



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**

January 20, 2022
 10 am – 11:30am

Type of Meeting: Virtual Microsoft TEAMS	Meeting Link:																																
<table border="1"> <tr><td>Amy Kress LCSW</td><td>Olive View Mental Health Urgent Care</td></tr> <tr><td>Connie Kessinger</td><td>HOME TEAM SA2</td></tr> <tr><td>Dave Mendez</td><td>Rancho San Antonio</td></tr> <tr><td>Heylee Barriola</td><td>Didi Hirsch Mental Health Agency</td></tr> <tr><td>Ilda Aharonian</td><td>LACDMH QA Division, Training & Operations Team</td></tr> <tr><td>Iliana Martinez</td><td>EI CENTRO DE AMISTAD</td></tr> <tr><td>Jeanine Caro-Delvaille</td><td>Child & Family Center</td></tr> <tr><td>Jen Regan</td><td>DMH QI</td></tr> <tr><td>Julie Jones</td><td>Hillview Mental Health Center, Inc.</td></tr> <tr><td>Katy Ihrig</td><td>SCVMHC</td></tr> <tr><td>Kristen Fraley</td><td>Tarzana Treatment Centers</td></tr> <tr><td>Leslie A DiMascio</td><td>San Fernando Valley Community Mental Health Center, Inc.</td></tr> <tr><td>Megan McDonald</td><td>Topanga West Guest Home/ACT Health and Wellness</td></tr> <tr><td>Michelle Rittel</td><td>DMH SA2 Administration</td></tr> <tr><td>Sherry Winston, LMFT</td><td>Tarzana Treatment Centers</td></tr> <tr><td>Tiffany Rabbani</td><td>Tarzana Treatment Centers</td></tr> </table>	Amy Kress LCSW	Olive View Mental Health Urgent Care	Connie Kessinger	HOME TEAM SA2	Dave Mendez	Rancho San Antonio	Heylee Barriola	Didi Hirsch Mental Health Agency	Ilda Aharonian	LACDMH QA Division, Training & Operations Team	Iliana Martinez	EI CENTRO DE AMISTAD	Jeanine Caro-Delvaille	Child & Family Center	Jen Regan	DMH QI	Julie Jones	Hillview Mental Health Center, Inc.	Katy Ihrig	SCVMHC	Kristen Fraley	Tarzana Treatment Centers	Leslie A DiMascio	San Fernando Valley Community Mental Health Center, Inc.	Megan McDonald	Topanga West Guest Home/ACT Health and Wellness	Michelle Rittel	DMH SA2 Administration	Sherry Winston, LMFT	Tarzana Treatment Centers	Tiffany Rabbani	Tarzana Treatment Centers	<p data-bbox="1272 662 1871 724">https://web.microsoftstream.com/video/2432781f-3b0c-4445-92d5-d22b7d36b8de?list=studio</p> <p data-bbox="1272 951 1541 980">Members Present</p>
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AGENDA ITEMS	DISCUSSIONS/RECOMMENDATIONS/ACTIONS OR SCHEDULED TASKS	RESPONSIBLE UNIT/STAFF
QIC Cert/QA/QI Updates	No updates at this time	Ilda Aharonian, Ph.D.- QA Unit Jen Regan, Ph.D. QI Unit
Quality Improvement	Quality Improvement	Quality Improvement
Spring 2021 Client Perception Survey (CPS) Results	<p>Data received from UCLA, including provider level data</p> <ul style="list-style-type: none"> ➤ Currently completing analysis, consumer and provider reports ➤ QA to present to Liaisons end of January ➤ QA to provide Service Area presentations and data in February ➤ Goal for 2022 – Improving response rate <p>This year, anticipate a focus on improvement projects related to Client Perception Survey outcomes.</p>	Provided by K. Gilbert – Reported by Kimber
Quality Assurance	Quality Assurance	Quality Assurance
Electronic Data Transmission of Prescriptions AB 2789	Links from Dr. Sou’s presentation on Electronic Data Transmission of Prescriptions AB 2789 were provided to the membership as well Dr. Sou’s contact information for further assistance if needed.	Provided by Kimber via email
General QA Updates	<ul style="list-style-type: none"> • MR Grant will no longer provide audits for LACDMH as of January 2022 • Professional Licensing Waivers will be transferred to Policy & Technical ➤ Development (David Crain will be the lead) 	Provided by QA Staff (Provided by Brad Bryant, Jen Hallman, Nikki Collier) – reported by Kimber

