

*County of Los Angeles – Department of Mental Health  
SA 4 Program Administration*

**Service Area 4  
Child & Adult  
Integrated Quality Improvement Committee**

*February 18, 2020  
10:30am - Noon*

*Northeast Mental Health Clinic  
3303 N. Broadway Ave  
Los Angeles, CA 90031  
4th Floor, Conference room 2  
Parking : Street or 1st and 2<sup>nd</sup> parking levels of the clinic*

*🌀 Agenda 🌀*

- ❖ Introductions & Minutes review 10:30–10:40am
- ❖ Announcements: New meeting location

■ **LACDMH QI Updates** 10:41-11:15am

- ▶ 24/7 Access Center Test Call Project
- ▶ EQRO updates: Clinical PIP approved on COD focus, Non-Clinical PIP pending
- ▶ Compliance update: see handout
- ▶ Electronic CPS survey update and discussion
- ▶ Quality Improvement Division updates

■ **LACDMH QA Updates** 11:16–12:00pm

- ▶ MR Grants
- ▶ Medi-Cal Initiative updates: Revision of medical necessity, CPT code payment reform)
- ▶ Training update: see handouts
- ▶ D/O QA Check-ins
- ▶ QA Knowledge Assessment #2 extended deadline to complete
- ▶ LE QA Reports were due to DMH by 1/31/20
- ▶ CANS-IP/PSC updates and discussion (recertification reminder)
- ▶ DHCS State Review Findings
- ▶ ICARE – Revised form coming soon. Changes and updates to the form.
- ▶ Revised Organizational Manual coming soon & Guide to Procedure code corrections

■ **Miscellaneous/Questions**

- ▶ Question Discussion – Documenting Child abuse hotline consultations.

Next meeting will be **March 17, 2020**

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH

SA 4 Quality Improvement Committee (QIC) Meeting Minutes

<b>Type of Meeting:</b>	SA 4 Quality Improvement Committee (QIC)	<b>Date:</b>	February 18, 2020
<b>Place:</b>	Northeast Mental Health Clinic 3303 N. Broadway Ave, LA 90031, 4 <sup>th</sup> fl Conf #2	<b>Start Time:</b>	10:30am
		<b>Adjournment:</b>	12:00pm
<b>Chair &amp; Co-Chair:</b>	DMH Chair – Anthony V. Allen; Co-Chair – Christina Kubojiri, LMFT, Children's Institute Inc		
<b>Members Present:</b>	Due to COVID-19, Sign-in sheet from the meeting is unavailable at this time.		
<b>Members Absent:</b>	Due to COVID-19, Sign-in sheet from the meeting is unavailable at this time.		
<b>Introductions:</b>	Members present introduced themselves.		
<b>Minutes Approval:</b>			
<b>Announcements:</b>			

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, Scheduled Tasks	Responsible Person / Due Date
<p><b>QI Updates</b> Christina Kubojiri</p> <p><b>QI Updates</b> Christina Kubojiri</p>	<p><u>Quality Improvement updates:</u></p> <ul style="list-style-type: none"> <li>• Discussed information related to 24/7 Access Center Test Calls Project. Moving to 8 calls for the selected month instead of the prior 10. Test call can say they don't have their Medi-Cal number during call. Have address prepared. Use the current version of the forms. Ensure to document start/end time of call. Keep call less than 10 min. Get the agent's name if they don't provide it. Can ask for spelling. Don't call from your agency's line. Do not take an electronic referral. Don't place agent on hold. Notify DMH immediately when not satisfied and experienced issues related to interpretation. DMH will be looking into other departments to help with Test Calls moving forward.</li> <li>• Compliance Bridge is up and running for D/O and LE's on LAC DMH website <ul style="list-style-type: none"> <li>○ All policies that are finalized are posted with the exception of the CIOB related ones tied to the audit</li> <li>○ Future option will be a "subscribe" button so providers subscribed will get automatic updates on policies</li> <li>○ 304.05 Therapeutic Transportation – Vans used by LPS transport for voluntary/involuntary transport vs ambulance</li> </ul> </li> <li>• EQRO draft report received <ul style="list-style-type: none"> <li>○ Clinical PIP related to COD population focus (training staff on seeking safety) is active and received high score</li> <li>○ Non-clinical PIP is still in progress (Access to Care &amp; Tracking may be focus) <ul style="list-style-type: none"> <li>▪ Better use of data informed care (FSP focus). Clients of FSP like "us", but report minimal improvement in getting better</li> <li>▪ Working on how to support EBP across programs (ex: TF-CBT is costly training, but intensive programs would benefit like PEI)</li> <li>▪ Tracking of timeliness and monitoring <ul style="list-style-type: none"> <li>• State is currently interested in 1<sup>st</sup> and 2<sup>nd</sup> treatment session dates and psychiatry appointments</li> </ul> </li> </ul> </li> <li>○ QI dissemination of information to consumer level could be improved</li> <li>○ Areas of top scores: service access; collaboration on program level for SA 6 &amp; 8; beneficiary wellness and recovery; peer run advocacy</li> <li>○ Lowest scores: tied to tracking measures</li> </ul> </li> <li>• Providers requested supportive systems where data is entered and DMH programs can pull their own data/reports. For example: School based services requests information of school referred or school linked with a week</li> </ul>		

