LACDMH Service Area 7 Administration
Quality Improvement / Quality Assurance Committee

July 17, 2018
2:00 to 4:00 p.m.

1. Welcome/Introductions   Caesar Moreno, LCSW

2. Review & Approval of June 2018 Minutes   Caesar Moreno, LCSW

3. Announcements: Greg Tchakmakjian as new QIC Chair   Greg Tchakmakjian Ph.D.

4. *Quality Improvement*:   2:00 to 3:00 pm

   Presentation: "Quality Improvement"
                         Eydie Dominguez, RN, MN
                         Department of Mental Health

   a. Office of Medical Director: Updates
   b. Patient's Rights: Updates
      i.   Change of Provider logs
   c. Test Calls – reminder
   d. Open Ended comments: July 16, 2018 deadline
   e. Policy updates
   f. Cultural Competency: Updates
   g. QI Division: Updates

5. *Quality Assurance*:   3:00 pm to 4:00 pm

   a. Medi-Cal Certification Updates   Joel Solis, RN
   b. DHCS: Updates   none
   c. Policy and Technical Développent
   d. SPA 7 QA : Updates   Robin Washington
   e. QA Bulletins
      i.   Final Rule 18.06: Network Adequacy deadline is still June 22nd
      ii. Final QA Bulletin 18-07 : MAT Update
   f. QA Division : Updates

Next Quality Improvement/Quality Assurance Meeting
July 17, 201

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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@almafamilyservices.org

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

Type of Meeting:	SA 7 QIC	Date:	07/17/2018
Place:	Gus Velasco Neighborhood Center 9255 S. Pioneer Boulevard Santa Fe Springs, California 90670	Start Time:	2:07 PM
Chairpersons:	Greg Tchakmakjian, Chair Susan Lam, Co-Chair Caesar Moreno, Co-Chair	End Time:	3:45 PM
Members Present:	Danielle Kayne, Hsiang-Ling Hsu, Michelle Barajas-Sanchez, Denise Orosco, Gwen Lo, Wendy Miekle, Joel Solis, Michael Olson, Nicole Santamaria, Janette Fackler, Mike Ford, Jennifer Mitzner, Leane Olague, Irene Jauregui, Kristen Anderson, Robin Washington, Javier Nevarez, Annie Choe, Quenia Gonzalez, Jessica Ahearn, Denise Smith, Liliana Hernandez, Linda Garcia, Freda McGovern		

Agenda Item	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
Welcome/Introductions Chair Updates	Meeting was called to order at 2:07PM It was announced that Greg Tchakmakjian will serve as the SPA 7 QIC Chair.	Introductions were made and new members welcomed,	Caesar Moreno
Review & Approval of Minutes	Minutes from June 2018 were reviewed	Minutes were approved by: Michelle Barajas Sanchez Arlene Contreras	Caesar Moreno
Quality Improvement	*Presentation:* **Quality Improvement** Ms. Dominguez presented on the topic of Quality Improvement by highlighting definition, history, and focus of work. The issue of outcomes was also discussed as both serving a purpose to understanding progress of programs and services, but also reflected on the challenges that accompany data collection to aggregate outcomes. Ms. Dominguez also expanded on the differences between Quality Improvement and Quality Assurance, as well as the development of QI plans in every agency.	Presentation powerpoint will be emailed to all members.	Eydie Dominguez, R.N., MN

