



Los Angeles County Department of Mental Health

QUALITY ASSURANCE (QA) REPORT

For Legal Entity (LE) Contract Providers Only

The QA Report will be used to monitor and support Legal Entity compliance with Los Angeles County Department of Mental Health (LACDMH) Quality Assurance standards and requirements as set forth in Policy 401.03.

DATE: _____ INITIAL REPORT ANNUAL REPORT

LEGAL ENTITY NAME: _____ LE #: _____ LEAD DISTRICT CHIEF: _____

FORM COMPLETED BY: _____ TELEPHONE #: _____ EMAIL ADDRESS: _____

Name/Title

INSTRUCTIONS:

1. LE Contract Provider: Complete the QA Report **annually** and attach any required documents such as the written QA Process, Chart Review Tool and/or Corrective Action Plan (CAP). For **ANNUAL** QA Reports, the written QA Process must be attached if there have been significant changes since the previous submission or if requested by the QA Division. Be sure to include the revision date on any written QA Process submitted.
2. LE Contract Provider: Submit all documents to the QA Division by January 30th of each year via E-mail (QA@dmh.lacounty.gov) or Fax (213-351-2491).
3. QA Division: Review all submitted documents. If incomplete, mark as "Report Incomplete" and contact the LE person completing the QA Report (as noted above).
4. [INCOMPLETE SUBMISSIONS ONLY] LE Contract Provider: Complete QA Report and/or other required documents and submit within 10 business days from the date of QA Division contact.

If you have any questions regarding this form, please contact your Service Area QA Liaison or Service Area QA Lead, or email QA@dmh.lacounty.gov.

QUALITY ASSURANCE ACTIVITIES	FINDING								
1. Does your LE have a written QA process?	Yes - Attach a copy if the QA Division does not have the current version No-Attach a CAP								
2. Does the written QA process include a way to use the QA review findings to inform and improve ongoing documentation practices?	Yes No - Attach a CAP								
3. Does your LE conduct an annual chart review on at least 5% of open (active) clinical records per quarter?	Yes No - Attach a CAP								
4. Does your LE use a standard QA tool to review charts?	Yes - Attach a copy if the QA Division does not have the current version No - Attach a CAP								
5. Does your LE have a formal QA committee meeting? If so, how often?	Yes Weekly Monthly Quarterly Other:								
	No								
6. Does your LE have one or more clinical staff specifically assigned to QA?	Yes No								
7. Aside from chart reviews and QA meetings, what other QA activities does your LE do? Please check all that apply.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Develop QA Related Policies/Procedures/Training</td> <td style="width: 50%;">Training on Medi-Cal Requirements</td> </tr> <tr> <td>Medi-Cal Certification/Recertification Preparation</td> <td>Oversight of Business Assoc/Subcontractors</td> </tr> <tr> <td>Preparation/Assistance with County/State/Federal Audits</td> <td>Monitor Medication Practices</td> </tr> <tr> <td>Other:</td> <td></td> </tr> </table>	Develop QA Related Policies/Procedures/Training	Training on Medi-Cal Requirements	Medi-Cal Certification/Recertification Preparation	Oversight of Business Assoc/Subcontractors	Preparation/Assistance with County/State/Federal Audits	Monitor Medication Practices	Other:	
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Other:									

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USE OF REFERENCE MATERIALS	FINDING
8. Does your LE use the "Guide to QA Chart Review Requirements for Directly-Operated Programs"?	Yes No
9. Does your LE use the "DMH Short-Doyle Medi-Cal Organizational Provider's Manual"?	Yes No - Attach a CAP
10. Does your LE use the "Guide to Procedure Codes for Claiming Mental Health Services"?	Yes No - Attach a CAP
QA/DOCUMENTATION TRAINING & COMMUNICATION	FINDING
11. Does your LE conduct QA/documentation related trainings for your staff?	Yes No
12. Does your LE send staff to DMH provided QA/documentation related trainings?	Yes No
13. Approximately what percentage of your LE's staff received some form of QA/documentation related training last year?	% of staff received QA/documentation related training
14. Which Services Area QIC/QAC does your LE attend? Please check all Service Areas that apply and list the name and title of staff that attend the meeting.	SA1: <input style="width: 150px;" type="text"/> SA2: <input style="width: 150px;" type="text"/>
	SA3: <input style="width: 150px;" type="text"/> SA4: <input style="width: 150px;" type="text"/>
	SA5: <input style="width: 150px;" type="text"/> SA6: <input style="width: 150px;" type="text"/>
	SA7: <input style="width: 150px;" type="text"/> SA8: <input style="width: 150px;" type="text"/>
	None - Attach a CAP
15. Does staff from your LE interact with the Service Area Quality Assurance Liaisons?	Yes No
16. Does staff from your LE access the Program Support Bureau/QA Website and/or the LACDMH Internet site for QA information and updates?	Yes No
QA AUDITS	FINDING
17. When was the last time a provider of your LE was audited by the Auditor Controller?	Date of Last Audit:
	Unknown Never been audited
18. When was the last time a provider of your LE was audited by Moss, Levy, & Hartzheim or MR Grant?	Date of Last Audit:
	unknown Never been audited

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CULTURAL COMPETENCY	FINDING
19. Does your LE have a mechanism in place to ensure and track that all (100%) of its staff complete annual cultural competency training?	Yes No - Attach a CAP
20. I attest that to the best of my knowledge all (100%) of this LE's staff have completed annual cultural competency training, and that I can produce evidence of completion for each staff member upon request.	Yes _____ No Head of Service Signature Required

FOR QA DIVISION USE ONLY

Date Received: _____ Received By: _____

Date Reviewed: _____ QA Lead/Supervisor Reviewer: _____

Report Status: Complete Incomplete Date LE Contacted: _____