



**LACDMH Service Area 7 Administration  
Quality Assurance / Quality Improvement Committee**

**February 20, 2018  
2:00 to 4:00 p.m.**

- 1. Welcome/Introductions Caesar
- 2. Review & Approval January Minutes Caesar
- 3. Quality Improvement: **2:00 to 3:00 pm** Antonio & Susan
  - a. Presentation by Erik Escareño, ACSW—Clinician/Outreach Specialist from **Five Acres Deaf Services.**
  - b. OMD updates
  - c. Patient's Rights
    - i. Change of Provider Database Pilot (DO only)
  - d. Cultural Competency updates
  - e. Policy updates
  - f. VANS update
  - g. QI Updates: Test calls, timeliness metrics and PIP updates
- 4. Quality Assurance: **3:00 to 4:00 pm** Susan & Antonio  
Joel Solis
  - a. Medi-cal Certification and other updates
    - i. Completion of the fire clearance 850 forms.
  - b. State DHCS Update:
    - i. Medicaid Parity Final Rule Overview
  - c. Training updates.
  - d. Policy and Technical Development
    - i. Reminder – Utilize Revised NOA forms
    - ii. QA Bulletin 18-01: Co Practitioners
    - iii. QA Requirements for Directly Operated
    - iv. Access to Care/Timeliness & SRL Data : CSI requirements
    - v. Dr. Sherin's provider memo.
    - vi. Org Manual updates for ICC, IHBS and TFC
    - vii. State system review: chart review

Next Quality Improvement/Quality Assurance Meeting  
**March 20, 2018**

Antonio Bañuelos, LCSW - Chair	(323) 267-3411	AnBanelos@dmh.lacounty.gov
Caesar Moreno, LCSW – Co Chair	(562) 692-0383 x 236	Cmoreno@thewholechild.info
Susan Lam, LMFT, PPSC – Co Chair	(323) 526-4016 x 217	susanl@almfamilyservices.org
Joel Solis, Medi-cal Certification	(213) 251-6883	jsolis@dmh.lacounty.gov

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH  
SERVICE AREA 7  
QUALITY IMPROVEMENT COMMITTEE (QIC) Minutes**

<b>Type of Meeting:</b>	<b>SA 7 QIC</b>	<b>Date:</b>	<b>February 20, 2018</b>	
<b>Place:</b>	<b>Gus Velasco Neighborhood Center 9255 S. Pioneer Boulevard Santa Fe Springs, California 90670</b>	<b>Start Time:</b>	<b>2:05 PM</b>	
<b>Chairpersons:</b>	<b>Antonio Banuelos (Chair) Caesar Moreno (Co-Chair) Susan Lam (Co-Chair) - Absent</b>	<b>End Time:</b>	<b>4:00 PM</b>	
<b>Members Present:</b>	<b>John Medina, Elizabeth Powers, Laura Solis, Donetta Jackson, Hsiang-Ling Hsu, Michelle Barajas-Sanchez, Gwen Lo, Yessica Gamboa, Joel Solis, Michael Olsen, Jennifer Phan, Jennifer Mitzner, Leana Olague, Arelene Contreras, Ester Robles, Robin Washington, Javier Nevarez, Michelle Bilotta-Smith, Cynthia Juarez, Gloria Guevara, Quenia Gonzalez, Kelly Brignoni, Shivani Patel Escamila, Alex Ballan, Lisa Ngo, Cara Jenson, Patricia Lopez, Amanda Montelongo, Yoatzin Romero, Antonio Banuelos, Caesar Moreno</b>			
<b>Agenda Item &amp; Presenter</b>	<b>Discussion and Findings</b>		<b>Decisions, Recommendations, Actions, &amp; Scheduled Tasks</b>	<b>Person Responsible</b>
<b>Welcome &amp; Introductions</b>	Meeting was called to order at 2:05 pm		Introductions made and new members welcomed	<b>Caesar Moreno</b>
<b>Review &amp; Approval of Minutes</b>	Minutes from January 2018 meeting were reviewed		Minutes approved by:  Michelle Barajas Sanchez Elizabeth Powers	<b>Caesar Moreno</b>



<p><b>Quality Improvement Updates, continued</b></p>	<p><b>Safety Intelligence</b></p> <p>There was an email sent out regarding new safety intelligence procedures. It is requested that the medical director and supervising psychiatrist of provider agencies be a part of the safety intelligence report system. It is up to the provider agency to make the determination regarding adding the medical director/supervising psychiatrist. It was acknowledged that not all provider agencies have these specific positions on staff. The email was not sent to DO clinics due to DMH automatic implementation of the program requirements.</p> <p><b>Question:</b> Can the Safety Intelligence report be printed?</p>	<p>Chair/Co-Chair will follow-up with Ly or other persons in the SI unit for response.</p>	<p><b>Antonio Banelos</b></p>
	<p><b>Patients Rights</b></p> <p>i. <i>Change of Provider Database Pilot (DO only)</i></p> <p>Patients Rights Office is working with CIOB to look at submitting COP logs electronically. Three DO clinics have volunteered to pilot the system for the paperless electronic method.</p> <p>Providers are reminded to use the new notice of action forms with new elements. The NOA english forms have been updated, however the Spanish forms are still in process of being revised. These can be found on the PRO page (DMH link).</p> <p><b>Question:</b> Who can we contact about NOA E?</p>		<p>Chair/Co-Chair will follow up with Patients Rights Office to identify contact for NOA E questions.</p>



