## LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH PROGRAM SUPPORT BUREAU QUALITY IMPROVEMENT DIVISION

Type of Meeting	Service Area 3 QIC			Date	1/19/2022
Place	Microsoft Teams Call-in Number: (323) Conference ID: 951 2 <a href="https://lacountymediaho">https://lacountymediaho</a>		p_id=9715	Start Time:	9:30 am
Chairperson Co-Chairs	Dr. Kristin Gray Dr. Margaret Faye Mrs. Gassia Ekizian			End Time:	11:00 am
Members Present	Lisa Ngo-Meza Tierra Patterson David Palmer Mark Rodriguez Cindy Luna Misook Nierodzik Renee Lee Marina Barrios Sarah Sullivan Kristin Gray Robin Washington Daiya Cunnane Vickie Xu Frances Liese Rosalba Trias-Ruiz Bertha Berumen Michael Olsen Kim Tran Eunice Kim Cheri Noone Jennifer Butler Gassia Ekizian	Alma Family Services Bourne, Inc. Boys Republic Bridges, Inc. Bridges, Inc. Project Independence CIFHS DMH- Med-Cal Certification DMH - ESGV DMH - ESGV FSP DMH - SA3 Admin DMH - QA DMH - QI DMH DMH - Child Well-Being Program DMH - SA3 Admin East San Gabriel Valley MHC - DMH ENKI Ettie Lee Homes, Inc. Ettie Lee Youth & Family Services Five Acres Five Acres Foothill Family Services	Rebecca Schaal Veronica Rocha Patricia Tyler Erica Wirtz Casey Meinster Beth Foster Sybil Chacko Leana Olague Rebecca DeKeyser Dawn Dades Lan Nguyen-Chaw Jennifer Escorcia Margaret Faye Isa Ayala Samuel Moore Adrienne Bruce Janee Young Edith Herrejon	Heritage C Hillsides Hillsides Hillsides Maryvale Pacific Clir San Gabrie Social Mod Sycamores Tri-City Me Trinity You Trinity You	nics el Children's Center lel C Alhambra

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Agenda Item & Presenter	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Call to Order & Introductions	The meeting was called to order and followed with self-introductions by presenting staff.		
Review of Minutes	Motion to approve the December 2021 meeting minutes by David Palmer and second by Sybil Chacko.		
Quality Improvement			
Consumer Perception Survey (CPS)	CPS Data from Spring 2021 is now available and will be distributed soon to providers.		
	CPS Period 2022 will occur in May. There will only be one survey period per year moving forward. Reminder that the state selects the survey period each year. Please make sure provider staff that will be part of the CPS period have an active C number - brief discussion followed on renewing C numbers.		
Policy Bulletins	<ul> <li>Policy Bulletin 21-12 (December 31, 2021)</li> <li>New – 200.06: Electroconvulsive Therapy (DO and Contractors)</li> </ul>	https://secure2.compliancebrid ge.com/lacdmh/public/index.ph p?fuseaction=app.main&msg=	
	Revised – 302.03: Coordination of Care (DO and Contractors)		
	401.01: Clinical Records Maintenance (DO and Contractors)		
	501.02: Designated Record Set (DO Only)		
	Continue to check the Policy & Procedures website for updates each month.		

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Medi-Cal Certification	Renee Lee reviewed updates to the Medi-Cal Certification Checklists, which will be sent out soon. Updates include:  • Will continue to conduct desk reviews of policies and procedures remotely, and electronic Provider policies will be collected.  • New information under Physical Plan inspection list.  • New guideline for document submission.  Further reviewed the requirements for fire clearance. If Fire Department is requesting 850 Form, can contact Renee Lee and she will assist.	https://dmh.lacounty.gov/qa/qampc/	Renee Lee, LMFT
Quality Assurance			
CalAIM Bulletin 21- 07	<ul> <li>Important CalAIM Updates:         <ul> <li>Criteria to Access Specialty Mental Health Services (SMHS) – January 2022</li> <li>Documentation Redesign for SMHS – July 2022</li> <li>Co-Occurring Treatment – July 2022</li> <li>No Wrong Door – July 2022</li> <li>Standardized Screening &amp; Transition Tools – January 2023</li> <li>Behavioral Health CPT Coding Transition (Payment Reform) – July 2023</li> </ul> </li> </ul>	https://dmh.lacounty.gov/qa/qabul/	
Criteria to Access SMHS Bulletin 21- 08	As Outlined in the DHCS Bulletin 21-073: Updated Criteria to Access SMHS for Beneficiaries 21+ • Beneficiary has one or both:	https://dmh.lacounty.gov/qa/qabul/	

