

County of Los Angeles – Department of Mental Health
SA 4 Program Administration
SA 4
CHILD AND ADULT
INTEGRATED QUALITY IMPROVEMENT COMMITTEE
Agenda
July 15, 2014
10:30 AM – 12:00 PM

- I. Introductions & Review of Minutes 10:30 am**
- II. QI**
Provider Directory Demo
EQRO Draft Report
Clinical Quality Improvement-OMD Report
Cultural Competency updates
Patient's Rights Office (PRO)
Policy Update-Office of Compliance
Referral & SRTS
- III. QA**
- **Announcements**
 - **Audits/Reviews**
 - **State DHCS Updates**
 - **Documentation Trainings**
 - **IBHIS Update**
 - **Medi-Cal Certification Section**
 - **QA Technical Assistance**
 - **Health Information management (HIM)**
- IV. Presentation: Satellite Site Certification/Recertification by: Elizabeth Townsend
Provider's QI Department Protocol: By Dr. Sylvia Yan at APTCT &
Martha Arechiga at Telecare Corp.**
- V. COMMENTS 11:55 AM**

Next meeting: September 16, 2014
St. Anne's Maternity Home
155 N. Occidental Blvd. /Classroom
LA, CA 90026
(213) 381-2931

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
SERVICE AREA 4 QIC MINUTES**

TYPE OF MEETING PLACE	QIC	DATE	Time
	St. Anne's Maternity Home 155 N. Occidental Blvd., Los Angeles, CA 90026	07/15/14	10:30 a.m.
Chair & Co-Chair Members Present	Anahid Assatourian & Alyssa Bray Alma Family Services; Misty Aronoff, Amanecer; Kanisha McReynolds, APTC; Silvia Yan, The Anne Sippi Clinic; Donetta Jackson, Aviva; Phachara Sujirapanya, CHCADA; Alma Bretado & Nahara Martinez, Dignity Health; Maribel Nieves, Children's Bureau; Leslie Shrager, CII; Sandra Hong, Didi Hirsch; Saba Harouni, El Centro Del Pueblo; Sara McSweyn, Exodus Recovery; Nicole Salazar, Gateways Community MHC; Charlotte Bautista, Gateways Percy Village; Julie Feuer, Downtown Mental Health Center; Rebecca Okpere, Hathaway-Sycamores; Kameelah Wilkerson, Hillslides; Beth Foster, Hollygrove/EMQ; Traci Levi, LA Child Guidance Center; Kary Friedman, Hollywood MHS; Elizabeth Pershing, JFS; Dora Escalante & Milfiza Avila, KYCC; Nayon Kang, LAMP; Ian Stulberg, at Para Los Ninos; Gina Papa, SSG Project 180; Erica Melborne, SSG-Alliance; Phrong Tang, St. Anne's Maternity Home; Marianna Oganessian & Reza Khosrowabadi, Telecare Corp.; Martha Arechiga and Cheryl Malinowski, VIP; Rafael Montoya, DMH/SFC; Lorraine Viade & Diann Kaainoa, DMH/EOB; DMH Administration; Kary To, DMH; Anh Tran DMH SA 4 Navigation Team, DMH-PSB; Elizabeth Townsend & Camille Do.		
Absent Members	AIDS Project LA, The Anne Sippi Clinic, BHS, CHLA, Children's Bureau, Eisner Pediatric, EMQ, ENKI, Gateways Hospital, IMCES, LA Child Guidance Center, LAC-USC Medical Center, LA Gay & Lesbian, Mental Health America, Northeast Mental Health Center, Pacific Clinics, The Saban Free Clinic, Travelers Aid Society of LA, UAIL, DMH/PRO, DMH/OMD.		
Introductions	Done		
Minutes Approval	Approved		
Provider Directory	<ul style="list-style-type: none"> The QID provided a reminder to please log onto the Network of Care website (http://losangeles.networkofcare.org/mh/) to make updates to your agency's services. When you make changes to this site, it automatically goes to the Provider Directory updates so changes will be made to both places. Please provide updates regularly so that the information on the Nof C website and in the Provider Directory is current. Reminder that the Provider Directories on the Program Support Bureau website are the State required Provider Directories (for distribution/availability to clients). The EQRO review went well. One focus is on having Clinical PIPs. More projects will likely come up over the year, including SA Quality Improvement Projects, which we should start thinking about. Change of Provider – There needs to be continuing refinement of the Change of 		

