

# 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 CAP-MR/DD services to Medicaid. DMA has currently contracted with CSC to process enrollment applications.

## Steps in the Endorsement Process:

There are two steps to the endorsement process:

1. Business Entity Verification
2. Service Endorsement.

Endorsement is valid for up to three years. Providers must be re-endorsed every three years for endorsement to remain effective.

When a provider adds a CAP-MR/DD location and not a new service, the provider must sign a standard agreement (MOA) with the LME in the new catchment area.

**Business Entity 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 of the Division of Mental Health, Developmental Disabilities and Substance Abuse Services. Business entity verification is only required to take place once, and is completed by the LME where the provider's corporate office or statewide headquarters is located.

**Service Endorsement:** This step occurs after business entity verification is attained. It is valid statewide; therefore, must only be attained once for each service. Service endorsement consists of submission of the Provider Enrollment Package including required endorsement materials and a desk review, clinical interview and an on-site review by the LME using the service specific checksheets. The Standard Agreement (also known as the MOA) is then signed and the Notification of Endorsement Action form (NEA) is issued.

## The Process:

### Business Entity Verification:

1. Review the CAP-MR/DD Manual, service definitions and the endorsement information on the Division of MH/DD/SAS (DMH) website including; the Endorsement Policy, the Standard Agreement/MOA and service specific endorsement checksheets.

2. Complete the Provider Enrollment Application packet, which also serves as the endorsement application, make a copy and mail the copy with all attachments to the LME where the agency's corporate office or statewide headquarters is located, via certified/registered mail. Take care to read and follow directions carefully related to the Self Study of Core Rules, supplemental documentation requirements and insurance requirements for the Standard Agreement/MOA. This information is found in the DMH Endorsement Policy, and the MOA document on the DMH website.
3. Include all documentation requested in the application, the endorsement policy (pp.4,&5) and service specific checksheets; and, make sure the application is correct and complete. (Keep the original to send to CSC after endorsement; or, if required, submit online.)
4. 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.
5. You will receive written notice of the status of your application within 20 calendar days of receipt. Any additional information needed will be specified and must be submitted by your agency within 10 calendar days. OPC will notify you when this step of the process is complete and issue the Notification of Endorsement Action form indicating business verification is granted or denied.

## Service Endorsement

### Desk Review

1. To begin the service endorsement, we will complete the desk review within 20 calendar days from the notification that business verification is attained; or, if business entity verification has been attained previously, from receipt of a correct and complete application including the required supporting documentation. This documentation is listed on the service specific checksheets and is also listed in the Endorsement Policy, on p. 7.
2. If any additional information is needed it will be specified and must be submitted by your agency within 10 calendar days.
3. You will receive written notice of the result of the desk review and the status of your agency's endorsement within 10 calendar days.

### Clinical Interview

4. The clinical interview is the next portion of service endorsement and will be scheduled within 20 calendar days of the notification of completion of a successful desk review.
5. Prior to the clinical interview we will arrange for review of the personnel files of the staff members required to provide the requested service.
6. Two clinical staff from OPC will interview the staff members required for the service to be endorsed in order to determine their clinical expertise and skill level; and, that they are knowledgeable regarding the age and disability of the consumers they plan to serve. All staff members required for service provision must be hired and complete a successful interview, unless noted otherwise on the checksheet, or endorsement will be denied.
7. Notification of the status of the clinical interview will occur within 10 calendar days.

### Onsite Review

8. OPC will schedule an onsite review within 20 calendar days of notification of the completion of a successful clinical interview.

9. During the onsite review we will use the service specific check sheets to verify the the documentation reviewed during the desk review as well as sources of evidence listed on the check sheet and in the Endorsement Policy on p. 10. Notification of the status of the onsite review will occur within 10 calendar days.

In the event that all the criteria which can be met prior to service delivery are not met during the desk review, clinical interview or onsite portion of endorsement; or, if the agency is not in good standing with DHHS and/or any LME, we will deny endorsement.

### Establishment of the Standard Agreement and Issue of the NEA

10. Within 10 calendar days of successful completion of endorsement OPC will send the provider the Standard Agreement/MOA which must be signed and returned within 15 calendar days. Current insurance certificates must also be submitted at this time. OPC must be listed as additional insured on the professional liability insurance and as a certificate holder on all other types of insurance.
11. OPC will then issue a Notification of Endorsement Action letter, or NEA, within 10 calendar days. We send a copy of the NEA to the Division of MH/DD/SAS. The provider must submit the NEA to CSC with the Provider Enrollment Package in order to obtain a provider number for billing Medicaid services to DMA.
12. The provider must send us a copy of the DMA enrollment letter within 10 calendar days from the issue date of the DMA enrollment letter.

Providers cannot accept referrals, provide services, or bill for services until after the eligibility date listed on the DMA enrollment letter.

### 60 Day Monitoring Review

1. OPC is required to complete a monitoring review within sixty (60) days of the issue date of the provider enrollment letter in order to review compliance with the service definition and those endorsement criteria of the endorsement check sheets which were not reviewed during the initial endorsement.
2. Providers are required to be serving consumers within 60 calendar days from the issue date of the DMA enrollment letter. In the event this has not occurred, endorsement will be involuntarily withdrawn according to the policy.

### **Links to websites:**

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

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