

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH

SA 4 Quality Improvement Committee (QIC) Meeting Minutes

<b>Type of Meeting:</b>	SA 4 Quality Improvement Committee (QIC)	<b>Date:</b>	September 17, 2019
<b>Place:</b>	550 S. Vermont Ave 9 <sup>th</sup> fl Conference Room Los Angeles, CA. 90005	<b>Start Time:</b>	10:30am
<b>Chair &amp; Co-Chair:</b>	DMH Chair – Anthony V. Allen; Co-Chair – Christina Kubojiri, LMFT, Children's Institute Inc	<b>Adjournment:</b>	12:00pm
<b>Members Present:</b>	<ul style="list-style-type: none"> <li>• Laura Aquino</li> <li>• Silvia Yan</li> <li>• Gurudarshan Khraisa</li> <li>• Mora Sosa</li> <li>• Lorne Leach</li> <li>• Evelyn Gutierrez</li> <li>• Akila Baskin</li> <li>• Rami Alrayes</li> <li>• Christina Kubojiri</li> <li>• Samuel Pina</li> <li>• Sauntrie Abelera</li> <li>• Anthony Allen</li> <li>• Jennifer Regan</li> <li>• Blanca Watson</li> <li>• Johanna Aguiluz</li> </ul>	<ul style="list-style-type: none"> <li>• Naomi Arellano</li> <li>• Rosa Ruiz</li> <li>• Devanne Hernandez</li> <li>• Lauren Permenter</li> <li>• Jonathan Figueroa</li> <li>• Jennifer McKirdy-Corletto</li> <li>• Sandra Long</li> <li>• Jenna Ritsema</li> <li>• Dora Escalante</li> <li>• Jessica Estrada</li> <li>• Rebecca Yu</li> <li>• Miri Ha</li> <li>• Linda Santiman</li> <li>• Ana Viana</li> <li>• Linda Gingras</li> </ul>	<ul style="list-style-type: none"> <li>• Jeannelli Acuna</li> <li>• MaryEllen Braaten</li> <li>• Jamie Campos</li> <li>• Lisa Harvey</li> <li>• Cristina Sandoval</li> <li>• Eton Vogt</li> <li>• Elizabeth Mour</li> <li>• Alma Guevara</li> <li>• Misty Aronoff</li> <li>• Arease Edison</li> <li>• Lynda Evans</li> <li>• Genevieve Morgan</li> <li>• Stacy Tang</li> <li>• Joseph Marquez</li> <li>• Tyler Wright</li> </ul>
<b>Members Absent:</b>	<ul style="list-style-type: none"> <li>• AIDS project LA</li> <li>• Anne Sippi Clinic</li> <li>• Child Family Guidance Center</li> <li>• CA Hispanic Commission-CHCADA</li> <li>• Children's Hospital</li> <li>• Dignity Health</li> <li>• DMH AOT</li> <li>• DMH ASOC</li> <li>• DMH TAY</li> <li>• DMH CHEERD</li> <li>• DMH OCFA</li> <li>• DMH PSB</li> </ul>	<ul style="list-style-type: none"> <li>• DMH SFC</li> <li>• DMH PRO</li> <li>• DMH VALOR</li> <li>• El Centro del Pueblo</li> <li>• Enki</li> <li>• Filipino American Services Group</li> <li>• Gateways Percy Village</li> <li>• Gateways Normandie Village</li> <li>• Gateways Homeless</li> <li>• Gateways Hospital</li> <li>• Hathaway-Sycamores</li> <li>• Health Research Association USC</li> </ul>	<ul style="list-style-type: none"> <li>• Hollywood Mental Health Center</li> <li>• JWCH Institute</li> <li>• LAMP Community</li> <li>• Los Angeles Youth Network DBA</li> <li>• Youth Emerging Stronger</li> <li>• Saban Free Clinic</li> <li>• SSG Alliance</li> <li>• SRMT</li> <li>• SSG Silver</li> <li>• Stars Behavioral Health Group</li> <li>• Travelers Aid Society of LA</li> <li>• VIP</li> </ul>
<b>Introductions:</b>	Members present introduced themselves.		
<b>Minutes Approval:</b>			
<b>Announcements:</b>			

