

**LOS ANGELES COUNTY- DEPARTMENT OF MENTAL HEALTH
Service Area II Program Administration**

**Adult Quality Improvement Committee Meeting
November 16, 2017
San Fernando Mental Health Center
10:00 am-12:00 pm
Agenda**

Welcome- Introductions & Agency Updates All
Review and Adoption of September 2017 Minutes* All

Quality Improvement

Clinical Quality Improvement Office of the Medical Director
Safety Intelligence*
Compliance, Privacy & Audit SVCS Bureau Kimber
Policy Updates* Office of Compliance
EQRO Update Kimber
QI Data Unit Projects Kimber
MHSIP Survey Presentation Kimber
PRO Office of Pt's Rights
Cultural Competency Report Sandra Chang Ptasinski, Ph.D.
DMH PSB- QID-CC
QI Announcements All

Quality Assurance

Audits All
Medi-cal Certification Kimber
State DHCS Updates Kimber/All
Training & Operations Kimber/All
Documentation Trainings*
QA Policy Updates & Technical Asst Kimber
Clinical Forms & Quality Assurance Bulletins Kimber
QA Announcements All

Other

How is this information disseminated in your agency All
Future Agenda Items & Adjournment All

Handout*

Next Meeting for SA 2 Adult QIC: January 18, 2018 at 10-12 pm

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
Service Area 2 Adult
QUALITY IMPROVEMENT COUNCIL (QIC) Minutes

Type of Meeting	Service Area 2 Adult Quality Improvement Committee	Date:	November 16, 2017	
Place	10605 Balboa Ave 2nd fl Conference Room	Start Time:	10:00 a.m.	
Chair	Kimber Salvaggio	End Time:	12:00 p.m.	
Co-Chair	None			
Members Present	Child & Family Ctr - Karen Lee Didi Hirsch – Miriam Gonzalez DMH SCVMHC - Sabrina Barscheski DMH SFMHC – Diana Garcia DMH Urgent Care – Amy Kress DMH WVMHC – Denisa Suci ECDA – Angie Sanchez Hillview MHC - Julie Jones JFS - Dora Escalante IMCES - James Pelk SFVCMHC, Inc. - Leslie Di Mascio Tarzana Tx Ctr - Karry Friedman Tarzana Tx Ctr – Sherry Winston Topanga West Guest Home - Michelle Logvinsky			
Absent Members	ACT Wellness Ctr - Michelle Logvinsky APCTC - Tiger Doan DMH PRO - DMH PSB Countywide QA - Allen Pouravanes DMH PSB Cert – DMH PSB Countywide QID - LyNetta Shonibare DMH PSB Cultural Competency Unit - Sandra Chang-Ptasinski DMH SB 82 - Ramona Casupang El Dorado – Lisa Alfonso PACS-LA - SFVCMHC, Inc. - Angela Khan Tarzana Tx Ctr – Lorraine Ragosta			
Agenda Item & Presenter	Discussion and Findings	Decisions Recommendations Actions Tasks	Person Responsible	
Call to Order & Introductions	The meeting was called to order at 10:00 a.m.	Introductions were made	K. Salvaggio	
Review of Minutes	Review and Adoption of September 2017 Minutes		All	

<p>EQRO UPDATE</p>	<p>drugs, costs, brand vs generic); lab - diabetes indicators, high blood sugars due to antipsychotic meds</p> <ul style="list-style-type: none"> • Hold time above threshold • Call abandonment slightly above 3% benchmark <p>• NCQA standards for Behavioral Health Policy Updates *</p> <ul style="list-style-type: none"> • Level 1 policies - 100.05 Just Culture; 900.01 Travel; 106.13 Reporting Possible Criminal Activity • Level 1, 2 policies - in process - 106.13 return and reporting of overpayments; 401.02 clinical records maintenance, organization and contents; 106.04, 106.05 fraud, waste, abuse <ul style="list-style-type: none"> • Access PIP - wanted to see volume increase; will allow it to continue for an additional year; identify new variables and indicators; clarity on several items • Next call 11/28 • Test calls - make sure new callers understand protocol to avoid revealing it's a test call (e.g., clinic caller id; not using DMH terminology like "Service Area") • Clinical PIP - Crisis Residential, Intensive Services referral <ul style="list-style-type: none"> ○ SUD levels of care training for DMH staff ○ Additional resources, residential beds; SAPSI hotline • EQRO wants to know if the interventions are making a difference • TA calls with EQRO • Anticipating draft report after Thanksgiving 	<p>Provided by QID staff reported by Kimber</p>
<p>QI Data Unit Projects</p>	<ul style="list-style-type: none"> • Martin Corral is the supervisor. Under CIOB now • MHSIP data • Reorg to improve efficiency and streamline processes; automate data collection. 	<p>Provided by QID staff reported by Kimber</p>

<p>MHSIP Survey Presentation</p> <p>Pt's Rights</p> <p>Cultural Competency Report</p> <p>QI Announcements</p>	<ul style="list-style-type: none"> • Someday having survey online; capacity for volume at larger clinics? Long term goal is to minimize manual process • In future setting same ID for VANS, SRTS • Provider Directory big project - base on official PPAR process and contracts <ul style="list-style-type: none"> ○ State has implemented final rule which requires monthly updates ○ Move away possibly from hard copy directories ○ 12 point font size ○ Excel spreadsheet • Test calls - don't anticipate much change in process <p>No Report</p> <ul style="list-style-type: none"> • Accountability at looking at the data • Open-ended comments survey • QI will come to each SA QIC to discuss further. Due in January. <ul style="list-style-type: none"> • Language translation policy being updated - more user-friendly and centralize process for translation for meeting and conferences • CC Organizational Assessment - focus groups completed, 5 with consumers, 4 with providers • Will start presenting on the CC plan for each service area QIC. <ul style="list-style-type: none"> • A contractor stated that Beacon Health Options is doing a site visit at their clinic 		<p>Provided by Sandra Chang-Ptasinski reported by Kimber</p>
<p>Audits</p> <p>Medi-Cal Certification</p>	<p style="text-align: center;"><u>QUALITY ASSURANCE</u></p> <p>None reported</p> <p>No Report</p>	<p style="text-align: center;"><u>QUALITY ASSURANCE</u></p>	<p>Kimber/All</p>

