

<p>Page 1 of 3</p> <p>Chair: Newaygo (Susan/Cindy) Note taker: Susan</p>	<p align="center">CMHAMM Work Group Meeting Agenda</p> <p align="center">Work Group: Quality Improvement</p> <p align="center">Date: 10/05/07 9:00am - Noon Location: Gratiot CMH</p>	<p>cc: Team members <input checked="" type="checkbox"/> = present <input checked="" type="checkbox"/> Liz Holcomb, CEI <input checked="" type="checkbox"/> Paul Duff, CEI <input type="checkbox"/> Pamela Stants, CEI <input checked="" type="checkbox"/> Stephanie Zin, CEI <input checked="" type="checkbox"/> Lynn Charping, Gratiot <input checked="" type="checkbox"/> Sally Culey, Ionia <input checked="" type="checkbox"/> Chip Johnston, Manistee-Benzie <input checked="" type="checkbox"/> Cindy Ingersoll, Newaygo <input checked="" type="checkbox"/> Susan Kilgore, Newaygo <input checked="" type="checkbox"/> Kim Zimmerman, PIHP</p>
<p align="center">Topics Discussed</p>	<p align="center">Minutes Discussion/Decisions</p>	<p align="center">Action/Responsible Party; Due Date; Status (complete or barriers)</p>
<p>1. Review & approve 08/31/07 minutes</p>	<p>Approved</p>	<p>Susan</p>
<p>2. Review & approve today's agenda</p>	<p>Paul requested Performance Indicators added</p>	<p>Susan</p>
<p>3. June 7 & 8/2007 DCH Site Review <input type="checkbox"/> new <input checked="" type="checkbox"/> follow-up <input type="checkbox"/> ongoing</p>	<p>Group review of Site Review Protocols and Interpretive Guidelines. Section A. Consumer Involvement Kim received Newaygo response for Section A and shared how the linkage would work on the web pages she is having developed. This will display our compliance individually and as a whole.</p>	<p>All – 15 minutes</p> <p>Section B1 should be completed by each affiliate and sent to Kim by next meeting.</p>
<p>4. HSAG Site Visit CAP Update <input type="checkbox"/> new <input type="checkbox"/> follow-up <input checked="" type="checkbox"/> ongoing HSAG Follow-up During 2008</p>	<p>Advanced Directives Training / Essential Learning PowerPoint / Training Plan - Progress Module is complete as a PowerPoint with Quiz in EL. Other affiliates will use the PowerPoint. We can update manually as needed. Andy has also created PPT's on B3's and G/A's. These will be added to EL also and shared among affiliates. Susan noted that the QI module has the test from last year's module not this year. Some difference in material. Local Appeals Log - Progress Since everyone has the same format now. Action notices should have been reviewed by all. Send feedback to Liz.</p>	<p>Cindy - 5 minutes</p> <p>CEI to share PPTs. Susan to notify EL of QI quiz errors.</p> <p>Affiliates to begin submission in same format Quarter 1 FY2008. (January) Place action notices on next months agenda.</p>
<p>5. QISM Projects <input type="checkbox"/> new <input type="checkbox"/> follow-up <input checked="" type="checkbox"/> ongoing</p>	<p>The current SA project is still required. For the Coordination of Care we need to choose a different population. Various possibilities were discussed. Renwick disk of past my offer ideas. The DCH approval to share necessary PHI between Medicaid providers was discussed. The revocation piece complicates things. MB includes notice on their consent to treatment form. Also discussed expectations within QHP Coordination Agreements and how we can proceed meeting them. The QHP's were assigned to members for contact for ideas on CoC that has worked for them.</p>	<p>Liz - 20 minutes Place CoC project on next months agenda.</p> <p>Chip will share MB consent to treatment form.</p> <p>Molina/Community Choice – Sally & Chip Mid Michigan – Liz Priority Health – Cindy</p>
<p>6. Mystery Shopper Project Status <input type="checkbox"/> new <input checked="" type="checkbox"/> follow-up <input type="checkbox"/> ongoing</p>	<p>Level II Reviews</p> <ol style="list-style-type: none"> 1. Jana presented the orientation guidelines for new CSR's. After discussion, wait time was taken off the list items on the review form. 2. Currently working on a list of common duties for the CSR's 3. Approval to implement Level II reviews with quarterly reporting to QIWG. 4. Level 1 reviews can go quarterly now too. 5. Anti – Stigma Grant funds have ended. Products 	<p>Kim/CSRs – 20 minutes</p>

