

**LOS ANGELES COUNTY- DEPARTMENT OF MENTAL HEALTH  
Service Area II Program Administration**

**Adult Quality Improvement Committee Meeting**

**May 17, 2018**

**San Fernando Mental Health Center**

**10:00 am-12:00 pm**

**Agenda**

Welcome- Introductions & Agency Updates All  
Review and Adoption of March 2018 Minutes\* All

**Quality Improvement**

Clinical Quality Improvement Office of the Medical Director  
Safety Intelligence  
Policy Updates\* Office of Compliance  
PRO Office of Pt's Rights  
Cultural Competency Update\* Cultural Competency Unit  
QI Updates/Announcements All  
Provider Directory  
Test Calls\*

**Quality Assurance**

Audits All  
Medi-cal Certification Kimber  
State DHCS Updates Kimber/All  
Interns - MFT/LPCC Title Chgs\*  
Training & Operations Kimber/All  
Documentation Trainings\*  
QA Policy Updates & Technical Asst Kimber  
Final Rule Network Adequacy Kimber  
QA Announcements All

**Other**

How is this information disseminated in your agency All  
Future Agenda Items & Adjournment All

Handout\*  
Sent Via Email\*\*

**Next Meeting for SA 2 Adult QIC: July 19, 2018 at 10-12 pm**



**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
Service Area 2 Adult  
QUALITY IMPROVEMENT COUNCIL (QIC) Minutes**

<b>Type of Meeting</b>	<b>Service Area 2 Adult Quality Improvement Committee</b>	<b>Date:</b>	<b>May 17, 2018</b>
<b>Place</b>	<b>10605 Balboa Ave 2<sup>nd</sup> fl Conference Room</b>	<b>Start Time:</b>	<b>10:00 a.m.</b>
<b>Chair</b>	<b>Kimber Salvaggio</b>	<b>End Time:</b>	<b>12:00 p.m.</b>
<b>Co-Chair</b>	<b>None</b>		
<b>Members Present</b>	<p>APCTC - Tiger Doan  Child &amp; Family Ctr – Tracie Tewksbury  Didi Hirsch – Enriqueta Allred  DMH PSB Countywide QA – Patricia Lopez  DMH SA 2 Admn – Cynthia Hurtado  DMH SB 82 - Ramona Casupang  DMH SCVMHC - Sabrina Barscheski  DMH SFMHC – Diana Garcia  DMH Urgent Care – Amy Kress  DMH WVMHC – Denisa Suciu  ECDA – Angie Sanchez  El Dorado – Anthony Sykes  Hillview MHC – Julie Jones  IMCES – Dr. Marquez  JFS - Dora Escalante  Pacific Clinics – Danielle Norman  SFVCMHC, Inc. - Angela Khan  SFVCMHC, Inc. - Leslie Di Mascio  Tarzana Tx Ctr - Karry Friedman  Tarzana Tx Ctr – Sherry Winston  Topanga West Guest Home/ ACT Wellness Ctr - Michelle Logvinsky</p>		
<b>Absent Members</b>	<p>DMH PRO -  DMH PSB Countywide QID - LyNetta Shonibare  DMH PSB Cert –  DMH PSB Cultural Competency Unit –  PACS-LA -  Tarzana Tx Ctr – Lorraine Ragosta</p>		
<b>Agenda Item &amp; Presenter</b>	<b>Discussion and Findings</b>	<b>Decisions Recommendations Actions Tasks</b>	<b>Person Responsible</b>
<b>Call to Order &amp; Introductions</b>	The meeting was called to order at 10:00 a.m.	Introductions were made	K. Salvaggio
<b>Review of Minutes</b>	Review and Adoption of March 2018 Minutes		All

<b>Agenda Item &amp; Presenter</b>	<b>Discussion &amp; Findings</b>	<b>Decisions Recommendations Actions Tasks</b>	<b>Person Responsible</b>
<b>Clinical Quality Improvement</b>  <b>Compliance, Privacy &amp; Audit SVCS Bureau</b>  <b>Pt's Rights</b>  <b>Cultural Competency</b>	<p style="text-align: center;"><b><u>QUALITY IMPROVEMENT</u></b></p> <p><b>Safety Intelligence*</b></p> <ul style="list-style-type: none"> <li>• Are there any LE's without a C number? If so, contact Ly</li> <li>• No more paper reports deadline – July 2</li> <li>• ADVICE-Use old CIR on paper to help with online SI then shred –will help when system times out</li> </ul> <p><b><u>Policy Updates *</u></b></p> <ul style="list-style-type: none"> <li>• See the handout</li> <li>• Sanctions List mirrors what the depts. does</li> </ul> <ul style="list-style-type: none"> <li>• July 1 new online reporting system</li> <li>• Noabd's – new names for NOA's (notice of adverse beneficiary determination)</li> <li>• Consumer Portal for Complaints &amp; Grievance pending</li> </ul> <p><b><u>CHANGE OF PROVIDER REMINDER</u></b></p> <p>"Pending" is not a resolution the a change of provider request, it is only a placeholder that some providers are using in order to turn in their COP Logs on time, and one that the providers are not following up with in order to give QI/QA a final outcome for the change of provider request (which means that the provider is out of compliance with County and State regulations). Either the request was granted or not granted within 10 days of the request being received by the provider. There is no "pending."</p> <ul style="list-style-type: none"> <li>• See FAQ's*</li> <li>• Final rule <ul style="list-style-type: none"> <li>○ Quarterly reporting – include hours</li> <li>○ Yearly reporting – yes or no</li> </ul> </li> <li>• State System Review materials</li> </ul>	<p style="text-align: center;"><b><u>QUALITY IMPROVEMENT</u></b></p> <p>Provided hard copy of former CIR</p> <p>Kimber reminded all that all info needed for logs has been placed on outlook as a recurring mtg invitation with forms and imp't info</p>	<p>Provided by Office of the Medical Director staff reported by Kimber</p> <p>Provided by Compliance Unit</p> <p>Provided by PRO Staff-reported by Kimber</p> <p>Provided by CC Staff-reported by Kimber</p>

