

Revised SFY 2005 – 2006

**NORTH CAROLINA - TREATMENT OUTCOMES AND PROGRAM
PERFORMANCE SYSTEM (NC-TOPPS)**

**IMPLEMENTATION GUIDELINES
FOR
SUBSTANCE ABUSE AND MENTAL HEALTH CONSUMERS**

Version 2.1, Effective October 1, 2005

INTRODUCTION

NC-TOPPS Purpose. The North Carolina - Treatment Outcomes and Program Performance System (NC-TOPPS) is the program by which the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) measures outcome and performance for substance abuse and mental health consumers. NC-TOPPS captures key information on a consumer's current episode of treatment. NC-TOPPS aids in evaluation of active treatment services and provides data for meeting federal performance and outcome measurement requirements. It supports Local Management Entities (LMEs) in their responsibility for monitoring treatment services in each LME's catchment area. In addition, NC-TOPPS facilitates the DMH/DD/SAS and LMEs and their provider agencies in quality improvement efforts.

Effective July 1, 2005, the web-based NC-TOPPS was fully implemented statewide for 100 % of adult and child substance abuse and mental health consumers six (6) years of age and older who have been admitted for treatment as a member of a target population by an assigned LME and are receiving services. The completion of NC-TOPPS Initial, Update, and Transfer or Discharge Assessments are required for these consumers.

Training. DMH/DD/SAS, through its contractors, has provided training on the web-based NC-TOPPS data collection system for every LME. LMEs are responsible for ensuring its provider agencies who complete NC-TOPPS Assessments are trained on the web-based NC-TOPPS tools and protocols. The Division, through its contractors, will continue to provide technical assistance and training support as needed.

End of Paper Forms. Paper forms which were previously used for substance abuse specialty programs are no longer accepted. All NC-TOPPS Assessments should be submitted via the web-based system.

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I. LME RESPONSIBILITIES

It is the responsibility of LMEs to ensure that all of its provider agencies of publicly funded mental health and substance abuse services meet NC-TOPPS requirements. LMEs will provide guidance on which provider agencies are responsible for completion of NC-TOPPS Assessments. LMEs are responsible for ensuring that NC-TOPPS Assessments are fully completed for required substance abuse consumers by substance abuse Qualified Professionals (QPs) and for mental health consumers by mental health QPs. LMEs are responsible for ensuring its providers who are responsible for completing NC-TOPPS assessments are trained on the web-based NC-TOPPS tools and protocols. Each LME must guide and monitor its provider agencies on how NC-TOPPS is being implemented within its service area.

II. PROVIDER AGENCY RESPONSIBILITIES

Responsibility lies with the provider agency that is considered the consumer's "clinical home." The "clinical home" is the provider agency that is responsible for completing the consumer's Person Centered Plan (PCP). Each LME will provide guidance on determining which provider agency is the "clinical home." The QP completing the PCP is responsible for insuring that NC-TOPPS Assessments are completed. NC-TOPPS Assessments are used to document a consumer's episode of treatment at the beginning of treatment, during treatment and at the end of treatment. The QP must complete an Initial, Update (3-Month, 6-Month, 12-Month, and every 6 months thereafter (18, 24, 30, 36 months, etc.)) and a Transfer or Discharge, when appropriate, for designated substance abuse and mental health consumers. NC-TOPPS is to be administered with the consumer as a regular part of developing and updating a consumer's PCP and providing treatment and services. The PCP and treatment and service delivery time is reimbursable. A copy of all completed NC-TOPPS Assessments is required in the consumer's service record.

Consumers with Multiple Providers

Only one Initial Assessment and appropriate Updates and Transfer or Discharge Assessments are needed per consumer. NC-TOPPS Assessments should capture all services received during a consumer's episode of treatment. This will require communication and coordination among all involved providers. If the consumer is being treated by multiple providers, the QP from the "clinical home" who is responsible for developing, assessing and updating a consumer's PCP is also responsible for the completion of NC-TOPPS Assessments. Each LME will provide guidance on determining which provider agency is the consumer's "clinical home."

III. CONFIDENTIALITY OF CONSUMER DATA

Confidentiality of consumer-identifying information is protected under North Carolina laws and Federal regulations 42 CFR Part 2 and the Health Insurance Portability and Accountability Act (HIPAA), 45 CFR Parts 160 and 164. NC-TOPPS falls under the audit or evaluation exception of these laws. Consumer-identifying information may be disclosed without consumer consent to the DMH/DD/SAS and to its authorized evaluation contractors under the audit or evaluation exception.

