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	December 16, 2021
Place	Online – Teams Meeting	Start Time	1:30pm
Chairperson	Michelle Rittel	End Time:	3:30pm
Co-Chair	Open		
Members Present	Akila Bacon, Angela Kahn, Aubrey Ferman, Cassie Lopez, Cheryl Davis, Cheryl Lesner, Christine Pina, Cindy Luna, Dave Mendez, David Lopez, Erik Sherman, Gina Leggio, Helen Mejia, Heylee Barriola, Ilda Aharonian, Iliana Martinez, Ingrid Rey Balbuena, James McEwen, Jeanine Caro-Delvaille, Jennifer Mitzner, Jennifer Roecklein, Kaylee Devine, LyNetta Shonibare, Maggie Holland, Mercedes Cortez, Michele Burton, Michelle Rittel, Roman Shain, Roya Senobarian, Stephanie Ochoa, Terica Roberts, Tanya Khanjian, Tiffani Tran, Tyler London, Vi Nguyen, Vicky Shabanzadeh		

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 October 21, 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)			
DMH QIC Meeting Report: Michelle Rittel	EQRO 2021 LACDMH (Draft) Report Findings: Strengths were reviewed including DMH's higher penetration rate than both the state average and other large MHPs, beneficiary appreciation for DMH's ability to provide timely, quality services during COVID, progress of medication monitoring of DO programs, use of All Programs of Excellence (APEX), a monthly revolving Service Area review of DO programs to identify strategies to improve underperformance and share success stories of changes improving access and care, DMH and Office of Public Guardian collaborative pilot outpatient conservatorship program to initiate LPS conservatorship outside of an acute inpatient setting, telehealth expansion, improvement in first offered timeliness, continuing to fairly proportionately serve Hispanic/Latino beneficiaries and increasing penetration rate, Areas of Focus for follow up include doing a beneficiary survey to solicit experiences with telehealth, realizing/identifying results from DMH meeting with LEs to emphasize LA Network of Enhanced Services (LANES) participation improves services, continues investigation of the MHP's ACB for Asian/Pacific Islanders being below both the state average and the other large MHPs, further analysis of low number of reports of urgent services events, inclusion of no show and cancellation data from LEs, continued work on Level of Care to help address capacity/access issues, tracking the number of beneficiaries in LE programs that have a PHR. Recommendations include developing a strategic plan to begin to resolve the critical psychiatry and clinical staffing issues that are linked to less effective workarounds in care, developing a comprehensive solution to tracking of timeliness metrics that		

Departmental QI Meeting Report, contd.: Michelle Rittel	applies to both DO and LE programs, developing an SB 1291 FC child/youth HEDIS measure tracking system, pursuing identification and implementation of an adult clinical instrument – level of care or outcome tool – to inform a periodic review process, developing a system feedback process that encourages participation through the use of an anonymous process and provides MHP leadership with direct staff and LE program comments, developing a system wide strategy to reduce 7/30 day rehospitalization rates, tracking the number of beneficiaries in LE programs that have a Personal Health Record. Consumer and Family Group Feedback – Positive feedback included participants praise for current therapists for instilling a sense of optimism and creating positive exercises when things are not going well, the cultural needs of Spanish speaking consumers are met by the treatment staff, physical health issues are included in the focus of MHP services, surprise and appreciation at the dedication of clinical staff to remain connected, provide information, treatment and support regarding resources throughout the stressful acute pandemic period, a majority have realized a sense of hope and optimism from services. Recommendation from Consumer and Family Groups included supportive group activities for younger children who are dealing with similar issues would be a helpful adjunct to the formal treatment services, such as a mental health camp, more staff and therapists, holding programs accountable for meeting standards using random inspections/reviews, ensuring standardized training for all staff in all programs, retaining the hybrid service delivery options supported by hardware purchases and bandwidth support, improving responsiveness of child/youth crisis response system, reduce wait times to therapy for children/youth exposed to traumatic events, continue focus on resolution of barriers to telehealth services, improvements to the crisis response system, some consumers miss face to face services, consumers would like		

