



The Quality Times

PROMOTING QUALITY IMPROVEMENT THROUGH COMMUNICATION



Who, What, Where, & Sometimes Why

May 2009



Focus on First Aid: Be Prepared for Potential Emergencies

To be prepared for emergencies, keep a first aid kit in your home and in your car. Carry a first aid kit with you or know where you can find one. First aid kits come in many shapes and sizes. You can purchase one from [the RedCross.org store](http://theRedCross.org) or your [local American Red Cross](#) chapter or make your own. Whether you buy a first aid kit or put one together, make sure it has all the items you may need. Include any personal items such as medications and emergency phone numbers or other items your health-care provider may suggest. Check the kit regularly. Make sure the flashlight batteries work. Check expiration dates and replace any used or out-of-date contents. The Red Cross recommends that all first aid kits for four include the following:

- 2 absorbent compress dressings (5 x 9 inches)
- 25 adhesive bandages (assorted sizes)
- 1 adhesive cloth tape (10 yards x 1 inch)
- 5 antibiotic ointment packets (approximately 1 gram)
- 5 antiseptic wipe packets
- 2 packets of aspirin (81 mg each)
- 1 blanket (space blanket)
- 1 breathing barrier (with one-way valve)
- 1 instant cold compress
- 2 pair of non-latex gloves (size: large)
- 2 hydrocortisone ointment packets (approximately 1 gram each)
- Scissors
- 1 roller bandage (3 inches wide)
- 1 roller bandage (4 inches wide)
- 5 sterile gauze pads (3 x 3 inches)
- 5 sterile gauze pads (4 x 4 inches)
- Oral thermometer (non-mercury/non-glass)
- 2 triangular bandages
- Tweezers
- First aid instruction booklet



New Quarterly Provider Meeting Schedule

Monday, July 6th Provider Orientation - 1pm to 4pm at Europa Center

This meeting is for new providers and/or new employees in provider agencies. The agenda covers registration and enrollment of OPC consumers, authorization and billing of IPRS services. This orientation session is for people within your agency who submit IPRS authorization requests and enroll consumers and well as program managers who supervise those responsible for OPC documentation submission.

Monday, August 3rd Adult Provider Meeting - 1pm to 3pm at Freedom House Recovery Center, New Stateside Drive, Chapel Hill

This meeting is for all providers of MH/SA adult services.

Monday, September 7th Tentative Child Provider Meeting - 1pm to 3pm at Europa Center

This meeting is for all providers of child/youth services.

All the meetings will happen quarterly following this schedule. The next upcoming dates are:

October 5th – Provider Orientation

November 2nd – Adult Provider Meeting

December 7th – Tentative Child Provider Meeting



Revisions to New Incident Reporting Requirements

Following publication of Implementation Update #55, the Division of MH/DD/SAS received a significant amount of questions and feedback regarding the new incident reporting requirements. As a result, they are working on a memo that will clarify and likely revise some of the new requirements. Keep your eyes out for this memo!

In the meantime, we have obtained clarification on a couple of items. Implementation Update #55 added a Level I classification for incidents related to allegations of abuse, which required the reporting of abuse that occurred prior to a consumer receiving services. The

Division has made it known that **this requirement applies only to cases in which a minor discloses that she or he was abused prior to enrollment in services.** There is still **no** requirement to track as Level I incidents any disclosure by an adult that he or she was abused prior to enrolling in services.



In addition, Implementation Update #55 notes that the definition of a consumer "under the care of the provider" refers to a consumer who has received any services in the 90 days prior to the incident. The Division has since explained that this ap-

plies **only to Level III incidents.** A work group has now been tasked with developing a revised definition for "under the care of the provider." Until the revised definition is developed and approved, providers are expected to follow the definition found in Implementation Update #55. But again, this does not apply to Level I or Level II incidents.

If you have any questions about requirements for Incident Reporting, please contact Michael Norton at 919-913-4079, or mnorton@opc-mhc.org.

Plan of Correction Policy Update (Part III)

According to the Division of MH/DD/SAS Plan of Correction Policy dated 12/08, each plan of correction must contain the following:

1. A reference to the finding of Out-Of-Compliance;
2. A description of how any corrections are to be made;
3. A timetable for the implementation and completion of the corrective action(s).
4. The responsible person(s) who will ensure the Plan of Correction is followed.

