

LOS ANGELES COUNTY- DEPARTMENT OF MENTAL HEALTH
Service Area II Program Administration
Adult Quality Improvement Committee
May 16, 2019
San Fernando Mental Health Center
10:00 am-12:00 pm
Agenda

Welcome- Introductions & Agency Updates	All
Review and Adoption of March 2018 Minutes*	All

Quality Improvement

Clinical Quality Improvement	Ken Bachrach, PH.D.
MAT Presentation/Discussion	Tarzana Tx Ctr
Policy Updates*	Office of Compliance
PRO	Office of Pt's Rights
Cultural Competency Committee Update	Cultural Competency Unit
Integrated Health Conference	
QI Updates/Announcements	Countywide QID/All
Front Ofc Customer Svc Training	

Quality Assurance

Audits	All
Training & Operations	Countywide QA Train'g & Ops
Documentation Trainings**	
LE Chart Review Coordination*	
QA Knowledge Assmt	Marc Borkheim, Ph.D.
	Countywide QA Train'g & Ops
QA Policy Updates & Technical Asst	Countywide QA Policy & Tech Dev
DHCS Audit of NACT Data	
NACT 2.0/Provider Directory	
CANS*	
PCS*	
Proposed Updates to Codes Manual*	
Psychiatric Residents*	
QA Announcements	All
PERM	

Other

How is this information disseminated in your agency	All
Future Agenda Items & Adjournment	All

Handout*
Sent Via Email**

Next Meeting for SA 2 Adult QIC: July 18, 2019 at 10-12 pm

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
Service Area 2 Adult
QUALITY IMPROVEMENT COUNCIL (QIC) Minutes

Type of Meeting	Service Area 2 Adult Quality Improvement Committee	Date:	May 16, 2019	
Place	10605 Balboa Ave 2nd fl Conference Room	Start Time:	10:00 a.m.	
Chair	Kimber Salvaggio	End Time:	12:00 p.m.	
Co-Chair	None			
Members Present	<p>Child & Family Ctr – Michelle Chitel Child & Family Ctr – Jennifer Roecklein Didi Hirsch – Marina Eckart DMH SB 82 - Ramona Casupang DMH SCVMHC - Sabrina Barscheski DMH SFMHC – Diana Garcia DMH WVMHC – Denisa Suciu ECDA – Angie Sanchez El Dorado – Anthony Sykes IMCES – James Pelk Rancho San Antonio – Zeena Burse SFVCMHC, Inc. - Angela Khan SFVCMHC, Inc. - Leslie Di Mascio Tarzana Tx Ctr - Karry Friedman Tarzana Tx Ctr – Sherry Winston Topanga West Guest Home/ ACT Wellness Ctr – Megan McDonald</p>			
Absent Members	<p>APCTC - Tiger Doan DMH PSB Countywide QID - LyNetta Shonibare DMH PRO - DMH PSB Cert – David Lee DMH PSB Countywide QA – Patricia Lopez DMH PSB Cultural Competency Unit – DMH Urgent Care – Amy Kress Hillview MHC – Julie Jones JFS - Dora Escalante Pacific Clinics – Danielle Norman PACS-LA - TCPI – DMH – Alissa Nelson</p>			
Agenda Item & Presenter	Discussion and Findings	Decisions Recommendations Actions Tasks	Person Responsible	
Call to Order & Introductions	The meeting was called to order at 10:00 a.m.	Introductions were made	K. Salvaggio	

