DIVISION OF
**DEVELOPMENTAL DISABILITIES**

Division Directive Number

**Draft**

Bernard Simons, Director

Title: Provider Relations Review Policy

Application: Applies to the Division of Developmental Disabilities Regional Offices.

*Purpose: Prescribes the functions of Provider Relations as relates to the review of contracted providers with the Division of Developmental Disabilities to ensure consistent application across the state and to develop partnerships that enhance the overall quality of services delivered.*

***DEFINITIONS***

**Accreditation:** A designation achieved by a provider participating in a review of practices and programs conducted by the accrediting body based on international standards. The accrediting bodies recognized by the Division are the Rehabilitation Commission (CARF) and Council for Quality and Leadership (CQL).

**Action Plan Tracking System (APTS):** A database utilized by local Regional Offices designed to track issues identified through the Quality Enhancement Functions that require action and to recognize positive practices. Issues tracked will be identified through indicators categorized by health, safety, rights, services, and money, in addition to the Missouri Quality Outcomes.

**Certification:** A process used by the Division of Developmental Disabilities to review and approve specified providers for participation and funding through the Home and Community Based Medicaid Waiver program. Certification provides deemed status for licensure so both credentials are not required. Certification is granted for a 2-year period.

**Consumer Relations:** The Regional Office Unit responsible for development, implementation, and enhancement of the infrastructure of supports and services for individuals with developmental disabilities and their families. Consumer relations will have staff comprised of support coordination, intake/eligibility, transition (school to post-secondary education life) and meaningful day/employment; transition (habilitation centers), placement coordinators, self-directed supports/services, and in home support team.

**Customer Information Management, Outcomes, and Reporting Event Management Tracking (CIMOR EMT) System:** A Department database which contains information from event reports as required by 9 CSR 10-5.206. A Department of Mental Health database used to input information from incidents and medication errors reported in community services as required by 9 CSR 10-5.206.

**Issue:** An area reviewed where a problem is identified.

**Missouri Quality Outcomes:** A collection of positive outcomes identified by people with disabilities, family members and friends outlined in the Missouri Quality Outcomes Discussion Guide http://www.dmh.mo.gov/mrdd/progs/QualityoutMan.pdf. The Discussion Guide document serves as a tool designed to assist the service delivery network to put these desired concepts into practice.

**Outcome:** An agreed upon result of action to be taken as outlined in a plan or other intervention, that resolves issues, prevents reoccurrence and increases opportunities for implementation of the Missouri Quality Outcomes.

**Primary Regional Office:** The facility responsible to coordinate and facilitate the annual provider meeting when the provider, who serves multiple regions, serves the greatest number of people in that facility's region.

**Provider Annual Meeting:** An annual meeting held with the provider, and Regional Office Provider Relations Staff and Quality Assurance Staff (when invited by the provider) for the purpose of identifying goals to enhance the service delivery system. A summary of the meeting will be documented on the Annual Provider Meeting Summary.

**Provider Annual Plan:** Annual plans are written by the provider. The plan describes outcome-based strategies and outlines actions formulated from information and issues discussed at the provider annual meeting. This information will be gathered from sources, including but not limited to the Action Plan Tracking System and Community Event Tracking System.

**Provider Contact Form**: Standardized form used to document periodic meetings with providers.

**Provider File:** A file maintained at the Regional Office specific to each contracted provider containing information including but not limited to: correspondence, contractual information, monitoring information, fiscal reviews, rate reviews, annual provider plans, critical status plans and improvement plans.

**Provider Relations:** The Regional Office unit responsible for provider development to enhance the capacity for the provision of supports and services. In addition, the staff will provide technical assistance and monitoring; allocate resources, and management of the contracts with providers of supports and services.

**Provider Relation Outcome Based Review Tool:** Standardized tool used to review various areas of provider service delivery.

