

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

Type of Meeting	SA 2 Children’s QIC	Date	August 19, 2021	
Place	Online – Teams Meeting	Start Time	1:30pm	
Chairperson	Michelle Rittel	End Time:	3:30pm	
Co-Chair	Alex Medina			
Members Present	Addi Castaneda, Anabel Aispuro, Angela Kahn, Aubry Fermen, Claudia Morales, Dave Mendez, Diana Dawson, Gina Leggio, Helen Mejia, Heylee Barriola, Honey Hira, Ilda Aharonian, Iliana Martinez, Ingrid Rey Balbuena, James McEwen, Jennifer Escarcia, Jennifer Mitzner, Jenny Sanchez, Jessica Ayala, Judy Cardona, Katherine Fleming, Kaylee Devine, Kimber Salvaggio, Laura Padrino, Lynetta Shonibare, Nizhu Minaz, Tanya Khanjian, Tyler London, Vicky Shabanzadeh			
Agenda Item & Presenter	Discussion and Findings		Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Call to Order Introductions and Announcements: Michelle Rittel	Meeting called to order at 1:30pm. There were no announcements.			
Review of Minutes: Michelle Rittel	Minutes from June 17, 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
Quality Improvement (QI)			
DMH QIC Meeting Report: Michelle Rittel	<p>Presentation: Speaker’s Bureau Overview. Presented by Deborah Villanueva. Discussed the Speaker’s Bureau and the services provided. PowerPoint was previously emailed to everyone.</p> <p>Presentation: C Numbers. Presented by LyNetta Shonibare. Discussed process for obtaining and maintaining C Numbers. PowerPoint was previously emailed to everyone.</p> <p>Presentation: QI Work Plan Evaluation Report. Presented by LyNetta Shonibare. Discussed QI Work Plan and Evaluation Report. PowerPoint was previously emailed to everyone.</p> <p>Compliance, Policy & 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 crrojas@dmh.lacounty.gov</p>		

Agenda Items & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Quality Assurance (QA)			
Departmental QA Meeting Report: Michelle Rittel	<p>Stat DHCS Updates: Medi-Cal Rx – Per QA Bulletin 20-07R, all prescribers were to be enrolled in Medi-Cal RX by 7/1/21, Implementation and training by DHCS has been delayed. Medi-Cal Rx will go live 1/1/22 and we are awaiting an information notice on this. Providers should continue enrolling prescribers. Medi-Cal pharmacy benefits will be administered through Medi-Cal Rx. DHCS has partnered with Magellan to provide a wide variety of administrative services and supports for Medi-Cal Rx and will utilize the Medi-Cal Rx Provider Web Portal. All prescribers must be enrolled in the Medi-Cal Rx Provider Web Portal to submit prior authorization treatment requests and view prescription history.</p> <p>CalAim Update- Based on stakeholder feedback and internal analysis, DHCS announced it will stagger CalAIM implementation dates, allowing DHCS, Counties and providers sufficient time for training and technical assistance prior to the official go-live dates. These are the dates: Changes to eligibility criteria for SMHS – Jan. 2022, Documentation redesign for SMHS – July 2022, Co-occurring treatment – July 2022, No Wrong Door – July 2022, Standard screening & transition tools – Jan. 2023, Payment reform – July 2023.</p> <p>DHCS Proposed Changes to Eligibility Criteria for SMHS – allow reimbursement of treatment before diagnosis, clarify treatment in the presence of a co-occurring SUD is appropriate and reimbursable when medical necessity is met, create criteria for children to access SMHS based on experience of trauma and risk of developing future mental health conditions, beneficiaries may initiate medically necessary mental health services in one delivery system and receive ongoing services in another system, beneficiaries whose degree of impairment changes may transition between the delivery systems or under some circumstances may receive medically necessary mental</p>		

Departmental QA Meeting Report, contd.:
Michelle Rittel

health services in more than one delivery system, care shall be coordinated between the delivery systems and services shall not be duplicated.

DHCS Proposed Documentation Reform – Eliminate the requirement for a point-in-time treatment plan signed by the client and progress notes tying to the treatment plan. Require problem lists and progress notes to reflect the care given and to align with the appropriate billing codes. Revise the clinical auditing protocol to use disallowances when there is evidence of fraud, waste and abuse and to use quality improvement methodologies for minor clinical documentation concerns.

