

NC-TOPPS

NORTH CAROLINA TREATMENT OUTCOMES AND PROGRAM PERFORMANCE SYSTEM

**IMPLEMENTATION GUIDELINES
FOR SUBSTANCE USE DISORDER & MENTAL HEALTH
SERVICES**

Version 20.0, Effective July 1, 2024

SFY 2024 – 2025



North Carolina
Division of Mental Health,
Developmental Disabilities and
Substance Abuse Services

Visit the NC-TOPPS website at <http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system>

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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 use disorder and mental health services and their impact on consumers' 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 treatment plans and evaluating the impact of services on a consumer's life. It supports Tailored Plans in their responsibility for monitoring service outcomes in each Tailored Plan's catchment area. The data generated through NC-TOPPS helps the DMH/DD/SAS, Tailored Plans 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 six years and above who are receiving publicly-funded services for mental health and/or substance use disorder issues. Online Interviews conducted at the beginning, during and at the end of an episode of care provide information on each consumer's service needs and outcomes.

Reports of aggregate information from those Interviews are published on the NC-TOPPS website at <http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system> for use by state and local government agencies, provider agencies, consumers and their families, and public stakeholders in evaluating and improving the quality of care in North Carolina's public service system. Provider agencies and Tailored Plans can also request data if they are interested in receiving their data for local analysis.

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I. TAILORED PLAN RESPONSIBILITIES

Local Oversight

It is the responsibility of the Tailored Plan to ensure that all of the provider agencies of publicly-funded mental health and substance use disorder services in its catchment area meet NC-TOPPS requirements. Tailored Plans are responsible for ensuring that NC-TOPPS Interviews are fully completed for required substance use disorder services by substance use disorder Qualified Professionals (QPs) and for required mental health services by mental health QPs. Each Tailored Plan must train, guide, and monitor its provider agencies on how NC-TOPPS is implemented within its service area. Additionally, each Tailored Plan will maintain a quality assurance process to ensure accurate and timely reporting of data submitted by provider agencies to NC-TOPPS. (See Section II for further information.)

Provision of Identification Numbers

The Tailored Plan must give the provider agency the Tailored Plan Assigned Consumer Record Number and the Common Name Data Service (CNDS)/Medicaid ID Number as soon as a consumer is enrolled. The provider agency must have these numbers when submitting 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 Tailored Plan superuser before the QP and provider agency will be given access to the system (See “Superuser Enrollment and Responsibilities”, Section VI). The Tailored Plan superuser will receive an email when a QP signs up with a new provider agency. They will login to the NC-TOPPS 2.1 website and go to their ‘Superuser Tools’ tab under ‘Manage User Requests’ to approve the QP and provider agency. A timely response is expected from the Tailored Plan to ensure the registration process is efficient.

Training

Tailored Plans 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 Tailored Plan in trainings, there is an NC-TOPPS Quick Start Guide under the “Locate what you need to get started using NC-TOPPS ” link on the NC-TOPPS website (<http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system>). Additionally, Tailored Plans can demonstrate the online system in these trainings by logging in with the username “training” and password “training” and selecting ‘Provider Agency Name2’ under the Locations tab. When training superusers, log in with the username “sutraining” and password “sutraining” and selecting ‘Provider Agency Name2’ under the ‘Locations’ tab. Frequently asked questions are also available on the NC-TOPPS website on the “Locate what you

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need to get started using NC-TOPPS” page
(<https://nctopps.ncdmh.net/dev/GettingStartedWithNCTOPPS.asp>).

Change of QP Access

When a consumer transfers to a new provider agency, the Tailored Plan superuser is responsible for changing the QP for that consumer in order to give the new provider agency access to the consumer’s previous NC-TOPPS submissions completed during the current episode of care. Ensuring smooth transfers of responsibility from one provider agency to another requires good communication among the Tailored Plan’s superuser, service authorization unit, and the NC-TOPPS provider agencies involved. (See “Change in a Consumer’s Provider Agency” for more information on when the change of QP access is appropriate, Section V)

Tailored Plan Mergers

The lead Tailored Plan will need to make a request to the NC-TOPPS Help Desk to receive a list of all open NC-TOPPS consumers from the merging Tailored Plan. The lead Tailored Plan will go through the list and send back the lead Tailored Plan record numbers for these open consumers. If the record number will stay the same, the NC-TOPPS Help Desk will need to know this information as well. It is *imperative* that there are no duplicate record numbers in the system within the same Tailored Plan. If there are open consumers that need to be closed out in the system because they are no longer receiving services, it is the responsibility of the provider agency of the merging Tailored Plan to close out those consumers.

