

<p>Page 1 of 4</p> <p>Chair: CEI (Paul Duff) Note taker: Stefanie Zin</p>	<p style="text-align: center;">CMHAMM Work Group Meeting Agenda</p> <p style="text-align: center;">Work Group: Quality Improvement</p> <p>Date: 9/19/08 Location: CEI 11:15 a.m. to 1:15 p.m.</p>	<p>cc: Team members <input checked="" type="checkbox"/> = present x Liz Holcomb, CEI x Paul Duff, CEI Pamela Stants, CEI X Stephanie Zin, CEI X Lynn Charping, Gratiot X Sally Culey, Ionia X George Ott, Manistee-Benzie X Cindy Ingersoll, Newaygo X Susan Kilgore, Newaygo X Kim Zimmerman, PIHP</p>
<p style="text-align: center;">Topics Discussed</p>	<p style="text-align: center;">Agenda Discussion/Decisions</p>	<p style="text-align: center;">Action/Responsible Party; Due Date; Status (complete or barriers)</p>
<p>1. Review & approve 8-01-08 minutes</p>	<p>Approved</p>	<p>Paul</p>
<p>2. Review & approve today's agenda</p>	<p>Approved</p>	<p>Paul</p>
<p>3. QI Workgroup Agenda Items Grid</p>	<p>Medicaid Claims Review – Review twice a year (Nov. and May) Clinical Records Review – Review twice a year (Nov. and May) For both reviews, focus on areas where we are falling below as an affiliation.</p> <p>For reporting Consumer Satisfaction Data, should ask Richard about when might be best. The group thought perhaps in March. If so, we will need to inform Richard. It was noted that this would be a very full meeting.</p> <p>For CSR/Customer Services Report – Twice a year. Need to ask Julie as to which months would be the best.</p> <p>In terms of review of the QI Plan Revision/Annual Report: Have QI workgroup complete it by September, then the Consumer Advisory Council and the Steering Committee could review by December and the Board of Directors approve in either December or January.</p> <p>Review of QI Goals would happen in July.</p> <p>Take Review of Sentinel Events/Critical Incidents and Review of Satisfaction Survey Procedure off of the QI Workgroup Agenda Items and have both topics be included on the regular Agenda as “Standing Agenda Items”.</p>	
<p>4. Clinical Record Review Tool</p>	<p>The group reviewed the draft tool element by element and comments/suggestions were made. The tool was also reviewed during the Compliance Committee that met earlier. In the Compliance Committee, the following recommendations were made:</p> <p>a. Home-based documentation captures at least 2 hours per week of services.</p> <p>b. Presence in the plan:</p> <ol style="list-style-type: none"> 1. Services identified in the plan are consistently provided/delivered including CLS and respite 2. The plan reflects needed services 3. Plan contains measurable objectives, amount, scope and duration 	

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	<p>4. Plans are signed by appropriate clinicians-legible and credentials including QMRP</p> <p>5. Adequate notice is given</p> <p>c. Consumers are given adequate and meaningful opportunities during the year to discuss plan including dreams, hopes etc.</p> <p>d. Assessment of substance abuse/use and integration of treatment for all populations</p> <p>e. Signatures on all documents are legible and contain credentials and dates</p> <p>With respect to Home-based services, the group discussed where the right place to monitor would be. It was decided that each Affiliate would run an internal report of Medicaid claims for their home-based services to determine if staff are meeting the two hour requirement.</p> <p>There was a discussion related to services identified in the plan being consistently provided, including respite and CLS. There is a question on the form already that asks, "Does the frequency of face to face contacts occur as stated in the PCP" which is much broader in scope. It was suggested that the Level of Care Review Process, that is conducted across the Affiliation, might be a better place to monitor what services are authorized and what services are actually provided.</p> <p>It was also suggested that the question related to the provision of a complete orientation be included.</p>	
<p>5. Electronic Level of Care Review Project</p>	<p>Paul briefly updated the group about the progress of the project. There is a training session scheduled at CEI on Monday, October 20, 2008 from 10:00 a.m. until 1:00 p.m.</p>	
<p>6. QAPIP DCH Contract Attachment</p>	<p>The group reviewed the Contract Attachment with the Proposed revisions for FY 2009-10 in bold. It identifies the statewide project as improving the access to services for children who are Medicaid beneficiaries and adult beneficiaries with substance use disorders. Language was also added with respect to following up after a Sentinel Event. Specifically, that the root cause analysis is to commence within two business days of the sentinel event. There was also new language requiring that the QAPIP quarterly reviews analysis of data from the behavior treatment review committee where intrusive or restrictive techniques have been approved for use with beneficiaries and where physical management has been used in an emergency situation.</p>	