<p><b>Quality Improvement Updates, continued</b></p>	<p><b>Question:</b> is every clinic called? Not every clinic is contacted. Calls are based on the reports received by ACCESS regarding agencies not accepting new clients, feedback from clients, notifications from other providers, etc.</p> <p><b>Test Calls</b></p> <p>Test call information was released which shows revised instructions and the test call schedule per Service Area. SPA 7 is scheduled to participate in July 2018.</p> <p><b>Timeliness Metrics</b></p> <p>The State (per the Final Rule guidelines) is proposing that access to care regulations are modified to begin seeing clients within 10 business days for access to care (rather than 15 days current policy notes). Assessment to be conducted within all legal entities to identify if have enough staffing to provide services within the proposed access to care guidelines.</p> <p><b>PIP</b></p> <p>10 beds reserved for ISR clients (only one bed has been used). Part of the plan is to improve ISR hospital discharge planning.</p> <p><b>Question:</b> how does one access the beds? Where are the beds located?</p>	<p>Chair will follow-up with ISR representatives to obtain more information.</p>	<p><b>Antonio Banuelos</b></p>
--	--	--	--------------------------------

<p><b>Quality Assurance</b></p>	<p><b>Clinical forms bulletins (some forms may not be placed in the packet if they are listed as “drafts”)</b></p> <p><b><i>Medi-Cal Certification</i></b></p> <p><b>i. Completion of the fire clearance 850 forms</b></p> <p>Handout result of an inspector having a specific way of providing the clearance. The handout may not apply to the providers in the room. If providers have questions on the 850 form, please refer to certification unit. Requesting clearance 6-8 months in advance. Just having clearance completed does not mean that recert will occur sooner. Preparing for the system review to ensure that all legal entities are certified. Recerts conducted 2-3 months prior to due date.</p> <p><b>Question:</b> Do we have to use the 850 form? No – use of any form depends on the fire inspector who comes out. They can use their own form. Medi-Cal certification can provide the form (850) if inspector asks if there is a specific form that should be used.</p> <p><b>Question:</b> Does a school site certification need the school business license? No – just the fire clearance.</p> <p><b><i>State DHCS Update</i></b></p> <p>i. Medicaid Parity Final Rule Overview</p> <p><i>Highlights:</i></p> <p><b>Information Requirements:</b> Updating the provider directory to add practitioner information, licensure of staff, capacity and agency/provider “specialties”.</p> <p><b>Grievance and Appeals:</b> Finalizing and adopting revised NOA forms as well as translation.</p>	<p><b>Handout provided with meeting materials.</b></p>	<p><b>Antonio Banuelos Caesar Moreno</b></p> <p><b>Joel Solis</b></p>
---------------------------------	---	--	---

<p><b>Quality Assurance Updates - continued</b></p>	<p><b>Program Integrity:</b> Update concerning requirement for checking federal databases and screening of providers. This was moved from checking of two sites to five.</p> <p><b>Statewide Network Adequacy Standards:</b> This impacts current Access to Care policies. For example, moving timeline for MHS services from 15 business days to 10. These changes are expected to be implemented in July 2018. DMH looking at expanding data collection with regard to follow up. Also, looking at modifying SRL logs.</p> <p><b>Training Updates</b></p> <p>Refer to handout given in meeting materials</p> <p><b>Policy and Technical Development</b></p> <p><b>i. Reminder – Utilize Revised NOA forms</b></p> <p>See earlier notes.</p> <p><b>ii. QA Bulletin 18-01: Co Practitioners</b></p> <p>Refer to handout.</p> <p><b>iii. QA Requirements for Directly Operated</b></p> <p>Proposed QA requirements were provided at an earlier meeting. Cesar Franco (DMH) is reviewing the process. New QA process should be finalized by March 2018 with implementation to begin April 2018.</p> <p><b>iv. Access to Care/Timeliness &amp; SRL Data</b></p> <p><b>v. Dr. Sherin’s provider memo</b></p> <p>Refer to letter provided in meeting handouts.</p>	<p><b>List was sent out showing 5 sites</b></p> <p><b>Handout provided with training schedule.</b></p> <p><b>Chair/Co-Chair will send out copies of NOA A and E for reference.</b></p>	<p><b>Caesar Moreno Antonio Banuelos</b></p>
---	---	--	--



<p><b>Quality Assurance Updates-continued</b></p>	<p><b>vi. Org Manual updates for ICC, IHBS and TFC</b></p> <p><b>vii. State system review: chart review</b></p> <p>Reminder given that the next triannual system review will occur in 2019. It was noted that charts opened at this time of the year may be subject to being chosen for the system review. It is important that providers focus on these charts to ensure that they are meeting all required QA guidelines.</p>		
<p><b>Announcements</b></p>	<p>None at this meeting.</p>		
<p><b>Adjournment</b></p>	<p>Meeting was adjourned at 4:00 pm</p> <p><b>Respectfully Submitted,</b></p> <p><b>Caesar Moreno</b> <b>QIC Co-Chair</b></p>	<p><b>Next Meeting:</b></p> <p><b>March 20, 2018</b> <b>Gus Velasco Neighborhood</b> <b>Center, Santa Fe Springs</b></p>	