LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
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LACDMH Service Area 7 Administration
Quality Assurance / Quality Improvement Committee

March 20, 2018
2:00 to 4:00 p.m.

1. Welcome/Introductions — Susan/Caesar

2. Review & Approval January Minutes — Susan/Caesar

3. Quality Improvement: **2:00 to 3:00 pm** — Antonio & Susan

   a. OMD updates
   b. ACCESS updates on Referral Issues
   c. Patient's Rights
      i. Grievance & Appeals
      ii. COP Database Pilot (DO only)
   d. Cultural Competency updates
   e. VANS - remember to update
   f. Policy updates
   g. QI Updates:
      i. Open Ended Comments Summaries
      ii. Final Rule Requirment
      iii. Provider Directory Updates

4. Quality Assurance: **3:00 to 4:00 pm** — Caesar & Susan

   a. Medi-cal Certification updates/reminders — Joel Solis, RN
   b. State DHCS Update:
      i. QA Bulletin 18-02 Final Rule: Network Adequacy
      ii. OIG Audit Update
   c. Training updates.
   d. Policy and Technical Development
      i. QA Bulletin: Documentation Reminders for Group (Draft status)
      ii. Update Co-Practitioner Claiming
      iii. QA Process for Directly Operated Providers effective 4/1/18
      iv. Back to Basics Presentation at Clinics

Next Quality Improvement/Quality Assurance Meeting
April 17, 2018

Antonio Bañuelos, LCSW - Chair	(323) 267-3411	AnBanuelos@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@almafamilyservices.org
Joel Solis, RN - 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

Type of Meeting:	**SA 7 QIC**	**Date:**	**03/20/2018**
Place:	**Gus Velasco Neighborhood Center** **9255 S. Pioneer Boulevard** **Santa Fe Springs, California 90670**	**Start Time:**	**02:02PM**
Chairpersons:	**Antonio Banuelos (Chair)** **Caesar Moreno (Co-Chair)** **Susan Lam (Co-Chair)**	**End Time:**	**04:00PM**
Members Present:	**Melanie Cain, Laura Solis, Donetta Jackson, Michelle Barajas-Sanchez, Sabrina Ullah, Cara Jenson, Gwen Lo, Wendy Mielke, Joel Solis, Michael Olsen, NicoleSantamraia, Raul H. Velasquez, Mike Ford, Jennifer Mitzner, Leana Olague, Arlene Contreras, Ester Robles, Kristen Anderson, Robin Washington, Patricia Lopez, Javier Nevarez, Cynthia Juarez, Lisa Leon, Gloria Guevara, James McEwen, Anthony Thai, Michelle Lopez-Munroe, Lucero Garcia, Benjamin Segura, Megan Lockie, Denise Orosco, Patrica Lopez**		

Agenda Item	**Discussion and Findings**	**Decisions, Recommendations, Actions, & Scheduled Tasks**	**Person Responsible**
Wecome & Introductions	**Meeting was called to order at 2:02 PM**	Introductions made and new members were welcomed	**Caesar Moreno**
Review & Approval of Minutes	**Minutes from March 2018 meeting were reviewed**	Minutes were approved by: Robin Washington Gwen Lo	**Susan Lam**
Quality Improvement Updates	**<u>OMD UPDATES</u>** Mary-Ann O'Donell is retiring the end of March – Dora will be stepping in temporarily *Reminder: Most commons reasons for lawsuits: 1. Suicide 2. Failure to Diagnose accurately (not recognizing psychosis)	.	**Antonio Banuelos**

Quality Improvement Updates, continued	3. Side Effects due to medication (Lithium toxicity) 4. Boundary Violations There are policies for the four areas mentioned above Electronic Report of Safety Intelligence can only be completed online effective April 2nd, 2018. Reminder to obtain C-number due to paper system becoming obsolete effective April 2, 2018. **<u>ACCESS updates on Referral Issues</u>** DO providers are emailing clinics that are not taking clients. Jessica Walters (ACCESS) presented 3 scenarios that have resulted in clients not being seen for services: 1. Clients being turned away for DD or autism even before being triaged or screened for safety. 2. Inability to locate the referring documents in the client's chart. 3. Client was scheduled with a clinician that is out of the office but did not remove the appointment. ACCESS will continue to track clinics that are not taking clients and will be updated approximately every 2 weeks. The tracking list willl be referred to Terri Boykins, LCSW Deputy Director for monitoring. A reminder was made to not contact ACCESS if agency is not able to take the client. Agency must link the client or contact the serve area navigator.		**Antonio Banuelos** **Antonio Banuelos**