Please note the following plan of correction criteria by which a plan of correction is measured and note that each issue is measured separately against this criteria:

1. Has the submitting party accurately stated the issue to be corrected?
2. Are the corrective action steps appropriate to address the issue to be corrected?
3. Are the corrective action steps realistic for the submitting party to accomplish?
4. Is the timetable realistic for the submitting party to accomplish?
5. Is the timetable compact enough to assure corrective action in a reasonable time?
6. Are the corrective action steps addressed in sufficient detail to indicate a thoughtful and well planned response to the issue to be corrected?
7. If training is a component of the corrective action plan, is there sufficient detail present to indicate that the submitting party has undertaken the planning and implementation of the training? For instance, are dates for training, location of training, providers of training indicated established?
8. If the issues identified for correction have systemic root causes, is the corrective action plan of sufficient scope to determine if such root causes are identified and are addressed?

FREEDOM OF CHOICE

The premise behind OPC having a diverse provider network is so that the consumers that we serve have several options when selecting a service provider. Please make sure that your agency is informing consumers upon intake and annually that they have the freedom to choose what ever service provider they would like to be served by—as well as the names of those agencies if they desire. This information can be found at:

<http://www.opcareaprogram.com/prolist.htm>

Please remember to inform your clients of their right to choose the agency that they receive services from!

Q-Tips

- *Check the DMH and DMA websites regularly for updates.*
- *There is a Plan of Correction page that has been added to the DMH/DD/SAS webpage. Here you can find a copy of the most recent POC policy as well as a template that can be used to submit a Plan of Correction when necessary. You can view this page at:*

<http://www.ncdhhs.gov/mhddsas/poc/index.htm>

- *If you are an IPRS provider, in order to be in compliance with your contract, you must submit an Annual Provider Status Report.*

Emergency Relocation of Consumers in Licensed Facilities

At a recent meeting of our unaccredited providers someone asked if consumers in one licensed facility could be taken to another licensed facility in the event of an emergency (ex. extended power outage). We've checked in with the Division of Health Services Regulation who referred us to a Notice dated November 2007 which outlines the process for requesting emergency relocation of consumers. That notice can be found at <http://www.ncdhhs.gov/dhsr/provider.html> under the Mental Health Licensure & Certification Section.



The notice indicates that if consumers are moved from one licensed facility to another licensed facility of the *same service code*, and the capacity for that facility *will not be exceeded*, it is not necessary to notify DHSR. Relocation to different licensed or unlicensed settings does require notification of DHSR and the submission of several items, one of which is a copy of the facility's emergency plan and an explanation of how it was implemented in accordance with 10 NCAC 27G.0207. If you need assistance with developing or revising your plan, please check out the resources located on OPC's website at <http://www.opcareaprogram.com/prep.htm>.

Implementation update #56 clarifies that the revised version of DMA's Clinical Coverage Policy 8A included incorrect information as it instructed all agencies providing enhanced mental health services that they "must have a full-time licensed clinical professional on staff".

This requirement pertains only to agencies providing Community Support services at this time. If your agency is providing Community Support, you must be in compliance with this requirement or risk losing endorsement for these services.

Disability Rights North Carolina is a federally mandated protection and advocacy system with funding from the U.S. Department of Health and Human Services, the U.S. Department of Education, and the Social Security Administration. For more information, or to request informative posters to post at your agency, contact Disability Rights at 1-877-235-4210 (toll free).

Upcoming OPC Trainings and Events

June 8th:

OPC Board Meeting, 7pm

June 10th:

Client Rights and Confidentiality

Europa Center, 9am-12pm

June 12th:

Tying the Assessment to Treatment

Southern Orange Human Services, 9am-12pm

June 26th:

Residential Placements—Weighing the Pros and Cons

Southern Orange Human Services, 9am-12pm



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

<http://www.opcareaprogram.com/calendar/june2009.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

OPC to Implement New Business System in 2010

We are pleased to announce that we will be taking steps in the upcoming months to improve our processes and abilities to manage care by implementing the Cardinal Innovations system. We have chosen PBH and AlphaCM, Inc. to implement this multi-payer managed care information system which is specifically designed for North Carolina.

The CI system will allow us to streamline authorizations and claims processes. It will give you the ability to submit electronic 837 claim files as well as utilize Provider Direct, an online portal that will allow you to complete STRs and Authorization requests, update client demographics, secure file transfers between your program and OPC, submit clinical documentation, view crisis plans, and submit/view the status of claims in real-time.

The system is scheduled to be implemented with a "Go Live" date of February 1, 2010. Providers will be offered training in January 2010 and a schedule will be communicated prior to that time. Ongoing provider trainings will also be available after the implementation.