

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

April 15, 2021

Agenda

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

QI

- Regional Learning Collaborative
- CPS
- Presentation – Cultural Competence Organizational Assessment. . . Dr. Sandra Chang & Dr. Hyun Lee
- Compliance, Policy and Audit Services Update
- Cal QIC Highlights
- CAPP (Parent Partner meeting)

QA

- 21st Century CURES Act Update
- CalAIM Proposal
- Training & Operations: Online Training Resources, LE Chart Reviews, Collaborative Documentation Training, QA Knowledge Assessment Survey
- Policy and Technical Development: Preauthorization Reminders, Org Manual Updates, Translated Forms & Documents, Network Adequacy/Access to Care, Taxonomy Codes, NOABD Application, QA Bulletins

3:25 – 3:30 Suggestions for Next Meeting

Contact: Michelle Rittel: Office – (818) 610-6737
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Next Meeting:
Thursday, June 17, 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	April 15, 2021	
Place	Online – Teams Meeting	Start Time	1:30pm	
Chairperson	Michelle Rittel	End Time:	3:30pm	
Co-Chairs	Alex Medina			
Members Present	Anabel Aispuro, Angela Khan, Ariel Landrum, Cheryl Davis, Christine Pina, Cindy Luna, David Lopez, Esther Lee, Freda McGovern, Gina Leggio, Honey Hira, Hyun Lee, Ilda Aharonian, Iliana Martinez, Ingrid Rey Balbuena, James McEwen, Jeanine Caro-Delvaille, Jenny Sanchez, Jessica Ayala, Judy Shvartz, Karina Krynsky, Kate Carada, Kaylee Devine, Kimber Salvaggio, Laura Padrino, Laura Ratsch, Lisa Sumlin, Lorena Chavez, Luis Pereira, LyNetta Shonibare, Maggie Holland, Mark Rodriguez, Michelle Rittel, Molly Shigeta, Nely Meza, Roman Shain, Sandra Chang, Tanya Khanjian, Tiffani Tran, Tiger Doan, Vicky Rivera, Vicky Shabanzadeh, Zeena Burse			
Absent Members	Adik Parsekhian, Alex Medina, Aminah Ofumbi, Arezoo Esfahani, Carolyn Kaneko, Cassie Lopez, Claudia Morales, Danielle Price, Dave Mendez, Diana Dawson, Gurudarshan Khalsa, Harmony Vezina, James Pelk, Jennifer Palma, Jennifer Roeklein, Jennifer Sherman, Judy Cardona, Katherine Smith-White, Marina Eckart, Michele Burton, Michelle Barajas-Sanchez, Nizhu Minaz, Stephanie Yamada, Tim Petersen, Wendy Medina, Wendy Salazar			
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 February 18, 2021 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)			
<p>DMH QIC Meeting Report: Michelle Rittel</p> <p>Presentation: Sandra Chang & Hyun Lee</p> <p>DMH QIC Meeting Report, contd.</p>	<p>Regional Learning Collaborative: This is for SA2 and there are 5 Child Providers participating. They will review timeliness data, provider interventions, as well as potential regional interventions and systems barriers. They will be meeting for the first time at the end of the month.</p> <p>CPS: Spring & Fall 2019 and Spring 2020 data will be posted soon. We are still awaiting dates from the state for Spring 2021. Surveys will be online, so please get “C” numbers for your staff that will be administering surveys.</p> <p>Dr. Sandra Chang & Dr. Hyun Lee from the Cultural Competency Unit presented on the Cultural Competence Organizational Assessment. Data from the assessment was reviewed.</p> <p>Compliance, Policy & Audit Services Update: The Clinical Policy Committee will be meeting quarterly. The next meeting is April 28 by invitation for a smaller group. The goal was met for 89% of policies updated within 3 years. Of the delinquent 11% remaining, only 2 of the 9 are not in Advisory workflow. Parameters of Practice are being converted to the policy platform instead of PDF on the internet only. Many of the Parameters are in need of update. The Quarterly Policy Bulletin was previously emailed and monthly bulletins with new, revised and deleted policies are posted online and can be reviewed from the website.</p> <p>QID Updates: The Cal QIC Highlights slide presentation was</p>		

Departmental QI Meeting Report, contd.:
Michelle Rittel

previously emailed to everyone and the highlights were reviewed, including CalAIM major areas of change, addressing disparities using Quality Improvement strategies, law & ethics session key takeaways, HIPAA, Notice of Proposed Rule Making (NPRM) related to Privacy, and substance use disorder records.

