

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

SA 8 QUALITY ASSURANCE/QUALITY IMPROVEMENT COMMITTEE

MEETING AGENDA

November 15, 2017

2:00 – 4:00 p.m.

DMH SA 8 Administration – MultiPurpose Room

2600 Redondo Ave – 6<sup>th</sup> Floor

Long Beach, CA 90806

Co-chairs: Emily Ramos (LBMH), Michele Munde (Star View), Courtney Stephens (MHALA)

SA 8 QI/QA Liaison: Ann Lee

**QUALITY IMPROVEMENT (QI) MEETING**

2:00-2:30

1.	<b>Welcome/Introductions/Announcement</b> <i>Due to the QA Treatment Plan Training, the QI meeting will be held from 2-2:30. Agenda items will be briefly discussed.</i>
2.	<b>Clinical Quality Improvement – OMD Report Updates</b> ➤ Safety Intelligence*
3.	<b>Compliance, Privacy, &amp; Audit Services (CPAS) Bureau – Policies Updates*</b>
4.	<b>QID Updates</b> ➤ EQRO Review Updates ➤ QI Data Unit Projects ➤ MHSIP SA QIC Presentation ➤ Test Calls Instructions
5.	<b>Patients' Rights Office Updates</b> ➤ Annual Medi-Cal Beneficiary Grievance and Appeal Report 2016-2017
6.	<b>Cultural Competence Meeting – Potluck Retreat</b> December 13, 2017, 12:30-3:30pm, 550 S. Vermont, 2 <sup>nd</sup> fl conf rm. <b>Conference Call Info:</b> USA Toll-Free: 888-204-5987 Access Code: 1167059# ➤ CC Plan SA QIC Presentation
7.	<b>Change of Provider Logs* Update</b> – Please use the attached log form (or the one linked in Policy 200.05). Incorrect log forms will no longer be accepted. November's logs will be due after the end of the month and by 12/10/17. Please send to <a href="mailto:DMHCOP@dmh.lacounty.gov">DMHCOP@dmh.lacounty.gov</a> only. Do <u>NOT</u> email or copy the logs to Jose's individual email.
8.	<b>MHSIP Consumer Survey – see attached survey return instructions*</b> <b>Last day to administer surveys is this Friday, November 17<sup>th</sup>. Survey return due date is 5pm, November 29, 2017.</b>
9.	<b>Announcements – see handouts</b> MHC/SAAC 8 Town Hall – December 14, 2017 at 9:00a.m. (see attached flyer)

**No Meeting in December! Happy Holidays!!!**

**SA 8 Greatly Appreciates QI and QA Staff!**

**Next SA 8 QI/QA Meeting Info:**

January 17, 2018 2:00-4:00 p.m.

DMH SA 8 Administration

2600 Redondo Ave, 6<sup>th</sup> floor

Long Beach, CA 90806

**See you next year!**

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Long Beach, CA 90806

Co-chairs: Emily Ramos (LBMH), Michele Munde (Star View), Courtney Stephens (MHALA)

SA 8 QI/QA Liaison: Ann Lee

**QUALITY ASSURANCE (QA) MEETING**

2:30-4:00 p.m.

