

**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 15, 2016  
San Fernando Mental Health Center  
10:00 am-12:00 pm  
Agenda**

Welcome- Introductions & Agency Updates All  
Approval of July Minutes\* All

**Quality Improvement**

Clinical Quality Improvement Kimber  
Cultural Competency Report Sandra Chang Ptasinski, Ph.D.  
DMH PSB- QID  
Cultural Competence Training for SA QICs Kimber  
Policy Updates\* Kimber  
QI Announcements All

**Quality Assurance**

Audits All  
State DHCS Updates Kimber/All  
SDHCS Certification  
Training & Operations Kimber  
Documentation Trainings\*  
Space  
QA Policy Updates & Technical Asst Kimber  
Final QA Bulletin 16-06: COS Requirements  
Clinical Forms Bulletins & QAB's TBA Kimber  
Policy 401.02\*  
QA Announcements All

**Other**

How is this information disseminated in your agency All  
Future Agenda Items & Adjournment All

Handout\*

**Next Meeting for SA 2 Adult QIC: November 17, 2016 at 10-12 pm**

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

<b>Type of Meeting</b>	<b>Service Area 2 Adult Quality Improvement Committee</b>	<b>Date:</b>	<b>September 15, 2016</b>
<b>Place</b>	<b>10605 Balboa Ave 2<sup>nd</sup> floor Conf.</b>	<b>Start Time:</b>	<b>10:00 a.m.</b>
<b>Chair</b>	<b>Kimber Salvaggio</b>	<b>End Time:</b>	<b>12 p.m.</b>
<b>Co-Chair</b>	<b>None</b>		
<b>Members Present</b>	Allen Pouravanes - DMH PSB QA, Denise Greenspan – Hillview MHC, Diana Garcia – DMH SFMHC, Elizabeth Jauregui – Child & Family Ctr, Honey Dardashti – Tarzana Tx Ctr, James Pelk – IMCES, Jamie Walker – DMH PRO, Lee James Gossett – Didi Hirsch, LyNetta Shonibare - DMH PSB Countywide QI, Michelle Logvinsky - Topanga West Guest Home/ACT Wellness Ctr, Michele Renfrow – DMH SA 2 Admin, Sabrina Barscheski - DMH SCVMHC, Sara Pineda – ECDA, Sue Birman – DMH UCSP, Sima Baikov – DMH WVMHC, Theodore (Martin) Cannady – DMH PRO, Tiger Doan – APCTC		
<b>Absent Members</b>	Angela Khan - SFVCMHC, Inc., Belinda Ankrah – DMH PSB Certification, Child & Family Ctr, Dora Escalante – JFS, PACS, El Dorado, Jesus Morales – Didi Hirsch, Julie Jones – Hillview MHC, Leslie Di Mascio – SFVCMHC, Inc., PACS-LA, Ramona Casupang - DMH SB 82, Sandra Chang-Ptasinski – DMH PSB QID Cultural Competency Unit, DMH - Urgent Care		
<b>Agenda Item &amp; Presenter</b>	<b>Discussion and Findings</b>	<b>Decisions, Recommendations, Actions, &amp; Scheduled Tasks</b>	<b>Person Responsible</b>
<b>Call to Order &amp; Introductions</b>	The meeting was called to order at 10:00 a.m.	Introductions were made.	K. Salvaggio
<b>Review of Minutes</b>	July 2016 Minutes approved		All

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
<p><b>Clinical Quality Improvement</b></p>	<p><u>QUALITY IMPROVEMENT</u></p> <p>policy on reporting clinical events still in process to line up with SI categories</p> <p>policy suicide risk mitigation - screener minimum of 3 questions to be asked by first practitioner— full version suspended</p>	<p><u>QUALITY IMPROVEMENT</u></p>	<p>Provided by Office of the Medical Director staff reported by Kimber</p>
<p><b>Cultural Competency Report</b></p>	<p><u>QUALITY IMPROVEMENT</u></p> <p>Cultural Competence Training for SA QICs  <u>Compliance on systems reviews</u></p> <ul style="list-style-type: none"> <li>• Basic/foundational training – train the trainer model</li> <li>• Explores Cultural Responsiveness &amp; Humility</li> <li>• Meets EQRO recommendation and connects to CC plan and systems review</li> <li>• Must show that every DO and LE program has every staff attend at least 1 training per year that included cultural responsiveness</li> <li>• Tracking is needed</li> <li>• Supervisor should be recommending staff attend training</li> <li>• Program should know what CC skills are needed based on your clinic's target pop</li> <li>• A check box will be added on the QA quarterly monitoring report that PH will check off attesting that every staff in clinic have competed at least one training that will enhance the staff's CC and clinic skill</li> <li>• At the time of employee's PE – check off box to confirm training</li> </ul>		<p>Provided by CC staff reported by Kimber</p>

