



# Los Angeles County Department of Mental Health ANNUAL QUALITY ASSURANCE/IMPROVEMENT (QA/QI) REPORT

For Legal Entity (LE) Contract Providers Only

The Annual QA/QI Report is used to monitor and support Legal Entity Contract Providers' compliance with Los Angeles County Department of Mental Health (LACDMH) QA/QI related standards and requirements based on federal, State, and local regulations.

DATE: \_\_\_\_\_

LEGAL ENTITY NAME: \_\_\_\_\_ LE #: \_\_\_\_\_ LEAD DMH Manager: \_\_\_\_\_

FORM COMPLETED BY: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
Name/Title

**INSTRUCTIONS:**

1. LE Contract Provider: Complete the Annual QA/QI Report and attach the required documents including the Written QA/QI Process form, your LE's chart review tool and if indicated, any Corrective Action Plans (CAPs).
2. LE Contract Provider: Submit all documents to the QA Unit by January 31<sup>st</sup> (or any extended date set by the QA Unit) of each year via E-mail ([QA@dmh.lacounty.gov](mailto:QA@dmh.lacounty.gov)).
3. QA Unit: Review all submitted documents. *If incomplete, mark as "Report Incomplete" and contact the LE person completing the QA/QI Report (as noted above).*
4. [INCOMPLETE SUBMISSIONS ONLY] LE Contract Provider: Complete QA/QI Report and/or other required documents and submit within 10 business days from the date of QA Unit contact.

**If there any questions regarding this form, please contact your Service Area QA Liaison or QA Unit QA Lead, or [email QA@dmh.lacounty.gov](mailto:QA@dmh.lacounty.gov).**

QA/QI ACTIVITIES	CONTRACT PROVIDER RESPONSE
1. Has your LE completed a Written QA/QI Process form?	Yes - Attach a copy No-Attach a CAP
2. Does your LE conduct chart reviews of active clinical records?	Yes No - Attach a CAP
3. Does your LE use a standard QA tool to review charts?	Yes - Attach a copy if the QA Unit does not have the current version No - Attach a CAP
4. Does your LE's written QA/QI process include a way to use chart review findings to inform and improve ongoing documentation practices?	Yes No - Attach a CAP
5. Does your LE have a formal QA committee? If so, how often does the committee meet?	Yes      Weekly      Monthly      Quarterly      Other:
	No
6. Does your LE have one or more clinical staff specifically assigned to QA?	Yes No

7. Does your LE have a formal committee separate from QA that focuses on QI? If so, how often does the committee meet?	Yes	Weekly	Monthly	Quarterly	Other:
	No				
8. Does your LE have one or more clinical staff specifically assigned to QI?	Yes	No			
9. Aside from chart reviews and QA meetings, what other QA/QI activities does your LE do? Please check all on the right that apply.	Develop QA Related Policies/Procedures/Training		Training on Medi-Cal Requirements		
	Medi-Cal Certification/Recertification Preparation		Oversight of Business Assoc/Subcontractor		
	Preparation/Assistance with County/State/Federal Audits		Monitor Medication Practices		
	Feedback Surveys	Performance Improvement Projects	Other		
<b>USE OF QA RELATED REFERENCE MATERIALS</b>			<b>CONTRACT PROVIDER RESPONSE</b>		
10. Does your LE use the "DMH Short-Doyle Medi-Cal Organizational Provider's Manual"?	Yes				
	No - Attach a CAP				
11. Does your LE use the "Guide to Procedure Codes for Claiming Mental Health Services"?	Yes				
	No - Attach a CAP				
<b>QA/DOCUMENTATION TRAINING &amp; COMMUNICATION</b>			<b>CONTRACT PROVIDER RESPONSE</b>		
12. Does your LE conduct QA/documentation related trainings for your staff?	Yes				
	No				
13. Does your LE have staff utilize/participate in DMH QA/documentation related trainings, including online trainings?	Yes				
	No				
14. Identify the percentage of your LE's staff that received some form of QA/documentation related training last year.	_____ % of staff received QA/documentation related training				
15. Which Services Area QIC does your LE attend?  *Please check all Service Areas that apply and list the name and title of staff that attend the meeting.	SA1:		SA2:		
	SA3:		SA4:		
	SA5:		SA6:		
	SA7:		SA8:		
	None - Attach a CAP				
16. Does staff from your LE interact with the Service Area QA/QI Liaisons?	Yes				
	No				
17. Does staff from your LE access the QA Website and/or the LACDMH Internet site for QA/QI information and updates?	Yes				
	No				

MEDICATION MONITORING	CONTRACT PROVIDER RESPONSE
18. Does your organization have a Quality Review Process for prescribers?	<p>Yes If yes, please briefly describe:</p> <p>No – Attach a CAP</p> <p>N/A due to:</p>
19. Which of the Healthcare Effectiveness Data and Information Set (HEDIS) measures for children and youth listed to the right are included in your Quality Review Process?	<p>Assuring follow-up care for children and youth prescribed ADHD medication</p> <p>Assuring diabetes screening for children and youth who are using antipsychotic medications</p> <p>Assuring use of first-line psychosocial care for children and adolescents on antipsychotics</p> <p>Monitoring when there is use of multiple concurrent antipsychotics in children and adolescents</p> <p>Other (Please Identify)</p> <p>N/A due to:</p>
NEEDS EVALUATION AND OUTCOME MEASURE MONITORING	CONTRACT PROVIDER RESPONSE
20. Does your LE have a process in place for monitoring the timely and accurate submission of the CANS/PSC when required?	<p>Yes If yes, please briefly describe:</p> <p>No</p> <p>N/A due to:</p>
21. Does your LE have a process in place for monitoring completion of the NET when required?	<p>Yes If yes, please briefly describe:</p> <p>No</p> <p>N/A due to:</p>

# Los Angeles County Department of Mental Health

## ANNUAL QI/QI REPORT

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NETWORK ADEQUACY	CONTRACT PROVIDER RESPONSE	
22. Does your LE have an identified staff person responsible for completing and updating the application used to submit Network Adequacy information (NAPPA)?	Yes - List name of staff identified: _____ No – Attach a CAP	
23. Does someone from your LE attend the monthly NACT/Access to Care webinars	Yes - List name of staff identified: _____ No – Attach a CAP	
24. How is the information obtained from the NACT/Access to Care webinars disseminated within your LE?		
25. Does your LE have an identified person responsible for ensuring that NAPPA data is updated timely (every 30 days or more frequently if situation requires)?	Yes - List name of staff identified: _____ No – Attach a CAP	List name of back-up staff identified: _____
26. Does your LE have an identified person responsible for overseeing adherence to timely access to care standards (no more than 10 business days from request to first service for standard outpatient services)?	Yes - List name of staff identified: _____ No – Attach a CAP	List name of back-up staff identified: _____
OTHER	CONTRACT PROVIDER RESPONSE	
27. Does your LE have a process for ensuring that new and existing clients are provided with information on how to contact the designated person or team responsible for coordinating their care ? (Refer to DMH Policy 302.03)	Yes      No – Attach a CAP If yes, briefly describe how this is monitored:	

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**FOR QA UNIT USE ONLY**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ QA Lead/Supervisor Reviewer: \_\_\_\_\_

Report Status:    Complete    Incomplete    Date LE Contacted: \_\_\_\_\_