The open NC-TOPPS consumer list will also serve the purpose to remove any provider agencies that will no longer be with the lead Tailored Plan. Active provider agencies that will no longer be with the lead Tailored Plan after the merger should complete Episode Completions on their consumers before the merger. If the agency is no longer active, the lead Tailored Plan will need to request the consumers to be administratively closed by the NC-TOPPS Help Desk. For the provider agencies that will be going to the lead Tailored Plan, the NC-TOPPS Help Desk will create the location in NC-TOPPS under the lead Tailored Plan if the provider agency does not currently exist in the system. The NC-TOPPS Help Desk will also register active users from the merging Tailored Plan provider agencies to the lead Tailored Plan provider agencies.

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II. PROVIDER AGENCY RESPONSIBILITIES

Completion of NC-TOPPS Interviews

The NC-TOPPS service codes for qualifying mental health and substance use disorder services can be found in Appendix A of these Guidelines. When a consumer is receiving more than one qualifying service, the responsibility for completing the NC-TOPPS Interviews are determined by a hierarchy of services based on age-disability. The hierarchy is outlined below:

Adult SUD/MH	Child/Adolescent SUD/MH
Residential Services	Residential - PRTF
Partial Hospitalization	Partial Hospitalization
Assertive Community Treatment Team (ACTT)	Child Assertive Community Treatment Team (ACTT) – Adolescent Only
Substance Abuse Comprehensive Outpatient Treatment (SACOT)	Multisystemic Therapy Services (MST)
Substance Abuse Intensive Outpatient Treatment (SAIOP)	Intensive In-Home Services (IIH)
Community Support Team (CST)	Substance Abuse Intensive Outpatient Treatment (SAIOP)
Opioid Treatment	Child and Adolescent Day Treatment
Supported Employment	Residential Services (except PRTF) & Therapeutic Foster Care Services
Transition Management Services (TMS)	Supported Employment
Periodic (State Funded SUD Only): Consumer Group Family	Periodic (State Funded SUD Only): Consumer Group Family
	High Fidelity Wraparound

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 will be transferred to the provider agency providing the next highest service. The request for the transfer should be made by the provider agency to the Tailored Plan (See “Superuser Enrollment and Responsibilities”, Section VI). Only one set of NC-TOPPS Interviews is completed for each consumer receiving services during a particular episode of care.

The consumer’s QP in the provider agency is the person responsible for ensuring that NC-TOPPS Interviews are completed. NC-TOPPS Interviews must be entered into the web-based system by the

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QP or Data Entry User (DEU). 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 service record and a copy is expected to be given to the consumer upon request.

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

III. DATA CONFIDENTIALITY

Sharing of Consumer Data for Oversight and Evaluation

Confidentiality of a consumer's health information is protected under North Carolina laws and Federal regulations 42 CFR Part 2 and the Health Insurance Portability and Accountability Act of 1996, P.L. 104-91 (HIPAA) or implementing regulations, 45 CFR Parts 160 and 164. A consumer's Protected Health Information (PHI) is only shared with persons with a legal right to the information. Consumers may have access to their NC-TOPPS information upon request.

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 Coordination of Care

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 consumer. This requirement includes obtaining written consent to share a consumer's PHI with a Tailored Plan, as well as with other DMH/DD/SAS provider agencies or primary medical care providers, for this purpose.

The 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 <https://files.nc.gov/ncdhhs/documents/files/dhhs-1000-ia.pdf>.

NOTE: If a provider agency decides to complete the Recovery Follow-Up Interview on a consumer, a separate consent must be given by the consumer.

