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

September 15, 2022
10 am-11:30 am

Type of Mtg:	Virtual Microsoft TEAMs
Meeting Link:	https://teams.microsoft.com/l/meetup-join/19:meeting_MDM0Y2M5NzUtNmU2Yy00M2RlLTk3Y2ItNmQwODEzNDllNzhi@thread.v2/0?context=%7B%22Tid%22:%2207597248-ea38-451b-8abe-a638eddbac81%22,%22Oid%22:%22d58ce716-744e-43bb-bc24-43fa428e2ab1%22%7D

Members Present:

Name	Agency
Abigail Fonseca	Olive View Mental Health Center
Adik Parsekhian	The Village Family Services
Claudia Morales	Pacific Asian Counseling Services
CONNIE KESSINGER	LAC DMH HOME
Dave Mendez	Rancho San Antonio
Dora Escalante	Jewish Family Service
Elidia Olmos	Santa Clarita Valley MHC
Heather Bowen	The Help Group
Heylee Barriola, LMFT	Didi Hirsch Mental Health Agency
Iliana Martinez	El Centro de Amistad
James McEwen	DMH SFC
Jeanine Caro-Delvaille	Child & Family Center
Jen Regan	DMH QI
Julie Jones	Hillview Mental Health Center, Inc.
Karely Gutierrez	The Village Family Services

	Kate Wilkerson, LCSW	Child and Family Guidance Center
	Lorena Pardo	The Teen Project CRTP
	Marilou Joguilon	DMH TAR
	Megan McDonald	Topanga Roscoe Corporation
	Michele Burton	The Help Group Child and Family Center
	Stephanie Ochoa	Star View
	Tiffany Rabbani	Tarzana Treatment Centers 7833
	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	**Quality Improvement**
	• EQRO
	Quality Assurance
	• **QA on the Air**
	• **Credentialing**
	• **CalAIM**
	  • New Criteria to Access SMHS
	  • No Wrong Door
	  • Diagnosis Codes
	  • Documentation Redesign – Organizational Providers Manual Revisions
	  • Peer Support Services
	  • Screening/Transition Tools
	  • Payment Reform
	  • New QA Process
	• **CalAIM IRL Provider Discussion**
	• **Training & Operations:**
	  • Knowledge Assessment Survey
	  • LE Chart Reviews
	  • QA Website Updates
		All

	• Information Recently Sent Out • **Policy & Technical Development:** • System Review • Network Adequacy Certification • Waiver Reminders • Network Adequacy/Access to Care • **Health Information Management** • Monthly Mtg Registration • Elements of Valid Authorization	
Quality Improvement	**Quality Improvement**	**Quality Improvement**
UPDATES		Provided by QI Staff (Provided by Kalene Gilbert, LyNetta Shonibare, Jen Regan, Daiya Cunnane) – reported by Kimber
EQRO	**Review of Quality** ▶ External Quality Review Organization (EQRO) ▶ Mandated annual review by an agency contracted with DHCS ▶ Review focused on LACDMH's efforts to improve: ✓ Quality of Care ✓ Outcomes of Care ✓ Timeliness of Care ✓ Access to Care ▶ There are identified Key Components for each area ▶ Review focused on Medi-Cal Beneficiaries **EQRO 2022 REVIEW** ▶ EQRO Review scheduled for October 17-20 ▶ Service Areas 3 & 4 ▶ Review consists of focus group sessions and review of materials submitted by LACDMH ▶ Virtual Focus Group Sessions ▶ 10 Service Area Sessions (typical) ▶ 12 Administrative Sessions (typical) ▶ 100% Virtual Review – Highly Streamlined	