Proposed No Wrong Door – Implement a “no wrong door” policy to ensure beneficiaries receive medically necessary treatment regardless of the delivery system where they seek care. Allows beneficiaries who directly access a treatment provider to receive an assessment and mental health services, have that provider reimbursed for those services, even if the beneficiary is ultimately transferred to the other delivery system due to their level of impairment and mental health needs. In certain situations, beneficiaries may receive non-duplicative services in multiple delivery systems.

Audits: None scheduled for SA2 Children’s Providers.

Training and Operations: Legal Entity Chart Reviews – There are currently no reviews scheduled for SA2 Child Providers. There are updated Chart Review Checklist Tools for LEs now available on the QA website.

Intro to QA Resources Module is now available on the QA Training Page. It highlights some of the QA resources available to support LACDMH DO and Contracted providers.

Collaborative Documentation – Next general and train the trainer Collaborative Documentation trainings to be scheduled soon. Collaborative Documentation page currently being developed for the QA website.

Departmental QA Meeting Report, contd.:

Michelle Rittel

Policy and Technical Development: Medi-Cal Certification Bulletin 21-01 was reviewed. Bulletin was previously emailed to everyone.

Policy 401.03 Clinical Documentation for all Payer Sources – policy has been revised and is available online. Simplified policy to refer to the requirement to know, reference and abide by requirements within the Organizational Provider’s Manual, Guide to Procedure Codes, all applicable QA Bulletins and all applicable policies, including 401.02. Retained requirement to have a quality assurance process to ensure all documentation requirements are met. Removed all procedures for documentation requirements and placed in the Organizational Provider’s Manual.

QA Bulletin 21-04 – Organizational Provider’s Manual Updates – Added language around claiming for review of records in preparation of a missed/canceled appointment. Removed list of “Outpatient & Day Services Included Diagnoses” from the Appendix and replaced it with a URL hyperlink. Added the requirement for Notice of Adverse Benefit Determination (NOABD) issuance for no medical necessity, including that an assessment must be done to determine no medical necessity. Added reference to the Needs Evaluation within the Clinical Loop. Added a statement that the lack of medical necessity can only be determined through an assessment and that Triage should only be used determine how quickly someone needs to be seen for an appointment. Added a statement for provision of emergent services prior to completing a New Client Assessment when medical necessity has been established. Added the option for DO Providers to use the Medication Service Progress Notes with required data elements as the Continuous Client Assessment. Added a description and requirements for the Needs Evaluation including reference to the Need Evaluation Tool (NET) and Child and Adolescent Needs and Strengths (CANS). Added Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS) and Therapeutic Foster Care Services (TFCS) under types of services. Updated frequency to every 6 months for when TBS requires and Update Client Treatment Plan. Added IHBS and TFCS to requiring an Update Client

Departmental QA Meeting Report, contd.:
Michelle Rittel

Treatment Plan every 6 months. Added a statement that client/legal representative's verbal agreement is equivalent to a signature. Expanded the definition of Face-to-Face Time for Mode 15 to include time spent providing a services to a parent/guardian who is physically present, including via telehealth. Added ICC, IHBS, TBS and TFCS under required frequency of progress notes. Updated the definitions of service components related to ICC. Expanded information related to Informed Consent for Medication Support Services including use of the JV-220 through JV-223 forms and the Medication Consent and Treatment Plan (for DO). Expanded the definition of 'coordinating placement' under TCM during a Medi-Cal lockout to include identifying and securing a placement and setting up mental health services to support successful placement upon discharge. Updated language related to ICC and IHBS including adding in requirements for preauthorization. Removed requirement that Mental Health Services (MHS) must be pre-authorized when provided concurrently with Day Treatment Intensive (DTI) or Day Rehabilitation (DR). Added in TFCS including requirements for pre-authorization.