Quality Improvement (continued)	**Office of Medical Director**		GregTchakmakjian Caesar Moreno
	Clinical Risk Management: A reminder was offered that Critical Incident Reports are now live as of 7/1/2018. If there any continuing questions regarding the online system, please contact Ly Ngo. Pharmacists and Medications: There is a continued plan to have an additional 14 pharmacists at different Directly Operated Clinics. Unfortunately, the positions did not get into the budget for next fiscal year. The plan is to still have the pharmacists positions, but not as many as predicted. In addition, it was noted that medications can be accepted by a drug representative who must also sign a formal attestation. The Office of Medical Director will be identifying the process for drug companies to enroll a formal attestation list. **Patients' Rights** The new Change of Provider system was briefly presented to the group. As of August 1, 2018, Directly Operated clinics will no longer accept paper versions of the Change of Provider logs. Directly Operated staff has been trained using the new COP system. July 2018 will be a "test" month for DO clinics to identify any issues before the system is released to contractors. It is estimated that contractors will receive the training within 3 months (i.e. October 2018). Everyone using the new system will need a "license" to access the COP online system. In about one month, Martin Hernandez and his team will send out a request for contractors to identify those who will have access to the system. He anticipates it will take about 2 months to collect and finalize the list for contractors. It was proposed that each provider would receive up to 3 licenses per site; however this will be confirmed as more information is released. The revised COP form has yet to be linked to the COP policy.		

	Test Calls A reminder was offered that SPA 7 is due to complete test calls in July 2018. The Chairs thanked those agencies who volunteered to participate in the calls.		
	Cultural Competency A handout was distributed which shows an organizational chart outlining the work being developed/completed by the cultural competency unit in collaboration with health agencies. There are 5 initiatives that are being reviewed and addressed by the Center for Health Equity which was created by DMH as the lead program to address the initiatives and 4 areas of importance. The Center for Health Equity has created a specific workgroup (ICLIR) develops tool kits and other handouts related to the noted initiatives. Sandra Chang Ptasinski will provide more information as the programs/work groups move forward.	Handout was provided to group.	
	Policy Updates Handout was provided with policy updates.	Handout was provided to group.	
	Open Ended Comments A reminder was offered to submit the Open Ended Comments form that is to be completed using comments taken from the recent MHSIP surveys. Not all providers participated in the recent MHSIP survey so this is only limited to those who did have surveys completed.	Return to Greg Tchakmakjian	
	QI Division – Other Updates		
	Non Clinical PIP: QI Division shared that current non-clinical Performance Improvement Project will address front desk and customer satisfaction survey/training processes. Based on a customer satisfaction survey that DMH created and implemented, customer service training was developed for front office staff at DO clinics. DMH anticipates that this training will be carried over to contracted agencies.		

Quality Assurance	*Medi-Cal Certification*		Susan Lam Caesar Moreno
	No updates at this time.		
	Training and Operations	Handout provided to the group.	
	Handout provided noting training and available dates.		
Quality Assurance (continued)	*QA Division - Other Updates*		
	<u>Access to Care</u>*:* DMH will begin to increase their level of monitoring of the network adequacy system about proper updates to the system. Some agencies did not update their information by the June 22nd deadline. Those agencies will be contacted about submitting updates.		
	SRTS Log Data: A memo went out to various electronic health record vendors regarding the need to ensure that programming has been completed to allow data to be collected per SRTS.		
	<u>QA Bulletins</u>		
	QA Bulletin 18-08 (Final): Timely Access to Care This bulletin offers additional clarification regarding the network adequacy regulations when it comes to timelines for services. The Access to Care policy is currently in process of being revised.	Handouts provided to the group.	
	QA Bulletin 19-09 (Final): MAA Manual This is primarily related to Directly Operated clinics and staff. Updates have been made to the manual.		
	Guide to Procedure Codes (Updated) Changes have been made to the procedure code manual to update professional disciplines and locations of service.		

	Co-Practitioners Update Directly Operated is no longer adding co-practitioners to notes (as well as identifying billing). It was added that agencies should determine the need for a co-practitioner when completing groups. A reminder was offered that when using co-practitioners, it is advised to have each facilitator submit their own note, or ensure that the single note with two practitioners is able to submit claim with appropriate NPI numbers. **Triage and Assessment Forms Update** The triage form was updated and finalized. This form can be used by staff to assess a client's immediate need for services. This is not to replace an assessment, but used as a tool to identify need. Not all questions need to be asked, but only those that account for need.		
Adjournment	Meeting was adjourned at 3:45pm Respectfully Submitted, Caesar Moreno, LCSW SPA 7 QIC Chair	**Next Meeting:** **September 18, 2018** **Gus Velasco Neighborhood** **Center, Santa Fe Springs**	