

Present (please check) Please circle note-taker				<b>CMHAMM</b> Work Group Meeting Minutes  DATE: 6/2/05  LOCATION: QI Forum (Crystal Mountain)  WORK GROUP NAME: Quality Improvement		cc: Team members (list members' names) Liz Holcomb, CEI Paul Duff, CEI Moria Davenport-Ash, CEI Fran J, CEI Pamela Stants, CEI Board Member Lynn Charping, Gratiot Sally Johnson, Ionia Susan Kilgore, Newaygo Chip Johnston, Manistee-Benzie
X	Liz H.	X	Lynn C.			
X	Paul D.	X	Sally J.			
	Moir D.		Chip J			
	Pam S	X	Susan K			
X	Fran J.		Guest:			
Topics Discussed				Discussion/Decisions		Action/Responsible Party
Changes to the Agenda				The following topics were deferred to the next meeting: ACAC Quarterly Newsletter Record Review PIHP Penetration Rates DRAFT RR Booklet BBA Review, section, Subpart C, 104-116		
EQR				<p>DRAFT reports have been received (compliance monitoring, validation of performance measures, appendix of data submitted for the EQR review – overall methodology). DCH instructed the PIHP not to act on the reports until the final copy was sent out. Ken contacted HSAG and it was determined that since there were no challenges to the report, the final report would be the same as the DRAFT. Ken will forward the report to the affiliates next week.</p> <p>Score sheets were reviewed. Scores appear low, however there are only a few areas of concern -areas of non-compliance were noted more than one time in a section and there were several partially met standards.</p> <p>CEI has reviewed the report and have begun preparing a plan of correction, formulating recommendations and have assigned a person responsible and timeline for completion for each area of concern. All areas not scored as full compliance will be addressed.</p> <p>Executive Summary Standards – 10 standards not met. Most of the citations were related to PIHP monitoring, delegation, and oversight. The QAPI needs to identify PIHP senior officials and follow-up of consumer satisfaction data also needs to be documented. Two areas received a 100% rating – practice guidelines and staff qualifications &amp; training.</p> <p>Utilization Management scored 72% - 3 standards were not met.</p> <p>Customer Services scored 83% - 2 standards were not met. Both were related to developing standards and monitoring processes.</p> <p>Recipient grievance process scored 61% - 3 standards were not met, all related to delegation, on-going monitoring and oversight. A formal process for documenting grievances needs to be developed. The Consumer Handbook needs to be revised to include all of the member</p>		<p>Ken will forward the EQR reports to the Affiliates.</p> <p>Fran will forward work plans to the Affiliates.</p> <p>Develop a formal process for documenting grievances.</p> <p>QI Group - Revise the Consumer Handbook to include all of the information required.</p>

Present (please check) Please circle note-taker				<b>CMHAMM</b> Work Group Meeting Minutes		cc: Team members (list members' names) Liz Holcomb, CEI Paul Duff, CEI Moria Davenport-Ash, CEI Fran J, CEI Pamela Stants, CEI Board Member Lynn Charping, Gratiot Sally Johnson, Ionia Susan Kilgore, Newaygo Chip Johnston, Manistee-Benzie
X	Liz H.	X	Lynn C.	DATE: 6/2/05		
X	Paul D.	X	Sally J.	LOCATION: QI Forum (Crystal Mountain)		
	Moira D.		Chip J	WORK GROUP NAME: Quality Improvement		
	Pam S	X	Susan K			
X	Fran J.		Guest:			
Topics Discussed				Discussion/Decisions		Action/Responsible Party
				<p>service and enrollee requirements.</p> <p>Recipient Rights and Protections scored 71% - 7 standards were not met related to information being given to consumers regarding available services, annual notification of the right to access information, right to treatment free from seclusion and restraint, delegation, and contractor monitoring and oversight.</p> <p>Validation of Performance Measures: Table 6 - information did not get included in the scores. #s 1,3,4,5 needed clarification from DCH. Table 9 – The PIHP needs to maintain written documentation regarding the methods used to collect indicator data and automate process as much as possible. Further recommendations are included in the report.</p>		
2004 Consumer Satisfaction Project				<p>Recommendations will be presented to Core Group in July.</p> <p>Affiliates have taken follow-up action as follows: <b>Ionia</b> – Completed a follow-up plan. <b>Gratiot</b> – Prepared brochures for each survey. Reviewed results with each target group of participants and with staff, placed appropriate brochures in lobby areas, Consumer Advisory Panel review, Collaborative Council review, and an informational meeting with referral sources is scheduled. <b>Newaygo</b> – Consumer Care review, will go to PD&amp;M in July, and a team to work on individual issues is being planned. <b>CEI</b> – Results reported to Leadership. Staff are working on brochures and a follow-up plan. A follow-up letter to referral sources will be sent out when Moira returns.</p> <p>The Affiliation will set goals for areas of improvement in the next survey. The goals and follow-up plans will be reviewed with the governing body in July.</p> <p>Each Affiliate will prepare a follow-up plan and submit to Liz at the next meeting.</p>		<p>Liz – Present consumer satisfaction project recommendations to Core Group in July.</p> <p>Affiliates – Submit follow-up plan to Liz.</p> <p>Affiliation – set goals for next year. Review goals and plans with the governing body.</p>
QISMC				<p>The ACAC will be asked for input regarding a topic for a new project.</p> <p>Affiliates are to submit completed file review data to Liz a.s.a.p. for report due to DCH on 7/1/05. Completed file review results will be given to the QHPs at the next meeting. The QHP meeting will be delayed until late July in order to have sufficient time to evaluate file review data.</p>		<p>LIZ will ask for ACAC's input on new QISMC Project.</p> <p>Affiliates - Submit file review data to Liz for report due 7/1/05.</p>