<p>State DHCS Updates</p>	<p>Waivers:</p> <ul style="list-style-type: none"> • Student waivers (volunteers, externs, fellows, practicum students - must have 48 semester hours or 72 quarter hours if they are claiming for services • Explain to the person that the waiver runs out after 5 years • Regardless of title, job status, if they are claiming for services they must have the waiver. As soon as the student crosses over the 48/72 hours, must get the waiver • Bulletin pending; reviewed by the state • Make sure your agency has someone responsible for this <p>Final Rule - new retention requirements effective 1/1/18:</p> <ul style="list-style-type: none"> ○ Moving from 7 to 10 years. Applies to healthcare providers rendered under Medi-Cal or any other California plan. 10 years from when the client is terminated from the program (See policy 312.01). Minors records held until at least age 25 or 10 years whichever is greater. Date of completion of any audit or date service rendered, whichever is later 		<p>Provided by PSB-QA staff reported by Kimber</p> <p>Provided by PSB-QA staff reported by Kimber</p> <p>Provided by PSB-QA staff reported by Kimber</p>
<p>Training & Operations*</p>	<p>see handout for future opportunities</p> <ul style="list-style-type: none"> • Developing ICC and IHBS training. Working with Child Welfare Division, Wanta Yu and David Crain, Jenn, Bertrand. Include TP development for ICC objectives. • Hoping to start these in January • Understanding Documentation training - will be updated based on feedback (too much for one day) 		
<p>QA Policy Updates & Technical Asst.</p>	<p>17-16 Org Providers Manual updates based on DHCS Info Notice</p> <ul style="list-style-type: none"> • Travel time clarification (Ch 1). State likes travel time broken out, but not required 		

- Don't have to get co-practitioner signatures on each service
- Registered/waivered staff
- Contract Providers can decide how they'll assess for substance use; screening tool not required
- CTP not effective until signed by appropriate staff (including AMHD signature)
- Modification of treatment services definition (not limited to linkage/referral to mental health)
- CTP - best practice to obtain client signature; state only requires initial attempt; doesn't require follow up (but is best practice)
- MSS - piloting medication informed consent
- DayTx - added examples of unavoidable absence
- State Info Notice identifies that record review can be claimed if client no shows; add record review can be billed for service even if client then doesn't show for the scheduled appt.

17-17

- Group home lock out removed for ICC and IHBS
- DHCS Info Notice 17-027: state is implementing edit that when pharmacy submits claim and will check to ensure prescriber is enrolled. Not sure when it will go into effect could result in client not getting meds. All prescribers - those who order meds - must be enrolled as a Medicare or State Medical system. Child Psychiatrists will have to enroll quickly in state system (PAVES system). Memo will have a link; similar to Medicare application. This is statewide!
- Policy 401.03 revision - revised definition of treatment services requiring treatment plan. Other minor changes. Definition of emergent services.
- Reasons for Recoupment FY 2017/18
- #5 TCM linkage and referral in first 60

	<p>days without treatment plan (monitoring and follow up require TP; after 60 days - require TP)</p> <ul style="list-style-type: none"> • CFT on TP (what is happening - linkage/referral; plan development (low risk to not have a TP); evaluating need for ancillary services (low risk to not have a TP); starting to provide the actual services (need TP) • Jenn explains that it's so difficult to differentiate between providing referral and monitoring/following up. • Warm hand off/ follow up = need it on the treatment plan • #6 Missing PN, PN different date, PN has fewer UOS than billed = recoupment. POC and void/resubmit if service provided lower level than what was billed (e.g., TCM vs MHS) • #11 Apply to any service provided by 2 or more practitioners = will be a reason for recoupment = must document intervention by each provider and how much time each provider gave • #13 Service not provided or doesn't meet definition of specific SMHS • Follow up with Jenn re: PHF reasons for recoupment • IBHIS training will be combined with documentation training <ul style="list-style-type: none"> ○ All will be on IBHIS in 2018 <ul style="list-style-type: none"> - Won't be able to create a client with same first, last name and DOB ○ Dec 1st for DO; date TBD for LE <ul style="list-style-type: none"> - Putting in edits to prevent you from changing client (cannot update first name, last name and DOB). Can change 1 or 2 elements ○ Dec 1st for DO; date TBD for LE 		
Announcements	None at this time		
Handouts	<ul style="list-style-type: none"> ➤ Draft of September 2017 Minutes ➤ Safety Intelligence PPT & Receiving a 'C Number' Email/Memo dated 11/13/17 ➤ November 2017 Policy Updates 		

	<ul style="list-style-type: none">➤ November 2017 Documentation Training Sch'd➤ QAB 17-17 & 17-18➤ DHCS Reasons For Recoupment 2017-2018 NON-HOSPITAL SVCS (enclosure 4)
Next Meeting	➤ January 18, 2018

Respectfully Submitted,



Kimber Salvaggio