NC-TOPPS Training For Contracted Providers
Training Goals

- Understand requirements of NC-TOPPS
- Know your role as a NC-TOPPS Superuser, User, or Data Entry User for your Agency
- Know how to Administer and Submit Interviews
- Know how to view the results of your efforts
- Troubleshoot issues and know who to contact for Technical Assistance (Agency Superuser vs. LME-MCO Superuser vs. NC-TOPPS Helpdesk)
- Increase awareness of NC-TOPPS guidelines and know where to get updates
What is NC-TOPPS and Why should We Care?

- **North Carolina Treatment Outcomes and Program Performance System (NC-TOPPS)**
  - Program used by the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) to measure the quality of substance abuse and mental health services and their impact on consumers’ lives
  - Provides data for meeting federal performance and outcome measurement requirements
  - Allows North Carolina to evaluate its service system in comparison to other states
Who is Eligible for NC-TOPPS?

- The web-based NC-TOPPS was implemented statewide in July 2005 for those age six and above who...
  - Have been formally admitted to the LME-MCO with a unique LME-MCO record number (six digit number, use leading zero/zeroes as needed)
  - Have begun receiving Mental Health and/or Substance Abuse services from a publicly-funded source (such as State Funds, Medicaid funds, etc.)
  - Receive DD services, but the Primary services are for MH/SA
Community-Based Services Requiring NC-TOPPS

- Assertive Community Treatment Team (ACTT)
- Community Support Team (CST)
- Supported Employment and Long Term Vocational Services
- Day Treatment and Partial Hospitalization
- Intensive In-Home Services
- Multi-Systemic Therapy (MST)
- Opioid Treatment (Private-Pay/Self-Pay have separate facility “LME number” and are required to submit NC-TOPPS on these consumers)
- Substance Abuse Comprehensive Outpatient Tx. (SACOT)
- Substance Abuse Intensive Outpatient Tx. (SAIOP)
- Outpatient Therapy and Medication Management for State-Funded SA Consumers
## Service Codes for NC-TOPPS Qualifying Services

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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For updates to this list, please refer to [Appendix A](#) of the NC-TOPPS Guidelines.
Residential Services Requiring NC-TOPPS*

- Level II and Level III Residential Services
- Psychiatric Residential Treatment Facilities
- SA Community Residential Treatment
- Therapeutic Foster Care

- Residential Services may or may not be considered a consumer’s “clinical home.” If another provider is the recognized clinical home, then the two providers must work together to gather the NC-TOPPS information and complete appropriate update/s.
  - Providers must ensure appropriate releases and consents are in place when sharing information and completing NC-TOPPS.
All Opioid Treatment Programs (OTPs) are required to participate in NC-TOPPS.

If an OTP serves only private-pay/self-pay customers, the OTP will register directly with the NC-TOPPS Help Desk (nctopps@ncsu.edu).

- OTP will receive their own facility “LME” number and they can use their own consumer record numbers when entering consumer outcomes into NC-TOPPS (up to ten digit number allowed).

If OTP serves Medicaid/State-funded consumers, OTP must register with LME-MCO responsible for monitoring the agency.

- Will use LME-MCO issued, six-digit assigned consumer record number.

When consumers change from private-pay/self-pay to Medicaid/State-funded or vice versa, the OTP provider agency will need to contact the NC-TOPPS Help Desk to request the change within the NC-TOPPS system.
Exceptions

- NC-TOPPS is not required for consumers receiving only one or more of the following services:
  - MH Outpatient Therapy or Medication Management * (NOTE: SA Outpatient services require NC-TOPPS Participation.)
  - Psychosocial Rehabilitation
  - Crisis Services
  - Psychiatric Inpatient Hospitalization Services
  - Developmental Disability Services and Supports

*NC-TOPPS is a Block Grant Requirement, so if a provider is receiving Block Grant Funding, NC-TOPPS while not a service requirement is a funding requirement.
Exceptions: Health Choice

- Health Choice is a publicly funded source, but Health Choice consumers are only required to be in NC-TOPPS if an LME-MCO enrolls them into the Consumer Data Warehouse (CDW).
- When a child or adolescent consumer begins mental health and/or substance abuse treatment, if they are enrolled in the CDW and involved in the juvenile justice system, they are required to be entered in NC-TOPPS.
- Any LME-MCO or provider agency interested in using NC-TOPPS for consumers not required to participate will need to contact the NC-TOPPS Help Desk.
Consent and Confidentiality

- Notice of Privacy related to HIPAA: Consumers must be informed of the “audit or evaluation exception” clause that allows collection and sharing of consumer-identifying information with the State and/or local government agencies for purposes of evaluating the quality and effectiveness of services.
Consent and Confidentiality - Continued

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

- The consent form must be renewed at least annually.

