

California Mental Health Planning Council

Patient Rights Committee

October 18, 2017

Four Points by Sheraton, Sacramento Room

4900 Duckhorn Dr., Sacramento, CA 95834

11:00 a.m. to 12:30 p.m.

| Item | Time | Topic | Presenter or Facilitator | Tab |
|-------------|-------------|--|---|------------|
| 1 | 11:00 a.m. | Welcome and Introductions | Daphne Shaw, Chairperson | |
| 2 | 11:05 | Agenda Review | Daphne Shaw | |
| 3 | 11:10 | Review and approve August 2017 Meeting Minutes | Daphne Shaw | A |
| 4 | 11:15 | Q&A on new patient grievance/protection requirements from the Centers for Medicare and Medicaid Services (CMS) | Autumn Boylan, MPH, Chief, Compliance Section, Mental Health Services Division, DHCS | B |
| 5 | 11:45 | Nominate Chair Elect | All | |
| 6 | 12:55 | Discussion and approval of PRA Survey White Paper | All | C |
| 7 | 12:25 | Plan for Next Meeting/Report Out | All | |
| 8 | 12:30 | Public Comment/Adjourn | | |

Committee Members:

Chairperson: Daphne Shaw

Members: Carmen Lee Walter Shwe
Darlene Prettyman Catherine Moore
Richard Krzyzanowski Samuel Jain

Staff: Justin Boese

If reasonable accommodations are required, please contact the CMHPC office at (916) 552-9560 not less than 5 working days prior to the meeting date.

INFORMATION

TAB SECTION

A

 X ACTION REQUIRED:

DATE OF MEETING

10/18/17

MATERIAL
PREPARED BY: Boese

DATE MATERIAL PREPARED

09/7/17

| | |
|---------------------|--|
| AGENDA ITEM: | Review and approve meeting minutes from August 2017 |
| ENCLOSURES: | Minutes of PRC conference call on August 25 th , 2017 |

ISSUE:

Patients' Rights Committee review and approval of minutes from August 15th, 2017 meeting.

Patients' Rights Committee Meeting Notes

Conference Call - August 25, 2017
1:30 pm – 2:30 pm

Committee Members Present:

Daphne Shaw, Chair
Carmen Lee, Walter Shwe, Darlene Prettyman, Richard Krzyzanowski, Samuel Jain

Staff Present:

Jane Adcock, Justin Boese

Welcome & Introduction:

Daphne Shaw welcomed all committee members.

Update on PRA Survey Analysis:

The committee reviewed the analysis that has been done for the PRA survey, along with the outline of the white paper that will be written by Samuel Jain and Justin Boese. The analysis and a draft of the paper will be shared with both the Patients' Rights Committee and the CAMHPRA PRA Ratio Subcommittee so that input and comments can be considered. Richard Krzyzanowski offered assistance with editing the paper.

Samuel went on to share some information about patients' rights advocacy in other states. Based on what he has heard, PRA systems vary tremendously, and California's system is one of the most robust. Samuel will do some research on states with similar programs to find out how they are funded, and how their resources are determined. If anything particularly pertinent comes up, it can be added into the white paper.

Plans of Corrections:

At the annual Compliance Advisory Committee meeting to discuss changes in the 2017-18 review protocol, the department announced that now the findings from all the reviews are on a dashboard on the DHCS website. This includes all of the corrective action plans. Towards the end of this year, after the white paper is done, Justin may be able to delve into what that data looks like to identify who is doing well and who is not. This will be extremely useful for identifying counties that have frequent issues.

The system "grades" counties based on their level of compliance. Overall, the counties appear to be doing well, though there are slightly lower grades for chart review than for program review.

Discussion of MHS Grievance Process:

At the April 2017 CMHPC quarterly meeting, Autumn Boylan presented on the changes in federal Medicaid Managed Care regulations pertaining to beneficiary protections. She

has agreed to return for the October 2017 meeting to answer some specific questions. The committee discussed follow-up questions so that they can be provided to her before the meeting. If anyone has any further questions after reviewing the materials, they will send them to Justin.

