The Whole Child
DMH SPA 7 Quality Improvement Committee Minutes
September 2022

Type of Meeting:	DMH SPA 7 QIC Meeting	Date:	9/20/22
Place:	Microsoft Teams- Virtual	Start Time:	1:36 PM
Chairpersons:	Caesar Moreno, Co-Chair Michael Olsen, Co-Chair Greg Tchakmakjian, DMH Liason	End Time:	2:51 PM
Members Present:	Greg Tchakmakjian, Caesar Moreno, Micheal Olsen, Anna Galindo, Daiya Cunnane, Gwen Lo, Cinthia Sanchez, Minerva Guzman, Allison Hardey, Vi Nguyen, Melanie Cain, Mireya Badillo Vasquez, Elizabeth Hernandez, Quenia Gonzalez, Beth Foster, Jenny Rodriguez, Guadalupe Ceballos		

Agenda Item	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
Welcome/Introductions	Meeting was called to order at 1:36 PM. Caesar Moreno was welcomed back as Co-chair.		**Greg Tchakmakjian**
Review and Approval of Minutes **Quality Improvement (QI)** • **QI Update** • **EQRO SA 3 &4**	Minutes from last meeting were shared by Michael Olsen for everyone to review. Approval of minutes by Elizabeth Hernandez. Daiya Cunnane reported they are preparing for Triannual Review that happens every three years where the State comes in and reviews documents. Daiya said they have begun collecting documents and review will start next week. Because of the Triannual Review, the External Quality Review Organization (EQRO) was moved to October. SA 3 and 4 were selected for individual review where they will do groups with staff, clients, and caregivers. Daiya stated she will provide update by next QIC meeting.		**Greg Tchakmakjian** **Daiya Cunnane**

	Greg added that reviews will take place October 17-20 and areas of focus will include: • Quality of Care (QIC committee work, use of data in programming to improve quality of services, EBP) • Outcomes of Care (Annual client perception survey, Gallup, outcome instruments in use ie PH-Q9, CANS, level of care assessment • Timeliness of Care (what is LA county's monitoring and improvement process) • Access to care (language accessibility, telehealth, Call Center, transportation) Daiya also reported that Directly Operated are discussing how to support staff and their wellbeing. Daiya provided examples like staff recognition and looking at how to make environment more pleasant and provide greater support. Daiya encouraged Legal Entities to also speak on how they are supporting their staff and asked Greg to set a time next meeting to discuss. Daiya informed that QI Manager Kaylin Gilbert has been promoted and Kara Taguchi is now in charge of QI.	Greg to include a space in the agenda to discuss further next meeting	**Daiya Cunnane**
Quality Assurance (QA) • **QA on Air**	Caesar Moreno reminded everyone that next QA on the Air will be held on 10/26/2022 from 9:00-10:00am since September meeting was cancelled due to on-site System Review.		**Caesar Moreno**
• **Credentialing**	Caesar reported that a Survey Monkey questionnaire went out to providers asking about Credentialing processes that LE have in place whether it is done internally or with a		**Caesar Moreno**

	vendor. Caesar directed group to DHCS link 18-019 for additional information on Credentialing requirements or expectations. Caesar explained that the survey link was closed 9/16/22, but if any provider wants to provide feedback and needs access to the link, provider will have to email DMH QA department.		**Caesar Moreno**
	Caesar covered the following information: For all licensed, waivered, registered and/or board-certified providers, the Plan must verify and document the following items through a **primary source** (if applicable): -The appropriate license and/or board certification or registration. -Evidence of graduation or completion of any required education. -Proof of completion of any relevant medical residency and/or specialty training. -Satisfaction of any applicable continuing education requirement Plans must verify and document the following information as applicable, but need **not verify this information through primary source:** -Work history -Hospital and clinic privileges in good standing -History of any suspension or curtailment of hospital and clinic privileges -Current Drug Enforcement Administration id number -NPI number Current malpractice insurance in an adequate amount -History of liability claims against provider		**Caesar Moreno**

	-Provider info, if any, entered in the National Practitioner Data Bank -History of sanctions from participating in Medicare and/or Medicaid/Medi-cal -History of sanctions or limitations on the provider's license issued by any state's agencies or licensing boards. For all network providers who deliver covered services, each provider's application to contract with the Plan must include a **signed and dated statement** attesting the following: -Any limitations or inabilities that affect the provider's ability to perform any of the position's essential functions, with or without accommodations -A history of loss of license or felony conviction -A history of loss or limitation of privileges or disciplinary activity -Lack of present illegal drug use -The application's accuracy and completeness		**Caesar Moreno**
• **Cal Aim**	Michael Olsen shared CalAIM quiz link for providers to complete.		**Michael Olsen**
- **New Criteria to access SMHS and Medical Necessity**	Michael Olsen explained that Criteria to Access SMHS applies to a **person.** Michael added there is no more "included diagnosis list" and person can have a mental health disorder or suspected mental health disorder not yet diagnosed per DSM or ICD. Michael stated that those with a condition placing them at high risk due to trauma are able to access SMHS. Medical Necessity applies to services and if it is clinically appropriate. Michael referred group to PowerPoint provided for links to QA bulletin, training, and		

