

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

SA 8 QUALITY ASSURANCE/QUALITY IMPROVEMENT COMMITTEE

MEETING AGENDA

February 20, 2019

2:00 – 4:00 p.m.

**DMH SA 8 Administration
2600 Redondo Ave – 6th Floor
Long Beach, CA 90806**

Co-chairs: Emily Ramos (LBMH), Michele Munde (Star View), Courtney Stephens (MHALA)
SA 8 QI/QA Liaison: Ann Lee

QUALITY IMPROVEMENT (QI) MEETING 2:00-3:00 p.m.	
1.	Welcome/Introductions/Announcement
2.	Test Call Script/Instructions
3.	Compliance, Privacy, & Audit Services Bureau – Policy Updates*
4.	Cultural Competency Updates <ul style="list-style-type: none">➤ Review of Language Translation & Interpretation Services Policy 200.03*➤ Culturally and Linguistically Inclusive Services Policy (draft form)
5.	Quality Improvement Work Plan Goals CY 2019*
6.	QID Updates <ul style="list-style-type: none">➤ Clinical and non-clinical Performance Improvement Projects (PIPs) updates➤ Front Office Customer Service Training – revised bulletin➤ SA 8 QI project discussion (<i>new standard agenda item</i>)➤ Annual Test Calls Study CY 2019
7.	Announcements -none

***handouts**

Next SA 8 QI Committee Meeting Info:

March 20, 2019

2:00-3:00 p.m.

**DMH SA 8 Administration
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Long Beach, CA 90806**

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February 20, 2019

2:00 – 4:00 p.m.

**DMH SA 8 Administration
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QUALITY ASSURANCE (QA) MEETING 3:00-4:00 p.m.

1.	Announcements
2.	Audits & Reviews – <ul style="list-style-type: none">• MR Grant• LE Chart Reviews by QA (Feb/March)<ul style="list-style-type: none">○ WISE and Healthy Aging (February)○ Hathaway Sycamores (February)○ Providence St. John’s Health Center (February)○ Rosemary/Victor Children’s Center (March)• DO Check-Ins by QA (Feb/March)<ul style="list-style-type: none">○ Arcadia MHC, DMH/DHS Collaboration (February), Valley Coordinated Children’s Svcs (Feb), Augustus Hawkins (March), American Indian Counseling Center (March), HOME (March)
3.	State DHCS Updates – System Review Comments
4.	Training and Operations – <ul style="list-style-type: none">• Schedule of Trainings and Presentations* (<i>also previously sent to members via email</i>)• Annual QA Report• QA webpage: http://psbqi.dmh.lacounty.gov/QA_Div.html• QA Knowledge Assessment – <i>Marc Borkheim (QA Division)</i>
5.	Policy and Technical Development <ul style="list-style-type: none">• Access to Care/Network Adequacy Webinar was held on 2/12/19. Please contact Howard Washington h washington@dmh.lacounty.gov to get on his webinar contact list.<ul style="list-style-type: none">○ SRL data and submitting via web service for LEs - contact person is Howard• Upcoming Assessment form changes• DRAFT QA Bulletin – Procedure code changes for psychological & neuropsychological testing.• Policy 302.03: Care Coordination*• Policy 401.01: Clinical Records Maintenance*
6.	Medi-Cal Certification Section – For SA 8 sites, please contact Joel Solis. <i>SA 8 Lead: Joel Solis, (213) 251-6883 or jsolis@dmh.lacounty.gov</i>
7.	Health Information Management (HIM) Directly Operated ONLY - None
8.	Upcoming Items: <ul style="list-style-type: none">• <i>Updating Org Manual; ICC/IHBS/TFC</i>• <i>CFT Tracking Modifier</i>

***handouts**

Next SA 8 QA Committee Meeting Info:

March 20, 2019 3:00-4:00 p.m.

