



Provider Forum

June 10, 2020

Beth Lackey, Provider Network Director

AGENDA

- ▶ Provider Council Update
- ▶ 2020 Network Adequacy and Accessibility Analysis
- ▶ Member Services Update:
 - Pyx Health App
 - Free Member Classes
 - Community Trainings
- ▶ Social Determinants of Health Update
- ▶ Medication Administration
- ▶ Monitoring Tips for a Successful Review
- ▶ Guidelines for Day Programs



Provider Council Update

- ▶ Provider Council continues to meet the 4th Friday of each month at 9:30am
- ▶ This has converted to a zoom meeting for the last couple of months.
- ▶ June will continue in a zoom format
- ▶ This is an open meeting
- ▶ You are invited to a Zoom meeting.
- ▶ When: Jun 26, 2020 09:30 AM Eastern Time (US and Canada)
 - Register in advance for this meeting:
 - <https://partnersbhm.zoom.us/meeting/register/tJMvce-uqDMvG9VldXYx6Ywc-vHAGdhZT3ie>
 - After registering, you will receive a confirmation email containing information about joining the meeting





2020 Network Adequacy and Accessibility

Lisa Jordan, MBA, MAEL

Provider Network Performance Specialist

2020 Network Adequacy and Accessibility Analysis (formerly called Needs Assessment)

Each year, Partners conducts surveys and requests feedback from its provider network members and community stakeholders that relate to the needs of those we serve to develop the annual 2020 Community Network Adequacy and Accessibility Analysis. This analysis is an important step to understand the needs and services available today, and assists in identifying areas where service development may be needed.



Member Survey Submissions

Goal = 330

ANSWER CHOICES	RESPONSES	
Person receiving services/member	17.04%	113
Family member/caregiver of a member	17.19%	114
Provider of services	43.44%	288
Other community stakeholder	22.32%	148
TOTAL		663

<https://www.surveymonkey.com/r/PartnersNA2020>



How can you help?

- ▶ iPads with survey loaded presented during member check-in process
 - Please be sure to implement appropriate processes for cleaning, sanitizing, etc.
- ▶ Links to survey delivered to members during telehealth session
- ▶ Encourage members that received a cell phone from Partners to complete the survey electronically



Questions?

Email Lisa Jordan
ljordan@partnersbhm.org





Member Services Update

Allison Crotty, LCSW, CPHQ
Member Engagement Director



Pyx Health App

Pyx Health App Available

- ▶ Pyx Health is a mobile phone app that offers your clients humor, companionship, resources, wellness tips and checkups
- ▶ At the heart of Pyx Health is Pyxir, a sweet chatbot personality that walks alongside the member in their healthcare journey
- ▶ Pyxir and Andy in Pyx Health's Compassionate Call Center are trusted friends for members when they need them



Pyx Health App Features

- ▶ UCLA Loneliness screener
- ▶ PHQ-9 & GAD Screeners
- ▶ SDOH Screening
- ▶ Emotions Wheel-How are you feeling now?
- ▶ Wellness Tips
- ▶ Geofencing around crisis centers to alert Partners when member is near
- ▶ Friendship support
- ▶ Humor and encouragement



Pyx Health App Features

- ▶ Free download on smart phone
- ▶ Uses very little mobile data
- ▶ Pyx Health or Member Engagement offer tech support
 - Pyx Compassionate Call Center 1-855-499-4777
 - Partners' Member Engagement Team 704-884-2666



Have your clients download today!



www.partnersbhm.org

Download it today!



1. Search: "Pyx Health" in App Store or Google Play
2. Look for me  
3. Download to your phone – it's that easy!
4. If you have trouble, call us at 1-855-499-4777

Access to Care: 1-888-4673, TTY
1-800-749-6099
www.partnersbhm.org

Everyone needs a little
help along the way and
I'm here for YOU!

