

Mental Health and Substance Abuse Corporations of Massachusetts Consultation Initiative



Project Management Plan

July 10, 2007 Version

Presented by:

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Together...we can make a difference!

Mental Health and Substance Abuse Corporations of Massachusetts

Consultation Initiative

Table of Contents:

1. Overview of Consultation Goals.....	3
2. Project Team Roles and Responsibilities Operational Structure.....	5
3. Consultation Project Timelines	6
4. Team Meeting Dates	7
5. Recommended Initiative Decision Making Process	19
6. Recommended Initiative Decision Making Values.....	19
7. Recommended Structural and Procedural Standards	20
8. Consultation Initiative Role and Responsibilities Summary	20
9. Project Team Participation and Meeting Guidelines	25
1. Team Member Participation Guidelines	25
2. Time Management of Team Meetings	26
3. Team Meeting Evaluation Instrument	29
4. Recommendations Submission Format	30
10. SDT Scope of Work.....	32
11. Consultation Initiative Information Resources	33

Mental Health and Substance Abuse Corporations of Massachusetts Recommended Project Management Plan

Presented By:

**David Lloyd, President & Scott Lloyd, Vice President
M.T.M. Services**

Overview:

Mental Health and Substance Abuse Corporations of Massachusetts, Inc. (MHSACM) is a statewide provider association whose members are the primary providers of community-based mental health and substance abuse services in Massachusetts. When MHSACM informally polled the Board of Directors as to their activities and intentions around e-Health, certain conclusions became quickly apparent:

1. Most provider organizations intended to embark on some e-Health related activity over the next 12 months. Such activities ranged from strategy planning to actually implementing e-Health related technologies within their organizations.
2. There were no overarching e-Health strategies with the MHSACM membership, and unless such strategies were developed, the provider organizations would implement disparate and possible incompatible technologies.
3. There was a wide range of technical expertise. While some member organizations had the technical capacity to develop functional requirements that met their immediate and longer term needs, other organizations were dangerously reliant on vendors deciding what was in their best interests.
4. Electronic Health Records (EHRs) were the technology that most member organizations saw as the highest priority, and EHR systems were indeed the foundation around which all other e-Health activities would be built.

In addition, MHSACM's member organizations were aware of the rapid gains in priority that e-Health was making in Massachusetts, especially within the primary and specialist health care sectors and the wide variety of e-Health initiatives already operational within the state.

Accordingly, MHSACM concluded that:

1. If the MHSACM member organizations did not fully embrace the e-Health opportunities afforded by the developing technologies, the Mental Health and Substance Abuse sectors in Massachusetts would be marginalized and at a greater disadvantage in catching up.
2. If individual provider organizations all engaged in their own initiatives independently, the resulting disparate systems, while bringing individual advantage to their purchasing provider organizations, would have difficulty with further integration. Aggregated reporting and the potential sharing of patient data would be far more difficult.
3. A cohesive e-Health plan was urgently required that would enable MHSACM and its member provider organizations to collectively and collaboratively work towards a common e-Health goal.

To this end, at the MHSACM Board of Directors meeting in June 2006, it was determined that a future integrated e-Health strategy was a priority and an **e-Health Steering Committee** was established. The e-Health Committee was charged with establishing MHSACM as a leader to guide and support the transition of its member base from reliance on paper-based health records to EHRs.

Therefore, the senior management team of the MHSACM has indicated that it would like to engage in a statewide e-health development initiative that will address a scope of work outlined below:

1. Develop the data elements necessary in each clinical form type to support an integrated standardize documentation approach statewide based on Ohio's SOQIC documentation initiative refocused to Massachusetts requirements
2. Develop a data element dictionary and cross walk for all data elements in each form type
3. Provide compliance review to ensure the created form processes meet applicable state, federal and national accreditation requirements/standards
4. Develop a statewide documentation training manual based on the model used in the SOQIC initiative in Ohio
5. Use the MH/SA providers' technical assessment level survey completed by MHSACM to develop interim documentation solutions for community providers based on possible paper processes, electronic forms and/or EHR specifications
6. Provide technical assistance for the development of an RFP to select a vendor to create EHR specifications for application statewide with all vendor types (i.e., XML code model, etc.)
7. Provide training to support the documentation model and data elements developed to facilitate an understanding of how to use the new processes to support:
 - a. Medical Necessity linkage requirements
 - b. Rehabilitation Option focus
 - c. Move to more fidelity between "what we do, versus what we write"

The organizations/stakeholders that will need to be an important part of this statewide collaboration to accomplish the identified scope of work are:

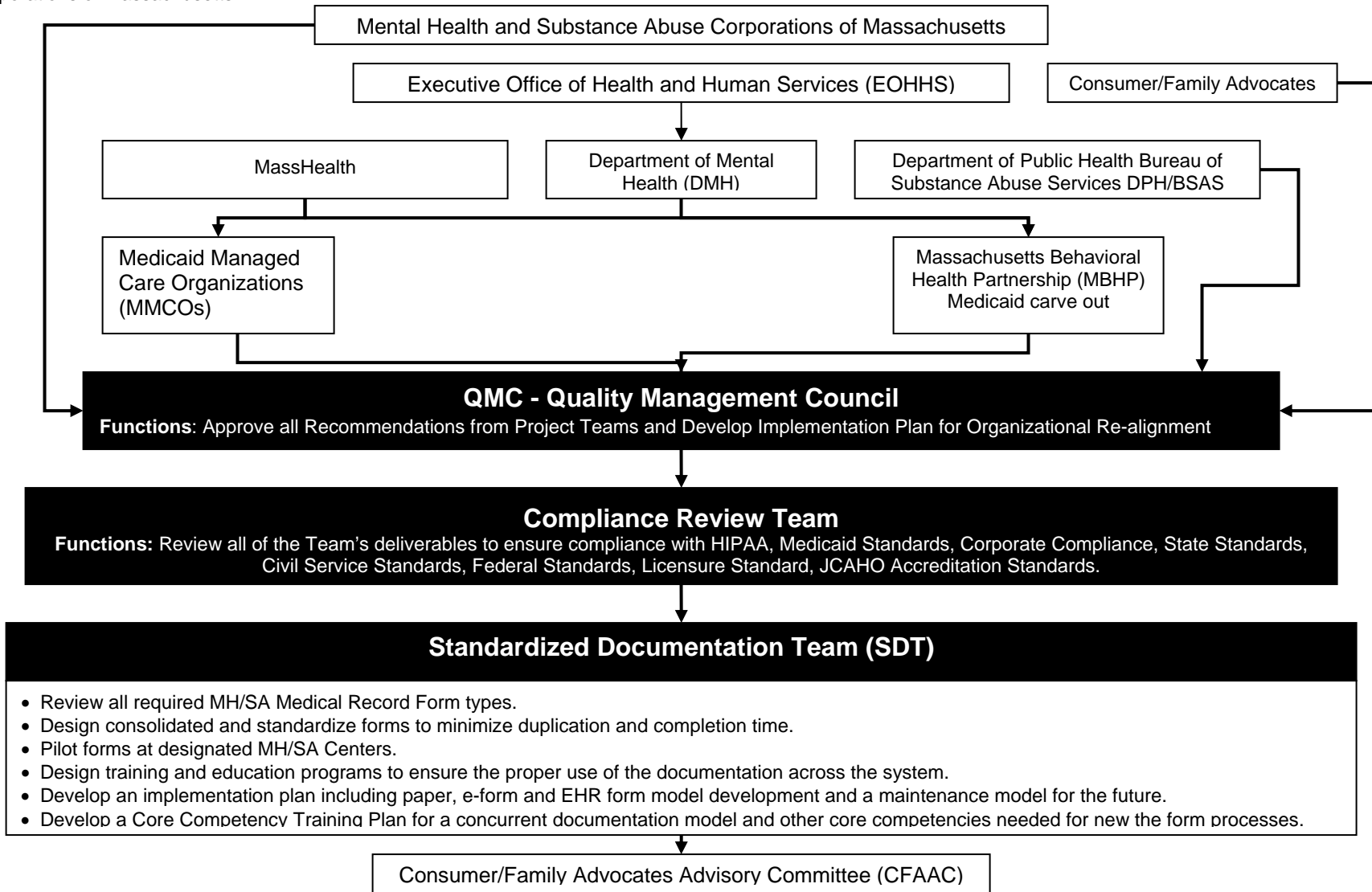
- Mental Health and Substance Abuse Corporations of Massachusetts
- Executive Office of Health and Human Services (EOHHS)
- Department of Mental Health (DMH)
- MassHealth
- Department of Public Health Bureau of Substance Abuse Services DPH/BSAS
- Massachusetts Behavioral Health Partnership (MBHP) Medicaid Carve Out
- Medicaid Managed Care Organizations (MMCOs):
 - BMC HealthNet,Plan
 - Neighborhood Health Plan,
 - Fallon Community Health Plan
 - Network Health.
- Consumer/Families and Advocate Organizations:
 - Parent Professional Advocacy League (PPAL)
 - National Alliance for the Mentally Ill of Massachusetts (NAMI)
 - The Clubhouse Coalition
 - Massachusetts Organization for Addiction Recovery (MOAR)

Based on the scope of work identified by MHSACM, it is recommended that an empowered project team model be utilized to facilitate the development of solutions. To facilitate a project team development model, it is proposed that the statewide project engage David Lloyd, President of M.T.M. Services, and, Scott C. Lloyd, Vice-President of M.T.M. Services to provide consultation and project management. This consulting team has had extensive experience in designing and implementing change process quality initiatives for over 400 Community Behavioral Healthcare Organizations nationwide. This level of project team-based change participation confirms that an appropriate organizational structure is essential to efficiently and effectively implement statewide transition/change initiatives.

The information provided below has been developed based on the recommended organizational structure that supports constituting Project Teams. The specific responsibilities of each component of the proposed change initiative organizational structure are as follows:

Mental Health and Substance Abuse Corporations of Massachusetts Project Team Roles and Responsibilities Operational Structure

Similar change initiative consultation to other behavioral healthcare centers has benefited from an empowered Project Team organizational model that facilitates input and participation of all levels of staff within the organization and feedback from primary stakeholders. Below is the operational structure for the consultation initiative that represents a coordinated project team approach operating under a Quality Management Council composed of senior managers of Mental Health and Substance Abuse Corporations of Massachusetts:



Consultation Project Timelines

The scope of the initiative includes eight development phases within the timeline indicated below:

Development Phases	2/07	3/07	4/07	5/07	6/07	7/07	8/07	9/07	10/07	11/07	12/07	1/08	2/08	3/08	4/08
	Phase One			Phase Two					Phase Three						
A. MHSACM Develops Initial Scope of Work and Project Timelines	█	█													
B. Approve Final Project Management Plan, Scope of Work and Timeline		█													
C. Constitute the Project Teams		█													
D. Provide Project Orientation of All Team Members			█												
E. Project Teams Design and Develop paper processes				█	█	█	█	█	█						
F. Project Teams Design and Develop a Training Manual								█	█	█					
G. Pilot the newly created forms and training manual												█	█	█	
H. Evaluation of all Forms and Manual															█

Team Meeting Dates

MTM Services has identified a series of onsite and offsite meeting dates for your project management teams with our consultation team throughout the timeline for the consultation initiative. Below is a description of the meeting dates for the Quality Management Council, Compliance Review Team and Standardized Documentation Team.