DMH SA 8 Administration, 2600 Redondo Ave, 6th floor, Long Beach, CA 90806

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
SA 8 QUALITY IMPROVEMENT/QUALITY ASSURANCE COMMITTEE MEETING MINUTES**

Type of Meeting	Service Area 8 Quality Improvement Committee (QIC)				Date February 20, 2019
Location	DMH SA 8, 2600 Redondo Ave, 6 th Fl, Long Beach, CA 90806	Start Time & End Time			2:00 – 4:00 p.m.
Co-chairs	Co-Chairs: Emily Ramos (LBMHC), Michele Munde (Star View), Courtney Stephens (MHALA)				
DMH Representatives					
SA 8 QI/QA Liaison: Ann Lee	QI Division Lead:	QA Division Lead: Marc Borkheim	Medi-Cal Certification:		
Members Present by Provider Name					
1736 FCC Demitri Richmond	AADAP Patricia Abrantes	Alafia Lummy Galbusera	Alma Family Services Rosa Diaz	Aspiranet Kim Kopenhaver	Bayfront Martin McDermott
California Mentor	Childnet Rachel Jordan	Children’s Bureau Cristina Nolf Seung WonHong	Children’s Institute Inc	City of Gardena	Coastal APIFMHC Helen Chang
Community Representative	Counseling4Kids	Crittenton Marcella Bricend	Didi Hirsch Rashauna Fair	Exodus	For The Child
Harbor-UCLA Harmandeep (Honey) Hira	HealthView Dexter Jefferson	Helpline Youth Counseling, Inc Nicole Santamaria	Heritage Clinic Emma Hernandez	Long Beach Adult Emily Ramos	Long Beach APIFMHC
Long Beach Child & Adolescent Program Jeff Baer	Masada Homes Linda Nakamura	MHALA Susan Osborne	MHUCC	Olive Crest Jennifer Mitzner	PACS
Personal Involvement Center Brittany White	San Pedro MHC Kathleen Villagomez	Shields For Families Laurel Fox	South Bay Children’s Health Center Daphne King Angela Wilson	South Bay MHC, FSP, WC Jennifer Bailey	Special Services for Groups (SSG-OTTP) Debra DeLeon
Specialized Foster Care	Specialized Foster Care (South County) Laia Vicens-Fuste	Specialized Foster Care (Torrance) Della Clayburg	SSG Alliance Hala Masri	Star View Jessie E. Marquez Kathy Saucedo Christine Abitia	Tarzana Michelle Bucholtz
Telecare Analia Barroso	Tele-Mental Annketse Desta	Tessie Cleveland Latrice Bradley	The Guidance Center Elva Gutierrez	TIES For Families Angela Lee	
Review of Minutes	January minutes are not yet completed. Will be emailed to members upon completion.				
Call to Order & Introductions	The meeting was called to order at 2:00 and attendees introduced themselves.				

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
SA 8 QUALITY IMPROVEMENT/QUALITY ASSURANCE COMMITTEE MEETING MINUTES**

QUALITY IMPROVEMENT (QI)			
Please note: LE=Legal Entity Mental Health Contract Providers, DO=Directly Operated Clinics and Programs			
Agenda Item	Discussion and Findings	Decisions/ and Recommendations Actions/Scheduled Task	Person Responsible/ Due Date
QUALITY IMPROVEMENT	<p><u>Compliance, Privacy, & Audit Services Bureau – Policy Updates</u></p> <ul style="list-style-type: none"> ❖ 5 policies signed - 3 new (DO only). In process of getting posted; will be announced in bulletin <ul style="list-style-type: none"> • 106.18 Annual Subrecipient Risk Assessment • 401.05 Practitioner/Client communications • 306.12 Pharmacy and Therapeutics Committee ❖ Policy 401.02 Clinical Records Contents and Documentation Entry (DO and LE) – revised to 10 year record retention <p><u>QI Work Plan CY 2018</u> (summary was included in the handouts).</p> <ul style="list-style-type: none"> ❖ Item #3 for Monitoring Service Delivery Capacity will continue to 2019. All other goals are state required and therefore, ongoing. <p><u>Cultural Competency Updates</u></p> <p>Copy of the FY18/19 training plan was included in the handouts. Annual training requirements does not need be through DMH. Members discussed trainings they provide staff at their agencies to meet the CC requirement.</p> <ul style="list-style-type: none"> ❖ Cultural Competency Committee meets monthly on the 2nd Wednesday of each month from 1:30-3:30 at 550 S. Vermont (10th floor conf rm). Conference call option is available. Please contact Guadalupe Aguilar for info GAguilar@dmh.lacounty.gov. ❖ Policy 200.03 Language Translation & Interpretation Services – was included in the handouts and discussed. <p><u>QID Updates</u></p> <ul style="list-style-type: none"> ❖ Clinical Performance Improvement Projects (PIP): Post-hospital discharge compassion call - to check in, 	Will send Policies Update handout via email as it was not in today's handouts.	Ann Lee

