

Parent Provider Council
 Minutes
 December 2, 2008

Attendees: Alice Farnsworth, Josette Dorius, Becky Glover, Trisha Beck, Chris Frankowski, Michael Deily, Wilhelm Lehmann, M.D., Kenneth Ekong, Robert White, Robin Stewart, Willow Greer, Patti Fuhriman, Alan Ormsby and Georgia Baddley .

Excused: Eric Johnson, Mary Johnson, Theo Judson, DSPD

Mission Statement: Our mission is to optimize the quality of life of the people we serve by providing excellent, compassionate, and integrated health services throughout the lifespan.

AGENDA Meeting began at 5:40 p.m.

Agenda Item	Discussion	Action/Timeline
I. Review of minutes 5/27/2008.	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> The staff have held an education series on Behavior Management at UNI and at the Komas location <input checked="" type="checkbox"/> Case Managers track all hospitalizations. Developed a crisis call guide magnet to distribute to clients, families and providers. <input checked="" type="checkbox"/> We are talking with the U of U Community clinics as possible site locations. Greenwood would be our first sight. <input checked="" type="checkbox"/> Telehealth options are being discussed with DSPD and some community providers <input checked="" type="checkbox"/> Brought on a psychiatrist in July and a RN Case Manager planned for January 2009. <input checked="" type="checkbox"/> Looking at a potential contract with Molina to support the dual covered 	<p>Minutes were approved. August meeting was cancelled due to family issues of Chair.</p> <p>Distributed Crisis Call Magnets and current Newsletter to all members.</p> <p>Thank you gifts and acknowledgement of our appreciation for their ongoing support.</p> <p>Happy and safe holidays to all.</p>

	<p>clients with Medicare & Medicaid.</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Provided an overall pillar review from the Staff evaluations. Overall program performance was scored 3.88 <input checked="" type="checkbox"/> Disenrollments: We continue to track spend down and reasons for disenrollment. It was stated that the demographic expansion may reduce that percentage <input checked="" type="checkbox"/> The discussion was favorable on the workplan objectives. QI workplan was supported for tracking of fiscal year 2009. 	
<p>II. Welcome & Introductions</p>	<p>Alan Ormsby – Executive Director for Division of Services for People with Disabilities joined the meeting. Introductions were made and he was welcomed as a member of our team.</p>	<p>Thank you for your interest and look forward to meeting with you to provide an inservice and committee functions.</p> <p>Josette to schedule a meeting with Alan and Georgia for January 2009.</p>
<p>III. Wildly Important Goals (WIGs) Replacing World Class U Pillars</p>	<p>U of U Hospital & Clinics have refocused their quality improvement measures to address 3 targeted goals. It is felt that having 3 targeted goals are more likely to be successful than having multiple goal targets. The 3 goals are Customer Service, Quality and Finance.</p> <p>Previous World Class U pillars were:</p> <ul style="list-style-type: none"> Service Quality Finance Growth People Community 	<p>These measures will continue to be reported quarterly</p>

	<p>The other pillar targets will continue to be monitored and reported as we have Medicaid contractual requirements and overall quality measures as outlined in the QI workplan. There is little change for us other than the terminology and what is expected of us from Hospital administration.</p> <p>Current status: Customer Service score: Goal: 90-100% Baseline: 89% Mailed out 900 surveys with 50 responses to date.</p> <p>Employee satisfaction: Score 0-5 Overall score 4.46 Identified specific items of interest of focus.</p> <p>Appointment availability/provider This was a targeted item from the last patient survey. The question that was asked was how well are you able to schedule an appointment within the requested timeframe. Our score was 24% were below 3 on a scale of 1-5.</p> <p>We added another psychiatrist and made sure crisis slots were available each day for mental health and medical needs.</p> <p>Clinic visits/month We gave had the highest # of clinic visits to date. 800 total clinic visits for October. Dr. Lehmann asked the council if they feel the crunch or impacts due to our growth. There were no concerns made. Many kudos were</p>	
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	<p>given to Alli and the rest of the staff in serving our clients. We will continue to monitor this as we are looking at expanding we don't want to lose the personal touch and the little things that make HOME so effective.</p> <p>Quality – YOQ, OQ measures. This is an indicator on how well a patient is responding to therapy and feeling about themselves. It is referenced as the mental health “vital signs”. This tool is used by our therapists. The lower the OQ number the better. The YOQ has a modified version with only 30 questions. This will simplify the testing and take less time. A slide was shown of a client that took the YOQ at time of enrollment and the measure was 57.42 and being in the HOME program the score was 50.53. This will be an effective tool for outcome reporting and therapy management.</p> <p>Provided a financial overview. Projected enrollment is on target. Our enrollment is at 709. We have cleared our backlog of enrollees with hiring Dr. Traci David.</p> <p>Our bed rate average for 1st Qtr is 143. It was 144 last year. June 208 was our highest bed rate at 192. Budget bed day rate is 100.</p> <p>Our overall operating statement complies to fiscal year budget. Medical expenses are averaging \$212.60 with June 2008 being \$573.98.</p>	
IV. Disenrollments	Graph of disenrollments by category were shared. There were	Discussed the issues with the Council. No action was

