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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION
ROCKVILLE, MARYLAND 20852

REGIONAL MEDICAL
PROGRAMS SERVICE

NOVEMBER 1971 COUNCIL

The current National Advisory Council Meeting opened with a presentation by Dr. Vernon E. Wilson, Administrator, Health Services and Mental Health Administration. Dr. Wilson began by discussing the new HSMHA organizational structure which has just been approved. Under the new structure, the Directors of the 15 HSMHA agencies will report to four newly created Deputy Administrators rather than directly to Dr. Wilson himself. Dr. Wilson introduced Mr. Gerald R. Riso, Deputy Administrator for Development, who will be responsible under the new organizational arrangement for coordinating the functions of Regional Medical Programs, Comprehensive Health Planning (which is no longer a part of the Community Health Service), the National Center for Health Services Research and Development, the Hill-Burton Hospital Construction Program, and the Health Maintenance Organization Service. Dr. Wilson stated that these agencies were grouped together because they are change-agent types of programs.

Mr. Riso was formally a Deputy Assistant Secretary for Health and Scientific Affairs under Dr. Egeberg, and was recruited into HSMHA through Dr. Wilson's sustained efforts. Dr. Jack Brown, will serve as Associate Deputy Administrator under Mr. Riso.

In addition to his regular responsibilities for HSMHA programs, Mr. Riso also serves as Director of the Health Maintenance Organization program for the Department and in this capacity has a direct relationship with the Secretary on HMO matters. Dr. Wilson indicated that this was an administrative device which has proved to be successful in relation to narcotics programs where the Director of NIMH has a special lead role on the Departmental level.

Dr. Wilson next turned to a discussion of administrative matters concerning the use of advisory councils. He indicated that in the future the Council can expect to get more and more assignments with respect to the role of the provider, whether such questions are generated directly by RMPS or whether they arise in relation to other HSMHA programs. In short, the RMP National Advisory Council can expect in the future to be asked for advice on issues which effect other or all HSMHA or Department programs, if these issues are within the general domain of RMP.

Dr. Wilson also indicated that his office was trying to find ways to better utilize advisory councils and advisory council members. Among other things, he indicated that devices such as subcommittees, and joint groups from several councils were being considered in order to provide HSMHA with advice on time-limited, short-term issues. Another possibility mentioned by Dr. Wilson was the creation of a "skills bank" which would provide HSMHA with a background of information so that individual Council members can be better utilized.

Dr. Wilson next spoke of his participation in a White House study on the applications of technology. This effort is under the direction of the Federal Council on Science and Technology. There are six different panels working on the study. These groups are charged with determining those fields in which technology can now make the greatest economic contribution. Each panel deals with a service area or industry like housing construction, for example, which uses much labor and little automation.

Dr. Wilson chairs the panel on Health Services of FCST. He stated that in his opinion, large scale personal service oriented activities tend to become self defeating unless provided with a certain amount of technology assistance. He further stated that 20 percent of the nation is underserved presently and that promised improvements in health services cannot be made without technological assistance. He asked the Council to keep the increasing importance of technology in mind in its deliberations.

During subsequent discussion, Council members agreed that Council shares the view that Regional Medical Programs should not pursue automation for its mechanical appeal or overemphasize, in vacuuo, the development or application of automated theraputic devices. RMPs should strongly support automation and technological improvements which are directly related to improving the health care delivery system. For example, at a later point in the meeting, the Council had an extended discussion of technological improvements in medical records as they relate to quality of care monitoring. This is an example of the kind of activity related to technology that I think RMPs should be pursuing.

Following Dr. Wilson's presentation, Mr. Riso discussed some of his initial impressions since coming to HSMHA and then outlined the most recent developments with respect to Health Maintenance Organizations.

Mr. Riso indicated that he has only been with HSMHA for the last 6 or 7 weeks and that he has spent much of that time learning about HSMHA programs and meeting the individuals associated with them. He outlined a number of problem areas which need immediate attention.

1. Improving HSMHA's ability to identify health care needs,

2. Developing better relationships among research activities within HSMHA,

3. Identifying health delivery practices of significant value,

4. Promoting the introduction and practical application of such practices, and

5. Promoting relationships between HSMHA programs.

There is very great interest in HMOs. Within the last three weeks there have been over 300 requests for information and technical assistance related to HMOs. These came from consumers, physicians, business, labor unions, etc. These requests cover a wide variety of topics from actuarial studies to how to organize, manage or market an HMO.

