



# The Quality Times

PROMOTING QUALITY IMPROVEMENT THROUGH COMMUNICATION



Who, What, Where, & Sometimes Why

Summer 2009

## Legislative Changes to Effect Residential Services

*In the midst of a major budget crisis, the North Carolina Legislature has elected to restructure several programs and services that are funded by state and federal dollars. On July 16th, a memorandum was released from the Division of MH/DD/SAS and DMA that outlined several of the proposed changes. Please review the memo online at:*

*<http://www.dhhs.state.nc.us/dma/provider/MHResidential.htm>*

*The Following is a brief summary of proposed changes to Residential and Community Based programming.*



**Residential Treatment Level III and IV** homes are targeted for significant reduction in funding. More stringent criteria will be used to authorize these services. Planning is underway by System of Care Coordinators to assist children who are currently placed in these facilities to be transitioned to an alternative level of support that will meet the need of the child. For current information on proposed changes, please see: <http://www.dhhs.state.nc.us/dma/provider/MHResidential.htm>

Funding for **Community Support Services** will be reduced in the budget as well. The July 16th memo indicates that it is likely that the para-professional level of CSS will be eliminated and the budget states that the entire service will be eliminated entirely by 6/30/10. The case management compo-

nent of the service could also possibly be removed to become a distinct service.

**Therapeutic Foster Care (TFC) Level II Family Type** definition may be discontinued in favor of a new proposed service definition called Therapeutic Family Service. The proposed service would look similar to TFC except there would be more availability to supports to treat challenging children/adolescents. Under this new definition, Child Placing Agencies would be able to direct enroll with DMA for billing and reimbursement.

Additionally, draft proposals for seven services were posed for review and comment on DMA's website. These services are **Assertive Community Treatment Team, Community Support Team, Intensive In-home, Mobile Crisis Management, Multi-Systemic Therapy, Substance Abuse Comprehensive Outpatient Program, Substance Abuse Intensive Outpatient Program**. Please review the proposed definitions and make comments at:

<http://www.ncdhhs.gov/dma/mpproposed/index.htm>

We at OPC appreciate the challenge of providing services during these times of uncertainty. We hope that by maintaining clear communication of any changes that any future transitions will occur with minimal disruption.

*Thank You!*

## CFAC's Statutory Responsibilities

OPC learned through the most recent *Provider Survey* that many of you are not familiar enough with OPC's Consumer and Family Advisory Committee (CFAC) to be able to assess their effectiveness. As a result, we want to bring you information about the OPC-CFAC. This is the first in a series of articles on the subject!

The OPC-CFAC held its first meeting on February 28, 2002. One of their primary tasks was to advise the LME on the implementation of system reform. In the early days of the CFAC, the members of the Committee reviewed data related to demographics of the persons served in the catchment area, waiting lists, service modalities, and Medicaid reimbursement rates. They had representation on a number of OPC committees, including the Steering Committee that oversaw OPC's transition from a provider of services to a manager of a local service system.

From the beginning, CFAC members agreed that it was important for their Committee to be representative of all disability areas. Often in meetings, members brought forward concerns of individuals with developmental disabilities, mental illness, and addiction disorders in an effort to provide a more effective voice in having these concerns heard.



Over the next few years CFAC continued to develop as an advisory body for the LME, and in 2006 the state legislature enacted statutes that further defined the responsibilities of the state and local CFACs. These responsibilities include:

- to review, comment on, and monitor implementation of the Local Business Plan;

- identify service gaps and under-served populations;
- make recommendations regarding the array of services, and monitor development of additional services;
- review/comment on OPC's budget;
- participate in all QI measures and performance indicators; and
- submit recommendations to the State CFAC regarding improvements to service delivery.

The statute requires that CFAC membership be limited to adult consumers or their family members. Currently, the CFAC has 17 members. Their By-laws allow for a total membership of up to 24 voting members, and the OPC-CFAC is actively recruiting interested citizens who represent the areas of substance abuse and developmental disabilities.

### ***Billing Reminder***

When submitting billing spreadsheets to optickets, please always follow OPC's established format in the "Subject" line of your email:

YOUR AGENCY NAME, MEDICAID or IPRS, DATE RANGE OF SERVICES ON SPREADSHEET

- Ex.     ABC Behavioral Health IPRS 7/1/09-7/15/09  
           ABC Behavioral Health Medicaid 7/16/09-8/15/09

If your agency has multiple locations, and you submit billing separately for each location, please identify location in your agency name. This will enable us to more quickly locate billing for a specific location when research of claims from that location is needed.

- Ex.     XYZ Behavioral Health OC IPRS 7/1/09-7/15/09  
           XYZ Behavioral Health PC IPRS 7/12/09-7/25/09

Thanks,  
Karen Strum  
OPC Billing and Reimbursement Manager

## QI Projects: What Are They?

Quality Improvement (QI) Projects **are not** Quality Management (QM) *Plans*; they are not Quality Assurance/Quality Improvement (QA/QI) Committee *minutes*.

Quality Improvement (QI) Projects **are** improvement tasks that require time, effort, and planning to complete. These projects are identified based on data that has been collected and analyzed. Once the project has been identified, a plan must be created to address the identified problem/need. The plan needs to include measurable objectives, implementation timelines, and identify specific staff and stakeholders to implement the plan. The project should include evidence that the project is being implemented. And, it should show evidence that data is being collected and analyzed and that the information being gathered is being used to evaluate the process and the effectiveness of the plan. The project should demonstrate that the plan is being discussed in meetings and it should indicate what people are saying about the lessons learned and any ideas presented about how to build on experiences.



