

County of Los Angeles – Department of Mental Health SA2 Children's QIC

February 15, 2018

Agenda

- 1:30 – 1:35 Introductions & Announcements
1:35 – 1:40 Review Minutes from October 19, 2017..... Michelle Rittel
1:40 – 2:30 Presentation – Cultural Competence Plan..... Sandra Chang Ptasinski & Susan Park
DMHQI – Cultural Competency Unit
2:30 – 3:25 Report from Departmental QI/QA..... Michelle Rittel

QI

- Clinical QI/Office of the Medical Director Report – Safety Intelligence Update
- Policy Updates – 401.03 Clinical Documentation for All Payer Sources
- Patients' Rights Office/Change Of Provider Update
- VANS/SRTS/Access to Care – Updates
- MHSIP Open Ended Comments Survey
- Test Calls
- Timeliness Metrics
- CAPP (Parent Partner meeting)

QA

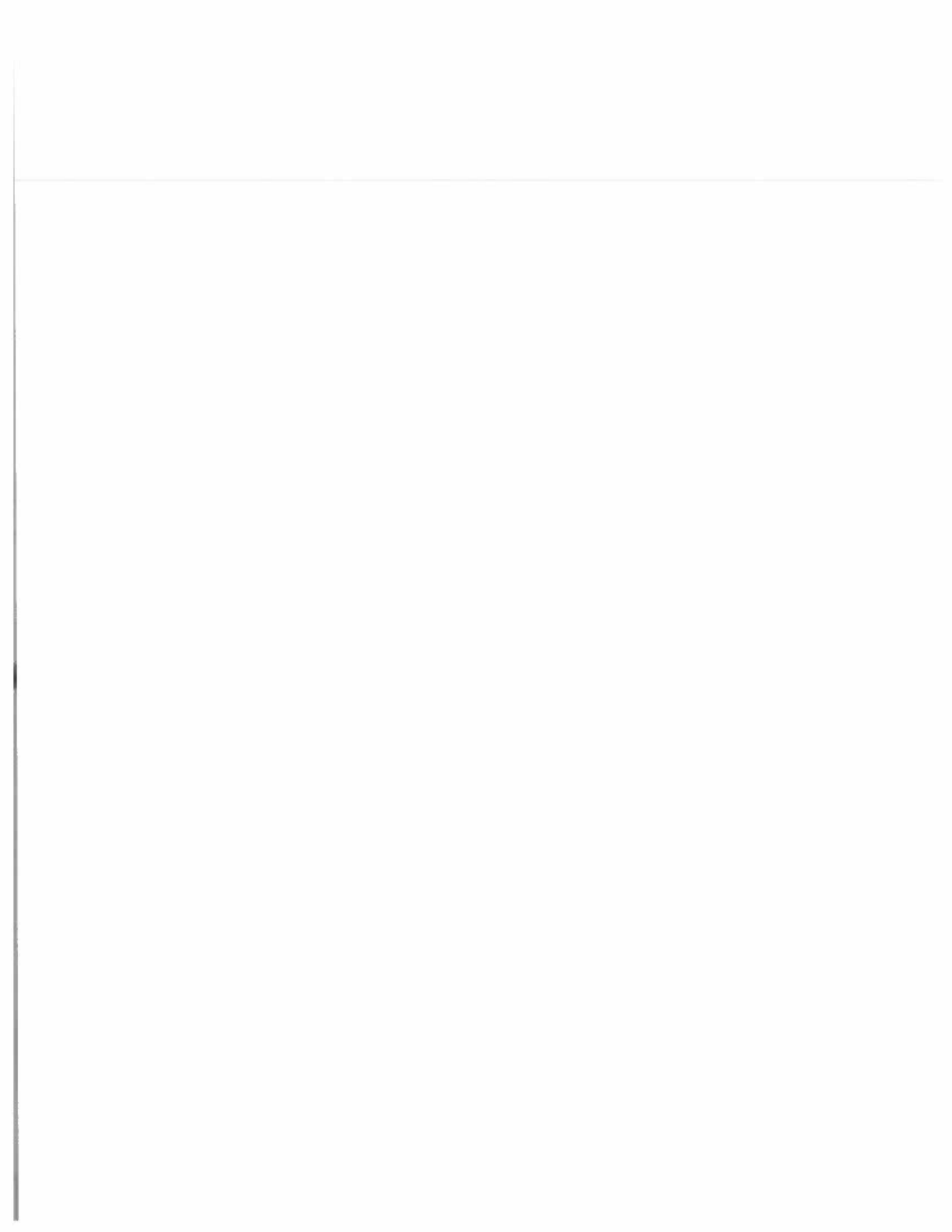
- Audits
- Medi-Cal Certification Section
- State DHCS Updates – Medicaid Parity Final Rule & MFT/PCC Intern Title Changes
- Training Schedule Update
- QA Bulletins & Clinical Forms Bulletins
- Access to Care/Timeliness & SRL Data: CSI Requirements
- All Providers Memo from Gregory Polk, Chief Deputy Director
- Brief Items – Org Manual, State System Review, Health Information Management

