



**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH  
SERVICE AREA 2 QUALITY IMPROVEMENT COUNCIL (QIC) MEETING**

November 17, 2022  
10 am-11:30 am

<b>Type of Mtg:</b>	Virtual Microsoft TEAMS																														
<b>Meeting Link:</b>	<a href="https://teams.microsoft.com/l/meetup-join/19:meeting_MDM0Y2M5NzUtNmU2Yy00M2RILTk3Y2ItNmQwODEzNDIINzhi@thread.v2/0?context=%7B%22Tid%22:%2207597248-ea38-451b-8abe-a638eddbac81%22,%22Oid%22:%22d58ce716-744e-43bb-bc24-43fa428e2ab1%22%7D">https://teams.microsoft.com/l/meetup-join/19:meeting_MDM0Y2M5NzUtNmU2Yy00M2RILTk3Y2ItNmQwODEzNDIINzhi@thread.v2/0?context=%7B%22Tid%22:%2207597248-ea38-451b-8abe-a638eddbac81%22,%22Oid%22:%22d58ce716-744e-43bb-bc24-43fa428e2ab1%22%7D</a>																														
<b>Members Present:</b>	<table border="1"> <thead> <tr> <th><b>Name</b></th> <th><b>Agency</b></th> </tr> </thead> <tbody> <tr><td>Amy Kress</td><td>Olive View Mental Health UC</td></tr> <tr><td>Armen Yekyazarian</td><td>LACDMH QA/Training and Operations</td></tr> <tr><td>Cynthia Jimenez</td><td>Counseling 4 kids</td></tr> <tr><td>Daiya Cunnane</td><td>DMH QI</td></tr> <tr><td>Dave Mendez</td><td>Rancho San Antonio</td></tr> <tr><td>Dora Escalante</td><td>Jewish Family Service of Los Angeles</td></tr> <tr><td>Elidia Olmos</td><td>SCVMHC</td></tr> <tr><td>Emily Fitleberg</td><td>Phoenix House CA</td></tr> <tr><td>Esther Lee</td><td>CMMD/DMH</td></tr> <tr><td>Heather Bowen</td><td>The Help Group</td></tr> <tr><td>Iliana Martinez</td><td>El Centro de Amistad</td></tr> <tr><td>Jeff Acosta</td><td>Pacifica Hospital of the Valley UC</td></tr> <tr><td>Julie Jones</td><td>Hillview Mental Health Center, Inc.</td></tr> <tr><td>Karely Gutierrez</td><td>The Village Family Services</td></tr> </tbody> </table>	<b>Name</b>	<b>Agency</b>	Amy Kress	Olive View Mental Health UC	Armen Yekyazarian	LACDMH QA/Training and Operations	Cynthia Jimenez	Counseling 4 kids	Daiya Cunnane	DMH QI	Dave Mendez	Rancho San Antonio	Dora Escalante	Jewish Family Service of Los Angeles	Elidia Olmos	SCVMHC	Emily Fitleberg	Phoenix House CA	Esther Lee	CMMD/DMH	Heather Bowen	The Help Group	Iliana Martinez	El Centro de Amistad	Jeff Acosta	Pacifica Hospital of the Valley UC	Julie Jones	Hillview Mental Health Center, Inc.	Karely Gutierrez	The Village Family Services
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Kate Wilkerson	Child and Family Guidance Center
Katy Ihrig	SCVMHC
Kimberly Hirano	Child & Family Center
LyNetta Shonibare	DMH - Olive View
Marilou Joguilon	DMH TAR Unit
Marina Martin, LCSW	San Fernando MHC
Megan McDonald, PsyD.	Topanga West Guest Home/ACT Health and Wellness
Stephanie Ochoa	Star View
Susan Dorairaj	DMH/Certification
Tiffany Rabbani	Tarzana Treatment Centers
Tiger Doan	SSG - APCTC
Tyler London	Penny Lane Centers
Wanta Yu	LACDMH QA

