County of Los Angeles – Department of Mental Health
SA2 Children's QIC

October 15, 2020

Agenda

1:30 – 1:40 Introductions/Announcements/Minutes ..... Michelle Rittel
1:40 – 3:25 Report from DMH QI/QA ..... Michelle Rittel

QI

- EQRO
- CPS – Spring 2029 Report. ..... Jennifer Regan – DMH QID
- Compliance, Policy and Audit Services Update
- CPS
- CAPP (Parent Partner meeting)

QA

- State DHCS Updates
- Training & Operations
- Policy and Technical Development: CPT Code Changes, Needs Evaluation, ICC Updates, Pre-Authorization Updates, NOABD Updates, DO Training, Network Adequacy/Access to Care

3:25 – 3:30 Suggestions for Next Meeting

Contact: Michelle Rittel: Office – (818) 610-6737
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Next Meeting:
Thursday, December 17, 2020
Location: Online - Teams

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
Service Area 2 Children's QIC Meeting
QUALITY IMPROVEMENT COMMITTEE MINUTES

Type of Meeting	SA 2 Children's QIC	**Date**	October 15, 2020
Place	Online – Teams Meeting	**Start Time**	1:30pm
Chairperson	Michelle Rittel	**End Time**:	3:30pm
Co-Chairs	Alex Medina and Angela Kahn		
Members Present	Alex Medina, Angela Kahn, Ariel Landrum, Cassandra Lopez, Christine Pina, Cindy Luna, Danielle Price, Dave Mendez, Evelyn Leonidas, Freda McGovern, Gina Leggio, Honey Hira, Iliana Martinez, Ingrid Rey Balbuena, James McEwen, Jennifer Regan, Jennifer Roecklein, Jenny Sanchez, Judy Cardona, Karina Krynsky, Kaylee Devine, Kimber Salvaggio, Laura Padrino, Lisa Sumlin, Luis Pereira, Maggie Holland, Mark Rodriguez, Michelle Rittel, Michelle Wells, Minoo Amini, Nely Meza, Nizhu Minhaz, Robin Washington, Stephanie Yamada, Tanya Khanjian, Tim Petersen, Vicky Rivera Vasquez, Vicky Shabanzadeh, Wendy Salazar, Zeena Burse		
Absent Members	Adik Parsekhian, Aminah Ofumbi, Anabel Aispuro, Angie Sanchez, Carolyn Kaneko, Cheryl Davis, Danielle Norman, Gurudarshan Khalsa, Harmony Vezina, James Pelk, Katherine Smith-White, Lorena Chavez, LyNetta Shonibare, Marina Eckart, Martha Basmadjian, Michele Burton, Michelle Chitel, Michelle Silvestre, Pilar Navarro, Rosario Gallo, Tiger Doan, Wil Lau		

Agenda Item & Presenter	**Discussion and Findings**	**Decisions, Recommendations, Actions, & Scheduled Tasks**	**Person Responsible & Due Date**
Call to Order Introductions and Announcements: Michelle Rittel	Meeting called to order at 1:30pm. Just a reminder that all providers need to have someone attending the SA QIC at least quarterly. If you also have adult services, you could attend Child or Adult or both.		
Review of Minutes: Michelle Rittel	Minutes from August 20, 2020 meeting were previously emailed for review and approved in the meeting.		

Agenda Items & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Quality Improvement (QI)			
DMH QIC Meeting Report: Michelle Rittel	EQRO: EQRO was the week of 9/28/20. SA2 & SA5 were the two SAs selected this year. Focus was on DMH response to COVID-19, updates to DMH Strategic Plan, Access & Timeliness. Thank you to the providers who recruited staff, clients and caregivers for the focus groups. Final Session Feedback- Praise for DMH and service provider pivot to serve clients during COVID-19 crisis. Noted increase in services and decrease in no-shows. Praise from clients and family members/caregivers – services were described as "fantastic", "couldn't find better", "very supportive", "LA County is superb". Praise for initial efforts to monito and review prescribing practices in Directly Operated clinics. Praise for use of data. Areas needing attention include: capacity needs, per TAY sessions, also recommendation for stigma support for family members, particularly in area of psychotropic medication. Patient's Rights Office: No update Cultural Competence Updates: No Update Compliance, Policy & Audit Services Update: Monthly bulletins with new, revised and deleted policies are posted online. Please review from the website. CPS (Consumer Perception Surveys): No Fall 2020 Surveys! Presentation on Spring 2019 Data Report by Jen Regan of QID.		

