

**The Whole Child
SPA 7 Quality Improvement Committee Meeting
September 2020**

Type of Meeting:	MS TEAMS- Hosted by The Whole Child SPA 7 QIC Meeting	Date:	9/29/2020
Place:	The Whole Child- Virtual via Teams 10155 Colima Road Whittier, California 90603	Start Time:	02:32 PM
Chairpersons:	Caesar Moreno, Co-Chair Susan Lam, Co- Chair Greg Tchakmakjian- SA 7 Liason	End Time:	4:00 PM
Members Present:	Caesar Moreno, Tatiana Rojas, Susan Lam, Greg Tchakmakjian, Grace Guzman, Michelle R. Barajas-Sanchez, Cinithia Sanchez, Kelli Courson, Beth Foster, Michael Olsen, Elizabeth Hernandez, Daiya Cunnane, Rosa Torres, Cheyenne Spencer, Guadalupe Ceballos, Gewn Lo, Quenia Gonzalez, Ingrid Rey Balbuena, Laura Padrino, Quisha Stupor, Nicole Santamaria, Natalie Reinfeld, Wendy Mielke, Kathy Saucedo, Anthony Thai, Elizabeht Mota, Jenny Quach, Dalia Diaz, Chloe Gomez, Michelle Bilotta-Smith, Vi Ngyuen, Hsiang Ling Hsu, Violeta Kim		
Agenda Item	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
Meeting Update	Meeting was called to order at 2:32 PM		Caesar Moreno
PIER Program Presentation	<p>Cheyenne Spencer and Yair Torres presented the PIER program that is provided by The Whole Child for SPA 7. Cheyenne and Yair explained that the program has partnered with DMH to educate our community in early detection and prevention of severe mental health for youth ages 12-25. PIER provides assessment and early support to these youth. The goal is to provide screenings, confidential consultations, and treating the individual that is experiencing early warning signs of psychosis. Treatment includes psycho education seminars, psychiatric/medication management, education and employment managemnt, case management and multi-family groups which allows for families to increase their support system. Questions and referrals can be sent to The Whole Child through Caesar.</p> <p>Question: How does PIER differ from CAPS? We really focus on the early onset of these symptoms rather than those that have already had an episode.</p>		Cheyenne Spencer & Yair Torres

<p>Consumer Perception Survey</p> <p>Quality Improvement</p> <p>EQRO</p> <p>Policy Updates</p>	<p>Daiya expressed that the 2020 Fall Consumer Perception Survey has been cancelled for the fall. The survey will be distributed in the Spring of 2021. Currently DMH is trying to build an application that is an improvement on the electronic survey however, they will likely still have a paper version available for the spring.</p> <p>Daiya reviewed the CPS Data from the Fall of 2019 and expressed that more information for each agency can be found on the excel files that had been previously sent. Daiya reviewed the SPA 7 data report presentation and expressed that the data continues to show difficulty in getting older adults to complete the survey. Based off of the youth family surveys the access domain showed a decrease in access, the area has done well in cultural sensitivity, and general satisfaction and overall satisfaction scored high. The area also received high marks in social connectedness, perception of outcomes, and participation in treatment planning as well. The youth survey also scored high within all domains. The adult surveys were consistent as to what has been scored in the past.</p> <p>Finally, Daiya requested feedback from agencies surrounding the development of an electronic survey and how to engage the older adults in future surveys.</p> <p>One of the responses indicated that not knowing if the survey was completed was difficult so if that could be changed in the future that would be helpful. If these were reported though a question arose as to how this would impact confidentiality.</p> <p>Daiya also expressed that they are looking at how they can collect comments from those surveys that were submitted.</p> <p>Greg expressed that SA's 2 & 5 were chosen during the week of 9/28/2020-10/1/2020 with a focus on Access to Care during COVID 19 crisis and timeliness metrics.</p>		<p>Daiya Cunnane</p> <p>Greg Tchakmakjian</p>