**Provider Technical Assistance:** Provide information, training, and consultation to entities providing supports and services to persons with developmental disabilities and their families. In addition, contact with agencies regarding administrative and consumer needs, such as administrative and staff changes.

**Quality Enhancement Function:** A process to monitor and affect services being provided, focusing upon health and welfare of consumers, meeting their needs and supporting them to achieve personal goals as outlined in Division Directive 4.080.

**Quality Enhancement Plans:**

- **Provider Improvement Plan:** Written outcome-based strategies outlining actions formulated from the integration or synthesis of information and issues gathered utilizing the Action Plan Tracking System (APTS), Customer Information Management, Outcomes, and Reporting system (CIMOR) as well as other available monitoring data. Improvement Plans are written by the provider for the purpose of increasing performance above current levels and overall system

improvement or to put processes into place to prevent an issue from developing into a more serious situation.

- **Provider Critical Status Plan:** Written outcome-based strategies outlining actions formulated from the integration or synthesis of information and issues gathered utilizing the Action Plan Tracking System (APTS), Customer Information Management, Outcomes, and Reporting system (CIMOR) as well as other available monitoring data. A Critical Status Plan is considered a serious situation that must be mitigated and/or corrected. A Critical Status Plan may result from a provider not cooperating in resolving issues as specified in the Improvement plan and could result in termination of contract or other adverse action.

**Regional Quality Enhancement Team:** Staff designated at each Regional Office to monitor, track, trend and report data from the quality enhancement functions as well as respond to special requests for data based upon current standards, outcomes and promising practices.

**Senate Bill 40 Board (SB 40):** Statutorily authorized county board that funds and/or provides services for people with developmental disabilities. As referred to in this directive, those specific SB 40 boards that fund the specified service in partnership with the Division of DD. http://www.moga.mo.gov/statutes/c205.htm

**Significant Issue:** Multiple systems issues of concern and/or patterns of concern that repeatedly occur or that are pervasive throughout the provider's systems or issues where the health, safety and/or rights of an individual are in jeopardy.

**Site:** Location where provider documentation is maintained. The site could be in the consumer's residence, site of delivered service, or the provider's administrative office.

## *OVERVIEW*

Provider Relations has been developed to redirect the monitoring responsibilities of the current quality enhancement functions completed at the local level. Currently the local quality assurance units are responsible to review and provide guidance on all consumer and provider information systems as well as assist the provider in developing their own internal quality assurance systems.

Provider Relations role in the redirection of responsibilities will be to partner with providers in order to enhance service development, self assessment and best practice by offering technical assistance and reviewing provider information systems such as employee files, policies and procedures, facility systems and safety, staffing patterns, contract language and modifications. Provider Relations staff will work with contractors to ensure service delivery is consistent with best practices, Medicaid waiver guidelines and DMH contract and policy.

Provider Relations staff will conduct an annual review of all Division of DD contracted providers with authorization to provide services through any funding source utilizing a standardized tool and sample size. An annual meeting will be held to assist the provider with performance review and goal development for the upcoming year. The amount and frequency of the review is a minimum and the sample size can be expanded if significant system wide issues are identified.

Provider Relations staff will also meet with contracted providers as needed and/or at the request of the provider utilizing the Provider Contact form to document and communicate the purpose and resolution of the meeting.

***PROCESS***

Provider Relations staff will conduct annual reviews with each contracted provider of residential, day habilitation, personal assistant, supported employment, respite, and other identified services when appropriate such as transportation, counseling, behavior therapy, etc. Review of contracted providers may occur at the site of service and/or at the provider's primary business location.

**Non-Certified/Non Accredited Services:** will be reviewed through annual on-site reviews by the provider relations team member using the statewide outcomes based review tool and data-sources already collected by the provider and regional office tracking and trending reports.

**Certified Services:** will be reviewed during the year of certification utilizing the certification report as well as data-sources already collected by the provider and regional office tracking and trending reports. Systems not monitored by certification will be reviewed by Provider Relations staff. Reviewing services during the interim year(s) that certification is not present will be performed through site reviews.

