LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH

SA 4 QIC Minutes

Type of Meeting	QIC	**Date**	May 19, 2015
Place	St. Anne's Maternity Home, 155 North Occidental Blvd., Los Angeles 90026	**Start Time**	10:30 a.m.
Chair & Co-Chair	Anahid Assatourian and Alyssa Bray	**Adjournment**	Noon
Members Present	Misty Aronoff at ALMA Family Services, Kanisha McReynolds at Amanecer; Silvia Yan at APCTC; Donetta Jackson at The Anne Sippi Clinic; Efrain Marques at BHS; Leslie Shrager at Children's Bureau; Jennifer Rafeedie at CHLA; Christina Kubojiri at CII; Rosie Garcia at Didi Hirsch Metro Center; Maribel Nieves & Joana Rodriguez at Dignity Health; Rebecca Okpere at DMHC; Michael Boroff, Tania Amos James & Elizabeth Townsend DMH-PSB; Jose Guerra at Eisner, Brooke Slusser at EMQ; Michael D. Olsen at ENKI; Jeannette Aguilar at Exodus Recovery; Charlotte Bautista at Gateways CMHC; Elizabeth Pershing at Hollywood Mental Health Center; Ruby Minassian & Judy Cardona at Hathaway-Sycamores, Marisol Lara at Hillsides; Dora Escalante at JFS; Jonathan Kang at KAFS; Nayon Kang at KYCC; Socorro Gretmerian at LA Child Guidance; Francisco Carrillo at LAMP; Frankie Nixon at Optimist Youth Homes; Judi Stadler at Para Los Ninos; Annie Kim at The Saban Free Clinic; Crystal Carrillo at SSG Project 180; Phuong Tang at SSG – Alliance; C. Chacon at SSG-IBAT; Iris Lee at SSG Silver; Mariana Oganesyan at St. Anne's Maternity Home; Robert Garcia at Star View; Martha Arechiga at Telecare Corp.; Patricia Perez at UAII; Desiree Odom at VIP		
Absent Members	AIDS Project LA, BHS, DMH/ASOC, DMH MAT, Aviva; CHCADA; DMH SA4 Navigation Team, DMH/PRO, DMH/QA, DMH/OMD, FASGI, El Centro Del Pueblo, Exodus Recovery, IMCES, LA Child Guidance Center, LAC-USC Medical Center, LA Gay & Lesbian, Mental Health America, Northeast MHC, Pacific Clinics, Star View Children and Family Services, Travelers Aid Society of LA.		
Introductions	Conducted by QIC membership		
Minutes Approval	The May minutes were reviewed and approved		
Announcements	None		

QUALITY IMPROVEMENT			
EQRO Review	It's a new company this year, but there are members of the team from the old company now working at the new company, so there were people present who have reviewed us before. Overall , they said things were positive given the size of DMH. Talked about being sure to have a good representation of consumers for the consumer group meeting. Consumers felt that they were being treated well in regards to cultural competency. QID will send out the EQRO report when they receive it. QID is hoping to highlight specific topics and pages for us to reference, but QIC Chairs and Liaisons will read the full report to get all of the information. The State will receive the report before the County has a chance to review. EQRO really liked the VANS PIP and felt it was a good project (vacancy slots, types of funding and languages for programs). QID is still waiting regarding the Clinical PIP. Vandana will provide a VANS training at our QIC.	**Decisions/ and Recommendations Actions/Scheduled Task**	**Responsible Person/Due Date**
TEST Calls	Service Area 4 must complete 10 Test Calls in June 2015. We are asking for volunteers to complete these. Five calls must be in English (two during daytime hours and three after hours/weekends), and five calls must be in a non-English language (three during daytime hours and two after hours/weekends). Scenarios must not be crises or emergencies, they should simply be asking for mental health services or for other general information. Forms must be completed in full and returned to Anahid upon completion of each form, and no later than June 30th.		**Alyssa Bray**

Provider Directory	Updated Provider Directory online. QID has not sent it to the printer yet, so please check online for accuracy of your agency's information and submit any needed changes right away to Anahid so that they can be made prior to going to the printer.		
MHSIP Survey	All information is now on the website for the May MHSIP surveys. Please remember to do tally sheets, and remember the due dates as to when Anahid needs to receive them. Some Providers had trouble accessing them. They are encouraged to use Chrome, or use Explorer and click on "Compatibility View" if there is a problem. There are ongoing challenges between Chrome and Explorer, so if one doesn't work, always try the other one – that usually fixes the problem. ****Refused versus Complete surveys**** - State does not define "complete". For now, if every question is not answered on a survey, count it as "incomplete" and add it to that stack. We will probably get clearer definitions or directions for the next round of surveys regarding which surveys will count as completed versus not (how many questions can be missing to still be considered complete).		
Safety Intelligence	Dr. David Crain is the Safety Intelligence Administrator and can be contacted with questions via email or telephone (213) 351-6633. Contract agencies' Executive Directors have been sent another request asking for designated people who will be using Safety Intelligence. Directly Operated will start using SI on June 1st. Contract agencies will start as soon as they are ready. Look at the "To do list" handout. A reminder to be sure to not use PHI in the testing environment. Registration will include your E# or your C#. The first time, you simple enter that number and then logout. **Do NOT**		

