



# The Quality Times

PROMOTING QUALITY IMPROVEMENT THROUGH COMMUNICATION



Who, What, Where, & Sometimes Why

September 2009

## *Managing Client Funds*

Providers who take the responsibility for the funds of persons served must have policies and procedures surrounding the manner in which they will handle those funds. Auditors and accrediting bodies will review these policies to make sure that proper procedures are being followed.



Per 10A NCAC 27F .0105, client funds that are managed by a residential facility must adhere to the following guidelines. These guidelines must be supported by agency policy and procedures:

1. The client has the right to deposit and withdraw their personal funds;
2. regulate the receipt and distribution of funds
3. allow the receipt of deposits made by friends or relatives
4. provide adequate records of transactions affecting funds from personal account
5. separation of client's personal funds

and facility operating funds

6. allow client to authorize a payment from the account for treatment or habilitation purposes
7. Provide receipts to persons depositing or withdrawing funds
8. Provide client with quarterly summary of personal funds in account

Under OPC's CARF accreditation guidelines:

1. standards require that our providers define how consumers will give informed consent as to the use of the funds;
2. how they will gain access to records of their funds;
3. how funds will be shown for accounting purposes;
4. what safeguards are in place to make sure monies are used appropriately;
5. How interest will be credited to consumer's personal accounts

## Update On OPC's CFAC Accomplishments

As we noted last month, many of you indicated in this year's *Provider Survey* that you're not familiar enough with OPC's Consumer and Family Advisory Committee (CFAC) to be able to assess their effectiveness. This is the second of three articles designed to introduce our providers to the CFAC of OPC. Last month we presented the history of the CFAC, along with an explanation of their statutory responsibilities. This month, we want to fill you in on some of their activities. In addition to their monthly meetings, members of OPC's CFAC sit on all of the committees of the Area Board, including the OPC Client Rights Committee and the Area Quality Improvement Committee. CFAC also has a voting membership on the OPC Area Board. Here is an example of a few of the CFAC's many accomplishments over the past few years:

In keeping with their responsibility to review and monitor implementation of the Local Business Plan, the CFAC provided input into the development of OPC's plan in December 2006. They reviewed and approved a draft of the plan in February 2007, before it was presented to the Area Board for final approval.

CFAC proposed factors to be considered by OPC in responding to proposals for Mental Health Trust Funds. Their strong recommendation was for OPC to consider sustainability when reviewing any proposals for funding. In addition, CFAC suggested that priority be given to proposals that increased housing opportunities and focused on services to persons with dual diagnoses. Over the past 3 years, CFAC has reviewed and endorsed proposals from local providers for use of Mental Health Trust Fund dollars.



During FY 2007-08, the CFAC established a committee to investigate the feasibility of establishing a Peer Support Center. After many months of research and planning, members are working with Freedom House Recovery Center on plans to use space on their Chapel Hill campus for peer-led group activities a few times per week.

Last fiscal year, CFAC voted to return to OPC a total of \$5,000 from their budget in an effort to minimize the impact of service reductions in the wake of budget cuts mandated by the state. The money helped to launch a Hospital Transition Team, whose purpose is to facilitate timely access to services upon discharge from a psychiatric hospital.

CFAC has routinely provided input and feedback into the development of the annual Needs Assessment. They dedicated most of their meeting in February 2009 to serving as a focus group for this purpose.

In July the CFAC composed and sent a letter to all members of both the House and the Senate Budget Conference Committees to express concern over the proposed cuts to the MH/DD/SA budget, detailing the likely impact of such cuts on the lives of disabled citizens of N.C. (as well as the fiscal cost due to an increased utilization of crisis services, institutions, jails and rest homes).

Finally, one of CFAC's major accomplishments is their Annual Peer Support Workshop. This workshop, now in its 6th year, is attended by consumers throughout the Triangle and beyond. Check out the October issue of [The Quality Times](#) for an article on this exciting annual event!