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IV. REQUIRED SUBSTANCE USE DISORDER AND MENTAL HEALTH SERVICES

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

- Been formally admitted to the Tailored Plan by having an open record with a unique Tailored Plan Assigned Consumer Record Number, and
- Begun receiving qualifying mental health and/or substance use disorder services from a publicly-funded source. (See the service codes for “Qualifying Services for Consumers Receiving Mental Health and Substance Use Disorder Services for Which NC-TOPPS is Required,” Appendix A)

NOTE: If a consumer changes health plans and no longer receives services through the Tailored Plan, NC-TOPPS is no longer required.

NOTE: All child and adolescent consumers under the supervision of the juvenile justice system who are receiving any mental health and/or substance use disorder treatment services are required to be in NC-TOPPS if a Tailored Plan enrolls them into the Consumer Data Warehouse (CDW).

NOTE: High Fidelity Wraparound consumers are required to be in NC-TOPPS.

Further requirements and exclusions are noted below. Any Tailored Plan 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).

Consumers Receiving Only Medicaid-Funded Services

NC-TOPPS Interviews are required for all adults and children ages six years and above who are receiving any qualifying service for any mental health and/or substance use disorder issues. (See the service codes listed in the “Qualifying Services for Consumers Receiving Mental Health and Substance Use Disorder Services 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, 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

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Consumers Receiving State Funded Services Only or Both State and Medicaid Funds

NC-TOPPS Interviews are required for all adults and children ages six years and above who are receiving any qualifying service for any mental health and/or substance use disorder issues. (See the service codes listed in the “Qualifying Services for Consumers Receiving Mental Health and Substance Use Disorder Services 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 use disorder outpatient services require NC-TOPPS participation as specified in Appendix A.**)
- Psychosocial Rehabilitation (PSR)
- 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 Intellectual & Developmental Disabilities (IDD) Services and Supports

Consumers who receive Intellectual & Developmental Disabilities (IDD) services and supports as well as MH and/or SUD services require an NC-TOPPS only when the services are predominantly treating MH or SUD needs. The Tailored Plan will determine whether the NC-TOPPS is appropriate for each MH/DD or SUD/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 (nctopps@ncsu.edu). The OTP will receive their own facility ID number and they can use their own record numbers when entering consumer outcomes into NC-TOPPS (up to ten digits are allowed for the record number in the system). However, if an OTP also serves Medicaid/state-funded consumers, the OTP must register on the NC-TOPPS website with the Tailored Plan that is responsible for monitoring the agency (as the Tailored Plan 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 Tailored Plan 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 Tailored Plan 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. 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.

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V. TIMEFRAMES FOR COMPLETING NC-TOPPS INTERVIEWS

Episode of Care

NC-TOPPS is designed to follow a consumer 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. A consumer who returns to services after a lapse begins a new episode of care.

For consumers receiving mental health and substance use disorder services, an Initial Interview must be 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.

All NC-TOPPS interviews must be entered into the web-based system by the QP or Data Entry User (DEU).

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 consumer’s treatment plan. The Initial Interview should not be completed prior to the consumer’s formal date of admission to the Tailored Plan. If an Initial Interview is missed and the consumer is still receiving a required service, an Initial Interview should be completed as soon as possible. If an Initial Interview is missed and the consumer is no longer receiving a required service, an Initial Interview should not be submitted.

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 Tailored Plan 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 Provider Agency” for more information on when an additional Initial Interview is not required.

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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 1/3/18, the 3-Month Update is expected on 4/3/18; the 6-Month Update is expected on 7/3/18, 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.
- 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 2 weeks before the due date to 30 days after the Interview is due. However, if an Update is missed and another Update is now due, only the current Update due can be completed in the NC-TOPPS system. For example, if a 3 month Update is missed and a 6 month Update is now due, only the 6 month Update can be completed.

Change in a Consumer's Provider Agency

When a consumer leaves a provider agency, the responsibilities of that provider agency depend on whether the consumer is continuing services at a new provider agency or no longer continuing in services that require NC-TOPPS.

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

If the consumer is no longer continuing to receive required services or the consumer is moving to another Tailored Plan, the current QP should complete an Episode Completion Interview, as discussed in the next section.