	change your password, it will always be your E# or C#. David will be monitoring the logging in and off. Please email David after you've logged in and out of Providers. He will go in and provide a User Name and Provider Number. They are moving to soft tokens for SI. When submitting requests for tokens for SI, give them to David and he will try to get it prioritized with CIOB to get the token assigned more quickly. Mary Ann O'Donnell will be emailing a training guide in a couple of weeks for SI. The training guide will be clear and easy to follow.		
Patient's Rights Office (PRO)	Patient's Rights Office is working on getting NOA translations. They are not sure when they will be complete, so are unable to give a timeline.		
Cultural Competency Updates	Dr. Sandra Chang Ptasinski will be presenting at QICs every other month. Regarding EQRO – they went over the disparities section and current activities related to the disparities. Sandra will share capacity building project updates on under-represented ethnic populations.		
Policy Update	You can find policy updates on the DMH website – the very first link on the Policies page.		
Announcements	None		**Responsible Person/Due Date**

QUALITY ASSURANCE			
Announcements	Jennifer Hallman is now overseeing aspects of IBHIS related to Policy and Technical Development (creating policies, coding IBHIS, and other technical aspects). Nikki Collier is now overseeing Training and Operations (e.g., QA Protocols for Contract Providers).	**Decisions/ and Recommendations Actions/Scheduled Task**	**Responsible Person/Due Date**
Follow-Up From Last Meeting			
Initial Medication Appointments	Initial Medication Appointments (Policy 202.46 – see current version handout) – OMD/QA is in the process of revising this policy. They are adding more specific language stating if a client comes in needing medications, providers can refer client to an Urgent Care Center (UCC). They are also adding to the policy that if appointment is not given within the required amount of time (5 business days), an NOA-E must be submitted. An appointment with a UCC (or other provider) within the required amount of time would be counted as an appointment received and would therefore not require an NOA-E. Providers need to call UCC's ahead of time to see if they're available to see the client, or call the other provider to ensure an appt is available. It is very important to call UCC's first, and Monday through Fridays are the best days when they have psychiatrists		

	available. When clients are referred for appointments, the location of the agency/UCC needs to be an "easily accessible available program," which means it needs to be reasonably local and accessible (mileage and/or time is taken into consideration as to how "accessible" it is for client). Providers should be assessing for probable need for medication (e.g., needing an immediate refill) at point of screening for services and take action accordingly (e.g., refer back to prescribing doctor for refill, refer to UCC for timely appt, arrange agency psychiatrist to be available to see the client within 5 business days).		
Targeted Case Management	Targeted Case Management – Conversation about documenting TCM needs in Assessments versus progress notes. A progress note is NOT enough to document TCM needs. When Assessments are completed, they should be done as thoroughly and specific as possible in assessing TCM needs. The TCM needs must be specific and stated as to how client's mental health symptoms are related to/prevent them from accessing the TCM needs. TCM needs cannot be stated in a general way – this will not support/justify TCM services. If this information is not captured in the Assessment, an Addendum would need to be written by a clinician. As part of this discussion, the Community Functioning Evaluation (CFE) form was re-visited and changed with the thought that a case manager or other appropriate non-clinical staff could utilize it to specifically assess a client's Rehab and TCM needs. The CFE would be a tool only, not a required form. When an appropriate staff assesses a client's needs in these areas, there are 2 options for billing codes: T1017 if assessing TCM needs only; H2015 if assessing for Rehab services only; or T1017 if assessing for both. The progress note would need to say "Met with client for the		

	purpose of assessing TCM and Rehab needs". An objective then needs to be written. If the CFE is completed (thoroughly and specifically), the clinician does NOT need to complete an Addendum. They are making some adjustments to the CFE such as adding a signature and date completed line. Also, any boxes checked in either the Rehab or TCM category would require a specific and thorough explanation in the text area of that section.		
Plan Development Notes	Plan Development notes – Problems have been noticed in writing Plan Development (H0032) notes – they are being written too loosely. Language like "monitoring the treatment plan" without specifics has been found too frequently with programs. Statements like this are not enough to justify billing for Plan Development. PD notes must include objectives and interventions mentioned on the Treatment Plan, and they must be specific.		
Co-Practitioners	Co-practitioners – LACDMH QA is still talking with the State about the State wanting to require co-practitioners to write two notes for one co-facilitated service with two signatures. The State Liaison for QA sent all the information regarding LACDMH QA's concerns about this requirement to the State Deputy Director, MHS Division to be looked at. The two note requirement is not in writing at this point, so agencies should continue writing notes and billing as they have been. If the State attempted to deny those claims, LACDMH QA would appeal that finding during this period of time.		
Scheduled Trainings	Scheduled Trainings (see handout) – mid- July date coming soon for Documentation Training. Still slots for May and June – please sign up (including Contractors). There are slots open and they don't want them to go to		