Departmental QIC Meeting Report, contd.: Michelle Rittel	QID Updates: No updates. CAPP: The CAPP meeting is back. It is an online Teams meeting on the third Tuesday of the month, 11am-1pm. All Parent Partners are strongly encouraged to attend.		

Agenda Items & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Quality Assurance (QA)			
Departmental QA Meeting Report: Michelle Rittel	Audits: None scheduled. Medi-Cal Certification Section: No Update State DHCS Updates: Provider Application Validation Enrollment (PAVE) – waiting for State Information Notice. Individual practitioners & providers weren't required to be enrolled in FFS Medi-Cal program. With implementation of federal CARES Act, practitioners & providers (licensed) will be required to enroll. PAVE portal is web-based application designed to simplify & Accelerae the enrollment process. Providers will use the portal to complete & submit applications, report changes to existing enrollments & respond to PED initiated requests for continued enrollment or re-validation. MHPs must enroll their practitioners & providers that are eligible (required) to be enrolled. Enrollment should occur before the end of the year. DMH is in discussions around how to implement. CalAIM is postponed, tentatively until 1/1/22. Professional license waivers – still waiting for DHCS. Peer Support Services (SB03) – for now, no change in documentation/claiming. 1915b SMH waiver – DHCS received 6 month extension. Training and Operations: No upcoming LE chart reviews for SA2. Collaborative Documentation Training for LEs – currently in development – ETA December. Documentation & Claiming Related Handouts – available of the QA website's General Training for Legal Entities & Juvenile Justice/Halls & Camps page. Coming soon – Collateral activity examples, plan development activity		

Departmental QA Meeting Report, contd.: Michelle Rittel	Examples. List of current handouts: Targeted Case Management (TCM) Activity examples, Rehabilitation Activity examples, An Approach to the Tx Plan Development Process, Service Component examples, What is Reimbursable & What is Not, Intensive Homebased Services (IHBS) Active Interventions, MH Services (MHS) Active Interventions, Targeted Case Management (TCM) Active Interventions, TCM vs Rehab. Policy and Technical Development: Upcoming 2021 CPT Code Changes – Federal CPT code changes coming 1/1/21. This mainly impacts Evaluation Management codes. Eliminates history & physical exam as elements for code selection. Allows selection of the code based off medical decision making or total time. Deletes 99201. More information will be provided as we get closer to 1/1/21. Needs Evaluation – required for both DO and LE. QA Bulletin 20-06 & Clinical Forms Bulletin 20-04. Policy Change – effective 10/1/20 – full implementation 1/1/21. Needs Evaluation must be completed updon determination of medical necessity (at initial assessment), annually for clients receiving TCM & when new ancillary needs arise. Required forms to use – Adult 21+ - Needs Evaluation Tool (effective 10/1/20) replaces the Community Functioning Evaluation, Child 6-20 – CANS-IP, Child 0-5 – CANS-IP or CANS 0-5. Allowing 3 months for implementation (up to 1/1/21) for full implementation. For existing clients, complete at the next client treatment plan. For newly active clients, complete at assessment. Training is optional – there will be a video module available soon and other modules will be updated to account for the new policy and form. In the Policy – re: when new ancillary needs arise – "if a new category of TCM needs arise that impacts treatment, there must be documentation in the clinical record that justifies the need for services" replaces "if a new category of TCM needs arises that impacts treatment a TCM needs evaluation should be documented to reflect the new need: in order to account for the DHCS Outcomes reporting requirements for the CANS and allow more flexibility in where the new category of TCM needs has to be documented. When		