	WHAT'S IN REVIEW ▶ **Administrative Sessions** ▶Overview of Significant Changes and Initiatives ▶IBHIS, EHR, and Data Systems for Directly Operated and LE Providers ▶Legal Entity Executive Session ▶Wellness and Recovery – Programming and peer driven services ▶ **Access to Care** – Language accessibility, telehealth, Call Center, transportation ▶ **Timeliness of Care** – What is LA county's monitoring and improvement process ▶ **Quality of Care** – QIC committee work, use of data in programming to improve quality of services, evidenced based practices ▶ **Outcomes** – Annual client perception survey, Gallup, outcomes instruments in use (PH-Q 9, CANS), level of care assessment ▶ Prescriber Session – Prescriber policies, data monitoring, and quality review ▶**Service Area Sessions – Service Areas 3 & 4** • Adult Consumer Session • Caretaker Session • Line Staff Session • Supervisor Session • Peer Staff Session • Recruitment is beginning now • $25 Gift Card incentive for consumers and caretakers ▶ **Interested in past reviews? Visit Caleqro.com** • All County reviews are posted online	
Quality Assurance	**Quality Assurance**	**Quality Assurance**
UPDATES		Provided by QA Staff (Provided by Brad Bryant, Jen Hallman, Nikki Collier) – reported by Kimber
QA ON AIR	❑ The next QA on the Air will be held on **Wed.**, **October 26th from 9:00-10:00** ❑ September will be canceled due to on-site System Review	
Credentialing Requirements	**DHCS IN 18-019** https://www.dhcs.ca.gov/services/MH/Documents/Information%20Notices/IN%2018-019%20PROVIDER%20CREDENTIALING%20AND%20RE-	

	CREDENTIALING/MHSUDS_Information%20Notice_18-019_Final%20Rule_Credentialing.pdf For all **licensed, waivered, registered and/or certified providers**, the Plan must verify and document the following items through a primary source • The appropriate **license and/or board certification or registration**, as required for the particular provider type; • Evidence of **graduation or completion of any required education**, as required for the particular provider type; • Proof of completion of any **relevant medical residency and/or specialty training**, as required for the particular provider type; and • Satisfaction of any applicable **continuing education requirements**, as required for the particular provider type. Plans must **verify and document the following information** from each network provider, as applicable, but need not verify this information through a 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** identification number; ◦ **National Provider Identifier** number; ◦ Current **malpractice insurance** in an adequate amount, as required for the particular provider type; ◦ History of **liability claims** against the provider; ◦ Provider information, if any, entered in the **National Practitioner Data Bank**, when applicable. See https://www.npdb.hrsa.gov/; ◦ **History of sanctions** from participating in Medicare and/or Medicaid/Medi-Cal: providers terminated from either Medicare or Medi-Cal, or on the Suspended and Ineligible Provider List, may not participate in the Plan's provider network. This list is available at: http://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp; and 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 to the following:	

	◦ Any limitations or inabilities that affect the provider's ability to perform any of the position's essential functions, with or without accommodation; ◦ A history of loss of license or felony conviction; ◦ A history of loss or limitation of privileges or disciplinary activity; ◦ A lack of present illegal drug use; and ◦ The application's accuracy and completeness. **Re-Credentialing** • DHCS requires each Plan to verify and document at a **minimum every three years** that each network provider that delivers covered services continues to possess valid credentials, including verification of each of the credentialing requirements listed above. • The Plan must require each provider to submit **any updated information** needed to complete the re-credentialing process, as well as a new signed attestation. • In addition to the initial credentialing requirements, **re-credentialing should include documentation that the Plan has considered information from other sources pertinent to the credentialing process**, such as quality improvement activities, beneficiary grievances, and medical record reviews.	
CalAIM	**CalAIM Quiz** Addresses basic understanding of key CalAIM initiatives https://forms.office.com/g/v5Ke2thegE Encourage staff to complete the quiz	
New Criteria to Access SMHS & Medical Necessity	Effective Jan 1. 2022 Criteria to access SMHS and Medical Necessity are now separate • Criteria to Access SMHS: Applies to a person (is this person eligible to receive SMHS?) ✓ A mental health diagnosis is no longer a prerequisite for receiving SMHS ✓ No more "Included" Diagnosis List – can be a mental health disorder or suspected mental health disorder not yet diagnosed per DSM and ICD ✓ Those w/ a condition placing them at high risk due to trauma are able to access SMHS • Medical Necessity: Applies to services (is the service provided clinically appropriate?) QA Bulletin: http://file.lacounty.gov/SDSInter/dmh/1117880_QABulletin21-08UpdatedCriteriatoAccessSMHS.pdf Training: http://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=9640	