Complaints/appeals	<p>a total of 32 disenrollments from May to November 2008. We are averaging 1% or less for disenrollments. The reason for disenrolling was discussed. The majority of disenrollments were distance (total 9 disenrollees). The next largest (5) were wanting to stay with local doctor and losing Medicaid. We had 2 disenrollments due to dissatisfaction.</p> <p>We have had 11 complaints and 1 appeal from January to November.</p>	<p>suggested.</p> <p>No action required on complaints. Appeal was upheld and forwarded to Medicaid. Patient later disenrolled.</p>
V. Expansion Updates Health Clinics of Utah	<p>We are looking at Health Clinics of Utah – Marc Babitz, M.D., Medical Director for outreach to Ogden and then Provo. They have a clinic on 25th St and Washington Blvd in the same building as DSPD. They are interested in seeing our clients and currently are not seeing individuals with developmental disabilities. They are a Medicaid clinic and would like to increase their utilization.</p> <p>They have had an onsite visit with HOME and are interested in bringing a group of practitioners to see our operation. The potential enrollee growth could be 65clients in Ogden and 175 clients in Provo.</p>	<p>Health Clinics of Utah will visit the HOME Program in January</p> <p>Josette will work with legal at the University to establish a contract with Health Clinics of Utah.</p>
Neurology Shared Clinic	<p>Dept of Adult Neurology at the U of U will be conducting shared visits beginning in January 2009. These visits will be scheduled quarterly with patients that we have in common. The patients will be identified as HOME clients with medical conditions that are treated by this Neurology group.</p>	<p>1st quarterly shared visits will be with Dr. Constantino and Lori Blair, APRN with our psychiatrist and nurse practitioners.</p> <p>January 9, 2000 in the AM. Patients have been scheduled in those time slots.</p>

<p>Molina Healthy Advantage for Medicare/Medicaid eligible</p>	<p>The intent is to coordinate the care and who has responsibility for the various medications and medical conditions.</p> <p>Discussions have taken place with Molina, Healthy U and UNI Administration, Ross VanVranken regarding HOME and Molina Healthy Advantage partnering for those that have dual coverage (Medicare & Medicaid). Healthy U has signed a contract to be the TPA and service agency for Molina’s Healthy Advantage plan. HOME is able to provide the same service as it is already a contracted University entity. HOME has approximately 300 clients with dual coverage. HOME would send a letter announcing our partnership and allow individuals to sign on with Healthy Advantage or not. It does not change their enrollment with HOME. The added benefit is the Medicaid cuts could be supplemented with the Healthy Advantage supplemental plan.</p>	<p>Will continue to work with Molina on the details of prior authorization.</p> <p>Revise letter so that it is clear for our HOME clients that there will not be any change for them but added benefits if they choose to participate.</p> <p>Need to finalize processes and letter of agreement with Healthy U and Molina staff.</p>
<p>Telehealth</p>	<p>There are some existing telehealth contracts in place with the Behavioral Health Clinics.</p>	<p>HOME will be setting a meeting with DSPD to discuss options of providing psychiatric care to outlying areas for DSPD clients.</p>
<p>Behavior Services</p>	<p>HOME has had great response to the Behavior training seminars and individual client behavior referrals. This is an area of expertise in HOME that we continue to nurture. It is not financial viable on its own but a much needed service.</p>	<p>HOME will be providing the behavior series information on our website. We will also be developing a Behavior Reference Guide. HOME recently received a foundation donation of \$10,000. Some of that funding will be to publish the Behavior Resource Manual.</p>
<p>VI. Round Table</p>	<p>Burton Foundation donated \$10,000 to the HOME Program.</p>	<p>Overview of the meeting was that it is informative and</p>

	<p>This money will be used for our Behavior Reference Manual and other services that families cannot afford and are not payable by insurance.</p> <p>Huge Kudo's to the team for doing such a great job. Recognition especially to Alli, Mark and Becky.</p> <p>Update: We are now loading photos of our clients in their electronic medical record so that when we are conducting rounds we can reference their photos.</p>	<p>enlightening. Will continue to focus on contractual concerns regarding our expansion and contracting of services.</p>
<p>VII. Next Calendar Year for Meetings</p>		<p>March 31, 2009 June 30, 2009 September 29, 2009 December 22, 2009</p> <p>5:30 to 8:00 p.m.</p>

Meeting adjourned at 7:40 p.m.

Minutes transcribed: Josette T. Dorius, RN, MPH

Service Director

Child & Adolescent/Adult Behavioral Health Clinics

Neurobehavior HOME Program