

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH

SA 4 Quality Improvement Committee (QIC) Meeting Minutes

Type of Meeting:	SA 4 Quality Improvement Committee (QIC)		Date:	August 20, 2019
Place:	695 S. Vermont Ave 15 th fl Conference Room Los Angeles, CA. 90005		Start Time:	10:30am
Chair & Co-Chair:	DMH Chair -- Anthony V. Allen; Co-Chair – Christina Kubojiri, LMFT, Children's Institute Inc		Adjournment:	12:00pm
Members Present:	<ul style="list-style-type: none"> • Jose Reyes • Silvia Yan • Michele Burton • Mona Sosa • Lorne Leach • Evelyn Gutierrez • Akila Baskin • Christina Kubojiri • Samuel Pina • Ania Ahmadi • Naomi Arellano • Rosa Ruiz • Devanne Hernandez 	<ul style="list-style-type: none"> • Erika Frausto • Jennifer McKirdy-Corletto • Linda Kaye • Jenna Ritsema • Dora Escalante • Chloe Gomez • Jessica Estrada • Miri Ha • Akliah Reynolds • Linda Santman • MaryEllen Braaten • Jamie Campos • Lisa Harvey 	<ul style="list-style-type: none"> • Cristina Sandoval • Eton Vogt • Elizabeth Mour • Jennifer Jimenez • Alma Guevara • Misty Aronoff • Lynda Evans • Adriana Garmez • Daniel Nunez • Eddie Sanchez • Stacy Tang • Nicole Gutman 	
Members Absent:	<ul style="list-style-type: none"> • AIDS project LA • Alma Family Services • Anne Sippi Clinic • Child Family Guidance Center • CA Hispanic Commission-CHCADA • Children's Hospital • Dignity Health • DMH AOT • DMH ASOC • DMH TAY • DMH CHEERD • DMH OCCFA • DMH QI Division • DMH QA 	<ul style="list-style-type: none"> • DMH PSB • DMH SFC • DMH PRO • DMH VALOR • El Centro del Pueblo • Exodus Recovery • Filipino American Services Group • Gateways Percy Village • Gateways Normandie Village • Hathaway-Sycamores • Health Research Association USC • Northeast Mental Health Center 	<ul style="list-style-type: none"> • LAMP Community • People Concern, The • Saban Free Clinic • SSG Alliance • SRMT • SSG Silver • Stars Behavioral Health Group • Star View • Telecare • Travelers Aid Society of LA • Upift 	
Introductions:	Members present introduced themselves.			
Minutes Approval:	July was dark			
Announcements:	Anthony Allen announced as SA 4 Chair and provided introduction.			

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, Scheduled Tasks	Responsible Person / Due Date
<p>QI Updates Christina Kubojiri</p>	<p><u>Quality Improvement updates:</u></p> <ul style="list-style-type: none"> • EQRO period September 23-26 for selected SA 6 and SA 8 <ul style="list-style-type: none"> ○ Tentative schedule: Cultural Competency Session 9/23/19; QI Liaison Session 9/26/19 (only service areas other than 6 & 8 as they have their own session) • Open ended comments from CPS surveys is going to be shared with DMH executive management <ul style="list-style-type: none"> ○ Suggestions were heard that providers would like an electronic option for surveying consumers and also the inclusion of CPS for field based services. ○ Discussions will be held at all service area QIC meetings to obtain provider feedback • Patients' Rights Office: <ul style="list-style-type: none"> ○ Members continue to request Martin Hernandez attend future QIC meetings to address questions and concerns ○ Change of Provider reports may be available at the end of August ○ Please use the most up to date version of the form ○ Ensure accurate data is submitted ○ If an entry says "pending" status, provider is already out of compliance (10 business days). Should have an actual disposition ○ COP mailbox – providers will not receive a response if submitted correctly <ul style="list-style-type: none"> ▪ Emails will be sent to providers who made errors ▪ When responses are automatically returned to encrypted emails that are not using same county platform, the response encrypts again and neither party can access it • Access Updates: <ul style="list-style-type: none"> ○ Responses to access calls had increased to 80%, but should be higher for the rest of the year. <ul style="list-style-type: none"> ▪ Some contributing factors: staffing changes, training occurring, IBHIS issues and system down, etc • Compliance Updates: <ul style="list-style-type: none"> ○ 21 policies. Several are pending posting to the website that are already finalized such as 302.14 Responding to Initial Requests, 200.02 Interpreter Services, 302.07 Access to Care • Cultural Competency: <ul style="list-style-type: none"> ○ Power points from Multicultural competency summit are posted on website ○ QI Organizational Assessment report is being reviewed <ul style="list-style-type: none"> ▪ Cultural competency division can visit SA QICs to discuss further data findings ▪ 2500 employee respondents D/O and L/Es (highest SA 4 27%, SA6, SA7, SA 2 and SA8) 		

