

<p>Page 1 of 3</p> <p><b>Chair: Newaygo (Susan/Cindy)</b> Notetaker: Susan Kilgore</p>	<p align="center"><b>CMHAMM</b> Work Group Meeting Minutes</p> <p align="center"><b>Work Group: Quality Improvement</b></p> <p>Date: 1/19/07 – 10am – 1pm Location: Ionia</p>	<p><b>cc: Team members</b></p> <p><input checked="" type="checkbox"/> = present</p> <p><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 type="checkbox"/> Cindy Ingersoll, Newaygo  <input checked="" type="checkbox"/> Susan Kilgore, Newaygo  <input checked="" type="checkbox"/> Fran Jozefowicz, PIHP</p>
<p align="center"><b>Topics Discussed</b></p>	<p align="center"><b>Discussion/Decisions</b></p>	<p align="center"><b>Action/Responsible Party; Due Date; Status (complete or barriers)</b></p>
<p><b>1. Review &amp; approve 1/05/07 minutes</b></p>	<p>Approved by Group</p>	<p>Complete</p>
<p><b>2. Review &amp; approve today's agenda</b></p>	<p>Approved with additions: 10. CSRs Site Visit</p>	<p>Complete</p>
<p><b>3. HSAG Site Visit Update - Psychiatric Advanced Directive (PAD) Progress</b></p> <p><input type="checkbox"/> new <input checked="" type="checkbox"/> follow-up <input type="checkbox"/> ongoing</p>	<p><b>Progress on Procedure:</b> Liz distributed the latest revision of the Advance Directives Procedure #3.8. She noted the language added for III.B. that defines the term patient advocate and that he/she will "act on behalf of the individual in matters regarding care, custody, medical and/or psychiatric treatment decisions when the individual is unable to participate in his/her treatment decisions" to describe the psychiatric advance directive scope.</p> <p>The group requested some language added as to the extent we (CMH's) can honor the PAD and Liz will add that too. The law itself does not state that the PAD must be followed. We will as much as we can but the consumer should be informed there may be some preferences we cannot do. (e.g., specific hospital choice).</p> <p>Waiving revocation of the PAD language was reviewed and found to be confusing! Ionia's policy had language that was much clearer. The revocation, if waived by the consumer, means that the consumer is saying in effect "if I tell you I want to revoke my PAD in the midst of a crisis where I am unable to make my own decisions, ignore my statement of revocation" or something to that effect. ☺</p> <p><b>Progress on Letter/Brochure/MDCH Form to all open consumers:</b> Liz will be emailing out the finished letter with law citations and paraphrasing included for us to use. This would be for the initial mailing to consumers and could include the consumer brochure that Pamela is working on. New consumers would be given this information in person. Pam is designing the brochure to have one side address medical advance directives (MAD) and the other side psychiatric advance directives (PAD).</p> <p><b>Other: Provider Lists for the Consumer Handbook:</b> Liz and Fran called HSAG re: the extent of listing that is needed. Diane said we only need to list CMHSP's, CA's and any contractors. Andrew should have what he needs already. Satako Asada from CEI has put them into a webpage format. It was decided that since we had sent in all the individual clinicians information that Satako could send back each affiliates webpage format and we should all put them up on our agency websites. Consumers and the CSR's could then go to CMHAMM website and go to each affiliate linked website and get the individual clinician info as needed. Satako's email is asada@ceicmh.org.</p>	<p>Liz to bring edits to the procedure to the 2/02/07 meeting</p> <p>Liz/Pam to email or bring products to the 2/02/07 meeting.</p> <p>Liz will follow-up with Andrew and Satako.</p>
<p><b>4. HSAG PIP Submission Form - QISMC Access Project #2</b></p> <p><input checked="" type="checkbox"/> new <input type="checkbox"/> follow-up <input type="checkbox"/> ongoing</p>	<p>This <b>project will be for substance abuse consumer data</b> so will apply to the CA's only. The quarterly performance indicator measuring assessment to ongoing services within 14 days will be used.</p> <p>The report is due Feb 16 but the indicators aren't due until the end of February. It was decided that the average of the last fiscal year quarters will be used as the baseline data. Paul will create the summary of interventions applied during that time for the report. Yea Paul! The</p>	<p>Liz Holcomb &amp; Paul to follow-up with the CAs. Report to be submitted by February 16<sup>th</sup>.</p>