**Accredited Services:** will be reviewed through the annual performance monitoring reports with sufficient information to satisfy Provider Relations monitoring requirements. Performance reports will document results and corrective measures to address any deficiencies. In the year of an Accreditation Survey, the Survey Report, in addition to Regional Office data tracking and trending reports, will satisfy review requirements. In the event that reports do not contain sufficient information to satisfy Provider Relations monitoring requirements, Provider Relations will request and review needed documentation.

On site confirmation that active systems are in place will occur by the Provider Relations team member at the annual meeting.

The Provider Relations staff will utilize a statewide outcome based tool and all review activities will be summarized utilizing a Contact Summary. The provider will receive a copy of the tool and summary documentation and a copy will be placed in the Regional Office provider file.

The contact summary shall be completed and processed as follows:

- A summary will be completed containing positive information gathered regarding provider achievements, systems and overall best practices.
- Provider Relations staff will forward the contact summary to the agency director, responsible QDDP, and the Regional Quality Enhancement, Consumer Relations and Provider Relations leads within 10 working days of the review.
- Provider Relations staff will continue to monitor system issues until resolved and forward consumer issues to Consumer Relations for resolution.
- All issues and the results of the resolution will be recorded in the APTS database for trending of information.

APTS and EMT data may lead to further planning as described in Division Directive 4.080 Integrating Quality Enhancement Functions. Throughout the year, it may be necessary for additional reviews to occur due to information gathered from other monitoring activities.

MINIMUM REVIEW FREQUENCY OVERVIEW

| Annual Review | Annual Meeting | Review/Meeting as Identified |
|---|---|---|
| • Group Homes<br>• Individualized Supported Living (ISL)<br>• Family Living Arrangements (FLA)<br>• Residential Care Facilities funded through the Division (RCF)<br>• Day Habilitation<br>• Personal Care Assistant<br>• Supported Employment<br>• Respite<br>• Home Health Care/Quality Nursing Care I & II | • Group Homes<br>• Individualized Supported Living<br>• Family Living Arrangements<br>• Residential Care Facilities funded through the Division<br>• Day Habilitation<br>• Personal Care Assistant<br>• Supported Employment<br>• Respite<br>• Home Health Care/Quality Nursing Care I & II | • Transportation<br>• Counseling<br>• Interpreter<br>• Behavior Therapy<br>• ABA<br>• Medical Consultations<br>• Occupational Therapy<br>• Physical Therapy<br>• Speech Therapy<br>• Community Specialist<br>• Other miscellaneous services as identified |

REVIEW PARAMETERS

Provider Relations staff will randomly sample service sites. The personnel record reviews will emphasize newly hired staff.

If at any time during the process, significant issues are identified, the Provider Relations Team Member will work with the provider to expand the service sample size and offer technical assistance if necessary in looking for the best practice for correction or enhancement of the system.

MINIMUM PROVIDER RELATIONS SAMPLE SIZE PER CONTRACTED PROVIDER

| Service Description | Service Location | Personnel Records |
|---|---|---|
| RCF | 20% no less than 5 | 4 per location |
| Group Homes 4+ individuals | 20% no less than 5 | 4 per location |
| Group Homes 1-3 individuals | 20% no less than 5 | 2 per location |
| ISL | 20% no less than 5 | 2 per location |
| FLA | 100% | 2 per location |
| Day Habilitation | 100% On Site Programs | 20% no less than 5 |
| Personal Care Assistant | n/a | 20% no less than 5 |
| Home Health Care/Quality Nursing Care I & II | n/a | 20% no less than 5 |
| Supported Employment | n/a | 20% no less than 5 |
| Respite | n/a | 20% no less than 5 |

In the event a provider of residential services provides multiple types of residential services the service location sample size of 20% no less than 5 will be distributed amongst all residential services. If a provider of residential services also provides non-residential services, those non-residential services will each be sampled separately according to the sample size above.