	FAQs: http://file.lacounty.gov/SDSInter/dmh/1119877_QABulletin21-08FAQs.pdf	
No Wrong Door	**Effective July 1, 2022** Clinically appropriate and covered SMHS are covered and reimbursable Medi-Cal services even when: 1) 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; 2) The beneficiary has a co-occurring mental health condition and substance use disorder (SUD); or 3) NSMHS and SMHS services are provided concurrently, if those services are coordinated and not duplicated. **QA Bulletin:** http://file.lacounty.gov/SDSInter/dmh/1126524_QABulletin22-06NoWrongDoor.pdf **Training:** http://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=10092&utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=	
Diagnosis Codes Information Notice	**Effective July 1, 2022** The following options during the assessment phase may be used 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 **QA Bulletin:** http://file.lacounty.gov/SDSInter/dmh/1126541_QABulletin22-05FirstPointofContacts.pdf **Training:** http://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=10092&utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=	
Org Manual Revisions – Coming Soon	**Modified:** ✓ Record review in preparation for an appointment that is missed/cancelled must be included in the next session/service (DHCS CalAIM FAQs) • Record review for missed session (documented for that date of service/non billable) • Session where they show (include the time from the record review missed session, reference the time)	

	✓ Assessment section ✓ Client Treatment Plan --- Care Plan section ✓ Progress Note section ✓ TBS & IHBS section ✓ DTI/DR section **Removed:** ✓ Continuous Client Assessment ✓ Returning Client Assessment ✓ References to Formal Client Treatment Plan (e.g., long term goals, signatures) ✓ Assessment & Needs Evaluation Addendum **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." ✓ Problem list section ✓ Peer Support Services	
Next Steps	**Beneficiary Handbook** ✓ DHCS released draft version for feedback **NOABD –Service Delivery form** ✓ Finalized – working to finalize updates to NOABD application **Organizational Providers Manual & DMH Policies** ✓ Org Manual (and QA Bulletin) should be released in the next two weeks	
Peer Support Services	Peer Support Services will be a new covered SMHS Medi-Cal benefit effective July 1, 2022 • These services must be provided by a Certified Peer Support Specialist • 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. **The services will include:** • Educational Skills Building Groups (H0025) • Engagement (H0038) Therapeutic Activity (H0038) **Status/Update:** No Updates at This Time	

	• 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 • A QA Bulletin will be issued, and the Org Manual updated	
Screening and Transition Tools	**Coming Jan 1, 2023** DHCS will be requiring the use of standardized screening and transition tools across the State Goals of the tools: **Screening tool:** to facilitate accurate determinations of when care would be better delivered in the MCP or MHP service system. *Can refer over PRIOR to conducting an assessment (currently requires an assessment before referring)* **Transition of care tool:** to support a beneficiary's transition to the other delivery system when their condition changes. Status/Update: ✓ LACDMH is piloting the child tools with several Managed Care Plans – pilot ends this week ✓ Will be pulling together a workgroup to plan for January 1 implementation ✓ Looking at adding screening questions to SRL/SRTS	
Pilot Feedback – Screening / Transition Tools	**<u>TOOLS</u>** • 0-5 – lacks usefulness/applicability • Youth – under-reporting of parent (parent may be unaware of issues) • Transition Tools – they don't provide any guidance in determining lower level of care • Some items seem intrusive (e.g., changes in sexual activity?) or awkward (e.g., is the primary caretaker often not around or unable to take care of the child?) • No items re: psychotic symptoms • What if the OD staff/agent/MCP staff do not agree with the Screener scoring? • "Can you tell me the reason for your call? (item #3) – how much info to gather; may get at other items – no need to repeat questions already addressed **<u>WORKFLOWS</u>** • MHP / MCP Workflows: o Time consuming: • Warm transfers • F/U on client's care (closing the loop)	

