

BHG UPDATE

SOQIC: Re-engineering State Mental Health System

At an evening session held in conjunction with the Outcomes Training June 12-13 in Columbus, the Ohio Department of Mental Health introduced "SOQIC". SOQIC is the acronym for *Solutions for Ohio's Quality Improvement and Compliance*, an initiative to provide statewide representative decision-making regarding how to re-engineer the Mental Health delivery system at all three levels—ODMH, Board and Provider. The initiative was designed by consultant David Lloyd to provide significant benefits for all mental health stakeholders coping with funding, regulatory and other challenges. The SOQIC Project Management Plan provides an approach that will bring systemic changes at all levels of the system to appropriately respond to current and future realities such as:

1. Ohio is currently facing funding challenges regarding future mental health and drug and alcohol service needs
2. Ability to enhance funding for services based on local tax levy increases is stagnant
3. Ability to shift funding from state hospital system to communities is diminished due to transition to community treatment efforts that have already been accomplished
4. Ability to bill Medicaid has been maximized now producing a reduction in funding for non-Medicaid service to fund local match requirements
5. Medicaid quantitative and qualitative audit accountability issues are more and more a major concern for the State
6. There does not seem to be a feasible scenario on the horizon to relieve the identified funding dilemma.

Initially, SOQIC is expected to produce the following benefits for system stakeholders:

1. **Reduce redundant regulations and re-work** within the system to minimize the documentation and time requirements of direct care and line staff.
2. **Minimize time requirements for consumers to enter services** that will include a reduction in admission process requirements, multiple consent forms, multiple assessments and multiple service plans.
3. **Standardize documentation and medical records requirements to enhance time effective documentation** and ensure compliance with HIPAA, HCFA, Corporate Compliance Medical/Clinical Necessity Linkage requirements, and JCAHO/CARF/COA accreditation standards.
4. **Reduce confusion for consumers, families and referral sources** created by multiple forms and intake protocols.
5. **Develop more cost efficient service delivery models/capacity** at State, ADAMH Board and local provider levels.
6. **Develop and implement clinical best practices, performance improvement and outcome measures to document quality of care**, to support the reduction/replacement of front-end regulation, and to prepare for external accreditation.
7. **Develop new regulations that encourage more cost efficient service delivery** at all levels through modifying or eliminating current regulations that provide disincentives to be cost effective.
8. **Communicate with other agencies** that provide a link to mental health services and encourage streamlining

Behavioral Health Generations

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Special points of interest:

- *ODMH and ODADAS Initiatives Linked to Quality Improvement.*
- *BHG and Board Web Sites Are Online.*
- *Medicaid Waiver May Be Mandated in Budget Bill.*
- *BH Module Implementation Behind Schedule*

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SOQIC Initiative—Cont'd

of documentation and intake processes.

9. **Provide a forum for all stakeholders** to review the mental health service delivery system under an empowerment model to make decisions about required changes or modifications.

To accomplish these goals, a SOQIC Quality Management Council (QMC) has been constituted with membership representatives from ODMH, Boards, local providers and consumers/families/advocates. The QMC will be fully empowered to approve all new standards, protocols, products, etc. recommended by the Project Teams. There will be four Project Teams: 1) Standardized Documentation; 2) Enhanced Cost Efficiency; 3) Clinical Quality Leadership; and, 4) 1915 B Medicaid Waiver. The Medicaid Waiver Team has been selected, participants for the other teams are currently being selected. A Compliance Review Team will also be established to review Project Team deliverables to assure compliance with HIPAA, Medicaid Standards, Legal Compliance and accreditation agency standards prior to submission to the

QMC for approval. An ambitious scope of work has been developed for each project team and a meeting schedule for each team has been published. Project team orientation sessions are to be completed by the end of July, 2001. The work of the initiative will be completed prior to June 30, 2002.

A web site to provide continuously updated information on the SOQIC Initiative is currently under development. When completed, it can be accessed at the following web address: www.mh.state.oh.us/index-dept. In December, 2001, a state-wide update of the SOQIC project will be presented via video link. In addition, a periodic electronic newsletter will be produced to provide updates to stakeholders and public officials. The newsletter will also be posted on the web site. If you would like a copy of the detailed Project Management Plan and a schedule of team meetings, please e-mail your request to bosslerlz@bhg.org.

