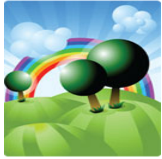


The Quality Times

PROMOTING QUALITY IMPROVEMENT THROUGH COMMUNICATION

Who, What, Where, & Sometimes Why

April 2009

Provider Satisfaction Survey: The Results are In!

At the beginning of March OPC sent out a link to a provider survey that was designed to solicit feedback from our provider community regarding OPC's performance in each function of the LME. We have received 49 surveys and we would like to share some of the results with you. A complete report will soon be posted on the OPC website, but highlights include:

- 98% of respondents agreed or strongly agreed that OPC conducts business in an ethical manner
- 91% of respondents agreed or strongly agreed that OPC strives to provide adequate availability of services in our community.
- 87% of respondents agreed or strongly agreed that OPC promotes the importance of culturally competent services.
- 37% of respondents agreed or strongly agreed that OPC processes claims within the state standard of 48 days.*
- 70% of respondents agreed or strongly agreed that the OPC website is informative and easy to navigate.*
- 65% of respondents agreed or strongly agreed that OPC's contracting process is fair and equitable.*
- 84% of respondents agreed or strongly agreed that Provider Relations staff respond to requests in a timely and efficient manner.
- 88% of respondents agreed or strongly agreed that Provider Relations/Monitoring/ Endorsement staff provide quality customer service.
- 62% of respondents agreed or strongly agreed that OPC maintains an effective and fair consumer complaint resolution process.*
- 81% of respondents agreed or strongly agreed that OPC promotes a system of care approach to services.
- 62% of respondents agreed or strongly agreed that OPC conducts an effective public education program to make its presence known in the community.*
- 57% of respondents agreed or strongly agreed that OPC's benefit plan prioritizes evidence-based and best practice services.*
- 62% of respondents agreed or strongly agreed that Access staff make equitable and appropriate referrals for services.*
- 69% of respondents agreed or strongly agreed that Quality Management staff conduct fair and thorough investigations.*
- 79% of respondents agreed or strongly agreed that Quality Management staff provide competent technical assistance and information.*

**a significant percentage of respondents replied "don't know" or "N/A" to these questions (range from 14% - 26%).*

A note from Judy Truitt, Area Director:

We appreciate your participation in this survey and want you to know that we will be sharing the results with our Board and CFAC and reviewing the results as part of our continuous quality improvement process. We are excited about our upcoming purchase of the Cardinal Innovations business system, which we believe will address the concerns cited in the survey regarding pro-

(Continued page 2)

Monthly Provider Quiz: Ethical Boundaries

1. Which of the following represents a boundary violation?

a. Handing a crying client a tissue

b. Asking a client for a loan

c. Cancelling an appointment with a client due to personal illness

2. Which of the following could most accurately be described as a problematic "dual relationship?"

a. One sister helping another to prepare for her wedding

b. An adolescent boy working a summer job at a company owned by friends of his parents

c. A qualified mental health professional sitting on the board of the agency she works for

3. How is clinical supervision useful in addressing boundary issues?

a. It gives providers a chance to mock their clients

b. It gives providers an opportunity to process their emotions about their clients

c. It gives supervisors the chance to berate their employees for any mistakes made

4. Which of the following is a problem associated with rigid boundaries?

a. Overly rigid boundaries can cause providers to feel isolated from their clients

b. Overly rigid boundaries can cause providers to feel frightened of their clients

c. Clients of providers with excessively rigid boundaries may feel rejected

d. All of the above

5. In which of the following disciplines do descriptions and/or representations of boundaries appear?

a. Literature

b. Visual arts

c. Law

d. Psychology

e. All of the above

6. Which of the outfits listed below would be appropriate for a mental health work setting?

a. Bike shorts with a halter top

b. Torn blue jeans and a t-shirt emblazoned with the logo "Riot Grrrrl"

c. A tight black dress covered with sequins

d. An expensive silk suit

e. Neatly pressed slacks (or skirt) and shirt

7. Of the options listed below, which represents the most appropriate way to greet a brand-new client?

a. "Word!"

b. "Hey baby!"

c. "I could sense your pain out in the waiting room. I want you to know that I'm here now and that everything's going to be all right."

d. "Hello, my name is Bill and I'm one of the Community Support workers here."

