

*County of Los Angeles – Department of Mental Health
SA 4 Program Administration*

**Service Area 4
Child & Adult
Integrated Quality Improvement Committee**

*April 16, 2019
10:30am - Noon*

*550 S. Vermont Ave, 9th fl, Conference Room
Los Angeles, CA 90005*

🌀 Agenda 🌀

- ❖ Introductions & Minutes review 10:30 – 10:40am
- ❖ Announcements:

■ **LACDMH QA Updates**

- ▶ Training updates 10:41-11:00 am
- ▶ QA Assessment Quiz update
- ▶ DRAFT bulletin: Guide to Procedure Code revisions
- ▶ DRAFT bulletin: 401.02 Updates to DMH Policy – contract providers being added to State's timeliness of documentation requirement
- ▶ CANs & PSE35 (caregiver questionnaire) update
- ▶ ICC/IHBS expansion – EPSDT mandate
- ▶ 0-5 ICARE modifications – 2 phase roll out approach

■ **LACDMH QI Updates**

- ▶ PRO updates: Grievance & Appeal website, Change of Provider 11:01 – 11:14 am
- ▶ Compliance updates
- ▶ Cultural Competency Updates: Peer Workforce PIP, Front office Customer Service training
- ▶ Consumer Perception Survey Training – Daiya Cunnane, QI Division 11:15-12:00pm

■ **Miscellaneous/Questions**

- ▶ Questions/Discussion

Next meeting will be May 21, 2019

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH

SA 4 Quality Improvement Committee (QIC) Meeting Minutes

Type of Meeting:	SA 4 Quality Improvement Committee (QIC)	Date:	April 16, 2019
Place:	550 S. Vermont Ave 9 th fl Conference Room Los Angeles, CA. 90005	Start Time:	10:30am
		Adjournment:	12:00pm
Chair & Co-Chair:	Co-Chair – Christina Kubojiri, LMFT, Children’s Institute Inc; DMH Chair - TBD		
Members Present:	<ul style="list-style-type: none"> • Cyndi Baker • Amelia Gama • Silvia Yan • Evelyn Gutierrez • Leslie Shrager • Arleen Villanueva • Rene Ramirez • Rami Alrayes • Ania Ahmadi • Anthony Allen • Naomi Arellano • Rosa Ruiz • Sauntrie Abellera • Linda Kaye • Kathy Saucedo • Adrine Bazikyan • Mona Sosa • Vanessa Palacios • Jenna Ritsema • Diana Chung • Lauren Permenter • Erika Frausto • Jennifer McKirdy-Corletto • Sandra Long • Lilia Sheynman • Nicole Guzman • Gilbert Morquecho • Dora Escalante • Chloe Gomez • Rebecca Yu • Eunice Jeon • Lala Abed Cheharmehali • Lorraine Viade • Marina Eckart • Mayra Hernandez • Wendy Coloma • Katherine Guerra • Jenna Ness • Akilah Reynolds • Linda Santiman • Jeannelli Acuna • MaryEllen Braaten • Lisa Harvey • Cristina Sandoval • Elizabeth Mour • Jennifer Jimenez • Erica Lara • Misty Aronoff • Arease Edison • Lynda Evans • Alma Guevara • Eton Vogt • Desiree Estrella • Joana Reyes • Adriana Gamez • Kellie Noyes • Daiya Cunnane 		
Members Absent:	<ul style="list-style-type: none"> • AIDS project LA • Anne Sippi Clinic • Aviva family & Children Services • CA Hispanic Commission-CHCADA • Child Family Guidance Center • Children’s Bureau • Dignity Health • DMH AOT • DMH ASOC • DMH TAY • DMH PSB • DMH PRO • DMH QA • DMH Specialized Foster Care • Exodus Recovery • Filipino American Services Group • Gateways Homeless Services • Gateways Percy Village • Hathaway Sycamores • Health Research Association USC • LAMP Community • Mental health America • Pacific Clinics • Saban Free Clinic • SSG Alliance • SRMT • SSG Silver • Travelers Aid Society of LA • Uplift Family Services (EMQ) 		
Introductions:	Members present introduced themselves.		
Minutes Approval:	No revisions indicated for February 2019 QIC minutes.		
Announcements:	DMH Chair TBD		