BHG Spring Conference on June 15

BHG held a Spring Conference on June 15 at the Student Conference Center of Edison Community College in Piqua, OH. The conference provided an opportunity for BHG member boards and providers to come to together for a status report on MACSIS and HIPAA from representatives of ODMH and ODADAS and an update on board initiatives for FY 02.

Steve Wood, representing ODMH and Walter Hull, representing ODADAS, provided a status report on the State's organization and activities to prepare for HIPAA compliance. The two departments are working with the Department of Job and Family Services and other state agencies to find ways to standardize procedures to increase efficiency and reduce costs. Concurrently, they are also looking at business partner agreements and development of standardized policies and procedures.

Kandy Witte and Charlene Hall of Quality Review Services (QRS, Inc.) introduced a new customer satisfaction tool for consumers, and discussed a new approach to the CQRT interview process that will employ a mobile office unit that will visit provider locations several times a year. They also reported working toward future Internet access to customer satisfaction data on a provider specific basis. Tools for referral source and board satisfaction assessment were also introduced. The new tools for clients, referral sources and boards will be implemented across BHG in FY 02.

Precia Stuby, Executive Director of the Hancock County ADAMH Board and president of the BHG Board of Directors, talked about the "06 Rule" and implications for future audits required by ODMH. She also announced that FY 01 and 02 ODMH Medicaid audits as well as FY 02 Level of Care audits for ODADAS would be performed by BHG staff at provider agencies on behalf of member boards.

The final presentation of the day was an update on the Harvard Pilgrim Patient Assessment Tool (P.A.T.) that has been under consideration by several agencies in the BHG network. The P.A.T. was introduced as a tool to standardize assessment of both mental health and substance abuse clients in nine dimensions; to provide a mechanism to classify clients according to severity of impairment; to assess client outcomes along standardized dimensions; and, to provide a tool to profile and evaluate clinicians. Paul Lilley, Associate Director at the Hancock County Board, Tina Pine, Clinical Coordinator and Priscilla Burt, Medical Records Coordinator at Century Health in Findlay, and Christian Oberlies, Clinical Coordinator at Consolidated Care, Inc. in West Liberty, reviewed various reports generated with P.A.T. data and discussed their use in the clinical setting. BHG has purchased software to process P.A.T. data and will make it available to any BHG provider interested in using the instrument in their agency.

HIPAA: Start With A Privacy/Security Official

In early July, the Department of Health and Human Services (HHS) issued the first guidance on the new patient privacy protections contained in the Privacy Rule (of HIPAA) published in the December 28, 2000 Federal Register. The document promulgated by HHS provides detailed guidance on specific requirements of each standard in the regulation. Each section has a short summary of a particular standard (such as consent; oral communications; business associates; parents and minors; etc.) in the Privacy Rule, followed by “Frequently Asked Questions” about that provision. This initial document is the first of several technical assistance materials that HHS will issue to provide clarification and help for covered entities that must implement the rule.

The Privacy Rule became effective on April 14, 2001. Most providers that are covered by the rule must comply with the new requirements by April 2003. The rule creates national standards to protect individual’s medical records and other personal health information.

- It gives patients more control over their health information.
- It sets boundaries on the use and release of health records.
- It establishes appropriate safeguards that health care providers and others must achieve to protect the privacy of health information.
- It holds violators accountable, with civil and criminal penalties that can be imposed if they violate patients’ privacy rights.
- And it strikes a balance when public responsibility requires disclosure of some forms of data—for example, to protect public health.