	<ul style="list-style-type: none"> ○ Continue using the waiver e-mail address Waivers@dmh.lacounty.gov ○ The waiver request form has been updated by DHCS 	
<p>DHCS UPDATES</p>	<ul style="list-style-type: none"> ◆ DHCS has issued two DRAFT Information Notices which QA is providing feedback on (both set to take effect July 1, 2022): <i>Note: The below is subject to change and is NOT final. It is in the process of accepting feedback.</i> 1. “No Wrong Door for Mental Health Services Policy” highlights include: <ul style="list-style-type: none"> ➤ SMHS allowed during the assessment period prior to determination of a diagnosis or SMHS criteria met <ul style="list-style-type: none"> • Question about assessment period and assigning diagnosis ➤ Co-Occurring substance use disorders are reimbursable <ul style="list-style-type: none"> • Question about SUD services when no mental health diagnosis is identified ➤ Concurrent Non SMHS and SMHS are allowable <ul style="list-style-type: none"> • Question on what this looks like ◆ QA is working to fully understand the implications of these Information Notices as well as how to operationalize them 2. “Documentation Requirements for all SMHS, DMC-ODS and DMC Services” highlights include (not a complete list of requirements/changes): <ul style="list-style-type: none"> ➤ CANS may have an expanded role in assessments; may serve as the assessment for clients under 21; no review frequency requirements for assessments ➤ Appears to be consistent with our understanding of removing treatment plan requirements as we have known them to be ➤ Increased use and reliance on the Problem List 	

	<ul style="list-style-type: none"> ➤ Progress notes must describe the service provided, support the procedure code used, next steps and any applicable updates to the Problem List ➤ Progress notes will have completion timelines set by DHCS ➤ DTI and DR will require daily notes (no more weekly summary for DTI or weekly note for DR) <p>To begin planning for the changes in documentation requirements and to address ongoing concerns with documentation in LA County, QA issued a survey to begin obtaining feedback on documentation</p> <ul style="list-style-type: none"> ✓ 60+ respondents so far (Both DO & LE Providers) ✓ General themes <ul style="list-style-type: none"> ▪ Reduce redundancy and combine forms ▪ Simplify and shorten ▪ Eliminate ▪ Check-boxes and templates ▪ Electronic health record system usability ▪ Local myths and inconsistent information 	
<p>QA Policy Updates</p>	<p>Policy 501.02 Designated Record Set</p> <ul style="list-style-type: none"> • Updated and published on Dec 23, 2021 • No changes in the contents; re-organized sentences between the Purpose and Policy sections for a better flow. <p>Policy 401.01 Clinical Records Maintenance</p> <ul style="list-style-type: none"> • Updated and published on Dec 27, 2021 • The option of the Paper Clinical Record is deleted in the Policy statement as all providers are currently required to have an EHR. <ul style="list-style-type: none"> ◦ "Contracted providers shall have an EHR that meets all requirements of the Organizational Provider's Manual or Network Provider's Manual, this policy, and DMH Policy 401.03." <p>Policy 302.03 Coordination of Care</p>	

	<ul style="list-style-type: none"> • Updated and published on Dec 30, 2021 • Minor edits 	
Training & Operations	<p><u>Collaborative Documentation Training Update</u></p> <ul style="list-style-type: none"> • There are 6 follow-up coaching and technical assistance sessions scheduled for this month • Available for those that previously attended a CD Train-the-Trainer session • Email sent out to those attendees last month. • Slots still available • January 18 – 9-11am OR 1-3pm • January 20 – 1-3pm • January 26 – 9-11am OR 1-3pm • January 27 – 1-3pm • No General CD Trainings scheduled for this month • Upcoming General CD Trainings and Train-the-Trainer sessions are currently being coordinated. • Dates and registration information will be sent out once confirmed • Direct questions to Wanta Yu at wyu@dmh.lacounty.gov <p><u>Annual LE QA Report & Written QA Process</u></p> <ul style="list-style-type: none"> • Contract Providers must submit their Annual QA Report and Written QA Process by January 31st. • Announcement from QA went out last week with forms attached • Minor updates made to QA Report form, will be posted • Other forms available on QA Webpage under Chart Review Requirements • A supplemental questionnaire on monitoring medication practices and services to minors was attached to the powerpoint for this mtg via email • In the process of coordinating reviews for February and March 	<p>Provided by Nikki Collier – Reported by Kimber</p>

	<ul style="list-style-type: none"> • Will be updating the Chart Review Checklist to incorporate recent changes to the Criteria to Access SMHS and Medical Necessity for Services 	
<p>Policy & Tech Development</p>	<p><u>Final QA Bulletin 21-07</u> California Advancing and Innovating Medi-Cal (CalAIM) An Overview</p> <ul style="list-style-type: none"> ✓ Provides a brief overview of the CalAIM Behavioral Health Policies and the effective dates ✓ Assembly Bill 133 allows DHCS to implement CalAIM prior to updating California Code of Regulations <p><u>Final QA Bulletin 21-08</u> Updated Criteria to Access Specialty Mental Health Services</p> <ul style="list-style-type: none"> ✓ Outlines the new criteria as well as explains the new definition of Medical Necessity ✓ Training Video on new Access Criteria: http://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=9640 <p><u>Final QA Bulletin 21-08</u> Criteria for Beneficiaries 21+ to Access SMHS (Both of the following criteria – #1 AND #2 below must apply)</p> <ol style="list-style-type: none"> 1. Beneficiary has one or both of the following: <ol style="list-style-type: none"> a. Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities. b. A reasonable probability of significant deterioration in an important area of life functioning. <p style="text-align: center;">AND</p> 2. The condition is due to either of the following: <ol style="list-style-type: none"> a. A diagnosed mental health disorder, according to the criteria of the DSM and the ICD b. A suspected mental health disorder not yet diagnosed 	<p>Provided by Jennifer Hallman – Reported by Kimber</p>

