

LOS ANGELES COUNTY- DEPARTMENT OF MENTAL HEALTH
Service Area II Program Administration
Adult Quality Improvement Committee
May 20, 2021
Via Microsoft Teams
10:00 am-11:30am
Agenda

Welcome- Introductions & Agency Updates
 SA 2 CPS DATA

All
 Jen Regan.Ph.D
 Office of Admn Ops - QI

QIC Cert/QA/QI Updates

H. Honey Hira, MPH, MSN, RN,
 PHN - QA Certifications
 Ilda Aharonian, Ph.D. – QA Unit

Quality Improvement

Client Wellbeing Survey

Provided by Kalene Gilbert -
 reported by Kimber

Monthly Electronic CPS Development Report

Provided by Daiya Cunnane -
 reported by Kimber

Quality Assurance

Audits/Announcements
 QA Announcements

All
 Provided by QA Staff (Brad Bryant/
 Nikki Collier/Jen Hallman)-rptd by Kimber

Federal/State Updates
 CURES
 CalAIM

Discipline Reminders

Policy Updates

Training & Operations

Legal Entity Chart Reviews
 Collaborative Documentation Training Update
 QA Webpage Update
 QA Knowledge Assessment Survey

Policy & Tech Development

QA Emails Sent Out
 QA Bulletin 20-05R, Clinical Forms Bulletin 21-02 & FAQs
 Network Adequacy Updates
 NOABD Application for LE Updates

Q&A Discussion

All

Next Meeting for SA 2 Adult QIC: July 15, 2021 at 10-11:30 am



**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
SERVICE AREA 2 QUALITY IMPROVEMENT COUNCIL (QIC) MEETING**

May 20, 2021
10 am – 11:30am

Type of meeting:	Virtual Microsoft TEAMS																																
Meeting Link:	https://web.microsoftstream.com/video/2432781f-3b0c-4445-92d5-d22b7d36b8de?list=studio																																
Members Present:	<table border="0"> <tr><td>Iliana Martinez</td><td>El Centro de Amistad</td></tr> <tr><td>Dave Mendez</td><td>Rancho San Antonio</td></tr> <tr><td>Dora Escalante</td><td>Jewish Family Service of Los Angeles</td></tr> <tr><td>Esther Lee</td><td>CMMD/DMH</td></tr> <tr><td>Gabriella Zapata</td><td>SA2 HOME Team</td></tr> <tr><td>Harmandeep Hira</td><td>Lacdmh</td></tr> <tr><td>Ilda Aharonian</td><td>LACDMH QA Unit, Training & Operations Team</td></tr> <tr><td>Jen Regan</td><td>DMH QI</td></tr> <tr><td>Jennifer Roecklein</td><td>Child & Family Center</td></tr> <tr><td>Jessica Ayala</td><td>Didi Hirsch MHS</td></tr> <tr><td>Julie Jones</td><td>Hillview Mental Health Center, Inc.</td></tr> <tr><td>Karry Friedman</td><td>Tarzana Treatment Centers</td></tr> <tr><td>Leslie A DiMascio</td><td>SFVCMHC, Inc.</td></tr> <tr><td>Megan McDonald</td><td>Topanga West Guest Home/ACT Health and Wellness</td></tr> <tr><td>Michelle Rittel</td><td>DMH - SA2 Administration</td></tr> <tr><td>Sherry Winston</td><td>Tarzana Treatment Centers</td></tr> </table>	Iliana Martinez	El Centro de Amistad	Dave Mendez	Rancho San Antonio	Dora Escalante	Jewish Family Service of Los Angeles	Esther Lee	CMMD/DMH	Gabriella Zapata	SA2 HOME Team	Harmandeep Hira	Lacdmh	Ilda Aharonian	LACDMH QA Unit, Training & Operations Team	Jen Regan	DMH QI	Jennifer Roecklein	Child & Family Center	Jessica Ayala	Didi Hirsch MHS	Julie Jones	Hillview Mental Health Center, Inc.	Karry Friedman	Tarzana Treatment Centers	Leslie A DiMascio	SFVCMHC, Inc.	Megan McDonald	Topanga West Guest Home/ACT Health and Wellness	Michelle Rittel	DMH - SA2 Administration	Sherry Winston	Tarzana Treatment Centers
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AGENDA ITEMS	DISCUSSIONS/RECOMMENDATIONS/ACTIONS OR SCHEDULED TASKS	RESPONSIBLE UNIT/STAFF	DUE DATE
SA 2 CPS DATA		Jen Regan. Ph.D.- Office of Admn Ops - QI	none
QIC Cert/QA/QI Updates	Honey provided a brief update on virtual certifications as well as noting the latest certification checklist	H. Honey Hira, MPH, MSN, RN, PHN – QA Cert Ilda Aharonian, Ph.D.- QA Unit	
Quality Improvement	Quality Improvement	Quality Improvement	Quality Improvement
Client Wellbeing Survey	<ul style="list-style-type: none"> • WHO: LACDMH Quality, Outcomes and Training Division (QOTD) has partnered with Gallup to measure client wellbeing across all programs, specifically looking at <i>adult</i> clients (18+). • WHAT: Survey will consist of items from the Gallup Wellbeing Finder combined with LA County specific items. • WHY: Empower our providers to use wellbeing data to understand the progress of their adult clients. • HOW: Invitation to participate will be sent by Gallup to the client’s email address on file. • WHEN: Launching May 18th <p>How can I help?</p> <ul style="list-style-type: none"> • Tell clients about the survey. • Make sure clients have an email address on file. <p>What will be done with the information?</p> <ul style="list-style-type: none"> • Countywide Adult Client Wellbeing Report • Provider Level Scorecards 	Provided by Kalene Gilbert - reported by Kimber	
Monthly Electronic CPS Development Report	•Spring 2021 CPS period –Monday, June 21, 2021 to Friday, June 25, 2021	Provided by Daiya Cunnane - reported by Kimber	

