



The Quality Times

PROMOTING QUALITY IMPROVEMENT THROUGH COMMUNICATION



Who, What, Where, & Sometimes Why

June 2008

Training on Alternatives to Restrictive Interventions for Licensed Professionals

The rules for restrictive interventions are found in 10A NCAC 27E .0107, which requires that “prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.” The rules also state that training shall be competency-based, and that formal refresher training must be completed by each service provider at least annually.



Information Update #43, released in May, outlines exceptions to these rules for licensed professionals. By virtue of their extensive training and experience, LPs may choose to be trained in NCI Part A, or they may attest to their competence in each of the nine competency areas by signing a statement confirming that they have reviewed the nine competencies and that they are proficient and well-skilled in each of these areas. This statement must be submitted to their facility director or CEO for approval, and maintained in the licensed professional's personnel file.

The nine competencies are:

1. *knowledge and understanding of the people being served;*
2. *recognizing and interpreting human behavior;*

3. *recognizing the effect of internal and external stressors that may affect people with disabilities;*
4. *strategies for building positive relationships with persons with disabilities;*
5. *recognizing cultural, environmental and organizational factors that may affect people with disabilities;*
6. *recognizing the importance of and assisting in the person's involvement in making decisions about their life;*
7. *skills in assessing individual risk for escalating behavior;*
8. *communication strategies for defusing and de-escalating potentially dangerous behavior; and*
9. *positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).*

The option to sign an attestation statement is open only to licensed professionals. All other service providers must be trained in an approved curriculum for prevention of the use of restraints and seclusion. North Carolina Intervention (NCI) is the standardized program created and supported by the Division of MH/DD/SAS. However, providers may use training programs of their choice, as long as they are approved by the Division. Providers may also develop their own curriculum and submit it for review and approval by the state. Forms and instructions for curriculum review, as well as a list of the approved curricula, may be found at www.ncdhhs.gov/mhddsas/training/restraintseclusion.htm.

FEM FACTS

- FEM refers to the Frequency and Extent of Monitoring tool.
- The FEM score is not a report card.
- The tool was provided by the Division of MH/DD/SAS to assist LMEs in determining the scheduling frequency and extent of **local monitoring** for providers in their catchment area.
- The FEM is organized into four sections or domains each of which is further divided into subdomains. Each subdomain is scored as low, moderate or high according to criteria listed in the tool; and the overall score is generated automatically. The following lists the domains, followed by the subdomains:

Provider Performance: Longevity, Staff Competencies, Experience and Local Collaboration, Data Submission, Quality Management, and Addition of a New Service;

Status With Other Agencies that Have Oversight Responsibilities: Licensing Agency, DSS, DMH/DD/SAS, DMA, Accrediting Organization and LME;

Incident Reporting: Reporting of Incidents, Response to Incidents and Patterns of Incidents;

Complaints: Policies and Procedures, Responsiveness to Complaints, Patterns of Complaints.



The majority of OPC's providers received a "Moderate" ranking.

The Moderate ranking means that OPC will need to complete Routine Local Monitoring reviews with your agency approximately every **12-18 months**.

Why did many providers receive a "Moderate" rather than a "High"?

Here are a few examples illustrating why a provider may have earned a "low" or "moderate" score in a subdomain, bringing their overall score down:

Provider Longevity:

In this domain a provider was required to have been serving persons within the relevant MH/DD/SA population for five or more years to score a "high", two to five years to score a "moderate" and scored a low if less than two years. Therefore, newer providers scored lower meaning that they will be monitored more frequently until they are more experienced. A low score in this subdomain is not a negative reflection on the agency.

Addition of a New Service:

If a provider added a new service and had not provided it previously in other locations the score is a "low", if provided less than five years the score is a "moderate" and if provided over five years the score is a "high". OPC has requested providers to add new, needed services and values the positive responses from our provider community. Again, a low score in this subdomain is not a negative reflection on the agency.

LME:

Many providers scored a "low" in this subdomain which deals with endorsement, monitoring, and compliance with the MOA and/or contract. New providers (less than six months), and providers who required a Plan of Correction with a direct relationship to consumer outcomes received a "low" score.

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Incident Reporting:

One pattern that clearly emerged during the process of completing the F.E.M. is that 70% of providers received low scores for incident reporting. The specific issue had to do with failure to submit incident reports within the required time frame, and scores were based on submission of Level II and Level III Reports as well as Quarterly Incident Reports. Remember that providers are required to submit written reports within 72 hours of a Level II incident. And when a Level III incident occurs, providers must make an immediate verbal report to the LME, followed by the submission of a written report within 72

hours. Quarterly Incident Reports are due on January 10th, April 10th, July 10th, and October 10th.

