COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH ANTELOPE VALLEY – SA1

Quality Improvement Council Meeting

AGENDA



September 1st, 2020 1:00 – 2:30 pm

Marylune Im, LMFT, Chair Barbara Paradise, LMFT, Co-Chair

l.	Introductions – Welcome to Team Meeting! • Review of Minutes from July 2020	QIC Members
III.	Quality Improvement Updates / Reports Patient Rights Access to Care PIP Tele-Medicine	M. Im B. Paradise
III.	Improvement Division - Consumer Perception Surveys • Experiences and Challenges	Daiya Cunnane
IV.	 New Clinical Forms Bulletins (Review) Based on new law and BBS requirements (AB 630, Chapter 229, Statutes of 2019) Updates to the Included & Allowable ICD 10-Diagnosis List 	M.Im B. Paradise
V.	Policy & Technical Development	M. Im B. Paradise
VI.	Training & Operations • Training Links updated	M. Im B. Paradise
VII.	Medi-Cal Certification • Updated Medi-Cal Certification (Revised 8-12-20)	M. Im B. Paradise I.Wang
VIII.	Announcements	QIC Members

Teams Meeting November 3, 2020 1:00 pm - 2:30 pm

Please keep the SA-1 Liaison updated with changes to your agency's QIC Liaison or Change of Provider contact(s).



SPA 1 QIC Meeting

Marylune Im, Chair Barbara Paradise, Co-Chair September 1st, 2020

DEPARTMENT OF MENTAL HEALTH

hope. recovery. wellbeing.

Agenda

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V.	Policy & Technical Development Notice of Adverse Benefits Determination Grievance and Appeal Change of Provider TBS/IHBS Updates	M. Im B. Paradise
VI.	Training & Operations Training Links updated	M. Im B. Paradise
VII.	Medi-Cal Certification • Updated Medi-Cal Certification (Revised 8-12-20)	M. Im B. Paradise I.Wang
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Introduction/Review of July Minutes

- Name
- Agency
- What is your favorite self-care technique you do?

▶ July Minutes for review with QIC members



Quality Improvement Updates

- Patient's Rights-Grievance & Appeal Process
 - ▶ CIOB is working on finalizing a new application.
- Change of Provider
 - ▶ CIOB is working on building application for contractors.
 - Directly Operated is currently using the application.
- Access to Care
 - ▶ QA unit will beginning monitoring access to care across all providers.
 - Data Quality
 - Dispositions are entered timely into SRTS.
 - Service Request Logs (SRL) records in IBHIS are finalized.
 - Timeliness
 - Routine
 - Urgent
 - Hospital Discharge/Jail Release

Quality Improvement Updates

- Performance Improvement Projects (PIP)
 - Clinical/Non-Clinical
 - ▶ **GOAL:** With greater data awareness, a universal plan of correction template, and targeted quality improvement discussions with DMH administrative staff, providers with timely appointments in the range of 59% or less (June to August 2020) will show a 5% improvement rate by February 2021.
 - DMH created an ACCESS TO CARE LEADERSHIP TEAM.
 - ► Team consist of ACCESS center, Child Welfare Division, Chief Information office (CIO), Contract Monitoring and Management Division (CMMD), Forensics, the office of Clinical Operations-Outpatient Services.
- ► Tele-Medicine Services
 - ▶ Goal is to increase the numbers of consumers receiving TMS services by 10%.
 - Conduct a TMH psychiatry needs assessment to determine the Directly Operated clinics with the greatest need.
 - Track mediation appointments wait time for clinics.

