

# **NC-TOPPS**

**NORTH CAROLINA - TREATMENT OUTCOMES AND PROGRAM PERFORMANCE SYSTEM**

## **SFY 2010 – 2011 IMPLEMENTATION GUIDELINES**

**FOR SUBSTANCE ABUSE AND MENTAL HEALTH CONSUMERS**

**Version 7.0, Effective July 1, 2010**

### **INTRODUCTION**

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 the quality of substance abuse and mental health services and their impact on individuals' lives. By capturing key information on a consumer's service needs and life situation during a current episode of care, NC-TOPPS aids in developing appropriate Person-Centered Plans (PCPs)/treatment plans and evaluating the impact of services on an individual's life. It supports Local Management Entities (LMEs) in their responsibility for monitoring services in each LME's catchment area. The data generated through NC-TOPPS helps the DMH/DD/SAS, LMEs and provider agencies improve the quality of services. In addition, NC-TOPPS provides data for meeting federal performance and outcome measurement requirements, which allows North Carolina to evaluate its service system in comparison to other states.

The web-based NC-TOPPS was implemented statewide in July 2005 for adults and children ages 6 years and above who are receiving publicly-funded services for mental health and/or substance abuse issues. Online interviews conducted at the beginning, during and at the end of an episode of care provide information on each individual's service needs and outcomes.

Reports of aggregate information from those interviews are published on the NC-TOPPS website at <http://www.ncdhhs.gov/mhddsas/nc-topps> for use by state and local government agencies, provider agencies and consumers and their families in evaluating and improving the quality of care in North Carolina's public service system. Provider agencies and LMEs can also request standardized reports.

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Appendix A: Qualifying Services to Mental Health and Substance Abuse Consumers for Which NC-TOPPS is Required

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### I. LME RESPONSIBILITIES

#### **Local Oversight**

It is the responsibility of the LME to ensure that all of the provider agencies of publicly-funded mental health and substance abuse services in its catchment area meet NC-TOPPS requirements. LMEs determine which provider agency is a consumer's primary provider agency and is therefore responsible for completion of NC-TOPPS Interviews with that consumer. (See Section II for further information.) LMEs are responsible for ensuring that NC-TOPPS Interviews are fully completed for required substance abuse consumers by substance abuse Qualified Professionals (QPs) and for required mental health consumers by mental health QPs. Each LME must train, guide, and monitor its provider agencies on how NC-TOPPS is implemented within its service area.

#### **Provision of Identification Numbers**

The LME must give the provider agency the six-digit LME Assigned Consumer Record Number as soon as a Consumer Admission Form is received from the provider agency. The provider agency must have this number in order to submit an NC-TOPPS Interview.

#### **Verification of Provider Agencies**

Any QP who signs up with a provider agency that is not currently in the NC-TOPPS system will need to be verified by the LME superuser before the QP and provider agency will be given access to the system (See "Superuser Enrollment and Responsibilities", Section VI). The LME superuser will receive an email when a QP signs up with a new provider agency. They will use the Profile Management System (<https://nctopps.ncdmh.net/UserManagement/Login.aspx>) to approve the QP and provider agency. A timely response is expected from the LME to ensure the registration process is efficient.

#### **Training**

LMEs are responsible for ensuring that its provider agencies are trained on the web-based NC-TOPPS tools and protocols. DMH/DD/SAS, through its contractors, will continue to provide technical assistance and training support as needed.

To assist the LME in trainings, there are PowerPoint presentations on the NC-TOPPS website (<http://www.ncdhhs.gov/mhddsas/nc-topps>) under the "Reports/Presentations" link. Additionally, LMEs can demonstrate the online system in these trainings by logging in with the username "training" and password "training" or when training superusers, you can log in with the username "sutraining" and password "sutraining." Frequently asked questions are also available on the NC-TOPPS website on the System Users page (<http://www.ncdhhs.gov/mhddsas/nc-topps/systemusers.htm>).

