

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

SA 8 QUALITY ASSURANCE/QUALITY IMPROVEMENT COMMITTEE
MEETING AGENDA

May 16, 2018

2:00 – 4:00 p.m.

DMH SA 8 Administration – MultiPurpose Room
2600 Redondo Ave – 6th 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 2:00-3:00	
1.	Welcome/Introductions/Announcement – Discipline Chief <i>-Yvette Willock, L.C.S.W., M.A., Chief of Social Services – start June 1st</i> <i>-David Ruskin, M.D., Chief of Psychiatry – start June 1st</i> <i>-LuAnn Sanderson, DNP, PMHCNS-BC, APRN, Chief of Nursing – started Feb 26th</i> <i>-Peer Services Chief and Psychology chief will be announced soon</i>
2.	Clinical Quality Improvement – OMD Report Updates
3.	Patients’ Rights Office Updates – Grievances and Appeals Update ➤ Change of Provider Logs –Logs are due by the 10 th of the following month. Please send directly to DMHCOP@dmh.lacounty.gov only. Do <u>NOT</u> email or copy the logs to Jose’s individual email.
4.	Care Coordination: Health Plans and DMH System of Care
5.	Cultural Competence Updates ➤ Final Rule ➤ Systems Review Materials
6.	QID Updates ➤ Provider Directory Demo ➤ Consumer Satisfaction Survey: May14-18 th ➤ Test Call Reminder: SA 8 will conduct in August. <i>Need Spanish, Khmer, Korean, and Vietnamese speaking volunteers for both regular and after hours test calls. Please contact Ann Lee if your agency has available staff.</i>
7.	MHSIP Surveys - May 14-18, 2018 <i>-Survey return due date is May 31, 2018. Reminders will be sent out with info.</i>
8.	Compliance, Privacy, & Audit Services Bureau (CPAS) – Policy Updates*
9.	ACCESS Updates on Referral Issues: VANS – Update weekly!

*handouts

Next SA 8 QI Committee Meeting Info:

June 20, 2018, 2:00-3:00 p.m.

DMH SA 8 Administration
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QUALITY ASSURANCE (QA) MEETING

3:00-4:00 p.m.

1.	Welcome/Introductions/Announcements New discipline chiefs
2.	Audits & Reviews – <ul style="list-style-type: none">• Auditor-Controller Updates• MR Grant: New guidelines for DO producing records
3.	Medi-Cal Certification Section – For SA 8 sites, please contact Joel Solis. <i>SA 8 Lead: Joel Solis, (213) 251-6883 or jsolis@dmh.lacounty.gov</i>
4.	State DHCS Updates – None
5.	Training and Operations - Schedule of Trainings and Presentations*
6.	Policy and Technical Development <ul style="list-style-type: none">• Final Rule: Network Adequacy Updates• FINAL QA Bulletin 18-03: New Quality Assurance Requirements for DO Programs*• FINAL QA Bulletin 18-04: Documentation Reminders for Groups*• FINAL QA Bulletin 18-05: PEI MHSA Funding*• Proposal for Comment-P&P 312.02: Opening/Closing of Episodes Policy• Proposal for Comment- P&P 302.03: Roles & Responsibilities in the Care of Clients• Updates Proposed-P&P 302.06: Requirements for Registered Nurses in Order to Conduct Psychiatric Diagnostic Interviews
7.	Health Information Management (HIM) Directly Operated ONLY - None
8.	Upcoming Items: <ul style="list-style-type: none">• <i>Updating Org Manual; ICC/IHBS/TFC</i>

Next SA 8 QA Committee Meeting Info:

June 20, 2018, 3:00-4:00 p.m.