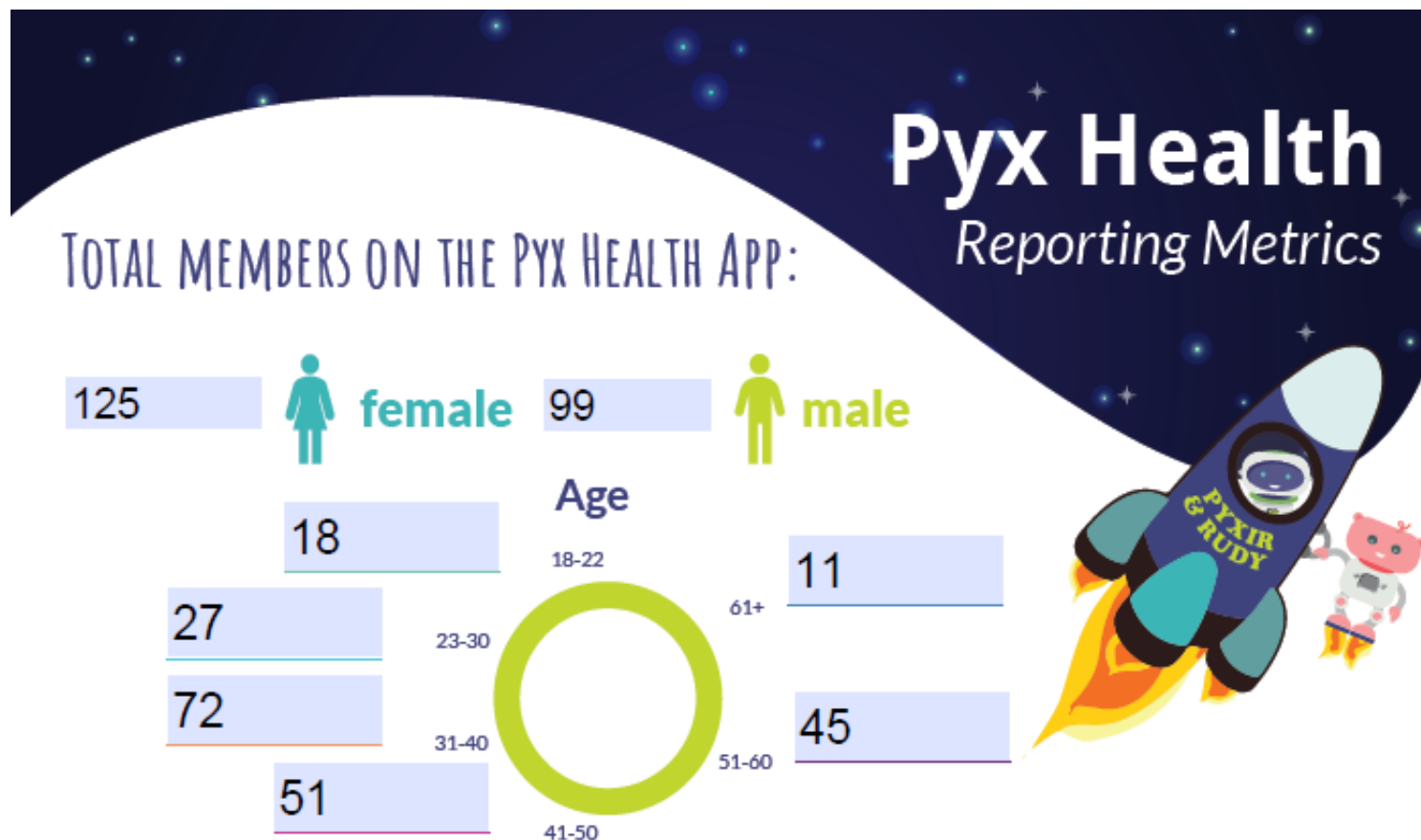


Set-Up Guide Available

memberquestions@partnerbhm.org



224 Members Using the App



Pyx Health reached out to



www.pyxhealth.com

N/A

members who had an urgent
SDOH need

11

members who told us they were
lonely on the UCLA Loneliness scale

A FEW MORE PIECES OF INFORMATION ...

18

Non-working numbers or they
don't accept incoming calls

67

Left Voice Mails (don't worry, we
will try them again!)

2 (names emailed)

No smart phone

COMPASSIONATE CALL CENTER



You gave us a list with

186

members to call.



We weren't able to call

44

because they didn't have phone
numbers.



The **Compassionate Call
Center** was able to call

30

of your members and
we onboarded



15

members in the last week!



PARTNERS
Improving Lives. Strengthening Communities.



Free Member Classes

Member Classes/Groups

NEW! Psychiatric Advance Directive (PAD) Training

Monday, June 22, 6:30-7:30 p.m.

In this training, hosted by Partners and NAMI South Mountains, NC, you will be provided with the resources you need to create your own Psychiatric Advance Directive so that your treatment preferences, should you not be able to communicate for yourself, are shared and heard by your treatment provider. A certified trainer will provide participants with the information and tools needed to create a Psychiatric Advance Directive (PAD).

Register at <https://www.partnersbhm.org/events/pad-training/>.
[View or print the flyer](#)

Feel, Deal and Heal

Tuesdays at noon through June 30, 2020

Explore healthy behaviors and wellness tools with interventions that "feel, deal and help heal".

Learn valuable stress management tools and wellness strategies.

Identify stressors triggers with action planning.

Register at <https://www.partnersbhm.org/events/feel-deal-and-heal/>
[View or print the flyer](#)



Member Classes/Groups

SMART Recovery Group (*Self-Management and Recovery Training*)

Tuesdays at 6:30 p.m. through June 30, 2020

4-Point Program® to gain independence from addictive or maladaptive behaviors

Enhanced motivation techniques with an emphasis on maintenance

Focus on key areas: Awareness and Change, Motives and Goals, Beliefs, Emotions, Behaviors

Register at <https://www.partnersbhm.org/events/self-management-and-recovery-training/>
[View or print the flyer](#)

Wellness 101

Thursdays at 6:30 p.m. through June 25, 2020

This class identifies the potential benefits that motivate a peer to act. Feeling better must become a lifestyle and identifying how you are feeling every day ensures the possibility of living well for longer periods of time.

Register at <https://www.partnersbhm.org/events/wellness-101/>
[View or print the flyer](#)





Community Trainings

COVID-19 Support Trainings

Helping Children and Youth Manage Stress and Trauma

All of us, including our children and youth, are feeling the effects of stress during the pandemic. This training uses the Community Resilience Model skills to help all of us manage the stress we are experiencing.

Register for a session at <https://www.partnersbhm.org/events/helping-children-youth-manage-stress-trauma/>

QPR (Question, Persuade, Refer) Suicide Prevention

Tuesdays and Saturdays in June, 10-11:30 a.m., Online

Many of us are still isolated as we enter Phase 2 of returning to the community. Many people have experienced a loss. The risk of suicide is high. This short training teaches the skills to intervene during a suicide crisis.

Register for a Tuesday session at <https://www.partnersbhm.org/events/qpr-suicide-prevention/>

Register for a Saturday session at <https://www.partnersbhm.org/events/qpr-question-persuade-refer-suicide-prevention-2/>



COVID-19 Support Trainings

Human Trafficking – How to Stay Safe During COVID-19

Wednesdays in June, 10 a.m.-noon, Online

Human trafficking and especially Domestic Minor Sex Trafficking is a terrible problem. In addition, now our children are at home and possibly online more than usual. Learn about trafficking and how to keep our children safe from predators.

Register for a session at <https://www.partnersbhm.org/events/human-trafficking-covid19/>.

Domestic Violence During COVID 19-How to Help

Thursdays in June, 10-11:30 a.m., Online

While we are sheltering at home, there is a greater risk of domestic violence. Calls to domestic violence hotlines are increasing. Learn basic information about domestic violence, available resources and how you can help someone.

Register for a session at <https://www.partnersbhm.org/events/domestic-violence-during-covid-19-how-to-help/>.

Mondays in June, 10-11:30 a.m.



Questions?

Send email questions to:

memberquestions@partnersbhm.org





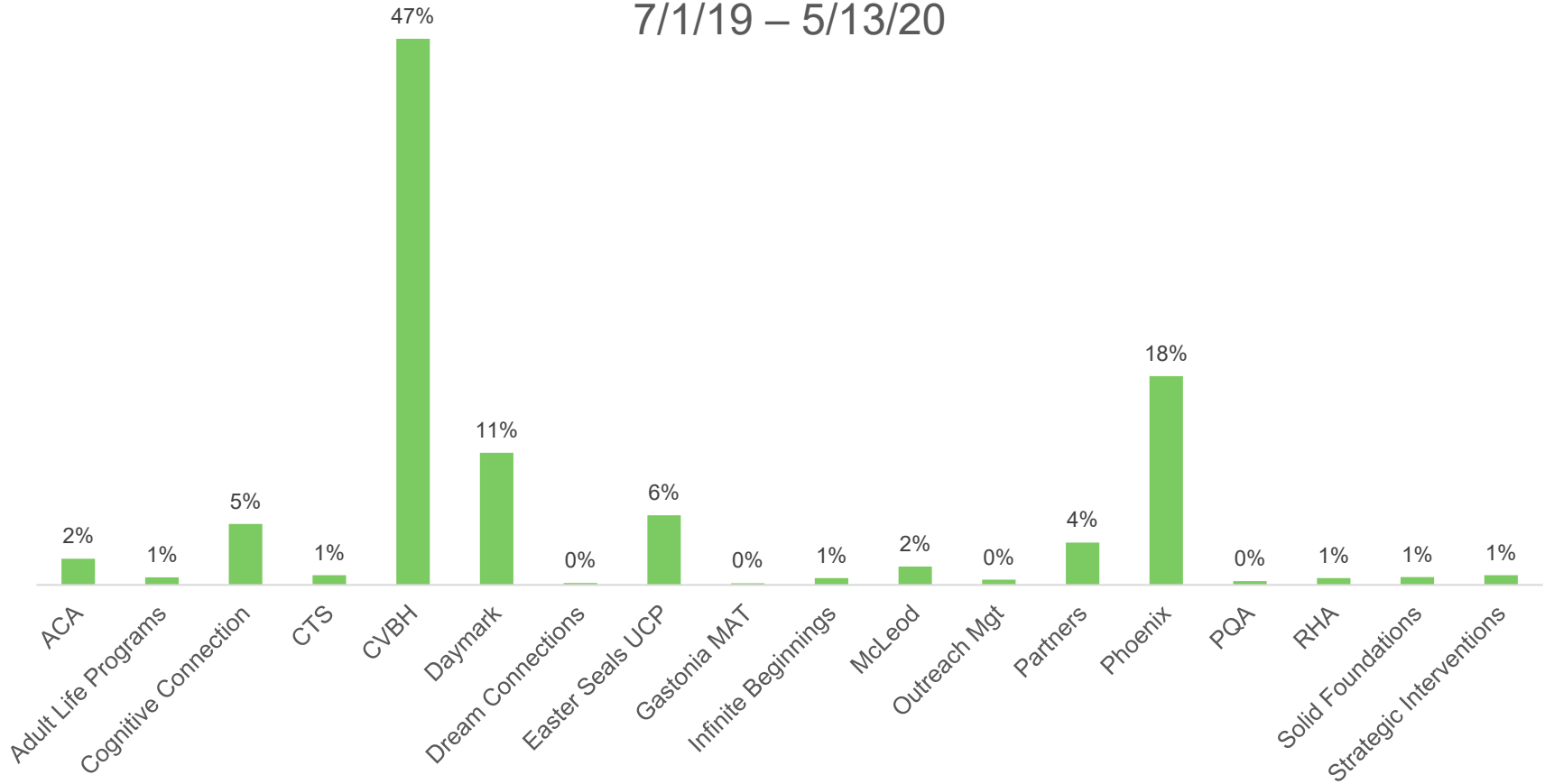
Social Determinants of Health Update

Danielle Sigmon, MA, LCMHC
Population Health Specialist

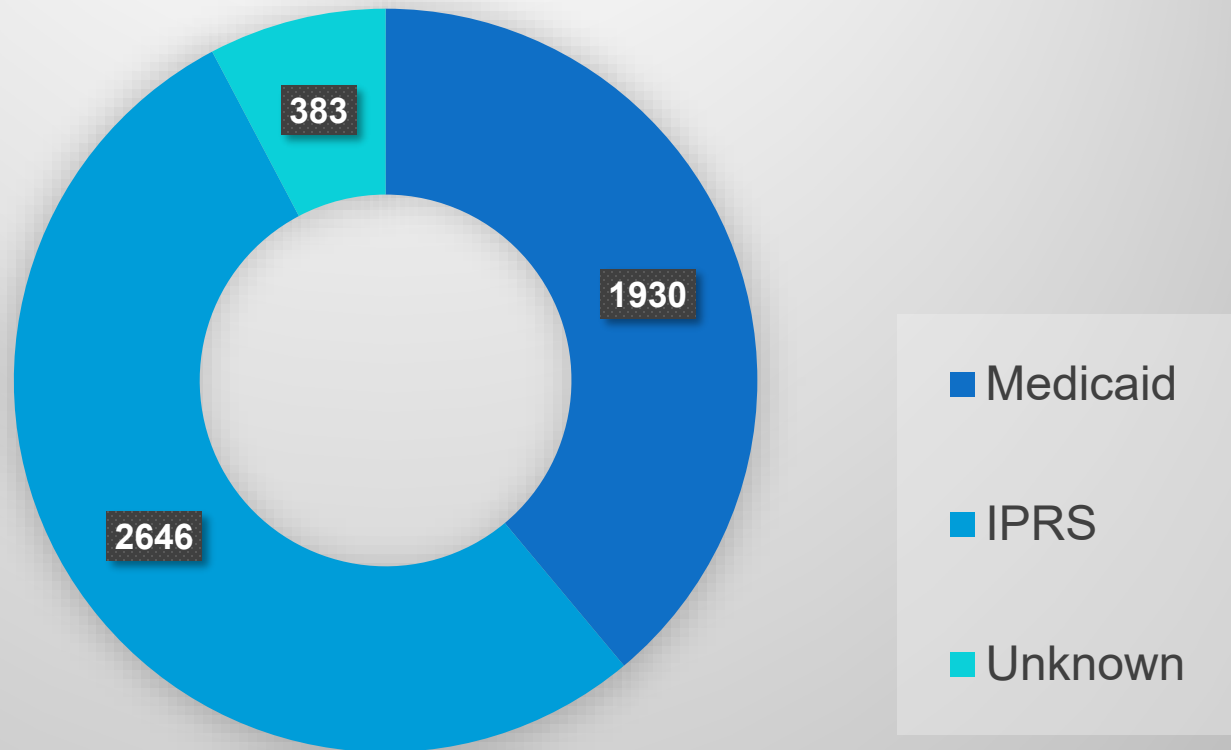
► Strategic Plan FY20

- Goal: 80% of the Adult Medicaid Serious Mental Illness (SMI) members will have a SDOH evaluation; and if three or more current SDOH needs are identified, the member will have a documented plan.
- Target 2270 unduplicated assessments
 100% of those with three or more needs will have a plan