#### **Change of QP Access**

When a consumer leaves their primary provider agency and is continuing services at a new primary provider agency, the LME superuser is responsible for changing the QP for that consumer in order to give the new primary provider agency access to the consumer's NC-TOPPS submissions. Ensuring smooth transfers of responsibility from one primary provider agency to another requires good communication among the LME's superuser, service authorization unit, and the NC-TOPPS provider

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agencies involved. (See “Change in a Consumer’s Primary Provider Agency” for more information on when the change of QP access is appropriate, Section V)

### **II. PRIMARY PROVIDER AGENCY RESPONSIBILITIES**

#### **Completion of NC-TOPPS Interviews**

Responsibility for completing NC-TOPPS Interviews lies with the consumer’s *primary provider agency*. This is the provider agency that provides a qualifying mental health and/or substance abuse service to the consumer and is providing case management functions for the consumer (i.e. usually responsible for developing and implementing the consumer’s Person-Centered Plan (PCP)/treatment plan). The NC-TOPPS service codes for qualifying services to mental health and substance abuse consumers can be found in Appendix A of these Guidelines.

The QP in the primary provider agency that is providing case management functions is responsible for ensuring that NC-TOPPS Interviews are completed. Having the consumer present for an in-person Interview is expected. Copies of all submitted NC-TOPPS Interviews must be included in the consumer’s record.

When the consumer’s primary provider agency changes, the QP at the new primary provider agency must notify the LME so that the LME superuser can change the consumer’s NC-TOPPS submissions to the new primary provider agency’s QP, when appropriate. (See “Change in a Consumer’s Primary Provider Agency” for more information on when the change of QP access is appropriate, Section V).

#### **Consumers with Multiple Provider Agencies**

Only one set of NC-TOPPS Interviews is completed for each consumer during a particular episode of care. However, NC-TOPPS Interviews should capture all services a consumer receives during an episode of care. If the consumer is being treated by multiple provider agencies, the QP from the primary provider agency who is responsible for case management functions (i.e. responsible for the consumer’s PCP/treatment plan) is also responsible for ensuring that all involved provider agencies are consulted and informed when completing NC-TOPPS Interviews. If the consumer signs a consent for sharing the NC-TOPPS information with other provider agencies involved in his or her care, the primary provider agency’s QP is responsible for providing those other provider agencies with copies of the NC-TOPPS Interviews (See Section III for more information).

### **III. DATA CONFIDENTIALITY**

#### **Sharing of Consumer Data for Oversight and Evaluation**

Confidentiality of consumer health 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. Consumers’ Protected Health Information (PHI) is only shared with individuals with a legal right to the information. Consumers may have access to their NC-TOPPS information upon request.

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NC-TOPPS falls under the “audit or evaluation exception” of the federal laws cited above. This clause allows collection and sharing of PHI with state and local government agencies for the purpose of *oversight and evaluation* of the quality and effectiveness of services. Consumers must be informed of this by including NC-TOPPS on the Notice of Privacy to consumers in accordance with HIPAA regulations.

### **Authorization (Consumer Consent) to Release Information For Care Coordination**

The federal laws noted above require the provider agency to obtain **explicit** consent from a consumer before sharing any PHI, including NC-TOPPS data, with other provider agencies for the purpose of *coordinating care* for a specific individual. This requirement includes obtaining written consent to share consumers’ PHI with an LME, as well as with other DMH/DD/SAS provider agencies or primary medical care providers, for this purpose.

The primary provider agency may only share a consumer’s PHI with those provider agencies explicitly named on the signed consent form.

The consent form must be renewed at least annually. An example of a consent form, “Authorization to Disclose Health Information (DHHS – 1000),” can be found on the DMH/DD/SAS website at <http://www.ncdhhs.gov/mhddsas/statspublications/manualsforms/index.htm#forms>.

## **IV. REQUIRED SUBSTANCE ABUSE AND MENTAL HEALTH CONSUMERS**

NC-TOPPS Interviews are required for 100% of consumers ages 6 and above who have:

- Been formally admitted to the LME by having an open record with a unique, six-digit LME-assigned Consumer Record Number, and
- Begun receiving qualifying mental health and/or substance abuse services from a publicly-funded source. (See the service codes for “Qualifying Services to Mental Health and Substance Abuse Consumers for Which NC-TOPPS is Required,” Appendix A)

**NOTE:** Health Choice is a publicly funded source, but Health Choice consumers are only required to be in NC-TOPPS if an LME enrolls them into the Consumer Data Warehouse (CDW).

