

SPA 6 QIC Agenda

July 26, 2018
Interns & Residents Building
1670 E. 120th Street
Los Angeles, CA 90059
9am to 11am

I & R Conference Room

Parking lot G (Across from the Clinic) is available for visitor parking.

Dr. Erica Melbourne & Dr. Socorro Gertmenian

emelbourne@dmh.lacounty.gov & socorrog@lacgc.org

Good Morning!

Introductions

Review the Minutes

Announcements: [©] Welcome Erica! Bye, Bye Kisha [⊗]

In the Know: Next State Systems Review: February 2019

Presentation for Today: Bertrand from QA is doing treatment planning training. (30-40

min)

QI

- 1. OMD updates
 - a. Safety Intelligence. Online Clinical Incident Report Started!
 - i. Key contacts: Li 213-351-6673 or Doris 213-351-6676
- **2.** Patient's Rights Office:
 - a. <u>Change of Provider</u> online database is in testing phase! But until then, continue with submitting as before. (<u>DMHCOP@dmh.lacounty.gov</u>). Contract Providers goal roll-out is August 1. The training is about 1.5 hours long. There will be 3 training opportunities. Each provider will get 3 licenses.
- 3. Cultural Competency
 - a. They developed a mission statement, an org chart, and are developing a website.

- **4.** Compliance: DO's please check out the Learning Network for Mandatory Training information.
- 5. Quality Improvement Division Updates:
 - a. Non-Clinical PIP (Performance Improvement Project): focus around front desk staff. Goal is to have front desk staff that are personable, humble, flexible, helpful, respectful, and professional.
- **6.** DO's DMH Pharmacy: DMH is working on what types / lists of samples they can accept from drug reps. There is a memo coming out regarding this.

QA

- 1. Does anyone have any audits coming up?
 - a. MR Grant: tends to send notice to CEO about a week before
- 2. QA Feedback to keep in mind:
 - a. Objectives need to be measurable
 - b. Notes need to be submitted more timely
 - c. Interventions in notes need to be specific
 - d. Med consents: make sure you have all the required elements in your med consents.
 - e. Substance use: The treatment plan must still reflect mental health. There is a QA Bulletin coming out about this.
- 3. QA Bulletins and information coming our way!
 - a. Timely Access to Care: 18-08
 - b. MAA Manual (DO only): 18-09
 - c. Notice of Privacy Practices Bulletin for DO, LE may adapt your own version.
 - d. Guide to Procedure Code- updated (see page 7 of Disciplines, Place of Service Codes added pg. 8-9, and telehealth updates)
 - e. Policy updates: 302.07, 312.02, 401.01, & 401.02
- 4. Documentation and treatment timelines Discussion
- 5. Co-practitioners: DMH decision and discussion
- **6.** Triage Form and practice Discussion
- 7. Medi-Cal Cert nothing new, just reminders!
 - a. Fire clearance
 - b. Clinic NPI information must match what the county has
 - c. Ensure that you have an updated record retention policy!
 - d. If Medi-Cert Team contacts you, contact them back immediately!

Next Meeting: August 23^{rd} (the 4^{th} Thursday of every month). Thank you everyone; please send in questions ahead of time so we can answer them as a group!



Background (https://www.minorityhealth.hhs.gov/omh/content.aspx?ID=9447)

During National Minority Mental Health Awareness Month in July, the HHS Office of Minority Health will join partners at the federal, state, local, tribal, and territorial levels to help raise awareness about mental illness and its effects on racial and ethnic minority populations. According to the Substance Abuse and Mental Health Services Administration (SAMHSA):

- Over 70% of Black/African American adolescents with a major depressive episode did not receive treatment for their condition.
- Almost 25% of adolescents with a major depressive episode in the last year were Hispanic/Latino.
- Asian American adults were less likely to use mental health services than any other racial/ethnic groups.
- In the past year, nearly 1 in 10 American Indian or Alaska Native young adults had serious thoughts of suicide.
- In the past year, 1 in 7 Native Hawaiian and Pacific Islander adults had a diagnosable mental illness.

