Transparency & Communication CDASS Sub Committee
Recommendations To-Date (2.21.2012)

Defined Issues	Recommendation	Responsible	Target/Comment
Issue A: HCPF staff turnover results in loss of historical info.	1. IAR1: Utilize HCPF CDASS Site to track HCPF Correspondence (e.g., client letters, notices, PPL letters, inserts).	HCPF Staff	March 15st, 2012
Issue B: Exclusion of clients & family in policy making & implementation	1. Inclusion of clients, family and other stakeholders in policy process. Collaborate with LAW Subcommittee to determine best form of recommendation(s).	Law SC	Development of subcommittees helps address this concern
Issue C: Collection of data does not follow generally accepted standards, invoking rumor and contentions relationships	Recommendations Pending		
Issue D: Balanced, factual, regular communications need to be implemented for effective delivery of care to clients with disabilities.	1. IAR1: Improve the quality of CDASS Policy Meetings a. Develop a standardized agenda format b. Develop a standardized minute format c. Utilize an agenda communication attachment to summarize all CDASS correspondence distributed since previous meeting. d. CDASS Mgr (Marie Gurule; Phil Solzfus) attends CDASS AdCom mtgs 2. IAR2: Wide net email communications that utilizes distribution lists for all stakeholders impacted by change(s). a. Sub point: Determine what communications are public vs. private 3. IAR3: Improve client insert content and distribution a. Improve topics included in client insert b. Post on PPL website and/or email 4. IAR4: ALL stakeholders (e.g., Advocates, SEPs, subgroups) work to consolidate concerns/response communications to HCPF to help reduce workload burden on HCPF staff while simultaneously creating more effective communication.	R1ab: T&C Committee R1c: HCPF R1d: HCPF R2: HCPF & T&C R2a: HCPF & T@C R3a: PPL & AdCom R3b: PPL R3c: PPL R4: ALL	R1ab: Done, Pending Approval R1c: Start Mar 12 mtg R1d: Mar 12 mtg R2: EOM April R2a: EOM March R3a: April Insert R3b: DONE R3c: APRIL EOM R4: ASAP
Issue E: A team of 3 HCPF staff, only one with medical credentials, make allocation decisions that often override the opinions of medical professionals.	Recommendations Pending		
Issue F: HCPF has not analyzed CDASS related cost savings resulting from decreased hospitalizations & acute care	No Recommendation at this Time: Not a Transparency and Communication Issue. Determine the appropriate Subcommittee to explore and provide recommendations.		