

NC-TOPPS June 15, 2009 Conference Call Minutes

Roll Call includes those at beginning and end of call

Beacon Center: LaToya Lewis

CenterPoint: John Coble

Crossroads: Teresa Caudle

Cumberland: April Chambers

Durham: Jennifer Meade, Monica Portugal

East Carolina Behavioral Health: Shirley Bennett

EastPointe: Leatte Black

Five County: Pamela Brantley

Mecklenburg: Paula Cox

Mental Health Partners: Beth Lackey

OPC: Michael Norton

PBH: Bill Rankin

Sandhills: Andy Smitley

Smoky Mountain: Tina Sandridge

Southwestern Center: Diocles Wells

Southwestern Regional: Paula Mauney

Wake: Tammy Bonas

Western Highlands: Kris Booker, Leslie Kingbury

Division MHDDSAS: Spencer Clark, Becky Ebron

NC SU Center for Urban and Community Affairs (CUACS): Karen Eller, Donna

Hughes, Jaclyn Johnson, Kathryn Long, Kathleen Snyder

NDRI (National Development and Research Institute, Inc.): Marge Cawley, Gail Craddock

NC-TOPPS Questions or Concerns

- Western Highlands asked about Section 10.18B in Senate Bill 202 that suspended NC-TOPPS for mental health consumers who do not have substance abuse issues. At this time based on this amendment, there is no legislation to suspend NC-TOPPS for any consumers. Becky, Division, shared that this section of the Senate Bill 202 was amended on June 11 on the House floor as follows:

“DHHS DATA COLLECTION REVIEW AND STREAMLINING” Section 10.18B. The Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, shall review all data collection instruments and shall streamline the amount of paperwork involved with patient data reporting by physicians and providers.”

The bill has passed out of the House and returned to the Senate. Marge will email the adopted June 11th amendment to the conference call participants.

- Both Spencer and Becky noted that the Division understands the paperwork burden for providers. Under the new amendment the Division will undertake review of all of the patient data requests that currently are being collected from IMEs and providers.

Have IMEs received any feedback from providers on the policy of required items must be completed before an Interview can be submitted? Any Interview type specifically a problem?

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- Five County and Wake indicated that providers are complaining about not being able to submit Interviews because they are unable to complete some items when the consumer is not present. Wake's providers have indicated a problem with completing and submitting the Episode Completions.
- The NC-TOPPS team noted that the policy for completing items when the consumer is not present is to answer with the latest information available to the QP in the consumer's medical record.
- The team also noted that they have not seen a decline in the Statewide number of total Interviews being completed since the March 10, 2009 initiation of the policy on the required items being completed before submission is allowed.

What protocols or steps have IMEs established to improve NC-TOPPS compliance for all Interview types – Initial, Updates and Episode Completions?

- PBH has tied compliance to re-endorsement. Since doing this, compliance has improved. Additionally, PBH uses billing audits to see if NC-TOPPS Interviews have been completed when they should have been. The focus for PBH has predominantly been on Updates.
- SE Regional has shortened its notice process for Update Interview compliance from a total of 4 notices to a total of 2 notices before a Plan of Correction is required. Her group provides a first notice to a provider who is 5 days overdue. Then, after another 5 days passes with an overdue Interview, then the Provider Relations Section sends a notice. If the provider continues to be overdue a Plan of Correction is established.
- Crossroads ties Initial compliance to IPRS authorization. If an NC-TOPPS should be done and has not been completed, then IPRS authorization is not provided. Crossroads sends out a monthly notice to providers for both Initial and Update Interviews. If not done timely, then a Plan of Correction is developed. This procedure has helped.
- Wake is implementing Plans of Correction for providers with the highest percentage of outstanding Updates and Episode Completions. Wake attempts following Initial compliance through its monitoring processes.
- CenterPoint has seen improvement in compliance by constantly and consistently communicating with providers, quality improvement staff and provider relations on the importance of completing the NC-TOPPS Interviews. A team effort within the IME is developing and helping.
- SE Center is discussing tying NC-TOPPS to authorization for Initial compliance. He is working with Provider Relations to do this. SE Center also monitors Interviews in consumer charts.
- Western Highlands monitors and creates Plan of Correction as necessary.

How many provider agencies within your IME use the PDF versions for their QPs collecting NC-TOPPS data and have some one else enter the data into the system?

- Based on the feedback from almost all of the IMEs participating on the call, it appears that many QPs use the paper versions, then either enter the data themselves or have a data entry person enter for them.