**NOTE:** All child and adolescent consumers under the supervision of the juvenile justice system who are receiving mental health and/or substance abuse treatment are required to be in NC-TOPPS if an LME enrolls them into CDW.

Further requirements and exclusions are noted below. Any LME or provider agency interested in using NC-TOPPS for consumers not required to participate will need to contact the NC-TOPPS Help Desk (See NC-TOPPS Contacts, Section X).

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### **Consumers Receiving Only Medicaid-Funded Services**

NC-TOPPS Interviews are required for all adults and children ages 6 years and above who are receiving any qualifying service for any mental health and/or substance abuse issues. (See the service codes listed in the “Qualifying Services to Mental Health and Substance Abuse Consumers for Which NC-TOPPS is Required”, Appendix A)

NC-TOPPS Interviews are not required for consumers receiving only one or more of the following services:

- Unmanaged outpatient therapy and/or medication management (8 visits for adults; 26 visits for children), including authorized extensions to these services
- Crisis services (social setting detoxification, non-hospital medical detoxification, mobile crisis, facility-based crisis program, local inpatient crisis services, or respite)
- Psychiatric inpatient hospitalization services
- Developmental disability services and supports

### **Consumers Receiving Services Funded Through IPRS Only or Both IPRS and Medicaid**

NC-TOPPS Interviews are required for all adults and children ages 6 years and above who are receiving any qualifying service for any mental health and/or substance abuse issues. (See the service codes listed in the “Qualifying Services to Mental Health and Substance Abuse Consumers for Which NC-TOPPS is Required”, Appendix A)

In addition, NC-TOPPS Interviews are not required for consumers receiving only one or more of the following services:

- Mental health outpatient therapy or medication management (**NOTE: Substance abuse outpatient services require NC-TOPPS participation.**)
- Psychosocial Rehabilitation (PSRs)
- Crisis services (social setting detoxification, non-hospital medical detoxification, mobile crisis, facility-based crisis program, local inpatient crisis services, or respite)
- Psychiatric inpatient hospitalization services
- Developmental disability services and supports

### **Consumers Receiving Developmental Disability (DD) Services and Supports**

Consumers who receive DD services and supports as well as MH and/or SA services require an NC-TOPPS only when the services are predominantly either MH or SA. The LME will determine whether the NC-TOPPS is appropriate for each MH/DD or SA/DD consumer. Consumers in the Adult with Developmental Disability (ADSN) target population or consumers in the Children with Developmental Disability (CDSN) target population are not required to have NC-TOPPS Interviews.

### **Consumers in Opioid Treatment Programs (OTPs)**

All Opioid Treatment Programs (OTPs) are required to participate in NC-TOPPS. If an OTP serves only private-pay/self-pay consumers, the OTP will register directly with the NC-TOPPS Help Desk. The OTP will receive their own facility “LME” number and they can use their own consumer record

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numbers when entering consumer outcomes into NC-TOPPS (up to ten digits are allowed for the consumer record number in the system). However, if an OTP also serves Medicaid/state-funded consumers, then the OTP must also register with the LME that is responsible for monitoring the agency (as the LME is responsible for the endorsement of the OTP in their catchment area). When entering the consumer outcomes in NC-TOPPS for Medicaid/state-funded consumers, the OTP must use the six-digit LME-assigned consumer record number. In the case of OTPs who are serving both private-pay/self-pay and Medicaid/state-funded consumers, QPs will need to sign up under both the private-pay/self-pay facility number and the LME associated with the OTP under one login. This will allow QPs to select the appropriate OTP association for each consumer when submitting an NC-TOPPS interview.

### **V. TIMEFRAMES FOR COMPLETING NC-TOPPS INTERVIEWS**

#### **Episode Of Care**

NC-TOPPS is designed to follow an individual across an “episode of care.” An episode is defined as the period that begins with the initiation of services and ends with the termination of services or with a lapse in services of 60 days or more. An individual who returns to services after a lapse begins a new episode of care.

