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

Adult Quality Improvement Committee Meeting
Kimber Salvaggio, SA 2 Adult QIC Chair
March 17, 2016
San Fernando Mental Health Center
10:00 am-12:00 pm
Agenda

Welcome- Introductions & Agency Updates	All
Quality Improvement	
MHSIP Survey Data	Dr. Gore/Kimber/All
Cultural Competency Report	Sandra Chang Ptasinski, Ph.D. DMH PSB- QID
Clinical Quality Improvement	Kimber
Policy Updates	Kimber
ASL*	
Compliance*	
CESCY PIP & Service Area QI Project Update*	Kimber/All
PRO	Kimber
QI Announcements	All
Quality Assurance	
Audits	All
Training & Operations	All/Kimber
Documentation Trainings*	
QA Policy Updates & Technical Asst	Kimber
IBHIS Updates	
Receiving Assessments	
QA Announcements	All
Other	
How will this information be disseminated in your agency	All
Future Agenda Items & Announcements & Adjournment	All

Handout*

Next Meeting for SA 2 Adult QIC: May 19, 2016 at 10-12 pm

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 17, 2016**
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, Alex Melkumian – Tarzana Tx Ctr, Angela Khan - SFVCMHC, Inc., Belinda Ankrah – DMH PSB Certification, Deanna Park - PACS, Denise Greenspan - Hillview MHC, Dora Escalante – JFS, James Pelk – IMCES, Jonathan Paltrow – DMH SFMHC, Lee James Gossett – Didi Hirsch, Leslie Di Mascio – SFVCMHC, Inc., Linda Rosetti – El Dorado, Lorena Chavez - Child & Family Ctr, LyNetta Gore - DMH PSB Countywide QI, Megan McDonald – Topanga West, Sabrina Barscheski - DMH SCVMHC, Sara Pineda – ECDA, Sima Baikov – DMH WVMHC, Sue Birman – DMH UCSP,		
Absent Members	Contadina Palivos – Didi Hirsch, Honey Dardashti – Tarzana Tx Ctr, Jesus Morales – Didi Hirsch, Julie Jones – Hillview MHC, Ken Bachrach - Tarzana Treatment Center, Lucy Marrero – Child & Family Ctr, Michelle Logvinsky - Topanga West Guest Home, Militza Avila – JFS, Ramona Casupang - DMH SB 82, Sandra Chang-Ptasinski – DMH PSB QID Cultural Competency Unit, Tiger Doan – APCTC		
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. Dr. LyNetta Gore of the DMH PSB Countywide QI unit was introduced and welcomed by the group.	K. Salvaggio
Review of Minutes	Jan 2016 Minutes approved		All

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
	QUALITY IMPROVEMENT	**QUALITY IMPROVEMENT**	
MHSIP Survey Data	**Spring 2015** • Provider level data for surveys from spring 2015 MHSIP data collection was provided to the group. The provider data was compared with the County average and providers below the County average were highlighted. • Increase in Older Adult Surveys from around 400 surveys in the previous survey period to around 760 surveys in this survey period. This was partly due to the emphasis in the survey training on collecting enough Older Adult Surveys for SA comparisons. • The Countywide map has been revised. The report now has 4 different maps by the four survey types. Each map shows number of surveys received from each provider location. • Data for the County Performance Outcomes by SA has been consolidated for easier comparison between the four survey types.		Dr. Gore/All
Cultural Competency Report	At the end of each CY, the Committee holds an annual retreat to review its goals, activities and accomplishments; vote on cultural competency objectives to be undertaken for the next year; and reinforce the collaborative team atmosphere among Committee members. Once the CCC identifies areas of organizational cultural competency to be		Provided by Dr. Chang reported on her behalf by Kimber