3:25 – 3:30 Suggestions For Next Meeting/ Host for Next Meeting

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Next Meeting:
Thursday, April 19, 2018
Location: TBA



LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
Service Area 2 Children’s QIC Meeting
QUALITY IMPROVEMENT COMMITTEE MINUTES

Type of Meeting	SA 2 Children’s QIC	Date	February 15, 2018
Place	Pacific Lodge	Start Time	1:30pm
Chairperson	Michelle Rittel	End Time:	3:30pm
Co-Chairs	Alex Medina and Angela Kahn		
Members Present	Amy Nearhoof, Angie Sanchez, Cheryl Davis, Danielle Price, Gina Leggio, Karla Mayorga, Kathleen Kim, Kaylee Devine, Martha Basmadjian, Michelle Rittel, Samuel Pina, Phachara Sujirapanya, Sandra Chang Ptasinski, Tim Petersen, Victoria Shabanzadeh, Tracie Tewksbury, Amalia Noyola, Ingrid Rey-Balbuena, Jenny Sanchez		
Absent Members	Adik Parsekhian, Alex Medina, Alondra Hernandez, Amelia Peck, Anabel Aispuro, Angela Kahn, Audra Casabella, Eva Carrera, Colin Xie, Gurudarshan Khalsa, James Pelk, Judy Cardona, Kameelah Wilkerson, Karina Krynsky, Kristin Malka, Larisa Cazacioc, Mark Rodriguez, Rosa Franco, Sora Choi, Stephanie Yamada, Theodore Cannady, Tiger Doan		
Agenda Item & Presenter	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Call to Order Introductions and Announcements: Michelle Rittel	Meeting called to order for the Cultural Competency presentation at 1:30pm. Thank you to Pacific Lodge for hosting our meeting this month. Introductions were made. Everyone was requested to review the sign in sheet to update information or remove names of people that don’t attend the meeting. Michelle announced that if you need Suspected Child Abuse Report Forms, you can call the DCFS Hotline and request to have some sent to you.		
Review of Minutes: Michelle Rittel	Minutes from October 19, 2017 meeting were reviewed and approved.		

Agenda Items & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Quality Improvement (QI)			
<p>Cultural Competence Plan Presentation – Sandra Chang Ptasinski & Susan Park</p>	<p>Sandra Chang Ptasinski and Susan Park from the Cultural Competency Unit reviewed the Cultural Competence Plan including elements of the plan and how it is implemented. Handouts were provided.</p>	<p>If you have any questions, please contact Sandra or Susan.</p>	
<p>Departmental QIC Meeting Report: Michelle Rittel</p>	<p>Clinical QI/MD Report: Safety Intelligence – Contract providers should have applied for a C-number for frontline reporters, managers or higher by today. All clinical event reports should be submitted via the SI online reporting system starting Monday, April 2, 2018. Clinical Risk Management will not be accepting paper reports starting 4/2. Also they are now requesting that in addition to managers, all medical directors and/or supervising psychiatrists have access to SI in order to serve as consultant for the manager in reviewing medication regimens and answering the related questions regarding documentation for regimens which are outside of DMH Medication parameters, as well as any other regimens or other diagnostic or treatment issues. If you need assistance with this process, contact me and I will help you.</p>		
	<p>Compliance, Policy & Audit Services: Policy Update – Review of handout list of policy updates in process. One revised policy – 401.03 Clinical Documentation for All Payer Sources. Policy was handed out and reviewed.</p>		

Departmental QIC Meeting Report, contd.:
Michelle Rittel

PRO: Change of Provider – Please remember to use the most recent version of the form. If the old form is used, it will be sent back to you for correction. Online COP logs will begin testing at 3 Directly Operated clinics. Rollout will be to DO, then to LE. In the meantime, continue to email monthly logs.

VANS/SRTS/ACCESS to Care: Remember, this is all about getting clients the services they need as quickly as possible. SA2 providers are now expected to update VANS daily. This started at the beginning of December. Navigators are following up for compliance. All providers now updating more frequently and we have a better view of capacity in SA2. Thank you to all for increasing the updates and keep up the good work.

MHSIP Open Ended Comments Survey: Thank you to everyone for completing and sending in the forms. There are still 2 outstanding surveys from our providers. We have not received anything back from QI on this yet.

CAPP: The next Parent Partner meeting is March 27, 2018. Please encourage Parent Partners and their supervisors to put the meetings in their calendars to avoid scheduling conflicts. Thank you to everyone for helping with increasing attendance.

Test Calls: SA2 will be doing test calls to ACCESS in June this year. Korean and Vietnamese have been added to the SA2 Threshold Languages. We will be asking for volunteers to assist with calls when we get closer to June.

