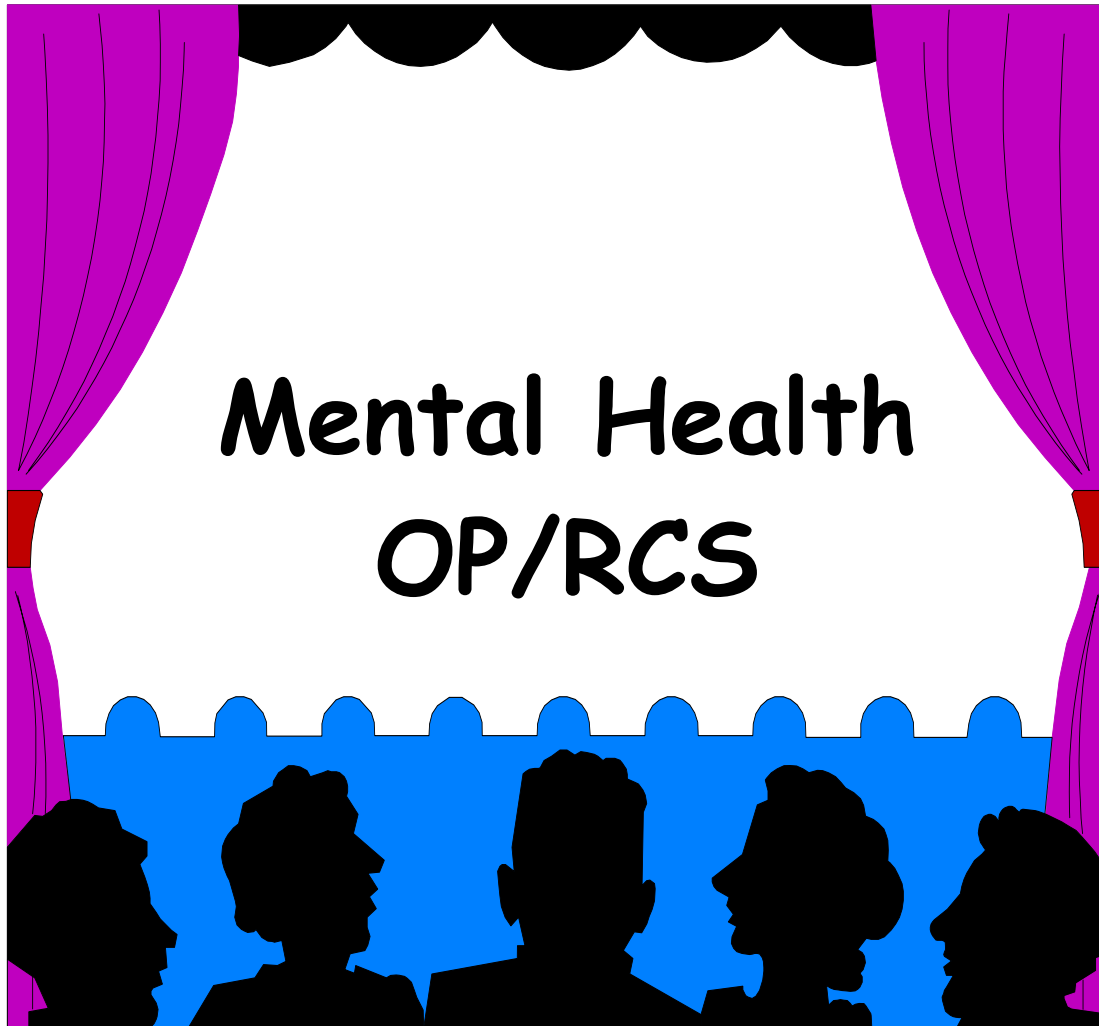


# **Manual**

for State Psychiatric and Regional Acute Care Facilities



## **Department of Human Services**

Addictions & Mental Health Division  
500 Summer Street NE E86  
Salem, Oregon 97301-1118

October 2010



If you need this publication in an  
alternate format

Please call (503) 945-5763 (voice)  
or TTY (503) 945-5893

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Bob Nikkel  
Administrator

Prepared by  
The OP/RCS Data Team





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## **ABOUT THIS MANUAL**

**Subject** This manual provides information for the Oregon Patient Resident Care System (OP/RCS).

- ◆ **Part One, Introduction to OP/RCS**, provides an overview of the OP/RCS and instructions for completing the mental health OP/RCS reporting forms.
- ◆ **Part Two** provides box-by-box codes in the order that they appear on the State Psychiatric OP/RCS forms.
- ◆ **Part Three** contains a **Glossary**.
- ◆ **Part Four** provides various **Appendices**.

