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

SA 4
CHILD AND ADULT
INTEGRATED QUALITY IMPROVEMENT COMMITTEE

Agenda
September 15, 2015
10:30 AM – 12:00 PM

I.	**Introductions & Review of Minutes**	**10:30 -10:40 am**
II.	**Dr. Leticia Ximenex presentation** **"LACDMH Parameters for Spiritual Support"**	**10:40 – 11:40am**
III.	**QI**	

- **OMD Report**
- **SRTS Update**
- **QID Updates**
- **Patient's Rights Office (PRO) Updates**
- **Cultural Competency Updates**
- **Policy Updates**
- **Advanced Mental Health and Spirituality Trainings for Clinical Staff**

IV.	**QA**	**11:41 – 11:55 am**

- **Recent/Upcoming Audits/Reviews**
- **Trainings**
- **QA Bulletin 15-08 – ICD-10 CM/DSM 5 Updates**
- **Clinical Forms Bulletin 15-05 and 15-06**
- **State Documentation Training Information**
- **Directly Operated Only – Treatment Plans and Meaningful Use**

V.	**COMMENTS**	**11:55am**

Next meeting: October20, 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**	September 15, 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	Ari Winata, Hillsides; Jose Guerra, Eisner Pediatric; Brooke Slusser, EMQ Families First;; Ruby Minassian, Hathaway-Sycamores; Nancy Weiner, SA 4 Admin; Kanisha McReynolds, Amanecer; ; Annie Kim, Saban Community Clinic; Phong Tang, SSG Alliance; Bryan Kim, KFAM LA; Francisco Carrillo, LAMP Community; Jacqueline Bravo, Telecare Corp LA 4; Nayon Kang, KYCC; Donetta Jackson, Anne Sippi Clinic; Marcela Dioses, Children's Institute International;Maribel Nieves, Dignity Health; Tonia Jones, DMH-QI; Claudia Fierro, Downtown Mental Health Center; Sara McSweyn, El Centro Del Pueblo; Charlotte Bautista, Gateways Community Mental Health Center; Frankie Nixon, Optimist; Judi Stadler, Para Los Ninos; Reza Khosrowabadi, St. Anne's;Robert Garcia, Star View Children and Family Services; Patricia Perez, United American Indian Involvement; M. Clayton, VIP Naomi Arellano, DMH; Raul Velasquez;		
Absent Members			
Introductions	Conducted by QIC membership		
Minutes Approval	August minutes will be forthcoming		
Announcements	None		

QUALITY IMPROVEMENT

Agenda Item And Presenter		Decisions/ and Recommendations Actions/Scheduled Task	Responsible Person/Due Date
OMD	OMD (Office of the Medical Director) – They are looking at logistics to implement Columbia Suicide Severity rating scale and incorporating it into IBHIS. OMD - Safety Intelligence update – they went live with Directly Operated in June, but still haven't been able to create their webinar training, they are hoping for October. They are still having access issues with Contractors (they haven't been able to access the forms). OMD - They are working on the Walk-in parameters right now and they should be coming soon. Parameters 4.17 – Determintion of insufficient engagement of suicide risk and 4.18 – Assessment and Treatment of Co-Occurirng Intellectual Disabilities; are now posted online (links below). Dr. Lorraine Viade will be presenting on parameters of 4.18 in our October QIC. 4.17 - http://file.lacounty.gov/dmh/cms1_231018.pdf 4.18 - http://file.lacounty.gov/dmh/cms1_232524.pdf SRTS (Service Request Tracking System) – QID is trying to connect SRTS to VANS (Vacancy Adjustment Notification System) so they can see where the vacancies are when requests for services are received. There are SRTS/VANS workgroups happening at this time		