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, Scheduled Tasks	Responsible Person / Due Date
<p><b>QI Updates</b> Christina Kubojiri</p>	<p><u>Quality Improvement updates:</u></p> <p><b>PRO:</b></p> <ul style="list-style-type: none"> <li>• Online grievance portal still in process. Still use paper version for now.</li> <li>• COP roll out to contract providers. Working with Terry Boykins in Oct to gather legal entities contact information (this takes a while) <ul style="list-style-type: none"> <li>○ 4 trainings will be provided to contractors. Simple, but can be confusing if you don't attend the training. <ul style="list-style-type: none"> <li>▪ Possibly trainings in November</li> <li>▪ Webinar requested but Martin H. indicated they are not as productive per past experience</li> </ul> </li> <li>○ Support will be increased for first couple months for COP online system.</li> <li>○ Token is needed for access. If you already have a c-number then you will have access <ul style="list-style-type: none"> <li>▪ Each agency should have at least 3 people as contacts (preparation for staff rollover, etc). Can have as many contacts that make sense for your agency set up.</li> </ul> </li> <li>○ 5150/5585 – "New" form with updates released 1 month ago. LPS roles use this form. Martin Hernandez was asked to send to Jen Hallman and all directors moving forward as many were not aware of these.</li> </ul> <p><b>Access:</b></p> <ul style="list-style-type: none"> <li>• List of agencies temporarily not accepting clients is growing, but becomes issue with access to care. <ul style="list-style-type: none"> <li>○ Contact Jessica Walters when need to be removed from list. Not sure how the list came about, but may have started as a courtesy long ago. Doesn't believe list should exist. If a client only wants to go to a specific agency, the referral will be sent regardless. (Quality Improvement issue). At All providers meeting they say should notify contract manager. There are some communication issues, but Jen will aid coordination. QI and QA related.</li> <li>○ List gets sent to all management and it seems shortly after agencies call to remove themselves</li> <li>○ List is by provider number</li> </ul> </li> </ul> <p><b>Cultural competency:</b></p> <ul style="list-style-type: none"> <li>• Charter information about stakeholders group voting privileges, how communication with larger system, etc</li> </ul> </li></ul>		

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<p><b>QI Updates</b> Christina Kubojiri</p>	<ul style="list-style-type: none"> <li>• EQRO: CC plan interest. <ul style="list-style-type: none"> <li>○ CC presentation at QIC meetings will be about 30 minutes to begin November</li> <li>○ Send Sandra C. QIC schedule. Deadline end of FY to complete presentations at QICs</li> </ul> </li> <li>• Access center feedback – keep calls as short as we can. 10 minutes or less. Be prepared beforehand. Know what call is assigned to avoid having to re-do calls. SA 2 – Sept; SA 1 – Oct. Don't create SRTS referral record.</li> <li>• Daiya – Front office customer service PIP update. Finalizing a report <ul style="list-style-type: none"> <li>○ 3 workshops held March, April, June 2019 – Phyllis Grenadine Tate</li> <li>○ Recorded April and June workshops. Link will come out after today's meeting</li> <li>○ Focused on reminding providers to focus on missions to incorporate that into interactions with consumers</li> <li>○ Post training evaluations April/June – 6 items (5 pt likert scale) <ul style="list-style-type: none"> <li>▪ 56 participants. 6 of 8 SA's (excludes skype participants)</li> <li>▪ Languages spoken: 56% Spanish</li> <li>▪ Age group serviced: 32% all age groups</li> <li>▪ 98% recommends training</li> <li>▪ 97% felt better equipped to interact with consumers</li> <li>▪ 100% felt better with standards and concept of DMH expectations</li> <li>▪ 96% content applicable to role</li> <li>▪ 96% better prepared to provide services to consumers</li> <li>▪ 31% engaged with consumer interaction 100% of their role</li> </ul> </li> </ul> </li> </ul> <p><b>QI Project:</b></p> <ul style="list-style-type: none"> <li>• Paperless CPS surveys still in discussion. Not ready by November. Consider other PDSA's can start on. (Plan, Do, Study, Act – backbone of quality improvement). <ul style="list-style-type: none"> <li>○ If we don't reach paperless goal, what small steps can we make to improve reaching consumers.</li> <li>○ Open to field based and allow providers make it happen. Open up to all providers choses without age group delineation? <ul style="list-style-type: none"> <li>▪ If you allow choice, people won't participate</li> <li>▪ People ask why we have to use CPS survey versus other measures. Are items all relevant on the survey? The State only looks at certain items (can we abbreviate form to standards of the NOMs). Length of form.</li> </ul> </li> </ul> </li> </ul>		