- “Authorization to Disclose Health Information (DHHS-1000)” is an example.
  - [http://info.dhhs.state.nc.us/olm/forms/dsb/dhhs-1000-ia.pdf](http://info.dhhs.state.nc.us/olm/forms/dsb/dhhs-1000-ia.pdf)
“Why Do We Need NC-TOPPS?”

• Short Answer: *It is a Federal, State, and Local Requirement*

• Provides information to improve each individual’s service needs and outcomes

• Support LME-MCOs in monitoring services

• Provide data for meeting federal performance and outcome measurement requirements
### NC-TOPPS Has Its Benefits

<table>
<thead>
<tr>
<th>Consumer &amp; Family Benefits</th>
<th>Provider Benefits</th>
<th>LME-MCO Benefits</th>
<th>DMH/DD/SAS Benefits</th>
</tr>
</thead>
</table>
|  - The NC-TOPPS dashboard on the DMH/DD/SAS website provides a snapshot of State, LME-MCO & provider outcomes  
  - Dashboard provides data regarding providers with positive outcomes  
  - The Individual Report provides a “report card” look at progress |  - Individual Report can help drive child & family team or adult recovery team discussions on progress and planning  
  - Supporting documentation for service requests  
  - NC-TOPPS Dashboard provides a look at agency site & service outcomes  
  - Data available for driving service & agency quality improvement  
  - Data can be used to establish benchmarks for internal monitoring & network or state comparisons  
  - Positive agency outcomes can be a good marketing tool with community stakeholders  
  - Simple Query Report provides basic consumer and provider demographic and service information |  - NC-TOPPS dashboard on the DMH/DD/SAS website provides a snapshot of Network service & provider outcomes  
  - Can support Utilization Management through the use of the Individual Reports to provide additional treatment information  
  - Data available for driving service & network quality improvement  
  - Data can be used to establish benchmarks for network or state comparisons  
  - Positive LME-MCO service outcomes can be a good marketing tool with community stakeholders |  - Monitor outcome performance by service, provider, LME-MCO & statewide  
  - NC-TOPPS provides data to meet SAMHSA Block Grant monitoring requirements  
  - NC-TOPPS provides data on State MH/SA system performance for the public, DHHS leadership and the Legislature |
What are the LME-MCO Responsibilities for NC-TOPPS?

- **Local Oversight** – must ensure that all provider agencies of publicly-funded mental health and substance abuse services in catchment area meet NC-TOPPS requirements

- **Provision of Identification Numbers** – must give the provider agency the six-digit LME-MCO assigned consumer record number as soon as the Consumer Admission Form is received from the provider agency

- **Verification of Provider Agencies** – verify provider agencies not already listed in NC-TOPPS and receive requests from agencies that do not have a current Superuser

- **Training** – provide training to provider agencies on NC-TOPPS system and technical assistance

- **Change of QP Access** – assist in transfer of consumer from one agency to another in NC-TOPPS system

- **LME-MCO Mergers** – ensure smooth and seamless transition of open consumers from one LME-MCO to another within NC-TOPPS

- **CNDS number** – if CNDS number cannot be located by provider (in Alpha), LME-MCO should provide number
What are the Responsibilities of Provider Agencies Required to use NC-TOPPS?

- Qualified Professionals in the Disability Served are responsible for completing all interviews with consumers (i.e., QSAP for SA and QMHP for MH)
- Interviews are done **face-to-face** with the consumer*
- Interview data is submitted on-line through NC-TOPPS system
- Copies of completed electronic forms are included as part of consumer’s service record
- Consumer signs the copy of the submitted interview
- NC-TOPPS updates are kept up-to-date
- Each provider agency has a listed and active Superuser who oversees NC-TOPPS for the agency

*Interviews completed from telephone contact with consumer are the next option, if necessary; interviews completed from service record are a last option, only if the consumer refuses to participate
Who are Superusers?

- Individuals who have oversight responsibilities at their LME-MCO or provider agency
- Every LME-MCO and provider agency is required to have a Superuser
- To become a Superuser, individuals must first register to become Users with the NC-TOPPS system
What are the Responsibilities of Superusers?