The questions raised are as follows:

1. Are there new CMS rules that impact patient protections, and if so, what are they?
2. Is there a required protocol for grievances?
 - a. Do different counties have different systems?
3. Are counties required to put member handbooks online? If no, why not?
4. As per the requirements for information content, what performance and quality indicators are plans required to provide?
5. Are there required services that MHPs must provide? Are there a minimum set of services?
 - a. If the “amount, duration and scope” must be no less than that is furnished to beneficiaries under FFS Medicaid, what are the required services for FFS Medicaid?
6. Are there required patient protection services that MHPs must provide?
7. Are there different issue resolution processes for Managed Care and MHSA programs?

Public Comment:

No public comments. Meeting adjourned at 2:30 pm.

X INFORMATION

TAB SECTION

B

 ACTION REQUIRED:

DATE OF MEETING

10/18/17

MATERIAL

DATE MATERIAL PREPARED

09/9/17

PREPARED BY: Boese

| | |
|---------------------|---|
| AGENDA ITEM: | Q&A on new patient grievance/protection requirements from the Centers for Medicare and Medicaid Services (CMS) |
| ENCLOSURES: | Beneficiary protections from the 16-17 annual review protocol, and a summary of changes made for the 17-18 review protocol. |

ISSUE: At the April 2017 CMHPC quarterly meeting, Autumn Boylan presented on the changed in federal Medicaid Managed Care regulations pertaining to beneficiary protections. Autumn Boylan is returning for the October 2017 meeting to answer some follow-up questions. Questions posed by the committee are below.

The questions raised are as follows:

1. Are there new CMS rules that impact patient protections, and if so, what are they?
2. Is there a required protocol for grievances?
 - a. Do different counties have different systems?
3. Are counties required to put member handbooks online? If no, why not?
4. As per the requirements for information content, what performance and quality indicators are plans required to provide?
5. Are there required services that MHPs must provide? Are there a minimum set of services?
 - a. If the “amount, duration and scope” must be no less than that is furnished to beneficiaries under FFS Medicaid, what are the required services for FFS Medicaid?
6. Are there required patient protection services that MHPs must provide?
7. Are there different issue resolution processes for Managed Care and MHSA programs?

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
MENTAL HEALTH SERVICES DIVISION
PROGRAM OVERSIGHT AND COMPLIANCE

ANNUAL REVIEW PROTOCOL FOR SPECIALTY MENTAL
HEALTH SERVICES AND OTHER FUNDED SERVICES

FISCAL YEAR (FY) 2016-2017

SECTION D BENEFICIARY PROTECTION

| CRITERIA | | FINDING Y P N | | INSTRUCTIONS TO REVIEWERS |
|---|---|------------------|--|---|
| 1. | Has the MHP developed a beneficiary problem resolution process that meets title 9 and title 42 regulatory requirements for each of the following: | | | <p><u>SUGGESTED DOCUMENTATION:</u></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Beneficiary booklet</p> <p><input type="checkbox"/> Problem Resolution Informing Materials</p> <p><input type="checkbox"/> Problem Resolution forms</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><u>GUIDANCE:</u></p> <ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1850.208 (a)(b) • The expedited appeal process must, at a minimum: <ul style="list-style-type: none"> (a) Be used when the MHP determines, or the beneficiary and/or the beneficiary’s provider certifies, that taking the time for a standard appeal resolution could seriously jeopardize the beneficiary’s life, health or ability to attain, maintain, or regain maximum function. (b) Allow the beneficiary to file the request for an expedited appeal orally without requiring that the request be followed by a written appeal. • MHP to resolve and notify within three (3) working days after receipt of expedited appeal. |
| | a) A grievance process. | | | |
| | b) An appeal process. | | | |
| | c) An expedited appeal process. | | | |
| <ul style="list-style-type: none"> • CCR, title 9, chapter 11, sections 1850.206 (a) (b), 1850.207, and 1850.208 (a) (b) • CFR, title 42, section 438.402 Subpart F | | | | <p><u>OUT OF COMPLIANCE:</u></p> <ul style="list-style-type: none"> • MHP beneficiary problem resolution process does not meet title 9 and title 42 regulatory requirements. |