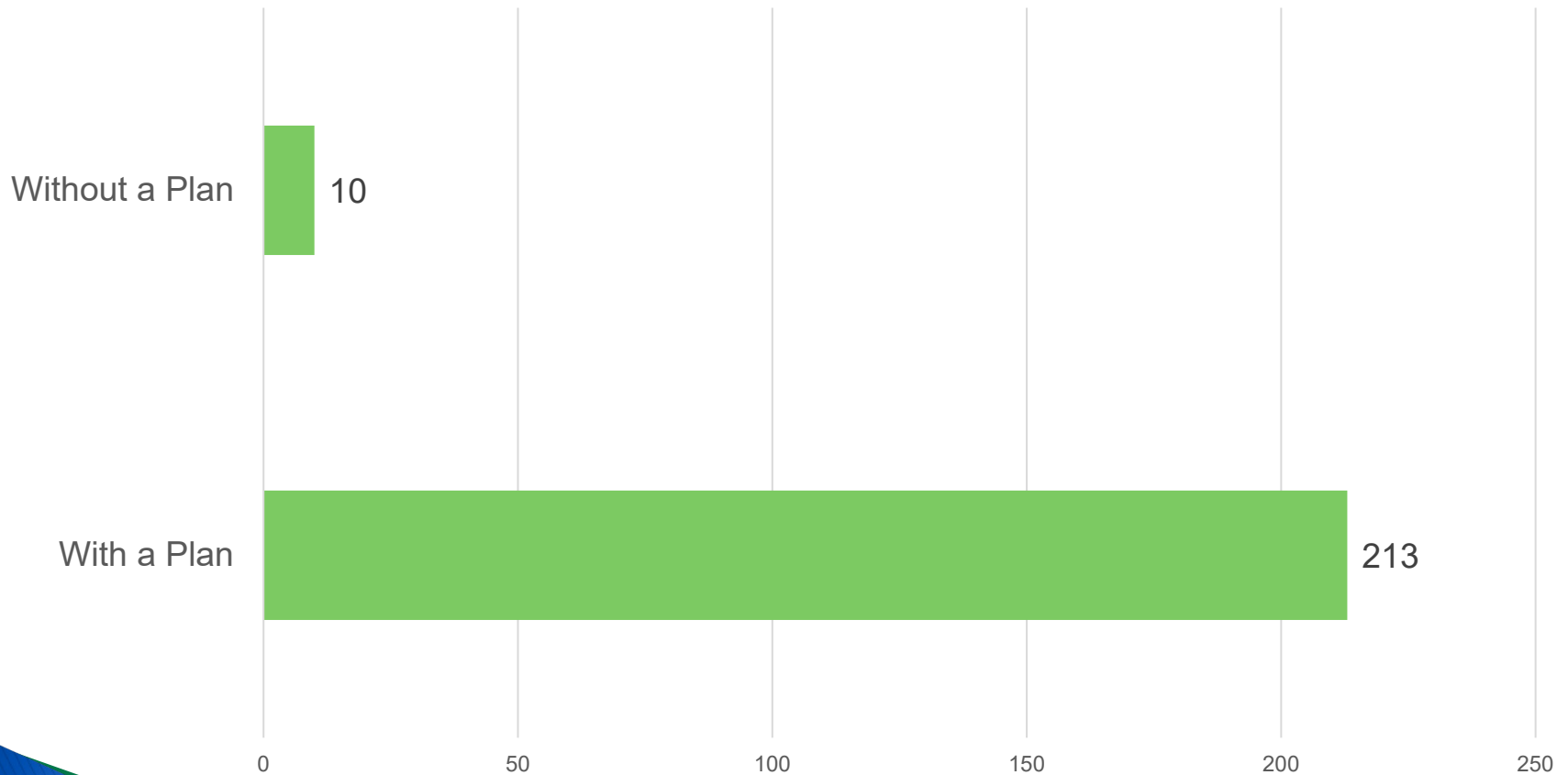
Percent of All Completed Assessments by Provider 7/1/19 – 5/13/20



Number of Members With Three or More Needs by Payor



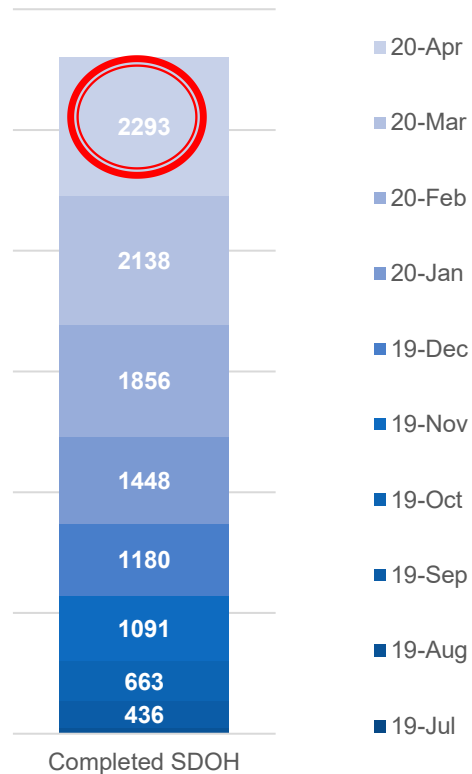
Members with Medicaid With Three or More Current Needs



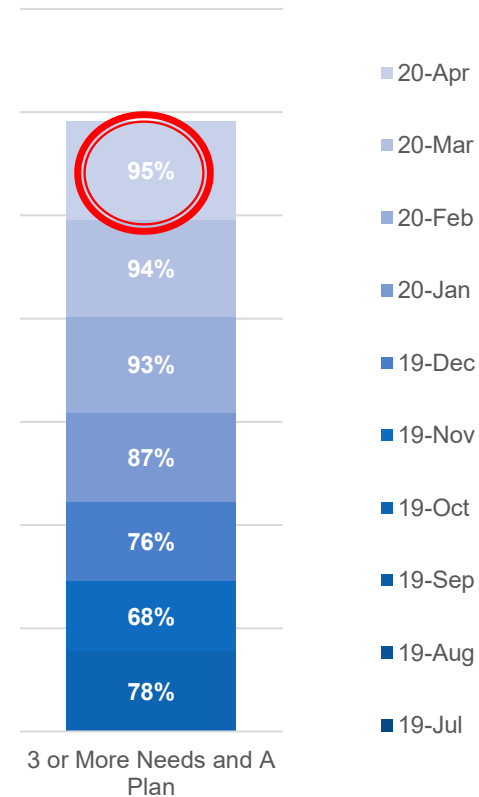
Target 2270 unduplicated assessments

100% of those with three or more needs will have a plan

Unduplicated Medicaid
Assessments 7/1/19 - 5/13/20



Members with Three or More
Current Needs with a Plan
7/1/19 - 5/13/20



Social Determinants of Health (SDOH)	Target	Stretch Goal
Increase number of Medicaid Tailored Plan members with SDOH assessments completed	5,270	6,770
Percentage of Medicaid Tailored Plan members with three or more current needs identified on the SDOH assessment with a plan to address the needs.	90%	95%



Providers New to SDOH:

A webinar to introduce SDOH

Wednesday, June 24

At 2:00 PM

Distribution of invitation soon





Medication Administration

Miccah Duckett, BA, OP
Program Integrity Investigator

Medication Administration

A compliance pop quiz

Based on:

10A NCAC 27G .0209 Medication Requirements and APSM 45-2

***Revised December 1, 2016**



Question 1

WHAT KIND OF TRAINING CAN PREPARE UNLICENSED STAFF TO ADMINISTER MEDICATIONS?

- A. Online training module completed alone
- B. Individualized training by a direct support professional with experience administering medications
- C. Group training by a Qualified Professional
- D. Group or individual training by a Registered Nurse or Pharmacist



Answer: Question 1

WHAT KIND OF TRAINING CAN PREPARE UNLICENSED STAFF TO ADMINISTER MEDICATIONS?

- D. Group or individual training by a Registered Nurse or Pharmacist

10A NCAC 27G .0209:

“Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.”



