COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

SA 8 QUALITY ASSURANCE/QUALITY IMPROVEMENT COMMITTEE MEETING AGENDA

July 18, 2018 2:00 – 4:00 p.m.

DMH SA 8 Administration – MultiPurpose Room 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 2:00-3:30 p.m.
1.	Welcome/Introductions/Announcement
2.	Quality Improvement Presentation – Eydie Dominguez, RN, MN
3.	Clinical Quality Improvement – OMD Report and Pharmacy Updates Safety Intelligence – now online submission only for clinical event reports
4.	Patients' Rights Office Updates ➤ Change of Provider (COP) Application Demonstration • August 1st Directly Operated (DO) to submit via application only • Form in application will follow the paper version (draft version attached)* • Legal Entities (LE) will be contacted to identify users for future phases ➤ Change of Provider Logs — • Logs are due by the 10th of the following month. Please send directly to <u>DMHCOP@dmh.lacounty.gov</u> only. Do <u>NOT</u> email or copy the logs to Jose's individual email.
5.	Compliance, Privacy, & Audit Services Bureau (CPAS) – Policy Updates*
6.	Cultural Competence Updates Institute for Cultural and Linguistic Inclusion and Responsiveness*
7.	Performance Improvement Project (PIP) Updates: Clinical PIP and Non-Clinical
8.	SA 8 ACCESS Test Calls – August 2018; Volunteers needed for English, Spanish, Cambodian, Korean, and Vietnamese test calls. Please contact Ann Lee if able to volunteer staff.
9.	May 2018 MHSIP Survey Comments Report – Due today! Please also submit copies of the comments page with the report to Ann Lee by end of the day.
10.	Announcements: No meeting in August. Have a wonderful summer!

*handouts

Next SA 8 QI Committee Meeting Info:

September 19, 2018, 2:00-3:00 p.m. DMH SA 8 Administration 2600 Redondo Ave, 6th floor Long Beach, CA 90806

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

SA 8 QUALITY ASSURANCE/QUALITY IMPROVEMENT COMMITTEE MEETING AGENDA

July 18, 2018 2:00 – 4:00 p.m.

DMH SA 8 Administration – MultiPurpose Room 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 ASSURANCE (QA) MEETING 3:30-4:00 p.m.
1.	Welcome/Introductions/Announcements
	 New Peer Services Discipline Chief starts 8/1/18 – Keris Jän Myrick, M.B.A., M.S.
2.	Audits & Reviews –
	Auditor-Controller Updates - none
	 MR Grant: The Guidance Center, July; LACGC in August; Para Los Ninos 8/24
3.	Medi-Cal Certification Section - For SA 8 sites, please contact Joel Solis.
	SA 8 Lead: Joel Solis, (213) 251-6883 or jsolis@dmh.lacounty.gov
4.	State DHCS Updates – no report
5.	Training and Operations –
0.	Schedule of Trainings and Presentations*
	LE Chart Review trends
6.	Policy and Technical Development
	FINAL QA Bulletin 18-08: Final Rule: Access To Care*
	 FINAL QA Bulletin 18-09: Update: MAA Manual Revisions (DO only)*
	Guide to Procedure Codes Updated*
	Policy Updates*
	Update re: Co-Practitioners
	Updates to Triage* and Assessment forms
7.	Health Information Management (HIM) Directly Operated ONLY - None
8.	Upcoming Items:
	Updating Org Manual; ICC/IHBS/TFC
	CFT Tracking Modifier
9.	Announcements: No meeting in August. Have a wonderful summer!

Next SA 8 QA Committee Meeting Info:

September 19, 2018, 3:00-4:00 p.m. DMH SA 8 Administration 2600 Redondo Ave, 6th floor Long Beach, CA 90806