	○ Need more efficient process in sending completed screeners/tools to other system ○ MHP – easier/more visible way of identifying client's MCP • Clear process to be in place when items endorsed re: S/I, plans to hurt others, child neglect/abuse • If client endorses substance use item(s), then what? (create script) ○ Provide SA Hotline ○ The treating mental health provider (MHP or MCP) will f/u with any SAPSI referral/care coordination if needed ○ If child needs referral to pediatrician w/their MCP, then what? **QUESTIONS** • What if client does not have an MCP? • Are there any psychotropic/anti- psychotic meds that MCPs do NOT prescribe? • If clients transition to MCP, will they lose their benefits (e.g., SSI)? • Do we have brochures/info re: what non-SMHS MCPs provide to give to clients? • How do we determine if client is ready to be transitioned to MCP? • Transitioning clients (especially children) to MCP extremely difficult; would be helpful to inform them at the intake the flow re: 'levels of care	
Payment Reform / CPT Codes	**COMING JULY 1, 2023** ▪ 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", documentation/travel time/review of records/etc will be considered "admin" ▪ Increased use of modifiers ▪ Complex rules around which codes can be billed on the same day **Status/Update:** ▪ DHCS released the Final Billing Manual ▪ DMH has an internal workgroup that is reviewing the Manual in order to provide greater information to providers – looking to conduct a webinar once the workgroup has reviewed the entire Manual	
New QA Process in Development	**Goal:**	

	▪ To review programs to ensure the best quality services are provided across programs while also ensuring all providers are adhering to Departmental and Medi-Cal requirements ▪ Same process and tools for DO and LE ▪ Three parts to the review: • Data Review • Workflow Discussion • Chart Review	
Legal Entity Chart Reviews	**Upcoming Reviews** • Boys Republic – Starts October 3rd Working on summary reports and coordination of related meetings for recent reviews In the process of coordinating additional reviews October and November	
QA Website Updates	Training materials and other resources (including sample chart review tool for LEs) that contain outdated information were removed • Reimbursement and Claiming Module which was updated earlier this year is still available Directs to main QA Training page for new CalAIM related documentation requirements Updated training/other resources will be added to the QA Website sometime in the near future Updated *QA Contacts By Service Area* list posted	
Recently Sent Out	Summary of Documentation Redesign LE Workgroup sessions ○ Distributed a few weeks ago via the County of LA QA Updates subscriber email ➢ CalAIM Documentation Redesign LE Workgroup Summary.pdf ➢ Feedback Survey regarding the QA Knowledge Assessment Survey process ○ Distributed through each SA QIC member email group ➢ Knowledge Assessment Feedback Survey Link: https://forms.office.com/g/8e8gUZUNHq	
State System Review	Virtual "On-Site" will be September 27-30 Categories covered include: • Network Adequacy & Availability of Services • Care Coordination & Continuity of Care • Quality Assurance & Performance Improvement • Access & Information Requirements • Coverage & Authorization of Services	

	• Beneficiary Rights & Protections • Program Integrity • Chart Review – Non-Hospital Services	
Network Adequacy Certification Submission	**Network Adequacy:** We appear to have enough practitioners in all areas. *Note: We have never been able to replicate the numbers the State calculates based on our data. It appears we are unable to submit about 2000 practitioners for various reasons.* **Timely Access:** It appears we will not meet the State benchmark for timely access. *Note: The State increased the baseline from 70% timely access to 80% timely access.*	
Waiver Reminder	All waiver requests from LE providers must be sent to Waivers@dmh.lacounty.gov in order to prevent delays in waiver processes • Do not send waivers to personal email accounts (e.g., jhallman@dmh.lacounty.gov) • As a reminder, Diane Guillory has retired from LACDMH Ensure you are using the checklist, current forms on the QA website https://dmh.lacounty.gov/qa/mental-health-professional-licensing-waivers/ • Do not save documents as they may be outdated • Ensure a PDF signed document is submitted, not a Word document (instructions posted on-line) • On the application, ensure fields 1-7 are completed. Leave 8-10 blank (DMH to complete) • If the applicant is out of State but licensed ready, must submit proof they have an exam date pending (field 5 on the form) **Please ensure those in your agency responsible for waivers are aware of this!**	
Network Adequacy & Access to Care	**Thank you to the QA Representatives that have been responsive to our Access to Care emails.** ◦ 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. **Reminders:** • Data in the NAPPA application is critical for State & LACDMH reporting: it must be accurate • NAPPA will be modified in the next two weeks to account for modifications needed for State reporting (e.g., practitioner DOB) & ease of use/reporting (e.g., modify how programs are reported)	