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, Scheduled Tasks	Responsible Person / Due Date
<p>QI Updates Christina Kubojiri</p>	<ul style="list-style-type: none"> • Quality Improvement updates: <ul style="list-style-type: none"> ○ Non-Clinical PIP: Peer Resource Center (PRC) project <ul style="list-style-type: none"> ▪ Data shows that 18% of respondents hadn't yet completed annual CC training. There is continued need to communicate CC requirements to all providers ▪ For administrative staff, continue to use the paper attestation. Providers are entered into the NACT. ○ Clinical PIP: COD Support Services <ul style="list-style-type: none"> ▪ PRC links community members to services and resources. Guitar lessons to community members, ovie nights, etc. There are currently 5 F/T peer staff at the PRC in SA4 at the 550 building. ▪ How can there be better support for peers in the workforce (staff with lived experiences within the system or mental health system) <ul style="list-style-type: none"> • Members discussed need for more Peer level supervisors, networking meetings held by some agencies, encourage PP attendance at SA CAPP (Consortium of Advocates of Parent Partners) meetings, SA 6 has a peer mentorship program, peers request a center within their SA instead of having to go to SA 4. ▪ Start at D/O level then expand to contract providers also. ▪ Peer workforce are not just WOW (wellness outreach workers) entry level experience. They are all levels of experience in the workforce. ○ Clinical PIP: COD Support Services <ul style="list-style-type: none"> ▪ Workgroup would focus on providing support to providers on how to work with clients with co-occurring disorders. ▪ What services can substance abuse counselors provide and claim for? ▪ Would there be a need for additional substance counselor training? <ul style="list-style-type: none"> • Example: Looking at Seeking Safety as a first introductory type training ▪ Discussion revolved around the message received from DMH QA about not claiming for anything directly treating substance use and focusing on mental health sx's and impairment. ○ Quality Improvement PIP project – Improvement of Consumer Perception Surveys <ul style="list-style-type: none"> ▪ Discussion with QIC members about items that have been brought up frequently, such as creating an online survey and providing surveys to field based clients (sealed envelope, online application for anonymity). 		

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, Scheduled Tasks	Responsible Person / Due Date
<p>QA Updates Christina Kubojiri</p>	<p><u>Quality Assurance Updates:</u></p> <ul style="list-style-type: none"> • Health analysts staff are starting in DMH HIM department, Policy/Development, and Hospital Support Unit. • DMH QA website will be available for use soon. <ul style="list-style-type: none"> ◦ Webinar section will be added that will host all of the recent/relevant webinars for review • No MR Grant audits reported. Unsure of their continuance. • DHCS updates: Concurrent review <ul style="list-style-type: none"> ◦ DMH had a call with Hospital Association, Mental Health Plan representatives, DHCS and CA Behavioral Health Association ◦ Final Rule Parody Provisions: <i>Related to inpatient hospitals</i>. Changes coming soon. <ul style="list-style-type: none"> ▪ Service Authorization for treatment vs. authorization for Payment is not how the medical field does things ▪ Utilization Reviews are not currently benefitting beneficiaries as they don't have an appeal process. ◦ Areas of Inpatient Hospitals currently in review: <ul style="list-style-type: none"> ▪ Service authorization vs. payment authorization. DHCS – "authorization is a guarantee of payment" ▪ Appeal rights while still hospitalized ▪ How often do we need to look @ documentation? Daily or based on diagnosis if justifies not needing daily review? Considering whether mandatory diagnosis review guidelines will be provided. ▪ Prospective Authorization <ul style="list-style-type: none"> • Documentation or telephonic description review and how many a day? Does practitioner think client will continue to meet the diagnosis or what is the MHP's rights for recoupment if day 2 or 3 doesn't meet medical necessity? ▪ What MHP information is needed to make decisions? <ul style="list-style-type: none"> • Telephonic • Documentation standardization (such as presumptive transfer) ▪ Electronic transmission method of information to MHP to determine authorization? ▪ Administrative days concurrent authorization <ul style="list-style-type: none"> • Review daily until they meet the 5 contacts weekly? • Info 1926 ▪ County of Responsibility 		

