

External Program Review Committee (EPRC) minutes

Date of meeting: February 6, 2020

DSD liaison: Stacie Enders, Linda Wolford, and Ariana Dionisopoulos

Type: Whole committee

Location: Elmer L. Andersen Human Services Building, Room 5223, 540 Cedar St., St. Paul 55101.

Attendees: Tatiana Kerestesh, Mike Boston, Laura Daire, Kim Frost, Dan Baker, Stacy Danov, Mary Piggott, Danielle Bishop, Jodi Greenstein, Liz Harri, and Melanie Eidsmoe

Not present: Barbara White, Lindsay Nash, and Stephanie Schaefer

Agenda items

Vote

Those in favor of approving the January 2020 meeting minutes:

1. Dan Baker: yes
2. Laura Daire: yes
3. Kim Frost: yes
4. Melanie Eidsmoe: yes
5. Jodi Greenstein: yes
6. Mary Piggott: yes
7. Liz Harri: yes
8. Danielle Bishop: abstain
9. Lindsay Nash: yes
10. Mike Boston: yes
11. Stacy Danov: yes

Quality of life measures

The committee continued their discussion on measuring quality of life factors. Some additional notes on this topic are available in the meeting minutes from January. At this meeting, the committee discussed several models for measuring/assessing quality of life.

1. Several concerns were noted with the models, such as:
 - a. Since a large portion of the people the committee works with do not use words to communicate, they would need assistance with the assessments. Many of the questions require the assessor to make assumptions about how the person feels, which would make the assessment invalid. Everyone has biases and assumptions, and there is no way to guarantee the results reflect the person receiving services.
 - b. The questions are often not written in plain language.

- c. The questions often reflect cultural norms instead of personal preferences. For example, some of the questions assume people should have jobs, want to participate in religious services or like to attend community events in crowded locations like malls.
 - d. Many of the questions do not take into account symptoms of autism, brain injuries, etc.
 - e. None of the assessments are all encompassing, and there is no single standard for the domains of a quality life: there are many different models and some people might find some models more relevant to their life than others. Requiring people to measure their quality of life in a specific, defined way would not be person-centered or respectful of differences.
 - f. Many providers do not have staff with the credentials necessary to conduct the assessments.
2. The committee needs to limit requests for additional paperwork to what is required in Minn. R. 9544 and Minn. Stat. 245D. While the Requests for Approval subcommittee is tasked with determining “that the provider has made a good faith effort to reduce the need for the procedure/a restrictive intervention,” (Minn. R. 9544.0130, Subparts A and B), authors of the quality of life questionnaires warn that the assessments are not meant to judge the quality of support a person is receiving.
 3. The committee does not have authority to require additional documentation under part A of Minn. R. 9544.0130 – they only have authority under part B. It would be inappropriate to treat six providers differently from all other providers the EPRC is working with.
 4. The information gathered through the models would likely not be much different from information received through in-depth person-centered planning.
 5. Service providers already have to take many additional steps to serve someone who goes through the committee review process. Requiring more paperwork from these providers could put the person at risk for a service termination.
 6. Alternative ideas for measuring quality of life include:
 - a. In addition to the quality of life measures already in the Positive Support Transition Plan, another question could be added to the quarterly review:
 - i. If this person has a person-centered plan, does the person (or legal representative, if applicable) feel the plan was implemented accurately and completely over the past quarter? [If “no” is selected] Please describe the person’s concerns and what the provider will do to ensure the plan is implemented as desired by the person.
 - b. The MNChoices assessment already includes some quality of life measures. However, those measures are limited and some people feel they are inconsistent.
 7. Another assessment was mentioned at the meeting that the committee will look at and discuss during the March whole committee meeting.

Technology for Home

The original grant that funded this service for people working with the EPRC ended February 26, 2020. DHS representatives are actively working to find ways to restart the program.

Updates

1. Changes to the [Behavior Intervention Reporting Form \(BIRF\), DHS-5148](#), are on hold until a technology solution can be developed around managing user accounts for roughly 16,000 new user accounts.
2. The Positive Support Transition Plan templates and instructions will be ready for further review in late February.
3. Drafts of a completed Positive Support Transition Plan and quarterly review examples will be provided by committee representatives for review at the April 2020 whole committee meeting. Once the samples are finalized they will be added to the Guidelines for Positive Supports in DHS-Licensed Settings, DHS-6810C.

4. The committee coordinator will look into reaching out to local universities to see if she can recruit occupational therapists through their networks.
5. DHS is considering keeping the Positive Supports Rule 100 assessment and creating a second assessment that is specific to functional behavior assessments. This seems to make the most sense since the two assessments focus on different topics and have different audiences.
6. DHS staff continue to call providers about 911 incident reports. Some patterns staff have noticed include providers over reporting, providers being unaware of local crisis resources, and a shortage of crisis resources and crisis providers.
 - a. There is a new statewide crisis phone number. The committee coordinator will add this number to the committee's crisis resource regional reference spreadsheet.
7. The EUMR subcommittee shared some data trends for the group they are currently working with. Overall it was positive. The next step will be to look at all people the committee has ever worked with (roughly 300 people). The committee coordinator will start compiling that information and will share it with the committee sometime this spring. The EUMR subcommittee also shared their enhanced process for reading EUMR BIRFs that includes additional data review and increased provider follow ups.
8. The Requests for Approval subcommittee shared that care teams have been improving their fading plans and have been more open to recommendations from the subcommittee. Also, the subcommittee is disappointed that the Technology for Home program is no longer being funded.
9. The committee's pharmacist streamlined the requested information for medication reviews. Providers who work with the EPRC are welcome and encouraged to contact the committee for a review. The reviews are provided at no cost/are funded entirely through the EPRC. Providers may submit requests by emailing PositiveSupports@state.mn.us.

Other

1. Committee members are invited to attend a Culture of Safety event. Those who are interested should contact Charles Young.

Closing

1. At the next meeting the committee will continue discussing the topics listed above.