<p>EQRO Draft Report</p>	<p>Provider process – making sure all agencies are submitting accurate forms each month and that the information is shown accurately on the Change of Provider Reports for Services Areas and Countywide.</p> <ul style="list-style-type: none"> • OMD (Office of the Medical Director) – All six medication parameters are now posted on the website. They are working on a Duty to Warn parameter. They sent it to Compliance for approval. This parameter is focusing on defining the threshold risk and evaluating a 5150 in relation to that. The Peer Review is still in process. • CCC (Cultural Competency Committee) – Next monthly meeting on August 13th – Second Wednesday of every month from 1:30 to 3:30 at 550 S. Vermont on the 3rd floor. The LGBTQ workgroup meets the 4th Wednesday every other month (starting September it will be every month). Next LGBTQ meeting is August 27th from 10am to 12pm at 695 S. Vermont, 15th floor, small conference room. All are welcome and encouraged to attend the CCC and LGBTQ meetings. The CCC and UREP (under-represented populations) leadership are looking at joint projects. They have developed four workgroups – Data (looking at Consumer Satisfaction Surveys, Peer Surveys, and Client Advocacy), Cultural Competency (two projects – revise the Cultural Competency Definitions, develop a Cultural Competency Toolkit), Community Evidence (make data more meaningful culturally and achieve community validation), and Health Neighborhoods (focused on service integration, a network of formal and informal supports, discuss how to promote healthy neighborhoods). • PRO (Patients’ Rights) – They are revamping the poster to expand it to say “cultural-specific services available” rather than “language specific services available”. They will also create a new poster talking about informing materials being available in other languages. • Policy updates – Please see handouts outlining the updates in policies. 	
<p>OMD Report</p>		
<p>Cultural Updates</p>		
<p>Competency</p>		
<p>Patients’ Rights Office</p>		
<p>Policy Update-Office of Compliance</p>		
<p>Referral & SRTS</p>	<ul style="list-style-type: none"> • Service Request Tracking System (SRTS) – To navigate to the SRTS, on the DMH website, click on the Health Care Reform picture, and then scroll to the bottom to see the SRTS. There is an instruction video for which you do NOT need a log-on or a token 	

to watch. For Contractors, click on Contractors – you’ll need a token to get through for this. Also, DMH has to register you as a user before you can log-on. You can email SRTS@dmh.lacounty.gov to request to become a registered user. Contractors can use the SRTS INSTEAD of a Service Request Log – you do not have to have both. Agencies must make and receive referrals through the SRTS, so all agencies must use SRTS at least in that capacity. However, you can use it completely in replacement of a paper or HER version of the Service Request Log to track when referrals are received for services. If you use the SRTS in replacement of an SRL, agencies would not have to send the SRL’s to DMH every month as part of the Cultural Competence/Language Log requirements as well (because DMH will already be able to access that information through the SRTS). SRTS also allows for uploading of documents, so there would be no more need for faxing forms. At the moment, SRTS is not being used for FSP, Specialized Foster Care, or MAT, but that is coming soon.

QUALITY ASSURANCE

<u>Agenda Item & Presenter</u>	<u>Findings and Discussion</u>	<u>Decisions and Recommendations Actions/Schedule Task</u>	<u>Responsible Person/Due Date</u>
	<ol style="list-style-type: none"> 1. Program Review Department is now called "Medi-Cal Certification Section". You can find it on the Program Support Bureau website and they will be posting bulletins there. You can find the Satellite Site Bulletin posted there currently. 2. Audits – A reminder that the LACDMH QA Department is available to attend Auditor-Controller entrance and exit conferences (especially exit conferences) after an audit if agencies would like them to attend. This comes from a place of offering their support in case any audit findings seem contradictory to what the agency feels they've been told by LACDMH QA. 3. Timelines for notes – Auditors are starting to look at timeliness of notes being entered/approved/billed in EHRSS, and are looking for agency policies about this. LACDMH provided a sample of their policy for Directly Operated (see hand out), which states that clinicians have until the end of the next scheduled workday to complete a note for a session, the supervisor must approve the note within two days of date of service, the clinician then needs to attest to the claim by the end of the second day after the date of service, and it goes on from there in relation to billing and submitting claims. Contractors do not have to follow this guideline, but they are encouraged to develop a policy in writing in regards to timeliness of note entry and approval for services. There are not specific State requirements in regards to note entry except that they need to be "timely". However, in audits they have made comments about notes that were written a week after the service saying that is too long a delay. It is a risk to go "days" before writing a note. 4. Axis III – A reminder about Axis III guidelines – for Directly Operated, no Axis III diagnosis is entered unless it is a 		