	to address this. It looks like by October 1st these components should work. DHCS will be using the SRTS to monitor for the 5 day and 15 day appointment requirements.		
QID	QID – Statistics – QID is wanting agendas and minutes for all QICs to be more standardized and for QI information to be more connected to statistics. QIC Liaisons and Chairs/Co-Chairs need more access to statistics to be able to do so. The QI Department will be working on increasing our access to stats and assisting with incorporating statistics into our QI topics during QIC meetings.		**Alyssa Bray**
Test Calls	QID – Test Call Methodology – There will be some changes to the Test Call Methodology. DHCS has analyzed Test Call Reports, and have developed Quarterly Report Updates for counties to provide to DHCS. QID just found out about this on September 8th, and they will be providing us a new protocol soon (probably next meeting) to capture what DHCS is asking of them. It may require each Service Area to complete 2 or 3 Test Calls each quarter (half English, half in a language other than English). More to come.		
MHSIP Surveys	QID – MHSIP Survey – QID is getting new advanced statistical software, and the first project will be creating a MHSIP report that will drill down to agency level and allow agencies to do their own comparisons. QID will be working on scheduling trainings for the November MHSIP trainings. Dr. Joshi will conduct the trainings but will be out of town from October 9th through November 2nd, so trainings will either happen in early October or in early November. There is some conversation about perhaps developing a webinar for the training. More to come.		
PRO	PRO (Patients' Rights Office) – Jamie Walker has taken on the Change of Provider report with the dedicated commitment to get it cleaned up and complete each month. Please remember to email your COP reports each month. She will be working with QIC Liaisons and Chairs to ensure they are complete and accurate.		

Cultural Competency Updates	CCC (Cultural Competency Committee) – CRDP (California Reducing Disparities Project) projects are going into the next phase of solicitations for requests for proposals for promising practices for community-based projects. Links have been sent out for these RFPs. The CCC might start taking the CCC presentation to the SA SAACs. If there are any culturally-related topics you'd like the CCC to present or discuss at the QIC, please let me know and we can ask her to do that. As part of the transition to DHCS/DPH/DMH as a single Health Agency, four focus areas have been indicated – Homelessness, Diversion, TAY, and Cultural Competency. Next CCC meeting is October 14th, 1:30 to 3:30, 3rd floor conference room at the 550 Vermont building. Spiritual Advanced Training being offered for DO and Contractors (please see handout provided)		

QUALITY ASSURANCE

		Decisions/ and Recommendations Actions/Scheduled Task	Responsible Person/Due Date
QA Announcements	Audits – Auditor/Controller – David & Margaret, September. Moss & Levy – DMH/DHS Collaborative, September. SFC SA5, October		
Trainings	Trainings – Please see handout. Newly added trainings are not open for registration yet, but will be soon. Please remember to cancel if you can't make it!		**Alyssa Bray**
QA Bulletin – updates on ICD-10 and DSM 5	QA Bulletin 15-08 – All updates on ICD-10 CM and DSM 5. All needed links are on the Bulletin. FAQ's: 1. The forms mentioned should be posted. They were posted Monday (9/14), but had errors. They should be fixed now. 2. Please take notice to the included codes for inpatient programs versus outpatient programs and choose the appropriate list to look at for your program. 3. Out of County forms – they are State forms, so it is up to the State to update them for ICD-10 CM. LACDMH QA needs to follow up with the State about this.		

	4. Blue Book – concerns have been expressed about the Blue Book being for ICD-10, but not ICD-10 CM. Generally speaking, in most cases they are very similar to DSM descriptions. DSM tends to be more specific. ICD-10 is more conversational versus the DSM is more specific with criteria. Auditors don't tend to dig to that level of specificity, as long as it's generally justified well in the narrative, you should be okay. 5. You can include DSM 5 diagnoses on Assessments, etc. if you'd like, but ICD-10 CM diagnosis codes and nomenclature need to be present also. Be sure when you are cross-walking DSM to ICD-10 CM that you are double-checking that the crosswalk is accurate for the client's symptoms. Be sure to look at the language in the Organizational Providers Manual – they have removed all references to DSM. It is written purely in ICD-10 CM language. 6. They are working on outcome measures in terms of DSM IV references. 7. Claims are not validated to diagnoses in EDI claims (so claims would not be denied if they did not match the diagnosis in the IS/IBHIS). However, from a coordination of care perspective, they should match.		
Clinical Forms Bulletins	1 Clinical Forms Bulletin 15-05 – Listing new forms reflecting the ICD-10 CM format for diagnosing. 2. Clinical Forms Bulletin 15-06 – Going over urge to drink and urge to use scales. Also, changed name and some minor changes to the Provider Communication Form (formerly Care Coordination form). Form is for coordinating care with other Providers.		