1.	<i>Due to the QA Treatment Plan Training, not all of the listed agenda items will be discussed. Please view all handout items on your own.</i>
2.	<b>Audits &amp; Reviews</b> – No Auditor Controller or MR Grant reviews scheduled
3.	<b>Medi-Cal Certification Section</b> – No report  <b>State DHCS Updates</b> Waivers for Students Final Rule: New Retention Requirements Effective 1/1/18  <b>Training and Operations -</b> <ul style="list-style-type: none"><li>• Schedule of trainings and presentations*</li><li>• QA Contacts List*</li><li>• LE Chart Reviews</li><li>• ICC &amp; IHBS Training</li><li>• Understanding Documentation Update</li></ul> <b>Policy and Technical Development</b> <ul style="list-style-type: none"><li>• QA Bulletin 17-16: Organizational Providers Manual Updates Based on Department of Health Care Services Information Notice*</li><li>• QA Bulletin 17-17: Organizational Providers Manual Updates Regarding ICC and IHBS Provided in Group Homes*</li><li>• DHCS Info Notice 17-027: Enrolling, Ordering, Referring, and Prescribing Providers</li><li>• Update: Policy 401.03 Revisions</li><li>• Reasons for Recoupment*</li><li>• IBHIS and Documentation Training for Directly-Operated</li><li>• Edits in IBHIS to Prevent Duplicates</li></ul>
4.	<b>Treatment Plan Training (3:00-4:00)</b> <ul style="list-style-type: none"><li>• Jennifer R. Hallman, L.C.S.W./M.P.A., Policy &amp; Technical Development Unit, DMH Quality Assurance Division, Office of Performance Data</li><li>• Marc Borkheim, Ph.D., DMH Program Support Bureau, Quality Assurance Division</li></ul>

\*handouts

**No Meeting in December! Happy Holidays!!!**

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**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH  
SA 8 QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA) MEETING  
Minutes, November 13, 2017**

<b>Type of Meeting</b>	Service Area 8 Quality Improvement/Quality Assurance (QI/QA) Committee		<b>Date</b>	November 13, 2018
<b>Location</b>	DMH SA 8, 2600 Redondo Ave, 6 <sup>th</sup> Fl, Long Beach, CA 90806	<b>Start Time &amp; End Time</b>	2:00 – 4:00 p.m.	
<b>Co-chairs</b>	Co-Chairs: Emily Ramos (Long Beach Adult MHC), Michele Munde (Star View), Courtney Stephens (MHALA)			
<b>DMH Representatives</b>				
<b>SA 8 QI/QA Liaison:</b> Ann Lee	<b>QA Division Lead:</b> Marc Borkheim, Nikki Collier	<b>Medi-Cal Certification:</b> Joel Solis		
<b>Members Present by Provider Name</b>				
<b>1736 FCC</b>	<b>AADAP</b> Hiroko Makiyama	<b>Alafia</b> Paul Ha	<b>Alma Family Services</b> Margaret B. Lisa Ngo	<b>Aspiranet</b> Kim Kopenhaver Colette Chuzel
<b>California Mentor</b> Glenn Ferdinand	<b>Childnet</b> Anaissa Ibrahim	<b>Children's Bureau</b> Cristina Nolf	<b>City of Gardena</b>	<b>Coastal APIFMHC</b> Helen Chang
<b>Community Representative</b> Theodore Howlett Virginia Howlett	<b>Counseling4Kids</b> Kathleen Kim	<b>Critenton</b> Marcella Briceno	<b>Didi Hirsch</b>	<b>For The Child</b>
<b>Harbor-UCLA</b> Patricia Pascua	<b>Harbor View CSC</b> Martha Rivera	<b>HealthView</b>	<b>Heritage Clinic</b> Cynthia Jackson, Tahanae Butler	<b>Long Beach APIFMHC</b> Julie Leevarinpanich
<b>Long Beach Child &amp; Adol</b> Jeff Baer	<b>Masada Homes</b> Linda Nakamura	<b>MHA</b>	<b>MHUCC</b>	<b>PACS</b> Kim Phy
<b>Personal Involvement</b> Center Brittany White, Joseph Chavez, Lisa Valle	<b>San Pedro MHC</b> Kathleen Villagomez Bob Orkin	<b>SB 62 MTT</b>	<b>SFC (South County)</b>	<b>Shields For Families</b> Laurel Fox, Patricia Carrillo, Kay Roberson, Claudia Villalta
<b>SSGIOTTP</b> Debra DeLeon Kristin Jones	<b>SSG Alliance</b> Hala Masri	<b>South Bay Children's Health Center</b> Daphne King, Angela Wilson	<b>South Bay MHC</b>	<b>Tarzana</b>
<b>Telecare</b>	<b>Tessie Cleveland</b> Alejandra Ramos	<b>The Guidance Center</b> Leah Gutierrez	<b>TIES For Families</b> Karen Rathburn	
<b>Review of Minutes</b>	May minutes are not yet completed. Will be emailed to members upon completion.			
<b>Call to Order &amp; Introductions</b>	The meeting was called to order at 2:00 and attendees introduced themselves.			

