

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

SA 8 QUALITY ASSURANCE/QUALITY IMPROVEMENT COMMITTEE  
MEETING AGENDA

February 21, 2018

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

<b>QUALITY IMPROVEMENT (QI) MEETING</b> 2:00-3:00	
1.	<b>Welcome/Introductions/Announcement</b>
2.	<b>Clinical Quality Improvement</b> <ul style="list-style-type: none"><li>➤ OMD: Clinical Policy/Parameter Update* (handout from December QI chairs mtg)</li><li>➤ Clinical Risk Management: Safety Intelligence for LE (see attached instructions)</li></ul>
3.	<b>Patients' Rights Office Updates</b> <ul style="list-style-type: none"><li>➤ <b>Notice of Action (NOA)</b>- client ID and provider ID added to NOA-A and NOA-E (English versions; not yet translated into other threshold languages)</li><li>➤ <b>Change of Provider Logs</b> – Please use the correct form linked in Policy 200.05. Subject line should have Provider #(s), Month/Year; Logs are due by the 10<sup>th</sup> of the following month. Please send directly 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.</li></ul>
4.	<b>Transforming Clinical Practice Initiative (TCPI) and Quality Improvement</b>
5.	<b>Cultural Competence Updates:</b> <ul style="list-style-type: none"><li>➤ Dr. Sandra Chang-Ptasinski will provide a CC presentation at March meeting</li><li>➤ Next mtg will be held on March 14, 2018 from 1:30-3:30pm at 600 S. Commonweath, 2<sup>nd</sup> fl conf rm #113. Conf call option is also available.</li></ul>
6.	<b>Compliance, Privacy, &amp; Audit Services Bureau (CPAS) – Policy Updates*</b>
7.	<b>QID Updates</b> <ul style="list-style-type: none"><li>➤ <b>Test Calls Project:</b> SA 8 is scheduled to conduct test calls in August; will need volunteers for calls in threshold languages: Cambodian, Korean, Spanish, and Vietnamese (see attached schedule)*</li><li>➤ <b>Timeliness Metrics</b></li><li>➤ <b>PIP Updates:</b> Clinical ISR; ASAM training</li></ul>
8.	<b>VANS</b> – Update weekly! For SA 8 sites, contact Ann Lee if you need help

\*Handouts

**Next SA 8 QI Committee Meeting Info:**

March 21, 2018

2:00-3:00 p.m.

DMH SA 8 Administration  
2600 Redondo Ave, 6<sup>th</sup> Floor  
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February 21, 2018

2:00 – 4:00 p.m.

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2600 Redondo Ave – 6<sup>th</sup> Floor  
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Co-chairs: Emily Ramos (LBMH), Michele Munde (Star View), Courtney Stephens (MHALA)  
SA 8 QI/QA Liaison: Ann Lee

<b>QUALITY ASSURANCE (QA) MEETING</b> 3:00-4:00 p.m.	
1.	<b>Audits &amp; Reviews</b> – No report
2.	<b>Medi-Cal Certification Section</b> – <i>SA 8 Lead: Joel Solis, (213) 251-6883 or jsolis@dmh.lacounty.gov</i> <ul style="list-style-type: none"><li>• Certification Bulletin: Completion of the Fire Clearance 850 Form*</li></ul>
3.	<b>State DHCS Updates</b> – Medicaid Parity Final Rule Overview* (also sent via email)
4.	<b>Training and Operations</b> <ul style="list-style-type: none"><li>• Schedule of Trainings and Presentations*</li><li>• LE QA Reports were due Jan 30<sup>th</sup></li><li>• DO Quarterly Monitoring Reports were due Jan 15<sup>th</sup></li></ul>
5.	<b>Policy and Technical Development</b> <ul style="list-style-type: none"><li>• Reminder: Utilize Revised NOA forms (attached/posted on Patients Rights webpage)</li><li>• QA Bulletin 18-01: Updates to Co-Practitioners*</li><li>• QA Requirements for Directly Operated</li><li>• Access to Care/Timeliness &amp; SRL Data: CSI Requirements</li><li>• All Providers Memo*</li><li>• Organizational Providers Manual Updates for ICC, IHBS, TFC</li><li>• State System Review: Chart Review</li></ul>
6.	<b>Health Information Management (HIM) Directly Operated ONLY</b>
7.	<b>Upcoming Items</b> <ul style="list-style-type: none"><li>• Therapeutic Foster Care</li><li>• Review of DMH Policy &amp; Procedures owned by QA</li></ul>

\*handouts

**Next SA 8 QA Committee Meeting Info:**

March 21, 2018

3:00-4:00 p.m.

