

**COUNTY OF LOS ANGELES- DEPARTMENT OF MENTAL HEALTH  
Service Area 3  
Quality Improvement Committee Meeting  
June 17, 2009**

Misty Allen	<b>Alma</b>	Michelle Hernandez	<b>Enki</b>
Gloria Santos	<b>Almanson</b>	Windy Luna-Perez	<b>Ettie Lee</b>
M. Zamudio	<b>Almanson</b>	Melody Taylor Stark	<b>Five Acres</b>
Helena Ditko	<b>Arcadia MH</b>	Gassia Ekizian	<b>Foothill Family</b>
Linda Stone-Abrams	<b>Arcadia MH</b>	Daniel Ramirez	<b>Foothill Family</b>
Leah Merjil	<b>Bienvenidos</b>	Toni Aikins	<b>Hillsides</b>
Leslie Shrager	<b>Children's Bureau</b>	Denise Woo	<b>Juvenile Court MHS</b>
Martha Soria	<b>Children's Bureau</b>	Monique Vega	<b>Leroy Haynes Center</b>
Julia Soler	<b>Children's Bureau</b>	Vince Castro	<b>Maryvale</b>
Ivy Cotee	<b>David &amp; Margaret</b>	Gaby Villasenor	<b>McKinley Children's</b>
Lisha Singleton	<b>DMH</b>	Rosa Martinez	<b>Rosemary Childrens Ser</b>
Bertrand Levesque	<b>DMH</b>	Janel Grobes	<b>Serenity Infant Care</b>
Angel Kelly-Blaydes	<b>DMH</b>	Joseph O'Brian	<b>Social Model Rec.</b>
Brenda Huicochea	<b>D'Veal</b>	Stephanie Harper	<b>The Family Center</b>
Monica Martinez	<b>Enki</b>	Adrine Bazikyan	<b>Trinity</b>

**WELCOME**

Bertrand Levesque welcomed the group at 9:30 a.m. followed by self-introductions.

**REVIEW OF THE MINUTES**

A question was raised regarding whether all members approved the selection of the QIC project. After discussion, the minutes were amended and accepted.

**QUALITY IMPROVEMENT**

**QIC Project**

The QIC Chair Team (Bertrand, George, and Gassia) met and reviewed the most recent suggestion for the project—compiling and creating progress notes. It was determined that this project was too risky, as it would be very difficult to test the validity of the note, and creating the note would be a very subjective process. Additionally, the progress notes could be an audit issue. A new idea is being reviewed:

- Creating a QIC manual for providers. Currently, a manual is being reviewed by DMH personnel; Bertrand will be notified once the manual is approved.

A discussion ensued about whether the QA and QI sections can be housed in the same binder or if separate ones must be maintained—outcome of the discussion was that all providers must maintain separate binders for QA and QI.

There was also a discussion about whether providers can maintain DMH bulletins electronically rather than printing out each one. George reported that auditors will not look at an agency's computer system for bulletins; auditors want to see that bulletins are maintained in binders.

*All in agreement that the QIC provider manual would be the new project.*

## **RC 2 PIP**

DMH will be looking at re-hospitalizations. The group is trying to determine the variables that will be explored and compared: for example- the goal of FSP program , and the variables such as gender, culture, age will be considered.

## **SIFT Report**

Discussion regarding whether providers are accessing and utilizing their SIFT report. Not just any employee can access the report—they require authorization, and often it is the CEO or CFO who would have the access. However, the report provide useful information regarding the elapsed time between when a client is released from the hospital and the provider’s response rate. These reports have the potential to identify errors in response time; e.g. hospitals do not always notify providers of when a client is released, so it may appear that the provider’s response time was a week after discharge, but the provider could dispute that by showing documentation as to when they were actually notified of the discharge.

Bertrand reported that he would try to get a clear answer as to who is authorized to retrieve the report.

If any providers have questions or would like assistance with SIFT reports, they can contact Vendana at [joshi@dmh.lacounty.gov](mailto:joshi@dmh.lacounty.gov).