Patient's Rights Office: No update.

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)			
Departmental QA Meeting Report: Michelle Rittel	<p>21st Century Cures Act Update: There are joint regulations by the 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 & providers to access, exchange and use electronic health information. 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. Information Blocking prevents practices that restrict authorized access, exchange and use of electronic health information. The effective date is July 1, 2021. Everyone is behind and QA is aware that it is a heavy lift. It is important to show a good faith effort toward implementation. Our requirements as a Mental Health Plan are: Patient Access – 7/1/21, Provider Directory – 7/1/21, Payer-to-Payer – 1/1/22, all data going back to 1/1/16 – if you have it, you have to provide it. CMS Final Rule requirement – contractual obligations under the Medicaid Managed Care contract. MHP Requirements: 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”), No changes to existing Federal State and Local laws including 42 CFR, Extension of current practices for paper requests. Note: This is another reason to learn Collaborative Documentation. Under the 21st Century CURES Act and Federal ONC Regulations, there are requirements for Mental Health Plans and for Providers and different dates for each. LA County is working to clarify requirements it must meet as a MHP (administrative) and as a Provider (clinical/EHRS), as well as how it all impacts Contracted Providers. LA County will be developing a chart</p>		

<p>Departmental QA Meeting Report, contd.: Michelle Rittel</p>	<p>that provides clarification on responsibilities, requirements and dates.</p> <p>Audits: None scheduled.</p> <p>Medi-Cal Certification Section: No Update</p> <p>CalAim Proposal Update: There is a high level overview of several important initiatives under DHCS CalAIM Proposal: Payment Reform – transition from HCPCS Level II coding to HCPCS Level I coding – timeline is earliest possible July 1, 2022, Medical Necessity Criteria – update and clarify medical necessity criteria including allowing reimbursement of treatment before diagnosis, clarify EPSDT protections and create criteria for children based on experience of trauma and risk of developing future mental health conditions, develop a standardized screening and transition tool to determine Specialty Mental Health vs. Medi-Cal managed care, “no wrong door” policy to ensure receive services no matter which delivery system where they seek services (may receive services from both systems in some situations), simplify and streamline documentation requirements to align with medical provider requirements (eg. eliminate requirement for a point-in-time treatment plan) – Timeline – January 1, 2022</p> <p>Training and Operations: Annual QA Report & Written QA Process – Thanks again to providers for submitting your QA Reports and Written QA Processes.</p> <p>Training Resources Available Online – Training resources can be found on the QA Webpage under Training. Trainings include Training for Directly Operated Providers using IBHIS, General Training for Legal Entities and Juvenile Justice Halls/Camps, Intensive Care Coordination (ICC) Training Module and PowerPoint, TCM Needs Evaluation Intro PowerPoint.</p>		
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Departmental QA Meeting Report, contd.:
Michelle Rittel

LE Chart Review Process – No upcoming reviews for SA2. Attachment A (chart review preparation instructions) updated to include additional items to be prepared based on newer requirements – Needs Evaluations, Supplemental Assessments (IHBS, TBS, TFC) – if applicable, Confirmation of authorizations for IHBS, TBS, TFC (if applicable). Plan of Support Meeting (after the Exit Meeting) added to the process. This is a discussion on next steps, including, but not limited to: How to implement change based on the recommendations from the Chart Review Summary Report and setting timelines for follow up support by DMH and monitoring the implementation process. There is also a Legal Entity Chart Review video now available. It is located on the QA Web page under Chart Review Requirements.

Collaborative Documentation Trainings – First general Collaborative Documentation Training will be on 5/17/21 9:30-12:30. The Announcement/Training Bulletin was emailed on Monday. It’s a live webinar and registrants will receive information and opportunity to request slots for Train-the-trainer training. Additional dates are being coordinated.