DMH SA 8 Administration  
2600 Redondo Ave, 6<sup>th</sup> floor, Long Beach, CA 90806

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH  
SA 8 QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA) MEETING  
Minutes, February 21, 2018**

<b>Type of Meeting</b>	Service Area 8 Quality Improvement/Quality Assurance (QI/QA) Committee		<b>Date</b>	February 21, 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	<b>Medi-Cal Certification:</b> Joel Solis		
<b>Members Present by Provider Name</b>				
<b>1736 FCC</b> Carmela Floro	<b>AADAP</b> Hiroko Makiyama	<b>Alafia</b> Christofer Lopez	<b>Alma Family Services</b> Lisa Ngo	<b>Aspiranet</b> Colette Chuzel
<b>California Mentor</b>	<b>Childnet</b> Anaissa Ibrahimimi Erin Sumner	<b>Children's Bureau</b>	<b>CI</b>	<b>City of Gardena</b>
<b>Community Representative</b> Theodore Howlett	<b>Counseling4Kids</b>	<b>Crittenton</b> Marcella Briceno	<b>Didi Hirsch</b>	<b>Exodus</b> Eshan Sun Jamie Chess
<b>Harbor-UCLA</b>	<b>Harbor View CSC</b> Martha Rivera	<b>HealthView</b>	<b>Heritage Clinic</b> Vanessa Bui	<b>Long Beach Adult</b> Emily Ramos (co-chair)
<b>Long Beach Child &amp; Adol</b> Jeff Baer	<b>Masada Homes</b> Linda Nakamura	<b>MHA</b>	<b>MHUCC</b>	<b>Olive Crest</b> Jennifer Miltzner
<b>Personal Involvement</b> Center Joseph Chavez	<b>San Pedro MHC</b>	<b>SB 82 MTT</b>	<b>Shields For Families</b> Patricia Carrillo	<b>South Bay Children's</b> <b>Health Center</b> Daphne King
<b>Special Services for</b> <b>Groups (SSG-OTTP)</b> Debra DeLeon	<b>Specialized Foster</b> <b>Care (Torrance)</b>	<b>SSG Alliance</b> Hala Masri	<b>Star View</b> Michele Munde (co-chair) Mayra Hernandez Karia Abitia	<b>Tarzana</b> Lauren Dibbs Lynda Paulson
<b>Tessie Cleveland</b> Alejandra Ramos	<b>The Guidance Center</b> Elva Gutierrez	<b>TIES For Families</b>		<b>Telecare</b>
<b>Review of Minutes</b>	January 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.			

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SA 8 QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA) MEETING  
Minutes, February 21, 2018**

<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>DMH Announcements</b>	<ul style="list-style-type: none"> <li>Dennis Murata (currently Deputy Director, Program Support Bureau) will assume the responsibilities of SA 8 Chief effective March 1<sup>st</sup>.</li> <li>Curley Bonds, M.D., Chief Deputy Director, Clinical Operations – start April 2, 2018.</li> <li>LuAnn Sanderson, DNP, PMHCNS-BC, APRN, Chief of Nursing – start February 26, 2018</li> </ul>		
<b>Clinical Quality Improvement – Office of the Medical Director (OMD) Report</b>	<ul style="list-style-type: none"> <li>DMH pharmacy office will be getting additional staff in pharmacy across different service areas in the next fiscal year. Will audit medication rooms for quality improvement and reviewing pharmacy and medication use processes. There was a spot audit at Harbor UCLA last week. Goal is to improve the process. Business code standard is to conduct quarterly pharmacy audits. Will start with DO clinics.</li> <li>OMD is continuing to work with contract providers to roll out the Safety Intelligence application.</li> </ul>		
<b>Patients' Rights Office (PRO) Updates</b>	<p><b>Notice of Action (NOA):</b></p> <ul style="list-style-type: none"> <li>Client ID and Provider ID was added to the NOA-A and NOA-E (English versions only; not yet translated into the other threshold languages). No other changes to the form. Please add the client IS/IBHIS# and your Provider # on the bottom of NOA-A and NOA-E if using translated versions that have not yet been revised with these fields added.</li> <li>The Change of Provider database is ready for testing. Will seek 3 volunteer DO clinics.</li> </ul> <p><b>Change of Provider Logs:</b> Please submit logs by the 10<sup>th</sup> of the following month to <a href="mailto:DMHCOP@dmh.lacounty.gov">DMHCOP@dmh.lacounty.gov</a>.</p>		