	waste.		
IBHIS	IBHIS – Some programs rolling out Monday May 11th, D rate assessors roll out week of May 18th. At the All Providers meeting they announced that there is no rollout date for Contractors yet.		
Lockout Reminders	Lockout reminders – There have been a lot of Crisis Intervention and Med Support lockouts coming up (claims denied due to lockouts). Crisis Intervention cannot be billed more than 8 hours in a day. That includes time that PMRT bills. PMRT usually bills for the full 8 hours, which results in denials for Providers billing for Crisis Intervention on the same day. Speak to PMRT about what is being billed when they come out. Find another way to bill (e.g., TCM or psychotherapy) for the service (instead of Crisis Intervention) so that you are not locked out and are able to be reimbursed. Codes other than Crisis Interventions can be reimbursed, just not Crisis Intervention beyond 8 hours in a day. Med Support cannot be more than 4 hours in a day. For psychiatrists billing for travel time for in-home services, they are going over their cap and their claims are being denied. Please stay conscious of both of these lockouts and make adjustments accordingly.		
Clinical Forms Bulletin	Clinical Forms Bulletin is out. New COS form to be implemented when transitioned to IBHIS.		
DSM 5 & ICD 10	DSM 5 and ICD 10 (see handout – Power Point) – Power Point was presented at the All Providers meeting. It represents opening the door to do either DSM 5 or ICD 10. No news re contract language yet. Potential discussion about the possibility of referencing ICD 10		

	only, not a DSM code. Currently Contractors provide a DSM 4 code and DMH crosswalks it to an ICD 9 code to submit for billing. On October 1st ICD-10 is required. The State has established ICD-10 "diseases", but it's a little off/challenging because it's not a perfect or easy crosswalk for diagnoses. DHCS has not yet said anything about when DSM 5 will be implemented. There are 16 DSM 5 diagnoses being decided whether or not they will be included. The State continues to have the edit that will deny claims with a non-allowable diagnosis. Problems with the crosswalking of DSM 5 with ICD-10 is that they don't perfectly match. Examples – PTSD is more specific in DSM 5 than ICD-10, but Phobias are more specific in ICD-10 than in DSM 5. Also "unspecified" means something different in ICD-10 than it does in DSM 5. DMH will no longer be doing a crosswalk for Providers to an ICD-10 diagnosis. DMH is proposing for the IS to just enter ICD-10 diagnoses. Contractors would need to figure out how they will do that. Directly Operated, clinicians will have more diagnoses to select from (DSM 5 and ICD 10), but Contractors in IBHIS must be pure ICD-10.		
Training for DSM 5 & ICD 10	Training for DSM 5 and ICD 10 – DMH is going to train their people on DSM 5 and ICD 10. They will provide an outline of training for Contract Providers, but they will not include Contractors in the DMH trainings. There will be three trainings: one on DSM 5, one on ICD-10, and the last one on how to diagnose with DSM 5 and ICD 10. They are hoping to start trainings in June or July if possible. They are getting all their training materials from the World Health Organization website, so Contractors might want to look there too. They are looking to see if they could possibly do a mass conversion of codes by people who are not clinically		

State DHCS Updates	trained (probably a lot can be done this way), and then the remaining diagnoses/codes would require clinical judgment. If they do this, they would be in the SIFT files. There is conversation about going to ICD-10 codes only and not using DSM anymore, but the approach at the moment is to start small and keep DSM 5 in the conversation while exposing clinicians to ICD-10. There is a possibility that things will go pure ICD-10 without any DSM 5 at some point. All mental health codes in ICD-10 are "F" codes. Certification – DHCS alerted DMH of overdue certifications that are due in two weeks. Please prepare for certification ahead of time so that you don't go overdue. Be sure to notify District Chiefs of any changes. DMH is now starting the certification process two months ahead of time so that Providers are not overdue. Be prepared, especially as we get closer to the System Review (March 2016). Fire clearances and PFAR's are the biggest hold-ups – be sure to have these current and complete. Organizational Providers Manual – They are finishing up the TBS Chapter and it should be coming out soon. There are some Service Request Log changes that they will be telling us about next month. Stay tuned.		

Next Meeting: Tuesday, July 21, 2015
St. Anne's Maternity Home
155 N. Occidental Blvd.
Los Angeles, CA 90027

Respectfully submitted,

Alyssa Bray, LMFT, Chair

Anahid Assatourian, Psy.D. Co-Chair