

**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>	October 21, 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>	Akila Bacon, Alex Medina, Angela Kahn, Aubrey Ferman, Cassie Lopez, Christine Pina, Cindy Luna, Dave Mendez, David Lopez, Diana Dawson, Elizabeth Pak, Erik Sherman, Gina Leggio, Heylee Barriola, Ilda Aharonian, Ingrid Balbuena, James McEwen, Jeanine Caro-Delville, Jennifer Mitzner, Judy Cardona, Karina Krynsky, Kelly Thomas, Kimber Salvaggio, Larissa Cazacioc, LyNetta Shonibare, Mercedes Cortez, Michelle Burton, Michelle Rittel, Paula Slayden, Roman Shain, Stephanie Ochoa, Stephanie Perez, Tanya Khanjian, Tiger Doan, Vicky Shabanzadeh			
<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 August 19, 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>			
<b>DMH QIC Meeting Report:</b> Michelle Rittel	<p>EQRO: Reviewed what EQRO is and the focus of the review. Review was 9/27-9/29/21 and focused on Service Areas 1 &amp; 7. Areas of focus of the review were Access to Care, Timeliness of Care, Quality of Care, Outcomes and Service Area Sessions. Preliminary feedback on where we are doing well included: Highly dedicated staff and creative solutions to deliver service despite staffing shortages and limitations due to pandemic, Cultural Competence work, expansion of Peer Centers, Consumer feedback – consumers felt hope, they felt providers were supportive, flexible and accommodating, Positive feedback on Medication Monitoring, Improvements in Timeliness of Care, QIC Committee notes received praise for depth of discussion, both Clinical (MAT) and Non-Clinical (Timeliness) PIPs were deemed active and received high praise. Areas for growth included: Timeliness in Psychiatry, concern for use of UCCs as an interim service and its impact on consumer and quality of care, better tracking of timeliness in psychiatry, tracking timeliness of 2<sup>nd</sup> appointment, inclusion of providers for major changes. QI opportunities for growth included: goal to improve use of QI to address needs system wide, goal to incorporate demonstrations of use of QI in meetings. You can look at past reviews at <a href="http://calequero.com">calequero.com</a></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. July-September 2021 Quarterly Policy Bulletin was briefly reviewed.</p>		

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

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 [crrojas@dmh.lacounty.gov](mailto:crrojas@dmh.lacounty.gov)

Capacity Issues: General discussion of capacity issues and what providers have been doing to address them. Tarzana Treatment Centers has been doing mental health processing groups with clients that are not in individual treatment. Stirling is having all clinical staff work on intakes to keep new clients moving into treatment. SFVCMHC would like DMH to look at getting LAUSD to allow BA level staff to provide services in schools. Pacific Clinics has an Access to Care Coordinator who addresses capacity issues.

Agenda Items & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
<b>Quality Assurance (QA)</b>			
<b>Departmental QA Meeting Report:</b> Michelle Rittel	<p>State Updates: CalAIM - January 2022 – per recent DHCS webinar – we will be modifying existing SMHS criteria for both outpatient and inpatient services to align with state and federal requirements and ensure beneficiaries get the right care in the right delivery system. We need to clarify language – medical necessity is different from criteria for services – and implement a “no wrong door” policy. July 2022 – instead of doing uncoordinated assessments, we will be doing domain driven assessments. Instead of having a static treatment plan, we will have a dynamic problem list. Instead of complex lengthy, narrative notes, we will have lean documentation. Disallowances for fraud, waste, abuse instead of for quality.</p> <p>Audits: None scheduled for SA2 Children’s Providers.</p> <p>Training and Operations: Legal Entity Chart Reviews – none upcoming for SA2 Children’s providers. The chart review tool used by QA Unit reviewers has been updated, as has the Summary Report format.</p> <p>Collaborative Documentation – Trainings are open to Contracted and Directly Operated staff. Includes a telehealth element. Upcoming General and Train the Trainer trainings – General 10/12 (registration full) and 11/1, Train the Trainer 10/25 and 11/2. Registration information to be sent out this week. Collaborative Documentation resource webpage expected to be available next week. Vicky Shabanzadeh from Stirling raised some questions regarding having the training address doing Collaborative Documentation with adolescents, specifically regarding substance use and sexual behaviors and with doing Collaborative Documentation with younger children when they are playing.</p>		

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

Michelle Rittel

Online Training Update – online COS training is currently in development and will be available on the QA training page under General Training for Legal Entities and Juvenile Justice Halls/Camps.

QA Knowledge Assessment Survey – Survey #4 is now closed. Answers and countywide results will be sent out and made available on the Knowledge Assessment page of the QA website.

