County of Los Angeles – Department of Mental Health
SA 4 Program Administration

SA 4

CHILD AND ADULT
INTEGRATED QUALITY IMPROVEMENT COMMITTEE

Agenda
March 18, 2014
10:30 AM – 12:00 PM

I. Welcome & Introductions **10:30 AM**
II. Review of the Minutes- January Meeting
III. Announcement

IV. QI

- **Parameters of Family Engagement & Inclusion for Adults**
- **SA QIC Project on Family Engagement & Inclusion for Adults**
- **Clinical Quality Improvement**
- **Cultural Competency Update**
- **Patients Right Office (PRO)**
- **Policy Update – Office of Compliance**
- **QID Updates: MHSIP 2013 Results**
  FY 12-13 Change of Provider & Grievance/Appeals Report
  Medication Practices & COD Status Implementation Reports
  Test Calls 2013 Results
  QI Work Plan 2014

V. QA

- **Audits/Reviews**
- **State DHCS Updates**
- **Documentation Trainings**
- **IBHIS Update**
- **Program Review/Certification**
- **QA Technical Assistance**
- **Health Information management (HIM)**

VI. Presentation: Upcoming Changes to Forms and Procedures Related to Clinical Documentation. By Jennifer Hallman/DMH QI Department

VII. COMMENTS

11:55 AM

Next meeting: April 15, 2014
St. Anne's Maternity Home
155 N. Occidental Blvd. /Classroom
LA, CA 90026
(213) 381-2931

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH

SA 4 QIC Minutes

Type of Meeting	QIC	**Date**	March 18, 2014
Place	St. Anne's Maternity Home, 155 North Occidental Blvd., Los Angeles 90026	**Start Time**	10:30 a.m.
Chair Co-Chair	Alyssa Bray & Anahid Assatourian	**Adjournment**	Noon
Members Present	Kim Farnham; Aviva, Sandra Hong; CII, Linda Kaye; Gateways Hospital, Rose Garcia Didi Hirsch, Maribel Nieves; Dignity Health, Alma Bretado; CHCADA, Elizabeth Pershing; DMH/Hollywood Mental Health, Jose Guerra; Eisner, Kary To; DMH, Han Li; DMH, Dora Escalante & Militza Avila; Jewish Family Center, Martha Arechiga & Nichole Nunez; Telecare, Rosie Rodrigues & Charlotte Bautista; Gateways Hospital, Erica Melbourne; SSG Project 180, Gina Papa; Para Los Ninos, Ruth Mandernach; LAMP, Roberta Garcia; Starview, Beth Foster; Hillsides, Gwen Lo; Amanecer, Maria Tar, Jannelle Gonzales; EMQ, Michelle Hernandez; ENKI, Leslie Shrager, Children's Bureau, Donetta Jackson; Anne Sippi, Karin Bonwitt; DMH, Elizabeth Townsend; DMH/Program Support, Nayon Kang; KYCC, Sara Jimenez McSweyn; El Centro del Pueblo, Socorro Gertmenian; Child Guidance, Silvia Yan; Asian Pacific Counseling, William Donnelly; Gateways Hospital, Tim Beyer; DMH/QI, Kameelah Wilkerson; Hathaway Sycamores, Reza Khosrowabadi & Jacquelin Preston-Opatik; St. Anne's.		
Absent Members	AIDS Project Los Angeles, Thalians, Didi Hirsch Metro Center, DMH Standards, Practices & Conduct PEQIC, DMH Countywide Resource Management, El Dorado Community, Filipino-American Services Groups, Gateways Satellite, Gateways Percy Village, Health Research Association USC Satellite, IMCES, LAC-USC medical Center, Los Angeles Gay & Lesbian Center, Mental Health America, Northeast MHC, Pacific Clinics, The Saban Free Clinic, SSG FSP API Alliance ACT, SSG, Travelers Aid Society of LA, United American Indian Involvement , VIP CMHC		
Introductions	Done		
Minutes Approval	January 21, 2014 minutes approved		
Announcements			

