LOS ANGELES COUNTY- DEPARTMENT OF MENTAL HEALTH Service Area II Program Administration

Adult Quality Improvement Committee Meeting May 17, 2017 San Fernando Mental Health Center 10:00 am-12:00 pm Agenda

Welcome- Introductions & Agency Updates Review and Adoption of March 2018 Minutes*	All All
Quality Improvement	
Clinical Quality Improvement Safety Intelligence	Office of the Medical Director
Policy Updates* PRO Cultural Competency Update*	Office of Compliance Office of Pt's Rights Cultural Competency Unit
QI Updates/Announcements Provider Directory Test Calls*	All
Quality Assurance	
Audits	All
Medi-cal Certification	Kimber
State DHCS Updates	Kimber/All
Interns - MFT/LPCC Title Chgs*	
Training & Operations	Kimber/All
Documentation Trainings*	
QA Policy Updates & Technical Asst	Kimber
Final Rule Network Adequacy	Kimber
QA Announcements	All
Other	
	All
How is this information disseminated in your agency Future Agenda Items & Adjournment	All
Handout*	

Sent Via Email**

Next Meeting for SA 2 Adult QIC: July 19, 2018 at 10-12 pm

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH Service Area 2 Adult QUALITY IMPROVEMENT COUNCIL (QIC) Minutes

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Type of	Service Area 2 Adult	Date:	May	17, 2017	
Meeting	Quality Improvement Committee				
	Committee				
Place	10605 Balboa Ave 2 nd fl	Start	10.00) a.m.	
Place	Conference Room	Time:	10:00) a.m.	
Chair	Kimber Salvaggio	End	12.00) p.m.	
Chair	Killiber Salvaggio	Time:	12.00	/ p.m.	
Co-Chair	None	Time.			
	None				
Members	APCTC - Tiger Doan				
Present	Child & Family Ctr – Tracie	Tewksburv	/		
	Didi Hirsch – Enriqueta Allre				
	DMH PSB Countywide QA -	- Patricia L	opez		
	DMH SA 2 Admn - Cynthia I	Hurtado			
	DMH SB 82 - Ramona Casup				
	DMH SCVMHC - Sabrina Bar				
	DMH SFMHC – Diana Garcia				
	DMH Urgent Care – Amy Kre				
	DMH WVMHC – Denisa Suci	u			
	ECDA – Angie Sanchez				
	El Dorado – Anthony Sykes				
	Hillview MHC – Julie Jones				
	IMCES – Dr. Marquez				
	JFS - Dora Escalante				
	Pacific Clinics – Danielle Norman				
	SFVCMHC, Inc Angela Kha				
	SFVCMHC, Inc Leslie Di M				
	Tarzana Tx Ctr - Karry Friedi Tarzana Tx Ctr – Sherry Win				
	Topanga West Guest Home		llnoee	Ctr Michelle Logvir	nekv
Absent	DMH PRO -		111633		ISKY
Members	DMH PSB Countywide QID	_ I vNotta 9	Shonih	aro	
Weiliber 5	DMH PSB Cert –	- Lynella C	511011106	arc	
	DMH PSB Cultural Compete	ency Unit -	_		
	PACS-LA -				
	Tarzana Tx Ctr – Lorraine Ra	adosta			
Agenda Item	Discussion and Fine			Decisions	Person
& Presenter			R	Recommendations	Responsible
				Actions Tasks	•
Call to Order	The meeting was called to or	der at 10:0	00 Ir	ntroductions were	K. Salvaggio
& Introductions	a.m.		m	nade	
Review of	Review and Adoption of	March 20	018		All
Minutes	Minutes				

Agenda Item & Presenter	Discussion & Findings	Decisions Recommendations Actions Tasks	Person Responsible
Clinical Quality Improvement	 QUALITY IMPROVEMENT Safety Intelligence* Are there any LE's without a C number? If so, contact Ly No more paper reports deadline – July 2 ADVICE-Use old CIR on paper to help with online SI then shred –will help when system times out 	QUALITY IMPROVEMENT Provided hard copy of former CIR	Provided by Office of the Medical Director staff reported by Kimber
Compliance, Privacy & Audit SVCS Bureau	 Policy Updates * See the handout Sanctions List mirrors what the depts. does 		Provided by Compliance Unit
Pt's Rights	 July 1 new online reporting system Noabd's – new names for NOA's (notice of adverse beneficiary determination) Consumer Portal for Complaints & Grievance pending <u>CHANGE OF PROVIDER REMINDER</u> "Pending" is not a resolution the a change of provider request, it is only a placeholder that some providers are using in order to turn in their COP Logs on time, and one that the providers are not following up with in order to give QI/QA a final outcome for the change of provider request (which means that the provider is out of compliance with County and State regulations). Either the request was granted or not granted within 10 days of the request being received by the provider. There is no "pending." 		Provided by PRO Staff- reported by Kimber
Cultural Competency	 See FAQ's* Final rule Quarterly reporting – include hours Yearly reporting – yes or no State System Review materials 		Provided by CC Staff- reported by Kimber