Type of Meeting	Service Area 8 Quality Ir	mprovement/Quality Assur	ance (QI/QA) Committee		Date
				3 2 2 3	July 18, 2018
Location	DMH SA 8, 2600 Redondo Ave, 6th FI, Long Beach, CA 90806			Start Time & End Time	2:00 – 4:00 p.m.
Co-chairs	Co-Chairs: Emily Ramo	os (absent), Michele Mund	e (Star View), Courtney Steph	ens (MHALA)	
		DMH R	epresentatives		
SA 8 QI/QA Liaison:	QA Divisio		Medi-Cal Certification:		
Ann Lee	Marc Borkheim		Joel Solis		
		Members Pres	ent by Provider Name		
1736 FCC	AADAP	Alafia	Alma Family Services	Aspiranet	Bayfront
- •	Kim Ayala	Chris Lopez	Margaret B	Kim Kopenhaver	Martin McDermott
California Mentor	Childnet Anaissa Ibrahimi	Children's Bureau	Children's Institute Inc	City of Gardena	Coastal APIFMHC
Community	Counseling4Kids	Crittenton	Didi Hirsch	Exodus	For The Child
Representative	4	Marcella Briceno	Aminah Ofumbi	Jamie Chess	Pastora Salazar
Caren C.					
Theodore Howlett			* .		
Harbor-UCLA	Harbor View CSC	HealthView	Helpline Youth	Heritage Clinic	Long Beach Adult
Harmandeep Hira	Provider site closed		Counseling, Inc	Emma Hernandez	
	6/30/18.		Nicole Santemaria		
Long Beach APIFMHC	Long Beach Child &	Masada Homes	MHA	MHUCC	Olive Crest
	Adolescent Program	Andrea Urrea	Courtney Stephens		
DA 00	Jeff Baer	0 0 1 1110	Susan Osborne	01111 5 5 11	0 11 7 01 11 1
PACS	Personal Involvement	San Pedro MHC	SB 82 MTT	Shields For Families	South Bay Children's
Kim Antonio	Center	Kathleen Villagomez		Laurel Fox, Patricia	Health Center
	Joseph Chavez			Carrillo, Kay Roberson	Daphne King
South Bay MHC, FSP,	Special Services for	Specialized Foster	SSG Alliance	Star View	Angela Wilson Tarzana
WC	Groups (SSG-OTTP)	Care (Torrance)	JJG Amance	Michele Munde (co-chair)	Lynda Paulson
Sara Earley (SB FSP)	Debra DeLeon	Jaic (Torrance)		Mayra Hernandez	Lynda i adison
Cynthia Arias	50514 5020011		200	mayra riomanaoz	
Telecare	Tessie Cleveland	The Guidance Center	TIES For Families		
	Alejandra Ramos	Elva Gutierrez	Angela Lee		
Review of Minutes		completed. Will be emaile	ed to members upon completion	on.	
Call to Order &	The meeting was called t	o order at 2:00 and attend	ees introduced themselves.		
ntroductions					

	QUALITY IMPROVEMENT (QI)			
Agenda Item & Presenter	Discussion and Findings	Decisions/ and Recommendations Actions/Scheduled Task	Person Responsible/ Due Date	
QUALITY IMPROVEMENT	 Quality Improvement Presentation – Eydie Dominguez, RN, MN provided a presentation. Slide handouts were distributed. Clinical Quality Improvement – OMD Report and Pharmacy Updates. Safety Intelligence – only online submissions for clinical events reports Patient's Rights Office Updates COP Application Demonstration – Aug 1st – Directly Operated (DO) to submit via application only Legal Entities will be contacted to identify users for future phases Logs are due by the 10th of each month. See agenda for email addresss. Can enter client's IBHIS # if you know it and it will pull up client information. Will need to check that the info is current. Requesting change in Practitioner - pulls up a comprehensive staff category list List of reasons why (not required) - if client doesn't list any reason, we don't have to identify one Once the form is done you can save and close or save and add outcomes - select "Request form outcome" - need to identify newly assigned staff's NPI# For a COP log with no changes requested, will be 	Actions/Scheduled Task		

 200.05 Request for Change of Provider - completed; will be posted

<u>Cultural Competence Updates</u> - Sandra (see handout)

- ICLEAR Institute for Cultural and Linguistic Inclusion and Responsiveness
- CC unit will be working with the Discipline Chiefs to identify staff trainings; will utilize needs assessment approach
- Communication and stakeholder input will also be a focus
- Looking at how to maintain resources so they are kept up to date.

Performance Improvement Project (PIP) Updates

- QI Non-Clinical PIP Update ACCESS PIP has concluded
- Front Desk customer service satisfaction survey will be the next project. This was EQRO 2016 recommendation related to front desk staff. Training was provided in May, June. Client satisfaction survey developed for DO clinics and administered in Feb. 2018
 - Generally positive feedback, some negative themes
 - Created additional training sessions provided in March and April
 - Created resources for front staff
- Phase 2 is to roll out to contract providers to develop a plan for client satisfaction survey pre- and posttraining. QI staff will come to SA QICs to answer questions. Focus on clients coming in to the client
- ACCESS Test Calls all data is available on PSBQI website. SA8 will be covering August.

<u>Service Area 8 Access Test Calls – August 2018:</u> Please contact Ann Lee for info or to volunteer.

