

LOS ANGELES COUNTY- DEPARTMENT OF MENTAL HEALTH
Service Area II Program Administration
Adult Quality Improvement Committee
March 18, 2021
Via Microsoft Teams
10:00 am-11:30am
Agenda

<p>Welcome- Introductions & Agency Updates Cultural Competence Organizational Assessment</p>	<p>All Sandra Chang, Ph.D Cultural Competency Unit Program Manager-Lead for the Institute for Cultural and Linguistic Inclusion and Responsiveness (ICLIR)-Ethnic Services Manager Hyun Kyung Lee, Ph.D Cultural Competency Unit</p>
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<p>QIC Cert/QA/QI Updates</p>	<p>H. Honey Hira, MPH, MSN, RN, PHN - QA Certifications Ilda Aharonian, Ph.D. – QA Unit</p>
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Quality Improvement

<p>Monthly Electronic CPS Development Report</p>	<p>Provided by Daiya Cunnane - reported by Kimber</p>
<p>MAT Clinical PIP</p>	<p>Provided by Office of Admn Ops - reported by Kimber</p>

Quality Assurance

<p>Audits/Announcements QA Announcements</p>	<p>All Provided by QA Staff (Brad Bryant/ Nikki Collier/Jen Hallman)-rptd by Kimber</p>
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CURES Act Update
Training & Operations
 Annual QA Rpt
 QA Knowledge Assmt Survey #3
 Online Training Resources

Policy & Tech Development
 QA updates previously sent
 QAB 20-07 deadline pushed out
 PAVE
 Pre-auth reminders
 Out of state tx
 Access to care expectations
 Noabd

<p>Q&A Discussion</p>	<p>All</p>
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Next Meeting for SA 2 Adult QIC: May 20, 2021 at 10-11:30 am



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

Date: March 18, 2021
Time: 10-11:30am

Type of meeting:	Virtual meeting
Meeting Link:	https://web.microsoftstream.com/video/b798c36b-ba29-4285-85ed-6655ba6f0b80?list=studio
Members Present:	Addie Castaneda Dave Mendez Harmandeep (Honey) Hira Ilda Aharonian Iliana Martinez James Pelk Karry Friedman Katy Ihrig Marina Eckart Sherry Winston Tiger Doan Dora Escalante

AGENDA ITEMS	DECISIONS AND ACTIONS	RESPONSIBLE UNIT/STAFF	DUE DATE
CC Organizational Assessment Presentation		Sandra Chang, Ph.D. Hyun Kyung Lee, Ph.D.	

<p><u>Quality Improvement</u></p> <p><u>CPS Surveys</u></p> <p><u>Clinical PIP MAT</u></p>	<p><u>Quality Improvement</u></p> <ul style="list-style-type: none"> • Please make sure you have an active ‘C’ number • Anyone who is entering into our survey system i.e. peers, clerical • Staff helping to complete over the phone need a c number <ul style="list-style-type: none"> • Dr. Bonds sent email to LE’s on Feb 24 • Mentors and mentees needed • Survey link for interest <p>https://forms.office.com/Pages/ResponsePage.aspx?id=SHJZBzjqG0WKvqY47dusgUJfpckb_RNAt31IFwbhDN9UNU44N1VKVDRQVFEzQkU3UFhEOU1KQk9TTC4u</p>		<p>ASAP</p> <p>ASAP</p>
<p><u>QUALITY ASSURANCE</u></p> <p><u>Cures Act updates</u></p>	<p><u>QUALITY ASSURANCE</u></p> <p>Joint regulations by Office of the National Coordinator for Health IT (ONC) and the Centers for Medicare & Medicaid Services (CMS) to make it easier for clients, health plans and providers to access, exchange and use electronic health information</p> <ul style="list-style-type: none"> •Data Exchange –Requires select health care plans to share certain electronic health information •Data Interoperability –Enables seamless flow of data between organizations and their application systems 	<p><u>QUALITY ASSURANCE</u></p> <p>Provided by Brad Bryant, Nikki Collier & Jen Hallman – Reported by Kimber Salvaggio</p>	<p>Effective date - July 1, 2021</p>