SECTION D BENEFICIARY PROTECTION

| CRITERIA | | FINDING Y P N | | | INSTRUCTIONS TO REVIEWERS |
|----------|---|------------------|--|--|--|
| 2. | The MHP is required to maintain a grievance, appeal, and expedited appeal log(s) that records the grievances, appeals, and expedited appeals within one working day of the date of receipt of the grievance, appeal, or expedited appeal. | | | | <p><u>SUGGESTED DOCUMENTATION:</u></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Grievances, Appeals, and Expedited Appeals</p> <p><input type="checkbox"/> Grievance, Appeals, Expedited Appeals Log(s)</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><u>GUIDANCE:</u></p> <ul style="list-style-type: none"> • Review logs to determine if required elements are logged • Review a sample of grievances, appeals, and/or expedited appeals (20 grievances and appeals per medium/large county), (10 grievances and appeals per small county); review sample of any expedited appeals received. • Verify information is present for each grievance, appeal and expedited appeal. <p><u>Compliance %:</u> _____</p> <p>Formula for calculating percentage: Total number of GAEA logged by MHP/Total number of GAEA received by MHP</p> |
| 2a. | The log must include: | | | | |
| | 1) The name or identifier of the beneficiary. | | | | |
| | 2) The date of receipt of the grievance, appeal, and expedited appeal. | | | | |
| | 3) The nature of the problem. | | | | |

SECTION D BENEFICIARY PROTECTION

| CRITERIA | | FINDING Y P N | | | INSTRUCTIONS TO REVIEWERS |
|---|--|------------------|--|--|--|
| 2b. | Does the MHP's log match data reported in the Annual Beneficiary Grievance and Appeal report submitted to DHCS? | | | | <p><u>SUGGESTED DOCUMENTATION:</u></p> <p><input type="checkbox"/> Grievance, Appeals, Expedited Appeals Log(s)</p> <p><input type="checkbox"/> Annual Beneficiary Grievance and Appeal Report(s)</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><u>GUIDANCE:</u></p> <ul style="list-style-type: none"> • MHP is required to submit an annual report that summarizes beneficiary grievances, appeals, and expedited appeals received during the fiscal year. • The report must include the total number of grievances, appeals, and expedited appeals by type, subject areas, and disposition. |
| <ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1850.205(d)(1) • CCR, title 9, chapter 11, section 1810.375(a) | | | | | <p><u>OUT OF COMPLIANCE:</u></p> <ul style="list-style-type: none"> • Log(s) do not contain this information on all grievances/appeals/expedited appeals • The log(s) do not match the Annual Beneficiary Grievance and Appeal report |
| 3. | Regarding established timeframes for grievances, appeals, and expedited appeals: | | | | <p><u>SUGGESTED DOCUMENTATION:</u></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Grievances, Appeals, and Expedited Appeals</p> <p><input type="checkbox"/> Grievance, Appeals, Expedited Appeals Log(s)</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> |
| 3a. | <p>1) Does the MHP ensure that grievances are resolved within established timeframes?</p> <p>2) Does the MHP ensure that appeals are resolved within established timeframes?</p> | | | | |

SECTION D **BENEFICIARY PROTECTION**

| CRITERIA | | FINDING Y P N | | INSTRUCTIONS TO REVIEWERS |
|----------|---|------------------|--|--|
| | 3) Does the MHP ensure that expedited appeals are resolved within established timeframes? | | | <p><u>GUIDANCE:</u></p> <ul style="list-style-type: none"> Review logs and sample grievances, appeals and/or expedited appeals to verify the MHP is meeting established timeframes for resolving grievances, appeals, and expedited appeals. <p><u>Compliance %:</u> _____ Formula for calculating percentage: Total number of GAEA resolved within established timeframes/Total number of GAEA reviewed</p> |
| 3b. | Does the MHP ensure required notice(s) of an extension are given to beneficiaries? | | | <p><u>SUGGESTED DOCUMENTATION:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Policies and Procedures # _____ <input type="checkbox"/> Grievances, Appeals, and Expedited Appeals <input type="checkbox"/> Grievance, Appeals, Expedited Appeals Log(s) <input type="checkbox"/> Notification letter template <input type="checkbox"/> Sample notification letters <input type="checkbox"/> Other evidence deemed appropriate by review team <p><u>GUIDANCE:</u></p> <ul style="list-style-type: none"> MHP to provide written notification to beneficiaries if the timeframe for resolving grievances, appeals, and/or expedited appeals is extended. Review samples of the notices sent to beneficiaries. |