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	<p>quality of care services, may be potential QI project at DMH; possibly maternal mental health</p> <ul style="list-style-type: none">• Coastal API Family MHC pulls up hospitalizations rpt to monitor care of their clients.• San Pedro MHC makes sure to include contact info so hospital knows client is being treated by their clinic. Hospitals so not always respond back to acknowledge. <ul style="list-style-type: none">❖ Nonclinical PIP - Peer services; management of peers - developing PIP with peer resource center at 550 S. Vermont and Peer Services Chief.❖ DMH QI leads can help lead SA PIP discussions❖ Discussed test call materials and instructions for feedback.❖ Skype available for live trainings on Front Officer Customer Service in March (3/18) and April (4/22). See training bulletin.		
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QUALITY ASSURANCE (QA)			
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Agenda Item	Discussion and Findings	Decisions/ and Recommendations Actions/Scheduled Task	Person Responsible/ Due Date
QUALITY ASSURANCE	<p><u>Upcoming Audits/Reviews</u></p> <ul style="list-style-type: none"> • MR Grant's contract has been renewed for another year. No upcoming audits. • LE Chart Reviews and DO Check Ins - see agenda <p><u>State DHCS Updates</u> – System Review Comments:</p> <ul style="list-style-type: none"> • On-site system review was last week (Mon-Thu). Desk and on-site review • QA division thinks it went very well • Topic-focused discussions, e.g., network adequacy • exit conference was Wed. afternoon - very complimentary feedback: <ul style="list-style-type: none"> - QA Division - Housing (Maria Funk did an amazing job covering all the various initiatives) - Children's Services' initiatives were well received - Electronic application for grievances; NACT application - IT solutions impressive • Monitoring of timeliness of services, especially psychiatry • Monitoring contract providers- a known challenge for LAC MHP (variety of providers, EHR's). DHCS wants to see this continue to evolve (e.g., SRL data reviewed). <ul style="list-style-type: none"> - How audits with disallowances is managed for LEs. - How LA uses data from their EHR. - How we might compare self-eval with data and sample verification (how they look at DO charts). DHCS looking for something between Compliance and QA's technical 		

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	<p>assistance arena. Missing Auditor Controller clinical audits in the continuum.</p> <ul style="list-style-type: none"> • Will be looking at Outcomes for SMHS. Phasing in CANS and PSC-35 on timeline for July 2019. Already started with STRTPs • Integration of care (e.g., substance use and mental health) <ul style="list-style-type: none"> - TCM to link them to services versus best practices to be able to provide all services in-house. Discussed this with the state. - Identifying substance use in the assessment, treatment plan and addressing substance use directly in treatment will still be disallowed. Strict interpretation on services needing be primarily SMHS. Substance use cannot look like it's the primary focus of the service claimed to SMHS. - DHCS reviewers were clinicians and open to discussion; good clinical care versus what is claimable to Medi-Cal. - Substance use services is a big discussion with FSPs • Providing multiple services at the same time (e.g., rehab and TCM) - not always a black and white distinction in terms of service notes <ul style="list-style-type: none"> - importance of using terminology of SMHS (e.g., "therapy" versus "counseling"). Be familiar with names of services and using that terminology in your documentation. Important for disallowances related to wrong service. IMPORTANT!!! - Label the PN by service type. Consider how you set up the procedure code and names in your EHR system. - Skill building labeled on treatment plan interventions vs "rehab" • Peer Services - no problems 		
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- Discipline Chiefs were present. Vision of peers in the LAC system was not a problem with DHCS.
- Hospital services - one of the most contentious
 - challenges of stepping clients down to the next level of care
 - who is taking the hit on admin days
 - what state can do to help
 - Challenge of system resources for crisis stabilization unit clients who need higher level of care
 - Short Doyle hospital reviews starting with Gateways
- Chart Review Themes
 - Only provided documents requested which created challenges for clinical review piece.
- Additional notes:
 - discussion about assessments that reference a previous assessment or another document
 - may be asking for additional documents
 - reviewed assessment policy
 - if things are changing and it impacts their treatment, really must be completing an assessment addendum. Must always tie back to the assessment. More to come.
- EHR Challenges - how information is displayed; how it's set up. Signatures on paper missing titles and dates.
 - DMH will put out more guidelines for EHR set up.
 - a lot of missing titles on med consents
- TCM objectives not getting reviewed/ revised in the TP updates. Wanted to see outcomes related to the objective; wanted to see needs assessment or discussion about why the objective remained.
- Assessment with Diagnoses - requirement to use DSM-5 criteria- looks at this point, like DHCS will