Agenda Item & Presenter	Findings and Discussion	Decisions/ and Recommendations Actions/Scheduled Task	Responsible Person/Due Date
	QI Announcements		
Parameters of Family & Inclusion for Adults	1-IBHIS – Point made about giving yourself time to learn. The suggestion is to drop down clients to 60% of your normal booking. This was NetSmart's suggestion, and users have agreed that that's a good expectation for the learning curve. Discussion of "collaborative" or "concurrent" paperwork – where you are writing your note simultaneously while facilitating your sessions – live data entry of notes.		
SA QIC Project	2- QIC meetings need to include discussions about QI Projects (QIPs) for the Service Areas. Looking at the various domains related to QI goals within the Department, as well as within the Service Area. Perhaps having agencies within the QICs taking turns presenting and sharing PIPs of their own that their agencies have conducted. Discuss creating a QIP for the Service Area. Examples of discussions: What is your capacity? What are your waiting lists? What plans does your agency have to address these (or other) issues? What have you done in the past that has worked or hasn't worked?		
	3- OMD – Remediation practice parameters are still in the process of being revised. IBHIS and Order Connect have rolled out in Service Area 8. For the psychiatrists, not only do they have to learn IBHIS, they have to do e-prescribing. Although prescriptions are electronic, they need to be printed. Keep this in mind regarding the extra time it will take to learn the new systems. The Order Connect process is not the most user-friendly at the moment – as IBHIS and Order Connect are two different systems. It is very time-consuming. It is recommended to do the 60% rule for psychiatrists to learn these systems, too.		

	4-OMD – Certain medications are now available to treat some substance use disorders, especially alcohol and opiate use disorders. This is being implemented through FSP Programs. The medication parameters are explained in 3.10. 5-OMD – Online incident reporting will be easy. There will be an icon on everybody's desktop in September 2014 (for DO). For Contractors they will use the PSN – Patient Safety Network, which is nationwide and international. It provides access to best Practices around the world and it protects our documents at a Federal level. 6- OMD – There are new parameters posted under Clinical Practice – parameter 4.16 – Parameters of Family Engagement and Inclusion for Adults. Helena Ditko did a presentation of this new parameter, and will come to the SA QIC to do her presentation as soon as we are able to schedule her. 7- OMD – Medication Monitoring (Peer Review) is now going to be 2013/2014 instead of 2013 alone. They are looking for clients who received anti-psychotic medications, a BMI index, for current meds and meds dated back 12 months. There will be five clients per psychiatrist reviewed. They expect to have outcomes in May regarding this peer review. They are monitoring outpatient medications because that's the biggest area of lawsuits, and hope with these peer reviews it will help decrease the chance of lawsuits and support DMH by having documentation of these peer reviews.		

Cultural Competency Update	8- CCC – They are working on changing the mission statement, as there are discussions about the committee operating without walls. The LGBTQ Workgroup had its first meeting on February 18th. They will be meeting every other month. Next meeting will be April 23rd 10am to noon at 695 S. Vermont St., 15th floor small conference room. It will be the fourth Wednesday of every other month. First goal discussed during the meeting was to increase service accessibility for LGBTQ population. Kim Farham is the chair, but they are seeking a co-chair, and they'd like more Service Area attendees for both the LGBTQ Workgroup, and the CCC Committee in general. Everyone is encouraged to attend.		
Patients Right Office (PRO)	9- PRO – Grievance forms and grievance procedures must be in lobby and must be current. PRO is doing unexpected lobby visits to check on these things. Please use the Provider Directory/List provided on the Program Support QI webpage. All other lists are too truncated. Providers cannot create their own lists; they must use this Provider List to be in compliance. Be sure to use the Beneficiary Receipt of Acknowledgment form, too. We were out of compliance for both of these things in the State Systems Review, and it's very important that all providers are in compliance with both the Beneficiary Acknowledgment Form and giving beneficiaries the appropriate Provider List. Network of Care change requests will ultimately make it to this Provider directory/List as well, so be sure to keep your agency information updated and current. DMH QI Department is looking to publish the next version of the Provider Directory, so please update all information now. Also, be sure to not change NOA forms – forms must be used exactly as they are because they are State forms. Do not put it on agency letterhead – it must be exactly as it is. Also, it is VERY important to have both sides of the form to be in compliance.		

