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

**Adult Quality Improvement Committee Meeting**
**Kimber Salvaggio, SA 2 Adult QIC Chair**
**September 17, 2015**
**San Fernando Mental Health Center**
**10:00 am-12:00 pm**

## Agenda

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| Welcome- Introductions & Agency Updates | All |
| July 2015 Minutes | Tabled |

## Quality Improvement

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| LACDMH Parameters for Spiritual Support | Leticia Ximénez, Psy.D.<br>DMH Community & Government Relations, Office of the Director |
| Cultural Competency Report (LGBTQIA) | Sandra Chang Ptasinski, Ph.D.<br>DMH Program Support Bureau<br>Quality Improvement Division |
| Clinical Quality Improvement | Kimber |
| Meaningful Use | |
| New Parameters** | |
| Safety Intelligence Update | |
| Policy Updates* | Kimber |
| Announcements | Kimber/All |

## Quality Assurance

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| Announcements | All/Kimber |
| Audits | |
| Initial Rx Appt Policy | |
| State DHCS Updates | Kimber |
| DSM/ ICD 10 Update | |
| Documentation Trainings* | Kimber |
| QA Policy Updates & Technical Asst | Kimber |

## Other

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| 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: November 19, 2015 at 10-12 pm**

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

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| **Type of Meeting** | **Service Area 2 Adult Quality Improvement Committee** | **Date:** | **September 17, 2015** |
| **Place** | **10605 Balboa Ave 2nd floor Conf.** | **Start Time:** | **10:00 a.m.** |
| **Chair** | **Kimber Salvaggio** | **End Time:** | **12 p.m.** |
| **Co-Chair** | **None** | | |
| **Members Present** | Allen Pouravanes - DMH PSB QA, Angela Khan - SFVCMHC, Inc., Azine Neiman – The Village, Belinda Ankrah – DMH PSB Certification, Brandi Bell – Child & Family Ctr, Cecelia Gallerito – DMH – UCSP, Charity Wabuke – Phoenix House, Claudia Torres – The Village, Contadina Palivos – Didi Hirsch, Danielle Price – The Help Group, Victoria Shabanzadeh – Stirling Bx Health Inst., Deanna Park - PACS, Denise Greenspan - Hillview MHC, Dora Escalante – JFS, Gena Schwartz – Topanga West, Genevieve Morgan – Pacific Boys Lodge, Heidi Lozano – Child & Family ctr, Honey Dardashti – Tarzana Tx Ctr, Honey , Judy Cardona – Hathaway-Sycamores, Jonathan Paltrow – DMH SFMHC, Ken Bachrach - Tarzana Treatment Center, Kathleen Kim – C4K, Lesli Di Mascio – SFVCMHC, Inc., Lucy Marrero – Child & Family Ctr, Lorena Chavez – Child & Family Ctr, Megan McDonald – Topanga West, Michelle Logvinsky - Topanga West Guest Home, Michelle Rittel – SA 2 Child QIC Chair, Nairi Malthusian – Didi Hirsch, Phachara Sujirapenya – Aviva Ctr, Philip Urbina – SFMHC, Quentin Dunn – Child & Family Ctr, Ramona Casupang - DMH SB 82, Sabrina Barscheski - DMH SCVMHC, Sara Pineda – ECDA, Sima Baikov – DMH WVMHC, Soltana Nosrati – Penny Lane Ctrs, Soraya Avalos – Child & Family Ctr, Stacy Becker – VCCS, Tonia Amos-Jones – DMH PSB Countywide QI | | |
| **Absent Members** | Anil Thomas – WVMHC, Jesus Morales – Didi Hirsch, Julie Jones – Hillview MHC, Michelle Linden – IMCES, Militza Avila – JFS, Sandra Chang-Ptasinski – DMH PSB QID Cultural Competency Unit, Sheila Mulvihill – El Dorado, Stephanie Yamada – PACS, Sue Birman – DMH UCSP, Tiger Doan – APCTC | | |

| **Agenda Item & Presenter** | **Discussion and Findings** | **Decisions, Recommendations, Actions, & Scheduled Tasks** | **Person Responsible** |
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| **Call to Order & Introductions** | The meeting was called to order at 10:00 a.m. | Introductions were made. | K. Salvaggio |

