



# The Quality Times

PROMOTING QUALITY IMPROVEMENT THROUGH COMMUNICATION



Who, What, Where, & Sometimes Why

July 2008

## New and Improved NC-TOPPS!

In response to feedback from stakeholders regarding the NC-TOPPS interview tools, the Division and its contractors at NCSU have made a number of changes to shorten the length of the interviews, to make the enrollment process more user-friendly, and to add safeguards to increase the level of protection of confidential information.

*You asked for it and you got it!* The state has removed a number of the questions from the NC-TOPPS Interview tools to make them easier to use. For example, the Initial Interview for Adults was reduced from 60 questions to 44. The Division held several focus groups with providers and with consumers and their family members, and items that stakeholders did not find useful for treatment decisions or service evaluation have been eliminated. In addition to decreasing the length of the interviews, the format of the web-based tools has been changed to make navigating through the interview smoother. If you complete NC-TOPPS Interviews on hard copy away from your office, please remember to destroy previous versions of the interview tools and print the revised versions of the forms from the NC-TOPPS website:

<http://www.ncdhhs.gov/mhddsas/nc-topps/systemusers.htm>

In conjunction with the streamlining of the interview tools, the enrollment process for QPs has been

modified. The improved process allows for QPs to make requests quickly for changes to their enrollment, and the time required for new enrollments has also been shortened. Following on-line submission of an enrollment request, providers can expect to receive their log-in and password within 1 to 4 business days.



If you are currently enrolled as a QP or super-user and have not logged in since these changes have been implemented, you will be asked to sign a statement the next time you log-in, attesting to the fact that your agency has authorized you to be an NC-TOPPS user and agreeing to protect the confidentiality of the Protected Health Information (PHI) submitted on the NC-TOPPS website. And as an added measure of security, QPs who request the designation of super-user will be asked to complete an electronic form that provides the name of the person (s) who authorized the QP to have this level of increased access to consumer information.

*Note that the NC-TOPPS eligibility requirements and schedule for submission of interviews have not been modified during this revision of the Guidelines, which is effective July 1, 2008.*

## Summary of Special Implementation Update #46

Special Implementation Update #46 was released by the division based on legislation that was included in the North Carolina state budget. There are many critical pieces of information that are included in this update. Here is a quick summary of this update:

- Revisions to the Community Support Child and Community Support Adult service definitions were submitted to CMS on June 30th, 2008. This revision includes changes to the payment methodology from a blended rate to a tiered rate that is based upon the qualifications of the staff providing the service.
- Notification that the legislation includes more clearly defined benchmarks for national accreditation including the procedures to follow if a provider does not meet those requirements. These benchmarks and processes are **effective immediately**.
- Notification that effective August 1, 2008, there will be no more unmanaged hours for community support services for children or adults. All community support services must have prior approval to ensure reimbursement.
- The revisions that were submitted to CMS included a change to the CSS Service definition that required that no less than 50% of community support services must be provided by a qualified professional.
- Effective August 1, 2008, the maximum allowable amount of Community Support Services for adults will be 8 hours. No additional services will be authorized over this amount. If a consumer requires more than 8 hours per week, they should be transitioned to a higher intensity of service. No appeals will be heard for denials of requests for more hours. Any appeals that have been filed for requests of higher than 8 hours will be effected by this benefit change. Under no circumstances will more than 8 hours be approved for community support.
- In compliance with EPSDT regulations, there cannot be a limit on CSS for children. However, there will be additional review for chil-

dren and requests for higher levels of service to ensure EPSDT criteria are being met.

### New Accreditation Benchmarks

Providers who enrolled as a Medicaid provider or a provider of state funded services before July 1, 2008 have 3 years to gain national accreditation (if national accreditation is a requirement that is stated in the service definition). *SL2008-0107* gives the procedure that must be followed by LME's if the benchmarks are not followed by providers seeking accreditation.

Providers who enroll as a Medicaid provider after July 1, 2008 will have **one** year to gain national accreditation. According to *SL2008-0107*, the following benchmarks will need to be met for these newly enrolled providers of enhanced services:

*Within Three months* – On-site accreditation review scheduled by accrediting agency as documented by a letter from the agency to the provider and completion of self-study and self-evaluation protocols distributed by the selected accrediting agency.

*Within Six months* – On-site accreditation review scheduled by accrediting agency as documented by a letter from the agency to the provider.