Mr. Riso indicated that a very practical and pragmatic approach will be taken with respect to providing assistance and stimulating HMO development. For one thing, he called attention to efforts to correct widely held misconceptions about HMOs. In this connection he stated that:

1. There is and will be no element of compulsion in HMOs;

2. HMOs are not intended as a substitute for health insurance;

3. The term "Health Maintenance Organization" implies broader responsibilities than HMOs will actually be able to deliver.

In further defining the Department's approach to HMO development, Mr. Riso indicated that the Government simply does not have the ability to respond to everyone who expresses an interest in developing a Health Maintenance Organization. He indicated that

HSMHA is in a position to provide modest financial assistance to some HMO developers and is prepared to provide advice to developers concerning whether they should proceed further, reevaluate what they already have done or in some cases, simply quit.

Mr. Riso quite frankly stated that the Department does not contemplate insuring continued operation of all HMOs. Some HMOs are expected to fail and we will learn from their experience. He further stated that it was the Department's intention to syphon off those groups that should not be encouraged, to encourage those which show truly good prospects, and to improve those which appear to have good prospects but marginal performance. At the present rate of HMO development, it is expected that a number of HMOs currently in the planning and development stage will reach a "go" or "no go" decision within the next 6 months.

The initial grants and contracts for planning and developing HMOs were made between May and July 1971. A second round of applications was submitted in July. These are currently being reviewed and the awards are expected to be made before the end of the calendar year. There will be a third round of applications in February, and still another before the fiscal year ends in June 1973. The original set of grants and contracts made between May and July this year are currently being examined in relation to geographic spread and types of sponsorship. The results of this analysis will probably effect some of the future awards.

The average planning grant for HMOs has been $100,000 to $150,000. In the future some more modest grants in the neighborhood of $25,000 to $50,000 will be made to prospective HMO developers to explore whether they should proceed further. Some of these smaller grants will probably go to rural areas.

As the next item of business, I made my usual report to the Council on matters of current interest. I called attention to the fact that the terms of three present Council members, Drs. Crosby, Everist, and Hunt, would expire at the end of the present meeting. I also noted the dealth of Dr. Philip Klieger.

Dr. Klieger has been a member of the RMP staff almost from the beginning of the Program, he was our resident expert in the field of stroke. More recently he has served as Chief of our Office of Council and Committee Affairs which is responsible for providing support for the Council and other Council related activities. These function will now be picked up by Mr. Kenneth Baum.

I also took the opportunity to introduce two new Council members who were attending their first meeting, Mrs. Audrey Mars, and Mr. C. Robert Ogden. Mrs. Mars has been active for many years in cancer and other health related activities. She is currently a member of the Virginia Regional Advisory Group. Mr. Ogden is President and General Counsel of the North Coast Life Insurance Company of Spokane, Washington. He has also been very active in Regional Medical Programs and is Chairman of the Washington/Alaska Regional Advisory Group.

I also introduced to the Council, Dr. Edward J. Hinman who, as many of you know, has assumed the position of Director of our Division of Professional and Technical Development. Dr. Hinman took his M.D. degree from Tulane University in 1955 and received a Master of Public Health from Johns Hopkins in 1971. Prior to joining RMPS, Dr. Hinman was Director of the USPHS Hospital in Baltimore.

Next, I announced that a national meeting of Coordinators will take place in St. Louis on January 18 through 20. Dr. Duval, Mr. Riso and Council members will be invited to attend. The meeting will be centered on what Regional Medical Programs are doing and can do to improve access to and availability of care. The Coordinators, through the Steering Committee, have been asked to meet on a sectional basis and are expected to come to St. Louis prepared to discuss these issues on the basis of the prior sectional meetings. The January meeting itself will consist of a series of smaller panel discussions with a final plenary session on the last day to make recommendations.

I announced at our last meeting that we were in the process of reorganizing the Regional Medical Programs Service. The reorganization has now taken place and the four geographic Operations Division "desks" are now in full operation. This has already produced a higher level of coherence in the Program by allowing each desk to deal with an RMP as a whole rather than in a fragmented manner.

I particulary complimented Dr. Pahl, our Deputy Director, for the superb manner in which he has been able to put into effect the reorganization and gain acceptance for profound changes in the way RMPS functions.

