



	<ul style="list-style-type: none"> <li>• M. Miller gave an update on the new background check requirements for direct care staff. Medicaid will pay for the cost of the background check if the staff are working in a long-term care setting. This may also apply to CLS staff. We can use the system that is currently under development for background checks on other staff, but we would have to pay the fee. The Committee had many questions related to this new law.</li> <li>• E. Shaffer raised the issue again of TB testing requirements. Our monitoring tool requires annual testing, but most providers are not testing that often. There is no known law or standard that requires it. T. Neville stated that the CDC recommends annual testing for people working with high-risk populations. Local policies were discussed – these should be followed if they apply to providers. However, it appears that our local policies are not consistent across the region.</li> <li>• It was noted that the affiliate counties do not know how to add contract amendments to Encompass and are therefore not doing so.</li> </ul>	<p><b>It was agreed that some Committee members and possibly some HR staff should be trained on the specifics of the new law, the new database under development, and the process for background checks. The brochure (sent out previously) provided training dates</b></p> <p><b>The Committee needs more information on this issue. For now, providers should be following local policies related to TB testing</b></p> <p><b>This is a training need</b></p>	<p><b>M. McLain</b> will f/u with Public Health to see what they recommend, and will obtain the WCHO policy.</p> <p><b>E. Shaffer</b> will obtain local policies from the affiliates, to use when monitoring providers</p> <p><b>C. Krawczyk</b> will visit each affiliate county in the near future to train on this</p>
3) Website Demo	<ul style="list-style-type: none"> <li>• M. McLain showed the Committee the provider website and the CSSN website. When providers call with questions about policies, provider meetings, etc. they should be referred to the website so they get used to checking it.</li> </ul> <p>The Committee had suggestions: Add the CSSN boilerplate to the CSSN site (currently the CSTS boilerplate is there, but it is slightly different); “Flag” new items for the first month or two after they are posted, so that it is easy to see when new information is added (especially with policy updates); Add language to explain some of the information on the site – it isn’t always clear what some of the posted items are or how they should be used.</p>	<p><b>The Committee liked the sites, and offered some suggestions for making them even better</b></p>	<p><b>M. McLain</b> will make updates to the sites</p>
4) NMC Decision Log	<ul style="list-style-type: none"> <li>• The Committee reviewed the decision log and clarified where we are at with a few items; minor changes are needed.</li> <li>• K. Gauthier will maintain the 2006 decision log and the Committee will review it quarterly.</li> </ul>	<p><b>Some changes are needed</b></p>	<p><b>K. Gauthier</b> will make needed changes and forward to PI</p>

<p>5) Incorporating Consumers Into the Committee's Work</p>	<ul style="list-style-type: none"> <li>• Following up on feedback from the regional PI Committee, this committee brainstormed ideas of ways to incorporate consumers into our work in a way that would add real value to the work that we do, and would not be "tokenism".</li> <li>• We would like to create a consumer focus group to create 3-5 questions for a brief questionnaire focused on quality areas important to them.</li> <li>• This tool would be used with a sample of consumers served by each provider. Their feedback would be incorporated into the provider profile or "report card" that we are developing and could be disseminated to clinical staff to be shared with consumers – allowing for a more informed choice when consumers pick a provider.</li> <li>• It was suggested that Leslie Hall would be a good person to facilitate the focus group, and that we may want to involve clinical supervisors as well</li> </ul>	<p><b>The Committee decided to start by piloting this with CLS providers. CLS providers were chosen because this is an area that is currently not as highly monitored as other types of service (residential, etc).</b></p>	<p><b>K. Gauthier</b> will call Leslie Hall</p>
<p>6) Contract Files – Standards for Organizing</p>	<ul style="list-style-type: none"> <li>• The Committee discussed current file organization/storage and then reviewed the suggestions from R. Marhofer of items to include in the contract files.</li> <li>• <u>RFP</u>: Pros and cons of maintaining RFP info in the contract file were discussed.</li> <li>• <u>Reports</u>: (1) PI reports are already in Encompass; (2) QI Plans are not required to be submitted if the provider is accredited.</li> <li>• Due to time constraints, further discussion was postponed until a later meeting.</li> </ul>	<p><b>RFP info does not need to be kept with the contracts</b></p> <p><b>PI reports do not need to be printed off of Encompass and kept in the file; QI Plans are necessary only for non-accredited providers</b></p>	<p><b>K. Gauthier</b> will add this to a future agenda for further discussion</p>
<p>7) Next Meeting</p>	<ul style="list-style-type: none"> <li>• <b>The next meeting will be March 23, 2006 at the LLRC, from 1:30 – 4:00 p.m.</b></li> </ul>	<p><b>AGENDA ITEMS:</b></p> <ul style="list-style-type: none"> <li>• Plan for 2006 Boilerplates, part 2</li> <li>• FI Services (w/ CJ Witherow)</li> <li>• Standard File Organization</li> </ul>	