## County of Los Angeles - Department of Mental Health SA2 Children's QIC

#### June 20, 2019

### Agenda

#### QI

- Clinical Risk Management No Update
- · Patients' Rights Office No Update
- Cultural Competency Updates
- · Policy Updates
- DMH QID Updates.....Lynetta Shonibare
- · OMA/FSP
- VANS/SRTS/Access to Care Updates
- CAPP (Parent Partner meeting)

#### QA

- Audits
- · Medi-Cal Certification Section No Update
- State DHCS Updates Network Adequacy and Service Authorization
- Training & Operations Training Schedule, QA Knowledge Assessment & New QA Website
- Policy & Technical Development Access to Care/Network Adequacy Updates, QA
   Bulletins, PERM Review, CANS & PSC and Guide to Procedure Codes Updates

3:20 – 3:30 Suggestions for Next Meeting/Host for Next Meeting

Contact: Michelle Rittel: Office - (818) 610-6737

Cell - (213) 276-5521

Email: mrittel@dmh.lacounty.gov



Next Meeting:

Thursday, August 15, 2019

Location: TBA

## LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH Service Area 2 Children's QIC Meeting QUALITY IMPROVEMENT COMMITTEE MINUTES

Type of Meeting	SA 2 Children's QIC	Date	June 20, 2019	
Place	Phoenix House	Start Time	1:30pm	
Chairperson	Michelle Rittel	End Time:	3:30pm	
Co-Chairs	Alex Medina and Angela Kahn			
Members Present	Adik Parsekhian, Amy Nearhoof, Arezo Jessica Reynaga, Karla Roldan, Kathlee Michelle Rittel, Patricia Lopez, Preety S Rivera, Wendy Salazar, Zeena Burse.	en Kim, Laura Padrino, I	Lynetta Shonibare, Marina Eckart, M	lichelle Chitel,
Absent Members	Alex Medina, Anabel Aispuro, Angela Cunnane, Danielle Norman, Diana Palo Vezina, Ingrid Rey-Balbuena, James M Kaylee Devine, Kristin Malka, Larisa C Morgan Wallace, Nely Meza, Samuel P Lau.	omarez, Eva Carrera, Far cEwen, Jennifer Roeckl Cazacioc, Mark Rodrigue	ng Xie, Freda McGovern, Gurudarsha ein, Judy Cardona, Kameelah Wilker ez, Martha Basmadjian, Michele Bur	an Khalsa, Harmony rson, Karina Krynsky, ton, Michelle Silvestre,
Agenda Item & Presenter	Discussion and Fin	dings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Call to Order Introductions and Announcements: Michelle Rittel	Meeting called to order at 1:30pm. That House for hosting our meeting this mon made. Please review the sign in sheet to remove names of people that don't atter	onth. Introductions were update information or		

Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Quality Improvement (Q	I)	
Clinical Risk Management: There were no updates from DMH QI.		
Patient's Rights Office: There are no updates. DMH is aware of frustration about the COP report and they are working on it.	Dericions, Racognicus, chou- chous, & scopilule & Lotto	
Cultural Competence Updates: The Multicultural MH Conference: Health Integration was on 6/18/19. Assuming that it will be annual, everyone is encouraged to go next year. It was free this year and included 6 CEUs and food was provided. Lynetta Shonibare from DMH QI endorsed the recent LGBTQI Conference and encouraged everyone to attend next year's conference.	to Changan Sevens, Victoria Ser ouanh Olimani. Cheryl Down, changlar i Nic. Freda McCoryom, Changlar h in 1948 Cardona. Kannor to Sell c a Mirita Basma girta. Macrela Bin -ki. Yuphanis Yanada, Tiper Organ	
Compliance, Policy & Audit Services Update: Policy handouts have a new format. Handout was reviewed.	ache l'use cana Leggio, marci le	
CPS (Consumer Perception Surveys) –For Spring 2019, SA2 had a total of 3,809 completed surveys and 1,400 incomplete. The total of all surveys was 5,209, which is the most surveys SA2 has ever submitted. For the whole county, 17,095 completed and 2,787 incomplete surveys were submitted. Lynetta Shonibare from DMH QI discussed provider level data for Child/Youth providers in SA2 for Fall 2017, Spring 2018 and Fall 2018. Power point presentation was handed out.	EF MANUELS Tone 20, 2010	
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# Departmental QIC Meeting Report, contd.: Michelle Rittel

QI Website: QI has a new website: dmh.lacounty.gov/qid – trying to replicate everything from the previous site. It will be easier to make changes and upload new information on the new site.

Customer Service Training: They are working on getting a clear recording to post the training online.

EQRO State Review: Week of 9/23/19 and SA6 & 8 were selected this time.

OMA/FSP: Handouts from the All Age Navigator Meeting on 7/5/19 were reviewed. The information for SRTS applies to most providers. Most of the rest of the information just applies to FSP providers. OMA needs to be completed prior to disenrollment or transfer so that the new provider can enter a new baseline. Please address this with your FSP staff. It continues to be important to avoid errors in SRTS, because getting errors corrected can take a long time. Please consult with the Navigators, have someone proofread your work or consult with your FSP staff if you have an FSP program. If you find multiple ID numbers for clients, please contact HIM (Health Information Management) to have numbers and OMAs merged.

VANS/SRTS/ACCESS to Care: The report is back on VANS. Please let your staff know that they need to update daily and we will be checking for updates. There is still no word on rumors about VANS "going away". Some people have asked to be added to VANS. Please be patient and resend your requests. Michelle Rittel apologizes that she has not been able to get back to VANS for awhile.