- **Provider Agency Superuser**
  - Manage NC-TOPPS compliance for agency
  - Transfer NC-TOPPS from one agency location to another
  - Remove QPs from NC-TOPPS when they leave the agency
  - Technical Assistance to NC-TOPPS users within the agency

- **LME-MCO Superuser**
  - Manage NC-TOPPS compliance for region
  - Transfer NC-TOPPS from one agency to another
  - Technical assistance to Provider Agency Superusers
  - Training in NC-TOPPS for Provider Agencies
  - Additional Responsibilities to the State
Powers of the Superuser

- Track Updates Needed
- See Initials, Updates, and Episode Completion Interviews Within their Agency
- See a list of QP names with their username, e-mail, phone number, last login date, user role type
- Utilize an on-line codebook for utilizing their submitted data
- Manage User Requests
- Receive access to “Updates Needed” Reports – track outstanding interviews and report or export reports for more nuanced tracking, discussion and review at Team Meetings, etc.
Priority for the responsible provider agency is in hierarchical order so that if a consumer is receiving two or more of the required services during a given period, the service that is in highest order on the table is responsible for NC-TOPPS.

As services change within an episode of care, the NC-TOPPS record should be transferred to the provider agency providing the next highest service. Only one set of NC-TOPPS Interviews is completed for each consumer during a particular episode of care.
## NC-TOPPS Responsibility Table – *Hierarchy Based upon Age-Disability*

<table>
<thead>
<tr>
<th>Adult SA/MH</th>
<th>Child/Adolescent SA/MH</th>
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<tbody>
<tr>
<td>Residential Services</td>
<td>Residential –PRTF</td>
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<tr>
<td>Partial Hospitalization</td>
<td>Partial Hospitalization</td>
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<tr>
<td>Assertive Community Treatment Team (ACTT)</td>
<td>Multisystemic Therapy Services (MST)</td>
</tr>
<tr>
<td>Substance Abuse Comprehensive Outpatient Treatment (SACOT)</td>
<td>Intensive In-Home Services (IIH)</td>
</tr>
<tr>
<td>Substance Abuse Intensive Outpatient Treatment (SAIOP)</td>
<td>Substance Abuse Intensive Outpatient Treatment (SAIOP)</td>
</tr>
<tr>
<td>Community Support Team (CST)</td>
<td>Child and Adolescent Day Treatment</td>
</tr>
<tr>
<td>Opioid Treatment</td>
<td>Residential Services (except PRTF) &amp; Therapeutic Foster Care Services</td>
</tr>
<tr>
<td>Supported Employment or Long Term Vocational Support Services</td>
<td>Supported Employment or Long Term Vocational Support Services</td>
</tr>
<tr>
<td>Periodic (State Funded SA only): Consumer Group Family</td>
<td>Periodic (State Funded SA only): Consumer Group Family</td>
</tr>
</tbody>
</table>
From Initiation of services to termination* of services; OR lapse in services of more than 60 days

An individual who returns to services after 60 days with no services begins a new episode of care

* A change in agency does not constitute termination of services. New provider continues where the previous provider left off if transferred to a service that requires NC-TOPPS completion
Time Frames for Completing NC-TOPPS Interviews

• **Initial NC-TOPPS Interview:** Completed during first or second service visit – Should **NOT** be submitted before consumer’s formal LME-MCO admission

• **NC-TOPPS Updates:**
  - 3-Month Update – 90 Days following Initial Interview Submission
  - 6-Month Update – 180 Days following Initial Interview Submission
  - 12-Month Update – 365 Days following Initial Interview Submission
  - Bi-Annual Updates – 18 months, 24 months, 30 months, 36 months, etc. after Initial Submitted
Episode Completion Interview submitted when consumer has:

- Successfully completed treatment
- Been discharged at program initiative
- Refused Treatment
- Not received any services for 60 Days*
- Transferred to a level of services not requiring NC-TOPPS
- Moved out of LME-MCO coverage area and/or changed to different LME-MCO
- Been incarcerated or institutionalized (60 days or longer)
- Died

*Check First with LME-MCO to find out if consumer has moved to another provider agency; if not, proceed with Episode Completion
Recovery Follow-Up

- The Recovery Follow-up Interview is optional and can be used by a provider to conduct an interview with a consumer at any time after an episode of care.

- Can be used for accreditation requirements to follow consumers after they have left treatment.