LACDMH Office of Administrative Operations Quality, Outcomes, and Training Division

Service Area (SA) 1 Consumer Perception Surveys (CPS) Data Review

> Fall 2019 Collection Period September 2020

How to Read the Data Reports

- Reports show the % of consumers reporting that they "Agree" or "Strongly Agree" with the statements in that domain <u>averaged</u> across SA 1 providers
- When possible, data is broken down by Non-Governmental Agency (NGA) and DMH providers
- Data is presented separately by survey (i.e., families, youth, adult, older adult)
- Providers are included in the total row if they had 15 or more Completed surveys per age group during that survey period

Things to Consider

- Number of surveys by SA and provider
 - ▶ Does this change by survey period?
- Comparison across domains
 - ► Which domains tend to be the highest rated? Which are the lowest rated?
- Comparison to benchmarks
 - ► How do the provider scores compare to the county average? State average? National average?

Goal for this Presentation

- Select two domains per age group for which you would like to see the itemlevel data
 - ► Consider where you think improvements can be made
 - Domains that fluctuate over time
 - ▶ Domains that are consistently lower
 - Domains that are priority for the group

Figure 1. SA 1 Total Surveys Collected by Time Period

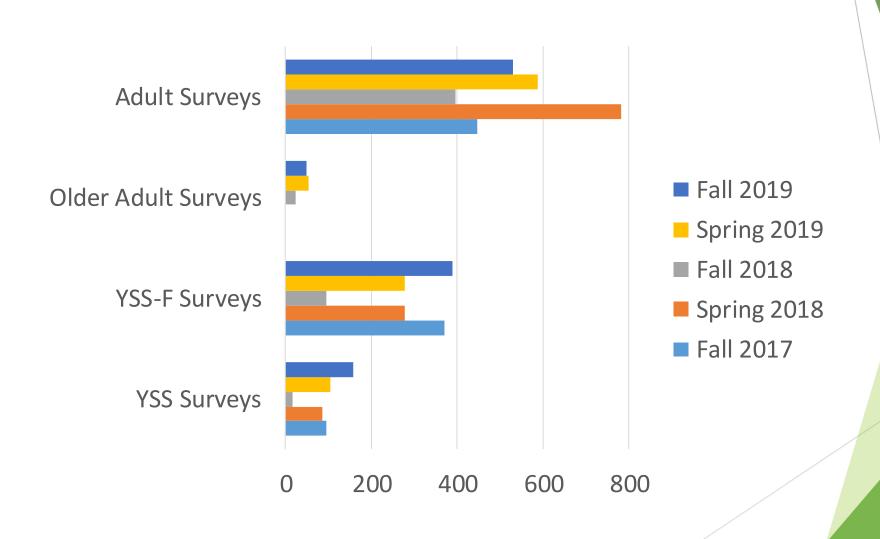


Figure 2. SA 1 Youth Services Survey for Families (YSS-F) 1st Four Domain Scores by Time Period

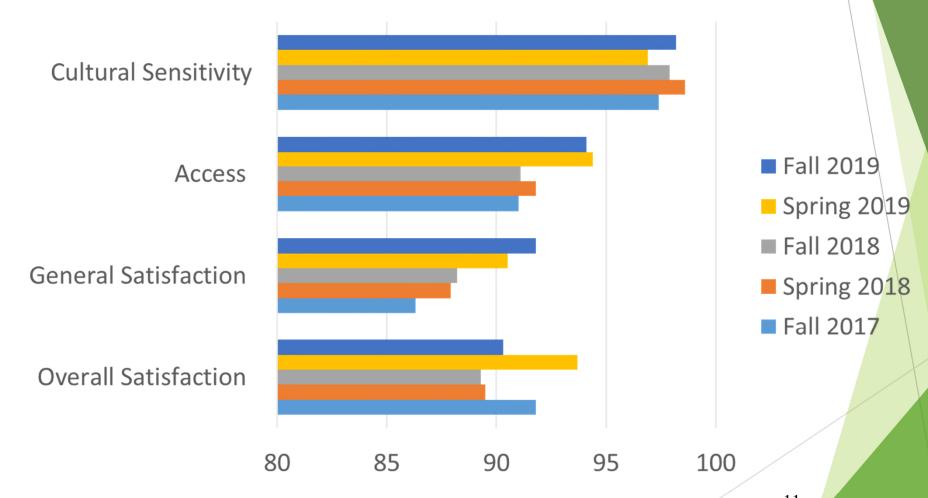


Figure 3. SA 1 Youth Services Survey for Families (YSS-F) 2nd Four Domain Scores by Time Period

