



	<p>learning organization and there is a need to embed learning organization terminology to all staff.</p> <p>Performance Evaluation</p> <ul style="list-style-type: none"> <li>• Issue is the timely review of the evaluations. Lenawee isn't doing it. It will get done for staff just isn't done yet.</li> <li>• Coordination of the PCP, SPI, and grievance and appeal has been scheduled monthly. Training checklist is being worked on right now. Will be presented to committee later. Cultural competency will be looked at next month, working on for consistency.</li> </ul> <p>Audit exit interview:</p> <ul style="list-style-type: none"> <li>• Question was asked, are there any issues that need to go back to professional develop, such as tracking children's program documentation</li> </ul>		
<p>3. Clinical Care Update</p>	<ul style="list-style-type: none"> <li>• Charge and work plan handed out. Also passed around the indicator worksheet (2 of them).</li> <li>• SPMI first meeting will be 3/16.</li> </ul> <p>Indicator #1</p> <ul style="list-style-type: none"> <li>• Primary Care Physician coordination</li> <li>• Percentage of consumers with a primary care physician</li> <li>• Percentage of consumers with a primary care physician and appropriate authorization to release information for whom a consultative face-to-face or phone contact with the primary care physician was made by CMH staff.</li> </ul> <p>Indicator #2</p> <ul style="list-style-type: none"> <li>• Goal Attainments</li> <li>• Percentage of consumers with progress toward goals.</li> <li>• Percentage of consumers with progress toward goals scoring 3 or higher.</li> <li>• Clinical Care is working with UR committee on manual which list out entry/exit continuing care. Everyone should use same criteria and manual.</li> </ul>	<p><b>Approve Clinical Care charge and work plan</b></p>	
<p>4. Appeals Update</p>	<p>Indicator #1</p> <ul style="list-style-type: none"> <li>• 95% of hearing decisions affirm the PIHP CMHA decision/action.</li> </ul> <p>Indicator #2</p> <ul style="list-style-type: none"> <li>• 90% of hearings are withdrawn due to being resolved</li> </ul>		

	<p>locally.</p> <ul style="list-style-type: none"> <li>Indicators need to be clearly defined and meet the definitions. 90% or 95% may be too high; it can be adjusted. A lot will be in the indicator worksheet and it should be passed out so everyone has it.</li> </ul> <p>Some hearings are requested and resolved with a clear explanation. Issue addressed that consumers need to be more educated on the rights to appeal. Work plan speaks to doing more community outreach and informing them of their rights. Outreach is far more effective than just handing out manual. Best way to reach parent group is direct contact.</p>	<b>Approve Due Process/Appeals charge indicator and work plan</b>	
5 .Monroe Update	<ul style="list-style-type: none"> <li>Will meet with committees to develop indicators and reviewed by Monroe senior committee staff. In process of developing indicators and hope to have in place by 4-1-06 deadline.</li> <li>Breakthroughs: DCI audit did well. Continue to make progress on PCP. Monroe recognized for children waiver program by audit. It was noted that Monroe had a large savings in costs.</li> <li>Monroe converted all the PI forms and is using them to keep continuity. The goal is to use the same language across affiliate. Another goal is to tie regional indicators to local indicators.</li> </ul>		
6. Compliance Update	<p>Indicator #1</p> <ul style="list-style-type: none"> <li>All approved plans of correction will be implemented by specific date, and follow through is completed. Become organization of our word and commit to achieving compliance.</li> </ul> <p>Indicator #2</p> <ul style="list-style-type: none"> <li>Affiliation will receive "MET" on at least 85% of standards for the EQR review.</li> <li>When EQR is completed make sure we have completed MET.</li> <li>In the future pick indicators based on audit readiness.</li> <li>When using the forms make sure they are both JCAHO and PIHP ready.</li> <li>Suzanne Kapica should not be the point person for</li> </ul>	<b>Approve Compliance charge and work plan, noting to add monitoring of substance abuse to work plan</b>	

	<p>compliance regionally.</p> <ul style="list-style-type: none"> <li>• Keeping up with new laws and standards. Looking at risks and monitoring areas of concern. Reviewing laws and giving consultation.</li> <li>• Monitoring activities-using a project called audit readiness (be ready for an audit at anytime) and sharing information with staff. Monitoring HIPAA and providing interpretations. Monitoring JCAHO. Provide CSSN assistance in preparation for EQR audit, this fall.</li> <li>• Re: HIPAA, question was raised, is the information sent to compliance for review, and reporting. Suzanne answered that yes it is being handled by compliance. Substance abuse is being worked on by Suzanne Kapica. She is reviewing where the delegation lies.</li> <li>• Sub abuse and mental health requirements are different in encompass. Monitoring of sub abuse should be added to work plan under #2.</li> <li>• National provider indicator is needed. It is a national Medicaid billing number used for billing. Need to be using and have applied and received the new number by May 2007 per Suzanne Kapica. It is a HIPAA requirement and needs review.</li> </ul>	<p><b>K. Gauthier, E. Kurtz and S. Kapica will form a work group to address National Provider Indicator for Medicaid Billing issue and report back to PI in 3 months</b></p>	<p>Kelly Gauthier</p>
<p>7. Consumer Stipend</p>	<ul style="list-style-type: none"> <li>• Consumer stipend increase and mileage reimbursement were reviewed. The recommendation consisted of raising consumer stipend to \$80/day or \$40/½ day plus mileage at a federal rate to consumers attending regional meetings. It is the high end of what is currently done by the 4 counties.</li> <li>• There is belief that if you increase rate will you get more consumer participation. Consumers have asked for consistency in stipend and mileage reimbursement across affiliate. Question rose about what constitutes a full day versus half day, and is travel time included as meeting time. Travel time is not included thus far.</li> <li>• It was also stated staff should not be driving consumers in their personal vehicles. It is a risk to consumers. Question rose regarding difference for staff versus provider driving consumers. There is an insurance</li> </ul>		

	<p>issue when staff drives consumers.</p> <ul style="list-style-type: none"> <li>• Recommendation of staff driving consumers: it was agreed upon that each county would follow their own policy</li> <li>• Group voted on stipend increase with financial analysis be forwarded to AEC. Majority votes were 3 or greater.</li> <li>• There was a vote on the issue to reimburse consumers who attend regional meetings for mileage at the federal rate. A gradient of 5 was given.</li> </ul>	<p><b>Each county will continue to follow their own policy for transporting consumers</b></p> <p><b>Recommendation of Consumer Stipend Increase to consumes attending regional meetings will go forward to AEC</b></p> <p><b>Recommendation of Consumer Mileage Reimbursement at federal rate to consumes attending regional meetings will go forward to the AEC</b></p>	
<p>8. Next Meeting:</p>	<ul style="list-style-type: none"> <li>• Next Meeting April 6, 2006; 1:00-4:00; LLRC</li> </ul>	<p><b>Agenda Items</b>  <b>Finalized Indicator Report from Member Services</b>  <b>Status check on PI Processes</b>  <b>Incident Reports</b></p>	