LOS ANGELES COUNTY- DEPARTMENT OF MENTAL HEALTH
Service Area II Program Administration
Adult Quality Improvement Committee
November 19, 2020
Via Microsoft Teams
10:00 am-11:30am
Agenda

Welcome- Introductions & Agency Updates   All
Review and Adoption of September 2020 Minutes   All

Quality Improvement

EQRO Feedback   Kalene Gilbert – reported by Kimber

Monthly Electronic CPS Development Report   Provided by Daiya Cunnane
Policy Bulletin 20-08   Provided by Compliance
CPS aka Surveys Fall 2019   Jennifer Regan, Ph.D.
Data-Outcomes & Operations – Quality Improvement Division

Quality Assurance

Audits   All
Training & Operations   Nikki Collier- rptd by Kimber
HIM - CURES Act   Charles Onunkwo
Policy & Tech Development   Jen Hallman- rptd by Kimber
     Access to Care Monitoring Updates
     Upcoming FAQ's
     PAVES
   QA Bulletin 20-06:
- CANS
- TCM Needs Eval

   QA Bulletin 20-05:
- ICC FAQ's
- Pre-Auth of IHBS, TBS, TFC
- Pre-Auth FAQ's

   MAA Update DO ONLY
   Training Modules Update

Q&A Discussion   All

Next Meeting for SA 2 Adult QIC: January 21, 2021 at 10-11:30 am

LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH
hope. recovery. wellbeing.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
SERVICE AREA 2 QUALITY IMPROVEMENT COUNCIL (QIC) MEETING

November 19, 2020
10 am-11:30am

Type of meeting:	Virtual meeting
Meeting Link:	https://web.microsoftstream.com/video/b221aa29-d685-46b6-a78c-798da3172acb?list=studio
Members Present:	Dora Escalante — Jewish Family Service David Mendez — Rancho San Antonio Esther Lee — DMH CMMD Iliana Martinez — El Centro de Amistad James B. Pelk — IMCES Jeffrey Lumaya — SCVMHC /AVMHC Jennifer Roecklein — Child & Family Center Julie Jones — Hillview Mental Health Center Karry Friedman — Tarzana Treatment Centers, Inc Marina Eckart — Didi Hirsch Mental Health Services Megan McDonald — Topanga West Guest Home/ACT Health and Wellness Sherry Winston — Tarzana Treatment Centers- Reseda 7832

AGENDA ITEMS	DECISIONS AND ACTIONS	RESPONSIBLE UNIT/STAFF	DUE DATE
Welcome- Introductions & Agency Updates		All	

Quality Improvement
EQRO Feedback
	Quality Improvement
	EQRO Focus this Year:
	-SA 2 & 5
	-DMH Response to COVID-19
	-Updates –DMH Strategic Plan
	-Access and Timeliness
	Review Covered:
	• New County Initiatives –Therapeutic Transport, HOME Outpatient Conservatorship Pilot, Help Line, FSP 2.0, and Community Ambassador Network
	• Special Focus -
	-Response to Covid –assuring access to care
	-Timeliness
	-Network Adequacy
	-Technology use in service delivery
	Performance Improvement Projects (PIP):
	    Clinical PIP focused on improving services for individuals with co- occurring disorders: designated active
	    Non Clinical PIP focused on Timeliness Interventions: designated active
	Final Session Feedback:
	• Praise for Department and Service Provider "Pivot" to serve clients during the Covid Crisis. Noted increase in services and decrease in no- shows
	• Praise from Clients and Family Members/Caregivers - services described as "fantastic" "couldn't find better" "very supportive" "LA County is Superb"
	• Praise for initial efforts to monitor and review prescribing practices in D/O clinics
		Quality Improvement
		Kalene Gilbert – reported by Kimber	

	• Praise for use of data **Areas Needing Attention Include:** •Capacity needs •Per TAY sessions, recommendation for stigma training support for family members, particularly in the area of psychotropic medication		
Consumer Perception Survey-NO FALL CONSUMER PERCEPTION SURVEY!	**Monthly Electronic CPS Development Report – 11/05/20** • Ongoing work was done to refine the "landing page," or initial page completed to enter the consumer/caregiver's demographic and contact information. A field was added to indicate if a survey was completed in-person, over the phone, or if the survey was emailed/texted. • Developers agreed to provide the option to send surveys to consumers, caregivers, or both to meet the varying family needs that are experienced by consumers. • Ongoing work was done to determine how Direct-operated (DO) and Legal Entities (LEs) will access the application through a log-in. C#s may be required for anyone who would need to complete or review surveys. This item requires follow-up. • QI made requests for providers to receive a pop-up confirming the submission of a survey; a way to receive daily totals of completed, incomplete, declined surveys, type of survey, and survey language; and prepopulated provider numbers, which can also be edited. • Providers will be able to save an open survey before completing or submitting the survey in order to protect against interruptions during survey entry and allowing providers to prefill survey information for the next day(s). • After a survey is submitted, there will be no way to edit it. • QI is having difficulty getting additional information about how and when the date would be delivered to the State, which is likely due to the transition of the survey management to UCLA.	Provided by Daiya Cunnane – reported by Kimber	