Next, I covered a few short items. The first draft of the new regulations for the RMP Program has been developed by the Office of the General Council. Some modifications and additions need to be made. The final version will cover some critical

issues such as the relationship between the grantee, the RAG, and the Coordinator. The regulations will, of course, be brought to the Council for their recommendation and there will be ample opportunity for review and comment on the part of RMPs prior to their becoming official.

I next noted that the two ladies presently on the Council will have other female company in the future. The female complement on the RMP Council, and in fact on all Advisory Councils will be increased as result of a new Departmental policy. We ultimately expect to have at least seven women on the Council.

Greater participation not only by women but my minority group representatives can be seen in the composition of the RMPS Review Committee which has now been brought up to its full strength. The six individuals who were most recently appointed to the Review Committee are:

Miss Dorothy E. Anderson, Assistant Coordinator, Area V, California;
Dr. Gladys Ancrum, Exeuctive Director, Community Health Board, Seattle;
Mr. William J. Hilton, Director, Office of Informational Services, Illinois State Scholorship Commission, Chicago;
Mr. Jeanus B. Parks, Jr., Executive Director, United Planning Organization, Washington, D.C.;
Dr. William G. Thurman, Professor and Chairman, Department of Pediatrics, University of Virginia, Charlottesville, Va.;
Mr. Robert E. Toomey, Director, Greenville Hospital Center, Greenville, S.C.

With respect to area health education centers, I reported that no legislation has been passed. There appear to be three possible developments: (1) that there will be no legislation; (2) that primary responsibilities for AHECs will be placed in the National Institutes of Health; and (3) that primary responsibility for AHECs will be placed in Regional Medical Programs. While these issues are still being debated, RMP's are moving strongly in the direction of developing Area Health Education Centers. It appears that we will be working with these kinds of institutions irrespective of any legislation and whether the entity is called an Area Health Education Center or not. With or without additional funds, AHEC activities can be expected to be carried out in conjunction with the National Institutes of Health and the Veterans Administration.

I again pointed out that there appear to be two concepts of Area Health Education Centers: (1) an expansion of the activities revolving around a university health science center; or (2) a community-based activity providing service with educational

activities playing an essential, but not a dominating role. As I have stated many times before, the second model in which the certificate, diploma or degree is subordinate to the service performed has the best chance of becoming a viable and effective institution. Likewise, Dr. Endicott, Director of NIH's Bureau of Health Manpower, does not believe that AHEC's should be a mere extension of a university health science center or a satellite thereof. Since we will be working with NIH on AHEC's in any event, I would like to stress that there is no significant difference in our goals.

Mr. Riso who was still present at the Council meeting during the discussion of AHEC expressed the hope that RMP will have a strong leadership role in the development of these kinds institutions.

As in the case of numerous previous meetings, Section 907 of the Act received some attention. You will recall that Section 907 is that part of the P.L. 91-515 which requires RMPS to develop a list of hospitals that can provide the most recent advances in the treatment of heart disease, cancer, and stroke. The "Heart" "Cancer" and "Stroke" Guidelines which have been produced under contract previously, either provide or serve as a basis for developing appropriate institutional criteria. We also have a small group working on such criteria for kidney disease. The most important recent development with respect to Section 907, however, is the completion of a contract with the Joint Commission on Accreditation to produce a series of reports that will enable physicians or the public to have a wide range of choices on where they receive help.

Next, we moved on to several items brought to the Council's attention at the request of the Review Committee. First, the Review Committee requested some guidance with respect to the handling of kidney proposals. As you know, we have been dealing with kidney in a manner different from the rest of Regional Medical Programs, and we will continue to do so but in a somewhat modified manner.

I pointed out to Council that kidney projects deal with end stage kidney disease and that all of this activity is openly categorical. I further expressed the opinion that in order to develop a national network for effective treatment of end stage kidney disease in the most efficient manner some degree of central direction and review is necessary. I specifically outlined three types of considerations that would be taken into account in reviewing kidney proposals.

1. Kidney projects will be brought before the Review Committee and Council having had technical review--that is, consideration of the project will be on the basis of merit and technical competence.

2. Kidney projects will also be reviewed with respect to how they relate to the total program of the sponsoring RMP. Kidney projects which are technically sound should not be approved if the RMP proposing the project is having problems which would be continued or exaggerated by the proposed project. We would have no difficulty, however, approving kidney projects where the kidney activity is technically sound and the RMP itself is sound and on a firm footing.