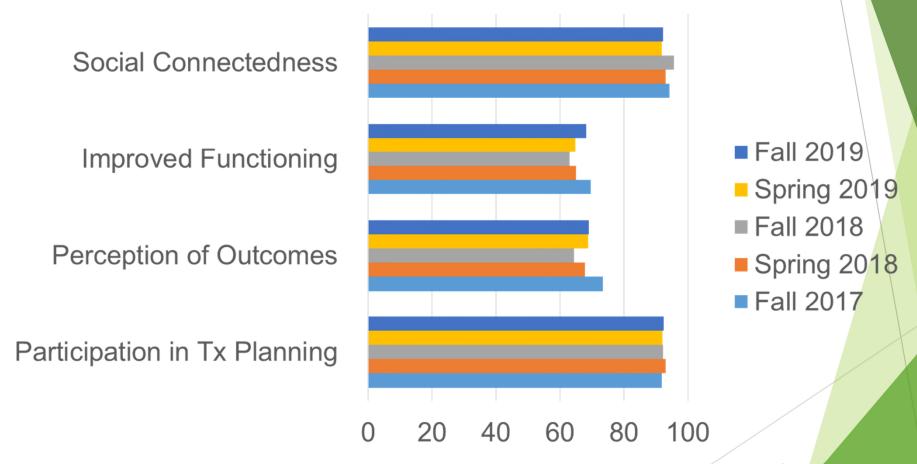


Figure 4. SA 1 Youth Services Survey (YSS) 1st Four Domain Scores by Time Period

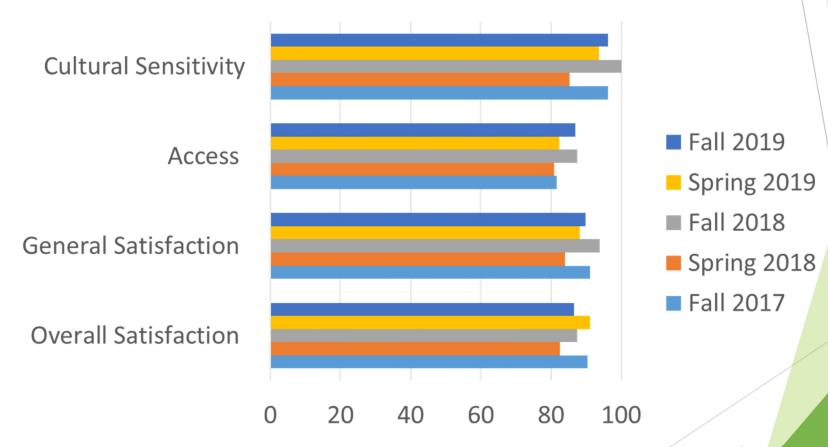
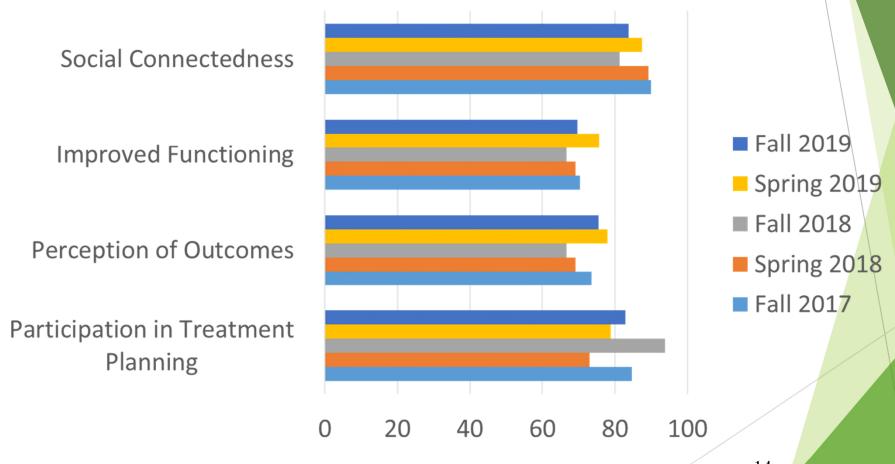


