

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

Type of Meeting	Service Area 3 QIC	Date	8/17/2022																																																																																				
Place	Microsoft Teams Call-in Number: 323-776-6996 Conference ID: 404 996 069# Url: http://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=10191	Start Time:	9:30 am																																																																																				
Chairperson Co-Chairs	Dr. Maria Moreno Dr. Margaret Faye Mrs. Gassia Ekizian	End Time:	11:00 am																																																																																				
Members Present	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><i>Brent Popham</i></td> <td style="width: 25%;"><i>Los Angeles County Client Coalition</i></td> <td style="width: 25%;"><i>Maria Moreno</i></td> <td style="width: 25%;"><i>SA 3 QA/QI Liaison</i></td> </tr> <tr> <td><i>Carmen Solis</i></td> <td><i>Alma Family Services</i></td> <td><i>Marina Barrios</i></td> <td><i>ESGVMH</i></td> </tr> <tr> <td><i>Cheri Noone</i></td> <td><i>Five Acres</i></td> <td><i>Mark Rodriguez</i></td> <td><i>Bridges Inc .</i></td> </tr> <tr> <td><i>David Palmer</i></td> <td><i>Boys Republic</i></td> <td><i>Melissa DiGirolamo</i></td> <td><i>Institute for the Redesign of Learning\ Almansor Clinical Services</i></td> </tr> <tr> <td><i>Edith Herrejon</i></td> <td><i>Pacific Clinics</i></td> <td><i>Michael D. 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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 June 2022 meeting minutes by David Palmer and second by Michael Olsen.		
Medi-Cal Certification	<p>Renee Lee reviewed Medi-cal certification/re-certification document submission guidelines for DO and LE's. There is a standardized naming convention how we want the documents named when submitting and to create separate files for each category. Best way to submit documents is by attaching files by email or creating zip files – makes it easier when reviewing documents. Only submit the required documents, want to keep it simple and efficient to minimize the file size.</p> <p>Discussed the submission checklist to help streamline the process and ensure each category & sub-category are saved as separate files. For those providing school linked services, in Category 1A include MOUs along in this pdf. Category 5A, pg 3 of checklist goes over the required credentials – only submit docs required. For Category 5F, only submit docs for unlicensed that hold the job title of Mental Health Rehab Specialist that meet the State's definition of MHRS. Category 7 can be redundant in since it's submitted also in Category 4E; the Full Scope MSS policy is required in this section and include info on Room Key Control - only licensed Medical Staff should have room key; does not include LCSW, LMFT & is not allowable by the state— refer to Category 7 for detailed info required. For STRPs that do store & dispense psychotropic meds, you can state in your policy that you follow</p>	<p>LAC DMH Medi-Cal Provider Certification website: https://dmh.lacounty.gov/ga/ga/mpc/</p> <p>Please contact Renee with any questions at RMLee@dmh.lacounty.gov</p>	Renee Lee, LMFT

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	<p>CCL guidelines & you do not bill medi-cal for dispensing or administering psychotropic meds - make that very clear in your policy.</p> <p>When sending requesting documents, please minimize the number of emails being sent & attach as many docs as you to one email, hopefully at most 4 emails. Contact me if you have any questions.</p> <p>Rosalba asked a question on checklist - if it is possible to include the information about STRP in terms of medication on the new checklist. Renee stated the checklist was designed to be general & the medication verbiage will be included to provider in email and when feedback is provided. Renee works collaboratively with providers and will assist in helping to pass medi-cal certification process.</p>		
<p>Quality Improvement</p>	<p>Daiya reported QI is working with QA and a number of the other units to get through our triennial review in September happens every three years.</p> <p>Also, getting ready for the annual External Quality Review organization to do a review, typically happens in September but was moved to October this year. We'll be bringing in information as that takes place and provide feedback.</p> <p>SA 3 & SA 4 were selected to conduct groups that include groups of client members. We will be talking & working with those SA areas to prepare.</p>		<p>Daiya Cunnane, PsyD</p>

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Quality Improvement			
POS 2 & 10	<p>POS codes that have been added & available for use is 02, which is telehealth provided other than in a patients' home and 10 which is telehealth provided in the patients' home.</p> <p>Codes are used based on the location of the client - not the location of the staff person.</p>		Gassia Ekizian, LMFT
QA Bulletins	<ul style="list-style-type: none"> • No. 22-08 Eating Disorders and Access to Care • No. 22-07 Obtaining Consent • No. 22-06 No Wrong Door for Mental Health Services • No. 22-05 New First Point of Contact Requirements <p>Margaret stated these bulletins were emailed to everyone along with link. We've been talking about these bulletins for a while now.</p>	<p>https://dmh.lacounty.gov/ga/qabul/</p>	Margaret Faye, PhD
Policy & Procedure Updates	<p>Policy Bulletin 22-06_DMH: June 30, 2022 <i>Revised Policies:</i></p> <ul style="list-style-type: none"> • 200.08 Access to Care for Veterans and Their Families (DO & Contractors) • 306.06 Prescription Pad Storage (DO) • 306.13 Clinic Medication Inspections and Audit Control (DO) • 500.03 Minimum Necessary Requirements for Using and Disclosing Protected Health Information (DO) • 500.08 Uses and Disclosures of Protected Health Information Requiring an Authorization from Legal or Personal Representatives (DO) 	<p>https://secure2.compliancebridge.com/lacdmh/public/index.php?fuseaction=app.main&msg=#anchor</p>	Maria Moreno, EdD, PSY, MSW, LCSW