Policy Update **QID Updates:**	10-Policy Updates – please see handouts. From now on, each Policy Update will be designated as Level 1 or Level 2. Level 1 is DMH DO, Level 2 is Contractors. 11- DMH QI Department Updates – Tim has been presenting the maps of MHSIP data. 2013data should be coming out in about a month. The MHSIP survey results are stable year after year, and goals are pretty much the same. They do see some movement – they're looking at timeliness of services, as we're not meeting the target. That is the only thing that is standing out in the surveys at this time. 12- Test Calls – The report should be online now on the PSBQI website. Test calls have greatly improved over the last five years in all areas. 13- 2014 QI Goals are almost done. They are finalizing it and will be uploaded soon. EQRO is out as of March 14th. EQRO is focusing on Service Areas 1 and 3 this year. 14. **The QI Department has been informed by the State that MHSIP surveys will be administered from April 28th – May 2nd**. This is the same time period that EQRO will be out, so the QID asked the State if either Los Angeles County could be excluded this time, or if we could do it at a later date, but the State declined both requests. **It will be a random sampling of agencies to complete the surveys, and the list of agencies selected to administer the surveys will go out next Friday (March 28th). Dr. Tim Beyer will provide training on administering the MHSIP survey in the next SA 4 QIC meeting on April 15th.**		

Agenda Item And Presenter	Findings and Discussion	Decisions/ and Recommendations Actions/Scheduled Task	Responsible Person/Due Date
State DHCS Updates	**QA Announcements** 1-DHCS Updates – For school-based programs, the 30 calendar days timeline begins as soon as the completed referral form is received. Be very careful and thorough about these time lines and document things thoroughly and clearly. The disposition can have notes if you can't reach the parent, but it is important to know that the 30 day timeline starts when the completed referral is received. 2- DHCS Updates – LPCC's – See attached State Letter regarding LPCC's released in February (it is also on the DHCS website under Providers). The main point of this notice is that LPCC has to be registered with the BBS, or if licensed in another state, they can be waivered. However, if contract providers want to seek a waiver for someone in this situation, they have to contact Diane Guillory ahead of time. Paragraphs two and three on page 2 describes the types of services LPCCs can provide, as well as the limitations of LPCC services, too. No assessment or treatment in couples or families unless they received more training in these areas, and they must be able to prove this with supporting documentation. LPCCs can work with children. Contract providers must work with their own legal counsel to determine the proper job classification. Taxonomy code 101YM0800X aligns with the definition of LPCC. Contract providers do not need to submit a provider file or LE update to have added. DMH is cautious to say to treat LPCC students like you treat students of other disciplines. DMH advises for contract providers to consult with their own county counsel. DMH will not take LPCCs at all, let alone student LPCCs.		

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Audits/Reviews	3- Audits – Perm Audits – Audits where the Feds are auditing the State, but the Feds want to contact the provider directly. This is happening right now. Moss & Levy audits – Moss & Levy are behind in their audits. They need to catch up, so they will be doing a lot of audits for a while. Auditor-Controller – are actively auditing agencies right now. We have asked for them to come present at our QIC meeting, but they are not available until after June. Once their schedule clears up, we will have them provide training for us.		
IBHIS Update	4- IBHIS Updates – Learning and things are largely going pretty smoothly. Two Legal Entities were in the first rollout, and although there have been a few glitches, so far so good. Moving from IS to IBHIS, they merged duplicate clients into one client on IBHIS. For Contractors, a list will be provided of surviving MIS#'s for clients. For Contractors they will be updating the COS procedures so you know what to do. They put in place an "IS push" where they will take all new clients in the IS and push them into IBHIS automatically (about 9000 clients were pushed into IBHIS as of February) and after that it started to get done every night. Be sure to check staff disciplines. Claims are getting denied over incorrect disciplines. Fix them soon, because they take time to fix. DO going live – the second pilot rolled out, the next one will be in April. Use the SRTS, not the Service Request Log. There are pros and cons to both – QA will talk more about these next month. Reminder that on Progress Notes, providers need to put their license number, NOT their employee number, and NOT their rendering provider number. Check PRN – forms should be provided at the readiness meeting (for preparing to move to IBHIS).		

