

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

SA 8 QUALITY ASSURANCE/QUALITY IMPROVEMENT COMMITTEE
MEETING AGENDA

June 20, 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
2.	Clinical Quality Improvement – OMD Report and Pharmacy Updates
3.	Patients' Rights Office Updates <ul style="list-style-type: none">➤ Grievances and Appeals Update➤ Change of Provider Logs –Logs are due by the 10th 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.	Final Rule – Network Adequacy See attached State DHCS update.* Please note: LACDMH deadline to update in Network Adequacy app is still 6/22/18.
5.	Cultural Competence – Has to be reported in 2 different methods: <ul style="list-style-type: none">1) Network Adequacy – Report by practitioner in the network adequacy app.2) Systems Review - Submit the one-page attestation* (attached) for each provider site to PSBCC@dmh.lacounty.gov per quarter.
6.	Compliance, Privacy, & Audit Services Bureau (CPAS) – Policy Updates*
7.	Performance Improvement Project (PIP) Updates: Clinical PIP and Non-Clinical
8.	MHSIP Survey May 2017 Report, Provider Tables <ul style="list-style-type: none">➤ May 2018 Open Ended Summary Report due by July 16, 2018
9.	QID Updates <ul style="list-style-type: none">➤ <i>QI vs QA Presentation for SA 8 by Eydie Dominguez – July 18, 2018 at 2pm</i>

*handouts

Next SA 8 QI Committee Meeting Info:

July 18, 2018, 2:00-3:00 p.m.

DMH SA 8 Administration

2600 Redondo Ave, 6th floor

Long Beach, CA 90806

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MEETING AGENDA

June 20, 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 ASSURANCE (QA) MEETING 3:00-4:00 p.m.	
1.	Welcome/Introductions/Announcements
2.	Audits & Reviews – <ul style="list-style-type: none">• Auditor-Controller Updates - none• MR Grant: The Guidance Center - July
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 – BBS Requirements and Medi-Cal Requirements
5.	Training and Operations – <ul style="list-style-type: none">• Schedule of Trainings and Presentations*• LE Chart Review Preparation – Updated Provider Information*
6.	Policy and Technical Development <ul style="list-style-type: none">• FINAL QA Bulletin 18-06: Network Adequacy*• FINAL QA Bulletin 18-07: Update: MAT Procedure Codes and Documentation*• FINAL Clinical Forms Bulletin 18-01*• Update QA Requirements for DO• Follow Up - P&P 312.02: Opening/Closing of Episodes Policy*• ICC/IHBS Expansion and Tracking CFT Meetings• MSS Progress Note: Sample*
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>• <i>Updating Guide to Procedure Codes; MAA, Place of Service Codes</i>• <i>Updating Access To Care Policy</i>• <i>Updating clinical records policies</i>

Next SA 8 QA Committee Meeting Info:

July 18, 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, June 20, 2018**

Type of Meeting	Service Area 8 Quality Improvement/Quality Assurance (QI/QA) Committee		Date	June 20, 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	QA Division Lead: Marc Borkheim	Medi-Cal Certification: Joel Solis			
Members Present by Provider Name					
1736 FCC Demitri Richmond	AADAP Hiroko Makiyama	Alafia	Alma Family Services	Aspiranet Kim Kopenhaver	Bayfront Martin McDermott
California Mentor	Childnet Anaissa Ibrahimji	Children's Bureau Cristina Nolf	Children's Institute Inc	City of Gardena	Coastal APIFMHC
Community Representative	Counseling4Kids Kathleen Kim	Crittenton	Didi Hirsch Aminah Otumbi	Exodus Khashi Khosran Jamie Chess	For The Child Pastora Salazar
Harbor-UCLA	Harbor View CSC Martha Rivera	HealthView Dexter Jefferson	Helpline Youth Counseling, Inc Nicole Santemaria	Heritage Clinic	Long Beach Adult Emily Ramos (co-chair)
Long Beach APIFMHC Layhearb Poon	Long Beach Child & Adolescent Program Jeff Baer	Masada Homes Linda Nakamura	MHA Courtney Stephens (co-chair)	MHUC	Olive Crest Jennifer Mizner
PACS Kim Antonio	Personal Involvement Center Joseph Chavez	San Pedro MHC Kathleen Villagomez	SB 82 MTT	Shields For Families Laurel Fox	South Bay Children's Health Center Daphne King Angela Wilson
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)	Tarzana Pamela Williams
Telecare	Tessie Cleveland Alejandra Ramos	The Guidance Center Elva Gutierrez	TIES For Families Angela Lee		
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.				

