

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

April 19, 2018

Agenda

1:30 – 1:35 Introductions & Announcements

1:35 – 1:40 Review Minutes from February 15, 2018..... Michelle Rittel

1:40 – 3:20 Report from Departmental QI/QA..... Michelle Rittel

QI

- Clinical QI/Office of the Medical Director Report - Safety Intelligence Update
- ACCESS Updates on Referral Issues
- Cultural Competency Updates
- Policy Updates
- Patients' Rights Office/Change Of Provider Update
- VANS/SRTS/Access to Care - Updates
- MHSIP Open Ended Comments Survey & May 2018 Surveys
- Final Rule Update
- CAPP (Parent Partner meeting)

QA

- New QA Lead
- Audits
- Medi-Cal Certification Section
- State DHCS Updates
- Training Schedule Update
- QA Bulletins
- Access to Care/Timeliness
- State System Review

3:20 – 3:30 Suggestions For Next Meeting/ Host for Next Meeting

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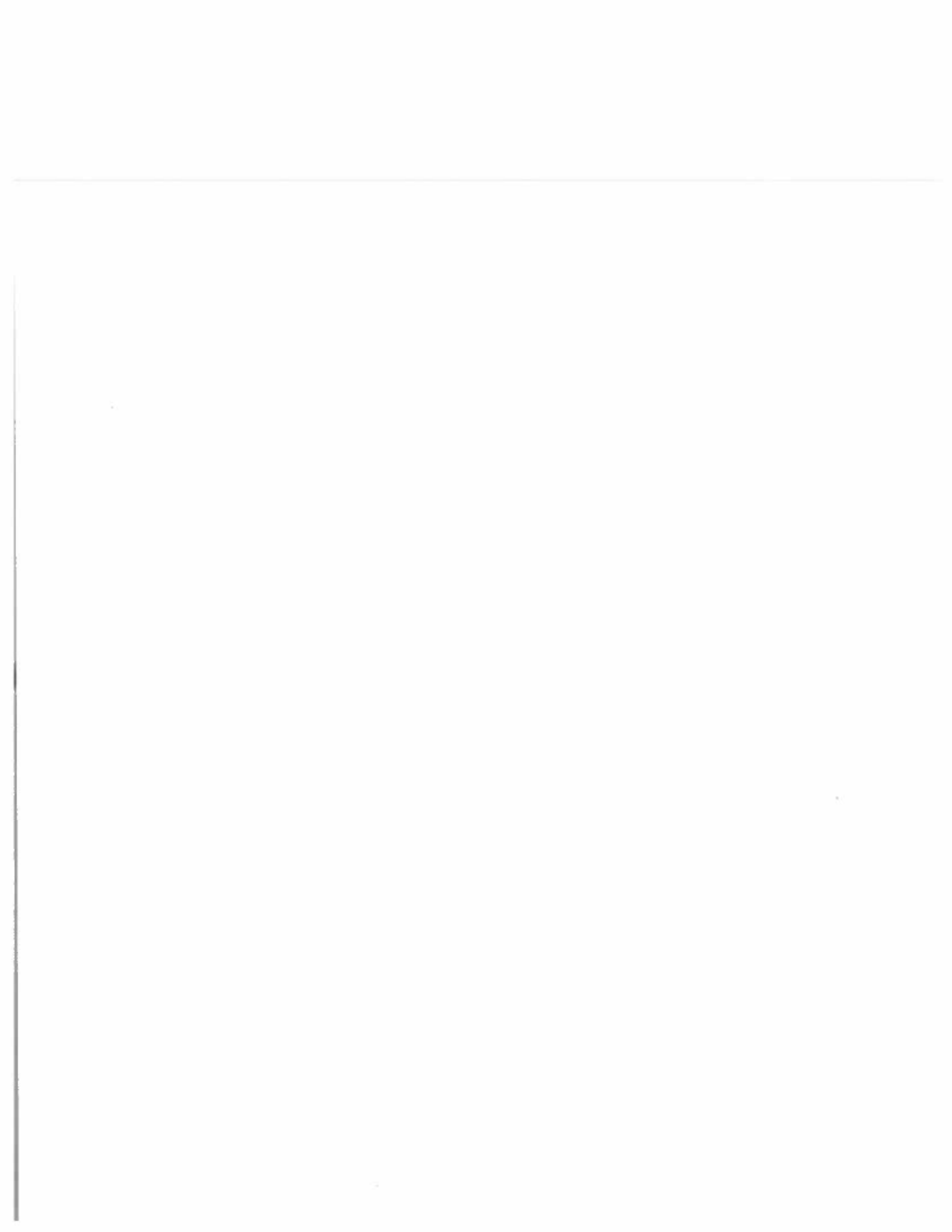
Email: mrittel@dmh.lacounty.gov



