



Healthy Start Coalition of Miami-Dade

Health Management System (HMS) Meeting

February 8, 2013

11:00am - 1:00pm

Agenda

- I. Welcome and Introductions** Ariel Morel, Program Manager
Melvin Hernandez, Quality Improvement Specialist
- II. HMS SIG Conference Call Wrap Up**
- III. HMS Minutes**
Review of January 11, 2013 Minutes
- IV. HMS Access – Reminder**
- To: DLHMSSupport@doh.state.fl.us
 - CC: HMSACCESSMD@hscmd.org
- V. Healthy Start Programmatic Updates/Changes**
- Program Manager to Program Manager Communications - Staff should not be sending out e-mails directly to HSCMD, DLHMSSupport, etc.
 - Jessie Trice Community Health Center
 - i. Carol De La Cruz (Social Worker): CCMunoz@HCNetwork.org
 - ii. CC: Ruth Duval (Vice President Ancillary Services): RDuval@HCNetwork.org
- VI. Quality Assurance & Improvement**
- a. HMS Reports**
 - i. Acknowledgement of E-mails between providers
 - ii. Any suggestions as to what would be helpful to be included in e-mails
 - b. Quarterly Report**
 - i. Follow-up from MICH Meeting (Due on the 15th both HARD/Electronic Version)
 - c. Cube Reports**
 - i. Demonstration (on the projector)
 - d. Monitoring Visits**
 - i. All visits have been completed
 - ii. Pending letters will be sent by the end of the month
 - e. Care Plans**
 - i. Classification Level Consistent with Services in Care Plan
 - ii. Proof reading notes/comments
 - f. Care Coordination**

Open Discussion

All

Next HMS Meeting: Friday, March 8, 2013 at 11:00 a.m., Healthy Start Coalition of Miami-Dade, Suite 1401



Health Management System (HMS) Meeting
February 8, 2013
11:00am - 1:00pm
Minutes

Staff Completing Minutes:

Melvin Hernandez, Quality Improvement Specialist
Ariel Morel, Program Manager

Meeting Started at: 10: 50 am

Meeting Ended at: 1:00 pm

HMS SIG Conference Call Wrap Up

- Additional conversation was completed with all HS providers as it relates to the changes for the CHD's entering data into the Non-CHD. The pro's and con's were discussed and everyone appeared to be in agreement that it would be a good thing for us to have this happen in Miami-Dade. Ariel explained that it is already occurring (on a limited bases) that the MDCHD is entering all encounters for MOMCare searches along with encounter's for smaller providers into the Non-CHD HMS system.

HMS Minutes

Minutes were approved for the January 11, 2013 meeting. Some additional grammatical changes were made along with addition. Ly Collins of UMSESS moved to approve the minutes as they were with necessary changes and additions and this was second by Heather Baker of The Village South. The rest of the HS providers present agreed.

HMS ACCESS – Reminder

- To: DLHMSSupport@doh.state.fl.us
- CC: HMSACCESSMD@hscmd.org

Ariel emphasized the importance of the process as it relates to requesting Citrix/HMS Access in Miami-Dade. All providers were given the above e-mail accounts again and the providers were reminded that to ensure they are used when requesting access.

Healthy Start Programmatic Updates/Changes

- Program Manager to Program Manager Communications - Staff should not be sending out e-mails directly to HSCMD, DLHMSSupport, etc. Ariel and Melvin emphasized to all staff present that all communications that are directly sent to the HSCMD and/or Tallahassee/MDCHD should be coming and going directly from Program Managers to Program Manager. If a staff has a question and/or problem, they should first go directly to their immediate supervisor and if unable to resolve, then an e-mal should be sent to the appropriate intended party (i.e. HSCMD, Tallahassee, MDCHD). This will help avoid in any potential HIPAA violation (which recently occurred on February 5, 2013 when a front line staff sent an HMS Screen shot to the DLHMSSupport e-mail address and copying the HSCMD, and it contained client information on the screen shot).
- Jessie Trice Community Health Center
 - i. Carol De La Cruz (Social Worker): CCMunoz@HCNetwork.org
 - ii. CC: Ruth Duval (Vice President Ancillary Services): RDuval@HCNetwork.org

Final and Approved on _____ by _____

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Ariel announced recent changes at the HS Provider and advised that Ms. Malone was no longer the Program Manager. Moving forward Ariel stressed that all correspondence as it relates to JTCHC should be directed to Carol and Ruth is to be copied until further notice.