Figure 5. SA 1 Youth Services Survey (YSS) 2nd Four Domain Scores by Time Period



Youth Services Survey/Youth Services Survey for Families Domain Items

Domain	Survey Items	Scoring
General Satisfaction	 Overall, I am satisfied with the services my child received The people helping my child stuck with us no matter what. I felt my child had someone to talk to when he/she was troubled. The services my child and/or family received were right for us. My family got the help we wanted for my child. My family got as much help as we needed for my child. 	mean
Perception of Access	8. The location of services was convenient for us. 9. Services were available at times that were convenient for us.	mean
Perception of Cultural Sensitivity	 12. Staff treated me with respect. 13. Staff respected my family's religious/spiritual beliefs. 14. Staff spoke with me in a way that I understood. 15. Staff were sensitive to my cultural/ethnic background. 	mean
Perception of Participation in Treatment Planning	 I helped to choose my child's services. I helped to choose my child's treatment goals. I participated in my child's treatment. 	mean
Perception of Outcomes of Services	 16. My child is better at handling daily life. 17. My child gets along better with family members. 18. My child gets along better with friends and other people. 19. My child is doing better in school and/or work. 20. My child is better able to cope when things go wrong. 21. I am satisfied with our family life right now. Note: The YSS-F Outcomes domain relies on 4 items (#16, 17, 18, 20) that are also used in calculating the YSS-F "Functioning Domain". 	mean

Youth Services Survey/Youth Services Survey for Families Domains

Perception of Functioning*	 22. My child is better able to do things he or she wants to do. 16. My child is better at handling daily life. (existing YSS-F Survey item) 17. My child gets along better with family members. (existing YSS-F Survey item) 18. My child gets along better with friends and other people. (existing YSS-F Survey item) 20. My child is better able to cope when things go wrong. (existing YSS-F Survey item) Note: The YSS-F Functioning domain relies on 4 items (#16, 17, 18, 20) that are also used in calculating the YSS-F "Outcomes Domain". 	mean
Perception of Social	23. I know people who will listen and understand me when I need to talk.	mean
Connectedness*	 I have people that I am comfortable talking with about my child's problems. 	
	25. In a crisis, I would have the support I need from family or friends.26. I have people with whom I can do enjoyable things.	