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
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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>Pharmacy Updates:</p> <ul style="list-style-type: none"> • Developing Policy and Procedure to identify activities/roles for the 14 clinical pharmacists/Advanced Practice pharmacists will be hired across the 14 strategic sites (e.g., medication rooms) throughout the county. • There are currently 2 temporary Clinical Pharmacists positions located in West Central and Arcadia Mental Health. • There is a lack of training of DMH employees for dropping off and picking up of medications. • Olive View Urgent Care Center identified need for an Ativan process (e.g., lack of required elements for controlled substances; DEA licensure application; determining who can receive meds? • Need onsite waste medication and accounting of those medications. • There are space and access challenges that need to be addressed for medication rooms at co-located DMH/DHS sites. • Magellan survey is part of the non-clinical PJP. 		
<p>Patients' Rights Office (PRO) Updates</p>	<p>Change of Provider Application: Phase 1: Directly Operated programs. Phase 2: Legal Entities who report COP</p> <ul style="list-style-type: none"> • Clinic name, license name is login. System will know 	<p>Will continue to provide updates. LEs will be notified when Phase 2 starts.</p>	

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	<ul style="list-style-type: none"> • what clinic you are associated with. • Piloted with two clinics and bugs worked out. • For practitioner and for service location • Can enter as they come in or monthly • Asterisks are required fields • Don't respond with "pending" or "unknown" or any other placeholders - will be out of compliance • Will no longer do paper logs; just individual entries • Trainings will be provided before it's rolled out • Roll out will be at the beginning of a month (not July) • Clinics can determine who will enter the request info in the app and need to identify three contacts - primary, secondary, tertiary <p><u>Request for Change of Provider form:</u> Draft form was included in the handouts for providers to see the data elements.</p>		
Final Rule – Network Adequacy	<p>See the State DHCS update included in the handouts. Deadline to updated provider information in Network Adequacy application is 6/22/18 so that DMH can submit for LA county by 6/30/18.</p>		
Cultural Competency (CC) Update	<p>Copy of the attestation was included in the handouts</p> <p>Has to be reported in 2 different methods:</p> <ol style="list-style-type: none"> 1) Network Adequacy – Report by practitioner in the network adequacy app. 2) Systems Review - Submit the one-page attestation for each provider site and send to PSBCC@dmh.lacounty.gov annually 		
Compliance, Privacy, & Audit Services Bureau (CPAS)	<p><u>Policies:</u> Policy Update list was included in today's handouts.</p>		
Performance Improvement Project (PIP) Updates	<p><u>Clinical PIP</u> - reducing hospitalizations</p> <ul style="list-style-type: none"> • COD groups training for all service areas • Crisis Residential Treatment programs - priority access to ten beds each month managed by CRM; reviewed at every ISR PIP meeting. Minimal use of the resource. Being addressed in the PIP. Referrals not resulting in admissions. Timely problem-solving intervention implemented with DO. 		

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	<p><u>Nonclinical PIP - ACCESS</u></p> <ul style="list-style-type: none"> • Replacing call center system • Discontinued per EQRO given no new additional significant interventions • Looking at a new PIP. EQRO wants PIP to focus on M/C beneficiaries. <ul style="list-style-type: none"> ○ Possible idea PBM survey - differences between M/C and other beneficiaries; scheduling technical assistance call to discuss
<p>MHSIP Survey May 2017 Report, Provider Tables</p>	<p>May 2018 surveys:</p> <ul style="list-style-type: none"> • Over 15,000 surveys sent from the last administration; 46% adults, 34% youth families, 5% older adults, 15% youth SA 8 – returned 1741 completed surveys and 218 refused/incomplete surveys. Thank you to all participating providers. • Reminder: the May 2018 Open Ended Comments Summary Report is due to Ann Lee by July 16, 2018. Please hang on to the actual comments pages until advised to submit. Treat comments pages as PHI.
<p>Announcements</p>	<p>QI Presentation by Eydie Dominguez is scheduled for the July 18, 2018 meeting. Please plan to attend.</p> <p>The next mtg will be held on June 20, 2018 from 2-4pm at the SA 8 Administration office, 2600 Redondo Ave, 6th Floor, MultiPurpose Room, Long Beach, CA 90806.</p>