**Audience** This manual is for anyone who will be completing, reviewing or entering mental health OP/RCS forms. It may also prove helpful to those analyzing the OP/RCS data. It provides general instructions to users of the OP/RCS who provide mental health services.

**Purpose** The purpose of this manual is to provide current reporting instructions and common OP/RCS item definitions for state and local mental health OP/RCS users. The manual is most readily used as a reference book, although it is recommended that anyone completing OP/RCS forms begin by scanning the entire manual.

This is a comprehensive manual, which includes instructions for both State and Acute Care Psychiatric Facilities. Therefore, some items may not directly apply to your program.

A table of contents is located in the front of this page to help locate the desired box.

**Updates** Updates to this manual will be communicated through numbered and dated OP/RCS mental health manual replacement pages from AMH. It is recommended that you keep this manual in a binder so that replacement pages are easily inserted.

**Suggestions**

If you have suggestions on how to improve this users manual, please contact:

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# PART ONE



## Introduction to OP/RCS



## **The Oregon Patient / Resident Care System**

Addictions & Mental Health Division (AMH) implemented the Oregon Patient / Resident Care System (OP/RCS) during the 1981-83 Biennium. OP/RCS is a vital management tool, which provides:

- ✓ Documentation that services are being delivered by community acute care and state psychiatric facilities supported by AMH and other funds in compliance with the Legislatively approved budget and statutory mandates;
- ✓ Data on the performance of acute care community and state psychiatric programs used by state and local management to advocate for services and funding;
- ✓ Basic data for program evaluation, trend analysis, and community mental health research;
- ✓ Data for determining expanded commitment criteria; and
- ✓ Gun control verification.

The OP/RCS consists of several parts:

Enrollment and Discharge Demographics - In all cases, the patient is enrolled in State psychiatric or acute care services by entering enrollment information. When the patient is discharged, the discharge portion of the form is filled out.

The State Psychiatric Facilities use other portions of the OP/RCS including: laboratory, pharmacy, and dietary orders.

## **We All Benefit From OP/RCS Data, because OP/RCS...**

### **A. Provides Accountability for Funds Spent by:**

- 1) monitoring the number of patients served compared with funded capacity. Utilization rates help to create a better case for additional funding from the legislature; and
- 2) calculating measures for performance reports (outcome measures of patients). Measures are calculated for patients terminated during each quarter (such as making sure patients that are discharged from the State Psychiatric Facilities and are reopened in community programs with in a desired time period).

### **B. Generates More Funds for Services by:**

- 1) documenting services provided to patients;
- 2) documenting the need for continual federal & state funding to the Legislature;
- 3) providing information to legislators and others for planning -- Oregon data is reported to federal oversight agencies through Block Grant reports;
- 4) documenting expenditures in reports to funding agencies.

## **Importance of Accurate Data**

**It is important that your OP/RCS patient data accurately reflect your program, because the data...**

- ✓ affects performance reports, utilization, and other reports;
- ✓ are used as part of ongoing certification requirements;
- ✓ are used for outcome studies;
- ✓ are used as a basis for future funding requests;
- ✓ can enable a program to evaluate their own performance and progress;
- ✓ can assist in the management of the program; and
- ✓ can assist the Addictions & Mental Health Division (AMH) in managing resources.

## **Types of OP/RCS Enrollment and Discharge Forms**

There are two different enrollment/discharge forms. They both include the termination portion on the same sheet. Each form is identified by a title appearing in the upper right corner and form numbers in the bottom left.

Note: Appendix B contains sample OP/RCS forms.

- 1) **The Mental Health State Psychiatric Facility Enrollment and Discharge Form** (Form No: MHD-ADMS-OPRCS -0003) is to be used if the consumer is enrolled or discharged in a State Psychiatric Facility (State Hospital in Salem, Portland, or the Blue Mountain Recovery Center in Pendleton).

Instructions: At the beginning of the episode, complete the enrollment portion, and enter it into the OP/RCS, then place the form in the patient's file. On a designated basis, update the status of the patient. When the patient's episode has ended, complete the discharge portion, and enter it into the OP/RCS.