Question 2

WHERE DOES THE MEDICATION ADMINISTRATION AND RECORDING TRAINING COURSE COME FROM?

- A. Each trainer is responsible for designing a training course.
- B. Several different MAR trainings can be purchased from the NNCC (National Nursing Conformity Conglomerate).
- C. Registered Nurses just know these things.
- D. State-Approved Medication Administration Courses for Adult Care Homes can be downloaded for free from the North Carolina DHHS website.



Answer: Question 2

WHERE DOES THE MEDICATION ADMINISTRATION AND RECORDING TRAINING COURSE COME FROM?

- c. State-Approved Medication Administration Courses for Adult Care Homes can be downloaded for free from the North Carolina DHHS website.

NC Division of Health Service Regulation Adult Care Licensure Section:
<https://info.ncdhhs.gov/dhsr/acls/training/medaide.html>



Question 3

SUSAN'S MEDICATIONS INCLUDE PILLS TO TAKE ORALLY, A PRESCRIPTION OINTMENT AND EYE DROPS. ONE OF HER ORAL MEDICATIONS MUST BE KEPT COOL.

WHAT IS PROPER STORAGE?

- A. Use a locked box for all of Susan's medications but set aside a drawer in the refrigerator for her cooled medication.
- B. Keep all of Susan's medications in the refrigerator in her own lock box so that staff knows where to find it.
- C. Keep Susan's medications in a locked cabinet, with a separate tray for external and internal medications. The cooled medication may be kept in a lock box in the main refrigerator.



Answer: Question 3

SUSAN'S MEDICATIONS INCLUDE PILLS TO TAKE ORALLY, A PRESCRIPTION OINTMENT AND EYE DROPS. ONE OF HER ORAL MEDICATIONS MUST BE KEPT COOL.

WHAT IS PROPER STORAGE?

- c. Keep Susan's medications in a locked cabinet, with a separate tray for external and internal medications. The cooled medication may be kept in a lock box in the main refrigerator.

10A NCAC 27G .0209:

All medication shall be stored: in a securely locked cabinet in a clean, well-lighted, ventilated room between 59° and 86° F.; in a refrigerator, if required, between 36° and 46° F. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; separately for each client; separately for external and internal use.



Question: 4

WHAT SHOULD HAPPEN WHEN A DOSE OF MEDICATION IS MISSED OR GIVEN INCORRECTLY?

- A. The pharmacist will record all medication errors.
- B. The staff administering medications must contact the physician or pharmacist immediately and record any medication errors on the MAR form.
- C. The qualified professional will review the MAR and make sure that medication errors are recorded.



Answer Question: 4

WHAT SHOULD HAPPEN WHEN A DOSE OF MEDICATION IS MISSED OR GIVEN INCORRECTLY?

- B. The staff administering medications must contact the physician or pharmacist immediately and record any medication errors on the MAR form.

10A NCAC 27G .0209:

(h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist...

A client's refusal of a drug shall be charted.



Question: 5

FAILURE TO USE PROPER MEDICATION
ADMINISTRATION AND RECORDING PRACTICES
RESULTS IN WHAT OUTCOMES?

- A. Death or serious health consequences for members
- B. Loss of NC Division of Health Service Regulation licensure
- C. Suspension of future Partners referrals AND recoupment of claims paid for affected members
- D. All of the above



Answer: Question: 5

FAILURE TO USE PROPER MEDICATION
ADMINISTRATION AND RECORDING PRACTICES
RESULTS IN WHAT OUTCOMES?

- D. All of the above



Question: 6

PRESCRIPTION MEDICATIONS MAY BE ADMINISTERED FROM WHAT KINDS OF CONTAINERS?

- A. A pill box marked clearly with the member's name and date of birth
- B. A bubble pack containing single doses marked with member's name and other identifying information
- C. A tamper-proof pill bottle marked with member's name and other identifying information
- D. B and C only



Answer Question: 6

PRESCRIPTION MEDICATIONS MAY BE ADMINISTERED FROM WHAT KINDS OF CONTAINERS?

D. B and C only

10A NCAC 27G .0209:

(2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper resistant packaging...

(3) The packaging label of each prescription drug dispensed must include the following:

the client's name; the prescriber's name; the current dispensing date;

clear directions for self-administration; the name, strength, quantity, and expiration date of the prescribed drug; and the name, address, and phone number of the pharmacy or dispensing location, and the name of the dispensing practitioner.



Question: 7

MAY STAFF ADMINISTER A MEDICATION IF THE INSTRUCTIONS ON THE MAR (Medication Administration Record) ARE DIFFERENT FROM THE WRITTEN PRESCRIPTION?

- A. Yes.
- B. No.
- C. Yes, as long as the staff writes the difference on the MAR and calls the Qualified Professional.



Answer: Question 7

MAY STAFF ADMINISTER A MEDICATION IF THE INSTRUCTIONS ON THE MAR ARE DIFFERENT FROM THE WRITTEN PRESCRIPTION?

B. **No.**

10A NCAC 27G .0209:

(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration.

The MAR is to include the following:

- (A) client's name;
- (B) name, strength, and quantity of the drug;
- (C) instructions for administering the drug;
- (D) date and time the drug is administered; and
- (E) name or initials of person administering the drug.



Question 8

IF A MEMBER REJECTS A MEDICATION, WHAT IS THE APPROPRIATE COURSE OF ACTION?

- A. Put the medication back into the package and offer it again next time.
- B. Flush the medication and call the Qualified Professional.
- C. Put it into a container where all rejected medications are kept.
- D. Dispose of the medication using an approved disposal method in front of a witness. Document the disposal on the MAR.



Answer: Question 8

IF A MEMBER REJECTS A MEDICATION, WHAT IS THE APPROPRIATE COURSE OF ACTION?

- D. Dispose of the medication using an approved disposal method in front of a witness. Document the disposal on the MAR.



Question 9

MARs THAT APPEAR MESSY, OR CONTAIN ERRORS OR OMISSIONS, SHOULD BE TRANSCRIBED ONTO FRESH MAR SHEETS BEFORE A PARTNERS QM MONITORING REVIEW.

- A. True
- B. False



Answer: Question 9

MARs THAT APPEAR MESSY, OR CONTAIN ERRORS OR OMISSIONS, SHOULD BE TRANSCRIBED ONTO FRESH MAR SHEETS BEFORE A PARTNERS QM MONITORING REVIEW.

B. **False**

APSM 45-2, revised December 1, 2016:

The integrity of the original documentation that was entered into the service record to substantiate service provision and reimbursement of that event must be maintained, even when the original documentation contains an error.



Question 10

TO ENSURE THAT MEDICATIONS ARE ADMINISTERED AND RECORDED CONSISTENTLY ACROSS THE ENTIRE ORGANIZATION, WHAT IS THE BEST PRACTICE?