Mental health and substance abuse consumers must have an Initial Interview completed at the beginning of an episode of care, followed with Updates (at 3 months, 6 months, 12 months, and other bi-annual updates as necessary), and an Episode Completion Interview at the end of an episode of care.

#### **Initial Interviews**

An Initial Interview must be completed with the consumer in an in-person interview at the beginning of an episode of care. The Initial Interview should be completed during the first or second treatment visit as part of the development of the Introductory PCP/treatment plan. The Initial Interview should not be completed prior to the consumer’s formal date of admission to the LME.

If the NC-TOPPS system does not allow a QP to complete an Initial Interview on a new consumer, the QP should contact the consumer’s LME to receive access to the consumer’s NC-TOPPS submissions and then administer NC-TOPPS Update Interviews on the previously established schedule. [An additional Initial Interview is not required.] See below under “Change in a Consumer’s Primary Provider Agency” for more information on when an additional Initial Interview is not required.

#### **Update Interviews**

Update Interviews should be completed with the consumer in an in-person interview. An Update Interview must be completed within two weeks prior or two weeks after the appropriate Update is due. The timing of the appropriate Update is based on the day the Initial Interview was started in the web-based system. For example, if an Initial Interview is started on 1/3/07, the 3-Month Update is expected on 4/3/07; the 6-Month Update is expected on 7/3/07, etc..

- 3-Month Update – Completed 90 days following Initial Interview, plus or minus two weeks, 76 to 104 days.
- 6-Month Update – Completed 180 days following Initial Interview, plus or minus two weeks, 166 to 194 days.

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- 12-Month Update – Completed 365 days following Initial Interview, plus or minus two weeks, 351 to 379 days.
- Other Bi-Annual Update (18, 24, 30, etc. months) – Example: An 18-month Update should be completed 548 days following the Initial Interview, plus or minus two weeks, 534 to 562 days.

**NOTE:** If an Update is not completed on time, it is still required to be completed. However, if an Update is missed and another Update is now due, only the current Update due should be completed. For example, if a 3 month Update is missed and a 6 month Update is now due, only the 6 month Update should be completed.

### **Change in a Consumer's Primary Provider Agency**

When a consumer leaves their primary provider agency, the responsibilities of that primary provider agency depend on whether the consumer is continuing services at a new primary provider agency or discontinuing services all together.

If the consumer is continuing services at a new primary provider agency, the new QP should contact the consumer's LME, so that the LME superuser can change the consumer's NC-TOPPS submissions to the new QP/primary provider agency. (See Section VI for more information on superusers.) The new primary provider agency will then be responsible for completing appropriate Update Interviews thereafter, on the schedule established with the previous primary provider agency.

If the consumer is discontinuing services all together or moving to another LME, the current QP should complete an Episode Completion Interview, as discussed in the next section.

If the primary provider agency does not see the consumer for 60 days or more without notification of the reason from the consumer or LME, the current QP should contact the consumer's LME to find out if the consumer has moved to another provider agency. If no other primary provider agency has been assigned to provide services, the current QP should complete an Episode Completion Interview, as discussed in the next section.

### **Episode Completion Interviews**

Episode Completion Interviews must be submitted when a consumer has:

- successfully completed treatment (QP should conduct an in-person interview with consumer just prior to the end of services)
- been discharged at program initiative
- refused treatment
- not received any services for 60 days (For the item asking the reason for the Episode Completion, the QP would check "Did not return as scheduled within 60 days.")
- changed to service not required for NC-TOPPS
- moved out of area or changed to different LME
- been incarcerated or institutionalized (If a consumer continues to receive qualified services in a community setting, an Episode Completion should not be submitted and an NC-TOPPS should still be completed by the provider agency responsible for case management functions (i.e. developing the PCP/treatment plan.))

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If a consumer returns after an Episode Completion Interview has been completed, the assigned QP from the primary provider agency should complete an Initial Interview for the new episode of care.

NOTE: Submitting an Episode Completion Interview for NC-TOPPS should coincide with completing an Episode Completion Record for the CDW, unless the consumer has moved into services for which NC-TOPPS is not required. If a consumer is continuing in services not required for NC-TOPPS, the Episode Completion Record for the CDW is not required.

