

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

February 18, 2021

Agenda

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

QI

- EQRO
- Presentation – Quality Improvement Work Plan Goals 2021 & CPS Report – Trend Data – Spring 2020. LyNetta Shonibare – DMH QID
- Compliance, Policy and Audit Services Update
- CAPP (Parent Partner meeting)

QA

- State DHCS Updates
- Training & Operations: Annual QA Report & Written QA Process, QA Knowledge Assessment Survey, LE Chart Review Process
- Policy and Technical Development: Email Update, 21st Century Cures Act, PAVE, COVID FAQs, Guide to Procedure Codes Update, CANS & PSC, NOABD, Network Adequacy/Access to Care, QA Bulletins
- HIM: New eFax

3:25 – 3:30 Suggestions for Next Meeting

Contact: Michelle Rittel: Office – (818) 610-6737
Cell – (213) 276-5521
Email: mrittel@dmh.lacounty.gov



Next Meeting:
Thursday, April 15, 2021
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	February 18, 2021	
Place	Online – Teams Meeting	Start Time	1:30pm	
Chairperson	Michelle Rittel	End Time:	3:30pm	
Co-Chairs	Alex Medina			
Members Present	Anabel Aispuro, Arezoo Esfahani, Ariel Landrum, Cassie Lopez, Cheryl Davis, Cindy Luna, Claudia Morales, Danielle Price, Dave Mendez, Diana Dawson, Esther Lee, Gina Leggio, Honey Hira, Ilda Aharonian, Iliana Martinez, Ingrid Rey Balbuena, James McEwen, Jennifer Palma, Jennifer Roecklein, Jenny Sanchez, Judy Cardona, Karina Krynsky, Kaylee Devine, Kimber Salvaggio, Laura Padrino, Lisa Sumlin, Luis Periera, LyNetta Shonibare, Maggie Holland, Marina Eckart, Mark Rodriguez, Michelle Chitel, Michelle Wells, Nely Meza, Nizhu Minhaz, Tanya Khanjian, Tiffani Tran, Tim Petersen, Vicky Rivera Vasquez, Vicky Shabanzadeh			
Absent Members	Adik Parsekhian, Alex Medina, Aminah Ofumbi, Angela Kahn, Carolyn Kaneko, Christine Pina, Freda McGovern, Gurudarshan Khalsa, Harmony Vezina, James Pelk, Jennifer Sherman, Kate Carada, Katherine Smith-White, Michele Burton, Michelle Barajas-Sanchez, Stephanie Yamada, Tiger Doan, Wendy Medina, Wendy Salazar, Zeena Burse			
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. There were no announcements.			
Review of Minutes: Michelle Rittel	Minutes from December 17, 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	<p>EQRO: The 2020 review was September 28-October 1. It was virtual with a special focus on SA2 & SA5. Major areas of focus were Access to Care, Timeliness of Care, Quality of Care, Outcomes and Organizational Structure & Foster Care. Areas of strength include: DMH overall response to COVID-19 and shifts to telehealth to ensure continuity of care, establishment of a psychiatry review process this year, innovative programming promoting access to care – Therapeutic Transport and Outpatient Conservatorship Pilot, consumer engagement and improvements to the Consumer Perception Survey Report. Areas of focus for improvement include: communication processes between executive management and the LE/Contract providers, adaptation of an adult outcomes measure tool, more detailed tracking of timeliness measures. Feedback from the Consumer Focus Groups for SA2: The SA2 Adult focus group participants requested an increase in the use of Zoom among LE/Contracted providers and several participants reported dissatisfaction with a local acute inpatient unit (Olive View Inpatient), the SA2 TAY focus group participants reported technical connectivity issues with telehealth, mainly bandwidth problems that disrupted treatment sessions. Notable Recommendations: Review psychiatric inpatient readmission rate of 33.4%, expand medication monitoring protocols to LEs, produce CANS-50 and PSC-35 reporting in a format that provides programmatic utility for providers, improving communication between DMH and LE/Contract providers and develop comprehensive post-COVID-19 telehealth plan that maintains a robust telehealth presence.</p>		

Departmental QI Meeting Report, contd.:
Michelle Rittel

Presentations – LyNetta Shonibare from DMH QID – Quality Improvement Work Plan Goals 2021 and CPS Report – Trend Data – Spring 2020.

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. 2020 Policy Bulletin was emailed to everyone prior to the meeting for review.

