The Whole Child DMH SPA 7 Quality Improvement Committee Minutes March 21, 2023

Type of Meeting:	DMH SPA 7 QIC Meeting	Date:	03/21/2023	
Place:	Microsoft Teams- Virtual	Start Time:	1:36 PM	
Chairpersons:	Caesar Moreno, Co-Chair Michael Olsen, Co-Chair Greg Tchakmakjian, DMH Liason	End Time:	3:19 PM	
Members Present:	Greg Tchakmakjian, Caesar Moreno, Micheal Olsen, Anna Galindo, Daiya Cunnane, Gwen Lo, Cynthia Juarez, Minerva Guzman, Allison Hardey, Vy Tran, Elizabeth Hernandez, Quenia Gonzalez, Beth Foster, Jenny Rodriguez, Lisa Ngo-Meza, Ana Ochoa, Jenna Radloff, Jason Carrasco, Esther Lee, Analia Barroso, Yesenia Zacarias, Martin Alvarez, Robin Washington, Laura Padrino, Mirtala Parada, Elizabeth Mota, Claudia Fierro, Tania Pineda, Melanie Cain, Caryl Lark			
Agenda Item	Discussion and Findings		Decisions, Recommendation Actions, & Scheduled Tasks	s, Person Responsible
Welcome/Introductions	Meeting was called to order at 1:36 PM. Gree asked group to complete a survey regardin person meetings.	• •		Greg Tchakmakjian
Review and Approval of Minutes	Minutes from the December meeting w Michael Olsen for everyone to review. Appr given by Elizabeth Hernandez and sec Washington.	oval of minutes		Greg Tchakmakjian Daiya Cunnane
Quality Improvement (QI) • QI Update	Daiya Cunnane provided information Perception Survey. Daiya reminded LE pro- number is needed if provider plans to use portal. C Numbers are requested by the Pro- Office (PAO) Liaison for your site or agency. is approximately 72 hours. Daiya shared existing staff must update their information	oviders that a C DMH electronic ovider Advocacy Estimated time I reminder that		

a NEW C NUMBER PACKET annually and to log in every 25-28	
days. If provider does not know who their PAO Liaison is,	
provider should contact their own QAQI department, SA QIC	
Chairperson, or DMH QI Unit at <u>dmhqi@dmh.lacounty.gov</u> .	
The UCLA portal does not require you to have a C number.	
Daiya shared handout Consumer Satisfaction Survey Best	Daiya Cunnane
Practices: Survey Collection. Daiya explained that this	
handout gives helpful tips for providers to use to help assist	
in survey collection this year. Second handout shared by	
Daiya was the Consumer Satisfaction Survey Best	
Practices: Maintaining High Satisfaction.	
Daiya reported that there is a new process for Directly	
Operated to request access to the CPS application and	
stated information will be shared with Greg to distribute to	
all DO.	
Daiya reviewed 2023 Consumer Perception Survey Updates	
as of 3.20.2023. The survey week for all outpatient providers	
is Monday, May 15, to Friday, May 19, 2023. Any client that	
goes in for services that week, and that week only, should	
be given a survey to complete. C Number and CPS	
applications requests should be completed by Tuesday,	
May 9, 2023. Training Environment for both LE and Directly	
Operated providers must enter providers own email and	
phone number when creating practice survey records.	
Dummy/fake clients can be found using "aaa". QI Unit	
training will likely begin in mid-April.	
Gwen Lo asked if the same applies for clients using	
telehealth services. Daiya confirmed that telehealth clients	
should also be provided a survey.	

	Daiya shared slides on Annual Demography and	
	Consumers Served Report -Service Area 7 that included	
	data for Fiscal Year 2020-21 and 2021-22.	
	Michael Olsen shared CalAIM quiz link for providers to	
Quality Assurance (QA)	provide feedback and information regarding changes.	Michael Olsen
Cal Aim		
- New Criteria to	Michael Olsen briefly explained slide on Criteria to Access	
access SMHS and Medical Necessity	SMHS and Medical Necessity. Services now apply to the	
Medicul Necessity	individual as opposed to medical necessity. Michael added there is no more "included diagnosis list."	
- No Wrong Door	Michael Olsen reviewed No Wrong Door slide. Michael	
	explained providers can provide services prior to	
	assessment or determination of a diagnosis during assessment period.	
- Diagnosis Codes	Michael Olsen discussed Diagnosis Codes Information	
	Notice and stated non diagnosing staff can provide some	
	type of service prior to assessment utilizing the Z55-Z65 codes.	
		Michael Olsen
- Documentation	Michael Olsen reviewed Documentation Redesign slide and	
Redesign	highlighted the following: greater integration of the CANS,	
	requirements are going to focus on domains that are required and not specific data elements, no frequency	
	requirements, treatment plans were eliminated except for	
	care planning needed for TCM, ICC, Peer support services,	
	IHBS, and SRTPs. Medication consent is still required.	
	Problem List should be updated regularly and on an ongoing basis and progress notes should support the	
	service provided.	

