



Quality Assurance Bulletin

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Program Support Bureau

County of Los Angeles - Department of Mental Health
Marvin J. Southard, DSW, Director

NEW QUALITY ASSURANCE REQUIREMENTS FOR LEGAL ENTITY CONTRACT PROVIDERS

In order to monitor and support Legal Entity (LE) Contract Providers' compliance with Los Angeles County Department of Mental Health (LACDMH) quality assurance standards and requirements as set forth in LACDMH Policy 104.09, Clinical Documentation for All Payer Sources, the Quality Assurance Division has created two new documents for use by LE Contract Providers: the Quality Assurance (QA) Report and the QA Plan of Correction.

Per Policy 104.09, each LE Contract Provider must have a QA process in place in order to ensure that all documentation requirements of the Organizational Provider's Manual are met and occur within established timeframes. In addition, the QA process must be written, on file with the LACDMH QA Division/Program Support Bureau, include annual chart reviews on at least 5% of open clinical records per quarter, and incorporate a process for using review findings to inform and improve ongoing documentation practices.

The **Quality Assurance (QA) Report** establishes a standardized monitoring tool for the QA Division to track LE Contract Providers' compliance with QA standards and requirements. It provides a means for LE Contract Providers to submit the written QA process to the QA Division, verify that chart review requirements are maintained, and provide information about QA activities, use of reference materials, training, communication and audits. The QA Report and any associated documents are to be completed and submitted to the QA Division annually, on or before January 15th, by each LE Contract Provider. Only one report is to be submitted for each LE Contract Provider. If, upon review by the QA Division, the QA Report is found to be incomplete, the LE Contract Provider has ten (10) business days from the date of contact by the QA Division to make corrections and resubmit the Report.

Note: The written QA process should be of sufficient detail as to allow the Department to ascertain the nature, manner and frequency in which QA activities such as chart reviews, QA committees, training, supervision, and other forms of oversight and corrective feedback occur. The staffing patterns associated with the QA activities should be specified.

The **QA Report Corrective Action Plan (CAP)** must be completed for any response on the QA Report that indicates the LE Contract Provider is out of compliance with an LACDMH requirement. Not all questions on the QA Report require a CAP. The QA Report CAP allows the LE Contract Provider to identify the correction that will be taken, how and when the LE Contract Provider will come into full compliance with the requirement, and any barriers that exist to full compliance.

The QA Report and the QA Report CAP have been placed online on the QA website at: http://psbqi.dmh.lacounty.gov/QA_Div.html. Each document may be completed in PDF Fillable format on this site. **For each LE Contract Provider, the initial QA Report and associated documents (written QA process, standardized QA chart review tool, and/or QA Report CAP) must be submitted to the QA Division by email (QA@dmh.lacounty.gov) or fax (213-351-7688) by January 15, 2015.** In addition, LE Contract Providers should keep their QA Liaison(s) updated on all QA activities and documents associated with the process described in this Bulletin.

If Contract Providers have any questions regarding this Bulletin, please contact your Service Area QA Liaison.

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