

**CMHAMM**  
Work Group Meeting Minutes

<p><b>WORK GROUP NAME:</b> Quality Improvement</p> <p><b>LOCATION:</b> Gratiot CMH</p> <p><b>DATE:</b> 8/4/06</p>	<p><b>PRESENT:</b> (please <b>bold</b> note-taker)</p> <p>Paul Duff, CEI Liz Holcomb, CEI Fran Jozefowicz, CEI Stefanie Zin, CEI Lynn Charping, Gratiot <b>Sally Culey, Ionia</b> Chip Johnston, Manistee-Benzie Cindy Ingersoll, Newaygo Susan Kilgore, Newaygo Guest: Richard Coelho via speakerphone regarding agenda item #2</p>	<p><b>cc:</b> Work Group Members:</p> <p>Liz Holcomb, CEI Paul Duff, CEI Fran Jozefowicz, CEI Pamela Stants, CEI Stefanie Zin, CEI Lynn Charping, Gratiot Sally Culey, Ionia Chip Johnston, Manistee-Benzie Susan Kilgore, Newaygo Cindy Ingersoll, Newaygo</p>
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Ongoing	1) Review of last meeting minutes	1) N/A	-----	-----	
Follow-Up	2) Customer Satisfaction Surveys	<p>2) Discussion with Richard about the 2006 surveys: Closed:</p> <ul style="list-style-type: none"> <li>• For tracking surveys: each affiliate us a program code and a reason for termination code on the bottom right space of the survey. Use own program codes, same as is used for open case surveys. Reason codes are as follows: 01 met goals/closed according to plan or mutual agreement; 02 withdrew from services/noncompliant/AMA; 03 relocated out of service area; 04 due to change in insurance or funding source or authorization and includes in jail/prison.</li> <li>• If any action is to be taken to try and improve return rates (phone call reminders, etc.) it needs to be implemented throughout affiliation for consistency of data.</li> <li>• 804 is the correct number for the typo noted in the 2005 survey data.</li> </ul> <p>Referral source: no changes</p>	Everyone let Richard know your program codes. Sally to email Richard the reason codes.	8/17/06	

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Continued	3) Informal Denials	<p><b>Open Cases:</b></p> <ul style="list-style-type: none"> <li>Discussed issue of consumers possibly not knowing the definitions of PCP and natural supports; will include an operational definition in 2006 surveys. Will get input from consumer advisory council on definition. Continue to have staff use these terms with consumer to help them learn the terms that are used universally.</li> </ul> <p>Contractor Surveys: are lengthy, but contractors are not complaining. Keep questions for consistency to review data over time. Also is a way for contractors to feel connected with the CMH system.</p> <p>For 2006 survey results: Richard will get survey results out to QI workgroup as they are compiled, instead of all at once in the spring/summer. This will get them to the group more quickly to enable better review of results and time to implement QI activities prior to the next year's survey.</p> <p>3) Continued discussion on each affiliates procedures for informal denials. Determined the following:</p> <ul style="list-style-type: none"> <li>An informal denial is a denial of a service prior to a face to face assessment.</li> <li>An informal denial requires written notification of the person's</li> </ul>	Liz/CEI get input from advisory council on definitions. Sally finalize and get to Richard.	9/15/06 9/22/06	8/31/06
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Ongoing	4) MA Claims Verification	<p>right to a redetermination.</p> <ul style="list-style-type: none"> <li>The notice must be in writing, but can be a different form from affiliate to affiliate.</li> <li>Note/example: Prior to a face to face assessment, if a person is referred out due to insurance, or we don't provide the service requested, a notice does NOT need to be sent. This is not an informal denial. Prior to a face to face assessment, if a person is denied a service based on eligibility or severity of illness, then need to send notice of right to request a redetermination.</li> <li>An affiliation procedure on informal denials is needed.</li> </ul> <p>4) Determined benchmark of 5% error rate PRIOR to corrections being made requires a corrective action plan. The % is based on historical data and current practice. The action plan is to be included on the current quarterly report form. The PIHP has the right to request additional information if not satisfied with the action plan submitted.</p>	<p>Everyone be sure to implement procedure locally.</p> <p>Fran to see that an affiliation procedure gets implemented.</p> <p>Initiate corrective action plan procedure with data and reports due 9/30/06</p>	<p>ASAP</p> <p>8/31/06</p> <p>9/30/06</p>	
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Follow-Up	5) QI Plan Update and 6) Compliance Plan Update	5) & 6) Both need updating for the next fiscal year. Changing procedure so that the QI Plan review and Compliance Plan review is done during the QI workgroup, at the time of the revisions for the next fiscal year and will be recorded in the minutes.	Everyone review the QI and Compliance Plans for discussion, review, and revision in September meeting.	9/15/06	
Ongoing	7) Compliance Issues	7) All Performance Indicator corrective action plans are in except for CEI's.	CEI submit	ASAP	
Ongoing	8) QI Issues	8) CEI is looking at whether or not it is possible to data enter information into an electronic record review format/database, as currently the person collecting the data must do this by hand. This is in early stages of discussion and may lead to reduced errors and more efficiencies.	----	----	
	9) Other	9) Videoconferencing to be available within 1 month.	----	---	
		10) Next Meeting: 9/15 10-1 @ Ionia			