

County of Los Angeles - Department of Mental Health

**Quality Improvement Work Plan Implementation Status Report
Dated 10/20/09**

Prepared by: Program Support Bureau, Quality Improvement Division

NAME OF REPORT:

LAC-DMH ANNUAL BENEFICIARY GRIEVANCE/APPEAL REPORT FY 2008/2009

QI IMPLEMENTATION STATUS REPORT

The Patients' Rights Office (PRO) prepared and submitted to the State the LAC-DMH ANNUAL BENEFICIARY GRIEVANCE/APPEAL/STATE FAIR HEARING REPORT for Fiscal Year 2008/2009 consistent with LAC DMH Policy and Procedure 202.29. (See Attached LAC-DMH Report and LAC-DMH Report with Subcategories).

The QI Division and the QI Work Plan Monitoring of Beneficiary Satisfaction (#6) occurs bi-annually and is reported at Departmental QIC meetings. The seven reporting categories are: Access, Termination of Services, Denied Services, Change of Provider, Quality of Care, Confidentiality and Other.

Summary of Findings

1. There were a total of 695 Grievances/Appeals and State Fair Hearings in FY 2008-09, and of these there were: 672 Grievances (96.7%), 6 Appeals (.9%) and 17 State Fair Hearings (.024%). The largest numbers of Grievances/Appeals and State Fair Hearings were for Quality of Care at 502 (72.2%). The majority of Quality of Care Grievances/Appeals and State Fair Hearings were: Treatment Concerns at 112 (22.3%), Medication at 106 (21.1%), Provider Relations at 102 (20.3%) and Treatment Disagreements at 65 (12.9%). Second to Quality of Care was other at 139 (20%). The majority of other included: Housing at 27 (19.4%), Lost/Stolen Belongings at 25 (18.0%), Money/ Funding/Billing at 15 (10.8%) and Non Provider Concerns at 15 (10.8%).
2. In regards to Disposition, 668 (96.1%) of the 695 Grievances/Appeals and State Fair Hearings were resolved. None are Still Pending, and 27 (.039%) were Referred Out.
3. PRO submitted the Annual Report to the State consistent with LAC-DMH Policy and Procedure 202.29 requirements.

Action Requested/Needed

1. Review collection and processing of data to ensure accurate/complete reporting for the identification of areas for QI improvement.
2. Reassess bi-annual QI Work Plan Goal (III, 6) for Grievance, Appeal, State Fair Hearings.
3. Compare and analyze this year's data as compared to last year.

Recommended Policy Change(s)

1. As part of a continuous Quality Improvement process initiate trending analysis (06-07, 07-08, 08-09) for the LAC-DMH Annual Beneficiary Grievance/Appeal categories and include in reporting at the Departmental QI meetings (Nov. 9, 2009). Trending data evidences high numbers and percents for subcategories of Quality of Care: 1. Provider Relations, 2. Medication, 3. Treatment Disagreement and for Other: 1. Housing. Thresholds should be established for use in identifying areas for potential improvement.
2. Review QI Work Plan Goal (III, 6) timeline for Dept. QIC. Review/ Recommendations (Nov 9, 2009) in connection with Annual Report to State (Annually).
3. Create Focus Work group to work on Integrated Computer Tracking System including Statement of Work (SOW).
 - a. Make appropriate revisions to forms (i.e. Report names for Categories and Subcategories data).
 - b. Standardize definitions for Categories and Subcategories.
 - c. Establish percent benchmarks for Categories/Subcategories.
 - d. Electronic tracking of initial complaints/problems to Resolution/ Referred Out.

**LOS ANGELES COUNTY
ANNUAL BENEFICIARY GRIEVANCE/APEAL REPORT
FISCAL YEAR 2008/2009**

CATEGORY	NUMBER BY CATEGORY	CATEGORIES					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	7	6	1					7	0
Termination of Services	8	5	3					8	0
DENIED SERVICES (NOA-A Assessment)	8	2			6			8	0
CHANGE OF PROVIDER	13	13						13	0
QUALITY OF CARE:	502	493	2		7		7	495	0
CONFIDENTIALITY	18	18					7	11	0
OTHER:	139	135			4		13	126	0
TOTALS	695	672	6	0	17	0	27	668	0

Report: July 1, 2008 - June 30, 2009
Prepared by: Ebony Loot
DMH, Patients' Rights Bureau
Telephone #: (213) 738-2524
Date: 10/23/09

