

County of Los Angeles – Department of Mental Health
SA2 Children's QJC
February 19, 2015
Agenda

1:30 – 1:35 Introductions & Announcements

1:35 – 3:20 Report from Departmental QI/QA and Discussion.....Michelle Rittel

QI

- MHSIP Survey Information
- PRO
- Test Calls
- Provider Directory
- Clinical QI/OMD
- SRTS
- Cultural Competency..... Marc Borkheim
- Psychological Testing
- Cal Medi-Connect
- EQRO
- Scheduling Initial Medication Services

QA

- Audits
- Documentation Training
- Policy 104.08
- QA Reports
- Org Manual
- State DHCS Updates
- Medi-Cal Certification
- IBHIS Update
- National Council of Quality Assurance (NCQA)
- Trainings
- QA Bulletin 15-01
- Assessments for New Clients
- Providing Housing Services
- Supplemental Services to "Meds Only" Clients

3:20 – 3:30 Suggestions For Next Meeting/ Host for Next Meeting

Contact: Michelle Rittel: Office – (213) 739-5526
Cell – (213) 276-5521
E-mail: mrittel@dmh.lacounty.gov


Next Meeting:
Thursday, April 16, 2015
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 19, 2015
Place	The Village Family Services	Start Time	1:30pm
Chairperson	Michelle Rittel	End Time:	3:30pm
Co-Chairs	Alex Medina and Angela Kahn		
Members Present	Adik Parsekhian, Alex Medina, Allen Pourvanes, Angela Kahn, Ashlei Sullivan, Saba Harouni, Charity Wabuke, Danielle Price, Deanna Park, Hosun Kwon, Hrug Ghazarian, Kathleen Kim, Kimberly Hirano, Mark Rodriguez, Lucy Marrero, Marc Borkheim, Marietta Watson, Michelle Rittel, Sara Pineda, Sonia Herten-Graeven, Janette Baucham, Philip Urbina, Tiger Doan, Tim Petersen, Belinda Ankrach, Phachara Sujirapanya		
Absent Members	Agueda Cabrera, Anabel Aispuro, Audra Casabella, Debbie Jih, Eva Carrera, Fang Xie, Frank Sanchez, Genevieve Morgan, James Randall, Kameelah Wilkerson, Kim Farnham, Kristin Malka, Maria Asadourian, Michele Linden, Nancy Tarin, Olga Zysman, Seth Bricklin, Soltana Nosrati, Vera Gisis, Victoria Shabanzadeh		
Agenda Item & Presenter	Discussion and Findings		
Call to Order Introductions and Announcements: Michelle Rittel	Meeting called to order at 1:30pm. MHP Posters were distributed and signed out by providers that requested them. Thank you to The Village Family Services for hosting our meeting for the second time in a row. Introductions were made. There were no announcements.	Decisions, Recommendations, Actions, & Scheduled Tasks	Additional posters will be brought to the DMH office in Canoga Park, as there were not enough to fill all requests. Michelle Rittel will send email when posters are available.
Review of Minutes: Michelle Rittel	Minutes from 10/16/14 were emailed to everyone in December, because the December meeting was cancelled. There were no responses with changes, so minutes were accepted and posted online.		
		Person Responsible & Due Date	Michelle Rittel

