



## ALAMANCE-CASWELL LOCAL MANAGEMENT ENTITY

319 N. GRAHAM-HOPEDALE ROAD, SUITE A  
BURLINGTON, N.C. 27217

**Daniel S. Hahn, MA**  
Executive Director

**Tel. (336) 513-4200**  
**Fax. (336) 513-4449**

**Norman M. Melton Jr.**  
Chair, Area Board

## What to Expect from an LME Monitoring?

### Local Monitoring of Providers

Local Provider monitoring is conducted by the Alamance-Caswell LME as required by North Carolina Administrative Code 27G .0601 conducted for the following providers of publicly funded services:

- Category A: Indicates 24-hour residential facilities, day treatment, and out patient services except for hospitals (facilities licensed pursuant to General Statute 122C article 2)
- Category B: General Statute 122 C, Article 2, community based providers that do not require a state license.

Providers are monitored at a minimum of annually, and can be monitored more frequently if there is a concern or in response to a complaint.

The results of the monitoring reviews may be shared with other LMEs/Area Programs, The Division of MH/DD/SAS, or DFS. In addition, as always, we maintain a duty to report suspected or alleged abuse, neglect or exploitation to the Department of Social Services.

### The Monitoring Visit

Two Staff from the LME Quality Improvement Department/Provider Relations Department will review your program.

We will do a walk through of your facility to review various health and safety issues, to assure that records are stored in a manner that protects confidentiality and to verify licensure (if your facility is licensed). Consumers and direct care staff may also be interviewed.

**It is important that your Qualified Professional be present during the monitoring visit to answer questions and provide additional information that may be needed.**

During a local monitoring, providers will be asked to have at minimum the following information available:

- Two client files:
  - If medications are administered, at least one of the files reviewed should be of a consumer to whom you administer medications

- If restrictive interventions are used, at least one of the files reviewed should be of a consumer for whom a restrictive intervention has been utilized.
- Personnel files:
  - One direct care employee
  - One clinical supervisor (qualified professional)
  - One Associate Professional
  - Notes and credentials of your licensed Professional (if applicable)
- Policy and Procedure Manual
- Documentation of Fire Drills
- Quality Assurance Plan
  - Include minutes of meetings for the past six months
- Human Rights
  - Include minutes of meeting for the past six months
- Incident Reports
  - For the past six months
- Restrictive Interventions Logs
  - For the past six months
- Evidence of consumer self- governance
  - Minutes of house meetings for the past six months

### **Communicating the Results of the Review**

All preliminary findings will be shared with the providers before the reviewers leave the facility, a detailed written report will be sent to the provider within ten working days.

### **Responding to Identified Issues**

The written summary will contain instructions on completing the Plan of Correction. You will usually be given ten working days to respond in writing to the findings of the review. You will be given sixty days from the date that you receive the monitoring report to correct the non-compliances. You will be asked to submit evidence that the items have been corrected. The plan of correction may be verified for implementation at your next monitoring review.

**Not responding, or not correcting items cited in the report within the time frame specified in the letter will result in a report being made to your licensing agency by the LME.**