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	<ul> <li>Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities AND/OR</li> <li>A reasonable probability of significant deterioration in an important area of life functioning.</li> <li>AND the condition is due to either:         <ul> <li>A diagnosed mental health disorder, according to the criteria of the DSM and the ICD OR</li> <li>A suspected mental disorder, not yet diagnosed.</li> </ul> </li> <li>Criteria for Beneficiaries Under 21 years of age (either Criteria 1 or Criteria 2)</li> <li>Criteria 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:         <ul> <li>Scoring in the high-risk range under a trauma screening tool approved by DHCS</li> <li>Involvement in the Child Welfare System</li> <li>Juvenile Justice Involvement</li> <li>Experiencing homelessness</li> </ul> </li> <li>Criteria 2 - The beneficiary meets both of the following requirements:         <ul> <li>The beneficiary has at least one of the following:</li></ul></li></ul>		

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Neces servi medi is no • M "r n n ill	<ul> <li>A reasonable probability of not progressing developmentally as appropriate AND/OR</li> <li>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</li> <li>The beneficiaries' condition, as described above, is due to one of the following:         <ul> <li>A current diagnosed mental health disorder, according to criteria of the current editions of the DSM and ICD OR</li> <li>A suspected mental health disorder that has not yet been diagnosed OR</li> <li>Significant trauma placing the beneficiary at risk of a future mental health condition based on the assessment of a licensed mental health professional.</li> </ul> </li> <li>ical Necessity for Services — Medical essity now applies to the service (i.e. is the ice medically necessary). As part of CalAIM, ical necessity for both SMHS and non-SMHS and defined as: ledical Necessity Clients 21 + - A service is medically necessary" or a "medical ecessity" when it is reasonable and ecessary to protect life, to prevent significant lness or significant disability, or to alleviate evere pain.</li> </ul>		

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	<ul> <li>Medical Necessity Clients Under Age 21 – A</li> </ul>		
	service is "medically necessary" or a "medical		
	necessity" when needed to correct or		
	ameliorate a mental health condition. (Note: Services do not need to be curative or		
	restorative to ameliorate a mental health		
	condition per CMS)		
	Containent per civic)		
QA Bulletin 21-09	Chapter 1 (Medi-Cal Medical Necessity)	https://dmh.lacounty.gov/qa/qabul	
Organizational	Removed the Medi-Cal Medical Necessity	1	
Provider's Manual	Description, Medical Necessity Criteria, and		
Updates	Documentation for Medical Necessity – The		
	Clinical Loop.		
	<ul> <li>Removed the URL link for the List of Outpatient "Included" Diagnoses.</li> </ul>		
	Outpatient included biagnoses.		
	Chapter 2 (Intensive Care Coordination &		
	Intensive Home-Based Services)		
	Removed the reference to the ICC Eligibility		
	Form		
	<ul> <li>The ICC Form is no longer required</li> </ul>		
	effective 12/13/21		
	<ul> <li>QA will be issuing an updated Clinical Forms Bulletin and QA Bulletin to</li> </ul>		
	address Katie A DPI Indicator.		
Quality Assurance	As of January 2022, MR Grant will no longer		
Updates	provide audits for DMH.		
·	LE Chart reviews for February & March are		
	being coordinated.		
	Collaborative Documentation		
	No general trainings scheduled for	https://dmh.lacounty.gov/qa/col	
	January 2022	laborative-documentation/	
	<ul> <li>6 follow-up consulting and technical assistance sessions scheduled for</li> </ul>		
	January 2022		