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

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Episode Completion Interviews

Episode Completion Interviews must be submitted when a consumer has:

- successfully completed treatment (QP should conduct an in-person Interview with the 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 Tailored Plan
- 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 treatment plan development.)
- died
- other

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

NOTE: If a consumer changes health plans and no longer receives services through the Tailored Plan, an Episode Completion should be submitted.

NOTE: Submitting an Episode Completion Interview for NC-TOPPS should coincide with completing a discharge 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 discharge record for the CDW is not required.

Recovery Follow-up Interviews

The Recovery Follow-Up Interview is optional and can be used by provider agencies to conduct an Interview with a consumer at any time after an episode of care. It can be used for accreditation requirements to follow consumers after they have left treatment. Consent must be given by the consumer in order to complete the Recovery Follow-Up Interview. All items in the tool are based on items used in other NC-TOPPS Interviews and all items are optional. A Recovery Follow-Up Interview can only be submitted by the provider agency who submitted the Episode Completion and there is no limit on the number of Recovery Follow-Up Interviews submitted for a consumer. Tailored Plans and provider agencies can request their Recovery Follow-Up data to conduct their own analysis. DMH/DD/SAS will not provide reports.

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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 11 or greater, Mozilla Firefox 54 or greater, Google Chrome 60 or greater. Other browsers can be used, but are not supported.
- 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 Data Entry User (DEU). Printable versions are available on the NC-TOPPS website on the "Locate what you need to get started using NC-TOPPS" page (<https://nctopps.ncdmh.net/dev/GettingStartedWithNCTOPPS.asp>) under "Printable Interview Forms."

User Enrollment

QPs who have never had an NC-TOPPS username and password with any provider agency should go to the NC-TOPPS website (<http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system>), click on "NC-TOPPS 2.1 Website," and then select "Create NEW NC-TOPPS User Profile" from the login screen. The QP will need to provide their name, a unique email address, phone number, and password to submit information into the NC-TOPPS New User system (it is strongly recommended that a provider agency email address be used instead of a personal email address). All QPs at a provider agency should have their own username and password. Next, they will confirm that they are the person whose profile is being created and submit the information. They will then select the appropriate Tailored Plan(s) and provider agency(ies), verify whether or not they are a QP and/or Data Entry User (DEU) and select the option to receive email notifications for Updates Needed once the provider agency(ies) are selected. 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.

Once the new user selects "Save Changes," the request will be submitted and an email containing the new user's username assigned by the NC-TOPPS system will automatically be sent to the new user and the provider agency(ies)'s superuser(s). The superuser at the provider agency is responsible for

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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 or rejection via email.

Once QPs are approved and can enter the “NC-TOPPS 2.1 Website” 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 users will be prompted to sign this agreement when they log onto the system. All users will be required to login every 45 days to remain active and change their passwords every 90 days.

QPs who already have an NC-TOPPS username and password and need to add or change their Tailored Plan and/or provider agency information should go to the NC-TOPPS website and click on “NC-TOPPS 2.1 Website.” The user will log in with their most recent username and password, go to the “User Tools” tab and select “Manage Provider Agencies.” The QP will then select the appropriate options to add or change their information. Once the information is submitted, if the QP has added an agency(ies), an email will automatically be sent to the user as well as the superuser(s) for the selected provider agency(ies). The superuser at each provider agency is responsible for approving the user to give them access to the NC-TOPPS system.

QPs who do not remember their password will need to use the Password Recovery Tool by going to the NC-TOPPS website, click on “NC-TOPPS 2.1 Website,” and then select “Recover Password.” The user will need to contact the NC-TOPPS Help Desk (nctopps@ncsu.edu) if they can not remember their username or can not recover their password because their current email address is not in the system.

Superuser Enrollment and Responsibilities

Superusers are users who have oversight responsibilities for their Tailored Plan or provider agency. Every provider agency is required to have a superuser. Users 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, created a password and been approved, they should contact the NC-TOPPS Help Desk (nctopps@ncsu.edu) 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 all Initials, Updates and Episode Completion Interviews submitted within their provider agency through Interview Search, see a list of QP names with their username, email, phone number, last login date, user role type, provider agency name and address, the Simple Query Report, the Advanced Query Report, an online codebook, and manage user requests. Both provider agency and Tailored Plan 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 Tailored Plan, provider agency, QP,

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consumer information, date of last Interview submitted, and Interview type due. Superusers can print these reports/lists or export to MS Excel to sort the information as needed.