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- Reasons offered for why the paper versions are used by providers include: conducting home visits with no access to the Internet; consumer uncomfortable with computer; and clinicians not comfortable with computer and using Internet.
- Mecklenburg requires QPs to enter their own data. Beacon Center advises not to use the paper versions.
- Spencer, Division, noted that we will follow how clinicians use the online system, whether it be directly entered online or through the paper versions and then entered online. The Division wants to make the system as clinician friendly as possible.

What actions do you take when a provider asks for a consumer to be moved to a new provider?

- Eastpointe asks the provider if there has been a lapse in time and asks for the consumer consent form allowing the consumer's data to follow the consumer. Staff also looks for at least the last date of service.
- Crossroads also asks for the consumer consent, but has not normally checked on consumer being served in the last 60 days.
- Beacon Center checks with medical records to make sure procedures are being properly followed and that the paperwork is being done.
- SE Center and SE Regional, similar to Beacon Center, make sure procedures are followed and paperwork is completed. SE Regional pointed that the problem is when the consumer doesn't get to provider B. If the consumer doesn't show up within 60 days, then someone needs to go back to provider A to complete an Episode Completion.

Highlights of Modification to Online Interviews

- Marge referred to the attachment that came with the conference call agenda. The information in this attachment has been edited based on input from conference call participants.

All age groups (Adult, Adolescent and Child) and Substance Abuse and Mental Health Interviews

Required 6-digit consumer record number from the LME

- If the number is less than 6 digits, then leading zeroes must be added by QP for all new consumers coming into the system after July 1, 2009.
- For all consumer record numbers in the system prior to July 1, 2009 that were less than 6 digits, the Center for Urban Affairs will have leading zeroes added beginning July 1, 2009. On July 1, when a QP goes to enter an Update or Episode Completion Interview, the leading zeroes must be entered as part of the consumer record number.
- For those numbers greater than 6 digits, the Center for Urban Affairs has worked with LMEs to replace the number with the correct 6-digit consumer ID. (Note: Several LMEs still need to contact Jaclyn Johnson with the NC-TOPPS Help Desk to correct problematic consumer numbers.)

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- On July 1, 2009 and after, the NC-TOPPS system will accept only a 6-digit consumer record number.

Added item querying the first 3 letters of consumer's last name and the first initial of the consumer's first name

- Female consumers must use maiden name.
- This will be asked of those new to the system on or after July 1, 2009 on the Initial Interview.
- For those in the system prior to July 1, 2009, the item will be asked at the next Update Interview.
- This item will not be on any printed reports.

Adolescent Substance Abuse and Mental Health Interviews Only

- The Juvenile Justice Substance Abuse and Mental Health Partnership (JJSAMHP) replaces the MAJORS program. In the past the MAJORS question was asked of only substance abuse consumers. The new item with JJSAMHP will be asked of all adolescents. This item is in the early part of the form prior to the beginning of the Interview that is to be answered by the QP. It will read: "Is this consumer receiving treatment under the JJSAMHP (Juvenile Justice Substance Abuse and Mental Health Partnership?)" Yes __ No __
- JJSAMHP will have a hyperlink with an explanation of the program.
- Jaclyn, Center for Urban Affairs, shared that some LMEs still need to get back with her on correcting the consumer record number before July 1. Western Highlands shared that they still have some cases they are investigating. She would like to do a test drive with the Center for Urban Affairs to see if what they are doing will work.

Highlights of SFY 2010 Guidelines

- Marge, NDRI, briefly shared that there were few changes to the SFY 2010 Guidelines. Most of the changes were clarification of items as pointed out as necessary by LMEs and providers. The Guidelines do address the online modifications noted above. The Guidelines also provide a brief discussion on the dashboard, Individual Report and *NC-TOPPS Snapshot*.
- In addition, requirement for a Superuser at each participating provider is noted. Jaclyn shared that not all providers have registered a Superuser.

NC-TOPPS Website Upgrades

- Jaclyn referred to her May 29 email on website upgrades. These upgrades impact NC-TOPPS users and staff who have access to the system.

1. In order to be able to login to the system after logging out, you must log out by clicking on the "Log Out" link on the NC-TOPPS website. Do not use the X button on your web browser.

2. A NC-TOPPS user cannot be logged into the system on more than one

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computer at a time. This does not apply to the training or super user training logins.

3. After 20 minutes of inactivity on the NC-TOPPS website, you will automatically be logged out and will need to log back into the system.

- Jaclyn asked if providers are having difficulty with these new processes. A couple of LMEs noted that some providers are dealing with the 45 day inactivity policy. Mecklenburg had specific questions regarding a clinician who may work for more than one provider or LME. If the QP encounters problems after logging in, the QP should contact the help desk.

Other

- None

Next Meeting: July 20, Monday, 1:30 to 2:30 p.m.