in order to be scored as met.	**Payback** **Plan-of-Correction** **Technical Assistance**

Section 4: REVIEW ELEMENTS APPLICABLE TO INNOVATIONS WAIVER SERVICES			
ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	HIGHEST LEVEL OF ACTION POSSIBLE: PB = Payback POC = Plan of Correction TA: Technical Assistance
4.1	Are the short range goals on the ISP current and valid for the date of service? DHB/NC Medicaid CCP 8P, Section 7.2.6 General Documentation Requirements.	**During the Review:** Review Member's treatment record for short-range goals that are current for the DOS reviewed. **Notes:** (1) Short-Range goals are not required for non-habilitative services (e.g. respite and personal care) (2) Short-Range goals and task analysis or strategies must be signed by the person served or the legally responsible person, if the individual has a court appointed general or guardian of the person. (3) Short-Range goals and task analysis or strategies shall be completed and signed prior to the implementation of the ISP. (4) For audit purposes, ISP signatures must be dated on or before the first date of service provision. (5) The frequency of goal implementation will be unique to the person and their service needs, e.g. not all people wash their hair daily – some may do it weekly, some daily, some every other day – thus the reviewer must be cognizant of the person's individuality when scoring this item. (6) If the provider's task analyses or strategies are included in the ISP, then a separate document is not required. (7) Provider must develop short range goals which link back to the long-range outcomes on the ISP. (8) Provider must develop task analysis or strategies to support the short-term goals. To meet intent, task analyses/strategies will be reviewed to determine if this item is met. **Scoring:** Provider must submit short-range goals that meet the requirements listed above in order for this item to be scored as "Met."	Payback Plan-of-Correction Technical Assistance

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	HIGHEST LEVEL OF ACTION POSSIBLE: PB = Payback POC = Plan of Correction TA: Technical Assistance
Section 5: REVIEW ELEMENTS APPLICABLE TO INTENSIVE IN-HOME SERVICES			
5.1	Was treatment provided by a team composed of FTE (no more than 2) LP/team leader(s), FTE (no more than 2) QP(s), FTE (no more than 2) QP or AP (1 CCS, LCAS or CSAC if treating a member w/ SU)? 10A NCAC 27G .0104 STAFF DEFINITIONS. 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS. DHB/NC Medicaid CCP 8A, Section 6.3: Staff Definitions. NC Medicaid Enhanced Mental Health and SA Services Clinical Coverage Policy 8A. Intensive In-Home Services: Staffing Requirements. State-Funded Enhanced Mental Health and SA Services. Intensive In-Home Services: Staffing Requirements.	**During the Review:** . (1) Review the documentation submitted by the provider to verify that each of the required personnel/staff positions were in place around the DOS reviewed. (2) Review Member's service record to determine if substance use treatment is required (based on the Member's documented service needs). **IF** the member has a documented history of substance use, verify that at least one member of the team is a CCS, LCAS or CSAC. **Notes:** (1) Evidence of staffing patterns may vary amongst Providers. (2) Providers' documentation of team composition must include staff names, credentials and role. **Scoring:** (1) Service documentation must clearly demonstrate that services have been provided by the required staff/personnel (1 LP and 2 QPs OR 1 LP, 1 QP and 1AP) in order for this item to be scored as "Met." (2) If SU treatment is required, evidence that at least 1 member of the IIH team is a CCS, LCAS or CSAC must be submitted in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

5.2	Is there evidence of direct clinical interventions by the LP/team leader to include individual and/or family therapy? NC Medicaid Enhanced Mental Health and SA Services Clinical Coverage Policy 8A. Intensive In-Home Services. -Service Definition and Required Components: The Team Leader must provide direct clinical interventions with each beneficiary. -Service Definition and Required Components: IIH services are delivered to children and adolescents, primarily in their living environments, with a family focus, and IIH services include but are not limited to the following interventions as clinically indicated: (a) individual and family therapy. -Staffing Requirements: The team leader is responsible for the following: (a) providing individual and family therapy for each beneficiary served by the team State-Funded Enhanced Mental Health and SA Services. Intensive In-Home Services. (Service Definition and Required Components.)	**During the Review:** (1) Review the service record for evidence that the team's LP has provided direct clinical interventions to the member and/or his/her family members around the DOS reviewed. (2) Review the personnel file for licensed staff to verify that the education/experience requirements have been met for the credential. **Note:** Collateral contacts with Member's school, physician, etc. cannot be utilized to satisfy the requirements for this question. **Evidence:** Full service note (to include staff's signature and credential) **Scoring:** Provider must submit evidence that the LP/team leader provided direct clinical interventions to the member and or family members (to include individual or family therapy) in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**
5.3	SU disorder tx interventions provided (if SU dx is present)? NC Medicaid Enhanced Mental Health and SA Services Clinical Coverage Policy 8A. Intensive In-Home Services. -Service Definition and Required Components: IIH services include but are not limited to the following interventions as clinically indicated: (b) substance use disorder treatment interventions. State-Funded Enhanced Mental Health and SA Services. Intensive In-Home Services. (Service Definition and Required Components.)	**During the Review:** (1) Review Member's service record to determine if there is a documented history of substance use. (2) IF the member has a history of substance use, review the service record for evidence of SU treatment interventions around the DOS reviewed. **Evidence:** Substance use treatment interventions should be documented within the Member's PCP as well as the service notes. **Scoring:** (1) If the member reviewed does **not** have a history of substance use, score this item as "N/A." (2) Evidence of SU treatment interventions must be documented within the Member's PCP and service notes in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

5.4	Was a Behavior Support Plan developed with the member and caregivers? NC Medicaid Enhanced Mental Health and SA Services Clinical Coverage Policy 8A. Intensive In-Home Services. -Service Definition and Required Components: IIH services include but are not limited to the following interventions as clinically indicated: (c) developing and implementing a home-based behavioral support plan with the beneficiary and the beneficiary's caregivers. State-Funded Enhanced Mental Health and SA Services. Intensive In-Home Services. (Service Definition and Required Components.)	**During the Review:** (1) Review the Member's service record for a current Behavior Support Plan. (2) Review the Behavior Support Plan for the developer's signature, as well as the signature of the member and his/her caregiver(s). **Scoring:** A Behavior Support Plan must be submitted in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**
5.5	Was psychoeducation provided to member, family/caregivers, and other supports re: dx/treatment/condition, etc.? NC Medicaid Enhanced Mental Health and SA Services Clinical Coverage Policy 8A. Intensive In-Home Services. -Service Definition and Required Components: (d) psychoeducation imparts information about the beneficiary's diagnosis, condition, and treatment to the beneficiary, family, caregivers, or other individuals involved with the beneficiary's care. -Staffing Requirements: All IIH staff have responsibility for the following under the direction of the team leader: (c) Providing psychoeducation as indicated in the PCP State-Funded Enhanced Mental Health and SA Services. Intensive In-Home Services. (Service Definition and Required Components; Staffing Requirements)	**During the Review:** Review the service record for evidence that psychoeducation has been provided to the Member's family/caregivers/other supports around the DOS reviewed. **Evidence:** Documentation of psychoeducation may be found in the service notes, family therapy notes, or individual therapy notes. **Note:** Psychoeducation should be listed in the Member's PCP as a goal and/or intervention, however, evidence that psychoeducation has actually been provided to the member/family/caregivers must be submitted for review. **Scoring:** Evidence that psychoeducation has been provided to the Member **and** his/her Natural Supports (caregiver(s), family member(s), etc.) must be submitted in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

5.6	Is there evidence the parent/caregiver was an active participant in treatment? NC Medicaid Enhanced Mental Health and SA Services Clinical Coverage Policy 8A. Intensive In-Home Services. -Service Definition and Required Components: The parent or caregiver must be an active participant in the treatment. The team provides individualized services that are developed in full partnership with the family. -Service Definition and Required Components: In partnership with the beneficiary's family, and the legally responsible person, as appropriate, the licensed or QP is responsible for convening the Child and Family Team, which is the vehicle for the person-centered planning process. -Expected Clinical Outcomes: (c) Beneficiary and family or caregiver' engagement in the recovery process. State-Funded Enhanced Mental Health and SA Services. Intensive In-Home Services. (Service Definition and Required Components; Expected Clinical Outcomes)	**During the Review:** Review Member's service record for evidence of his/her family's involvement in the treatment around the DOS reviewed. **Evidence:** Documented evidence of the parent/ caregiver's participation in treatment may include (but is not limited to) the following: (1) Parent/Caregiver's signature on Signature Page within PCP (2) Parent/Caregiver's signature/printed name on CFT Meeting Sign-In sheet (3) Parent/Caregiver participation in IIH sessions and/or family therapy **Scoring:** Submission of evidence of Parent/Caregivers' participation in treatment is required in order for this item to be scored as "Met." **During the Review:** Review the service record	**Payback** **Plan-of-Correction** **Technical Assistance**
5.7	Evidence of intensive case management including the following: 1. assessment; 2. planning; 3. linkage and referral to paid and natural supports; and 4. monitoring and follow up (as indicated by completed clinical assessments, CFT meeting notes/documentation, PCP/updates, referrals, service notes, etc.) NC Medicaid Enhanced Mental Health and SA Services Clinical Coverage Policy 8A. Intensive In-Home Services. -Service Definition and Required Components: IIH services include but are not limited to the following interventions as clinically indicated: (e) intensive case management includes the following: (1) assessment; (2) planning; (3) linkage and referral to paid and natural supports; and (4) monitoring and follow-up State-Funded Enhanced Mental Health and SA Services. Intensive In-Home Services. (Service Definition and Required Components)	for evidence of case management around the DOS reviewed. **Notes:** (1) Documentation of case management may include (but is not limited to): clinical assessments, CFT meeting notes, PCP updates, referrals, service notes, etc. (2) Case management tasks maybe performed by either the LP or QP on the IIH team (3) Case management tasks must be consistent with the Member's documented service needs **Scoring:** Evidence of case management must be submitted in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

5.8	Discharge plan developed & updated as needed NC Medicaid Enhanced Mental Health and SA Services Clinical Coverage Policy 8A. Intensive In-Home Services. -Documentation Requirements: A documented discharge plan shall be discussed with the beneficiary and included in the service record. State-Funded Enhanced Mental Health and SA Services. Intensive In-Home Services. (Documentation Requirements)	**During the Review:** (1) Review the Member's service record for a current Discharge Plan. (2) Review the service record for evidence that the Discharge Plan has been discussed/ reviewed with the Member. **Notes:** The discharge plan should be updated any time there is a relevant change to the Member's service needs. **Scoring:** A Discharge Plan, and evidence that the Discharge Plan has been reviewed with the member is required in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

Section 6: REVIEW ELEMENTS APPLICABLE TO PSYCHOSOCIAL REHABILITATION SERVICES

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	POSSIBLE ACTIONS
6.1	The program/service is provided under the direction of a QP. NC Medicaid Enhanced and Mental Health and SA Services Clinical Coverage Policy 8A: Psychosocial Rehabilitation. -Staffing Requirements: The program shall be under the direction of a person who meets the requirements specified for QP status according to 10A NCAC 27G .0104 State-Funded Enhanced Mental Health and SA Services. Psychosocial Rehabilitation (Staffing Requirements) 10A NCAC 27G .0104 Staff Definitions (19) Qualified Professional	**During the Review:** Verify the documentation of the Program Director's education and experience to verify that the requirements for the Q.P. credential have been met. **Scoring:** Staff must meet the requirements of a Qualified Professional in order to qualify to direct the PSR program. If staff does not meet all of the requirements this items should be scored as "Not Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

6.2	The program/service is licensed and available at least 5 hours/day 5 days/week. 10A NCAC 27G .1203: Operations (c) Operating Hours. Each facility shall operate for a minimum of five hours per day, five hours per week (exclusive of transportation time) NC Medicaid Enhanced and Mental Health and SA Services Clinical Coverage Policy 8A: Psychosocial Rehabilitation. -Service Type and Setting: Psychosocial rehabilitation is a service that shall be available five hours a day minimally, and the setting shall meet the licensure requirements of 10A NCAC 27G .1200 -Program Requirements: This service is to be available for a period of five or more hours per day at least five days per week and it may be provided on weekends or in the evening. State-Funded Enhanced Mental Health and SA Services. Psychosocial Rehabilitation (Service Type and Setting; Program Requirements)	**During the Review:** (1) Verify that the program's licensure is current for the DOS reviewed. (2) Review documentation (service description, policy &procedures, etc.) to verify that the program is available for at least 5 hours/day and 5 days/week. **Scoring:** Provider must submit evidence that the PSR program is available for the minimal service hours indicated in the service definition in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

Section 7: REVIEW ELEMENTS APPLICABLE TO CHILD &ADOLESCENT DAY TREATMENT SERVICES			
ITEM	**REVIEW ITEM WITH SUPPORTING CITATIONS**	**REVIEW GUIDELINES**	**POSSIBLE ACTIONS**
7.1	The program is licensed, is available at least 3 hours/day year round, and operates the same hours as school during the school year. NC Medicaid Clinical Coverage Policy 8A: Enhanced Mental Health and Substance Abuse Services. Child and Adolescent Day Treatment. -Service Type and Setting: A facility providing Day Treatment services shall be licensed under 10A NCAC 27G .1400 or 10A NCAC 27G .3700. NC Medicaid Clinical Coverage Policy 8A: Enhanced Mental Health and Substance Abuse Services. Child and Adolescent Day Treatment. -Service Type and Setting: This is a day or night service that shall be available year-round for a minimum of three hours a day during all days of operation. During the school year, the Day Treatment Program must operate each day that the schools in the local education agency, private or charter school, are in operation, and the Day Treatment operating hours shall cover at least the range of hours that the LEAs, private or charter schools operate.	**Prior to Review:** (1) Request a copy of program's license. (2) Request documentation related to program's service hours/schedule **During the Review:** (1) Review licensure to ensure it is current. (2) Review program's schedule and evidence members received information pertaining to hours of operation. **Notes:** (1) A facility providing Day Treatment services shall be licensed. (2) During the school year, the Day Treatment Program must operate each day that the schools in the local education agency, private or charter school, are in operation, and the Day Treatment operating hours shall cover at least the range of hours that the LEAs, private or charter schools operate. (3) Day treatment programs may not operate as simply after-school programs. **Scoring:** (1) Program's licensure must be current for the DOS reviewed in order for this item to be scored as "Met." (2) Provider must submit evidence that demonstrates the program's hours meet service availability requirements in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

7.2	The program follows a clearly identified clinical model or EBP which addresses the clinical needs of the beneficiary. NC Medicaid Clinical Coverage Policy 8A: Enhanced Mental Health and Substance Abuse Services. Child and Adolescent Day Treatment. -Service Definition and Required Components: Each Child and Adolescent Day Treatment provider must follow a clearly identified clinical model(s) consistent with best practice. The selected clinical model(s) or EBP(s) must address the clinical needs of each beneficiary…	**Prior to the Review:** Request the Following Documentation From Provider: (1) Copy of Provider's program description and (2) Documentation of required certification/licensure of their selected clinical model/EBP (3) Documentation of completion of ongoing supervision and compliance with the terms of their selected clinical model/EBP. **During the Review:** (1) Review the program's description to validate that an evidence-based treatment or clinical model has been clearly identified and described. (2) Review documentation submitted by Provider to verify their completion of required certification or licensure of the selected model (s) [as required by the developer of the clinical model or EBP]. (3) Review documentation submitted by Provider to verify their completion of ongoing supervision and compliance within the terms of the clinical model(s) or EBP(s) to assure model fidelity. **Scoring:** Provider must submit a copy of their CADT Program's description for review. A review of the program's description must confirm that a clinical model or EBP is both listed and described in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

7.3	Evidence of case management services including, but not limited to, the following: a. assessing the beneficiary's needs for comprehensive services; b. convening Child and Family Team meetings to coordinate the provision of multiple services and the development of, and revisions to, the PCP; c. developing and implementing the PCP; d. linking the beneficiary or family to needed services and supports (such as medical or psychiatric consultations); e. monitoring the provision of services and supports; f. assessing the outcomes of services and supports; and g. collaborating with other medical and treatment providers. NC Medicaid Clinical Coverage Policy 8A: Enhanced Mental Health and Substance Abuse Services. Child and Adolescent Day Treatment. -Service Definition and Required Components. Day Treatment provides case management services including, but not limited to the following: a. assessing the beneficiary's needs for comprehensive services; b. convening Child and Family Team meetings to coordinate the provision of multiple services and the development of, and revision to, the PCP; c. developing of, and revisions to, the PCP; d. linking the beneficiary or family to needed services and supports (such as medical or psychiatric consultations); e. monitoring the provision of services and supports; f. assessing the outcomes of services and supports; g. collaborating with other medical and treatment providers.	**During Review:** Review the member's service record for evidence of the following case management service activities: (a) Assessment of comprehensive service needs (b) Convening of Child and Family Team Meeting (c) Development of PCP (d) Linkage of Member of Family to needed services and supports (e) Monitoring the provision of services and supports (f) Assessment of outcomes of services and supports (g) Collaboration with other medical and treatment providers **Notes**: (1) Additional case management activities may be evident as the service record is reviewed, but documented evidence of the above case management activities are required for review/monitoring purposes (2) Documentation of some case management services activities will vary amongst providers. (3) Documentation of case management activities may be found in PCP updates, authorization to disclose information [with other treatment providers], documented correspondences (emails, call logs, etc.), service notes, etc. (4) If a Member refuses to allow the agency to contact other providers or natural supports the Provider must submit documentation of the refusal. **Scoring:** Documented evidence for each of the above listed case management activities (items a-g) must be submitted in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

7.4	The Day Treatment Program staff collaborates with the school and other service providers prior to admission and throughout service duration. The roles of Day Treatment staff and educational or academic staff are established through the MOA (if applicable) among the Day Treatment provider, the Local Management Entity, and the Local Education Agency (or private or charter school as applicable). NC Medicaid Clinical Coverage Policy 8A: Enhanced Mental Health and Substance Abuse Services. -Service Definition and Required Components. An MOA between the Day Treatment Provider, LME and LEA is strongly encouraged. -Program Requirements. The Day Treatment Program staff collaborates with the school and other service providers prior to admission and throughout service duration.	**During the Review:** Review the service record for documentation indicating the provider has collaborated with the school and other service providers prior to and throughout service duration. **Evidence:** (1) Evidence/documentation may vary amongst providers. (2) Evidence may include (but not limited to) a consent signed by the Member/Legal Guardian for the Member's school, case management notes, contact logs, MOA, etc. **Scoring:** Provider must submit evidence that collaboration between Day Treatment Program Staff and the member's school is occurring in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**
7.5	The service was delivered under the direction of a full time program director who meets the requirements specified for a QP (preferably Master's level or a licensed professional), has a minimum of two years' experience in child and adolescent mental health or substance abuse treatment services, and who must be actively involved in program development, implementation, and service delivery. NC Medicaid Clinical Coverage Policy 8A: Enhanced Mental Health and Substance Abuse Services. -Staffing Requirements: This service is delivered by the following staff: a. One full-time program director who meets the requirements specified for QP (preferably Master's Level or a licensed professional), has a minimum of two years' experience in child and adolescent mental health or substance abuse treatment services, and who must be actively involved in program development, implementation, and service delivery. 10A NCAC 27G. 0104 Staff Definitions. (Item 10-Director; Item 19-Qualified Professional)	**During the Review:** (1) Review the personnel record for the staff that has been identified as the program's director. (2) Validate that the Program director meets the education and experience requirements specified in the Clinical Coverage Policy. (3) Review evidence of program director's active involvement in program development, implementation and service delivery. **Note:** Evidence of the program director's involvement in program development, implementation and service delivery may vary amongst providers. **Scoring:** (1) Evidence that the program director is actively involved in the program's development implementation and service delivery must be submitted in order for this item to be scored as "Met." (2) Program director must meet the requirements of a Qualified Professional, and have a minimum of 2 years of experience in child and adolescent mental health or substance abuse treatment services in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

7.6	Evidence of individual, group, family counseling NC Medicaid Clinical Coverage Policy 8A: Enhanced Mental Health and Substance Abuse Services. Child and Adolescent Day Treatment. -Service Definition and Required Components. Day Treatment implements developmentally appropriate direct preventative and therapeutic interventions to accomplish the goals of the PCP, as related to the mental health or substance use disorder diagnosis. These interventions include, but not limited to (g.) individual, group and family counseling.	**During the Review:** Review the Member's service record for documentation/evidence of Member's participation in individual, group or family counseling around the dates of service reviewed. **Notes:** (1) Even if counseling services are listed in the member's PCP, evidence that the counseling services are actually being provided must still be submitted for review. **Evidence:** Service note for the counseling service provided. **Scoring:** Evidence of Member's participation in individual/group/family counseling must be submitted in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**
7.7	SU disorder treatment interventions provided (if SU dx is present) NC Medicaid Clinical Coverage Policy 8A: Enhanced Mental Health and Substance Abuse Services. Child and Adolescent Day Treatment. -Service Definition and Required Components. Day Treatment provides mental health or substance use disorder interventions in the context of a therapeutic treatment milieu.	**During the Review:** (1) Review Member's service record to determine if there is a documented history of substance use. (2) **IF** the member has a history of substance use, review the service record for evidence of SU treatment interventions around the DOS reviewed. **Evidence:** Documentation of SU disorder treatment interventions may include Substance-Use treatment interventions documented within PCP, CFT Meeting Notes, Service Notes, etc. **Scoring:** (1) If the member reviewed does **not** have a history of substance use, score this item as "N/A." (2) Evidence of SU treatment interventions must be documented within the Member's PCP and service notes in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

7.8	Psychoeducation re: dx/treatment/condition provided to member, family/caregivers, other supports Clinical Coverage Policy No: 8-A NC Medicaid Clinical Coverage Policy 8A: Enhanced Mental Health and Substance Abuse Services. Child and Adolescent Day Treatment Services. -Service Definition and Required Components. Day Treatment implements developmentally appropriate direct preventative and therapeutic interventions to accomplish the goals of the PCP as related to the mental health or substance use disorder diagnosis. These interventions include, but are not limited to the following: (i.) psycho-education, and training of family, unpaid caregivers, or others who have a legitimate role in addressing the needs identified in the PCP. Note. Psycho education services and training furnished to the family members or caregivers must be provided to, or directed exclusively toward the treatment of, the eligible beneficiary. Psycho-education helps explain the beneficiary's diagnosis, condition, and treatment for the express purpose of fostering developmentally appropriate coping skills.	**During the Review:** Review the service record for evidence that psychoeducation has been provided to the Member's family/caregivers/other supports around the DOS reviewed. **Evidence:** Documentation of psychoeducation may be found in the service notes, family therapy notes, CFT Meeting notes, PCP or collateral contact notes. **Scoring:** Evidence that psychoeducation has been provided to the Member **and** his/her Natural Supports (caregiver(s), family member(s), etc.) must be submitted in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**
7.9	Evidence of family involvement and partnership Medicaid Clinical Coverage Policy 8A: Enhanced Mental Health and Substance Abuse Services. Child and Adolescent Day Treatment Services. -Program Requirements. While Day Treatment addresses the mental health or substance use disorder symptoms related to functioning in an education setting, family involvement and partnership is a critical component of treatment as clinically indicated.	**During the Review:** Review Member's service record for evidence of his/her family's involvement in the treatment around the DOS reviewed. **Evidence:** Documented evidence of the Member's parent/caregiver's involvement in treatment may include (but is not limited to) the following: (1) Parent/Caregiver's signature on Signature Page within PCP (2) Parent/Caregiver's signature/printed name on CFT Meeting Sign-In sheet (3) Parent/Caregiver participation in IIH sessions or family therapy **Scoring:** Submission of evidence of Parent/Caregivers' participation in treatment is required in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

7.10	Discharge plan developed & updated as needed Medicaid Clinical Coverage Policy 8A: Enhanced Mental Health and Substance Abuse Services. Child and Adolescent Day Treatment Services. -Documentation Requirements: A documented discharge plan shall be developed with the beneficiary. Family or caregiver, and the Child and Family Team and included in the service record.	**During the Review:** (1) Review the Member's service record for a current Discharge Plan. (2) Review the service record for evidence that the Discharge Plan has been discussed/ reviewed with the Member. **Notes:** The discharge plan should be updated any time there is a relevant change to the Member's service needs. **Scoring:** A Discharge Plan, and evidence that the Discharge Plan has been reviewed with the member is required in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

Section 8: REVIEW ELEMENTS APPLICABLE ONLY TO MOBILE CRISIS MANAGEMENT SERVICES			
ITEM	**REVIEW ITEM WITH SUPPORTING CITATIONS**	**REVIEW GUIDELINES**	**HIGHEST LEVEL OF ACTION POSSIBLE:** **PB = Payback** **POC = Plan of Correction** **TA: Technical Assistance**
8.1	For individuals new to public system, MCM must develop crisis plan before d/c and provide to the member, caregivers, other agencies/providers who may provide support after crisis stabilization, OR for members already receiving services, MCM must recommend revisions to existing crisis plan/PCP, as appropriate. Medicaid Clinical Coverage Policy 8A: Enhanced Mental Health and Substance Abuse Services. Mobile Crisis Management -Program Requirements: For beneficiaries new to the public system, Mobile Crisis Management must develop a Crisis Plan before discharge. This Crisis Plan shall be provided to the beneficiary, caregivers (if appropriate), and any agencies that may provide ongoing treatment and supports after the crisis has been stabilized. For beneficiaries who are already receiving services, Mobile Crisis Management must recommend revisions to existing crisis plan components in PCPs as appropriate.	**During the Review:** (1) Access TBS to determine whether or not the member has an authorization on file for services prior to the DOS reviewed. (2) **IF** the member was **not** already participating in services prior to the DOS reviewed- Review Member's service record for evidence that the MCM Team developed a Crisis Plan, and shared the crisis plan with Member (and caregivers if appropriate). (3) **IF** Member has already been participating in services prior to the DOS reviewed-review the existing Crisis Plan within the service record for evidence of MCM Team's recommendation/revisions. **Scoring:** (1) **For Members that are new to the public system,** Provider must submit evidence that the MCM developed and shared a crisis plan with the member (and caregivers if appropriate) in order for this item to be scored as "Met." (2) **For Members that were participating in services** prior to the DOS reviewed, evidence that the MCM made recommendations/revisions to the existing crisis plan must be submitted in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

8.2	Team is composed of: o At least 1 QP o At least 1 Nurse, CSW or Psychologist o At least 1 LCAS, CCS, or CSAS o Paraprofessionals (with crisis stabilization experience; must have supervising professional available) o Access to board certified or eligible psychiatrist (must be available 24/7-365) o Access to QP or AP with I/DD experience NC Medicaid Clinical Coverage Policy 8A: Enhanced Mental Health and Substance Abuse Services. Mobile Crisis Management -Staffing Requirements: Mobile Crisis Management services must be provided by a team of individuals that includes a QP who shall either be a nurse, clinical social worker or psychologist as defined in this administrative code. One of the team member shall be a LCAS, CCS or a Certified Substance Abuse Counselor. Each organization providing crisis management services shall have 24-hours-a day, 7-days-a-week, and 365-days-a-year access to a board certified or eligible psychiatrist. A QP or AP with experience in intellectual and developmental disabilities shall be available to the team as well.	**During the Review:** (1) Review documentation from provider to verify the staff that worked for the program around the DOS reviewed, and to verify that the team composition requirements have been met. (2) Review the personnel records for each of the staff identified by the provider in the item listed above for necessary evidence to validate Staff's credentials. **Notes:** Verification of the staff's credentials may be found in signed job descriptions, resumes, applications for employment, internal credentialing documents, etc. **Scoring:** Evidence/Documentation of the team's composition and verification of staff's credentials must be submitted in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**
8.3	Crisis line is answered by live person **DHB/NC Medicaid Clinical Coverage Policy 8A State-Funded Enhanced Mental Health and Substance Abuse Services** **Service Definition and Required Components** These services include immediate telephonic or telehealth response to assess the crisis and determine the risk, mental status, medical stability, and appropriate response. **Staffing Requirements** The psychiatrist shall be available for in-person, telehealth, or telephonic consultation to crisis staff. **CCP 8A-3 (Draft)** **5.4 Program Requirements** **5.4.1 General Requirements** - Incoming telephone calls to MCM must be answered by live staff and not by an automated service or diverted to voice mail.	Review for evidence of call logs Review for evidence of on-call schedule Review policy and procedure Score "met" with documented evidence of availability of immediate telephonic or telehealth response to a crisis situation.	