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give the benefit of the doubt, but waiting to see their findings.

- raised eyebrows of Dx MDD with psychotic features, but no documentation in current assessment of psychotic features (said they wouldn't disallow at this time because they trust the clinician, but we should look at this type of thing more closely).
- Final report in around 90 days. 15 days to appeal findings. 60 days to write POC.
- Med Consent discussion - missing, signed. Like LAC's combination form (OMR & TP)

Training and Operations

- See attached schedule of trainings. Working to add additional date for TCM in March. Additional April date scheduled (4/24).
- Annual QA reports were due 1/31/19. QA Received 95/130. Thanks to the providers who sent theirs in. Will send reminders to those who still need to submit.
- QA Knowledge Assessment - feedback
 - presented at two SA QICs. Overall response is positive. Discussed how to integrate quizzes into QIC process. Dr. Borkheim will be sending out surveys

Policy & Technical Development

- NACT Webinar tomorrow morning
- Reminder that Providers should update NACT info in real time or at least once per month
- Assessment forms are being updated
 - ICARE: DC 0-5 still not based on DSM-5 but does link to ICD-10. Creates a problem in diagnosing per latest DSM. Did ask DHCS for feedback. They will take it back for discussion/clarification.

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- Draft Psych Testing bulletin was included in the handouts and discussed.
 - will not be using the add on codes
 - 4 codes active; 7 codes deactivated
 - Effective 1/1/2019
- Policy 302.03 Coordination of Care was included in the handouts and discussed.
 - was previously called the SFPR and then Roles and Responsibilities but not it's called Coordination of Care
 - tied to regulations and 42 CFR - primary contact for the client - client needs to be informed who this is. Think about how do we ensure client has received this information? Welcome Packet?
- Policy 401.01 Clinical Records Maintenance was included in the handouts and discussed.
 - reorganized (was previously numbered 401.02)
 - storage, release and retention
 - matches LE contract language
 - two more policies coming (documentation entry and content - addresses timeliness and what needs to be in the record)
 - timeliness of documentation: next scheduled day, no more than 5 business days (policy says if your next business day is more than 5 days, must complete before you go).
 - Field-based service: entry when you sign and finalize if done so before entered in the EHR.
 - best practice for storage (locked cabinets in locked rooms), but certification team looks at this. Regs states "securely stored." LE's set their own standards.

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Announcements

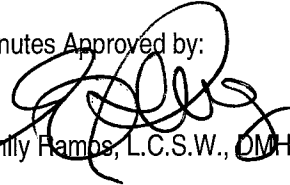
The next mtg will be held on March 20, 2019 from 2-4pm at the SA 8 Administration office, 2600 Redondo Ave, 6th Floor, MultiPurpose Room, Long Beach, CA 90806.

Minutes Recorded by:



Ann Lee, Ph.D., SA 8 QI/QA Liaison

Minutes Approved by:



Emily Ramos, L.C.S.W., DMH Co-chair