	<ul style="list-style-type: none"> •Spring 2021 Electronic CPS Brief Portal Demonstration – for both the Legal Entities (LEs) and Directly Operated recordings were sent –To assist with CPS workflow development 		
Quality Assurance	Quality Assurance	Quality Assurance	Quality Assurance
Audits/Announcements			
QA Announcements			
Federal/State Updates	<p><u>Update: 21st Century CURES Act</u> LA County is continuing work on clarifying requirements that must be met as a Mental Health Plan (administrative) and as a Provider (clinical/EHRS), as well as how it all impacts Contracted Providers LA County has engaged CBHDA to clarify the requirements and provide further guidance</p> <p><u>Update: Cal AIM Proposal</u> No updates at this time. LACDMH is participating on workgroups with the State and discussing change management for documentation reform. Payment Reform: Transition from HCPCS Level II coding to HCPCS Level I coding Timeline –Earliest possible July 1, 2022 Medical Necessity Criteria:</p> <ul style="list-style-type: none"> • Update and clarify medical necessity criteria including allowing reimbursement of treatment before diagnosis • Clarify EPSDT protections and create criteria for children based on experience of trauma and risk of developing future mental health conditions 	Provided by QA Staff (Provided by Brad Bryant, Jen Hallman, Nikki Collier) – reported by Kimber	Earliest possible July 1, 2022

	<ul style="list-style-type: none"> • Develop a standardized screening and transition tool to determine Specialty Mental Health vs Medi-Cal managed care • “No Wrong Door” policy to ensure receive services no matter which delivery system where they seek services (may receive services from both systems in some situations) • Simplify and streamline documentation requirements to align with medical provider requirements (e.g., eliminate requirement for a point-in-time treatment plan) - Timeline – January 1, 2022 		January 1, 2022
Discipline Reminders	<p>Medical Doctor/Doctor of Osteopathy must have:</p> <ul style="list-style-type: none"> ◦Completed a psychiatry residency program; ◦Be in a psychiatry residency program with appropriate supervision and co-signature; or ◦Be another qualified physician with written approval (site specific) from LACDMH <p>Nurse Practitioners must be:</p> <ul style="list-style-type: none"> ◦A Psychiatric Mental Health Nurse Practitioner <p>§Physician Assistants must be:</p> <ul style="list-style-type: none"> ◦Licensed (Refer to the Guide to Procedure Codes page 6) Policy & Technical Development 		
Policy Updates	<p>Policy 303.02 –Reporting Suspected Child Abuse and Neglect</p> <ul style="list-style-type: none"> •Updated on February 16, 2021 •Section H of Procedures –abuse report must be placed “in a separate, locked, and confidential administrative file accessible only by the program manager or his/her designee” <p>QA will be creating a “Non-Disclosure Admin” file within IBHIS and available June 1, 2021.</p> <ul style="list-style-type: none"> •Child abuse reports and other documents not subject to disclosure can be scanned into this folder 		<p>February 16, 2021</p> <p>June 1, 2021</p>