8.4	Identify if other providers are involved and collaborate with relevant community stakeholders to ensure access, care coordination, and continuity of care. **DHB/NC Medicaid Clinical Coverage Policy 8A State-Funded Enhanced Mental Health and Substance Abuse Services** **Service Definition and Required Components** Mobile Crisis Management (MCM) involves all support, services and treatments necessary to provide integrated crisis response, crisis stabilization interventions, and crisis prevention activities. ~~**Program Requirements**~~ ~~For beneficiaries new to the public system, Mobile Crisis Management must develop a Crisis Plan before discharge. This Crisis Plan shall be provided to the beneficiary, caregivers (if appropriate), and any agencies that may provide ongoing treatment and supports after the crisis has been stabilized. For beneficiaries who are already receiving services, Mobile Crisis Management must recommend revisions to existing crisis plan components in PCPs, as appropriate.~~ **CCP 8A-3 (Draft)** **5.4 Program Requirements** **5.4.1 General Requirements** – At the onset of the crisis whenever possible, but prior to discharge from MCM, the MCM provider shall contact the DHHS designated contractor to determine if the individual is: a. a Medicaid or North Carolina Health Choice beneficiary; and b. currently enrolled with another service provider agency that has first responder responsibilities. The MCM provider organization is expected to collaborate with relevant community stakeholders to ensure access, care coordination, and continuity of care.	Review for evidence of collaboration with relevant community stakeholders. Score "met" with evidence of documented collaboration with relevant community stakeholders. **Is this the same question as 8.1?**	

8.5	If the beneficiary presents risk of harm to self or others, a documented risk assessment addressing dangerousness and lethality is completed. **CCP 8A does not address this question.** **CCP 8A-3 (Draft)** **5.4.4 Risk Assessment** If the beneficiary presents risk of harm to self or others, a documented risk assessment addressing dangerousness and lethality is completed. The MCM licensed professional shall perform a risk assessment and document the assessment in the service record. The risk assessment must contain the following elements: harm to self or others, sexual aggression, behavioral or emotional symptoms, substance use, functioning in the community, medication use and adherence, legal involvement, domestic violence, strengths or resources.	Review for evidence of a risk assessment with all required elements. CCP 8A-3 (Draft) 5.4.4 Risk Assessment The assessment must evaluate risk behaviors and functioning problems and result in: a. identifying the appropriate crisis stabilization intervention; b. arranging for that intervention service or placement to occur; and c. developing or revising the, NC DHHS Comprehensive Crisis Plan to assist the beneficiary and his or her supports in better managing future crisis events. **Score "met" if documented evidence of all required elements A-C.**	

8.6	Team is composed of: o At least 1 QP o At least 1 Nurse, CSW or Psychologist o At least 1 LCAS, CCS, or CSAS o Paraprofessionals (with crisis stabilization experience; must have supervising professional available) o Access to board certified or eligible psychiatrist (must be available 24/7-365) o Access to QP or AP with I/DD experience **DHB/NC Medicaid Clinical Coverage Policy 8A, 8A-3 (Draft), State-Funded Enhanced Mental Health and Substance Abuse Services** **CCP 8A** **Staffing Requirements** Mobile Crisis Management services must be provided by a team of individuals that includes a QP according to 10A NCAC 27G .0104 and who shall either be a nurse, clinical social worker or psychologist as defined in this administrative code. One of the team members shall be a LCAS, CCS, Certified Substance Abuse Counselor (CSAC) or a Certified Alcohol and Drug Counselor (CADC). Each organization providing crisis management shall have 24-hours-a-day, 7-days-a-week, 365-days-a-year access, to a board certified or eligible psychiatrist. A QP or AP with experience in intellectual and developmental disabilities shall be available to the team as well. Paraprofessionals with competency in crisis management may also be members of the crisis management team when supervised by the QP. **CCP 8A-3 (Draft)** **6.3 Staff Definitions** - Qualifications for the staff are found in 10A NCAC 27G .0104. The team composition is as follows: **a. Psychiatrist** - 0.1 FTE Board certified; Available 24/7/365 for interventions (in person or via telepsychiatry according to DMA Clinical Coverage Policy 1H) with the beneficiary and consultation with crisis team; 24/7/365 availability (by telephone or in person) to crisis staff; and psychiatrist must participate in consultation or meetings requested by the team leader. **b. Team Leader -** 1.0 FTE Licensed Clinician per 10A NCAC 27G .0104; and Cannot be a Licensed Clinical Addiction Specialist (LCAS) **c. Substance Use Disorder Professional -** 0.5 FTE; Licensed Clinical Addiction Specialist (LCAS); or	**Same as question 8.2**	

	Licensed Clinical Addiction Specialist Associate (LCAS A); or Certified Substance Abuse Counselor (CSAC); or Certified Clinical Supervisor (CCS). **d. Other Staff -** 2.0 FTE's total; Qualified Professional or a Certified Peer Support Specialist; Qualified Professional must meet qualifications in 10A NCAC 27G .0104; The 2.0 FTE's can be a combination of either one or more Qualified Professionals with one or more Certified Peer Support Specialists. Each individual will be a minimum of 0.5 FTE.		

Section 9: REVIEW ELEMENTS APPLICABLE ONLY TO MULTISYSTEMIC THERAPY SERVICES

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	POSSIBLE ACTIONS
9.1	Services include: a. an initial assessment to identify the focus of the MST intervention; b. individual therapeutic interventions with the beneficiary and family; c. peer intervention; d. case management; and e. crisis stabilization. Specialized therapeutic and rehabilitative interventions are available to address special areas such as: a. a substance use disorder; b. sexual abuse; c. sex offending; and d. domestic violence. NC Medicaid Clinical Coverage Policy 8A: Enhanced Mental Health and Substance Abuse Services. Multisystemic Therapy -Service Definitions and Required Components: MST provides an intensive model of treatment based on empirical data and evidence-based interventions that target specific behaviors with individualized behavioral interventions. Services include: (a) an initial assessment to identify the focus of the MST intervention; (b) individual therapeutic interventions with the beneficiary and family; (c) peer intervention; (d) case management; and (e) crisis stabilization Specialized therapeutic and rehabilitative interventions are available to address special areas such as: (a) substance use disorder; (b) sexual abuse; (c) sex offending and; (d) domestic violence	**During the Review:** (1) Review the Member's service record for evidence of the completion of an Initial Assessment. (2) Review the Initial Assessment to determine if the Member has a history of substance use, sexual abuse, sex offending or domestic violence. IF there is a documented history of any of these behaviors, review the PCP and service notes to verify that applicable interventions are in place. (3) Review service record for evidence of therapeutic interventions (with Member and family), peer intervention and case management. **Note:** There may be documentation separate and/or in addition to service notes related to crisis stabilization within the service record. **Scoring:** (1) Evidence of an initial assessment, therapeutic interventions, peer intervention, case management and crisis stabilization must be submitted in order for this item to be scored as "Met." (2) IF the member has a substance use disorder, or has a history of sexual abuse, sex offending or domestic violence, evidence of applicable interventions must be submitted in order for these items to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

9.2	Team Composition = Team Lead (Master's Level QP) & 2 QPs NC Medicaid Clinical Coverage Policy 8A: Enhanced Mental Health and Substance Abuse Services. Multisystemic Therapy -Staffing Requirements: This service model includes at a minimum a master's level QP who is the team supervisor and three QP staff who provide available 24-hour coverage, 7-days-a week.	**During the Review:** (1) Review documentation from provider to verify the staff that worked for the program around the DOS reviewed, and to verify that the team composition requirements have been met. (2) Review the personnel records for each of the staff identified by the provider in the item listed above for necessary documentation to validate Staff's credentials. **Notes:** Verification of the staff's credentials may be found in signed job descriptions, resumes, applications for employment, internal credentialing documents, etc. **Scoring:** Evidence/Documentation of the team's composition and verification of staff's credentials must be submitted in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**
9.3	Team member-to-family ratio does not exceed 1:5. NC Medicaid Clinical Coverage Policy 8A: Enhanced Mental Health and Substance Abuse Services. Multisystemic Therapy -Staffing Requirements: MST team member-to-family ration shall not exceed 1:5 for each member.	**During the Review:** Review the documentation submitted by the provider to validate that the required Staff to Member/Family ratio does not exceed the allowable amount according to the CCP. **Note:** Providers may submit various forms of documentation as evidence for their staffing ratios. **Scoring:** Provider must submit evidence that demonstrates that the maximum Staff-to Member ratio has not been exceeded in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

Section 10: REVIEW ELEMENTS APPLICABLE ONLY TO SUBSTANCE ABUSE INTENSIVE OUTPATIENT PROGRAM SERVICES

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	HIGHEST LEVEL OF ACTION POSSIBLE: PB = Payback POC = Plan of Correction TA: Technical Assistance
10.1	The program is offered at least 3 hours a day, at least 3 days a week, with no more than 2 consecutive days between offered services NC Medicaid Clinical Coverage Policy 8A: Enhanced Mental Health and Substance Abuse Services. Substance Abuse Intensive Outpatient Program. -Service Definition and Required Components: The program is offered at least 3 hours a day, at least 3 days a week, with no more than 2 consecutive days between offered services and distinguishes between those beneficiaries needing no more than 19 hours of structured services per week.	**During the Review:** (1) Review documentation (service description, policy &procedures, etc.) submitted by provider to verify that the program is available for at least 3 hours/day and 3 days/week with no more than 2 consecutive days between offered services. **Scoring:** (1) Provider must submit evidence that the SAIOP program is available for the minimal service hours indicated in the CCP in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**
10.2	Evidence of a. Individual counseling and support; b. Group counseling and support; c. Family counseling, training or support; d. Biochemical assays to identify recent drug use (e.g. urine drug screens) NC Medicaid Clinical Coverage Policy 8A: Enhanced Mental Health and Substance Abuse Services. Substance Abuse Intensive Outpatient Program. -Service Definition and Required Components: SAIOP services shall include a structured program consisting of, but not limited to, the following services: (a) Individual counseling and support; (b) Group counseling, training or support; (c) Family counseling, training or support; (d) Biochemical assays to identify recent drug use (e.g. urine drug screens…	**During the Review:** Review Member's service record for evidence of the following services around the DOS reviewed: (a) Individual Counseling; (b) Group Counseling; (c) Family Counseling/Training; and (d) Biochemical assays to identify recent drug use **Evidence:** (1) Documentation of individual, group and family counseling may be found in the Member's PCP as well as service notes. (2) Evidence of drug screenings may vary amongst providers, however, some form of documentation that drug screenings were conducted around the DOS reviewed must be submitted. **Scoring:** Documentation/Evidence that each of the services listed above (a-d) were provided within the date range of the review must be submitted in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

10.3	The program must be under the clinical supervision of a CCS or a LCAS who is on site a minimum of 50% of the hours the service is in operation. NC Medicaid Clinical Coverage Policy 8A: Enhanced Mental Health and Substance Abuse Services. Substance Abuse Intensive Outpatient Program. -Staffing Requirements: The program must be under the clinical supervision of a CCS or LCAS who is onsite a minimum of 50% of the hours the service is in operation.	**During the Review:** (1) Review the personnel record for the staff that has been identified as the clinical supervisor for the program for evidence that he/she is onsite at least 50% of the time that the program is in operation. (2) Review the personal record for the staff that has been identified as the program's clinical supervision for evidence that he/she has the required license for his/her credential. **Note:** Evidence for the amount of time that the clinical supervisor is present within the program may vary amongst providers, but may be found within the staff's job description. For purposes of this review, the job description must have been signed by the clinical supervisor prior to the DOS reviewed. **Scoring:** (1) Provider must submit evidence that the program's clinical supervisor is available for the amount of time specified within the CCP in order for this item to be scored as "Met." (2) Provider must submit evidence that the clinical supervisor is licensed as either a CCS or LCAS in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**
10.4	The program is offered at least 3 hours a day, at least 3 days a week, with no more than 2 consecutive days between offered services DHB/NC Medicaid Clinical Coverage Policy 8A State-Funded Enhanced Mental Health and Substance Abuse Services Substance Abuse Intensive Outpatient Program (SAIOP) means structured individual and group addiction activities and services that are provided at an outpatient program designed to assist adult and adolescent beneficiaries to begin recovery and learn skills for recovery maintenance. The program is offered at least 3 hours a day, at least 3 days a week, with no more than 2 consecutive days between offered services.	Review SAIOP program schedule Score "met" with evidence of documented schedule of SAIOP program detailing the hours as at least 3 hours a day, at least 3 days a week, with no more than 2 consecutive days between offered services.	

Section 11: REVIEW ELEMENTS APPLICABLE TO SUBSTANCE ABUSE COMPREHENSIVE OUTPATIENT TREATMENT SERVICES			
ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	POSSIBLE ACTIONS
11.1	This service must operate at least 20 hours per week and offer a minimum of 4 hours of scheduled services per day, with availability at least 5 days per week with no more than 2 consecutive days without services available. NC Medicaid Clinical Coverage Policy 8A: Enhanced Mental Health and Substance Abuse Services. Substance Abuse Comprehensive Outpatient Treatment Program. -Service Definition and Required Components: This service must operate at least 20 hours per week and offer a minimum of 4 hours of scheduled services per day, with availability at least 5 days per week with no more than 2 consecutive days without services available.	**During the Review:** (1) Review documentation (program description or program schedule) submitted by provider to verify that the program is available for at least 20 hours/week, 4 hours/day and 5 days/week with no more than 2 consecutive days between offered services. **Scoring:** (1) Provider must submit evidence that the SACOT program is available for the minimal service hours indicated in the CCP in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

11.2	Evidence of a. Individual counseling and support; b. Group counseling and support; c. Family counseling, training or support; d. Biochemical assays to identify recent drug use (e.g. urine drug screens) NC Medicaid Clinical Coverage Policy 8A: Enhanced Mental Health and Substance Abuse Services. Substance Abuse Comprehensive Outpatient Treatment Program. -Service Definition and Required Components: The following types of services are included in the SACOT Program: (a) individual counseling and support; (b) group counseling and support; (c) family counseling, training and support; (d) biochemical assays to identify recent drug use (e.g., urine drug screens)…	**During the Review:** Review Member's service record for evidence of the following services around the DOS reviewed: (a) Individual Counseling; (b) Group Counseling; (c) Family Counseling/Training; and (d) Biochemical assays to identify recent drug use **Evidence:** (1) Documentation of individual, group and family counseling may be found in the Member's PCP as well as service notes. (2) Evidence of drug screenings may vary amongst providers, however, some form of documentation that drug screenings were conducted around the DOS reviewed must be submitted. **Scoring:** Documentation/Evidence that each of the services listed above (a-d) were provided within the date range of the review must be submitted in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

11.3	The program must be under the clinical supervision of a CCS or LCAS who is on site a minimum of 90% of the hours the service is in operation. NC Medicaid Clinical Coverage Policy 8A: Enhanced Mental Health and Substance Abuse Services. Substance Abuse Comprehensive Outpatient Treatment Program. - Staffing Requirements: The program must be under the clinical supervision of a CCS or LCAS who is on site at a minimum of 90% of the hours the service is in operation.	**During the Review:** (1) Review the personnel record for the staff that has been identified as the clinical supervisor for the program for evidence that he/she is onsite at least 90% of the time that the program is in operation. (2) Review the personal record for the staff that has been identified as the program's clinical supervision for evidence that he/she has the required license for his/her credential. **Notes:** (1) Evidence of the amount of time that the clinical supervisor is present within the program may vary amongst providers, but may be found within the staff's job description. (2) For purposes of this review, the job description must have been signed by the clinical supervisor prior to the DOS reviewed. **Scoring:** (1) Provider must submit evidence that the program's clinical supervisor is available for the amount of time specified within the CCP in order for this item to be scored as "Met." (2) Provider must submit evidence that the clinical supervisor is licensed as either a CCS or LCAS in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

11.4	Beneficiaries must have ready access to psychiatric assessment and treatment services when warranted by the presence of symptoms indicating co-occurring substance use and mental health disorders. NC Medicaid Clinical Coverage Policy 8A: Enhanced Mental Health and Substance Abuse Services. Substance Abuse Comprehensive Outpatient Treatment Program. -Consultative Services: Beneficiaries must have ready access to psychiatric assessment and treatment services when warranted by the presence of symptoms indicating co-occurring substance use and mental health disorders (e.g. major depression, schizophrenia, and borderline personality disorder). These services shall be delivered by psychiatrists who meet requirements as specified in NCAC 27G .0101. The provider shall be familiar with the SACOT Program treatment plan for each beneficiary seen in consultation, shall have access to SACOT Program treatment records for the beneficiary, and shall be able to consult by phone or in person with the CCS, LCAS, or CSAC providing SACOT Program services.	**During the Review:** (1) Review the Member's service record to determine if he/she has a documented co-occurring mental health and substance use disorder or a documented history of the presence of symptoms indicating a co-occurring substance use and mental health disorders. (2) IF the Member either has a diagnosed co-occurring MH and SU disorder, OR has a history of symptoms indicating a co-occurring diagnosis, review his/her service record that he/she received a psychiatric assessment and treatment services. (3) Review the personnel file for the SACOT Program's psychiatrist to verify that the following requirements are met: (a) Current Licensure; (b) Familiarity with the SACOT Program for each member seen in consultation; (c) Access to the treatment records for the Members [seen in consultation]; (d) Availability for consultation by phone or in person **Notes:** (1) These services shall be delivered by psychiatrists who meet requirements as specified in NCAC 27G .0104. The providers shall be familiar with the SACOT Program treatment plan for each beneficiary seen in consultation, shall have access to SACOT Program treatment records for the beneficiary, and shall be able to consult by phone or in person with the CCS, LCAS or CSAC providing SACOT Program services. (2) Documentation for the requirements specific to the psychiatrist (familiarity with treatment programs, access to treatment records, etc.) may vary amongst providers, but may be found in the psychiatrist's signed contract with the provider or job description. (3) For purposes of this review-the contract or job description must have been signed prior to the DOS reviewed.	**Payback** **Plan-of-Correction** **Technical Assistance**

Section 12: REVIEW ELEMENTS APPLICABLE ONLY TO PSYCHIATRIC TREATMENT FACILITY SERVICES

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	HIGHEST LEVEL OF ACTION POSSIBLE: PB = Payback POC = Plan of Correction TA: Technical Assistance
12.1	Did the psychiatrist provide weekly consultation to review medications with this child? 10A NCAC 27G .1902(d). -A psychiatrist shall provide weekly consultation to review medications with each child or adolescent admitted to the facility.	**During the Review:** Review the member's treatment file for evidence/documentation to verify that the psychiatrist provided weekly consultation to review medications with the member during the week of the DOS reviewed. **Note:** Reviewer may need to clarify with the provider what constitutes their week (Sun-Sat., Mon.-Sun. etc.). **Scoring:** Provider must submit evidence that weekly consultation was provided to the Member [to review medications] during the week of DOS reviewed in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**
12.2	Is there evidence of 24-hour on-site coverage by a registered nurse? 10A NCAC 27G .1902(e) -The PRTF shall provide 24 hour on-site coverage by a registered nurse	**During the Review:** Review evidence/documentation submitted by Provider to verify that a registered nurse was on duty **each shift** for the DOS reviewed. **Notes:** (1) Evidence may vary amongst Providers. (2) The DHSR licensure review process includes a review of in-state PRTFs, therefore verification is not necessary for in-state PRTFs. **Scoring:** (1) Provider must produce evidence that a registered nurse was on duty **during each shift** for the DOS reviewed in order for this item to be scored as "Met." (2) This item should be scored as "N/A" for in-state PRTFs.	**Payback** **Plan-of-Correction** **Technical Assistance**

12.3	Is there evidence that there is ongoing discharge planning throughout the course of treatment? 10A NCAC 27G .1903(c) -Discharge planning shall begin on the day of admission. Efforts for discharge to a less restrictive residential setting shall be documented from the date of admission. Legally responsible persons, family members or both and the child or adolescent shall be present at discharge planning meetings. NC Medicaid Clinical Coverage Policy 8D-1 Psychiatric Residential Treatment Facilities. -Continued Stay Criteria: All of the following criteria are necessary for continuing treatment at this level of care: (k) There is documented active discharge planning from the beginning of treatment.	**During the Review:** (1) Review Member's file to determine the date of admission into the PRTF. (2) Review the member's file for evidence that discharge planning efforts were initiated upon the Member's admission date, and ongoing throughout the course of treatment. (3) Review the Member's file for evidence that the Member and his/her family members/legal guardian/etc. were involved in the discharge planning process. **Notes:** (1) There is no specific format for the documentation of discharge planning; so evidence/documentation may vary amongst providers. (2) Evidence/Documentation may be found in case management notes, treatment plans, discharge plans, CFT meeting notes, collateral contact notes, etc. **Scoring:** (1) Provider must submit documented efforts of discharge planning from the Member's date of admission into the PRTF and throughout his/her course of treatment in order for this item to be scored as "Met." (2) Provider must submit documented evidence of that demonstrates that the member and his/her legal guardian/family/etc. were involved in the treatment planning process in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