CAPP: Reminder – CAPP meetings are now on the 3<sup>rd</sup> Tuesday of the month 11-1. Please make supervisors of Parent Partners aware of the change.

Agenda Items & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Quality Assurance (QA)			
Departmental QA Meeting Report:	Audits: None scheduled.		
Michelle Rittel & Marc Borkheim	Medi-Cal Certification Section: No updates		
	State DHCS Updates: DHCS Audit of NACT Data – 10 counties did not fulfill Network Adequacy and plan of correction. One county resubmitted and had a significant		
	improvement which was a red flag – they were reporting staff as 100% FTE (full time employee) that are administration staff, etc. The state is taking NA very seriously and thinks that counties aren't being honest. There will be severe		
	penalties/sanctions. CEOs will need to sign an attestation and can be charged with perjury for inaccuracies. All counties were given option to review and resubmit their data. LAC		
	DMH QA has found some problems with some providers. LA did not send data for providers that did not do updates. Please make sure you are checking accuracy and making corrections/updates to NA regularly. FTE (Full Time		
	Employee) is a big issue. Supervisors/Managers aren't 100% FTE – they aren't providing direct services for 100% of the time, but may be a percentage of FTE.		
Capacity Ritter	DHCS Information Notice 19-026 Authorization of Specialty Mental Health Services – from 5/31/19, but it was supposed to have happened 7/1/17 — Inputiont, services, will, require		
	have happened 7/1/17 – Inpatient services will require concurrent (within 24 hours) authorization. Also, concurrent authorization is needed for crisis residential and adult residential services. For Outpetient MH clinics may not		
DES TECHNOLOGY	residential services. For Outpatient, MH clinics may not require prior authorization for CI, Crisis Stabilization, MHS, TCM, ICC or Meds. If referral comes from DMH, it is		

#### Departmental QA Meeting Report, contd.: Michelle Rittel

authorized, but not if the referral comes from another source, like a LE, etc. There are retroactive authorizations for Medi-Cal, etc.

Training and Operations: Training Schedule was handed out and reviewed. QA Knowledge Assessment – they are shooting for July or August for the pilot. QA Website – website is moving to a new platform which should be ready by August.

Policy and Technical Development: Access to Care/Network Adequacy – Webinars are ongoing. If you aren't getting notifications, email Howard Washington at <a href="https://hwashington@dmh.lacounty.gov">hwashington@dmh.lacounty.gov</a> and request to be added. Data was due by today. If you have electronic transfer of your SRL, please do that. Otherwise, use Excel files. Some providers have not been using NACT at all and DMH QA will be addressing this. If for any reason you have not updated, you need to review all of your data. There have been some changes/additions to the system. The max caseload should never be 0 – that would mean that you CAN'T see any clients. Also, this is only for Direct Services – MHS, TCM, Meds, CI. Triage IS NOT a direct service. Assessment Form Revisions – There was a draft of the adult assessment handed out at the DMH QA meeting and all forms will be out by 7/1/19.

QA Bulletins: 19-02 CANS & PSC Implementation – handout was reviewed. The CANS/PSC is to be completed at intake and every 6 months after that. Staff must attend an in-person training in order to do "train the trainer". Staff must be trained to administer CANS.

PERM Review: PERM (Payment Error Rate Measure) – state contacted DMH QA about PERM audit. QA would have notified you by now if you were involved and the documentation submission deadline was either 6/10, 6/14 or 6/19, depending on when the request was received from CMS.

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Quality Assurance (QA)					
Departmental QA Meeting Report, contd: Michelle Rittel	There were 140 requests and 80 had come in by 6/10/19.  CANS & PSC: CANS is 6yo-21 <sup>st</sup> birthday and PSC is 3yo-19. CANS is to be done by any program that sees the client – only Crisis is excluded. CANS will not be translated. It is completed by staff, not the parent or client. The PSC will be translated and it will take 1-2 months. There is online training for CANS. It is 2-4 hours and there is a certification exam. There are fewer in person trainings an the focus of those is "train the trainers". It is recommended that CANS be done by the person doing the assessment. The information for CANS should be covered in the assessment. CANS/PSC can be claimed in direct services. For the initial, you would include the time in the assessment time and for the 6 month updates, the time can be added to a therapy session.  Guide to Procedure Codes Updates: DMH QA is reformatting the guide. A draft was shown at the DMH QA meeting on 6/10/19. The guide will be portrait, not landscape. All references to network/fee for service codes have been removed because it was too confusing. There have been a lot of changes on the first pages, so please be sure to read them. Starting on page 11, there are major changes, such as simplification/clarification of definitions.				

Suggested Items for Next Meeting:	There were no suggestions.	
Handouts:	Policy/Procedure Update – May 13, 2019	
	Policy/Procedure Update – June 10, 2019	
	FSP/SRTS Power Point – 6/3/19	
	Health Information Management Contact Information	
, ¢	SA2 Child/Youth Providers CPS Data Overview – Fall 2017, Spring 2018 and Fall 2019 – Power Point	
* 1 - 3	QA Division Documentation Training Schedule – 6/10/19	
Montaine mines and	DHCS Information Notice No. 19-026 Authorization of Specialty Mental Health Services	
	QA Bulletin 19-02 CANS & PSC Implementation	
shappachally siems	Clinical Forms Bulletin 19-03	
	Child and Adolescent Needs and Strengths (CANS) Form	
ACCIPIED TO	Pediatric Symptom Checklist (PSC – 35) Form - LA County DMH Version	
A.C. ZOMICE		

Agenda Items & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
NEXT MEETING:	Thursday, August 15, 2019 1:30-3:30pm Location: Zev Yaroslavsky Family Resource Center		

Respectfully submitted,

Michelle Rittel, LCSW