Agenda Items & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Quality Improvement (QI)			
<p>Departmental QIC Meeting Report: Michelle Rittel, Marc Borkheim (CCC Update)</p>	<p>Agency QICs: Reminder to providers that those meetings are required by DMH Policy. Providers are encouraged to contact Michelle Rittel if you need some ideas or assistance regarding those meetings.</p> <p>MHSIP Survey Information: We have data from the 8/13 surveys and DMH QI have received the data from the 4/14 surveys, which has not been processed yet. Kimber Salvaggio and Michelle Rittel will be working on processing the data to give to providers in a more useful/meaningful form. Surveys will now be done in May and November going forward. If your program is primarily field based and your program appears on the list for surveys, you will not be required to do surveys.</p> <p>PRO: Ted Wilson is leaving PRO and we have not been told who will be taking over as the contact for Request for Change of Provider Logs. As soon as that information is available, Michelle Rittel will let everyone know. There has been a lot of improvement in SA2 in getting the logs in. Thank you very much to everyone for getting them in. The provider contact list for the logs can now be updated by the SA QIC Chairs directly, so please contact Michelle Rittel if you have a change in contact person. The NOA E has been translated into Spanish and was sent for approval. Once it is approved, it will be posted online. The NOA A is online in both English and Spanish.</p>	<p>Michelle Rittel will work with Kimber Salvaggio on the survey data and will send it out to providers.</p> <p>Michelle Rittel will let everyone know who the replacement for Ted Wilson will be as soon as it is announced.</p>	

Departmental QIC

Meeting Report,

contd.:

Michelle Rittel,
Marc Borkheim
(CCC Update)

Test Calls: Test calls to the ACCESS Center have been done on a yearly basis by the Children's Navigation Team. There have been some changes to the process. Each SA is required to do 10 calls, so we do 5 and the Adult QIC does 5. The calls were previously done after hours and half were in English and half were in another language. The process now is that half the calls can be done during the day and half in English and half in the threshold languages for the SA. Test calls are now to be done by 2 SAs a month. Previously, each SA was assigned a week to do them. SA2 has been assigned to do them in May. At DMH QIC, it was suggested that providers might want to do their own test calls within their agency as a QIC project.

Provider Directory: Updates to the Provider Directory do not replace the PFAR. The PFAR still needs to be completed. Hard copies of the Provider Directory will be available soon. You are only required to have the Provider Directory for SA2 available for clients.

Clinical QI/OMD: For DMH Clinical Incident Reporting and Safety Intelligence Event Reports, providers were to return their system user roles by 1/15/15. This was extended to 2/2/15, but only 1/2 of the user roles have been turned in as of this week. Please get that information turned in, or if the person in charge of that for your agency is someone else, please remind them that that information needs to be sent in as soon as possible. The system will roll out during the 2nd quarter of this year. Directly Operated programs will go first. The system is in the final stages of approval.

Child Adolescent Anti-Psychotic restriction is here to stay. There a form online that your psychiatrists can complete and send to the pharmacist who will complete the TAR form.

Michelle Rittel will contact providers if needed to request volunteers to do test calls.

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<p>Departmental QIC Meeting Report, contd.: Michelle Rittel, Marc Borkheim (CCC Update)</p>	<p>SRTS: QA Bulletin 14-03 Service Request Log Updates: Using the Service Request Tracking System was handed out for providers to review. There are a number of programs that are still not on SRTS. If you requested tokens before October 31, 2014 and you haven't received them, please email Charlie Diaz chdiaz@dmh.lacounty.gov and cc SRTS for assistance. If you requested tokens after October 31, please contact the Help Desk. There has been a lot of backlog in getting everyone added to the system. Also, if you have gotten your tokens, you still need to have your provider number added to SRTS before you can use it. You have the option of using SRTS for all of your initial requests for service, if you are keeping them or referring them out. If you want to continue to use your own service request log, you will still need to use SRTS to make referrals and you will need to complete the Cultural/Linguistic log to the CCC. If you have any questions regarding SRTS, you can contact Michelle Rittel, but you will probably get response much more quickly by emailing SRTS directly SRTS@dmh.lacounty.gov. They respond very quickly and are very helpful. FSP is being added to SRTS and once that is up and running, the entire process of referring clients to FSP will be done through SRTS, not by faxing information back and forth. SA2 Children's Navigation will roll out as soon as all SA2 FSP providers are in SRTS.</p>		
<p>Quality Improvement (QI)</p>			
<p>Cultural Competency Committee: Marc Borkheim, our representative from CCC, provided 2 handouts. First was <u>Policy 202.17 Hearing Impaired Mental Health Access</u>. The</p>			