- A. Pin a copy of 10A NCAC 27G .0209 to the wall of the medication closet.
- B. Have staff and Qualified Professionals call the Nurse for advice when they have questions.
- C. Properly trained staff should know what to do.
- D. Write a policy and procedures incorporating the MAR training and expectations. Provide copies to staff. Incorporate MAR policy and procedures into staff supervision.



Answer: Question 10

TO ENSURE THAT MEDICATIONS ARE ADMINISTERED AND RECORDED CONSISTENTLY ACROSS THE ENTIRE ORGANIZATION, WHAT IS THE BEST PRACTICE?

- D. Write a policy and procedures incorporating the MAR training and expectations. Provide copies to staff. Incorporate MAR policy and procedures into staff supervision.

Prevention of medication errors is easier when safe medication administration is a priority to the agency and staff on every level.



Conclusions

- ▶ **The expectations are clear.**

The APSM 45-2 contains the same language as 10A NCAC 27G .0209 for medication administration and recording. There is no room to misinterpret the provider's responsibility to get it right.

- ▶ **Quality training matters.**

Training must be done by qualified medical professionals from the approved curriculum.

- ▶ **Consistency leads to safe practices.**

The concepts taught in the approved curriculum should be reflected in agency standards.



Conclusions

- ▶ **Supervision reinforces training.**

Every staff supervision is an opportunity to review documentation and reinforce MAR policies and procedures.

- ▶ **Medication errors happen.**

The expectation for agencies is that errors are reported and the integrity of medical records is maintained.



Follow-up

- ▶ How well did you do on the quiz?
- ▶ Did you find room for improvement in your agency's policies and procedures?
- ▶ How can you help ensure that proper medication administration and recording are priorities to your front line staff and administrators?

This quiz will be sent to you in electronic format so that you can use the resources provided.



Questions?

email Miccah Duckett

mduckett@partnersbhm.org





Monitoring Tips for a Successful Review

Tim Harrison, QM Monitoring Specialist

Agenda

- ▶ Preparing for a Monitoring
- ▶ Agency Most Common Items of Concern
- ▶ LIP Most Common Items of Concern
- ▶ Additional Tips for a Successful Monitoring



Preparing for a Monitoring



Preparing for a Monitoring

You have received notice of a Monitoring to occur in 21 days

Now what?

- ▶ Contact your Monitoring Specialist within two business days to verify receipt of the notice. At that time, please provide the name and phone number of a designated person whose role will be to:
 - function as the lead provider staff person representing your agency;
 - serve as a liaison between your agency and Partners staff;
 - serve as our primary contact person before and during the site visit, as well as any follow up activities that may be required after the site visit;
 - make the physical arrangements for the site visit [making sure there are enough tables and adequate seating space to accommodate the reviewers, interviews, etc.]
 - coordinate the assembly of documentation that will be needed for the review [QM policies, personnel records, client service records, etc.]



Preparing for a Monitoring

You have received notice of a Monitoring to occur in 21 days

Now what?

- ▶ Within 15 calendar days of the monitoring visit, we request the following documentation be provided to the Monitoring Specialist:
 - Consent to treatment given to new beneficiaries/members upon admission to include consent to seek emergency medical care.
 - Copies of the Mission Statement, Cultural Competency Plan and process to adequately communicate with individuals needing interpretation/translation.
 - Copies of the most recent official notification (e.g. letter, memorandum, certificate, etc.) from your accrediting body. For providers that received only a provisional or one-year accreditation, you must submit all findings of the accrediting body to the LME/MCO for review.



Preparing for a Monitoring

What will the Monitoring Team Review?

- ▶ Individual/Member Records
- ▶ Personnel Records, including but not limited to training, experience, education, supervision
- ▶ Policies and Procedures, as needed
- ▶ Documentation to indicate the requirements of service definition(s) are met



Preparing for a Monitoring

What if I use an Electronic Health Record (EHR)?

It is critical for the providers to have the following as it relates to Electronic Health Records upon arrival of the monitoring team:

- Provide written instructions on how to operate the provider's EHR system
- Access to computers/laptops, one for each reviewer to use if needed
- If the computers at the provider agency are not working or access to the records is not possible, a backup plan to allow the review to continue (i.e. printing records that are needed)
- A provider staff person available that is familiar with navigating the EHR system
- Provider staff are prepared and have reviewed the monitoring tool in advance of the review



Post Payment Review

Agency Common Areas Concern



Staff Qualifications Review

Agency Common Areas of Concern

Supervision

- ❖ Question: Is the supervision plan written/implemented according to rule?
- ▶ As stated in Partners BHM Communication Bulletin #42, March 26, 2016:
 - Individualized Supervision: Employees must be given an initial Supervision Plan at time of hire (within 30 days of hire date) that states name of supervisee, name of supervisor, how often supervision shall take place and individualized goals specific to the employee, to include strengths and weaknesses.
 - The agency's Policy and Procedures in regards to supervision shall match what is indicated on the Supervision Plan.
 - Individualized Supervision Forms shall include name of supervisee, name of supervisor, duration of supervision given for that specific event, goals addressed and progress/interventions for the employee to continue to address professionally and personally, as they mature in their assigned position.



Staff Qualifications Review

Agency Common Areas of Concern

Training

Client Specific Training

Per 10A NCAC 27G .0202, Employee Training Programs shall be provided and include training to meet the MH/IDD/SU needs of the client as specified in the treatment/habilitation plan.

- ▶ It is the expectation of Partners that providers be prepared to show evidence that each staff member working with a particular member has been trained in that member's treatment plan/crisis plan. This may be shown in a variety of ways and may include supervision notes, training certificate, an attestation form, etc.



Staff Qualifications Review

Agency Common Areas of Concern

Innovations Services

Driver's License and Insurance

Per Clinical Coverage Policy 8P, if an employee of Innovations Services is transporting a member, a copy of the employee's current driver's license and insurance policy must be located in the employee's personnel file.



Post Payment Review

Licensed Independent Practitioner (LIP)

Common Areas of Concern



Post Payment Review

LIPs Common Areas of Concern

Service Order

- ❖ Question: Is there a valid service order current for the date of service?
- ▶ Per *Clinical Coverage Policy 8C, Outpatient Behavioral Health Services, March 15, 2019*:
 - Services provided by any of the fully licensed professionals listed in Subsection 6.1 do not require a separate service order. The licensed professional shall document the service or services they are providing, document the medical necessity of the services(s) being provided and this documentation shall be signed by the licensed professional providing the service.
 - *The licensed professional's signature on a new or updated service plan may serve as the service order.*
 - A written service order by a Physician, Licensed Psychologist (doctorate level), Nurse Practitioner (NP) or physician assistant (PA) is required *for Associate Level* Professionals prior to or on the first date of treatment (excluding the initial assessment).