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<p><b>Transforming Clinical Practice Initiative (TCPI) and Quality Improvement</b></p>	<p>Rebecca Shapiro and Ashley Phelps from Integrated Behavioral Health Partners (ibhpartners.org) presented about the TCPI implementation at a few Directly Operated clinics. TCPI involves looking at areas for quality improvement and conducting a Plan Do Study Act (PDSA) process to address and problem solve the issues identified at the clinic. Areas that clinics have looked into include improving access to care and direct services, addressing clinicians' concerns, improving the intake/triage process, and care coordination with the primary care physician. TCPI and QI processes involve identifying measures and studying data.</p>		
<p><b>Cultural Competence Updates</b></p>	<ul style="list-style-type: none"> <li>• Dr. Sandra Chang-Plasinski will be providing a Cultural Competency plan presentation at the March 21<sup>st</sup> meeting so please plan to attend.</li> <li>• The CC 101 online video training links will be uploaded to the psbqi.dmh.lacounty.gov website. Requirement is for 100% of staff to be trained annually.</li> <li>• The next Cultural Competency Committee meeting will be held on March 14, 2018 from 1:30-3:30pm at 600 S. Commonwealth, 2<sup>nd</sup> fl conf rm #113. Conf call option will be available.</li> </ul>		
<p><b>Compliance, Privacy, &amp; Audit Services Bureau (CPAS)</b></p>	<ul style="list-style-type: none"> <li>• See Policy updates handout.</li> <li>• Policy 306.06 – New policy regarding external lab testing; level 1 (DO only)</li> <li>• Policy 106.17 (policy on policies) is being reviewed; level 1</li> <li>• Policy 200.05 Request for Change of Provider policy; being reviewed; level 1 &amp; 2 (contract providers)</li> </ul>		
<p><b>QID Updates</b></p>	<p><b>Test Calls Workflow Update:</b></p> <ul style="list-style-type: none"> <li>• SA 8 is scheduled to conduct test calls in August for English and 4 threshold languages (Cambodian, Spanish, Korean, and Vietnamese)</li> </ul> <p><b>Timeliness Metrics:</b></p>	<p>The ACCESS To Care Policy will be revised with the new Timeliness Standards per the Final Rule.</p>	

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	<p>CMS and State DHCS will update the timeliness standard per the Final Rule to 10 business days for initial request for services. Urgent appointments will be 5 business days.</p> <p><b>ISR Clinical PIP:</b> focus will be on Intensive Service Recipients (ISR) and hospital discharge planning</p> <ul style="list-style-type: none"> <li>• 10 beds available each month for ISRs but only one used.</li> <li>• ISRs can be referred to the Crisis Residential Treatment (CRT).</li> <li>• Hospital discharge planning - looking at coordination between hospital discharge and outpatient provider</li> <li>• ASAM trainings are available</li> </ul>		
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<b>QUALITY ASSURANCE (QA)</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>Audits &amp; Reviews</b>	<ul style="list-style-type: none"> <li>• Auditor Controller: Foothill 2/22</li> <li>• MR Grant: None: None</li> </ul>		
<b>Medi-Cal Certification Section</b>	<p>Certification Bulletin No. 18-2: Completion of the fire clearance 850 form was included in the handout.</p> <p>All providers of Medi-Cal Specialty Mental Health Services must be certified.</p> <ul style="list-style-type: none"> <li>• Providers need to obtain a fire clearance from the local fire department.</li> <li>In some cases, the fire inspector will require that the provider requests the inspection using the 850 form.</li> <li>• When this occurs, notify the Office of Performance Data/ Division/MediCal Certification Section Liaison (Joel Solis is the lead for SA 8 providers) of the request and include the fire inspector's contact information.</li> <li>• There are six hundred providers completed and two overdue.</li> </ul>		
<b>State DHCS Updates</b>	<p><b>Medicaid Parity Final Rule Overview:</b> see handouts and info sent via email.</p> <p>Medicaid Parity Final Rule Overview: –</p> <ol style="list-style-type: none"> <li>1. On April 25, 2016 CMS issued the Medicaid and Managed Care Final Rule which aligns the Medicaid managed care program with other health insurance coverage programs in several key areas</li> <li>2. QA will send out a summary document.</li> </ol> <p>Co-chairs summarized the handouts:</p> <ul style="list-style-type: none"> <li>• July 2018 Information requirements - enrollee handbooks down to practitioner level, provider directories, language requirements, beneficiary materials</li> <li>• Dec 2017 Grievances and appeals - time frames and Notification of Adverse (replacing NOAs) <ul style="list-style-type: none"> <li>○ Expansion of NOA-A situations - not providing level of service requested</li> <li>○ Waiting on state to issue forms and translation</li> </ul> </li> <li>• July 2017: Program Integrity - Federal databased checks - expanding from two to five databases and Social Security Death Master File. Need to update policies</li> </ul>		