12.4	Is there a valid Certificate of Need [CON] for the service billed? 42CFR 441.152. Certification of need for services. 42CFR 441.153. Team certifying need for services 42 CFR 441.154A. Active treatment. NC Medicaid Clinical Coverage Policy 8D-1 Psychiatric Residential Treatment Facilities. Federal regulations require a Certification of Need (CON) be completed on or prior to admission to a PRTF facility when the beneficiary is Medicaid of NCHC-eligible or Medicaid or NCHC is pending. RM&DM [APSM 45-2] Psychiatric Residential Treatment Facilities. Federal regulations require the completion of a Certificate of Need [CON] statement prior to or upon admission to a PRTF facility when the individual is Medicaid-eligible or when Medicaid eligibility is pending. The last dated signature on the CON determines the effective date of the CON and authorization for payment. A copy of the CON must be maintained in the individual's service record.	**During the Review:** (1) Review Member's file for a Certificate of Need. (2) Review the CON to ensure that it is dated and signed prior to the DOS reviewed. **Evidence:** **CON Must Identify the Following:** -Must be completed by an independent medical team, including a qualified physician -May not be retroactive -Must certify that: Ambulatory care resources within the community are insufficient to meet the treatment needs of the recipient. The recipient requires services on an inpatient basis under the direction of a qualified physician. Services can reasonable by expected to improve the recipient condition or prevent regression. **Notes:** (1) For emergency admissions, the certification must be made by the team responsible for the plan of care within 14 days after admission. (2) The last dated signature on the CON form determines authorization for payment. (3) Reviewer should ensure the last signature was dated prior to the date of service. **Scoring:** Provider must submit a CON for the Member that meets each of the requirements specified above in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

Section 13: REVIEW ELEMENTS APPLICABLE TO RESIDENTIAL LEVEL 2 (Program Type) SERVICES

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	HIGHEST LEVEL OF ACTION POSSIBLE: PB = Payback POC = Plan of Correction TA: Technical Assistance
13.1	Was clinical consultation provided by a qualified professional to this facility at least twice a month? 10A NCAC 27G .1302(e) -Clinical consultation shall be provided by a qualified mental health professional to each facility at least twice per month.	**Prior to the Review:** Ask the provider what constitutes their week (e.g. Sunday-Saturday; Monday-Sunday, etc.), and determine the week surrounding the date reviewed. **During the Review:** (1) Review documentation to ensure that consultative and treatment services were provided by a qualified professional at least 2 times per month surrounding the DOS reviewed. (2) Review the personnel record for the staff that is listed on the consultative and treatment services documentation submitted to verify the staff's education and experience meets the requirements for the QP credential. **Note:** Evidence may include program schedules, service notes, group counseling schedules, etc. **Scoring:** (1) The provider must submit evidence of consultative and treatment services at least twice during the month around the DOS reviewed in order for this item to be scored as "Met." (2) If the staff does not meet the qualifications of a qualified professional, score this item as "Not Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

13.2	When the beneficiary requires sex offender specific treatment, as outlined in their treatment plan: 1)Special training of the caregiver is required in all aspects of sex offender specific treatment 2) Supervision is provided by a qualified professional with sex offender-specific treatment expertise and is available for a total of at least 60 minutes per week. 3) On-call and back-up plan with a qualified professional is also available. NC Medicaid Clinical Coverage Policy 8D-2 Residential Treatment Services. Attachment C: Residential Treatment-Level II/Family/Program Type -Program Requirements: The provider must follow minimum requirements in 122C rules, including: (c) Sex Offender Specific Service Provision: In addition to the above, when the beneficiary requires sex offender specific treatment, as outlined in their treatment plan, special training of the caregiver is required in all aspects of sex offender specific treatment. Implementation of therapeutic gains is to be the goal of the placement setting. AND Supervision is provided by a qualified professional with sex offender-specific treatment expertise and is available for a total of at least 60 minutes per week. On-call and back-up plan with a qualified professional is also available.	**During the Review:** (1) Review Member's treatment plan, CCA and psychological evaluation (if applicable) for documentation indicating the need for sex-offender specific treatment. (2) **IF the member requires sex offender specific treatment:** 1. Review the personnel file for the staff that provided the service to verify completion of sex offender specific training prior to the DOS reviewed. 2. Review the personnel file for the staff that provided the service on the DOS reviewed for verification of the staff's participation in supervision with a Q.P. that has sex offender expertise. *(A review of the personnel file of the staff's Q.P. is required for this item.)* 3. Review the personnel file of the Q.P. to verify that the following: education and experience required for the QP credential; sex offender expertise; and on-call/back-up duties 4. Review the agency's back-up/on-call policy to verify the availability of a Q.P. with sex offender specific treatment expertise per shift. **Scoring:** (1) 100% compliance must be achieved in order for this item to be scored as "Met." (2) **IF** the member does not require sex offender specific treatment (based on a review of the member's clinical documents), score this item as "NA."	**Payback** **Plan-of-Correction** **Technical Assistance**

Section 14: REVIEW ELEMENTS APPLICABLE TO RESIDENTIAL LEVEL 3 SERVICES

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	HIGHEST LEVEL OF ACTION POSSIBLE: PB = Payback POC = Plan of Correction TA: Technical Assistance
14.1	Is there documentation that consultative and treatment services at a qualified professional level has been provided at least four hours per child per week? Clinical Coverage Policy No. 8-D-2 (Attachment D-Residential Treatment Level-III): Treatment is provided in a structured program setting and staff is present and available at all times of the day, including a wake staff. A minimum of one staff is required per four beneficiaries at all times. Additionally, consultative and treatment services at a qualified professional level shall be provided four hours per child per week. 10A NCAC 27G .1302(e) Clinical consultation shall be provided by a qualified mental health professional to each facility at least twice a month.	**Prior to the Review:** Ask the provider what constitutes their week (e.g. Sunday-Saturday; Monday-Sunday, etc.), and determine the week surrounding the date reviewed. **Evidence:** Review documentation to ensure that consultative and treatment services were provided by a qualified professional for at least 4 hours per week surrounding the DOS reviewed. Evidence may include program schedules, service notes, group counseling schedules, etc. **Note:** Review the personnel record for the staff that is listed on the consultative and treatment services documentation submitted to verify the staff's education and experience. If the staff does not meet the qualifications of a qualified professional, score this item as "Not Met." **Scoring:** The provider must submit evidence of consultative and treatment services at a cumulative duration of at least 4 hours surrounding the DOS reviewed in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

14.2	When the beneficiary requires sex offender specific treatment, as outlined in their treatment plan, special training of the caregiver is required in all aspects of sex offender specific treatment. Supervision provided by a qualified professional with sex offender-specific treatment expertise is available per shift. Clinical Coverage Policy No. 8-D-2 (Attachment D-Residential Treatment Level III) Provider Requirement and Supervision: (e) Sex Offender Specific Provision: In addition to the above, when the beneficiary requires sex offender specific treatment, as outlined in their treatment plan, special training of the caregiver is required in all aspects of sex offender specific treatment.	**During the Review:** (1) Review Member's treatment plan, CCA and psychological evaluation (if applicable) for documentation indicating the need for sex-offender specific treatment. (2) **IF the member requires sex offender specific treatment:** 5. Review the personnel file for the staff that provided the service to verify completion of sex offender specific training prior to the DOS reviewed. 6. Review the personnel file for the staff that provided the service on the DOS reviewed for verification of the staff's participation in supervision with a Q.P. that has sex offender expertise. *(A review of the personnel file of the staff's Q.P. is required for this item.)* 7. Review the personnel file of the Q.P. to verify that the following: education and experience required for the QP credential; sex offender expertise; and on-call/back-up duties 8. Review the agency's back-up/on-call policy to verify the availability of a Q.P. with sex offender specific treatment expertise per shift. **Scoring:** (1) 100% compliance must be achieved in order for this item to be scored as "Met." (2) **IF** the member does not require sex offender specific treatment (based on a review of the member's clinical documents), score this item as "NA."	**Payback** **Plan-of-Correction** **Technical Assistance**

14.3	Is there documentation that face-to-face clinical consultation is provided by a licensed professional 4 hours/ week? 10A NCAC 27g .1705 (a) Face-to-face clinical consultation shall be provided in each facility at least four hours a week by a licensed professional. For purposes of this Rule, licensed professional means an individual who holds a license or provisional license issued by the governing board regulating a human service profession in the State of North Carolina. For substance-related disorders this shall include a licensed Clinical Addiction Specialist or a certified Clinical Supervisor.	**Prior to Review:** Ask the provider what constitutes their week (e.g. Sunday-Saturday; Monday-Sunday, etc.), and determine the week surrounding the date reviewed. **During the Review:** Request evidence that face-to-face clinical consultation occurred at least 4 hours per week in the facility by a licensed professional (evidence should be for the dates surrounding the DOS reviewed) **Evidence:** Consultation shall include clinical supervision of the QP, Individual/Group/Family Therapy, or involvement in child/adolescent specific treatment plan or overall program issues. **Scoring:** Score as “Met” for evidence of any one or combination of these activities	**Payback** **Plan-of-Correction** **Technical Assistance**

Section 15: REVIEW ELEMENTS APPLICABLE TO RESIDENTIAL LEVEL 4 SERVICES

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	HIGHEST LEVEL OF ACTION POSSIBLE: PB = Payback POC = Plan of Correction TA: Technical Assistance
15.1	Is there documentation that consultative and treatment services at a qualified professional level has been provided at least 8 hours per child per week? Clinical Coverage Policy No. 8-D-2 (Attachment E- Residential Treatment Level IV/Secure): (B) Structure of Daily Living: Residential Treatment IV is provided in a structured program setting and staff is present and available at all times of the day, including overnight awake. A minimum of two direct care staff is required per six beneficiaries at all times. Additionally, consultative and treatment services at a qualified professional level shall be provided no less than 8 hours per child per week. 10A NCAC 27G .1302(e) Clinical consultation shall be provided by a qualified mental health professional to each facility at least twice a month.	**Prior to the Review:** Ask the provider what constitutes their week (e.g. Sunday-Saturday; Monday-Sunday, etc.), and determine the week surrounding the date reviewed. **During the Review:** (1) Review documentation to ensure that consultative and treatment services were provided by a qualified professional for at least 4 hours per week surrounding the DOS reviewed. (2) Review the personnel record for the staff that is listed on the consultative and treatment services documentation submitted to verify the staff's education and experience required for the QP credential. **Notes:** (1) Evidence may include program schedules, service notes, group counseling schedules, etc. (2)If the staff does not meet the qualifications of a qualified professional, score this item as "Not Met." **Scoring:** (1) The provider must submit evidence of consultative and treatment services at a cumulative duration of at least 4 hours surrounding the DOS reviewed in order for this item to be scored as "Met." (2) The staff listed on the consultative and treatment services documentation must meet the qualifications of a QP in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

15.2	When the beneficiary requires sex offender specific treatment, as outlined in their treatment plan, special training of the caregiver is required in all aspects of sex offender specific treatment. Supervision provided by a qualified professional with sex offender-specific treatment expertise is available per shift. Clinical Coverage Policy No. 8-D-2 (Attachment E-Residential Treatment Level III) Provider Requirement and Supervision: (e) Sex Offender Specific Provision: In addition to the above, when the beneficiary requires sex offered specific treatment, as outlined in their treatment plan, special training of the caregiver is required in all aspects of sex offender specific treatment.	**During the Review:** (1) Review Member's treatment plan, CCA and psychological evaluation (if applicable) for documentation indicating the need for sex-offender specific treatment. (2) **IF the member requires sex offender specific treatment:** 9. Review the personnel file for the staff that provided the service to verify completion of sex offender specific training prior to the DOS reviewed. 10. Review the personnel file for the staff that provided the service on the DOS reviewed for verification of the staff's participation in supervision with a Q.P. that has sex offender expertise. *(A review of the personnel file of the staff's Q.P. is required for this item.)* 11. Review the personnel file of the Q.P. to verify that the following: education and experience required for the QP credential; sex offender expertise; and on-call/back-up duties 12. Review the agency's back-up/on-call policy to verify the availability of a Q.P. with sex offender specific treatment expertise per shift. **Scoring:** (1) 100% compliance must be achieved in order for this item to be scored as "Met." (2) **IF** the member does not require sex offender specific treatment (based on a review of the member's clinical documents), score this item as "NA."	**Payback** **Plan-of-Correction** **Technical Assistance**
15.3	Is there documentation that face-to-face clinical consultation is provided by a full-time licensed professional? 10A NCAC 27G .1802 (a) Each facility shall have at least one full-time licensed professional; (b) At a minimum these policies shall include (3) provision of direct clinical psychoeducational services to children, adolescents or families (4) participation in treatment planning meetings; and (5) coordination of each child or adolescent's treatment plan	**During the Review:** Request evidence that there is at least one full-time licensed professional providing clinical services at the facility **Evidence:** Consultation shall include clinical supervision of the QP, Individual/Group/Family Therapy, or involvement in child/adolescent specific treatment plan or overall program issues. **Scoring:** Score as "Met" for evidence of any one or combination of these activities	**Payback** **Plan-of-Correction** **Technical Assistance**

Section 16: REVIEW ELEMENTS APPLICABLE ONLY TO RESIDENTIAL LEVEL 2 FAMILY TYPE/THERAPEUTIC FOSTER CARE SERVICES

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	POSSIBLE ACTIONS
16.1	For beneficiaries identified with or at risk for inappropriate sexual behavior, A Sex Offender Specific Evaluation (SOSE) shall be provided by a trained professional and a level of risk shall be established (low, moderate, high) using the Risk Checklist for Sexual Offenders, the Juvenile Sexual Offender Decision Criteria, and a Checklist for Risk Assessment of Adolescent Sex Offenders. NC Medicaid Clinical Coverage Policy 8D-2 Residential Treatment Services. Attachment C: Residential Treatment-Level II/Family/Program Type -Medical Necessity: (g) For beneficiaries identified with or at risk for inappropriate sexual behavior: (4) A Sex Offender Specific Evaluation (SOSE shall be provided by a trained professional and a level of risk shall be established (low, moderate, high) using the Risk Checklist for Sexual Offenders, the Juvenile Sexual Offender Decision Criteria, and a Checklist for Risk Assessment of Adolescent Sex Offenders.	**During the Review:** (1) Review Member's treatment plan, CCA and psychological evaluation (if applicable) for documentation indicating the need for sex-offender specific treatment. (2) Review the SOSE, and verify that a level of risk has been established. **Scoring:** (1) Provider must submit evidence that a SOSE has been completed, and a level of risk has been established in order for this item to be scored as "Met." (2) If the member is not at risk for sex offender behavior (based on a review of the member's clinical documents), score this item as "NA."	**Payback** **Plan-of-Correction** **Technical Assistance**

16.2	Does the documentation reflect that TF parent is licensed to provide treatment on the date of service billed? 10A NCAC 70E. 0702 Responsibility -Each supervising agency providing foster care services shall assess its applicants and licensees. Supervising agencies shall submit to the licensing authority information and reports that are used as the basis of either issuing or continuing to issue licenses. 10A NCAC 70G.0503 Placement Services, (i) The family foster home or the therapeutic foster home shall be licensed by the Division of Social Services. § 131D-10.3. Licensure required - (a) No person shall operate, establish or provide foster care for children or receive and place children in residential care facilities, family foster homes, or adoptive homes without first applying for a license to the Department and submitting the required information on application forms provided by the Department. (b) Persons licensed or seeking a license under this Article shall permit the Department access to premises and information required to determine whether the person is in compliance with licensing rules of the Commission. (c)Persons licensed pursuant to this Article shall be periodically reviewed by the Department to determine whether they comply with Commission rules and whether licensure shall continue. (d) This Article shall apply to all persons intending to organize, develop or provide foster care for children or receive and place children in residential child-care facilities, family foster homes or adoptive homes irrespective of such persons having applied for or obtained a certification, registration or permit to carry on work not controlled by this Article except persons exempted in G.S. 131D-10.4.(e) Unless revoked or modified to (cont'd.) a provisional or suspended status, the terms of a license issued by the Department shall be in force for a period not to exceed 24 months from the date of issuance under rules adopted by the Commission.(f) Persons licensed or seeking a license who are temporarily unable to comply with a rule or rules may be granted a provisional license. The provisional license can be issued for a period not to exceed six months. The noncompliance with a rule or rules shall not present an immediate threat to the health and safety of the children, and the person shall have a plan approved by the Department to correct the area(s) of noncompliance within the provisional period. A provisional license for an additional period of time to meet the same area(s) of noncompliance shall not be issued.	**During the Review:** Locate home's license in the TFC Parent's personnel record. **Evidence:** (1) Verify that the language on the license clearly indicates Therapeutic Foster Care (2) Verify that the home's license in the Therapeutic Foster Parent's file is current for the date of service reviewed. **Note:** Ensure the license indicates THERAPEUTIC foster care, and not family foster. **Scoring:** TFC home's licensure must be submitted, and each of the requirements listed above must be verified in order for this element to be scored as, "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

16.3	Is there documentation that the Child Placing Agency staff is qualified to provide supervision to TFC parent? 10A NCAC 27G .0104: Staff Definitions (19) "Qualified professional" means, within the MH/DD/SA system of care: (a) an individual who holds a license, provisional license, certificate, registration or permit issued by the governing board regulating a human service profession, except a registered nurse who is licensed to practice in the State of North Carolina by the North Carolina Board of Nursing who also has four years of full-time accumulated experience in MH/DD/SA with the population served; or (b) a graduate of a college or university with a Master's degree in a human service field and has one year of full-time, post-graduate degree accumulated MH/DD/SA experience with the population served, or a substance abuse professional who has one year of full-time, post-graduate degree accumulated supervised experience in alcoholism and drug abuse counseling; or (c) a graduate of a college or university with a bachelor's degree in a human service field and has two years of full-time, post-bachelor's degree accumulated MH/DD/SA experience with the population served, or a substance abuse professional who has two years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling; or (d) a graduate of a college or university with a bachelor's degree in a field other than human services and has four years of full-time, post-bachelor's degree accumulated MH/DD/SA experience with the population served, or a substance abuse professional who has four years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling. 10A NCAC 27G .0203: Competencies of Qualified Professionals and Associate Professionals (d) Competencies shall be demonstrated by exhibiting core skills including: technical knowledge, cultural awareness, analytical skills, decision-making, interpersonal skills, communication skills and clinical skills	**During the Review:** Review personnel record of supervising staff for the TFC home for the date of service reviewed **Evidence:** Documentation that verifies the QP credential of the Child Placement Agency Staff may include resume, employment application, degree/diploma, etc. **Scoring:** Staff must meet the requirements of a Qualified Professional in order to qualify to provide supervision to the TFC parent. If staff does not meet all of the requirements this items should be scored as "Not Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

16.4	Is there documentation that the therapeutic foster parent received weekly supervision? 10A NCAC 27G.0104 Staff Definitions 10A NCAC 27G .0203 Competencies of Qualified Professional and Associate Professional 10A NCAC 70E. 1107 Relationship to Supervising Agency (b)(2): allow weekly supervision and support from a qualified professional as defined in 10A NCAC 27G .0104 and .0203 10A NCAC 70G .0503: Placement Services (q): Therapeutic foster care parents shall have at least 60 minutes of supervision by a qualified professional as defined in 10A NCAC 27G .0104 on a weekly basis for each therapeutic foster child placed in the foster home.	**Prior to the Review:** Ask the provider what constitutes their week (e.g. Sunday-Saturday; Monday-Sunday, etc.), and determine the week surrounding the date reviewed. **During the Review:** Review documentation of supervision against the supervision requirement in rule. Review documentation to support that supervision is provided for 60 minutes per week per child for the duration of the review period based on the provider's definition of their work week **Evidence:** (1) Provider must demonstrate that the agency is following required weekly supervision. (2) CPA documentation should define weekly and document exceptions. (3) If an electronic health record (EHR, EMR) is used any entry must be tracked/date stamped in the system, and will therefore meet the intent of entries as outlined in the RMDM (45-2). (4) When a provider utilizes an EMR or EHR system, access should be granted to the reviewer to the appropriate documentation to ensure there is compliance with all components of this element. Subsequently, if a paper version has to be provided (this should be the exception and not the rule), it is the responsibility of the provider to ensure that comprehensive information is provided at the time of submission. **Scoring:** Provider must demonstrate that the Therapeutic Foster Parent is receiving at least 60 minutes of supervision weekly supervision.	**Payback** **Plan-of-Correction** **Technical Assistance**

16.5	Is there a Health Care Registry check completed for supervising agency QP prior to the date of service and every two years thereafter? G.S. § 131e-256 (d2) Health Care Personnel Registry: Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. 10A NCAC 27G .0206 (b) Personnel Policies: The agency shall have a personnel file for each employee (full-time, part-time, and contracted) which includes (8) results of the search of the North Carolina Health Care Personnel Registry (pursuant to G.S. 131E 256) 10A NCAC 70F .0207 (k) Staff: Every two years as long as the employee is employed, a certified criminal record check for each employee shall be obtained, and a search conducted by the North Carolina Sex Offender and Public Protection Registry and North Carolina Health Care Personnel Registry (pursuant to G.S. 131E-256) are completed. NCGS 131E-256: Health Care Personnel Registry	**During the Review:** (1) Ensure the HCPR being reviewed belongs to the individual who provided the service, e.g., by SS#, name, etc. (2) Ensure the HCPR check is completed prior to the date of service reviewed. **Note:** Health Care Personnel Registry Checks are not required for licensed professionals. **Scoring:** There may be no substantiated finding of abuse or neglect listed on the NC Health Care Personnel Registry for unlicensed providers.	**Payback** **Plan-of-Correction** **Technical Assistance**
16.6	Is there a criminal record check completed for supervising agency QP prior to the date of service and every two years thereafter? NCGS 131D-10.3A: Mandatory Criminal Checks 10A NCAC 70F .0206 (b) Personnel Policies: The agency shall have a personnel file for each employee which includes (6) criminal record checks certified by the Clerk of Superior Court 10A NCAC 70F .0207 Staff: (b) Prior to employment, a certified criminal record check for the applicant shall be obtained; and (k) Every two years as long as the employee is employed, a certified criminal record check for each employee shall be obtained, and a search conducted by the North Carolina Sex Offender and Public Protection Registry and North Carolina Health Care Personnel Registry (pursuant to G.S. 131E-256) are completed.	**Notes:** (1) No criminal history record checks required for applicants that have an occupational license (e.g. LCSW, MD, Nurse, etc.) (2) For an applicant who had been a resident of NC for less than 5 years, he/she must have consented to a State and National (national checks conducted by the Department of Justice with finger prints) record check before conditional requirement. (3) For an applicant who had been a resident of NC for 5 years or more, he/she must have consented to a State record check before conditional employment. (4)There should be a CRC within 2 years of the date of service audited. **Evidence:** Review Staff's personnel file for evidence of Staff's consent for a CRC or the Provider's request for a CRC. **Scoring:** To be in compliance with this requirement, the auditor only needs to see the applicant's consent for a CRC or the provider's request for a CRC. The auditor does not need to see the results.	**Payback** **Plan-of-Correction** **Technical Assistance**

16.7	Is there a NC Sex Offender and Public Protection Registry completed for supervising agency QP prior to the date of service and every two years thereafter? (NCGS 131E-256, 10A NCAC 70F. 0206 (b) (8); 10A NCAC 70F. 0207 (k) G. S. § 131E-256. (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. 10A NCAC 70F. 0206 Personnel Policies 9b) (8) - results of the search of the North Carolina Health Care Personnel Registry (pursuant to G.S. 131E-256) 10A NCAC 70F. 0207 STAFF(k) ..... Every two years as long as the employee is employed, a certified criminal record check for each employee shall be obtained, and a search conducted of the North Carolina Sex Offender and Public Protection Registry and North Carolina Health Care Personnel Registry (pursuant to G.S. 131E-256) are completed.	There may be no substantiated finding of abuse or neglect listed on the NC Health Care Personnel Registry for unlicensed providers. • Ensure the HCPR being reviewed belongs to the individual who provided the service, e.g., by SS#, name, etc. • Ensure the HCPR check is completed prior to the date of service reviewed. • Health Care Personnel Registry Checks are not required for licensed professionals.	
16.8	Is the therapeutic foster home in compliance with licensed capacity? 10A NCAC 70E .1001 Foster Home: (b) No more than four children (including no more than 2 foster children) shall reside in any therapeutic foster home at any time. The four children include the foster parent's own children, children placed for TFC, children placed for family foster care or any other child living in the home. (c) Exceptions to the capacity standards 10A NCAC 70E .0701 Licensing Authority Function: (b) A license is valid for the period of time stated on the license for the number of children specified and for the place of residence identified on the license.	**During the Review:** (1) Review the TF home's placement log. (2) Compare the log with the valid license for the period of time listed on the license, number of children specified and for the place of residence identified on the license. **Note:** For some homes, it will be necessary to carefully review any alternative or in lieu of service definition as different criteria may be in effect and should be considered. Capacity Requirement: Maximum of 4 children in the home, and no more than 2 TFC children **Scoring:** TFC home license must be valid for the DOS reviewed, and must meet the capacity requirements according to the rule.	**Payback** **Plan-of-Correction** **Technical Assistance**

