



**LACDMH Service Area 7 Administration
Quality Assurance / Quality Improvement Committee**

**May 22, 2018
2:00 to 4:00 p.m.**

- 1. Welcome/Introductions Susan/Caesar
- 2. Review & Approval April Minutes Susan/Caesar
- 3. Quality Assurance: **2:00 to 3:00 pm** Caesar & Susan
Joel Solis, RN
 - a. Medi-Cal Certification Updates
 - b. MR Grant: New Guidelines for DO Producing records
 - c. Training updates.
 - i. Schedule of trainings
 - ii. QA web site updates
 - d. Policy and Technical Development
 - i. Final Rule : Network Adequacy Updates
 - ii. Final QA Bulletin 18-05 : PEI MHSA Funding
 - iii. Proposal for opening/closing Episodes
 - iv. Proposal for Roles and Responsibilities in the Care of Clients
 - v. Proposed policy on requirements for registered Nurses in order to conduct Diagnostic Interviews
- 4. Quality Improvement: **3:00 to 4:00 pm** James, Susan and Caesar
 - a. Naga Kasarabada, PHD presenting on 2016-2017 MHSIP surveys Nov 16 and May 2017
 - b. OMD updates
 - c. Patient's Rights
 - i. Grievance & Appeals
 - d. Cultural Competency updates
 - e. Policy updates
 - f. QI Updates:
 - i. Provider Directory Updates

Next Quality Improvement/Quality Assurance Meeting

June 19, 2018

James McEwen, LMFT- Interim Chair	(562) 903-5281	jmcewen@dmh.lacounty.gov
Caesar Moreno, LCSW – Co Chair	(562) 692-0383 x 236	Cmoreno@thewholechild.info
Susan Lam, LMFT, PPSC – Co Chair	(323) 526-4016 x 217	susanl@almfamilyservices.org
Joel Solis, RN - Medi-cal Certification	(213) 251-6883	jsolis@dmh.lacounty.gov

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
SERVICE AREA 7
QUALITY IMPROVEMENT COMMITTEE (QIC) Minutes**

Type of Meeting:	SA 7 QIC	Date:	05/22/2018	
Place:	Gus Velasco Neighborhood Center 9255 S. Pioneer Boulevard Santa Fe Springs, California 90670	Start Time:	2:06 PM	
Chairpersons:	James McEwen (Interim Chair) Caesar Moreno (Co-Chair) Susan Lam (Co-Chair)	End Time:	4:00 PM	
Members Present:	Donetta Jackson, Hsiang-Ling Hsu, Michelle Barajas-Sanchez, Chelsa Warr, Danielle Kayne-O’Gilvie, Megan Lockie, Gwen Lo, Wendy Wielke, Michael Olsen, Adik Parselchian, Nicole Santamaria, Raul H. Velasquez, Leana Olague, Cintia Sanche, Kristen Anderson, Jennette Fackler, Robin Washington, Anne Choe, Yolanda Hernandez-Lara, Mireya Vera, Quenia Gonzalez			
Agenda Item	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks		Person Responsible
Welcome/Introductions	Meeting was called to order at 2:06PM	Introdtions made and new members were welcomed		James McEwen
Review & Approval of Minutes	Minutes from April 2018 were reviewed	Minutes were approved by: Wendy Wielke and Chelsa Warr		Susan Lam
Quality Assurance Updates	OMD Updates - Audits: Audit Controller reviews have stopped. MR Grant Audits – Access to look through electronic health system with a chaperone that will help navigate the system advising them on what they are looking at. They should only look and comment on what they are looking for during the audit. Discrepancies with some providers during MR Grant audit– example: 15 minutes increments billing for COS billings, but auditor was looking at billings per minute. Group billings were questioning the way group billings were being billed.			Susan Lam
Quality Assurance Updates	Training Updates – Schedule of training QA web site update – 2016 minutes have been removed Updated QA website with updated SA contact list and updated minutes	Refer to Handout		Caesar Moreno

Quality Assurance Updates (continued)	<p>Policy & Technical Development</p> <p>Final Rule – Network Adequacy Updates – 06/01/2018-06/2/2018 window to update review for July 1st submissions</p> <ul style="list-style-type: none"> → QA bulletin will be released to remind providers of dates → Application will be open up and will be left open → CIOB Phase 2 revamp – how to use it continuously, user information (i.e. having one site to update all information instead of updating PRM and application as well) → There are a handful of providers that have not used the application at all <p>Finalized QA Bulletin : 18-03 New QA Requirements for DO</p> <p>Finalized QA Bulletin: 18-04: Documentation Reminders for Groups</p> <p>Finalized QA Bulletin: 18-05: PEI MHSA Funding</p> <ul style="list-style-type: none"> → NOA – A – Provers would still need to be send out if clients do not meet medical necessity and provider provides services under the PEI MHSA funding. → PEI MHSA funding is open to all including clients with private insurance <p>Proposal for opening/closing episodes</p> <ul style="list-style-type: none"> → Exploring the possibility of opening the case without seeing the client – discussion of “clinical practice” versus “administrative policy” → Feedback/comment – <ul style="list-style-type: none"> ■ MAT, Wrap, FSP, RRR, Foster Care (interview parent first) – proposal to help programs that start billing due to doing all the work they do prior to seeing the client ■ Liability – automatically assume once the case is open and you never made any client <ul style="list-style-type: none"> ○ Each agency can have own safeguards → Best practice vs. administrative – fall into the higher standard – that is what you should hold the standard to. 	Refer to Handout	Caesar Moreno & Susan Lam
--	---	------------------	------------------------------

<p>Quality Improvement (continued)</p>	<p>treatment input refers to that quarter (April, May, June). Yes/No Attestation refers to 12 month requirement. CC training requirement annually for all staff that have contact with DMH client.</p> <ul style="list-style-type: none"> ➔ Dr. Sandra Chang – any questions for CC training – posting FAQ for final rule vs. system review ➔ Attestation for all providers March 31 <p>QI updates – provider directory updates available in English only on PSBQI website, but translations are in progress.</p> <p>Quality Improvement presented – intensive ISR PIP – to prioritize 10 beds allocated every month for ISR – open to contracted and DO – can be referred to this bed to improve outcome and decrease re-hospitalization</p> <p>Active ISR (intensive service recipient PIP – reach out the chair for this information</p> <p>Hospital discharge – follow up on urgent referrals – reach out trying to schedule appointment should get an actual date – providers are required to provide an appointment coordinated by the SA chief – logs are given to the intensive care team – care coordination team tracking all calls on this log</p>		<p>Dr. Naga Kasarabada</p>
<p>Adjournment</p>	<p>Meeting was adjourned at 4:00 pm</p> <p>Respectfully Submitted,</p> <p>Susan Lam, LMFT QIC Co-Chair</p>	<p>Next Meeting:</p> <p>June, 19, 2018 Gus Velasco Neighborhood Center, Santa Fe Springs</p>	<p>Caesar & James</p>