Questions and Notes:			

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LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH PROGRAM SUPPORT BUREAU QUALITY IMPROVEMENT DIVISION

Type of Meeting	Service Area 6 QIC	•	Date	07/26/2018		
Place	MLK Interns & Reside I&R Conference Room 1670 E. 120 th Street Los Angeles, CA 900	m	Start Time:			
Chairperson Co-Chairs	Dr. Erica Melbourne Kisha Thompson, LC Dr. Socorro Gertmen		End Time:	11:00 am		
Members Present	Erica Melbourne Kisha Thompson Socorro Gertmenian Jennette Fackler Adriana Guerreo Leah Gutierrez Demitri Richmond Kay Roberson Kanisha Trotter Dana Longino Jocelyn Bush Spurlin Cheryl Gully Lummy Galbusera Nisaa Madyun Kathy Saucedo Martin McDermott Lily Fowler Paul Ha Jamie Chess Jonna Howard Sharon Chapman Julie Elder	DMH DMH LACGC JWCH Institu Drew CDC The Guidance 1736 Family Shields for Fo AFH/FSP BAFMA UMMA HOPICS Alafia MHI DMH Compto Starview Bayfront Didi Hirsch Alafia MHI Exodus Recov SSG/Weber WC SCHARP BFA	e Center Crisis Center amilies	J. Adrian Howard Bosco Ho Michele Burton Marietta Watson Maria Alonzo Jessica Palma Ahmad Kausar Patricia Carrillo Jessica Calcaterra Mark Shokair Wil Lau Mariko Yamada Lynetta Shonibare Valencia Dunn Kanisha McReynolds Elizabeth Echeverric Yovette Roldan Aminah Ofumbi Jeanie Takuki Michael Silverman	PIC SSG/APR Aviva Children & Family Pacific Clinics Hathaway-Sycamores DMH DMH SHIELDS Crittenton CA Mentor St. Francis DMH PIC Amanecer CCS Barbour & Floyd SCHARP BFA & SCHARP Didi Hirsch Drew CDC DMH SFC	
Call to Order & Introductions	Dr. Socorro Gertmenia order at 9:10a.m and fintroductions.	n called the me	•			

Presenter	Discussion and Findings	Actions, & Scheduled Tasks	& Due Date
Review of Minutes	The June QIC minutes were tabled until the August meeting.	Minutes from the June meeting will be emailed to the membership by Jasmine Boyden. Please review for approval at the August meeting.	
OMD Updates	Safety Intelligence - the online clinical incident report process has started. Information on how to use was emailed in June. Contact Kisha Thompson if you did not receive it – kthompson@dmh.lacounty.gov .	Should providers need access with the Safety Intelligence system – they may contact Ly Ngo (213)351.6673 or LNgo@dmh.lacounty.gov OR Doris Benosa (213)351.6677 or DBenosa@dmh.lacounty.gov.	
Patient's Rights Office	PRO – Change of Provider Log process will be available online for DO agencies only. For LE, in 3 months CPO logs will be submitted online.	8/1 – DO will need to enter COP information online. LE Providers will be contacted and asked to identify as to whom at their agency will be responsible for submitting the COP logs online. Those identified staff will need to be trained first.	
Cultural Competency	Plan to collaborate and build a task force between health agencies - DPH/DHS/DMH. The goal is to strengthen CC across agencies.	Kisha Thompson to email out to the QIC membership a handout that describes the roll out and who will be responsible for what - Institute for Cultural, Linguistic Inclusion and Responsiveness (ICLIR).	
Compliance	DO's need to check the Learning Net regularly for information re: mandatory trainings.		
Quality Improvement Division Updates	Non-Clinical PIP – focus is on front desk customer satisfaction.	An update will be provided at the meeting in August, 2018.	Dr. E. Melbourne, 8/23/2018

Discussion and Findings

Person Responsible

Decisions, Recommendations,

Agenda Item & Presenter	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
DO's	DMH is hiring pharmacy techs for DO locations. More information to come along with a memo explaining their role.		
Chart Reviews	Dr. Bertrand Levesque, PSB/QA/Training & Operation reviewed the chart review process for DO & LE that is being conducted by DMH QA. DO & LE were reminded to contact Dr. Levesque with dates, LE information, District Chief, Provider Number, Address of where the chart reviews may be conducted (and parking instructions), Name of CEO and others that should be notified about the review process and contact information for the point of contact. There was also a discussion around how the charts should be prepared. Agencies will need to provide hard copy documents that have been redacted as client records will not be reviewed via agency EHR's for the review. The chart review period and additional details will be provided to upon notification of review.	The reviews have already started. If agencies have not contacted Dr. Levesque to date, they should follow up with their program leads and determine who should do the outreach so that the process may begin.	
Treatment Planning Training	Dr. Levesque, PSB/QA/Training & Operation provided brief overview on the process of treatment planning.	Time ran short so we may revisit the presentation in subsequent mtgs as requested by the QIC membership.	
Audits	The Guidance Center - MR Grant		
QA Feedback	Per Dr. Gertmenian: 1) Objectives: objectives need to measurable. Even though SMART is no longer specifically required, objectives still need to be specific and measurable and connected to the mental health needs of the client. 2) Timeliness of documentation: DMH turnaround is 24 hours. Providers were		

