



LIP Meeting - AGENDA

Date/Time: April 3, 2017 @ 8:30 am
Location: 252-375-8947 (External)
Meet Me: 7791 (Internal)
Chairperson: Beth Mowbray – Network Operations Liaison

Agenda Topics

1. Welcome – Beth Mowbray
2. Emergence of Teletherapy/Telepsych Services – Scott Allen, 2Mi-Software Solutions, Inc.
3. Leadership Changes in Network Operations – Beth Mowbray
4. Nash County Realignment Update – Beth Mowbray
5. Provider Council Update – PC Member
6. Network Newsbreak Reminders – Beth Mowbray
 - a. #67 – ICD-10 Diagnosis Codes
 - b. #73 – Nurse Practitioner Credentialing
7. Release of Information Mini Training – Beth Mowbray
8. Gathering information re: NC Tracks site visits for next meeting – Beth Mowbray
9. Ongoing Reminders – Beth Mowbray
 - a. Certificate of Insurance (COI)
 - b. Credentialing and Re-credentialing
10. Questions or other topics for discussion?
11. Next Meeting will be held **June 5, 2017** at 8:30am

OVERVIEW- RELEASE OF INFORMATION

NETWORK DEPARTMENT

Transforming Lives



AGENDA

- Review of Confidentiality Rights Notifications
- Review of Consent for Release of Information Requirements



Requirements for Informed Consent

- Providers are responsible for notifying consumers that release/disclosure of information may only occur with a consent unless it is an emergency or for other exceptions as detailed in the General Statutes or in 45 CFR 164.512 of HIPAA.
- Providers must also inform consumers that provision of services is not contingent upon consent and of the need for such release.
- The client or legally responsible person shall give consent voluntarily.


OVERVIEW AND INSTRUCTIONS

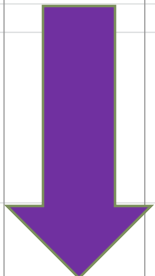
Consent for Release of Information Form

- Routine Monitoring consists of a review of the provider's policy and procedure for Informed Consent.
- Monitoring will include a review of the provider's policy regarding release of confidential information and a review of the Consent to Release Information Form.

OVERVIEW AND INSTRUCTIONS

- The DHHS Authorization to Release Records Checklist can be located on both the Agency and LIP Monitoring Tool. See Tab....

 Department of Health and Human Services		DHHS Authorization to Release Records Checklist								
		PROVIDER / FACILITY NAME:						REVIEW DATE(S):		
Questions:		Record								
Item #		1	2	3	4	5	6	7	8	9
1	The service recipient's name	<input type="text"/>								
2	The name of the facility releasing the information									
3	The name of the individual or individuals, agency or agencies to whom information is being released									
4	The information to be released									
5	The purpose for the release									
6	The length of time the consent is valid									
7	A statement that the consent is subject to revocation at any time except to the extent that action has been taken in reliance on the consent									
8	The signature of the service recipient or the service recipient's legally responsible person									
9	The date the consent is signed.									
10	The individual must specifically authorize the release/disclosure of information which contains Substance Abuse information (42 CFR Part 2). For example, boxes to be checked indicating authorization; statement of authorization, etc. These examples are not all inclusive.									
11	The individual must specifically authorize the release/disclosure of information which contains HIV/AIDS information (NC General Statute 130A -143). For									



Instructions / Guidelines / Overview / Frequency-Licensed Surveys / Workbook Set-up / **OVERALL SUMMARY** / Routine Monitoring / **Record Release Checklist** / Medication Review / Pos

OVERVIEW AND INSTRUCTIONS

- There are 11 required elements of the Authorization to Release Information Form.
- Each form must be completed entirely for each disclosure entity.
- Providers/LIPs CANNOT list more than one disclosure entity on a form.
- Providers/LIPs CANNOT include multiple family members of the same form.

Consent for Release: Elements 1-3

- **1: The Service Recipient's Name**
 - Must include full legal name; do not use nicknames
- **2: The Name of the Facility/Provider Releasing the Information**
 - For independently contracted LIPs, must have LIP name, not partnership name.
 - Example: Sam Price, LIP working in a partnership with other LIPs called Healing Place, must list Sam Price, LIP as the Provider, not Healing Place.
- **3: The name of the individual or individuals, agency or agencies to whom information is being released**
 - One Consent for each Disclosure Entity

Consent for Release: Elements 4-7

- **4: Information to be Released**
 - Can be set up as check boxes, lines for initials, or left blank to write in specific purpose.
 - Examples: Medical Records, Treatment Plan, Discharge Summary
- **5: Purpose for the Release**
 - Examples: Coordination of Care, Obtain Comprehensive Records.
- **6: Length of Time Consent is Valid**
 - Cannot exceed 1 year.
- **7: A statement that the consent is subject to revocation at any time except to the extent that action has been taken in reliance on the consent**

Consent for Release: Elements 8-11

- 8: The signature of the service recipient or the service recipient's legally responsible person
- 9: The date the consent is signed
 - For EMR, signatures should be date/time stamped in accordance with APSM 45-2.
- 10: Specific authorization for the release/disclosure of information which contains Substance Abuse information (42 CFR Part 2).
- 11: The individual must specifically authorize the release/disclosure of information which contains HIV/AIDS information (NC General Statute 130A -143).
 - For example, boxes to be checked indicating authorization; statement of authorization, etc. These examples are not all inclusive.

