

CCCW QUALITY COMMITTEE

Meeting Minutes

DATE: May 26, 2010

PLACE: Community Care of Central Wisconsin-Stevens Point, Meeting Room 319

TIME: 1:00 – 2:30 p.m.

PRESENT: Ann Stevens, Laura Goetz, Jessica Schmidt, Lawrence Schroda, Pam Ironside, Nicole Hill, Sheryl Bauer, David Thewes, Bonnie Cherwinka, Julie Strenn, Jason Taylor, Glen Lamping, Dana Cyra

1. The meeting was called to order at 1:05 p.m. by Larry Schroda, Acting Committee Chair.
2. Motion to approve minutes of March 24, 2010 without revisions by Ironside; second by Thewes. Approved.
3. The Membership Report was distributed. The reports shows an increase of 15 members; from 2,584 members in March to 2,599 members in April, 2010. Of the 15 new members, 7 have physical disabilities, 2 have developmental disabilities, and 6 are frail elders. An apparent decrease in the number of members self-directing their supports may be explained by three factors: (1) some clean-up of the database used to track self-directed supports; (2) the transition of 17 members to the IRIS program; and (3) implementation of a new method for providing respite which no longer requires the respite to be provided under the self-directed supports option. The waiting list in Marathon County decreased by 18; from 324 in March, to 306 in April. The waiting list in Wood County increased by 2; from 225 in March to 227 in April. There were a total of 533 people on waiting lists in Marathon and Wood Counties at the end of April, 2010.

The CCCW Quality Indicator Report for the 1st Quarter of 2010 was discussed. The total number of grievance and appeals filed during the first quarter is somewhat higher than the average for 2009. However, a total of 3 is still very low. Disenrollments were higher than average during the first quarter, with the largest increase showing up in the voluntary disenrollment category. This may be due to increases in both the number of people who chose to transition to IRIS and the number of people who chose to access only nursing home medical assistance. In some instances, members who desire to relocation to a community setting change their minds after exploring the options available. It is also possible that some members have chosen to disenroll because the nursing home(s) they reside in have chosen not to be contracted providers for CCCW; transitioning to nursing home medical assistance is a means for the individual to maintain their current residence.

In regard to Wellness and Prevention (page 3), Quality Management staff chose not to use the 2009 quarterly average as a comparison figure in regard to member falls and injuries. In 2009, there was a big emphasis on getting staff to consistently report member falls and there were significant increases in the reporting of member falls during each quarter. The first quarter of 2010 appears to be the first quarter where the number of reported falls is fairly consistent with the number of falls reported in the previous quarter. For that reason, the 4th Quarter of 2009 appears to be a better baseline for comparison than an average for all quarters of 2009.

It appears that staff are doing a much better job of both reporting falls and identifying injuries associated with falls. The next step in working to prevent falls and/or reduce injuries related to falls, is assisting CCCW staff and staff of provider agencies to identify the root cause of member falls and interventions appropriate to the root cause. This initiative is part of CCCW's Performance Improvement Project for 2010.

The percentage of members who received the pneumovax and influenza vaccines is consistent with previous years. For 2009, Metastar is validating the information provided. CCCW received a list of 60 members who were reported as having vaccinations. Of the 60, there was one member for whom immunization information was entered incorrectly, resulting in the individual being erroneously included in the report of those receiving vaccinations.

Service Coordination staff are performing very well in regard to timely assessments, member-centered plans, and face-to-face contact requirements. They are not consistently meeting CCCW's goal of having at least 75% of service coordination time spent on member-specific activities. Figures for the 1st Quarter of 2010 are higher than the average for 2009 and the 75% goal may be achieved in 2010. CCCW continues to have a fairly high percentage (19%) of members using the Self-Directed Supports option for some or all of the services they receive.

Staff turnover has not been a major issue for CCCW. However, there were two resignations of Registered Nurse Service Coordinators in the Marshfield office during the 1st Quarter of 2010. This will need to be monitored to determine whether retention of RNs will present an ongoing problem in the Marshfield office.

4. A standardized Notice of Action form letter, developed by a statewide workgroup and intended for use by all MCOs throughout the state, was distributed for review and future discussion. Evelyn Heikenen, CCCW Member Services Manager, will attend the June 23rd meeting of the Member Quality Council and is hoping to receive feedback on the proposed form. Jessica Schmidt suggested re-wording the language immediately preceding the first checkbox which reads, "Since we were not able to come to an agreement..." noting that it seems to set a negative tone rather immediately. Those who participate in the Member Quality Council were encouraged to review and share the proposed Notice of Action form letter with other members/member reps in preparation for discussion at the June meeting. Others were encouraged to submit comments to Dana Cyra via email.

5. Highlights of the final report from CCCW's external quality review by Metastar were discussed. Cyra noted that the previous review took place in March, 2009. DHS requested quality improvement plans to be submitted by mid November to December of 2009 and the next Metastar review was scheduled for March, 2010. Given the small amount of time between submission of the quality improvement plan and the Metastar review, it seems to be the assumption that organizations will actually respond to the results of the external quality review prior to submitting improvement plans.

