

County of Los Angeles – Department of Mental Health SA2 Children’s QIC

February 20, 2020

Agenda

- 1:30 – 1:40 Introductions/Announcements/Minutes Michelle Rittel
1:40 – 2:10 Presentation – Cultural Competence Plan..... Dr. Hyun K. Lee
2:10 – 2:30 Presentation – CPS Data Reports..... LyNetta Shonibare, PsyD
2:30 – 3:25 Report from DMH QI/QA..... Michelle Rittel

QI

- Clinical Risk Management – No Update
- Patients’ Rights Office – No Update
- Policy Updates
- CPS
- QID Updates
- CAPP (Parent Partner meeting)

QA

- Payment Reform & Medical Necessity Updates from Medi-Cal Healthier California for All
- Audits - None
- Medi-Cal Certification Section – No Update
- State DHCS Updates – No Update
- Training & Operations
- Policy and Technical Development – Network Adequacy/Access to Care, CANS/PSC, System/Chart Review Findings
- Upcoming Clinical Forms Bulletins
- Health Information Management (HIM) – No Update

3:25 – 3:30 Suggestions for Next Meeting/ Host for Next Meeting

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Next Meeting:
Thursday, April 16, 2020
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	February 20, 2020	
Place	Zev Yaroslavsky Family Resource Center	Start Time	1:30pm	
Chairperson	Michelle Rittel	End Time:	3:30pm	
Co-Chairs	Alex Medina and Angela Kahn			
Members Present	Anabel Aispuro, Angela Kahn, Ariel Landrum, Cindy Luna, Danielle Price, Gina Leggio, Ingrid Rey-Balbuena, Lorena Chavez, Kathleen Kim, Kaylee Devine, LyNetta Shonibare, Tanya Khanjian Stevens, Vicky Shabanzadeh, Vicky Rivera, Zeena Burse, Katherine Smith-White, Pilar Navarro, Rosario Gallo, Christine Pina, Freda McGovern, Ilda Aharonian, Maggie Holland			
Absent Members	Adik Parsekhian, Alex Medina, Aminah Ofumbi, Angie Sanchez, Arezoo Jasjeedi Esfahani, Cheryl Davis, Daiya Cunnane, Danielle Norman, Gurudarshan Khalsa, Harmony Vezina, Iliana Martinez, James McEwen, James Pelk, Jennifer Roecklein, Jenny Sanchez, Judy Cardona, Karina Krynsky, Laura Padrino, Marina Eckart, Martha Basmadjian, Michele Burton, Michelle Chitel, Michelle Silvestre, Morgan Wallace, Nely Meza, Preety Sidhu, Samuel Pina, Stephanie Yamada, Tiger Doan, Tim Petersen, Wendy Salazar, Wil Lau			
Agenda Item & Presenter	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date	
Call to Order Introductions and Announcements: Michelle Rittel	Meeting called to order at 1:30pm. Thank you to Optimist/Pacific Lodge for hosting our meeting this month. Introductions were made. Please review the sign in sheet to update information or remove names of people that don’t attend the meeting. Just a reminder that all providers need to have someone attending the SA QIC at least quarterly. If you also have adult services, you could attend Child or Adult or both.			
Review of Minutes: Michelle Rittel	Minutes from October 17, 2019 meeting were reviewed and approved through email because there was no QIC meeting in December.			

Agenda Items & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Quality Improvement (QI)			
<p>Presentation – Cultural Competence Plan: Dr. Hyun K. Lee</p>	<p>Handout of Power Point presentation provided by presenter. Presentation covered the Cultural Competence Plan FY 17 – 18.</p>		
<p>Presentation – CPS Data Reports: LyNetta Shonibare, PsyD</p>	<p>Handouts of Power Point presentation and CPS Data for Spring 2019 provided by presenter. Presentation covered Data Reports for CPS Spring 2019.</p>		
<p>DMH QIC Meeting Report: Michelle Rittel</p>	<p>Clinical Risk Management – Safety Intelligence: There were no updates.</p> <p>Patient’s Rights Office: There were no updates.</p> <p>Cultural Competence Updates: Presentation by Dr. Hyun K. Lee on the Cultural Competence Plan.</p> <p>Compliance, Policy & Audit Services Update: Handouts were reviewed. The Compliance Bridge Policy Platform now has all policies, both Distribution Level I (DO) and Distribution Level 2 (DO & LE).</p> <p>CPS (Consumer Perception Surveys): Presentation by LyNetta Shonibare, PsyD on CPS Data Reports. The state is moving toward paperless surveys and there will be a pilot for electronic surveys, but we are still doing paper surveys in May. There will also be a pilot for field based surveys in May.</p>		

