

## CCCW Quality Committee Meeting Meeting Minutes

Date: May 24, 2012

Place: CCCW – Stevens Point, Meeting Room 319

Time: 1:00 -2:30

Present: Penny Bartelt, Dana Cyra, Nicholas Baumann, Tricia Mayek, Carrie Schreiner, Alli Rehfeldt

1. The meeting was called to order at 1:04 by Dana Cyra.
2. Minutes from 03/28/2012 meeting were not approved due to not enough members in attendance. This will be moved to the next meeting in July.
3. Reports:
  - a. **CCCW Membership Report**

The membership report for February through April 2012 and the six month statistical report were distributed. The number of members decreased from February to March, but then increased from March to April. The living arrangements for members has remained consistent.

The number of members self directing some or all of their supports increased slightly to 21% of all members. In 2012, CCCW hopes to increase the percentage of members self directing to 25%, so this percentage is moving in the right direction.

There was one appeal filed in April 2012. No grievances were filed between February and April.

The ages levels by Target Group remained consistent with slight changes in numbers in each of the age ranges for each target group.

The six month statistical report shows an increase in the number of enrollments. There were 38 enrollments in March and 67 in April. The number of disenrollments was also high in March (42) with an increased number of deaths. The total number of people on the wait list has gone down over the last few months. The ADRC - Portage County no longer has a wait list, and the ADRC - Central Wisconsin had a total of 166 people on the wait list as of April 2012. This wait list is expected to be down to zero by the end of the summer.

The provider totals by service type showed that the numbers of providers for each service type remains consistent. There has been an increase of providers for Durable Medical Equipment and Medical Supplies.

**b. 1<sup>st</sup> Qtr 2012 Quarterly Indicator Report**

The 1st Quarter 2012 Quarterly Indicator Report is completed and will be posted to all sites. The report shows that during the first quarter of 2012, there was one appeal that was resolved at the local level. The reason for disenrollment show a higher percentage of members transferring to NH-MA. The disenrollments by target group show that the highest numbers are due to deaths. Nine of the fifteen total deaths among individuals in the PD or DD target groups were members that were under the age of 60. The Antigo office continues to have the highest percentage (56%) of members self directing some or all of their supports.

The highest number of falls occurred in a member's home or in a CBRF. The number of falls among members in each target group shows that most falls continue to occur in the elderly target group. There were 37 falls that resulted in serious injury to the member. During the 1st quarter of 2012, there were two unexpected deaths and 3 suicide attempts. There were no incidents of member neglect. There was one medication error that resulted in increased pain of the member. Overall, 70 members (2% of members) experienced a critical incident during the 1st quarter of 2012.

Member satisfaction increased in two areas. The percentage of members that stated they would recommend CCCW to a friend Always or Most of the Time increased from 89% in 2011 to 95% in the 1st Quarter of 2012. The number of members reporting that their team talks to them about work/employment options if the member is interested increased from 82% in 2011 to 85% in the 1st quarter of 2012.

Three of the four areas monitored via the IDT Supervisor file review showed an increase in the percentage met. However, the percentage of member-centered plans that fully address member health and safety risks decreased. This decrease is a result of CCCW using a new formula, recommended and used by MetaStar, to calculate the percentage met. This new formula does include situations where the criteria is deemed "Not Applicable" in the percentage met.

**c. DHS Report to Joint Finance Committee**

This report was distributed for informational purposes. It is a report the Department of Health Services put together to give to the Joint Finance Committee. The report is a synopsis of how DHS will move ahead on plans for business sustainability.

**d. 2010 DHS Annual LTC Report**

This report was also distributed for informational purposes. It comes from DHS and seems to take a great deal of time to compile given that the data is actually from 2010. The report was not covered during the meeting. However, any questions can be directed to Dana Cyra.

**4. DHS Scorecard of Key Performance Indicators**

The DRAFT report of the Family Care Key Performance Indicators was sent out with the meeting materials. There is new Quality Management Manager with the state and she is putting together score cards of data that can be used for MCO to MCO comparisons. In the future, the score cards may be used to evaluate how an MCO is doing. Some areas that were included in the draft report are related to Personal Experience Outcome Interviews using the PEONIES tool. This is a measure of how well the MCO is supporting members to achieve their outcomes. Other items on the score card include: Changes in a member's need for assistance with Activities of Daily Living, Preventable hospitalization/ER rates, Influenza vaccination rate, pressure sore rate and percentage of non-retired members employed. The performance indicators may also include member satisfaction levels from the member satisfaction survey as well as information specific to appeals and grievances. On the draft report, the areas with asterisks are areas that are already required by statute to be monitored. These indicators are only for the quality area of MCOs. There are other indicators specific to Financial status and member employment.

**5. Performance Improvement Project Update**

The Falls Performance Improvement Project is almost complete. At this time CCCW is waiting on one or two members to have the post evaluation completed. After this is done, the data will be analyzed, evaluated and shared.

After this PIP is complete there has been discussion at the state level of all MCOs completing a collaborative PIP specific to one of the state business sustainability initiatives. It is thought that the state may select med management, as this is a topic of great interest at the state level. The state has put together a list of members state wide that

they believe could benefit from med management. CCCW expects to receive the list of members identified. Upon receipt, Quality Management will review case notes to determine which medication management strategies have been tried with each member in the past. This exercise will help CCCW to determine if a collaborative PIP on med management may help to improve CCCW practices. A collaborative PIP would mean that all other MCOs in the state would be working on the same topic. This could lead to sharing of tools, ideas, and resources. However each MCOs timeline in the completion of the PIP could be different.

At this time, the timeline for a collaborative PIP is unknown. For that reason, CCCW may begin a needs assessment to determine whether member are consistently receiving routine preventative services or check-up that are commonly recommended for the general public (Pap/pelvic, colonoscopy, mammograms, etc). A small sample of members will be selected to determine if there is an area where a performance improvement project may be beneficial.

#### **6. Updates from Member & Provider Quality Councils**

Member Quality Council Update - The new residential rates for providers are effective July 7th. The new rates have all ready gone out to providers, and the providers now have the opportunity to set up an individual meetings with Julie Strenn the Director of Provider Network if they would like to discuss the new rates.

Community Initiative project - There is a learning event for providers, members, and staff on June, 13,14, and 15. Staff are inviting members to this event. The flyer for the event will be forwarded to members of the committee if they have not all ready received it. The providers will meet in the morning on these days and the staff and members in the afternoon.

There is a MCO meeting in the Dells next week to create quality benchmarks for each provider type. This would assist providers in knowing what CCCW expects of out of them.

Member Quality Council Update - The full documents for the quality evaluation and quality plan are available on the website. Click on About Us and select Annual Reports to view the 2011 Internal Quality Evaluation. Click on the Quality tab to view the 2012 quality plan. To review the external evaluation by MetaStar, the final report is now available on the website as well. CCCW is still waiting to receive the PEONIE report, but it may not arrive until the end of the summer.

Member Services will be taking over the Member Quality Committee and they will also be looking at a more in depth look at disenrollments, and to make sure that NOAs and RAD processes are being followed correctly.

7. Future Agenda Items
  - Employment
  - Community Initiative
  - SA monitoring
  - Update on the score card
  - Wellness and Prevention Plan and Audit on Practice Guidelines
  - CCCW Updates: New unit in Wausau; Supervisors moving to different offices; Marshfield office moving
8. Next Meeting Date: July 25, 2012
9. Adjourned at 2:01