LOS ANGELES COUNTY- DEPARTMENT OF MENTAL HEALTH
Service Area II Program Administration

Adult Quality Improvement Committee Meeting
Kimber Salvaggio, Adult QIC Chair
March 19, 2015
San Fernando Mental Health Center
10:00 am-11:30 am

Agenda

Welcome- Introductions & Agency Updates	All
Review of January 2015 Minutes *	All
Quality Improvement	
Cultural Competency Report (LGBTQIA)	Marc Borkheim/All
SA QI Project (family inclusion)*	Kimber
Clinical Quality Improvement*	
PRO	
Policy Updates*	
Announcements	Kimber/All
EQRO	
QI Work Plan	
Quality Assurance	
Announcements	All/Kimber
Audits	All/Kimber
State DHCS Updates	Kimber
DSM Update	
ICD 10	
1915b Waiver	
TAR restrictions on antipsychotics Rx for 0-17	
Questionable Medi-cal Billing (QMB)	
Documentation Trainings*	Kimber
IBHIS & EHR's Updates	All/Kimber
Draft of QA tool for DO's*	
QA Policy Updates & Technical Asst	Kimber
Draft QA Bulletin 15-02*	
Org Manual Chap 3 TBS	
Draft Clinical Forms Bulletin 15-0*	
Other	
How will this information be disseminated in your agency	All
Future Agenda Items & Announcements & Adjournment	All

Handout*
Hard Copy Sample/Email Link**
Sample Provided***

Next Meeting for SA 2 Adult QIC: May 21, 2015 at 10-11:30 am

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
Service Area 2 Adult
QUALITY IMPROVEMENT COUNCIL (QIC) Minutes

Type of Meeting	**Service Area 2 Adult Quality Improvement Committee**	**Date:**	**March 19, 2015**
Place	**10605 Balboa Ave 2nd floor Conf.**	**Start Time:**	**10:00 a.m.**
Chair	**Kimber Salvaggio**	**End Time:**	**11:30 a.m.**
Co-Chair	**None**		
Members Present	Allen Pouravanes - DMH PSB QA , Angela Khan - SFVCMHC, Inc., Belinda Ankrah - DMH PSB Cert, Cecilia Gallerito - DMH Olive View Urgent Care, Denise Greenspan - Hillview MHC, Evelyn Leonidas – Didi Hirsch MHC, James Milner - El Dorado, Jesus Morales – Didi Hirsch MHS, Jonathan Pattow - DMH SFMHC, Julie Jones - Hillview MHC, Kristina Chen - DMH SA2 Admin, Lesli Di Mascio – SFVCMHC, Inc., Lucy Marrero - Child & Family Ctr, Marc Borkheim - DMH PSB CCC, Megan McDonald – Topanga West Guest Home, Michelle Logvinsky - Topanga West Guest Home, Sabrina Barscheski - DMH SCVMHC, Sara Pineda - ECDA, Sharon Volner - Tarzana Tx Ctr FSP, Sheila Mulvihill - El Dorado, Sima Baikov - DMH WVMHC, Tiger Doan - APCTC		
Absent Members	Carolyn Heier- JFS, Deanna Park - PACS, Dora Escalante - JFS, James Randall- DMH Outreach & Engagement, Ken Bachrach - Tarzana Treatment Center, Ken Nakajima - Imces, Michael Boroff - DMH PSB QID, Michelle Linden - IMCES, Militza Avila - JFS, Ray Rocha - DMH SFMHC, Saba Harouni - Didi Hirsch, Sonny Monge - DMH Olive View Urgent Care, Stephanie Yamada -PACS		

Agenda Item & Presenter	**Discussion and Findings**	**Decisions, Recommendations, Actions, & Scheduled Tasks**	**Person Responsible**
Call to Order & Introductions	The meeting was called to order at 10:00 a.m.	Introductions were made	K. Salvaggio
Review of Minutes	January 2015	Minutes were reviewed and approved	QIC Membership