First Meeting: On the first day, provide from 9:00 a.m. until 12:00 p.m. an orientation with all Quality Management Council (QMC), Compliance Review Team (CRT), Standardized Documentation Team (SDT) and Consumer, Families and Advocates Advisory Committee (CFAAC) members in which the scope of work, project timeline and guidelines will be presented. The orientation provides an excellence opportunity to overview the primary reasons for entering into the change initiative. Additionally, the orientation will include an overview of the deliverables for each team, the overall time line for the project and the need to integrate efforts of all teams.

To facilitate the team member orientation, the following will need to be accomplished by the Quality Management Council (QMC) prior to the consult date:

- a. Designate team members for each team in order to provide adequate notice of orientation session. Other statewide initiatives have provided an opportunity for staff to submit notice of their interest to serve on a team with the Quality Management Council making the final decisions regarding team members. If this method is chosen, it is strongly recommended that a memorandum summarizing the project, the number of teams, and the deliverables being considered for each team be sent to all staff. Alternatively, in some cases Quality Management Councils have elected to select team members without requesting staff to submit an indication of interest.
- b. Establish a final completion date for the project. Based on a start date of April 2007, it is recommended that the piloting of form data elements/forms and final implementation phase be rolled out by January 2008. A full implementation plan will be developed by the consultation team in consult with the QMC.

During the remainder of the first day, the following teams will meet with the Project Manager and Lead Consultant as follows:

- a. Orientation Session will be 9:00 a.m. – 12:00 noon
- b. Compliance Review Team (CRT) will meet from 1:00 p.m. – 4:30 p.m.
- c. Standardized Documentation Team (SDT) will meet from 1:00 p.m. – 4:30 p.m.

During the meeting, team members will accomplish the following:

1. Selection of a Team Facilitator
2. Identification of a Lead Team Member for each deliverable
3. Establish priority order for all deliverables.
4. Establish a start and complete date for each deliverable.

This time will also provide an opportunity to answer questions, furnish sample deliverables from other documentation initiatives and establish team boundaries regarding deliverables.

Consultation Initiative Orientation/Training

Facilitated By:

David and Scott Lloyd, MTM Services

AGENDA

Time	Topic Summary
9:00 a.m.	Welcome and Introductions
9:10 a.m.	Overview of Statewide Initiative including justification, organization, and timeline
9: 35 a.m.	Decision-Making Process, Decision-Making Values, Meeting Guidelines and Procedures <ul style="list-style-type: none"> • If Team member cannot attend, it is not appropriate to send a representative in that web site will post all minutes. Observers are welcome to attend and observe the process. • Replacement Team members will be provided to the Team based on Team request to QMC for a replacement member. Respective stakeholder will provide recommendation with approval by QMC • QMC will review and approve all recommendations from all teams • All Project Teams will utilize the decision-making values and process as specified by QMC • Teams may designate a team member to serve as a resource to Sponsors in presenting all final recommendations after full review by CRT • CRT will refer back to respective Project Teams any recommendation that has significant non-compliance for readdress. CRT may make minor modifications to Project Team recommendations if changes do not change the intent of the recommendation. CRT will be required to document any changes with notification to QMC and Project Teams.
9:45 a.m.	Use and Management of Data During Project including Compliance Guidelines
9:55 a.m.	Role of Quality Management Council, Compliance Review Committee, Project Team, Advisory Committee and Consultation Team
10:25 a.m.	Introduction and Role of Team Sponsors
10:40 a.m.	Role of Project Team, Facilitator, Lead Team Member and Meeting Performance/Evaluation Ground Rules
11:00 a.m.	Scope of Work for Quality Management Council, Compliance Review Team, Standardized Documentation Team and Consumer, Families, and Advocates Advisory Committee including Use of Team Resource Manuals
11:45 a.m.	Questions and Answers
12:00 p.m.	Adjourn

Below and on the following pages are two different team meeting schedules that provide the identified meeting dates for the Quality Management Council, the Compliance Review Team and the Standardized Documentation Team. The first schedule is a matrix that provides a concise listing of the days and dates by type of meeting and the second schedule is a contextual monthly calendar that can provide participants the space to identify any additional meetings regards the initiative:

2007 Onsite Meeting Dates

Month	Quality Management Council (QMC)	Compliance Review Team (CRT)	Standardized Documentation Team (SDT)	Consumer/Family Advocates Advisory Committee (CFAAC)
April	Tuesday, April 24 th 9:00 a.m. – 12 noon	Tuesday, April 24 th 9:00 a.m. – 12 noon and 1:00 p.m. – 4:30 p.m.	Tuesday, April 24 th 9:00 a.m. – 12 noon and 1:00 p.m. – 4:30 p.m.	No Meetings in April
May	May 4 th 9:00 a.m. – 11:00 a.m.	Monday, May 14 th 9:30 a.m. – 12:30 p.m.	Thursday, May 3 rd 9:30 a.m. – 4:30 p.m.	No Meetings in May
		Thursday, May 31 st 9:30 a.m. – 4:30 p.m.	Wednesday, May 23 rd 9:30 a.m. – 4:30 p.m.	
June	Thursday, June 14 th 9:30 a.m. – 12:30 p.m.	Thursday, June 7 th 9:30 a.m. – 4:30 p.m.	Wednesday, June 13 th 9:30 a.m. – 4:30 p.m.	No Meetings in June
		Thursday, June 21 st 9:30 a.m. – 4:30 p.m.	Thursday, June 28 th 9:30 a.m. – 4:30 p.m.	
July	Wednesday, July 11 th 9:30 a.m. – 12:30 p.m.	Monday, July 9 th Friday, July 13 th	Tuesday, July 10 th 9:30 a.m. – 4:30 p.m.	No Meetings in July
			Tuesday, July 31 st 9:30 a.m. – 4:30 p.m.	
August	Wednesday, August 15 th 9:30 a.m. – 12:30 p.m.	No Meetings in August	Tuesday, August 14 th 9:30 a.m. – 4:30 p.m.	Tuesday, August 14 th 1:00 p.m. – 4:30 p.m.
			Wednesday, August 29 th 9:30 a.m. – 4:30 p.m.	
Sept.	Tuesday, September 11 th 2:00 p.m. – 5:00 p.m.	Wednesday, September 12 th 9:30 a.m. – 4:30 p.m.	Wednesday, September 12 th 9:30 a.m. – 4:30 p.m.	No Meetings in September
			Thursday, September 27 th 9:30 a.m. – 4:30 p.m.	
Oct.	Wednesday, October 10 th 9:30 a.m. – 12:30 p.m.	Tuesday, October 9 ^h 9:30 a.m. – 4:30 p.m.	Tuesday, October 9 ^h 9:30 a.m. – 4:30 p.m.	No Meetings in October
			Wednesday, October 24 ^h 9:30 a.m. – 4:30 p.m.	
Nov.	Wednesday, November 7 th 9:30 a.m. – 12:30 p.m.	Tuesday, November 6 th 9:30 a.m. – 4:30 p.m.	Tuesday, November 6 th 9:30 a.m. – 4:30 p.m.	No Meetings in November
			Monday, November 19 th 9:30 a.m. – 4:30 p.m.	
Dec.	Wednesday, December 5 th 9:30 a.m. – 12:30 p.m.	Tuesday, December 4 th 9:30 a.m. – 4:30 p.m.	Tuesday, December 4 th 9:30 a.m. – 4:30 p.m.	Tuesday, December 4 th 1:00 p.m. – 4:30 p.m.

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Thursday
All Staff Training with:
David Lloyd
9:30 am – 4:30 pm

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24 Tuesday

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All Teams - Orientation
David & Scott Lloyd
9:00 am – 12:00 pm
(Agenda for the day can
be found on page 8.)

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CRT and SDT will meet
separately from 1:00 p.m.
– 4:30 p.m.

2007

May

Sun

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3 Thursday
SDT Meeting
David & Scott Lloyd
9:30 am – 4:30 pm

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14 Monday
CRT Meeting
Mary Thornton
9:30 am – 12:30 pm

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23 Wednesday
SDT Meeting
David & Scott Lloyd
9:30 am – 4:30 pm

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31 Thursday
CRT Meeting
Mary Thornton
9:30 am – 4:30 pm

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June

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Thursday

CRT Meeting
Mary Thornton
9:30 am – 4:30 pm

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13 Wednesday
SDT Meeting
David & Scott Lloyd
9:30 am – 4:30 pm

14 Thursday

QMC Meeting
- 9:30 am – 12:00 pm
David Lloyd
Form Layout
1:00 p.m. – 4:30 p.m.

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21 Thursday

CRT Meeting
Mary Thornton
9:30 am – 4:30 pm

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28 Thursday

SDT Meeting
David & Scott Lloyd
9:30 am – 4:30 pm

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10 Tuesday
SDT Meeting
David & Scott Lloyd
9:30 am – 4:30 pm

11 Wednesday
QMC Meeting
- 9:30 am – 12:00 pm
David Lloyd
Form Layout
1:00 p.m. – 4:30 p.m.

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31 Tuesday
SDT Meeting
David & Scott Lloyd
9:30 am – 4:30 pm

2007

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14 Tuesday
SDT Meeting
David & Scott Lloyd
9:30 am – 4:30 pm
CFAAC
1:00 pm – 4:30 pm

15 Wednesday
QMC Meeting
- 9:30 am – 12:00 pm
David Lloyd
Form Layout
1:00 p.m. – 4:30 p.m.

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29 Wednesday
SDT Meeting
David & Scott Lloyd
9:30 am – 4:30 pm

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2007

September

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11 Tuesday

QMC Meeting
- 9:30 am – 12:00 pm
David Lloyd

12 Wednesday

SDT Meeting
David & Scott Lloyd

CRT Meeting
Mary Thornton
9:30 am – 4:30 pm

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27 Thursday

SDT Meeting
David & Scott Lloyd
9:30 am – 4:30 pm

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2007

October

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9 Tuesday
SDT Meeting
David & Scott Lloyd
CRT Meeting
Mary Thornton
9:30 am – 4:30 pm

10 Wednesday
QMC Meeting
- 9:30 am – 12:00 pm
David Lloyd
Implementation
Design
1:00 p.m. – 4:30 p.m.

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24 Wednesday
SDT Meeting
David & Scott Lloyd
9:30 am – 4:30 pm

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2007

November

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6 Tuesday
SDT Meeting
David & Scott Lloyd
CRT Meeting
Mary Thornton
9:30 am – 4:30 pm

7 Wednesday
QMC Meeting
- 9:30 am – 12:00 pm
David Lloyd
Implementation Design
1:00 p.m. – 4:30 p.m.

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19 Monday
SDT Meeting
David & Scott Lloyd
9:30 am – 4:30 pm

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2007

December

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4 Tuesday

SDT Meeting
David & Scott Lloyd
CRT Meeting
Mary Thornton
9:30 am – 4:30 pm

CFAAC (D&S Lloyd)
1:00 pm – 4:30 pm

5 Wednesday

QMC Meeting
- 9:30 am – 12:00 pm
David Lloyd
RFP for E-Form
Design
1:00 p.m. – 4:30 p.m.