3. Kidney projects will be reviewed with respect to the relationship between the budget for the kidney project and the total budget of RMP. For example, a $200,000 kidney project would be inappropriate for an RMP funded at the $600,000 level.

At this point in the meeting, I asked Dr. Hinman to outline the specific manner in which we propose to review kidney projects. Dr. Hinman pointed out that in the future we will no longer have a central ad hoc technical review of renal projects. Specifically, these will be handled as follows:

1. Immediately upon receiving a kidney proposal, Regional Medical Programs will be asked to contact RMPS to determine whether the proposal is within the scope of RMP national priorities. At this point RMPS will advise the Regional Medical Program on whether it is desirable to proceed further. The Regional Medical Program is free to either accept or reject this advice.

2. Each Regional Medical Program would be expected to establish a technical review group for Kidney projects. This could either be an ad hoc or a standing group. RMPS would have a list of appropriate consultants throughout the country who could be called upon by Regional Medical Programs to serve on such review panels.

3. Once an appropriate review group has been established at the local level, RMPS would be in a position to certify to the Council that appropriate technical review had taken place. It is at this point that the larger question of the relationship between the kidney project, the total functioning of the RMP and the relationship of the kidney budget to the total RMP budget would be taken into consideration.

While we were on the subject of Kidney Disease activities, I called attention to the fact that we have been investing approximately $5 million a year in renal projects in the past. The exact nature of investments in this type of activities in the future, of course, depends upon the availability of funds. There seems to be a good prospect for some additional funds for RMP this year, and in this event, we may well include the use of Section 910 as a funding mechanism for Kidney projects. Section 910 has not been used in the past because RMP has been down to bedrock on money, and we wanted to avoid the impression that additional funds were available.

While we were on the subject, I expressed the opinion that we are interested in access to services and continuity of services for people with end stage renal disease, and I expressed the hope that any new or additional funds that become available for RMP be used for new initiatives related to improving the delivery system rather than being directed to additional categorical efforts, such as kidney.

Another question generated by the Review Committee was the matter of the distribution of the advice letter which goes back to Regional Medical Programs after the Council's review has been completed. Ordinarily, this goes only to the Coordinator and RAG Chairman. As you know, this letter contains rather detailed advice. Both the Steering Committee and the Review Committee have proposed that Committee members and consultants who have served as site visitors get a copy of the letter as well as the Region to whom it is addressed. I indicated that I had no objection to proposed wider distribution of the feedback letter since it would apparently keep site visitors better informed on the outcome of the review process and further enhance continuity in future reviews.

The Council formally voted to permit wider distribution of the feedback letter and this will be done unless there is serious objection after consulting with Coordinators. I would like to have your views on this matter.

The next item of business consisted of three special staff reports to the Council. First, Dr. Hinman reported on the reorganization and functional directions of the Division of Professional and Technical Development.

Dr. Hinman indicated that the objectives of the Division were to take identified problems, define them adequately, develop solutions, and encourage the Regions to use them. The Division will use a task force approach rather than the traditional organizational pattern with branches, sections, and the like.

When problem areas are identified, professional staff will be assigned to appropriate task forces along with necessary support, and a work plan will be developed for a specified time frame. For problem areas for which we have no current solution, we will work closely with the National Center for Health Services Research and Development.

Some of the current issues being dealt with by the Division include: (1) quality of care standards for HMOs; (2) area health education centers; (3) rural health care; (4) manpower utilization; and (5) experimental health service delivery systems.

As an example of a specific project that the Division staff is working on, Dr. Hinman called attention to a November 30 conference on computer assisted EKG analysis. Staff has developed an initial report on this subject. A limited number of experts will be invited. The conference is expected to produce policy statements which will then be taken up with the appropriate national organizations. A future conference on evaluating multiphasic health testing projects is also being developed.

It might be worthwhile to interject at this point another study for which Dr. Hinman's Division will have primary responsibility. As a result of discussion later in the Council meeting, RMPS was requested to initiate a study to evaluate projects involving electronic equipment, computers and other technology, so some of you may be receiving inquiries from us in this regard in the near future.

Dr. Pahl reported on some further changes in the RMPS review process. He called attention to the fact that in the August meeting, Council had approved a statement delegating responsibility for review of certain types of applications to staff. Their statement on this subject entitled "Review Responsibilities Under the Triennial Review System" was sent to you as an appendix to the highlights of the August meeting. In summary, this document provides that applications will ordinarily be reviewed by the Council at three year intervals. Neither the Review Committee or the Council will be asked to review Regions annually, but will be provided with information in the interim. Should the Council wish, however, to change the staff recommendation, they are free to do so.