Next Meeting:

Thursday, June 21, 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	April 19, 2018
Place	The Village Family Services	Start Time	1:30pm
Chairperson	Michelle Rittel	End Time:	3:30pm
Co-Chairs	Alex Medina and Angela Kahn		
Members Present	Adik Parsekhian, Amalia Noyola, Anabel Aispuro, Angela Kahn, Claudia Pena, Cheryl Davis, Danielle Price, Colin Xie, Gina Leggio, Gilbert Morquecho, Karina Krynsky, Karla Mayorga, Kaylee Devine, Michelle Rittel, Phachara Sujirapanya, Sora Choi, Tim Petersen, Tracie Tewksbury, Amina Ofumbi, Michael Briesch, Christine Ponec, Cristina Rojas, Susan Mendez, Patricia Lopez, Mariella Jacobs		
Absent Members	Alex Medina, Amelia Peck, Amy Nearhoof, Audra Casabella, Eva Carrera, Gurudarshan Khalsa, Ingrid Rey-Balbuena, James Pelk, Jenny Sanchez, Judy Cardona, Kameelah Wilkerson, Kathleen Kim, Kristin Malka, Larisa Cazacioc, Mark Rodriguez, Martha Basmadjian, Samuel Pina, Rosa Franco, Sandra Chang Ptasinski, Stephanie Yamada, Theodore Cannady, Tiger Doan, Victoria Shabanzadeh		
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 at 1:45pm. Thank you to The Village Family Services 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. El Centro De Amistad handed out Mental Health Awareness Day Activities flyers.		
Review of Minutes: Michelle Rittel	Minutes from February 15, 2018 meeting were reviewed and approved.		

Agenda Items & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Quality Improvement (QI)			
<p>DMH QIC Meeting Report: Michelle Rittel</p>	<p>Clinical QI/MD Report: Safety Intelligence – 2 handouts – emails regarding having a medical director or supervising psychiatrist. There are agencies that don't have either. Contract psychiatrists will be able to access the system without a C number. It will still be the duty of the program manager or director who will be reviewing the report to address any issues re: diagnosis and psychotropic medications prescribed.</p> <p>ACCESS Updates: They are now tracking clients that are turned away for services due to autism/developmental delay or behavioral problems. QIC chairs are discussing with providers to find out why this is happening.</p> <p>Cultural Competence Updates: The Cultural Competency Organizational Assessment tool was nearly finished in March. It will have 65 questions plus demographics. It will take about 15 minutes to complete.</p> <p>Compliance, Policy & Audit Services: Policy Update – Review of handout. No new/updated policies. A few are being reviewed as of early March.</p> <p>Patient's Rights Office: Change of Provider – The app is finished. A manual for training is being finished. The system will be simple to use. And no more email! Grievance /Appeals system is changing. It will be online and the NOAs will be on the same system. This will allow for daily tracking. Providers will be able to run their own reports.</p>		

Departmental QIC Meeting Report,

contd.:

Michelle Rittel

VANS/SRTS/ACCESS to Care: Please 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 are now updating more frequently and we have a better view of capacity in SA2, but there has been some back sliding. Please remind your VANS contacts to update as soon as possible. Thank you to all for increasing the updates and keep up the good work. Discussion of “secret shopper” calls to providers. Results were reviewed and concerns about providers telling clients they only take Medi-Cal and that they are not assessing the clients’ current status.

MHSIP Open Ended Comments Survey & May 2018 Surveys: Some feedback re: the Open Ended Comments Survey – Clients want longer sessions and later and weekend hours. They want their calls returned and better advertising for groups. Surveys are May 14-18 and survey training is next Monday at DMH HQ. There are 2 sessions – 9-10:30 and 11-12:30.

Final Rule: QA is the lead for the Final Rule. There will be no extensions, even though LA is the largest county. Changes start 7/1/18. Provider Directory update- QI worked with CIOB. The directory will now go down to the individual provider level. Cultural Competence training data was due with

CAPP: The next Parent Partner meeting is April 24, 2018. All Parent Partners in SA2 are strongly encouraged to attend. Please pass this information along to your FSP and WRAP teams and 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.

