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

July 21, 2022
10-11:30 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**
	Amy Kress	Olive View Mental Health Urgent Care
	Cheryl Driscoll	Hillview Mental Health Center
	Elidia Olmos	SCVMHC
	Iliana Martinez	El Centro de Amistad
	Jeanine Caro-Delvaille	Child & Family Center
	Jen Regan	DMH QI
	Julie Jones	Hillview Mental Health Center, Inc
	Kristen Fraley	Tarzana Treatment Centers
	Leslie DiMascio	San Fernando Valley Community Mental Health Center, Inc.
	Lorena Pardo Perez	The Teen Project Freehab CRTP
	Marilou Joguilon	DMH ICD TAR Unit
	Megan McDonald	Topanga West Guest Home/ACT Health and Wellness
	Michelle Rittel	SA 2 Administration
	Tiffany Rabbani	Tarzana Treatment Centers

AGENDA ITEMS	DISCUSSIONS/RECOMMENDATIONS/ACTIONS OR SCHEDULED TASKS	RESPONSIBLE UNIT/STAFF
Welcome-Introductions & Agency Updates – Review of Agenda	**Quality Improvement** • Level of Care • CPS Survey Response Statistics **Quality Assurance** • QA on the Air • CalAIM • New Criteria to Access SMHS • No Wrong Door – Final QA Bulletin • Diagnosis Codes – Final QA Bulletin • Documentation Redesign – Training Video • Peer Support Services • Screening/Transition Tools • Payment Reform • QA Bulletin on Obtaining Consent • Clinical Forms Bulletin 22-01 • Training & Operations: • LE Chart Reviews • Policy & Technical Development: • System Review • Health Information Management • Before and After CalAIM	All
Quality Improvement	**Quality Improvement**	**Quality Improvement**
UPDATES	**EQRO Announcement** EQRO 10/17-10/21 Focus on SA 3 & 4 Timeliness- Outcomes- Quality of Care	Provided by QI Staff (Provided by Kalene Gilbert, LyNetta Shonibare, Jen Regan, Daiya Cunnane) – reported by Kimber

Level of Care Quick Survey
The Outcomes Team requests that providers complete their survey found at this link:
https://forms.office.com/Pages/ResponsePage.aspx?id=SHJZBzjqG0WKvqY47dusgUsqCHsRx_5CsrL9UXOS7SZUQUk0W jRPRFkyMjk5R0FRRDdNWUMxVDJZVS4u&qrcode=true

CPS Provider Survey Response Report
Provider participation:
598 Selected Provider Numbers
- Removed 34 sites with no Mode 15 services in CY 2022
  - Remaining N = 564
- 406 sites participated (72%)
  - 17 additional sites that were not on the selected list participated
- 158 sites did not participate (28%)
LACDMH Electronic Survey was the most popular collection method
Provider Participation by Service Area
- Most non-participating provider numbers had another participating provider number within the same LE.
- Many of the non-participating providers were group homes.
- Some older provider numbers continue to appear as active in the IBHIS table used to pull selected providers.
LACDMH Electronic Survey Responses
- Over 20,000 survey invitations were sent out
- Response rates are currently inflated as many providers created duplicate records for the same client.
  - Will do more data cleaning with the development team to get a more accurate count
- Based on current data, Older Adults had the highest response rate and Youth had the lowest.
LACDMH Electronic Survey Non- Responses
- Trend appears to be similar to the previous year in that most surveys were unread.
- Includes surveys across delivery methods, including email and text
UCLA Electronic Survey Response Rates

- Response Rates
  - Adult: 80.6%
  - Older Adult: 100%
  - Family: 45.7%
  - Youth: 41.9%
- Tally sheet likely an undercount of links sent out
- Most surveys completed Thursday and Friday of survey week

Spring 2022 Survey Totals
- Electronic surveys were most common methods and, as with the previous survey periods, tended to have lower overall responses.
- Total number of surveys represents an increase of 44.4% from Spring 2021 (N = 5,382) and a decrease of 9.8% from Spring 2020 (N = 8,615).