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
	QUALITY IMPROVEMENT	**QUALITY IMPROVEMENT**	
Cultural Competency Report	Marc Borkheim provided an introduction to the California Reducing Disparities Project (CRDP) Reports, and presented the following information: • The reports focus on factors affecting mental health disparities among the African American, Asian/Pacific Islander, Latino, LGBTQ, and Native American populations. The CRDP reports are funded by the MHSA. • Went over the Matrix of CRDP recommendations developed by the Program Support Bureau—Cultural Competency Unit, in which recommendations from each of the five reports are listed and referenced • Introduced the Statewide CRDP Strategic Plan, in which the recommendations identified in the CRDP reports were used to formulate strategies to reduce mental health disparities. These statewide strategies will inform CRDP capacity building, implementation, evaluation and technical assistance projects. At this time, the CRDP Strategic Plan is in the process of being evaluated and approved through statewide stakeholder meetings. Liaison also provided an update on LACDMH Policy and Procedure 202.17, "Hearing Impaired Mental Health Access". Liaison highlighted the following information: • LACDMH provides equal access to services for consumers who have hearing	The group requested the link to the CDRP website	Kimber will provide when minutes and f/u from this mtg are sent

	impairments, 24 hours a day, 7 days a week via the ACCESS Center • Sign language interpretation services are free of cost to consumers Procedures to request non-emergency and emergency sign language interpretation services		
SA QI Family Inclusion	All were provided the final report on this project and discussion centered around the following points: • Positive chgs in answering family calls • Noted that some pre-test questions if answered 'sometimes' post-test turned to 'strongly'	Some LE's would like to have this presentation at their clinics The group was encouraged to look at this as a possible QI project for their respective agencies	Kimber will email Ms. Ditko and include the LE's to set up
Clinical Quality Improvement – OMD	Update on the Meaningful Use funds. Dr. Eisen stated that at this time the Department is currently working on three measures 1) Screening for smoking 2) Medication Reconciliation-collecting information on all physical health medications 3) BMI-collecting information on "weights" Suicide Assessment is one of the potential measures. OMD is currently working on the final stage of approving the Electronic Tool with the Chief Information Office Bureau (CIOB). Parameters require that we measure BMI Safety Intelligence (SI) 37% response rate – all providers who have not yet sent in their information need to ASAP. On the spreadsheet, there is a section for the manager and one	All were provided a handout explaining in detail the roles and were asked to notify Kimber if you haven't turned in your info.	

	designee, preferably a higher level manager such as a QI manager or executive at the agency who will enter reports and complete corrective action information in the manager's absence. Peer Review Psychiatrist peer review follow-up continues for clients reviewed who were on an antipsychotic medication and who did not have a BMI documented.		
PRO	Posters now avail again NOA's translated to Spanish	All were told to be sure to get the new posters ASAP especially if you have a pending M/C recertification. Posters should be placed where clients congregate and would be easily seen and referenced by client	Contact Carol Lewis 213/738-2524 Clewis@lacounty.gov
POLICY UPDATES	See handout (3/9/15)	Questions or concerns about policies– contact Kimber	
QI ANNOUNCMENTS	EQRO Site Review will be held from April 27th through April 30th, 2015. EQRO will be meeting with Executive Management Team (EMT) and other key managers during the opening session. Some of the areas for review this year include Timeliness and access to care, Consumer Satisfaction, session with SA District Chiefs, PIPs, Katie A, Disparities and outreach/engagement, focus groups with non-English speaking consumers and families in Service Areas.	New reviewers this round - SA 2 has not been selected	
	QI work plan	TABLED FOR NEXT MTG	WILL DISCUSS IN DETAIL DURING MAY MTG

