MFP – Idaho Home Choice Committee Name: Quality Assurance and Continuity of Care

Date: 03/24/2011 Time: 10:00 A.M.

Call in Information 1-888-706-6468 Host Code (Elder) 248479# Participant Code 268877# Committee members present: Eva Blecha, Chuck Williams, Dr. Martha Tanner, Gwen Chavarria Committee members absent: Aaron Thain, Shane Robinson

Topic	Presenter	Discussion	Action/Outcome
Quality of Life Survey	Eva Blecha	Some participants may not be able to complete the Quality of Life Survey independently.	Recommendation to have a third party present when the Quality of Life Survey is given by the Transition Manager in order to avoid a conflict of interest for the provider and to help the participant complete the survey if they are not able to complete it independently.
Current A & D and DD Waivers	Chuck Williams	Current waivers are lacking in the area of continued oversight. The providers are reviewed every 24 months. Individuals need additional care management.	Recommendation to have quarterly reviews of providers and additional care management for the program.
Current Assessment Tools	Eva Blecha/ Chuck Williams	Current assessment tools are not sufficient for all 3 target populations for the Idaho Home Choice Program: Elderly, MR/DD, physically disabled. UAI only assesses medical needs. SIB-R only assesses adaptive and maladaptive behavior. Some participants may fit dual categories such as an Elderly person with Alzheimer disease.	Recommendation is to utilize an assessment tool that is appropriate for all 3 populations that may be eligible for transition. MR/DD will need a psychiatric assessment.
Quality	Gwen Chavvarria	Quality will depend on the services provided and the quality of the providers of those services.	Strive for Uniformity of Quality Providers
Data	Dr. Martha Tanner	Data will be needed to follow what happens to people in each of the different populations. It is important to track individuals, groups, and the whole population.	Determine which data points should be developed and tracked in order to measure successes and failures of the program.
Training	Chuck Williams/ Eva Blecha	Providers need additional training to ensure quality of program. Certified Behavioral Technicians are needed for certain populations.	Recommendation to develop additional training for all providers.
Medication Management	Eva Blecha/ Dr. Martha Tanner	Medication Management is lacking in the current system. There is a real danger for mentally ill participants to also have substance abuse issues. Without medication management, participants will be less likely to be successful in the program.	Recommendation is to strengthen the Medication Management Oversight by the Department.

Care Requirements	Chuck Williams	Each population for the demonstration will have different care requirements to be successful in transitioning to HCBS.	Identify and develop a set of minimum care requirements for each population targeted for the demonstration.		
Current Waivers	Chuck Williams	Develop a Board or Advisory Council to deal with the inconsistency across the spectrum of care and to address safety issues as an alternative to using the Fair Hearing process.	Recommendation to develop an additional advisory council.		
Action Items	Workgroup	Group needs additional information.	Have Tammy Ray send the CMS Technical Assistance for data collection requirements for the demonstration program, the quality piece from the Operational Protocol, and the link to the two current Medicaid HCBS waivers.		
Full Stakeholder Meeting	Workgroup	The workgroup would like a full stakeholder meeting held possibly after July 1 to update all workgroups on the progress.	Schedule a full stakeholder meeting soon after July 1, 2011		
Parking Lot Issues					
None					
Next Workgroup call will be 04/28/2010 @ 10:00 A.M.					