AGENDA ITEMS	DISCUSSIONS/RECOMMENDATIONS/ACTIONS OR SCHEDULED TASKS	RESPONSIBLE UNIT/STAFF
Welcome- Introductions & Agency Updates – Review of Agenda	<p><b>Welcome – Introductions - Announcements</b></p> <p><b>Quality Improvement</b></p> <ul style="list-style-type: none"> <li>• Certifications</li> <li>• SA 2 Demographics</li> </ul> <p>What’s New with QI</p> <p><b>Quality Assurance</b></p> <ul style="list-style-type: none"> <li>• <b>QA Discussion</b> – QA Myths &amp; Supervision/Monitoring Documentation in the Age of CalAim</li> <li>• Review of November Central QA Topics QA on the Air</li> <li>• <b>CalAIM</b> <ul style="list-style-type: none"> <li>• New Criteria to Access SMHS</li> <li>• No Wrong Door</li> <li>• Diagnosis Codes</li> </ul> </li> </ul>	All

	<ul style="list-style-type: none"> <li>• Documentation Redesign – Organizational Providers Manual Revisions</li> <li>• Peer Support Services</li> <li>• Screening/Transition Tools</li> <li>• Payment Reform</li> <li>• <b>Training &amp; Operations:</b> <ul style="list-style-type: none"> <li>• LE Chart Reviews</li> <li>• QA Lead Coverage</li> <li>• Annual QA Report &amp; Written QA Process</li> </ul> </li> <li>• <b>Policy &amp; Technical Development:</b> <ul style="list-style-type: none"> <li>• System Review Comments</li> <li>• EQRO Review Comments</li> <li>• Final QA Bulletin 22-09 re: Org Manual</li> <li>• Draft QA Bulletin re: Procedure Code Guide</li> <li>• STRTP Treatment Plan</li> <li>• Network Adequacy/Access to Care</li> </ul> </li> <li>• <b>Health Information Management</b> <ul style="list-style-type: none"> <li>• HIM Bulletin 22-01</li> </ul> </li> </ul>	
<b>Quality Improvement</b>	<b>Quality Improvement</b>	<b>Quality Improvement</b>
<b>UPDATES</b>	<b>SA 2 Demographics</b>  <b>What's New with QI</b> <ul style="list-style-type: none"> <li>• Staffing Changes to Countywide QI team</li> <li>• Joining with Outcomes</li> <li>• EQRO feedback <ul style="list-style-type: none"> <li>• PIP Feedback</li> <li>• Consumer Participation</li> </ul> </li> </ul>	Daiya Cunnane, QI unit Provided by QI <b>Staff</b> (Provided by Kalene Gilbert, LyNetta Shonibare, Jen Regan, Daiya Cunnane) – reported by Kimber
<b>Quality Assurance</b>	<b>Quality Assurance</b>	<b>Quality Assurance</b>
<b>UPDATES</b>		Provided by QA <b>Staff</b> (Provided by Brad Bryant, Jen Hallman,

		Nikki Collier) – reported by Kimber
<b>QA ON AIR</b>	<ul style="list-style-type: none"> <li>The next QA on the Air will be held on <b>Wed., November 30<sup>th</sup> from 9:00- 10:00</b></li> <li>November 30<sup>th</sup> webinar will be a follow up from the October Screening and Transition tools. A few of our Managed Care Plan partners will be presenting on services provided by the Managed Care Plans.</li> </ul>	
<b>CalAIM</b>	<p><b>CalAIM Quiz</b> Addresses basic understanding of key CalAIM initiatives <a href="https://forms.office.com/g/v5Ke2thegE">https://forms.office.com/g/v5Ke2thegE</a> Encourage staff to complete the quiz</p>	
	<p><b>New Criteria to Access SMHS &amp; Medical Necessity</b> Effective Jan 1, 2022 Criteria to access SMHS and Medical Necessity are now separate</p> <ul style="list-style-type: none"> <li>Criteria to Access SMHS: Applies to a <u>person</u> (is this person eligible to receive SMHS?) <ul style="list-style-type: none"> <li>✓ A mental health diagnosis is no longer a prerequisite for receiving SMHS</li> <li>✓ No more “Included” Diagnosis List – can be a mental health disorder or suspected mental health disorder not yet diagnosed per DSM and ICD <ul style="list-style-type: none"> <li>✓ Those w/ a condition placing them at high risk due to trauma are able to access SMHS</li> </ul> </li> </ul> </li> <li>Medical Necessity: Applies to <u>services</u> (is the service provided clinically appropriate?)</li> </ul> <p>QA Bulletin: <a href="http://file.lacounty.gov/SDSInter/dmh/1117880_QABulletin21-08UpdatedCriteriaToAccessSMHS.pdf">http://file.lacounty.gov/SDSInter/dmh/1117880_QABulletin21-08UpdatedCriteriaToAccessSMHS.pdf</a> Training: <a href="http://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=9640">http://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=9640</a> FAQs: <a href="http://file.lacounty.gov/SDSInter/dmh/1119877_QABulletin21-08FAQs.pdf">http://file.lacounty.gov/SDSInter/dmh/1119877_QABulletin21-08FAQs.pdf</a></p>	
	<p><b>No Wrong Door</b> <b>Effective July 1, 2022</b> Clinically appropriate and covered SMHS are covered and reimbursable Medi-Cal services even when:</p> <ol style="list-style-type: none"> <li>Services are provided prior to determination of a diagnosis, during the assessment, or prior to determination of whether NSMHS or SMHS access criteria are met.</li> <li>The beneficiary has a co-occurring mental health condition and substance use disorder (SUD); or</li> <li>NSMHS and SMHS services are provided concurrently if those services are coordinated and not duplicated.</li> </ol>	