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Quality Assurance (QA)			
<p>Departmental QA Meeting Report: Michelle Rittel</p>	<p>Patricia Lopez is now assigned as the QA Lead for SA2.</p> <p>Audits: None for SA2. Update on the OIG audit – LAC had 105 claims of the 500 claims that were pulled statewide. Contractors were over represented at 21%. LAC had 23 claims pulled. There are 29 appeals going to OIG from CA – 6 of those are from LAC.</p> <p>Medi-Cal Certification Section:</p> <p>State DHCS Updates: Medicaid Final Rule Overview – MFT/PCC Registered Associates – For Advertising Regulations (ex. Business cards) – check the BBS for accurate information regarding abbreviations of titles. DMH is writing it out – no abbreviations – for business cards.</p> <p>Training and Operations: Training schedule was handed out. There is still no update regarding supervisor documentation training for LEs.</p> <p>Policy and Technical Development: QA Bulletin 18-02 Final Rule: Network Adequacy – DMH submitted 10, 816 practitioners. DMH QA is asking if providers feel that the application is the best way to go for future use? Some data was pulled from PRM – was that the best place to get the info? There will be updates in 3 months – should updates be done with limited time access or update as we go? All elements in the application need to be updated</p>		

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Quality Assurance (QA)			
<p>Departmental QA Meeting Report, contd: Michelle Rittel</p>	<p>every 3 months, including the Cultural Competence question (training in the past 12 months). 2 different requirements for reporting Cultural Competence training – Network Adequacy needs to have the number of hours of training, but Title 9 doesn't ask for the hours. Please focus on Network Adequacy for now. How adequate is our system to cover the needs of the population? It is possible the state may ask for evidence of Cultural Competence training, possibly "samples". There is a protocol for how the state will verify information we provide. It is under Section B (ACCESS) page 42 Title 9 18-10, Info notice 10-02 and 10-17.</p>		
	<p>QA Bulletin 18-03 DO QA Process Changes – Effective May 1, 2018. As of April 1, 2018, Dos no longer need to complete QA reports based on former rules. Reports are due to Caesar on April 23, 2018. A skype training was scheduled for today. Check-ins are now required and need to be scheduled. There is a short review tool – 15 questions – to be done regularly and a long chart review tool – 40 questions – for the month of check-in with DMH QA. LEs can use the form as a basis for their own, but they must have ownership of their forms. Regarding Time/Distance – 15 miles or 30 minutes applies to the client has to do. Clients should not have to travel more than 15 miles and 30 minutes to get services. Providers can be more than 15/30 because it only applies to the client.</p>		

Departmental QA Meeting Report, contd:
Michelle Rittel

QA Bulletin 18-04 Documentation for Groups – there are no new requirements. This replaces a previous bulletin and gives examples of documentation and what is claimable.

QA Bulletin 18-05 PEI MHSA Funding for Clients and or Services Not Meeting Medi-Cal Medical Necessity Criteria – There is a meeting regarding this today. The bulletin has 2 expansions/clarification. One is that the client does not have an included diagnosis, but they have crisis or trauma exposure. The other is if the service provided is related to homelessness, but you are unable to confirm that the housing issue is due to mental illness, you can link under PEI to claim for that service. Contractors will use the HX codes.

Access to Care/Timeliness: Changes are coming, so providers should start preparing. Providers will have to provide more data than the SRL you currently submit. DMH will be tracking additional information. Currently, DMH tracks the time from the request for services to first available/offered appointment. DMH will be adding the next available appointment after the intake appointment. Also, when did the client/parents actually come in?

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.

There were no suggestions.

Suggested Items for Next Meeting:

Agenda Items & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
<p>Handouts:</p>	<p>Email from Ly Ngo – 2/13/18 – Request to include medical directors/supervising psychiatrists as a reviewer in Safety Intelligence</p> <p>Email from Maria Gonzalez – 3/14/18 - Request to include medical directors/supervising psychiatrists as a reviewer in Safety Intelligence</p> <p>Documentation Training Schedule – 4/9/18</p> <p>QAB 18-02 Final Rule: Network Adequacy</p> <p>QAB 18-03 New Quality Assurance Requirements for Directly Operated Programs</p> <p>Written QA Process Form</p> <p>Quality Assurance Requirements for Directly Operated Programs</p> <p>QAB 18-04 Documentation Reminders for Groups</p> <p>QAB 18-05 PEI MHSA Funding For Clients and/or Services Not Meeting Medi-Cal Medical Necessity Criteria</p> <p>El Centro de Amistad – Mental Health Awareness Day Activities – May 3, 2018</p>		

Agenda Items & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
NEXT MEETING:	Thursday, June 21, 2018 1:30-3:30pm Location: Child & Family Guidance Center		

Respectfully submitted,



Michelle Rittel, LCSW