

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH SERVICE AREA 6 QUALITY IMPROVEMENT COUNCIL (QIC) MEETING

Date:08.24.2023 Time: 10am-12pm

Type of meeting:	Virtual meeting
Meeting Link:	Join Microsoft Teams Meeting
Members Present:	Dr. Socorro Gertmenian, Jasmine Boyden, Alejandra Munoz, Andy Vigil, Annie Jackson, Armen Yekyazarian, Bosco Ho, Caitlyn O'Hara, Carl Levinger, Daiya Cunnane, David Worden, Edith Cruz, Elizbeth Echeverria, Emma Mendez, Estefania Orelo, Geralyn La Fleur, , Jamie Campos, Jamie Chess, Jessica Palma, Jocelyn Bush Spurlin, Kimberly Green-Russell, Laura Aquino, Lesley Adams, Liz Echeverria, Lizeth Velazco, Lucy Khachtourians, Mariana Villegas, Martin McDermott, Paola Barajas, Robin Moten, Satoko Luce (Coco), Shaun Allen, Sira Solomona, Staurt Jackson, Dr. Tiffany Harvey, Vannessa Martin, Yolanda Robles, Zonia Mijangos-Alonso

AGENDA ITEMS	DECISIONS AND ACTIONS	RESPONSIBLE UNIT/STAFF	DUE DATE
Welcome & Introductions	Dr. Gertmenian welcomed everyone and called the meeting to order at 10:00a.m.		
Minutes review and approval	Minutes from the July 2023 QIC meeting were emailed to QIC members by Dr. Gertmenian.	Jocelyn Bush Spurlin approved the minutes and Jamie Campos seconded.	
QA Updates > CANs and PSC Updates	Dr. Socorro Gertmenian mentioned that the next CANS and PSC webinar will be held on Thursday, August 31st from 11 a.m. – 12 p.m. The webinar will focus on data tips, data analysis, administration tips and resources.		

08.06.2020 REV

> CalAim Updates

 Key Findings from DHCS Triennial Chart Review 2021/2022 Please RSVP: PEIOutcomes@dmh.lacounty.gov

The 6/22/233 CANS and PSC webinar was recorded and posted.

Dr. Gertmenian shared that there will be three live trainings on Clinical Utility of the Cans available for Directly Operated Supervisors, Legal Entity Supervisors and Clinical Staff.

Dr. Gertmenian discussed **Payment Reform** with QIC members:

- Only one note needs to be written if you provide the same service multiple times a day, combining the total duration of all services.
 - DO: If you already wrote a note and the service happens again, just write another note
 - LE: Need to provide guidance on how this will be handled
- Only one note needs to be written if you provide multiple services in a single contact, combining the total duration of all services and selecting the predominant service.
 - Single contact is considered when you met the client/caregiver and provided several different services at the meeting.
 - Meeting with the client and then meeting with staff is not considered a single contact.
- If Co-Practitioners may write on note so long as the same service is provided by both practitioners.
 - If different services are provided, then each person must write their own notes.

Dr. Gertmenian discussed Direct Care

Direct Care is the time interacting with others for clinical purposes.

- Direct Care does include time spent with the client, caregivers, other treatment team members, and consultants who specialize in an area of expertise.
- Direct Care does NOT include time spent on travel, administrative activities, documentation, filling out forms without client, and chart review.
- Direct Care does NOT include add-on duration.
- DO-Direct Care will always be zero if you select "Other Non-Direct Care-Admin Activities" except for a few specialized program staff who have been directed to enter Direct Care.

Dr. Gertmenian reviewed the key points for Psychological Testing

- Type of Service Contact includes Client as well as Significant Support Person
- Per DHCS' Direct Care guidance, Face-to-Face administration, and interactive feedback during the in-person session can be Direct Care.
- Per DHCS interpretation, Decision-Making, Scoring, report
 Writing without direct contact with the client may not be included
 in the Direct Care duration even though AMA rules describe these
 activities in the code description.

 If a feedback session occurs on another day with the client/caregiver to develop a course of treatment/discuss recommendations, it may be reported with a Treatment Planning code.

Dr. Gertmenian briefly discussed **Students in Clinical Disciplines**

- Counties have the option to hold claims for students or submit claims pursuant to the guidance below and then replace them after the SPA is approved and the claiming system is updated. Students providing clinical interventions within their scope of practice should use appropriate CPT codes to claim for reimbursement and include their NPI and the taxonomy code of their supervising clinician.
- Given the recent DHCS FAQ, LE providers should hold any claims for students while they evaluate the impact of the new guidance and how it will be implemented.

Dr. Gertmenian mentioned that DMH is setting up the system to accept the new service codes of the Peer Support, H0038 (Individual Peer Support) and H0025 (Group Peer Support).