	<p><b>QA Bulletin:</b> <a href="http://file.lacounty.gov/SDSInter/dmh/1126524_QABulletin22-06NoWrongDoor.pdf">http://file.lacounty.gov/SDSInter/dmh/1126524_QABulletin22-06NoWrongDoor.pdf</a>  <b>Training:</b>  <a href="http://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=10092&amp;utm_content=&amp;utm_medium=email&amp;utm_name=&amp;utm_source=govdelivery&amp;utm_term=">http://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=10092&amp;utm_content=&amp;utm_medium=email&amp;utm_name=&amp;utm_source=govdelivery&amp;utm_term=</a></p>	
	<p><b>Diagnosis Codes Information Notice</b>  <b>Effective July 1, 2022</b>  The following options during the assessment phase may be used when a diagnosis has yet to be established:</p> <ol style="list-style-type: none"> <li>1. Non-Diagnosing Staff may use Z55-Z65</li> <li>2. Diagnosing Practitioners may use any appropriate, valid ICD code including Z codes</li> </ol> <p><b>QA Bulletin:</b> <a href="http://file.lacounty.gov/SDSInter/dmh/1126541_QABulletin22-05FirstPointofContacts.pdf">http://file.lacounty.gov/SDSInter/dmh/1126541_QABulletin22-05FirstPointofContacts.pdf</a>  <b>Training:</b>  <a href="http://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=10092&amp;utm_content=&amp;utm_medium=email&amp;utm_name=&amp;utm_source=govdelivery&amp;utm_term=">http://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=10092&amp;utm_content=&amp;utm_medium=email&amp;utm_name=&amp;utm_source=govdelivery&amp;utm_term=</a></p>	
	<p><b>Documentation Redesign</b>  Assessments</p> <ul style="list-style-type: none"> <li>• Greater integration of the CANS</li> <li>• Requirements will focus on “domains” that are required and not specific data elements</li> <li>• No frequency requirements – update as clinically needed</li> </ul> <p>Treatment Plans</p> <ul style="list-style-type: none"> <li>• Only required for TCM, ICC, and Peer Support Services</li> <li>• No specific data element requirements</li> <li>• Medication Consent is still required</li> </ul> <p>Problem List</p> <ul style="list-style-type: none"> <li>• Should be updated regularly/ongoing basis</li> </ul> <p>Progress Notes</p> <ul style="list-style-type: none"> <li>• Should support the service provided</li> <li>• Include narrative describing the service, including how it addressed the identified need</li> <li>• Include next steps (planned action steps, updates to the problem list)</li> </ul> <p><b>QA Bulletin:</b> <a href="http://file.lacounty.gov/SDSInter/dmh/1125775_QABulletin22-04DocumentationRedesignforSMHS.pdf">http://file.lacounty.gov/SDSInter/dmh/1125775_QABulletin22-04DocumentationRedesignforSMHS.pdf</a>  <b>Organizational Providers Manual (updated):</b></p>	

