

1. Standards Committee Meeting Agenda

Documents:

[2016-02-10 STANDARDS COMMITTEE MEETING AGENDA.PDF](#)

2. Standards Committee Meeting Matieral 2

Documents:

[2016-02-10 STANDARDS COMMITTEE MEETING MATIERAL 2.PDF](#)

3. Standards Committee Meeting Material 1

Documents:

[2016-02-10 STANDARDS COMMITTEE MEETING MATERIAL 1.PDF](#)

Standards Committee



Eric Moore, Chair

Wednesday, February 10, 2016
3:00 pm to 3:30 pm
Area Agency on Aging/Care Directions
1366 East Thomas Road, Phoenix
1st Floor

301 West Jefferson Street
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AGENDA

Welcome, introductions and declarations of conflicts-of-interest

Determination of quorum

Review of the minutes and action items from prior meetings

The committee chair will briefly summarize the activities previous meetings and the statuses of action items will be updated. Please inform the Chair of any revisions.

Administrative Agent update

A representative of the Administrative Agent's office will present the Part A program monthly report.

Chair update

The Chair will review the recent activity of the committee and provide comments.

Review of and revisions to standards of care

The committee will review the transportation standard for a possible revision. Votes may occur to take action on discussion items.

Current event summaries

This is the time for Planning Council members to share a brief summary of current events. Members of the committee cannot propose, discuss, deliberate, or take legal action on any matter voiced during this time.

Call to the public

This is the time for the public to comment. Members of the committee cannot propose, discuss, deliberate, or take legal action on any matter voiced during this time.

Adjourn

This committee generally meets on the second Wednesday of each month.

Members and guests of the Planning Council may attend either in person or via telephone conference call.

All of the documents discussed are available from Planning Council Support.

Funding is provided by the United States Department of Health and Human Services, the Ryan White HIV/AIDS Treatment Modernization Act of 2006 and the Maricopa County Department of Public Health.

AGENDA continued

MEETING GROUND RULES

- The public is encouraged to take part in all of our discussions. However, due to time constraints, the Chair may choose to limit the number of people who may speak and/or the length of time allowed for discussion.
- Everyone is expected to respect the authority of the Chair.
- Anyone who wishes to comment should raise their hand to be recognized to talk.
- Please be courteous when others are talking. No sidebar conversations please.
- Please remain calm and focused on the topic at hand.
- Stay open-minded and flexible to allow for and honor individual difference and diversity.
- Many attendees are very sensitive to fragrances, so please refrain from using colognes and perfumes at Planning Council meetings or events.

Erica had another thought....it wouldn't be a chart review on the 3rd goal. It would be a review of documentation (taxi log, & bill).

Also 90% might be high w/ clients no shows or opting not to go that day..... or late taxis.

Perhaps a 2nd look at the % would be good.

Debby

From: Debby Elliott

Sent: Tuesday, January 26, 2016 2:32 PM

To: 'Claire Tyrpak - EBHX'

Cc: Eric Moore; Erica TeKampe

Subject: RE: Transportation Standard

I think that the 1st **Goal** should be something like90% of the reviewed files have documentation of the selected, allowable taxi utilization criteria in the client's file.

The 3rd one needs re- writing.

STANDARD # 3

They are not 'contracted vendors' they are vendors. It is not a program, so there is no way to gauge that clnts individual needs were respected. We think that phrase needs to be deleted. They are ever changing taxi drivers, not a set group of staff people. Our goal is that the clnts are transported from pick-up to the designated destination. Problems with the ride or the taxi drivers are reported with follow-up.

GOAL:

If we want it to be more client centered it would be..... 90% of the files have documentation that the *ordered* taxi ride was completed.

Debby

Claire,

I was referring to the Standards of Care to edit another document and came across something that I wanted to bring to your attention in the Transportation Standard. The first and third standards use the same goal/benchmark, but the goal doesn't seem related to the third standard. I have attached a copy of the page for your review.

In our chart audits during site visits this year, we used the following goal for the third standard: 90% of clients were provided transportation in a timely manner and met the client's needs.

Thank you,

Jeremy Hyvarinen

MEDICAL TRANSPORTATION SERVICES

A. DEFINITION:

Medical Transportation Services include conveyance services provided, directly or through voucher, to a client so that he or she may access health care services.

B. GOAL(S):

1. Clients demonstrate retention in care.

C. SERVICES:

Medical Transportation Services enable an eligible individual to access HIV- related health and support services, including services needed to maintain the client in HIV medical care, through either direct transportation services or vouchers or tokens

May be provided through:

- Contracts with providers of transportation services
- Voucher or token systems

D. QUALITY MANAGEMENT:

Program Outcome:

- 90% of eligible clients demonstrate retention in care

Indicators:

- The number of clients who arrived at core/support service appointments as a result of Medical Transportation Services.

Service Unit(s):

- Successfully completed transport to Core/Support Services via Medical Transportation Services.

Standard of Care	Outcome Measure	Numerator	Denominator	Data Source	Goal/Benchmark
Client eligibility for taxi utilization will be for those whom public transportation imposes an unreasonable barrier to care.	Unreasonable barriers to care will be determined by chart documentation of the barrier to care, which may include one of the following: - Lack of availability of personal or public transport - Traveling with children - Safety reasons - Extreme weather - Documented health issues - Services are in excess of 30miles from client’s residence	Number of clients accessing medical transportation services	Number of Clients	Client Charts and CAREWare	90% of client files have documentation of policies for accessing medical transportation as explained to the client. <u>Edit suggestion: 90% of the reviewed files have documentation of the selected, allowable taxi utilization criteria in the client’s file.</u>
Transportation requests are authorized by Case Management and coordinated by the Transportation Coordinator.	Response to a request for transportation will be documented and completed within 3 business days of client’s request.	Number of authorized transportation referrals completed in 3 business days	Number of transportation referrals	Client Charts and CAREWare	90% of client files have documentation of transportation referral being completed in 3 business days.
Contracted vendors for transportation provide timely services and respect clients’ individual needs. <u>Edit suggestion: remove “contracted” and “respect clients’ individual needs.” Add: “clients are transported from pick-up to designated destination. “</u>	Transportation services are provided as scheduled. Follow-up is documented by the service provider and the vendor.	Number of clients accessing medical transportation services	Number of Clients	Client Charts and CAREWare	90% of client files have documentation of policies for accessing medical transportation as explained to the client. <u>Edit suggestion: review of documentation (taxi, log, bill): 90% of the files have documentation that the ordered taxi ride was completed. Also, 90% is high, review percentage.</u>