Summary and Next Steps

Summary
- Thank you so much for the tremendous effort you all put in to roll out the survey this year!
- We tripled the number of participating providers from 130 in Spring 2021 to 406 in Spring 2022
- We increased the number of completed surveys by 44% from 2021 to 2022 although many online surveys were not completed

Next Steps
Continue to clean the data to
- ▶ get more accurate numbers
- ▶ Update provider numbers in IBHIS
- ▶ Review feedback survey data from providers
- ▶ Plan for strategies for next year, primarily targeting client response after receiving a survey

CPS Data Collection Report
Provider Evaluation of Spring 2022 Data Collection
A survey to collect participating provider feedback and experience during the Consumer Perception Survey (CPS) period, May 16-May 20, 2022.
103 Providers Responded to the Survey
155 Sites Represented

	Format of Survey Administered UCLA electronic survey (N=20) Paper survey (N=38) LACDMH electronic survey (N=63) **Did the training meet expectations? No (N=3) Yes (N=95)**	
Quality Assurance	**Quality Assurance**	**Quality Assurance**

UPDATES	**QA on the Air**
	❑ The next QA on the Air will be held on **July 27th from 9:00-10:00**
	❑ The topic will be "**Overview of CalAIM Changes Effective January 1 and July 1, 2022**"
	https://teams.microsoft.com/l/meetup-join/19%3ameeting_NGI5MzkxYjItZDY3NC00ZjcyLTg2NzMtNzVlYTU4OWNhMDZi%40thread.v2/0?context=% 7b%22Tid%22%3a%2207597248-ea38-451b-8abe-a638eddbac81%22%2c%22Oid%22%3a%227d1fcf4b- 94aa-4901-9ded-19f0bf6a0697%22%7d
	CalAIM
	New Criteria to Access SMHS & Medical Necessity - **Effective January 1, 2022**
	Criteria to access SMHS and Medical Necessity are now separate
	• **Criteria to Access SMHS:** Applies to a <u>person</u> (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 can access SMHS
	• **Medical Necessity:** Applies to <u>services</u> (is the service provided clinically appropriate?)
	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:
		Provided by QA Staff
		(Provided by Brad Bryant, Jen Hallman, Nikki Collier) – reported by Kimber

1. Non-Diagnosing Staff may use Z55-Z65
2. Diagnosing Practitioners may use any appropriate, valid ICD code including Z codes

Status/Update:
- Issued QA Bulletin 22-05
- Incorporated into Documentation training video

New First Point of Contact Requirements

Directly Operated Pilots

Directly Operated Divisions are developing pilots to work through implementation
- PMRT/Law Enforcement – crisis intervention
- HOME – case managers/non-assessment contacts
- Specialized Foster Care – CFTs
- Directly Operated Clinics - case managers/non-assessment contacts

Documentation Redesign - **Effective July 1, 2022**

Assessments
- Greater integration of the CANS
- 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 data 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)

Status/Update:
Training video finalized and issued:
http://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=10092

Please ensure all staff have watched the training video in the next month or two
Next Steps:
Beneficiary Handbook
- ✓ Waiting for DHCS to provide us with the template

NOABD –Service Delivery form
- ✓ Finalized – working to finalize updates to NOABD application

Organizational Providers Manual & DMH Policies
- ✓ Working on finalizing based on all QA Bulletins issues thus far

Chart Review Tools – New QA Process
- ✓ Have updated tools to meet the new documentation requirements
- ✓ Will be looking at what items we want QA to focus on in the future (may go beyond documentation)

Peer Support Services – **Effective Jul 1, 2022**
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
- ✓ LACDMH working on identifying current peer advocates/parent partners who qualify for scholarships, including grandparenting scholarships to obtain certification
- ✓ CalMHSA has not yet finalized the exam for peer support specialists
- ✓ LACDMH will be setting up a new discipline for Certified Peer Support Specialists in NAPPA and IBHIS as well as setting up the new procedure codes
- ✓ A QA Bulletin will be issued, and the Org Manual updated

Screening and Transition Tools - **Coming January 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 from June 20 to Sept 16
	  ✓ Looking at the usability of the Adult Screening Tool
	  ✓ Working with Managed Care Plans on referral processes
	Payment Reform / CPT Codes - **Coming July 1, 2023**
	  ▪ No longer bill by the minute: some codes will be in 15 min increments
	  ▪ Pre-Licensure practitioners must have their licensed supervisor's NPI on claims
	  ▪ 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 in August (updated timeline)
	Other Items Related to the Implementation of CalAIM
	Clinical Forms Bulletin 22-01
	New Forms
	    • Continuity of Care Request Form *(QA Bulletin 22-03)*
	    • Problem List *(QA Bulletin 22-04)*
	    • Medication Note *(replaces old medication forms)*
	Updated Forms
	    • Progress Note	