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	<p>The group wondered what, exactly, “improving the access to services” meant. It was agreed that the sentence should be clearer. It was noted that Boards would need to have access to Penetration Rates (by total population and sub-population) to be able to monitor “access to services”.</p> <p>The group also wondered if these changes needed to go into effect for 2008-2009 or 2009-2010 fiscal year. Liz will raise the issue with Judy Webb during the December, 2008 QI Conference.</p> <p>To comply with the two-day timeframe for the commencement of the RCA, it was suggested that the CMHAMM policy be revised to include the two-day timeframe.</p> <p>There was much discussion regarding the Behavior Management language and how CMHSPs were going to comply with the new requirements.</p>	<p>Liz to follow up with Judy Webb.</p>
<p>7. HSAG Findings and Status of Plans of Correction</p>	<p>The group reviewed the Summary of 2007-2008 Health Services Advisory Group (HSAG) Compliance Monitoring Review document from Kim. The document outlined the elements that did not score 100% and thus required a plan of correction. There was discussion of HSAG’s finding we were not providing “comprehensive and technically correct written information on advance directive policies, including a description of applicable State Laws and the beneficiary’s right to make decisions concerning his or her medical care, the right to accept or refuse treatment, and the right to formulate advance directives. The topic of educating staff was also covered. Cindy will e-mail Liz the copy of the power-point that is included in Essential Learning. Liz will review and make additions as necessary.</p>	<p>Modify the Consumer Handbook and the informational pamphlet to include the required information. (Liz and Stefanie)</p> <p>Review existing AD training PowerPoint and make modifications as needed. (Liz)</p>
<p>8. QI Policy and Procedure</p>	<p>Liz indicated that she updated the QI Policy and Procedure in August. Will review as needed.</p>	
<p>9. Advance Directive Training</p>	<p>See discussion in #7.</p>	
<p>10. Sentinel Events Reporting</p>	<p>Susan was requesting clarification related to a common definition of a sentinel event across the affiliation as well as a common format for submission of reports to the PIHP. The group discussed the JCAHO definition of a sentinel event: “An unexpected occurrence to a Medicaid recipient of services involving death or serious physical (loss of limb or function) or psychological injury, or the risk thereof. (Risk thereof includes any process variation that most likely would result in a sentinel event if it reoccurred).” It was suggested that the CMHAMM policy on Sentinel Events be re-visited to clarify how data should be submitted. Liz referenced a worksheet that she uses to record the number and the category of the sentinel event.</p>	<p>Re-visit the CMHAMM Policy on sentinel events.</p>

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<p>11. Consumer Handbook - <input type="checkbox"/> new <input type="checkbox"/> follow-up <input checked="" type="checkbox"/> ongoing</p>	<p>We are still waiting on confirmation from the State regarding the Advance Directive language. We might just go ahead and include the language HSAG wants, just to be on the safe side.</p>	
<p>12. Posting of Provider Qualifications and Consumer Satisfaction Survey results per the DCH plans of correction</p>	<p>Liz indicated that the CMHAMM website is currently down, so this item was tabled.</p> <p>Richard suggests putting the entire satisfaction survey report on the web, with the consumer's names redacted.</p>	
<p>13. Local QI issues for group discussion</p>	<p>The group briefly discussed the upcoming PIHP site visits scheduled for the month of October.</p>	
<p>14. No additional agenda items for this month.</p>	<p>Additional Agenda Items suggested for the 11-08 meeting included:</p> <p>DCH Plans of Correction for D.1.4, D.2.4.1, E.9., and E.10.</p>	
<p>15. Next meeting Dates/Times 2008-2009</p>		<p>Next meeting will be held in November.</p>