- LE Providers should hold any claims for Peer Support Services while they continue to set-up.
- For DO Providers, DMH is considering if a new note type is needed for Certified Peers or if the existing Case Manager note type will be utilized with an added Primary Service for Peer Support Services.

Dr. Gertmenian mentioned that DHCS is updating their system to allow duplicate group claims on the same day by the same practitioner to the same client.

- LE Providers should hold any claims for 2nd and 3rd Group Services to the same client.
- Please hold duplicate claims

Dr. Gertmenian briefly shared the updates to the Guide to Procedure Codes.

 Place of Service 56 to Home Visit E&M codes of 99341-99350 was added.

Dr. Gertmenian shared the updates to the MD Discipline Specific Activity Sheet.

 Per DHCS' recommendation, any consultant and care coordination that do not fit into the specific requirements can be claimed with T017.

Dr. Gertmenian went over the updates to the Certified Peer Discipline Specific Activity Sheet

- Per DHCS' rate release, Certified peer Specialist has limitedservice codes of H0038 and H0025
- DMH is in contact with DHCS to verify if they will release rates for other services, such as T1017 and H2017.

Dr. Gertmenian shared the updates to the DO's Discipline Specific Activity Sheets

Adding the generic codes for each activity

The Key findings from the DHCS System Review, FY 2021/2022 was shared with members:

- Timeliness- The MHP must meet, and require its providers to meet, Department standards for timely access to care and services, considering the urgency of need for services.
- Practice Parameters- The MHP must disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries.
- Primary Contact- The MHP must provide the Beneficiary information on how to contact their designated person or entity.
- Medication Monitoring- The MHP must implement mechanisms to monitor the safety and effectiveness of medication practices.

The Key Findings from the DHCS Triennial Chart Review, FY 2021/2022 was shared with members:

- Assessments
 - Did not include the date the documentation was entered into the clinical record and or the signature of the person providing the service that includes the person's professional degree, licensure, or job title.

Medication Consents

- Did not obtain a current written medication consent form signed by the beneficiary nor was there documented evidence of verbal consent agreeing to the administration of each prescribed psychiatric medication.
- Did not contain all the required elements specified in the Organizational Provider's manual.
- Did not include the date the provider completed and entered the document into the clinical record and or the signature of the person providing the service that includes the person's professional degree, licensure, and job title.

ICC / IHBS

- Lack of evidence that beneficiaries under the age of 21 received an individualized ICC/IHBS determination of eligibility and need for ICC services and IHBS.
- For beneficiaries who were receiving ICC services, there
 was no evidence that a case consultation team or CFT
 meeting occurred at least every 90 days to discuss the
 beneficiaries' current strengths and needs.

The Medication Consent required elements were briefly discussed with members which can also be accessed through the LA County DMH website.

Dr. Gertmenian shared information on the Intensive Care Coordination (ICC) / the Intensive Home-Based Services (IHBS)

- ICC- is a targeted case management service that facilitates assessment of / care planning for/ and coordination of services.
 - ICC is intended to link clients to services provided by other child-serving systems, to facilitate teaming, and to coordinate mental health care.
 - If a child is involved in two or more child -serving systems, providers should utilize ICC to facilitate cross -system communication and planning.
- IHBS- are mental health rehabilitation services aimed at helping the child/youth build skills necessary for successful functioning in the home and community.
- To effectively provide ICC and IHBS, providers should utilize the principles of the Integrated Core Practice Model (ICPM).
 Specifically, there must be a Child and Family Team (CFT) established to guide services.
 https://file.lacounty.gov/SDSInter/dmh/1078650
 IntensiveCareCoordinationServicesPowerpoint9-23-20.pdf

Dr. Gertmenian shared information on Network Adequacy with members:

- MHPs shall submit documentation and data to DHCS annually, and upon the request of DHCS, to demonstrate compliance with the State's standards for access to services, including network adequacy and timely access standards.
- MHPs are required to provide, or arrange for the provision of, all covered SMHS. Each MHP's network must include providers responsible for delivering all SMHS and information regarding

- which network providers deliver which SMHS covered in the MHP Contract.
- DMH uses NAPPA to submit data to DHCS and verify if the ratios are met. Please ensure all information is correct and up to date.
- Providers shall maintain accurate and up-to-date information on its Organization (Legal Entity), Provider Site(s), and Practitioners within the Department's Electronic Application designed to support compliance with the network adequacy, access-to-care, and provider directory reporting requirements associated with the Medicaid Managed Care Final Rule (NAPPA).
- Providers shall develop and implement policies and procedures for ensuring the required information is properly reported into the Application in accord with instructions provided by the Department's Quality Assurance Unit- Quality, Outcomes and Training Division.
- Failure by Contractor to submit the requested information, documents, or materials within the indicated deadline and after County issues a final notice of compliance, may result in the withholding of payments or other contract actions, including but not limited to contract suspension or termination.