	• QI is considering the addition of a few questions to assess consumer/caregiver's experience of the electronic version of the survey.		
Policy Bulletin 20-08		Provided by Compliance	ED: 8/31/20
CPS aka Surveys Spring 2020	Dr. Regan presented SA 2 specific info to the group and facilitated a discussion on the data	Jennifer Regan, Ph.D. Data-Outcomes & Operations – Quality Improvement Division	
Quality Assurance Training & Operations	**Quality Assurance** **TRAINING** • In Development ○ Collaborative Documentation for Legal Entities ○ TCM & Rehab Module ○ Updated Assessment Module ○ Interactive Training Tools/Exercises **QA Knowledge Assessment** • Survey #3 Coming Soon	**Quality Assurance** Provided by Nikki Collier- reported by Kimber	
HIM - CURES Act	**OVERVIEW** This Act of congress was originally passed in 2016. Final rule essentially supports the use of modern day technology to meet the need of patients and providers. Sets in place new provisions for certified health IT developers to establish secure and standardized APIs (Application Program Interfaces). A separate law that does not supersede current state and federal health record access laws, under the HIPAA Privacy rule, Cal H & S codes and CMIA. **New compliance and enforcement date is now April 5, 2021 for open notes and information blocking. This would have been 11/2/20**. There is an extended compliance date of DECEMBER 31, 2022 for the 2015 edition of health IT certification and new standardized API functionality.	Provided by Charles Onunkwo - reported by Kimber	4/05/21

	Updated extensions, according to ONC, is to allow providers in the health care ecosystem, to deal with serious issues and concerns around COVID-19 **<u>Open Notes</u>** The Act outlaws any kind of information blocking, including patient data access. Health care organizations must provide patients access to their electronic health information and data, free of charge**. The difference with current laws is that access to data, under this Act, is <u>immediate, and into devices such as smartphones or thumb drives.</u>** Notes must be shared with health systems for coordination of care**. Psychotherapy notes are exempt from sharing.** DMH does not maintain psychotherapy notes as part of clients' health record. **<u>Types of Patient Data to be Available</u>** Diagnosis Functional status Treatment plan Progress notes Symptoms Prognosis Progress to date Consultations Pathology and lab report narratives **<u>Groups referred to as Actors, under this Act</u>** Health care providers Health Information Exchanges and Networks Health IT developers of certified health IT (EHR vendors)		
Policy & Tech Development	**Access to Care Monitoring Updates** • All emails have been sent out to providers who are below 80% • Still waiting to receive POCs from some Legal Entity providers	Provided by Jen Hallman – reported by Kimber	

	• QA in the process of reviewing POCs • Will be scheduling calls with Legal Entity providers • Will be looking at data for the next "quarter" – August/September **Upcoming FAQ's** •QA is working on developing FAQs related to QA Bulletins where there are multiple repeat questions from providers •FAQs will be posted on the QA Webpage next to the respective QA Bulletin Pre-Authorization FAQs COVID FAQs		

	QA Bulletin 20-07: PAVE & Medi-Cal Rx
	<u>Key Information:</u>
	•Eligible practitioners listed in QA Bulletin 20-07 must enroll in PAVE prior to 1/1/21
	•Practitioners need to enroll themselves and upload copies of their current professional licenses (state issued copy) and current state-issued ID
	  ➢ Prescribing practitioners must also register in Medi-Cal Rx Portal
	  ➢ Prescribers will have to enroll in PAVE prior to enrolling in Medi-Cal Rx
	•LACDMH is still waiting on more information from DHCS. An Info Notice is in development.
	<u>QA Bulletin 20-07: PAVE FAQs:</u>
	Q: Do interns and trainees need to register in PAVE? How about LPTs and nurses?
	A: Only the following practitioners listed in QA Bulletin 20-07 must enroll in PAVE:
	•Licensed clinical social workers
	•Licensed marriage and family therapists
	•Licensed Professional Clinical Counselors		

| | |•Licensed Psychologists
•Occupational Therapists
•Medical Doctors (MD) and Osteopaths (DO)
•Physician Assistants
•Registered pharmacists and Pharmacists
•Speech Therapists
If a discipline is not specifically listed, then that practitioner does not need to enroll in PAVE.
Q: For Legal Entities, do our practitioners register and affiliate with LACDMH or our organization?
A: Legal Entities practitioners should register and affiliate with their own Legal Entity provider. There is no option in PAVE for all LA County providers to register under LACDMH.
Q: Do staff who do not provide treatment to Medi-Cal beneficiaries or claim to Medi-Cal need to enroll in PAVE? For example, administrators and managers?
A: No, for now, only practitioners who provide direct treatment services to Medi-Cal beneficiaries should register in PAVE.
Q: Do staff include all locations they are working within the county including any Medi-Cal providers outside of the department?
A: Within the Ordering/Referring/Prescribing (ORP) section in the PAVE application, practitioners should provide the addresses of all practices and/or clinics where that practitioner provides services to Medi-Cal beneficiaries. At this time, we do not know how this may impact claiming or how frequently this information needs to be updated
Q: QA Bulletin states that eligible practitioners must enroll in PAVE by January 1, 2021, but the attachment mentions that DHCS might take 90 days to review physicians' applications and 180 days for non-physicians' applications. Do practitioners need to enroll by 1/1/21 or have their applications approved by 1/1/21? | | |

