

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH  
OFFICE OF ADMINISTRATIVE OPERATIONS – QUALITY IMPROVEMENT DIVISION**

Departmental Quality Improvement Council Meeting

***A G E N D A***

May 14, 2018

9:00 – 10:30 a.m.

550 S. Vermont Ave., 10<sup>th</sup> Floor Conference Room  
Los Angeles, CA 90020

Naga Kasarabada, Ph.D., Chair

Karen Lee, M.D./Carol Eisen, M.D., Co-Chairs

I	9:00 - 9:05	Introductions & Review of Minutes	QIC Members
II	9:05 – 9:10	Clinical Quality Improvement ➤ OMD Report Updates	K. Lee D. Benosa
III	9:10 – 9:30	Patients' Rights Office Updates ➤ Grievances and Appeals Update	M. Hernandez
IV	9:30 – 9:50	Care Coordination – Health Plans and DMH System of Care	Y. Willock
V	9:50 – 10:05	Cultural Competence Updates ➤ Final Rule ➤ Systems Review Materials	N. Kasarabada S. Chang Ptasinski
VI	10:05 – 10:20	QID Updates ➤ Provider Directory Demo ➤ Consumer Satisfaction Survey, May 14-18 ➤ Test Calls Reminders	M. Corral N. Kasarabada
VII	10:20 – 10:30	Compliance, Privacy, & Audit Svcs Bureau ➤ Policy Updates	R. Faveau
		Announcements:	

Next Meeting

June 11, 2018

9:00 – 10:30 a.m.

550 S. Vermont Ave. 10<sup>th</sup> Floor Conference Room  
Los Angeles, CA 90020

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH  
QUALITY IMPROVEMENT COUNCIL (QIC) Minutes**

<b>Type of Meeting</b>	<b>Departmental Quality Improvement Council</b>	<b>Date:</b>	<b>May 14, 2018</b>	
<b>Place</b>	<b>550 S. Vermont Ave., 10<sup>th</sup> Floor Conf. Rm.</b>	<b>Start Time:</b>	<b>9:00 a.m.</b>	
<b>Chair</b>	<b>Naga Kasarabada, Ph.D.</b>	<b>End Time:</b>	<b>10:30 a.m.</b>	
<b>Co-Chair</b>	<b>Carol Eisen, M.D./Karen Lee, M.D.</b>			
<b>Members Present</b>	Alyssa Bray; Angelica Fuentes; Barbara Paradise; Caesar Moreno; Christina Kubojiri; Courtney Stephen; Dara Vines; David Tavlin; Debra Mahoney; Emilia Ramos; Evelyn Lemus; Gassia Ekizian; Gina Haase; James McEwen; Janssen Sacro; Jessica Walters; Kimber Salvaggio; Kisha Thompson; Lisa Harvey; Margaret Faye; Maria Gonzalez; Martin Hernandez; Michele Munde; Michelle Rittel; Randolph Faveau; Sandra Chang Ptasiniski; Susan Lam; Wendy Rivas; Yen-Jui-Lin			
<b>Excused/Absent Members</b>	Antonio Banuelos; Carol Eisen; Cathy Williamson; Debi Berzon-Leitelt; Elizabeth Gildemontes; Greg Tchakmakjian; Jerry Sefiane; Karen Lee; Leticia Ximenez; LyNetta Shonibare; Neena Paltanwala; Socorro Gertmenian			
<b>Agenda Item &amp; Presenter</b>	<b>Discussion and Findings</b>	<b>Decisions, Recommendations, Actions, &amp; Scheduled Tasks</b>		<b>Person Responsible</b>
<b>Call to Order &amp; Introductions</b>	The meeting was called to order at 9:00 a.m.	QIC members attended this meeting.		Dr. Kasarabada
<b>Review of Minutes</b>	The March minutes were reviewed.	Minutes were reviewed and approved with the requested changes.		QIC Membership

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<b>Clinical Quality Improvement OMD Report</b>	<p>Ms. Ngo informed that OMD revised the Clinical Incident Reporting (CIR) form as of <b>May 2018</b>. Attached is a copy of the revised form for your <i>reference</i> until the process of converting Contract Providers from paper form reporting to an online reporting system called Safety Intelligence (SI) is completed. Access into SI requires a C-number and a password. For program managers/directors and those assigned to do a review of a clinical event, additional steps are required. These steps include logging in and out of SI and contacting Clinical Risk Management (CLRM) staff by phone to get authenticated into the system.</p> <p>Target date for conversion of all Contract Providers will be June 30, 2018. <b>Effective July 1, 2018</b>, CLRM will <b><u>no longer</u></b> be accepting Clinical Event Reports on paper form.</p>	<p>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>	<p>L. Ngo</p>
<b>Pharmacy Updates</b>	<ol style="list-style-type: none"> <li>1) Pharmacy Bureau is currently in the process for final approval and eventual hiring 14 Clinical Pharmacists/Advanced Practice Pharmacists (APP) to 14 strategically located sites to meet the common and customize critical needs of each clinic in order to allow improvement in care. Some of the ideas were:           <ol style="list-style-type: none"> <li>a) Back up support for administering long acting injections if a nurse is not available</li> <li>b) Medication support for walk-ins, clients who missed appointments and need refills</li> <li>c) Running of medication education groups to address side effects, adherence, psychoeducation</li> <li>d) Supervision of the medication room to ensure compliance with auditing standards</li> <li>e) Medication support to “bridge” a complicated, acute client who has been evaluated by the psychiatrist but temporarily needs more frequent monitoring than is available on the psychiatrist’s schedule</li> </ol> </li> </ol>		<p>J. Sacro</p>