### VI. PREREQUISITES FOR USING THE WEB-BASED NC-TOPPS SYSTEM

#### Technical Requirements

The following technology must be in place to access the online NC-TOPPS system:

- Secure web access at the desktop level for participating QPs.
- Minimum browser capability and encryption: Internet Explorer 5.1 or greater or Netscape 4.7 or greater.
- 128 Bit SSC (Encryption) Bandwidth on a DSL or an ISDN line. (The online system can work with dial-up, but will be slower.)
- Cookies and Java Script enabled for each Web Browser

In addition to the technical requirements, using the NC-TOPPS web system requires each provider agency to have a commitment by clinical and management staff to use the system and cooperation, leadership, and technical support from the provider agency's Management Information staff.

If the QP provides services at a location where internet access is not available, 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 the Data Entry User (DEU). Printable versions are available on the NC-TOPPS website on the System Users page (<http://www.ncdhhs.gov/mhddsas/nc-topps/systemusers.htm>) under "Printable Versions of Interviews."

#### User Enrollment

QPs that have never had an NC-TOPPS user login and password with any provider agency should go to the NC-TOPPS website (<http://www.ncdhhs.gov/mhddsas/nc-topps>), click on "User Enrollment," and then select "If you have **never** had an NC-TOPPS user login and password with any provider agency, click here." The QP will need to provide their name and a unique email address to enter the NC-TOPPS New User Request system (it is strongly recommended that a provider agency email address be used instead of a personal email address). They will then select the appropriate LME(s) in Step 1, provider agency in Step 2, and confirm their selection and verify whether or not they are a QP and/or Data Entry User (DEU) in Step 3. A DEU will have the ability to enter interviews for other QPs located in their provider agency, if needed. If a DEU is entering an interview online for a QP, a signature is required to be on the printable version of the interview by the QP responsible for the consumer's NC-TOPPS. The signature certifies that the QP conducted and completed the interview. The signed printable version must be placed in the consumer's chart along with the summary page generated by the online system.

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Next, they will create a password and answer three security questions. The next page will display their assigned username as well as their selected provider agency information. The user must also confirm that they are the individual whose profile is being created and submit the information. An email will automatically be sent to the new user as well as the selected provider agency superuser. The superuser at the provider agency is responsible for approving or rejecting the new user. Access will not be granted to the new user until the approval has been submitted. The new user will be notified of the approval via email.

QPs that already have an NC-TOPPS user login and password and need to add or change their LME and/or provider agency information should go to the NC-TOPPS website (<http://www.ncdhhs.gov/mhddsas/nc-topps>), click on “User Enrollment,” and then select “If you **already have** an NC-TOPPS user login and password, click here.” The QP will then select the appropriate options to add or change their information. Once the process is finished, if the QP has added an agency(ies), an email will automatically be sent to the user as well as the superuser for the selected provider agency(ies). The superuser at each provider agency is responsible for approving the new user to give them access to the NC-TOPPS system.

Once QPs are approved and can enter “Website Submission” with their username and password, QPs must sign an online statement that they are authorized by their provider agency to be an NC-TOPPS user and that they agree to maintain the confidentiality of all consumers’ PHI. (See Section III for more information on confidentiality) New and current users will be prompted to sign this agreement when they log onto the system.

QPs that do not login for more than 45 days will need to use the Password Recovery Tool by going to the NC-TOPPS website (<http://www.ncdhhs.gov/mhddsas/nc-topps>), click on “User Enrollment,” and then select “If you need help **recovering** your NC-TOPPS password, click here.”

### **Superuser Enrollment and Responsibilities**

Superusers are individuals who have oversight responsibilities for their LME and/or provider agency. Every provider agency is required to have a superuser. Individuals needing to become superusers should follow the same process for enrolling in the web-based system as a QP. Once they have received a username and created a password, they should contact the NC-TOPPS Help Desk to request a Superuser Enrollment Form. The form will provide authorization information and will include supervisor name, title, phone number, and email address.

