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

SA 4

CHILD AND ADULT
INTEGRATED QUALITY IMPROVEMENT COMMITTEE

Agenda
July 16, 2015
10:30 AM – 12:00 PM

I.	**Introductions & Review of Minutes**	**10:30 -10:40 am**
II.	**QI**	**10:41 – 11:15am**

- **OMD Report**
- **QID Updates**
- **Patient's Rights Office (PRO) Updates**
- **Cultural Competency Updates**
- **Policy Updates**

III.	**QA**	**11:16 – 11:55 am**

- **Recent/Upcoming Audits/Review**
- **State DHCS Updates**
- **Trainings**
- **IBHIS Updates**
- **Clinical Forms Bulletins**
- **QA Bulletins**
- **Directly Operated Only – Meaningful Use**
- **Upcoming Senate Bills**

IV.	**COMMENTS**	**11:55am**

Next meeting: August 18, 2015
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	July 16, 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, Alma Family Services; Donetta Jackson, Anne Sippi Clinic; Juna Chung, APCTC; Alma Bretado, CHCADA; Nahara Martinez, CHCADA; Jennifer Garcia, CHCADA; Lisa Marie Vasquez, CHCADA; Leslie Shrager, Children's Bureau; Rene Ramirez, Children's Hospital; Christina Kubojiri, CII; Maribel Nieves, Dignity Health; Rosie Garcia, Didi Hirsch; Oscar Gonzalez, Didi Hirsch; Nancy Weiner, DMH SA Navigation; Elizabeth Townsend, DMH Certification; Tonia Amos Jones, DMH QID; Claudia Fierro, Downtown MHC; Michael Olsen, ENKI; Jeannette Aguilar, Exodus; Bryant Steven, Exodus; Charlotte Bautista, Gateways; Ruby Minassian, Hathaway-Sycamores; Judy Cardona, Hathaway-Sycamores; Beth Foster, Hillsides; Brooke Slusser, Hollygrove/EMQ/FF; Dora Escalante, Jewish Family Services; Bryan Kim, KAFS; Francisco Carrillo, LAMP Community; Frankie Nixon, Optimist Youth Homes; Judy Stadler, Para Los Ninos; Annie Kim, Saban Free Clinic; Erica Melborne, SSG Project 180; Iris Lee, SSG Silver; Samantha Moss, St. Anne's; Martha Arechiga, Telecare Corp.; Cheryl Malinowski, Telecare Corp.; Patricia Perez Unity American Indian Involvement; Desiree Odom, VIP;		
Absent Members			
Introductions	Conducted by QIC membership		
Minutes Approval	June minutes will be forthcoming		
Announcements	None		

QUALITY IMPROVEMENT

Agenda Item And Presenter		Decisions/ and Recommendations Actions/Scheduled Task	Responsible Person/Due Date
Office of the Medical Director (OMD)	1. The State initiative medication parameters (TAR requirements) will continue. TAR's (Treatment Authorization Requests) are required for all children under 18 (especially foster children, but all children are included in this). 2. **Meaningful use** – the clinical matrix is starting in October. When you enter height and weight into IBHIS, it calculates BMI (body mass index). Documenting blood pressure is included in meaningful use as well. 3. **Parameter 4.17** regarding determination of insufficient engagement with suicidal clients has been posted, but training on this parameter has not happened yet. Parameter on co-occurring intellectual disabilities is being finalized now before it is posted (about a month from now). 4. **Safety Intelligence** – They do not have training videos yet due to needing a secure server on which to post them. They may need to set up webinars instead. The link is posted on the Contractor's page, but you can't get into it (even with a C-number). For now just use the clinical form posted until they get it working. ISD is working on this.		**Alyssa Bray**

QID	1. Bilingual bonus policy – **Directly Operated only**. Explains how staff qualify for the bilingual bonus. When staff need bilingual services, they need to approach Program Managers or higher and use the form attached to the policy (602.0). They will now start looking at language interpreter services to define everything and make it clear. 2. SA QI Project – There will be pre and post surveys regarding Mental Health and Spirituality trainings. The trainings have been put on hold until the surveys are ready to be administered. 3. CSEC PIP – Commercial Sexual Exploitation of Children PIP. The first year they are training clinicians from Directly Operated and Contractors. It's a 2-day training on CSEC. There were 200 clinicians trained as of April, more were trained in May. They have been training clinicians who are trained Seeking Safety, CORS, and TF-CBT. The CSEC trainings include raising awareness of CSEC and the mental health issues that are associated with it, and the interventions and treatment for children with these issues. Pre and post surveys are being used, but outcomes of treatment provided to CSEC victims need to be measured to see if outcomes are improving. QID is tracking back to the existing OMAs being used for these EBPs (including FSP). For Juvenile Hall, they do the BSI at intake and three weeks later. EQRO said we didn't even have a baseline of numbers for CSEC clients. Ultimate goal is to have this training available to all DO and Contractors (Title 42 requirement). 4. MHSIP data – DMH is still waiting for data from November 2014 surveys, but through their vendor they will be receiving May 2015 survey data soon. They did receive more older adult surveys this time around. A report will be coming soon. Over 11,000 surveys were sent to the state and all reasons were intact, which is better than last round. 9000 of the 11,000 had data. QID is updating the IT tools – online reports will ultimately allow you to drill down to provider level. Hoping to have it all by September.		