	<ul style="list-style-type: none"> •Once scanned & verified, the paper document can be destroyed Policy 300.06 –Non-Open Protected Health Information (PHI) File ◦For Directly-Operated, added statement that the pre-admit episode is the Non-Open PHI file ◦Added statement that non-open PHI files are considered unauthenticated records and shall not be subject to disclosure ◦Added statement that Legal Entity providers should consult with their own legal counsel ◦Updated retention requirements Policy 300.03 –Clinical Correspondence Concerning Clients ◦Reviewed and made <u>minor updates</u> for consistent use of practitioner/provider 		<p>March 24, 2021</p> <p>February 16, 2021</p>
Training & Operations	<p>Legal Entity Chart Reviews</p> <ul style="list-style-type: none"> • Currently no confirmed dates for any upcoming reviews • Will begin coordinating reviews of larger LE's • Larger reviews will be conducted as a team • Chart Review Checklist Tool on QA Website to be updated <p>Collaborative Documentation Training Update</p> <ul style="list-style-type: none"> • General Collaborative Documentation training was on May 17, 2021from 9:30am –12:30pm • There was a waitlist – lots of interest • Events Hub +Go-To-Webinar • Additional dates currently being coordinated for June and July • Train-the-Trainer Collaborative Documentation Session • 50 slots, 1 slot per LE • Link that was sent out to request a slot had an error, corrected link was sent out • Direct questions to Marc Borkheim (mborkheim@dmh.lacounty.gov) <p>QA Webpage Update</p> <ul style="list-style-type: none"> • Kimber provided screen shots of where to find the latest training modules 		

	<p>QA Knowledge Assessment Survey</p> <ul style="list-style-type: none"> • Kimber provided screen shots of where to find the latest Knowledge Assessment Survey info as well previous rounds 		
<p>Policy & Tech Development</p>	<p>QA Emails Sent Out</p> <ul style="list-style-type: none"> • Kimber provided screen shots of the latest QA emails for April <p>QA Bulletin 20-05R, Clinical Forms Bulletin 21-02 & FAQs</p> <ul style="list-style-type: none"> • Reflects new date of 5/1/21 for when IHBS, TFC, and TBS claims will be denied without pre-authorization • Extended the grace period for providers to fully implement pre-authorization to 7 months (10/1/20 –4/30/21) <p>Clinical Forms Bulletin 21-02 - MH 743 ICC Eligibility Form</p> <ul style="list-style-type: none"> • Added a field for “There are other circumstances that justify ICC. Please specify” • Added statement to ICC criteria to clarify that criteria listed serves as guidance regarding ICC target population • Removed definition for IHBS <p>MH 744 Supplemental IHBS Assessment & MH 745 Supplemental TFCS Assessment</p> <ul style="list-style-type: none"> • Removed statement indicating both services will be pre-authorized for a six-month period • Removed “Currently Receiving ICC” field and statement indicating TFCS cannot begin until ICC has been initiated <p>Network Adequacy Updates</p> <ul style="list-style-type: none"> <input type="checkbox"/> Next State submission: July 1 (State extended) <ul style="list-style-type: none"> • Legal Entity providers should ensure the NAPPA report is up-to-date and does not have any red flags –we are aware of update issues and are working to make the data available in LE data extracts • Directly Operated providers must now use NAPPA to create and update practitioner information (instead of IBHIS Practitioner Enrollment) <ul style="list-style-type: none"> <input type="checkbox"/> QA will be contacting a sampling of providers during the month of May/June to confirm information found in NAPPA <p>NOABD Application for LE Updates</p> <ul style="list-style-type: none"> • Reminder: LE Providers can start requesting access through SAR (same application used to request access to NAPPA) as of March 15th 2021 <ul style="list-style-type: none"> ✓ Pt’s Rights will no longer accept faxed NOABD as of July 1, 2021 • Currently, application can only search for and create NOABD letters for existing clients in IBHIS 		

	<ul style="list-style-type: none">✓ For beneficiaries not yet in IBHIS, providers will need to issue their own notices and fax a copy to Pt's Rights, if applicable•Recording on how to use the application will be posted on the QA-Training -Department of Mental Health (lacounty.gov)		
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Electronically Signed & Respectfully Submitted by:

Kimber Salvaggio

SA 2 Adult QIC Chair

NEXT MEETING: July15, 2021

10 am Via Teams