

CAP-MR/DD Endorsement Summary

Endorsement- Definition and Background:

Endorsement is a process of verification that a provider meets designated business and clinical standards set by national and state governing agencies for the provision of MH/DD/SAS enhanced benefit services, CAP MR/DD Services and Child Residential Services. The NC Division of MH/DD/SAS has delegated the duty of endorsing providers to Local Management Entities (LMEs).

Endorsement is a preliminary step to enrolling with DMA to obtain a provider number for billing enhanced benefit services to Medicaid. DMA has currently contracted with CSC to process enrollment applications.

CAP MR/DD endorsement is **not** site and service specific; it is statewide, therefore a provider is reviewed only once per service.

Steps in the Initial Endorsement Process:

There are two steps to the endorsement process:

1. Business Verification
2. Site/Service Endorsement.

Business Verification: This step consists of review the business information contained in the Provider Enrollment Package which also serves as the Endorsement Application. The provider must comply with 10A NCAC 27G .0201 and submit the Core Rules Self-Study with corresponding Policies and Procedures or be exempted as stated in the Endorsement Policy and Procedures.

Site/Service Endorsement: This step occurs after business verification is attained. It consists of submission of the Provider Enrollment Package and a site/service endorsement review using the service specific checksheets. The Standard Agreement (also known as MOA) is then signed and the Notification of Endorsement Action form (NEA) is issued.

The Process:

1. Start by contacting the LME to discuss your agency's plans, review the process, and discuss requirements as needed. Debbie Santucci is the contact person at OPC. (919-913-4075) or dsantucci@opc-mhc.org
2. Review the CAP MR/DD service definitions, waiver information and endorsement information on the DMA and Division of MH/DD/SA websites. Review the Endorsement Policy, MOA and service endorsement checksheets.
3. Complete the Provider Enrollment Application packet, which also serves as the endorsement application, make a copy and mail the copy with all attachments to

- OPC via certified/registered mail. Take care to read and follow directions carefully related to the Self Study of Core Rules and insurance requirements for the Standard Agreement (MOA). This information is found in the Endorsement Policy and Procedures, and the MOA document on the Division of MH/DD/SAS website.
4. Include all documentation requested in the application and the endorsement policy and make sure the application is correct and complete. (Keep the original to send to CSC, after endorsement)
 5. Include a copy of your agency's insurance certificate listing OPC as a certificate holder and as additional insured on the Professional Liability policy. You may submit a letter of intent from the insurance company you intend to utilize if you have not yet obtained insurance; however, the actual insurance certificates will be required immediately once the endorsement criteria have been met and it is time to set up the MOA.
 6. You will receive written notice of the status of your application within 20 business days. Any additional information needed will be specified and must be submitted by your agency via return receipt/certified mail, within 5 business days. OPC will notify you when this step of the process is completed.
 7. We will schedule an on-site endorsement review to complete Step 2 of the process, the site/service endorsement. The service specific checksheets are reviewed during the on-site review.
 8. You will receive written notice of the result of the review and the status of your agency's endorsement within 10 business days.
 9. In the event that all the criteria for endorsement that can be demonstrated prior to service initiation are not met during the on-site review, endorsement will be denied.
 10. OPC will issue a Notification of Endorsement Action letter, or NEA, upon successful completion of endorsement and signing of the Standard Agreement. We send a copy of the NEA to the Division of MH/DD/SAS. The provider must submit the NEA to CSC with your Provider Enrollment Package.
 11. Providers cannot accept referrals, provide services, or bill for services until after the DMA effective date of enrollment.
 12. OPC is required to complete an implementation review within sixty (60) days of provider enrollment and initiation of service provision in order to review those endorsement criteria which were not reviewed during the initial endorsement.
 13. Once endorsed and enrolled, send us a copy of your Provider Enrollment Letter and inform us of the date of service initiation.

Links to websites:

Division of MH/DD/SAS (or DMH): www.ncdhhs.gov/mhddsas/

Division of Medical Assistance (DMA): www.dhhs.state.nc.us/dma/

Endorsement/ Enrollment Application (CSC):
<http://www.nctracks.nc.gov/provider/providerEnrollment/index.jsp>

Licensure: Division of Health Services Regulation (DHSR):
www.ncdhhs.gov/dhsr

Manuals containing rules and regulations required for provision of MH/DD/SA services:

Rules for MH/DD/SA Facilities & Services
APSM 30-1

Confidentiality Rules
APSM 45-1

Client Rights Rules in Community Mental Health, Developmental Disabilities & Substance Abuse Services
APSM 95-2

Service Records Manual for Providers of MH/DD/SA Services
APSM 45-2 Service Records Forms

Submit Endorsement Application and related materials to:

OPC Area Program
Attn: Debbie Santucci
100 Europa Dr., Suite 490
Chapel Hill, NC 27517