State Documentation Training	State Documentation Training on August 15th – There were a handful of differences that came up between how the State is interpreting guidelines versus how LA County has been interpreting them forever. They are in conversation with the State about this. **In the meantime, continue on with everything as business as normal. DO NOT MAKE ANY CHANGES TO YOUR NORMAL PROCEDURES TO ANY OF THE BELOW TOPICS.** 1. Students not being able to provide services for which a license is required (co-signature is not enough). This goes against LACDMH's understanding and what they've been doing for many years. Also, the co-signature rule protocol is deeply ingrained in the guidelines and protocols for LACDMH. There are contracts with schools and DO and Contractors provide training to students. Changing things would have a very significant impact on the County. The State has in writing stated to continue on as we have been and they would be sending a letter clarifying what the Statute means. LACDMH is not sure where the State will land on this issue. 2. Some clarifications are needed re billing for "Plan Development" (old case consultation code). State's rules around who can bill seem to be stricter than LACDMH. More to come. 3. The State's definition of "Collateral" is different than what LACDMH has defined it as. The State is saying it is anyone who is significant to the client – even if they operate in a paid position to the client (e.g., Probation Officer). 4. State says Review of Records is NEVER claimable. LACDMH has some specific documentation for specific situations that would support that is not the case. 5. State says the effective date of the Treatment Plan is when the last required professional signs it. They also are seeing the Treatment Plan as a whole – not by objective. State also says that RN's cannot sign off on Treatment Plans with TBS services.		

	6. State emphasized that they want strengths in the Assessment to be strengths that will help client achieve his/her goals, not hobbies. Risks are things that could result in client getting worse. 7. State says that if there is a client/parent signature without a date, it could possibly be okay if there is clear documentation (e.g., electronic signature of when it was completed, scan and uploading dates, progress note showing it was created/gone over with client/parent, etc.) showing when it was agreed to by the client. 8. Outpatient medication reviews (consents for medications) – State says clients of any age can sign. LACDMH is looking at it as who is legally able to authorize the client to be subscribed and take medication. State is looking at it as client signing it is saying the client agrees to participate with medications. 9. Family Therapy – State is considering Family Therapy as group, with each family member being a unique client. There are many problems with viewing it from this perspective. LACDMH has no intention of changing how we bill Family Therapy. 10. The State says that you can bill for transportation if it's medically necessary, but you can't provide services while transporting. LACDMH does not intend to change their rules on billing for transportation. 11. Billing for assessment information collecting (e.g., from Collaterals). Roll-up codes complicates this between LACDMH and the State. Important for Progress Notes to show clearly that assessment activities were happening when gathering assessment information from collaterals and others. 12. Looking into the Law and Ethics exam that Interns/Recent Graduates need to take now.		

Directly Operated Only – Treatment Plan Completion and Meaningful Use	Directly Operated Only – Big pressure on DO Programs to clean up Treatment Plans. The message is to be aware of the clients who might not have Treatment Plans and get them in – but do so in a clinically appropriate way – meet with the client on their next session and create the Treatment Plan and get it in the chart. Be aware of EHR dates when you create the Treatment Plan. Directly Operated Only – Meaningful Use – QA is still using and working on this, but other things are taking priority at the moment.		

Next Meeting: Tuesday, October 20, 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