Consent to Release Information Form- TIPS

- Complete Release of Information Forms for coordinating providers at intake to initiate appropriate Coordination of Care.
- Review Release of Information Form to ensure the consumer/LRP completed the form in its entirety, included dating the signature.
- Attach a copy of the Release of Information for any time a disclosure is made to ensure consumer/LRP consent.
- Update Release of Information Forms prior to expiration of previous forms.

Questions?

- Network Liaisons are available to offer Technical Assistance.
- Refer to DHHS Routine Monitoring Tools- Guidelines





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Introduction to VPTherapy360 Cloud-Based Teletherapy Trillium Health Resources Licensed Independent Provider Call

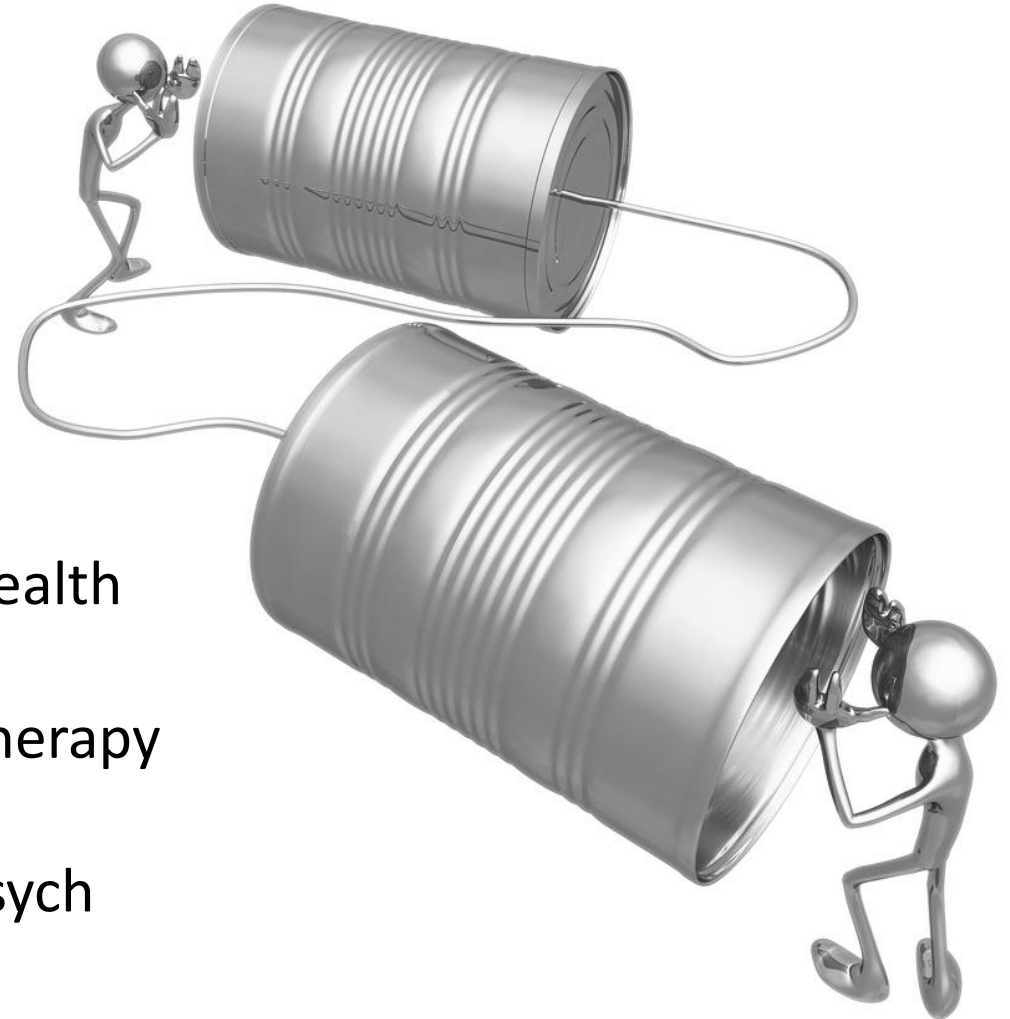
Monday April, 3rd 2017

Presented By:

Scott Allen

President – 2Mi-Software Solutions

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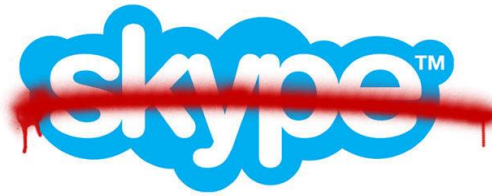


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 - Informed Consent
 - About Me – Professional Profile
 - e-signature for agreements
- Master Calendar for Video Sessions
- Reports
 - Proof of video sessions
 - Patient & Colleague listing
 - E-signature lists
- How to Videos
- On-line and Telephone Support

The screenshot displays the VEEP360 Video Portal interface. The browser address bar shows the URL <https://veep1.vptherapy360.net/vp>. The page title is "VP Therapy 360". The main content area features a profile for Scott Allen, President of 2Mi Software, with a circular photo. To the right, the "VIDEO PORTAL" section includes a "Calendar view mode" dropdown with options for "Week", "Month" (selected), and "Day". Below the profile is a calendar for March 2017, with the date 22 highlighted. A "CREATE APPOINTMENT" button is visible below the calendar. The bottom of the page shows a navigation bar with "CALENDAR" and "PORTAL" buttons, and a "TIMER" showing "00:00:00".

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Thank You



VP Therapy 360 

2MI Software Solutions 
custom software solutions

Scott Allen
President

919.867.0496

sallen@2mi-software.com

Bruce Crain

Chief Client Engagement Officer

919.809.5775

bcrain@2mi-software.com