Clinical Forms Bulletin 21-03 – Re-Assessment Forms: Removed checkboxes for “No Updates” and “Updates include...” due to concerns practitioners were not documenting client's current status. Added field for “if applicable, date of previous assessment...”. Supplemental TBS/IHBS Forms: Added checkboxes to indicate the Type of Request to assist authorizing staff and reduce back and forth with providers. Client Treatment Plan Forms: Added checkboxes to indicate the client/legal rep was offered a copy of the plan and justification if not offered.

CANS/PSC FAQs – FAQs are now posted under QA Bulletins, next to QA Bulletin 19-03.

COVID Updates – Guidance by DHCS regarding COVID-19 flexibilities: CA law requires a client's consent to receive services via telehealth/telephone to be documented in the chart, but does not specify frequency of obtaining consent.

Flexibility for mental health facilities to obtain signed consent

Departmental QA Meeting Report, contd.:
Michelle Rittel

for medications form via Exec Order ends on 9/30/21. If client chooses not to sign, the provider shall document that client understands the nature and effect of the anti-psychotic meds and consents to administration but does not want to sign. DHCS will be putting together a stakeholder workgroup to discuss telehealth/telephone recommendations around billing and utilization management protocols (Dec. 2022). It is sufficient to document the reason for lack of signature on a client treatment plan and you do not need to obtain a wet signature at the next face-to-face contact. QA will be developing a QA Bulletin regarding updates to COVID-19 flexibilities identified in QA Bulletin 20-01 based upon the above updated guidance provided by DHCS.

Network Adequacy & Access to Care: Network Adequacy – Currently working on testing updates to NAPPA with an ETA of early September and training materials will be sent out. Please remember to keep information in NAPPA current. QA is developing a monitoring process for ensuring information in NAPPA is current and accurate. Reminder: The information in NAPPA provides vital information for the Provider Directory. NAPPA Structure: Associating Practitioners – We often use the term “remove” when discussing the association of practitioners, but that is not what is going on in the background in NAPPA. Providers have 3 primary types of records in NAPPA: Practitioner, Practitioner Organization and Practitioner Service Location. Practitioner record has core demographic information which is unique to the practitioner and does not change no matter where they are working. Practitioner Organization record has the organization or legal entity, association and disassociation dates and is specific to the Legal Entity/Organization. The association/disassociation dates can affect claims for contracted providers. Practitioner Service Location record has information related to each associated service location and is specific to the service location, provider number, in which they are working. For practitioner records, status = “active” or “inactive”. Only CIOB can mark “inactive”. Records are deactivated when

Departmental QA Meeting Report, contd.:

Michelle Rittel

entered with the incorrect NPI or duplicates were created. For Practitioner Organization records, status = “active” but may have a disassociation date. It should be marked by Providers and the disassociation date will cause them to no longer appear in your Associated Practitioners list. A disassociation date is entered when the practitioner no longer works for the organization. Additionally, entering a disassociation date for the Practitioner Organization record will deactivate Practitioner Service Locations records that are linked to any service locations that fall under the organization. For Practitioner Service Location records, status = “active” or “inactive”. They should be deactivated by the Providers or by entering a disassociation date at the Organization level. Records should be deactivated when the practitioner no longer works at the service location, but still works for the organization.

NAPPA Common Issues – Service locations missing hours of operation, missing license/registration numbers, wrong category (eg marked ACSW, but works as a community worker), missing information for the LE such as CEO/COO, no training hours for Cultural Competency, Entering FTE hours and Caseload when “No” is selected for Mode 15.

Upcoming Modifications to NAPPA – Upcoming changes ETA August 2 were reviewed. For DO only: Service Location Practitioner will limit the Practitioners Available to Select to only those associated to DMH/LE00019. For LE only: NAPPA will be migrated over to the centralized Provider Application Portal and a new link will have to be used to access NAPPA; the same link used for NOABD application.

NAPPA Monitoring – QA is developing an ongoing NAPPA monitoring plan, similar to Access to Care monitoring. It will involve regular review of NAPPA data for each provider. Please ensure you are looking at your NAPPA report on a monthly basis and ensuring all information is current and accurate.

Agenda Items & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Next Meeting:	Thursday, October 21, 2021 1:30-3:30pm Location: Online – Teams Meeting		

Respectfully submitted,

Michelle Rittel, LCSW