



**MCHENRY COUNTY**  
**MHB ETHICS & COMPLIANCE**  
**AGENDA • DECEMBER 5, 2017**

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**Public Meeting**

**Mental Health Board - Main Floor Conference Room**  
620 Dakota Street, Crystal Lake, IL 60012

**5:00 PM**

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**I. CALL TO ORDER**

*Roll Call*

**II. PUBLIC COMMENT**

**III. APPROVAL OF MINUTES - FOR ACTION**

1. Minutes of the July 25, 2017 Ethics and Compliance Committee

**IV. AGENDA ITEMS FOR DISCUSSION / FOR RECOMMENDATION**

**A. *FY17 Audits and Compliance Reviews***

**B. *3rd Quarter Work Plan Outcomes***

**C. *3rd Quarter Pay-for-Performance Outcomes***

**D. *FY17 Annual Report – Continuous Quality Improvement (CQI) and Sentinel/Critical Events***

**E. *FY18 Audit Schedule***

**F. *FY18 Annual Competencies Training – Board and Staff***

**V. OLD BUSINESS - FOR DISCUSSION / FOR RECOMMENDATION**

**VI. NEW BUSINESS - FOR DISCUSSION / FOR RECOMMENDATION**

**VII. PUBLIC COMMENT**

**VIII. ADJOURN**

**McHenry County Mental Health Board  
Ethics and Compliance Committee  
July 25, 2017 • 4:00 p.m.  
Held at: MHB, 620 Dakota Street, Crystal Lake, IL 60012**

**Minutes**

**Committee members present:** Mike Baber, Cathy Ferguson, Ray Lapinas (4:06 p.m.), Dawn Pruchniak, Sarah Wilson

**Committee members absent** - none

**Others Present:** Scott Block, Terry Braune, Jane Wacker, Pat Peterson and other interested parties.

**I. CALL TO ORDER – Cathy Ferguson called the meeting to order at 4:02 p.m.**

Roll Call was taken.

**II. PUBLIC COMMENT – none.**

**III. APPROVAL OF MINUTES - FOR ACTION**

**Dawn Pruchniak motioned to approve the Minutes of the April 25, 2017 Ethics and Compliance Committee. Seconded by Sarah Wilson. A VOICE VOTE WAS TAKEN. All in favor. Motion carried.**

**IV. OLD BUSINESS - FOR DISCUSSION / FOR RECOMMENDATION**

None.

**V. NEW BUSINESS - FOR DISCUSSION / FOR RECOMMENDATION**

**A. FY17 2nd Quarter General Work Plan Outcomes** were collected. Issues in number of persons served continues to be a discrepancy. At the end of the year, report responses will be included on the spreadsheet provided to members. Scott explained the discrepancies of biggest concern is the number vs. actual number of clients served. Discrepancy reports will be followed up on to get proper reporting. The more this is noted within meetings (QMT, Network Council, Board meeting) the better aware agencies will be in order to be accountable. Cathy noted POP numbers being off represents a larger issue than Grants as we are paying for a position that isn't bringing the value paid for. Discussion raises the level of expectation and accountability. Consider combining positions.

Electronic data collection has been operational for a short time, as time goes on information will become clearer. The determination needs to be made of at what point the parameters are tightened up.

As we move forward with Foundant software, these reports will look different. The provider will have access to the information through the provider portal. How MHB asks for numbers, the more clearly the terms and phrasing are, the better our reporting will be.

**B. FY17 2nd Quarter Pay-for-Performance Outcomes** some do not have capability to report metrics. Across the board agencies are having difficulty reporting. Scott noted that regardless of how they do this, they need to find a way to do so with expectation of data recorded coming in next quarter. Essentially this P4P is an access grant. It was MHB's opportunity to offer funding psychiatric care. Data points of most importance are client no-show rates and productivity rates. New tools to help with no-shows might be considered important for additional funding. Implementing a discrepancy report on this tool would be helpful too.

Ray noted that a no-show measurement would be a helpful review tool. Through Kaizen Health transportation services to reduce access barriers, newly implemented by MHB, and through the "Just in Time" model, providers can work more diligently to fill no-show appointments.

The number of new clients receiving psychiatric care was listed as 561 for this quarter. Scott noted that staff is looking at contracts and there may be data elements that staff would like to revise and change reporting requirements. The existing questions were modeled after other standard questions. Cathy asked if basic questions were asked such as “How did you hear about our facility?” and Scott noted that there is no uniformity across the agencies of questions asked in individual agency client survey. Scott will ask who does ask the question of how a client heard of the agency. Further accountability would be for staff to implement and follow up on discrepancies.

**C. FY17 Audits Conducted to Date** mid-year through end of May averaged 1-2 audits per week. Releases, a mental health accountability act requirement, continue to be an issue for payer sources. Residency, other benefit sources, transactions not billable are some of the items reviewed in audits. Agencies with issues are visited multiple times to ensure that processes are in place. Prior to a revised Audit policy, MHB took out extrapolation language. If there is an egregious amount of error MHB wants to correct the issue and avoid being punitive in order to continue a needed service. If an agency cannot correct their issues or take corrective action a new provider could be sought. Ongoing concerns could be discussed through a meeting of their Board with some of our Board in order to point out risks. Clinician licenses, background checks and payroll records are also reviewed at audits. Recommendations could be strengthened to include Board to Board meetings, attend Leadership Seminars, etc. Cathy suggested we offer basic leadership classes at the MHB for agency staff. The MHB is the only oversight for many of the smaller agencies. Some disconnect occurs when MHB receives no data for POP’s. An audit reviews ten random files in this case. Out-of-County residency was an issue discussed. Agencies should have a check list within their files to determine if they have all documentation required. Scott noted that using the recommendation section on the form to suggest the agency ED share issues with their Board and offer remedies for ways for improving. Committee members wish to be supportive not punitive so that all agencies can thrive and continue to provide care. The Committee, however, cannot support services which cannot meet the contract standards and should be held accountable. MHB recently hosted a training and will continue to host additional trainings to teach standards of service delivery.

#### **D. CARF Survey Review**

The 2017 CARF Network Survey Agenda and 2017 CARF Standards Manual Supplement for Networks were included in the packet. The MHB Network Accreditation will review our procedures, policies and how we interact with our funded agencies. This is a stamp from an outside body that states that the MHB has the accreditation. There are no other bodies in the State of IL that have this Network Accreditation, and only four CARF accredited networks in Michigan.

**VI. PUBLIC COMMENT** – None.

#### **VII. ADJOURN**

**Sarah Wilson motioned to adjourn. Dawn Pruchniak seconded. A VOICE VOTE WAS TAKEN. All in favor. Motion carried.** The meeting adjourned at 5:38 p.m.