County of Los Angeles – Department of Mental Health
SA2 Children's QIC
February 17, 2011

Agenda

1:30 – 1:40 Introductions & Announcements
1:40 – 1:50 Review of Minutes from 12/16/10..... Michelle Rittel
1:50 – 2:30 Report from Departmental QI/QA..... Michelle Rittel

QI

- APS/CAEQRO
- Cultural Competency Committee
- Patient Rights Office
- Medication Parameters
- ACCESS Test Calls Report
- DMH Mandatory Trainings
- Security Guards/Receptionists trainings

QA

- Audits
- Taxonomy Changes Update/Medi-Medi Claims
- EHRS/Clinical Forms Crosswalk
- ICD-9 Diagnosis Codes

PEL FAQ

2:30 – 3:10 Client Medi-Cal Eligibility Issues/Concerns..... Eva Carrera
3:10 – 3:30 Discussion/Questions/Proposed Agenda Items for Next Meeting/Next Meeting Location

Contact: Michelle Rittel
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New Horizons

Next Meeting:
Thursday, April 21, 2011
1:30-3:30pm
Location: TBA

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
Service Area 2 Children's QIC Meeting
QUALITY IMPROVEMENT COMMITTEE MINUTES

Type of Meeting	SA 2 Children's QIC	**Date**	February 17, 2011
Place	Verdugo Mental Health 1540 E. Colorado St. Glendale, 91205	**Start Time**	1:30pm
Chairperson	Michelle Rittel	**End Time:**	3:30pm
Co-Chairs	Alex Medina Lisa Delmas		
Members Present	Agueda Cabrera, Anabel Aispuro, Angela Igrisan, Angeline Baez, Cathi Collins, Crystal Cianfrini-Perry, Danielle Price, Dominique Eugene, Eric Stewart Thomas, Eva Carrera, Josh Ciszek, Mandy Ighani, Marina Geozalyan, Michael Alba, Michael Marx, Michelle Rittel, Natalie Williams, Nicole Ryan, Tania Fallert, Traci Chinn, Victoria Shabanzadeh, Rhiannon De Carlo, Tim Peterson, Sonia Herten-Greaven		
Excused Members	Lisa Delmas, Angela Kahn, Alex Medina		
Absent Members	Carol Ann Scott, Debra Green, Dennis Brotman, Helena Cerny, Hosun Kwon, Irma Seilicovich, Jennifer Ruiz, Lena Allen, Lisa Lansing, Melanie Leland, Melissa Bagwell, Monica Weil, Norma de la Cruz, Olga Zysman, Patricia Tyler, Peggy Mahserdijian, Seth Briklin, Sheryl Morehouse, Stacy Becker, Stacy Sigman, Theresia Choi, Vivian Alvarez, Wendi Tovey		

Agenda Item & Presenter	**Discussion and Findings**	**Decisions, Recommendations, Actions, & Scheduled Tasks**	**Person Responsible & Due Date**
Call to Order & Introductions: Michelle Rittel	Meeting called to order at 1:30pm. Thank you again to Verdugo Mental Health for hosting our QIC. Introductions were made.		
Review of Minutes: Michelle Rittel	Minutes from 12/16/10 meeting were reviewed and approved.		

Agenda Items & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
	Quality Improvement (QI)		
Departmental QIC Meeting Report: Michelle Rittel	APS/CAEQRO – We have gotten notification that they are coming out 4/18-4/21/11. We are still waiting to find out which service areas will be focused on. More information will be provided once it is given to the QIC liasons. Cultural Competency Committee – Plan is being submitted at the end of Feb. and will be published on the website. The DMH e-news column will be started soon. For anyone who wants to attend the meetings, they are held on the second Wednesday of the month from 1:30-3:30pm. At 695 S. Vermont Ave. on the 15th floor. Form translation is being delayed because there are forms that need to be updated before they can be translated. Patients Rights Office – Looking at data collection based on change of provider request forms. Please continue to send the forms to the PRO regularly.		

Departmental QIC Meeting Report: Michelle Rittel	Medication Parameters – Have been finished and are now posted online. ACCESS Test Calls Report – Handout given and reviewed. There has been improvement from 2008-2010. There is a plan for the service area QICs to take over the test calls. It will be over a 2 month period and will be 10 calls per service area. More information will be provided when the time comes to start the calls. DMH Mandatory Trainings – Handout was missing second page. This is a list of mandatory trainings for DMH Directly Operated programs. Information provided for contractors FYI.		

Agenda Items & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
	Quality Assurance (QA)		
Departmental QI CMeeting Report: Michelle Rittel	Security Guards/Receptionist Trainings – For the Directly Operated Programs, the security guard video training is being updated. There is also a training being developed for receptionists re: custormer service. This training will be made available for contract agencies as well.		
Departmental QA Meeting Report: Michelle Rittel	Audits — Inpatient at LAC-USC was done 12/6-12/10/10 for the 10/09-12/09 audit period. 285 acute and 68 admin. days were reviewed. 242 acute days were denied for not meeting medical necessity for continued stay. 64 admin. days were denied due to not charting to Title 9 requirements, poor documentation, using excluded diagnoses, and charting not in behavioral terms. It was an 87% denial rate, the highest in the state. $180,000 recoupment. Inpatient at Kedren was also audited. 36 admissions were reviewed and 3 were denied. The hospital is appealing at least one. No admin days were reviewed. 281 acute days were reviewed and 62 were denied. There was $30,000 recoupment. The review indicated charting should be better for medical necessity and there is a need for "straight" documentation as opposed to "check boxes". The next review will be at Harbor-UCLA.		

