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

March 17, 2022
10 am – 11:30am

Type of Meeting: Virtual Microsoft TEAMs		Meeting Link:
Amy Kress	Olive View Mental Health Urgent Care	https://teams.microsoft.com/l/meetup-join/19%3ameeting_MDM0Y2M5NzUtNmU2Yy00M2RlLTk3Y2ItNmQwODEzNDllNzhi%40thread.v2/0?context=%7b%22Tid%22%3a%2207597248-ea38-451b-8abe-a638eddbac81%22%2c%22Oid%22%3a%22d58ce716-744e-43bb-bc24-43fa428e2ab1%22%7d
Cheryl Driscoll	Hillview Mental Health Center	
Connie Kessinger	LAC DMH HOME - SA5	
Dave Mendez	Rancho San Antonio	
Dora Escalante	Jewish Family Service	
Heylee Barriola	Didi Hirsch Mental Health Services	
Ilda Aharonian	LACDMH Quality Assurance Unit, Training & Operations Team	
Iliana Martinez	El Centro de Amistad	
Jeanine Caro-Delvaille	Child & Family Center	
Jen Regan	DMH QI	**Members Present**
Jesus Romero, Jr.	SA2 Admin. - LACDMH	
Julie Jones	Hillview Menta; Health Center, Inc.	
Leslie A DiMascio	San Fernando Valley Community Mental Health Center, Inc.	
Lorena Pardo	The Teen Project - Freehab CRTP	
Marilou Joguilon	DMH TAR	
Marina Martin	San Fernando MHC	
Megan McDonald	Topanga West Guest Home/ACT Health and Wellness	

Michelle Rittel	DMH SA2 Administration	
Sherry Winston	Tarzana Treatment Center- Reseda	
Tiffany Rabbani	Tarzana Treatment Centers	

AGENDA ITEMS	DISCUSSIONS/RECOMMENDATIONS/ACTIONS OR SCHEDULED TASKS	RESPONSIBLE UNIT/STAFF
Welcome- Introductions & Agency Updates		All
SA 2 CPS DATA	Dr. Regan shared and facilitated a discussion for the SA 2 Spring 2021 data	Jen Regan. Ph.D. Office of Admn Ops - QI
SA 2 CPS Strategies Best Practices Sharing	SA Qualie winners & SA Providers shared their strategies for success & challenges	Qualie Recipients/All
QIC Cert/QA/QI Updates	No updates at this time	Ilda Aharonian, Ph.D.- QA Unit Jen Regan, Ph.D. QI Unit
Quality Improvement	**Quality Improvement**	**Quality Improvement**
CPS Updates Contract Number Onboarding (C Number)	Updates were made to the ***Maintaining C Numbers for Consumer Perception Survey (CPS) Electronic Application Access- UPDATED*** ◦ Multi-factor Authentication (MFA) issues will need to be addressed through the agency's information technology staff. ◦ If all steps have been completed and the CPS application cannot be viewed, it is closed for updates. Listen for QI updates or check back in a few weeks. ◦ Maintaining C Numbers includes completing annual security forms.	Provided by Daiya Cunnane, PsyD. Office of Admin Ops- QI – Rptd by Kimber

CPS General Overview	**What:** A basic training to outline the 3 survey collection methods for Spring 2022 and help providers make decisions on which methods to use **Who:** CPS Coordinators Countywide (both LE and DO) **Where:** On Microsoft Teams (Recording will also be posted at a later date on the QI website) **When:** Tuesday, March 29th from 2:00pm - 3:30pm	

Save the Date(s)	General CPS Overview (For CPS Leads)
	   ◦ Tuesday, March 29, 2022 2:00-3:30 PM
	CPS Paper and Portal Walk-Through
	   ◦ April TBD
	C Number Request Deadline
	   ◦ Friday, April 29, 2022
	Survey Week
	   ◦ May TBD	

Quality Assurance	**Quality Assurance**	**Quality Assurance**
UPDATES		Provided by QA Staff (Provided by Brad Bryant, Jen Hallman, Nikki Collier) – reported by Kimber
QA on the Air	Based on feedback from the survey (4.52 star rating for usefulness), we will hold on-going QA on Air webinars on the 4th Wednesday of each month from 9:00am to 10:00am ❑ First webinar will be on Wednesday, March 23rd from 9:00-10:00 ❑ The topic will be "Documentation Redesign" https://teams.microsoft.com/l/meetup-join/19%3ameeting_NGI5MzkxYjItZDY3NC00ZjcyLTg2NzMtNzVIYTU4OWNhMDZi%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	Provided by QA Staff (Provided by Brad Bryant, Jen Hallman, Nikki Collier) – reported by Kimber

CalAIM	**New Criteria to Access SMHS & Medical Necessity**
	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?)
	
	Status/Updates:
	1. Frequently Asked Questions now posted at:
	http://file.lacounty.gov/SDSInter/dmh/1119877_QABulletin21-08FAQs.pdf
	Q: If you complete the assessment and determine the client does not meet criteria to access SMHS, can you claim for the services to link a client to a managed care plan?
	A: Yes, as long as the services are medically necessary. Per the FAQs (#8) referrals should be considered to free up capacity for clients who need SMHS. This work is billable given the new Medical Necessity language, Reasons for Recoupment and direction from DHCS.
	