Page 4 Agenda Item &	Discussion and Findings	Decisions, Recommendations,	Person Responsible
Presenter		Actions, & Scheduled Tasks	& Due Date
			Due Date
	encouraged to practice		
	collaborative/concurrent documentation.		
	3) Interventions & PN: need to be specific -		
	what are the specific interventions that		
	were provided. Notes are to include active		
	interventions that are clinically sound.		
	Interventions that help maintain or improve		
	the overall functioning of the client.		
	4) Substance Use: If your agency is not drug		
	Medi-Cal, then you are not allowed to		
	claim to objectives that are substance		
	focused. Interventions may state how staff		
	are going to assist the client in developing		
	more appropriate and adaptive coping		
	skills. The focus needs to be on mental		
	health and may address triggers and how		
	substance use/abuse may be used as a		
	coping mechanism. As a provider, you are		
	still working on the clients triggers and	_	
	underlying substance use. Showing the	Related to Item #5) Med	
	client how their substance use impacts	Consent/OMR:	
	their mental health symptoms.	 Agencies need to 	
	Per Dr. Levesque	confirm that their EHR is	
	5) Med Consent (OMR): The current version	able to capture the date	
	of the form (MH556, revised 9/26/16) was	it was signed by the	
	reviewed and discussion of how to use the	psychiatry staff and	
	form accurately was mentioned. No blank	client/authorized	
	spaces and signed by the client/their	representative.	
	representative, the psychiatrist and the	Also, if the doctor	
	date signed. Agencies were advised to refer to LACDMH Policy 306.02 for	changes the range of the	
	protocol of what is required. Additionally, it	medication or the	
	was noted that OMR's shall be completed	medication rx, then then	
	annually (pg. 3 of 7, item 4.1.2 of	a new consent (OMR) needs to be completed.	
	LACDMH Policy 306.02)	needs to be completed.	

Agenda Item & Presenter	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Documentation and Treatment	1) Timely Access to Care: document reviewed. Need to track client access on Service Request Log (DMH will review). Treatment Plans: providers need to clearly document the frequency of services on the treatment plan. 2) MAA Manual: distributed to SA6 QIC Membership. For DO providers only. 3) Notice of Privacy Practices Bulletin: for DO agencies. LE are advised to review it and ensure that they have a practice that is similar. 4) Guide to Procedure Codes: what has been updated - Disciplines, pg. 7; Place of Service Codes added pgs. 8-9 and updates to telehealth. 5) Revision to LACDMH Policies: a) 302.07: Access to Care - Revised Policy. b) 302.XX: Recording Initial Requests for Services (New Policy Number). c) 312.02: Opening & Closing of Service Episodes - Revised Policy. d) 202.31: Care Coordination – Revised Policy e) 401.01: Clinical Records: Maintenance – Revised Policy. f) 401.02: Clinical Records: Contents & Documentation Entry – Revised Policy. State and County may be following up with agencies re: how long does a client take from	1) Q: If an appt is provided to a client outside of the time frames noted, which agency is responsible for completing the NOA. Ans: the NOA is the responsibility of the agency that the client was referred to.	
Timelines	assessment to treatment. How are agencies tracking how long a client is in each phase of treatment – how is it being tracked and is it being tracked.		

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Agenda Item & Presenter	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Co-Practitioners	DO agencies – everyone is required to write their own note for services provider when there is a co-provider. For groups – drop the co-facilitator and only the leader of the group should write the note. LE – EHR needs to be able to separate out the claims of the two providers – if not, then the co-provider needs to be dropped from the claim. Clarification regarding claiming time was provided as well.		
Triage Form & Practice	For discussion only as this document is in DRAFT form and has not been adopted. More details to come as this process has not been finalized.	Providers were asked not to distribute the form.	
Medi-Cal Certification	 Fire clearance - make sure that it is current. Clinic NPI information must match what the county has on file. Ensure that you have an updated record retention policy! If Medi-Cert Team contacts you, contact them back immediately! 		
Announcements	None		
Handouts	 Agenda Meeting Minutes: June 28, 2018 – N/A QA Bulletin 18-08 Final Rule: Access to Care Timely Access to Care QA Bulletin 18-09 MAA Manual Revisions LACDMH P&P 205.05 Request for COP LACDMH 18-01 Policy Bulletin QA Division Policy Updates – July 2018 Updates to the Guide to Procedure Codes – rev. July 2018 Mental Health Triage DRAFT 	QIC Meeting minutes from June 28, 2018 will be emailed.	

Dept. QIC Minutes Page 7

Agenda Item & Presenter	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
	11.QA Division Documentation Training Schedule – rev. 7/9/2018		
Next Meeting	Next Meeting is August 23, 2018 (9:00a.m. – 11:00 a.m.) at MLK Interns & Residents Bldg., 1670 E. 120 th St., Los Angeles, CA 90059.		

Respectfully Submitted,