

Project Team Minutes

Team/Council (Check Appropriate Team or Council):		Meeting Date: 7/10/07	
<input type="checkbox"/> Quality Management Council		<input type="checkbox"/> Compliance Review Team	
<input checked="" type="checkbox"/> Standardized Documentation Team		<input type="checkbox"/> Consumer/Family Advocates Advisory Committee	
Meeting Location:		Time Meeting Began: 9:30 a.m.	
Facilitator: Oshlag, Jordan & Selden, Dave		Recorder: Scott Lloyd	
		Time Meeting Ended: 4:30 p.m.	
Sponsor:		Consultant(s): David & Scott Lloyd	
		Observer(s):	
Members Attending:	1. Susan Abbott	2. Joe Passeneau	3. Nancy Carlucci
	4. Sherry Davis	5. Rita Barrette	6. Jan Feingold
	7. Stephanie Sladen	8. Dallas Gulley	9. Dave Selden
	10. Jordan Oshlag	11. Cindy Palfrey	12. Porter May
	13. Michael Stuart	14. Anne Priestley	15.
	16.	17.	18.
	19.		
Members Absent:	1. Steve Chisholm	2. Bill Wisnieski	3.
	4.	5.	6.
			7.
Meeting Attainment Summary			
Topic/Deliverable	Lead Member Presenting	Status/Update	Action Taken
1. Update from CRT, QMC	David and Scott	<ul style="list-style-type: none"> - Update website, which is open to the public, is up and running via URL: http://www.mtmservices.org/MSDP-Update.html - CRT has completed the grids and they will be sent out to the teams after today's meeting after some final formatting is done based upon the team's feedback 	
2. Team Progress Reports	Team Leads	Assessment Team Treatment Plan Team Progress Note Team	
3. SEE Program Discussion	All	The SEE plans are very detailed and not DMH based. Therefore the team would like to confirm if they need to include or exclude these program requirements in what the team is doing.	
4. Subgroup Break out sessions	All		
5. Subgroup reports and discussions/decision making	All	Cross group discussions Assessment: Q1: Can we consolidate the hospitalization section from two to one? A1: The team likes the suggestion and will work to address it. Treatment Plan: An1: The team has decided the form title will be the Treatment Plan	

5a. Subgroup reports and discussions/decision making - Continued

Treatment Plan Continued:

Q1: Date Plan is Initiated is: Once implemented, signed by client (if client doesn't sign?), certification as an order of service, etc.

A1: Date client participated in the plan (signed or refused to sign), or within a certain number of days after admission? (DMA manual pg 14, Calls for the plan to be finalized within 4 client visits.) Need to confirm with the CRT what timeframe in days is acceptable based upon state/federal Medicaid requirements.

Q2: Treatment plan needs to be reviewed by a multi-disciplinary team, do we need a separate MDT form?

A2: At least 3 people beyond the treating clinician, one that is an MD, along with comments and follow up are what is required. Signatures beyond that are currently not deemed necessary by the state.

Q3: Language usage, we want to confirm things like No. or #; credential, title or both; etc. What are the other teams looking at?

A3: Team will need to look at this and come to an understanding before our next meeting.

Q4: Is the client's initial baseline included in the assessment, if not then the team wants to capture it in the Treatment Plan?

A4: It will be captured in the assessment.

Q5: Will information from outcome tools and/or referral resources be included in the Initial Assessment or should it be included in the Treatment Plan?

A5: Yes, this information will be included.

Q6: Does the length of the target date in the instruction manual?

A6: The manual should give instructions on how to fill out the form, but should not give specific instructions on timeframes as they are regulated by the provider's level of care regulations, etc.

Q7: Do the timelines for the Goals and Objectives need to be outlined in the instruction manual?

A7: The manual should give instructions on how to fill out the form, and give general information about needing goals and objectives to achieve change rather than repeating goals and objective that are not accomplishing change or maintenance for chronic clients.

Q8: Duration is the current language that seems vague, what is the language the team wants to utilize?

A8: The team like target date to stay consistent with the other areas of the form. The concern is that if you go past a target date, you must adjust the date and offer proper justification for the adjustment.

Q9: We have two Needs sections around support and resources needed to meet this goal AND clients skills, abilities, and knowledge. How do these areas differ?

A9: Team will look at consolidating the two areas rather than having them separated

5a. Subgroup reports and discussions/decision making - Continued

Progress Notes:

An1: Team has created 9 different Progress Notes that will be distributed via the MTM website

Q1: Is a shift note needed that relates to the treatment plan?

A1: Done in areas like residential, but is currently being phased out due to compliance. Need to ask CRT about regulations for other programs.

CRT:

CRTQ1: Does the SDT need two progress note grids for Evaluation and Management (E&M) and the 90862?

CRT A1: Yes, that would be helpful.

CRTQ2: Do supported employment programs have to follow the MA Rehab Commission standards?

CRTA2: SEE programs (Supported Employment and Education.) do not currently have to follow those regulations if fully funded by DMH, but we are not sure about the others., but unless

CRTQ3: Are you aware of any providers that provide ECT?

CRTA3: Yes in an outpatient model.

CRTQ4: Does anyone have an electronic version of standardized assessment for driver alcohol education form?

CRTA4: Mike will work to get a copy of the form and provide it for the CRT's use.

6. Next Sub-groups configuration	All	
7. Next Steps / Interim Meetings	All	Team Leads: Please send finalized versions of the teams forms to Scott once the team feels they are ready for distribution. Scott will reformat them with Arial font and client to make them match up as much as possible, but will not change the content. Please include a version number and instructions to post, and/or which file to replace if applicable.
8. Wrap Up	All	
9.		

Topic/Deliverable	Lead Member Presenting	Status/Update	Action Taken
9.			
10.			

11.			
12.			

Identified Resources Needed

Resource Required	Member Requesting	Source of Resource	Date Required
1.			
2.			
3.			
4.			

Project Integration Need(s) Identified (Please identify Project Integration Challenges Identified that Needs the Attention of Other Teams):

Identified Assistance Required	Team(s) Identified to Provide Assistance	Specific Focus Areas Required	Date Action Needed
1. Compliance Question	CRT	What timeframe in days/sessions are acceptable to certify the treatment plan as initiated based upon state/federal Medicaid requirements and/or levels of care. (<i>DMA manual pg 14, Calls for the plan to be finalized within 4 client visits are there others?</i>)	7/27/07
2. Compliance Question	CRT	Are there any regulatory requirements around the use of multidisciplinary teams for MDT reviews?	7/27/07
3.			
4.			