Through NC-TOPPS, superusers can track Updates needed, see a list of Initial, Update and Episode Completion Interviews submitted within the past 90 days, see a list of QP names with their username, last login date, provider agency name and address, and have access to data queries, including an “All Interview Query” which displays all interviews that have been submitted within their provider agency. Both provider agency and LME superusers have access to a report of “Updates Needed” in the NC-TOPPS system to assist them in tracking outstanding Interviews. In this report, superusers can look at Interview submission information by LME, provider agency, QP, consumer information, date of last Interview submitted, and Interview type due. Superusers can save all of the above reports/lists to MS Excel to sort the information.

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Superusers can also change a consumer's QP in the NC-TOPPS system. When a QP leaves a provider agency or a consumer moves from one QP to another QP within the provider agency, the provider agency's superuser is responsible for changing consumers from the original QP to the new QP. When a consumer leaves their primary provider agency and is continuing services at a new primary provider agency, the new QP is responsible for contacting the LME superuser, who will change the consumer's NC-TOPPS submissions to the new QP/primary provider agency. Superusers can go to the "Administrative Tools" link on their main menu and click on "Change Consumer's QP and/or Provider Agency" to make the appropriate changes.

Whenever a QP moves to a new provider agency, it is the responsibility of the superuser to remove the QP from their agency. The superuser can do this by going to the NC-TOPPS website (<http://www.ncdhhs.gov/mhddsas/nc-topps>), click on "User Enrollment", and then select "If you are a superuser needing to **approve**, **reject**, or **remove** an NC-TOPPS user, click here." Superusers need to make the appropriate changes as soon as they know a QP has left their provider agency. This will allow for a smooth transition for consumers, QPs changing locations, and all provider agencies involved.

### **Consumer Submission Information**

The LME must give the provider agency the six-digit LME-assigned Consumer Record Number as soon as a Consumer Admission Form is received from the provider agency. The provider agency must have this number in order to submit an NC-TOPPS Interview.

## **VII. USING THE WEB-BASED NC-TOPPS SYSTEM**

### **Preparation For Interviewing**

The NC-TOPPS Interviews include a common set of items that are generally collected as part of developing and revising a mental health and substance abuse consumer's PCP/treatment plan. It is important that the QPs are familiar with the Interview questions prior to contact with a consumer. Careful preparation will increase the chances of engaging the consumer and completing NC-TOPPS Interviews with accurate information. Prior to sitting down with a consumer, a QP may walk through the various NC-TOPPS Interview items by going to the NC-TOPPS website (<http://www.ncdhhs.gov/mhddsas/nc-topps>), clicking on "Website Submission," and entering 'Training' for the username and 'Training' for the password. Please note that there are a limited number of items required by Federal funding sources that must be answered before one can move on to the next item. There are also certain items on the Update and Episode Completion Interview which are important in determining consumer outcomes that are required to be asked directly to the consumer either in-person or by telephone within the past two weeks of the NC-TOPPS interview.

NC-TOPPS Interviews are intended to be fully integrated into the routine delivery of direct consumer service. If the consumer is being treated by multiple provider agencies, the QP from the primary provider agency is responsible for the completion of NC-TOPPS Interviews. Only one set of Initial, Update, and Episode Completion Interviews should be completed for each consumer's episode of care.

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### **Conducting Interviews**

NC-TOPPS is designed to assist the provider agency and consumer in determining and updating service needs through a planned in-person interview and discussion. The NC-TOPPS Interview questions can be used as a tool *during* a QP-consumer discussion to help identify areas of concern or can be completed at the *end* of a discussion to ensure that all areas of concern were addressed. As an integral part of the delivery of an outcome-driven service, an NC-TOPPS Interview that is completed with the consumer present in an in-person documented service activity is fully reimbursable. If the consumer declines to participate in an Interview, it is the responsibility of the QP to complete the interviews by gathering the information through clinical records and notes.

NC-TOPPS Interviews 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. NC-TOPPS Interviews for adult and adolescent consumers should be conducted with that consumer. Interviews for child consumers should be conducted with the child's parent, guardian, and/or other adult responsible for the child's care.

The QP must obtain complete answers and record responses. QPs should refrain from providing opinions, advice, feelings, or suggestions for answers during the NC-TOPPS Interviews. This may influence the consumer to give a response designed to please the QP or to avoid revealing personal information. However, the QP can use probes, explanations, and neutral or positive comments at appropriate times to help the individual understand and feel comfortable answering questions. The use of collateral information and clinical judgment is appropriate to gain more accurate and complete responses.