8. Mental health professionals should use self-disclosure

a. Never

b. Always

c. Occasionally

Survey Results continued from page 1

vider payments. In addition, our plans for following up on other specific comments we received include:

- *Implementation of a quarterly meeting for adult providers*
- *Increasing public awareness through further implementation of OPC's social marketing plan*
- *Provision of technical assistance to providers who are implementing client rights committees*

While we were pleased overall with the results of the survey, there were several responses of "disagree" or "strongly disagree" that did not include any clarifying comments. I am concerned that someone's experience with OPC may not have met our standards, and without specifics, we are hampered in our ability to address those concerns. While we want providers to feel free to express their honest opinion and there was absolutely no requirement for providers to identify themselves, I would be interested in hearing from anyone who believes we are failing in a particular area so that we can conduct any necessary follow up. Please contact my assistant, Janine Reda, at 919-913-4010 to schedule an appointment.

Thank you again for your participation and support!

CARF Standards for OPC Unaccredited Providers—*Accessibility*

The CARF standard of Accessibility focuses on promoting the removal of barriers for persons served. The key components addressed are that the provider demonstrates accessibility planning to address the needs of person served, personnel and other stakeholders. The leadership of a provider agency should have a working knowledge of what should be done to promote an accessible setting. Providers address accessibility issues in order to enhance the quality of life for those served in their programs and services, implement non-discriminatory employment practices, meet legal and regulatory requirements, and meet the expectation of stakeholders in the area of accessibility. A provider's accessibility plan should address identification of barriers in architecture, environment, attitudes, finances, employment, communication and transportation. Listed below are examples of each of these barriers:

Architecture – narrow doorways, the absence of light alarms for individuals who have hearing impairments, the absence of signs in Braille for individuals who have visual impairments

Environment – location that does not feel safe, confidentially issues, any characteristic of the setting that compromises service delivery

Attitudes – terminology and language used in literature, how persons are viewed and treated by the organization, whether or not consumer input is solicited and used and whether or not the eligibility criteria of the organization screen out individuals with specific types of disabilities.

Finances – funding is not available for persons needing service , enrollment with insurance panels is limited

Employment – barriers are in place that prevent hiring of a diverse, culturally competent staff

Communication – absence of needed communication devices such as telecommunication device for the deaf (TDD), the absence of material in a language or format understood by persons served.

Transportation - persons served are not able to reach service location at all or not able to fully participate in range of services and other activities due to transportation issues.

After a thorough agency assessment is completed a report is written to address the actions planned to remove each barrier. A time line and actions for removal of identified barriers should be created.

NC-TOPPS UPDATE

If you haven't logged into the NC-TOPPS website recently, no doubt you will notice some changes. First of all, you may be unable to use your log-in to access the website! In order to work toward maintaining a more accurate and up-to-date list of individuals authorized to access the website, the system will inactivate your log-in if you have not used it to access the NC-TOPPS database within the past 45 days. While some providers have expressed concerns about this, please keep in mind that an active log-in provides access to a lot of highly confidential information. In a service environment that tends to include a lot of staff turnover, it's essential to put measures in place to safeguard protected health information from being accessed by persons who are no longer employed by a provider.

A second feature you may notice is the creation of new, individual reports based on NC-TOPPS data. After you log-in, you'll see a link near the top left corner of the screen. This new feature displays select NC-TOPPS items from the Initial Interview and the two most recent Update Interviews, making it easier to track progress. The report is consumer specific, but the consumer's name will not be displayed. We encourage you to use this feature to promote the participation of your consumers in the treatment planning process.

Finally, there are a couple of upcoming changes you should keep an eye out for. One new requirement will be for all providers to designate at least one "super user." Most OPC providers already have super users, but if your agency has not designated someone to serve in that role, you will need to determine who that person will be. The second change will be effective July 1st, when the system will begin to prompt you for a 6-digit LME number when you start to enter data for an Interview. If the LME number has fewer than 6 digits, you will be required to enter zeros ***in front of the record number*** to bring the total to six. For example, if the LME record number is 4321, you will be required to enter it as "004321." This change will be implemented in an effort to have record numbers entered correctly, so that data in NC-TOPPS can be matched to CDW data. In addition, it will help to minimize duplication that results when one provider fails to include zeros in front of a record number with fewer than 6 digits.

If you have any questions about NC-TOPPS submission, please contact Michael Norton at 919-913-4079 or mnorton@opc-mhc.org.