Dr. Gertmenian provided a brief review of the Welfare and Institutions Code 5328.03 with QIC members:

Law Overview:

 This law pertains to the release or inspection of mental health records of minor clients who have been removed from the physical custody of their parent or guardian. Enacted to protect the privacy and well-being of minors in such situations.

Prohibition on Release:

- Mental Health records cannot be release based on an authorization signed by the parent or guardian if the minor has been removed from custody.
- Exception: Release is allowed if authorized by a juvenile court order that deems it non-detrimental to the minor.

Dr. Gertmenian provided a brief review of the Implications for Directly Operated Staff:

- QA Bulletin 13.01, Senate Bill 1407 New Provision regarding the release of Minor's Mental Health Records.
- Staff to inquire about the minor's custody status with parent and guardian if involved with DCFS.
- Documentation of parent and guardian response in minor's mental health record.
- If a minor has been removed from custody, no release of records based on parent/guardian authorization.
- Priorly signed authorizations become invalid upon the minor's removal.

	 In certain instances, parent and guardians might still consent to MH services even if a minor has been removed from legal custody. If in the provider's opinion, a minor is mature enough, they can authorize the release of their MH records as young as 12 years old. Dr. Gertmenian shared that there will be a Keeper of Records Meeting for Directly Operated Only on Wednesday, August 30th. To register, please email Heather McDonald: HAMcDonald@dmh.lacounty.gov 		
> QA Knowledge Assessment #6 – Dr. Armen Yekyazarian	Dr. Armen Yekyazarian from the Quality Assurance Unit Training and Operations reviewed the QA Knowledge Assessment Survey #6 Questions & Participant Responses with QIC members. Purpose – To help identify areas where training is needed on Medi-Cal, Specialty Mental Health Service (SMHS) requirements including those related to documentation and claiming and as a tool in the training process itself. Process – Anonymous survey, Medi-Cal, SMHS related requirement questions, conducted multiple times a year. Participants – Legal Entity Contract Providers.	Training & Operations Contacts Nikki Collier: ncollier@dmh.lacount y.gov Robin Washington: rwashington@dmh.lacounty.gov Mark Borkheim: mborkheim@dmh.lacounty.gov Wanta Yu:	

wyu@dmh.lacounty.g Information Dissemination – Survey and results distributed to participants via email and made available to DO providers and the public ov via the LACDMH Website's QA Webpage. Patricia Lopez: plopez@dmh.lacounty Dr. Yekyazarian mentioned that Survey #6 was open from May24th through August 1st, 2023, focusing on CalAim documentation vop. requirements with a total of 191 respondents. Armen Yekyazarian: Dr. Yekyazarian reviewed the data on Participation by Discipline and ayekyazarian@dmh.la Position. county.gov Yvonne Phung: Questions and Participant Responses were reviewed with QIC vphung@dmh.lacount members. v.gov The Knowledge Assessment Survey Full answer rationales and countywide results for Survey #6 were sent out to contract providers and are currently also available on the QA website's Knowledge Assessment Surveys page. • Survey #7 is in development and will focus on Payment Reform. Please access the QA Knowledge Assessment Survey Page at: https://dmh.lacounty.gov/ga/knowledge-assessment-surveys/ QA Updates- Dr. Daiya Dr. Daiya Cunnane shared that she will be coordinating the annual Cunnane external quality review will be in October this year with Service Area 6 and Service Area 8 being selected for a part of the review.

Questions/ Announcements

If you're having any trouble locating information, please email: Socorrog@wellnestla.org

Quality Assurance Mailbox:

► QualityAssurance@dmh.lacounty.gov

General Policy & Technical Development:

- QAPolicy@dmh.lacounty.gov
- ► IBHIS Error Connection: IBHISErrorCorrection@dmh.lacounty.gov
- ► Training Inquiries for Directly Operated Programs: QADOTraining@dmh.lacounty.gov
- ► Network Adequacy & Access to Care: NetworkAdequacy@dmh.lacounty.gov
- ► Professional Waivers: Waivers@dmh.lacounty.gov
- ► Service Request Tracking System: SRTS@dmh.lacounty.gov

For any questions that may come up before the next meeting, please send an email for a timely response.

Dr. Socorro Gertmenian, Co-Chair. socorrog@wellnestla.org

NEXT MEETING: Date: Thursday, September 28, 2023, Time: 10am-12pm, via Microsoft Teams