### **VIII. PERFORMANCE EXPECTATIONS FOR NC-TOPPS**

#### **The LME-Provider Contract or Memorandum of Agreement**

The LME-Provider Contract or Memorandum of Agreement holds the primary provider agency responsible for participating in the NC-TOPPS system through completing and submitting NC-TOPPS Interviews for all required consumers, as defined in Section IV, within the timeframes specified in Section V. Further details of the provider agency performance requirements can be found in the LME-Provider Contract or Memorandum of Agreement signed by each provider agency and the Operations Manual attached to that agreement. Compliance with NC-TOPPS requirements is factored into LMEs' decisions about the frequency and extent of monitoring of their provider agencies.

#### **The DHHS-LME Performance Contract**

The DHHS-LME Performance Contract holds the LMEs responsible for ensuring submission of NC-TOPPS Interviews for all required consumers, as defined in Section IV, within the timeframes specified in Section V. Further details of the LME performance requirements can be found in the DHHS-LME Performance Contract.

DMH/DD/SAS publishes each LME's compliance with these requirements quarterly. The Contract and copies of the quarterly reports can be found on the DMH/DD/SAS website at <http://www.ncdhhs.gov/mhddsas/performanceagreement/index.htm>.

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### IX. ACCESSING DATA AND REPORTS

DMH/DD/SAS publishes annual statewide reports on the NC-TOPPS website that summarize consumers' demographic characteristics and outcome measures such as family and housing issues, behaviors, activities, symptoms, supports, and barriers for each age-disability group. Annual LME-level reports for each age-disability group are sent to each LME and posted on the NC-TOPPS website.

Provider agencies and LMEs can request standardized reports for a specific provider agency or population group by contacting Gail Craddock at [reportrequest@ndri-nc.org](mailto:reportrequest@ndri-nc.org) (See NC-TOPPS Contacts, Section X).

There are also two other ways to access NC-TOPPS data from the NC-TOPPS website (<http://www.ncdhhs.gov/mhddsas/nc-topps>). One of the reports is called the NC-TOPPS Individual Report. This report can only be used by NC-TOPPS users who have a username and password. This report shows the progress of a particular individual from the Initial Interview at the beginning of the consumer's episode of care and the two most recent Updates submitted, if completed. The Individual Report can be printed and given to the consumer and is designed to promote the consumer's participation in the treatment planning process by generating a conversation between the clinician and consumer about personal goals and progress toward achieving those goals. Please keep in mind that there are sensitive items displayed on the Individual Report so we urge you to discuss all items with the consumer and use clinical judgment before sharing the report.

Another report is the "Outcomes At a Glance" online dashboard system. This dashboard allows any public user to view and print graphs showing NC-TOPPS outcomes measures for particular consumer groups. The user can choose up to five LMEs and compare the LME(s) selected against NC-TOPPS data that has been submitted across the state of North Carolina. You can access this dashboard by going to the NC-TOPPS website and clicking on "Outcomes At a Glance."

Additionally, *NC-TOPPS Snapshots* are available for public use under the "Reports/Presentations" link on the NC-TOPPS website. NC-TOPPS Snapshots are created monthly and provide a one-page summary of data collected from consumers within the NC-TOPPS system.

Provider agencies and LMEs interested in receiving their data for local analysis and use can contact the NC-TOPPS Help Desk (See NC-TOPPS Contacts, Section X).

## SFY 2010-2011 NC-TOPPS IMPLEMENTATION GUIDELINES

Effective July 1, 2010

### X. NC-TOPPS CONTACTS

#### Main contacts

NC-TOPPS Help Desk	nctopps@ncsu.edu	919-515-1310	NCSU Center for Urban Affairs and Community Services
Report Requests	reportrequest@ndri-nc.org	919-863-4600	National Development and Research Institutes (NDRI)