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<b>Clinical Quality Improvement OMD Report Cont.</b>	<p>f) Running a Clozaril clinic and a Vivitrol clinic            g) Assisting with TARs            h) Medication support for WPC clients</p> <p>2) These functions are standard for the most part, but can be customized depending on the clinic. The goal is to figure out the current local clinic gaps in order to allow the pharmacist to fill them and to optimize patient care.</p> <p>3) Currently Pharmacy and laboratory services will be looking into a non-clinical PIP. Pharmacy is looking into post-implementation of the Pharmacy Benefits Management throughout DMH to our clients.</p>	<p>Pharmacy will send a customer service survey to obtain some initial data along with Key performance Indicators that contributed to the improvements made.</p>	<p>J. Sacro</p>
<b>Care Coordination – Health Plans and DMH System of Care</b>	<p>Ms. Willock presented on Care Coordination Health Plans and DMH System of Care.</p> <ul style="list-style-type: none"> <li>• Value of engaging in on-going needed Care Coordination across Systems of Care (SOC) (i.e. DMH System of Care that includes Directly Operated Clinics and Legal Entity Providers and the Health Plan System of Care that includes the Health Plans and their Physical Health Providers as well as their Behavioral Health Providers located in the Health Plan (HP) or in a Behavioral Health Organization)</li> <li>• Review completed of the various Health Plans managing the Cal Medi Connect benefit, Medi-Cal Only benefit and associated Behavioral Health Organizations</li> <li>• Review of the specific parts of HIPAA regulation (CFR 42 Part 164) that identifies when individual PHI can be shared <i>without a signed Authorization to Use/Disclose PHI</i> for the sole purpose of engaging in Care Coordination activities with a <i>Covered Entity</i>.</li> </ul>		<p>Y. Willock</p>

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
<p><b>Care Coordination – Health Plans and DMH System of Care Cont.</b></p>	<ul style="list-style-type: none"> <li>• Reviewed briefly DMH P&amp;P 500.02 that identifies when PHI can be disclosed without a <i>signed Authorization to Use/Disclose PHI</i>. This DMH P&amp;P pertains only to DMH employees</li> <li>• Emphasized to attendees who are employees of Legal Entity Agencies that they speak with their Legal Counsel and/or HIPAA Compliance Officer regarding their respective agency's interpretation of the HIPAA regulation if it seems to be different from what was presented at the DMH QIC. Emphasized that Legal Entity employees must adhere to their Agency's standard around permitted disclosures. Information shared today can serve as foundation for further conversation at their Agency.</li> <li>• 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</li> <li>• Described types of Care Coordination Activities that can occur with Health Plans</li> </ul>	<p>Ms. Willock stated that specific information from DMH SOC to HP SOC can be found on the following pages:</p> <ul style="list-style-type: none"> <li>a. Pages 3 and 4: Medi-Cal Only Health Plans in LA County and the associated relationships with other Health Plans and Behavioral Health Organizations</li> <li>b. Pages 5 – 8: Identify examples of how Medi-Cal Only Health Plan benefit cards look</li> <li>c. Page 9: Shows how the Medi-Cal eligibility message informs what Health Plan is managing the client's Medi-Cal benefit</li> <li>d. Pages 11-16: Protocols to follow when seeking to transition a Medi-Cal beneficiary, whose Medi-Cal is managed by one of the Health Plans, from our System to the HP System of Care for receipt of non-SMHS.</li> <li>e. Page 17/MEDI-CAL ONLY BENEFICIARIES: Contact numbers for the HPs and/or BHOs (when applicable) that are used when initiating the Transition of Care process</li> <li>f. Page 18/CAL MEDICONNECT BENEFICIARIES: Contact numbers for the HPs and/or BHOs (when applicable) that are used when initiating the Transition of Care process.</li> </ul>	<p>Y. Willock</p>