Example: Provider A has 2 group homes, 10 ISL locations and an On-site Day Program; monitoring will consist of 5 site reviews of the residential service (which includes at least one group home site), and a review of the on-site day program. The review of consumer records and personnel records applies as indicated above for each service.

## TECHNICAL ASSISTANCE

Provider Relations staff will meet with contracted providers throughout the year at the provider's request or as needed to facilitate enhancement and identification of best practice sources. Examples of technical assistance may include but are not limited to, requests for resource information regarding training sources, policy and systems development. Technical assistance may be offered due to updates of provider system requirements, ongoing consultation for resolution of issues identified through the APTS, EMT and other data gathering activities, or due to issues identified through routine monitoring.

- Provider Relations staff will document the purpose and outcome of the meeting on the Provider Contact form.
- Documentation will be maintained in the Regional Office provider file and may be used as an information source during the Annual Provider Meeting.

Technical assistance is intended to support the providers' development and enhancement of internal systems which should include self assessment as relates to service delivery and consumer and stakeholder satisfaction.

## ANNUAL MEETING

The purpose of this meeting is to review the service delivery system to assist in developing enhancement goal's the provider has identified. Provider Relations staff will coordinate and facilitate a meeting with each provider. Providers may choose to invite their respective Regional Office Quality Enhancement representative.

Provider Relations staff will compile information from various data sources including certification/accreditation survey reports, APTS data and trending reports, EMT data, contractual and fiscal reviews, and Improvement or Critical Status Plans. This information will be summarized in the Annual Provider Meeting Summary. Accredited providers will provide their Annual Performance Report which may serve as the Annual Provider Meeting Summary if all relevant information is included.

When a provider delivers services in more than one region, the primary Regional Office Provider Relations team member will be responsible to collect the annual summary report from each Regional Office and assimilate the information into one comprehensive report. The primary team member will also be responsible to coordinate the annual meeting to include provider relations and quality enhancement staff participation from other Regional Offices accessing the provider's contract. Information from all Regional Offices will be shared to assist in the provider's goal development.

Based on information in the Annual Summary/Report, providers will develop outcome-based goals designed to promote quality improvement. Provider Relations staff will assist providers as necessary to develop their goals.

The provider's goals may incorporate Missouri Quality Outcomes which focus on consumer services. Provider Relations will focus on Missouri Quality Outcomes specific to provider systems:

- #17 Action at all levels of the organization is consistent with a shared mission which is developed in response to the goals and aspirations of the people supported
- #18 The agency initiates and maintains positive working relationships with other organization within and outside the service delivery
- #19 The agency empowers staff to meet people's needs
- #20 The agency regularly evaluates its success in meeting people's needs

The plan will be forwarded to the Provider Relations Team member within 30 days of the meeting so that the team member may be informed of and prepared to research needed information and assist the provider in achieving their goals throughout the year. A copy of the annual plan will be kept in the Regional Office provider file for referencing, updating and submission to certification/accreditation upon request.

Authority:
HCB Medicaid Waiver:
http://dmhonline.dmh.state.mo.us/mrdd/manuals/hcb/sec13draft.pdf
9 CSR 10-1.010, 9 CSR 45-5.010 and 9 CSR 45-5.060:
http://www.sos.mo.gov/adrules/csr/current/9csr/9csr.asp#9-45
DMH/ Division of DD Contract Part 1& 2
Division of DD Services Catalog