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 or is changing to a higher hierarchy of service, the QP is responsible for contacting the Tailored Plan superuser, who will change the consumer's NC-TOPPS submissions to the new QP/primary provider agency. Superusers can go to their "Superuser Tools" tab and select "Change Consumer's QP and/or Provider Agency" to make the appropriate changes.

Whenever a QP leaves a provider agency, it is the responsibility of the superuser to remove the QP from their agency. The superuser can do this by going to their "Superuser Tools" tab, and select "Remove Users." 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. If a superuser leaves a provider agency, it is very important that another superuser enroll at the provider agency as soon as possible due to a superuser being required at every provider agency.

For further superuser information, there is a NC-TOPPS Superuser Tools Guide located on the NC-TOPPS website (<http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system>) under the "Locate what you need to get started using NC-TOPPS" link.

Consumer Submission Information

The Tailored Plan must give the provider agency the Tailored Plan Assigned Consumer Record Number and the Common Name Data Service (CNDS)/Medicaid ID Number as soon as a consumer is enrolled. The provider agency is expected to enter the Tailored Plan Assigned Consumer Record Number and CNDS ID numbers accurately into the system for every individual entered into NC-TOPPS.

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 use disorder consumer's 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

Visit the NC-TOPPS website at <http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system>

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various NC-TOPPS Interview items by going to the NC-TOPPS website (<http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system>), clicking on “NC-TOPPS 2.1 Website,” and entering ‘training’ for the username and ‘training’ for the password. Please note that all items in the Interview are required to be answered before one can submit the Interview. 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 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.

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 direct observations, collateral contacts, clinical records and notes.

NC-TOPPS Interviews should be completed by a substance use disorder QP for a substance use disorder service and by a mental health QP for a mental health service with the consumer present. NC-TOPPS Interviews for adult and adolescent consumers should be conducted with that consumer. Interviews for children 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 consumer understand and feel comfortable answering questions. The use of collateral information and clinical judgment is appropriate to gain more accurate and complete responses.

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VIII. PERFORMANCE EXPECTATIONS FOR NC-TOPPS

The Tailored Plan-Provider Contract or Memorandum of Agreement

The Tailored Plan-Provider Contract or Memorandum of Agreement holds the 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 Tailored Plan-Provider Contract or Memorandum of Agreement signed by each provider agency and the Tailored Plan Provider Manual.

The DHHS-Tailored Plan Performance Contract

The DHHS-Tailored Plan Performance Contract holds the Tailored Plans 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 Tailored Plan performance requirements can be found in the DHHS-Tailored Plan Performance Contract.

IX. BENEFITS OF ACCESSING DATA AND REPORTS

The “Outcomes At a Glance 2.0” online dashboard system allows any public user to view and print graphs showing NC-TOPPS outcomes measures for particular age/disability groups for Tailored Plans and provider agencies. You can access this dashboard by going to the NC-TOPPS website and clicking on “The NC-TOPPS Outcomes At a Glance 2.0 dashboard.” Seeing successful behavioral health treatment outcomes instills hope that recovery and resiliency is possible for consumers newly entering services. Provider agencies and Tailored Plans can benefit by using the dashboard system to monitor agency and service outcomes. Evidence of positive service outcomes can be a good public relations tool for behavioral health services with community stakeholders.

Superusers at provider agencies and Tailored Plans have access to a Simple Query Report that will generate graphs for questions that are asked in the NC-TOPPS Interviews. Superusers will be able to select criteria such as location(s), date range, age/disability group, interview type, and service (optional) to generate this report. Provider agencies and Tailored Plans can use the Simple Query Report to support outcome requirements for accreditation and monitor service outcomes.

Superusers at provider agencies and Tailored Plans also have access to the Advanced Query Report to generate cross-tabular reports for questions in the NC-TOPPS interviews by selecting criteria such as location(s), date range, age/disability group, interview type, service (optional) and up to 3 variables. The Advanced Query Report can be used to support outcome requirements for accreditation and monitor service outcomes. Reports can be exported as a CSV file to Excel for further analysis and/or printing.