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2007

Recommended Initiative Decision Making Process

The following decision-making process has proven very successful to facilitate timely decision-making at all levels of the consultation initiative:

- Primary emphasis will be placed on gaining consensus and support from all stakeholders
- Preliminary straw votes will be taken to determine the position of QMC, Compliance Review and Project Team members on specific issues/initiatives
- If consensus cannot be reached in a reasonable time frame, then a final vote will be taken with a super majority (70% of members attending the meeting) being required to act on any issues/initiative that needs leadership.
- The minutes will accurately reflect the vote of members.

Recommended Initiative Decision Making Values

Prior experience has proven that Project Teams and the Quality Management Council (QMC) can utilize specific decision-making values to help focus on the positive benefits of each recommendation to the organization rather than a more personality based process model. Each recommendation developed by Project Teams can be compared to decision-making values indicated below through completion of the Team Recommendation Form that will require each decision-making value to be addressed by the Team prior to submission of the recommendation to the Quality Management Council. The QMC will utilize these values to assess each recommendation in the approval process:

- Enhances the development and implementation of more person centered services in the areas of documentation/paperwork reductions, choice, person-centered service planning and an increased emphasis on a resiliency/recovery model
- Facilitates Increased Accessibility to Services
- Supports the measurement of Quality Outcome-Based Services
- Supports the full integration of outcomes and satisfaction data into clinical and non-clinical service delivery decision-making
- Identifies and Supports More Cost-Effective Services
- Complies with all applicable state, federal and accreditation standards including the federal and state advocacy standards
- Promotes the accountability of the organization to people receiving services, their families and other stakeholders to appropriately respond to service delivery needs.

Structural and Procedural Standards

1. If Team member cannot attend, it is not appropriate to send a representative in that web site will post all minutes. Observers are welcome to attend and observe the process.
2. Replacement Team members will be provided to the Team based on Team request to QMC for a replacement member. Respective stakeholder will provide recommendation with approval by QMC
3. QMC will review and approve all recommendations from all teams
4. All Project Teams will utilize the decision-making values and process as specified by QMC
5. SDT may designate a team member to serve as a resource to Sponsors in presenting all final recommendations after full review by CRT
6. CRT will refer back to SDT any recommendation that has significant non-compliance for readdress. CRT may make minor modifications to SDT recommendations if changes do not change the intent of the recommendation. CRT will be required to document any changes with notification to QMC and SDT.

Role and Responsibilities of the Quality Management Council (QMC)

Membership on the QMC will need to consist of eighteen members. Eight representatives from MHSACM, two representatives from EOHHS, two representatives from DMH, two representatives from MassHealth, two representatives DPH/BSAS, two representatives of consumers, family members, and/or advocates and two at large members will be selected and empowered to represent stakeholders. A MHSACM Senior Administrator will serve as the Chair of the QMC to facilitate the business activities of the Council. A consultation team member will serve as facilitator consultant to the QMC.

After the QMC is constituted, its initial performance requirements and timelines are:

- a. Develop by the end of February 2007 the final initial project deliverables and development timelines
- b. Select all team members by the second week of March 2007
- c. Establish an orientation session to occur the first or second week of April 2007.

QMC Membership

Name	Stakeholder Represented	Name	Stakeholder Represented

Project Team Sponsor: The QMC will need to provide a “Sponsor” for the CRT, SDT and CFAAC. The “Sponsor” will need to make a time commitment that will facilitate attendance at all CRT, SDT and CFAAC meetings to help ensure integration of all project efforts. The Team Sponsor role is essential to providing general direction and focus for individual team efforts. A member of the QMC, who has interest and/or expertise in one of the team areas, should be selected as a Team Sponsor to provide liaison between a respective work team and the QMC. The Team Sponsor ensures that his/her team is provided all needed resources that are required to facilitate timely decision making in the development and implementation of recommended documentation changes. Also, the Team Sponsor serves as the primary presenter for all team developed recommendations to the QMC. As a result, it will be important for the Team Sponsor to attend CRT, SDT and CFAAC meetings to fully understand the context for the recommendations made. Additionally, the Team Sponsor provides his/her respective team with timely updates on the entire project, which has proven to minimize/avoid duplication of effort and role confusion. Finally, one of the most dynamic benefits of providing a Team Sponsor is to help establish for each team the scope of possibilities regarding solutions to the scope of work challenges.

Team Sponsors

Teams	QMC Member Sponsor
1. Compliance Review Team	
2. Standardized Documentation Team	
3. Consumers, Families, Advocates Advisory Committee	

2. **Project Operations Requirements:** The QMC will need to be available to meet with Team Sponsors and consultants each month to operationalize the project. The duties of the QMC are to review and approve all recommendations developed by the teams and to help facilitate full implementation at the state and local provider levels.
3. **QMC Facilitator Role:** It is recommended that QMC select a Facilitator. The QMC Facilitator is responsible for facilitating the overall operation of the QMC. These responsibilities include:
 - Schedule meetings as needed
 - Arrange for meeting room facilities
 - Coordinate documentation and handouts for team meetings.
 - Establish each meeting agenda.
 - Call meetings to order.
 - Facilitate discussion.
 - Recognize motions, seconds and votes to facilitate decision-making.
 - Document decisions.
 - Other duties that will help facilitate team action within the implementation timelines established for the project.

Roles and Responsibilities of the Compliance Review Team (CRT)

The CRT needs to consist of seven to fourteen members and be comprised of one or two representatives each from MHSACM, EOHHS, DMH, MassHealth, DPH/BSAS, MMCOs and MBHP who have experience and expertise with HIPAA, CMS Corporate Compliance, state and federal standards, and JCAHO, CARF and COA Accreditation compliance.