Departmental QI Meeting Report, contd.: Michelle Rittel	clinics to structure group activities around the characteristics of beneficiaries such as support groups for single parents, assisting beneficiaries to find support in a church home that is more humanistic and contains less of a formal religious focus, improve consistency of case manager to beneficiary assignments. Compliance, Policy & Audit Services Update: Monthly bulletins with new, revised and deleted policies are posted online and can be reviewed on the DMH website. October and November 2021 bulletins were briefly reviewed. 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	State Updates: CalAIM Updates: CalAIM QA Bulletin is coming soon. Changes to Accessing SMHS and Medical Necessity Criteria are effective 1/1/22 and there is a QA Bulletin coming soon. Documentation Redesign for SMHS is effective 7/1/22 and is currently in the planning stage. Don't worry – DHCS recognizes there won't be a flip of the switch on 1/1/22. Reasons for recoupment will now focus on fraud, waste and abuse and will apply to claims prior to 1/1/22. Same/similar reasons for recoupment expected post 1/1/22. Draft CalAIM – An Overview Bulletin was briefly reviewed. Draft Criteria to Access SMHS Bulletin was briefly reviewed, including specific criteria for beneficiaries 21+, for beneficiaries under 21 years of age and medical necessity. Documentation Redesign purpose and planning were reviewed. Medi-Cal Rx: Effective 1/1/22 all pharmacy benefits will transition away from California Medicaid Management Information Systems (CA-MMIS) and the Medi-Cal managed care plans to Medi-Cal Rx, creating a uniform process for pharmacy providers and prescribers and applies to everyone in Medi-Cal FFS and managed care. All benefits billed on a pharmacy claim will be transitioned to Medi-Cal Rx and all Prior Authorizations (PA) will be reviewed by Medi-Cal Rx starting on 1/1/22. To prepare for Medi-Cal Rx, visit the Medi-Cal Rx Education and Outreach page on the Medi-Cal Rx web portal for training opportunities and informative materials. For more information, refer to QA Bulletin 20-07: PAVE Portal & Medi-Cal Rx Web Portal Enrollment.		

Departmental QA Meeting Report, contd.: Michelle Rittel	Audits: None scheduled for SA2 Children's Providers. Training and Operations: Legal Entity Chart reviews – There are none scheduled for SA2 Children's providers at this time. Ilda Aharonian from QA reminds everyone that the reviews are meant to be supportive and provide assistance and that if any providers are interested in having a review, please contact her and let her know. iaharonian@dmh.lacounty.gov Collaborative Documentation – Multiple follow-up coaching and technical assistance sessions will be held in January. There are no CD trainings scheduled for December. Upcoming General CD and Train the Trainer sessions are being coordinated. Direct questions to Wanta Yu at wyu@dmh.lacounty.gov QA Knowledge Assessment Survey – Survey #4 responses and countywide results were sent out last month and will be posted soon on the Knowledge Assessment page of the QA website. Please let QA know any recommendations for the theme for upcoming surveys. There are future plans to come out to SA QICs to discuss issues raised by the surveys and get feedback. COS Online Training is now available on the Training page of the QA website. Annual LE QA Report and Written QA Process - Contract providers must submit them by 1/31/22. An announcement will go out later this month. Forms are available on the QA Webpage under Chart Review Requirements, but please wait to submit until the announcement has been sent out. Policy and Technical Development: Triannual Assessments – The purpose of the 3 Year (Triannual) Assessment is to re-evaluate the client, re-establish medical necessity and ensure client continues to need SMHS. It ensures the clinical record is aligned with the most updated information & can call out misleading information. Refer to the Organizational Provider's Manual for a list of required data elements of the assessment. Current symptoms, behaviors, impairments and diagnosis are required. For clients receiving medications, an MD note can satisfy the requirements of the Triannual Assessment. For clients not receiving medications, continue to monitor to ensure		