	May 2018 MHSIP Survey Comments Report – Due today! Please also submit copies of the comments page with the report to Ann Lee by end of the day.	
Announcements QI Presentation by Eydie Dominguez is scheduled for the July 18, 2018 meeting. Please plan to attend.		Please plan to attend.
	The next mtg will be held on June 20, 2018 from 2-4pm at the SA 8 Administratio MultiPurpose Room, Long Beach, CA 90806.	n office, 2600 Redondo Ave, 6th Floor,

QUALITY ASSURANCE (QA)			
Agenda Item & Presenter	Discussion and Findings	Decisions/ and Recommendations Actions/Scheduled Task	Person Responsible/ Due Date
Audits & Reviews	See agenda.		
Medi-Cal Certification Section	Certification unit is working hard to stay in compliance. For SA 8 sites, plea or jsolis@dmh.lacounty.gov	se direct certification questions to	Joel Solis (213) 251-6883
State DHCS Updates	No report		
Training & Operations Policy and Tachnical	 The schedule of trainings and presentations was included in the handout. LE chart review information handout was included to help contract provides. LE chart Review Trends Positive feedback: Increase in measurable/observable objectives, not specific and about what the staff are doing, assessments are good Problem areas: MD's using old Medication Consent forms (not using Jan 2018 JV 220's and 223's not sufficient (either add the three missing Missing modifiers - e.g., phone contact; group modifiers for Recolaming for non-billable activity Not documenting specifics about what each group staff is doin Not updating treatment plans when new problems are identified homelessness (not waiting until the annual treatment plan upd Modalities/frequencies often missing (individual, group therapty) Do not need a general TCM objective. Add as you are doing specific substance use when applicable on the treatment plan issue/condition - as part of the intervention for a mental health health claiming). Working on a QA bulletin to clarify substance substance use as a functional impairment). Looking at the line health vs. drug Medi-Cal claiming. Procedure code confusion (rehab vs therapy). Focus your chart reviews on recoupable items 	viders prepare for a review. version) elements or use OMRs) hab (HE/HK) g d and being addressed, e.g., ate) v, etc.); becific service tie it to the mental health objective (for speciality mental use (DHCS does not consider	
Policy and Technical Development	 QA Bulletin 18-08: Final Rule: Access to Care – bulletin was reviewed Received preliminary findings from DHCS re: network adequacy - child psychiatry seems to be lacking. Many psychiatrists were not identified as having a caseload. This pulled them off the list. DMH will contact these providers. All providers need to make sure psychiatrists' information is up to date. 		

Service Area 8 – QI/QA Committee Minutes

Page 5 of 6

Inspirational Message	Ted Howlett read a poem written by Virginia Howlett titled, "Fear Knot".
Health Information Management (HIM) Directly-Operated Only	None .
	 DHCS is not backing down from the requirement. Bulletin coming out for DO (DMH looking at no longer claiming for the co-practitioner) Triage & Assessment Form - being finalized tomorrow. Looking at assessment forms to reduce redundancy.
	Co-Practitioners
,	Identifies timeliness requirement
	 Retention requirements updated and in your contracts Clinical Records - Contents and Documentation
	Clinical Records Maintenance Detention requirements undated and in your contracts.
	Can primary contact be any discipline? Yes.
	Officially gets rid of SFPR and aligns with federal requirement
	 Adds in requirement for consent for services - notify them that they will be entered in the LACDMH information system Care Coordination
,	Opening/Closing of Service Episodes Add in a private and for a private p
	Best practice vs requirement to have med eval same day as initial assessment
	Initial Request for services
	 Triage not required for every service request; only if screening indicates potential client is in distress and/or already out of medications
	Updates to Triage and Assessment Forms
	Note that none of these changes have been signed off on yet!
	Policy Updates (see handouts)
	Place of Service Codes - based on federal definitions. New code (02) for telehealth. It's considered face-to-face.
	Procedure code changes - see page 7 of the attachment - added language about when the psychologist needs a waiver
	QA Bulletin 18-09: Update: MAA Manual Revisions (DO Only) - reviewed bulletin
	State also looking at timeliness from assessment to treatment. SRL is part of this.
	Need to manually take SRTS data to SRL (only need SRL for initial requests)
	 Clients should receive NOAs if you are not meeting timeframe requirements Service Request Log data info went to vendors - they need to start programming to comply with the technical requirements.
	Big change is with routine appointments and not only for initial requests. Access to Care Policy will be updated. Olimits about the spirit POAs if your part and the stime time the spirit part and the

Minutes Recorded by:

Minutes Approved by:

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

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