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The DMH/DD/SAS or its NC-TOPPS evaluation contractors may redisclose any individual consumer-identifying information only to the designated provider agency and to the consumer's assigned LME for which this information has been submitted. However, this information shouldn't be disclosed to other individuals or agencies without consumer consent. NC-TOPPS should be included on the Notice of Privacy to consumers in accordance with HIPAA regulations.

IV. SUBSTANCE ABUSE AND MENTAL HEALTH CONSUMERS FOR WHOM NC-TOPPS ASSESSMENTS ARE REQUIRED

Substance Abuse and Mental Health Consumer Requirements

- NC-TOPPS Assessments are required for 100 % of consumers who have
 - Completed the screening and intake process
 - Formally been admitted for treatment by having received an open record with a unique consumer record number through the LME
 - A diagnosis from the Diagnostic and Statistical Manual (DSM) IV diagnosis or International Classification of Disease (ICD) 9 code, or latest version of either
 - Been enrolled in a target population by an assigned LME and receiving services, (including medication management), except for the following noted exclusions

Substance Abuse and Mental Health Consumer Exclusions

- Consumers receiving crisis services only or detoxification services only
- Consumers receiving substance abuse prevention services only (Integrated Payment and Reporting System (IPRS) Child Substance Abuse Selective Prevention (CSSP) and/or Child Substance Abuse Indicated Prevention (CSIP) target populations)
- Consumers receiving inpatient psychiatric hospital services only
- Consumers in an IPRS Transitional Non-Covered population only
- Consumers who do not have a diagnosis from the DSM-IV or ICD 9 code, or latest version of either
- Consumers receiving Medicaid funded Basic Benefits only (8 outpatient therapy sessions for adults, 26 outpatient therapy sessions for children)

Developmental Disabilities (DD) Consumers Continue with Consumer Outcomes Initiative (COI)
COIs will continue to be required for all DD consumers that fall into the 20% sample (that is those consumers whose LME consumer identification number ends in either a 3 or 6). Mental health or substance abuse (MH/SA) COI and Early Intervention (EI)-COI are no longer required for any consumer.

Consumers who are members of both DD and MH or SA target populations require a NC-TOPPS only when the services are predominantly either MH or SA. Otherwise, a COI is required for this population when the consumer falls into the COI sample. Consumers in the Mental Retardation/Mental Illness (MRMI) target population fall under the COI requirement.

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Any LME or provider agency interested in employing NC-TOPPS for IPRS non-target populations or non-LME enrolled consumers will need to contact Kathryn Long (see NC-TOPPS Contacts, Section XII, page 9).

V. CONSUMER ENROLLMENT – NEW AND ACTIVE CONSUMERS

All LMEs are responsible through their provider agencies to enroll all new consumers who came into treatment on or after July 1, 2005, who fall into the mental health and/or substance abuse target populations, and who are receiving services. These consumers must have a completed Initial Assessment, followed with an Update Assessment (a 3-Month, 6-Month, 12-Month and 6 month Update thereafter), and a Transfer or Discharge Assessment, when appropriate.

Additionally, all consumers who were in active treatment prior to July 1, 2005, who are not currently enrolled in NC-TOPPS and who meet the NC-TOPPS requirements, must be incorporated into NC-TOPPS. These consumers will be enrolled during the state fiscal year 2005-2006 with a NC-TOPPS Initial Assessment on the anniversary date of their original admission for their current episode of treatment, or on an alternative schedule determined by the LME. After that, an Update (3-Month, 6-Month, 12-Month or 6 month thereafter) and a Transfer or Discharge, when appropriate, are required for the consumer.

VI. EPISODE OF TREATMENT

Episode of treatment is defined as the period that begins with the initiation of services and ends with the termination of services as defined in the PCP or by a lapse in services of more than 60 days. Information is gathered as part of the clinical evaluation, at scheduled times while in treatment and at discharge from treatment. The responsible QP is required to complete an Initial, an Update (3-Month, 6-Month, 12-Month or 6 month thereafter) and a Transfer or Discharge, when appropriate.

VII. TIMEFRAMES FOR COMPLETING NC-TOPPS ASSESSMENTS

An Initial Assessment must be done as part of the consumer's initiation of services. It is expected that the Initial Assessment interview is done during the first treatment session as part of the development of the PCP. The Initial Assessment should be submitted within 30 days upon completion.