	addressed, it proceeds to operationalize its goals and objectives in the form of workgroups. Each CCC workgroup identifies two co-leads and determines their goals, projects, and meeting frequency. Throughout the CY, the co-leads from each workgroup provide updates to the Committee at large during the monthly meetings for purposes of receiving feedback. 1. For CY 2015, the Committee had three active workgroups: a) The Data Workgroup b) The Outreach and Presentations Workgroup c) The Juvenile Justice Workgroup 2. Selection of four guiding words for CY 2015 3. Development of the CCC Logo		
Clinical Quality Improvement	The final report of the 2013 Peer Review, which was presented to the Executive Management Team in October of 2015, was presented. The review focused on how many records of client receiving psychotropic medications contained a BMI and Outpatient Medication Review (OMR) which listed their current medications. It was determined that 34% of the clients did have a BMI documented, 74% of the records did have a completed OMR and that 71% of the records contained an OMR dated within the past year. Follow-up was done with the clients who did not have one in their record. The Regional Medical Directors or Supervising Psychiatrists have apprised prescribers of the		Kimber/All

	requirement to document a BMI yearly for clients prescribed an antipsychotic medication as stated in DMH 3.7 Parameters For General Health-Related Monitoring in Adults. Additionally, in 2015, the department adopted the Meaningful Use measurement of documenting the BMI for all clients. The parameters were revised in October of 2015 to reflect this measurement.		
Policy Updates	• Hard copy of policy updates from the Compliance Unit provided to the group* **ASL Policy 200.02** • ASL is available in English and Spanish • Policy signed ****– included definitions – for ex. interpretation is verbal • Broke down face to face inter vs. telephone inter • Contractors expected to follow i.e. training for interpretation • Field testing of translating materials		
CESCY PIP	**Commercial Sexual Exploitation of Children and Youth (CSECY)** QID is working collaboratively to gather CSECY clients identified by clinicians trained on CSECY and related outcomes. Clinicians from directly operated (DO) clinics can upload their client list on the SharePoint site created by QID or send their list via secure email to the CSECY mailbox created by the Transitional Age Youth (TAY) Division. Two training webinars were provided to demonstrate the process to upload this information.		Dr. Gore/Kimber

	• Problems uploading data • Will send list of thx that should be reporting so we can get them to provide their data • 400 clx trained		
SA QI Project	The data for the SA Project on Spirituality Parameters has been analyzed. Baseline data was analyzed separately for survey responders who were Clinical, Administrative and Case Managers. Handouts were distributed and reviewed by the group. Nearly 30% of the administrative staff who responded to the survey also answered clinical questions thereby implying that some of the administrative staff is also doing clinical work. Dr. Ximenez presented on the project and said that she will continue to do these trainings in SAs as needed and requested.		
Pt's Rights	• Reminder of new address for Change of Provider logs Submission DMHCOP@dmh.lacounty.gov that was sent to the group via email on 01/12/16 • honor the cert checklist – change of provider request form ONLY take out of reception area • Use a sign that states 'Any materials you want to see in another language is available upon request or to translate the info for them' in 12 threshold languages		Kimber
QI Announcements	• SURVEY REVIEW AGENCY QI PROCESS o Expect a survey to our SA QIC		All

	membership from Kimber regarding QI at your agency • Discussion of consumer participation in SA QIC's o Countywide activity fund for family members and/or client(s) to fund travel and/or food reimbursement for costs incurred ($25 stipend) to attend mtgs o What's the interest in having a consumer at our SA QIC? • Eqro April 25-28 focus on SA 4 and 6	If you know of consumer/family member that might want to participate, let Kimber know.	All/Kimber
Audits	**QUALITY ASSURANCE** **Office of the Inspector General (OIG) Audit** The Feds reported that there have been 44 out of 55 disallowances. A total number of 500 claims have been distributed across the State. They are validating the SCHCS findings. CMS are not satisfied about the outcome and wanted to tell the State what to do to DMH. They make the determination of what findings they found here. QA Division is not sure if the disallowances are Inpatient or Outpatient and is expecting a letter anytime. They are also talking about extrapolation. The Statewide disallowances were 46%. The 500 claims can be pulled from both DOs and Contracted Providers. They are concerned about the Inpatient which has been higher than acute days. **State DHCS Updates – State System Review**	**QUALITY ASSURANCE**	Kimber/Allen/All

