|  |
| --- |
| **PO Name (add H#) Monthly Status meeting – Agenda (April 2024 edition)** |
| **Month reviewed:** | [Month/Year of report] Enter the month for which the data is reported – usually data from prior month – with exception of total current enrollment}Site Data Report / Narrative Descriptions Report / Quality Indicator Report |
| **Attendance Roster****PO:** **State Agency:** | Date of meeting [ ] |
|  |
|  |
| **Announcement and Updates**: {insert anything here to report such as scheduled CMS audit, ribbon cutting date, new Medical Director, PACE Center Manager resignation, expansion updates, difficulty securing a provider contract, problems with enrollment, any other concerns or problems, etc.} |
| **OPERATIONAL DATA** |
| **Enrollment:****[Month/Year]** | **Enrollments effective this month: [ ]**  |
| **Total as of date of this meeting: [ ]****Dual Eligible: [ ] Medicare Only [ ] Medicaid Only [ ] Private Pay [ ]** |
| **Disenrollments, Voluntary: [ ] Deaths [ ]** |
| **Disenrollments, Involuntary: [ ] of these # submitted for state review [ ]** |
| **Service****Determination** **Requests****[total #]** | **Approved: [***# & brief description***]** |
| **Denied: [***# & brief description***]** |
| **Comments/Notes:** |
| **Appeals and Grievances** | **Appeals [ ]** **Grievances [ ]****Summary of conclusion, actions, and follow-up:** |
| **Staff Vacancies & Open Position Postings** | **RN vacancies: [ ]****RN position postings: [ ]****PCA vacancies: [ ]****PCA postings: [ ]****IDT vacancies: [ ]****IDT postings: [ ]****[Enter staff vacancies & postings]** |
| **CLINICAL DATA** |
| **Quality** **Data** | **Fall Without Injury**:  **[ ]** |
| **Falls with Injury** - resulted in death, fracture, or injury requiring hospital admission or observation stay > 23 hours related directly to the fall**: [ ]** |
| **Infectious Disease Outbreak**: **[ ]**  |
| **Medication Administration Errors: [ ]** |
| **Number of participants in a nursing facility institutional stay: [ ]****Number of emergency room visits: [ ]** **Number of participants with a hospital admission: [ ]****Number of participants with a readmission to the hospital in less than 30 days: [ ]** |
| **Other events requiring RCA:** (ex: Burns, Elopements, Pressure Injuries): |
| **FINANCIAL DATA** |
| **Fiscal****Soundness** | **Has the PO entered financial data into HPMS: Yes [ ]**  **No [ ]** |
| **ACTION ITEMS** |
|  |
|  |