DMH SA 8 Administration
2600 Redondo Ave, 6th floor
Long Beach, CA 90806

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
SA 8 QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA) MEETING
Minutes, May 16, 2018**

Type of Meeting	Service Area 8 Quality Improvement/Quality Assurance (QI/QA) Committee		Date	May 16, 2018
Location	DMH SA 8, 2600 Redondo Ave, 6 th Fl, Long Beach, CA 90806		Start Time & End Time	2:00 – 4:00 p.m.
Co-chairs	Co-Chairs: Emily Ramos (Long Beach Adult MHC), Michele Munde (Star View), Courtney Stephens (MHALA)			
DMH Representatives				
SA 8 QI/QA Liaison: Ann Lee	SA 8 Admin Support:	QI Division Lead:	QA Division Lead:	Medi-Cal Certification:
			Marc Borkheim	Joel Solis
Members Present by Provider Name				
1736 FCC Demitri Richmond	AADAP Hiroko Makiyama	Alafia	Alma Family Services	Aspiranet Kim Kopenhaver
California Mentor	Childnet Anaissa Ibrahimji	Children's Bureau Cristina Nolf	Children's Institute Inc	City of Gardena
Community Representative	Counseling4Kids Kathleen Kim	Crittenton	Didi Hirsch Aminah Ofumbi	Exodus Khashi Khosran Jamie Chess
Harbor-UCLA	Harbor View CSC Martha Rivera	HealthView Dexter Jefferson	Helpline Youth Counseling, Inc Nicole Santemaria	Heritage Clinic
Long Beach APiFMHC Layhearb Poon	Long Beach Child & Adolescent Program Jeff Baer	Masada Homes Linda Nakamura	MHA Courtney Stephens (co-chair)	MHUC
PACS Kim Antonio	Personal Involvement Center Joseph Chavez	San Pedro MHC Kathleen Villagomez	SB 82 MTT	Shields For Families Laurel Fox
South Bay MHC, FSP, WC Sara Earley (SB FSP)	Special Services for Groups (SSG-OTTP) Debra DeLeon	Specialized Foster Care (Torrance) Della Clayburg	SSG Alliance Hala Masri	Star View Michele Munde (co-chair)
Telecare	Tessie Cleveland Alejandra Ramos	The Guidance Center Elva Gutierrez	TIES For Families Angela Lee	Tarzana Pamela Williams
Review of Minutes	May minutes are not yet completed. Will be emailed to members upon completion.			
Call to Order & Introductions	The meeting was called to order at 2:00 and attendees introduced themselves.			

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QUALITY IMPROVEMENT (QI)			
Agenda Item & Presenter	Discussion and Findings	Decisions/ and Recommendations Actions/Scheduled Task	Person Responsible/ Due Date
<p>Clinical Quality Improvement – OMD Report</p>	<p>Safety Intelligence (SI): Directly Operated have already been submitting via Safety Intelligence app only so info discussed mostly applies to Legal Entity (LE) contract providers.</p> <ul style="list-style-type: none"> • Clinical Incident Report (rev 5/14/18) was included in the handouts. Use this most recent paper version to help prepare info needed to submit via Safety Intelligence (SI) application. • Will no longer accept paper submissions as of July 2nd. Must be submitted via SI. • LEs: Chief Psychiatrist/Medical Director (if you have one) should get a C# and be a reviewer • if there are staffing updates re: C #s and Safety Intelligence - let Ly Ngo know. • Staff are associated by name and Provider #s • if you have questions or concerns regarding the conversion process or Safety Intelligence or need to be authenticated into the online system, please contact Ly Ngo at (213) 351-6673, Vanessa Dy at (213) 351-6676. <p>Pharmacy Updates: DMH Pharmacy bureau is in the process of obtaining Board of Supervisors (BOS) approval to hire 14 Clinical Pharmacists and Advanced Practice Pharmacists (APP) to be located at 14 sites to improve care and lab services. Will act as care extenders and with medication room compliance. Exploring this as a nonclinical PIP. Looking into possible roles for Pharmacy staff to fill clinic gaps such as run medication education groups to address side effects and adherence, meds support for walk-ins and meds refills for those that missed medication appt., backup to provide long</p>		