## Accreditation Timeframes for New Providers

**Accreditation Benchmarks must be met to in order to continue to provide services.**

**The Benchmarks and Final Deadline are measured from the DMA eligibility date.**

Providers who enroll as a Medicaid provider after July 1, 2008 will have one year to gain national accreditation when required by the service definition. According to §122C-81 and the Division of MH/DD/SA Services, the following benchmarks will need to be met for newly enrolled providers of enhanced services:

**Within Three months** – Formal selection of an accrediting agency as documented by a letter from the agency to the provider acknowledging the provider's selection of that accrediting agency.

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

**Within One year**- accreditation deadline to be approved as fully accredited by the national accrediting agency.

**\* Please send OPC proof of all benchmarks on or before the due date \***

If a provider's Medicaid enroll-

ment 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.

### OPC CRISIS SERVICES

Crisis services are available in all three counties in a variety of means. Daytime weekday crisis services are available to residents of each county at the following sites:

Orange County:

Chapel Hill Outpatient Clinic

104 New Stateside Drive

Chapel Hill, NC 27514

919-942-2803 or

UNC Hospitals/Dept of Psychiatry

Walk-In Clinic

Neurosciences Hospital  
1<sup>st</sup> Floor, 101 Manning Drive  
Chapel Hill, NC 27514  
919-966-2166

Person County:

Person Counseling Center  
355 S. Madison Blvd.,  
Suite C1  
Roxboro, NC 27573  
336-599-8366

Chatham County:

Chatham Counseling Center  
287 East St, Suite 421  
Pittsboro, NC 27312



919-542-4422

or

1105 E. Cardinal St.  
Siler City, NC 27344  
919-742-5612

**Crisis Services are available 24/7 by calling the OPC STAR line at:**

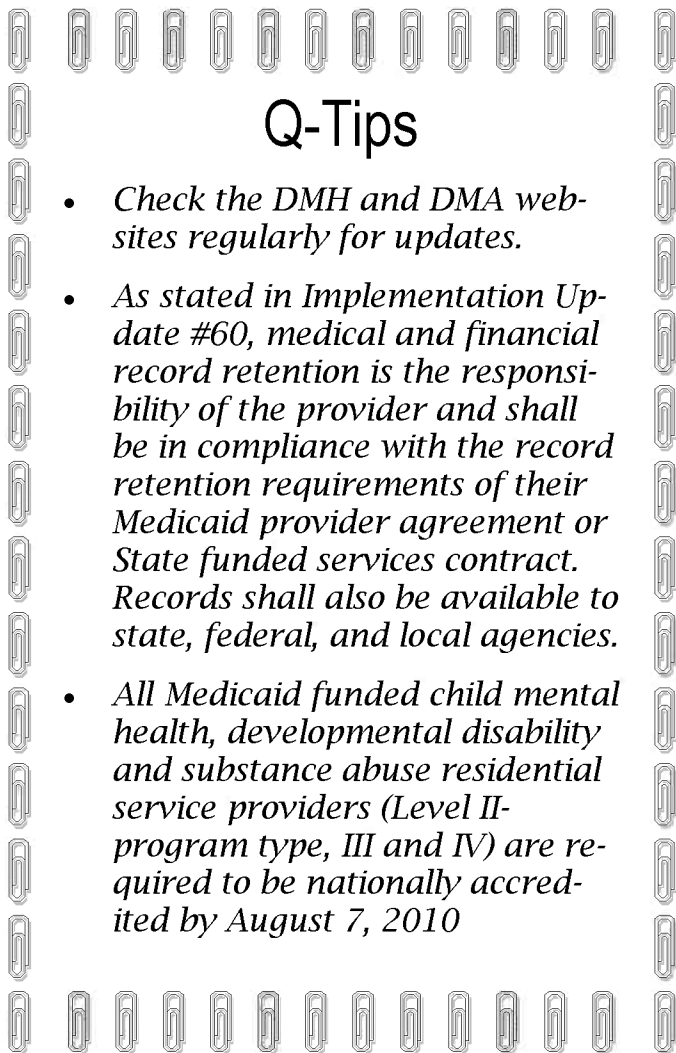
**919-913-4100 or 1-800-233-6834**

**Mobile Crisis Services are available 24/7 by calling 919-967-8844 or 1-800-233-6834**

### **Important Disclosure Information for SA Consumers:**

Substance Abuse Regulations (42 CFR 2.32) require that each disclosure made with the patient’s written consent must be accompanied by the following written statement:

*This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.*



### **Q-Tips**

- *Check the DMH and DMA websites regularly for updates.*
- *As stated in Implementation Update #60, medical and financial record retention is the responsibility of the provider and shall be in compliance with the record retention requirements of their Medicaid provider agreement or State funded services contract. Records shall also be available to state, federal, and local agencies.*
- *All Medicaid funded child mental health, developmental disability and substance abuse residential service providers (Level II-program type, III and IV) are required to be nationally accredited by August 7, 2010*

## **Understanding House Bill 925**

Have you heard about House Bill 925? This legislation was passed during the 2009 session of the General Assembly to authorize the sharing of confidential information among agencies of DHHS. H.B. 925 amends General Statute 122C-55(a.1), which now reads in part:

*“Any facility may share confidential information regarding any client of that facility with the Secretary, and the Secretary may share confidential information regarding any client with a facility when necessary to conduct quality assessment and improvement activities or to coordinate appropriate and effective care, treatment or habilitation of the client.”*

As used in this section of the statute,

“Secretary” includes *primary care* case management programs that contract with DHHS to provide services to recipients of publicly funded health care. In North Carolina, the main provider of these services is the Community Care of North Carolina Program (CCNC) and their affiliates.

To effectively manage care and improve the systems of care for their beneficiaries, primary care case management programs need access to general health as well as behavioral health information. The passage of H.B. 925 now permits the sharing of confidential information among primary care case managers (working under contract with DHHS) and service providers in the public MH/DD/SA system. This infor-

mation may be shared without the consent of the consumer.

*However*, H.B. 925 does not cover information related to substance abuse! Keep in mind that this information is regulated under 42 CFR Part 2, which requires a consumer’s written consent for disclosure of information that would identify an individual as a substance abuser. And since no state law may authorize any disclosure that is prohibited by 42 CFR Part 2, House Bill 925 **cannot** authorize the sharing of confidential information related to substance abuse among primary care case managers and service providers in the public MH/DD/SA system.

### Important Dates for CS Providers

Effective October 12, 2009, the Paraprofessional level of Community Support will be eliminated.

The deadline for accepting new community support enrollments has been pushed back to January 1, 2010. Implementation Updated #60 originally identified this date as October 12, 2009.

Effective September 28, 2009, all new and concurrent requests for community support services must include a discharge/transition plan that will indicate how an the individual will transition out of community support. Authorization requests may not exceed 90 days.

### OPC Endorsement Update

As of September 1, 2009, providers seeking endorsement with OPC will be expected to meet all requirements during the initial site/service review due to the following: a recent influx of applications for endorsement, anticipated changes in the upcoming endorsement policy and rules, and to increase standardization with neighboring LMEs.

OPC will no longer request a Plan of Correction if, at the time of the initial review, all endorsement criteria for the provider type and services under review are not met; and, endorsement will be denied.

### Upcoming OPC Trainings and Events

October 14th, 2009

Writing Effective Plans of Corrections

Europa Center, 1pm-3pm

October 28th, 2009

Suicide Prevention

Europa Center, 1pm-4pm, \$25



November 6th, 2009

Working with African American Families

Europa Center, TBA

November 18th, 2009

The Ethics of Clinical Boundaries

Europa Center, 1pm-5pm, \$25

November 20th, 2009

Client Rights and Confidentiality

Europa Center, 1pm-4pm

December 4th, 2009

Working Effectively with Gay and Lesbian Adults

Europa Center, 1pm-4pm

Please visit our online event calendar for more information on upcoming events at:  
<http://www.opcareaprogram.com/calendar/October2009.html>

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