The majority of our providers do submit incident reports, but most of these arrive after the 72 hour deadline. The instructions for scoring the F.E.M. in the area of incident reporting require a low score whenever "less than 95% of Level II incident reports were documented and submitted in a timely manner." For many providers, this means that over a two year period, just *one* late incident report will result in a low F.E.M. score for the reporting of incidents! And over that same two year period,

submitting more than two Quarterly reports after the due date will bring about the same result. The bottom line is that timely submission of incident reports *may* help to improve your overall F.E.M. score!

As you can see, the FEM contains elements that are indicative of the provision of quality services over a sufficient time period for establishment of a record of satisfactory service and other elements where this is not the case. Overall, OPC's Provider Community had very positive outcomes on the FEM which reflects the effort and commitment of our providers in serving OPC consumers.

Provider Quiz: Local Monitoring

- 1) Name three sources of rules and regulations governing the provision of MH/DD/SA services in North Carolina.
 - a)
 - b)
 - c)
- 2) Local Monitoring is an OPC-specific oversight activity.
 - a. True
 - b. False
- 3) Choose the most correct definition of "systemic" below:
 - a. One of the delusional disorders
 - b. Of or relating to the entire body
 - c. A reference to the interlocking network of silicon structures forming a computer's hard drive
 - d. A descriptor for the place on a tree where a caterpillar's pupa is commonly located
- 4) If your LME staff ask you to write a Plan of Correction following a local monitoring visit, the POC does not need to minimize and/or eliminate the out-of-compliance findings.
 - a. True
 - b. False
- 5) According to a DMH (Division of Mental Health) policy dated 10/07, how many times may you re-submit a Plan of Correction before your LME is required to refer you to DMH?
 - a. 1 time
 - b. 6 times
 - c. 3 times
- 6) If you are required to write a Plan of Correction after a local monitoring visit, your POC should be:
 - a. Written in code
 - b. So complex that only you and a handful of select people can understand it
 - c. Clear and detailed enough that any generally informed reader should be able to understand what you are talking about

(Answers on page 5)

Community Support Services Paid Claims Reviews

At the beginning of June, OPC LME staff began reviewing Community Support Services paid claims from May to ensure that providers are meeting the requirements of the new service definition. It is required that at least 25% of Community Support services be billed by a Qualified Professional.

Implementation Update #44 clarified several issues regarding the calculation of these percentages and how to determine that your agency is meeting the expectations:

- The 25% Qualified Professional (QP) time is required per site. Thus, if a provider has several sites within a catchment area, each site is monitored separately. The LME is only responsible for reviewing sites located within its catchment area.
- Community Support Child/Adolescent and Community Support Adult are separate services that receive distinct endorsements; thus monitoring the 25% QP time should be done



separately for each service (at each site).

- The monitoring of the 25% QP time should be separated out by funding source. In the event a provider does not meet the 25% QP time for Medicaid for two consecutive months, they will lose their endorsement for that service at that site. If the 25% is not met for IPRS for two consecutive months, the provider will lose their contract for that service at that site.

If your agency did not meet these requirements for Community Support Services for the Month of May, you should have received notification from your Home LME. It is critical that an agency that provides Community Support not fall below the 25% threshold for two consecutive months or the endorsement will be terminated immediately.

Understanding Unmanaged CSS Visits

There is confusion regarding the use of unmanaged Community Support services when working with a consumer who is new to your agency or to the mental health system.

Unmanaged Community Support services are a once in a lifetime occurrence for a consumer who is enrolling to receive MH/DD/SAS services for the first time.

If a consumer had been receiving Child MH services and transferred to another agency for Community Support when

they turned 18, they would *not* be eligible for any unmanaged units of Community Support due to the fact they had received Child Mental Health Services—whether or not they ever received Community Support—Child/Adolescent.

For children and adolescents up to age twenty-one, there are eight hours or thirty-two units of unmanaged visits for consumers new to the system. Adults twenty-one or older are eligi-

ble to receive four hours or sixteen units if they are new to the system.

New to the system means they have not previously received any mental health or substance abuse services including outpatient treatment. The unmanaged visits are a **once in a lifetime event**.





NPI NEWS

May 23rd, 2008 marked the date that NPI and Taxonomy Code are REQUIRED on all billing in order to be reimbursed. Any billing that does not include this information will be denied. NPI numbers are required for NC Medicaid and IPRS only services.