<p><b>QI Updates &amp; Announcements</b></p>	<ul style="list-style-type: none"> <li>○ Evidence gathered by Dec</li> <li>○ List of programs coming from Naga/Sandra</li> </ul> <p><b><u>QI Announcements/QID Updates*</u></b></p> <ul style="list-style-type: none"> <li>● Provider directory demo           <ul style="list-style-type: none"> <li>○ Will have 18 point font</li> <li>○ Translated materials being field tested</li> </ul> </li> <li>● Consumer Satisfaction Surveys           <ul style="list-style-type: none"> <li>○ Status reports</li> </ul> </li> <li>● Test Calls Project           <ul style="list-style-type: none"> <li>○ Non-English calls were interpreter services provided/offered</li> <li>○ Medication will now go under SMHS</li> <li>○ SMHS, Crisis &amp; beneficiary are the categories</li> <li>○ SA 2 needs volunteers</li> </ul> </li> </ul>		<p>Kimber/All</p>
<p><b>Audits</b></p> <p><b>Medi-Cal Certification</b></p> <p><b>State DHCS Updates</b></p>	<p><b><u>QUALITY ASSURANCE</u></b></p> <ul style="list-style-type: none"> <li>● New guidelines for DO's           <ul style="list-style-type: none"> <li>○ Disclaimer at the beginning of process</li> <li>○ you're to only look at info within the scope of the audit period</li> <li>○ CWQA to provider verbiage</li> <li>○ Must have a 'chaperone'</li> </ul> </li> <li>● No more AC audits – Nina and Sukeda will come to work in Countywide QA</li> <li>● Fire clearance &amp; NPI updates is the main reason for delay</li> <li>● MFT/PCC Registered Assoc – see the handout*           <ul style="list-style-type: none"> <li>○ Abbreviations – advertising regulations</li> <li>○ MFT= Registered Associate MFT or Registered Assoc MFT AMFT</li> <li>○ LPCC – Registered Assoc Clinical counselor</li> <li>○ Title 16 ccr section 1811* BBS – <b>check this site for accurate info</b></li> <li>○ biz cards are a form of</li> </ul> </li> </ul>	<p><b><u>QUALITY ASSURANCE</u></b></p> <p>LE's &amp; DO's discussed their recent experiences with audits, shared best practices for preparing for auditors</p>	<p>All</p> <p>Provided by PSB-certification staff reported by Kimber</p> <p>Provided by PSB-QA staff reported by Kimber</p>



	<p>(access) page 42 title 9 18-10, info notice 10-02 and 10-17 and the MHP contract</p> <ul style="list-style-type: none"> <li>• Final Rule Network Adequacy Updates             <ul style="list-style-type: none"> <li>○ Window period time frame June 1-22 end of day; anything past June 22 will be in next data submission</li> <li>○ Updating &amp; reviewing info for July 1 submission</li> <li>○ QA Bulletin pending</li> <li>○ It will remind of dates</li> <li>○ Same application as before</li> <li>○ Will open and be left open (can use it for the next submission)</li> <li>○ Working on phase 2 with CIOB (how to use on long term basis)</li> <li>○ User friendly - no info in multiple site it will feed other sites (i.e. practitioner enrollment will supply info to other needed site)</li> <li>○ All fields need definition – working on those now</li> <li>○ Providers 'hiding in the shadows' - CW QA will reach out to those that did nothing on network adequacy</li> <li>○ Will still have multiple log-ins ability</li> </ul> </li> <li>• Updates proposed P &amp; P 302.06 requirements for RN's in order to conduct assessment             <ul style="list-style-type: none"> <li>○ Modify policy - remove the dept's std procedure for DO's RN's (no NP's and CNS's) no longer doing assmts</li> </ul> </li> <li>• 18-04 QA Bulletin for Documentation Reminders for groups             <ul style="list-style-type: none"> <li>○ Will re-issue co-practitioner bulletin pending the State's info on co-practitioner that will have a implementation date (date of svc vs date of submission)</li> </ul> </li> </ul>		
<p><b>Announcements</b></p>	<ul style="list-style-type: none"> <li>• None</li> </ul>		
<p>➤ Draft of March 2018 Minutes</p>			



<b>Handouts</b>	<ul style="list-style-type: none"><li>➤ Medicaid Final rule (Parity) 02/12/18</li><li>➤ List of Sanction Sites from Compliance</li><li>➤ April 2018 &amp; May 2018 Policy Updates</li><li>➤ March 2018 Documentation Training Sch'd</li></ul>
<b>Next Meeting</b>	➤ <b>July 19, 2018</b>

Respectfully Submitted,

  
Kimber Salvaggio