Timeliness Metrics: There are standards regarding the time between initial contact/request for services and the actual service. It has been 15 business days for routine requests, but will be moving to 10 days soon. Hospital releases will still have 5 days. The next step will be tracking how long until the NEXT appointment – the start of services after the intake.

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Quality Assurance (QA)			
<p>Departmental QA Meeting Report: Michelle Rittel</p>	<p>Audits: None for SA2</p> <p>Medi-Cal Certification Section: Reminder – get fire clearance 6 months prior to the recertification due date. Certification Bulletin – Completion of the Fire Clearance 850 form was handed out and reviewed. Currently there are only 2 providers countywide that are out of compliance due to late fire clearance.</p> <p>State DHCS Updates: Medicaid Final Rule Overview – Final Rule/Parity information was reviewed. The Provider Directory will have to go down to individual providers. The NOAs will be replaced and we will be getting new forms from the State – the idea is to standardize the form with medical forms. Program Integrity is expanding from 2 databases to 5 to check providers for exclusions, etc. LEs will need to update their policies to include all 5. Record keeping will expand to at least 10 years. 2008 MH Parity – parity between MH and Medical – Lifetime limits can't apply to MH if they aren't applied to at least 1/3 of medical services. MH Treatment definitions – Quantitative and Non-Quantitative – cannot be more restrictive than medical. There will be Statewide Network Adequacy Standards – services must be available within 30 minutes/15 miles of the client's home. The Network needs to be certified by the end of March and will be implemented 7/1/18. Monitoring and reporting will be detailed – down to the individual practitioner level, including languages, populations, other specialties – and will be reported quarterly. There will be</p>		

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Quality Assurance (QA)			
<p>Departmental QA Meeting Report, contd: Michelle Rittel</p>	<p>Statewide Continuity of Care – if providers leave the MHP, the plan needs to continue to provide care until treatment is complete.</p> <p>Training – Please see the training schedule handout.</p> <p>Clinical Forms Bulletin 17-05 NOA Form Modifications – Bulletin was handed out. Forms are being translated into Spanish and other languages. In the future, stat will be changing forms completely.</p> <p>QAB 17-18 NOA A & NOA E – Bulletin handed out. Make sure your agency is using the revised NOA forms.</p> <p>QAB 17-19 Claiming for Chart Review – Bulletin handed out and briefly reviewed.</p> <p>QAB 17-20 MFT/PCC Intern Title Change – Bulletin handed out and briefly reviewed.</p> <p>QAB 17-21 COS Manual Changes – Bulletin handed out and briefly reviewed.</p> <p>QAB 18-01 Co-Practitioners – Bulletin was handed out and reviewed. Documentation doesn't change, but claiming does, which could affect documentation. Separate claims allows for checking providers against exclusion lists. The State said "not to hold claims", but it is unclear what this means.</p>		

Departmental QA Meeting Report,
contd:
Michelle Rittel

Access to Care/Timeliness & SRL Data: CSI Requirements: Changes are coming, so start preparing. Providers will have to give more data. You already send the SRL. DMH will be tracking additional information. DMH is currently tracking the time from the request for services to the first available/offered appointment. DMH will be adding the next available appointment after the intake session to the data collection.

Also, when did the client/parents actually come in?

All Providers Memo: Memo was sent to providers from Gregory Polk – Chief Deputy Director at DMH. Memo addresses questions/concerns from providers and was handed out and reviewed.

Org Manual: Manual is being updated for ICC, IHBS and TFC.

State System Review: Coming in February 2019. The review period is usually within a year of the review, so it is likely we are already in it.

Health Information Management: There are edits in IBHIS to prevent duplicate client IDs. This was just for DO, but it is now active for LE and LEs have already been notified. If you need to merge IDs, contact HIM. Please remind staff to search before creating a new #. Reminder – for Secure Email – DON'T put PHI in the subject line!

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<p>Suggested Items for Next Meeting:</p> <p>Handouts:</p>	<p>There were no suggestions.</p> <p>Cultural Competence Plan FY 15-16 Powerpoint</p> <p>Documentation Training Schedule 2/12/18</p> <p>Memo from Gregory Polk to all Providers</p> <p>Clinical Forms Bulletin 17-05</p> <p>Implementation of Title Change (“Intern” to “Associate”)</p> <p>Quality Assurance Bulletins: 17-18, 17-19, 17-20, 17-21, 18-01</p> <p>Certification Bulletin 18-2</p> <p>Minutes for SA2 Children’s QIC Meeting on 10/19/17</p> <p>Policy 401.03 – Clinical Documentation For All Payer Sources</p> <p>Policy/Procedure Update – 2/12/18</p> <p>Clinical Risk Management – C-Number Instructions 1/8/18</p>		

Agenda Items & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
NEXT MEETING:	Thursday, April 19, 2018 1:30-3:30pm Location: The Village Family Services		

Respectfully submitted,



Michelle Rittel, LCSW