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH  
SA 8 QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA) MEETING  
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<b>QUALITY IMPROVEMENT (QI)</b>			
<b>Agenda Item &amp; Presenter</b>	<b>Discussion and Findings</b>	<b>Decisions/ and Recommendations Actions/Scheduled Task</b>	<b>Person Responsible/ Due Date</b>
<b>Clinical Quality Improvement – OMD Report</b>	<ul style="list-style-type: none"> <li>• DO clinics - email about naloxone use in clinics where overdose is suspected. Email will be resent. See Policy 306.08</li> <li>• Safety Intelligence - will start bringing contract providers into the system. See memo and SI powerpoint slides in handouts.</li> <li>• Safety Intelligence webinar - 11/29 @ 10:30 am</li> </ul> <p><u>Pharmacy Updates:</u></p> <ul style="list-style-type: none"> <li>• Retail Pharmacy Network Audit started week of 11/9/2017; 170 audits scheduled. Should conclude December 2017.</li> <li>• Rite-Aid completes internal auditing and refunds DMH based on prescriptions paid but not picked up. Rite-Aid isn't the biggest pharmacy DMH works with.</li> <li>• On site audits scheduled with 10 pharmacies in December (a lot of mom and pop pharmacies).</li> <li>• The Network Pharmacy Outreach Program is a new initiative to improve DMH retail pharmacy communication and customer service. OMD will receive feedback through the supervising psychiatrists and customer surveys and present to network pharmacies at monthly meetings. OMD is working with Magellan Rx PBM partner to improve customer call hold times and call abandonment rates, which are slightly higher than target. Turnaround time for medication prior authorizations has been excellent this past month at over 97% (was less than 80% in the prior three months).</li> </ul> <p style="margin-left: 20px;">o Key performance indicator for quality assurance (volumes, turnaround time, call abandonment,</p>		

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<p><b>Compliance, Privacy, &amp; Audit Services Bureau – Policies Update</b></p>	<p>type of customer); clinical indicators (denials, reasons, drugs, costs, brand vs generic); lab - diabetes indicators, high blood sugars due to antipsychotic meds. Hold time above threshold. Call abandonment slightly above 3% benchmark</p> <p>o NCQA standards for Behavioral Health</p> <p>See Policies update handout.</p> <ul style="list-style-type: none"> <li>Level 1 policies - 100.05 Just Culture; 900.01 Travel; 106.13 Reporting Possible Criminal Activity</li> <li>Level 1, 2 policies - in process - 106.13 return and reporting of overpayments; 401.02 clinical records maintenance, organization and contents; 106.04, 106.05 fraud, waste, abuse.</li> </ul>	
<p><b>EQRO Review Updates</b></p>	<ul style="list-style-type: none"> <li>EQRO has approved continuing the ACCESS PIP and Clinical Intensive Service Recipients (ISR) PIP to reduce hospitalizations.</li> <li>Access PIP - wanted to see volume increase; will allow it to continue for an additional year; identify new variables and indicators; clarity on several items</li> <li>Clinical PIP - Crisis Residential, Intensive Services referral.</li> <li>Rolling out Substance Use Disorder (SUD) levels of care training for DMH staff</li> <li>EQRO wants to know if the interventions are making a difference</li> </ul>	
<p><b>QI Data Unit Projects</b></p>	<ul style="list-style-type: none"> <li>Under DMH reorganization, QID to CIOB. Martin Corral is the supervisor for the Data Unit. QI will interface with the Data Unit for important projects such as Provider Directory, bi-annual MHSIP survey administration, training, and reports, Test Calls, and QI Evaluation Report, and data related to Prevalence and Penetration rates.</li> <li>Provider Directory updates will be based on official PFAR process and contracts. State has implemented final rule which requires monthly provider update. Working to move away possibly from hard copy</li> </ul>	