Update Assessments should be completed with the consumer in an in-person interview.

- 3-Month Update – Consumer has completed 90 days following Initial Assessment, plus or minus two weeks, 76 to 104 days.
- 6-Month Update – Consumer has completed 180 days following Initial Assessment, plus or minus two weeks, 166 to 194 days.
- 12-Month Update – Consumer has completed 360 days following Initial Assessment, plus or minus two weeks, 346 to 374 days.

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- 6 month Update thereafter (18, 24, 30, etc. months) – Example: For an 18-month Update, consumer has completed 540 days following the Initial Assessment, plus or minus two weeks, 526 to 554 days.

An Update Assessment must be completed within two weeks prior or two weeks after the appropriate Update is due. The Update Assessment should be submitted within 30 days upon completion. The determination for the appropriate Update is based on the “Today’s Date” of the Initial Assessment, which is the day the Assessment was started on the web-based system. For example, if an Initial Assessment is started on 9/3/04, the 3-Month Update is expected to be done 12/3/04; the 6-Month Update is expected to be completed on 3/03/05, etc.

- Transfer Assessments must be completed when the “clinical home” that is responsible for the consumer’s PCP changes. Consumers who are scheduled to transfer should have a Transfer Assessment completed by the assigned QP just prior to leaving their current treatment “clinical home” with an in-person interview. The new “clinical home” is responsible for completing an Initial and appropriate Update Assessment.
- Discharge Assessments must be completed when a consumer is being discharged from treatment for any reason. This includes the consumer ending treatment (successfully or unsuccessfully) or being discharged at program initiative. Consumers who are scheduled to discharge should have a Discharge Assessment completed by an assigned QP just prior to leaving their current treatment “clinical home” with an in-person interview.

A consumer that has not been seen or received treatment or services within 60 days from the previous NC-TOPPS Assessment should be discharged from NC-TOPPS. For the item asking reason for discharge, the QP would check "Consumer did not return as scheduled within 60 days." [For medication management only consumers, QPs should follow the schedule fitting the “clinical home” clinical practice.]

If a consumer is administratively terminated from treatment services, the QP should do a Discharge Assessment indicating the consumer is discharged for that episode of treatment. If the consumer returns, the assigned QP from the “clinical home” should complete an Initial Assessment for the new treatment episode of treatment.

VIII. OVERVIEW FOR COMPLETING NC-TOPPS ASSESSMENTS

Web Submission Technical Requirements

1. Secure web access at the desktop level for participating QPs.
2. Commitment by clinical and management staff to use the system.
3. Management Information staff cooperation and leadership.
4. Minimum browser capability and encryption: Internet Explorer 5.1 or greater OR Netscape 4.7 or greater.
5. 128 Bit SSC (Encryption) Bandwidth needs to be a DSL or an ISDN line. (can work with dial-up, but will be slower)
6. Each browser must have Cookies and Java Script enabled

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In cases where the QP provides services/treatment at a location where internet access is not available, for their convenience, QPs may use printable versions to gather NC-TOPPS information on site. This information must then be entered into the web-based system by the QP or his/her designee under the QP's login. Printable versions are available on the NC-TOPPS informational website (<https://nctopps.ncdmh.net>) under "Printable Versions of Assessments."

LME and Provider Agency Identifying Information

The provider agency will use the LME Code of the LME with whom they are contracting for each consumer. Note: For providers serving consumers from multiple LMEs, the LME code belonging to the consumer's "clinical home" should be used. The provider agency should also have a Reporting Unit Number assigned by the LME that is determined by its reporting needs. The Attending Provider Number is also required, which is the number that the LME assigns to each provider agency that is used for IPRS billing purposes. The LME should supply providers with the appropriate LME Code, Reporting Unit Number and Attending Provider Number. Provider agencies are responsible for assigning Clinician IDs.

QP Enrollment for the Web-based System

QPs need an ID and password to access the NC-TOPPS web-based system. QPs needing to receive an ID and password should go to the NC-TOPPS website (<https://nctopps.ncdmh.net>) and click on "New Clinicians Enrolling for Website Submission." The QP will then submit their name and email address as well as LME and provider agency identifying information including Clinician ID, LME Code, Reporting Unit Number, and Attending Provider Number. IDs and passwords should be received via email within one week.