## **Resource Directory CIOB**

There should always be a printed resource directory available, especially in the case of an audit (auditors will want to see one). There is a directory on the DMH website available for all providers.

## **System Review—Adult Providers**

There will be a system review for adult providers—time frame is unclear at this time. This audit happens every two years; the state requests files from providers, which are then sent to DMH.

It’s a good idea to start reviewing now, though it is unknown when the actual review will happen. During this audit, anything can be reviewed in the file. This usually occurs right after the holidays.

Some things to remember:

- Auditors usually use chart review tool
- They will look at eligibility/financial folders, progress notes.

## **QUALITY ASSURANCE LIAISON MEETING**

### **Clinical Audits by State DMH**

Providers should have all received the QA Bulletin No. 09-04 entitled “Clinical Audits by State DMH.” This bulletin is especially important as it serves as a reminder to all providers of areas which require compliance to minimize exceptions. Some areas that were highlighted by Gassia included:

- Medical necessity—assessments, client plans and progress notes must have clear documentation
- Assessment forms—must always be complete
- CCCP—reiterates policies regarding signatures

- Progress notes—blended notes are no longer acceptable. Each service must have a separate note. If a progress note is out of sequence, there is a proper way to document this. There is also a proper way to document when multiple staff are present
- Marital therapy is not a reimbursable service
- Juvenile Hall—prior to claiming services to Medi-Cal, there must be a Court Order adjudicating the youth to placement
- Clerical and socializing activities are not reimbursable

Some specific items did not receive written guidelines, and therefore agencies should use their best judgment:

- How/when writing letters to a client is billable
- Billing for child abuse reports
- Discharge summary writing

Agencies should review the above items and determine their own policies.

### **WIC Guidelines**

Gassia reminded everyone to review the WIC guidelines regarding sharing information. Also, providers are held to the HIPAA standards as well.

### **Changes to COD Codes**

The dual diagnosis “x” and “u” codes are in the process of being clarified. Some issues being addressed include a clear definition of the term, “in remission.” Providers will receive a flowchart indicating the decision-making process for using “x” or “u” codes. There is going to be an overall revision of the IS codes coming soon as well.

### **Revisions to the Provider Manual**

Be sure to replace the old CCCP policy with the updated one. This can be found on the DMH website.

### **Audits**

Discussion was held regarding audits from the Office of the Auditor-Controller. Some auditors don’t understand agency billing procedures and therefore agency personnel are required to clarify this. Many providers reported that the QI binders are not looked at.

The Moss Levy Hartzheim Audit is a fiscal review that is very detailed:

- Some items that continue to be problematic are PFI’s, COS logs, and claims.
- Day treatment facilities are largely questioned.
- Be sure to have accurate client sign-in sheets.
- The reviewers tend to be very young, and therefore are uninformed about agency policy/procedure.
- Agency HR should always maintain up-to-date license information.

### **Miscellaneous/Announcements**

There is an open Assistant Director position at Maryvale—contact Rene Chan. Also, there is a Corporate Director of QIC position open at Pacific Clinics—consult with the PC website.

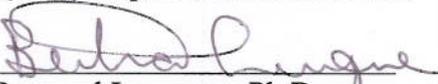
Service Area 4 is having a Case Management training on June 2 and July 9—contact Jacqueline Yukawa to register ([jyukawa@dmh.lacounty.gov](mailto:jyukawa@dmh.lacounty.gov)).

**Contract negotiation has been postponed until September 15.**

**ADJOURNMENT**

The meeting adjourned at 11:00, as the presenter was unable to make the meeting due to being lost.

**Minutes recorded by:** Patricia Gonzalez, Bertrand Levesque  
Quality Improvement Committee

**Minutes approved by:**   
Bertrand Levesque, Ph.D.  
Quality Improvement Committee Co-Chair

**NEXT MEETING**

The next meeting will be **July 15, 2009 (9:30 a.m.-11:30 a.m.)** at Enki, 3208 Rosemead Blvd., 2<sup>nd</sup> Floor, El Monte, CA 91731. @ 626-227-7014