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<p>acting injections if no nurse available, supervision of medication room, running Clozani and Vivitrol clinics, assisting with TARs, and other clinic pharmacy services to improve client care.</p>	<p>Patients' Rights Office (PRO) Updates</p> <p>Grievance and Appeals: The Grievance and Appeal System is almost complete; just making final adjustments. Will be able to generate Notice of Adverse Benefit Determination (NOABD) via the system and will have the ability to print for their records and one for the patient. DMH Patient's Rights office will get a daily report for follow up.</p> <p>Change of Provider Logs Update: The Change of Provider application system is complete. Will start Phase 1 with Directly Operated programs. Phase 2 will be all Legal Entities who report COP.</p>	<p>Care Coordination-Health Plans and DMH System of Care</p> <p>Presentation regarding Care Coordination Health Plans and DMH System of Care was provided at the monthly QIC co-chairs mtg.</p> <ul style="list-style-type: none"> • Discussed importance of ongoing care coordination across the Systems of Care (DMH Directly Operated and LE contract providers, health plans and their physical health providers and behavioral health providers). • Reviewed types of information that can be shared without a <i>signed Authorization to Use/Disclose PHI</i> when sharing is to engage in Care Coordination activities • Described types of Care Coordination Activities that can occur with Health Plans • Must have client authorization to share the Client Treatment Plan with health plans • Directly operated staff can refer to DMH P&P 500.02 that identifies when PHI can be disclosed without a <i>signed Authorization to Use/Disclose PHI</i>. This DMH P&P pertains only to DMH employees. LE agencies
		<p>Per committee request, Ann will contact care coordination office and request a presentation at a future SA 8 QIC mtg.</p>
		<p>Ann Lee</p>

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	<p>should consult their Legal Counsel and/or HIPAA Compliance Officer regarding PHI and follow their own agency's standards and guidelines for sharing info.</p> <ul style="list-style-type: none"> • July 1 is the Network Adequacy Certification Tool (NACT) deadline for the quarter following the initial submission for the April 1 deadline. System will be open 6/1-6/22 for April, May, and June updates. • For the NACT update, cultural competency is required for all staff in the agency who are in contact with and serving Medi-Cal beneficiaries. • For the upcoming Systems Review in February 2019, the annual cultural competency training for 100% of staff (includes direct services, clerical, and management/administrative staff) is still required per the Cultural Competence Plan Requirements (CCPR) of Title IX. 		
<p>QID Updates</p>	<p>Provider Directory:</p> <ul style="list-style-type: none"> • NACT data will be used to update the provider directory once CIOB notifies the update process and protocols to providers in future. • English version of the 2018 Provider Directory (PD) is posted online on the PSBQI website go to: http://psbqi.dmh.lacounty.gov/ • The translations for the threshold languages have been completed and field testing is currently in progress for all except Spanish that has been completed. 		
<p>Compliance, Privacy, & Audit Services Bureau (CPAS)</p>	<p>Policies: Policy Update list was included in today's handouts. Policy 306.09 was completed – applies to both DOs and LEs.</p> <p>Federal, State, and County Sanction Lists: See copy of Policy 106.04 Attachment 1 included in the handouts. Recommended to check list of Federal, State, and County Sanction Lists monthly.</p>		

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ACCESS Updates on Referral Issues:	<p>ACCESS Center referrals: If ACCESS center referred client to your site, please do not send the referral back to ACCESS center if unable to serve client in a timely manner. Instead providers are responsible for referring appropriately to another agency that can take the client. Please contact the SA 8 Navigation team if your agency is unable to identify a provider that can take a new referral. SA 8 Directly Operated child clinics (Long Beach Child & Adolescent Program, LB API, Coastal, TIES for Families) and clinics have openings.</p> <p>VANS: Reminder - Please update weekly. Only had 5 providers update last month. Needs to be updated at least weekly to be useful to other providers seeking info about openings to accept new referrals. Contact Ann Lee for any assistance with VANS.</p>
Announcements	The next mtg will be held on June 20, 2018 from 2-4pm at the SA 8 Administration office, 2600 Redondo Ave, 6 th Floor, MultiPurpose Room, Long Beach, CA 90806.