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Program Review/Certi-fication	5- Health Information Management – Clinical Data Integrity Reminders – There have been lots of mistakes in data collection and it is causing a lot of problems in managing clients and information. At the clinic/agency level, the data entry needs to be entered very, very carefully. Data entry at this level matters **a lot. Accuracy is a MUST. DMH does not have the staff to correct the constant errors in data entry happening at the clinic/agency level. It's very important to keep data integrity.** 6- Certifications – Regarding Service Function Codes – Agencies must have qualified staff for Service Function Codes and tell your Lead District Chief so it can be removed from your services if you don't (examples – Med Support and Psychologist). If you do not have a psychiatrist or psychologist (per provider number), you cannot have that Service Function Code. It's been a major issue with re-certifications - you must remove the Service Function Code if you do not have the appropriate qualified staff to provide that service. Once you are able to re-hire a psychiatrist or psychologist, you have to resubmit for a PFAR to re-add the Service Function Code. 7- Certifications – Only re-certification letters from LACDMH can be submitted with renegotiation packets. 1095 Day Rehab re-certifications are very important – they are your only proof that your site is certified to provide that service. They will only send letters to the person authorized to receive the letter, which is usually the CEOs, but it can be the Head of Service. Original is sent in the mail and they get those back. It's very important for agencies to have these letters on file to show when asked for them.		

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QA Technical Assistance	8- Rescinded Bulletin – 08-03. No more billing for discharge planning for client's in IMD's (psych hospital with 17 beds or more). These services were disallowed in an audit. In Title 22 there is an exemption – when a minor has been adjudicated, but not dispo'd, they're entitled to get their Medi-Cal back, so billing should be able to happen. It must be an active discharge planning process – not "checking in" or making sure discharge planning is happening. It must be **active** discharge planning (for placement and services). DMH QA is working on this section in the Organizational Manual. 9- DVDs re Co-Occurring Disorder Assessments – we will see if QA has more to provide to us. DMH is encouraging everyone to get CEUs' for this DVD training so they can track how many people are receiving this training. 10-State Systems Chart Review Plan of Correction – LACDMH's Plan of Correction was accepted by the State. Thirteen appeals were requested, two were accepted. One of these was only $200. They claimed that the progress note did not match the billing, but DMH won. Electronic records – there is a big deal about electronic signatures. If you want to use electronic signatures, you have to submit this to the county and get an approved electronic signature or it won't count and it will be disallowed. Be consistent about this, too, or services will be disallowed. You must have either a handwritten or a certified electronic signature on all. If you go to electronic signatures it must be submitted to the county, also, you must have a written procedure/policy for how you sign notes (handwritten/electronic), and you must be certified for an electronic signature.		

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	None of the disallowances for DTI or DR were unreasonable in QA's eyes, so they chose not to fight them. Some counties are getting rid of DTI and DR altogether. Problems included not showing evidence that the client was there the whole time. Also, the State does not like full day programs being only just over 4 hours; they want to see them being longer than that. 11-Group Reminder – Group notes have been showing up with no interventions. Group notes must show mental health interventions. Group services must have a mental health focus and interventions must be shown and clear. Be sure to know how to calculate for group time. Please see Group Handout provided. 12- QA Questions – A reminder that the QA Department is bombarded by QA questions from throughout the county (sometimes 150 questions in a single day). Please go through your SA QIC Chairs and Liaisons with questions.		