- *Consent must be given by the consumer to complete.*

- Can only be submitted by the provider agency who submitted the Episode Completion.
Change in Provider

• If consumer transfers to a new provider agency for qualified services…
  o New QP should contact the LME to notify LME-MCO NC-TOPPS Superuser and ensure appropriate information in place (e.g., authorization, etc.)
  o LME-MCO Superuser changes the consumer in NC-TOPPS to new QP/Agency
  o New QP continues with Updates according to the schedule established by the previous agency

• If consumer is only changing QPs at the current agency, the agency Superuser makes those changes in-house (No Need to Contact LME-MCO or NC-TOPPS Helpdesk)
You are a QP at (Fictitious Provider Agency A) providing ACTT services to Mr. Smith. You have ensured NC-TOPPS updates have been completed with Mr. Smith in accordance with guidelines and have ensured a comprehensive and competent level of care has been provided to the point where your Treatment Team and the LME-MCO agree Mr. Smith should be stepped down to a lower level of services. In terms of NC-TOPPS, what are your next steps if…
Scenarios-continued

• Mr. Smith is stepped down within your own organization to Medication Management and Outpatient Therapy?
  o Does your answer change if service is MH vs. SA in focus?

• Mr. Smith is transferred to another agency for Medication Management and Outpatient Therapy?
  o Does your answer change if service is MH vs. SA in focus?

• Mr. Smith moves to another state or catchment area?

• You accept employment elsewhere prior to Mr. Smith being transferred?
Mr. Smith is stepped down within your own organization to Medication Management and Outpatient Therapy?

Answer: SA in focus – continue with current episode; MH in focus – submit episode completion

Mr. Smith is transferred to another agency for Medication Management and Outpatient Therapy?

Answer: SA in focus – contact MCO to transfer current episode; MH in focus – submit episode completion

Mr. Smith moves to another state or catchment area?

Answer: Submit episode completion

You accept employment elsewhere prior to Mr. Smith being transferred?

Answer: Ensure that the episode is transferred to a new QP at your agency
User Enrollment

- Information Needed: QP name and e-mail address; LME name; agency contact information
- Go here: http://www.ncdhhs.gov/mhddas/providers/NCTOPPS/index.htm
- Click on blue link entitled: “Locate what you need to get started using NC-TOPPS” and review the following documents:
  - NC-TOPPS Quick Start Guide
  - NC-TOPPS Superuser Tools Guide
  - NC-TOPPS Guidelines
Once you have read the documents, you are ready to go to the NC-TOPPS 2.0 Website and Register.

Registration process differs slightly for users that are new to NC-TOPPS entirely vs. pre-existing users who may be new to a particular agency.

There is a recommended feature to receive email notifications when an update is due. If preferred, be sure this option is selected.

Once you submit your information, wait 2-4 business days prior to following up with Helpdesk or LME-MCO.

- Check your SPAM or E-mail Quarantine prior to contact
- Check with your Agency Superuser – s/he may not have authorized you
Online User Agreement

- QPs who enroll in NC-TOPPS 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. New and current users will be prompted to sign this agreement when they log into the system.
Conducting the Interview

Remember: face-to-face is best!

- Interviews should be completed with the consumer in person.
- There are certain items in the interviews, which are important in determining outcomes, that are required to be asked directly to the consumer in-person or if necessary, by telephone.
- If the consumer declines to participate, the QP should complete the interview by gathering information through direct observation and records.
Conducting the Interview

• Before jumping into the face-to-face interview, consider these General Recommendations:
  o Ensure you know what Interview is due and that you have the appropriate Interview Form
  o Familiarize yourself with questions and realize it does not have to be an entirely rote process
  o Be ready and able to ask questions – NC-TOPPS can aid in rapport building, or the process can drive a wedge between you and the consumer – **preparation is key**
  o If conducting in the field, ensure you have blank interview forms ready to go. Consider having a binder of all NC-TOPPS forms and NC-TOPPS consents on-hand
  o If conducting in the office, you can complete update on the computer as part of a session if done properly, as well as use previous data to discuss treatment progress, PCP goals, etc.
Submitting the Interview

- NC-TOPPS responsibilities do not end with the completion of the face-to-face interviews – Data has to be submitted through the NC-TOPPS System

- **Information Needed to Submit Interview:**
  - LME-MCO assigned six digit record number, basic demographic information, CNDS number (excluding private pay), and completed interview if conducted “in the field”
    - LME-MCO record number assigned by Alliance
    - CNDS number can be found in Alpha. If number is not present, contact MCO