<p><u>Training and Operations</u></p>	<ul style="list-style-type: none"> •Information Blocking –Prevent practices that restrict authorized access, exchange, and use of electronic health information •Everyone is behind & aware it is a heavy lift •Important to show good faith effort toward implementation***** <p><u>Our requirements as a Mental Health Plan:</u></p> <ul style="list-style-type: none"> •Patient Access (July 1, 2021) •Provider Directory (July 1, 2021) •Payer-to-Payer (January 1, 2022) •All data going back to Jan 1, 2016 •If you have it, you have to provide it <p>CMS Final Rule requirement -contractual obligations under the Medicaid Managed Care contract</p> <p>MHP Requirements:</p> <ul style="list-style-type: none"> ◦ Beneficiary education ◦ Privacy and security considerations ◦ Current “enrollee” and authorized representative ◦ Data segmentation –can’t do! ◦ All or nothing based on consumer consent ◦ Existing HIPAA right of access (excludes “psychotherapy notes”) <p>No changes to existing Federal, State and Local laws including 42 CFR Extension of current practice for paper requests</p> <p>Note: Another reason to learn Collaborative Documentation</p> <ul style="list-style-type: none"> • QA reports annual • QA knowledge #3 closed 		
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<p><u>Policy and Technical development</u></p> <p>Previously sent QA Updates</p> <p>QAB 20-07 deadline pushed out</p> <p>Pre-auth reminders</p>	<ul style="list-style-type: none"> ○ Info will be available soon ○ Also on QA site ● QA Chart Reviews <ul style="list-style-type: none"> ○ Video coming soon ○ Chart review tool being updated ● Online training resources available ● Feb 9 recording and upcoming webinars ● Feb 24 revised QB pave ● Feb 25 recording preauth webinar and FAQ link <p>Revised Bulletin: QA Bulletin 20-07R PAVE Portal and Medi-Cal Rx Web Portal Enrollment</p> <ul style="list-style-type: none"> ● New deadline for PAVE Enrollment and Medi-Cal Rx for eligible licensed disciplines: ● Includes updated Medi-Cal Rx Instructions with training resources <p>Updated FAQs on PAVE also sent out</p> <p>Recording from February 18th Q&A Session was sent out along with updated FAQs</p> <p>•Reminders:</p> <ul style="list-style-type: none"> ➤ As of March 1st, claims will deny without authorization ➤ Providers must request a subsequent pre-authorization if they will run out of units prior to the end of the 6-month authorization period <p>•Updates:</p>		<p>July 1st, 2021</p>
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<p>Out of State Treatment</p>	<ul style="list-style-type: none"> ➤ DMH is working on removing the need to request another authorization for IHBS when a client switches between Medi-Cal and Non-Medi-Cal (ETA next month) <p>The State Department of Health Care Services (DHCS) has given counties guidance that they will not disallow services that are provided to a client who is temporarily out-of-state based solely on the fact that the client is out-of-state. However, because the licensure requirements for the specific state must be met, and states differ in this regard, as well as other factors including the clinician's relative inaccessibility to the client, LACDMH recommends that providers exercise a high degree of caution when considering providing (and claiming for) services to any client who is temporarily out-of-state.</p>		
<p>Access to care expectations</p>	<ul style="list-style-type: none"> •No Programs are Exempt from Access to Care – Requirements are across the board (e.g., Wrap, FSP, CalWORKs, AB109) •Inability to Accept Routine Requests – Criteria on when a provider can no longer accept new requests for services for routine requests •Urgent / Hospital Discharge / Jail Release Appointment Requests – All providers must make every effort to accept these types of requests •Refusing Requests - Providers may only refuse to provide clients with specific services 		

<p>Network Adequacy</p>	<p>after having completed an assessment of the client and with appropriate clinical justification.</p> <ul style="list-style-type: none"> •Monitoring Plan – Process for monitoring access to care across the DMH system of care <p>The Network Adequacy: Provider and Practitioner Administration (NAPPA) application has logic regarding which taxonomy codes can be used for each discipline/category. <i>Refer to the Appendix in the Scenarios posted document.</i></p> <ul style="list-style-type: none"> •DMH is working with DHCS to look at future taxonomy usage where DHCS will have their own rules. DMH will be issuing a QA Bulletin as soon as some final details are sorted out with DHCS. •For Directly Operated, when they begin using the updated NAPPA application, all taxonomy codes must match against NPPES <ul style="list-style-type: none"> ◦IBHIS does not have any checks to compare against NPPES ◦Cesar Franco is working with DOs to verify information in IBHIS against NPPES ◦More information will be shared on the monthly Network Adequacy/Access to Care webinar 		
<p>NOABD</p>	<p>Online application for LE providers to submit NOABDs has been created</p> <ul style="list-style-type: none"> •LE Providers can start requesting access through SAR (same application used to request access to NAPPA) on March 15, 2021 		<p>March 15, 2021</p>

	Patients' Rights will no longer accept faxed NOABD as of July 1, 2021		
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Respectfully Submitted by:

Kimber Salvaggio

SA 2 Adult QIC Chair

NEXT MEETING: May 20, 2021 at 10am