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LME-MCO Joint Communication Bulletin # J378

Date: 10/2/2020

To: Local Management Entities-Managed Care Organizations (LME-MCOs)

From: Renee Rader, Assistant Director of (for) Policy and Programs, DMH/DD/SAS

Deb Goda, Behavioral Health Unit Manager, NC Medicaid

Subject: Assertive Community Treatment and Individual Placement and Support Interim

Evidence-Based Practice Quality Review Protocol

The design and establishment of best practice fidelity benchmarks for Individual Placement and Support – Supported Employment (IPS-SE), Assertive Community Treatment (ACT) and any other evidence-based practice (EBP) did not account for the current environment. Data gathered today will not represent best practices as conceived and studied prior to the COVID-19 public health emergency. In-person fidelity evaluations for generating fidelity ratings are currently not feasible for both safety concerns and/or recognition that data are prone to being influenced by the current environment.

ACT and IPS teams still benefit from a systematic review, feedback, and guidance as they operate their services during these unprecedented times, specifically in the areas of scope of work, quality of practice, and nature of adaptations made during the pandemic to provide optimal care while prioritizing client and staff safety.

Highlights of the interim EBP Quality Review protocol include:

- The interim EBP Quality Review does not replace the formal Tool for Measurement of ACT (TMACT) and IPS fidelity evaluation that generates ratings and determines certification status. Such fidelity evaluations will not be held until valid and reliable fidelity evaluations are possible, no earlier than July 1, 2021.
- Selected teams will be chosen as follows: they are due for a fidelity evaluation given the current queue; and/or consideration of both the length of time since the last evaluation and the most current rating reflected low fidelity.

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- Teams will receive the pre-fidelity paperwork to complete ahead of time, as typical of a fidelity evaluation in order to capture relevant, necessary data.
- Only interview questions that are most relevant to the goal of providing quality improvement feedback during the COVID-19 public health emergency will be extracted.
- All interview sources typical of a fidelity evaluation will be interviewed by way of a secure platform (e.g. Microsoft Teams) as part of the EBP Quality Review. EBP Quality Reviews will be conducted across a week (5 business days) to maximize accommodations for all parties.
- Agency management overseeing the EBP will be interviewed to better understand adjustments and supports provided to the team as they navigate service delivery during the COVID-19 public health emergency, as well as steps taken to maximize service recipient safety.
- The evaluation team will hold a post-review meeting, examine data to determine clear areas of strengths and areas that may benefit from improvement with specific recommendations.
- No numerical ratings will be calculated or reported; where quantitative data exist, such data will be included in the report and tracked separately for the purpose of understanding practice benchmarks.
 Reports will be sent to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) for approval and final reports will be sent to the respective Local Management Entities-Managed Care Organization(s) (LME-MCO) (s).
- Should an ACT or IPS team decline to participate in the EBP Quality Review, DMH/DD/SAS and the team's respective LME-MCO(s) will be notified. The LME-MCOs may provide technical assistance to aid with any barriers to participating in an EBP Quality Review.

To see the complete interim EBP Quality Review protocol, please see attachment.

If you have questions, please contact Stacy A. Smith at 984-236-5052 or stacy.smith@dhhs.nc.gov.

Previous bulletins can be accessed at:

www.ncdhhs.gov/divisions/nhddsas/joint-communication-bulletins

Attachment: Evidence-based Practice Quality Review during the COVID-19 public health emergency

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