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	<p>Policy Bulleting 22-07_DMH: July 31, 2022</p> <p><i>New Policy:</i></p> <ul style="list-style-type: none"> • 309.01 Letters for Emotional Support Animals (DO) <p><i>Revised Policy:</i></p> <ul style="list-style-type: none"> • 304.04 Transportation of Clients and Their Family (DO) • 306.14 Clinic Medications Inventory (DO) • 306.17 Medication Security (DO) • 306.18 Medication Storage (DO) • 306.19 Patient's Own Medications (DO) • 306.20 Pharmacy Warehouse (DO) • 306.21 Pharmacy Reverse Distribution (DO) • 306.22 Sample Medications (DO) • 306.23 Controlled Substances (DO) • 306.25 Risk Evaluation and Mitigation Strategies (DO) • 401.02 Clinical Records Contents and Documentation Entry (DO & Contractors) • 401.03 Clinical Documentation for all Payer Sources (DO & Contractors) <p>Maria discussed the DMH policies that were released. The first one was released on June 30th. There were no major changes The other policy that was released on July 31st. The new policy, the Letters for Emotional Support Animals is for DO. At the countywide quick meeting, they reported a toolkit is in development & will provide more guidance and they're also in the process of developing additional trainings to address legal and ethical aspects. This policy does cross a lot of disciplines as defined in the healing arts. Clinicians are to use clinical judgment and to also</p>		

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	consult with their supervisor. The policy is reiterating what the law states.		
Documentation Redesign	<p>Robin discussed the workgroup program that had a series of meetings with contract providers regarding the new Cal AIM documentation policies. Work group received feedback, questions, and input from our contract agencies. We had four webinar format sessions for one hour through April to May that focused on major changes: assessment, problem list, treatment plans, and progress notes. Most difficult is the problem list since folks are used to doing the treatment plan for so long. Problem list is a snapshot of what client is working on – any impairments they are working on & it's a global view for the client</p> <p>Michael Olsen & Mark Rodriguez discussed staff difficulties in searching for a problem in SNOMED in their EHR. Margaret said SNOMED is built in to many EHRs have it built into their system and recommended to be very exact when using SNOMED. Robin will follow up with the team for technical assistance and get back to them.</p> <p>Robin discussed additional information from the workgroup - concerns and responses from QA, things to consider for implementation, and ultimate goal to make things easier for providers to work with clients. No timeline on when DMH will roll out the new forms.</p>		Robin Washington, LCSW
Network Adequacy/Access to Care	<p>Increasing Capacity:</p> <p>Margaret discussed how do we as a system increase our capacity. Bar graph shows that many providers are not accepting new beneficiaries. Agencies are losing more staff</p>	<p>Email questions to: NetworkAdequacy@dmh.lacounty.gov</p>	Margaret Faye, PhD

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	<p>than they can hire – definitely a huge staffing crisis right now.</p> <p>Robin, Gassia, and Margaret discussed ways to increase capacity such as groups.</p> <p>SRTS 2.0:</p> <p>Margaret discussed transition from SRTS 1.0 to 2.0 and importance of entering disposition to close out referrals. Michael asked if agencies that have outstanding dispositions are being notified directly. Margaret will follow up with team.</p>		
<p>How do you enhance your staff's wellness?</p>	<p>Margaret talked about staff retention and how do you as an agency enhance your staff's wellness.</p> <p>Michael reported his agency has historically done a lot of staff recognition based things but COVID really put a damper on that. They have started to reimplement those things again and bring people back to office to do things together (Dodger or movie tickets raffle, staff recognition, staff events on quarterly basis, food, snacks).</p> <p>Sybil Chacko wrote in chat box that we recently had a staff company picnic where there were food trucks, dunk tanks (CEO and QI in the tank), staff t-shirts, and company pictures all on our open campus. The overall staff response was positive.</p> <p>Daiya Cunnane responded to Michael and thinks staff recognition is something that is hugely important and there are many different ways you can do that.</p> <p>Gassia Ekizian talked about things done at Foothill – annual staff surveys, gallop poll, quarterly meetings, facilitate a culture of</p>		<p>Margaret Faye, PhD</p>

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	recognition to on another among staff, shout out at staff meeting, and asking staff to articulate that.		
Other Issues	No additional issues brought up.		
Handouts (emailed)	<ul style="list-style-type: none"> • Previous Meeting Minutes for June 2022 • QA Bulletins: <ul style="list-style-type: none"> ○ No. 22-08 Eating Disorders and Access to Care ○ No. 22-07 Obtaining Consent ○ No. 22-06 No Wrong Door for Mental Health Services ○ No. 22-05 New First Point of Contact Requirements 		
Next Meeting	Next Meeting is October 19, 2022 via Microsoft Teams.		

Respectfully Submitted, Maria Moreno, EdD, PSY, MSW, LCSW, Department of Mental Health