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	 Evidence gathered by Dec List of programs coming from Naga/Sandra 		
QI Updates & Announcements	QI Announcements/QID Updates* ● Provider directory demo ○ Will have 18 point font ○ Translated materials being field tested ● Consumer Satisfaction Surveys ○ Status reports ● Test Calls Project ○ Non-English calls were interpreter services provided/offered ○ Medication will now go under SMHS ○ SMHS, Crisis & beneficiary are the categories ○ SA 2 needs volunteers	QUALITY	Kimber/All
Audits	 New guidelines for DO's Disclaimer at the beginning of process you're to only look at info within the scope of the audit period 	ASSURANCE	All
Medi-Cal Certification	Fire clearance & NPI updates is the main reason for delay		Provided by PSB-certification staff reported by
State DHCS Updates	 MFT/PCC Registered Assoc – see the handout* Abbreviations – advertising regulations MFT= Registered Associate MFT or Registered Assoc MFT AMFT LPCC – Registered Assoc Clinical counselor Title 16 ccr section 1811* BBS – check this site for accurate info biz cards are a form of 		Kimber Provided by PSB-QA staff reported by Kimber

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	advertisementThe dept. is writing it all out not	
	using abbreviations	
	Training & Operations*	
	See handout	
	LE chart reviews - REMINDER	
	\circ Did a review and was met with	
	no preparation	
	 Pay attention to the attachments 	
	QA Policy and Technical Development*	
	Final Rule Submitted 10.916 practitioners	
	 Submitted 10,816 practitioners Is that application the best way 	
	 Is that application the best way to go for future use? 	
	 Reviewing where data was 	
	pulled-was that the best place?	
	(PRM)	
	 Updates in 3 months – limited time access or update as we 	
	go? IDK	
	 All elements within the 	
	application need to be	
	updated every 3 months	
	including CC (question is	
	in the past 12 months) 2 requirements working	
	here:	
	Network Adequacy	
	(must state hours)	
Training 8	Title 9 (no hours	Provided by
Training & Operations*	required) o Focus no NA now – how	PSB-QA staff
operatione	 Focus no NA now – now adequate is our system to cover 	reported by
	needs	Kimber
	\circ For example - this practitioner is	
	avail to see 5 more clients and	
Policy Updates	they have 10 hours of CC (when	Provided by
& Technical	a client or beneficiary is looking into our system)	PSB-QA staff
Asst.	 Lots of questions around 	reported by
	calculating caseloads	Kimber
	 How is the State going to verify 	
	info provided – they may ask for	
	evidence of the CC training- possible samples	
	 Protocol under section B 	

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Page 5	 (access) page 42 title 9 18-10, info notice 10-02 and 10-17 and the MHP contract Final Rule Network Adequacy Updates Window period time frame June 1-22 end of day; anything past June 22 will be in next data submission Updating & reviewing info for July 1 submission Q A Bulletin pending It will remind of dates Same application as before Will open and be left open (can use it for the next submission) Working on phase 2 with CIOB (how to use on long term basis) User friendly - no info in multiple site it will feed other sites (i.e. practitioner enrollment will supply info to other needed site) All fields need definition – working on those now Providers 'hiding in the shadows' - CW QA will reach out to those that did nothing on network adequacy Will still have multiple log-ins ability Updates proposed P & P 302.06 requirements for RN's in order to conduct assessment Modify policy - remove the dept's std procedure for DO's RN's (no NP's and CNS's) no longer doing assmts 18-04 QA Bulletin for Documentation Reminders for groups Will re-issue co-practitioner will re-issue co-practitioner a will need to bo's info
Announcements	a implementation date (date of svc vs date of submission None
	Draft of March 2018 Minutes

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Handouts	Medicaid Final rule (Parity) 02/12/18
папионія	
	List of Sanction Sites from Compliance
	April 2018 & May 2018 Policy Updates
	March 2018 Documentation Training Sch'd
Next Meeting	➢ July 19, 2018
Doopootfully	Submitted

Respectfully Submitted,

Kimber Salvaggio