Figure 6. SA 1 Adult Survey

1st Four Domain Scores by Time Period

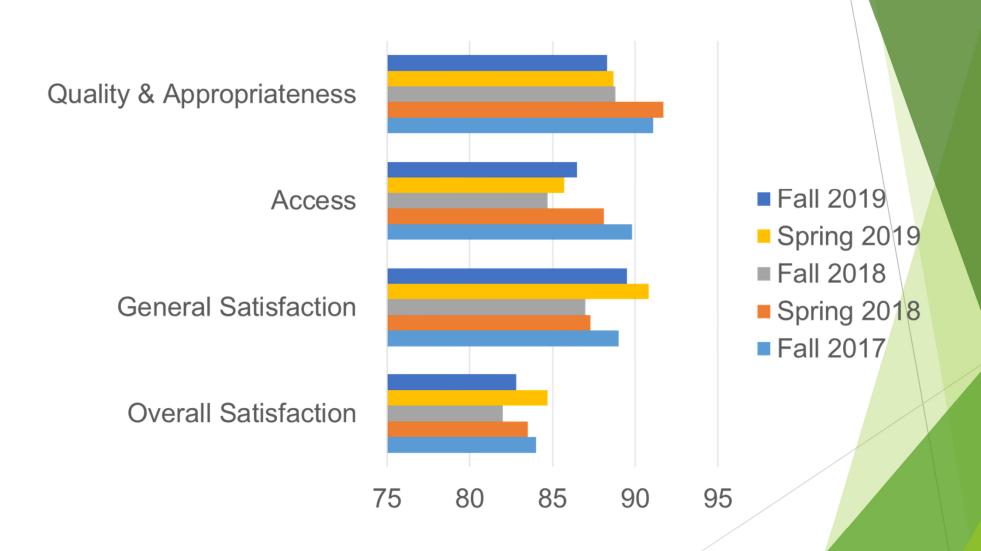


Figure 7. SA 1 Adult Survey

2nd Four Domain Scores by Time Period

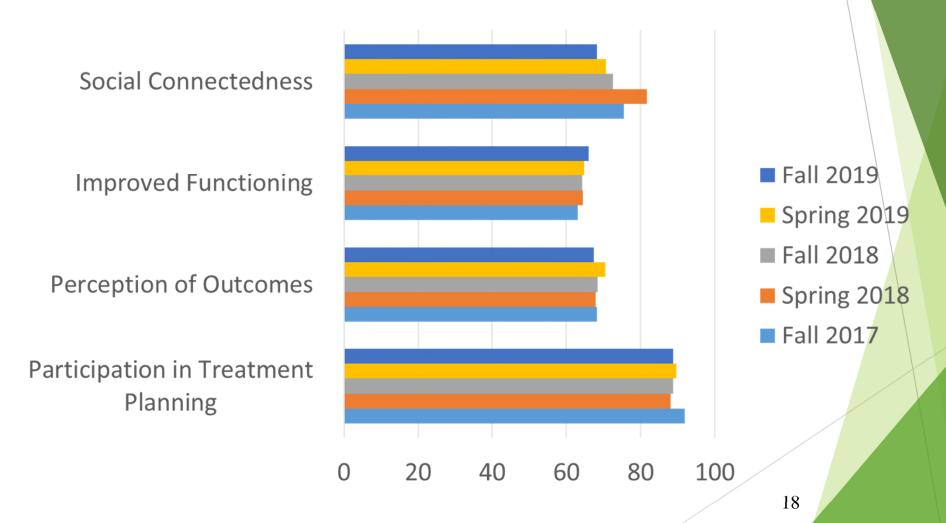


Figure 8. SA 1 Older Adult Survey

1st Four Domain Scores by Time Period

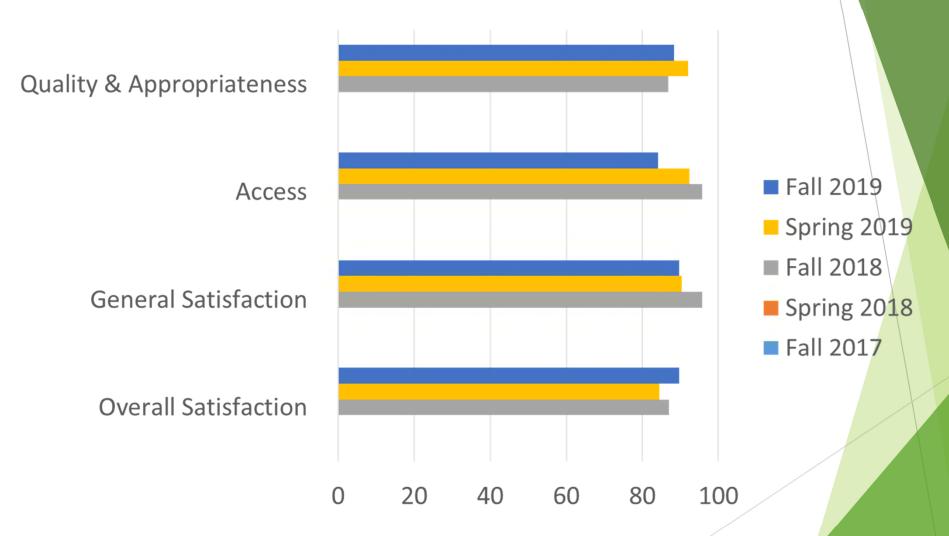
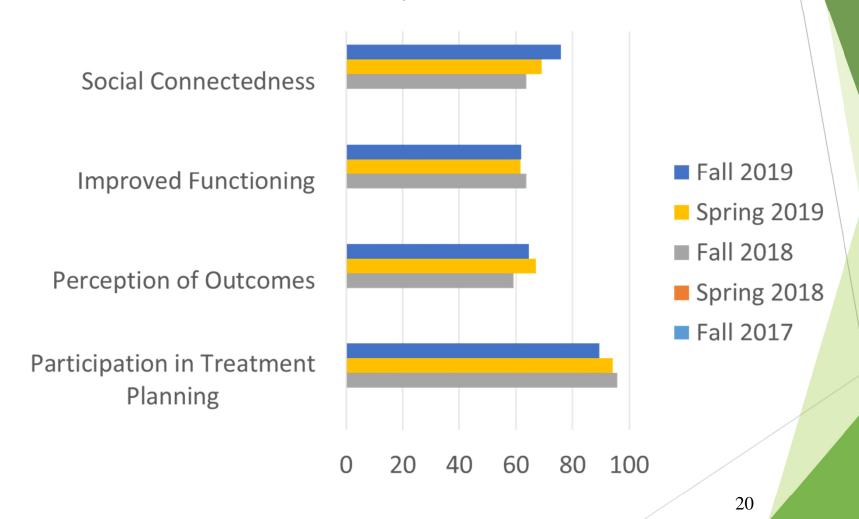


Figure 9. SA 1 Older Adult Survey 2nd Four Domain Scores by Time Period



Adult Survey Domain Items

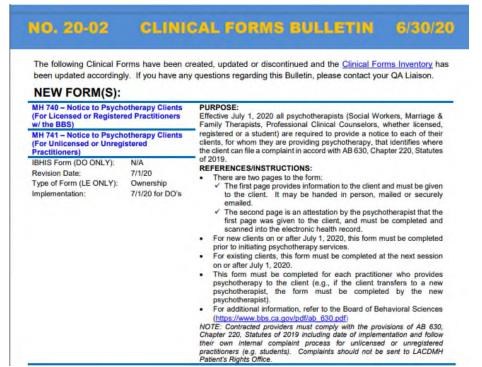
Domain	Survey Items	Scoring
General Satisfaction	I like the services that I received here. If I had other choices, I would still get services from this agency. I would recommend this agency to a friend or family member.	mean
Perception of Access	 The location of services was convenient. Staff were willing to see me as often as I felt it was necessary. Staff returned my calls within 24 hours. Services were available at times that were good for me. I was able to get all the services I thought I needed. I was able to see a psychiatrist when I wanted to. 	mean
Perception of Quality and Appropriateness	 Staff here believe that I can grow, change and recover. I felt free to complain. I was given information about my rights. Staff encouraged me to take responsibility for how I live my life. Staff told what side effects to watch for. Staff respected my wishes about who is, and is not to be given information about my treatment. Staff were sensitive to my cultural/ethnic background. Staff helped me obtain the information needed so that I could take charge of managing my illness. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.). 	mean
Perception of Participation in Treatment Planning	11. I felt comfortable asking questions about my treatment and medication.17. I, not staff, decided my treatment goals.	mean