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<p>Access Center- List of Clinics Not Accepting Referrals</p>	<p>Greg reported the following policy updates including those that have been revised, added, and delted. Those that have been revised as of June 30, 2020:</p> <p>106.03- Procedures- Employee’s Ability to Participate in Federally Funded Health Care Programs (Directly Operated)</p> <p>106.04- Procedures- Contractors Eligibility to Participate in and Secure Federally Funded Health Care Program Contracts (Direclty Operated and Contractors)</p> <p>301.03- Management of Aggressive Client Behavior in Settings Without Lanterman-Petris-Short Designation (Directly Operated and Contractos)</p> <p>As of July 31, 2020 New Policy:</p> <p>804.08- Client Serivices CAL-Card Purchasing Program (Directly Operated)</p> <p>Revised Policy:</p> <p>110.01- Smoking in Department of Mental Health Facilities (Directly Operated and Contractors)</p> <p>311.01- Intergration of Clients’ Spiritual Interstes in Mental Health Services (Directly Operated)</p> <p>Deleted Policy:</p> <p>100.01- Service Delivery Definition (Directly Operated and Contractors)</p> <p>303.06- Reporting Unusual Occurrences to the State Department of Mental Health (Direclty Operated and Contractors)</p> <p>400.02- Clinical Supervision (Direclty Operated)</p> <p>As of August 31, 2020:</p> <p>300.07- Use of Client Information for Publication (Directly Operated)</p> <p>Deleted Policy:</p> <p>800.03- Re-Allocation of Funds from Contract Agencies (Direclty Operated and Contractors)</p> <p>800.05- Allocation of Third Part Revenue Collections in Excess of Planned Amounts to the Clinics Generating the Revenue (Directly Operated)</p> <p>800.06- Collecting and Reporting Sales Tax (Direclty Operated)</p> <p>801.01- Inovice Billing by Contract Providers (Direclty Operated)</p> <p>811.01- Recoupment of County General Funds Two-Step Review (Directly Operated and Contractors)</p>		<p>Susan Lam & Greg Tchakmakjian</p>
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<p>Change of Provider Logs (COP)</p>	<p>Susan reported that there were 4 clinics not accepting referrals as reported in August. None of the clinics reported were in SA 7 though. Should any agency need to update information on the provided list they can reach out to Dr. Jessica Walters.</p>		<p>Greg Tchakmakjian</p>
<p>Quality Assurance</p> <p>General Reminders</p>	<p>Greg reported that change of provider logs need to continue to be submitted by the 10th of each month via email to DMHCOP@dmh.lacounty.gov. They are continue to work on a portal that will allow for this to be submitted electornically.</p>		<p>Caesar Moreno</p>
<p>DHCS Updates</p>	<p>A question was asked regarding NOA's: Are the NOA's still being faxed or is there an e-mail that they can be sent to? Greg expressed that they need to continue to fax. Direclty operated can submit in IBHS though.</p>		<p>Susan Lam</p>
<p>QA Policy & Technical Development</p> <p>Needs Evaluaiton Tool</p>	<p>Caesar reminded everyone that everyone is invited to the combined QI and QA meetings. The recording link has been provided for the 9/14/2020.</p> <p>SA 7 will continue to hold meetings via TEAMS until safe to meet in person. At this time they will be help quarterly.</p> <p>Susan reported that DMH is currently waiting for the states information notice and they'll hopefully receive that informaiton in the next couple of weeks, Providers have not been asked to enroll in a fee for service program as of yet. However with the implementation of the Federal Cares Act, certain licensed practioners and types of providers associated with MHP will be required to enroll into the FFS Medi-Cal Program. This will be a web based enrollment process. Providers will use the portal to complete and submit applications, report changes to existing enrollments, and respond to PED-initiated requests for continued enrollment of revalidation. MHPs must enroll their practioners and providers that are eligible (required) to be enrolled. AMFT, ASW, and Nurse Practioners are not required.</p>		<p>Susan Lam</p>

