



The Quality Times

PROMOTING QUALITY IMPROVEMENT THROUGH COMMUNICATION



Who, What, Where, & Sometimes Why

February 2009

Focus on: Timely Initiation and Engagement

The contract between LMEs and the NC Department of Health & Human Services contains clinical performance indicators that are used by DHHS to monitor the LME's performance on functional areas that have a direct impact on consumer care. Two such measures are the Timely Initiation of Service and the Timely Engagement in Service indicators. Timely initiation and continuation of appropriate service is critical to protect consumer health and safety, minimize adverse consumer outcomes and promote consumer engagement in services.



least two services in the first 14 calendar days of care. To measure timely engagement, DHHS calculates the time between the second and fourth service events for each consumer who received a second service within the first 14 days of care to determine the percentage of new consumers who received at least two additional services in the next 30 calendar days of care. So that consumers receiving only periodic medication and med checks are not counted as new consumers, the measure excludes medication checks/administration codes from counting as an initial service. However, these services are included if provided as the second service.

Best practice for initiating and engaging consumers in care suggests that an individual receive two visits within the first 14 days of care and an additional two visits within the next 30 days (a total of four visits within the first 45 days of service). These timelines provide the best opportunity for an individual to become fully engaged in services that can promote recovery and stability.

The SFY 2009 performance standard for timely initiation and engagement is to achieve and maintain the most current state average for each disability group. The SFY 2009 target is to reach or exceed the target set in SFY 2008 for each disability group.

To measure timely initiation performance, DHHS calculates the time between the first and second service events for each new consumer, based on IPRS and/or Medicaid paid service claims data, to determine the percentage of new consumers who received at

For the 1st Quarter FY09, timely initiation and engagement for both Developmental Disability services and Substance Abuse services were below the FY 09 standard, target and state average. OPC exceeded the standard for Mental Health services but did not meet the target or state average. One potential problem that has been identified is the practice of not admitting consumers until the

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Congratulations to OPC CAP-MR/DD Providers

We are happy to report that all the OPC CAP-MR/DD Providers were successful in meeting the February 1st accreditation benchmark. Thank you for your responsiveness in meeting this deadline and your efforts in the accreditation process.



Q-Tips

- Check the DMH and DMA websites regularly for updates.
- The revised Person Centered Planning Instruction Manual and PCP forms (2008 version) are effective **March 1, 2009**. Additionally, a link has been provided for the "Notification of Incomplete Checkboxes on PCP Signature Page" electronic form that is to be implemented per Legislative reporting requirements.
- The updated Clinical Coverage Policy has been posted to the division website:
<http://www.dhhs.state.nc.us/dma/bh/8A.pdf>

Quiz answers: 1—F, 2—c, 3—F, 4—e, 5—T, 6—F, 7—a, 8—F

Congratulations to Right Direction, Inc.

Right Direction has received a 4 year accreditation from COA

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second visit and not billing for the first service rendered. This practice not only affects this and other performance indicators, but also has a financial impact on your agencies. This issue has been addressed with several providers, but if you have any questions about the admission/billing process, please let us know. We hope to continue to engage our provider community in developing strategies to improve our performance on these and other clinical measures.

	Timely Initiation				Timely Engagement			
	Standard	Target	State Avg	OPC	Standard	Target	State Avg	OPC
MH	37%	42%	42%	37%	25%	30%	28%	26%
DD	62%	72%	68%	56%	51%	61%	53%	39%
SA	64%	71%	62%	53%	47%	56%	46%	38%

New Timeline for Plans of Correction

New!

Timelines for POC(s):

1. **10 Business Days** from the review date, the LME sends the provider a status report and requests a POC if needed. This is the first request.
2. **15 Calendar Days** from the date of receipt or attempted delivery of the POC request, the first POC is due from the provider.