Present (please check) Please circle note-taker				<b>CMHAMM</b> Work Group Meeting Minutes  DATE: 6/2/05  LOCATION: QI Forum (Crystal Mountain)  WORK GROUP NAME: Quality Improvement		cc: Team members (list members' names) Liz Holcomb, CEI Paul Duff, CEI Moria Davenport-Ash, CEI Fran J, CEI Pamela Stants, CEI Board Member Lynn Charping, Gratiot Sally Johnson, Ionia Susan Kilgore, Newaygo Chip Johnston, Manistee-Benzie
X	Liz H.	X	Lynn C.			
X	Paul D.	X	Sally J.			
	Moir D.		Chip J			
	Pam S	X	Susan K			
X	Fran J.		Guest:			
Topics Discussed				Discussion/Decisions		Action/Responsible Party
Performance Indicators				PIHP monitoring will occur in the QI work group. Performance Indicators will be placed on the QI work group agenda to be reviewed quarterly Q1 – Feb., Q2 – May, Q3 – Aug, Q4 – Nov. Outliers for one quarter will be required to give an explanation and outliers for 2 quarters will be required to develop a plan of correction. Recommendations will be forwarded to the PIHP monitoring group.  Internal targeted performance and state thresholds will be indicated on the performance indicator charts.  Areas of concern for this quarter included: #4 – CEI will take results to the Program and Clinical Services Committee for analysis and plan of correction. #5 – A benchmark of 95% has been set by the PIHP. #6 – Appears to be an error in CEI data – possibly due to data entry or related to CDT implementation. IS department will be asked how data is reported to the state (demographics). #7 – Now includes CEI data.  Next review of indicators will be in August 2005.		Paul will review data collection and reporting for #6 with Chuck.
Grievance/Appeals Policy				Reviewed DRAFT Advanced Notice Procedure. Give any input to Liz no later than 6/6/05.		Affiliates - Review procedure and give input by 6/6/05.
Customer Services				Discussion regarding enlarging the Customer Services Department – telephone triage; identify county of caller – forward to the Affiliate; log call if a grievance.  Affiliates will share any forms currently used to log grievances.		Further discussion by QI Group.  Affiliates - Forward grievance forms to group member.
Compliance/QI Plan Follow-up				CEI Board of Directors is challenging the content of the compliance plan. Authorization has been requested at the next meeting.		
Compliance Issues				<b>Gratiot</b> – Inaccurate billing for a school based service was noted. Discrepancies have been corrected and the staff issues found in investigation have been referred to HR for follow-up. A corrective action plan has been completed and the school has been contacted. <b>Newaygo</b> – 1. Lag time report – date service occurred date entered into the system. Average is 7 days – requirement 24 hours. 2. Service in system without a progress note. Both issues will be reviewed by the Compliance Committee.  Minutes from Compliance Committees should be submitted to Fran for documentation at the PIHP.		Affiliates – Submit Compliance Committee minutes to Fran as the meetings occur.

<b>Present (please check) Please circle note-taker</b>				<b>CMHAMM</b> Work Group Meeting Minutes  DATE: 6/2/05  LOCATION: QI Forum (Crystal Mountain)  WORK GROUP NAME: Quality Improvement	cc: Team members (list members' names) Liz Holcomb, CEI Paul Duff, CEI Moria Davenport-Ash, CEI Fran J, CEI Pamela Stants, CEI Board Member Lynn Charping, Gratiot Sally Johnson, Ionia Susan Kilgore, Newaygo Chip Johnston, Manistee-Benzie
X	Liz H.	X	Lynn C.		
X	Paul D.	X	Sally J.		
	Moir D.		Chip J		
	Pam S	X	Susan K		
X	Fran J.		Guest:		
<b>Topics Discussed</b>				<b>Discussion/Decisions</b>	<b>Action/Responsible Party</b>
Topics for Next Agenda				Affiliate satisfaction Follow-up Plans Mystery Shopper Data Collection Form Customer Service Form (grievance collection) ACAC Quarterly Newsletter Record Review PIHP Penetration Rates DRAFT RR Booklet BBA Review, section, Subpart C, 104-116	
Next Meeting				7/28/05@ CEI 11 – 1 QI, 1:30 – 3 QHP	