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	<ul> <li>Wanta Yu is the contact for questions: Wyu@dmh.lacounty.gov</li> <li>QA On the Air Webinars:         <ul> <li>January 18<sup>th</sup> and 20<sup>th</sup> from 2 to 3pm</li> <li>January 24<sup>th</sup> and 28<sup>th</sup> from 11am to 12pm</li> <li>Send Questions ahead of time to: https://forms.office.com/g/pfnJUE84Bb</li> <li>Pre-register: https://forms.office.com/g/y8NrZpz1Rz</li> </ul> </li> <li>Further discussed updates to come related to Procedure Codes, NOABD forms, and Beneficiary Handbook.</li> </ul>		
DHCS Updates	<ul> <li>Two Draft information notices developed, set to take effect July 1, 2022 (subject to change):</li> <li>1. "No Wrong Door for Mental Health Services Policy" includes: <ul> <li>SMHS allowed during the assessment period prior to determination of a diagnosis or SMHS criteria met</li> <li>Co-Occurring substance use disorders are reimbursable</li> <li>Concurrent Non SMHS and SMHS are allowable</li> </ul> </li> <li>2. Documentation Requirements for all SMHS, DMC-ODS and DMC Services highlights include (not a complete list of requirements/changes): <ul> <li>CANS may have an expanded role in assessments; may serve as the assessment for clients under 21; no review frequency requirements for assessments.</li> </ul> </li> </ul>		

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			Due Date
	<ul> <li>Appears to be consistent with our understanding of removing treatment plan requirements as we have known them to be</li> <li>Increased use and reliance on the Problem List</li> <li>Progress notes must describe the service provided, support the procedure code used, next steps and any applicable updates to the Problem List</li> <li>Progress notes will have completion timelines set by DHCS</li> <li>DTI and DR will require daily notes (no more weekly summary for DTI or weekly note for DR)</li> <li>Documentation Redesign input/feedback form - <a href="https://forms.office.com/g/X0BAWEXY0k">https://forms.office.com/g/X0BAWEXY0k</a></li> </ul>		
Legal Entity Annual Report & Written QA Process	<ul> <li>QA Lead, Robin Washington, reviewed necessary forms due January 31, 2022 to QA:         <ul> <li>Annual Quality Assurance Report Form (revised 12/29/21)</li> <li>Written QA Process Form</li> <li>Corrective Action Plan forms, if indicated</li> <li>New Supplemental Form on monitoring medication practices – Due February 4<sup>th</sup>.</li> </ul> </li> </ul>	https://dmh.lacounty.gov/qa/qa crr/	
Network Adequacy/Access to Care	<ul> <li>Access to Care Updates</li> <li>Access to Care monitoring team (QA Policy &amp; Technical Development Team) is finishing up monitoring July 2021 – September 2021.</li> <li>Managed Care Plan streamlined referral process was discussed in detail at Network Adequacy meeting. A few highlights include:</li> </ul>	https://dmh.lacounty.gov/qa/na//  Email questions to: NetworkAdequacy@dmh.lacounty.gov	

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	<ul> <li>The state is developing screening and transition tools to be used by the MCPs and MHPs in California – scheduled to come out in January 2023.</li> <li>For referral to MCP use form 707 – Provider Communication Form         <ul> <li>Fax (or email when applicable) to the appropriate Health Plan or Behavioral Health Organization</li> <li>Also email to ICDCCT@dmh.lacounty.gov</li> <li>Health Plan/Behavioral Health Organization to notify referring provider of the scheduled non-SMHS appointment within 10 business days.</li> </ul> </li> <li>Reviewed difference between SMHS Services and non-specialty mental health services.         <ul> <li>NAPPA Updates</li> </ul> </li> <li>Currently 149 locations in NAPPA showing as not accepting new beneficiaries – please continue to review and make sure information is up to date for your agency. Further reviewed process of what to do if not accepting new beneficiaries.</li> <li>Provider Directory Updates coming February 1, 2022</li> </ul>		
Handouts	<ul> <li>January SA3 QIC PPT</li> <li>Previous Meeting Minutes for December 2021</li> <li>Meeting agenda</li> </ul>		
Next Meeting	Next Meeting is February 16, 2022 via Microsoft Teams.		