	<p>CalAIM- DHCS has postponed in order to effectively address COVID-19 and will seek approval of proposals at a later date.</p> <p>1915b Speciality Mental Health Waiver-DHCS received a temporary six month extension (12/31/2020) and seeking additional 12 month extension (12/31/2021).</p> <p>Susan also reported that the 1115 Waiver- DHCS is seeking a 12 month extension as well.</p> <p>DHCS Updates include the following:</p> <ul style="list-style-type: none"> • Needs evaluation must be completed upon determination of medical necessity (at initial assessment) - effective 10/1/2020 with full implementation by 1/1/2021 • Update annually for clients receiving TCM • Adults (21 and over)- Needs evaluation tool (replaces CFE) • Children (age 6-20) CANS IP can be used as need evaluation • Children (age 0-5) looking into the use of CANS • Existing clients- complete at the next Client Treatment Plan • Newly active clients- at initial assessment <p>Needs Evaluation training module is now on the DMH website as of 9/22/2020 and other modules will be updated to account for new policy and form.</p> <p>Question: If a client doesn't meet medical necessity do they need to have a needs evaluation completed?</p> <p>Answer: It's not required but useful and can be used as a tool to determine medical necessity.</p> <p>Question: Will the needs evaluation powerpoint be posted on the DMH website?</p> <p>Answer: Yes, we believe so but it's still pending at this time.</p>		
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<p>ICC Updates</p>	<p>Question: The needs evaluation tool is updated annually how about the CANS is that updated annually or every 6 months? Answer: Done at the next client treatment plan and move forward 6 months</p> <p>Question: What code can the case manager use when completing the needs evaluation tool during the intake period? Answer: If it's the needs evaluation it's targeted case management and if it's done at the assessment then it would be the initial assessment code and if done by case manager it would be (T1017) stand alone and if it's done as part of the Client Treatment Plan (H0032).</p>		<p>Susan Lam</p>
<p>Pre-Authorization Updates</p>	<p>Question: Is the CANS IP required every 6 months does that 6 month period change if we're using it to determine a TCM objective?</p> <p>Susan expressed that the Needs Evaluation tool is a tool that can be used during assessment to determine if case management is needed. If case management is determined to be needed than the tool would need to be completed annually if case management is to continue.</p>		<p>Susan Lam</p>
<p>Access to Care- Monitoring</p>	<p>Susan reported All providers who currently provide TCM will be expected to be able to provide ICC to all EPSDT clients for whom it is appropriate and medically necessary. The ICC eligibility form will need to be completed prior to a Client Treatment Plan and any time the Client Treatment Plan is being considered for updated based on significant changes in the client's condition or status. The Katie A Subclass form is no longer needed. The ICC works as a screener for your agency when you are submitting for IHBS the ICC is needed but ICC does not require pre authorization. Also, the video training module for ICC is coming soon.</p>		<p>Susan Lam</p>
<p>Network Adequacy</p>	<p>Susan expressed that the following services require a prior authorization for service delivery of IHBS, TBS, and TFC. Pre-Authorization will be required every 6 months. This will be mandatory as of 1/1/2021. Agencies</p>		<p>Susan Lam</p>

<p>Online Training- Mastery in IBHIS & Documentation</p>	<p>Caesar provided the following update regarding the Notice of Adverse Benefit Determination (NOABD) forms and the forms it will be replacing. NOABD Types-</p> <ul style="list-style-type: none"> • Denial Notice- replaced the NOA-B • Payment Denial- replaced the NOA-A • Services Delivery- replaces the NOA-B • Modification- replaced the NOA-B • Termination- replaces the NOA-B • Authorization Delay- replaces the NOA-B • Timely Access- replaced the NOA-E • Financial Liability • Grievance and Appeal- replaces the NOA-D; issued by Patient Rights 		<p>Caesar Moreno</p>
<p>Legal Entity Chart Review- Update</p>			<p>Caesar Moreno</p>
<p>Collaborative Documetation Training for Legal Entities</p>			