16.9	Is there evidence that Therapeutic foster parents providing treatment to children or youths with substance abuse treatment needs received supervision from a qualified substance abuse professional as defined in 10A NCAC 27G .0104. 10A 70G .0503 Placement Services: (q) Therapeutic foster parents providing treatment to children or youths with substance abuse treatment needs shall receive supervision from a qualified substance abuse professional. 10A NCAC 27G .0104 Staff Definitions: (20) Qualified Substance Abuse Prevention Professional	**During the Review:** (1) Review Member's treatment plan, CCA and/or psychological evaluation (if applicable) for substance abuse treatment. (2) Review the personnel record for the staff that is listed on the supervision documentation submitted to verify the staff's education and experience. **Scoring:** (1) If the staff does not meet the qualifications of a qualified substance abuse prevention professional, score this item as "Not Met." (2) **IF** the member does not require substance abuse treatment (based on a review of the member's clinical documents), score this item as "NA."	**Payback** **Plan-of-Correction** **Technical Assistance**

Section 17: REVIEW ELEMENTS APPLICABLE TO INTENSIVE ALTERNATIVE FAMILY TREATMENT SERVICES

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	HIGHEST LEVEL OF ACTION POSSIBLE: PB = Payback POC = Plan of Correction TA: Technical Assistance

17.1	Does the documentation reflect that TF parent is licensed to provide treatment on the date of service billed? 10A NCAC 70E. 0702: Licensing of Family Foster Homes. 10A NCAC 70G.0503 Placement Services. § 131D-10.3. Licensure Required. G.S. 131D-10.4. Exemptions.	**During the Review:** Locate home's license in the TFC Parent's personnel record. **Evidence:** (1) Verify that the language on the license clearly indicates Therapeutic Foster Care (2) Verify that the home's license in the Therapeutic Foster Parent's file is current for the date of service reviewed. **Note:** Ensure the license indicates THERAPEUTIC foster care, and not family foster. **Scoring:** TFC home's licensure must be submitted, and each of the requirements listed above must be verified in order for this element to be scored as, "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

17.2	Is there documentation that the Child Placing Agency staff is qualified to provide supervision to TFC parent? 10A NCAC 27G .0104: Staff Definitions (19) "Qualified professional" means, within the MH/DD/SA system of care: (a) an individual who holds a license, provisional license, certificate, registration or permit issued by the governing board regulating a human service profession, except a registered nurse who is licensed to practice in the State of North Carolina by the North Carolina Board of Nursing who also has four years of full-time accumulated experience in MH/DD/SA with the population served; or (b) a graduate of a college or university with a Master's degree in a human service field and has one year of full-time, post-graduate degree accumulated MH/DD/SA experience with the population served, or a substance abuse professional who has one year of full-time, post-graduate degree accumulated supervised experience in alcoholism and drug abuse counseling; or (c) a graduate of a college or university with a bachelor's degree in a human service field and has two years of full-time, post-bachelor's degree accumulated MH/DD/SA experience with the population served, or a substance abuse professional who has two years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling; or (d) a graduate of a college or university with a bachelor's degree in a field other than human services and has four years of full-time, post-bachelor's degree accumulated MH/DD/SA experience with the population served, or a substance abuse professional who has four years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling. 10A NCAC 27G .0203: Competencies of Qualified Professionals and Associate Professionals (d) Competencies shall be demonstrated by exhibiting core skills including: technical knowledge, cultural awareness, analytical skills, decision-making, interpersonal skills, communication skills and clinical skills	**During the Review:** Review personnel record of supervising staff for the TFC home for the date of service reviewed **Evidence:** Documentation that verifies the QP credential of the Child Placement Agency Staff may include resume, employment application, degree/diploma, etc. **Scoring:** Staff must meet the requirements of a Qualified Professional in order to qualify to provide supervision to the TFC parent. If staff does not meet all of the requirements this items should be scored as "Not Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

17.3	Is there documentation that the therapeutic foster parent received weekly supervision? 10A NCAC 27G.0104 Staff Definitions 10A NCAC 27G .0203 Competencies of Qualified Professional and Associate Professional 10A NCAC 70E. 1107 Relationship to Supervising Agency (b)(2): allow weekly supervision and support from a qualified professional as defined in 10A NCAC 27G .0104 and .0203 10A NCAC 70G .0503: Placement Services (q): Therapeutic foster care parents shall have at least 60 minutes of supervision by a qualified professional as defined in 10A NCAC 27G .0104 on a weekly basis for each therapeutic foster child placed in the foster home.	**Prior to the Review:** Ask the provider what constitutes their week (e.g. Sunday-Saturday; Monday-Sunday, etc.), and determine the week surrounding the date reviewed. **During the Review:** Review documentation of supervision against the supervision requirement in rule. Review documentation to support that supervision is provided for 60 minutes per week per child for the duration of the review period based on the provider's definition of their work week **Evidence:** (1) Provider must demonstrate that the agency is following required weekly supervision. (2) CPA documentation should define weekly and document exceptions. (3) If an electronic health record (EHR, EMR) is used any entry must be tracked/date stamped in the system, and will therefore meet the intent of entries as outlined in the RMDM (45-2). (4) When a provider utilizes an EMR or EHR system, access should be granted to the reviewer to the appropriate documentation to ensure there is compliance with all components of this element. Subsequently, if a paper version has to be provided (this should be the exception and not the rule), it is the responsibility of the provider to ensure that comprehensive information is provided at the time of submission. **Scoring:** Provider must demonstrate that the Therapeutic Foster Parent is receiving at least 60 minutes of supervision weekly supervision.	**Payback** **Plan-of-Correction** **Technical Assistance**

17.4	Is there a Health Care Registry check completed for supervising agency QP prior to the date of service and every two years thereafter? G.S. § 131e-256 (d2) Health Care Personnel Registry: Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. 10A NCAC 27G .0206 (b) Personnel Policies: The agency shall have a personnel file for each employee (full-time, part-time, and contracted) which includes (8) results of the search of the North Carolina Health Care Personnel Registry (pursuant to G.S. 131E 256) 10A NCAC 70F .0207 (k) Staff: Every two years as long as the employee is employed, a certified criminal record check for each employee shall be obtained, and a search conducted by the North Carolina Sex Offender and Public Protection Registry and North Carolina Health Care Personnel Registry (pursuant to G.S. 131E-256) are completed. NCGS 131E-256: Health Care Personnel Registry	**During the Review:** (1) Ensure the HCPR being reviewed belongs to the individual who provided the service, e.g., by SS#, name, etc. (2) Ensure the HCPR check is completed prior to the date of service reviewed. **Note:** Health Care Personnel Registry Checks are not required licensed professionals. **Scoring:** There may be no substantiated finding of abuse or neglect listed on the NC Health Care Personnel Registry for unlicensed providers.	**Payback** **Plan-of-Correction** **Technical Assistance**

17.5	Is there a criminal record check completed for supervising agency QP prior to the date of service and every two years thereafter? NCGS 131D-10.3A: Mandatory Criminal Checks 10A NCAC 70F .0206 (b) Personnel Policies: The agency shall have a personnel file for each employee which includes (6) criminal record checks certified by the Clerk of Superior Court 10A NCAC 70F .0207 Staff: (b) Prior to employment, a certified criminal record check for the applicant shall be obtained; and (k) Every two years as long as the employee is employed, a certified criminal record check for each employee shall be obtained, and a search conducted by the North Carolina Sex Offender and Public Protection Registry and North Carolina Health Care Personnel Registry (pursuant to G.S. 131E-256) are completed.	**Notes:** (1) No criminal history record checks required for applicants that have an occupational license (e.g. LCSW, MD, Nurse, etc.) (2) For an applicant who had been a resident of NC for less than 5 years, he/she must have consented to a State and National (national checks conducted by the Department of Justice with finger prints) record check before conditional requirement. (3) For an applicant who had been a resident of NC for 5 years or more, he/she must have consented to a State record check before conditional employment. (4) There should be a CRC within 2 years of the date of service audited. **Evidence:** Review Staff's personnel file for evidence of Staff's consent for a CRC or the Provider's request for a CRC. **Scoring:** To be in compliance with this requirement, the auditor only needs to see the applicant's consent for a CRC or the provider's request for a CRC. The auditor does not need to see the results.	**Payback** **Plan-of-Correction** **Technical Assistance**
17.6	Is there a NC Sex Offender and Public Protection Registry completed for supervising agency QP prior to the date of service and every two years thereafter? (NCGS 131E-256, 10A NCAC 70F. 0206 (b) (8); 10A NCAC 70F. 0207 (k) G. S. § 131E-256. (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. 10A NCAC 70F. 0206 Personnel Policies 9b) (8) - results of the search of the North Carolina Health Care Personnel Registry (pursuant to G.S. 131E-256) 10A NCAC 70F. 0207 STAFF(k) ..... Every two years as long as the employee is employed, a certified criminal record check for each employee shall be obtained, and a search conducted of the North Carolina Sex Offender and Public Protection Registry and North Carolina Health Care Personnel Registry (pursuant to G.S. 131E-256) are completed.	There may be no substantiated finding of abuse or neglect listed on the NC Health Care Personnel Registry for unlicensed providers. • Ensure the HCPR being reviewed belongs to the individual who provided the service, e.g., by SS#, name, etc. • Ensure the HCPR check is completed prior to the date of service reviewed. • Health Care Personnel Registry Checks are not required for licensed professionals.	

17.7	Is the IAFT home in compliance with licensed capacity? Rapid Resource for Families. IAFT Program Description. -Element 2: One IAFT child per IAFT Treatment Facility	**Prior to Review:** Obtain placement logs from Provider for the home of the treatment parent reviewed. **During the Review:** (1) Review placement logs to ensure that only one child has been placed in the home. (2) Compare the log with the valid license for the period of time listed on the license, number of children specified and for the place of residence identified on the license. **Notes:** If more than 1 child has been placed in the home, determine if an Approved Waiver is on file for exemption of this element for clearly stated clinical reason. **Scoring:** IAFT home license must be valid for the DOS reviewed, and must meet the capacity requirements according to the rule in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**
17.8	Documentation of weekly face to face therapy for the individual and/or family OR documentation of communication/collaboration with external/contracted specialized therapists (if an external/specialized therapist is clinically indicated for the individual) Rapid Resource for Families. IAFT Program Description. Element 10: Access to Specialized Therapeutic Services, as Indicated and Designed for the Consumer and Their Support System. Weekly face-to-face therapy provided to the individual and/ or family members to ensure treatment progress, reduction in presenting needs and support transition/discharge plans. If specialized therapeutic services (e.g. substance use disorder, sexual offending, etc.) are recommended, or needed and cannot be provided In-House by the agency, then coordination and ongoing treatment collaboration with an external therapist is documented and contractually agreed upon by the IAFT agency.	**During the Review:** (1) Review Member's CCA, PCP, and Psychological Evaluation (if applicable) to determine if specialized therapeutic services have been recommended. (2) Review documentation of face-to-face therapy with Member and/or Family around the dates of service reviewed. **Evidence:** (1) Documentation of weekly therapy for the member and/or family unless contraindicated and supported by clinical documentation (2) Documentation of communication and collaboration with any external specialists as appropriate (IF specialized treatment services have been recommended for the member) **Scoring:** Documentation of weekly face-to-face therapy with the member and/or family must be submitted. If the member's clinical documentation indicates the need for specialized therapeutic services, collaboration with external/specialized therapists must be submitted.	**Payback** **Plan-of-Correction** **Technical Assistance**

17.9	Evidence of daily contact (M-F) between agency staff/QP and treatment parents to track & discuss observed target behaviors Rapid Resource for Families. IAFT Program Description. Element 4 Behavior Tracking: Daily phone/personal contact (M-F) between treatment parents and staff with tracking a minimum of 5 times per week with data for all seven days recorded/documented. Agency will define timelines and methods of daily contact (5) days per week between coordinator and treatment parent. Coordinator will provide support, guidance and coaching to the treatment parent and record data.	**Notes:** (1) Provider determines methods of daily contact between the Staff and Treatment Parent. (2) Examples of contact methods/documentation includes attendance logs, parent notes, etc. **During the Review:** (1) Review evidence of daily contact between staff and treatment parent around the dates of service reviewed. (2) Compare the daily contact notes against the other submitted forms of documentation (such as service notes) for treatment around the DOS reviewed to ensure the data matches for treatment clarity and consensus. **Evidence:** Documentation of daily contact should include behavior data, effectiveness of interventions, observed behaviors and member's overall stress level **Scoring:** Provider must submit evidence of daily contact (M-F) between the Coordinator and the treatment parent. The data recorded on the daily contact documentation and other clinical documentation must match in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**
17.10	Evidence of weekly contact between agency staff/QP and supervisor(s) to address member and treatment parent needs Rapid Resource for Families. IAFT Program Description. Element 6 Supervision. Weekly contact between IAFT staff and supervisors. Documentation of weekly supervision with IAFT team members reflecting review of treatment and consumer needs; Treatment parent training needs; discharge/transition planning; addressing barriers to treatment or Element implementation; recommendations and other issues as identified by the team.	**During the Review:** Review evidence of weekly supervision around the DOS reviewed. **Note:** Supervisions may be individual or group **Evidence:** Documentation of weekly supervision with IAFT Team Members must reflect at least one of the following: (1) Review of treatment and Member needs; (2)Treatment Parent training needs; (3) Discharge/transition planning; (4) Addressing barriers to treatment or element implementation; (5) Recommendations and other issues as identified by team **Scoring:** Provider must submit documentation of weekly supervision between the supervisor and the IAFT Staff/QP around the DOS reviewed in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

17.11	Evidence of psychiatric oversight every 30 days to review treatment and determine any other needed supports, services, recommendations to achieve outcomes Rapid Resource for Families. IAFT Program Description. Element 8. Psychiatric Oversight: Agency has internal or contracted Psychiatric staff to conduct oversight at least once every 30 days to discuss IAFT consumers on caseload. Preference is to have consultation provided by a Child and Adolescent Psychiatrist. Psychiatric Staff with the following classifications must be licensed or certified, as appropriate, according to North Carolina General Statues and shall practice within the scope of practice defined by the applicable practice board (Child and Adolescent Psychiatrist, Psychiatric Nurse Mental Health Nurse Practitioner, Physician Assistant).	**During the Review:** (1) Review evidence of psychiatric oversight within 30 days around the dates of service reviewed. (2) Verify the education and experience of the clinician that is listed on the clinical oversight documentation **Evidence:** (1) Documentation of oversight every 30 days (2) Concise content of discussion (3) Recommendations and follow-ups on a continuous basis **Scoring:** Evidence of psychiatric oversight around the date of service reviewed must be submitted, and the clinician's credentials must be verified in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**
17.12	Weekly documentation of efforts for parental or family of permanence engagement in IAFT (shared parenting) and/or development of natural supports Rapid Resource for Families. IAFT Program Description. Element 13 Weekly Documentation Inclusive of Efforts for Parental or Family of Permanence Engagement in IAFT Treatment. On a weekly basis, Agency documents and addresses family/parent and natural supports engagement, shared parenting and decision making and ongoing solutions to improve system functioning.	**During the Review:** Review documentation of communication/coordination between the IAFT Staff/QP and Member's parents/natural supports around the DOS reviewed. **Note:** If Member is in custody of local DSS or lacks natural supports, IAFT Provider agency and Child and Family Team should work diligently to locate, build, sustain in creative means potential forms of community mentors or natural supports that could participate in Member's plan of treatment, recovery and transition to next level of care. **Evidence:** (1) Clear, concise documentation of weekly efforts and results of engagement of family and/or natural supports for the Member (2) Documented follow-up on recommendation to identify, remove or reduce barriers to element/rule (3) Evidence of IAFT Program's efforts to identify community mentors (If Member does not have natural supports) **Scoring:** (1) Provider must submit documentation of efforts to engage Member's family/natural supports in IAFT treatment in order for this item to be scored as met. (2) If Member does not have natural supports, evidence of IAFT Program's efforts to identify community mentors must be submitted.	**Payback** **Plan-of-Correction** **Technical Assistance**

Section 18: REVIEW ELEMENTS APPLICABLE TO DIAGNOSTIC ASSESSMENT SERVICES

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	POSSIBLE ACTIONS
18.1	The Diagnostic Assessment includes the required elements: Clinical Coverage Policy 8A-5. NC Medicaid Enhanced Mental Health and Substance Abuse Services. Diagnostic Assessment: Elements of the Diagnostic Assessment (a-h). **https://medicaid.ncdhhs.gov/8a-5-diagnostic-assessment- 0/download?attachment** State-Funded Enhanced Mental Health and Substance Abuse Services. Diagnostic Assessment (State Funded): Elements of the Diagnostic Assessment (a-h).	**During the Review:** (1) Review the required elements for Diagnostic Assessments (a-h) within the applicable CCP or Service Definition. (2) Review the Diagnostic Assessment and verify that each of the required elements (a-h) are contained within the assessment. **Scoring:** All elements must be present in order to score this item as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**
18.2	Does the Diagnostic Assessment Team meet the staffing requirements according to the Clinical Coverage Policy or Service Definition? 10A NCAC 27G .0104 Staffing Definitions. Clinical Coverage Policy 8A. NC Medicaid Enhanced Mental Health and Substance Abuse Services. Diagnostic Assessment: Staffing Requirements. & State-Funded Enhanced Mental Health and Substance Abuse Services. Diagnostic Assessment (State Funded): Staffing Requirements. -The Diagnostic Assessment team shall include at least two Qualified Professionals (QPs) -For beneficiaries with Mental Health (MH) or Substance Use Disorder (SUD) diagnoses, both professionals must be licensed. -One team member shall be an MD, DO, nurse practitioner, physician assistant, or licensed psychologist. -For substance use-focused diagnostic assessment, the team must include an LCAS. -For beneficiaries with intellectual or developmental disabilities, one team member shall be an MD, DO, nurse practitioner, physician assistant, or licensed psychologist and one team member must be a master's level QP with at least two years of experience with individuals with intellectual or developmental disabilities. -The MD, DO, NP, PA, or psychologist shall have the required experience with the population served in order to provide this service.	**During the Review:** (1) Review Member's the Diagnostic Assessment to determine the diagnosis and treatment needs of the member. (2) Determine the staffing requirements according to Member's diagnosis and treatment needs. (3) Review the personnel record of the staff that provided the service, and verify the education, experience, certification and licensure as required [according to the CCP or Service Definition]. (4) Review education and training documentation for each item listed on the Staff Qualifications worksheet (within review tool). **Note:** If the training requirements are "Not Met," then a POC will be issued instead of a payback. **Scoring:** All education, experience, certification, licensure and training documentation must be present in order for this item to be scored as, "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

Section 19: REVIEW ELEMENTS APPLICABLE TO PEER SUPPORT SERVICES

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	POSSIBLE ACTIONS
19.1	Is there evidence that the program is under the direction of QP? 10A NCAC 27G .0104 Staffing Definitions. NC Medicaid and Health Choice. Clinical Coverage Policy 8G. Peer Support Services. 6.2.1 Staffing Requirements. & NCDMH &SAS State-Funded Peer Support Services. 6.2.1 Staffing Requirements. The Peer Support Services program must be under the direction of a full-time Qualified Professional who meets the requirements according to 10A NCAC 27G .0104.	**During the Review:** Verify the education and experience of the Program Director as indicated in the rule. **Scoring:** Staff must meet the requirements of a Qualified Professional in order to qualify to direct the PSS program. If staff does not meet all of the requirements this items should be scored as "Not Met."	**Payback** **Plan-of-Correction** **Technical Assistance**
19.2	QP-to-CPSS ratio is no more than 1:8 and CPSS-to-member ratio does not exceed 1:15. 10A NCAC 27G .0104 Staffing Definitions. NC Medicaid and Health Choice. Clinical Coverage Policy 8G. Peer Support Services. 6.2.1 Staffing Requirements. & NCDMH &SAS State-Funded Peer Support Services. 6.2.1 Staffing Requirements. The maximum program staff ratios are as follows: QP-to-CPSS is 1:8; CPSS-to-beneficiary is 1:15	**During the Review:** (1) Identify the CPSS staff for the date of service reviewed. (2) Review the documentation submitted by Provider to verify that the caseload of the staff for the DOS reviewed does not exceed the requirements specified in the CCP or Service Definition. **Note:** Providers may submit various forms of documentation as evidence for their staffing ratios. **Scoring:** Staffing Ratios for both QP to Certified Peer Support Specialist and Certified Peer Support Specialist to Member must meet the requirement specified in the CCP or Service Definition in order for this item to be scored as "Met." Additionally the Qualified Professional must meet the requirements of a QP according to the rule in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

19.3	Evidence of at least one in-person, telehealth, or telephonic, audio-only communication contact by the QP with the beneficiary within 90 days of PSS being initiated and no less than every 90 days thereafter to monitor the beneficiary's progress and effectiveness of the program; and to review with the beneficiary the goals of their PCP and document progress. 10A NCAC 27G .0104 Staffing Definitions. NC Medicaid and Health Choice. Clinical Coverage Policy 8G. Peer Support Services. 6.2.1 Staffing Requirements. & NCDMH &SAS State-Funded Peer Support Services. 6.2.1 Staffing Requirements. [Peer Support Program Supervisor must] Conduct at least one in-person, telehealth, or telephonic, audio only communication contact with the Individual within 90 days of PSS being initiated and no less than every 90 days thereafter to monitor the individual's progress and effectiveness of the program; and to review with the individual, the goals of their PCP and document progress. NC Medicaid and Health Choice. Clinical Coverage Policy 8G. Peer Support Services. 3.2.5.1 (f) Telephonic-Specific Criteria. & NCDMH &SAS State-Funded Peer Support Services. 3.2.5.1. (f) Telephonic-Specific Requirements. Providers shall obtain and document verbal or written consent. In extenuating circumstances when consent is unable to be obtained, this should be documented.	**During the Review:** (1) Verify the education and experience of the staff listed on the documentation provided to ensure he/she meets the requirements for a Qualified Professional. (2) Review the claims data for PSS for the Member in TBS to determine the date that services were initiated. (3) Review the documentation to verify that at least one in-person, telehealth, telephonic or audio-only communication was made by the QP within 90 days of the date that PSS services were initiated. (4) Review the documentation to verify in-person, telehealth, telephonic or audio-communication was made around the date of service reviewed. Evidence must demonstrate that the following topics were discussed: progress and effectiveness of the PSS program Member's PCP goals and progress (5) For telephonic and/or audio-only communication- Review documentation that verbal or written consent [for this form of communication] has been obtained from the Member. If consent has not been obtained, documentation of extenuating circumstances must be documented and submitted for review. **Notes:** (1) Evidence/Documentation of contact for this item will vary amongst Providers. (2) Documentation of PCP Review may be utilized to satisfy the contact requirement if a service order containing the Member's signature is submitted and the review occurred during the specified timelines. **Scoring:** ALL items must be present in order for this item to be scored as "Met." (1)Evidence of contact during the specified time frames (2)Evidence that staff listed on the contact notes meets the requirements of a QP (3)Documented written or verbal consent of Member's participation in telephonic contact (if applicable)	**Payback** **Plan-of-Correction** **Technical Assistance**

19.4	Evidence of PSS providing structured services. NC Medicaid and Health Choice. Clinical Coverage Policy 8G. Peer Support Services. **1.0 Description of the Procedure, Product, or Service** Structured services provided by PSS include: a. Peer mentoring or coaching (one-on-one) – to encourage, motivate, and support beneficiary moving forward in recovery. Assist beneficiary with setting self-identified recovery goals, developing recovery action plans, and solving problems directly related to recovery, such as finding housing, developing natural support system, finding new uses of spare time, and improving job skills. Assist with issues that arise in connection with collateral problems such as legal issues or co-existing physical or mental challenges. . Recovery resource connecting – connecting a beneficiary to professional and nonprofessional services and resources available in the community that can assist a beneficiary in meeting recovery goals. c. Skill Building Recovery groups – structured skill development groups that focus on job skills, budgeting and managing credit, relapse prevention, and conflict resolution skills and support recovery. d. Building community – assist a beneficiary in enhancing his or her social networks that promote and help sustain mental health and substance use disorder recovery. Organization of recovery-oriented services that provide a sense of acceptance and belonging to the community, promote learning of social skills and the opportunity to practice newly learned skills.	**Review service documentation for evidence of structured services.** **1. Peer mentoring or coaching (one-on-one)** **2. Recovery resource connecting** **3. Skill Building Recovery groups** **4. Building community** **Score "met" if one or more of the structured services are documented.** **All 4 examples of structured services are recommended.**	