	New Criteria to Access SMHS & Medical Necessity
	Beneficiary Handbook
	   ✓ Waiting for DHCS to provide us with the template
	
	NOABD –Service Delivery form	

✓ Finalizing changes; will also update form in IBHIS (for DO) and the NOABD application (for LE)

Existing Training Videos on the QA website
✓ Reimbursement and Claiming Module has been updated to reflect the new criteria and medical necessity language
✓ Evaluating when/how to modify other modules given known changes coming to documentation requirements in July

Chart Review Tools
✓ The Legal Entity Chart Review Tool has been updated for the Chart Reviews by the Training & Operations Team
✓ In the process of reviewing the Directly Operated Chart Review Tool

Policy Updates
✓ In the process of reviewing and updating with the new criteria and requirements; Policy 302.14, Policy 401.02, Policy 312.02

DRAFT - No Wrong Door
Clinically appropriate and covered NSMHS and SMHS prevention, screening, assessment, and treatment services
are covered and reimbursable Medi-Cal services even when:
1. Services are provided prior to determination of a diagnosis, during the assessment period, or prior to determination of whether NSMHS or SMHS 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.

	Status/Update:	
	1. Providing feedback on draft IN to CBHDA/DHCS, waiting for next draft	
	2. Concern: says similar things as the Criteria to Access IN but worded slightly different, what are the limitations of the policy given capacity concerns in SMHS	
	DRAFT- Screening and Transition Tools	
	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 finishing Beta Testing this week for the child tools. General findings:	
	▪ Content of the Questions: generally easy to use and understandable, not developmentally appropriate for 0-5, a few questions need clarification/fixing	
	▪ Process Associated to the Tools: Adds about 10-15 min, need to work closely with Managed Care Plans on process to refer clients, need to find way to integrate tools into existing documentation, many clients don't want to transfer to MCPs	
	✓ LACDMH will begin piloting the adult tools this week	
Training & Operations	**Collaborative Documentation Training Updat3**	Provided by Nikki Collier – Reported by Kimber
	• Will be coordinating the next set of General CD Trainings and Train-the-Trainer sessions	

	- Will inform providers once upcoming dates are confirmed - Direct questions to Wanta Yu at wyu@dmh.lacounty.gov - Collaborative Documentation Webpage - https://dmh.lacounty.gov/qa/collaborative-documentation/ **LEGAL ENTITY CHART REVIEWS** - In the process of coordinating additional reviews for April and May - Chart Review Tool used by QA Unit for LE reviews has been updated - Paper/PDF version not available yet **QA KNOWLEDGE ASSESSMENT SURVEY** ❑ Survey #5 will open this week ➢ Email with survey link will go out to LE QA Contacts ➢ 4-week survey window ➢ Previous Surveys available on QA Webpage https://dmh.lacounty.gov/qa/knowledge-assessment-surveys	
Policy & Tech Development	**Updated Reimbursement & Claiming Module Now Available** ❑ On LE/Non-IBHIS QA Training page, ❑ https://dmh.lacounty.go v/qa/qa-training/general-documentation-and-claiming-online-trainings-non-ibhis/ ❑ Incorporates new and updated criteria to access SMHS and medical necessity ❑ PDF Slides embedded **DRAFT QA Bulletin – Pre-Authorization Requirements** DRAFT Will be released this week assuming there are no concerns the new policy is that providers must request authorization for those 3 services by submitting the supplemental assessment form prior to service delivery and as soon as it is determined that these services are medically necessary	Provided by Jennifer Hallman – Reported by Kimber

DRAFT QA Bulletin – Continuity of Care

It's the option for medical beneficiary clients to continue receiving services for up to 12 months from their existing or their current provider after the beneficiary has moved to another county or as transition from a mental health plan to a managed care plan or vice versa

DRAFT QA Bulletin Provider Directory

NEW PROVIDER DIRECTORY

In collaboration with stakeholders, the Los Angeles County Department of Mental Health (LACDMH) Quality Assurance (QA) Unit and the Chief Information Office Bureau (CIOB) have developed a new on-line Provider Directory in-line with Department of Health Care Services (DHCS) Behavioral Health Information Notice (IN) 18-020. The new Provider Directory can be found on the LACDMH public facing website and also, for Directly Operated staff, on the LACDMH intranet. Training materials on the new Provider Directory can be found on the QA Training webpage.

Key features of the new Provider Directory include:
1. Refreshes daily with information entered by Providers in the Network Adequacy: Provider and Practitioner Administration (NAPPA) application;
2. Includes key information about each provider site including:
   a. Provider address, telephone number, email, and web site;
   b. Services provided (e.g. Day Treatment Intensive, Medication Support Services);
   c. Working hours (hours of operation);
   d. Age groups served;
   e. Languages available;
   f. Special populations served (e.g. homeless, gender identity, trauma, veterans);
   g. Programs available (e.g., General Outpatient Care Services, Wraparound).
3. Allows the DMH Help Line (specifically the ACCESS Center) and all providers to quickly and easily search the entire LACDMH Network of Providers for a provider accepting new clients within 15 miles of the requesting party.