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	average of this fiscal year will be used as the comparison for improvement.	
<p>5. <b>QISMC Coordination of Care Project #1 Data</b></p> <p><input type="checkbox"/> new <input type="checkbox"/> follow-up <input checked="" type="checkbox"/> ongoing</p>	<p><b>Status on Quarterly submissions:</b></p> <p>The summary for this project is due by January 31<sup>st</sup> as well as the new PIP (above). Newaygo and Manistee Benzie data is in. Liz will check if all are in to her.</p>	Liz will submit the reports by January 31.
<p>6. <b>Record Review Tool and Guide - Implement for Quarter 3-07</b></p> <p><input type="checkbox"/> new <input checked="" type="checkbox"/> follow-up <input type="checkbox"/> ongoing</p>	<p><b>Additional edits were established</b> which Susan will update and return to the members. The guideline will also add the additional updates. Each affiliate can tailor this template guide to meet their own processes and records.</p>	Susan Kilgore will complete the edits and share with members
<p>7. <b>Record Review Data – Quarter 4 and Annual Review Data</b></p> <p><input type="checkbox"/> new <input type="checkbox"/> follow-up <input checked="" type="checkbox"/> ongoing</p>	<p><b>Quarter 4 data was reviewed</b> and discussion included possible changes to the sampling method as comparison with the varied samples makes it difficult. The minimum requirement of review we had previously established was one clinician per year.</p> <p>Ideas were exchanged about submitting just the minimum for CMHAMM and if an affiliate does more, then it would be used for their own internal benefit. The minimum sample would have to be randomized prior to submission to CMHAMM.</p> <p>The annual data is anticipated to be available for the Feb 02 meeting for further review.</p>	<p>Susan Kilgore will add sampling to the next agenda.</p> <p>Lynn Henley will have the annual data available for Feb 2.</p>
<p>8. <b>QI Issues for discussion</b></p> <p><input checked="" type="checkbox"/> new <input type="checkbox"/> follow-up <input type="checkbox"/> ongoing</p>	<p>Susan brought up a Newaygo improvement planned for automated reporting of CMH services to DHS for their <b>Spend Down consumers</b>. This will relieve the present system of clinicians filling out forms for consumers and getting them over to DHS monthly and the data capture will be more accurate for helping consumers meet Spend Down amounts and become eligible for Medicaid for the month. This is anticipated to help minimize general fund dollars also.</p> <p>CEI and Manistee-Benzie shared they were doing this as well and also planning services as much as possible so the pharmacy and psychiatrist services were utilized later in the month when Spend Down amounts were likely to be already met.</p> <p>This is especially important for CEI as they have their own pharmacy and this helps with expenditures. They often know who has met Spend Down amounts before DHS does.</p>	NA
<p>9. Compliance Issues for discussion</p> <p><input checked="" type="checkbox"/> new <input type="checkbox"/> follow-up <input type="checkbox"/> ongoing</p>	<p><b>DRA letter</b> out – phone issue – Stephanie Zin (<i>HELP, I have completely forgotten what this was about!</i>)</p> <p>Sally questioned regarding our <b>Compliance Plan</b> and what if an issue being investigated was involving the CEO. It was consensus that if a local CEO was involved then an investigation should be handled by the PIHP. Fran will review the procedure and add in the language. She will take it to the Board of Directors in Feb for approval. Once approved the Plan will be added to the CMHAMM website.</p>	Fran will follow-up

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<p>10. Other: CSRs Site Visits</p> <p><input type="checkbox"/> new <input checked="" type="checkbox"/> follow-up <input type="checkbox"/> ongoing</p>	<p>Discussion included the <b>confusion over the Level II Site Visits</b> and it was felt that this was clear now. CSR's can go ahead and start the testing of the form at their local main site and report back to their CSR meeting their feedback on its use.</p> <p>It was also noted that not all phone calls for Level I reviews were being made. Please check with your CSRs for any issues.</p>	<p>All report info back to your CSR's</p>
<p>11. Next Meeting Dates/Times</p>	<p>Friday, 2/02/07 9a – Noon @ <del>Gratiot</del> – <b>NOTE: CHANGED TO CEI</b> Friday 2/16/07, 9a – Noon @ Ionia</p>	<p>UM meets after @ CEI</p>