Section 20: REVIEW ELEMENTS APPLICABLE TO RB-BHT Services

ITEM	REVIEW ITEM WITH SUPPORTING S	REVIEW GUIDELINES	POSSIBLE ACTIONS

0.1	Is there evidence that the RB-BHT team composition meets the requirements according to the CCP? Medicaid and Health Choice Clinical Coverage Policy 8F. Research-Based Behavioral Health Treatment for Autism Spectrum Disorder. CCP 8F. Section 6.1 Provider Roles: These [RB-BHT] services are regularly scheduled and provided by a Licensed Qualified Autism Service Provider (LQASP). (a) LQASP develops the treatment plan and may also supervises or provides RB-BHT. (b) A Certified QP provides, and supervises RB-BHT pursuant to a treatment plan developed by a LQASP. (c) A paraprofessional provides, RB-BHT pursuant to a treatment plan developed by a LQASP and is either supervised by either a LQASP or C-QP. CCP 8F. Section 6.2 Provider Qualifications and Occupational Licensing Entity Regulations. The following types of staff are recognized as LQASP: (a) Physician- developmental, or behavioral pediatrician (b) Licensed Psychologist (c) Licensed Psychological Assistant (d) Occupational Therapist (e) Speech and Language Pathologist (f) Licensed Clinical Social Worker (g) Licensed Professional Counselor (h) Licensed Marriage and Family Therapist; (i) Other licenses allowed to independently practice RB-BHT. The following types of staff are recognized as a Certified Qualified Professional: (a) Board Certified Behavior Analyst; (b) Other certified or provisionally licensed professional A paraprofessional is a person who has completed specific competency-based RB-BHT training for persons with ASD that is equivalent to the minimum hour requirements of the lowest level paraprofessional (Technician) as specified by the Behavior Analyst Certification Board. Behavior Analyst Certification Board. Registered Behavior Technician Handbook. Eligibility Requirements. (a) 18 years of age; (b) high school diploma or GED (c) pass background check (d) obtain 40 hours of qualified training (e) successfully complete an RBT initial competency assessment	**Note:** RB-BHT Team must be consist of The Following Staff(a) Licensed Qualified Autism Service Provider; (b) Certified Qualified Professional (c) Paraprofessional/RBT **Evidence:** (1) Review the documentation provided from Provider to ensure that the RB-BHT Team is consistent with the requirements specified within the CCP. (2) Review the personnel files for the staff that comprise the RB-BHT and verify the education, experience and as indicated in the rule **Scoring:** The RB-BHT team composition and education, licensure and training requirements must be present in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

20.2	Is there evidence of training of parents, guardians, and caregivers on interventions consistent with the RBBHT? Medicaid and Health Choice Clinical Coverage Policy 8F. Research-Based Behavioral Health Treatment for Autism Spectrum Disorder. 1.0 Description of the Procedure, Product, or Service. (b)RB-BHT services include, but are not limited to, the following categories of RBBHT interventions: (6) Training of parents, guardians, and caregivers on interventions consistent with RB-BHT.	**Evidence:** Review evidence of parental/caregiver training around the DOS reviewed. **Scoring:** Evidence of parental training must be present in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**
20.3	Evidence of ASD diagnosis being confirmed with 6 months of provisional diagnosis for members under the age of 3, at the time of initiating services. Medicaid and Health Choice Clinical Coverage Policy 8F. Research-Based Behavioral Health Treatment for Autism Spectrum Disorder. **1.1.7 Provisional Diagnosis** Professional Diagnosis is defined as a diagnosis, for individual under three years of age, made by a licensed professional as provisional or "rule-out" based on significant concern for ASD (*For Example* physician screening results, parent report, early intervention documentation of concern, or observation of symptoms) when a comprehensive evaluation has not yet been completed. Provisional diagnosis may be made by licensed psychologist, physician, or licensed clinicians with a master's degree for whom this service is within their scope of practice (*For Example* Licensed Psychological Associate, Licensed Clinical Social Worker). individuals shall have an ASD Diagnosis within six months of the provisional diagnosis.	Review members under the age of 3 at the time of initiating services comprehensive clinical assessment or diagnostic assessment. Score "met" if there is a documented provisional ASD diagnosis. Members over age 3 at the time of initiating services score "N/A"	
20.4	The staff providing the service is supervised by a LQASP or a C-QP? Medicaid and Health Choice Clinical Coverage Policy 8F. Research-Based Behavioral Health Treatment for Autism Spectrum Disorder. 6.1 Provider Roles c. A paraprofessional provides RB-BHT pursuant to a treatment plan developed by a Licensed Qualified Autism Service provider and is supervised by either a LQASP or C-QP.	Review paraprofessional level staff supervision to determine if a LQASP or C-OP conducted the supervision. Review the qualifications of the LQASP or C-OP Score "met" if there is evidence the paraprofessional was supervised by a LQASP or C-OP.	

Section 21:REVIEW ELEMENTS APPLICABLE TO Facility Based Crisis for Children/Adolescents

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	POSSIBLE ACTIONS
21.1	Is there evidence that a pre-admission nursing screen was conducted by a Registered Nurse? NC Medicaid and Health Choice. CCP 8A-2 Facility-Based Crisis Service for Children and Adolescents. 5.3 Entrance Process: The following assessments and evaluations are required: (a) A pre-admission nursing screen conducted by a Registered Nurse to determine medical appropriateness for this level of care to rule out acute or severe chronic comorbidities or medical conditions.	**Evidence:** (1) Verify that a nursing screening was completed prior to Member's admission into the FBC program by comparing the date listed on the nursing screening to the admission date listed either in the Member's file. **Scoring:** Evidence of the completion of a nursing screening prior to the date of Member's admission to the service must be present in order for this item to be scored as, "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**
21.2	Is there evidence that a nursing assessment was completed within 24 hours of admission? NC Medicaid and Health Choice. CCP 8A-2 Facility-Based Crisis Service for Children and Adolescents. 5.3 Entrance Process: The following assessments and evaluations are required: (b) Following admission, the RN must complete a nursing assessment within 24 hours of admission to follow up on any medical needs identified in the screed that did not preclude admission to the facility.	**Evidence:** (1) Verify that a nursing assessment was completed within 24 hours of the Member's admission into the FBC program by comparing the date listed on the assessment to the admission date listed either in the Member's file. **Scoring:** Evidence of the completion of a nursing assessment within 24 hours of Member's admission to the service must be present in order for this item to be scored as, "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**
21.3	Is there evidence that a psychiatric evaluation was completed in-person or via telehealth by the psychiatrist within 24 hours of admission? NC Medicaid and Health Choice. CCP 8A-2 Facility-Based Crisis Service for Children and Adolescents. 5.3 Entrance Process: The following assessments and evaluations are required: (c) A psychiatric evaluation must be completed in-person or via telehealth by the psychiatrist within 24 hours of admission.	**Evidence:** (1) Verify that a psychiatric evaluation was completed within 24 hours of the Member's admission into the FBC program by comparing the date listed on the assessment to the admission date listed either in the Member's file. **Scoring:** (1)Evidence of the completion of a psychiatric evaluation within 24 hours of Member's admission to the service must be present in order for this item to be scored as, "Met." (2) Auditor must be able to verify the method contact used for the evaluation. If the method of contact cannot be verified, or it did not occur either in-person or via telehealth, this item should be scored as "Not Met."	**Payback** **Plan-of-Correction** **Technical Assistance**
21.4	Is there evidence that a clinical assessment was completed at the time of admission?	**Evidence:** (1) CCA Must Include the Following Elements- a. Member's presenting problem b. Member's needs and strengths	**Payback** **Plan-of-Correction**

	NC Medicaid and Health Choice. CCP 8A-2 Facility-Based Crisis Service for Children and Adolescents. 5.3 Entrance Process: The following assessments and evaluations are required: (d) A clinical assessment at the time of admission to include: (1) The beneficiary's presenting problem(s); (2) the beneficiary's needs and strengths; (3) a provisional or admitting diagnosis(es) with an established diagnosis(es) prior to discharge; (4) A pertinent social, family, and medical history; (5) Recommendations for other evaluations or assessments as appropriate	c. Provisional or admitting diagnosis(es) d. Pertinent social, family and medical history e. Recommendations for other evaluations or assessments as appropriate (2) Verify that a CCA was completed at admission by comparing the date listed on the CCA to the admission date listed either in the Member's file or on the claims data within TBS. **Scoring:** All of the elements (a-e) must be included within the CCA, and the CCA must have been completed at the Member's admission to the service in order for this item to be scored as, "Met."	**Technical Assistance**
21.5	Is there evidence that a comprehensive clinical assessment documenting medical necessity was completed by a licensed professional prior to discharge? NC Medicaid and Health Choice. CCP 8A-2 Facility-Based Crisis Service for Children and Adolescents. 5.3 Entrance Process: The following assessments and evaluations are required: (e) A comprehensive Clinical Assessment (CCA) documenting medical necessity must be completed by a licensed professional prior to discharge as part of the provision of this service. The CCA must be in compliance with the requirements of CCP 8C and also address the following: (1) screening to trauma exposure and symptoms related to that exposure and recommendations and interventions (2) detailed assessment of the presenting problem(s) including input from other licensed professionals if the child is dually diagnosed; (3) review of any available prior assessments, including functional behavioral analysis;	**Evidence:** (1) Review the Member's file, clinical documents, etc. to determine if the Member has been discharged from FBC services. If the Member has been discharged, compare the date listed on the CCA to the date of discharge to verify that the CCA was completed prior to the Member's discharge from FBC services. (2) CCA Must Include the Following Elements- (a) Screening to trauma exposure and symptoms related to that exposure and recommendations and interventions (b) Detailed assessment of the presenting problem(s) including input from other licensed professionals if the child is dually diagnosed (c) Review of any available prior assessments, including functional behavioral analysis **Scoring:** All of the elements (a-e) must be included within the CCA, and the CCA must have been completed at the Member's admission to the service in order for this item to be scored as, "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**
21.6	Evidence of active engagement from member's family/caregiver/LRP and significant others involved in the child's life. NC Medicaid and Health Choice. CCP 8A-2 Facility-Based Crisis Service for Children and Adolescents. Facility-Based Crisis Service components include: d. active engagement of the family, caregiver or legally responsible person, and significant others involved in the child's life, in crisis stabilization, treatment interventions, and	Review members' service documentation for evidence of active engagement of the family, caregiver or legally responsible person, and significant others involved in the child's life. Score "met" if there is documented evidence of active engagement of the family caregiver or legally responsible person, and significant others involved in the child's life. Look for crisis stabilization treatment interventions, and discharge planning as evidenced by participation in team meetings, collaboration with staff in developing effective interventions, providing support for and input into discharge and	

	discharge planning as evidenced by participation in team meetings, collaboration with staff in developing effective interventions, providing support for and input into discharge and aftercare plans;	aftercare plans;	
21.7	Evidence of required team Composition: .5 FTE Medical Director who is a board-eligible or board-certified Child Psychiatrist, 0.5 FTE Licensed Practicing Psychologist, Registered Nurse ,One FTE Licensed Professional NC Medicaid and Health Choice. CCP 8A-2 Facility-Based Crisis Service for Children and Adolescents. 6.2 Staffing Requirements The facility shall be staffed at a minimum of: a. 0.5 FTE Medical Director who is a board-eligible or board-certified Child Psychiatrist. If a provider is unable to hire a board-eligible or board-certified Child Psychiatrist, the provider must seek an exception, with justification, from the PIHP. The exception request, with accompanying updated justification, must be requested on an annual basis. A psychiatrist shall be available 24 hours a day, 7 days a week, 365 days a year (this includes the required on-call availability). The psychiatrist shall provide clinical oversight of the Facility- Based Crisis Service. The psychiatrist shall conduct a psychiatric assessment of each beneficiary in person or via telehealth within 24 hours of admission. The psychiatrist shall provide consultation to and supervision of staff; this supervision must be available onsite whenever needed and must occur onsite no less than one day per week, averaged over each quarter. When providing evaluation and management services to beneficiaries, the psychiatrist may bill additional psychiatric evaluations (excluding the initial evaluation) and other therapeutic services separately. b. 0.5 FTE Licensed Practicing Psychologist with a minimum of two years' experience in the treatment of children and adolescents with Intellectual/Developmental Disabilities. The psychologist must provide onsite behavioral assessment, observation and service planning within 24 hours of admission for beneficiaries with	Review all staff files to determine required qualifications for team. • Review personnel record of staff. • Verify both education and experience per rule. • Review education and training documentation as indicated in rule.	

	IDD. The psychologist must be available for in person consultation with staff. The psychologist will also be responsible for conducting other assessments with beneficiaries presenting with mental health or substance use issues as clinically indicated. c. Nursing coverage 24 hours a day, 7 days a week, 365 days a year must include a Registered Nurse with a minimum of one-year crisis service experience with the population to be served. All nursing staff must actively participate in the provision of treatment, monitor beneficiary's medical progress, and provide medication administration. d. One FTE Licensed Professional(s) with a minimum of two years' experience with the population served (at least one year postgraduate) who possesses the knowledge, skills, and abilities to treat co-occurring mental health and substance use disorders; who provides onsite observation, assessment and actively participates in the provision of treatment of individuals with mental health and substance use disorders. The Licensed Professional, with the psychiatrist provides clinical supervision for the program. This position cannot be filled by more than two professionals; OR 0.5 Licensed Professional with a minimum of two years' experience with the population served (at least one year postgraduate) who possesses the knowledge, skills, and abilities to treat persons with mental health disorders and who provides onsite observation, assessment and actively participates in the provision of treatment, and with the psychiatrist, provides clinical supervision for the program; and 0.5 Licensed Professional with a minimum of two years' experience with the population served (at least one year postgraduate) who possesses the knowledge, skills, and abilities to treat substance use disorders, who provides onsite observation and assessment, and who actively participates in the provision of treatment, and with the psychiatrist, provides clinical supervision for the program.		
21.8	Evidence of referral for care coordinaition occurring within 24 hours of admission for members not already linked with a Care Coordinator.	Review members' documentation for evidence of a referral be made to the PIHP for care coordination. These contacts must occur within 24 hours admission into Facility-Based Crisis Service. If the beneficiary is not already linked with a care coordinator.	

	NC Medicaid and Health Choice. CCP 8A-2 Facility-Based Crisis Service for Children and Adolescents. 5.3 Entrance Process For a Medicaid beneficiary, the Facility-Based Crisis Service provider shall contact the PIHP to determine if the beneficiary is currently enrolled with another service provider agency that has first responder responsibilities or if the beneficiary is receiving care coordination. If the beneficiary is not already linked with a care coordinator, a referral should be made to the PIHP for care coordination. These contacts must occur within 24 hours admission into Facility-Based Crisis Service.		

Section 22: REVIEW ELEMENTS APPLICABLE TO Partial Hosp., Med CRT, Detox Staff

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	POSSIBLE ACTIONS
22.1	Partial Hospitalization Services are provided in a licensed facility that offers a structured, therapeutic program under the direction of a physician that may or may not be hospital based **DHB/NC Medicaid Clinical Coverage Policy 8A, State-Funded Enhanced Mental Health and Substance Abuse Services** **CCP 8A** **Service Delivery Setting** Partial Hospitalization is provided in a licensed facility that offers a structured, therapeutic program under the direction of a physician that may or may not be hospital based.	Verify license of facility Verify program is under the direction of a physician	**Payback** **Plan-of-Correction** **Technical Assistance**

22.2	Partial Hospitalization Staff shall include at least one qualified mental health professional **DHB/NC Medicaid Clinical Coverage Policy 8A, State-Funded Enhanced Mental Health and Substance Abuse Services** **CCP 8A** **Provider Requirement and Supervision** All services in the partial hospital are provided by a team, which may have the following configuration: social workers, psychologists, therapists, case managers, or other MH/SA paraprofessional staff. The partial hospital milieu is directed under the supervision of a physician. Staffing requirements are outlined in 10A NCAC 27G .1102.	• Review personnel record of staff. • Verify both education and experience per rule. • Review education and training documentation as indicated in rule. • Review of QP qualifications for the date(s) of service reviewed.	**Payback** **Plan-of-Correction** **Technical Assistance**

22.3	Partial Hospitalization Each facility serving minors shall have: (1) a program director who has a minimum of two years' experience in child or adolescent services and who has educational preparation in administration, education, social work, nursing, psychology or a related field; and (2) one staff member present if only one client is in the program, and two staff members present when two or more clients are in the program. **NC Medicaid** **Medicaid Enhanced Mental Health Clinical Coverage Policy No: 8A and Substance Abuse Services** **Provider Requirement and Supervision** All services in the partial hospital are provided by a team, which may have the following configuration: social workers, psychologists, therapists, case managers, or other MH/SA paraprofessional staff. The partial hospital milieu is directed under the supervision of a physician. Staffing requirements are outlined in 10A NCAC 27G .1102. 10A NCAC 27G .1102 STAFF (a) Staff shall include at least one qualified mental health professional. (b) Each facility serving minors shall have: (1) a program director who has a minimum of two years experience in child or adolescent services and who has educational preparation in administration, education, social work, nursing, psychology or a related field; and (2) one staff member present if only one client is in the program, and two staff members present when two or more clients are in the program. (c) Each facility shall have a minimum ratio of one staff member present for every six clients at all times.	• Review personnel record of staff. • Verify both education and experience per rule. • Review education and training documentation as indicated in rule. • Review qualifications of Program Directors for the date(s) of service reviewed.	**Payback** **Plan-of-Correction** **Technical Assistance**

22.4	Partial Hospitalization Each facility shall have a minimum ratio of one staff member present for every six clients at all times **NC Medicaid** **Medicaid Enhanced Mental Health Clinical Coverage Policy No: 8A and Substance Abuse Services** **Provider Requirement and Supervision** All services in the partial hospital are provided by a team, which may have the following configuration: social workers, psychologists, therapists, case managers, or other MH/SA paraprofessional staff. The partial hospital milieu is directed under the supervision of a physician. Staffing requirements are outlined in 10A NCAC 27G .1102. 10A NCAC 27G .1102 STAFF (a) Staff shall include at least one qualified mental health professional. (b) Each facility serving minors shall have: (1) a program director who has a minimum of two years experience in child or adolescent services and who has educational preparation in administration, education, social work, nursing, psychology or a related field; and (2) one staff member present if only one client is in the program, and two staff members present when two or more clients are in the program. (c) Each facility shall have a minimum ratio of one staff member present for every six clients at all times.	• Review personnel record of staff. • Verify both education and experience per rule. • Review education and training documentation as indicated in rule.	**Payback** **Plan-of-Correction** **Technical Assistance**
22.5	MCRT, Detox A physician is available 24-hours a day for consult. **NC Medicaid** **Medicaid Enhanced Mental Health Clinical Coverage Policy No: 8A and Substance Abuse Medically Monitored Community Residential Treatment: Medicaid Billable Service** **Staffing Requirements** Medically Monitored Community Residential Treatment is staffed by physicians who are available 24-hours-a-day by telephone to provide consultation.	Verify program is under the direction of a physician who is available 24 hours a day for consult	**Payback** **Plan-of-Correction** **Technical Assistance**

22.6	MCRT, Detox The physician's assessment must be conducted within 24 hours of admission. **NC Medicaid** **Medicaid Enhanced Mental Health Clinical Coverage Policy No: 8A and Substance Abuse Medically Monitored Community Residential Treatment: Medicaid Billable Service** **Staffing Requirements** The physician's assessment must be conducted within 24 hours of admission.	• Verify the physician's assessment was conducted within 24 hours of admission.	
22.7	MCRT, Detox A registered nurse is available to conduct a nursing assessment on admission and oversee the monitoring of a beneficiary's progress and medication administration on an hourly basis. **NC Medicaid** **Medicaid Enhanced Mental Health Clinical Coverage Policy No: 8A and Substance Abuse Medically Monitored Community Residential Treatment: Medicaid Billable Service** **Staffing Requirements** A registered nurse is available to conduct a nursing assessment on admission and oversee the monitoring of a beneficiary's progress and medication administration on an hourly basis.	• Review personnel record of staff. • Verify both education and experience per rule. • Review education and training documentation as indicated in rule. Verify registered nurse is available to conduct a nursing assessment on admission and oversee the monitoring of a beneficiary's progress and medication administration on an hourly basis.	
22.8	MCRT The program must be under the clinical supervision of a LCAS or CCS who is on site a minimum of 8 hours per day when the service is in operation and available by phone 24- hours-a-day. **NC Medicaid** **Medicaid Enhanced Mental Health Clinical Coverage Policy No: 8A and Substance Abuse Medically Monitored Community Residential Treatment: Medicaid Billable Service** **Staffing Requirements** The program must be under the clinical supervision of a LCAS or CCS who is on site a minimum of 8 hours per day when the service is in operation and available by phone 24-hours-a-day.	1. Review personnel record of staff. 2. Verify both education and experience per rule. 3. Review education and training documentation as indicated in rule. 4. Verify The program must be under the clinical supervision of a LCAS or CCS who is on site a minimum of 8 hours per day when the service is in operation and available by phone 24-hours-a-day.	

22.9	MCRT A discharge plan shall be discussed with the beneficiary and included in the record. **NC Medicaid** **Medicaid Enhanced Mental Health Clinical Coverage Policy No: 8A and Substance Abuse Medically Monitored Community Residential Treatment: Medicaid Billable Service** **Documentation Requirements** The minimum standard is a daily full service note that includes: a. beneficiary's name; b. Medicaid identification number; c. date of service; d. purpose of contact; e. description of the provider's intervention(s); f. time spent performing the intervention(s); g. effectiveness of intervention(s), and h. signature and credentials of the staff providing the service. A discharge plan shall be discussed with the beneficiary and included in the record.	Review the discharge plan and verify it was discussed with the beneficiary.	
22.10	MCRT The beneficiary meets ASAM Level 3.7 criteria **NC Medicaid** **Medicaid Enhanced Mental Health Clinical Coverage Policy No: 8A and Substance Abuse Medically Monitored Community Residential Treatment: Medicaid Billable Service** **Eligibility Criteria** The beneficiary is eligible for this service when ALL of the following criteria are met: a. there is a substance use disorder diagnosis present; and b. the beneficiary meets ASAM Level 3.7 criteria.	Review there is a substance use disorder diagnosis present; and the beneficiary meets ASAM Level 3.7 criteria.	