SECTION D BENEFICIARY PROTECTION

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|---|---|------------------|--|---|
| <ul style="list-style-type: none"> CFR, title 42, section 438.408(a),(b)(1)(2)(3) CCR, title 9, chapter 11, section 1850.206(b) CCR, title 9, chapter 11, section 1850.207(c) CCR, title 9, chapter 11, section 1850.208. | | | | <p><u>OUT OF COMPLIANCE:</u></p> <ul style="list-style-type: none"> MHP does not have a mechanism to ensure that grievances, appeals, and/or expedited appeals are resolved within established timeframes MHP does not furnish evidence it is notifying beneficiaries when the timeframe is extended |
| 4. | Regarding notification to beneficiaries: | | | <p><u>SUGGESTED DOCUMENTATION:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Policies and Procedures # _____ <input type="checkbox"/> Grievances, Appeals, and Expedited Appeals <input type="checkbox"/> Grievance, Appeals, Expedited Appeals Log(s) <input type="checkbox"/> Acknowledgement letter template <input type="checkbox"/> Disposition letter template <input type="checkbox"/> Sample notification letters <input type="checkbox"/> Other evidence deemed appropriate by review team <p><u>GUIDANCE:</u></p> <ul style="list-style-type: none"> Review at least 10-15 completed grievances, appeals, and expedited appeals (e.g., grievance, acknowledgement, decision letter, provider notification, etc.), if MHP has received any during review cycle. Unless extension was requested, grievance or appeal disposition timeframes are no later than 60 calendar days for grievances; 45 calendar days for appeals, and 3 working days for expedited appeals. <p><u>Compliance %:</u> _____</p> <p>Formula for calculating percentage: Total number of beneficiaries appropriately notified /Total number of GAEA reviewed</p> |
| 4a. | 1) Does the MHP provide written acknowledgement of each grievance to the beneficiary in writing? | | | |
| | 2) Is the MHP notifying beneficiaries, or their representatives, of the grievance disposition, and is this being documented? | | | |
| 4b. | 1) Does the MHP provide written acknowledgement of each appeal to the beneficiary in writing? | | | |
| | 2) Is the MHP notifying beneficiaries, or their representatives, of the appeal disposition, and is this being documented? | | | |
| 4c. | 1) Does the MHP provide written acknowledgement of each expedited appeal to the beneficiary in writing? | | | |
| | 2) Is the MHP notifying beneficiaries, or their representatives, of the expedited appeal disposition, and is this being documented? | | | |