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<p><b>QI Updates</b> Christina Kubojiri</p>	<p>EQRO session: Instead of a pre-call of QIC chairs discussion in meeting on past experiences.</p> <ul style="list-style-type: none"> <li>○ Randomly selected list structure (doesn't seem so random). Same list past few rounds.</li> <li>○ QIC members will be surveyed for feedback on improvements. Survey Monkey – not anonymous. Be transparent as possible. Questions for survey welcome.</li> <li>○ Daiya is creating a webinar which can gather data on administrative time spent. Fall 2019 compared with Spring 2020. Some providers won't have data for comparison first round.</li> </ul> <p>Naga asked us to review minutes before EQRO.</p> <ul style="list-style-type: none"> <li>○ QI report seems higher end details of county wide requirements of the State-L.H.</li> <li>○ Naga provided reminders about what EQRO would be looking at. EQRO asks QIC members what we know and how we implement and disseminate information.</li> </ul> <p><b>Policies:</b></p> <ul style="list-style-type: none"> <li>○ 13 new policies (one D/O &amp; LE sent for signatures)</li> <li>○ 11 policies (pharmacy signed, currently posted, but on new system)</li> </ul>		
<p><b>QA Updates</b> Christina Kubojiri</p>	<ul style="list-style-type: none"> <li>• <b>DMH QA website is up!</b> Announced and Q&amp;A NACT webinar last week <ul style="list-style-type: none"> <li>○ All other information will be removed elsewhere (clinical forms - might redirect first at first – some forms are not QA's but they should be) to avoid duplication</li> <li>○ Will work on link to the scheduled trainings upcoming</li> </ul> </li> <li>• <b>LE Chart Reviews:</b> MR Grant is continuing reviews, but may be regrouping for new contract.</li> <li>• <b>Training updates:</b> <ul style="list-style-type: none"> <li>○ QA/QI QIC contacts is on the new QA website. Now includes QI contact.</li> <li>○ QA Knowledge Assessment answers coming out this week (sent to original QA contacts). Results table still being formatted to be easy to read. Coming soon.</li> </ul> </li> </ul>		

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<p><b>QA Updates</b> Christina Kubojiri</p>	<ul style="list-style-type: none"> <li>○ Law enforcement SFC, Home, Start etc (non traditional programs) trainings to them on what they do and how to claim. <ul style="list-style-type: none"> <li>▪ QIC leads who have questions can reach out to DMH QA as they maintain those files. AB 109 – Susan Cozolino.</li> <li>▪ Working on Start finalization now.</li> </ul> </li> <li>○ New Hires for DMH trains within 1 month in most cases.</li> <li>○ <b>NACT 2.0: Live as of last week</b> <ul style="list-style-type: none"> <li>○ All quarterly data needs to be updated by 9/20/19 to be sent to the State</li> <li>○ Practitioner enrollment, etc moving forward next</li> <li>○ VANS vs NACT 2.0 – they are doing a gap analysis. Jen would like to get rid of VANS and implement what's needed just in NACT (provider directory will always up to date, Network significant changes tracking, etc)</li> <li>○ Webinar – if logging on and hit “Call me at” it uses another login space. Call in manually yourself when possible.</li> <li>○ 2 more weeks to get all info updated (shooting for 80%, from 60% last round).</li> <li>○ Webinar tomorrow (access to care focus for contractors – are we getting their data - % is low).</li> <li>○ David will start contacting all providers who haven't touched NACT 2.0 at all. Basing it off of “hours of operation” updates.</li> <li>○ D/O need to use the new NACT 2.0 link</li> </ul> </li> <li>○ <b>New Guide to Procedure Codes: Summary of changes</b> <ul style="list-style-type: none"> <li>○ 3 month implementation for code changes</li> <li>○ Posted on new QA website: <a href="https://dmh.lacounty.gov/qa/">https://dmh.lacounty.gov/qa/</a></li> <li>○ Correction: RN code T1001 (error: T001)</li> <li>○ Method of Delivery &amp; Service Contact (new addition) page 4 <ul style="list-style-type: none"> <li>▪ Significant Support Person vs. Collateral</li> </ul> </li> <li>○ Service Function Code (new addition) – for cost reports mostly</li> <li>○ Page 6 – (revised) Disciplines. State doesn't say you can only hire psychiatrists, but DMH feels it should be psychiatrist due to SMHS. Can hire those who completed residency. Can be in</li> </ul> </li> </ul>		


