

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
Countywide QIC Meeting
Minutes

Type of Meeting	Countywide QIC	Date	August 30, 2007
Place	DMH office (550 Vermont)	Start Time	10:00 am
Chairperson	Belen Fuller, LCSW	Adjournment	12:00 pm
Members Present	See sign-in sheet		
Absent Members			
Agenda Item & Presenter	Findings and Discussion		
Call to Order & Introductions	The meeting was called to order at 10:00 a.m.		
Review of Minutes and Handouts	Minutes from May 31, 2007 reviewed and approved with no changes. Suggestion to publish attendance list.	Belen Fuller	Christine Williamson or Cindy Coons, co-chairs
Procedure Codes Update Norma Fritsche	Norma responded to questions submitted by providers. Highlights include: <ul style="list-style-type: none"> ▪ Providers cannot bill for completion of all Discharge Summaries and encouraged providers to attend the upcoming state EPSTD trainings. Reminder to think in terms of core services (clinical) vs. other services like case consultation when writing the Discharge Summary. Summaries written as a full clinical summary could be billable, but would be a possible risk for disallowance regarding 90889 code. Also, completion of the Summary soon after the last billable service, and containing a full clinical summary, potentially decrease the risk during audit as being seen as non-clinical 		

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	<p>report writing. Provider's encouraged using caution. With all documentation, it must include how the service benefited the client. Also what intervention, impairment and need there was in writing the report (or Summary). Document this in the Progress Note that bills for any 90889 service.</p> <ul style="list-style-type: none"> ▪ (Shirley Robertson-Smith and Norma) Policy on SFPPR is currently in draft and will clarify in what situations a Wrap provider would need to hold SFPPR. Current Wrap contract states that it is mandatory that Wrap provider hold SFPPR, regardless of other services being provided. Norma encouraged providers to determine SFPPR based on which provider has clinical oversight of case. Policy on SFPPR will be followed-up by Norma. ▪ Norma will review definition of Collateral and will discuss if definition can be expanded to use for assessment activities when collecting current information and history from Collateral persons. Providers should not use Procedure Code 90801 for interviewing Collateral persons at this time. Examples of assessment gathering include: 		

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	<ul style="list-style-type: none"> o Assessment with CSW = Case Consultation code o Assessment with Collateral = Collateral code o Assessment with client = 90801 o Annual Assessment Update = 90801 ▪ TCM goals – reminder to document impairment related to linkage need elsewhere in the Client Plan, Assessment or Progress Notes ▪ Reminder that completion of YSS is not billable because it is not a service given to or on behalf of the client. Completion of a CAFAS or other outcome measures that measure impairment can be billable if used to identify and measure impairment. ▪ Can use the 90889 code for Psych Testing report writing, and also for letters to DCFS. ▪ Reminder that documentation time is attached to every service; however, reminder that this documentation time does not include time spent thinking or determining what to document, but only for the time spent writing vs. staff development. 		

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<p>DMH Updates Belen Fuller</p>	<p>Board of Supervisors approved Katie A. plan. There is push to transition residential care to community based care. Wrap, Intensive Foster Care and MAT services will be expanding to support this transition.</p> <p>Issue of signatures on Consent for Services has not been determined. County Council & Children's Law Center will be meeting to discuss this issue and will be revisited at a later date.</p>	<p>None. Informational only</p>	<p>N/A</p>
<p>Theodore Wilson</p>	<p>Change of Provider grievances is required in DMH Policy and Procedures. Each provider needs to send Patient Rights <u>all</u> requests from clients to change provider. Providers need to report this information directly to Patient Rights monthly. There is a log form available online. A hardcopy was distributed at this meeting. Providers also need to report monthly if there were no requests.</p>		
<p>Teresa Quijano</p>	<p>Ted will forward information regarding May outcome surveys.</p>		<p>Copy of State Dept. of Mental Health Program</p>

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	<p>Compliance/Medi-Cal Oversight: Review Protocol for Consolidated Specialty MH Services & Other Funded Services was disseminated. Also disseminated was LAC-DMH Quality Improvement Council's Quarterly Status Report for 1st quarter 2007.</p>		
<p>Wraparound Update Shirley Robertson-Smith</p>	<p>Tabled until next QIC meeting.</p>		
<p>Next Meeting</p>	<p>November 29, 2007</p>		

Respectfully submitted,

Belen Fuller, LCSW