#### Other contacts

Kathryn Long	kathryn_long@ncsu.edu	NCSU Center for Urban Affairs and Community Services	
Jaclyn Johnson	jaclyn_johnson@ncsu.edu	NCSU Center for Urban Affairs and Community Services	
Marge Cawley	cawley@ndri-nc.org	National Development and Research Institutes (NDRI)	
Gail Craddock	craddock@ndri-nc.org	National Development and Research Institutes (NDRI)	
Becky Ebron	becky.ebron@dhhs.nc.gov	NC DMH/DD/SAS	
Spencer Clark	spencer.clark@dhhs.nc.gov	NC DMH/DD/SAS	
Shealy Thompson	shealy.thompson@dhhs.nc.gov	NC DMH/DD/SAS	

## NC-TOPPS Services Codes Criteria

### Appendix A: Qualifying Services to Mental Health and Substance Abuse Consumers\*

For Which NC-TOPPS is Required

Service Codes	Description of Services	Diagnosis	
		Mental Health	Substance Abuse*
<b>Community-Based Periodic and Day/Night Services</b>			
90772	Medication Administration (Methadone)		x
90804–90807 (inc. GT codes) <sup>†</sup>	Individual Therapy (20-30 minutes, 45-50 minutes; with or without MD)		x
90810–90815 <sup>†</sup>	Interactive Therapy (30 minutes, 50 minutes, 80 minutes; with or without MD)		x
90846 <sup>†</sup>	Family Therapy without Patient		x
90847 <sup>†</sup>	Family Therapy with Patient		x
90849 <sup>†</sup>	Group Therapy (multiple family group)		x
90853 <sup>†</sup>	Group Therapy (non-multiple family group)		x
H0004 <sup>†</sup>	Behavioral Health Counseling - Individual Therapy		x
H0004 HQ <sup>†</sup>	Behavioral Health Counseling - Group Therapy		x
H0004 HR <sup>†</sup>	Behavioral Health Counseling - Family Therapy with Consumer		x
H0004 HS <sup>†</sup>	Behavioral Health Counseling - Family Therapy without Consumer		x
H0005 <sup>†</sup>	Alcohol and/or Drug Group Counseling		x
H0015	Substance Abuse Intensive Outpatient Program (SAIOP)		x
H0020	Opioid Treatment		x
H0035	Mental Health - Partial Hospitalization	x	x
H0036: HA, U3-U4	Community Support - Individual Child	x	x
H0036: HB, U3-U4	Community Support - Individual Adult	x	x
H0036: HQ, U3-U4	Community Support - Group	x	x
H0040	Assertive Community Treatment Team (ACTT)	x	x
H2012 HA	Child and Adolescent Day Treatment	x	x
H2015 HT	Community Support Team (CST)	x	x
H2022	Intensive In-Home Services (IIH)	x	x
H2033	Multisystemic Therapy Services (MST)	x	x
H2035	Substance Abuse Comprehensive Outpatient Treatment (SACOT)		x
YP831	Behavioral Health Counseling (non-licensed provider)		x
YP832	Behavioral Health Counseling - Group Therapy (non-licensed provider)		x
YP833	Behavioral Health Counseling - Family Therapy with Consumer (non-licensed provider)		x
YP834	Behavioral Health Counseling - Family Therapy without Consumer (non-licensed provider)		x
YP835	Alcohol and/or Drug Group Counseling (non-licensed provider)		x
<b>Residential Services</b>			
H0012 HB	SA Non-Medical Community Residential Treatment - Adult		x
H0013	SA Medically Monitored Community Residential Treatment	x	x
H0019	Behavioral Health – Level III - Long Term Residential	x	x
H2020	Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services)	x	x
S5145	Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child)	x	x
YA230	Psychiatric Residential Treatment Facility	x	x
YP780	Group Living - High	x	x

\* NOTE: All substance abuse consumers receiving the above services funded through the Integrated Payment and Reporting System (IPRS) must participate in NC-TOPPS in order to comply with federal block grant requirements.

\*\* NOTE: All child and adolescent consumers under the supervision of the juvenile justice system who are receiving mental health and/or substance abuse treatment are required to be in NC-TOPPS if an LME enrolls them into CDW.

<sup>†</sup> If the consumer has a Substance Abuse diagnosis and is only receiving outpatient services with these service codes funded through Medicaid Basic Benefits (8 visits for adults; 26 visits for children), the consumer is not expected to participate in NC-TOPPS.

July 2010