Departmental QA Meeting Report, contd.: Michelle Rittel	New TCM need arises, documentation should be on a form other than just a progress note, so it can be easily located in the clinical record – use the Assessment Addendum, Needs Evaluation Tool or other appropriate form. Note – CANS should not be used to document these updates due to the DHCS outcomes reporting requirements. CANS is to be done every 6 months with 2 month windows. This is a state requirement. Completing the TCM Needs Evaluation – Claiming based on purpose and scope of practice. If the purpose is to inform the MH Assessment, it should be completed by a practitioner, within their scope of practice to do MH Assessment 90791/90792 (MH Assessment) or not within scope to do MH Assessment H2000 (MHS Assessment). If the purpose is to determine TCM needs (ie stand alone needs evaluation) it can be completed by any practitioner T1017/T1017HK (TCM/ICC Assessment). IF the purpose is developing the treatment plan (stand alone), claiming based on types of services that you are including the plan – adding only TCM interventions – T1017/T1017HK (TCM/ICC Plan Development). If purpose is adding MHS only or MHS & TCM/ICC interventions – H0032 (MHS Plan Development). Reminder – conducting a needs assessment does not require a treatment plan as it is for the purpose of assessment. ICC Updates – QA Bulletin 20-05 & Clinical Forms Bulletin 20-04. Policy change (effective 10/1/20) All providers who currently provide TCM will be expected to be able to provide ICC to all EPSDT clients for whom it is appropriate and medically necessary. Forms to use – ICC Eligibility form (available 10/1/20) – complete prior to a client treatment plan and any time the client treatment plan is being considered for updates based on significant changes in the client's condition or status. You no longer need to use the Katie A. subclass form. Training – the power point is posted under QA Training. Pre-Authorization Updates – QA Bulletin 20-05 and Clinical Forms Bulletin 20-04. Policy change (effective 10/1/20) – the following services require prior authorization for service delivery: Intensive Home Based Services (IHBS), Therapeutic Behavioral Services (TBS) & Therapeutic Foster Care (TFC).		

Departmental QA Meeting Report, contd.: Michelle Rittel	Pre-authorization will be required every 6 months. Forms to be used (available 10/1/20) – Supplemental IHBS Assessment, Supplemental TBS Assessment & Supplemental TFC Assessment. Implementation – 90 day grace period to allow providers to fully implement the pre-authorization process – starting 1/1/21, claims will be denied without pre-authorization. For existing clients, ASAP, appropriateness of services post 10/1/20 until request date and pre-authorization going forward. For newly active clients, ASAP, authorization will cover start date of IHBS. Process & Training – to request pre-authorization, submit the supplemental assessment form, assessment, CANS and Treatment Plan. DO will submit by email. LE will submit through provider connect. The webinar re: policy/documentation from 9/28/20 will be posted on the webinar page on the QA page. Pre-authorization FAQs are being developed based on the webinar and will be issued ASAP. Billing Questions – How do we bill for assessment and treatment plan prior to authorization? Services would be claimed using the appropriate procedure code (eg 90791, H0032, 90887). Can IHBS & TBS services be provided while waiting for approval of the paperwork? No (beginning 1/1/21) pre-authorization must be obtained prior to the delivery of IHBS, TBS & TFC. If a staff provides IHBS/TBS multiple times in a day should they lump into one note? We've been denied claims by Medi-Cal for a staff doing 2 or more IHBS/TBS services in a day – a duplicate service override modifier is needed for claims that may appear to be duplicates (refer to guidance on the QA website). Assessment & Treatment Plan Questions – Are we able to include IHBS language in the CTP prior to receiving authorization to avoid our staff having to go back & update CTPs once services are authorized? Absolutely. It is expected that you will have discussed the services & added them to the treatment plan prior to requesting authorization. Should TBS supplemental assessment be completed every 6 months vs every 3 months? Yes, the pre-authorization schedule & the treatment plan requirement is now aligned at 6 months.		