Elements of Valid Authorization Directly Operated only	✓ Description of the information to be used or disclosed. ✓ Name of the person or organization that will receive the protected health information. ✓ Date the authorization expires. ✓ Description of each purpose of the requested use or disclosure. ✓ Client's signature and the date (If the signature is the client's personal representative, a description of the person's authority to act for the client). ✓ Statements: ▪ client's right to revoke the authorization in writing, including the exceptions to this right and how to revoke the authorization. (A client may revoke an authorization at any time except to the extent that the DMH has taken action before the date of revocation.). ▪ that the information used or disclosed may be subject to re-disclosure by the recipient, if the recipient is not subject to HIPAA (Please refer to current Confidentiality Statements that are part of all DMH clinical forms); ▪ that we will not condition treatment, payment, or eligibility for benefits on the client's providing authorization; ▪ that the client may refuse to sign.	
Medical Records Requests Processing Time and Format Directly Operated only	Cal. Health and Safety Code § 123110 (b): (1) *Additionally, any patient or patient's personal representative shall be entitled to a paper or electronic copy of all or any portion of the patient records that they have a right to inspect, upon presenting a request to the health care provider specifying the records to be copied, together with a fee to defray the costs of producing the copy or summary, as specified in subdivision (k). The health care provider shall ensure that the copies are transmitted within 15 days after receiving the request.* (2) *The health care provider shall provide the patient or patient's personal representative with a copy of the record in the form and format requested if it is readily producible in the requested form and format, or, if not, in a readable paper copy form or other form and format as agreed to by the health care provider and the patient or patient's personal representative. If the requested patient records are maintained electronically and if the patient or patient's personal representative requests an electronic copy of those records, the health care provider shall provide them in the electronic form and format requested if they are readily producible in that form and format, or, if not, in a readable electronic*	

	form and format as agreed to by the health care provider and the patient or patient's personal representative.	
Charging for Copies of Records – Applying for a Public Benefit Programs Directly Operated only	Cal. Health and Safety Code § 123110 (b): *1) Notwithstanding any provision of this section, and except as provided in Sections 123115 and 123120, a patient, employee of a nonprofit legal services entity representing the patient, or the personal representative of a patient, is entitled to a copy, at no charge, of the relevant portion of the patient's records, upon presenting to the provider a written request, and proof that the records or supporting forms are needed to support a claim or appeal regarding eligibility for a public benefit program, a petition for U nonimmigrant status under the Victims of Trafficking and Violence Protection Act, or a self-petition for lawful permanent residency under the Violence Against Women Act. A public benefit program includes the Medi- Cal program, the In-Home Supportive Services Program, the California Work Opportunity and Responsibility to Kids (CalWORKs) program, Social Security Disability Insurance benefits, Supplemental Security Income/State Supplementary Program for the Aged, Blind and Disabled (SSI/SSP) benefits, federal veterans service-connected compensation and nonservice connected pension disability benefits, CalFresh, the Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants, and a government-funded housing subsidy or tenant-based housing assistance program.* (2) *Although a patient shall not be limited to a single request, the patient, employee of a nonprofit legal services entity representing the patient, or patient's personal representative shall be entitled to no more than one copy of any relevant portion of their record free of charge.* (3) *This subdivision shall not apply to any patient who is represented by a private attorney who is paying for the costs related to the patient's claim or appeal, pending the outcome of that claim or appeal. For purposes of this subdivision, "private attorney" means any attorney not employed by a nonprofit legal services entity.*	

Electronically Signed & Respectfully Submitted by:
Kimber Salvaggio
SA 2 Adult QIC Chair
NEXT MEETING: November 17, 2022, 10 am