Section 23: REVIEW ELEMENTS APPLICABLE TO Section 23: State Funded Long-term TBI Residential Rehab

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	POSSIBLE ACTIONS
23.1	"The service must be provided in a licensed Supervised Living facility (i.e., Group Home or Alternative Family Living [AFL]) setting) of the member's choice." State-Funded Enhanced Mental Health and Substance Abuse Services, Service Definition State-Funded TBI Long Term Residential Rehabilitation 1.0 Description of the Service TBI Long Term Residential Rehabilitation provides individualized rehabilitative services and supports for individuals 18 years and older with Traumatic Brain Injury (TBI). This service must be provided in a licensed Supervised Living facility (i.e., Group Home or Alternative Family Living [AFL]) setting) of their choice to enable individuals to be active participants in their communities. TBI Long Term Residential Rehabilitation shall comply with home and community-based service (HCBS) standards.	Verify the facility is licensed.	**Payback** **Plan-of-Correction** **Technical Assistance**

23.2	**The service includes training and support for relearning skills, developing compensatory strategies and practicing new skills and for improvement of existing skills to assist the individual to complete activities of daily living and/or instrumental activities of daily living to the greatest level of independence possible.** State-Funded Enhanced Mental Health and Substance Abuse Services, Service Definition State-Funded TBI Long Term Residential Rehabilitation 1.0 Description of the Service This service incorporates cognitive rehabilitation and therapeutic or rehabilitative programming in a home and community based setting. The service includes training and support for relearning skills, developing compensatory strategies and practicing new skills and for improvement of existing skills to assist the individual to complete activities of daily living and/or instrumental activities of daily living to the greatest level of independence possible. TBI Long Term Residential Rehabilitation includes supervision and assistance in activities of daily living when the individual is dependent on others to ensure health and safety. Group services may be provided as long as goals/needs outlined within the Person Centered Plan (PCP) or Individual Support Plan (ISP) are able to be fully addressed	Review PCP goals include training and support for relearning skills, developing compensatory strategies and practicing new skills and for improvement of existing skills to assist the individual to complete activities of daily living and/or instrumental activities of daily living to the greatest level of independence possible.	**Payback** **Plan-of-Correction** **Technical Assistance**

23.3	**Person Centered Plan (PCP) or Individual Support Plan (ISP) documents the supports needed based on the NC TBI Risk Support Needs Assessment, NC TBI Wellness Assessment, or a comparable TBI Assessment that addresses TBI-related Risk and TBI-related Wellness supports needs** State-Funded Enhanced Mental Health and Substance Abuse Services, Service Definition State-Funded TBI Long Term Residential Rehabilitation 3.2.2 Admission Criteria A Psychological, Neuropsychological, or Psychiatric evaluation, supported by appropriate psychological/neuropsychological testing, that denotes a Developmental Disability, as defined by G.S. 122-C-3(12a) or a Traumatic Brain Injury condition as defined by G.S. 122-C-3(38a), must be completed by a qualified licensed professional prior to the provision of this service. The following services and documentation must be submitted prior to the provision of this service: 1. a. The following TBI Assessments: 2. 1. NC TBI Risk Support Needs Assessment and NC TBI Wellness Assessment, or 3. 2. Comparable TBI Assessment that address Risk and Wellness supports needs, **AND** 1. b. Comprehensive Clinical Assessment (CCA), **AND** 1. c. Physical Examination completed by a physician or physician assistant within one year prior to admission and annually thereafter. AND 1. d. Confirmed TBI condition or approved TBI Diagnostic Verification. The CCA a Comprehensive Clinical Assessment process must include the completion of the NC TBI Risk Support	Review the Person Centered Plan (PCP) or Individual Support Plan (ISP) documents the supports needed based on the NC TBI Risk Support Needs Assessment, NC TBI Wellness Assessment, or a comparable TBI Assessment that addresses TBI-related Risk and TBI-related Wellness supports needs	**Payback** **Plan-of-Correction** **Technical Assistance**

	Needs Assessment and the NC TBI Wellness Assessment or a comparable TBI Assessment that addresses both TBI-related risk and TBI-related wellness support needs. The assessment (s) assist in the clinical evaluation of the extent and severity of the brain injury and the identification of rehabilitation goals. The assessment(s) shall also include information on the specific functional limitations the individual is experiencing. The assessment(s) should be updated, at a minimum, of annually and as new strengths and barriers are observed in the residential setting. Relevant diagnostic information must be obtained and be included in the Person-Centered		

23.4	**Physical Examination completed by a physician or physician assistant within one year prior to admission and annually thereafter.** State-Funded Enhanced Mental Health and Substance Abuse Services, Service Definition State-Funded TBI Long Term Residential Rehabilitation 3.2.2 Admission Criteria A Psychological, Neuropsychological, or Psychiatric evaluation, supported by appropriate psychological/neuropsychological testing, that denotes a Developmental Disability, as defined by G.S. 122-C-3(12a) or a Traumatic Brain Injury condition as defined by G.S. 122-C-3(38a), must be completed by a qualified licensed professional prior to the provision of this service. The following services and documentation must be submitted prior to the provision of this service: 1. a. The following TBI Assessments: 2. 1. NC TBI Risk Support Needs Assessment and NC TBI Wellness Assessment, or 3. 2. Comparable TBI Assessment that address Risk and Wellness supports needs, **AND** 1. b. Comprehensive Clinical Assessment (CCA), **AND** 1. c. Physical Examination completed by a physician or physician assistant within one year prior to admission and annually thereafter. AND 1. d. Confirmed TBI condition or approved TBI Diagnostic Verification.	Verify a Physical Examination was completed by a physician or physician assistant within one year prior to admission and annually thereafter.	**Payback** **Plan-of-Correction** **Technical Assistance**

23.5	**Service available during the hours that meet the needs of the member, including evening, weekends, or both.** **State-Funded TBI Long Term Residential Rehabilitation** **6.2.1 Staffing Requirements** The TBI Long Term Residential Rehabilitation service is provided by qualified providers with the capacity and adequate workforce to offer this service to individuals meeting the I/DD state-funded Benefit Plan. The service must be available during times that meet the needs of the individual which may include evening, weekends, or both.	Review the Person Centered Plan (PCP) or Individual Support Plan (ISP) documents the supports needed based on the NC TBI Risk Support Needs Assessment, NC TBI Wellness Assessment, or a comparable TBI Assessment that addresses TBI-related Risk and TBI-related Wellness supports needs	**Payback** **Plan-of-Correction** **Technical Assistance**
23.6	"Meets staff ratios Level 1: Group ratio for TBI Long Term Residential Rehabilitation is 1 (one) Paraprofessional to no more than 3 (three) Individuals. Level 2: Group ratio for TBI Long Term Residential Rehabilitation is 2 (two) Paraprofessionals to no more than 3 (three) Individuals" State-Funded TBI Long Term Residential Rehabilitation 6.2.1 Staffing Requirements	Review staff ratios are met per level requirements	**Payback** **Plan-of-Correction** **Technical Assistance**

23.7	**"Does the CCA process include the completion of the NC TBI Risk Support Needs Assessment and the NC TBI Wellness Assessment or a comparable TBI Assessment that addresses both TBI-related risk and TBI-related wellness support needs?** **State-Funded TBI Long Term Residential Rehabilitation** **3.2.2 Admission Criteria** The CCA a Comprehensive Clinical Assessment process must include the completion of the NC TBI Risk Support Needs Assessment and the NC TBI Wellness Assessment or a comparable TBI Assessment that addresses both TBI-related risk and TBI-related wellness support needs. The assessment(s) assist in the clinical evaluation of the extent and severity of the brain injury and the identification of rehabilitation goals. The assessment(s) shall also include information on the specific functional limitations the individual is experiencing. The assessment(s) should be updated, at a minimum, of annually and as new strengths and barriers are observed in the residential setting. Relevant diagnostic information must be obtained and be included in the Person-Centered Plan.	Review CCA process include the completion of the NC TBI Risk Support Needs Assessment and the NC TBI Wellness Assessment or a comparable TBI Assessment that addresses both TBI-related risk and TBI-related wellness support needs?	

23.8	**Is there evidence of a Psychological, Neuropsychological, or Psychiatric evaluation, supported by appropriate psychological/neuropsychological testing, that denotes a DD or a TBI condition being completed by a qualified licensed professional prior to the provision of service?** **State-Funded TBI Long Term Residential Rehabilitation** **3.2.2 Admission Criteria** A Psychological, Neuropsychological, or Psychiatric evaluation, supported by appropriate psychological/neuropsychological testing, that denotes a Developmental Disability, as defined by G.S. 122-C-3(12a) or a Traumatic Brain Injury condition as defined by G.S. 122-C-3(38a), must be completed by a qualified licensed professional prior to the provision of this service. The following services and documentation must be submitted prior to the provision of this service: a. The following TBI Assessments: 1. NC TBI Risk Support Needs Assessment and NC TBI Wellness Assessment, or 2. Comparable TBI Assessment that address Risk and Wellness supports needs, AND b. Comprehensive Clinical Assessment (CCA), AND c. Physical Examination completed by a physician or physician assistant within one year prior to admission and annually thereafter. AND d. Confirmed TBI condition or approved TBI Diagnostic Verification.	Review there evidence of a Psychological, Neuropsychological, or Psychiatric evaluation, supported by appropriate psychological/neuropsychological testing, that denotes a DD or a TBI condition being completed by a qualified licensed professional prior to the provision of service?	

Section 24: Review Elements Applicable to Opioid Treatment Program Service			
ITEM	**REVIEW ITEM WITH SUPPORTING CITATIONS**	**REVIEW GUIDELINES**	**POSSIBLE ACTIONS**
24.1	**Doe**s the individual meet the entrance criteria for this service? **DHB/NC Medicaid CCP 8A-9; Opioid Treatment Program Service**	3.2.1 Specific criteria covered by Medicaid Medicaid shall cover the OTP Service when the beneficiary meets the following specific criteria: a. The beneficiary has a current opioid use disorder (OUD) diagnosis as defined by the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) or any subsequent editions of this reference manual; and b. The beneficiary meets the American Society of Addiction Medicine (ASAM Criteria) Third Edition for OTP (Opioid Treatment Program specific) level of care. 3.2.1.1 Admission Criteria Due to the nature of this OTP service, a comprehensive clinical assessment (CCA) or diagnostic assessment (DA) is not required prior to admission. An initial abbreviated assessment, physical exam and service order must be completed by a physician or approved medical provider (nurse practitioner or physician assistant with a midlevel exemption from SAMHSA) to establish medical necessity for this service as a part of the admission process. The initial assessment must contain the following documentation in the beneficiary's service record: a. presenting problem; b. needs and strengths; c. a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a beneficiary admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; d. a pertinent social, family, and medical history; and e. evaluations or assessments, such as psychiatric, substance use, medical, and vocational, as appropriate to the client's needs	**Payback** **Plan-of-Correction** **Technical Assistance**

24.2	Does the individual meet Continued Service and Utilization Review Criteria? [Level of functioning not restored or the individual continues to be at risk for relapse, OR ASAM Criteria for Dimension 5 Relapse Continued Use or Continued Problem Potential.] **DHB/NC Medicaid CCP 8A-9; Opioid Treatment Program Service**	3.2.1.2 Continued Stay Criteria The beneficiary is eligible to continue this service if there is documentation of the beneficiary's current status based on the six (6) dimensions of the ASAM Criteria for OTP that indicates a need for continued stay. Justification must be provided based on current level of functioning in each of the six (6) dimensions of the ASAM Criteria. Documentation must contain details of the assessment of the six (6) dimensions. a. In addition to the above, the beneficiary shall meet one of the following: 1. has achieved current Person-Centered Plan (PCP) goals and additional goals are indicated as evidenced by documented symptoms; 2. is making satisfactory progress toward meeting goals and there is documentation that supports that continuation of this service is effective in addressing the goals outlined in the PCP; OR 3. is making some progress, but the specific interventions in the PCP need to be modified so that greater gains, which are consistent with the beneficiary's pre-morbid or potential level of functioning, are possible. b. If the beneficiary is functioning effectively with this service and discharge would otherwise be indicated, this service must be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision must be based on ANY ONE of the following: 1. A history of regression in the absence of opioid treatment is documented in the beneficiary's service record; 2. A presence of a DSM-5 (or any subsequent editions of this reference material) diagnosis that would necessitate a chronic disease management approach, in the event that there are medically sound expectations that symptoms persist and that ongoing treatment interventions are needed to sustain functional gains; or 3. There is a lack of a medically appropriate step down.	**Payback** **Plan-of-Correction** **Technical Assistance**

24.3	Is there a discharge plan in the service record? RM&DM [APSM 45-2]. 6-2	A documented discharge plan is required to be included in the service record.	**Payback** **Plan-of-Correction** **Technical Assistance**
24.4	Is there documentation that the discharge plan was discussed with the service recipient? RM&DM [APSM 45-2]. 6-2	There is evidence that the discharge plan was discussed with the individual through review of supporting evidence, e.g. service notes.	**Payback** **Plan-of-Correction** **Technical Assistance**
24.5	Does the documentation [MAR] include a valid signature or initials of the person who delivered the service? **DHB/NC Medicaid CCP 8A-9; Opioid Treatment Program Service** RM&DM [APSM 45-2].	• A Medication Administration Record (MAR) shall be utilized to document each administration or dispensing of methadone or buprenorphine. • Ensure there is a signed/initialed entry for the date of service reviewed.	**Payback** **Plan-of-Correction** **Technical Assistance**
24.6	Does the service documentation contain the required elements of a modified service note? **DHB/NC Medicaid CCP 8A-9; Opioid Treatment Program Service** RM&DM [APSM 45-2].	Review the service note to ensure it includes all elements of a modified note. The contents of a modified service note include: • Name of the individual receiving the service • Medicaid ID number • The service provided • The date of service • Duration of service • The task performed • Signature and credentials of service provider • A modified service note for Opioid Treatment shall be written at least weekly, or per date of service, in addition to documenting the administration and dispensing of methadone or other medication ordered for the treatment of addiction, which is documented on a Medication Administration Record (MAR) or Dosing Log.	**Payback** **Plan-of-Correction** **Technical Assistance**

24.7	Does the person providing the service meet staff requirements for the service provided? **DHB/NC Medicaid CCP 8A-9; Opioid Treatment Program Service**	• Review personnel record of staff who provided the service. • Staff must be a Registered Nurse, Licensed Practical Nurse, Physician, a Physician Assistant (PA) ,a Nurse Practitioner (NP), LCAS, LCAS-A, CSAC, CSAC-I, CADC, CADC-I, and Registrant (Alcohol and Drug Counselor), LCSW, LCMHC, LP, LPA . • Verify license and training documentation for each item listed on the Staff Qualifications Checklist. • If the training area is "Not Met", then a POC will be issued instead of a payback.	**Payback** **Plan-of-Correction** **Technical Assistance**

Section 25: STAFF QUALIFICATIONS, SUPERVISION &BACKGROUND CHECKS/SCREENING- APPLICABLE TO ALL SERVICES

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	POSSIBLE ACTIONS

25.1	Is there documentation that the staff is qualified to provide the service billed? 10A NCAC 27G .0104 Staff Definitions 10A NCAC 27G .0202 Personnel Requirements DHB/NC Medicaid CCP 8A- Section 6.3: Staff Definitions State-Funded Enhanced MH and SA Services-Section 6.2: Staff Definitions. State-Funded MH/DD/SA Service Definitions.	**Evidence:** (1) Review personnel record of staff that provided the service (2) Verify Staff's education and experience (3) Review the education and training documentation for each item listed on the Staff Qualifications worksheet **Notes:** (1) If unable to identify service provider, rate all staff specific questions as "Note Met." (2) Do Not factor in administrative requirements (eg. job description and supervision) into this question. ONLY education, level of experience and training (as required by Rule and/or Service Definition) apply to this question. (3) Ensure to review all of the trainings required by the service definition/CCP, even if they are not listed on the tool. (4) For OPT services, ensure the clinician that provided the service is credentialed. If so, a review of the staff file is not required. Score this item as "Met" based on credentialing. **Scoring:** (1) Staff must meet all of the requirements listed on the applicable CCP or Service Definition in order for this item to be scored as "Met." (2) All of the questions on the Staff Qualifications worksheet must be scored as "Met" in order for this question to be scored as "Met." (3) If Staff does not meet the training requirements, a POC will be issued instead of a Pay Back.	**Payback** **Plan-of-Correction** **Technical Assistance**

25.2	Is the supervision plan implemented as written? 10A NCAC 27G .0104 Staff Definitions 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONAL (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional; (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter. 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.	**Evidence:** (1) Review agency's policy and procedure related to the implementation of supervision plans. (2) Review documentation of supervision against the supervision plan requirements. (3) Review documentation of supervision against the supervision documentation for the other staff within the sample to ensure that the plan has been individualized. **Note:** Provider must demonstrate that the agency is following its' own policies and procedures regarding the implementation of supervision plans. **Scoring:** (1) Supervision plan must be implemented as written, and minimally meets the agency's policies/procedures on supervision in order for this item to be scored as "Met." (2) Supervision plan must be individualized in order for this item to be scored as "Met." (3) Supervision plans must be signed by the supervisee and supervisor, unless individual agency policy and procedure reflects additional supervisory requirements.	**Payback** **Plan-of-Correction** **Technical Assistance**
25.3	Was there a Health Care Personnel Registry check completed for the staff prior to this event's date of service [unlicensed employees only]? G. S. § 131E-256. (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. 10A NCAC 27G .0202(b)(4). (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.	**Evidence:** (1) Verify that the HCPR check reviewed belongs to the staff that provided the service (e.g. social security number, name, etc.) **Notes:** (1) There must be no substantial findings of abuse or neglect listed on the NC Health Care Personnel Registry for unlicensed providers (2) HCPR checks are not required for licensed professionals **Scoring:** (1) The HCPR check must have occurred prior to the date of service reviewed. (2) Score this item as "NA" if staff reviewed is a licensed professional	**Payback** **Plan-of-Correction** **Technical Assistance**

25.4	Did the provider agency require disclosure of any criminal conviction by the staff person(s) who provided this service? 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.	**Evidence:** Documentation demonstrating that the provider agency required staff who provided the service to disclose ANY criminal conviction. **Notes:** (1) Disclosure documentation is commonly found on the staff's employment application; but may also be found on a separate form/ statement completed during the application process. (2) If a request for criminal background check is evident, still request evidence of the disclosure. (3) Disclosure must be relevant to any and all convictions (not just misdemeanors) in order for this item to be scored as "Met." **Scoring:** Documentation of criminal record disclosure must have occurred prior to the date of service reviewed in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**
25.5	Was the appropriate criminal record check completed prior to this date of service? NC G.S. § 122C-80 NC General Statutes – (criminal history record check required for certain applicants for employment) (b) If the applicant that has been a resident of NC for less than five (5) years, he/she must have consented to a State and National (national checks conducted by the Department of Justice with fingerprints) record check before conditional employment. If the applicant who has been a resident of NC for five (5) years or more, he/she must have consented to a State record check before conditional employment. The provider, within five (5) business days of making a conditional offer for employment, must submit a request to the Dept. of Public Safety to conduct a criminal record check. A county that has adopted an appropriate local ordinance and has access to the Department of Public Safety data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider.	**During Review:** Determine date of hire **Evidence:** A criminal history record check is required for applicants as indicated in NC G.S. § 122C-80 NC General Statutes. **Notes:** (1) For applicants that have been a resident of NC for less than 5 years, a State and National criminal record check (conducted by the DOJ with finger prints) before conditional employment. (2) For applicants that have been a resident of NC for 5 years or more, a State record check is required before conditional employment. (3) To verify compliance with this item, the auditor need only see the request; we do not need to see the results. **Scoring:** Evidence of a criminal record check prior to the date of service reviewed is required in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

Section 1: STAFF Qualification Worksheet: Applies to Staff for ALL Services			
ITEM	**REVIEW ITEM WITH SUPPORTING CITATIONS**	**REVIEW GUIDELINES**	**POSSIBLE ACTIONS**
1.1	Staff Name	**Instructions:** List the name of person who provided the service according to the claim being reviewed.	**N/A**
1.2	Position/ Job Title 10A NCAC 27G .0202 Personnel Requirements.	**Instructions:** List position title as listed on the job description in the staff file.	**N/A**
1.3	Date of Hire	**Instructions:** Obtain hire date from personnel files in accordance to agency policy. **Note:** Check to ensure staff's hire date with the agency is the same as the date hired to provide this service. If the person was originally hired to provide a different service, do not use that date for the purpose of this review; use the hire date for the service being monitored.	**N/A**

1.4	Credentials 10A NCAC 27G .0104: Staff Definitions DHB/NC Medicaid Clinical Coverage Policy 8C, Section 6	**Instructions:** Record staff's credentials as listed in the staff file. **Staff Credentials:** PP – Paraprofessional AP - Associate Professional QP - Qualified Professional (specify Bachelors or Masters level by including level of degree, e.g., BS - Bachelor of Science) QSAPP – Qualified Substance Abuse Professional LCSW - Licensed Clinical Social Worker LCSWA - Associate Level Licensed Clinical Social Worker LPC - Licensed Professional Counselor LPCA - Associate Level Professional Counselor Associate LCAS-A – Licensed Clinical Addiction Specialist - Associate LCASA - Associate Level Licensed Clinical Addictions Specialist LMFT - Licensed Marriage and Family Therapist LMFTA - Licensed Marriage and Family Therapist Associate CCS - Certified Clinical Supervisor RN – Registered Nurse LPN – Licensed Practical Nurse CCN - Certified Clinical Nurse Specialist NP - Psychiatric Nurse Practitioner– not certified as PMHNP – refer to CCP PMHNP – Certified Psychiatric Mental Health Nurse Practitioner LP or LCP – Licensed Psychologist, Licensed Clinical Psychologist LPA – Licensed Psychological Associate PA - Licensed Physician Assistant Psychiatrist MD – Doctor of Medicine Psychiatrist DO – Doctor of Osteopathic Medicine CSAC - Certified Substance Abuse Counselor	**N/A**

1.5	Education 10A NCAC 27G .0104: Staff Definitions. 10A NCAC 27G .0202 Personnel Requirements. (e) A file shall be maintained for each individual employee indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification. LME-MCO Communication Bulletin #J319 – March 6, 2019	**Instructions:** (1) Review 10A NCAC 27G .0104: STAFF DEFINITIONS to determine appropriate credentials and qualifications that apply. Review personnel record of staff who provided the service. (2) Document the date the required education level was obtained. **Notes:** (1) Review of the documentation that an agency provides specific to education is sufficient in meeting this element. (2) A high school diploma or GED is adequate and meets intent, request/review of transcript is not required. However, if there is a valid concern/question regarding the validity of the information the person reviewing, it is within purview to re-confirm the education credentials. (3) For high school confirmation, **only if warranted,** an available resource is the North Carolina Public School website. (4) For GEDs, the name of the community college may be needed. (5)For non-public schools, an available resource is the North Carolina Division of Non-Public Education (Division of NC Department of Administration). (6) To verify colleges [both on campus and online], go to US Department of Education website and follow the prompts to the correct state and school. Also, this website provides information about diploma mills and a list of accrediting bodies that are accepted by the US Department of Education. **Scoring:** Confirmation of the staff's education level for credentials as listed in 10A NCAC 27G .0104 in order for this item to be scored as "Met." If the staff's education level cannot be confirmed, score this item as "Not Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

1.6	Experience per Rule 10A NCAC 27G .0104: Staff Definitions. 10A NCAC 27G .0202 Personnel Requirements. (e) A file shall be maintained for each individual employee indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.	**Instructions:** (1) Review 10A NCAC 27G .0104: STAFF DEFINITIONS for level of experience required for credential listed in Item #1.4. (2) Review personnel record of staff the staff that provided the service. Staff's experience is commonly documented on the staff's resume and/or employment application. **Scoring:** Documentation of the staff's experience must be submitted, and the documented experience must satisfy the requirements for the staff's credentials (as listed in 10A NCAC 27G .0104) in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**
1.7	Experience per Service Definition DHB/NC Medicaid Clinical Coverage Policies. State-Funded Enhanced MH/SA Service Definitions. State-Funded MH/DD/SA Service Definitions.	**Instructions:** (1) Review the Clinical Coverage Policy or service definition for service you are reviewing. (2) IF a specific level of education or experience is required for the service, check for verification of the education or experience in the staff member's file. **Notes:** (1) Example of service specific education/experience requirements: Mobile Crisis -"a minimum of one year's experience in providing crisis management services in the following settings: assertive outreach, assertive community treatment, emergency department or other service providing 24-hours-a-day, 7-days-a-week, response in emergent or urgent situations **Scoring:** (1) If the CCP or State-funded service definition requires a specific credential or experience for the service you are reviewing, documentation of the staff's completion of the required training/experience must be submitted in order for this item to be scored as, "Met." If he staff does not have the required credential or experience, score this item as "Not Met," on this worksheet, AND on the Post-Payment Review Tool Item 22.1(Is the staff qualified to provide the service).	**Payback** **Plan-of-Correction** **Technical Assistance**

1.8	Job Description 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file.	**Instructions:** Review staff file for signed job description for job on date of service reviewed. **Scoring:** Job Description must contain **ALL** of the following elements in order for this item to be scored as "Met." (1) Specified minimum level of competency, work experience and other [applicable] qualifications for the position (2) Specified duties and responsibilities for the position (3) Staff Member's and Supervisor's Signature (4) Retained in staff members' files	**Payback** **Plan-of-Correction** **Technical Assistance**
1.9	Licensed Professional (as applicable) DHB/NC Medicaid Clinical Coverage Policies; State-Funded Enhanced MH/SA Service Definitions; State-Funded MH/DD/SA Service Definitions.	**Instructions:** Review the CCP or service definition for the service reviewed to determine whether or not the staff is required to a licensed professional. **Scoring:** (1) If the service **does not** a require a licensed professional (per the CCP or service definition), score this item as "N/A" (2) If the service **does** require a licensed professional (according to the CCP or service definition) and the staff does not have the required credential(s), score this item as "Not Met" on this staff qualification worksheet, **AND** on the Post-Payment Review Tool Item 22.1(Is the staff qualified to provide the service).	**Payback** **Plan-of-Correction** **Technical Assistance**

1.10	Is there a Supervision Plan, written and implemented according to the Rule? 10A NCAC 27G .0104 (8) "Clinical/professional supervision" means regularly scheduled assistance by a qualified professional or associate professional to a staff member who is providing direct, therapeutic intervention to a client or clients. The purpose of clinical supervision is to ensure that each client receives treatment or habilitation which is consistent with accepted standards of practice and the needs of the client. 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONAL (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 (1) (a-d) of this Subchapter. 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the **individualized** supervision plan upon hiring each paraprofessional.	**Instructions:** (1) Review Provider Agency's policy and procedures pertaining to staff supervision. (2) Review documentation of supervision for period around claim Date of Service against the agency's policy/procedure on supervision. (2) Review documentation of supervision against the supervision plan requirements. **Notes:** (1) Supervision plans must be implemented as written, and minimally meets the agency's policy/procedure on supervision. (2) An agency policy on supervision may not be accepted in lieu of a required individual supervision plan. (3) The provider must demonstrate that the agency is following its own policies and procedures in implementing supervision plans (4) Supervision plans must be individualized and reviewed/updated annually. (5) Supervision plans must be current for the date of service reviewed. (6) Supervision plans should include frequency, however, duration is not required. **Scoring:** (1) Supervision of Associate Professionals must meet all requirements in 10A NCAC 27G .0104 and 10A NCAC 27G .0203 in order for this item to be scored as "Met." (2) Supervision of Paraprofessionals must meet all requirements in 10A NCAC 27G .0104 and 10A NCAC 27G .0204 to be marked as met.	**Payback** **Plan-of-Correction** **Technical Assistance**

1.11	Is supervision being provided according to the service definition? 10A NCAC 27G .0104 (8) "Clinical/professional supervision" means regularly scheduled assistance by a qualified professional or associate professional to a staff member who is providing direct, therapeutic intervention to a client or clients. The purpose of clinical supervision is to ensure that each client receives treatment or habilitation which is consistent with accepted standards of practice and the needs of the client. DHB/NC Medicaid Clinical Coverage Policies; State-Funded Enhanced MH/SA Service Definitions; State-Funded MH/DD/SA Service Definitions.	**Instructions:** (1) Review documentation of supervision for period around claim date of service. (2) Review the CCP or Service Definition to determine whether or not the service reviewed has specific supervision requirements. **Scoring:** (1) If the CCP or service definition requires specific frequency, type, or amount of supervision for Paraprofessionals or Associate Professionals, and documentation of supervision does not meet the supervision requirements in the service definition, score this item as "Not Met.". (2) If the CCP or service definition requires supervision for Licensed Professionals or QPs, and documentation of supervision does not meet the supervision requirements in the service definition, score this item as "Not Met."	**Payback** **Plan-of-Correction** **Technical Assistance**
1.12	Agency Orientation 10A NCAC 27G .0202 (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation.	**Instructions:** Review staff file for documentation that staff member has received an organizational orientation for the agency. **Scoring:** Training must be completed prior to Date of Service in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