The CRT will be required to provide a full review all recommendations developed by the Project Teams to confirm full compliance with all four vertical requirements - HIPAA, CMS Corporate Compliance, state/federal requirements and Accreditation standards. If recommendations submitted do not meet compliance requirements in any of the four areas, the CRT can either revise the recommendations to bring them into compliance or refer the recommendation back to the respective Project Team for redevelopment and resubmission for review. The Compliance review will not include the prerogative by the CRT to modify any developed recommendation submitted by Project Teams outside the need to modify only for compliance purposes.

Meeting Requirements: The CRT meet in April 2007 for orientation of all participants in the project. Additionally, the CRT will need to meet monthly during the months May through August 2007. It is recommended that the frequency of meetings be increased to twice monthly for the period September through December 2007.

Roles and Responsibilities of the Standardized Documentation Team (SDT)

Membership and selection process for the SDT is further detailed in the Project Management Plan. Representatives be selected who are fully empowered to develop new documentation models, protocols and processes, pilot the newly developed models, send recommendations to the CRT for compliance review and submit reviewed recommendations to the QMC for approval and implementation.

Meetings: The SDT meets in April 2007 for orientation and will need meet twice monthly during May through December 2007. It is recommended that the frequency of meetings be decreased to once monthly for the period January through April 2008 in order to finish their assigned duties.

Roles and Responsibilities of the Consumers, Families and Advocates Advisory Committee (CFAAC)

Consumer, families, and advocates will constitute the CFAAC to provide feedback to the SDT regarding documentation needs of consumers/families. It is recommended that the number of committee members be limited to eight to ten to provide ample opportunity for discussion and input. The recommended meeting format of CFAAC is as follows:

- Constitute CFAAC in March 2007 to facilitate attendance of all members at the April project orientation session
- Schedule a second committee meeting in May 2007 in conjunction with a portion of a SDT meeting to provide an opportunity for CFAAC members to present primary documentation issues the SDT should consider as they develop a new documentation model.
- Schedule a third committee meeting with the SDT in August 2007 to review documentation recommendations from the SDT
- A final committee meeting in December 2007 for SDT to share final documentation recommendations and receive any additional feedback.

Role of the Project Manager

David Lloyd, President of M.T.M. Services will provide onsite and off-site Project Management for the Standardized Documentation Project. The nature of the Project Management task is outlined below:

- a. To provide management of the MHSACM Project including coordination with QMC, CRT, SDT and CFAAC.

- b. To facilitate the consultation by all members of the Consultation Team to help ensure that the final models, protocols and products are fully integrated.
- c. To evaluate project attainment levels after each meeting of the QMC, CRT, SDT and CFAAC.
- d. To review all QMC, CRT, SDT and CFAAC meeting evaluations in order to provide recommendations to the Consulting Team, Sponsors, Facilitators and Team members.
- e. To provide Lead Consultation on the SDT and the QMC.
- f. To provide interventions as required within QMC, CRT, SDT and CFAAC to ensure that all identified deliverables, constituting the respective inclusive scope of work for the project, are completed within the agreed upon project time lines.

Consulting Team

The consulting team has been recruited from consultants who have the demonstrated experience and expertise to provide specific consultation to facilitate designated portions of the overall statewide project.

Each consultant on the team has been selected based on the proposed scope of work for the initiative. Future adjustments or expansion of the scope of work may require that the consulting team be revisited.

Consulting Team

Initiative/Teams	Consultant
1. Project Team Orientation Day	David and Scott Lloyd, MTM Services
2. Quality Management Council	David Lloyd, MTM Services
3. Compliance Review Team	Mary Thornton, BSRN, MBA
4. Standardized Documentation Team	David and Scott Lloyd, MTM Services
5. Consumers, Families and Advocates Advisory Committee	Scott Lloyd, MTM Services

Project Team Participation and Meeting Guidelines

1. Team Member Participation Guidelines:

Membership on the QMC, CRT, and SDT is an opportunity to provide both a service to the organization's resource management requirements and to participate in a professional growth experience. Service roles in this consultation initiative include the design, development, and implementation of new clinical documentation models is critically important to the success of this important statewide effort. The collective clinical and/or technical training and service delivery experiences each member brings to the teams will be an essential element in the success of the overall project.

The empowerment Project Team model utilized in this initiative is very dependent on the full commitment and participation of **every** team member. **Therefore, it is important that team members attend all QMC, Compliance Review, and Project Team meetings.**

In order to help ensure that all Teams can fully function each time they meet, it has proven necessary to establish a minimum attendance requirement. Therefore, if any team member fails to attend two consecutive project team meetings it will be considered an automatic resignation from the team.

Additionally, any team member missing a total of three team meetings during the project will be considered to have resigned from the team. In the case of any attendance-based resignation, the respective level of stakeholder(s) will be asked to provide another representative for the affected Team(s).

Each team member needs to be aware of the importance of the Team meetings and an individual commitment to be in attendance is very important.

2. Time Management of Team Meetings:

One of the principal deterrents to Team progress and completion of the development of recommendations for all deliverables is the cumulative dissipation of energy and time that occurs over a period of months as a result of inefficient time management within the Compliance Review and each Project Team. **There are several proven key areas of time-management concern that needs the attention of all team members:**

- a. **Late Arrival/Early Departure:** It is important for team efforts for each team member to arrive prior to the scheduled beginning of each meeting so that the Team Facilitator can convene the meeting promptly at the appointed time. Waiting for everyone to arrive seriously reduces productive time available. Likewise, if team members begin to leave before announced adjournment, the team is again handicapped in its efforts to finish its business. It is important that the meeting time frames be honored.