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, Scheduled Tasks	Responsible Person / Due Date
<p style="text-align: center;"><b>QA Updates</b> <b>Christina Kubojiri</b></p>	<p>turnaround. Providers enter information related to FSP, but county can't pull data and have to ask providers to then send a separate report.</p> <ul style="list-style-type: none"> <li>• Electronic CPS update: Departments are working with CIOB <ul style="list-style-type: none"> <li>○ Providers will need instant access to the feedback for clinical care. LA County is not piloting the move forward to electronic CPS until the State can make the data available.</li> <li>○ Vendors are currently developing the surveys</li> <li>○ May will continue with paper surveys <ul style="list-style-type: none"> <li>▪ The random list will not use providers selected in the last two survey periods</li> <li>▪ Those providers chosen will hopefully have pilot volunteers for electronic testing</li> </ul> </li> </ul> </li> </ul> <p><b>Quality Assurance:</b></p> <ul style="list-style-type: none"> <li>• DMH changed departmental labels. QA "Unit" and under it is Policy &amp; Technical Development "team".</li> <li>• Announcements of new staff: <ul style="list-style-type: none"> <li>○ Su Jung Kim – Policy &amp; Technical Development</li> <li>○ Heather McDonald - HIM</li> </ul> </li> <li>• Medi-Cal "Initiative" (formerly Cal AIM) <ul style="list-style-type: none"> <li>○ A lot of workgroups on-going. One related to CPT codes &amp; payment reform. Moving away from minute reimbursement to 9.... Codes</li> <li>○ Workgroup on medical necessity revision <ul style="list-style-type: none"> <li>▪ Level of Care from Medical to MHS or Drug medi-cal <ul style="list-style-type: none"> <li>• Make it clearer when clt should be under managed care (no TCM, Collateral, family work) vs SMHS</li> <li>• Less diagnosis focus though still important and present</li> </ul> </li> <li>▪ Looking into a State level screener; assessment requirements; treatment plans as "problem list" and not the static assessment</li> </ul> </li> <li>○ Aggressive timelines → projected for January 2021 effective date; however members discussed it may make more sense if changes can apply for start of fiscal year versus CY which would also make more sense if DMH wants to remove cost reports.</li> </ul> </li> <li>• Audits: <ul style="list-style-type: none"> <li>○ MR Grant – ENKI in March</li> <li>○ Let DMH QA know about MR Grant experiences</li> </ul> </li> </ul>		



Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, Scheduled Tasks	Responsible Person / Due Date
	<ul style="list-style-type: none"> <li>○ Is there a window for recertification of CANS? There's no window of too early, but whenever it's redone, that is when it will expire in a year. If recertification expires, entire CANS training must be completed.</li> <li>● DMH QA was interested in how staff provide CANS? During assessment phase or in additional session?</li> <li>● System Review Findings: <ul style="list-style-type: none"> <li>○ TCM evaluation workgroup is occurring within DMH to determine what form to use. If DMH QIC meeting members are interested in participating, email Cesar</li> <li>○ ICC/IHBS criteria form <ul style="list-style-type: none"> <li>▪ Discussions on how to determine who needs ICC</li> </ul> </li> <li>○ Provider Corrective action plans have been received with the exception of two. DMH is reviewing within next couple of weeks and will reach out to providers as needed</li> </ul> </li> <li>● ICARE training has been requested, especially with revision to the assessment form. Changes to the ICARE include: <ul style="list-style-type: none"> <li>○ Aligns with DC-05</li> <li>○ Aligns with CAFA in format more</li> <li>○ Reworded sections to prompt certain information to be collected</li> </ul> </li> <li>● Requirements in discussion: D/O doctors who've been on probation status with their board must inform beneficiaries</li> <li>● Walk-in SRL form (optional tool). Most providers probably already use something, but providers can cross reference information to DMH's form.</li> <li>● Request for updated Organizational Manuals. Jen said they are coming.</li> <li>● Jen acknowledged errors made in the Guide to Procedure Codes that will be updated as well. <ul style="list-style-type: none"> <li>● Billing Codes Manual definitions were removed for consistency across manuals, definitions were different.</li> </ul> </li> </ul>		

**Next Meeting:** March 17, 2020

Respectfully Submitted




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Christina Kubojiri, LMFT – QA Supervisor, Children's Institute, Inc.  
SA4 Co-Chair