Policy and Technical Development: QA Bulletin 21-05: Updates to Practice Arising From the COVID-19 Public Health Emergency – Answers to questions regarding QA Bulletin 21-05 – Yes, verbal consent for services will continue to be allowed and verbal agreement/consent is allowed for all other intake paperwork. Continuing to allow documentation of inability to sign on HIPAA related forms depends on the form. For the Acknowledgement of Receipt for the Notice of Privacy Practices, DO providers can continue to complete the “inability to Obtain Acknowledgement” section and checking off “other reasons or comments” and entering the reason for the absence of in-person signature. Providers can also add that the NPP was either emailed or mailed to the client. For the Authorization for Release of Information, HIPAA requires a signature in order for the Authorization to be valid. For questions regarding Financial Forms, please contact the Central Business Office [cbo@dmh.lacounty.gov](mailto:cbo@dmh.lacounty.gov) . Progress notes should continue to state that services will be delivered in a non-standard manner due to COVID-19 if the service is only provided by telehealth or telephone due to COVID-19 related issues. If the service is provided via telehealth or telephone because that is the “new” way of delivering services, no statement is needed. There is a requirement to obtain consent to provide services via telephone or telehealth and that needs to be documented, but there is no requirement regarding frequency of obtaining consent, nor that the consent requires a signature. Verbal consent for medication can also continue to be obtained. Assessments and initial medication evaluations can continue to be completed by telephone. It will still be acceptable to obtain client verbal

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

Michelle Rittel

agreement to the Client Treatment Plan. There will not be any changes to the allowable procedure codes for telehealth/telephone. For telehealth services, a practitioner does not need to be present with the client. LACDMH has requested clarification from DHCS regarding what place of service should be used for services provided from the practitioner's home. In the meantime, the office place of service can continue to be used when telehealth/telephone services are provided from the practitioner's home. 5150/5151 can continue to be done by telehealth. The finalized QA Bulletin was sent out. There are clarifications coming regarding the signature on the Authorization to Release PHI form and the Medication Consent.

QA Bulletin 21-06: Updates to Access to Care Related Policies – DMH policies 302.07 Access to Care and 302.14 Responding to Initial Requests for Service have been updated. All providers must ensure they provide or arrange for timely access to needed SMH services upon request by the client or a provider acting on behalf of the client. There is an Access to Care Timeframes chart attached to the QA Bulletin. A short recording on the timeframes will be posted on the QA Training webpage. The Timeframes chart was briefly reviewed. Significant modifications for both policies were reviewed.

QA Bulletin 18-07R – There have been slight revisions to QA Bulletin 18-07 and the associated MAT guidelines. Revisions were reviewed. The associated MAT FAQs were reviewed.

QA Bulletin 20-08:PAVE Enrollment – All practitioners within specific licensed disciplines must enroll in the DHCS PAVE portal. In August, QA began developing a plan to monitor for PAVE enrollment.

Reminder – H2025 and H0002 are no longer active codes. A few providers continue to submit claims using these codes. They will be deactivated in November and claims will be denied.

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

Michelle Rittel

Network Adequacy & Access to Care: The slide presentation from the Network Adequacy/Access to Care meeting on October 12, 2021 was reviewed.

Access to Care – Brief review of Policies 302.07 Access to Care and 302.14 Responding to Initial Requests for Services.

Provider Directory – DMH is updating the internal Provider Directory and will eventually update the external Provider Directory to the same format as the internal directory. The data in the Provider Directory pulls from NAPPA and is updated regularly.

Access to Care Monitoring Plan – plan was briefly reviewed, as it has been covered more extensively in previous meetings.

Access to Care monitoring for 2021 Q2 has wrapped up and they are beginning to work on Q3.

Psychiatry Timeliness – Per Policy 302.07, clients must be offered a medication appointment time within 15 business days from the date of request. Per DHCS/EQRO as well as internal needs, DMH to begin tracking timeliness to psychiatry appointments.

Reminder – Assessment Requirements – If a client is referred to your provider and a full assessment was already completed, completing another full assessment is not required.

Current Status of Providers Accepting New Beneficiaries – as of 10/7/21 73 Service Locations in NAPPA show as not accepting new beneficiaries. Please make sure you are checking to make sure this information is correct for your provider and make sure everyone in your organization is on the same page.

Network Adequacy – There are revised instructions for both LE and DO providers for NAPPA. The links are in your copy of the slideshow. The population served tab in NAPPA has been updated – age groups served and programs available were reconfigured and all providers will need to go in and re-select their age groups and programs. Revised NAPPA training modules for Organization, Service Location and Practitioner should be available this month.

<p><b>Departmental QA Meeting Report, contd.:</b> Michelle Rittel</p> <p><b>Suggested Items for Next Meeting:</b></p> <p><b>Handouts:</b></p>	<p>NAPPA Monitoring Plan – DMH QA will be monitoring all providers 2X per year each. There will be a pilot with 3 LE and 3 DO providers by the end of October. NAPPA Contacts – Please make sure at least 2 contacts are listed for each of your providers in NAPPA.</p> <p>There were no suggestions.</p> <p>Network Adequacy/Access to Care Slides – October 2021</p> <p>Policy Bulletin 2021 Qtr 3</p> <p>QA Bulletin 18-07R</p> <p>QA Bulletin 21-05</p> <p>QA Bulletin 21-06</p> <p>SA2 Children’s QIC Powerpoint for 10/21/21</p> <p>SA2 Children’s QIC Minutes – August 19, 2021</p>		
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<b>Next Meeting:</b>	Thursday, December 16, 2021 1:30-3:30pm Location: Online – Teams Meeting		

**Respectfully submitted,**

**Michelle Rittel, LCSW**