The 2010 process focused specifically on review measures that were not met or partially met in 2009. Results of the 2010 review show that CCCW is at least partially meeting all review criteria. Results of the care management review identified no serious health and safety concerns among the 30 member files reviewed. In past reviews, staff of Metastar met with Service Coordination staff in large group settings. In 2010, Metastar staff met with individual Service Coordination teams. This process likely generated very informative and useful results.

The external review noted significant progress in several areas: (1) development of an internal file review process; (2) development of a provider database; (3) contract negotiations with DMS vendors that results in lower cost and improved service to members; and (4) the development of internal committees to support staff with challenging issues such as managing member risks and developing positive behavioral support plans. Progress was also noted in regard to the structure and involvement of providers, members, member representatives, and other stakeholders in the Quality Committee, Provider Quality Council, and Member Quality Council. The involvement and active partnership with contracted providers was identified as a "best practice."

Areas identified for future improvement include: (1) ongoing implementation and tracking of file review results to ensure the process is working as intended and that staff are compliant with expectations; (2) review of current documentation standards related to the RAD process with attention to ensuring that excessive documentation is not actually deterring staff from understanding and applying the RAD process; (3) and examination of the current process for obtaining the member's signature on the Member-Centered Plan which entails having the member sign the plan before they've received and reviewed a finalized copy.

Cyra noted that management staff have been participating in conference calls related to measuring core competencies among Service Coordination staff. From the conference calls it appears that other MCOs ensure consistent use of the RAD process through ongoing training and a gradual reduction in documentation requirements following a period of training wherein there is consistent review and feedback to staff on documented use of the RAD process. Further discussion of state expectations in this area may open the door for local discussions regarding documentation standards. A change in documentation standards will warrant significant discussion because long term staff clearly feel that current standards evolved in response to the results of previous reviews. A more success approach to reduced documentation standards may be to identify specific services or supplies that do, or do not, require written documentation of the RAD process.

There was significant discussion of the process for obtaining the member signature on the member-centered plan. Members of the committee expressed concerns about asking members to sign the MCP in advance of receiving a finalized copy. While the current process isn't ideal, it does ensure CCCW obtaining the member's signature of approval for the plan; something that may not happen if plans were mailed to members for signing. The other alternative, to schedule an additional meeting with the member solely for the purpose of reviewing and signing the plan, could be very costly in terms of both staff time and travel. Laura Goetz, Social Work Service Coordinator for CCCW, indicated that she generally has a hard copy of the current plan she is using to handwrite changes that will be formalized upon return to the office. Hence, the member is reviewing and agreeing to the handwritten changes. This process seemed acceptable if the handwritten copy were returned with the finalized copy or at a minimum, made available to the member for comparison upon request. Bonnie Cherwinka indicated that as a residential service provider, she would be willing to receive a faxed copy of the MCP on behalf of a member and to return, via fax, the signature page. These options will be brought to CCCW management staff for discussion.

The discussion of member-centered plans revealed that providers are not consistently receiving copies of the plans for the members they serve. Residential providers develop their own ISPs, independent of CCCW's MCP and it seems that these things should be consistent. Julie Strenn confirmed that residential providers should have access to the member-centered plans of those they serve. Strenn also discussed plans to work collaboratively with CCCW providers via the Provider Quality Council to develop a "Partnership" document that details best practices for ensuring an appropriate partnership with providers in the delivery of member services. Cyra noted that CCCW management staff are currently working to develop a Service Coordination Handbook to be used in orienting new staff, and as a resource to existing staff. Provider network staff have offered to develop sections of the handbook relevant to staff expectations in regard to developing and maintaining positive, collaborative relationships with providers. The Quality Committee will have an opportunity to review the handbook when a draft has been completed.

6. At the Member Quality Council Meeting on April 28th, there was a discussion of Incident Reporting within CCCW. Effective April 2, 2010, the review and coordination of follow-up to incidents involving members transitioned from member service to quality management. The Quality

Management division was working to ensure that staff consistently document follow-up. A draft of the revised Member Handbook was distributed for final comment prior to submission for review by DHS. The council also reviewed and provided feedback pertinent to design of a new Provider Directory for distribution to members. A draft version will be available for review at the next meeting on June 23, 2010.

On April 28th, members of the Provider Quality Council received a document detailing DHS plans to develop a methodology for setting residential service rates that will be used statewide. Many members of the Council participated in statewide listening sessions and provided feedback regarding the listening sessions. Discussion of group's composition led to the identification of a few provider types who are lacking representation on the council. These include: Home Health/Private Duty Nursing, Pre-Vocational Service Providers, Transportation (sole business), and Elderly Adult Day Care/Service provider. CCCW staff will make efforts to ensure future representation among these provider types. The group also discussed work plans for 2010. At the next meeting on June 23rd, 2010, Council members will identify the strategy to be used in identifying quality indicators or benchmarks based on the type of service provided.

7. Future agenda items include a review of the new CCCW Provider Directory for members, other items that arise for committee review and discussion, and presentations by internal staff that assist members to fully understand CCCW operations.

8. The next meeting is scheduled for July 28, 2010. Dana Cyra and Pam Ironside will be unable to attend. Other staff of CCCW will be available to provide staff support for the meeting.

9. Motion to adjourn by Stevens; second by Thewes. Approved.

Respectfully submitted by Dana Cyra, CCCW Director of Quality Management.