confirmed diagnosis. Instead, medical issues should be written in the "General Medical Conditions" field. This field can and should be used to report any medical condition client/parent reports, or anything reported by history or otherwise not confirmed. To officially add an Axis III diagnosis would involve talking to a medical doctor where you received an official diagnosis, or receiving documentation of the diagnosis (along with ICD codes). It is very important to document medical issues, but that does not mean it needs to be on Axis III.

5. School Based Mental Health Certification – LACDMH QA Department is discussing the possibility of certifying sites where there are consistent staff present in schools, because in these cases, the services really aren't field-based, they are solidly in the schools. In these situations, they are also considering whether they would certify them as satellite sites or full-fledged provider sites. The consistency of the staff presence is what really gives it the feeling of it being a satellite site, since the staff is stationed there. They are investigating this. Also, the topic of place of service selected for services provided while at the school in these cases is being looked at. Place of service selected is governed by Federal rules, and there appears to be some confusion in policy about how to choose Place of Service in these cases. Important reminder also – if the place you area providing services has a provider number, you cannot bill for travel time to provide services there (a question came up about this in regards to group homes – QA will look at this further and get back to us about it).

6. SRTS Bulletin – If you are using the SRTS, you do not need to also enter it into your EHR or onto a separate log. Entering it into the SRTS only is all that is needed. If your agency does choose to enter the SRTS (SRL) information into your EHR, then the dictionary choices on the EHR need to be the ones listed online. The Cultural Competence Log does not have to be completed anymore if you are fully using SRTS, but if you

	<p>are using a separate SRL (paper or through your EHR) you will need to provide the information to the CCC. QA needs clarification on how to send this information to the CCC. They will get back to us about this. Also, because a lot of questions have come up about what officially constitutes a request for service, QA is looking into this and will get back to us.</p> <p>7. Access to care – Bulletin being worked on regarding this topic. It is technically up to the Mental Health Plan to determine what timely access to care is. However, the State is looking at this because different counties are saying different times. For contractors, the current standard with NOA-Es (access to care) is 30 calendar days. However, Directly Operated is now 15 business days, and the State has told LACDMH that they “are not comfortable” with 15 business days because they feel it is too long. It is LACDMH’s impression that everyone (DO and Contractors) will ultimately move to a 10 business day policy, because this is the requirement for Managed Care plans. In regards to all of this, they are in conversation and exploration about what constitutes a contact, what is an appointment? Client showing up? Agency offering an appointment? Scheduling an appointment? An appointment actually happening? What if the client declines the offer or doesn’t show, where does the timeline fall then? QA will look into answers for these specifics and get back to us as they get clarification.</p> <p>8. Documentation Training – July 31st and August 25th trainings will go over the Organizational Manual Chapters 1 and 2 – more information than what was provided in the QIC meetings. July 31st is full.</p> <p>9. Clinical Documentation for All Payor Sources (Policy 104.09) is posted and in effect, and complements the Organizational Manual changes.</p> <p>10. LACDMH has been having clients showing up requesting records. They have been referring them back to the agency</p>		
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	<p>from which they received services. Please let your clients know that if they want to request records for the services they received from your agency, they should request them directly from your agency, not DMH. Reminder that if a client requests records, the charge is three cents a page plus a 75 cent handling charge. When attorney request records, it is a \$15 flat fee. The HRM department is starting bi-monthly trainings for DMH new hires. All DMH employees have access to this training.</p>	
<p>Next Meeting: Tuesday, October 21, 2014</p>		

Respectfully submitted:

Anahid Assatourian, Chair


Alyssa Bray, Co-Chair