1.13	Training to meet the needs of client as specified in the treatment plan 10A NCAC 27G .0202 (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (3) training to meet the MH/DD/SA needs of the client as specified in the treatment/ habilitation plan. DHB/NC Medicaid Clinical Coverage Policies; State-Funded Enhanced MH/SA Service Definitions; State-Funded MH/DD/SA Service Definitions	**Instructions:** (1) Review the consumer's plan of care. (2) Review personnel record of staff who provided the service. (3) Review documentation of evidence that staff has received appropriate training that is tailored/specific to meeting the MHDDSA needs of the member. This should be done at least Annually or sooner if the plan was revised or the need arises **Notes:** (1) Some examples of Individual Specific Training include (but not limited to): MH/SU-Training on MH/SU diagnoses; symptoms and unique issues such as diabetes, problem sexual behaviors, and/or training relapse and prevention (2) I/DD – Training on treatment needs (goals and preferred strategies) (3) There is not specific format required for documentation of Individual Specific Training, however, this information may be found in supervision notes or as a separate form within Staff Members' personnel files. (4) Providers should have some evidence to demonstrate that the staff has reviewed/been trained on the member's treatment plan goals, interventions, crisis plan etc. (5) If the member has specialized needs that require additional training, evidence of that the Staff has reviewed/been trained on how to meet those unique needs should be present. **Scoring:** Training must be completed prior to the date of service in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

1.14	Training in Client Rights 10A NCAC 27G .0202 (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F. 10A NCAC 27D .0202 INFORMING STAFF. The governing body shall develop and implement policy to assure that all staff are kept informed of the rights of clients as specified in 122C, Article 3, all applicable rules, and policies of the governing body. Documentation of receipt of Information shall be signed by each staff member and maintained by the facility	**Instructions:** Review staff file for documentation that staff member has received training in client's rights. **Notes:** (1) Staff must sign that they have received relevant information. (2) Relevant client rights citations may be found in APSM 95-2 on the division website (3) Agency practice must also be in accordance with policies of the governing body. (4) Client Rights training is not required to Be updated annually. **Scoring:** Documentation of Staff's receipt/review of relevant information related to Client's Rights must be signed by the staff prior to the date of service reviewed in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**
1.15	Training in Confidentiality 10A NCAC 27G .0202 (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F 10A NCAC 27D .0202 INFORMING STAFF. The governing body shall develop and implement policy to assure that all staff are kept informed of the rights of clients as specified in 122C, Article 3, all applicable rules, and policies of the governing body. Documentation of receipt of Information shall be signed by each staff member and maintained by the facility.	**Instructions:** Review staff file for documentation that staff member has received training in client confidentiality. **Notes:** (1) Staff must sign that they have received relevant information. (2) Relevant client rights citations may be found in 122C, Article A. (3) Confidentiality training is not required to be updated annually. **Scoring:** Documentation of Staff's receipt/review of relevant information related to Client Confidentiality must be signed by the staff prior to the date of service reviewed in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

1.16	Training in Infectious Diseases and Bloodborne Pathogens? 10A NCAC 27G .0202 (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (4) training in infectious diseases and bloodborne pathogens. 29 CFR 1910 .1030. Bloodborne Pathogens.	**Instructions:** Review staff file for documentation that staff member has received training in infectious diseases and bloodborne pathogens. **Notes:** (1) There is no specific format required for this documentation. (2) Bloodborne pathogens training must be updated annually (29 CFR 1910 .1030*)* **Scoring:** Evidence of staff's participation in BBP training prior to the date of service reviewed must be submitted in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**
1.17	Medication Administration Training 10A NCAC 27G .0209 MEDICATION REQUIREMENT (c) (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.	**Instructions:** (1) If the staff is not a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications, then review consumer's plan of care, agency policy, or staff competencies to determine if the staff is required to administer medication to the consumer during the service. (2) Review staff file for staff member who administers medications for documentation that staff member has received medication administration from by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. **Notes:** (1) There is no specific format required for this documentation. However documentation must include date of training and signature and qualifications of person who delivered the training. (2) Medication administration does not have to be updated annually. **Scoring:** Evidence of staff's participation in medication administration training prior to the date of service reviewed must be submitted and contain the following elements in order for this item to be scored as "Met." Scored as "N/A" for staff not required to administer medication. (1) Date of Training (2) Signature and qualifications of individual that delivered the training.	**Payback** **Plan-of-Correction** **Technical Assistance**

1.18	Training in Alternatives to Restrictive Interventions 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS: (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b)Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (1) who participated in the training and the outcomes (pass/fail); (2) when and where they attended; and (3) instructor's name. Implementation Update #43.	**Instructions:** (1) Review staff file for documentation that staff member has received training on Alternatives to Restrictive Interventions. (2) Access the Division's website to verify that the training curriculum utilized by the provider agency is on the list of approved curricula. **Notes:** (1)Training curricula utilized by a provider agency must be reviewed and approved by the DMHDDSAS. A list of approved curricula is posted to the Division website. NCI, as an approved, curriculum, is no longer recognized. (2) Staff training must be consistent with agency policy regarding the use of restrictive interventions. (3) Training in an approved curricula by the Division of MH/DD/SAS is required for the use of physically restraining interventions. (4) Documentation should include each of the requirements specified in 10A NCAC 27E .0107 (h). (who participated in the training and the outcome (pass/fail); when and where the training occurred; and instructor's name) (5) Licensed professionals, by virtue of their extensive training and experience, may elect to either engage in course completion of the approved training curriculum for a designated provider, or they may attest to their competence according to the guidelines outlined in each of the nine areas identified in IU #43 by signing an attestation statement confirming that they have reviewed the nine competencies and that they are proficient and well-skilled in each of these areas. This statement must be submitted to the facility director or CEO for approval and maintained in the licensed professional's personnel file **Scoring:** (1) Evidence of staff's completion of Alternatives to Restrictive Interventions must have occurred prior to the date of service reviewed in order for this item to be scored as "Met." (2) If the training has expired (must be updated annually), score this item as "Not Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

Section 2 STAFF QUALIFICATIONS: Innovations Waiver Services			
ITEM	**REVIEW ITEM WITH SUPPORTING CITATIONS**	**REVIEW GUIDELINES**	**POSSIBLE ACTIONS**
2.1	If providing transportation, does staff have a valid NC driver's license or other valid driver's license, a safe driving record, and an acceptable level of automobile liability insurance? Clinical Coverage Policy 8P	**During the Review:** Review staff file for documentation that the staff member providing transportation has a valid NC driver's license or other valid driver's license, a safe driving record, and an acceptable level of automobile liability insurance per agency policy. The agency's policy should address each element. **Scoring**: If the staff being reviewed does not provide transportation, score this item as "NA," and reference, as appropriate, the individual service.	**TA**
2.2	Is staff member currently certified in CPR? 10A NCAC 27G .0202. Clinical Coverage Policy 8P.	**Instructions:** Review staff file for documentation that staff member's CPR certification is current for date of service. **Note**: Training must be provided by Red Cross, the American Heart Association, or their equivalent. Reference, as appropriate, the individual service.	**Payback** **Plan-of-Correction** **Technical Assistance**
2.3	Is staff member trained in First Aid? Clinical Coverage Policy 8P.	**Instructions:** Review staff file for documentation that staff member's First Aid certification is current for date of service. Training must be provided by Red Cross, the American Heart Association or their equivalent. Reference, as appropriate, the individual service.	**Payback** **Plan-of-Correction** **Technical Assistance**

Section 3 STAFF QUALIFICATIONS: IIH Services

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	POSSIBLE ACTIONS
3.1	Crisis Response training (3 hours) within 30 days of hire for this service? Clinical Coverage Policy 8A: IIH service definition; State-Funded Enhanced MH/SA Service Definitions - IIH definition.	**Instructions:** (1) Review Staff's personnel file to determine the date of hire. (2) Review the staff member's personnel file to verify completion of 3 hours of training for crisis response within the first 30 days of the date of hire for this service.	**Payback** **Plan-of-Correction** **Technical Assistance**
3.2	Service Definition Training (3 hours) within 30 days of hire for this service State-Funded Enhanced MH/SA Service Definitions - IIH definition	**Instructions:** (1)Review Staff's personnel file to determine the date of hire (2) Review the staff member's personnel file to verify completion of three hours of service definition training within the first 30 days of the date of hire for this service	**Payback** **Plan-of-Correction** **Technical Assistance**
3.3	PCP Instructional Elements [for IIH Team Leaders and QPs responsible for PCP] (3 hours) within 30 days of hire for this service State-Funded Enhanced MH/SA Service Definitions - IIH definition	**Instructions:** (1) Review the staff's personnel file to determine the staff's date of hire. (2) Review the personnel record for evidence of completion of 3 hours of PCP Instructional Elements Training within 30 days of hire for this service. **Scoring:** If the person being reviewed did not write the PCP, score as "NA."	**Payback** **Plan-of-Correction** **Technical Assistance**
3.4	Person-Centered Thinking training (12 hours) within 90 days of hire for this service Clinical Coverage Policy 8A: IIH service definition. State-Funded Enhanced MH/SA Service Definitions - IIH definition.	**Instructions:** (1) Review staff's personnel file to determine the staff's hire date. (2) Review the staff member's personnel file to verify completion of 6 hours of Person-Centered Thinking training within the first 90 days of the date of hire for this service.	**Payback** **Plan-of-Correction** **Technical Assistance**

3.5	Training on Trauma-Focused Therapy or Family Therapy or Cognitive Behavioral Therapy (24 hours/3-day minimum training) within 90 days of hire for this service Clinical Coverage Policy 8A: IIH service definition. State-Funded Enhanced MH/SA Service Definitions - IIH definition.	**Instructions:** (1) Review the personnel record for the staff to determine staff's date of hire. (2) Review staff's personnel record for evidence of 24 hours of training within 90 days of hire at this service. **Notes:** (1) Training must have been completed within 90 days of hire to provide this service, or by June 30, 2011, for staff who were currently working as an IIH staff member as of January 1, 2011. (2) Practices or models must be treatment-focused, not prevention-focused. Each practice or model chosen must specifically address the treatment needs of the population to be served by each IIH. (3) Each practice or model chosen must specifically address the treatment needs of the population to be served by each IIH team. -Trauma-Focused Therapy (for example: Seeking Safety, Trauma Focused CBT, Real Life Heroes) must be delivered by a trainer who meets the qualifications of the developer of the specific therapy, practice, or model and meets the training standard of the specific therapy, practice, or model. If no specific trainer qualifications are specified by the model, then the training must be delivered by a licensed professional. -Family Therapy (for example: Brief Strategic Family Therapy, Multidimensional Family Therapy, Family Behavior Therapy, Child Parent Psychotherapy, or Family Centered Treatment) must be delivered by a trainer who meets the qualifications of the developer of the specific therapy, practice, or model and meets the training standard of the specific therapy, practice or model. If no specific trainer qualifications are specified by the model, then the training must be delivered by a licensed professional. -Cognitive Behavior Therapy must be delivered by a licensed professional. (4) Licensed professionals who have documented evidence of post graduate training in the chosen qualifying practice (identified in this clinical coverage policy) dated no earlier than March 20, 2006 may count those training hours toward the 24-hour requirement.	**Payback** **Plan-of-Correction** **Technical Assistance**

3.6	Annual follow-up training for Trauma-Focused Therapy or Family Therapy or Cognitive Behavioral Therapy (10 hours minimum, unless specified by developer of modality) Clinical Coverage Policy 8A: IIH service definition. State-Funded Enhanced MH/SA Service Definitions - IIH definition.	**Instructions:** (1) Review the personnel record for the staff to determine the date of their original Trauma-Focused Therapy/Family Therapy/Cognitive Behavioral Therapy Training. (2) Review staff's personnel file to verify that 10 hours of annual follow-up training was completed within twelve months of the date of the original training. **Note:** A minimum of 10 hours of continuing education in the components of the selected modality must be completed annually.	**Payback** **Plan-of-Correction** **Technical Assistance**
3.7	MI Training by MINT Trainer (13 hours - mandatory 2-day training) within 90 days of hire for this service Clinical Coverage Policy 8A: IIH service definition. State-Funded Enhanced MH/SA Service Definitions - IIH definition	**Instructions:** (1) Review the staff's personnel record to determine the date of hire. (2) Review staff's personnel file to verify completion of 13 hours of Motivational Interviewing Training within 90 days of hire for this service.	**Payback** **Plan-of-Correction** **Technical Assistance**
3.8	Introduction to System of Care (11 hours) within 90 days of hire for this service Clinical Coverage Policy 8A: IIH service definition. State-Funded Enhanced MH/SA Service Definitions - IIH definition.	**Instructions:** (1) Review the staff's (2) Review the staff member's personnel file to verify completion of 11 hours of Introduction to SOC training within the first 90 days of the date of hire for this service.	**Payback** **Plan-of-Correction** **Technical Assistance**
3.9	Supervisory Level Training [for Team Leaders only] required by developer of the designated therapy, practice, or model (12 hours) within 90 days of hire for this service Clinical Coverage Policy 8A: IIH service definition. State-Funded Enhanced MH/SA Service Definitions - IIH definition.	**Instructions:** (1) Review training documentation for the person providing this service (2) Review evidence that Supervisory Level Training within 90 days of hire. **Scoring**: If the person who provided the service is not a team leader, score NA.	**Payback** **Plan-of-Correction** **Technical Assistance**

Section 4 STAFF QUALIFICATIONS: Day Treatment Services

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	POSSIBLE ACTIONS
4.1	PCP Instructional Elements - QPs responsible for PCP (3 hours) within 30 days of hire for this service? Clinical Coverage Policy 8A: Day Treatment service definition. State-Funded Enhanced MH/SA Service Definitions - Day Treatment service definition.	**Instructions:** (1) Review the staff's personnel file to determine the staff's date of hire. (2) Review the personnel record for evidence of completion of 3 hours of PCP Instructional Elements Training within 30 days of hire for this service. **Scoring:** If the person being reviewed did not write the PCP, score as "NA."	**Payback** **Plan-of-Correction** **Technical Assistance**
4.2	Service Definition Training (3 hours) within 30 days of hire for this service? Clinical Coverage Policy 8A: Day Treatment service definition. State-Funded Enhanced MH/SA Service Definitions - Day Treatment service definition.	**Instructions:** (1) Review staff's personnel file to determine the staff's hire date. (2) Review the staff member's personnel file to verify completion of Service Definition training within the 30 days of the date of hire for this service.	**Payback** **Plan-of-Correction** **Technical Assistance**
4.3	Crisis Response Training (3 hours) within 30 days of hire for this service? Clinical Coverage Policy 8A: Day Treatment service definition. State-Funded Enhanced MH/SA Service Definitions - Day Treatment service definition.	**Instructions:** (1) Review Staff's personnel file to determine the date of hire. (2) Review the staff member's personnel file to verify completion of 3 hours of training for crisis response within the first 30 days of the date of hire for this service.	**Payback** **Plan-of-Correction** **Technical Assistance**
4.4	System of Care Training (11 hours) within 30 days of hire for this service? Clinical Coverage Policy 8A: Day Treatment service definition. State-Funded Enhanced MH/SA Service Definitions - Day Treatment service definition.	**Instructions:** (1) Review the personnel file for the staff that provided the service to determine the date of hire. (2) Review the staff's personnel file to verify completion of 11 hours of SOC Training within 30 days of hire for this service.	**Payback** **Plan-of-Correction** **Technical Assistance**

4.5	Required training specific to the selected clinical model or Evidence Based Treatment within 30 days of hire for this service? Clinical Coverage Policy 8A: Day Treatment service definition State-Funded Enhanced MH/SA Service Definitions - Day Treatment service definition.	**Instructions:** (1) Review Staff's personnel file to determine the date of hire. (2) Review the staff member's personnel file to verify completion of each of the required trainings for the Provider's chosen clinical model/EBP within 90 days of hire for this service.	**Payback** **Plan-of-Correction** **Technical Assistance**
4.6	Person-Centered Thinking Training (12 hours) within 90 days of hire for this service? Clinical Coverage Policy 8A: Day Treatment service definition. State-Funded Enhanced MH/SA Service Definitions - Day Treatment service definition.	**Instructions:** (1) Review staff's personnel file to determine the staff's hire date. (2) Review the staff member's personnel file to verify completion of 6 hours of Person-Centered Thinking training within the first 90 days of the date of hire for this service. **Notes:** (1) PCT Trainings must be provided by a certified PCT trainer. (2) Staff who previously worked in Day Treatment for another agency and had 6 hours of PCT training under the old requirement shall have to meet the 12-hour requirement when moving to a new company.	**Payback** **Plan-of-Correction** **Technical Assistance**

4.7	Is at least one staff person who is trained in basic first aid, seizure management, Heimlich maneuver or other first aid techniques, and is currently certified in CPR available in the facility at all times that a client is present? 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (h).	**Notes:** (1) Coverage on all shifts by a person duly trained with current certification is required. (2) The person who provided the service and signed the note may or may not have been the individual who was trained as specified above. If this person was not trained in these areas, there must be another staff person who meets the aforementioned training requirements. **Instructions:** (1) Review the personnel file for the staff that provided the service on the date of service reviewed to determine whether or not he/she has received the required trainings. (2) **IF** the answer to the questions above is, "**no**," ask the provider who was. (3) Review the staff file [for either the staff that provided the service, or the alternative staff identified by the provider], and verify that he/ she has completed the required trainings. **Scoring:** Evidence that at least one staff that has been trained in basic first aid, seizure management, Heimlich maneuver (or other first aid techniques) and CPR was available in the facility for the date of service reviewed must be submitted in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

Section 5 STAFF QUALIFICATIONS: MCM Services

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	POSSIBLE ACTIONS
5.1	Training in appropriate crisis intervention strategies within the first 90 days of employment? Clinical Coverage Policy 8A: Mobile Crisis Management Required Components: (Implementation Update #36 and Appendix B.) 1. Person Centered Thinking Training (6 hrs.) 2. Service Definition Training (6 hrs.) 3. Training in other content areas related to appropriate Crisis Intervention Strategies (8 hours)	**Instructions:** (1) Review Staff's personnel file to determine the date of hire. (2) Review the staff member's personnel file to verify completion of 3 hours of training for crisis response within the first 30 days of the date of hire for this service **Notes:** **The Required Components Must Include:** -6 hours of Person-Centered Thinking Training; -6 hours of Service Definition Training; and -8 hours of other content areas that address Crisis Intervention Strategies *While First Responder Crisis Tool Kit Training is highly recommended as part fo this training, it is not required **Scoring:** All 3 components listed above must be in place for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

Section 6 STAFF QUALIFICATIONS: MST Services

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	POSSIBLE ACTIONS
6.1	Person-Centered Thinking training (6 hours) within 90 days of hire for this service Clinical Coverage Policy 8A: MST service definition. State-Funded Enhanced MH/SA Service Definitions - MST definition.	**Instructions:** (1) Review staff's personnel file to determine the staff's hire date. (2) Review the staff member's personnel file to verify completion of 6 hours of Person-Centered Thinking training within the first 90 days of the date of hire for this service.	**Payback** **Plan-of-Correction** **Technical Assistance**
6.2	PCP Instructional Elements (QP responsible for PCP) (3 hours) within 30 days of hire for this service Clinical Coverage Policy 8A: MST service definition. State-Funded Enhanced MH/SA Service Definitions - MST definition.	**Instructions:** (1) Review the staff's personnel file to determine date of hire (2) Review the personnel file for the Q.P. responsible for the treatment plan and verify the completion of 3 hours of PCP Instructional Elements training within 90 days of hire for PSR services. **Scoring:** If the person being reviewed did not write the PCP, score NA	**Payback** **Plan-of-Correction** **Technical Assistance**
6.3	MST Introductory Training Clinical Coverage Policy 8A: MST service definition. State-Funded Enhanced MH/SA Service Definitions - MST definition	**Instructions:** (1) Review staff's personnel file to determine the staff's hire date. (2) Review the staff member's personnel file to verify completion of 6 hours of Person-Centered Thinking training within the first 90 days of the date of hire for this service.	**Payback** **Plan-of-Correction** **Technical Assistance**
6.4	MST Quarterly Training Clinical Coverage Policy 8A: MST service definition. State-Funded Enhanced MH/SA Service Definitions - MST definition	**Instructions:** Review the personnel file for evidence of training records on a quarterly basis after the initial MST Introductory Training **Note:** Staff are required to participate in MST quarterly training on topics directly related to the needs of MST beneficiaries and their families on an ongoing basis. **Scoring:** Evidence of ongoing quarterly training is required in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

Section 7 STAFF QUALIFICATIONS: SAIOP &SACOT Services

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	POSSIBLE ACTIONS
7.1	Person Centered Thinking training (6 hours) within 90 days of hire for this service Implementation Update #36 and Appendix B	**Instructions:** (1) Review staff's personnel file to determine the staff's hire date. (2) Review the staff member's personnel file to verify completion of 6 hours of Person-Centered Thinking training within the first 90 days of the date of hire for this service.	**Payback** **Plan-of-Correction** **Technical Assistance**
7.2	PCP Instructional Elements - QP responsible for PCP (3 hours) within 90 days of employment for this service Implementation Update #36 and Appendix B.	**Instructions:** (1) Review the staff's personnel file to determine the staff's date of hire. (2) Review the personnel record for evidence of completion of 3 hours of PCP Instructional Elements Training within 30 days of hire for this service. **Scoring:** If the person being reviewed did not write the PCP, score as "NA."	**Payback** **Plan-of-Correction** **Technical Assistance**

Section 8 STAFF QUALIFICATIONS WORKSHEET: RESIDENTIAL TREATMENT STAFF (all levels)

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	POSSIBLE ACTIONS
8.1	Has at least one person for each shift completed sex offender training, when applicable? Clinical Coverage Policy 8D-2.	**Instructions:** (1) Review the member's PCP to determine if he/she a history of sex offender issues or sexually inappropriate behavior. (2) Review the personnel file for the staff that provided the service on the date of service reviewed to determine whether or not he/she has received the required training. (3) **IF** the answer to the questions above is, "**no**," ask the provider who was. (4) Review the staff file [for either the staff that provided the service, or the alternative staff identified by the provider], and verify that he/ she has completed the required training. **Notes:** (1) If there is no evidence of sex offender issues is noted on the PCP, score as "NA." (2) There must be a person who has competed this training present on each shift when applicable. **Scoring:** (1) Evidence that at least one staff that has completed sex offender training was available on the date of service reviewed must be submitted in order for this item to be scored as "Met." (2) The sex offender training must also have been completed prior to the date of service reviewed in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

8.2	Is at least one staff person who is trained in basic first aid, seizure management, Heimlich maneuver or other first aid techniques, and is currently certified in CPR, available in the facility at all times that a client is present? 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (h).	**Note:** Coverage on all shifts by a person duly trained with current certification is required. The person who provided the service and signed the note may or may not have been the individual who was trained as specified above. If this person was not trained in these areas, there must be another staff person who meets the aforementioned training requirements. **Instructions:** (1) Review the personnel file for the staff that provided the service on the date of service reviewed to determine whether or not he/she has received the required trainings. (2) **IF** the answer to the questions above is, "**no**," ask the provider who was. (3) Review the staff file [for either the staff that provided the service, or the alternative staff identified by the provider], and verify that he/ she has completed the required trainings.	**Payback** **Plan-of-Correction** **Technical Assistance**

Section 9: STAFF QUALIFICATIONS WORKSHEET: PRTF STAFF			
ITEM	**REVIEW ITEM WITH SUPPORTING CITATIONS**	**REVIEW GUIDELINES**	**POSSIBLE ACTIONS**
9.1	Is at least one staff person who is trained in basic first aid, seizure management, Heimlich maneuver or other first aid techniques, and is currently certified in CPR, available in the facility at all times that a client is present? 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (h).	**Instructions:** (1) Review the personnel file for the staff that provided the service on the date of service reviewed to determine whether or not he/she has received the required trainings. (2) **IF** the answer to the questions above is, "**no**," ask the provider who was. (3) Review the staff file [for either the staff that provided the service, or the alternative staff identified by the provider], and verify that he/she has completed the required trainings. **Note:** Coverage on all shifts by a person duly trained with current certification is required. The person who provided the service and signed the note may or may not have been the individual who was trained as specified above. If this person was not trained in these areas, there must be another staff person who meets the aforementioned training requirements.	**Payback** **Plan-of-Correction** **Technical Assistance**