	<a href="http://file.lacounty.gov/SDSInter/dmh/1132980_ORGANIZATIONALPROVIDER_SMANUAL.pdf">http://file.lacounty.gov/SDSInter/dmh/1132980_ORGANIZATIONALPROVIDER_SMANUAL.pdf</a> <b>Training:</b> <a href="http://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=10092&amp;utm_content=&amp;utm_medium=email&amp;utm_name=&amp;utm_source=govdelivery&amp;utm_term=">http://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=10092&amp;utm_content=&amp;utm_medium=email&amp;utm_name=&amp;utm_source=govdelivery&amp;utm_term=</a>	
<b>Next Steps</b>	<b>Beneficiary Handbook</b> <ul style="list-style-type: none"> <li>✓ DHCS released draft version for feedback</li> </ul> <b>NOABD –Service Delivery form</b> <ul style="list-style-type: none"> <li>✓ Finalized paper</li> <li>✓ Working to finalize updates to NOABD application (mid-December)</li> </ul>	
<b>Peer Support Services</b>	<b>Effective July 1, 2022</b> Peer Support Services will be a new covered SMHS Medi-Cal benefit effective July 1, 2022 <ul style="list-style-type: none"> <li>• These services must be provided by a Certified Peer Support Specialist</li> <li>• Services aim to prevent 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.</li> </ul> <b>The services will include:</b> <ul style="list-style-type: none"> <li>• Educational Skills Building Groups (H0025)</li> <li>• Engagement (H0038)</li> <li>• Therapeutic Activity (H0038)</li> </ul> <b>Status/Update:</b> <ul style="list-style-type: none"> <li>• Peer Support Services was added to the Org Manual</li> <li>• QA will be updating NAPPA/IBHIS and the Guide to Procedure Codes to include a new category/discipline for Certified Peer Support Specialist and the new procedure codes</li> </ul>	
<b>Screening and Transition Tools</b>	<b>Coming Jan 1, 2023</b> DHCS will be requiring the use of standardized screening and transition tools across the State Goals of the tools: <b>Screening tool:</b> to facilitate accurate determinations of when care would be better delivered in the MCP or MHP service system. <i>Can refer over PRIOR to conducting an assessment (currently requires an assessment before referring)</i>	

**Transition of care tool:** to support a beneficiary's transition to the other delivery system when their condition changes.

Status/Update:

- ✓ LACDMH completed a data pilot to get a sense of how many clients would screen/need to be transferred to MCPs
- ✓ Working with MCPs to get standardized processes in place
- ✓ Screening questions will be added to the SRL/SRTS
- ✓ For DO, will add Transition form into IBHIS

**Required January 1, 2023**

Draft DHCS Information Notice

Tool used by both MHPs and MCPs to determine the appropriate delivery system referral for beneficiaries who are not currently receiving mental health services when they contact the MCP or MHP seeking mental health services.

Required to administer for all beneficiaries who are not currently receiving mental health services, when they contact the MHP to seek mental health services

Draft language states not required to be used when a client contacts a clinic directly; begin assessment process and provide services during the assessment period without using the screening tool (*provided feedback to DHCS – would like all provider to have ability to use screener*)

May be administered by anyone (clinicians or non-clinicians) over the phone, in-person, video conference

Tools include both screening questions and an associated scoring methodology

- Adult (21+) Screening Tool for Medi-Cal Mental Health Services includes clinical experiences, life circumstances, risk and substance use (indicates offer of referral to SUD treatment)
- Youth (under 21) Screening Tool for Medi-Cal Mental Health Services includes safety, system involvement, life circumstances, risk, substance use (indicates offer of referral to SUD treatment) and primary care (indicates offer of referral to Pediatrician)

Must be asked in full, using specific wording of the tool and cannot alter order or add questions

Based on score, should refer to the appropriate system (MHP or MCP)

- If refer to the MCP, shall share the tool and follow up to ensure the beneficiary was connected

**Standardized Transition Form**

**Required January 1, 2023** Draft DHCS Information Notice

Form used by both MHPs and MCPs to ensure that beneficiaries who are receiving mental health services from one delivery system receive timely and coordinated care when their existing services are being transitioned to the other delivery system (transition of care referral), or when services are being added to their existing mental health treatment from the other delivery system (service referral)

Documents beneficiary needs for a transition of care referral or a service referral to the MCP or MHP by leveraging existing clinical information:

- Referring plan and care team.
- Beneficiary demographics and contact information.
- Beneficiary presenting behaviors/symptoms, environmental factors, behavioral health history, medical history, and medications.
- Services requested and receiving plan information.