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	directories.		
<b>Test Calls Instructions</b>	Test call surveys – gaps noted in the surveys when it comes to language needed and interpreter services. For calls with an interpreter, no responses were given on the satisfaction with interpreter services and whether the ACCESS Center or Language line was used to provide interpreter services. New instructions will be added for "Test Call" protocol for Calendar Year 2018 to address such gaps.		
<b>MHSIP Survey</b>	Dr. Kasarabada will provide presentations of the MHSIP Nov 2016 provider level data at SA QICs. Providers will be encouraged to develop QI strategies and interventions if provider's ratings fall below the County Average for a specific subscale.		
<b>Patients' Rights Office Update</b>	<p><u>Grievances and Appeals update:</u></p> <ul style="list-style-type: none"> <li>• 230 of the 410 Grievances reported to the state were from Medi-Cal recipients. No Appeals were reported at this time.</li> <li>• Majority of complaints fall under quality of care. Other complaints include didn't like color of building; lobby not welcoming, and medication concerns (e.g., not receiving a prescription already prescribed by the primary care physician; not getting the desired medication)</li> <li>• New grievances and appeals forms to be finalized in December</li> </ul>		
<b>Cultural Competency (CC) Update</b>	<ul style="list-style-type: none"> <li>• The Cultural Competency Unit (CCU) is revising the Language Translation and Interpretation Policy to make more user friendly. Most changes are being made to procedure for directly operated programs to request language interpretation services for meetings and conferences.</li> <li>• The Cultural Competence Organizational Assessment Project is well underway. A total of 9 focus groups (5 with consumers, 4 with providers) have been conducted. 42 consumers and 28 staff participated and generated good feedback. For the staff focus</li> </ul>	Ann Lee will contact the Cultural Competence unit to schedule the presentation. QIC members will be notified once scheduled.	<b>Ann Lee</b>

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	<p>groups, the CCU ensured that the voice of clinical and clerical/support staff was included.</p> <ul style="list-style-type: none"> <li>The Cultural Competence Plan will be presented at SA QICs.</li> </ul>	
<b>Change of Provider Logs Update</b>	<p>Copy of the correct log form was included in the handouts and can also be found in Policy 200.05. Incorrect log forms will no longer be accepted. November's logs will be due after the end of the month and by 12/10/17. Please send to <a href="mailto:DMHCOP@dmh.lacounty.gov">DMHCOP@dmh.lacounty.gov</a> only. Do NOT email or copy the logs to Jose's individual email.</p>	
<b>MHSIP Consumer Survey</b>	<p>Survey return instructions was included in the handouts. Last day to administer surveys is this Friday, November 17<sup>th</sup>. Survey return due date is 5pm, November 29, 2017.</p>	
<b>Announcements</b>	<p>See handouts. MHC/SAAC 8 Town Hall – December 14, 2017 at 9:00a.m. (see attached flyer), South Coast Botanic Gardens, Palos Verdes Peninsula.</p>	
	<p>No SA 8 QI/QA meeting in December. Next meeting will be held January 17, 2018. Meeting reminder will be sent in January. Happy holidays and New Year!</p>	