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Minutes, June 20, 2018**

QUALITY ASSURANCE (QA)			
Agenda Item & Presenter	Discussion and Findings	Decisions/ and Recommendations Actions/Scheduled Task	Person Responsible/ Due Date
Audits & Reviews	<p><u>MR Grant</u>: The Guidance Center - July</p>		
Medi-Cal Certification Section	<p>Certification unit is working hard to stay in compliance. For SA 8 sites, please direct certification questions to Joel Solis (213) 251-6883 or jsolis@dmh.lacounty.gov</p> <ul style="list-style-type: none"> • Employees who have graduated but not registered may not provide services under the psychotherapy scope until they get their registration. • Waivers required for psychologists who have 48 hours/72 trimester hours. Practicum hours do count. Intern and dissertation hours do not count. Look at how you're calculating hours, especially for staff who have attended different universities, including when they include both semester and trimester units. Need to be collecting transcripts for your students. • Diane Guillory is following up with agencies to see if they are attending SA QICs to ensure information flow. Staff coordinating student programs need to know this. <ul style="list-style-type: none"> ○ Bring this message back to your QIC. ○ See State DHCS letter 10-03. ○ Guide to Procedure Codes will be updated. ○ State will be coming out with an Info Letter regarding this. Anyone providing services regardless of title falls under this provision per DHCS. • Taxonomy being consistent with their current qualifications • The schedule of trainings and presentations was included in the handouts. • LE chart review information handout was included to help contract providers prepare for a review. 		
State DHCS Updates			
Training & Operations			
Policy and Technical Development	<p><u>QA Bulletin 18-06: Network Adequacy</u> (included in the handouts) DHCS issued an email last week postponing submissions to improve data collection process at the state level. LACDMH will still want information</p>		


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	<p>updated in the application</p> <ul style="list-style-type: none"> • Make sure providers know about and are reading the FAQs! • Application will stay open • Still aim for 6/22 submission deadline <p><u>QA Bulletin 18-07: Update MAT Procedure Codes and Documentation (included in the handouts)</u></p> <ul style="list-style-type: none"> • Clarifies use of H0032 code • Should be finalized for the MAT conference 6.21 <p><u>Clinical Forms Bulletin 18-01: (see handouts)</u></p> <ul style="list-style-type: none"> • New NOPP in English and Spanish. Covers all LA health agencies <ul style="list-style-type: none"> ○ Form to opt in/out of HIE exchange ○ Went into effect last May, hence why it says 5/30/17 (not a mistake) • Combined med consent/MSS TP DO only, but will make the form available for LE review <p><u>DO QA Requirements</u></p> <ul style="list-style-type: none"> • Submit chart reviews through IBHIS • QA analyzing and developing reports <p><u>Policy 312.02: Opening/Closing of Episodes of Policy (see handouts)</u></p> <ul style="list-style-type: none"> • Must obtain informed consent before opening the episode • In most cases assessment is happening that same day • Exception scenarios to be spelled out in the policy <ul style="list-style-type: none"> ○ Field-based Adult non crisis situations ○ Child assessment process starts prior to face-to-face; e.g., meet with parent, gather info including informed consent. ○ What about MAT - informed consent via court order. Identifying to the CSW that the client will be entered into the DMH system. Reviewing material for assessment versus prepping for face-to-face. Will try to clarify this in the policy including the fact that the informed consent must be completed by the providing agency. 		
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ICC/IHBS and Tracking of CFTs

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	<ul style="list-style-type: none"> • Bulletin will come out probably effective July 1st. No longer must meet training requirement (CFT, Shared Cord Practice model) for less intensive services, e.g., PEI (intensive services includes IFCCS and Wraparound). <ul style="list-style-type: none"> ○ Target populations for ICC/IHBS services tend to be children involved in multiple agencies. ○ DMH's goal is to simplify and make ICC & IHBS more available. ○ ICC and IHBS provided with core practice model and CFTs is what differentiates it from TCM and Rehab. ○ ICC is seen as an EPSDT supplemental service; not the same as TCM. Different rules ○ Plan development for TCM vs Mental Health - different reimbursement rates. MH plan development - what are the mental health needs vs ICC plan development - who is going to provide the services, what's needed to coordinate these services • What contributes to the challenges in providing IHBS and ICC? The challenges of pulling agencies together for CFTs • Tracking CFTs - need ability to identify who is getting CFTs <ul style="list-style-type: none"> ○ If you attend a CFT and provide a service (i.e., billed), you will use a new modifier <p><u>MSS Progress Notes sample</u> - Guides for Doctors: See attachment with guidelines and samples</p> <p>Olga Birov is the new HIM technician.</p>	
<p>Health Information Management (HIM) Directly-Operated Only</p> <p>Upcoming Items:</p>	<ul style="list-style-type: none"> • Updating Org Manual; ICC/IHBS/ITFC • Updating Guide to Procedure Codes; MAA, Place of Service Codes • Updating Access To Care Policy • Updating clinical records policies 	
<p>Inspirational Message</p>	<p>Ted Howlett read a poem written by Virginia Howlett titled, "Character".</p>	

Minutes Recorded by:

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

Minutes Approved by:

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