Beneficiaries may be transitioned for all or a subset of their mental health services

One tool for both age groups

Determination to transition must be done by a clinician via a patient-centered shared decision-making process

- Tool may be completed by clinician or non-clinician over the phone, in-person, video conference

Additional information may not be added to the form but may be attached

If transitioning to the MCP, must ensure that the referral process has been completed, the beneficiary has been connected with a provider in the new system, and the new provider accepts the care of the beneficiary, and medically necessary services have been rendered



<b>Payment Reform / CPT Codes</b>	<p><b>COMING JULY 1, 2023</b></p> <ul style="list-style-type: none"> <li>▪ No longer bill by the minute: some codes will be in 15 min increments</li> <li>▪ Will utilize “add-on” procedure codes</li> <li>▪ Only bill for “direct patient care”, documentation/travel time/review of records/etc will be considered “admin”</li> <li>▪ Increased use of modifiers</li> <li>▪ Complex rules around which codes can be billed on the same day</li> </ul> <p><b>Status/Update:</b></p> <ul style="list-style-type: none"> <li>▪ DHCS released the Final Billing Manual</li> <li>▪ DMH has an internal workgroup that is reviewing the Manual in order to provide greater information to providers</li> <li>▪ December QA on the Air will focus on CPT Codes/Payment Reform</li> </ul>	
<b>Annual QA Report &amp; Written QA Processes</b>	<ul style="list-style-type: none"> <li>• Each year Contract Providers are required to submit a QA Report and Updated Written QA Process by January 31<sup>st</sup></li> <li>• We are in the process of updating the forms to decide what we’ll need to add</li> <li>• Updated forms and official announcement will go out next month</li> </ul>	
<b>Legal Entity Chart Reviews</b>	<p><b>Upcoming Reviews</b></p> <ul style="list-style-type: none"> <li>• Boys Republic</li> <li>• Tessie Cleveland</li> <li>• Barber &amp; Floyd</li> </ul> <p>Working on summary reports and coordination of related meetings for recent reviews In the process of coordinating additional reviews December &amp; January</p>	
<b>State System Review - Comments from Exit</b>	<p><b>System Strengths:</b></p> <ul style="list-style-type: none"> <li>• Cultural competency</li> <li>• NAPPA for gathering information from many providers and connection to the provider directory</li> </ul> <p><b>System Challenges:</b></p> <ul style="list-style-type: none"> <li>• Monitoring of contractors – (overall monitoring that the contractors meet all the requirements of our MHP contract)</li> <li>• Timeliness with grievances &amp; management of new policies</li> </ul> <p><b>Clinical Strengths:</b></p> <ul style="list-style-type: none"> <li>• Overall quality of assessments and plans – found very few themes or systematic issues</li> </ul>	