Dr. Pahl announced that a "Staff Anniversary Panel" has been formed and met for the first time in August. The Panel reviews applications from Regions which have not yet received triennial support, and anniversary application from those regions which have already been approved for three years. The new review

system is designed to better utilize the time of staff, Review Committee, Council members and outside consultants. In general, the new procedure was well received by the Council both during the meeting and in private conversations afterward. A more complete description of how applications are now being reviewed is attached as Appendix "A."

Next, Mr. Baum brought the Council up to date with regard to our program for insuring that the review mechanisms of the 56 RMPs comply with our "Review Process Requirements and Standards." He stated that as a quid pro quo for decentralizing project review to the individual Regional Medical Programs, RMPS has developed requirements to which the local review process must conform. Among other things these require that there must be technical review panels, objectives, a priority system, an appeals procedure, etc. The actual requirements have all been sent to you previously.

RMP is now in the process of conducting site visits to verify that each of the RMPs meets the review process requirements. The first two site visits have already been conducted and the results will be forwarded to the appropriate Coordinators shortly. These initial pilot visits will help to develop a standard site visit procedure and have also crystalized a number of issues.

In order to keep the number of site visits to a given region at a minimum, we will attempt in some cases to combine the review process verification with management assessment visits or other site visits.

The actual verification of the fact that Regional Medical Programs do meet the standards will insure that all applicants are fairly treated and that all applications receive an adequate technical review.

Finally, Mr. Peterson reported on a number of minor changes in the RMP review criteria and rating system. Some changes have been made in the system since its initial trial by the Review Committee and Council last summer. As a result of the trials, some of the criteria had been more explicity delineated. For example, a number of items relating to participation by representatives of minority groups had been placed under a new heading called, "Minority Interest." In addition, "Organizational Viability and Effectiveness" has been broken down into three additional categories "Coordinator," "Core Staff," and "Grantee Organization."

During the current cycle, applications were rated either by the Staff Anniversary Panel or by the Review Committee. The average

numerical scores given by the Review Committee and the Panel were almost identical. The scores, however, were somewhat higher than those of the previous cycle. Consequently, adjustments have been made to the previous scores to reflect the apparently more lenient rating in the current reviews.

Mr. Peterson noted that the rating system is just one of many tools that are used in making decisions on individual Regional Medical Programs. Now that it has been tested, we would like to stabilize the criteria and ratings in their present form and continue to use them substantially unchanged for an extended period of time.

When Pete had finished, I noted that we have reached a remarkable concensus on the criteria and ratings. The Steering Committee, for example, was fully supportive when we discussed it with them.

I should also comment that after the application review stage of the meeting, there was some additional discussion of the ratings, particularly about the weights assigned to the "Coordinator" and the "RAG." Some thought that these should be of equal weight and others disagreed. I indicated that we still have our minds open on such matters and that there is no reason why there cannot still be some minor changes in weightings. In general, however, I think that you can rely on the stability of the criteria for the next year or so.

As a final note, you will be interested in knowing that the Council drafted a statement concerning principles to govern the development of a Cancer Center in the northwestern part of the Country served by HEW Region X. We will be in contact with the RMPs concerned and will try to keep other Regional Medical Programs generally informed about future developments relating to the Center.

I hope you find these "Highlights" to be useful and interesting. I will be reporting to you again following the next Council meeting on February 8-9, 1972.

Sincerely yours,

Harold Margulies

Harold Margulies, M.D.
Director

Attachments

STAFF ANNIVERSARY REVIEW PANEL

In accordance with the realignment of responsibilities relative to the review of triennial applications as set forth in the document, "Review Responsibilities Under the Triennial Review System" which unanimously was endorsed by the National Advisory Council in August 1971, the Director, RMPS has established an internal staff advisory group, the STAFF ANNIVERSARY REVIEW PANEL. It has been given as a primary responsibility the review of those applications in which support is requested for the second or third year of National Advisory Council recommended support. The Panel is required to make and support recommendations to the Director's office concerning:

(a) whether further review by the RMPS Review Committee may be advisable;

(b) whether Council action is required for any specific request in the application or on any matter deemed important by the Panel;

(c) levels of funding, noting Council-recommended ceilings.