Tips for a Successful Review

- Ensure that all Electronic Health Record (EHR) systems lock and timestamp the clinician's signature on all clinical documentation. For example, if a service note is written and signed on March 1, 2020 and a clinician needs to amend the note for any reason, the EHR system should capture the original signature date and the amended date. You do not want to wipe out the original date, thus making the note appear as if it were written as a late entry and possibly being unbillable.



Tips for a Successful Review

Ensure your agency is listed on the Person Centered Plan as the current service provider for the service you are currently providing to the member.



Tips for a Successful Review

Agencies completing Health Care Registry Checks – ensure you are capturing the correct social security number for the employee you are running a check on AND ensure you save/file the face sheet identifying the last four digits of the employee's social security number. This will assist monitoring staff in identifying which staff member the HCR was completed on.



Tips for a Successful Review

- Know if your Agency is required to be Accredited! This is EXTREMELY important. This information can be found in some (not all) Clinical Coverage Policies and the NC State Plan.
- Child Placing Agencies licensed AFTER September 1, 2011 shall have a three year or longer accreditation by the Counsel on Accreditation, the Joint Commission, The Commission on Accreditation of Rehabilitation Facilities, or the Council on Quality and Leadership.



Tips for a Successful Review

- Be familiar with the Clinical Coverage Policies for services you are providing.
- Be familiar with NCAC 10A 27G
- Be familiar with Records Management and Documentation Manual APSM 45-2
- General Statute 122C
- Be familiar with your licensing requirements
- Be familiar with your Partners BHM Contract



THANK YOU

- ▶ Thank you for your participation today.
- ▶ We appreciate all that you do to serve the individuals in our communities!



Quality Management Monitoring Unit

- ▶ Emily Pasour
- ▶ Kaitlynn Ledsome
- ▶ Sharron Payton
- ▶ Kristy McCoy
- ▶ Tim Harrison
- ▶ Angela Long
- ▶ Larry Holcombe, Supervisor



Questions?

If you have questions regarding Provider Monitoring, please contact the Quality Management Monitoring Unit at pnms@partnersbhm.org





Guidelines for Day Programs

Adapted From Posted NC DHHS

Guidelines

What has changed?

Executive Order 138 went into effect on Friday, May 5 at 5 pm. Day camps and programs for children and teens may operate only if they are in full compliance with the Interim Coronavirus Disease 2019 (COVID-19) Guidance for Day Camp or Program Servings Children and Teens.



Day Programs and Camps for adults are not covered by Executive Order 138.



NC DHHS Guidelines

April 23, 2020 Behavioral Health/IDD Day Programs and Facility Based Guidance

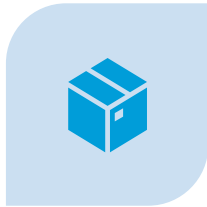
<https://files.nc.gov/ncdhhs/documents/files/covid-19/Behavioral-Health-IDD-Day-Program-and-Facility-Based-Crisis-Guidance.pdf>

May 22, 2020 Interim Coronavirus Disease 2019 (COVID-19) Guidance for Day Camp or Program Settings Servicing Children and Teens

<https://files.nc.gov/ncdhhs/documents/files/covid-19/NC-Interim-Guidance-for-Day-Camp-Settings.pdf>



Assess Ability to Comply with Guidelines



DO YOU HAVE
NECESSARY
SUPPLIES?



DO YOU NEED
SIGNAGE?



CONSIDER STAFF
TRAINING



CONSIDER LOGISTICS
OF NEW
PROCEDURES



WHAT EDUCATION IS
NEEDED FOR
PARTICIPANTS AND
THEIR FAMILIES?



HOW WILL YOU
COMMUNICATE
CHANGES?



HOW WILL YOU
ASSURE COMPLIANCE
WITH
REQUIREMENTS?



Guidance

- ▶ This guidance is intended to help providers delivering services in facility-based day programs such as day program, day activity, day treatment and psychosocial rehabilitation.
- ▶ Providers should monitor the NC DHHS and Centers for Disease Control and Prevention (CDC) websites for information and resources.
- ▶ **Providers should contact their local health department if they have questions or suspect a participant attending their program has COVID-19.**



Have A Written Plan

In your plan, describe the:

- ▶ actions the program or facility is taking to protect participants/patients and personnel.
- ▶ actions participants and personnel can take to protect themselves in the facility.
- ▶ actions that will occur if the program or facility needs to close
- ▶ actions and specific steps to be taken if a participant needs to be quarantined in the facility or temporarily at the program until the individual can go home.
- ▶ steps the facility or program will take when accepting new admissions during the COVID-19 pandemic.
- ▶ steps the facility will take when discharging participants from the facility or program.



Be Sure to Consider



Communication

Communicate COVID-19 related instructions to participants/families in preparation for program operation (for example, staying home if symptomatic)

Train all staff and communicate with participants/families about the following:

- Enhanced sanitation practices.
- Social distancing guidelines.
- Screening practices.
- COVID-19 specific exclusion criteria.



People who may be at higher risk of severe illness from COVID-19

- ▶ People aged 65 years and older.
- ▶ People of all ages with underlying medical conditions, particularly if not well controlled.
- ▶ People with chronic lung disease or moderate to severe asthma.
- ▶ People who have serious heart conditions.
- ▶ People who are immunocompromised including: cancer treatments, smoking, bone marrow or organ transplant, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications.



People who may be at higher risk of severe illness from COVID-19

- ❑ People with severe obesity Body Mass Index (BMI) of 40 or higher.
- ❑ People with diabetes, chronic kidney disease undergoing dialysis, or liver disease.

****Please note that people who are pregnant have been known to be at a higher risk of severe viral illness, however, to date, data on COVID-19 has not shown an increased risk.**

*****Staff concerned about being at higher risk should discuss this with their supervisors. They may want to speak with their medical provider to assess their risk.**



Prevention Strategies:

Keeping the virus that causes COVID-19 from entering the building

- ▶ Limit the number of people inside the facility to only those necessary.
- ▶ Restrict employees to one room or area with one group of participants.
- ▶ Ensure that you can employ social distancing in the facility.
- ▶ Ensure that you have sanitation procedures in place.



Standard Exclusion Criteria

Per NC DHHS guidance, *it is a requirement to conduct a daily health screening on all individuals who are entering the building.* This screening will exclude individuals who are in any one of these four categories:

- 1. Person is showing any of the symptoms of COVID-19.**
- 2. Person thinks they could have COVID-19.**
- 3. Person has tested positive for COVID-19.**
- 4. Person is awaiting the results of testing for COVID-19.**

Exclude participants/employees who share a home or who have been in close contact with anyone in the four categories above.