	<p><b>Clinical Opportunities/Challenges:</b></p> <ul style="list-style-type: none"> <li>• Expand ICC/IHBS and provide more consistently</li> <li>• Coordination of care</li> </ul>	
<p><b>EQRO – Comments from Exit</b></p>	<p><b>For next year:</b> Need to ensure consumer/family participation; low numbers were not great this year</p> <p><b>Successes:</b></p> <ul style="list-style-type: none"> <li>• Technology Innovation/Solutions, IT solutions and CBO working together even with staff shortages</li> <li>• Use of piloting</li> <li>• Psychiatrists are really part of the treatment team</li> <li>• All the data available, including CPS ideas to increase completion</li> <li>• HINDEX potential</li> <li>• SRTS 2.0 – and access by providers</li> <li>• Peers feeling valued and heard</li> <li>• Medication monitoring has come a long way</li> <li>• Line staff efforts to deal with staff shortages and still provide quality care</li> <li>• Scope of knowledge of staff talking with during sessions</li> </ul> <p><b>Challenges:</b></p> <ul style="list-style-type: none"> <li>• Continuation of care – for clients having clinician changes 2-3 times per year; new staff challenges</li> <li>• Majority of “peers” were parent partners and would be helpful to hear from peers as well</li> <li>• Adult level of care tool (work in progress)</li> </ul> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>• Reduce 7 and 30 day re-hospitalization rate</li> <li>• Staffing/capacity</li> <li>• SRTS – turning off referrals</li> </ul>	
<p><b>Review of QA Bulletins</b></p>	<p><b>Reviewed QAB 22-09</b> <b>Reviewed Draft of DRAFT QA Bulletin: Procedure Code Guide Updates</b> <b>Reviewed Draft STRTP Treatment Plan</b></p> <ul style="list-style-type: none"> <li>• Given requirements for STRTP to continue having a treatment plan, will be issuing a formal STRTP Client Treatment Plan for use by STRTP providers.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Will be issuing a Clinical Forms Bulletin shortly</li> </ul>	
<b>Network Adequacy &amp; Access to Care</b>	<p><b>Thank you to the QA Representatives that have been responsive to our Access to Care emails.</b></p> <ul style="list-style-type: none"> <li>• We continue to see providers transferring records due to “at capacity” although the Provider Directory shows they are accepting. This causes delays in accessing care.</li> </ul> <p><b>Reminders:</b></p> <ul style="list-style-type: none"> <li>• Data in the NAPPA application is critical for State &amp; LACDMH reporting: it must be accurate</li> <li>• NAPPA was recently updated to include fields mandated for State reporting (274 transactions)</li> </ul>	
<b>HIM Bulletin 22-01: Acceptance of Subpoenas Requesting Protected Health Information</b>	<p><b>Acceptance of Subpoenas Directly Operated only</b></p> <ul style="list-style-type: none"> <li>• Providers must verify the validity of the subpoena using the following items to be checked:</li> <li>• <u>Issuing authority</u> - court, administrative agency, attorney for either party</li> <li>• <u>Date and time for response</u> - reasonable time for the response provided; DMH has interpreted this to mean at least five business days for a response</li> <li>• <u>Signature</u> - signed by an attorney, judge, clerk of the court, or official of an administrative agency, typewritten or electronic signature acceptable</li> <li>• <u>Affidavit or Declaration included</u> - <i>the person accepting the subpoena has no responsibility for evaluating the accuracy of the affidavit or declaration</i></li> </ul> <p><b>Notice to Consumer Directly Operated only</b></p> <p>Verify that Notice to Consumer (NEW Requirement) included with the subpoena - <i>the person accepting the subpoena has no responsibility for evaluating the accuracy of the Notice to Consumer</i></p> <p>The subpoenaing party is required to notify the client that their records are being subpoenaed. There must be evidence that the subpoenaing party:</p> <ul style="list-style-type: none"> <li>✓ served or caused to be served on the client a copy of the subpoena duces tecum</li> <li>✓ provided an affidavit to the client supporting the issuance of the subpoena</li> <li>✓ provided notice to the client of their rights regarding the subpoena</li> </ul> <p>The subpoenaing party must serve the above requirements on the client</p> <ul style="list-style-type: none"> <li>✓ Not less than 10 days prior to the date for production specified in the subpoena duces tecum</li> <li>✓ At least five days prior to service upon the custodian of records</li> </ul> <p><b>New procedures in Subpoena processing Directly Operated only</b></p> <p>Once the subpoena has been validated, providers must then take the following steps:</p>	

- ✓ Record the date and time received, amount of money received, if any, and sign the cover page of the documents received
- ✓ Email a copy of the subpoena including all attachments and a copy of the check to [SubpoenaMedRec@dmh.lacounty.gov](mailto:SubpoenaMedRec@dmh.lacounty.gov) as soon as possible but in no case later than the end of the business day
- ✓ Send all original documents including the check with fees paid via interoffice mail to:
 

Health Information Management  
510 S. Vermont Avenue, 17th floor  
Los Angeles CA 90020

*Once received, the Health Information Management (HIM) Team will complete the processing of the subpoena including determining whether an objection to production of the records has been filed. The provider should not make this determination.*

**Accepting a Subpoena Directly Operated only**

Accept subpoenas that are addressed to your clinic or to a staff member of your clinic who is ordered to appear in court on a case involving one of the staff member's past or present clients.

- ▶ Subpoenas **addressed** to DMH must not be accepted and must be served at:
 

Health Information Management  
510 S. Vermont Ave, 17th floor Los Angeles, CA 90020
- ▶ Subpoenas that **name** DMH or the County of Los Angeles as the "Defendant/Respondent" must be served at:
 

Board of Supervisors  
500 W. Temple Street, 3rd Floor Los Angeles, CA 90012

**Health Information Management Contacts**

Release of Information; records purging, storage/retrieval: [DMHMedicalRecords@dmh.lacounty.gov](mailto:DMHMedicalRecords@dmh.lacounty.gov)

Subpoena acceptance/processing/questions [SubpoenaMedRec@dmh.lacounty.gov](mailto:SubpoenaMedRec@dmh.lacounty.gov)

DMH Duplicate Records correction [DMHhim@dmh.lacounty.gov](mailto:DMHhim@dmh.lacounty.gov)

**Electronically Signed & Respectfully Submitted by:**

Kimber Salvaggio  
SA 2 Adult QIC Chair

**NEXT MEETING:** JANUARY 19, 2023, 10 am