Adult Survey Domain Items

Perception of Outcomes of Services	 21. I deal more effectively with daily problems. 22. I am better able to control my life. 23. I am better able to deal with crisis. 24. I am getting along better with my family. 25. I do better in social situations. 26. I do better in school and/or work. 27. My housing situation has improved. 28. My symptoms are not bothering me as much. Note: The MHSIP Outcomes domain relies on 1 item (#28) that is also used in calculating the MHSIP "Functioning Domain". 	mean
Perception of Functioning*	 29. I do things that are more meaningful to me. 30. I am better able to take care of my needs. 31. I am better able to handle things when they go wrong. 32. I am better able to do things that I want to do. 28. My symptoms are not bothering me as much. (existing MHSIP Survey item) Note: The MHSIP Functioning domain relies on 1 item (#28) that is also used in calculating the MHSIP "Outcomes Domain". 	mean
Perception of Social Connectedness*	 33. I am happy with the friendships I have. 34. I have people with whom I can do enjoyable things. 35. I feel I belong in my community. 36. In a crisis, I would have the support I need from family or friends. 	mean

Clinical Forms Bulletins

- ▶ Based on new law and BBS requirements (AB 630, Chapter 229, Statutes of 2019)-Review
 - ▶ A compliant can be filed with the BBS, regarding the services received by the practitioner.
 - Any challenges and concerns with informing the clients/families?
 - Forms have been emailed and in Teams QIC group



Clinical Form Bulletins

- ▶ Updates to the Included & Allowable ICD 10-Diagnosis List- August 13th, 2020
 - ► Change in use of R69, Diagnosis deferred (Illness Unspecified) has been removed from the DSM-5. Providers should use code Z03.89, Encounter for Observation for Other Suspected Diseases and Conditions Ruled Out.
 - ▶ Added F84.0 Autistic Disorder (Autism Spectrum Disorder) to align with the DSM-5.
 - Individuals who would have been diagnosed with Asperger's Disorder or Pervasive Development Disorder NOS under DSM-IV should now be given Autistic Disorder.

Organizational Providers Manual

- ► ICD-10-CM included diagnoses lists for Outpatient and Day Services and Inpatient services will be removed from the Organizations Provider's Manual and will be posted separately on the DMH QA webpage.
 - https://dmh.lacounty.gov/qa/qama/
 - ▶ DMH no longer will maintain a list of "allowable" ICD-10-CM diagnoses for contract providers.
 - ▶ More diagnosis updates will occur on October 1st, 2020 on CMS webite.

Policy & Technical Development

- Notices of Adverse Benefits Determination (NOABD)
 - Will replace NOA forms currently in use (tentative in September).
 - Looking at a way for contractors to submit them electronically from their electronic records system into an application.
- ► Patient's Rights-Grievance & Appeal Process
 - ▶ CIOB is working on finalizing a new application.
- Change of Provider
 - CIOB is working on building application for contractors.
 - Directly Operated is currently using the application.
- TBS/IHBS
 - Will require pre-authorization approval
 - ▶ Being developed (pre-authorization procedure).

Training and Operations

- ► General documentation & claiming training modules and other training resources now available.
 - https://dmh.lacounty.gov/qa/qa-training/
 [Click on link to access]

TRAINING

Training for Directly Operated Providers using IBHIS

General Training for Legal Entities and Juvenile Justice Halls/Camps

Medi-cal Certification

- Forms provided through Email and Teams QIC board and available on-line.
 - https://dmh.lacounty.gov/qa/qampc/ [Click on link to access]
- ▶ Updated forms (8-12-20) for Directly Operated and Contract Providers

MEDI-CAL PROVIDER CERTIFICATION

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CONTRACT-OPERATED PROVIDERS AND DIRECTLY-OPERATED PROVIDERS BECOMING A SD/MC CERTIFIED PROVIDER

Overview and Instructions for New Certification

Provider Site Certification Protocol

SDMC Certification Application (For Directly-Operated Providers Only)

Medi-Cal Certification Checklist for Directly Operated Providers (updated 8/12/20)

Medi-Cal Certification Checklist for Contracted Providers (updated 8/12/20)

Staff Roster for Medi-Cal Certification

Announcements/Questions

Open for discussion by QIC members



Next SPA 1 QIC Meeting

► ON TEAMS (NOVEMBER 3rd, 2020 at 1:00 PM - 2:30 PM)

