



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

July 20, 2023
10 am-11:30 am

Type of Mtg:	Virtual Microsoft TEAMS	
Meeting Link:	https://teams.microsoft.com/l/meetup-join/19:meeting_MDM0Y2M5NzUtNmU2Yy00M2RILTk3Y2ItNmQwODEzNDIINzhi@thread.v2/0?context=%7B%22Tid%22%3A%2207597248-4a38-451b-8abe-a638eddbac81%22%22Oid%22%3A%22d58ce716-744e-43bb-bc24-43fa428e2ab1%22%7D	
Members Present:	Annet Flores De Santiago	Child and Family Center - Santa Clarita
	Arlin Adwani	Tarzana Treatment Centers
	Armen Yekyazarian	LACDMH QA
	Dora Escalante	Jewish Family Service
	Eddie Fabello	ASC Treatment Group
	Evelyn Ramos	The Help Group
	Gwendolyn Thomas	Rancho San Antonio
	Heather Bowen	The Help Group
	Iliana Martinez	El Centro de Amistad
	Jeanet Hernandez	Child & Family Guidance Center
	Jeanine Caro-Delvaile	Child & Family Center
	Julie Jones	Hillview Mental Health Center, Inc.
	Karry Friedman	Tarzana Treatment Centers
	Katy Ihrig	SCVMHC
	Leslie A. DiMascio, PhD/LMFT	SFVCMHC, Inc.
	Marilou Joguilon	DMH TAR Unit

Michele Burton	The Help Group
Rochelle Sandell	SFMHC
Sherry Winston, LMFT	Tarzana Treatment Centers
Stephanie Ochoa	Star View
Tiffany Rabbani	Tarzana Treatment Centers
Tiger Doan	SSG - APCTC - SFV
Tyler London	Penny Lane Centers

AGENDA ITEMS	DISCUSSIONS/RECOMMENDATIONS/ACTIONS OR SCHEDULED TASKS	RESPONSIBLE UNIT/STAFF
Welcome- Introductions & Agency Updates – Review of Agenda	<p>QI</p> <ul style="list-style-type: none"> • Brief CANS/PSC Slides Review • SA QIC Survey • Knowledge Assessments <p style="margin-left: 400px;">Daiya Cunnane, Ph.D. Armen Yekyazarian, QA</p> <p>QA</p> <ul style="list-style-type: none"> • QA on the Air • Training & Operations: <ul style="list-style-type: none"> • LE Chart Reviews • QA Knowledge Assessment • Trainings in Development • CalAIM <ul style="list-style-type: none"> • Payment Reform Discussion • Policy & Technical Development: <ul style="list-style-type: none"> • Revised Policy 302.14 • Health Information Management <ul style="list-style-type: none"> • None • Upcoming webinars • Resources <ul style="list-style-type: none"> • <i>New Criteria to Access SMHS</i> • <i>No Wrong Door</i> • <i>Diagnosis Codes</i> 	All

	<ul style="list-style-type: none"> • <i>Documentation Redesign</i> • <i>Peer Support Services</i> • <i>Screening/Transition Tools</i> • <i>Chart Review and Training</i> • <i>New QA Process</i> 	
Quality Improvement	Quality Improvement	Quality Improvement
UPDATES	<p>Briefly reviewed CANS slides.</p> <p>2023 Provider Feedback on Service Area (SA) Quality Improvement Committee (QIC) Meetings</p> <p>Dr. Cunnane provided a presentation on the SA QIC survey.</p>	<p>Daiya Cunnane, QI unit</p> <p>Provided by QI Staff (Provided by Kara Taguchi, Daiya Cunnane) – reported by Kimber</p>
Quality Assurance	Quality Assurance	Quality Assurance
UPDATES	<p>Knowledge Assessments Discussion led by Dr. Armen</p>	<p>Provided by QA Staff (Provided by Brad Bryant, Jen Hallman, Nikki Collier) – reported by Kimber</p>
QA ON AIR	<p>The next QA on the Air will be held on Wed., July 26th from 9:00-10:00</p>	
CalAIM	<p>Payment Reform/CPT Code Resources Trainings</p> <p>1. “Understanding Payment Reform for Outpatient Specialty Mental Health Services” - This first training is an overview of Payment Reform and key changes. (22 minutes) https://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=10936</p> <p>2. Directly Operated Only: “Understanding the new Payment Reform Progress Notes in IBHIS” – This second training walks through the new progress note forms in IBHIS and how to utilize them. (17 minutes) https://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=10937</p> <p>3. “Understanding Activities Under Payment Reform” – This third training walks through key information on common activities and code selection. The Discipline Specific Activity Sheets</p>	

referenced in the training will be sent out tomorrow. (26 minutes)
https://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=10944

Summary from Understanding Payment Reform

Payment reform will transition LACDMH and its providers to a fee-for-service model of reimbursement.