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	<ul style="list-style-type: none"> <li>○ Lists with links will be sent             <ul style="list-style-type: none"> <li>○ 106.03 and 106.04 policy revisions in process</li> </ul> </li> <li>● January 2018 Record Retention - 10 years - previously discussed             <ul style="list-style-type: none"> <li>○ Mental Health and Substance Abuse Treatment Parity Act of 2008</li> <li>○ Aggregate lifetime and annual dollar limits</li> <li>○ Financial requirements - MH benefits can't be more restrictive</li> <li>○ Quantitative treatment limitations - same as above</li> <li>○ Non-quantitative treatment limitations - same as above</li> <li>○ Reason for denial of benefits (NOABD)</li> </ul> </li> <li>● July 2018 (longer due to legislation) UMDAP             <ul style="list-style-type: none"> <li>○ Collection of fees - MHPs weren't charging fees based on ability to pay</li> <li>○ Looking to change legislation to reflect this.</li> </ul> </li> <li>● July 2018 Parity - Authorization             <ul style="list-style-type: none"> <li>○ Concurrent reviews for inpatient psychiatric stays - MHP required to complete, San Diego does daily UR</li> <li>○ More guidance expected</li> </ul> </li> <li>● July 2018 Parity - Credentialing             <ul style="list-style-type: none"> <li>○ Waiting for guidance</li> <li>○ Important for contract Providers - all service provision staff</li> <li>○ May change credentialing policy into a Level 2 policy</li> </ul> </li> <li>● July 2018 Statewide Network Adequacy             <ul style="list-style-type: none"> <li>○ Distance: 30 minutes or 15 miles for LA County (for beneficiaries coming to a clinic). Doesn't prohibit client from choosing a further location. Telehealth counts</li> <li>○ Timeliness: ten business days initial appt, 15 business days for psychiatry</li> <li>○ LA county network needs to be certified March 2018</li> <li>○ DHCS will issue guidance - draft indicates monitoring requirements will be very challenging</li> <li>○ Provider manual down to practitioner level - can link to agency websites - start looking at what information you have now, how you track - including availability, languages, specialties, populations</li> <li>○ To be reported quarterly</li> </ul> </li> <li>● July 2018 Statewide Continuity of Care</li> </ul>	
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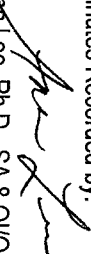
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	<ul style="list-style-type: none"> <li>○ Care of clients when network providers fall out of plan until treatment is done - address in policy</li> <li>● DHCS Website for more info - DHCS has issued 6 page summary for parity <a href="http://www.dhcs.ca.gov/formsandpubs/Pages/FinalRule.aspx">http://www.dhcs.ca.gov/formsandpubs/Pages/FinalRule.aspx</a></li> </ul>	
<b>Training &amp; Operations</b>	<ul style="list-style-type: none"> <li>● Training Schedule in packet</li> <li>● Quarterly monitoring reports for DO's were due Jan 15th</li> <li>● LE Annual Reports were due Jan 30th</li> </ul>	
<b>Policy and Technical Development</b>	<ul style="list-style-type: none"> <li>● Use new, revised NOA-forms. Working on translation - hopefully by end of March</li> <li>● Co-Practitioner claiming changes may impact documentation - separate claims for each practitioner. 90 days to implement which is where the April 10th came from. Auditing through next year's system review, OIG possibility. Discuss with your EHR vendor</li> <li>● Communication with the state when they implement without understanding implications - wanting to have conversation with the state. This is all being driving by DHCS POC with CMS.</li> <li>● QA requirements for DO - finalizing processes; developing audit schedule - hoping to put this out early March and provide training to kick it off. Start April 1st.</li> <li>● Access to Care - Timeliness - 1915b waiver special terms of conditions. Will be done through CSI. Providers will have to provide a lot more data. Service Request Log gives a chunk of this. In addition - they want to know next offered appt and when did they actually come in and when was the first offered treatment and when did they come there. Timeline requirements have not been set</li> <li>● All provider memo in packet</li> <li>● Updating provider manual to align with DHCS ICC &amp; IHBS</li> <li>● Reminder we are close to our potential DHCS review period</li> <li>● Not sure if they'll update their reasons for recoupment</li> <li>● No specialty mental health provided and having a valid treatment plan - these tend to be our problem areas.</li> <li>● LA county goal less than 5% disallowance</li> </ul>	

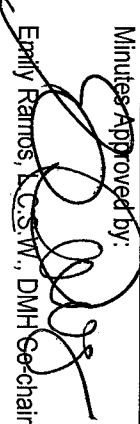
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<b>Upcoming Items:</b>	<ul style="list-style-type: none"> <li>• Therapeutic Foster Care</li> <li>• Review of DMH Policy &amp; Procedures owned by QA</li> </ul>		
<b>Inspirational Message</b>	Ted Howlett read a poem written by Virginia Howlett titled, "Once Again Anew".		
<b>Announcements</b>	The next meeting will be held on March 21, 2018.		

Minutes Recorded by:

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

Minutes Approved by:

  
Emily Ramos, L.C.S.W., DMH Se-Chair