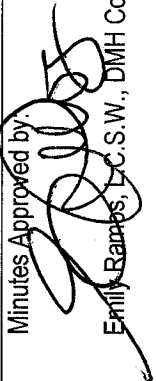
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QUALITY ASSURANCE (QA)			
Agenda Item & Presenter	Discussion and Findings	Decisions/ and Recommendations Actions/Scheduled Task	Person Responsible/ Due Date
New Discipline Chiefs	<p>2 new discipline chiefs have been appointed to be effective June 1st:</p> <ul style="list-style-type: none"> • Chief of Social Services - Yvette Willock, LCSW, MA • Chief of Psychiatry – David Ruskin, MD <p>Chief of Psychology and Chief for Peer Services have not yet been appointed.</p>		
Audits & Reviews	<p>Auditor Controller: No more A/C program reviews. Nina Johnson and Sakeda Day will be coming to the DMH contract monitoring division.</p> <p>MR.Grant: New guidelines for DOs: MR Grant can review information through IBHIS (instead of printing records) so long as a DMH representative is with them at all times and is the one navigating IBHIS. Look at things relevant for audit; don't look up or comment on areas not relevant. Check the reviewers findings for possible miscalculations and that the reviewer is looking at the correct reference materials. Best to have a knowledgeable staff available to respond.</p>		
Medi-Cal Certification Section	No updates. For SA 8 sites, please direct certification questions to Joel Solis (213) 251-6883 or jsolis@dmh.lacounty.gov		
State DHCS Updates	None.		
Training & Operations	<p>Trainings: The schedule of trainings was included in the handouts.</p> <p>QA Website updates: Go to http://psbqi.dmh.lacounty.gov/ and click "Quality Assurance"</p> <ul style="list-style-type: none"> • QA contacts list has been updated. • Minutes from January 2017-March 2018 have been posted. <p>LE Chart Review: Please make sure records are correctly printed prior to QA reviews per the introductory letter that is sent prior to the review. Please follow the directions on the attachment so review will go smoothly. Contact QA lead with any questions.</p>		
Policy and Technical Development	<p>Final Rule: Network Adequacy Updates App will be open 6/1-6/22/18 for July 1st submission deadline. QA bulletin will be sent out with further info. QA division will be monitoring and will contact programs that do not update info. Phase 2 application being</p>		

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	<p>developed; will ideally be single source of data entry for Practitioner enrollment and to maintain info.</p> <p>The following QA bulletins were included in the handouts and discussed.</p> <ul style="list-style-type: none"> • QA Bulletin 18-03: New Quality Assurance Requirements for DO Programs • QA Bulletin 18-04: Documentation Reminders for Groups <ul style="list-style-type: none"> ○ Waiting to hear back from the State regarding co-practitioner updates. • QA Bulletin 18-05: PEI MHSA Funding <ul style="list-style-type: none"> ○ <i>If a client does not meet Medi-Cal medical necessity criteria but will be seen under PEI expansion, an NOA-A (NOABD) should still be issued.</i> ○ All documentation requirements remain the same for PEI services regardless if a client meets medical necessity or whether or not they have Medi-Cal. • Proposal for Comment-P&P 312.02: Opening/Closing of Episodes Policy – will work on clarifying when episodes can be opened and face-to-face requirements. • Proposal for Comment- P&P 302.03: Roles & Responsibilities in the Care of Clients (previously known as SFPR) – looking at clarifying coordination and continuity of care. Every client would need to have a primary contact identified to coordinate services with the client • Updates Proposed-P&P 302.06: Requirements for Registered Nurses in Order to Conduct Psychiatric Diagnostic Interviews – new discipline chief of nursing is looking into discontinuing nurses from assessment and diagnosing. Policy has not changed; QA bulletin will be issued when the policy is updated. 	
<p>Health Information Management (HIM) Directly-Operated Only</p> <p>Upcoming Items:</p>	<p>None.</p> <p>Updating Organizational Provider's manual, ICC/IHBS/ITFC</p>	

Minutes Recorded by: 
Ann Lee, Ph.D., SA 8 QI/QA Liaison

Minutes Approved by: 
Emily Rambo, L.C.S.W., DMH Co-chair