<p><b>Policy Updates</b></p> <p><b>Pt's Rights</b></p> <p><b>QI Announcements</b></p>	<ul style="list-style-type: none"> <li>• Training eval forms that clearly categorize the staff level – will chg DMH evals to reflect all staff members</li> <li>• Training Sept 27 9-11:30 at commonwealth</li> </ul> <p>See August and September handouts</p> <ul style="list-style-type: none"> <li>• Jamie Walker from PRO was introduced and reminded all to send logs via email to <a href="mailto:DMHCOP@dmh.lacounty.gov">DMHCOP@dmh.lacounty.gov</a> with a 'cc' to Kimber</li> <li>• Put SA 2 in the subject line</li> </ul> <p>None reported.</p>	<p>Kimber/All</p> <p>Jamie and Theodore</p>	<p>Kimber/All</p>
<p><b>Audits</b></p> <p><b>State DHCS Updates</b></p> <p><b>Medi-Cal Certification Section</b></p> <p><b>Training &amp; Operations</b></p>	<p><b>QUALITY ASSURANCE</b></p> <ul style="list-style-type: none"> <li>• El Dorado AC Audit</li> <li>• No more Moss levy – new company awarded the contract</li> <li>• BBS registration and timelines</li> </ul> <p>State is checking LE info across Sec of State website, NPSS and OPS</p> <p><u>Doc Trainings</u></p> <ul style="list-style-type: none"> <li>• Hard copy of training available dates provided to the group*</li> <li>• all supervisors are strongly encouraged to take the training due to the large number of policy changes in the past several months</li> <li>• training space – if space can accommodate 50 or more – guaranteed spots for hosting agency</li> </ul>	<p><b>QUALITY ASSURANCE</b></p> <ul style="list-style-type: none"> <li>• Go on BBS site for more info</li> <li>• <a href="http://kepler.sos.ca.gov/">http://kepler.sos.ca.gov/</a></li> </ul>	<p>Kimber/All</p>

**QA Policy Updates  
& Technical Asst.**

FINAL QA Bulletin 16-05:

- Chart Review Draft Report received from DHCS. Few changes anticipated on the Final Report. Overall findings were positive. Areas of improvement included Medical Necessity, Assessment, Medication Consent and Client Plans. Individual findings and recoupments for specific providers selected for the Chart Review along with specific instructions will be sent out on August 22. Any provider with findings and/or disallowances must submit a POC by September 2. Appeal request must be received by August 29. QAD will make final determination on what to appeal.

FINAL QA Bulletin 16-06:

- COS Requirements – Bulletin serves as an interim policy regarding documentation and claiming for COS. Multiple COS interventions require multiple notes. COS claimed by the minute in IBHIS, by the FMI in IS.

FINAL Clinical Forms Bulletin Edition 16-02:

- Outcome Measures Application form modifications – finalized. New CSSRS screener (DO).

DRAFT Clinical Forms Bulletin Edition 16-0x:

- Outpatient Medication Review revisions & Authorization for PHI Disclosure: Added elements required by State.

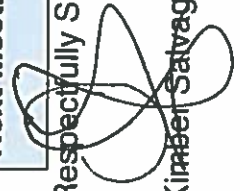
DRAFT QA Bulletin 16-0x: ICD10 Diagnosis Code Updates:

- ICD-10-CM diagnosis code updates coming for dates of service on or after Oct. 1. DOs need not do anything; the system (IBHIS) will

	<p>be updated. For contractors IS and IBHIS will be updated so when claims are received they will be validated against the code revisions. T-codes have been added (similar to old V codes) and X-codes removed (not allowed to be primary diagnosis). Have not heard anything from the State about the 7 excluded diagnoses proposed to be included.</p> <p><u>DRAFT QA Bulletin 16-0x: Guide to Procedure Code Changes</u></p> <ul style="list-style-type: none"><li>• H0002 – Triage; and has been removed</li><li>• 90889 – Report Writing; changed to non-billable to Medi-Cal</li><li>• 90885 – Record Review; no longer for review of records simply because a client has been transferred</li><li>• H2015 – Use for “paid collateral”</li><li>• H0032 – Best Practice to claim Plan Development discussions only between treatment team members directly involved in the treatment of the client</li><li>• 98807 – May be expanded by the State to include “paid collaterals”</li></ul> <p><u>Discussion Policy 401.02 Modifications:</u></p> <p><u>Timeliness:</u></p> <ul style="list-style-type: none"><li>• The State expects the county MHPs to have a uniform documentation timeliness requirement for DO and contract providers. Currently, LACMHP does not, and this was a finding on the State System Review. A proposal for the universal standard is for documentation to be completed by the end of the next scheduled work day, and if the</li></ul>	
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	<p>staff member is expected to be gone for five days or more, by the end of the day in which the service was provided. Policy 401.02 will be revised to include contractors when a decision is reached.</p> <p><b>Reminder:</b>        SRL in EHRs (Access to Care), Excluded Diagnoses: – If you can't provide a client with an appointment within the required timeframe at your provider site, and offer to provide the client an appointment at another provider but the client prefers to wait for your site, then make sure you obtain an actual "in-compliance" appointment date/time at the other providers site in order to document that the MHP was able to offer the client an appointment within the required timeframe.</p>		
<b>Announcements:</b>	None at this time.		
<b>Handouts:</b>	<ul style="list-style-type: none"> <li>➤ Draft copy of July 2016 SA 2 Adult Mtg Min</li> <li>➤ August 2016 &amp; September 2016 Policy Updates</li> <li>➤ Sec of State Website Information</li> <li>➤ September 2016 Documentation Training Sch'd</li> <li>➤ LAC-DMH Policy 401.02</li> <li>➤ Draft of CFB 16-0x</li> <li>➤ Draft of QAB 16-0x</li> </ul>		
<b>Next Meeting:</b>	➤ <b>November 17, 2016</b>		

Respectfully Submitted,



Kimber Salvaggio