	FAQs surrounding New Criteria to Access SMHS and Medical necessity.		
- No Wrong Door	Michael Olsen reviewed No Wrong Door effective July 1, 2022, and provided link to QA bulletin and Training. Clinically appropriate and covered SMHS are covered and reimbursable when; 1. Services are provided prior to determination of diagnosis, during the assessment, or prior to determination of whether NSMHS or SMHS access criteria are met. 2. The beneficiary has a co-occurring mental health condition and substance use disorder; or 3. NSMHS and SMHS services are provided concurrently if those services are coordinated and not duplicated.		**Michael Olsen**
- Diagnosis Codes	Michael Olsen discussed Diagnosis Codes Information Notice that was effective July 1, 2022, and proved links to QA bulletin and training video. The following options may be used during the assessment phase when a diagnosis has yet to be established: 1. Non-diagnosing staff may use Z55-Z65 2. Diagnosing Practitioners may use any appropriate, valid ICD code including Z codes		**Michael Olsen**
- Documentation Redesign	Michael Olsen reviewed Documentation Redesign that was effective July 1, 2022 and provided links to QA bulletin and Training on subject. Michael highlighted the following: Assessment • Greater integration of the CANS		**Michael Olsen**

	- Requirements will focus on "domains" that are required and not specific data elements - No frequency requirements-update as clinically needed Treatment Plans - Only required for TCM, ICC, and Peer Support Services - No specific date element requirements - Medication Consent is still required Problem List - Should be updated regularly/ongoing basis Progress Notes - Should support the service provided - Include narrative describing the service, including how it addressed the identified need. - Include next steps (planned action steps, updates to the problem list)		
- **Org Manual Revisions**	Michael Olsen discussed upcoming changes to Org Manual. **The following items have been Modified** Record review in preparation for an appointment that is missed/cancelled **must be included in the next session/service.** A non-billable note to be completed if appt is missed or cancelled. The next session they show, include the time from the missed record review. Greg added that stand alone record review is not claimable and should be associated with a service. Question was asked by Elizabeth Hernandez about use of Record Review code. She wanted to know if code is no longer available to use. Greg explained that it has not		**Michael Olsen**

	been removed, however, to bill for it, it needs to be tied to a service. It was discussed that code might be obsolete in the near future. • Assessment section • Client Treatment Plan-Care Plan section • Progress Note section • TBS and IHBS section • DTI/DR section **The following items have been Removed** • Continuous Client Assessment • Returning Client Assessment • References to Formal Client Treatment Plan • Assessment and Needs Evaluation Addendum **The following items have been Added** • General statement around Medicare requirements "For Medicare clients, there must be documentation in the clinical record of consultation, or attempts to consult, with a physician." Michael provided update on the following: **Beneficiary Handbook** -DHCS released draft version for feedback **NOABD-Service Delivery form** -Finalized; working to finalize updates to NOABD application **Organizational Provider's Manual and DMH Policies** Org Manual (and QA Bulletin) should be released in the next two weeks.		**Michael Olsen**
- **Peer Support Services**	Michael Olsen discussed Peer Support Services. He mentioned that services must be provided by a Certified Peer Support Specialist and services are aimed to prevent		**Michael Olsen**

	relapse, empower beneficiaries through strength-based coaching, support linkages to community resources, and to educate beneficiaries and their families about their conditions and the process of recovery. Services will include: Educational Skills Building Groups (H0025), Engagement (H0038) and Therapeutic Activity (H0038). There are no updates at this time. QA will be updating NAPPA/IBHIS and the Guide to Procedure Codes and a QA Bulletin will be issued as well as Org Manual will be updated.		
- **Screening Transition Tool**	Michael Olsen reported on Screening and Transition Tools that will become effective January 1, 2023. Michael explained that there will be two different tools: **Screening tool**: to facilitate accurate determination of when care would be better delivered in the MCP or MHP **Transition of care tool**: to support a beneficiary's transition to the other delivery system when their condition changes. Michael added that tools are being piloted in children's agencies and will end this week. Greg added that is recommended that tools be done before completing full assessment to help guide which manage care system is appropriate. Michael shared slide on Pilot Feedback/Transition Tools.		**Michael Olsen**
- **Payment Reform/CPT codes**	Michael Olsen discussed Payment Reform/CPT codes coming July 1, 2023, and highlighted the following information: • No longer bill by the minute. Some codes will be in 15 min increments. • Will utilize "add-on" procedure codes • Only bill for "direct patient care" • Increased modifiers		**Michael Olsen**

