



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

**MAY 21, 2019
2:00 to 4:00 p.m.**

1. Welcome/Introductions Caesar Moreno, LCSW
2. Review of April 2019 minutes Caesar Moreno, LCSW
3. **Quality Improvement: 2:00 to 3:00 pm** Greg Tchakmakjian, Ph.D.
Daiya Cunnane, PsyD
 - a. Patients' Rights Updates: None
 - b. Policy Updates (*Handout*)
 - c. Cultural Competency Updates
 - Multicultural MH Conference: Health Integration through a "Who-Listic" Approach
 - Call for Volunteers
 - d. QI Division Updates:
 - ACCESS Test Call, May 2019
 - Customer Service Training on June 17th
 - New QI Website
4. **Quality Assurance: 3:00 pm to 4:00 pm**
 - a. Medi-Cal Certification Updates Joel Solis, RN
 - b. State DHCS Update
 - DHCS Audits of NACT Data
 - c. Training and Operations
 - Schedule of Trainings and Presentations (*Handout*)
 - QA Knowledge Assessment Marc Borkheim Ph.D.
 - LE Chart Review Coordination Form
 - d. Policy and Technical Development
 - Draft CANS IP and PSC-35 forms
 - Updated Guide for Procedure Codes (out May18)
 - PERM Reviews

Next Quality Improvement/Quality Assurance Meeting
June 18, 2019 –Gus Velasco Center, Santa Fe Springs

Greg Tchakmakjian Ph.D.- Chair	(213) 639-6733	gtchakmakjian@dmh.lacounty.gov
Caesar Moreno, LCSW – Co Chair	(562) 692-0383 x 236	cmoreno@thewholechild.org
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**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
SERVICE AREA 7
QUALITY IMPROVEMENT COMMITTEE (QIC) Minutes**

Type of Meeting:	SA 7 QIC	Date:	May 21, 2019
Place:	Gus Velasco Neighborhood Center 9255 S. Pioneer Boulevard Santa Fe Springs, California 90670	Start Time:	2:05 PM
Chairpersons:	Greg Tchakmakjian, Chair Rosa Diaz, Co-Chair (Interim) Caesar Moreno, Co-Chair	End Time:	3:30 PM
Members Present:	Donetta Jackson, Gwen Lo, Wendy Mielke, Nicole Santamaria, Jennifer Mitzner, Elizabeth Hernandez, Arlene Contreras, Irene Juaregui, Priscilla Gonzalez, Robin Washington, Daiya Cunnane, Javier Nevarez, Linda Garcia, Greg Tchakmakjian, Grace Guzman, Denice Palacios, Angela Trenado, Laura Solis, Michael Olsen, Jenna Ritsema, Joel Solis, Yolanda Hernandez-Lara, Hsiang Ling Hsu, Chloe Gomez, Michael Pineda, Amanda Montelongo, Chayla Bellamy,		
Agenda Item	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
Welcome/Introductions	Meeting was called to order at 2:05 PM	Introductions were made and new members welcomed,	Caesar Moreno
Chair Updates			
Review & Approval of Minutes	Minutes from April 2019 were reviewed	Minutes were approved by: Robin Washington Michael Olsen	Caesar Moreno
Quality Improvement	<p><i>Patients' Rights Update</i></p> <p><u>Change of Provider log:</u> COP report was recently emailed to the collaborative. Greg communicated with the Patients' Rights Office who provided reasons why the COP report may indicate that logs are missing:</p> <ul style="list-style-type: none"> • Logs may not have been received in a timely basis. • Use of incorrect version of COP log. • Errors on the log which prevented it from being recorded. 		Greg Tchakmakjian

<p>Quality Improvement (continued)</p>	<p>It was recommended that before submitting the log to make sure that all the information is accurate and sent on a timely basis. If you believe that there are errors on the report, please send the original email with the attached Change to the Patients' Rights Office and cc: Greg.</p> <p><i>Cultural Competency</i></p> <p><u>Integrated Health Multicultural Conference</u></p> <p>Am email was sent out indicating that registration for the multi-cultural conference was open. There is also a push to recruit volunteers for the conference. If anyone is interested with volunteering, please contact:</p> <ul style="list-style-type: none"> • Sandra Chang Ptasinski SChang@dmh.lacounty.gov • Maria Gonzalez MGonzalez@dmh.lacouinty.gov <p><i>Policy Updates</i></p> <p>Handout was provided with policy updates.</p> <p><i>QI Division – Other Updates</i></p> <p><u>ACCESS Test Calls May 2019</u></p> <p>SPA 7 is currently working on completing the test calls for May 2019. Thank you to everyone who has helped with the calls. Couple of reminders when making the test calls:</p> <ul style="list-style-type: none"> • Make sure to ask for the agent's name. • Please make sure to provide a name to the agent so the calls do not remain anonymous. This will help to identify which calls were test calls. • The goal of the calls is to test the access center to make sure they are doing what they need to do. This is not meant to be a means of challenging their work by making the scenario difficult. • There is a question on the survey which asks the caller to rate the agency based on knowledge and 	<p>Handout provided for review.</p>	<p>Greg Tchakmajian</p> <p>Greg Tchakmakjian</p> <p>Daiya Cunnane</p>
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<p>Quality Assurance</p>	<p>helpfulness. Some callers have interpreted this question differently which has posed challenges to scoring. If you have any problems with scoring, please contact Daiya or Greg.</p>		
	<p><u>Customer Service Training</u></p> <p>There will be a Customer Service training on June 17th. This training is similar to the Front Office training that has already been conducted. If anyone is interested in registration of staff for this training, please contact Daiya Cunnane at dcunnane@dmh.lacounty.gov</p>		<p>Daiya Cunnane</p>
	<p><u>New QI Website</u></p> <p>There is a new link for the QI website. Please use the following link: https://dmh.lacounty.gov/QID/</p> <p><i>Medi-Cal Certification</i> - No updates at this time</p> <p><i>MR Grants or Audits</i> (Notifications) - None reported</p> <p><i>State DHCS – Updates</i></p>		<p>Greg Tchakmakjian</p>
<p><u>DHCS Audits of NACT Data</u></p> <p>A Network Adequacy update was emailed to the collaborative. It indicated that 10 counties have been sanctioned for providing inaccurate data on the NACT including incorrect data for FTE's in agency. Reports have indicated that FTE's providing direct service hours to clients are showing as having low to no client caseload. This is especially true of supervisors. If an FTE (40hours) is providing direct service hours, he/she should indicate a caseload of greater than 10 clients/beneficiaries. This information is also attributed to caseload assignment by the supervisor. The State is looking very closely at the supervisors with full (40 hours) and maximum number of clients/beneficiaries are not corresponding to the FTE. Some agencies have been notified to make corrections to their data. The providers can resubmit NACT data to reflect</p>	<p>Greg Tchakmakjian</p>		