**Missouri Department of Mental Health**
**Division of Developmental Disabilities**
**Provider Relations Review Tool**

**Agency:** _____ **Date:** _____

**Locations Monitored:** _____

**Services Reviewed:** _____ **Reviewer:** _____

**Outcome 1: A system is in place to ensure that staff are qualified and trained to meet people's needs.**

| **Personnel File Review** | **Staff Name** | | | **Staff Name** | | | **Staff Name** | | | **Staff Name** | | | **Staff Name** | | | **Comments** |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Yes** | **No** | **N/A** | **Yes** | **No** | **N/A** | **Yes** | **No** | **N/A** | **Yes** | **No** | **N/A** | **Yes** | **No** | **N/A** | |
| Staff Education: **(FR)** Direct staff: Verification of high school diploma/GED or written exception from RO. QDDP: Verification of appropriate degree or 24 hrs Human Service coursework and one-year experience in DD field. CIST: Verification of appropriate degree or 5 years experience with exception from RO. RN: Verification of current RN license. | | | | | | | | | | | | | | | | |
| Background Checks: **(FR)** Documentation available; initiated prior to the employee having contact with people supported; staff not listed on the DMH, DHSS, or DSS disqualification | | | | | | | | | | | | | | | | |
| CPR/First Aid: **(FR)** Documentation available & current [Red Cross annually; American Heart Association-every 2 years]. | | | | | | | | | | | | | | | | |
| Abuse and Neglect Training: **(FR)** Documentation available and current (prior to contact with individuals and every 2 years.) | | | | | | | | | | | | | | | | |
| Medication Aid training: **(FR)** Documentation available & current (initial and update every 2 yrs) | | | | | | | | | | | | | | | | |

| Personnel File Review continued | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Consumer annual plan training: **(PR)** Documentation available & current within one month of employment and ongoing. | | | | | | | | | | | | | | | | |
| Missouri Quality Outcomes training: **(FR)** Documentation available for ISL & day hab staff less than 1-year experience. | | | | | | | | | | | | | | | | |
| Positive Behavior Support training: **(FR)** Training occurred within 90 days of employment | | | | | | | | | | | | | | | | |
| MANDT or CPI training: **(FR)** Documentation exists if required. | | | | | | | | | | | | | | | | |
| Driver's license: **(PR)** For staff transporting consumers, a current driver's license is on file. | | | | | | | | | | | | | | | | |
| Vehicle Insurance: **(PR)** For staff transporting consumer in their personal vehicle, evidence of insurance is on file. | | | | | | | | | | | | | | | | |
| Proof of Citizenship: **(PR)** Completed I-9 form, Employment Eligibility Verification form, documentation available. | | | | | | | | | | | | | | | | |

**Outcome 2: A system exists to ensure consumer documentation is in place at the service site.**

| Consumer File Review | Consumer Name | | | Consumer Name | | | Consumer Name | | | Consumer Name | | | Consumer Name | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |
| The following documentation exists in a consumer file at the site of service. **(TCM)** **(PR for PA/respite)**<br>• Current signed person centered plan<br>• Provider monthly reports<br>• TCM quarterly reports are in<br>• Progress notes | | | | | | | | | | | | | | | |

**Outcome 3: A system exists to maintain, update and implement required policy and procedure.**

| Global Agency Systems | Yes | No | N/A | Comments |
|---|---|---|---|---|
| Policy & Procedures: **(PR)**<br>• Current policies & procedures available for review;<br>• Monitor policies for revisions requested by the Division within the past year. | | | | |
| Agency Internal Monitoring for Safety: **(QE)**<br>Review that agency has a system of documentation for safety review and if follow up was needed it was completed.<br>• Evidence exists of environmental maintenance systems<br>IE: checklists developed and completed re physical site safety and repair<br>• Evidence exists of adaptive equipment maintenance and review system<br>• Evidence exists of vehicle maintenance system<br>• Evidence exists of emergency drill system at each location<br>• Evidence exists of external inspections systems when required such as well water checks or fire marshal inspection, etc. | | | | |
| Agency Internal Monitoring for Health: **(QE)**<br>Review that agency has a system of documentation for health review and if follow up was needed it was completed.<br>• Evidence exists of medication management system<br>• Evidence exists of dietary management system | | | | |
| Consumer Rights Committee: **(PR)**<br>If the residential agency provides supports to more than 10 consumers, review documentation from agency Human Rights Committee. | | | | |
| Existence of 24-hour agency & administrative contact system: **(PR)**<br>Verify by policy or verbal discussion with owner/QDDP that agency has a system in place to be contacted 24 hrs a day and that the agency administration can be contacted 24 hrs a day if necessary. | | | | |