**LOS ANGELES COUNTY
ANNUAL BENEFICIARY GRIEVANCE/APEAL REPORT
FISCAL YEAR 2008/2009**

CATEGORY	NUMBER BY CATEGORY	CATEGORIES					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	7	6	1				7	0	
Termination of Services	8	5	3				8	0	
DENIED SERVICES (NOA-A Assessment)	8	2			6		8	0	
CHANGE OF PROVIDER	13	13					13	0	
QUALITY OF CARE:	502	493	2		7		7	495	
Provider Relations	102								
Medication	106								
Discharge/Transfer	52								
Patients' Rights Materials	3								
Treatment Concerns	112								
Delayed Services	1								
Abuse	58								
Referrals	3								
Treatment disagreement	65								
Reduction of Services	0								
CONFIDENTIALITY	18	18					7	11	
OTHER:	139	135			4		13	126	
Housing	27								
Lost/Stolen Belongings	25								
Social Security	9								
Unable to Understand	5								
Smoking	9								
Legal	13								
Money/Funding/Billing	15								
Use of Phone	11								
Non Provider Concerns	15								
Forms	1								
Medi-cal	2								
Miscellaneous (other)	7								
TOTALS	695	672	6	0	17	0	27	668	

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LAC-DMH ANNUAL BENEFICIARY GRIEVANCE/APPEAL REPORT

Trending Table FY 06-07, 07-08, 08-09

Date 10/28/09

CATEGORY (Domain)	NUMBER BY CATEGORY			CATEGORIES															DISPOSITION								
	06-07	07-08	08-09	Grievance			Appeal			Expedited Appeal			State Fair Hearing			Expedited State Fair Hearing			Referred Out			Resolved			Still Pending		
				06-07	07-08	08-09	06-07	07-08	08-09	06-07	07-08	08-09	06-07	07-08	08-09	06-07	07-08	08-09	06-07	07-08	08-09	06-07	07-08	08-09	06-07	07-08	08-09
ACCESS	8	10	7	1	8	6	6	2	1	0	0	0	1	0	0	0	0	0	1	0	0	7	10	7	0	0	0
Termination of Services	11	10	8	0	0	5	10	9	3	0	0	0	1	1	0	0	0	0	1	0	0	10	10	8	0	0	0
DENIED SERVICES (NOA-A Assessment)	20	18	8	0	0	2	17	11	0	0	0	0	3	7	6	0	0	0	0	0	0	20	18	8	0	0	0
CHANGE OF PROVIDER	26	15	13	25	15	13	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	26	15	13	0	0	0
QUALITY OF CARE:	506	500	502	497	480	493	5	7	2	0	0	0	4	13	7	0	0	0	17	17	7	489	483	495	0	0	0
CONFIDENTIALITY	21	30	18	21	30	18	0	0	0	0	0	0	0	0	0	0	0	0	6	6	7	15	24	11	0	0	0
OTHER:	143	128	139	136	114	135	0	0	0	0	0	0	7	14	4	0	0	0	12	19	13	131	109	126	0	0	0
TOTALS	735	711	695	680	647	672	38	29	6	0	0	0	17	35	17	0	0	0	37	42	27	698	670	668	0	0	0

QUALITY OF CARE:	06-07	07-08	08-09	Avg.	%
Total	506	500	502	502.7	
Provider Relations	189	87	102	126.0	25.1%
Medication	107	86	106	99.7	19.8%
* Treatment Disagreement	Not in 06	104	65	84.5	16.8%
Treatment Concerns	50	63	112	75.0	14.9%
Discharge/Transfer	73	85	52	70.0	13.9%
Abuse	75	61	58	64.7	12.9%
Patients' Rights Materials	6	3	3	4.0	0.8%
Delayed Services	3	6	1	3.3	0.7%
Referrals	3	4	3	3.3	0.7%
* Reduction of Services	Not in 06	1	0	0.5	0.1%

OTHER:	06-07	07-08	08-09	Avg.	%
Total	143	128	139	136.7	
Housing	23	31	27	27.0	19.8%
Lost/Stolen Belongings	16	16	25	19.0	13.9%
Legal	22	13	13	16.0	11.7%
Non Provider Concerns	28	5	15	16.0	11.7%
Money/Funding/Billing	16	16	15	15.7	11.5%
Miscellaneous (other)	11	11	7	9.7	7.1%
Social Security	8	11	9	9.3	6.8%
Smoking	5	7	9	7.0	5.1%
Use of Phone	3	7	11	7.0	5.1%
Unable to Understand	5	3	5	4.3	3.2%
Forms	4	7	1	4.0	2.9%
Medi-Cal	2	1	2	1.7	1.2%

* Footnote: Quality of Care subcategories for Treatment Disagreements and Reduction of Services were not used in 06-07 data. Average calculated using 07-08 and 08-09.