- b. **Pagers/Cellular Phone Calls:** One of the key defocusing processes that occur within a team meeting is for pagers and cellular phones to be ringing/buzzing throughout the meeting. It will be important for each team member to delegate their local work, if at all possible, to another staff designee during the meeting times. Therefore, all pagers/cellular phones should be turned off during the business sections of each meeting. Teams will take normal breaks that will allow for calls to local offices and other inter-reactions regarding local work responsibilities. Your understanding and concurrence with this standard is appreciated.
- c. **Lack of Preparation:** Another key deterrent to progress is the lack of preparation for team meetings. Team members have been provided a resource manual that contains information, concepts and ideas that should be reviewed, based on topic areas, prior to Team meetings. Additionally, as each team functions through their deliverables, additional resource materials will be collected and circulated to team members for their Resource Manuals. Making an effort to review and explore resource materials between meetings will greatly facilitate more informed and time-effective decision-making during meetings.
- d. **Typical Stages of Team Development:** There will be a need for each Project Team to initially discover their scope of work boundaries through processing information and comparing and contrasting concepts. This phase of Team development should last approximately two months depending on the frequency and length of meetings. However, it will be the responsibility of the members of each Team to monitor the frequency and length of “processing” activity. Based on experience, team boundaries around the need for additional processing vs. the need for the team to make a decision and move on can be measured around the number of times a topic is back on the meeting agenda and the number of times team members re-state the same ideas/concepts on these repetitive topics. Another measure is when team processing equates to continuing team progress then there may be a need for more processing. However, if team processing has become counter productive to team progress and the same information is being rehashed, then, it is time for a Team decision. Extended team processing has proven to dissipate the energy required for the team to develop change solutions. Proactive Team decisions have proven to re-energize the project development process.
- e. **70% Consensus Solution Model:** In most cases in the past, community mental health centers were provided the luxury of facilitating decision-making in an environment of consensus-decision-making to develop a 100% solution to the current problem. This model worked in an environment of infrequent change. However, in an era of continuous change, the principal of 100% consensus decision-making actual has proven detrimental to an orderly, current contextual-based and time-efficient change process. Therefore, it will be essential to utilize a super majority 70% solution model

in the development of team recommendations. The meeting protocols for this solution-based meeting model are:

- i. **Agenda:** Each team meeting will have a written agenda for the meeting with meeting place, time and length that will be submitted to team members three days before the meeting. The Project Team Action Plan has proven to be an excellent agenda in that it keeps the focus of the team on ALL deliverables.
- ii. **Preparation for Meetings:** Each team member will utilize time before the meeting and between meetings to research, review and prepare for the next meeting.
- iii. **Timely Start:** The Team Facilitator will start each meeting on time regardless of the number of team members present.
- iv. **Team Timekeeper:** The Team Facilitator will select at each meeting a team member, or a team member can volunteer, to be the timekeeper during the meeting. The purpose of the timekeeper is to determine, by averaging, the time necessary to spend on each deliverable for that particular meeting. At the end of the designated time, the timekeeper will announce the time for discussion has lapsed. The team at this point has one of two options:
 - a. By a unanimous vote of the team the discussion time can be extended by up to ten minutes, after which extended time, the team will make a decision; or
 - b. The Team Facilitator will ask the team members to reach consensus on the topic at hand, and if there is not consensus, the Team Facilitator will immediately call for a team vote requiring a 70% super majority vote to make a team decision on the matter at hand.
- v. **Team Scribe:** The Team Facilitator will select at each meeting a team member, or a team member can volunteer, to be the scribe during the meeting. The purpose of the scribe is to record the status of each deliverable as presented by the Lead Team Member. The status can be recorded on the Project Team Action Plan in the space provided. Status notations include verbal update reports; actions taken during the meeting and reference to any handout/attachments to the Action Plan that fully present the recommendation on the deliverable. It is important that the documentation of status not consume a major amount of time and energy in that the focus of teamwork is not in documenting the decision-making process as much as documenting the final recommendation.
- f. **Equal Discussion Opportunity:** The Team Facilitator will ensure that all team members have an opportunity to present ideas, experiences and opinions. It is critically important that the Facilitator does not inappropriately occupy or allow the Team Sponsor, nor any other individual team member to

inappropriately occupy the discussion time. The important team dynamic to successful completion of the scope of work is the need for all team members to feel fully empowered. Therefore, it will be the responsibility of the team to monitor excessive use of discussion times by individuals. The general rule regarding the determination of when there has been an appropriate amount of discussion on an item is when the team begins to hear the same points/information/opinions for the second or third time.

- g. **Address Each Deliverable:** Address, process and make a decision about each deliverable on the Action Plan Agenda at each meeting. Making a commitment to address each deliverable at each meeting will, in and of itself, help ensure that the team will:
- Visit each deliverable each meeting to ensure that a deliverable is not getting adequate ongoing attention by the Lead Team Member and the team as a whole; and
 - Monitor the amount of time spent in both the process and decision-making phase of the meeting for deliverables that need decisions that day.
- h. **Adjournment:** The Team Facilitator will adjourn on time.

3. **Team Meeting Evaluation Instrument:** In other similar Project Team initiatives, the utilization of a Team Meeting Evaluation form has been an excellent way for team members to provide accountability at each meeting. The evaluation forms are to be completed by each team member at the end of each meeting. The results of the evaluation are announced at the beginning of the next meeting so that the team can modify its behavior or actions accordingly. Below is a sample Team Member Evaluation Form:

Statewide Documentation Initiative Team Meeting Evaluation

1. What are the five top frustrations you dealt with during this meeting?

a.	b.	c.
d.	e.	