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, Scheduled Tasks	Responsible Person / Due Date
<p>QI Updates Christina Kubojiri</p>	<p><u>Quality Improvement updates:</u></p> <p>Patients' Rights Office updates:</p> <ul style="list-style-type: none"> ○ <u>Grievance and appeal website</u> has not launched yet. <ul style="list-style-type: none"> ▪ They are working out the “bugs” from the online grievance system ▪ Grievances will need to be entered into the online system even at the local level and when resolved internally. The State wants all of this information. <ul style="list-style-type: none"> • Example: Client was in the hospital and has a grievance that they were not provided their sandwich. Staff obtain their sandwich. This is resolved, but should still be entered into online grievance system (per Martin Hernandez) ▪ Staff or client will be able to enter their grievance online. ▪ The language translation is still being configured. Member addressed a concern about translation quality when automated. Unsure how this will look yet. ○ <u>Change of Provider (COP):</u> <ul style="list-style-type: none"> ▪ The online COP system has only been implemented with Directly Operated. Members asked why it is taking so long to roll out to Contract Providers. Martin Hernandez indicated he wanted to get D/O 100% compliant before included contract providers to be able to continue to send compliant quarterly reports to the State. ▪ Members discussed concern about not receiving COP reports about what agencies were compliant or not. The LE report will be provided to QIC co-chairs/chairs at May's departmental QIC meeting to communicate out. The D/O report will go to Carlotta/Lisa to follow up on. ▪ The online system will be rolling out to providers within the next couple of weeks. At this point, agencies are either in compliance (they have logged on and entered their information) or out of compliance. <ul style="list-style-type: none"> • The oversight of this system and data collection may eventually move under CIOB to govern. ▪ Carlotta & Lisa will be reaching out to Contract Providers to implement the online COP. More information to come on who at the agency they will be reaching out to (CEO, QA, etc). <ul style="list-style-type: none"> • They will ask for 3 appointed people who will be responsible for COP entry. Can discuss with DMH whether it is 3 people per legal entity or per provider number depending on size of the agency and their needs. 		

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<p>QI Updates Christina Kubojiri</p>	<ul style="list-style-type: none"> • There will be 2 trainings: Will train how to login, enter info, and provide a powerpoint. • Compliance Updates: handout provided <ul style="list-style-type: none"> ○ 12 policies processed and are currently in review state • Cultural Competency updates: <ul style="list-style-type: none"> ○ Consumer Perception Survey Collection – Spring 2019 <ul style="list-style-type: none"> ▪ Previously, the revision of the Random Selected Provider Lists has taken significant time, so this survey period QI began with the revision of general SA provider lists in preparation for the survey period. ▪ QI then requested SA preferences for pre-printed surveys. ▪ CIOB was able to create the Random Selected Provider Lists, which needed only a few additional revisions. ▪ QI began editing the training presentation and supporting documents. ▪ QI received notification and announced the official CPS Spring 2019 survey period is May 13-17, 2019. ○ Peer Workforce – Non-clinical Performance Improvement Project (PIP) Request <ul style="list-style-type: none"> ▪ QI is working to develop a non-clinical Performance Improvement Project (PIP) targeting improvements for the Peer workforce. One of our tasks is to identify and further define the roles and positions that peers fulfill throughout the County. In order to assist with collecting information, we would like to request the SA QIC membership if they would be willing to share job titles and descriptions that peers hold within their agencies by the end of April. We are looking for positions at both DO and LE clinics that are non-volunteer at this time. Our goal is to have five job descriptions from each SA. ○ Front Office Customer Service Training for Legal Entities <ul style="list-style-type: none"> ▪ Fifty-three attendees have been registered. ▪ There is still room available for more attendees. Please contact Daiya Cunnane at dcunnane@dmh.lacounty.gov to register. 		