If POC is submitted:

1. **LME** sends a letter of receipt to the provider.
2. **Within 15 calendar days** from receipt, LME sends provider a response letter indicating whether or not the plan was accepted.
3. Provider has **10 calendar days** to send a second, revised plan if not accepted .
4. If the second plan of correction is not fully accepted the LME will submit appropriate information to DMH/DD/SAS personnel and/or to the LME endorsement personnel.
5. **There is no longer any option for a third plan of correction.**



If no POC is submitted:

1. On the **15th calendar day**, LME sends provider a final request letter requesting the plan immediately.
2. Provider has **10 calendar days** from date of receipt or attempted delivery of second and final reminder letter, to submit the POC.
3. If not received the LME submits appropriate information to DMH/DD/SAS personnel and/or to the LME endorsement personnel. (See page 4 of Policy for details of consequences)

Follow-Up Reviews:

1. **Within 60 calendar days** from date of acceptance of POC, complete a follow-up review to ensure that plan was followed and out-of-compliance findings have been minimized or eliminated.
2. Issues involving a **client record or personnel record MUST be reviewed with full record present**, other documentation may be faxed.
3. After completion of initial follow-up review, LME sends provider the results of the review.
4. If issues have not been minimized or eliminated, **approximately, 20 calendar days** from date of receipt or attempted delivery of results the LME will complete a final follow-up review with the provider.
5. If issues have still not been minimized or eliminated, submit appropriate information to DMH/DD/SAS personnel and/or to the LME endorsement personnel. See page 7 of the DMH/DD/SAS 12/08 Plan of Correction Policy for more details.

PROVIDER QUIZ:

Suicide Prevention



1. People who think about or plan to commit suicide usually keep their thoughts to themselves. True / False
2. Suicide rates are highest among:
- Adolescents
 - Persons living below the poverty level
 - Persons over the age of 75
 - Women between the ages of 25 and 44
 - Persons who identify as gay or lesbian
3. The majority of completed suicides in the United States are committed by African Americans. True / False
4. Key components of a good clinical interview include:
- Direct observation of the client
 - Direct questioning of the client
 - Collection of available collateral information
 - "a" and "b" only
 - All of the above
5. Drinking or the use of drugs in the recent past increases the likelihood that a suicidal person will make an attempt to kill him/herself. True / False
6. A family history of suicide is not relevant to assessing the current lethality of an individual. True / False
7. Based on research, the following can be protective factors that are associated with a *lessened* risk of suicide:
- The presence of children in the home
 - An income level that is above the median for one's neighborhood.
 - Both "a" and "b"
 - Neither "a" nor "b"
8. Hospitalization is nearly always the most appropriate intervention for someone who acknowledges having suicidal thoughts. True / False



Answers can be found on page 2!

Our IT department has redesigned the OPC website to make it more user friendly and visually appealing. Please take a few minutes to visit and locate forms, provider lists and resources. Please contact your provider representative if you have difficulty in locating something that you need. We welcome your feedback and any suggestions you may have.



www.opcareaprogram.com

Please be on the look out for the Annual Provider Status Report. These will be distributed to you by email in early March. Though these reports are required as a part of your agency's contract or MOA, we appreciate the time and effort it takes to complete these reports.

As an incentive for timely submission, the QI/PR department will be offering a free AHEC sponsored training at OPC for CEUs for all providers who return the APSR by the requested deadline.

THANK YOU!



Upcoming OPC Trainings and Events

March 2nd:

All Provider Meeting

9am-11:30am, Extraordinary Ventures

March 2nd:

New Provider Orientation

1pm-4pm, Europa Center

March 11th:

Clients Rights and Confidentiality

1pm-4pm, Europa Center

March 13th:

Teaching Social Skills

9am-12pm, TBA

March 25th:

Suicide Prevention

1pm-4pm, Europa Center

March 27th:

Tying the Assessment to Treatment

9am-12pm, TBA

April 8th:

Documentation 101

1pm-4pm, Europa Center

April 10th:

When to Seek other Evaluations

9am-12pm, TBA



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

<http://www.opcareaprogram.com/calendar/March2009.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