2. Was the agenda received at least three days prior to the meeting date? Yes No

Comments if needed:

3. Was each deliverable allotted a certain amount of time? Yes No

Comments if needed:

4. Was each deliverable addressed at this meeting? Yes No

Comments if needed:

5. Was there an equal opportunity by all team members for discussion at this meeting?

Yes No

Comments if needed:

6. Did the meeting focus on integrated solutions required to build recommendations for each deliverable or was the meeting focused on processing the problems or differences between members that prevent the development of integrated regional solutions? Solution Focused Meeting Problem Focused Meeting

Comments if needed:

7. How would you change the format of this meeting?

8. Did the meeting start on time? Yes No

9. Did the meeting end on time? Yes No

10. Was this meeting necessary? Yes No

Comments if needed:

11. Evaluate the leadership skills and overall effectiveness of the Team Facilitator:

Great Leadership/Effectiveness Effective facilitation today Needs improvement

Comments if needed:

12. Evaluate the facilitation, general knowledge and overall effectiveness of the Team Sponsor:

Very helpful/effective Was somewhat helpful today Needs improvement

Comments if needed:

13. Evaluate the expertise, assistance and overall effectiveness of the Team Consultant:

Very helpful/effective Was somewhat helpful today Needs improvement

Comments if needed:

14. Level of Accomplishment achieved at this meeting.

High level of achievement Average level of achievement Needs improvement

Comments if needed:

4. Recommendations Submission Format:

In order to ensure that each Project Team addresses the same focus areas when formulating a recommended model, protocol or product, a standardized Recommendation Form will be required. Below is a sample of a typical form that must be completed and submitted by SDT for each deliverable in their scope of work to CRT and QMC for their review accompanied by an actual sample of the product developed.

PROJECT TEAM RECOMMENDATIONS TO QUALITY MANAGEMENT COUNCIL

SDT Recommendation		Deliverable Due Date:
Review Priority: <input type="checkbox"/> Priority One <input type="checkbox"/> Priority Two <input type="checkbox"/> Priority Three		
Name of Key Team Contact:		Phone #:
Deliverable Description:		
Recommendations (short narrative with bulleted points):		
Justification:		
Barriers to Implementation:		
Action Objectives to Overcome Implementation Barriers: (QI Process)		
Accreditation and Compliance Reviews and Summary of Findings:		
Recommended Timeline to Implementation (Begin/End):		
Implementation and Training Resources and Requirements:		

-Over-

Project Management Plan

Decision Making Values (Please indicate how this recommendation meets each of the Decision-Making Values):					
1. Enhances the development and implementation of more person centered services in the areas of documentation/paperwork reductions, choice, person-centered service planning and an increased emphasis on a resiliency/recovery model:					
2. Facilitates Increased Accessibility to Services:					
3. Supports the measurement of Quality Outcome-Based Services:					
4. Supports the full integration of outcomes and satisfaction data into clinical and non-clinical service delivery decision-making:					
5. Identifies and Supports More Cost-Effective Services:					
6. Complies with all applicable state, federal and accreditation standards including the federal and state advocacy standards:					
7. Promotes Consensus Among Statewide Stakeholders:					
8. Promotes the accountability of the system to people receiving services, their families and other stakeholders to appropriately respond to service delivery needs:					
Anticipated Benefits to the Statewide Mental Health and Substance Abuse Service Delivery System:					
QMC Status:	<input type="checkbox"/> First Review on:	<input type="checkbox"/> Approved on:	<input type="checkbox"/> Tabled until:	<input type="checkbox"/> Referred back to CRT on:	<input type="checkbox"/> Referred back to Project Team on:

STANDARDIZED DOCUMENTATION TEAM GOALS AND OBJECTIVES

GOAL #1: Develop and Implement a Standardized Compliant Clinical Documentation Process in Compliance					
Objective # 1: Review the statewide clinical documentation model developed in Ohio					Priority: 1
Priority	Strategy	Lead Team Members	Start Date	Completion Date	Status
1	Review Samples of current documentation model used in Ohio known as the SOQIC Initiative				
2	Review Ohio's SOQIC Documentation Training Manual				
3	Review documentation requirements in Massachusetts				
4	Review JCAHO, CARF and COA Accreditation Criteria for Documentation				
Objective # 2: Design Sample Primary Clinical Record Documentation Tools					Priority: 2
Priority	Strategy	Lead Team Members	Start Date	Completion Date	Status
1	Determine genre, style and number of documentation tools to constitute the scope of work for the team				
2	Develop protocols for Medical/Clinical Necessity Documentation Linkage Model				
3	Design and develop sample documentation tools for review				
4	Pilot sample Documentation Tools at selected providers statewide				
Objective # 3: Develop Statewide Training and Implementation Plans					Priority: 3
Priority	Strategy	Lead Team Members	Start Date	Completion Date	Status
1	Develop Documentation Training Manual				
2	Develop Training Curriculum for regional training events				
3	Identify Trainer/Consultants that can provide regional/local support				
4	Develop implementation plan including compliance and evaluation phases				

Consultation Initiative Information Resources

The Project Manager of the Consultation Project is pleased to announce additional information resources for QMC and Project Team members.

Additional Information Resources:

1. The Internet Web Site for MTM Services will provide continuously updated information on the Consultation Initiative

Web address: mtmservices.org

- Meeting Schedule updates for Quality Management Council, Compliance Review Team and Project Teams
 - Bulletin Boards for each Team will provide an opportunity to post and share questions, recommendations, and/or comments and receive feedback.
 - Minutes of meetings
 - Project Team Updates
 - Modifications to Goals and Objectives for each Project Team
 - Posting of final draft of all Project Team recommendations
 - Posting of all approved re-engineering initiatives
 - Project Management Updates
2. **Internet Based Meetings:** Project Management consultation will be provided in large part via Webex.com Internet based meetings that will provide more timely and cost effective facilitation of Project Team development efforts.
 3. **Case Study Resources:** The Project Manager will provide each team in the project case study sample resources that will provide examples of how other Mental Health Centers have developed solutions regarding standardized documentation and cost finding methodologies. This resource should facilitate a timely and cost effective development process.
 4. MTM Services Website will be established with:

Password: MHSACM07

ID: 2007