- Log into NC-TOPPS, select the appropriate LME-MCO, the appropriate interview type, and enter data obtained from face-to-face interview
Submitting the Interview - Continued

- Data Entry User (DEU) is a designation NC-TOPPS has put into place to allow administrative or other staff to enter data from a QP-completed interview into the system
  - DEU has her/his own unique login, which must be used when entering data for a QP. QP should not provide login and password to DEU for entering data into NC-TOPPS system
- QP or DEU needs to enter information into NC-TOPPS system
  - If DEU is entering interview online for QP, QP is required to sign printable version of interview
Once Interview Is Submitted

- NC-TOPPS will require review of data entered – *all missing elements will show in red and are required to be answered before submission*
- Completed interview should be printed and incorporated into consumer chart/record
  - *If Interview data was entered by DEU into NC-TOPPS system, then QP responsible for Interview needs to sign the completed, printed Interview.*
How To: Updates Needed

Starting Interviews
- **Initial Interview**: To start an initial interview, go to the Website Submission tab and select Start Initial Interview. This will create an Episode of Care for a consumer.
- **Updates, Episode Completion, Recovery Follow-up Interview**: To start an Update, Episode Completion, or Recovery Follow-up Interview, go to the Website Submission and select Manage Episodes of Care. From the Manage Episodes of Care screen, you have the ability to start an interview by entering a valid consumer record number or selecting an episode from the Episodes of Care list.

Managing Provider Agencies
- Adding, Removing, Changing a Location: To add, remove, or change provider agency locations, go to the User Tools tab and select Manage Provider Agencies.

Managing User Preferences
- Updating User Account Information: To update your telephone number or email address, go to the User Tools tab and select Edit User Account Information.

Exporting Data
- **Export Data**: Export data, then open/save in Excel.
How To: Outcome Data


NC Treatment Outcomes and Program Performance System (NC-TOPPS)

NC Treatment Outcomes and Program Performance System (NC-TOPPS) is a web-based program that gathers outcome and performance data on behalf of mental health and substance abuse consumers in North Carolina's public system of services. The NC-TOPPS system provides valuable information that is used to measure the impact of treatment and to improve services and system performance. NC-TOPPS allows providers to submit outcome data for consumers who have been seen for substance use disorder treatment services. It also provides tools for providers to measure, analyze, and report on the performance of their programs and services. The NC-TOPPS website offers comprehensive resources to help providers understand and utilize the system effectively.

**Contact**

Phone: (919) 733-3130

For help/information on how to select a provider, please visit [Qualifications for Consideration when Selecting a Provider](http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system).
How To: Outcome Data Continued

Choose report data, then press "Generate Report"

Results↓

AllianceHealthPlan.org
Important Information for All NC-TOPPS Users

• NC-TOPPS Important User Links -
  http://www.ncdhhs.gov/mhddssas/providers/NCTOPPS/userlinks.html
  o FAQ’s
  o Reports and Publications based on NC-TOPPS Data
  o LME Contacts
  o Guides and update information

• NC-TOPPS at a Glance
  o Utilize data to generate comparative charts and graphs
  o Could be extended through more extensive provider data set to QI/QA Project, Accreditation Requirements, etc.
Questions and Difficulties with NC-TOPPS

- **Step 1:** Refer to FAQ’s posted on NC-TOPPS website, NC-TOPPS Guidelines, etc.
  - If answer is found here, great…If not,
- **Step 2:** Contact Your Agency Superuser
  - If s/he can answer the question, wonderful…If s/he cannot,
- **Step 3:** LME-MCO Superuser/s
  - If we cannot answer your question, we will proceed to Step 4 and include you in the process
- **Step 4:** NC-TOPPS Helpdesk
Important Contact Information

- Alliance Health LME-MCO NC-TOPPS assistance requests can be sent to Helena Taylor at htaylor@alliancehealthplan.org

- NC-TOPPS Helpdesk
  - E-mail: nctopps@ncsu.edu
  - Phone: 919-515-1310
Conclusion: Today’s Training Goals

- Understand requirements of NC-TOPPS
- Know your role as a NC-TOPPS Superuser, User, or Data Entry User for your Agency
- Know how to Administer and Submit Interviews
- Know how to see the results of your efforts
- Troubleshoot Issues and know who to contact for Technical Assistance
- Increase awareness of NC-TOPPS guidelines and know where to get updates
Please click on the link below to evaluate our training and to allow us to track who has participated.

Please be sure to click “Submit” upon completion.

Attestation and Evaluation