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH  
SA 8 QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA) MEETING  
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QUALITY ASSURANCE (QA)			
Agenda Item & Presenter	Discussion and Findings	Decisions/ and Recommendations Actions/Scheduled Task	Person Responsible/ Due Date
<b>QA Treatment Plan Training</b> Jennifer Hallman, <b>Audits &amp; Reviews</b>	Jennifer Hallman provided a QA Treatment Plan Training. Due to the training, not all of the listed agenda items were discussed. Members were advised to review all handout items on their own.  No Auditor Controller or MR Grant reviews scheduled.		
<b>Medi-Cal Certification Section</b>	No updates		
<b>State DHCS Updates</b>	<u>Waivers for students:</u> <ul style="list-style-type: none"> <li>• Student waivers (volunteers, externs, fellows, practicum students) - must have 48 semester hours or 72 quarter hours if they are claiming for services. Inform students that waiver runs out after 5 years. Must have a waiver regardless of title, job status, or if claiming for services</li> <li>• As soon as the student crosses over the 48/72 hours, must get the waiver.</li> <li>• Bulletin about this is pending; reviewed by the state. Make sure your agency has someone responsible for this</li> </ul> <u>Final Rule - new records retention requirements effective 1/1/18:</u> <ul style="list-style-type: none"> <li>• Record retention law - moving from 7 to 10 years. Applies to healthcare providers rendered under Medi-Cal or any other California plan. 10 years from when the client is terminated from the program (See policy 312.01). Minors records held until at least age 25 or 10 years whichever is greater. Date of completion of any audit or date service rendered, whichever is later.</li> </ul>		
<b>Training &amp; Operations</b>	<u>Schedule of trainings and presentations:</u> schedule was included in the handouts. <ul style="list-style-type: none"> <li>• Developing ICC and IHBS training. Working with Child Welfare Division to develop. Hoping to start in January</li> <li>• Understanding Documentation training - will be updated based on feedback</li> </ul> LE Chart Review Updates: <ul style="list-style-type: none"> <li>• Identifying where support is needed. A lot of focus on treatment planning.</li> </ul>		



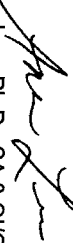
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<p><b>Policy and Technical Development</b></p>	<p><u>QA Bulletin 17-16: Organizational Providers Manual Updates Based on Department of Health Care Services Information Notice (see handouts)</u></p> <ul style="list-style-type: none"> <li>• Travel time clarification (Ch 1). State likes travel time broken out, but not required</li> <li>• Don't have to get co-practitioner signatures on each service</li> <li>• Registered/waivered staff</li> <li>• Contract Providers can decide how they will assess for substance use; screening tool not required</li> <li>• CTP not effective until signed by appropriate staff (including AMHD signature)</li> <li>• Modification of treatment services definition (not limited to linkage/referral to mental health)</li> <li>• CTP - best practice to obtain client signature; state only requires initial attempt; does not require follow up (but is best practice)</li> <li>• MSS - piloting medication informed consent</li> <li>• DayTx - added examples of unavoidable absence</li> </ul> <p><u>QA Bulletin 17-17: Organizational Providers Manual Updates Regarding ICC and IHBS Provided in Group Homes – (see handouts) Group home lock out removed for ICC and IHBS</u></p> <p><u>DHCS Info Notice 17-027: Enrolling, Ordering, Referring, and Prescribing Providers</u></p> <p><u>State is implementing edit that when pharmacy submits claim, will check to ensure prescriber is enrolled. Not sure when it will go into effect. Could result in client not getting meds. All prescribers - those who order meds - must be enrolled as a Medicare or State Medi-Cal system. Child Psychiatrists will have to enroll quickly in state system (PAVES system). Memo will have a link; similar to Medicare application. This is statewide!</u></p> <p><u>Update: Policy 401.03 Revisions - revised definition of treatment services requiring treatment plan. Includes definition of emergent services and other minor changes.</u></p> <p><u>Reasons for Recoupment – see handouts for detail</u></p>	
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	<p align="center"><u>IBHIS and Documentation Training for Directly-Operated</u></p> <ul style="list-style-type: none"> <li>• All will be on IBHIS in 2018.</li> <li>• There are edits in IBHIS to Prevent Duplicate client IDs.</li> <li>• Dec 1st for DO; date TBD for LES</li> <li>• Putting in edits to prevent you from changing client (cannot update first name, last name and DOB). Can change 1 or 2 elements</li> </ul>		
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Minutes Recorded by:

  
Ann Lee, Ph.D., SA 8 QI/QA Liaison

Minutes Approved by:

  
Emily Ramos, L.C.S.W., DMH Co-chair