	5. Provider Directory – Webinar with DMH employees working within the Sharefile for updating the Provider Directory went well. Appears this will be a helpful process to update the PD. Very important for Providers to add all cultural specifics to the PD. You can list the specific treatment if you have the ability to provide it (differentiating between ability and capacity).		
Patients' Rights Office (PRO)	They have not received the quarterly Change of Provider Report for January through March, and the report for April through June is now due as well. They are following up.		
Cultural Competency Committee (CCC)	Sandra Chang-Ptasinski will be attending QICs every other month to report out CCC information. She will be here in August.		
Policy Updates	Please see handout and the link for updates is available on the website as well.		

QUALITY Assurance			
		Decisions/ and Recommendations Actions/Scheduled Task	**Responsible Person/Due Date**
QA Announcements	**Auditor-Controller audits** – July – Clontarf Manor, August – Amanecer and Optimist, September – David and Margaret Home. **Moss-Levy audits** – July – Harbor UCLA Inpatient, The Whole Child, Pacific Clinics, DO Lomita		**Alyssa Bray**
State DHCS Updates	1. **MHP licensing waivers** continue to be a problem. Reminder to follow the requirements re allowable billing for unlicensed psychologists and students of psychology. Agencies continue to have psychologists who are not waivered bill codes for which they are not allowed. Please be sure your agency is following the requirements around this. **Co-signature** does not allow a person to operate out of his/her scope of practice. For services that require a person to have a license, they must have it. The exception is accruing hours for licensure (MFT Interns, ASW's, LPCC Interns), but NOT psychologists. Reminder that agencies MUST attend QIC meetings. Some agencies are receiving repeated reminders that this is a requirement. 2. **1915b waiver** – Waiver is to renew DMH's MediCal Specialty MHS for the County. Old waiver expired end of June. CMS renewed us for 5 years – a big surprise – this is excellent, but with special terms and conditions. CMS is requesting the State to agree with them. The specifics of these conditions can be found on the California Behavioral Health Directors website (under "news"). The 5 year renewal is a victory, as is the "grades of compliance"		

	measuring for State System Reviews (rather than only in or out of compliance options). They don't know when this will start, as the State needs to agree to the terms first. But LACDMH expects them to agree, so they will probably start retroactive to July 1, 2015. These are the terms: A. These terms must be easily seen on State website under 1915b waiver. B. State will provide CMS grievance and appeals requests by November 1 of each year. The first one will be due January 1, 2016, but November 1 after that. C. State will provide EQRO reports including PIPs during monthly monitoring calls with CMS. D. State will place on the website the plans of correction and QI plan to identify Counties' goals to improve compliance. Monthly calls will go over all of these items (this is a big deal because it puts the State and Counties "on the hot seat"). E. State must track and measure timeliness of care – must have a baseline for each – number of days to service after request made. Timeliness of services received after initial request is a huge deal for CMS and this is what prompted the timeliness policy and the NOA-E's. F. State must make available a MH dashboard showing the performance of each County, and this must be posted on County websites also. 3. State documentation training in August will be for Directly Operated only, Contractors will not be allowed to attend. This is a State level training, so it will cover information with a broad brush that is not County-specific. DMH QA will pass on the information to QIC Chairs to pass on in QIC meetings. They may also include the		