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An additional NC-TOPPS benefit for consumers served and provider agencies is the NC-TOPPS Individual Report. This report can only be used by NC-TOPPS superusers and registered QPs. This report shows the progress of a particular consumer from the Initial Interview at the beginning of the consumer’s episode of care and the two most recent Updates submitted. The Individual Report is a “report card” of how a consumer is doing during treatment and used as a tool during recovery team or child and family team meetings to drive the planning process. The report should be printed and given to the consumer served or their guardian. The Individual Report is designed to promote the consumer’s participation in the treatment planning process by generating a conversation between the QP and consumer about personal goals and progress toward achieving those goals. Please keep in mind that there may be sensitive items displayed on the Individual Report so we urge QPs to discuss all items with the consumer or guardian when sharing the report. To support good clinical practices the QP should document in the record the review of outcomes using the NC-TOPPS Individual Report and place a copy of the Individual Report in the record.

Provider agencies and Tailored Plans interested in receiving their data beyond what is available on the dashboard system, Simple Query Report, or Advanced Query Report for local analysis and use can contact the NC-TOPPS Help Desk (See NC-TOPPS Contacts, Section X).

X. NC-TOPPS CONTACTS

Main contacts

NC-TOPPS Help Desk	nctopps@ncsu.edu	919-515-1310	NCSU Center for Urban Affairs and Community Services
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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	
Tonya Corso	tonya.corso@dhhs.nc.gov	NC DMH/DD/SAS	
Jennifer Bowman	jennifer.bowman@dhhs.nc.gov	NC DMH/DD/SAS	

NC-TOPPS Service Codes

**Appendix A: Qualifying Services for Consumers Receiving Mental Health and Substance Use Disorder Services*
For Which NC-TOPPS is Required**

Service Codes	Description of Services	Diagnosis	
		Mental Health	Substance Use Disorder*
Periodic Services			
90832--90838 [†]	Psychotherapy		x
90846 [†]	Family Therapy without Patient		x
90847 [†]	Family Therapy with Patient		x
90849 [†]	Group Therapy (multiple family group)		x
90853 [†]	Group Therapy (non-multiple family group)		x
H0004 [†]	Behavioral Health Counseling - Individual Therapy		x
H0004 HQ [†]	Behavioral Health Counseling - Group Therapy		x
H0004 HR [†]	Behavioral Health Counseling - Family Therapy with Consumer		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
H0005 [†]	Alcohol and/or Drug Group Counseling		x
YP835	Alcohol and/or Drug Group Counseling (non-licensed provider)		x
Community Based Services			
H0015	Substance Abuse Intensive Outpatient Program (SAIOP)		x
H0040/H0040 HA	Assertive Community Treatment Team (ACTT) / Child ACTT	x	x
H2015, 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
YP630	Individual Placement and Support (IPS) Supported Employment	x	x
H2023 U4	Supported Employment	x	x
YM120	Transition Management Services (TMS)	x	
Facility Based Day Services			
H0035	Mental Health - Partial Hospitalization	x	x
H2012 HA	Child and Adolescent Day Treatment	x	x
Opioid Services			
H0020	Opioid Treatment		x
Residential Services			
H0012 HB	SA Non-Medical Community Residential Treatment - Adult		x
H0013	SA Medically Monitored Community Residential Treatment		x
H0019	Behavioral Health – Level III - Long Term Residential	x	x
H2020	Residential Treatment - Program Type (Therapeutic Behavioral Services)	x	x
YA230	Psychiatric Residential Treatment Facility	x	x
YP780	Group Living - High	x	x
Therapeutic Foster Care Services			
S5145	Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child)	x	x

* NOTE: All substance use disorder consumers receiving the above services through State Funds 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 any mental health and/or substance use disorder treatment services are required to be in NC-TOPPS if a Tailored Plan enrolls them into CDW.

^ NOTE: High Fidelity Wraparound consumers are required to be in NC-TOPPS.

† If the consumer has a Substance Use Disorder diagnosis and is only receiving outpatient services with these service codes funded through Medicaid Basic Benefits, the consumer is not expected to participate in NCTOPPS.