OPC recently received QI Projects from providers. Each agency's QI Project was reviewed, scored, and returned to them with feedback and a score. A score from 0-5 was given based on the number of elements met. The elements scored were:

1. the basis for choosing the issues targeted for improvement;
2. strategies developed to address identified issues;
3. actions taken;
4. an evaluation of results to date; and,
5. recommendations for next steps.

If your agency received a low score, we recommend that you attend the **QI Projects training** scheduled for **August 12, 2009, from 1:00 - 3:00 p.m.**, at OPC Administrative Offices, 100 Europa Drive, Suite 490, Chapel Hill, North Carolina 27517.

For further information on QI projects, please contact one of our clinical specialists—Paula Newman or Senga Carroll.

### ***Provisionally Licensed "H-Code" Billing to Continue Through FY09-10***

As stated in several bulletins and updates, most recently the July 2009 Medicaid Bulletin, LMEs will be able to continue to bill for outpatient services that are provided by provisionally licensed clinical staff.

This was made possible through the willingness of DMA and DMH to continue

to pay for procedure codes H0001, H0004 and H0005 when provided by a provisionally licensed staff and billed through a LME.

A LME may choose whether or not to process such claims. OPC has decided to continue to process such claims for provid-

ers who have been previously providing these services to OPC consumers.

DMA and DMH have committed to paying these services until June 30th, 2010. Shortly before that time, a determination will be made as to whether this reimbursement will continue.

## *Updated NC-TOPPS Guidelines*

The updated NC-TOPPS Implementation Guidelines for SFY 2009-10 were recently published, with an effective date of July 1, 2009. While there are not a lot of significant changes to the interview tools or the consumers for whom NC-TOPPS interviews are required, there are some notable changes related to the provider enrollment and interview submission procedures.

To begin, any QP who signs up with a provider agency that is not currently in the NC-TOPPS system will need to be verified by the LME super user before the QP and provider agency will be given access to the system. This does not change the steps required of a provider to enroll with the NC-TOPPS system. However, after they receive the enrollment information, NC-TOPPS staff will contact the LME super user to request this verification. The purpose of adding this verification is to strengthen safeguards in place to protect the confidentiality of consumer data in the NC-TOPPS system.

In addition, each provider agency is now *required* to have a super user. Super users are individuals who have oversight responsibilities for completion and submission of NC-TOPPS interviews within their agencies. Super users can track updates needed, see a list of all interviews submitted within the past 90 days, view a list of clinician names/login IDs, and have access to data queries. This level of access is designed to assist super users in tracking outstanding interviews. Super users can also change a consumer's QP in the NC-TOPPS system.



If your agency does not yet have a super user, you must first determine who will assume that role. If that person is not yet enrolled with NC-TOPPS, then he or she must complete the enrollment process online by going to <https://nctopps.ncdmh.net/ci0708/assignlogins.asp> and following the step-by-step directions. Those who have enrolled and already have their NC-TOPPS log-in information will need to contact the NC-TOPPS Helpdesk ([nctopps@ncsu.edu](mailto:nctopps@ncsu.edu)) to request a Super User Enrollment Form, and will need to provide information on this form verifying that they have authorization. Information needed for this authorization will include supervisor name, title, phone number, and email address.

The final major change is that the web-based NC-TOPPS system will no longer accept a consumer record number that has more than 6 digits. The purpose of this change is to prevent users from entering a consumer ID that has not been assigned by the LME. If you are entering an NC-TOPPS interview on a consumer whose LME record number has fewer than 6 digits, you must now lead off with the required number of zeros to total 6 digits. For example, if the LME-assigned record number for your consumer is 5678, you would need to enter it as "005678" in the NC-TOPPS system.

The updated NC-TOPPS Implementation Guidelines can be accessed at <http://www.ncdhhs.gov/mhddsas/announce/commbulletins/commbulletin104/nc-toppsguidelinesjuly09.pdf>.

## OPC ACHIEVES 3-YEAR ACCREDITATION

The OPC Area Program is pleased and proud to announce that it has been accredited as a “Services Management Network” by CARF. CARF is an international, not-for-profit organization that accredits human services providers. Founded in 1966 as the Commission on Accreditation for Rehabilitation Facilities, CARF sent a review team on June 11-12 to pore over records and documents and interview staff, Board members, consumers, and providers. The agency was evaluated in such areas as leadership, strategic planning, input from persons served and other stakeholders, financial planning and management, technology, service access, and many others.



*OPC would like to recognize that this accomplishment would not be possible without the high quality of services provided in the OPC catchment area. Thank you for your dedication and hard work.*

## Q-Tips

- *Check the DMH and DMA websites regularly for updates.*
- *Please submit your billing within 60 days of the DOS.*
- *Please review and comment on the proposed service definition changes by August 30th. View the drafts at:*  
*<http://www.ncdhhs.gov/dma/mpproposed/index.htm>*
- *Per DMH, please contact your LME with any informational requests prior to contacting DMH/DD/SAS as directed in Implementation Update 59.*

## Upcoming OPC Trainings and Events

### August 12th: QI Projects and Planning

1pm-4pm, Europa Center Training Room

Free

### September 11th: Client Rights and Confidentiality

1pm-4pm, Europa Center Training Room

Free

### August 26th: NC-TOPPS Training

1pm-4pm, Europa Center Training Room

Free

### September 16th: Understanding the DSM-IV-TR

1pm-4pm, Europa Center Training Room

\$25.00 registration fee—CEUs awarded

### September 7th: OPC Offices Closed in observance of Labor Day

*Enjoy!*



### September 30th: How to Write a Person Centered Plan

1pm-4pm, Europa Center Training Room

Free

Please visit our online event calendar for more information on upcoming events at:

<http://www.opcareaprogram.com/calendar/August2009.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