<p>QA Website Handouts</p>	<p>Caesar expressed that providers are to provide an NOABD when speciality mental health services are being denied due to lack of medical necessity or when a beneficiary is provided with an untimely appointment.</p> <p>Question: So each agency is going to have to create their own version using the DMH letterhead in order to individualize to the clients and circumstance that is applies to. Can we create our own Spanish version or whatever language we need?</p> <p>Answer: We belive you do have the option to make changes. So long as it speaks to the language that DMH uses in their notice. It is recommended that you look at the info notices that were sent out to determine what can be changed because only those pieces of infomration in blue can be changed.</p> <p>Caesar reported that there is an online training for those that are directly operated programs for Mastery in IBHIS and Documentation. There will be a training made avlaiable soon for Understanding Medical Necessity and Completing a Needs Evaluation. There is also a training in development for Crisis Intervention.</p>		
<p>COVID-19 Signatures</p>	<p>Chart reviews are still being conducted with upcoming reviews for Child and Family Center in September and David and Margaret Homes in September/October. They are beginning to do this with more of a virtual platform.</p>		

<p>Helpful QA Links</p> <p>Final Questions</p>	<p>There is a collaborative documentation for legal entites that is currently in development and should be avliable by December.</p> <p>Caesar expressed that the QA Website (General Training for Legal Entities and Juvenile Justice/Halls & Camps) has some handouts that may be useful for agencies for practice including:</p> <ul style="list-style-type: none">• Targeted Case Management (TCM) Activity Examples• Rehabilitation Activity Examples• An approach to the Treatment Plan Development Process• Service Component Examples• What is Reimbursable and What is Not• Intensive Home Based Services (IHBS) Active Interventions• Mental Health Services (MHS) Active interventions• Intensive Care Coordination (ICC) Active Interventions• Targeted Case Management (TCM) Active Interventions• Targeted Case Management vs. Rehabilitation <p>The coming soon handouts include:</p> <ul style="list-style-type: none">• Collateral activity examples• Plan development activity examples <p>Caesar reported that signatures requirements related to COVID was brought up during this month's meeting and there were questions asked about signatures. Verbal consent is acceptable for CTP and consents. Financial forms are separate and still require a wet signature.</p> <p>Question: Does this cover all types of consents? Answer: From our understanding is that it would depend on the consent but agencies are doing verbal or telehealth consents.</p> <p>Question: At what point will this no longer be an audit issue or at some point will we need to get the signature when an audit arises?</p>		<p>Caesar Moreno</p>
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	<p>Answer: Patricia reported that is counts as a valid verbal consent during COVID-19 so long as it's documented.</p> <p>It was recommended that the bulletin from CBO regarding the PFI be reviewed for further clarification.</p> <p>Caesar provided the Helpful QA links were provided to everyone including the following: QA Website Webinars Link (past meetings and other trainings) CANS training questions.</p> <p>Question: Have any organizations re-opened? Is anyone seeing clients in the community or in the office?</p> <p>Answer:</p> <ul style="list-style-type: none"> • One agency is doing virtual • Hathways is still virtual • Another agency reported only in a crisis situation will someone go out • Another agency reported that staff are able to go in a couple times of week but not clients. • Another agency expressed some sites are open 1 or 2 days a week for high risk clients • Another agency Virtual but in person request is gradually increasing • Another agency said they see clients in the office as needed 		
<p>Other Announcements/Issues</p>	<p>There were no other announcements or issues.</p>		
<p>Adjournment</p>	<p>Meeting was adjourned at 4:00 PM Respectfully Submitted, Caesar Moreno, LCSW QIC Co-Chair</p>	<p>Next Meeting: <i>December (Date TBA)</i> Via Teams</p>	