Drop Off/Pick-Up Guidance

Before arrival, ask participants and employees to be on the alert for symptoms of COVID-19 and to stay home if showing any signs of illness

Consider staggering arrival/drop-off times and departure times to limit direct contact as much as possible



Drop Off/Pick-Up Guidance

Monitor and discourage congregation at arrival and drop-off

Hand hygiene stations should be set up at the entrance of the facility so that employees and participants can clean their hands before they enter. If a sink with soap and water is not available, provided hand sanitizer with at least 60% alcohol.



Screen People Entering Building



MAKE A VISUAL
INSPECTION OF THE
PERSON FOR SIGNS OF
INFECTION, SUCH AS
FLUSHED CHEEKS,
FATIGUE, OR IRRITABILITY.



OPTIONALLY, CHOOSE TO
CONDUCT A TEMPERATURE
SCREENING.



HEALTH SCREENINGS
SHOULD BE REPEATED
PERIODICALLY
THROUGHOUT THE DAY ON
STAFF AND PARTICIPANTS
TO CHECK FOR NEW
SYMPTOMS THAT MAY
DEVELOP.



Daily Health Screening

- ▶ The person doing screenings should maintain a six foot distance while asking questions.
- ▶ Ask the health screening questions to each employee and person dropping off participants before they enter the facility.
- ▶ Exclude anyone who answers **YES** to the questions on the next slide:



Temperature Protocol

Guidance if the facility chooses to conduct temperature screenings:

- ▶ Individuals waiting to be screened should stand six feet away from each other. Use tape on the floor for spacing.
- ▶ The staff person taking temperature should wear a cloth face covering. Stay six feet apart unless taking temperature.
- ▶ If possible, use a thermometer from the participant's home to check their temperature. A facility can choose to allow for temperatures to be taken at home and documented before dropping off at the facility.
- ▶ Use a touchless thermometer if one is available. If one is not available, use tympanic (ear), digital axillary (under the arm), or temporal (forehead) thermometers.

****Do not take temperatures orally (under the tongue) because of the risk of spreading COVID-19 from respiratory droplets from the mouth.**



If Using the Facility's Thermometer

1

Wash hands or use hand sanitizer before touching the thermometer.

2

Wear gloves if available and change between direct contact with individuals.

3

Let staff take their own temperature and participants/LRP's take their temperatures.

4

Use disposable thermometer covers that are changed between individuals.

5

Clean and sanitize the thermometer per manufacturer's instructions between each use.



Prevention Within the Facility

Follow Physical Distancing Strategies

- ▶ As much as possible, have individuals stay six feet apart.
- ▶ Post signage and other messaging to remind participants and staff of physical distancing.
- ▶ Waiting areas should have six feet spacing markers. Floors should be marked to remind participants and staff to stay six feet apart.
- ▶ If possible, keep the same participants and staff in the same group each day.
- ▶ When eating meals, keep groups separated rather than having all participants eat meals together.
- ▶ Do not allow activities in which participants cannot maintain physical distancing of more than six feet.



Prevention Within the Facility

Cloth Face Covering Guidelines

- ▶ When feasible, staff members should wear cloth face coverings when in the facility and when unable to maintain at least six feet distance.
- ▶ Participants should wear face coverings if it is determined that can reliably wear, remove and handle masks following CDC guidance throughout the day.
- ▶ Provide information on proper use, removal and washing of cloth face coverings to staff and participants.
- ▶ Follow CDC guidance for wearing cloth face coverings.



Prevention Within the Facility

Sanitation Guidelines

- ▶ Follow CDC Environmental Health Section guidance for cleaning and disinfection recommendations:
(<https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>)
- ▶ Use an EPA-registered disinfectant that is active against coronavirus and follow manufacturer's instructions for use and contact time. Clean and disinfect frequently touched surfaces throughout the day and at night. Remember to clean items that might not ordinarily be cleaned daily such as doorknobs, light switches, countertops, chairs, cubbies and playground structures.



Prevention Within the Facility

Sanitation Guidelines Cont.

- ▶ Materials that cannot be cleaned and sanitized/disinfected should not be used.
- ▶ Clean and disinfect shared tools, supplies and equipment.
- ▶ Allow time for cleaning between activities.
- ▶ Minimize use of shared supplies and label individual supplies and items.
- ▶ Routinely check and refill/replace hand sanitizer at entries, soap and paper towels in bathrooms.
- ▶ Provide alcohol-based hand sanitizer with 60% alcohol at every entrance, exit, in cafeteria and each room if supplies are available.
- ▶ Incorporate bathroom and handwashing breaks.



People Who Develop Symptoms During the Day

- ▶ If a participant or staff member develops any symptoms of COVID-19, send them home as soon as possible.
- ▶ While waiting for a participant to be picked up, staff should stay with the participant in a room isolated from others.
- ▶ Staff should remain as far away as safely possible from the participant (preferably six feet) while maintaining visual supervision.
- ▶ If tolerated, the participant should also wear a cloth face covering.



Criteria to Return

Participant and staff excluded due to symptoms/exposure should be excluded until they can answer YES to all of the following:

- ☐ Has it been at least 10 days since you first had symptoms?
- ☐ Have you been without fever for three days (72 hours) without any medicine for fever?
- ☐ Has it been three days (72 hours) since your symptoms have improved?



Criteria to Return

- Household members and people who have been in close contact* with someone who has symptoms of COVID-19 should stay home as much as possible for 14 days, monitor themselves for symptoms, and consult with their local health department.

*Close contact means within six feet for at least 10 minutes. If they start having symptoms of COVID-19, they should take the same steps as above to prevent spreading it.



Stay Informed

Stay informed about the COVID-19 outbreak:

- ▶ North Carolina DHHS Website (<https://covid19.ncdhhs.gov/>)
 - Facebook / Twitter / Instagram / YouTube
- ▶ North Carolina Governor's Office Website (<https://governor.nc.gov/>)
 - Facebook / Twitter / Instagram
- ▶ Center for Disease Control Website (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>)
 - Facebook / Twitter

Consult with your local health department and/or licensing agency for guidance on cleaning, closure, and potential exposures and suspected cases, such as:

- ▶ The facility needing to close if activities cannot be provided due to high number of staff being out of work.
- ▶ Determining how to communicate with staff and families about potential exposures.



References

NCDHHS April 23, 2020 Behavioral Health/IDD Day Programs and Facility Based Guidance

<https://files.nc.gov/ncdhhs/documents/files/covid-19/Behavioral-Health-IDD-Day-Program-and-Facility-Based-Crisis-Guidance.pdf>

NCDHHS May 22, 2020 Interim Coronavirus Disease 2019 (COVID-19) Guidance for Day Camp or Program Settings Servicing Children and Teens

<https://files.nc.gov/ncdhhs/documents/files/covid-19/NC-Interim-Guidance-for-Day-Camp-Settings.pdf>

Executive Order 138 <https://governor.nc.gov/documents/executive-order-no-138>

Thank You!

Next Provider Forum will be
September 9, 2020