<p>Quality Assurance (continued)</p>	<p>accurate information. Statte will require that CEO's attest for the accuracy of the NACT data.</p> <p><i>Training and Operations</i></p> <p><u>Schedule of Training and Presentations</u></p> <p>Handout provided noting training and available dates. If you having any registration issues. Contact Nikki Collier: ncollier@dmh.lacounty.gov or Joshua Lozada: jlozada@dmh.lacounty.gov</p> <p><u>QA Knowledge Assessment</u></p> <p>It was reported that the QA Knowledge Assessment will launch in July 2019. Thanks were given to those who provided feedback in the last few meetings. Some concerns were raised during those meetings including the degree of anonymity for agencies and staff completing the survey, as well as time allotted to clinicians to complete the survey. The process was described as:</p> <ul style="list-style-type: none"> • In July 2019, the assessment will be sent out as a 3-question survey designed to not only look at knowledge of basic documentation rules, but also reasoning and decision making associated with the responses. It is estimated that the survey may take up to 15 minutes to complete. • QA Division will send the survey through a link that can be distributed to staff whom the agency wishes to have complete the survey. There is no limit at this time regarding how many can complete the survey. • Information will be given as to creating a unique identifier for your organization which will then allow anonymity as well as create a means for an organization to identify its responses and scoring. No limit to how many can take the survey. • The process will resume in October 2019. 	<p>Handout was provided to group.</p>	<p>Marc Borkheim</p>
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**Quality Assurance
(continued)**

Dr. Borkheim also shared that collaborative documentation trainings will begin for Directly Operated clinics and staff. The trainings will begin in SPA 7. Dr. Borkheim asked etht any DO clinics who are interested in having the training to please cotnact him.

LE Chart Review Coordination Form

When a provider has been notified that it will have a LE chart review visit from QA Division, the QA lead should receive, complete and return the Chart Review Coordination form to QA Division.

Question: Will they give us the form to fill out when we get notified or do we need to have it already and keep the paperwork? Robin Washington reviewed the form and indicated that QA Division will send out the form from their office and will request that it be sent back.

Question: How many days are given to prepare for the review? Robin shared that it is based on the size of agency and the number of clinicians defines how many charts are selected for review. The site reviewers may stay up to 3 days with some organizaions reviewing between 7-10 charts per day (again this is based on the number of charts to be reviewed).

Policy and Technical Development

PERM Reviews

An email was sent out on April 30th regarding PERM reviews for selected providers. This is not an audit, but a review concerning claims made to Medi-Cal for services. The purpose is to verify payments for services and identify any associated payment or claim errors. Some providers have already been notified about their participation. Instructions are given at the time of notificaiothn regarding information needed for the review.

Greg Tchakmakjian

Greg Tchakmakjian

<p>Quality Assurance (continued)</p> <p>Comments/Questions from Group</p> <p>Adjournment</p>	<p><u>Proposed Guide to Procedure Code Updates</u></p> <p>QA Division still working on updating the Guide to Procedure Codes.</p> <p><u>Draft: CANS IP and PSC-35 Forms</u></p> <p>QA division will send out a bulletin reviewing guidelines for the 2 instruments including training.</p> <p>CANS-IP: The instrument can only be implemented by those who have been certified by organization named PRAED. Re-certification must be achieved every year. Tool must be given at the first assessment and every 6 months after and discharge.</p> <p>PSC -35: There is no certification for this instrument.</p> <p>The bulletin should provide more details concerning training and other timelines for implementation.</p> <p>Other Announcements: None</p> <p>Meeting was adjourned at 3:30 pm</p> <p>Respectfully Submitted,</p> <p>Caesar Moreno, LCSW SPA 7 QIC Chair</p>	 <p>Next Meeting:</p> <p><i>June 18, 2019 Gus Velasco Neighborhood Center, Santa Fe Springs</i></p>	<p>Greg Tchakmakjian</p>
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