*Within Nine months* – Completion of on-site accreditation review, receipt of initial feedback from accrediting agency, plan to address any deficiencies identified developed. If a provider's Medicaid enrollment or service delivery contracts are terminated as a result of failure to meet accreditation benchmarks or failure to continue to be nationally accredited, the provider will work with the LME to transition consumers served by the provider to other service providers in an orderly fashion within 60 days of notification by the LME of such failure.

A provider that has its Medicaid enrollment or service delivery contracts terminated as a result of failure to meet accreditation benchmarks or failure to continue to be nationally accredited may not reapply for enrollment in the Medicaid program or enter into any new service delivery contracts for at least one year following enrollment or contract termination.

## Monthly Provider Quiz: Dual Diagnosis

1. The term “dual diagnosis” refers to:

- a. Two conflicting medical diagnoses
- b. The presence of a mental illness and a substance abuse/dependence disorder in the same client
- c. A psychiatric diagnosis which serves more than one purpose



2. The preferred way to provide treatment to a dually diagnosed client is to:

- a. Tell her to get her substance abuse treatment from Provider A and her mental health treatment from Provider B
- b. Inform her that, due to billing restrictions at your agency, she will need to make a choice about whether she wants mental health or substance abuse treatment
- c. Integrate her mental health and substance abuse treatment in the same provider agency, preferably assigning her cross-trained professionals who are familiar with both mental illness and substance abuse disorders



3. Substance abuse counselors really don't need to know very much about schizophrenia and other psychotic disorders.

- a. This statement is true, because SA counselors don't treat clients with schizophrenia
- b. This statement is true, because SA counselors shouldn't have to know about psychotic disorders—that's not what they signed on for when they entered the SA treatment field



- c. This statement is false, because many clients diagnosed with a psychotic disorder also abuse drugs and/or alcohol and need competent, integrated treatment



4. Which of the following terms refer to the “Stages of Change” often cited in relation to recovery from addiction?

- a. Contemplation
- b. Action
- c. Maintenance
- d. Relapse
- e. All of the above



### Conference on Autism

*The UNC School of Social Work is co-sponsoring a conference entitled "Autism Today: Crossing Bridges Despite the Challenges" on **September 19** at the Benton Convention Center in Winston-Salem. The keynote presenters are Gary Mesibov, Ph.D. of UNC-Chapel Hill's TEACCH program, and Temple Grandin, Ph.D., associate professor of Animal Science at Colorado State University.*

*The conference is sponsored and hosted by Northwest AHEC in Winston-Salem. Topics will include lectures on "The Parenting Spectrum: The Challenges and Gifts of Raising a Child with Autism."*

*Please see the [conference brochure](#) for more information.*

Quiz Answers: 1—b, 2—c, 3—c, 4—e

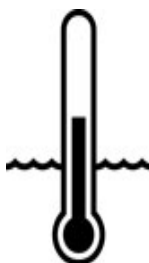
# Residential Providers:

## *Don't Get Yourself Into Hot Water!*

Recently, there have recently been multiple Type A Administrative Penalties issued by the Division of Health Service Regulation to residential providers in the OPC area due to excessively hot water.

A \$500.00 fine can result from a Type A violation.

Hot water temperatures should be maintained between 100-116 degrees Fahrenheit in areas of a facility where clients are exposed to hot water, according to 10A NCAC 27G .0304 Facility Design and Equipment.



## Q-Tips

- *Check the DMH and DMA websites regularly for updates.*
- *In July, Implementation Updates 45 and 46 were released by the division. These updates contain critical information regarding enhanced services provision and major policy changes.*
- *Please visit the OPC website for a tentative list of upcoming trainings at [www.opcareaprogram.com/Providers/Trainings.htm](http://www.opcareaprogram.com/Providers/Trainings.htm).*
- *If OPC processes billing for your agency and does not have your NPI number, billing will be denied for this reason.*

### Changes to Community Support

#### 25% QP Requirement

According to Implementation Update #45 a provider fails to meet the requirement published by the DHHS on July 7, 2008 over the most recent 3 month period; provider concerns resulted in modifications to the 25% QP requirement as follows:

- ✦ Three (3) months of paid claims data, rather than two (2), will be considered for compliance;
- ✦ A three month "rolling" time period will be reviewed;
- ✦ Compliance will be based on 25% **aggregate** of paid claims over the last 3 months;
- ✦ Endorsement will be withdrawn or state funded contract will be terminated if

Withdrawals will become effective on the first day of the second month following the month the LME documents failure to comply;

Providers *may* request reconsideration by the LME if endorsement or state funded contract is withdrawn.

Refer to Implementation Update #45 for further detail.