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<p>Departmental QIC Meeting Report, contd.: Michelle Rittel, Marc Borkheim (CCC Update)</p>	<p>definition of cultural groups now includes social groups and the hearing impaired community would be considered a cultural group. These clients have equal access to interpreter services, which are provided at no cost and are obtained through the ACCESS Center. You need to contact the ASL liaison who coordinates the interpreter services for the hearing impaired. These services are available 24hours per day, 7 days per week. There are 2 conditions for getting these services. The non-emergency requests will require 4 days for an interpreter to come to your site. An emergency request will have an interpreter available within 60 minutes. If you need to cancel, if the assignment is going to last 2 hours or less, you must cancel 24 hours in advance. If it will be more than 2 hours, you must cancel 48 hours in advance. If this is not done, the interpreter will come out to your site and DMH will be billed for the service. The ACCESS Center has a TTY Device that can be used. The number is on the last page of the policy.</p> <p>The second handout is the CRDP Recommendation Matrix. CRDP (California Reducing Disparity Project) reports are funded through MHS. There have been 5 reports over the past 4 years. The goal of the reports was to identify issues impacting disparities among 5 ethnic groups: African-American, Native American, Asian Pacific Islander, Latino and LGBTQ. Now there is a second phase state wide and the recommendations from the 5 reports are now being implemented into strategies like funding pilot programs and</p>		

Quality Improvement (QI)

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Quality Improvement (QI)			
<p>Departmental QIC Meeting Report, contd.: Michelle Rittel, Marc Borkheim (CCC Update)</p>	<p>implementation of interventions that are defined within the report. The handout is the Matrix, which takes the recommendations from the reports and organized them along 12 different themes and referenced each recommendation in the reports themselves. You can access the reports on the California Public Health website.</p> <p>The CCC meets every month the second Wednesday of the month 1:30-3:30. There are also workgroups that providers can participate in as well.</p> <p>Psychological Testing: A packet of information was handed out. If your agency doesn't provide psychological testing and your client needs a psych eval related to mental health treatment, you can request an evaluation through DMH. The client must have Medi-Cal. All the information needed to make the referral is in the packet.</p> <p>Cal MediConnect: The Cal MediConnect QIC presentation handout was handed out for review.</p> <p>EQRO: EQRO review will be April 27-30 and the selected SAs for this year are 7 and 8.</p> <p>Scheduling Initial Medication Services: Policy 202.46 was handed out, reviewed and discussed. A provider was told that all WRAP clients were to be evaluated by a psychiatrist at intake. This is not in the policy and needs clarification. There was also a question regarding field based services and whether they need to have the med eval the same day as the intake.</p>	<p>Michelle Rittel will get clarification regarding WRAP clients and clients seen in the field and will email everyone with the answers.</p>	

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Departmental QA Meeting Report: Michelle Rittel	<p style="text-align: center;">Quality Assurance (QA)</p> <p>Audits: None scheduled for SA2. DMH QA is looking into Auditor-Controller subjectivity, specifically regarding findings as opposed to disallowances. There are ongoing meetings/discussions between DMH QA and Auditor Controller.</p> <p>Documentation Trainings: Supervisor/Manager Documentaion Changes powerpoint is now online. New trainings will be added and old trainings have been deleted.</p> <p>Policy 104.08: Clinical Records Maintenance, Organization and Contents was handed out for review. This covers what forms need to be in your EHR. The policy is being handed out because there have been a lot of questions recently from providers.</p> <p>QA Reports: Legal Entities in SA2 got them in on time (only exception was one Adult Program). Thank you very much for your hard work and getting this done. It's much appreciated.</p> <p>Org Manual: Reminder that Chapters 1,2 and 4 have been revised and are now online.</p> <p>State DHCS Updates: They are working on crosswalking the DSM V to ICD 9 for now and will then crosswalk to the ICD 10 when it comes out, possibly in October. We have been told that the start date for using DSM V has been pushed back from October 1, but a new date has not been announced. Changes may need to be made to the IS as well as IBHIS, because most contract providers are not in IBHIS. If you are using your own</p>		

Departmental QA Meeting Report, contd.:
Michelle Rittel

crosswalk, you may need to change that when the state comes out with theirs. Also, contract agencies please make sure you are passing along bulletins and other information to your vendors.