Beginning June 9, 2008, the hours of operation for the EDS Provider Services Call Center will be extended to 5:30 p.m. This expansion of hours will be provided on a temporary basis to assist with any assistance related to NPI numbers and submission.

As a reminder, providers should continue to submit claims with NPI, Medicaid Provider Number (MPN), and Taxonomy code(s) until your "Ready Letter" arrives by mail. Continuing to submit NPI, MPN and Taxonomy Code(s) in the interim will avoid any potential interruption in payment.

Q-Tips

- *Check the DMH and DMA websites regularly for updates.*
- *Remember that you no longer need to complete an Episode Completion Interview for NC-TOPPS when one of your consumers transfers to a new provider. Simply notify Michael Norton (919-913-4079), who will complete an administrative transfer. The new provider will complete an NC-TOPPS interview whenever the next update is due.*
- *Always review the "Form B" s and other information sent to your agency for accuracy. If errors are noticed, please contact the person who sent you the document.*

CFAC is Recruiting New Members

The OPC Consumer & Family Advisory Committee (CFAC) is actively recruiting new members! CFAC is charged by the State of North Carolina to monitor the service system and advocate for improvements in Orange, Person, and Chatham Counties.

Currently, CFAC has vacancies for consumers/family members from Person and Chatham Counties who can represent persons with Developmental Disabilities or Substance Abuse issues. Minorities are strongly encouraged to consider joining CFAC, which advises the LME and its Board on issues related to the service system, including:

- recommendations regarding the array of services and development of additional services,
- identification of service gaps and underserved populations,
- review of the LME service budget and Local Business

Plan, and

- Participation in all quality improvement measures.



Meetings take place on the 3rd Thursday of each month from 6:00 to 8:00 PM at the Europa Center in Chapel Hill. Dinner is provided, and stipends are available to help defray the cost of attending meetings. Mileage can be reimbursed for those who need to travel to participate in CFAC.

Please share this information with your consumers and their family members! If they would like more details, they may call Virginia Hill (CFAC Chair) at 919-542-2726, or Leslie Matthews (CFAC Vice-Chair) at 919-663-1773.

Important Finance News

The OPC Billing and Reimbursement Department is requesting that all providers download the **OPC General Service Event Ticket** from the OPC Area Program website and start the new fiscal year's billing with a fresh, clean spreadsheet. We are receiving a significant number of spreadsheets with formatting problems that are delaying or prohibiting them from processing and paying. The formatting errors occur when information is copied from earlier spreadsheets onto blank spreadsheets, so it is really important that you type the information onto the new spreadsheet, rather than copy from a previously used spreadsheet.

Please go to the **OPC Area Program** website; click on **Providers**; then click on **Provider Forms**; click on the **Billing** tab. The **OPC General Service Event Ticket**, as well as **Instructions for the Billing Spreadsheet** can be accessed there.

Upcoming OPC Trainings and Events

June 25th:

Client Rights and Confidentiality

1pm-4pm, Europa Center

July 7th:

New Provider Orientation

1pm-4pm, Europa Center

July 9th:

Crisis Planning and Crisis Management

1pm-4pm, Europa Center

August 4th:

Community Support Provider Meeting

1pm-3pm, Europa Center

August 13th:

Quality Improvement for MH/DD/SAS Provider Agencies

1pm-4pm, Europa Center

Please visit our online event calendar for more information on

upcoming events at:

<http://www.opcareaprogram.com/calendar/june2008.html>

Dates and Times are Subject to Change



Please welcome the following Provider Agencies into OPC/LME's provider community:

Lillie Residential Services

2168 Lakewood Falls, Goldston, NC 27252-8916

Lillie Bradley: 919-837-5532

▪Level III Child Residential Treatment (Males)

MOA - Medicaid

Caring Hands and Supplementary Enrichment Education

3209 Guess Road, Suite 204, Durham, NC 27705-2692

▪Personal Care

▪Home and Community Supports

▪Respite and Residential Supports

MOA – CAP Waiver services

Break Out, LLC

406 Mare Court, Bahama, NC 27503-9615

Damella Warthen: 919-672-4536

▪Home and Community Supports

▪Personal Care

▪Crisis Services

▪Residential Supports

MOA - CAP Waiver services

Matchbox Health Services

6 Consultant Place, Durham, NC 27707-3598

Joanne Long: 919-493-3434

▪Targeted Case Management

▪Day Supports

▪Respite

▪Home and Community Supports

MOA – CAP Waiver services

New Possibilities Home for Children, LLC

813 Trail One, Burlington, NC 27215

Edith Ward: 336-437-2645

▪Level III Child Residential Treatment (Females)

MOA - Medicaid