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, Scheduled Tasks	Responsible Person / Due Date
<p>QA Updates Christina Kubojiri</p>	<ul style="list-style-type: none"> • Issuance of NOA's (soon to be NOABD's – Adverse benefits of determination) • Training update: <ul style="list-style-type: none"> ○ Re-organization of the layout of trainings on the handout. D/O and LE trainings grouped together first and D/O only grouped separately afterward. • QA knowledge assessment: <ul style="list-style-type: none"> ○ 340 responses were received ○ About 80% received 100% scores ○ DMH is finalizing the table/answers and will provide for distribution by end of week ○ Will eventually post information on new QA website • Access to Care/NACT webinar: 8/13/19 @ 9-10:30am. Will show NACT 2.0 demo <ul style="list-style-type: none"> ○ County would like to increase the percentage contract providers info provided to the State ○ NACT 2.0 redesign will be available for all September 1st. Will improve ease of use. ○ Contract Providers need web service up and running for sending SRL data. If not currently using web service, the provider is out of compliance with their contract. ○ Upcoming update to the web service will accompany the SRL updates. CIOB to the LAC DMH website. • Policy 302.14 & policy 302.07 have been finalized and are pending being posted by CIOB to the LAC DMH website. <ul style="list-style-type: none"> ○ Information is not new and has been discussed since last year. • Reminder: there is no difference between adult or child Medi-Cal Included ICD 10 Diagnosis. If an adult comes in with a prior ADHD dx/medication, they should not be immediately turned away from services without assessment. Do they meet medical necessity? <ul style="list-style-type: none"> ○ There is a different medication formulary and process that needs to be followed for adult. • Question came up about how to claim for a one-time assessment, but at end of assessment the client is determined to not meet medical necessity. <ul style="list-style-type: none"> ○ Medical Necessity is not needed during assessment or crisis. Can assign z-code to these situations if applicable for one time contact assessments. • Guide to Procedure Codes is pending finalization. The whole format is changing. Providers will be given 3 month window to implement all of the changes. • System Review findings are pending with the State. • PERM Audit – State has enacted a second round of PERM reviews. They asked for 35 so far and it's unknown if there will be more. DMH will be reaching out to providers selected by this Wednesday. <ul style="list-style-type: none"> ○ The first round there were 140 processed PERM requests. All are completed except for 2 programs. DMH will reach out and work with them. 		

Agenda Item & Presenter	Discussion & Findings	Decisions, Actions, Recommendations, Scheduled Tasks	Responsible Person / Due Date
<p>QA Updates Christina Kubojiri</p>	<ul style="list-style-type: none"> MHSA dollars may be available to parolees soon. There is a State Bill moving through the process. Then can refer to D/O for example (or someone with CGF dollars). <p>Next DMH QIC scheduled for October 28th due to the next 2 months having holidays on the regularly scheduled meeting day.</p> <p>QI/QA Presentation provided by Asian Pacific Counseling Services to share some of their internal processes related to QI/QA, how they manage review of records using the Long version of the review tool, they hold a quarterly QA meeting at their agency and train new hire staff at least 1x monthly, but more often as needed. Thank you for presenting!</p>		

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, Scheduled Tasks	Responsible Person / Due Date

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, Scheduled Tasks	Responsible Person / Due Date

Next Meeting: September 17, 2019; 550 S. Vermont Ave, Los Angeles, CA 90005, 9th Fl, Conference Room

Respectfully Submitted



Christina Kubejiri, LMFT – QA Supervisor, Children's Institute, Inc.
SAA Co-Chair