	• Section A ACCESS • Section B Authorization • Section C Beneficiary Protection • Section D NOA • Section E Network Adequacy • Section F Interface with Health Care • Section G Providers Relations • Section H Program Integrity • Section I MHSA • **The overall rating was 92%.** The State will send a preliminary report to review and DMH has 30 days to do informal challenges. The final report will be generated 60 days later and 15 days of formal appeal of findings. • A bulletin will be issued on findings when the information is received from the State. • At the exit conference the State spoke on the August, 2015 training. • Went over eight items and will be included in the twenty-five page Info Notice There were 8 outstanding issues from the State's Doc training back in August, 2015 still needing clarification and since these items are pending written clarification, there were no disallowances on the following: • Claiming for family thx • Student claiming • Ct signature on CTP dated • Services claimed prior to CTP • Services provided while driving with Ct. • Claiming for review of chart • Utilizing form JV 22 as rx consent • Required co-practitioner signature		

	PRELIMINARY Findings: • Review Period of January, February, March 2015 • Of the 2154 claims reviewed, 1779 met criteria for a **Preliminary Compliance Rate of 82.6% or 17.4% disallowance rate** (375 claims disallowed) • Auditors reviewed 63 other Protocols Items that require Plans of Correction if found to be out-of-compliance, for these items, the auditors found a **Preliminary Compliance Rate of 88.8%** (non-compliance rate of 11.2%) • ASSESSMENT (10 elements): o 92 Assessments were reviewed for the presence of all *10 elements* for a total of 920 items which are required to be present in all assessments o 819 of the 920 required were present for a preliminary Compliance Rate of 89% (11% non-compliance rate) o In addition to the 92 assessments reviewed, 88 met the initial timeliness and/or update frequency for a preliminary Compliance Rate of 96% o All 92 met medical necessity (YAY!!) • MEDICATION CONSENTS (13 elements): o 90 Medication Consents were reviewed, **1 (ONE)** included all of the 13 required elements o Total of 1170 Medication Consent items, 675 were present, for a PRELIMINARY compliance rate of		

Training & Operations **QA Policy Updates & Technical Asst.**	60.7% (39.3% non-compliance rate) • CLIENT TREATMENT PLAN (10 elements): o 89 CTP reviewed for a total of 890 Client Plan items o 800 items were present for a PRELIMINARY Compliance Rate for clients is 89.9% (10.1% non-compliance rate) • PROGRESS NOTES: o 2154 Progress Notes were reviewed o Based on **preliminary findings**, the overall Compliance Rate for *Progress Notes* is 93.9% (6.1 non-compliance) • Medi-Cal Certification Section • There is a total of only 5 overall due re-certifications. The Certification Section has three years to work towards 100% compliance. Doc Trainings • Hard copy of training available dates provided to the group* • Awaiting confirmation to add additional dates for April and June. • all supervisors are strongly encouraged to take the training due to the large number of policy changes in the past several months IBHIS Updates: • **IBHIS Updates for LE Providers**: GOAL EVERYONE ON-BOARDED JUNE 2017		

Receiving Assessments **Upcoming items**	Group discussion on agency's P & P's around receiving assessments Presentation on COD with ID Parameter		
Announcements:	Medi-Cal Certification • Changes in providers address and name change cause re-certification delay. • Fire clearances big issue and changes in provider addresses not matching across the system • Calls from cert will come early for lead time for fire clearances, etc.		
Handouts:	➢ Documentation Training Sch'd Rev Date 03/16 ➢ ASL Policy ➢ P & P Updates Rev Date 03/16 ➢ CESCY PIP & Service Area QI Project Update		
Next Meeting:	**May 19, 2016**		

Respectfully Submitted,

Kimber Salvaggio