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	<p>will be presented to the Steering committee when scheduled. Jana explained the plan to find volunteer teams at each county that will have training on the products and their use. Each county can take the products and use what they want of it. Each CSR will have the equipment and the teams take what they need. Would still have to work out transportation issues. Most products can be presented with just 2 volunteers. CSR's were not intended to be the presenters but can assist with understanding use of products for the volunteers. All the information is contained on one CD.</p> <p>6. The CSR involvement in the Anti-Stigma Presentations needs to be further defined.</p>	
<p>7. Local QI Issues for group discussion <input checked="" type="checkbox"/> new <input type="checkbox"/> follow-up <input type="checkbox"/> ongoing</p>	<p>CMHAMM QI Plan Review We were not able to continue on this due to technical difficulties.</p> <p>Annual Report to PIHP The updated report from Lynn was reviewed with a few errors corrected. Cindy will present it at the Steering Committee in November since she attends anyway.</p>	<p>All - 45 minutes</p>
<p>8. Local Compliance Issues for group discussion <input checked="" type="checkbox"/> new <input type="checkbox"/> follow-up <input type="checkbox"/> ongoing</p>	<p>CMHAMM Corporate Compliance Plan Review Tabled until next meeting due to lack of time.</p> <p>Annual Report to PIHP Tabled until next meeting due to lack of time.</p>	<p>All – 45 minutes</p>
<p>9. Other: Record Review FY2008 <input checked="" type="checkbox"/> new <input type="checkbox"/> follow-up <input type="checkbox"/> ongoing</p>	<p>Sampling proposal for Affiliate submission to Affiliation Susan proposed that we move to minimal sample submission for record review. Each affiliate can do as many reviews as they feel they need to do internally but only submit a random sampling of the minimum required so data can be aggregated at PIHP level. 25% of clinicians reviewed each quarter, one chart per clinician and new staff reviewed during last quarter. Susan supplied some random sampling formulas for affiliate use.</p> <p>Assess Assessments? ☺ Agreed to do these again during Quarter 4 of the reviews. We will have to get out the previous items used for Assessments.</p> <p>Quarter 3 / Quarter 4 results (November)</p>	<p>Susan – 20 minutes</p>
<p>10. CSR Job Title <input checked="" type="checkbox"/> new <input type="checkbox"/> follow-up <input type="checkbox"/> ongoing</p>	<p>Tabled due to lack of time.</p>	<p>Chip Johnston – 15 minutes</p>
<p>11. Performance Indicators <input checked="" type="checkbox"/> new <input type="checkbox"/> follow-up <input type="checkbox"/> ongoing</p>	<p>Paul notified affiliates of PI's not meeting standard and needing to submit a plan of correction. It was reminded that the form previously designed should be used. There were 2 areas for correction for CEI, 1 for</p>	<p>Paul Duff – 15 minutes Submit response to Paul asap.</p>

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	<p>Ionia and 1 for Gratiot. Susan brought up the question of those performance results that cannot be anything but 100% because of 1 person and should those be considered technically not meeting standard but not needing a corrective action plan. Paul stated that if the numbers were small enough then 100% should be attainable. Susan stated that does not concur with the QI philosophy of variation and why 95% is acceptable. (It should be noted that Newaygo was not cited.) No agreement was obtained. ☺</p>	
<p>12. Other – training <input checked="" type="checkbox"/> new <input type="checkbox"/> follow-up <input type="checkbox"/> ongoing</p>	<p>Stephanie shared her recent Corporate Compliance training by the Lloyds and distributed some of the handouts. She was very impressed and gave highlights to the group. The OIG was referenced and looking at the exclusion program – You can't bill Medicaid if someone is on the exclusion list. This should be checked periodically. Also noted Rehabilitation vs. Habilitation. MR/DD vs. (not for MI/SA) Chip noted the Alaska example of service that is training towards independence rather than service that is always doing something FOR the consumer. Example: Taking someone to the grocery store weekly for years. This does not count as service. Alaska had to pay back half a million because of this!</p>	<p>Stephanie – 15 mins</p>
<p>13. Next Meeting Dates/Times for October / November</p>	<p>It was noted that Lynn Henley will no longer be doing the data as she has been. Data should go to Katie Hammack now instead. Send to hammock@ceicmh.org</p>	
<p>Affiliation Satisfaction Surveys Reminder Referral Source - September Contractor - September Open Case - October QISMC ACT data due October 15 to Liz/Lynn</p>		