**Central Wisconsin Health Partnership**

**Comprehensive Community Services Regional Coordinating Committee**

**Quality Improvement Committee**

Marquette County Department of Human Services

Thursday, January 25th, 2018

1. **Follow-up to November meeting / phone discussion**
   1. Updated forms posted
      * Regional forms available in both “locked” and “unlocked” versions on website: <http://www.cwhpartnership.org/regional-ccs-forms.html>
      * In follow-up to our November discussion several new or updated forms have been posted including the optional plan and assessment addendums, satisfaction with life scale used by Waupaca; updated Assessment (MSE section taken out – in its place the language from DHS 106 related to the need to have the MSE be a part of the medical record)
   2. Youth-friendly assessment
      * Lori brought this to the state QA committee and again to a NE regional meeting, and the thought is that current assessment can be used for youth, it just takes a skilled service facilitator to ask the right questions. This committee agrees; additional assistance/training may be needed for facilitators in this area.
2. **Consumer Satisfaction Survey data submitted**
   * + Lori thanked everyone for their timely submission of each county’s data. All data was submitted to the state. Lori will work on a summary regional report.
     + There will be a follow-up discussion with consumers at their meeting on February 7th re: the event in Marquette County. Lori can then develop a report – what went well, not well, cost, recommendations for future. Tancy offered to put together a draft based on her experience.
3. **Follow-up to 1/19/18 Northeast Regional Toolkit meeting**

* During the meeting sites shared how they are utilizing several of the tools developed as part of the toolkit.
* Discussed Importance of requiring providers to disclose information related to how their rates are set. Consortiums have tools/spreadsheets that are being used. Lori reviewed a sample from the Western Region Recovery and Wellness Consortium including a phone conference with Jill Chaffee. No one is aware of such a tool being used in any of our 6 counties. Discussed importance of developing such a tool. Lori will suggest this as an agenda item for the meeting with fiscal staff on February 7th.
* Discussed importance of internal QA processes. Lori offered to set up onsite visits to review current strengths and gaps of individual counties and offer support where needed.
* Continued discussion of the importance of active involvement of Mental Health and Substance Use professionals. A review of each county’s status could also be included in a site visit by Lori.

1. **Documentation for participation in Recovery Team Meetings**

* Providers should be documenting the actual service they are providing based on the descriptions on the service array. Example: a psychotherapist providing Individual psychotherapy (#12 on service array) who attends a service planning meeting along with a Service Facilitator, and an individual who provided family psychoeducation (#10 on service array) each of these individuals should document their time involved in service planning under #2 Service Planning on the service array.
* There is no service on the array titled “Attending team meetings”. Providers can only bill for time spent in team meetings if they can document the plan is being reviewed and updated.

1. **Documentation of CCS Services Provided in Residential Settings**

* In summary, regardless of provider or place of service, specific services from the CCS Service Array need to clearly be identified on the Recovery Plan with appropriate frequency and duration. MA will only pay for time spent delivering specific services related to the consumer’s recovery goals. Provider notes should clearly reflect / be consistent with what is specified in the Plan – Lori suggests all providers prepare a TARP note for each service provided.
* Preparation of / orientation for providers is critical. In terms of Residential Providers, a service director or service facilitator should work with them to determine what services on the service array they provide, and clearly articulate the purpose, frequency, and duration in the Recovery Plan.
* Reviewed sample plan and progress notes. Committee members liked the samples and would like additional samples for various types of providers / services.

1. **Provider Rate Setting**

* Further discussion of what are sites doing. Important questions - who is responsible for contracting? Is there communication between fiscal, contracting, and service directors?
* Providers can only bill for 3 things – Direct Service, Travel Time, and Documentation time, and some counties/regions are requiring provides to document actual minutes – not units, to help ensure accuracy and avoid overbilling. All of their other costs (overhead, unproductive time, supervision, etc.) should be considered when their rates are set. As disused earlier under item 3, Lori will continue researching tools and will discuss with Fiscal Managers on the 7th.

1. **Meeting with Fiscal Managers / Staff – February 7th**
   * + Discussed potential topics – rate setting, standardizing some contracting language, standardizing invoicing requirements, QA
     + Waupaca has hired a fiscal staff person who will be responsible for CCS QA – this will be an interesting model to support and track
2. **Future Committee Meetings**

Please note the March and May meeting dates have been changed:

* **Tuesday March 20th (instead of the 22nd)**
* **Tuesday May 22nd (instead of the 24th)**
* Thursday, July 19th
* Thursday, September 20th
* Thursday, November 15th