	A: Practitioners are encouraged to enroll in PAVE as soon as possible but not past 1/1/21. LACDMH recognizes that approval takes time and is not expecting approval by 1/1/21. However, keep in mind that for prescribers, any delay in enrollment could impact enrollment in the Medi-Cal Rx Portal which includes the ability to submit TARS and review prescription history. **The DHCS has stated that counties should not hold claims while waiting for approval.**		
	QA Bulletin 20-06: CANS Requirements LACDMH is working on finalizing a paper version of the CANS 0-5 form - Providers can use this version for now: file:///N:/CA_CANS_IP%20Rating%20Sheet_1.0_CW_ENGLISH.pdf •For DO providers, will be working to get the 0-5 form in IBHIS. •For DO providers, will be incorporating the needs eval questions into the CANS form in IBHIS •Will be adding an "administrative discharge" and "crisis" assessment type to both CANS forms •Additional information will be coming with when to use these options		
	QA Bulletin 20-06: TCM Needs Eval FAQ 1.If a new category of need arises a few months after conducting an initial comprehensive needs evaluation (NET or CANS) where should it be documented? Keep in mind –this addresses the clinical loop / golden thread –so you want to document it on some **form of assessment** a. Ages 21 & Up –Needs Evaluation Tool (or Assessment Addendum) b. Ages 0 through 20 –Assessment Addendum (if outside the 6-month timeframe) or CANS (if within 6-month timeframes) 2.To fully satisfy the TCM needs evaluation requirement, there must be documentation in the clinical record of the (1) history and current status of need(s); (2) any relevant information from other sources; and		

	(3) any barriers to getting needs met -Where should this be documented?
	    •On the NET, these items are at the bottom of the form
	    •On the CANS, can be added to the form OR on a progress note OR on the Assessment Addendum		

	QA Bulletin 20-05: ICC FAQs *Q: If the client meets the criteria for both ICC and IHBS, can ICC be billed prior to IHBS being authorized?* **A:** Yes. ICC does not require pre-authorization. *Q: For non-intensive programs, is there a requirement for training on ICC?* **A:** No, for non-intensive programs, there is no set requirement. We recommend watching the ICC Training Module from DMH http://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=8584 Additional ICPM training resources can also be found on the CDSS webpage: https://www.cdss.ca.gov/inforesources/the-integrated-core-practice-model/training-resources		
	QA Bulletin 20-05: Pre-Authorization of IHBS, TBS, TFC •Did you attend the webinar on 11/12/20 •*QA confirming with the State regarding the procedure codes to use while providers are waiting for approval for pre-authorization* •QA and Child Welfare will continue looking into how to streamline intensive program enrollment and pre-authorization requirements •Authorization is at the legal entity level, not at the program level •Approval date will never be back-dated		
	QA Bulletin 20-05: Pre-Authorization FAQs **Q: Who can complete the supplemental assessments?** A: Practitioners of ***any discipline*** can complete supplemental assessments; however, an Authorized Mental Health Discipline ***(AMHD) must sign them***.		

	Q: Do services under our Therapeutic Foster Care funded program require pre-authorization? **A:** The requirement for pre-authorization is based on the specific service provided, not the funded program. If you do not provide Therapeutic Foster Care services (i.e. services provided by a foster parent), IHBS or TBS, there is no pre-authorization requirement. **Q: Should TBS Supplemental Assessment be completed every 6 months (vs. every 3 months)?** **A:** Yes, the pre-authorization and the treatment plan requirement is now aligned at 6 months.		
	MAA Update (for DO only)		

	• In order to efficiently respond to MAA audits, Quality Assurance (QA) and the Finance Services Bureau (FSB) are asking DMH directly operated providers to submit ALL paper MAA DMH Forms that were claimed between FY 2010/2011 and FY 2015/16 to FSB.
	    ❑ Only MAA forms completed on paper should be sent
	    You can either submit the paper MAA DMH Forms via:
	    ❑ Email to Tracy T Namkung (TNamkung@dmh.lacounty.gov) and Sara Lee Dato (SLDato@dmh.lacounty.gov)
	    ❑ Drop off copies to (or send via county mail) to FSB on the 11thfloor at 550 S. Vermont Ave.
	    ❑ If you have any questions, please contact Tracy T Namkung (TNamkung@dmh.lacounty.gov)		

	Training Updates Kimber provided demonstration on how to find DMH training page		

Respectfully Submitted by:
Kimber Salvaggio
SA 2 Adult QIC Chair
NEXT MEETING: January 21, 2021 10 am Via TEAMs or Conference Call