Important Changes to Incident Reporting Procedures

If you haven't yet reviewed Implementation Update #55, please do! There are several changes to incident reporting requirements. These changes were effective April 15, 2009. The changes impact 5 areas: the definition of "under the care of the provider;" incidents of consumer absences; additional requirements related to a Level III death of a consumer; the reporting of abuse, neglect, and exploitation; and additional reporting requirements for making a verbal report to the LME and DMH/DD/SAS immediately upon learning of an incident.

Please note that DMH/DD/SAS staff are working to update the manual for the "Incident and Death Response System," as well as revise the grid found at the last two pages of Form QM02. In the meantime, the new requirements contained in Implementation Update #55 override pertinent sections of the Manual and the grid used to determine the level of an incident. These are the changes included in the Implementation Update:

"Under the Care of the Provider"

According to the glossary found in the November 2004 edition of the Incident Reporting Manual, "under the care of" the provider was limited to times when the consumer is "actively engaged in a billable service." In practice, this meant that many incidents were not reportable if the provider was not present when they occurred (unless the facility was providing either ACTT or Residential services). However, the definition of a consumer "under the care of" a provider has been revised, and now refers to a consumer "**who has received any services in the 90 days prior to the incident**." This is a much broader definition, and will likely result in increased reporting from providers.

Consumer Absences

The change that has been introduced related to these incidents is the creation of a Level III category. Previously, when a consumer went missing, the incident would be classified as either a Level I or a Level II (depending on the length of time the consumer was missing and/or whether the incident required police contact). Beginning 4/15/2009, any incident of a consumer absence must be classified as a Level III when an Amber Alert or Silver Alert has been issued. As with any Level III incident, providers are required to report Amber and Silver Alerts involving consumers to the Host and the Home LMEs, as well as the DMH/DD/SAS Advocacy office. These reports must be made immediately via phone call, followed by the submission of Form QM02 within 72 hours.

Level III Death Reporting

In an effort to obtain accurate data regarding the cause of death for a consumer, providers must now obtain a copy of the medical examiner's report and/or autopsy report for **any** Level III consumer death (i.e., those deaths that result from suicide, homicide or violence; accidental deaths; deaths from an unknown cause; or any death that occurs within 7 days of the use of seclusion or restraint). These documents are considered public records, so they should be fairly easily obtainable. If no autopsy was performed or the reports are unavailable, a copy of the death certificate can be accepted. Once providers have reviewed the autopsy report/death certificate, they will be required to submit an updated incident report, *even if the cause of death does not change the level of the incident.* To update the report, providers should draw a line through the cause of death (if it has changed) and check the actual cause of death. The autopsy report and/or death certificate should be attached to the incident report, which should be faxed to the Division and the Host and Home LMEs, along with a comment briefly describing the change. If the cause of death does *not* change, simply re-fax the incident report with a copy of the autopsy report or death certificate. You should include a comment that the information in the report did not change the cause of death.

Abuse, Neglect, and Exploitation

There are several changes included in Implementation Update #55 with regard to the reporting of Abuse, Neglect, or Exploitation. To begin, there had been no Level I criteria prior to April 15th. Now, any allegation of abuse, neglect, or exploitation that occurred *prior to a consumer enrolling in services* is to be reported as a Level I incident. Remember that providers are not required to submit Level I incidents to the LME, but they must track these internal to their facilities. As for Level II incidents in this category, Implementation Update #55 requires that "any allegations of abuse, neglect or exploitation by anyone, including a caretaker, friend, relative, staff, or stranger, that occurred while [the consumer is] enrolled in services" be reported as a Level II incident. This requirement does not appear to fit with the statutory definition of abuse (which does not include friends or

(Continued on Page 5)

BILLING REMINDER:

The cut-off date for IPRS claims with service dates through April 30 will be Friday, May 15. We plan to enforce this deadline. In an effort to more quickly process and make payment to providers for IPRS services, we encourage providers to promptly submit claims for services having already occurred as soon as possible. Also, this will reduce the amount of claims submission needing to be done in the first two weeks of May.

Our claims adjudicator has been instructed to return billing spreadsheets submitted after May 15, if the spreadsheet contains any claims with service dates prior to May 1. Please be careful to submit only May and June services on any spreadsheet submitted after May 15.