<p>Departmental QIC Meeting Report, contd.: Michelle Rittel</p>	<p>Field based surveys will be paper. Providers expressed concern over confidentiality. Another concern was how the comments section would be reviewed. Providers also expressed concern over increased administrative time.</p> <p>QID: Clinical PIP – To improve quality of services for clients with co-occurring substance abuse and mental health disorders there is training for substance abuse counselors in Seeking Safety and looking at barriers to implementing Seeking Safety. This is the second year of this PIP. QI Workplan Evaluation Report CY 2019 – Section 2 – Population Needs Assessment – Reviewed handout – DMH QI wants to make reports more user friendly. In the past the data would just include which Service Area had the highest or lowest of a specific population. Now the report shows the highest and lowest served groups for each Service Area. LyNetta Shonibare requested any feedback or suggestions be sent to her.</p> <p>CAPP: Reminder – CAPP meetings are now the 3rd Tuesday of the month 10:30-12:30. Please make sure supervisors of Parent Partners are aware.</p>		
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Quality Assurance (QA)			
<p>Departmental QA Meeting Report: Michelle Rittel & Marc Borkheim</p>	<p>Payment Reform & Medical Necessity Updates from Medi-Cal Healthier California for All: Lots of workgroups are happening We are moving away from billing by the minute. Current codes that start with a “9” will be paid a single rate. With Medical Necessity revisions – how level of care will work when clients transition between us and managed care – when looking at Medical Necessity when seen by managed care vs DMH, it will be focusing less on diagnosis. There will still be included diagnosis, but it won’t be used as the criteria to determine managed care vs DMH. Instead, will look at services with managed care, which do not include collateral or family work. They are looking at a state level screener and assessment requirements with 5 or 6 main categories. Treatment plans will need a problem list, going back to a problem list to provide services. This is an aggressive timeline. Big changes are coming quickly. One positive to payment reform is there will be no cost reports.</p> <p>Audits: None scheduled.</p> <p>Medi-Cal Certification Section: No updates</p> <p>State DHCS Updates: No updates</p> <p>Training and Operations: Training Schedule handouts were reviewed. There is a new email for DO training questions – QADOTraining@dmh.lacounty.gov . The Annual LE QA Report & Written QA Process were due by 1/31/20. Thank you for getting them in. The QA Knowledge Assessment Survey #2 just closed and results will be posted online.</p>		

<p>Departmental QA Meeting Report, contd.: Michelle Rittel</p>	<p>Policy and Technical Development: Network Adequacy/Access to Care Updates – CSI assessment – No more Excel files for SRL. They now need to be submitted electronically. SRTS changes/updates – Some things on SRL that are missing from SRTS and are being added. Monitoring will begin of SRTS timeliness of dispositions. QA Liaisons will now be cc'd on notifications from the system regarding open records. They are going to be looking at the average number of days to close out SRTS records. 274 Expansion – Practitioner Registration & Maintenance (PRM) – Everything for practitioner enrollment will be on Network Adequacy Solution, so keeping your information updated is vital.</p> <p>CANS/PSC Updates – QA is working on a monitoring plan to make sure CANS/PSC are being done. CANS/PSC questions can go to David Crain and copy Jennifer Hallman. CANS/PSC was implemented 6 months ago and your feedback is needed. Is there a difference between staff that received online vs in-person training? Should we have another webinar around recertification & around timing for clients that have “aged in”? Reviewed handout – Clinical Forms Bulletin 19-03 We are in a window right now, based on the implementation date – 2 months on either side of the due date of reassessment.</p> <p>System Chart Review Findings – Key System Review Findings that impact providers – There needs to be better access to care monitoring & compliance. QA is creating a committee to address this. All programs have the same Access to Care requirements. There needs to be better continuity of care. There needs to be Individual Determination of Eligibility for ICC/IHBS – new criteria form is coming along with a Clinical Forms Bulletin, in draft now. The form is being updated to align with DC 0-5. Key Chart Review Findings that impact providers – If you provide TCM services, there needs to be an</p>		
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<p>Departmental QA Meeting Report, contd.: Michelle Rittel</p> <p>Suggested Items for Next Meeting:</p> <p>Handouts:</p>	<p>annual TCM assessment. The Community Functioning Evaluation is the current form and there is a workgroup looking at revising this with the Community Functioning Evaluation as a base. If you want to be in the workgroup, email cefranco@dmh.lacounty.gov . Top 4 Chart Review Findings – Medication consents did not have all required elements – a lot of providers are using old forms. Timeliness of documentation. Mixing elements of Assessments – reassessments that said “no updates”, even though there were updates to MH history. Treatment plans not updated when there is a significant change to client MH status. Top Seven Chart Review Disallowances – No current treatment plan for service provided. Wrong procedure code (TCM vs Rehab). Medical Necessity not established by assessment (assessment not signed until a later date). Not SMH service – clerical/no service/check-in. Did not have DSM V diagnosis. No progress note (progress note not sent). Specific intervention of co-practitioner not documented.</p> <p>Clinical Forms Bulletin: Coming soon – ICARE, Disclosure of Probation Status – DEA or medical board – for MDs, Walk-In Service Request – will be optional – form for client to complete – form includes information for the SRL.</p> <p>Health Information Management (HIM): No updates.</p> <p>There were no suggestions.</p> <p>Cultural Competence Plan (CCP) FY 17-18</p> <p>Service Area 2 – Child Consumer Perception Surveys Data Review – Spring 2019 Collection Period – February 2020</p>		
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<p>Handouts:</p>	<p>Consumer Perception Survey – Spring 2019 Data Reports</p> <p>Policy Bulletin 20-01-DMH</p> <p>General Documentation Training Schedule Revised 2/6/20</p> <p>19-03 Clinical Forms Bulletin</p> <p>Annual Quality Improvement Evaluation Report – Section 2 – Population Needs Assessment</p>		
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<p>Agenda Items & Presenter</p>	<p>Discussion & Findings</p>	<p>Decisions, Recommendations, Actions, & Scheduled Tasks</p>	<p>Person Responsible & Due Date</p>
<p>NEXT MEETING:</p>	<p>Thursday, April 16, 2020 1:30-3:30pm Location: TBA</p>		

Respectfully submitted,

Michelle Rittel, LCSW