

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

June 17, 2021

## Agenda

1:30 – 1:40 Introductions/Announcements/Minutes . . . . . Michelle Rittel  
1:40 – 3:25 Report from DMH QI/QA . . . . . Michelle Rittel

### QI

- CPS
- Compliance, Policy and Audit Services Update
- CAPP (Parent Partner meeting)

### QA

- 21<sup>st</sup> Century CURES Act Update
- CalAIM Proposal
- EPSDT Common Errors
- Training & Operations: QA Resources Video, QA Webpage Training Update, Collaborative Documentation, QA Knowledge Assessment Survey
- Policy and Technical Development: Discipline Reminders, DMH Directly Operated Policy Updates, Org Manual Updates, Network Adequacy/Access to Care, NOABD Application, QA Bulletins

3:25 – 3:30 Suggestions for Next Meeting

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**Next Meeting:**  
Thursday, August 19, 2021  
Location: Online - Teams

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH**  
**Service Area 2 Children’s QIC Meeting**  
**QUALITY IMPROVEMENT COMMITTEE MINUTES**

<b>Type of Meeting</b>	SA 2 Children’s QIC	<b>Date</b>	June 17, 2021
<b>Place</b>	Online – Teams Meeting	<b>Start Time</b>	1:30pm
<b>Chairperson</b>	Michelle Rittel	<b>End Time:</b>	3:30pm
<b>Co-Chair</b>	Alex Medina		
<b>Members Present</b>	Alex Medina, Ariel Landrum, Aubrey Ferman, Cheryl Davis, Christine Pina, Cindy Luna, Claudia Morales, Dave Mendez, David Zuckerman, Diana Dawson, Esther Lee, Gina Leggio, Honey Hira, Ilda Aharonian, Iliana Martinez, Ingrid Rey Balbuena, James McEwen, Jeanine Caro-Delville, Jennifer Mitzner, Jennifer Roecklein, Jenny Sanchez, Jessica Ayala, Karina Krynsky, Kaylee Devine, Kelly Thomas, Kimber Salvaggio, Luis Pereira, LyNetta Shonibare, Maggie Holland, Michelle Rittel, Nizhu Minhaz, Roman Shain, Tanya Khanjian, Tim Petersen, Tyler London, Vicky Rivera, Vicky Shabanzadeh, Zeena Burse		
<b>Absent Members</b>	Adik Parsekhian, Aminah Ofumbi, Anabel Aispuro, Angela Kahn, Angie Sanchez, Arezoo Masjedi Esfahani, Carolyn Kaneko, Cassandra Lopez, Danielle Norman, Freda McGovern, Gurudarshan Khalsa, Helen Mejia, Heylee Barriola, James Pelk, Jennifer Palma, Jennifer Sherman, Jolene Bajnath, Judy Cardona, Kate Carada, Katherine Fleming, Laura Padrino, Lisa Sumlin, Lorena Chavez, Lori Pendroff, Marina Ekart, Mark Rodriguez, Michelle Burton, Michelle Ferrante, Mollie Sternberg, Natalie Gallardo, Nicole Lomas, Pilar Navarro, Stephanie Yamada, Tiffani Tran, Tiger Doan, Wendy Salazar		
<b>Agenda Item &amp; Presenter</b>	<b>Discussion and Findings</b>	<b>Decisions, Recommendations, Actions, &amp; Scheduled Tasks</b>	<b>Person Responsible &amp; Due Date</b>
<b>Call to Order Introductions and Announcements:</b> Michelle Rittel	Meeting called to order at 1:30pm. There were no announcements.		
<b>Review of Minutes:</b> Michelle Rittel	Minutes from April 15, 2021 meeting were previously emailed for review and approved in the meeting.		