QA Knowledge Assessment Survey – Survey #3 answers/rationales and countywide results were sent out to LE QA Contacts last month and will be available soon on the QA webpage. They are starting to develop Survey #4.

Policy and Technical Development: Pre-Authorization Reminders – Recording from Feb. 18 Q&A session was sent out along with updated FAQs. Reminders: as of March 1, claims will deny without authorization and providers must request a subsequent pre-authorization if they will run out of units prior to the end of the 6 month authorization period. Update: 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). Reminders about Authorizations: If a client has been authorized for IHBS/TBS, don’t forget to use the specific M-auth number on claims instead of the general P-auth. A CFT is required for IHBS – it may have already occurred prior to the authorization request or be planned to occur at the time of authorization request.

Departmental QA Meeting Report, contd.:
Michelle Rittel

Org Manual Updates - DMH QA is in the process of updating the Org Manual. Key updates include: information from QA Bulletins is being incorporated, for NOABD – including that an assessment must be done to determine No Medical Necessity, adding Needs Evaluation description and requirement, for EPSDT Services – ICC, IHBS, TBS and TFC – adding target population expansion of ICC and IHBS, adding new requirements including the authorization process for IHBS, TBS and TFC, adding description of Integrated Core Practice Model (ICPM) and Child and Family Team (CFT), adding the updated service components for ICC, Outpatient & Day Services Included Diagnoses & Inpatient Included Diagnoses are being removed from appendix and replaced with URL hyperlinks.

Translated Forms & Documents – a list of forms & documents that are in the process of being translated was reviewed.

Network Adequacy & Access to Care: Network Adequacy – NAPPA has logic regarding which taxonomy codes can be used for each discipline/category. Refer to the Appendix in the Scenarios posted document. 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 when final details are sorted out. For Directly Operated, when they begin using the updated NAPPA application, all taxonomy codes must match against NPPES. IBHIS does not have any checks to compare against NPPES and Cesar Franco is working with DOs to verify information in IBHIS against NPPES. The next State submission is on June 1, 2021. LE providers should ensure the NAPPA report is up-to-date and does not have any red flags. DO providers will have a 3 phase process for getting information up-to-date and QA will be providing a NAPPA training for DOs on April 20, 2021.

Taxonomy Codes – Thank you to those who already updated practitioners' taxonomy in NPPES and NAPPA. Deadline extension in regards to transitioning ASWs and AMFTs. The Guide to Procedure Codes will be updated and QA Bulletin will be issued prior to requiring further modifications.

Departmental QA Meeting Report, contd.:
Michelle Rittel

NOABD Application for LE – Reminder that LE Providers can start requesting access through SAR – same application used to request access to NAPPA – as of March 15, 2021. Patients’ Rights will no longer accept faxed NOABD as of July 1, 2021. QA will be developing a video on how to use the application. Recording will be emailed via GovDelivery and posted online.

QA Bulletins/Clinical Forms Bulletins: Revised Bulletin 20-07R PAVE Portal and Medi-Cal Rx Web Portal Enrollment – New deadline for PAVE Enrollment and Medi-Cal Rx for eligible licensed disciplines is July 1, 2021. Bulletin includes updated Medi-Cal Rx instructions with training resources. Updated FAQs on PAVE also sent out.

Final QA Bulletin 21-02: Access to Care Expectations & Reminders – Updates from Draft Version – 1. Inability to Accept Routine Requests – clarified criteria for when a discussion should occur and modified 3rd criteria language. 2. Refusing Requests – Added reference to distance & indigent clients. 3. Policy Updates – Added the Time & Distance Standards to Appointment Location. The Bulletin was previously emailed to everyone for review.

Health Information Management (HIM): No updates.

<p>Suggested Items for Next Meeting:</p> <p>Handouts:</p>	<p>There were no suggestions.</p> <p>QA Bulletin 20-07R</p> <p>QA Bulletin 21-02</p> <p>Cal QIC Highlights</p> <p>Cultural Competency Organizational Assessment Presentation</p> <p>Policy Bulletin 2021 Qtr 1</p> <p>SA2 Children's QIC Meeting PowerPoint</p>		
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Respectfully submitted,

Michelle Rittel, LCSW