	QUALITY ASSURANCE	**QUALITY ASSURANCE**	
Announcements	Exploring NCQA – LE's won't have to be NCQA accredited This time next year we could have our state audit – we could be in the audit period right now!!		
Audits	Status of AC reports • issue provider rec'd negative findings • the report problem was the negative findings or subjectivity • different types of findings • dx not supported data (advise to consult the dsm to confirm there is enough info from dsm that is reflected in the assmt) • tx objectives and their specificity • concern is some clinical judgments disagreements • reports go to BOS & posted on web • should findings be left off the reports • training was also an issue • upon audit ac will provide a training now NO MORE TRAINING –can provide informal technical asst • findings will be sent to Countywide QA • countywide qa will look at ac's audit tool		

State DHCS Updates	DSM 5: May not occur in Oct there are 16 dx up for discussion
	ICD 10 waiting to credential the list of included dx
	Revisions to 1915b waiver
	• freedom of choice - lmhp carve out
	• applying for 5 year renewal
	• last time rec'd a 2 year renewal
	• cms wants disallowance lowered & state dhs to have greater oversight & structure
	• access to svc big issue
	• concern over stakeholder process
	• waiver to be posted on their website for feedback
	• TAR restrictions on antipsychotics rx for 0-17
	  o Includes off label rx
	  o Approved by local field ofc
	  o Provision of emergency 72 hours
	• Questionable medi-cal billing (QMB)
	  o Qmb-0013
	  o Lmhp to do a self-investigation using inspector general rules
	  o What rules/laws violated
	  o Financial impact on state medi-caid system
	  o Reviewing the process but expectation is (from an audit		

	during and audit period)systematic problem i.e. day tx didn't know how to doc beneficiary time o Dmh goes beyond the audit period like their last m/c cert o Checks to be sure claims are voided o Letter comes to dr. s and then goes to countywide QA o Dmh has only had 1		
Documentation Trainings	See handout for dates		
IBHIS Update	Updated qa tool & instructions for do's reviewed instruction pending - process hasn't chg'd just the tool	Most LE's have adopted the DMH Chart review tool	updating qa guidelines – pending – Kimber will notify when available
QA Technical Asst. • **Bulletin 15-02**	New Pro Code 90792 & moo64 deactivated – LE's get 6 months to implement. June 1 no longer used at all. E & M codes replaced moo64 in the DO's. 90792 is paid at mhs rate not mss. Can be claimed by md's, do's, cns & np's. If doing assmt and thorough medical assmt then use E & M codes		Contact Kimber with questions
• **org manual chap 3 tbs**			
• **draft clinical forms bulletin 15-01**	currently in chap 3 moving to chap 2 because it's a mode 15 - no changes just simplified Will replace CRB's in order to release info on forms more quickly - CRB's had HIM		

	related issues (subpoenas consents, etc.) HIM related issues will be included on the QA bulletin and form related issues (i.e. data elements) will be on the clinical forms bulletins 1st section will have same content on all clinical forms bulletins explaining the requirements for use of clinical forms and the clinical forms inventory 2nd section of the bulletin contain tables with brief descriptions of new updated and obsolete forms Added the CRB reference to the clinical forms inventory so staff know when a form was discussed and or made obsolete		
Announcements:	Julie Jones, Hillview MHC, invited all to the next Health Neighborhood Mtg is 3/23 at 3 pm at Hillview and briefed the group on their latest efforts. Will move the mtg time to 10-12 pm beginning May 2015		
Handouts:	➢ January 2015 SA Adult QIC Mtg Min ➢ Policy 202.17 ➢ PSB QID CCU Recommendations Matrix for CDRP ➢ Clarification on User Roles for Safety Intelligence ➢ Policy & Procedure Update (3/9/15) ➢ March 2015 SA QI Project Family Engagement & Inclusion ➢ Documentation Training Sch'd (3/9/15) ➢ QAB 15-02 ➢ Draft of Clinical Forms Bulletin ➢ Page 4 of QA Chart Review Tool		
Next Meeting:	**May 21, 2015**		

Respectfully Submitted,

Kimber Salvaggio