Review of Minutes	Review and Adoption of Mar 2019 Minutes		All
Agenda Item & Presenter	Discussion & Findings	Decisions Recommendations Actions Tasks	Person Responsible
<p>CLINICAL QUALITY IMPROVEMENT</p> <p>Compliance, Privacy & Audit SVCS Bureau</p> <p>Pt's Rights</p> <p>Cultural Competency</p>	<p style="text-align: center;"><u>QUALITY IMPROVEMENT</u></p> <p><u>MAT in an OP Setting Presentation</u></p> <ul style="list-style-type: none"> • Why MAT • Benefits of MAT • Education & Assmt • Medications • Who can prescribe <p><u>Policy Updates*</u></p> <ul style="list-style-type: none"> • Currently there are 19. The new handout identifies the stages of the policies in an easier to read format. • One policy got deleted, the Recovery Model 100.04 as the language was too outdated. However there is mention of recovery model in 1.1 parameters with more current language. • Cultural and linguistically appropriate services (not sure on name) policy Sandra has been working on (200.09) is still in the works, so no update today. <p>No Report</p> <ul style="list-style-type: none"> • The Mental Health Conference is happening on June 18th. The focus is on health integration. <ul style="list-style-type: none"> ○ Registration is now open and the goal is to have 900 participants. They want a strong DMH presence as this is a DMH sponsored event. ○ They are looking for volunteers and if interested, contact Maria or Sandra to get more information. The volunteers will have a specific code for registering. 	<p style="text-align: center;"><u>QUALITY IMPROVEMENT</u></p>	<p>Provided by Ken Bachrach, PH.D. Tarzana Tx Ctr</p> <p>Provided by Compliance Unit-Reported by Kimber/All</p> <p>Provided by CC Unit-Reported by Kimber</p>

<p>QI Updates & Announcements</p>	<ul style="list-style-type: none"> ○ There are 3 key note speakers and 9 workshops repeating. 6 total CE's provided. <p><u>QI Announcements/QID Updates</u></p> <ul style="list-style-type: none"> ● Customer Service Training is open again. ● They are asking for 12 people, from LEs only, to come to 695 for the training on 6/17. 		<p>Reported by Countywide QID/All</p>
<p>Audits</p> <p>Medi-Cal Certification</p> <p>State DHCS* Updates</p>	<p style="text-align: center;"><u>QUALITY ASSURANCE</u></p> <p>None noted</p> <p>No Report</p> <p><u>DHCS Audit of NACT Data</u></p> <ul style="list-style-type: none"> ● 10 counties (not LA) didn't fulfill NA and have plan of correction ● State has sanctioned 10 counties for falsifying info in NACT ● one county resubmitted and had a significant increase in provider numbers ● This raised a red flag and the took a closer look ● they were reporting staff as 100% FTE who are not including supervisors, managers, admin staff, interpreters, non-case carrying supervisors as service delivery staff ● State is taking NA very seriously and they think that counties are "fudging" their data ● There will be severe penalties/sanctions (ie perjury) ● All counties were given the option to resubmit their data ● LA had already left off providers that did not provide an update ● Brad has reviewed data and found some problems so LA will be re-submitting NACT data because some 	<p style="text-align: center;"><u>QUALITY ASSURANCE</u></p>	<p>Provided PSB QA reported by Kimber/All</p> <p>Provided by PSB-Cert staff reported by Kimber</p> <p>Provided by Brad Bryant/PSB-QA staff reported by Kimber</p>

<p>Training & Operations*</p> <p>QA Policy Updates & Technical Asst.</p>	<p>providers got their NACT data in late or didn't submit last time Friday, May 17th</p> <ul style="list-style-type: none"> • They want providers to recheck their data for accuracy and make corrections if needed confirm and re-confirm that data is correct regarding service delivery hours by Friday, May 17th • FTEs are a BIG ISSUE • Supervisors may have a caseload, but they are not considered 100% FTE • Enter for the number of hours they are providing services. • the State that shows that the State will be doing spot checks • Example of a mistake: Some simple mistakes were 40 FTE instead of 1 - they used hours instead of FTE. <ul style="list-style-type: none"> ▪ CEO's in the future may have to attest to accuracy ▪ QA will be asking us for a super-fast turnaround to QA all of our data in the NACT to ensure our data is accurate. We do not want false impressions. ▪ Go back and check for accuracy. FTE need to accurate and a true representative of the time this person bills/ provides services billed to Medi-cal. <p><u>Training & Operations*</u></p> <ul style="list-style-type: none"> • Trainings – see handout* <p><u>LE Chart Review Coordination Form*</u></p> <ul style="list-style-type: none"> • QA developed this form to ensure a smoother process in preparing for the site visit. • The form included things like correct address, meeting space, parking situation, etc. • The person completes and sends back to QA so they can finalize the visit. <p><u>QA Knowledge Assessment</u></p> <p>Dr. Borkheim provided an overview of the</p>		<p>Provided PSB QA – reported by Kimber</p> <p>Provided by Brad Bryant/PSB-QA staff - reported by Kimber</p> <p>Presented by Marc Borkheim</p>
--	--	--	--