Presentation	Upcoming Changes to Forms and Procedures Related to Clinical Documentation By: Jennifer Hallman/DMH QI Department 1. It is important to note that the changes stated below are not in effect yet (as of the date of this presentation). QA and Clinical Bulletins will be coming out in the next two weeks or so with the effective dates of these changes. 2. Chapters 1 & 2 of the Organizational Providers Manual have been re-written. These two chapters cover documentation and procedures. Information on Assessments and the Clinical Loop has been added. 3. The QA Department has been working on these changes for two years to improve clarity and make things simpler. Changes were also made to reflect Healthcare Reform (Affordable Care Act) and electronic changes for Directly Operated and Contracted Agencies. 4. There will be no more episodes, except for inpatient. Client will come into a Legal Entity (Contractor), and never discharge from it (unless they die). Client Clinical Records (not episodes) will now be at the Legal Entity level, not Provider Number. (Episodes continue to exist until you have moved to IBHIS.) **That means only one assessment and one treatment plan is needed at the Legal Entity level.** There will be no more "episode lingo". Now clients will be referred as "Newly Active Clients" – which means they need to be opened at your agency and are in need of an assessment), or "Long Term Clients" – which are clients who are receiving services after having had an assessment and treatment plan completed. 5. There will no longer be the "CCCP", it will be called the "CTP" – Client Treatment Plan.		

Presentation	6. AMHDs (Authorized Mental Health Disciplines) are no longer identified by who can write the assessment, they are now identified by who can sign off on a treatment plan and provide direction regarding the care of clients in the LACDMH system of care. 7. Three requirements have been removed from the documentation policy: Annual Assessment Update, Outcomes on the CCCP, and the Coordination Plan. Coordination Efforts should be documented in the progress notes, as should progress towards treatment goals. (More details about these below.) 8. They renamed and revised Assessment Forms – Assessment forms are no longer called "Initial Assessments" – they are called "Full Assessments". Assessment forms that have been discontinued include the Adult Short Assessment, Child/Adolescent Short Assessment, and the Juvenile Justice Assessment. The revisions to the "full" assessments are mostly related to formatting and sequencing. They did add a section for history of trauma and exposure to trauma, and added medical necessity check boxes for Specialty Mental Health Services. The Organizational Providers Manual will list all the required data elements for Full Assessments.		

Presentation	9. The Adult Re-Assessment and Child/Adolescent Re-Assessment are replacing the Annual Assessment Update. They are tri-annual assessments. These should be used for clients returning after a period of inactivity, and for clients at the 3-year mark. There are specific data elements that must be captured and addressed in an assessment after a period of inactivity with the client. These include: precipitating event/reason for referral; current symptoms/behaviors; impairments in life functioning; client strengths that will assist in achieving treatment goals; updates/changes to mental health history, medications, substance use, medical, psychosocial and developmental history; mental status; full diagnosis (or verification of existing diagnosis) and diagnostic summary. This information can be captured on either the Full Assessment or the Re-Assessment form. 10. Whenever a client is new at an agency, you MUST use an assessment form – even if a prior assessment exists from another agency. You must write your own assessment for your Legal Entity, you cannot use an Addendum. When doing so, be sure to focus on the required data elements. 11. Clients in continuous treatment for three years must minimally have a new assessment which includes: current symptoms/behaviors; impairments in life functioning; client strengths to assist in achieving treatment goals or progress towards them; updates/changes to mental health history, medications, substance use, medical, psychosocial and developmental history; mental status, full diagnosis, and diagnostic summary. This information can be written on either the Full Assessment or the Re-Assessment form. Only updates and changes must be done – you do not have to do the whole thing.		