The Director, of course, is free to accept or reject any recommendation of the Staff Anniversary Review Panel. The establishment of the Panel in no way alters the requirements or necessity for site visits to Regional Medical Programs.

Meeting of the Panel

The Staff Anniversary Review Panel will meet prior to each RMPS Review Committee meeting, and the official reports of the Panel, after review and action by the Director, will be provided to the Review Committee and the Council. In those cases where the Director requests the Review Committee to consider all or part of an application, the Review Committee's recommendations will be transmitted to the Council for final action. Where the Review Committee has not been requested to review an application, the Staff Anniversary Review Panel's recommendations will be brought before the Council, either as items of information or for Council action. The Council has the authority to require that items placed before it for information purposes be subject to its formal review and action. The Director will make no award of funds on any application until the Council has met and has had the opportunity either: (1) to accept the Director's recommendation; or (2) to act formally upon the application.

Applications which are for less than a three-year period of support, and are from Regional Medical Programs not already approved for triennial support, will be given a preliminary review by the Staff Anniversary Review Panel prior to review by the RMPS Review Committee and National Advisory Council. Applications which are for the initial year of requested three-year period of support (the triennial application), will be reviewed by the Review Committee and Council, and receive the customary RMPS staff analysis, site visit, etc. prior to Committee review.

The review process for each type of application is outlined in the attached table.

Composition of Staff Anniversary Review Panel

The Staff Anniversary Review Panel is composed of members of the senior professional staff of RMPS, including all five Branch Chiefs of the Division of Operations and Development; the Director of the Kidney Division; the Director of the Division of Professional and Technical Development; and the Assistant Director for Planning and Evaluation. The Acting Director of the Division of Operations and Development serves as Chairman, with the Chief, Office of Grants Review serving as Executive Secretary to the Staff Anniversary Review Panel. The Acting Chief, Office of Systems Management, is an ex officio member of the Panel and does not cast a vote in its deliberations.

The Panel now is established and conducted its first meeting during the latter part of September just prior to the meeting of the Review Committee.

MEMBERSHIP OF STAFF ANNIVERSARY REVIEW PANEL
(As of September 21-22, 1971)

Cleveland R. Chambliss	Chairman
Lorraine M. Kyttle	Executive Secretary
Michael J. Posta	Acting Chief, Mid-Continent Operations Branch
Richard L. Russell	Acting Chief, Western Operations Branch
Sarah J. Silsbee	Acting Chief, Eastern Operations Branch
Lee Van Winkle	Acting Chief, South Central Operations Branch
Gerald T. Gardell	Chief, Grants Management Branch
Edward T. Blomquist, M.D.	Chief, Division of Kidney Disease Controll
Roland Peterson	Assistant Director for Planning and Evaluation
Edward J. Hinman, M.D.	Director, Division of Professional and Technical Development
Frank Ichniowski (ex officio)	Acting Chief, Office of Systems Management

STEPS IN REVIEW PROCESS (EXCLUSIVE OF SITE VISITS) BY TYPE OF RMP APPLICATION

Type of Application	Review by RMPS Personnel: Staff Analysis?	Review by RMPS Personnel: Staff Anniversary Panel?	Required to be Reviewed by RMPS Review Committee ?	Council Action Required ?
A) Before triennial support is requested Triennial	Yes	Yes	Yes	Yes on total application
B) Initial year of 3-year period	Yes	No	Yes	Yes on total Application
C) Second or third year of Council-approved 3-year period	Yes	Yes	No; review in full or in part is at discretion of Director	Only for points Specified in C approved "Revi Responsibiliti Under the Trie Review System."

STEPS IN REVIEW PROCESS (EXCLUSIVE OF SITE VISITS) BY TYPE OF RMP APPLICATION

Type of Application	Review by RMPS Personnel: Staff Analysis?	Review by RMPS Personnel: Staff Anniversary Panel?	Required to be Reviewed by RMPS Review Committee ?	Council Acti Required
A) Before triennial support is requested	Yes	Yes	Yes	Yes on total application
Triennial				
3) Initial year of 3-year period	Yes	No	Yes	Yes on total Application
C) Second or third year of Council-approved 3-year period	Yes	Yes	No; review in full or in part is at discretion of Director	Only for poir Specified in approved "Rev Responsibilit Under the Tri Review Syster