- 2) **The Mental Health Acute/Sub-Acute Psychiatric Facility Enrollment and Discharge Form** (Form No: MHD-ADMS-OPRCS -0002) is to be used if the consumer is enrolled or discharged in an Acute or Sub-Acute Psychiatric Facility (regional facility).

Instructions: At the beginning of the episode, complete the enrollment portion, and enter it into the OP/RCS, then place the form in the patient's file. On a designated basis, update the status of the patient. When the patient's episode has ended, complete the discharge portion, and enter it into the OP/RCS

## **Who Fills Out the Form?**

**It is very important that the clinician / physician who assesses the patient provides the information to fill out the OP/RCS form.** Some portions of the form require clinical judgment and certain information is only gathered during the patient assessment. The Data Coordinator or Office Manager, however, should review the forms before keying them into the OP/RCS database.

## **How the OP/RCS Data are Processed**






## Enrollment

- ⌚ The Forms contain both enrollment and discharge data on the same sheet and should be retained by the provider. Please store the paper forms in the patient's file.
  - Within twenty-four (24) hours after the patient is enrolled in your facility, the enrollment information must be entered into the OP/RCS database. Most facilities do this online (See appendix C).
  - The discharge information should be a re-assessment of the patient prior to discharge. This information also must be entered within twenty-four (24) hours after the patient is discharged. However, if the patient is being transferred to a state hospital, immediate discharge is required.
- ⌚ The data entered into the OP/RCS mainframe computer are checked for errors.
- ⌚ Errors that occur are referred to the enrolling facility for clarification and/or correction. Please return our phone calls promptly, so that we can keep the data timely, clean and accurate.

### **Timing and Consequences of Late Data**

#### **Key in the...**

-  **Enrollment information** within 24 hours of the first face-to-face treatment contact (usually the initial assessment).
-  **Status Change information** within a designated time period after enrollment. Usually 180 days.
-  **Discharge Information** no later than 24 hours after the last face-to-face treatment contact. However, if the patient is being transferred to a state hospital, immediate discharge is required.

#### **Where to Send Completed Forms and Reports:**

Most of the time, you will key your own forms into the OP/RCS online database. However, there are times when your connection to the database is down, and you need to send us the forms. Please fax to: **503-945-6199**

**Note:** The print on the forms must be dark enough to be faxed.

### **THE IMPORTANCE OF TIMELY SUBMISSIONS**

***Delays in keying or sending the forms may result in your program not receiving credit for all of the patients you have served. Also, the patient may need to be enrolled in another facility, but because they are still open in your facility, the system will not allow a re-enrollment.***

## **ENROLLMENT: Who to Enroll in OP/RCS**



### **Do Enroll**

**Anyone who is detained (hold room)<sup>1</sup>, civilly committed, or is medically indigent (has no insurance), or whose services are paid with public funds<sup>2</sup>.**

For each patient enrolled on OP/RCS, the psychiatric facility must maintain a file that includes, but is not limited to, documentation of the primary diagnosis, a psychosocial work-up (which might include a family history, prior treatment information, etc.), and a treatment or training plan. Please refer to the Oregon Administrative Rules (OARs) appropriate to the service you are providing to the patient.



### **Do Not Enroll**

**Friends, relatives, or other associates (collaterals) of the enrolled patient who are contacted or otherwise involved during the course of the primary patient's treatment.**

## **CONFIDENTIALITY**

Patient information reported to AMH through OP/RCS is confidential and protected by State and Federal law and operating computer protocols. No person or agency other than authorized personnel can gain access to confidential patient information in OP/RCS. AMH complies with Section 42 of the Federal Confidentiality Regulations as well as the Health Information Portability and Accountability Act (HIPAA).

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<sup>1</sup> This includes Private Pay patients, as well.

<sup>2</sup> Public funds include Medicaid, Medicare, and Oregon Health Plan

## **QUESTIONS?**

Key contact people:

For training, electronic submission,  
and technical support contact:

Dianna Dobay  
Data Coordinator  
(503)-945-6186  
[dianna.bernards@state.or.us](mailto:dianna.bernards@state.or.us)



For electronic access to OP/RCS contact:

Lucia Eleen  
Data Analyst  
(503)-945-5766  
[lucia.eleen@state.or.us](mailto:lucia.eleen@state.or.us)

See Appendix B for technical information on how to log in to the OP/RCS.