**Outcome 4: A system is in place to ensure staff support is provided at appropriate level to meet consumer needs.**

| Group Home System Review | Location | | Location | | Location | | Location | | Location | | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | |
| Residential Level of Care: Confirm the group home meets the contracted Residential Level of Care/Category. | | | | | | | | | | | |
| • Verify direct care staff are scheduled in accordance with Residential LOC. **(PR)** | | | | | | | | | | | |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Ex: If Residential LOC II determined with a GH with 4 consumers then need 1 staff available per 4 consumers or as indicated in Intense Residential Habilitation Agreement. | | | | | | | | | | | |
| • Verify QDDP coverage meets the required group home level. **(PR)**<br>Ex: If Residential LOC II determined with a GH with 4 consumers then 2.5 hrs per week needed per consumer or 10 hrs a week needed or 40 hrs a month or as indicated in IRH agreement.<br>• Verify enough QDDP FTE(s) is present for total hours/month contracted. **(PR)** | | | | | | | | | | | |
| • Verify RN hours have been provided 1.25 hours per consumer per month or as indicated on an IRH agreement. **(FR)** | | | | | | | | | | | |
| **Individualized Supported Living System Review** | **Location** | | **Location** | | **Location** | | **Location** | | **Location** | | **Comments** |
| | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | |
| Staffing Pattern: Staffing pattern exists and matches ISL budget. **(PR)**<br>• For ISLs that are full time supports the combined ISL budgets should total at least 730 Direct Staff hrs unless live in staff; if more than 730 hrs then documented on staffing pattern and there is documented need in annual plan[s] for extra hours needed.<br>• Verify direct care staff is scheduled in accordance with staffing pattern. | | | | | | | | | | | |
| • Verify QDDP hours have been documented/provided/ and payroll documentation verifies hours served according to ISL budget allocation. **(FR)**<br>• Verify enough QDDP FTE(s) is present for total hours/month contracted . **(PR)**<br>If a provider is contracted for 60 hours/week of QDDP, do they have 1.5 FTE in QDDP to cover this contracted amount? | | | | | | | | | | | |
| • Verify CIST hours have been documented/provided and payroll documentation verifies hours served according to ISL budget allocation. **(FR)**<br>• Verify enough CIST FTE(s) is present for total hours/month contracted. **(PR)** | | | | | | | | | | | |
| • Verify RN hours have been documented, provided, and payroll documentation verifies hours served for 1.25 hours per consumer per month or as indicated on the ISL budget. **(FR)** | | | | | | | | | | | |

**Outcome 5: A system is in place to meet contract specific requirements.**

| | | | | |
|---|---|---|---|---|
| Missouri taxes paid annually: **(PR)**<br>Documentation available to prove agency has paid taxes. | | | | |
| Insurance: **(PR)**<br>Documentation is available for agency insurance for general liability, professional liability, etc. | | | | |
| Uniform Cost Report: **(PR)**<br>Agency submitted their UCR within 180 days of the end of their fiscal year. | | | | |

**Any agency system may be reviewed by PR monitoring if warranted through APTS data review, EMT data review, or other Integrated Function sources.**

**Additional Comments**:

Key Code:

PR = Regional Office Provider Relations team member is responsible for ensuring the indicated items/system s are in place.
QA = Regional Office Quality Assurance team member is responsible for ensuring the indicated items/systems are in place.
FR= Regional Office Fiscal Review is responsible for ensuring the indicated items/systems are in place.
TCM = Targeted Case Management entity is responsible for ensuring the indicated items/systems are in place.