- **New QA process**	• Complex rules around which codes can be billed on the same day. Michael shared there is discussion about travel time being considered as "admin" and will provide update once resolved. Michael briefly went over New QA Process in Development. Goal is to review programs to ensure best quality services are provided across programs while also ensuring all providers are adhering to Departmental and Medi-cal requirements. Same process and tools will be used for DO and LE. There will be three parts to the review: 1. Data Review 2. Workflow Discussion 3. Chart Review		**Michael Olsen**
Training and Operations • **QA Website Updates** • **Recent Information Sent Out** • **QA Knowledge Assessment**	Greg Tchakmakjian reviewed slide on QA Website Updates and web address was provided in chat box. Greg said the following information was sent out: **08/26/2022**– CalAim Documentation Redesign LE Workgroup Summary. Pdf **9/6/2022**– Knowledge Assessment Feedback Survey Link: https://forms.office.come/g/8e8gUZUNHq Greg asked for everyone to complete QA Knowledge Assessment Survey and link was added to chat box.		**Greg Tchakmakjian**
Policy & Technical Development • **State System Review**			**Caesar Moreno**

• **Network Adequacy Certification**	Caesar Moreno reported on State Sytem Review and explained it is virtual "on site" taking place September 27-30. Occurs every 3 years. County has reported submission of 450 documents over to the state. Will provide results when review is completed. Caesar Moreno reported DMH also submitted annual Network Adequacy Certification Submission. Based on the data information, it appears that DMH does have enough practitioners in all areas. Caesar thank those who update the NAPPA system since this is where the data information is being collected from. Another area that was looked at was Timely Access. From the data, it appears that the county will not meet the State benchmark which was increased to 80% from 70%. The overall score for county was at 74%. Child Timely Access was at 61% and Adult Timely Access was at 83%.		**Caesar Moreno**
• **Network Adequacy/Access to Care**	Caesar Moreno thanked QA representatives that have been responsive to Access to Care emails. Caesar reported that providers continue to transfer records claiming they are "at capacity" but Provider Directory shows as accepting. This causes delays in accessing care. Caesar explained importance of having accurate data in NAPPA for State and LACDMH reporting and if providers need to close because they are at capacity, provider must contact Contract Management Department or Service Area Lead to get approval to stop receiving referrals. Caesar stated NAPPA will be modified in the next two weeks to account for modifications needed for State reporting (e.g. practioner DOB) and ease of use/reporting (e.g. modify how programs are reported)		**Caesar Moreno**

• **Waiver Reminder**	Caesar encouraged everyone to email any of the co-chairs if they have questions on NAPPA or Network Adequacy or to sign up for DMH meetings for further assistance.		**Caesar Moreno**
• **Policy & Technical Development Contacts**	Caesar Moreno reminded LE providers that all waiver requests be sent to Waivers@dmh.lacounty.gov in order to prevent delays in waiver processes. Caesar asked that providers ensure to use the checklist and current forms on QA website. Link was provided on PowerPoint slide. Greg Tchakmakjian added that for Dos, the completion of waivers are done by HR.		**Caesar Moreno**
• **Monthly Meeting Registration**	Caesar Moreno reviewed updated list of contacts. Refer to Powerpoint presentation slide.		**Greg Tchakmakjian**
• **Elements of Valid Authorization**	Greg Tchakmakjian discussed slide on Registration for Medical Records Monthly Meeting- Directly Operated only. The kick off meeting was on 9/14/22. QR code was provided for those that need to registrar. Greg explained its an open forum to provide discussion on PHI issues. Caesar reported that LEs have suggested they would also like to have Medical Records meeting. Caesar said it is being explored and will provide update when available.		**Greg Tchakmakjian**
• **Medical Records Requests Processing Time and Format**	Greg Tchakmakjian reviewed slide on Elements of Valid Authorization-Directly Operated only. Greg asked group to refer to PowerPoint slides. Greg highlighted CA state law of 15-day timeframe for completing request. Federal law is 30 days. Greg also reported that provider shall provide PHI in the format requested if it is readily producible.		**Greg Tchakmakjian**

• **Charging for Copies of Records-Applying for a Public Benefit Program**	Melanie Cain had a question about Medical records request. She asked what if a client requests record to be provided in flash drive. How would staff be able to provide record to them? Greg explained that she will have to follow up with client and explain what the current options are based on County guidelines. Greg added he will ask Medical Records Unit for clarification. Greg Tchakmakjian stated if a client is applying for public benefits and is being helped by someone in the non-profit agency, they should not get charged. If client is being represented by private attorney to apply for public benefits, then copies can be charged.	Greg to follow up with Medical Records Unit about use of flash drive	**Greg Tchakmakjian**
Other Announcements/Issues	No other announcements or issues were raised.		**Greg Tchakmakjian**
Adjournment	Meeting was adjourned at 3:05 PM Respectfully Submitted, Anna Galindo, QA/QI Specialist- The Whole Child	*Next Meeting: TBD*	**Greg Tchakmakjian**