Departmental QA Meeting Report, contd.: Michelle Rittel	NOABD Updates – Clinical Forms Bulletin 20-04 – Notice of Adverse Benefits Determination (NOABD) forms have replacd NOA forms. There are 9 forms – 1. Denial Notice – replaces NOA-B for denying request for authorization. 2. Payment Denial. 3. Service Delivery – replaces NOA-A for not meeting medical necessity. 4. Modification – replaces NOA-B for modifying request for authorization. 5. Termination – replaces NOA-B for terminating a previously authorized service. 6. Authorization Delay – replaces NOA-B for not responding to authorization request timely (standard 5 business days). 7. Timely Access – replaces NOA-E for untimely services. 8. Financial Liability. 9. Grievance & Appeal – replaces NOA-D; issued by Patients' Rights. Reminder – providers are to provide an NOABD when Specialty MH Services are being denied due to lack of medical necessity or when a beneficiary is provided with an untimely appointment. Formatting of NOABD – form will look like a letter to provide to beneficiaries. For NOABD Denial notice, Payment Denial, Service Delivery & Timely Access, forms include NOABD Your Rights, Beneficiary Non-discrimination Notice, Language Assistance. For NOABD Modification, Termination, Authorization Delay, Financial Liability & Grievance & Appeal, forms include NOABD Your Rights. DO providers – NOABD will be in IBHIS & report will be generated. Trainings for DO – Understanding Medical Necessity & Completing Needs Evaluation, Mastery in IBHS & Documentation for DO Programs – on QA page under QA Training – Online Training for DO Programs. In development – Crisis Intervention. Network Adequacy & Access to Care: Reminders/Updates – SRTS Records need to be addressed timely. Monitoring of SRTS and SRL for all DO and LE providers is being done quarterly. Currently sending out letters (late going out) for May-July. Number of programs at 80% - routine 219, urgent 10, discharge 71. Number of programs 70-79% (notification email) – routine 25, discharge 3. Number of programs 60-69%		

Departmental QA Meeting Report, contd.: Michelle Rittel	(email & template/correction plan) – routine 9, discharge 2. Number of programs below 60% (email, correction plan and call with QA and monthly monitoring until improved above 60%) – routine 27, urgent 7, discharge 3. SRL/CSI webservice FAQs (for contractors) now available. QA Bulletin re: Access to Care is coming out this month. Training modules for Network Adequacy/Access to Care should be ready later this month. Practitioner Registration in NAPPA ETA November – for contractors – will include ability to identify if accepting new beneficiaries at the population level (for all). SRTS – new application – ETA November or December. Network Adequacy has a new email address: networkadequacy@dmh.lacounty.gov Network Adequacy application has a new name – Network Adequacy Provider & Practitioner Administration (NAPPA). Access to Care – if you get an email from quarterly monitoring and you need data to research issues, notify Network Adequacy & they will send details. NAPPA still has Accepting New Beneficiaries? Y/N. There are 39 service locations showing not accepting new beneficiaries as of 10/9/20. This is used for Provider Directory filter. Make sure you check and update. 46 of 52 CalWorks programs have been identified in NAPPA. Make sure all of your programs are listed. Network Adequacy – NAPPA reports should be run monthly. Missing information is highlighted. Data needs to be updated immediately if there is a significant change to capability, such as only prescribing practitioner no longer available. For Adult Practitioners – keep in mind that FTEs must be broken out between 0-20 & 21+. If your agency sees 18-20, recommend identifying if any FTE hours should be proportioned to age group 0-20. Pay particular attention to age group 0-20 for adult psychiatrists. Reminder – NAPPA contacts – make sure you have at least 2 contacts in NAPPA. Currently 64 contract and 87 DO programs have not designated contacts. Need to have		

Departmental QA Meeting Report, contd.: Michelle Rittel	Actual contacts/names, not “unknown”, etc. PRM is being integrated into NAPPA. For all LE providers, all practitioner registration & maintenance (to be able to claim w/in DMH) is being moved over to the NAPPA application. This means NAPPA must be used to create a practitioner & keep their info up to date. Pilot testers will have access this month & application will be rolled out live the second week of November. Health Information Management (HIM): No Update	
Suggested Items for Next Meeting:	There were no suggestions.	
Handouts:	There were no handouts.	

Agenda Items & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Next Meeting:	Thursday, December 17, 2020 1:30-3:30pm Location: Online – Teams Meeting		

Respectfully submitted,

Michelle Rittel, LCSW