**Criteria for Beneficiaries Under 21 to Access SMHS
(Either Criteria 1 OR Criteria 2)**

Criteria 1:

1. The beneficiary has a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by any of the following:

- Scoring in the high-risk range under a trauma screening tool approved by DHCS
- Involvement in the Child Welfare System
- Juvenile Justice involvement
- Experiencing homelessness

OR

Criteria 2:

1. The beneficiary meets both of the following requirements in a and below:

- a. The beneficiary has at least one of the following:
 - i. A significant impairment
 - ii. A reasonable probability of significant deterioration in an important area of life functioning
 - iii. A reasonable probability of not progressing developmentally as appropriate
 - iv. A need for SMHS, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal managed care plan is required to provide

AND

- b. The beneficiary's condition as described above is due to one of the following:
 - i. A diagnosed mental health disorder, according to criteria of the current editions of the DSM and ICD
 - ii. A suspected mental health disorder that has not yet been diagnosed

iii. Significant trauma placing the beneficiary at risk of a future mental health condition, based on the assessment of a licensed mental health professional.

New Medical Necessity Language:

- ✓ Every service provided needs to be medically necessary (i.e. clinically appropriate) to be reimbursable under Medi-Cal
- ✓ This term is now about the service provided rather than about the client
 - Someone might be able to meet the criteria to access SMHS, but that doesn't necessarily mean services need to be provided to them
- ✓ Practitioners can now provide medically necessary/clinically appropriate services when it's needed rather than worrying about audit risks and technicalities
 - Practitioners can now focus on their clinical judgment and provide the needed service
 - Providing services outside of the normal course of care will not be disallowed as long as the service was medically necessary/clinically appropriate

The Training Video on new Access Criteria speaks to how to operationalize the new criteria and definition of Medical Necessity

Final QA Bulletin 21-09

Organizational Providers Manual Updates

- ✓ Provides key highlights related to changes in the Organizational Providers Manual
 - Updated medical necessity and criteria to access SMHS (as identified in 21-08)
 - Removed section on The Clinical Loop including "softened" language around Client Treatment Plan requirements
 - Removed reference/requirement for the ICC Eligibility Form

Other Updates Coming Due to QA Bulletins 21-08 & 21-09

Beneficiary Handbook

- ✓ Waiting on DHCS to provide us with the template

NOABD –Service Delivery form

- ✓ Finalizing changes; will also update form in IBHIS (for DO) and the NOABD application (for LE)

Existing Training Videos on the QA website

- ✓ Evaluating when/how to modify given known changes coming to documentation requirements in July

Chart Review Tools

- ✓ In the process of reviewing; updates will be provided next month

Policy Updates

- ✓ In the process of reviewing and updating with the new criteria and requirements; Policy 302.14, Policy 401.02, Policy 312.02

QA on the Air

QA on the Air Webinar dates/times:

- **Tuesday, 1/18/2022 - did anyone attend?**
- **Thursday, 1/20/2022 from 2:00 to 3:00 pm**
- **Monday, 1/24/2022 from 11:00 am to 12:00 pm**
- **Wednesday, 1/26/2022 from 11:00 am to 12:00 pm**

Pre-Register at: <https://forms.office.com/g/y8NrZpz1Rz> Join the Day of: <https://teams.microsoft.com/QAontheAir> Please submit questions ahead of time via:

<https://forms.office.com/g/pfnJUE84Bb>

- An FAQ document will be developed based on questions

Authorization for Services

Per DHCS, Concurrent review is required for the following services:

- Psychiatric Inpatient Hospital Services,
- Psychiatric Health Facility Services,
- Crisis Residential Treatment Services (CRTS), and

- Adult Residential Treatment Services (ARTS)
 - DMH is in the process of working towards implementing concurrent review for all providers providing the above services
 - Tentative timeline is July 2022
- Per DHCS, prior authorization is required for the following services:**
- Intensive Home Based Services (IHBS),
 - Day Treatment Intensive (DT),
 - Day Rehabilitation (DR),
 - Therapeutic Behavioral Services (TBS), and
 - Therapeutic Foster Care Services (TFCS).
 - While DMH has fully implemented the above for all providers, DMH will be looking at how to streamline/simplify the process this year (e.g. enrollment into an intensive program automatically authorizes)
 - No timeline yet
- Guide to Procedure Code Updates**
- Guide to Procedure Code Updates will include:
 - Medication group SC and GT codes
 - Neurofeedback with Psychotherapy codes
 - Qualified Individual (QI) Assessment codes (only for 7171 Continuum of Care provider)
 - ***Aftercare Services codes (for STRTP providers) – use of HV modifier***
 - ***Addition of POS 10 (Telehealth when the client is in their home)***
- PAVE Reminder**
 Membership were reminded of the PAVE Requirements per QA Bulletin 20-07

Electronically Signed & Respectfully Submitted by:

Kimber Salvaggio
 SA 2 Adult QIC Chair

NEXT MEETING: March 17, 2022
 10 am Via Teams