

Provider Advisory Council & Member Advisory Council Meeting
January 21, 2009
The Senator Inn – Augusta

Networking Lunch - Noon

Welcome & Announcements – Kelly Bickmore

- Program Updates: Grand-funded tracking for Section 17 Services. The Contact for Service Notification form can now be used for tracking CI, ACT and DLSS services. The state is asking providers to do this. A memo from DHHS will be sent out tomorrow and APS will have an announcement on Friday.

State of the ASO – Eric Meyer

- Both councils have provided valuable information and have helped shape APS policies and procedures.

Comments from the Commissioners Office

- Presentation by Geoff Greene

Member Presentation – Simonne Maline

- What does the MAC do and what are some accomplishments? There were goals set out in the beginning in order to advise APS in the quality of what we do and to get member feedback. MAC looks at APS paperwork to make sure the writing is member-friendly. The first meeting was in March and they developed a system for how to work together. Some of the common understandings are as follows: 1. Turn cell phones to silent or off; 2. Speak up; 3. Wait for others to finish speaking; 4. Maintain a positive attitude; 5. This is an advisory group not an advocacy group; 6. Direct feedback back to APS; 7. Respect all opinions even if you don't agree; 8. What personal information is shared, stays at the meeting; 9. Chocolate should be at every meeting. We started talking about understanding this new process of APS. All the processes were discussed. Renegotiation letters originally went to the provider only. MAC members were concerned that information would not be relayed to the member. After discussions this was changed to include the member. There was work done on the member handbook, looked at the website, changed some language, generated member newsletters. The group wanted to know what the PAC was doing. Lots of myths were out in the community when APS come in and the MAC came up with myth-busters in order to make sure the information that was being put out there was accurate. The council members come from all different places throughout the state. There was a concern that came up with regards to bed hold days and misinformation that was out in the community. That was an important meeting because there were 2 state representatives there to give accurate information and clear up some issues with that. The council makes sure things are communicated well and that the appropriate language is being used. Clarity of information is important as well as how to support the communities and get that information. Some of the things that will be coming in the future is another meeting with the PAC.

We would like to increase membership and involve family members of CBHS children and young adults. Perhaps communicate more frequently as there is so much to pack in with a quarterly meeting. From council member Karen Evans “it’s nice to see concerns heard and action take and thank you to APS for all that you do.”

Provider Presentation – Kathryn Vezina and Louise Haddock

- What is the purpose and charge of the PAC? We help providers with needs, questions and trainings. The council started about 1 year ago. We are in a completely different place with APS now then a year ago. There were good ideas about what was needed and great progress has been made.
- The PAC Mission: Ensures the ASO is focused on behavioral and fiscal outcomes/ Provide feedback on ways to increase efficiency and effectiveness of services/ involve providers in clinical program development through education and support/ Provide input to strengthen, support and coordinate with other existing programs/ Review quality data: all dashboards were reviewed and processed. The consumers were the focus of everyone/ it’s the providers business to take care of everyone and make sure level of care was there.
- 2008 Achievements: In collaboration with APS staff, the council developed APS clinical guidelines, provided feedback on retrospective review processes, assisted in development of training processes, and provided feedback on implementation of various processes, forms and transitions. The clinical guidelines have been a useful tool for providers. Several conference calls were formed that have been helpful for all providers. Making sure documentation is complete is important. Providers are training all of their clinicians in a new process and having retrospective reviews done helps the provider teach and has been a good learning tool. A big challenge was having providers go to an all-online system. APS was supportive of that provided a lot of training with how to use the system and worked with people that may have not been computer savvy. There are many ongoing issues that still need to be worked on and the PAC will continue to improve and clarify an issues/changes going forward.

Keynote Speaker – Cheryl Collins, Senior VP, Operations APS Healthcare

- “Healthcare – A Look Ahead”

Recognition of Member Advisory Council Members who have served for 1 year

- Joan Smyrski, Tammy Swayzie-Belu, Ronnie Lull, Stephanie Crystal, Jeff Crane, Paula Greenleaf, karen Evans, Troy Henderson, Eric McVay, Leticia Huttman, Vicky Ricardy

Recognition of Provider Advisory Council Members who have served for 1 year

- Annette Adams, Dale Hamilton, Ed Blanchard, Jim Mello, Pam Wells, Tom Ferguson, Dick Wilaker, Greg Disy, Matt Small, Richard Weiss, Trish Niedorwoski, Cynthia Dodge, Donna Mrowka, Tom Kivler, Louise Haddock, Tracy Hemmond, Karen Mosher, Dr. Yar, Kathy Vezina, Pam Jacobson, Doug Patrick, Claudia Bepko, Marya Faust