



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. This monitoring will be conducted for the following providers of publicly funded services:

- Category A: Indicates 24-hour residential facilities, day treatment, and outpatient 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.

As of January 1, 2011, 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, the Division of MH/DD/SAS, or DHSR. 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

Staff from the LME Quality Improvement Department/Provider Relations Department will review your program. We will complete 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 Site Director or other designated, qualified representative 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:

- Client files (Minimum of 2 up to a maximum of 15, depending on type(s) of services offered and total number of clients):
 - 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 (Minimum of 2 up to a maximum of 15, depending on type(s) of services offered and total number of clinical staff):
 - Direct care employees (Team Leaders, QP, AP, PP)
 - Licensed personnel and/or clinical supervisors
- 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



Communicating the Results of the Review

A written summary will be sent to the provider by certified mail within ten working days after the completion of the survey. This report may include a Plan of Correction if deficiencies are found.

Responding to Identified Issues

The written summary will contain instructions on completing the Plan of Correction. You will 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 deficiencies.

At the end of this 60 day period, LME staff will return to your site to review materials to support the fact that deficiencies have been corrected.

Not responding, or not correcting items cited in the report within the time frame specified in the letter can result in withdrawal of endorsement or MOA, and if applicable, will result in a report being made to your licensing agency by the LME.