	information in QA Bulletins.		
Upcoming Trainings	See handout for trainings. Reminder again, if you register staff and they can't attend a training, please contact Lucious Wilson as soon as possible before the training so they can open up spots for other people. Reminder for Directly Operated to submit your Quarterly Monitoring reports. Update re Annual LE QA Reports – they had a great response, there are only 3 or 4 agencies who have not submitted their QA processes and forms to QA. Some changes regarding QA Lead Assignments. Susan Cozolino is no longer a QA Lead (moved to other duties). Alan will be covering Service Area 4 temporarily. DMH is currently interviewing for a Training Coordinator position.		
IBHIS Updates	They are still waiting for a rollout date for Crisis Stabilization. Jails will be going over to DCHS, so that will change things. They are trying to figure out how they'll do this. Juvenile Justice – DMH is in conversation with County Counsel to figure out how information can be shared with them. Update re DMH and DCHS having a shared HER – they are now not sure if a shared client chart is the best option, so they will start looking into this further. This will take "a long time," so now DMH and DCHS are working on how to share information.		
Clinical Forms Bulletins	Draft Bulletins – **Clinical Forms Bulletin** – Crisis Evaluation Progress Note and Risk Evaluation Tool are for **Directly Operated only**. PMRT and PRO have been heavily involved with these. **Crisis Intervention 8 hour lockout for Directly Operated only, but good for Contractors to read.** They have now removed the suggestion/option of using other codes to bill crisis intervention activities that go beyond the 8 hours in a day. They had suggested using TCM or psychotherapy codes as could be applicable for these activities, but in looking more closely at this, they are now stating that only the crisis intervention code should be used for crisis intervention activities. They are suggesting you identify it as crisis		

	intervention and use another pay source (e.g. MHSA if appropriate) for the services that go beyond the 8 hour maximum. When talking to a parent while a child is in crisis there is a gray area. If you are discussing the crisis only, then this would fall under crisis intervention, but if what you are discussing is specifically and clearly related to the Treatment Plan with an associated goal, it is possible that you might be able to bill 90887 for that activity. Out of 360 denied claims for this category, only about 10% were due to a conflict between PMRT and an agency billing. 90% is a single source billing over 8 hours.		
QA Bulletins	1. QA Bulletin 15-05 – Multiple practitioners providing a single service. This Bulletin was preventative due to claims having been denied because of missing signatures. If EHR's can't accommodate this requirement, agencies must have a written procedure of how they will handle gathering two signatures (e.g. printing note, wet signing, scanning, and uploading). 2. QA Bulletin 15-06 – ICD-10 and DSM 5 – They sent this out to answer frequently asked questions that have been coming to the QA email. ICD-10 will definitely start on October 1st. They still have not heard from the State about DSM 5. There is a proposal at the State level to use ICD-10 only (no DSM 5). If the State decides to do this, LA County will do the same. The code list is ICD-10 CM, which is the version for the United States. The Blue Book is just based off of ICD-10, not ICD-10 CM (they do not line up). The Blue Book can be used to formulate a diagnosis, but then it doesn't match the ICD-10 CM. There is another option of still using DSM 5 – but there is still no implementation date if that happens. **Conversion in IS** – DMH is going to take primary and secondary DSM IV diagnoses and convert them to ICD-10. A vast majority of diagnoses in the DSM IV can be easily converted to ICD-10. There are only a small number of diagnoses that they cannot crosswalk to ICD-10. They provided the link to the crosswalk to Contractors to check how they converted DSM IV to ICD-10 to see if they agree with how DMH did it. They encourage agencies to look at their most frequent		

	diagnoses and find the crosswalks. The DSM IV is much easier to crosswalk than DSM 5. Although there are a lot more codes, they are more one-to-one. For some diagnoses, DSM requires specifiers without providing a code for them – they are just documented. DMH does not expect to hear from the State about DSM 5 until early September. Once DMH gets clarification on DSM 5, they will put out QA Bulletins with the information, and Jennifer will come to QICs to present and answer questions.		
Directly Operated Only Meaningful Use	Meaningful use – **Directly Operated only**. They are starting to look at how they're going to capture meaningful use. They might be adding service codes, forms, procedure codes, and clinical documentation to capture it. There may be upcoming Bulletins about this, but they will be for Directly Operated only. Meaningful use items are not MediCal billable services. There is a big push to capture vitals (not billable), but if education is provided while taking vitals (or something like that), then perhaps something could be done re billability.		
Relevant Senate Bills	SB-614 and SB-296 – **SB-614** - It is proposing a certification for peer specialists. They are proposing four specifications (adult across the life span, parent, transitional age youth, and family). This would require the State to change provider types and billable activities. This would be giving us a new service for which we could bill. It's moving quickly and would start July 1, 2017 if it goes through. **SB-296** – Also moving quickly – proposal to standardize documentation – to have Statewide documentation rather than county-specific. If this goes through, counties could not add extra information on top of the State requirements/forms as a reaction to audit concerns.		

Next Meeting: Tuesday, August 18, 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