



## STATEWIDE ACCESS & SERVICE COORDINATION MEETING

Wednesday, August 22, 2018

Access/Service Coordination

MEETING MINUTES 8-22-18

1:30 p.m. Status of Revised AASA Access Standards

***The final Access Standards to go out in a Memo soon to all and also Worked into the full standards and full standards will be updated.***

1:35 p.m. Special Presentation – MDHHS Population Health, Cancer Section;  
Cancer & Palliative Care Resources for Care Managers

Debbie Webster, Cancer Patient Navigation Consultant  
Audra Putt, Palliative Care Consultant

***Consultants presented resources from their Department and federal grants.***

2:00 p.m. Proposed CLS Standard Draft and Comments, Discussion

***Reviewed CLS standard and suggestions for wording regarding staff training, Competency and when an RN is required to provide supervision. AASA not ready yet for specifying Self-Determination in terms of Fiscal Intermediary and related requirements for Individuals employed by participants.***

***There was strong support/interest from participants is utilizing the new CLS Standard IF there was just that one unit/service required to enter in NAPIS. Dan had discussed preliminarily with Scott the possibility of recording a bundled service as one single unit and he was open to the idea In principle. He will discuss further the NAPIS issues with reporting a new CLS standard activity.***

2:15 p.m. Performance/Outcome Measures Sub-Committee Recommendations

***Reviewed several Outcomes/Performance Measures Sub-committee recommendations for consideration of a number of options to use in evaluation QI for service coordination or CM. Use of satisfaction surveys was discussed with idea of adding the “Q of Life before and after receiving services” - question from AAA 1-B. There was support for this.***

***Decided that a reasonable benchmark on the satisfaction surveys would be 90% satisfaction level.***

***The use of the 3 Goals from the Statewide Quality Collaborative was discussed and supported:***

- A. Reduce loneliness by increasing community integration and inclusion***
- B. Reduce emergency room visits and hospital stays – Possibly- (though one region has an issue with shortage of available in-home care workers that would make this a difficult measure to utilize for them)***
- C. Affordable food and nutrition***

***It was felt that all of these kinds of recorded measures belonged in the MYP vs. incorporating within ASA Operating Standards for AAAs, because there would likely be changes periodically as things progress.***

***Discussed ways to measure the Value of CM. Model of separating defining Q of Life into 3 categories of Increase in Knowledge, Skills or Behavior changes. Discussion of how that could work – differently at the various PSAs. Some questions about how it could work in terms of participants being asked those questions – and concern some might not know what was meant or how to answer in those terms. No decisions made on the continuing journey of looking at methods to articulate the Value of CM.***

***Discussed that if more was to be developed in the way of refining these recommendations on outcome/performance measures and how to measure the Value of CM - in time for the All Star Meeting, then the Outcomes/Performance Measures Sub-Committee would need to meet prior to that. Dan will send an email out to schedule a next sub-committee meeting.***

2:55 p.m. Future Agenda Items – I & A Service Standard Update, others?

***Next Meeting is scheduled for November – but we will need to check when the Waiver Directors Meeting is then as it may be first week in December, and we would want to piggy back this meeting after that if possible.***