Agenda Items & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Departmental QA Meeting Report, cont'd.	Taxonomy Changes Update/Medi-Medi Claims – All Medi-Medi claims need to be adjudicated through Medicare before being submitted to Medi-Cal. Although this situation does not come up as often in children's programs, programs need to be aware of the information just in case. There were 7 3-digit prefixes added to the Taxonomy Code and these must go to Medicare first. The rest can go directly to Medi-Cal. Taxonomies my need further adjustment, but providers should send in staff lists with updated taxonomies using the current taxonomies. QIC will continue to receive updates as they become available. For contract providers specifically, any licensed person except MFT, psych techs, LVNs and RNs, must be certified as a Medicare provider. Any contract provider that has physicians on staff, Child or Adult programs, must be enrolled in Medicare. If the agency can be enrolled, they must be enrolled. The 3 criteria for Medicare billing are that the agency is certified, the clinician is certified and that it is a Medicare reimbursable service. The staff who can/must bill Medicare are the 2 type of Physicians, Physicians Assistants, LCSWs, Nurse Practiioners, Licensed Clinical Psychologists and Clinical Nurse Specialist. If a claim is billable to Medicare it will get adjudication from Medicare and then be sent to Medic-cal using Late Code 3, even if it's not late. .For staff who can't bill to Medicare, you can take Medicare off the claim and submit it to Medi-cal using Late Code 3. For Directly Operated staff, if a Medicare claim has been rejected, not denied or approved, it will get stuck in the IS. The state wants the rejection codes on the claim, but DMH only has denial codes. Unless a claim is about to time out and is non-billable to Medicare services, hold off on submitting it. If a	.	

Departmental QA Meeting Report, cont'd.	claim is about to time out it needs to be submitted with a Late Code 3. EHRS/Clinical Forms Crosswalk – Process update: For contract agency, for required forms, all of the elements from the DMH forms need to be present and when you print the records, the printed sequence needs to be the same as DMH forms or be able to produce XML message. The agency sends data and DMH will provide a utility that will put data in a report. There was a follow up meeting with ACHSA earlier this month and there will be a policy that will be issued by the end of March. ICD-9 Diagnosis Codes – Codes were updated as of January 2011. This caused some denial of claims. Link was emailed to everyone today. DMH Directly Operated programs, DSM IV codes are used and converted in the system. For contract programs, the codes are converted into ICD-9 before they go to DMH. The tables have been updated with 5 digit codes and posted online in the IS system. Link was sent to members today. DMH will now deny 4 digit codes, so the claims will not go through. PEI Frequently Asked Questions – handout is missing pages and will be emailed to members.		
PEI Funding Utilization and Client Medi-Cal Eligibility Issues/Concerns: Eva Carrera	Eva Carrera discussed the underutilization of funding, particularly with PEI funds. Many contractors have had difficulty due to needing to train clinicians to be able to provide EBPs and utilize PEI funding. Also, clients that really need outpatient services (FCCS) they should not go into a PEI program, they should go directly into regular outpatient services. Some programs are running out of PEI funding because they placed all new clients into PEI, even clients that needed to go to regular outpatient.		

PEI Funding Utilization and Client Medi-Cal Eligibility Issues/Concerns, cont'd.	There have been reports from children's contractors that there are less clients that are Medi-Cal eligible, there are more clients with high share of cost, it has become more difficult to access Healthy Families. Benefit establishment has become crucial. Contractors need to become well versed regarding share of cost and start advocating on behalf of clients. In some cases, eligibility is determined during a month when there was a larger than normal income and that month is used to project for the whole year. We need to help families advocate for themselves and navigate the system. DMH Parent Advocates in SA2 are becoming more informed regarding share of cost and Healthy Families and how to access different types of insurance and will be able to assist contractors in learning as well.		
New Horizons: Eva Carrera	As of 1/14/11, New Horizons is no longer providing DMH contracted services although they still have their contract with DMH at this time. SA2 Navigation and Administration staff reviewed charts/cases and referred clients to other programs in the community.		
Discussion/ Questions/ Proposed Agenda Items	There was a question about client information provided to contract agencies by Access. Agencies want to know what their responsibility to the client and with regard to the paperwork that was provided. The clients should be triaged and all paperwork should be treated as PHI. If the paperwork indicates that the client is already connected for services, agencies should contact the referral source to clarify the reason for the referral. But paperwork should still be treated as PHI. No other questions or proposed agenda items were discussed.		

Handouts: **Handouts, cont'd**	DMH – Quality Improvement Division *Summary Report of Accessibility Monitoring Test Calls to 24/7 Toll Free Access Line (January 3, 2011) RMD Bulletin *Don't Let Your MEDI-MED Claims Time Out. *RMD Bulletins Issued in 2010.		

Handouts Emailed:	PEI Frequently Asked Questions 2/17/11		

Agenda Items & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Announcements:			
NEXT MEETING:	Thursday April 21, 2011 1:30pm-3:30pm Child and Family Center 9650 Zelzah Avenue Northridge, 91325		

Respectfully submitted,

Michelle Rittel, LCSW