If you have already maxed your IPRS contract for this fiscal year, and have been instructed to cease submission of IPRS claims, please do not submit more IPRS claims.

Thanks for helping OPC process and make payment to providers as quickly as possible.

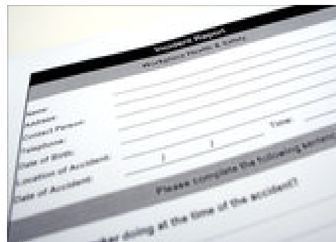
Karen Strum — OPC Billing and Reimbursement Manager

Q-Tips

- *The three year re-endorsement process is based on your agency's initial full endorsement date; therefore, OPC will conduct this process with most providers in 2010.*
- *Please take note that effective April 2009, DMA enrollment has been transitioned to Computer Sciences Corp. CSC's website can be accessed at www.nctracks.nc.gov. Any new enrollment applications must be obtained from CSC. Older enrollment materials will not be accepted.*

(Continued from page 4—Incident Reporting)

strangers as perpetrators), and we have submitted a request to the Division for clarification. If the new requirement is revised, we will inform providers as quickly as possible. In the meantime, keep in mind that the requirements laid out in Implementation Update #55 are, in fact, in effect until further notice. Finally, as in the past, any allegation of abuse, neglect, or exploitation that may result in permanent physical or psychological impairment would be classified as a Level III incident. In addition, if the allegation results in arrest or is an allegation of rape/sexual assault, providers are expected to report the incident as a Level III incident of abuse. Again, we will notify providers if this requirement is revised.



Additional Reporting Requirements

Finally, Implementation Update #55 requires that any incident that is likely to be reported in the media, or if the consumer is perceived to be "a significant danger or concern to the community," the provider is required to make a verbal report to the Host LME and the DMH/DD/SAS Advocacy Team immediately upon learning of the incident.

Implementation Update #55 also includes a lot of important information unrelated to incident reporting, so if you haven't had a chance to read it yet, please make time as soon as you can! You can find it at http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/dmadmh4-3-09update55.pdf

The changes outlined in this most recent Implementation Update will be included in the upcoming training on Incident Reporting, scheduled for Friday, May 1st.

Important Reminder for **CAP-MR/DD Providers** who are **Not Accredited** and were providing services on or before 11/1/08:

The second accreditation benchmark must be met by 5/1/09.

In order to meet this requirement, send us a copy of the letter from your Accrediting Body indicating compliance with the May 1st deadline as soon as possible.

May 1, 2009: The six (6) month benchmark - On-site accreditation review scheduled by accrediting agency as documented by a letter from the agency to the provider.

Updated Service Records Manual

The Records Management and Documentation Manual (APSM 45-2) has been revised effective 4/1/2009. The revised manual can be downloaded from the Division's website at http://www.ncdhhs.gov/mhddsas/statspublications/manualsforms/rmd09/rmdmanual-final.pdf . In addition, providers can download a useful document titled "Primary Revisions to the Records Management and Documentation Manual," which outlines chapter-by-chapter the specific changes to look for. Many of the revisions offer additional guidance and clarification to questions that arose from the 2007 edition of the manual. Other changes outline new policies and requirements. You can access the "Primary Revisions" document at http://www.ncdhhs.gov/mhddsas/statspublications/manualsforms/rmd09/rmd-primary-revisions.pdf .

Quiz Answers: 1) b 2) c 3) b 4) d 5) e 6) e 7) d 8) c

Upcoming OPC Trainings and Events

April 30th:

Recent Findings...in Autism

1pm-3pm, United Church of Chapel Hill

May 1st:

Incident Reporting

1pm-4pm, Europa Center

May 8th:

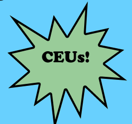
Additional Evaluations and Using Multidisciplinary Evaluations

9am-12pm, So. Orange Human Services

May 13th:

The Ethics of Clinical Boundaries

1pm-5pm, Europa Center, $25



May 27th:

NC TOPPS

1pm-4pm, Europa Center

June 1st:

New Provider Orientation

1pm-4pm, Europa Center

Please visit our online event calendar for more information on upcoming events at:
http://www.opcareaprogram.com/calendar/May2009.html

If you would like information added onto our event calendar, please notify your provider representative.

For questions, please contact Gwen Gattis at (919) 913-4053