SECTION D BENEFICIARY PROTECTION

| CRITERIA | | FINDING Y P N | INSTRUCTIONS TO REVIEWERS |
|---|---|------------------|--|
| <ul style="list-style-type: none"> CFR, title 42, section 438.406(a)(2) CCR, title 9, chapter 11, section 1850.205(d)(4) CFR, title 42, section 438.408(d)(1)(2) CCR, title 9, chapter 11, sections 1850.206(b),(c), 1850.207(c),(h), and 1850.208(d),(e) | | | <p><u>OUT OF COMPLIANCE:</u></p> <ul style="list-style-type: none"> MHP not acknowledging the receipt of each grievance/appeals/expedited appeal in writing. The MHP is not notifying the beneficiary or their representatives of the grievance or appeal disposition. |
| 5. | Does the written notice of the appeal resolution include the following: | | <p><u>SUGGESTED DOCUMENTATION:</u></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Sample written notices of appeal resolution</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><u>GUIDANCE:</u></p> <ul style="list-style-type: none"> Review evidence that the MHP advised the beneficiary of the right to request a State fair hearing if the beneficiary is dissatisfied with the appeal decision. “Notice” refers to notice of disposition to beneficiaries or their representatives. DMH Letter No. 05-03 states; Effective July 1, 2005, beneficiaries will be required to exhaust the MHP’s problem resolution process prior to filing for a State fair hearing. |
| 5a. | The results of the resolution process and the date it was completed? | | |
| 5b. | Notification of the right and how to request a State fair hearing, if beneficiary is dissatisfied with the appeal decision? | | |
| <ul style="list-style-type: none"> CFR, title 42, section 438.408l(1),(2)(as modified by the waiver renewal request of August, 2002 and CMS letter, August 22, 2003) CCR, title 9, chapter 11, section 1850.207(h)(3) DMH Letter No. 05-03 | | | <p><u>OUT OF COMPLIANCE:</u></p> <ul style="list-style-type: none"> The written notice does not include requirements 5a and 5b. |

SECTION D BENEFICIARY PROTECTION

| CRITERIA | | FINDING Y P N | | INSTRUCTIONS TO REVIEWERS |
|--|--|------------------|--|--|
| 6. | Is the MHP notifying those providers cited by the beneficiary (or otherwise involved in the grievance, appeal, or expedited appeal) of the final disposition of the beneficiary's grievance, appeal or expedited appeal? | | | <p><u>SUGGESTED DOCUMENTATION:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Policies and Procedures # _____ <input type="checkbox"/> Notification letter templates <input type="checkbox"/> Sample written notices to providers <input type="checkbox"/> Other evidence deemed appropriate by review team <p><u>GUIDANCE:</u></p> <ul style="list-style-type: none"> • Ask the MHP how its providers are notified of final disposition. Review evidence of provider notification. • Ask the MHP how it provides information about the grievance system to all providers and subcontractors. |
| <ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1850.205(d)(6) | | | | <p><u>OUT OF COMPLIANCE:</u></p> <ul style="list-style-type: none"> • The MHP is not notifying the provider of the grievance, appeal or expedited appeal disposition. |

SECTION D BENEFICIARY PROTECTION

| CRITERIA | | FINDING Y P N | | INSTRUCTIONS TO REVIEWERS |
|--|--|------------------|--|---|
| 7. | Does the MHP ensure services are continued while an appeal or State fair hearing is pending? | | | <p><u>SUGGESTED DOCUMENTATION:</u></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Documentation of continued services for beneficiaries pending appeals and/or State Fair Hearings</p> <p><input type="checkbox"/> Documentation of written notice to beneficiaries, if Aid Paid Pending (APP) criteria are met</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><u>GUIDANCE:</u></p> <ul style="list-style-type: none"> Beneficiaries must have met APP criteria per CCR, title 22, section 51014.2 (i.e., beneficiary made a request for an appeal within 10 days of the date the NOA was mailed or given to the beneficiary or, if the effective date of the change is more than 10 days from the NOA date, before the effective date of the change). |
| <ul style="list-style-type: none"> CFR, title 42, section 438.420 CCR, title 9, chapter 11, section 1850.215 CCR, title 22, section 51014.2 DMH Letter No. 05-03 | | | | <p><u>OUT OF COMPLIANCE:</u></p> <ul style="list-style-type: none"> When APP criteria have been met, the MHP is not continuing SMHS as required. |
| 8. | Regarding notice to the Quality Improvement Committee (QIC) and subsequent action: | | | <p><u>SUGGESTED DOCUMENTATION:</u></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> QIC Meeting Agendas and Minutes</p> <p><input type="checkbox"/> QIC Work Plan</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> |
| 8a. | 1) Does the MHP have procedures by which issues identified as a result of the <u>grievance process</u> are transmitted to the MHP's QIC, the MHP's administration or another appropriate body within the MHP's organization? | | | |