Knowledge Assessment Process & Timelines

CANS and PSC*

- Many updates made here
- Notes below are limited but the bulletin that is to come this week should cover all the areas. Below are some brief points.
 - LE's: There will be a Web service call to address how LE will be sharing the data from their EHR to DMH. There is a lot of talk (nothing decided) about reimbursing LE's for development costs associated with this.
- **CANS***
 - Bulletin is coming
 - Must do it - It is now in the Welfare and Institutions code
 - CANS 50 + IP19 is required by the county.
 - The IP 19 are trauma and risk questions
 - There will be more information about sharing of CANS and PSC data among DMH and DCFS.
 - **Survey intervals: at Intake and every 6 months**
 - **Ages: 6-21**
 - Trainings by Praed Foundation: providers (clinician level, person who is authorized to do assessments) must be certified
 - **Annual Certification required**
 - CANS Training: Practitioners must be trained and certified to do the CANS. If they want to do the Train the Trainer, they must do both trainings in person.
 - **Directly Operated:** Timecard will have a specific code to track training time.
 - **LE's:** The cost of the training is reimbursed

Provided by
Brad
Bryant/PSB-QA
staff - reported
by Kimber

through invoice;
however the staff's
time is not covered.

- **PSC***
 - Initial and every 6 months
 - Can be done by Caregiver
 - If caregiver is not available and the client is able to complete and it is appropriate for him/her to do so, then the client can do it.
 - Parent should still review
 - This is only for youth in a suitable placement.

PERM AUDIT

- A PERM review is not an “audit” but a required process where they check to ensure that payments made were correct.
- The services being reviewed at this time appear to be mostly services conducted by contractors and they cover all types of services.
- Starting next week providers will be notified if they have claims in this review.
- there are about 115 providers
- Once identified, the provider has until June 10 to get all the supporting documents in.
- These may include treatment plans, assessments and med reviews.
- Guide to Procedure Codes: Goal roll-out is May 18th.

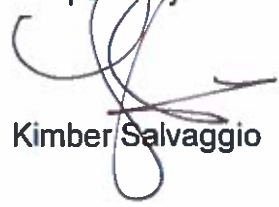
Upcoming Code Changes

- Removed authorized for nurses
- Modify the disciplines who can use 90791/2 to exclude “auth” and include CNS and NP
- New code h2000 multidisciplinary eval for those disciplines that can't use 90791/2 sub use counselors and parent partners, etc.
- Expanding collateral 90887- any significant including paid support – teachers, dcfs, etc

<p>HIM</p>	<ul style="list-style-type: none"> • Removing some services from h2015: <ul style="list-style-type: none"> ○ Collecting assmt info from non-clts and non-collaterals (teachers) ○ Collecting info related to a substance use/abuse assmt when done by Sub Use Counselor ○ Providing svcs non-clts, non-collaterals for the purpose of assisting the clients in their mh tx <p>Old Biz</p> <ul style="list-style-type: none"> • medication appts <ul style="list-style-type: none"> ○ sch'd at the same time of A/CFA? ○ best practice to sch'd on same day ○ state requirement says 'medically necessary' ○ what's med nec? ○ already on meds but states also says assessment is part of determining if meds are needed ○ will still have screening question <p>Psychiatry residents providing E & M MSS revisited</p> <ul style="list-style-type: none"> • Psychiatry residents are still under their psychiatry residency programs and can only provide SMHS/Med Support services evaluation and mgmt when properly supervised (within their residency programs) • Need to have complete a psychiatry residency or a student with supervision, receiving commensurate level of supervision <p>No Report</p>		
<p>Announcements</p>	<p>None noted</p>		
<p>Handouts</p>	<ul style="list-style-type: none"> ➤ Draft of March 2018 Meeting Minutes ➤ Dr. Bachrach's Handouts ➤ May 13, 2019 Policy Updates ➤ LE Chart Review Coordination Form (05/07/19) ➤ Draft of MH 735 CANS-IP LAC DMH Version ➤ Draft of MH 736 PSC-35 LA County Version 		

	<ul style="list-style-type: none">➤ IBHIS Slides Guide to Procedure Codes – Upcoming Changes➤ Documents for Medi-Cal Certification/Recertification Page 3 of 8
Next Meeting	➤ July 18, 2019

Respectfully Submitted,



Kimber Salvaggio