Departmental QA Meeting Report, contd.: Michelle Rittel	the Triannual is completed. Note: DMH is still awaiting direction from DHCS to determine what this will look like under CalAIM Documentation Reform. Revised: Upcoming Procedure Code Updates – QA is in the process of revising the Guide to Procedure Codes with an expected release date TBD. Updates include Medication Group SC and GT codes, Neurofeedback with psychotherapy codes & Qualified Individual (QI) Assessment codes. Note: QA will also deactivate codes in IBHIS that had previously been removed from the Guide to Procedure Codes. Continuity of Care – A QA Bulletin providing more information will be coming soon. It is an option for Medi-Cal beneficiaries who meet medical necessity for SMHS & who have changed MHP/BHP to continue care with their existing provider for a period of up to 12 months if a request is made and specific criteria are met. QA Bulletin 21-05 Clarification on Authorization to Release PHI – Per QA Bulletin 21-05, HIPAA requires a signature in order for the Authorization to be valid. The clarification is that staff may sign the form on behalf of the client, indicating the client provided verbal authorization. ICC Form – To minimize any restrictions for clients receiving ICC, the ICC form is no longer required, effective immediately. QA will be issuing an updated Clinical Forms Bulletin and QA Bulletin to address Katie A DPI Indicator. Network Adequacy & Access to Care: DHCS Network Adequacy Findings – DMH received its DHCS Findings Report related to Network Adequacy. LA County saw an increase in the anticipated need of Medi-Cal beneficiaries which resulted in an increase in FTEs needed – 8.4% greater for children and 19.6% greater for adults. DMH fell below the required FTEs for child psychiatrists by 2.23 FTEs. DMH met the Timely Access requirement with 89% of requests offered within the required timeframe. Training for Access to Care – Access to Care & Recording Initial Requests for Service and Access to Care Timeframe Reminders trainings are available on the Training page of the		

Departmental QA Meeting Report, contd.: Michelle Rittel	QA website. Access to Care Monitoring – 2021 Q3 – Access to Care monitoring of Q3 (July-September) is in process. If your program has not met the ATC threshold of 80%, an email was sent to you to review your ATC monitoring. If your program has not met the ATC threshold of 70%, a plan of correction is required and indicated in the email. The POC is due 2 weeks from the date of the email. Please make sure to acknowledge receipt of the ATC monitoring emails and direct any questions to NetworkAdequacy@dmh.lacounty.gov If you are currently under a POC (Level 4), we will be monitoring your numbers and contacting you if your program isn't improving on meeting the ATC threshold of 80%. If you need "appointment or client" level detail to troubleshoot your ATC monitoring, QA can provide that to you. Current Status of Providers Accepting New Beneficiaries – 128 Service Locations show as not accepting new beneficiaries as of 12/9/21, up from 104 in November. Please check today to see if this information is correct for your provider. Access to Care Issues Tracker – SRTS Transfers – if a provider is unable to see a client timely, they can transfer the request via SRTS. You are not required to call the provider prior to sending via SRTS. The client does not need to be in your Service Area – it's the client's choice. For clients/caregivers calling your clinic requesting an appointment and you are unable to see them timely or are not accepting new clients, do not tell them to call another clinic for an appointment. You should be transferring the request via SRTS. Access to Care Provider Tips – Tips from providers on how to address challenges regarding Communication & Training, Workflow, Capacity, Monitoring and Linkage were briefly reviewed. Access to Care Monitoring Provider Directory Updates – Currently testing updates to the Provider Directory and expanding the current Internal Provider Directory to LEs.		

Departmental QA Meeting Report, contd.: Michelle Rittel	Reminders – Update Age Groups and Programs in NAPPA – information in NAPPA feeds into the Internal Provider Directory and if not entered, age groups and programs will show as blank in the Provider Directory. Verify the current category of the practitioners – many practitioners have incorrect/old category in NAPPA. The error with the Category of LCSW has been corrected. Practitioners Association for LEs – They are seeing practitioners associated to an organization but not connected to any service locations. Disassociate any practitioners no longer at your LE. When requesting disassociation from previous agencies, find contact from the service location tab and email to request an copy in NetworkAdequacy@dmh.lacounty.gov for QA follow up. Practitioner Association – DO – When practitioners transfer to different service locations, deactivate promptly from the current service location. NAPPA Monitoring – QA continues monitoring NAPPA each month to ensure it is kept up to date. QA identified 56 LE providers that have not started entering and/or updating information in NAPPA. CMMD Lead Managers are assisting contacting the LE providers. Inactive Service Locations in NAPPA Report and Scorecards – QA is working on a better way to account for inactive sites – so long as you have submitted the PFAR, don't worry about it. Reminder – Contacts in NAPPA – currently 54 contracted providers and 17 DO service locations have not designated contacts in NAPPA.		
Suggested Items for Nest Meeting:	There were no suggestions.		
Handouts:	There were no handouts for this meeting.		

Agenda Items & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Next Meeting:	Thursday, February 17, 2022 1:30-3:30pm Location: Online – Teams Meeting		

Respectfully submitted,

Michelle Rittel, LCSW