Preparing for Use of the Web-based System

The NC-TOPPS Assessments include a common set of items that are generally collected on mental health and substance abuse consumers in development of the consumer's PCP. It is important that the mental health and substance abuse QPs are familiar with the web-based items prior to contact with a consumer. Careful preparation will increase the chances of engaging the consumer and completing NC-TOPPS Assessments with accurate information. Having the consumer present for an in-person interview is always preferred. Prior to sitting down with a consumer, a QP may walk through the various NC-TOPPS Assessment items by going to the NC-TOPPS website (<https://nctopps.ncdmh.net>) and clicking on "Website Submission" and entering 'Training' for the ID and 'Training' for the password. Please note that there are a small number of items required by Federal block grants that must be answered before one can move on to the next item.

Conducting NC-TOPPS Assessments

NC-TOPPS Assessments are intended to be fully integrated into the routine delivery of direct consumer service assisting in the development and revision of a consumer's PCP. NC-TOPPS Assessments should be completed by a substance abuse QP for a substance abuse consumer and by a mental health QP for a mental health consumer with the consumer present in an in-person service activity. If the consumer is being treated by multiple providers, the QP from the "clinical home" is

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responsible for the completion of NC-TOPPS Assessments. Only one Initial Assessment and appropriate Updates and Transfer or Discharge Assessments are needed per consumer.

NC-TOPPS is designed to assist the provider agency and consumer in determining and updating service needs through a planned interview and discussion. As an integral part of the delivery of an outcome driven service, a NC-TOPPS Assessment that is completed with the consumer present in an in-person documented service activity is considered to be fully reimbursable. If the consumer declines to participate in an interview, it is the responsibility of the QP to complete the Assessments by gathering the information through clinical records and notes.

QPs should not provide opinions, advice, feelings, or suggestions for help during the NC-TOPPS Assessment. This may influence the consumer's response and he/she may give a response designed to please the QP or may be concerned about revealing personal information. While asking questions, the QP must secure complete answers and record responses. The QP can use feedback (or reinforcement) to guide the consumer's behavior. Providing neutral or positive comments at appropriate times shows the consumer that he/she is doing a good job. The use of collateral information and utilizing clinical judgment is appropriate to gain more accurate responses.

IX. CHANGE IN "CLINICAL HOME"

If a consumer is being transferred from one "clinical home" to another, then the current QP must complete a full interview Transfer Assessment on the consumer. The new "clinical home" QP must complete a new NC-TOPPS Initial Assessment on this consumer. When a LME divests itself from providing treatment services to a consumer, LME QPs must complete a full interview Discharge Assessment on the consumer.

X. PERFORMANCE EXPECTATIONS FOR NC-TOPPS SUBMISSIONS

The DHHS-LME Performance Contract holds the LMEs responsible for ensuring submission of Initial, Update and Transfer or Discharge NC-TOPPS Assessments for all required consumers, as defined in Section IV, within the timeframes specified in Section VII. Further details of the LME performance requirements can be found in Attachment III of the Performance Contract on the DMH/DD/SAS website (<http://www.dhhs.state.nc.us/mhddsas/performanceagreement/index.htm>).

The LME-Provider Agreement holds the "clinical home" responsible for participating in the NC-TOPPS system through completing and submitting NC-TOPPS Assessments for all required consumers, as defined in Section IV, within the timeframes specified in Section VII. Further details of the provider agency performance requirements can be found in the LME-Provider Agreement signed by each provider agency and the Operations Manual attached to that agreement.

In determining LME and provider agency compliance with NC-TOPPS performance requirements, the expected number of NC-TOPPS Assessments will be based on the number of consumers in the relevant target populations for whom services are reimbursed through the State's reimbursement

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systems, like IPRS or the Medicaid Management Information System (MMIS), during the time period under review.

XI. FREQUENTLY ASKED QUESTIONS

For additional information please refer to the NC-TOPPS informational website (<https://nctopps.ncdmh.net>) under “Frequently Asked Questions.”

XII. NC-TOPPS CONTACTS

Main contact

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| Kathryn Long | Kathryn_Long@ncsu.edu | 919-515-1310 | NCSU Center for Urban Affairs and Community Services |
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Other contacts:

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| Marge Cawley | Cawley@ndri-nc.org | 919-863-4600 x223 | National Development and Research Institutes (NDRI) |
| Mindy McNeely | Mindy_McNeely@ncsu.edu | NCSU Center for Urban Affairs and Community Services | |
| Shealy Thompson | Shealy.Thompson@ncmail.net | 919-733-0696 | NC DMH/DD/SAS |
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