Not only do the privacy regulations provide individuals certain rights regarding their personal information, the regula-

tions also spell out duties of the provider to protect individual privacy. Among these duties are the requirement to appoint a privacy/security official, to appoint a contact person or office to receive complaints, to conduct required staff training, to have appropriate safeguards in place to protect the privacy of protected health information, to provide a complaint process, to apply appropriate sanctions, to mitigate harmful effects of improper use or disclosure of protected health information, and to avoid intimidation or retaliation against those who are protecting privacy such as by complaining to the Secretary of HHS. In addition, the administrative requirements spell out rules prohibiting waiver of certain rights, the requirement for policies, procedures, and privacy practices and a six-year retention requirement for certain documentation

Becoming compliant with HIPAA regulations will be a formidable task. The best first step may be to assign the responsibility and accountability for getting your organization in compliance to a Privacy/Security Official on your staff. Industry experts have suggested that familiarity with HIPAA, the HHS regulations, and other laws relating to privacy and confidentiality, familiarity with healthcare operations, and the ability to communicate with and coordinate the efforts of technology and non-technology personnel are key attributes of an effective privacy officer. Make the assignment and dedicate a portion of that person’s time to education about HIPAA (if necessary) and then get started on the organizational assessment necessary to identify the gaps between where you are and where you need to be relative to compliance. This assessment or gap analysis will be critical to your plan and strategies to meet the compliance deadline of April 2003.

“Privacy/security Officer critical to HIPAA compliance.”

SSW Has New Director

The Mental Health and Recovery Services Board of Seneca Sandusky and Wyandot Counties appointed Nancy Cochran Executive Director at its meeting in July. Ms. Cochran replaces Roger Murray, III who retired in February after more than thirty years service to Ohio’s mental health system.

Nancy is a native of Seneca County and has served the SSW Board in a number of roles for sixteen years. She began her employment with the Board as an Administrative Assistant

in 1985. She was promoted to Deputy Director in 1989 and remained in that position until her appointment as Interim Director when Murray retired. Nancy has a Master of Business Administration from Tiffin University.

Congratulations and best wishes to Nancy for continued success in her new role at the SSW Board.

Behavioral Health Generations

*Promoting Improved Performance
and Outcomes Through Collective
Voice and Action*

Member Boards:

Brown County ADAMH, Georgetown, OH
Hancock County ADAMH, Findaly, OH
Logan Champaign Counties MHDAS, West
Liberty, OH
Seneca Sandusky Wyandot Counties MH & RS,
Tiffin, OH
Union County MH & R, Marysville, OH
Warren Clinton Counties RS, Lebanon, OH

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| Web Address: | www.bhg.org |

**Visit the BHG Web Site at
www.bhg.org and link to
member Boards.**

ODMH Showcases Outcomes Educational Materials

ODMH unveiled its Outcomes Educational Series at the Outcomes Conference held in Columbus on June 12 and 13. The Outcomes Educational Series, entitled "Vital Signs" is a box of professionally done materials developed to assist providers to educate clients, families and themselves about the outcomes initiative currently being implemented by a number of agencies statewide. The materials were developed by local systems with supplemental grants from the Department. The materials include video tapes targeted to clients/families, direct service staff and clinical supervisors. The tape for clients/families provides the rationale for the outcomes measurement system; alerts them to the scope of the instruments; and, helps to prepare them for the number and types of questions to which they will be asked to respond. Brochures for clients/families highlighting key ideas from the tape were also included in the "box". The tapes for direct service staff and clinical supervisors suggest how the outcomes instruments may be used as an assessment tool and framework for treatment planning.

The materials also included manuals that are companion pieces for training programs geared to specific groups (managers, clinical staff, clients, caregivers). For example,

there is a manual for Administrators/managers that focuses on clinical re-engineering. The manual provides an overview of the concept, the components of re-engineering, some case studies, and some guidelines and tools for re-engineering projects. A manual for family/caregivers is the companion piece for a one-day training designed to help agency staff teach families of both adults and children/adolescents about the Ohio Mental Health Consumers Outcomes System. All of the information is also provided on compact disc so it can be accessed and duplicated as required.

The Vital Signs Series was provided by ODMH only to those agencies with incentive grants to implement the outcomes system by September 30. Agencies without the grants will be directed to the Outcomes Web Site to download materials for their use in the future.

The "box" and its contents are very impressive and certainly will be helpful to agencies and clients alike. If you didn't get one, find a colleague who did and review the stuff. It's worth the time and effort.