- Peer Support	Michael Olsen reviewed slide on Peer Support Services.	
Services	Michael stated Peer Support services have been expanded	
	to allow certification as a certified peer support specialist	
	and the key change is that the certified peer would be able	
- Screening	to bill Medi-Cal as opposed to non-Medi-Cal dollars.	
Transition Tool		Michael Olsen
	Michael Olsen reported on Screening and Transition Tools	
	that took effect January 1, 2023. Michael explained how	
	these tools are for supporting the transition of clients into	
	and out of our service system and to their managed care	
	plan or mental health plan. He added that tools are not	
	mandatory for legal entities to implement but can be	
- Payment	helpful.	
Reform/CPT codes		
	Michael Olsen discussed Payment Reform/CPT codes	
	coming July 1, 2023, and highlighted the following	
	information:	Michael Olsen
	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	
	• 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	
Beneficiary Handbook	resolved.	
		Greg Tchakmakjian
	Greg Tchakmakjian shared that the DHCS released the final	
	version of the Beneficiary Handbook and is working to	
NOABD-Service	incorporate changes and get it translated.	
Delivery Form		
	Greg Tchakmakjian informed that the NOABD service	
	delivery paper form has been finalized as well as the LE	
	NOABD application.	

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	Michael Olsen shared that LEs will need a C number to		
	access application portal and request access from their	Greg to confirm if there is a	
	PAO liaison. Michael also shared that the NOABD	training video on NOABD.	
	application is only available to those clients open in IBHIS		
	and if client is not open in IBHIS, form will have to be faxed.		
	Greg agreed to follow up to confirm information as well as		
Training and Operations	confirm is there is a training video to use application.		
Annual QA Report and			
QA/QI Process			Greg Tchakmakjian
	Greg Tchakmakjian reminded providers that QA reports		
	were due February 15, 2023 and asked if providers have not		
	submitted report, to please do so as soon as possible.		
	Robin Washington stated there are still 10 reports that are		
	outstanding between SA 3 and 7. Robin said she will call		
	provider directly to get reports submitted. Robin also		
	reported that if providers submitted their report on time, QA		
	would have made contact by now if something was wrong		
	with report.		
Collaborative			Robin Washington
Documentation			
	Robin Washington presented slides on Collaborative		
	Documentation. Robin stated Collaborative		
	Documentation Trainings have been on hold and are in the		
	process of obtaining a vendor to assist with trainings. Robin		
	referred providers to QA Website and where to find		
	Collaborative Documentation Guidelines Manual. Robin		
	shared some of the benefits of Collaborative		
	Documentation which include efficiency, improved access		
	to care, increased client engagement, and reduce staff		
	burden. Robin also added that Collaborative		
	Documentation lines up with Cal AIM Payment Reform and		
Policy & Technical	21st Century Cures Act.		
Development			Caesar Moreno
• QA Bulletin 23-01			

	Caesar Moreno provided refresher on QA Bulletin 23-01 Updated Organizational Provider's Manual. Caesar stated the county decided that the Immediate Same Day Assessment does cover all the required 7 assessment domains and can be used in lieu of the Initial Assessment form. The Same Day Assessment form is no longer limited	Cae	sar Moreno
• QA Bulletin 23-02	to specific programs or situations and can be used with children, adolescents, and adults. Caesar reviewed other updates to the manual found in Chapter 1.	Cae	sar Moreno
• Access to Care	Caesar provided update to Bulletin 23-02. Caesar explained that bulletin provides guidance to all LA County Department of Mental Health providers regarding the new chart review process and trainings under Cal AIM. The bulletin also has information on reasons for recoupment.	Cae	sar Moreno
Health Information Management	Caesar reviewed slide on Access to Care. Caesar reported that the county is currently under a plan of correction with DHCS. He added that it is strongly encouraged that all providers assist in improving the access to care and shared webinar on $2/7/2023$ to ways to improve capacity and access to care. If your agency is under 80% threshold, expect an e-mail from DMH.		
Records Retention Policy 401.01		Greg	g Tchakmakjian
	 Greg Tchakmakjian discussed Records Retention policy 401.01 and clarified that it only applies to Directly operated clinics. All clinical records and PHI shall be retained for a period that is at least equivalent to the later of any of the following: 10years following the conclusion of services. For minors, until such time as the minor reaches 25 years of age. 		

	10 years often equaleties of all County State and an	
	10 years after completion of all County, State and/or	
	federal audits; or	One of Tale of the other
	• 10 years after the conclusion of any audit appeal	Greg Tchakmakjian
	and/or when audit findings are fully resolved.	
	Crear also montioned all desuments evented and segmend	
	Greg also mentioned all documents created and scanned	
	into the EHR shall be destroyed upon confirming the	
	document(s) were successfully scanned into the EHR.	
	Documents originally created as part of a paper chart are	
	subject to retention period and must be returned to the	
	paper chart after scanning into the EHR.	
Health Information		
Management		
Contacts	Greg Tchakmakjian shared slide with email information for	
	Release of Information; records purging, storing/retrieval:	
	DMHMedicalRecords@dmh.lacounty.gov	
	Subpoena acceptance/processing/questions:	
	SubpoenaMedRec@dmh.lacounty.gov	
	DMH Duplicate Records correction:	
	DMHHIM@dmh.lacounty.gov	
Policy and Technical		
Development		
Contacts	Greg shared slide with email information for the following:	
Contacto	General Email for P&TD:	
	QA Policy <u>QAPolicy@dmh.lacounty.gov</u>	Greg Tchakmakjian
	Access to Care:	
	AccessToCare@dmh.lacounty.gov (new email)	
	Network Adequacy:	
	NetworkAdequacy@dmh.lacounty.gov	
	IBHIS Error Correction	
	IBHISErrorCorrection@dmh.lacounty.gov	
	Professional Waivers:	
	Waivers@dmh.lacounty.gov	

Other Announcements/Issues	No other announcements or issues were raised.		Greg Tchakmakjian
Adjournment	Meeting was adjourned at 3: 19 PM Respectfully Submitted,	Next Meeting: 06/20/2023	Greg Tchakmakjian
	Anna Galindo, QA/QI Specialist- The Whole Child		