Quality Assurance & Improvement

a. *HMS Reports*

i. Acknowledgement of E-mails between providers: Ariel and Melvin wanted to publically acknowledge all the recent e-mail correspondences between providers as it relates to QI/QA monitoring. The HSCMD encourages that this practice continues by all Program Managers.

ii. Any suggestions as to what would be helpful to be included in e-mails: A brief discussion was completed as it relates to what could help the HS Providers better this process of notification. It was recommended that the e-mails sent should include the following:

- Staff's Name
- Date Range in which the Report was completed indicating the wrong entry by the other provider

b. *Quarterly Report*

i. Follow-up from MICH Meeting (Due on the 15th both HARD/Electronic Version): Ariel stressed that ALL reports both monthly/quarterly must be submitted by the 15th of each month. This includes both the Hardcopy and the electronic version. All appropriate documents should be submitted to be considered both on-time and complete. All HS providers were advised to refer to their respective contract for what is required. The QA/QI Team has consistently noticed that some providers are missing the following: Record Review Forms, Client Satisfaction Surveys and other documents as indicated on the contract. The HSCMD re-emphasized that all HS Provider must revisit their contracts and review prior to submitting their monthly and/or quarterly reports. In addition, the HS Providers were reminded that all required reports are found on their CD's that were distributed on August 29, 2012 Contract Meeting.

c. *Cube Reports*

i. Demonstration (on the projector): Ariel completed a Cube Reports demonstration on HMS and went over all the new reports that have been released. Ariel showed the HS Providers how to get to the report, the differences in reports that are now available and what kind of data is being captured. Ariel demonstrated how important it is to properly fill out the initial contact form in HMS and how it correlates to the reports. Emphasis was given to ensuring that the "completion" date along with all the attempts to contact was properly filled out. The providers were advised that additional information would follow as their will be an upcoming training on February 25, 2013 by Tallahassee.

d. *Monitoring Visits*

i. All visits have been completed: Ariel/Melvin advised that all HS Providers have been visited by the HSCMD. This is the first time that all providers have been visited prior to contract negotiations and we thanked everyone for their time and cooperation.

ii. Pending letters will be sent by the end of the month: For the last remaining providers, all letters will have been sent out by the 28th of February, meeting our internal deadline of 30 days from the date of the monitoring



visit for the provider to have received their findings.

e. *Care Plans*

i. Classification Level Consistent with Services in Care Plan: Melvin/Ariel emphasized the importance that when documenting services in the care plan, they should be consistent with the respective level. An example was given of a recent case where it was closed by a provider as “no further services needed”, but the case leveling was left as a “P” with no prior changes by the staff. This type of situation should be monitored closely by the Program Managers when cases are being closed.

ii. Proof reading notes/comments: Ariel emphasized the importance of staff needing proof read their notes. Melvin advised that throughout the monitoring visits, a lot of the staff would have errors that would be confusing to follow as it relates to what was going on with the case. Staff should be encouraged to proof read to ensure that the note is consistent with what is going on for that particular service. An example was given that a recent call was received by the HSCMD and Melvin reviewed the case and upon review, it was discovered that the staff coded No Further Services Needed and when reviewing the note, the staff indicated that the client was going to get services from the hospital but towards the end of the note, it indicated that she was not going to get services anymore.

Open Discussion

- Hosting classes at your respective organization and/or site you have chosen. The Program Managers must ensure that when they have guest speakers/presenters that they ensure:
 - o They are always available for the speaker/educator
 - o Provide necessary information such as bathroom location, phone number on how to contact the PM if located in a far off place and/or different site, specific information on how to locate the PM if within the same building, point of contact for any emergencies as well
 - o Present the guest speaker/educator to the clients and also come back towards the end of the class to thank the speaker/educator for their time and also answer questions from either the clients and/or speaker/educator
- Linking process: at lengthily discussion was completed between the HS providers and HSCMD as it relates to proper linking screens into HMS. Discussed the linking process as it relates to clinic based providers doing the IC prior to case assignments and how these poses a concern for the new cube reports and further discussion needs to be had as potentially changes with our Miami-Dade process might have to occur.
- Why are cases assigned to an originally assigned provider, regardless of who completed the IC (Clinic Based)? This question was posed by Gayane Stepanian of Children’s Home Society and Ariel and Melvin explained the case assignment process as it relates to Standards and Guidelines and those parameters set forth by the HSCMD with the MDCHD HSDMO. Gayane was explained that although a client received IC and possibly IA from a clinic based provider, if they client had previously been assigned to her agency at some point, then the assignment would go to her and if additional care coordination is occurring because the client is being served by the clinic, then the expectation is that both the clinic based provider and her agency communicate and update HMS accordingly, a case transfer does not need to occur. HSCMD monitors case assignments to ensure that not one provider is being swamped based on many factors such as reduced case loads, loss of staff, loss of Program Manager, etc.
- Discussion was had regarding County Health Department moving towards entering data into the Non-CHD HMS was completed by Manny and he would like to have a call set-up with several individuals to further discuss this matter to provide guidance and assistance with this transition. Also, as it relates to QI/QA access for HSC staff for monitoring of County Health Department data should be further discussed and looked into.



- Manny discussed potential changes in the outreach efforts being completed by the HS Providers. Manny will be exploring ideas of reducing the expectation of all the contracted providers in providing continued outreach and classes as currently done, to help reduce staff time preparing for these and focusing them more on case assignments and care coordination. The idea is that classes will not be needed by all providers but that strategic ones are chosen throughout the county and those the clients are referred to those respective classes for services. In addition, Manny stressed that the need for outreach to attract and get new clients should be limited.