Effective July 1, 2023:

- Each provider type will have its own hourly reimbursement rate
- Only time spent providing Direct Care will be billable for Outpatient Specialty Mental Health Services
- If multiple services are provided during the same contact, only one progress note needs to be written, describing all services and claiming for the predominant service
- If the same service is provided to a client multiple times on the same day, only one claim may be submitted whether one or more notes are written.

Summary from Understanding the new Payment Reform Progress Notes in IBHIS

- **On July 1, 2023, utilize the new progress notes which are based on your discipline**
- **Progress note forms have been modified by:**
 - **Rearranging field order**
 - **Adding new fields for method of delivery, who service was provided to and primary service**
 - **Duration is now Direct Care only**
 - **Adding new checkboxes for add-on codes**
 - **Removed unnecessary fields**



New Payment Reform Progress Notes Based on Disciplines

- ✓ All new progress note forms will be utilized for dates of service on or after July 1, 2023.
- ✓ None of the existing progress note forms (including the Special Use Progress Note and Crisis Evaluation Progress Note) will be utilized for dates of service on or after July 1, 2023.
- ✓ For all practitioners with the exception of those providing PMRT or LET services, the progress note utilized will be based on discipline and are named as such:
 - **PhD PsyD SW MFT Progress Note**
 - **MD DO NP PharmD Progress Note**
 - **CNS RN LPT LVN Progress Note**
 - **Case Manager Progress Note** (to be used by all staff not accounted for under the other notes such as Medical Case Worker, Community Health Worker, and Substance Use Counselor)
- ✓ All group services by all disciplines will now use the **Group Progress Note** form
- ✓ Staff of all disciplines providing PMRT and LET services will use the **Field Crisis Program Progress Note**

Summary from Understanding Activities Under Payment Reform

Payment reform will transition LACDMH and its providers to a more complex and specific coding system.

Effective July 1, 2023, practitioners need to identify and focus on the:

- **Predominant Service** provided during a service contact
- **Direct care** time spent interacting with others during the contact

Practitioners should refer to the **Discipline Specific Activity Sheets** for additional information on identifying the most specific applicable predominant service

*Remember, all activities provided by a discipline will be reimbursed at the same rate. Practitioners should do their best to identify the most appropriate activity or procedure code.

Practitioners, managers and supervisors should also refer to the **Guide to Procedures** for specific procedure code and claiming rules

Payment Reform / CPT Code Resources

Discipline Specific Activity Sheets

The Legal Entity sheets include definitions and codes while the Directly Operated only include definitions as IBHIS will derive the codes.

Legal Entity

- [Common MD DO NP Activities CalAIM LE 7- 1-23.pdf](#)
- [Common PharmD Activities CalAIM LE 7-1-23.pdf](#)
- [Common RN LVN LPT Activities CalAIM LE 6- 30-23.pdf](#)
- [Common Psychologist Activities CalAIM LE FINAL 6-30-23.pdf](#)

- [Common Social Worker MFT and Professional Counselor Activities CalAIM LE 6-30-23.pdf](#)
- [Common Case Managers Activities CalAIM LE FINAL 6-30-23 - Copy.pdf](#)
- [Common Certified Peer Activities CalAIM LE FINAL 6-30-23.pdf](#)

Directly Operated

- [Common MD DO NP Activities CalAIM DO 7-1-23.pdf](#)
- [Common PharmD Activities CalAIM DO 7- 1-23.pdf](#)
- [Common RN LVN LPT Activities CalAIM DO 6-30-23.pdf](#)
- [Common Psychologist Activities CalAIM DO Final 6-30-23.pdf](#)
- [Common Social Worker MFT and Professional Counselor Activities CalAIM DO Final 6-30-23.pdf](#)
- [Common Case Managers Activities CalAIM DO FINAL 6-30-23.pdf](#)
- [Common Certified Peer Activities CalAIM DO FINAL 6-30-23.pdf](#)