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<p>QA Updates Christina Kubojiri</p>	<ul style="list-style-type: none"> • Training schedule is updated through July 2019 (handout provided) <ul style="list-style-type: none"> ○ TCM trainings 4/10 & 4/24 are full, but they will continue 2x monthly trainings until the need decreases. If you are registered for the TCM training, but can no longer attend, please inform the training coordinator as they often will call another person to fill the spot. ○ Understanding documentation training is posted for June and July, but not open for registration until the end of the month. • The QA Assessment quiz that Dr. Mark Borkheim presented at prior QIC Members meeting resulted in an update to the process they originally had in mind: <ul style="list-style-type: none"> ○ The process will be anonymous ○ Agencies will generate a code (reports can be run based on the codes) ○ The QA Assessment quiz will go out in 2 month cycles <ul style="list-style-type: none"> ▪ First pilot projected to go out July 1st to Legal Entities only (D/O have other alternative support systems in place) ▪ LE's will have a month to complete the QA Assessment quiz. QA contacts can choose if they want to disperse QA quiz to staff at their agencies. ▪ August-Sept quizzes can be scored and results/feedback will go out to providers and ○ QA Assessment Quiz purpose is to capture "reasoning" on how people approach documentation. Support to assist county understand basic knowledge of documentation. • Network Adequacy is a big focus of the State. They are creating a whole division for this. Ensure your agency NACT is up to date and double check entries • Guide to Procedure code revision is in Draft. Ensuring IT, everyone is ready for the changes to become effective. • With focus on providers not providing substance treatment, a member asked if staff with substance taxonomies should change taxonomy? Not at this time. The issue of a system not looking like a substance provider is also down to the individual level. DMH is looking at their substance counselor roles and considering additional training for them (D/O employs ~ 60 sub counselors) • DRAFT bulletin 401.02 Updates to DMH Policy – contract providers added to the State contract for timeliness of documentation. <ul style="list-style-type: none"> ○ Key timeliness requirements are: <ul style="list-style-type: none"> ▪ All clinical documentation must be written and finalized within the clinical record by the end of the next scheduled work day following the date of service. If the practitioner's next scheduled work day will exceed <u>five calendar days</u>, then documentation must be completed by the end of the work day on the date of service (policy, paragraph 4). ▪ All clinical documentation requiring supervisor approval must be reviewed by the supervisor by the end of the next scheduled work 		

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	<p>day following the date the practitioner finalizes the documentation. The clinical supervisor must co-sign the documentation within <u>five business days</u> from the date the practitioner finalized the documentation (policy, paragraph 5).</p> <ul style="list-style-type: none"> ○ Whatever protocol/process you have in place at your agency/site, be consistent overall in how staff comply with the agency protocol • CANs & PSE35 (caregiver questionnaire) requirement update: <ul style="list-style-type: none"> ○ All EPSDT beneficiaries 6+ years old will need to complete CANs and PSE35 (for caregivers if applicable) ○ DMH QA is still clarifying whether the final determination will be for LA County to administer the CANs 50 or CANs IP. <ul style="list-style-type: none"> ▪ This is in consideration since DCFS has to complete CANs IP ▪ CANs IP has 12 additional trauma related questions to the CANs 50 which is 50 questions. ○ A QA bulletin will come out with more information on reimbursement and sharing of CANs assessments for continuity of care amongst providers. ○ CANs will need to be included in EHR systems, raw data sent to DMH, who then provides this information to the State. • ICC/IHBS expansion – EPSDT mandate <ul style="list-style-type: none"> ○ Any provider will be able to do Integrated Core Practice Model ○ LA County is looking into the contract language. ○ Trainings will be available for ICPM, CFT meetings, ICC/IHBS claiming components. • 0-5 ICARE modifications are in process: <ul style="list-style-type: none"> ○ Current ICARE references DC0-3. There are additional revisions being made to the ICARE so the roll out of these revisions may be a phased approach to avoid agencies needing to have the form updated multiple times with their vendor. <ul style="list-style-type: none"> ▪ Phase 1 may be that providers will be asked to document DC0-5 language on the ICARE even though it continues to reflect DC0-3 on the form itself for a short while. ▪ Phase 2 when all revisions are made to the form it will roll out and EHRs will need to be updated with all ICARE revisions needed. • Katie A. Verification form question clarified from last meeting – FSP is not included in the criteria box at the top because it is not a State identified Specialty Mental Health program. FSP clients may or may not meet verification, but needs to be assessed for ICPM 		

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<p>QID-Daiya Cunnane</p>	<ul style="list-style-type: none"> • Members selected for May's CPS received Consumer Perception Survey Training. • Reviewed who is provided surveys • Discussed what forms are available and should be used • Members received training about how to complete the survey forms and what constitutes a completed survey that should be submitted • Tally Sheet instructions were delivered • Reminder about the survey week dates • Discussion about the use of consumer information to inform agencies on ways processes/treatment/etc can be improved under quality improvement • Reference to the website where all training information and forms can be located 		

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Respectfully Submitted



Christina Kubojiri, LMFT – QA Supervisor, Children’s Institute, Inc.
SA4 Co-Chair