Agenda Items & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
<b>Quality Improvement (QI)</b>			
<p><b>DMH QIC Meeting Report:</b> Michelle Rittel</p>	<p>CPS: CPS Spring 2021 starts on Monday 6/21/21 and goes for the whole week for selected providers. Please do not hesitate to reach out if you have any questions. There will be technical assistance available daily, 9-9:30am. Michelle sent the link to everyone previously. The deadline for Provider Tally Sheets for paper surveys is 6/29/21 by noon. The deadline for paper survey drop off is 7/6/21 and Michelle emailed the information about scheduling drop offs.</p> <p>Compliance, Policy &amp; Audit Services Update: Monthly bulletins with new, revised and deleted policies are posted online and can be reviewed on the DMH website. May 31, 2021 Policy Bulletin was briefly reviewed.</p> <p>CAPP: The CAPP meeting is an online Teams meeting on the third Tuesday of the month, 11am-1pm. All Parent Partners are strongly encouraged to attend. Please have Parent Partners contact Cristina Rojas to be added to the email distribution list at <a href="mailto:crrojas@dmh.lacounty.gov">crrojas@dmh.lacounty.gov</a></p>		

Agenda Items & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
<b>Quality Assurance (QA)</b>			
<p><b>Departmental QA Meeting Report:</b> Michelle Rittel</p>	<p>21<sup>st</sup> Century Cures Act Update: 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>CalAim Proposal Update: Timelines are in discussion by DHCS (eg. whether Jan. 1, 2022 is feasible). LACDMH is participating on workgroups with the state and discussing change management for documentation reform. Information on Payment Reform and Medical Necessity Criteria was briefly reviewed, since it has been reviewed in previous meetings.</p> <p>EPSDT Common Errors: CANS and PSC-35 Recommended Workflow Approach for the Initial, Reassessment and Discharge assessments was reviewed. Common errors are: reassessments and/or discharges with no initial, assessments not submitted in sequential order, reassessments submitted outside the administrative window, assessments completed outside DOB target age, duplicate assessments, overlap in treatment with multiple providers, duplicate assessments in two different data-based entry systems, not a newly active client, and only an initial entered in the data-based entry system.</p> <p>Audits: None scheduled for SA2 Children’s Providers.</p> <p>Training and Operations: QA Resources Video – Will be available soon. It will highlight QA resources available to support DO and LE providers including: manuals and guides, bulletins and FAQs, clinical forms, training and webinars,</p>		

**Departmental QA Meeting Report, contd.:**  
Michelle Rittel

chart review requirements, and LACDMH policies. Information will include where to find them, explain their purpose, what kind of information they contain and when you might utilize them.

QA Webpage Training Update – Targeted Case Management and Rehabilitation Module is now available.

Collaborative Documentation – Upcoming training dates are coming soon. A Collaborative Documentation page is being developed for the QA website which will include information and resources developed during the pilot and roll-out of Collaborative Documentation for DO programs. It will include pilot/roll-out implementation summary report, Collaborative Documentation Guidelines Manual, follow-up strategies for clinics, quick start implementation guide and follow-up implementation survey questions.

QA Knowledge Assessment Survey – Survey #3 answers/rationales and countywide results now available on QA webpage. Development of Survey #4 to begin soon.

Policy and Technical Development: Discipline Reminders – Medical Doctor/Doctor of Osteopathy must have: 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. Nurse Practitioners must be: a psychiatric mental health nurse practitioner. Physician Assistants must be: licensed (refer to the Guide to Procedure Codes page 6).

DMH Policy 303.02 Reporting Suspected Child Abuse and Neglect for Directly Operated Providers – updated 2/16/21 – 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”. QA will be creating a “Non-Disclosure Admin” file within IBHIS and available June 1, 2021. Child abuse reports and other documents not subject to disclosure can be scanned into this folder. Once scanned and verified, the paper document can be destroyed.

Policy 300.06 Non-Open Protected Health Information (PHI)

**Departmental QA Meeting Report, contd.:**  
Michelle Rittel

File for DO Providers – Policy updated 3/24/21- 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 legal counsel. Updated retention requirements.

Policy 300.03 Clinical Correspondence Concerning Clients for Directly Operated providers – updated 2/16/21 – reviewed and made minor updates for consistent use of practitioner/provider. Organizational Providers Manual (Org Manual) – Key Updates – NOABD issuance for No Medical Necessity – including that an assessment must be done to determine No Medical Necessity. Needs Evaluation – added description and requirement including reference to Needs Evaluation Tool (NET) and Child and Adolescent Needs and Strengths (CANS). EPSDT Services (ICC, IHBS, TBS and TFC) – target population expansion of ICC and IHBS, new requirements including the pre-authorization process for IHBS, TBS and TFC, description of Integrated Core Practice Model (ICPM) and Child and Family Team (CFT), updated service components of ICC. Outpatient and Day Services Included Diagnoses & Inpatient Diagnoses – removed from appendix and replaced with URL hyperlinks. DTI/DR – removed requirement that MHS must be pre-authorized when provided concurrently with DTI or DR.

