

**NC DHHS
DMH/DD/SAS
Residential Treatment Level III**

Reviewer:
Date Reviewed:

DESCRIPTION		Conditional Endorsement			Full Endorsement					
		Evidence of Compliance	MET	NOT MET	NA	Evidence of Compliance	MET	NOT MET	NA	COMMENTS
1 Provider Requirements										
a	**Must be delivered by provider organization that meets provider qualification policies, procedures, standards established by DMH/DD/SAS& 10A NCAC 27G. Policies, procedures set forth administrative, financial, clinical, quality improvement and information services infrastructure necessary to provide services.	Provider application with all required supporting documentation completed as required; Program description, Policy & Procedure manual				Policy and Procedure Manual and Provider application with all supporting documentation completed as required in application.				
b	Must demonstrate compliance to standards through LME Endorsement. Within 3 years of enrollment, must have national accreditation.									
c	**Organization shall be established as a legally recognized entity in the U.S. and qualified/registered to do business in NC.									
2 Staffing Requirements										
a	**Each facility shall utilize at least one direct care staff who meets the requirements of a qualified professional (QP) as set forth in 10A NCAC 27G .0104 (18). This QP shall have two years of direct client care experience. For each facility of five or less beds: (1) the QP shall perform clinical and administrative responsibilities a minimum of 10 hours each week; and (2) 70% of the time shall occur when children/adolescents are awake and present in the facility. For each facility of six or more beds: (1) the QP shall perform clinical and administrative responsibilities a minimum of 32 hours each; and (2) 70% of the time shall occur when children/adolescents are awake and present in the facility.	Personnel manual; Job descriptions; Personnel files; license, certification, experience verification, Supervision plan, Staffing schedule, and training plans.				Personnel files or other documentation that the degree, licensure or certification for staff are consistent with requirements and responsibilities.				
b	**In addition to the qualified professional specified in 10A NCAC 27G .1702, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional (AP) as set forth in 10A NCAC 27G .0104(1).					Verification with 10A NCAC 27G.0104. Staffing schedule; Attendance roster				

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c	Supervision of APs is provided according to supervision requirements 10A NCAC 27G .0203 and to licensure requirements of appropriate discipline.	Personnel manual Job descriptions; Personnel files; license, certification, experience verification, Supervision plan, Staffing schedule, and training plans.				Implementation of written policies that specify the clinical and administrative responsibilities of its staff as specified in 27 G .1702 & 1703; Personnel file/ documentation support the degree, licensure and/or certification is consistent with requirements, responsibilities & supervision plans. Documentation is consistent with supervision requirements.				
d	Supervision of paraprofessionals is provided according to supervision requirements 10 NCAC 27G .0204.									
e	<i>**Face to face clinical consultation shall be provided in each facility at least four hours a week by a licensed professional as per 10A NCAC 27G .1705 (a). For substance-related disorders this shall include a licensed Clinical Addiction Specialist or a certified Clinical Supervisor. For sex offender specific service provision as outlined in their treatment plan, special training of the caregiver is required in aspects of sex offender specific treatment and supervision is provided by a QP with sex offender specific treatment expertise and available per shift. **The consultation specified .1705(a) shall include: (1) clinical supervision of the QP specified in Rule .1702; (2) individual, group or family therapy services; or involvement in child or adolescent specific treatment plans or overall program issues.</i>									

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f	Treatment services shall be provided 4 hours per week per child (DMA clinical Coverage Policy No. 8D-2 9.0) G.	Program description; Personnel manual; Job descriptions; policy & procedures regarding the provision of required treatment services.					Documentation of treatment service in recipients' records shows required amount of service provided				
g	<p>**Minimum number of direct care staff to children/adolescents when children/adolescents are present and awake: two staff to one through four children/adolescents; three staff for five through eight children/adolescents; four staff for nine through twelve children/adolescents.</p> <p>**Minimum direct care staff to children/adolescents during sleep hours: two staff shall be present, one shall be awake for one thorough four children/adolescents ; two staff shall be present and both awake for five through eight children/adolescents; and three staff shall be present, two of which shall be awake and the third may be asleep for nine through twelve children/adolescents (10A NCAC 27G .1704 (b-c)).</p>	Job descriptions, staffing plan and schedules				Personnel files and documentation such as staffing schedule and staff sign in logs and documentation of number of children in the facility/shift notes.					
3	Service Type / Setting										
a	**A residential treatment staff secure facility for children/ adolescents in a free-standing licensed (10 NCAC 27G .1700) residential facility. that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility.	Evidence of licensure. Program description					Program description and service notes document implementation of appropriate program content.				

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4	Program/Clinical Requirements								
	Each facility shall operate 24 hour per day, seven days per week, and each day of the year. Staff are awake during sleep hours and supervision is continuous. A minimum of one staff is required per four consumers at all times.	Program description; Policy/ Procedures; planned operating schedule.				Actual operating schedule/ sevice notes documenting implementation of the schedule.			
a	Services are provided for children/adolescents who have a primary diagnosis of mental illness, emotional disturbance/ substance-related disorders; and may also have co-occurring disorders including developmental disabilities. They shall not meet criteria for inpatient psychiatric services, and require the following: (1) removal from home to a community based residential setting in order to facilitate treatment; (2) treatment in a staff secure setting. Each facility shall serve no more than a total of 12 children/adolescents. If an adolescent has an 18th birthday while receiving treatment in the facility, the adolescent may remain for six months or until the end of the fiscal year, whichever is longer.	Program description				Program description, operational schedule, service notes showing services provided that are appropriate to child's/ adolescents treatment needs.			
b	Provides MH /SA intervention in the context of a treatment milieu. Services are designed to (1) include individualized supervision and structure of daily living; (2) minimize the occurrence of behaviors related to functional deficits; (3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraints; (4) assist the child/adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and (5) support the child/ adolescent in gaining the skills needed to step-down to a less intensive treatment setting.	Program description				Program description and operational schedule, service notes showing service provided that are appropriate to the child's/ adolescent's treatment needs.			

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c	Outcomes, therapeutic or rehabilitation goals are defined in treatment goals. Treatment team members are relevant to the child's successful achievement of service goals, including but not limited to family member, mentors, school personnel, members of the community who may provide support, structure and services. Transfer/ discharge of the child/adolescent shall meet the criteria established in 10A NCAC 27G .1708	Policies and Procedures Manual					Treatment plan in record. Outcomes reflect treatment goals. Documentation supports compliance with 10A NCAC 27G .1708.				
d	Coordination will occur with local education agency to ensure that educational needs identified in the education plan and treatment plan are met. Most children/adolescents will be able to attend school; for other's, the facility will coordinate services across settings such as alternative learning programs, day treatment, or a job placement.	Program description; Policies and Procedures Manual					Program description and service notes documenting implementation of appropriate program content.				
	Transfers/discharges from a facility, except for emergencies, without the advance notification of the treatment team, including the legally responsible person shall not occur. Persons involved with the child/adolescent in care/treatment, including local DSS, LEA and justice agency will meet to make service planning decisions prior to child's/adolescents transfer or discharge from the facility.	Policies and Procedures Manual; program description					Program description and service notes documenting implementation of appropriate program content.				
5 Documentation Requirements											
a	Full service note per shift that documents interventions/activities that are directly related to child's/adolescent's identified need, preferences or choices, specific goals, services & interventions based on the child's/adolescent's treatment plan. In addition, critical events, significant events or changes in status in the course of treatment shall be in the child's/adolescent's medical record as appropriate.	Service record; Policy & Procedure Manual					Shift notes that include all elements required.				