CAPP: The CAPP meeting is an online Teams meeting on the third Tuesday of the month, 11am-1pm. All Parent Partners are strongly encouraged to attend. Please have Parent Partners contact Cristina Rojas to be added to the email distribution list at crrojas@dmh.lacounty.gov

Agenda Items & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Quality Assurance (QA)			
<p>Departmental QA Meeting Report: Michelle Rittel</p>	<p>Audits: None scheduled.</p> <p>Medi-Cal Certification Section: No Update</p> <p>State DHCS Updates: Waivers – Requirements are changing significantly. Students – persons in formal graduate psychology programs – will no longer need a DHCS-issued waiver under WIC 5751.2 in order to provide “license-requiring services. They must not be employed or under contract with the MHP – Directly Operated or LE providers. License-requiring services are assessment, psychotherapy and psychological testing. Persons who have received their doctorate and are accruing hours of supervised professional experience toward licensure will still need a waiver. The maximum waiver duration remains 5 years. DHCS Information Notice is forthcoming.</p> <p>Training and Operations: Annual QA Report & Written QA Process – these were due from LEs on 1/31/21. Thank you to everyone for submitting them.</p> <p>QA Knowledge Assessment Survey – the survey has resumed and consists of documentation sample and questions regarding the sample and is completed anonymously. The purpose is educational and to inform areas to emphasize in training. The link was sent out in January and will be open through February 26, 2021. Anonymous countywide results will be sent out/posted.</p> <p>LE Chart Review Process – they are currently scheduling exit meetings for the first batch of chart reviews conducted after resuming process in last quarter of 2020. In process of scheduling next set of reviews – no dates confirmed at this time. Video on what to expect and how to prepare for a LE</p>		

Departmental QA Meeting Report, contd.:
Michelle Rittel

chart review currently in development – anticipated to be available end of March/beginning of April.

Policy and Technical Development: Emails – email notifications from the QA unit will come from gov.delivery, emails will be sent from County of Los Angeles and the subject line will be “County of Los Angeles DMH – Quality Assurance” and will no longer come directly from Jen Hallman. Distribution list includes everyone registered for the monthly DMH QA/QI meeting, the previous distribution list and anyone requesting to be on the distribution list. To get on the list for the monthly meetings, please use this link: <https://tinyurl.com/QA-QI-Meeting-Invite> If you have already registered, but you have not been receiving the emails, your email address may have been entered incorrectly. Please re-register.

21st Century CURES Act Update: Reminder – Provisions of the Final Rule that covers data exchange, interoperability and regulations on information blocking, including the ability of beneficiaries to access health information electronically without “special effort” – CMS has not indicated any flexibility in relaxing requirements – July 2021. DHCS is in preliminary process of identifying how this impacts Counties and what compliance looks like. CBHDA and CalMHSA/California Health Care Foundation to provide webinars in understanding the requirements in mid-late February. DMH will keep providers updated in the QA/QI Central meetings. When they know more, a QA Bulletin will be issued. Contractors should discuss with their vendors and review the federal requirements.

PAVE: Reminder – PAVE enrollment is required for eligible licensed disciplines by 4/1/21.

COVID-FAQs: FAQs regarding service provision during COVID-19 were reviewed and are posted on the QA website.

Guide to Procedure Codes: Guide has been updated. Updates were covered in QA Bulletin 20-08, which was reviewed in our

Departmental QA Meeting Report, contd.:
Michelle Rittel

last meeting. Phone E&M MSS Procedure Codes effective 1/1/21 were discussed. Common questions regarding updated E&M codes were reviewed.

CANS & PSC: In submitting CANS data to the state, denials are occurring due to multiple agencies sending multiple CANS on the same client. State rules prevent DMH from submitting in these situations. Reminder – State is looking at CANS at the client level. Providers should coordinate with each other regarding who should complete the CANS. Providers can share copies of CANS with other providers, so decide who is doing the CANS and put a copy in your clinical record. To address this, DMH is adding the following assessment types to the CANS and PSC forms: Administrative Close – to be used in situations when you are unable to complete the CANS at the required time period or the client/caregiver declined to participate and Urgent – select when there is a need for a Reassessment CANS prior to the next reassessment being due. This type of CANS does not change the next due date. For the 0-5 population, a CANS must be done initially, but if the client is not receiving TCM there is no requirement to complete future CANS. When the client turns 6, the CANS-IP must be done, selecting the “Initial” assessment type.

NOABD: Online application for LE providers to submit NOABDs has been created. CIOB PAO team is working on identifying resources to onboard providers. More information to come next month. Will be transitioning providers to start using this application around March 2021.

Network Adequacy & Access to Care: Timeframe Reminder – the timeframes for all types of referrals were briefly reviewed. Urgent is 48 hours if no pre-authorization and 96 hours with pre-authorization. Expedited is prior to 10 business days for MHS and prior to 15 business days for psychiatry. ACCESS priority is 5 business days. Discharge priority is 5 business days from date of discharge. Routine is 10 business days and routine psychiatric is 15 days.