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<p><b>QA Updates</b> Christina Kubojiri</p>	<p>residency program, with appropriate supervision and co-signature provided at provider site as well. (moonlighting – needs same supervision and co-signature as in their residency program at your agency).</p> <ul style="list-style-type: none"> <li>▪ If there are questions related to hiring non-psychiatrist for med support, send questions to your contract monitor and CC DMH QA to vet. DMH QA is vetting where this function of providing this kind of direction/support should fall.</li> <li>▪ Page 8 – T1001 Nursing assessment is still part of the bigger assessment piece. Not used when nurse meets with patient when the doctor cannot. Adding information to assessment – okay. <ul style="list-style-type: none"> <li>• D/O – nursing evaluation form to come. <ul style="list-style-type: none"> <li>o Allowing them to use addendum form for now to document information. If social worker defers to nurse to collect some info, they both shouldn't duplicate claiming. Can indicate "nurse to assess". <ul style="list-style-type: none"> <li>o Could LVN/RN give info to psychologist to enter it into their form? This would be fine, per Jen Hallman</li> <li>o Telephone allowable or if with significant support person. <ul style="list-style-type: none"> <li>▪ Look at open/closing policy (first contact less about f:if but more around initial consent to the contacts)</li> </ul> </li> <li>o RN vs LVN vs CNS – they both cannot do the entire mental health assessment. Their scope of practice is most guiding.</li> </ul> </li> </ul> </li> </ul> </li> <li>▪ Psychotherapy codes are now grouped together</li> <li>▪ Left the number of minutes (30) in name of psychotherapy code since it's how it is in CPT.</li> </ul>		

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<p><b>QA Updates</b> Christina Kubojiri</p>	<p>Providers can omit that portion for their purpose. The specified range of minutes is what is used.</p> <ul style="list-style-type: none"> <li>○ Concurrent documentation with DTI is still in discussion.</li> <li>○ Guide to procedure codes will be incorporated into Org. Manual. <b>H2025 has changed to H2023, particularly used in CaliWorks. All contracts can use code H2023 moving forward.</b> No further description provided for use by other programs yet. Jen needs to confirm that all contracts got access to the code. People may need to start better separating out work of linking to housing to employment skills. <ul style="list-style-type: none"> <li>▪ Working with employer about how to engage and work with client would be Collateral moving forward.</li> <li>▪ Staff on teams seen as collateral or H0032? Jen will look into whether H0032 needs updated description. Consensus was that an intensive teams' staff would not be considered collaterals (ex wraparound team) <ul style="list-style-type: none"> <li>• Collateral is "teaching" someone else how to work with the client vs. H0032 is treatment planning amongst professionals (teams within agency are still not looked at as collaterals)</li> </ul> </li> </ul> </li> <li>○ Pg 12 not billable to medi-cal</li> <li>○ Pg 16 E/M codes added</li> <li>○ Pg 16 severity of presenting problem(s) – from State wording</li> <li>○ Place of Service for homeless? Are they in a regular place on a regular basis? Or use of 99 – other unlisted facility is common (When selecting home – pulls address onto the claim)</li> <li>○ Some items indicate needs prior authorization, but for DTI TCM doesn't say prior authorization. TCM can occur pre authorization in DTI per Jen Hallman.</li> <li>• DRAFT QA Bulletin: Co-occurring disorders – documentation &amp; claiming: <ul style="list-style-type: none"> <li>○ Substance use is no different than medical for our purpose. "We wouldn't do surgery, we aren't doing direct substance treatment".</li> </ul> </li> </ul>		

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<p><b>QA Updates</b> Christina Kubojiri</p>	<ul style="list-style-type: none"> <li>○ During pre-screening assessment there is a reference to substance "intervention", but DMH definition of intervention is not the same. (esperg? Assessment form referenced).</li> <li>○ Billing to Medi-Cal is the main perspective, but other issues will be taken into consideration.</li> <li>○ D/O QI project to train substance counselors on more MHS through use of Seeking Safety.</li> <li>● Upcoming bulletin related to continuity of care. If a client was private insurance, but obtain Medi-Cal and wants to remain with their private insurance provider, then the DMH contracted agency would reach out to the private provider to discuss whether they want to contract with us, but they would need to maintain all of the county's requirements. More information on process/procedure will be coming soon. Jen says this is 3-6 months late to roll out with the State already.</li> <li>● Directly Operated – they realized the monetary loss is too great and they are now allowing two staff to write two notes for services as a workaround when two claims need to be sent out for billing purpose. Jen does not recommend this happen with group notes however.</li> <li>● D/O only – when needing to change core demographic information for clients, staff need to ensure the corresponding documentation related to the changes are already in the chart.</li> <li>● They may be adding additional CANS assessment types to the drop-down options, such as for one time contact clients. <ul style="list-style-type: none"> <li>○ If a one time assessment and CANS is completed for a client, do we need to complete a discharge CANS with the exact information also? Answer: No. Just the initial one needs to be entered.</li> </ul> </li> </ul>		

**Next Meeting:** November 19, 2019; 550 S. Vermont Ave, Los Angeles, CA 90005, 2nd Fl, Conference Room

Respectfully Submitted

  
Christina Kubojiri, LMEI – QA Supervisor, Children's Institute, Inc.  
SA4 Se-Chair