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<b>Patient Rights' Office Updates</b>	<p>The Grievance and Appeal System is almost complete. We currently are making the final adjustments to it. Our plan is to integrate the Notice of Adverse Benefit Determination into the system. There will be a central place within the system where providers can generate NOABDs from and they will have the ability to print them for their records and one for the patient. Our hope is to show this system at the next meeting.</p>	<p>The Change of Provider application system is complete and will be rolling out in phases, Phase I will be Directly Operated programs. Second phase will be all Legal Entities who report COP.</p>	M. Hernandez
<b>Cultural Competency (CC) Updates</b>	<p>As a follow-up to the discussion regarding the Final Rule requirements for cultural competence training, Dr. Chang Ptasinski informed the membership about the questions included the Access section of the Medi-Cal triannual system review protocol. Particularly, she spoke about the protocol items that focus on annual cultural competence training. These include:</p> <ul style="list-style-type: none"><li>• training for administrative/management staff</li><li>• training for staff providing specialty mental health services</li><li>• training for language interpreters</li><li>• training implementation that improves the cultural competence of staff</li></ul>	<p>It was pointed out that the Department of Health care services (DHCS) will be drilling down on these areas, especially in light of the Final Rule requirements.</p>	S. Chang Ptasinski

<b>Agenda Item &amp; Presenter</b>	<b>Discussion &amp; Findings</b>	<b>Decisions, Recommendations, Actions, &amp; Scheduled Tasks</b>	<b>Person Responsible</b>
<p><b>Cultural Competency (CC) Updates Final Rule Systems Review Materials</b></p>	<p>Dr. Kasarabada reviewed the Final Rule requirements for the Cultural Competency training for the Network Adequacy Certification Tool (NACT) for direct service practitioners where they have to check “yes” or “no” for cultural competency training completed in the past 12 months and also to enter number of hours of cultural competency training completed for the quarter specified for the NACT period. She reminded QIC members regarding the July 1 NACT deadline for the quarter following the initial submission for the April 1 deadline. She clarified for the upcoming Systems Review in February 2019; the annual cultural competency training for 100% of staff is still required. She mentioned that this included direct services, clerical, and management/administrative staff per the Cultural Competence Plan Requirements (CCPR) of Title IX.</p>	<p>There was a question from SA QIC Co-Chairs if 100% of staff includes all agency staff and Dr. Kasarabada clarified that this is required for all staff in the agency who are in contact with and serving Medi-Cal beneficiaries. She explained that this question has been answered in the FAQ document and to refer to this. She stated that the FAQ document and list of trainings are in the process of being posted to the PSB QI website and the QIC members will be notified once they are available.</p>	<p>N. Kasarabada</p>
<p><b>QID Updates Provider Directory Demo (PD)</b></p>	<p>Dr. Kasarabada explained that the Provider Directory updates will be completed by the Chief Information Office Bureau (CIOB) and that the NACT data will be used to update the directory once CIOB notifies the update process and protocols to providers in future. She explained that the English version of the 2018 Provider Directory (PD) is posted online on the PSBQI website and Mr. Corral will be doing a demo to the QIC members at this meeting. Dr. Kasarabada explained that 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>	<p>Mr. Corral showed the QIC members the online PD and highlighted the different sections of the directory. He explained that the large font version is pending and in progress.</p>	<p>N. Kasarabada M. Corral</p>

<b>Agenda Item &amp; Presenter</b>	<b>Discussion &amp; Findings</b>	<b>Decisions, Recommendations, Actions, &amp; Scheduled Tasks</b>	<b>Person Responsible</b>
<b>Consumer Satisfaction Survey May 2017 and May 2018 Surveys</b>	Dr. Kasarabada stated that the May 2017 provider data in draft version was shared with SA 8 providers at the SA 8 QIC March meeting and once the May 2017 State and County Performance Outcomes report is completed and finalized the provider data reports will also be finalized and shared with SA QIC Chairs to distribute to providers. She informed SA QIC Chairs to reach out to QID and Data Unit contacts if any questions arise regarding the May 2018 surveys for the week of May 14-18. She explained all SA QIC Chairs to follow instructions given during survey training to drop off surveys to the Data Unit. She stated that the open ended comment surveys summary reports are due July 15, 2018 to QID.		N. Kasarabada
<b>Test Calls Reminders</b>	Dr. Kasarabada reminded SAs to review test call survey completed carefully by SA QIC Chairs for their respective months to ensure they are completed accurately. For example, one of the SAs completed one test call outside of the survey period and this was not included in the data submitted to the test as the data has to fall within the quarter for which the data is submitted.	All SAs should ensure calls completed fall within the scheduled month and quarter.	N. Kasarabada
<b>Compliance, Privacy, &amp; Audit Svcs Bureau</b>	M. Faveau from Compliance Privacy and Audit Services Bureau provided an update on policies and reviewed the handout.		R. Faveau
<b>Handouts:</b>	Policy/Procedure Update May 14, 2018		
<b>Announcements:</b>	None		

Respectfully Submitted,

Naga Kasarabada, Ph.D.