SECTION D BENEFICIARY PROTECTION

| CRITERIA | | FINDING Y P N | | INSTRUCTIONS TO REVIEWERS |
|---|---|------------------|--|--|
| | 2) Does the MHP have procedures by which issues identified as a result of the <u>appeal process</u> are transmitted to the MHP's QIC, the MHP's administration, or another appropriate body within the MHP's organization? | | | <p><u>GUIDANCE:</u></p> <ul style="list-style-type: none"> • MHP to identify issues resulting from grievances, appeals and/or expedited appeals. • MHP to provide evidence the QIC, the MHP's administration, or another appropriate body within the MHP was made aware of identified issues resulting from grievances, appeals and/or expedited appeals. |
| | 3) Does the MHP have procedures by which issues identified as a result of the <u>expedited appeal process</u> are transmitted to the MHP's QIC, the MHP's administration or another appropriate body within the MHP's organization? | | | |
| 8b. | When applicable, has there been subsequent implementation of needed system changes? | | | <p><u>SUGGESTED DOCUMENTATION:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Policies and Procedures # _____ <input type="checkbox"/> QIC Meeting Agendas and Minutes <input type="checkbox"/> QIC Work Plan <input type="checkbox"/> Other evidence deemed appropriate by review team <p><u>GUIDANCE:</u></p> <ul style="list-style-type: none"> • MHP to describe and give documented examples of implemented system changes resulting from grievances, appeals and/or expedited appeals. |
| <p><i>CCR, title 9, chapter 11, sections 1850.205(c)(7), 1850.206, 1850.207 and 1850.208.</i></p> | | | | <p><u>OUT OF COMPLIANCE:</u></p> <ul style="list-style-type: none"> • The MHP does not have procedures in place. • Evidence procedures not being followed. • Implementation of needed system changes not taking place. |

**SUMMARY OF REVISIONS TO THE ANNUAL REVIEW PROTOCOL
FISCAL YEAR 2017/18**

Section D: Beneficiary Protection

- The Section revisions are detailed in the table below:

| FY17/18 Protocol Page # | Summary of Revision | Requirement | Rationale |
|-------------------------|---|--|--|
| 55 | Guidance added to Question 1 (Enclosure 1, page 55) | Has the MHP developed a beneficiary problem resolution process that meets title 9 and title 42 regulatory requirements? | Guidance was added for DHCS reviewers to ensure MHP alignment with new Managed Care Final Rule requirements. |
| 56 | Revised Question series 2 (Enclosure 1, page 56) | <p>The MHP is required to maintain a grievance, appeal, and expedited appeal log(s) that records the grievances, appeals, and expedited appeals within one working day of the date of receipt of the grievance, appeal, or expedited appeal.</p> <p>The log must include:</p> <ol style="list-style-type: none"> 1) The name or identifier of the beneficiary. 2) The date of receipt of the grievance, appeal, and expedited appeal. 3) A general description of the reason for the appeal or grievance. 4) The date of each review or, if applicable, review meeting. 5) The resolution at each level of the appeal or grievance, if applicable. 6) The date of resolution at each level, if applicable. | Questions revised to enhance monitoring for compliance with new Managed Care Final Rule requirements. |
| 57 | Guidance added to Question series 3 (Enclosure 1, page 57-58) | Regarding established timeframes for grievances, appeals, and expedited appeals: Does the MHP ensure that grievances, appeals, and expedited appeals are resolved within established timeframes? | Guidance added for DHCS reviewers to ensure MHP alignment with new Managed Care Final Rule requirements. |

INFORMATION

TAB SECTION

C

X **ACTION REQUIRED:**

DATE OF MEETING

10/18/17

**MATERIAL
PREPARED BY:** Boese

DATE MATERIAL PREPARED

09/9/17

| | |
|---------------------|---|
| AGENDA ITEM: | Discussion and approval of PRA Survey White Paper |
| ENCLOSURES: | PRA Survey White Paper (distributed separately). |

ISSUE: Samuel Jones and Justin Boese have been working on a white paper based on the results of the PRA survey. The paper includes background on PRA issues, including increasing responsibilities and previous attempts to establish PRA ratios, an analysis of the survey data, and recommendations for the future. The Patient's Rights Committee will review the paper for approval.