Medi-Cal Certification Section: They are getting close to 100% compliance with certifications.

There is now a Certification Bulletin. 15-01 Lockouts and Provider Numbers was handed out for review. If you have questions, please contact the Medi-Cal Certification Section or DMH QA at the contact information on the bulletin.

IBHIS Update: There are only 4 Legal Entities live in IBHIS. Directly Operated has 96 with more to be added in February and April. For Directly Operated programs, the QA tool is now in IBHIS. Eventually you will be able to run a report to indicate if the required forms are there and then the QA reviews will be primarily about content. For Service History Reports, they are working on a way to pull in the information from both IS and IBHIS so that a client's entire service history can be reviewed. The Treatment Plan is currently being revised. There is now a Crisis Evaluation Progress Note which is to be used by PMRT instead of an assessment. They will also have a Risk Assessment. They are also working on a process for non-IBHIS providers to look up service/episode information outside of IBHIS.

National Council Of Quality Assurance (NCCQA) DMH is looking into being accredited. Mihalik Group is coming to review and advise. Being accredited is a requirement for certain health plans to work with providers.

Trainings: Just a reminder that if you can't attend a training, please cancel so that other can go instead.

QA Bulletin 15-01: Filling Out Forms and Writing Reports was handed out for review. The bulletin addressing whether or

Agenda Items & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
<p>Departmental QA Meeting Report, contd.: Michelle Rittel</p>	<p>not these activities are reimbursable. There are specific examples in the bulletin to illustrate the requirements for billing for these activities.</p> <p>Assessments for New Clients: New clients must have a current, complete and accurate Full Assessment. You can use and assessment from another provider, either alone or with an Addendum, which is highly recommended. Also, if there is a MAT Assessment, it needs to be reviewed and used by your clinicians for diagnosis, treatment planning, etc.</p> <p>Providing Housing Services: This parallels QA Bulletin 15-01. In order to bill for these services, they must be individualized and connected to mental health issues that you documented. You need to maintain the Clinical Loop, so if it is something that is not previously recorded in the Assessment, you need to do an Addendum. You will then need to add to your treatment plan.</p> <p>Supplemental Services to "Meds Only" Clients: This is high risk claiming. Clinicians calling to remind a client of a med appointment is not billable. You need to have a rehab objective and it needs to be individualized, not an objective you use for all of your clients and it has to link to the Assessment.</p>		
<p>Suggested Items for Next Meeting:</p>	<p>No suggestions were made.</p>		

Handouts:			
<p>Test Calls Study Results – December 2014</p> <p>QA Bulletin 14-03 Service Request Log Updates: Using the Service Request Tracking System</p> <p>Policy 202.17 Hearing Impaired Mental Health Access</p> <p>California Reducing Disparity Project Reports Recommendation Matrix January 2014</p> <p>DMH Psychological Testing Authorization Request Packet</p> <p>Policy 202.46 Scheduling Initial Medication Services</p> <p>Policy 104.08 Clinical Records Maintenance, Organization and Contents</p> <p>Certification Bulletin 15-01 Lockouts and Provider Numbers</p> <p>QA Bulletin 15-01 Filling Out Forms and Writing Reports</p> <p>Integrated Care Training Project Flyer</p>			

Agenda Items & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
NEXT MEETING:	Thursday, April 16, 2015 1:30-3:30pm Phoenix House 11600 Eldridge Ave. Lake View Terrace, 91342		

Respectfully submitted,



Michelle Rittel, LCSW