Network Adequacy & Access to Care: Access to Care Reminders – In most cases, a disposition should be entered in SRL and SRTS within 5 business days, however the SRL web service cannot be submitted to DMH until it is known whether or not the client showed up for the appointment. If SRTS records are left open and without final dispositions, DMH will contact providers to close those records out. Once contact is made with a potential client, an applicable disposition should be entered in the SRTS as soon as possible. Do not wait until the appointment date to enter the disposition. You cannot have a waitlist.

**Departmental QA Meeting Report, contd.:**  
Michelle Rittel

Reminders Re: Not Accepting New Beneficiaries – Upon determining that you can no longer accept new beneficiaries, notify your Service Area Chief & Lead Contract Monitor and immediately update NAPP. NAPP feeds into the Provider Directory. ACCESS uses an internal Provider Directory to identify providers accepting new clients when making SRTS referrals. Issues currently being worked on: Internal & External Provider Directory not currently refreshing regularly with info from NAPP and unfortunately there is nothing preventing ACCESS from transferring an SRTS referral if a provider has updated NAPP to reflect no longer accepting new clients. Updating the external Provider Directory to easily search for providers accepting new clients.

Network Adequacy – Next submission date is 7/1/21 – state extended. All providers should ensure all information is current and accurate by June 15<sup>th</sup>. QA will be contacting a sampling of providers during the month of June to confirm information found in NAPP. Next Access to Care/Network Adequacy Webinar 7/13/21 at 9am.

NAPP Current Status – DMH must submit data to the State by 7/1/21. They are pulling data on 6/15/21 for submission to the State. Providers should have completed updates by 6/11/21. Whatever is in NAPP on 6/15/21 will go to the State. QA is aware of issues with the report, but it works and is refreshed daily around mid-morning – specific issues with duplicate entries and total FTE hours.

NAPP Guidance/Tips – Service Location – Deactivate Service Locations that are no longer active. Practitioners – if you encounter any of the following, report to QA: Inactive practitioners – contact QA to reactivate – associating to organization/legal entity is independent from associating to a service location or site; Incorrect NPI – Organization’s NPI entered for practitioner; DONOTUSE records – working on solution with CIOB and Netsmart. Cultural Competency Training – year and hours format – 4-digit year, be careful not to confuse the fields, will add validation for fields in next release, no minimum hourly requirement for training. Age Groups Served/Programs Available – revising fields to make

**Departmental QA Meeting Report, contd.:**  
Michelle Rittel

more user friendly with the purpose of the fields in mind.  
Network Adequacy and Timely Access to Care – Ensure the data in NAPPA is current and accurate at the end of each month. For psychiatrists, ensure all are entered. They continue to be the closest to not meeting state requirements. If they work with adults 18+ be sure to separate FTEs for 0-20 and 21+. Also please make sure to add any new staff.  
NOABD Application for LEs – Reminder – LE providers can request access through SAR (the same application used to request access to NAPPA) starting 3/15/21. Patients’ Rights will no longer accept faxed NOABDs as of 7/1/21. Currently, the application can only search and create NOABD letters for existing clients in IBHIS. For beneficiaries not in IBHIS, providers will need to issue their own notices and fax a copy to Patients’ Rights if applicable. Recording on how to use the application will be posted on the QA Training page and links to the recording and NOABD Application User Guide were provided in the meeting slides that were emailed to everyone.

QA Bulletins: 21-02 Access to Care Expectations and Reminders – Bulletin was sent by email and was reviewed during the meeting.  
21-03 Guide to Procedure Code Updates – Bulletin was sent by email and was reviewed during the meeting.  
20-05 Pre-Authorization for IHBS/TBS/TFCS FAQs Updated – Updated FAQs were reviewed.

Health Information Management (HIM): No updates.



<p><b>Suggested Items for Next Meeting:</b></p> <p><b>Handouts:</b></p>	<p>There were no suggestions.</p> <p>QA Bulletin 21-02</p> <p>QA Bulletin 21-03</p> <p>QA Bulletin 21-05 FAQ</p> <p>SA2 Children's QIC Meeting Power Point – June 17, 2021</p>		
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**Respectfully submitted,**

**Michelle Rittel, LCSW**