Payment Reform: Practitioners

QA had to expand the disciplines and practitioner categories in IBHIS based on the new rates and codes under Payment Reform

- NAPPA had the correct specific discipline/category but IBHIS was more generic (e.g. NAPPA had associate social worker but IBHIS just had social worker)
- QA & CIOB autogenerated the more specific discipline/category in IBHIS over the last week for both DO and LE (created new row for 7/1 but this also impacted previous rows)
- Also had to assign all the new specific disciplines to old service codes in order to prevent claim/service denials
 - Some Directly Operated experienced challenges last week
 - All codes will be updated within the next few days

No action necessary at this time but will take us a few days to get NAPPA/IBHIS updated.

Some practitioners have to update their taxonomies based on the new rules by DHCS under Payment Reform:

- Other Mental Health Worker – DHCS only accepts 172V00000X
 - Included non-certified peers as well as Community Workers
- Mental Health Rehab Specialist – DHCS only accepts: 171M00000X (Case Manager), 225A00000X (Music Therapist), 225800000X (Recreation Therapist), 225400000X (Rehabilitation Practitioner), or 221700000X (Art Therapist)
- Associate Social Worker – DHCS only accepts 1041xxxxxx
- MD/DO Resident – DHCS only accepts 208xxxxxxx

- Waivered Psychologist – DHCS only accepts 103Txxxxxx
- a. Staff must be on the correct taxonomy for reimbursement purposes with DHCS
 - Do not delete previous taxonomies in NPPES or NAPPA
 - For LE, providers must update taxonomies and utilize effective date of **7/3/23** in NAPPA if they did not make the change prior to 6/28/23
 - For DO, providers QA is validating taxonomy updates with program managers then making corrections in NAPPA on behalf of providers

Payment Reform / CPT Codes

- 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

QA on the Air

- December: https://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=10471
- January: http://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=10537
- February: https://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=10625
- March: https://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=10697
- April: https://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=10782
- May: https://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=10854
- June: https://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=10946

[QA Bulletin 23-04 CalAIM Payment Reform.pdf](#) [Guide to Procedure Codes 7-1-23 Final.pdf](#)

Coming Soon: Organizational Providers Manual Updates

- Updates related to:
 - Screening/Transition (will be added into the Manual)
 - Description of “Under the Direction of”
 - Payment reform including what is claimable/billable
 - Collateral
 - Service Component definitions
 - Authorization (inpatient, IHBS)

Changes to IHBS Pre-Authorization

Effective 7/1/23 with Payment Reform

- **Pre-authorization will be for one year**
 - No longer 6 months/9,999 minutes
- **Must utilize the general P-Authorization on claims**
 - No longer utilize a specific M-Authorization
- **Valid for any funding sources within a Legal Entity**
 - No longer require a new pre-authorization when funding source changes
- **Initial pre-authorizations**
 - **Automatically filed when authorized for FSP, IFCCS or Wraparound**
 - May also request via Provider Connect
- **Subsequent pre-authorizations**
 - Must be requested via Provider Connect

Policy 302.14: Responding to Initial Requests for Services

- Updated to account for new policy on First Contacts
 - No longer refers to “Initial Clinical Appointment”
 - Redefined triage
- Significant Additions:
 - “Providers are responsible for handling any request made to them either by attempting to contact the client to offer an appointment or by transferring to another appropriate service provider, in accord with the procedures section. Providers should not transfer the request back to the site from which the request originated.”
 - Timeline of 30 days for LE providers to submit SRL data to DMH
 - Reference to date of agreement in procedures section
 - “If the client wishes to be referred elsewhere, the provider must contact another provider prior to transferring the request via (6)(c)(i) below to ensure they are able to provide an appointment sooner than the appointment by the original provider.”

Electronically Signed & Respectfully Submitted by:

Kimber Salvaggio

SA 2 Adult QIC Chair

NEXT MEETING: SEPTEMBER 21, 2023, 10 am