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| **Review of Minutes** | Tabled due lengthy PIP Presentation | | |
| **Agenda Item & Presenter** | **Discussion & Findings** | **Decisions, Recommendations, Actions, & Scheduled Tasks** | **Person Responsible** |
| | **QUALITY IMPROVEMENT** | **QUALITY IMPROVEMENT** | |
| **Cultural Competency Report** | Tabled due sch'd conflict for CC Representative. | | Sandra Chang-Ptasinski |
| **LACDMH Parameters for Spiritual Support** | See Power Point Handout | | Leticia Ximénez, Psy.D. DMH Community & Government Relations, Office of the Director |
| **Clinical Quality Improvement** | Reminders of info sent via email:<br>• 4.17 PARAMETERS FOR THE DETERMINATION OF INSUFFICIENT CLIENT ENGAGEMENT OF ADULTS AT RISK FOR SUICIDE<br>• PARAMETERS FOR ASSESSMENT OF CO-OCCURRING MENTAL HEALTH<br>• **Safety intelligence** – went 'live' last June for DO; still no webinar training – should start in Oct – WebEx call in show pending – contractors still can't get form not available on a public website use - paper forms until notified of launch<br>• **Meaningful use** clinical matrix beginning in October – BMI and BP monitoring - Clinics are presently monitoring weight and height. Next step is to monitor blood pressure. The Blood Pressure Screening | | Kimber |

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| **Policy Updates**<br><br>**Announcements** | Policy is posted.<br><br>• Hard copy of policy updates provided to the group<br><br>• MHSIP coming In November – date TBA probably the week before Thxgiving<br>• SA 2 Training will be conducted during the Child QIC October 15<br>• Will be regularly in May and November<br>• Data from Spring 2015 and Nov 2014 are still pending | | |
| **Announcements** | **QUALITY ASSURANCE**<br><br>• State audit this time next year– we could be in the audit period right now!!<br>• Systems Review is scheduled for the week of February 8-12, 2016 and the Chart Review is scheduled for two weeks: February 22-26 and February 29 – March 4, 2016. Providers will be chosen randomly. The list usually comes out approximately a month in advance prior to the reviews. The last review had 27% outpatient disallowances and the State is looking for at least 5%.<br>• Ensure that beneficiaries sign the treatment plan, services are provided, and progress notes focus on what clinicians did. QA will be pulling and printing records for DOs. Contract providers who have electronic records, the electronic signature attestation has to | **QUALITY ASSURANCE** | |

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| | be on file. | | |
| **Initial Rx Appts -** Follow-up discussion | • Med appts policy will be updated – intent if rx needed the clt will get rx on 1st day – more info to come<br>• QA had a conversation with the Office of the Medical Director as follow up to concerns regarding the feasibility of the policy<br>• The intent of the policy is that if the client has a foreseeable need for meds (ie will be expecting to see an MD for medications when they come in for the intake) then you have to make the meds appointment schedule with the initial intake. | | |
| **State DHCS Updates** | <u>DSM/ ICD 10 Update</u><br>• Nowhere in the regulations is dsm mentioned but doesn't say only icd 10<br>• Auditors will use the blue book not the dsm when auditors come out<br>• Received included list of icd 10 aka included dx<br>• Would like ability to convert from what's currently to icd 10 – may do some additional mapping to convert as many dx as possible<br>• Sub abuse and use makes mapping difficult<br>• We are going to convert – just figuring out how much will be converted and only the primary and potentially the secondary dx will be converted | | |

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| **Doc Trainings** | • Hard copy of training available dates provided to the group | | |
| **QA Policy Updates & Technical Asst.** | • Clinical summaries will be given out after visits<br>• Transitions of Care summaries will be provided to other providers when a client transfers<br>• Implementing new code regarding smoking cessation counseling (non-billable to Medi-Cal)<br>• forms are available now<br>• **ICD 10/dsm**<br>  o what does it mean on the allowable list of code when stated inpt or out pt<br>  o out of county forms –will they updated? Answer pending the state response<br>  o blue book, icd10 cm used in US, compare it to dsm, in most cases they are very similar – dsm has more detail, blue book is more conversational<br>  o removed all reference to dsm in the org manual – assmt must have the most current icd 10 on the assment – you can do other things if you want but must have icd 10 – included dx for dsm – but they do have icd 10 dx – documentation must support the icd 10 dx - think of icd 9 as equal to dsm 4 – see the ibhis website for ppt on dsm icd | | |

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| | info<br>o edi – don't validate dx on the claim to what's on is but from coor of care<br>o for the is only primary and secondary dx – allowable (v codes or access 4) vs included<br>• clinical forms bulletin 15-06; practice parameter, urge to drink and urge to use<br>• use incorporated as part of your doc for the session – part of that visit – no scope of practice on these forms<br>• update to provider communication form | | |
| **Announcements:** | NONE | | |
| **Handouts:** | ➢ P & P Update A/O Aug. 10, 2015 & Sept. 14, 2015<br>➢ Documentation Training Sch'd Rev Date 09/14/15 | | |
| **Next Meeting:** | **November 19, 2015** | | |

Respectfully Submitted,

Kimber Salvaggio