If a provider finds any of their information is incorrect in the Provider Directory, the provider can make the corrections directly within NAPPA and the Provider Directory will refresh the following day. If any assistance is needed, please contact NetworkAdequacy@dmh.lacounty.gov.

Per DHCS IN 18-020 and LACDMH's contract with DHCS for Medi-Cal SMHS, providers must make the Provider Directory available in electronic and paper format upon request from the client. LACDMH also requires providers to notify clients upon admission into LACDMH that the Provider Directory is available upon request. Providers are not required to document that the Provider Directory, or Mental Health Plan Beneficiary Handbook, was offered and/or provided to the client in-line with the DHCS CalAIM initiative to reduce administrative burden. Requirements related to the Provider Directory and Mental Health Plan Beneficiary Handbook will be included in LACDMH Policy and Procedures 312.02: Opening and Closing of Service Episodes.

Note: The QA Unit will be issuing a Clinical Forms Bulletin announcing that the MH 710 Medi-Cal Required Informing Materials Beneficiary Acknowledgment of Receipt form (as identified in QA Bulletin 13-06) is obsolete.

LACDMH expects to have the updated printable versions of the Provider Directory available soon. In addition, LACDMH continues to work with stakeholders to make the Provider Directory as user-friendly as possible. The new platform for the Provider Directory will allow LACDMH to quickly make updates to the format and information within the Provider Directory.

MH 710: Medi-Cal Required Informing Materials Beneficiary Acknowledgment of Receipt

Per QA Bulletin 13-06 this form was required to ensure the Provider Directory and Mental Health Plan Beneficiary Handbook was provided to clients. This form is no longer required.

DMH Policy 312.02 will be updated to provide the new requirements:

- At admission, clients must be notified they may request the Provider Directory at any time
  - If the Provider Directory is requested by the client at any point, they may be directed to the on-line Provider Directory (if acceptable to the client) or provided a printed version
- At admission, clients must be offered a copy of the Mental Health Plan Beneficiary Handbook and provided at any point upon request
  - The Mental Health Plan Beneficiary Handbook shall be considered provided to the beneficiary if the provider:
    - Mails a printed copy to the client's mailing address
    - Provides the Handbook by e-mail after receiving consent to receive by e-mail
    - Advises the Handbook is available on the internet as long as the client is informed it is available to the client in paper form without charge upon request

Although not specifically stated within CalAIM directives, DMH's policy will be that providers shall have some way of providing evidence the above was done (e.g., handout in the welcome packet, checkbox in the EHRS)

Consent Form Updates
Currently updating MH 500 Consent for Services form to include:
- Consent for Email
- Consent for Text Messaging / Video Chat
- Consent of Minor
- Consent for Tele-Psychiatric Services (and expanded to include telehealth for all SMHS)
- Language to include consent for telephone services
- Field to capture verbal consent
- Beneficiary Handbook & Provider Directory Information

New form allows clients to sign one consent form instead of 5 separate forms. Expected release in early April.

Obsolete Forms
What does it mean for a form to be Obsolete?
- In making forms obsolete, the QA Unit is working towards removing documentation/administrative burden
- If a form is obsolete, it may no longer be used by providers with the DMH logo, name or form number

Exercise caution if using the form for guidance on specific data elements
- Some elements of the form may still be required, but they would be documented in DMH Policy and/or other guidance (e.g., QA Bulletin or CBO Bulletin)

For example, ICC form is obsolete but the requirement to still have a KTA indicator on claims is documented in the
claiming Companion Guide; it is up to Providers to determine how best to get this information for the claim.

Guide to Procedure Code Updates-No Updates at this time
Guide to Procedure Code Updates will include:

	◦ Medication group SC and GT codes, H2010HQSC & H2010HQGT added ◦ FFPSA Service Codes with HV modifier are being added for Qualified Individual (QI) Assessment (only for 7171 Continuum of Care provider) & *Aftercare Services codes (for STRTP providers)* ◦ Neurofeedback with Psychotherapy codes ◦ ***Addition of POS 10 (Telehealth when the client is in their home)*** **Access to Care/Network Adequacy** Please make sure you have someone responsible for attending the webinar. The mtg provides key Access to Care and Network Adequacy updates on the webinar that is not provide in the QA/QI Central meeting Brief Updates: - Service Request Tracking Log (SRTS) 2.0 coming April - Access to Care and Managed Care Plan FAQs are coming - Continued focus on monitoring NAPPA - Continued focus on monitoring Access to Care Note: The monthly webinar will be changing to the <u>first</u> Tuesday of the month beginning in April **OUR NEXT MEETING MAY 19, 2022 10 AM**	

Electronically Signed & Respectfully Submitted by:
Kimber Salvaggio
SA 2 Adult QIC Chair
NEXT MEETING: May 19, 2022
10 am Via Teams