Section 10: STAFF QUALIFICATIONS WORKSHEET: DIAGNOSITC ASSESSMENT STAFF

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	POSSIBLE ACTIONS
10.1	Person-Centered Thinking training (6 hours) within 90 days of hire for this service Implementation Update #36 and Appendix B.	**Instructions:** (1) Review staff's personnel file to determine the staff's hire date. (2) Review the staff member's personnel file to verify completion of 6 hours of Person-Centered Thinking training within the first 90 days of the date of hire for this service.	**Payback** **Plan-of-Correction** **Technical Assistance**

Section 11: STAFF QUALIFICATIONS WORKSHEET: PEER SUPPORT SERVICES STAFF

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	POSSIBLE ACTIONS
11.1	Service Definition Training (3 hours) within 30 days of hire for this service NC Medicaid and Health Choice. Clinical Coverage Policy 8G. Peer Support Services. 6.2.2 Training Requirements. & NCDMH &SAS State-Funded Peer Support Services. 6.2.2 Training Requirements.	**Instructions:** (1) Review staff's personnel file to determine the staff's hire date. (2) Review the staff member's personnel file to verify completion of Service Definition training within the 30 days of the date of hire for this service.	**Payback** **Plan-of-Correction** **Technical Assistance**
11.2	Documentation training within 30 days of hire for this service NC Medicaid and Health Choice. Clinical Coverage Policy 8G. Peer Support Services. 6.2.2 Training Requirements. & NCDMH &SAS State-Funded Peer Support Services. 6.2.2 Training Requirements.	**Instructions:** (1) Review staff's personnel file to determine the hire date. (2) Review the staff member's personnel file to verify completion of Documentation training within the 30 days of the date of hire for this service.	**Payback** **Plan-of-Correction** **Technical Assistance**

11.3	Continuing education related to PSS and the population being served (10 hours annually) C Medicaid and Health Choice. Clinical Coverage Policy 8G. Peer Support Services. 6.2.2 Training Requirements. & NCDMH &SAS State-Funded Peer Support Services. 6.2.2 Training Requirements.	**Instructions:** (1) Review the staff's personnel file to determine the hire date. (2) IF the staff has been with the Provider Agency for at least one year, verify evidence of the completion of 10 Continued Education training hours has been completed within the year surrounding the date of service reviewed. **Notes:** (1) If the staff has been employed with the Provider Agency for less than one year, mark this item as "NA" and make a comment to this effect on the Staff Qualifications worksheet. (2) **Additional Continued Education Training Options Include the Following:** -Trauma Informed Care -Wellness and Recovery Action Plan (WRAP) -Whole Health Action Plan MGMT. (WHAM) -Basic Mental Health and Substance Use 101 -Mental Health First Aid -Housing First, Permanent Housing and Tenancy Support Training	**Payback** **Plan-of-Correction** **Technical Assistance**
11.4	Peer Support Supervisor training (3 hours) within 90 days of hire for this service- supervisor only NC Medicaid and Health Choice. Clinical Coverage Policy 8G. Peer Support Services. 6.2.2 Training Requirements. & NCDMH &SAS State-Funded Peer Support Services. 6.2.2 Training Requirements.	**Instructions:** (1) Review staff's personnel file to determine the date of hire. (2) Review staff's file to verify the supervisor's completion of Peer Supervisor training within the 90 days of the date of hire for this service. **Scoring:** If the person reviewed is not a Peer Support Supervisor, score this item as "NA."	**Payback** **Plan-of-Correction** **Technical Assistance**
11.5	Person Centered Thinking (12 hours) within 90 days of hire for this service- supervisor only NC Medicaid and Health Choice. Clinical Coverage Policy 8G. Peer Support Services. 6.2.2 Training Requirements. & NCDMH &SAS State-Funded Peer Support Services. 6.2.2 Training Requirements.	**Instructions:** (1) Review staff's personnel file to determine the staff's hire date. (2) Review the staff member's personnel file to verify completion of 6 hours of Person-Centered Thinking training within the first 90 days of the date of hire for this service.	**Payback** **Plan-of-Correction** **Technical Assistance**

11.6	PCP Instructional Elements w/ Comprehensive Prevention and Intervention Crisis Plan Training (3 hours)- supervisor only NC Medicaid and Health Choice. Clinical Coverage Policy 8G. Peer Support Services. 6.2.2 Training Requirements. & NCDMH &SAS State-Funded Peer Support Services. 6.2.2 Training Requirements.	**Instructions:** (1) Review the staff's personnel file to determine the staff's date of hire. (2) Review the personnel record for evidence of completion of 3 hours of PCP Instructional Elements Training within 30 days of hire for this service. **Scoring:** If the person being reviewed did not write the PCP, score as "NA."	**Payback** **Plan-of-Correction** **Technical Assistance**

Section 12: STAFF QUALIFICATIONS WORKSHEET: FACILITY BASED CRISIS STAFF

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	POSSIBLE ACTIONS
12.1	Is the staff member trained to have basic knowledge about mental illnesses and psychotropic medications and their side effects; developmental disabilities and accompanying behaviors; the nature of addiction and recovery and the withdrawal syndrome; and treatment methodologies for adults and children in crisis? 10A NCAC 27G .5002(f).	**Instructions:** Review the personnel record for evidence of training in the following areas: 1. mental illnesses and psychotropic medications and their side effects; 2. intellectual/developmental disabilities and accompanying behaviors; 3. nature of addiction and recovery and the withdrawal syndrome; and 4. treatment methodologies for adults and children in crisis **Scoring:** All training must be verified, and must have been completed prior to the date of service reviewed in order for this item to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**
12.2	Person-Centered Thinking training (6 hours) within 90 days of hire for this service Implementation Update #36 and Appendix B.	**Instructions:** (1) Review staff's personnel file to determine the staff's hire date. (2) Review the staff member's personnel file to verify completion of 6 hours of Person-Centered Thinking training within the first 90 days of the date of hire for this service.	**Payback** **Plan-of-Correction** **Technical Assistance**

12.3	Is at least one staff person who is trained in basic first aid, seizure management, Heimlich maneuver or other first aid techniques, and is currently certified in CPR available in the facility at all times that a client is present?	**Notes:** (1) Coverage on all shifts by a person duly trained with current certification is required. (2) The person who provided the service and signed the note may or may not have been the individual who was trained as specified above. If this person was not trained in these areas, there must be another staff person who meets the aforementioned training requirements. **Instructions:** (1) Review the personnel file for the staff that provided the service on the date of service reviewed to determine whether or not he/she has received the required trainings. (2) **IF** the answer to the questions above is, "**no**," ask the provider who was. (3) Review the staff file [for either the staff that provided the service, or the alternative staff identified by the provider], and verify that he/ she has completed the required trainings.	**Payback** **Plan-of-Correction** **Technical Assistance**
12.4	Applies to FBC for Children/ Adolescents only Minimum of 20 hours of training specific to the required components of the Facility-Based Crisis Service definition, including crisis intervention strategies applicable to the populations served, impact of trauma and Person-Centered Thinking, within the first 90 calendar days of each staff member's initial delivery of this service NC Medicaid and Health Choice Clinical Coverage Policy 8A-2 Facility-Based Crisis Service for Children and Adolescents. 6.2 Staffing Requirements.	**Instructions:** (1) Review staff's personnel file to determine the hire date. (2) Review the staff member's personnel file to verify completion of 20 hours of the required training within the 90 calendar days of the date of hire for this service. **Note:** The 20 Hours of Required Trainings for this Element Include: -FBC Service Definition Training - Crisis Intervention Strategies - Impact of Trauma -Person-Centered Thinking **Scoring:** Score this item as "NA" if the member is not a child or adolescent.	**Payback** **Plan-of-Correction** **Technical Assistance**

12.5	Applies to FBC for Children/ Adolescents only Continuing education training relevant to the professional discipline and job responsibilities (10 hours annually) NC Medicaid and Health Choice Clinical Coverage Policy 8A-2 Facility-Based Crisis Service for Children and Adolescents. 6.2 Staffing Requirements.	**Instructions:** (1) Review the staff's personnel file to determine the hire date. (2) **IF** the staff has been with the Provider Agency for at least one year, verify evidence of the completion of 10 Continued Education training hours has been completed within the year surrounding the date of service reviewed. ***Notes:*** *(1) If the staff has been employed with the Provider Agency for less than one year, mark this item as "NA" and make a comment to this effect on the Staff Qualifications worksheet.* *(2) Additional Continued Education Training Options May Include (but not limited to) the Following:* *-De-escalation* *- Seclusion and Restraints* *- Developmental Disorders* *-Children's Development* *-Substance Use Disorders* *- Family Systems*	**Payback** **Plan-of-Correction** **Technical Assistance**

Section 13: STAFF QUALIFICATIONS WORKSHEET: PARTIAL HOSPITALIZATION, MED CRT, and DETOX STAFF

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	POSSIBLE ACTIONS
13.1	Person Centered Thinking training (6 hours) within 90 days of hire for this service Implementation Update #36 and Appendix B.	**Instructions:** (1) Review staff's personnel file to determine the staff's hire date. (2) Review the staff member's personnel file to verify completion of 6 hours of Person-Centered Thinking training within the first 90 days of the date of hire for this service.	**Payback** **Plan-of-Correction** **Technical Assistance**

13.2	Is at least one staff person who is trained in basic first aid, seizure management, Heimlich maneuver or other first aid techniques, and is currently certified in CPR available in the facility at all times that a client is present? 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (h).	**Notes:** (1) Coverage on all shifts by a person duly trained with current certification is required. (2) The person who provided the service and signed the note may or may not have been the individual who was trained as specified above. If this person was not trained in these areas, there must be another staff person who meets the aforementioned training requirements. **Instructions:** (1) Review the personnel file for the staff that provided the service on the date of service reviewed to determine whether or not he/she has received the required trainings. (2) **IF** the answer to the questions above is, "**no**," ask the provider who was. (3) Review the staff file [for either the staff that provided the service, or the alternative staff identified by the provider], and verify that he/she has completed the required trainings.	**Payback** **Plan-of-Correction** **Technical Assistance**

Section 14: STAFF QUALIFICATIONS WORKSHEET: State Funded Long-term TBI Residential Rehab Staff

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	POSSIBLE ACTIONS
14.1	**Intro to TBI training (1.5 hours) within 30 days of hire** **State-Funded TBI Long Term Residential Rehabilitation 6.2.2 Staff Training Requirements**	Review staff's personnel file to determine the staff's hire dated and that Intro to TBI training (1.5 hours) was completed within 30 days of hire	**Payback** **Plan-of-Correction** **Technical Assistance**
14.2	Crisis Response Training (3 hours), w/ at least 1 hour focused on ind. w/ TBI in crisis, within 30 days of hire for this service **State-Funded TBI Long Term Residential Rehabilitation 6.2.2 Staff Training Requirements**	Review staff's personnel file to determine the staff's hire dated and that Crisis Response Training (3 hours), w/ at least 1 hour focused on ind. w/ TBI in crisis, within 30 days of hire for this service	

	SU & TBI Training (2 hours) within 30 days of hire for this service **State-Funded TBI Long Term Residential Rehabilitation 6.2.2 Staff Training Requirements**	Review staff's personnel file to determine the staff's hire dated and that SU & TBI Training (2 hours) within 30 days of hire for this service	
14.3	Behavioral & Cognitive Challenges (1.5 hours) within 30 days of hire for this service **State-Funded TBI Long Term Residential Rehabilitation 6.2.2 Staff Training Requirements**	Review staff's personnel file to determine the staff's hire dated and that Behavioral & Cognitive Challenges (1.5 hours) within 30 days of hire for this service	
14.4	**QP ONLY** Certified Brain Injury Specialist (CBIS) Training Certification within 12 months of hire for this service **State-Funded TBI Long Term Residential Rehabilitation 6.2.2 Staff Training Requirements**	Review QP's personnel file to determine the staff's hire dated and that Certified Brain Injury Specialist (CBIS) Training Certification was completed within 12 months of hire for this service	
14.5	Crisis Response Training (3 hours), w/ at least 1 hour focused on ind. w/ TBI in crisis, ANNUALLY **State-Funded TBI Long Term Residential Rehabilitation 6.2.2 Staff Training Requirements**	Review staff's personnel Crisis Response Training (3 hours), w/ at least 1 hour focused on ind. w/ TBI in crisis, ANNUALLY	
14.6	Continuing education in evidence based and promising treatment practices (10 hours), with at least 5 hours focusing specifically on working with an individual with TBI, ANNUALLY **State-Funded TBI Long Term Residential Rehabilitation 6.2.2 Staff Training Requirements**	Review staff's personnel file to determine the staff's hire dated and that Continuing education in evidence based and promising treatment practices (10 hours), with at least 5 hours focusing specifically on working with an individual with TBI, ANNUALLY	

14.7	**QP ONLY** CBIS Certification Continued Education (10 hours) ANNUALLY **State-Funded TBI Long Term Residential Rehabilitation** **6.2.2 Staff Training Requirements**	Review QP's personnel file to determine the staff's hire dated and that CBIS Certification Continued Education (10 hours) ANNUALLY	
14.8	The provider shall ensure that staff who are providing TBI Long Term Residential Rehabilitation have completed TBI special population training based on staff experience and training needs (e.g., intellectual and developmental disabilities, geriatric, traumatic brain injury, deaf and hard of hearing, co-occurring intellectual and mental health and co-occurring intellectual and developmental disabilities and substance use disorder) as required. Such training should be completed prior to working with individuals and updated as individuals' needs change. **State-Funded TBI Long Term Residential Rehabilitation** **6.2.2 Staff Training Requirements** The provider shall ensure that staff who are providing TBI Long Term Residential Rehabilitation have completed TBI special population training based on staff experience and training needs (e.g., intellectual and developmental disabilities, geriatric, traumatic brain injury, deaf and hard of hearing, co-occurring intellectual and mental health and co-occurring intellectual and developmental disabilities and substance use disorder) as required. Such training should be completed prior to working with individuals and updated as individuals' needs change.	Review staff's personnel file to determine that staff who are providing TBI Long Term Residential Rehabilitation have completed TBI special population training based on staff experience and training needs (e.g., intellectual and developmental disabilities, geriatric, traumatic brain injury, deaf and hard of hearing, co-occurring intellectual and mental health and co-occurring intellectual and developmental disabilities and substance use disorder) as required. Such training should be completed prior to working with individuals and updated as individuals' needs change.	

Section 15: Applies to Assertive Community Treatment (ACT) Program

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	POSSIBLE ACTIONS
15.1	DHHS-approved training in high-fidelity ACT within the first 120 days of hire for this service	Review the staff member's personnel file to verify that the training for the following was completed within the first 120 days of the date of hire for this service: • The DHHS-approved training in high-fidelity ACT.	**Payback** **Plan-of-Correction** **Technical Assistance**
15.2	Crisis Response training within the first 120 days of hire for this service	Review the staff member's personnel file to verify that the training for the following was completed within the first 120 days of the date of hire for this service: • Crisis Response.	**Payback** **Plan-of-Correction** **Technical Assistance**
15.3	DHHS-approved training in tenancy support, within the first 120 days of hire for this service	Review the staff member's personnel file to verify that the training for all the following was completed within the first 120 days of the date of hire for this service: • DHHS-approved tenancy support training for the primary team member.	**Payback** **Plan-of-Correction** **Technical Assistance**
15.4	Training in brief Motivational Interviewing within the first 120 days of hire for this service	Review the staff member's personnel file to verify that the training for all the following was completed within the first 120 days of the date of hire for this service: • Brief Motivational Interviewing.	**Payback** **Plan-of-Correction** **Technical Assistance**
15.5	Training in Person-Centered Thinking within the first 120 days of hire for this service	Review the staff member's personnel file to verify that the training for all the following was completed within the first 120 days of the date of hire for this service: • Person-Centered Thinking .	**Payback** **Plan-of-Correction** **Technical Assistance**

15.6	PCP Instructional Elements (QP responsible for PCP) (3 hours) within 120 days of hire for this service	If the person is a QP or licensed professional responsible for PCP development, this training (3 hours) is required within 120 days of hire for this service. Look for evidence of completion of this training in the staff member's personnel record. If the person being reviewed did not write the PCP, score NA.	**Payback** **Plan-of-Correction** **Technical Assistance**
15.7	3 hours of additional training for each year of employment in an area that is fitting with his or her area of expertise?	Look for evidence of annual training in the following areas: Benefits counseling; cognitive behavioral therapy for psychosis; Critical Time Intervention; Culturally and Linguistically Appropriate Services (CLAS); DHHS approved Individual Placement and Support - Supported Employment; family psychoeducation; functional assessments and psychiatric rehabilitation; Integrated Dual Disorders Treatment; Limited English Proficiency (LEP), blind or visually impaired, and deaf and hard of hearing accommodations; medication algorithms; NAMI Psychoeducational trainings; psychiatric advanced directives; Recovery Oriented Systems of Care: policy and practice; SOAR (SSI/SSDI Outreach, Access and Recovery) Stepping Stones to Recovery; Permanent Supportive Housing, such as the SAMHSA evidenced based practices toolkit, Housing First: The Pathway's Model to End Homelessness for People with Mental Illness and Addiction, and other evidence-based models; trauma-informed care; wellness and integrated healthcare; wellness management and recovery interventions (includes WRAP, IMR/WMR); and supervising NC Certified Peer Support Specialists, and DHHS approved tenancy supports.	**Payback** **Plan-of-Correction** **Technical Assistance**
15.8	FOR SA SPECIALISTS ONLY: Training in Integrated Dual Disorder Treatment (Drake, Essock, Shaner, et al., 2001)	Look for verification that the Substance Abuse Specialist participated in training in Integrated Dual Disorder Treatment prior to service delivery [for audit purposes, this means prior to date of service]. Score NA for anyone but the SA Specialist.	**Payback** **Plan-of-Correction** **Technical Assistance**

15.9	FOR VOCATIONAL SPECIALISTS ONLY: Training in the evidence-based Individual Placement and Support Model (Drake, McHugo, Becker, Anthony, Clark, 1996)	Look for verification that the Vocational Specialist participated in training in the evidence-based Individual Placement and Support Model prior to service delivery [for audit purposes, this means prior to date of service]. Score NA for anyone but the Vocational Specialist.	**Payback** **Plan-of-Correction** **Technical Assistance**

Section 16: Applies to Community Support Team (CST)

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	POSSIBLE ACTIONS
16.1	Crisis Response training (3 hours) within 30 days of hire for this service	Review the staff member's personnel file to verify that the training for the following was completed within the first 30 days of the date of hire for this service: • Crisis Response.	**Payback** **Plan-of-Correction** **Technical Assistance**
16.2	Service Definition Training (3 hours) within 30 days of hire for this service	Review the staff member's personnel file to verify that the training for the following was completed within the first 30 days of the date of hire for this service: • Service Definition Training	**Payback** **Plan-of-Correction** **Technical Assistance**
16.3	For Team Leaders and QPs responsible for PCP: PCP Instructional Elements (3 hours) within 30 days of hire for this service	If the person is a QP or licensed professional responsible for PCP development, this training (3 hours) is required within 30 days of hire for this service. Look for evidence of completion of this training in the staff member's personnel record. If the person being reviewed did not write the PCP, score NA.	**Payback** **Plan-of-Correction** **Technical Assistance**

16.4	Training on Cognitive Behavior Therapy, Trauma Focused Therapy, or Illness Management & Recovery [SAMHSA Toolkit] (24 hours/3-day minimum training), specific to the population to be served within 90 days of hire for this service	Review the training documentation of the person providing this service. 24 hours of training in at least one of these areas is required for all staff. Training must have been completed within 90 days of hire to provide this service, or by June 30, 2011 for staff who were currently working as a CST Team member as of January 1, 2011. Practices or models must be treatment-focused models, not prevention- or education-focused models. Each practice or model chosen must specifically address the treatment needs of the population to be served by each CST. • CBT must be delivered by a licensed professional. • Trauma-Focused Therapy (for example: Seeking Safety, TARGET, TREM, Prolonged Exposure Therapy for PTSD) must be delivered by a trainer who meets the qualifications of the developer of the specific therapy, practice or model and meets the training standard of the specific therapy, practice, or model. If no specific trainer qualifications are specified by the model, then the training must be delivered by a licensed professional. • Illness Management and Recovery (SAMHSA Toolkit - http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/toolkits/illness/default.asp) must be delivered by a trainer who meets the qualifications of the developer of the specific therapy, practice, or model and meets the training standard of the specific therapy, practice, or model. If no specific trainer qualifications are specified by the model, then the training must be delivered by a licensed professional. Licensed professionals who have documented evidence of post graduate training in the chosen qualifying practice (identified in this clinical coverage policy) dated no earlier than March 20, 2006 may count those training hours toward the 24-hour requirement. It is the responsibility of the LP to have clearly documented evidence of the hours and type of training received.	**Payback** **Plan-of-Correction** **Technical Assistance**

16.5	Annual follow-up training and ongoing continuing education for fidelity to chosen modality for Cognitive Behavior Therapy, Trauma Focused Therapy, or Illness Management & Recovery SAMHSA Toolkit (10 hours minimum, unless otherwise specified by developer of modality)	Review staff's personnel file to determine the staff's hire dated and that Annual follow-up training and ongoing continuing education for fidelity to chosen modality for Cognitive Behavior Therapy, Trauma Focused Therapy, or Illness Management & Recovery SAMHSA Toolkit (10 hours minimum, unless otherwise specified by developer of modality)	**Payback** **Plan-of-Correction** **Technical Assistance**
16.6	MI Training by MINT Trainer (13 hours - mandatory 2-day training) within 90 days of hire for this service	Review the staff member's personnel file to verify that the training for all the following was completed within the first 90 days of the date of hire for this service: • Brief Motivational Interviewing.	**Payback** **Plan-of-Correction** **Technical Assistance**

Section 17: Applies to Opioid Treatment Program Service

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	POSSIBLE ACTIONS
17.1	Has the staff member received continuing education to include understanding of: (1) the nature of addiction; and (2) the withdrawal syndrome; and (3) group and family therapy?	Review the personnel record for evidence of continuing education in the understanding of: 1. the nature of addiction; 2. the withdrawal syndrome; and 3. group and family therapy. All training must be verified to be scored as "Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

17.2	Does each facility have at least one staff member on duty trained in the following areas: (1) drug abuse withdrawal symptoms; and (2) symptoms of secondary complications to drug addiction?	The person who provided the service and signed the note may or not be the person who was trained in drug abuse withdrawal symptoms and symptoms of secondary complications to drug addiction. If this person was not trained in these areas, there must be another staff person who was. Ask the provider who was trained in these areas and was on duty on the date of service. Then verify by reviewing that staff member's personnel record. If the provider is unable to produce evidence of this training by at least one staff member, score as "Not Met."	**Payback** **Plan-of-Correction** **Technical Assistance**
17.3	Is at least one staff person who is trained in basic first aid, seizure management, Heimlich maneuver or other first aid techniques, and is currently certified in CPR available in the facility at all times that a client is present?	Whenever a client is present, at least one staff member shall be available in the facility who has been trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. Coverage on all shifts by a person duly trained with current certification is required. The person who provided the service and signed the note may or may not have been the individual who was trained as specified above. If this person was not trained in these areas, there must be another staff person who was. Ask the provider who was trained in these areas and was on duty on the date of service. Then verify by reviewing that staff member's personnel record. If the provider is unable to produce evidence of this training by at least one staff member, score as "Not Met."	**Payback** **Plan-of-Correction** **Technical Assistance**

Section 18 Applies to Psychosocial Rehabilitation (PSR)

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	POSSIBLE ACTIONS
18.1	For PSR Only: Person-Centered Thinking training (6 hours) within 90 days of hire for this service	Review the staff member's personnel file to verify completion of 6 hours of Person-Centered Thinking training within the first 90 days of the date of hire for this service	**Payback** **Plan-of-Correction** **Technical Assistance**

18.2	For PSR Only: PCP Instructional Elements - QP responsible for PCP (3 hours) within 60 days of IU #63 [dated November 2, 2009] or within 30 days of hire for this service, whichever comes first	If the person is a QP or licensed professional responsible for PCP development, this training (3 hours) is required within 60 days of IU #63 [dated November 2, 2009] or within 30 days of hire for this service, whichever comes first. Look for evidence of completion of this training in the staff member's personnel record. If the person being reviewed did not write the PCP, score NA.	**Payback** **Plan-of-Correction** **Technical Assistance**
18.3	For PSR Only: Is at least one staff person who is trained in basic first aid, seizure management, Heimlich maneuver or other first aid techniques, and is currently certified in CPR available in the facility at all times that a client is present?	Whenever a client is present, at least one staff member shall be available in the facility who has been trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. The person who provided the service and signed the note may or may not have been the individual who was trained as specified above. If this person was not trained in these areas, there must be another staff person who was. Ask the provider who was trained in these areas and was on duty on the date of service. Then verify by reviewing that staff member's personnel record. If the provider is unable to produce evidence of this training by at least one staff member, score as "Not Met."	**Payback** **Plan-of-Correction** **Technical Assistance**