**Missouri Department of Mental Health**
**Division of Developmental Disabilities**
**Provider Relations Contact Summary**

| **Provider:** | **Date:** |
|---|---|

| **Location(s) of Meeting:** |
|---|

## Type of Contact

| | |
|---|---|
| ____ Routine Provider Review | ____ Follow up CATS, EMT, Inquiries, Investigation |
| ____ Monitoring Improvement Plan | ____ Follow up on referral from CR or QA |
| ____ Monitoring Critical Status Plans | ____ Review of Data Summary from QA |
| ____ Technical Assistance | ____ Review of QDDP, CIST, or RN provision |
| ____ Follow up on issues from prior monitoring | ____ Review of Staffing Pattern |
| | ____ Other |

## Overview

*Type of location: ISL, group home, day program, office; agenda if appropriate; type of files reviewed if any; type of systems reviewed; policy and procedure*

## Findings

*Summary of findings – best practices, achievements, # of files reviewed with no issues/issues, etc.*

## Recommendations

*Summary of recommendations for enhancement and growth.*

| | **Nothing to report that requires follow up action.** |
|---|---|

## Need for Resolution Identified

| Consumer Name if Applicable | Category | Type |
|---|---|---|
| | Health<br>Rights<br>Environment<br>Services<br>Money | Preventative Practices, Procedures, Attaining Wellness<br>Self- Advocacy, Decision Making<br>Comfort, Security – Processes, Security – Facilities<br>PP Implementation, Staff Empowerment, Management<br>Accounting Practices, Access to Funds |

| | | | |
|---|---|---|---|
| Vendor Site (If multiple contracts): | | | |
| Describe Issue or Concern: | | | |
| Action to be Taken | | | |
| Timeline: | | Issues Resolve? Y/N: | |
| Person Responsible: | | Date Issue Resolved: | |

| **Next Meeting Date:** |
|---|

**Provider Relations Representative:** **Agency Representative:**

The fields of this document will expand as information is needed and additional space is required.

**Missouri Department of Mental Health**
**Division of Developmental Disabilities**
# Annual Provider Meeting Summary

| **Provider:** | **Date:** |
|---|---|

| **In Attendance** |
|---|
| Enter those in attendance here. |
| **Provider Update** |
| Enter provider information here. Examples may include agency provider changes, expansion, accomplishments, reorganization, positive outcomes, etc. |
| **Certification/Accreditation Findings** |
| Enter Certification/Accreditation Findings here. Discussion on any recommendations, deficiencies, etc. from last certification, accreditation, or ESSR. |
| **APTS Data/Trends** |
| Enter APTS Data/Trends here. Review and Discussion of APTS reports over the last year. Report may be designed to fit the agency. Goals for upcoming year may be identified if there are consistent areas of concern. |
| **EMT Data/Trends** |
| Enter EMT Data/Trends here. Review and Discussion of EMT reports over the last year. This would include discussion of trends identified during investigations/inquiries. Report may be designed to fit the agency. Goals for upcoming year may be identified if there are consistent areas of concern. |
| **Contractual/Service/Fiscal Updates** |
| Enter Contractual/Service updates here. Review of any contract changes, additions, terminations, submission of Uniform Cost Report. Review of services authorized compared to service provided. |
| **Agency Goals for Upcoming Year** |
| Enter Agency Goals for upcoming year here. Discussion of goals identified by the provider for the upcoming year. Discussion regarding Missouri Quality Outcomes # 17-20 and how provider may incorporate these into Annual Plan. Provider will write plan to address goals and send to PR staff within 30 days. |
| **Improvement Plans or Critical Status Plans Follow Up Needed** |
| Summarize follow up needed |
| **Comments** |
| |

| **Summary Completed By:** |
|---|

The fields of this document will expand as information is needed and additional space is required.