Quality Improvement Updates, continued	Effecitve July 1, 2018 the lack of timely service notice (NOA-E) will be changed from 15 business days to 10 business days. **Patient's Rights** **Grievance & Appeals** Under new guidelines, grievance and appeal timelines will be changing. - Grievances under "tier 2" that are issued to investigation will move from 60 days to 90days . - Expedited appeals will be changed to 72 hours. Grievances and appeals will begin to be automated using online access. Patients Rights is in process of finalizing the online system. The online system will provide access to file a complaint on behalf of the client as well. **COP Database Pilot (DO only)** Change of Provider – currently pending - Presented a model verison, but it was too complicated, so it is being worked on with CIOB and Microsoft to change the template. - Submit COP no later than the 10th of the month to DMHCOP@dmh.lacounty.gov – no reminders are being sent out - State wants it logged into their system **Cultural Competency updates** Sandra is working on a system assessment tool and updates will be provided when it is available. Annual Cultural Competency Attestation Due March 17th.		**Antonio Banuelos** **Antonio Banuelos** **Antonio Banuelos**

Quality Improvement Updates, continued	**VANS- remember to update** Lynetta is reminding providers to update the VANS system. She is going into the VANS system 3-4 times to see if they are being done. **Policy Updates** Refer to handout given in meeting materials **QI Updates** **i. Open Ended Comments Summaries** • A summary of the comments included the following: need longer hours/weekend hours, more groups, more psychiatrists) • QI division is aware of how long it takes to receive the MHSIP data analysis/results and will review on how to make the data more helpful. • QI division will be working on releasing something more organized. • Agencies were able to give good information as well as good solutions, but QI would like to make sure that agencies will follow through with what was brought up. • Dr. Naga Kasarabada will present the MSHIP from Spring 2017 **ii. Final Rule Requirement** • Network adequacy requirements and network certification requirements to which each county MHP must comply. **iii. Provider Directory Updates** • Information sent out by QA division regarding the update for the network adequacy certification. Follow up needed no later than March 23rd.		**Antonio Banuelos** **Antonio Banuelos**

Quality Assurance Updates	**<u>Medi-cal Certification updates/reminders</u>** i. All providers must comply with ADA wheelchair accessible requirements (at minimum) – recertification – needed. ii. Policy in place provide why and how despite not having an elevator with the second floor client can access services. iii. NPI information with the state – any chagnes in NPI need to first notify Joel from Medical Cert. He will have to notify the District Chief to make necessary changes. **<u>State DCHS Update:</u>** QA Bulletin 18-02 Final Rule: Network Adequacy i. Network Adequacy Review of Bulletin 18-02 (Refer to Handout given in meeting materials). OIG Audit Update **ii.** Reminder to let Jennifer Hallman and Brad Byrant know if there are any MR Grant and Auditor Controller audits. **<u>Training updates</u>** Refer to handout given in meeting materials. **<u>Policy and Technical Development</u>** i. Review of Bulletin 18-0X (Draft Status) "Documentation Reminders for Groups" (Refer to Handout given in meeting materials). ii. Update Co-Practitioner Claiming - Currently draft form. Update will be provided when available.		Joel Solis **Caesar Moreno/Susan Lam** **Caesar Moreno** **Caesar Moreno/Susan Lam**

	iii. New QA Process for Directly Operated Providers effective 04/01/2018. Skype training will be offered prior to going live. iv. Back to Basics Presentations at Clinics – 2 hour training presentations will be offerred to DO. This training will replaced the IBHIS documentation training.		
Annoucements	**None at this meeting.**		
Adjornment	Meeting was adjourned at 4:00PM **Respectfully Submitted,** **Susan Lam, LMFT** **QIC Co-Chair**	**Next Meeting:** **April 20, 2018** **Gus Velasco Neighborhood Center, Santa Fe Springs**	