- Consent for Services
- Medication Consent *(formerly Medication Consent & MSS Treatment Plan)*
- NOABD Service Delivery
- FSP Outcome Forms

Obsolete Forms
- Consent for Tele-Psychiatric Services *(Consent for Services replaces)*
- Consent for Text Messaging/Video Chat *(Consent for Services replaces)*
- Consent of Minor *(Consent for Services replaces)*
- Advanced Health Care Directive *(Consent for Services replaces)*
- Medi-Cal Required Informing Materials Beneficiary Acknowledgment of Receipt *(Consent for Services replaces)*
- Outcome Measures FCCS & 2nd Year and Later
- ICC Eligibility Form
- Initial Medication Support Service *(Medication Note replaces)*
- Complex Medication Support Service *(Medication Note replaces)*
- Brief Follow-Up Medication Support Service *(Medication Note replaces)*
- Non-Prescription Medication Note *(Medication Note replaces)*
- Medication Log

Soon to Come
Online Trainings - In Development
- Retention and Release of Clinical Records in a Mental Health Setting
- Informed Consent in a Mental Health Setting

Summary of Documentation Redesign LE Workgroup Sessions
- Will highlight providers' feedback and questions addressed by the QA Unit

System Review:
- o All documents for the System Review must be submitted by the QA Unit to DHCS by **Monday, August 29, 2022**.
- o The QA Unit is in the process of gathering materials for submission and will be contacting key administrative units for assistance over the next few weeks.
- o Some service providers may be contacted in the coming weeks to provide supporting evidence.

On-Site Review:
- o There will be a <u>virtual</u> on-site review from **Tuesday, September 27, 2022,** to **Friday, September 30, 2022** in which key personnel from LACDMH will be interviewed.

State System Review – Chart Review
- Charts reviewed will be pre-CalAIM
- Documents to submit via secure email will include:
    - Assessment(s)
    - Client Treatment Plan
    - Medication Consent
    - Progress Note
    - For DTI/DR, program description
- Will utilize FY 2021/2022 Reasons for Recoupment (which has been reviewed on recent QA/QI webinars)

<u>Instructions for Directly-Operated Programs Using IBHIS</u>

For directly-operated programs using IBHIS as their clinical record, the QA Unit will be printing charts for the Chart Review. The QA Unit will contact programs directly for any other needed items related to the chart review

<u>Instructions for Contractors with an Electronic Health Record</u>

For contracted programs using an electronic health record, a PDF version of the clinical record must be produced. The auditors will not be reviewing any records directly within the Electronic Health Record. All pertinent documents must be sent via secure email to the QA Unit. Providers should make sure they have a signed electronic signature agreement on-file with LACDMH to ensure their electronic signatures are considered valid in the Chart Review.

<u>What You Need To Do</u>

For Legal Entity providers, ensure your updated QA Contact Representative is on file with the QA Unit. Please email to QualityAssurance@dmh.lacounty.gov to update your QA Contact Representative.

Health Information Management: Accessing Medical Records

Authorization to Release PHI *for DO providers only
- ✓ MH602 or any outside source form containing all required elements (policy 500.01)

	✓ Verbal authorization to release PHI CANNOT be accepted
	✓ Client can request MH602 and submit at any site, regardless of whether they are a client at that site
	✓ Sending out paper copies?
	    ✓ double envelopes
	    ✓ write CONFIDENTIAL on the inner envelope
	Updated Policy 500.08: Uses and Disclosures of Protected Health Information Requiring an Authorization from Legal or Personal Representatives
	<u>Deceased Client</u>
	If records of a deceased individual are sought, a covered entity holding records may disclose the records to a family member or other person [defined as another relative, or a close personal friend of the individual, or any other person identified by the individual] *who was involved in the individual's care or payment for health care prior to the individual's death.*
	Information to Disclose: Protected health information (PHI) of the individual *that is relevant to such person's involvement*, unless doing so is inconsistent with any prior expressed preference of the individual that is known to the covered entity.
	
	All provider discussion of workflows before and after CalAIM	

Electronically Signed & Respectfully Submitted by:
Kimber Salvaggio
SA 2 Adult QIC Chair
NEXT MEETING: Sept 15,2022 10 am