



# The Quality Times

PROMOTING QUALITY IMPROVEMENT THROUGH COMMUNICATION



Who, What, Where, & Sometimes Why

January 2010

## *Focus on:* Title VI Compliance

Any organization or individual that receives Federal financial assistance, either directly or indirectly, through a grant, contract or subcontract, is covered by Title VI. Examples of covered entities include hospitals, nursing homes, home health agencies, HMOs, health services providers, and human services organizations. All organizations or individuals that are recipients of Federal financial assistance from a federal agency have an obligation to ensure that limited English proficiency (LEP) persons have meaningful and equal access to benefits and services.



Under Title VI, recipients of Federal financial assistance must take steps to ensure that LEP persons can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the LEP person so as to facilitate participation in, and meaningful access to services.

The key to ensuring meaningful access for LEP persons is effective communication. An agency or provider can ensure effective communication by developing and implementing a comprehensive written language assistance program that includes policies and procedures for identifying and assessing the language needs of its LEP applicants/clients, and that provides for a range of oral lan-

guage assistance options, notice to LEP persons of the right to language assistance, periodic training of staff, monitoring of the program and, in certain circumstances, the translation of written materials.

Agencies and providers have a number of options for providing oral language assistance. Which option to use will depend on a variety of factors including the frequency of need and size of the population(s) being served. Examples of the options available include:

- Hiring bilingual staff for patient and client contact positions
- Hiring staff interpreters
- Contracting for interpreter services
- Engaging community volunteers
- Contracting with a telephone interpreter service

The necessity to translate written documents also may vary depending on several factors including the size of the population(s) being served and the size of the agency or provider. As part of its overall language assistance program, an agency or provider must develop and implement a plan to provide written materials in languages other than English where a significant number or percentage of the population eligible to be served, or likely to be directly affected, by the program needs services or information in a language other than English to communicate effectively.

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## \*\* Three Year Re-Endorsement \*\*

The majority of ***OPC Mental Health, Substance Abuse and Child Residential Providers*** will require three year re-endorsement in 2010. (CAP-MR/DD Providers ***will not*** be due until 2011 and will be advised of their process at a later date)

- Per IU #54, the 3 year re-endorsement process is based on the full endorsement date (not the conditional endorsement date or the enrollment date). See the process and forms in the IU for more information.
- Re-endorsement is completed for business verification and site/service endorsement. (Except CAP which is statewide and completed only once)
- The Provider initiates business re-endorsement and the LME initiates the site/service process.
- For the MH/SA and child residential business process, the provider submits a Letter of Attestation to the LME that granted the business verification.
- LMEs make a determination regarding compliance with service specific requirements for currently endorsed providers. The determination will be as a result of monitoring activities or endorsement reviews. An on-site review is not required unless determined as such by the LME.

- The LME issues a NEA for successful completion or denial of 3 year re-endorsement.
- The Provider submits the NEA to DMA.

**Providers who received business verification from OPC (except CAP providers) should check the end date of their first full endorsement NEA. Please submit the following documents to Debbie Santucci, via certified mail, at least six (6) weeks prior to the end date:**

- **Letter of Attestation;**
- **A copy of the national accreditation certificate;**
- **A report of any dissolutions, revocations, or revenue suspensions that have occurred over the past three years.**

The Attestation Letter can be found at the following link: <http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/iu54/reedorsementattestationletterattachment.doc>





**The Division of MH/DD/SAS has added a section to its website entitled “CABHA”. Posted there are the applicable implementation updates, as well as a reasonably up to date list of provider organizations who have sent in their letter of intent or attestation letter in regards to becoming a CABHA. Please view this information at:**

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

**Please make sure that your agency’s information is correct on this website.**

## Q-Tips

- *Check the DMH and DMA websites regularly for updates.*
- *Please submit your letter of intent or letter of attestation to the Division of MH/DD/SAS as soon as you are able to avoid last minute congestion and delays.*
- *This spring, another wave of Consumer Perception of Care Surveys will be distributed. It is mandatory for provider agencies to return the minimum required amount.*
- *Please educate your consumers about the 2010 Census in anticipation of its arrival in April.*

### ***Title VI Compliance***

***(continued from page 1)***

All providers who have a MOA or contract with OPC must adhere to the provisions under Title VI. Please read the following excerpt from the MOA:

*Provider shall comply with Title VI and VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (ADA), and all requirements imposed by Federal regulations, rules, and guidelines issued pursuant to these Titles for both personnel employed and individuals served.*

Examples of practices that may violate Title VI are:

- Providing services to LEP persons that are more limited in scope or are lower in quality than those provided to other persons;
- Subjecting LEP persons to unreasonable delays in the delivery of services;
- Limiting participation in a program or activity on the basis of English proficiency;
- Providing services to LEP persons that are not as effective as those provided to those who are proficient in English; or
- Failing to inform LEP persons of the right to receive free interpreter services and/or requiring LEP persons to provide their own interpreter.

# Calling All Providers!!!



OPC/LME is forming a Provider Council to provide more opportunity for involvement by providers in the OPC consumer service delivery system. The OPC Provider Council (OPCPC) will work in partnership with the LME to promote a strong system of high quality services for consumers with MH/DD/SA needs. The Council will strive, through all endeavors, to foster practices that support consumer access with appropriate choices and high quality outcomes, within available resources, in a community-based system of care. The OPC Provider Council will serve as a fair and impartial representative of all service providers within the OPC provider community. OPC is currently recruiting nominees for the Provider Council.

Membership will consist of the following:

- 1 DD Child Provider
- 1 DD Adult Provider
- 1 MH Child Provider

- 1 MH Adult Provider
- 1 SA Provider
- 2 Comprehensive Providers ("CABHA ready" providers)

Each provider representative should be from a different agency, although it is the person who is elected, not the agency. Agency CEO/President/Executive Directors or their senior staff may serve on the OPC Provider Council. LME representatives will be appointed by the LME Director/designee and at least one will be a member of the LME Management Team.

A Provider Council Nominating Committee has been formed and will be meeting soon to manage the election and voting process. Please contact Phyllis Williams at 919-913-4085 for more information on the OPC Provider Council and/or to express your interest in nominating a person to serve on the Council.

## Upcoming OPC Trainings and Events

Monday, February 8th  
 Adult Services Provider Meeting  
 Europa Center, 2PM-5PM

Friday, March 12th  
 Incident Reporting  
 Europa Center, 1PM-4PM

Monday February 8th  
 OPC Area Board Meeting  
 Europa Center, 7PM-9PM

Wednesday, March 17th  
 Understanding the DSM-IVTR  
 Europa Center, 1PM-4PM, (\$25, CEUs offered)

Wednesday, February 10th  
 Client Rights and Confidentiality]  
 Europa Center, 1PM-4PM



Friday April 2  
 Good Friday  
 OPC Offices Closed

Please visit our online event calendar for more information on upcoming events at: <http://www.opcareaprogram.com/calendar/February2010.html>

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

For questions, please contact Naomi Avissar at (919) 913-4053