Presentation	12. Regarding due-dates for initial assessments for newly active clients – Assessments must be completed within 60 days of the initiation of any services. Only Assessment services can be provided prior to the treatment plan being completed – no treatment services. Collateral billing can be done during this time only if it is done as part of collecting information for the Assessment. The Treatment Plan must be completed prior to any treatment services being provided, and in the progress notes there must be a note showing that you worked with the client/parent in creating a treatment plan. If emergent treatment services are needed prior to the completion of the assessment, a written plan must be in the progress note. Client Treatment Plans are officially due within 60 days of initiation of services (excluding crisis services). **Treatment services provided before a treatment plan is in place are subject to disallowance.** 13. Reminder that H0032 is a pure treatment planning session. You can bill an H0032 session for treatment planning – be sure to show symptoms, impairments, and an appropriate goal developed out of these symptoms and impairments in the H0032 progress note. 14. An important note about Targeted Case Management (T1017) – the State is getting really tough on TCM. In order to bill for TCM, you must assess the need for linkage, explain why it is needed, and be very descriptive regarding what exactly you're doing to link. Linkage cannot be "off the cuff," it needs to make clinical sense and be supported. 15. The start date of the Client Treatment Plan can be before the signature date – (e.g., you discussed and decided upon a goal, but then completed the form and gathered signature at a later date, but this must be documented).		

Presentation	16. Policy regarding the annual completion of the Client Treatment Plan has changed. Annual completion dates no longer have anything to do with the client admission date. For active clients, a CTP must minimally be completed for the client 365 days from the **start date** of the initial CTP (not signature date necessarily, the **start date** of the plan). The cycle date for when the CTP is due is determined by the start date of each plan. For example, if the first plan starts on 1/31/14, and then a new CTP is written with a start date of 1/10/15, then the next CTP will be due no later than 1/9/16. The guideline to follow is that every CTP is good for no longer than 365 days from the start date. So whatever the start date is of the first active goal on your CTP plan is your guiding date for when the next CTP is due. 17. The Client Treatment Plan will not be required for every program a client participates in if they are all at the same Legal Entity. The new policy is that Providers using the same Clinical Record may share a Client Treatment Plan (and Assessment). **Multiple CTPs and Assessments are no longer necessary across programs if the services are being delivered by the same Provider and if everything is part of the same Clinical Record.** 18. Treatment Plans need to capture ALL services – even "one time" services. If a service is even provided one time, there must be a goal on the CTP. You don't need a CTP for the assessment, but any billing at all after that requires a goal. **In the State audit, Med Support services were disallowed for not having a treatment plan, so be sure you have a treatment plan for Med Support Services. 19. SFPR will no longer be a requirement. The field will remain in the IS, but you will not need to fill it out.		

Presentation	20. The Coordination Page will no longer be required (but coordination efforts still must be made and documented in the progress notes). Coordination requirements will be changing due to the Affordable Care Act. 21. The Discharge Summary will no longer be required. The expectation will be that all discharge information will be written in a progress note, including treatment outcome information. 22. All of this information can be found in the Organizational Provider's Manual Chapters 1 & 2, and in DMH Policies and Procedures 104.09 – Clinical Records Guidelines, 104.09 – Clinical Documentation for All Payer Sources (Updated), and 202.31 – Roles and Responsibilities in the Care of Clients (in process of being updated). **Ed Vidaurri** closed the meeting by announcing that an email will be going out shortly to all Executive Directors and Directors of Mental Health regarding a very important meeting that will be held April 3rd from 1:30 to 3:30 at 600 Commonwealth in the 2nd floor conference room. It is important that ALL Executive Directors AND Directors of Mental Health attend this meeting. It will be the kick-off for creating the Health Neighborhoods which are part of the Affordable Care Act. Mental Health Providers, Substance Abuse Providers, and Healthcare Providers will be present at this meeting.		

Next Meeting	April 15, 2014 St. Anne's Maternity Home 155 N. Occidental Blvd./Classroom LA, CA 90026 (213) 381-2931		

Respectfully submitted,

Alyssa Bray, Chair

Anahid Assatourian, Co-Chair