Departmental QA Meeting Report, contd.:
Michelle Rittel

Access to Care – Updates coming soon. Policies are being updated. A QA Bulletin is coming, regarding Access to Care Expectations & Reminders. The bulletin will include the following: Routine referrals/requests – inability to accept referrals/requests, criteria/notification process; Urgent and hospital discharges/jail releases – providers make every effort to accept; Refusing requests/referrals – service provision may not be dependent on receiving another service; Monitoring plan – summary of DMH process/metrics monitored.

SRTS: New application coming soon. Final testing is being conducted and they will be developing a training and access plan. In preparation, providers need to ensure that SRTS records are closed out with dispositions entered as timely as possible and to review staff that currently have access to SRTS and ensure these are the correct/up to date staff.

Access to Care Monitoring: They are currently monitoring August – September 2020 data. Notification emails have been sent to providers. QA will begin monitoring SRL Web Service submission and LE providers must be submitting per policy 302.14. If you are not submitting, email networkadequacy@dmh.lacounty.gov There will be an Access to Care Monitoring Satisfaction Survey to get feedback on your experience of the Access to Care Monitoring Process.

SA2 Learning Collaborative Presentation – the slide presentation that DMH QA presented in the SA2 SALT meeting was reviewed. Slides were emailed to everyone prior to the meeting.

Network Adequacy: Network Adequacy & Timely Access to Care - Providers please ensure the data in NAPPA is current and accurate at the end of each month. Ensure all psychiatrists are entered and if they work with adults, be sure to separate FTEs for 0-20 and 21+. Also make sure to add any new staff.

Taxonomy Codes – The Guide to Procedure Codes will be updated to provide instructions on taxonomies and the association to discipline and category. A QA Bulletin will be issued.

Departmental QA Meeting Report, contd.:
Michelle Rittel

Accepting New Beneficiaries? – 52 service locations in NAPPA specifically show as not accepting new beneficiaries as of 2/8/21. Please review your service locations and update as needed.

NAPPA Contacts – Please make sure you have at least 2 contacts listed in NAPPA.

NAPPA Account Required – Please make sure to update the information for any new service locations. LE providers get an account through the SAR Portal
<https://lacdmhnact.dynamics365portals.us/> DO providers need a HEAT ticket and use Microsoft Edge to go to
<https://lacdmhprod20.crm9.dynamics.com/Apps/NAS>

NAPPA Current Status – LE providers: Now using NAPPA in place of PRM. All new practitioners should be entered first in NAPPA, existing practitioners should be reviewed and ensured up to date, make sure organization and service location information is current. DO providers: Should be ensuring service location information is current, providers on-hold using NAPPA for any updates to practitioners, next month will use NAPPA to update practitioners – will have to enter into NAPPA, then add program association and credentials in IBHIS and all updates to practitioner discipline & taxonomy will be done in NAPPA instead of IBHIS. Training will be provided next month.

FAQs: All FAQs related to Network Adequacy can be found on the QA webpage – click on Final Rule and then Network Adequacy and then FAQ.

QA Bulletins/Clinical Forms Bulletins: Updated Clinical Forms and QA/Clinical Forms Bulletins – Everyone received email from “County of Los Angeles” with QA Bulletins 21-01 Revised Beneficiary Handbook, 20-05R ICC, IHBS, TBS, TFCS Services (revised) and Clinical Forms Bulletin 21-01, as well as the updated forms. Bulletins and forms will also be posted on the QA webpage.

Health Information Management (HIM): There is a new efax number (213) 652-1875. The new number is the preferred method for DO programs to send record requests to HIM. The efax goes directly to an inbox that HIM staff are monitoring while teleworking.

<p>Suggested Items for Next Meeting:</p> <p>Handouts:</p>	<p>There were no suggestions.</p> <p>2020 Policy Bulletin</p> <p>QA Bulletin 20-05R</p> <p>Clinical Forms Bulletin 21-01</p> <p>QI Work Plan 2021 Summary</p> <p>QA-QI Contacts by Service Area</p> <p>SA2 Learning Collaborative presentation</p> <p>SA2 Children's QIC Meeting Power Point – February 18, 2021</p> <p>Spring 2020 CPS – SA2 Child (Feb 2021)</p>		
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Agenda Items & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Next Meeting:	Thursday, April 15, 2021 1:30-3:30pm Location: Online – Teams Meeting		

Respectfully submitted,

Michelle Rittel, LCSW