

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

**Service Area 4
Child & Adult
Integrated Quality Improvement Committee**

*January 17, 2017
10:30am - Noon*

**600 South Commonwealth
Los Angeles, CA 90026
6th Floor, Room A
Ph: (213) 738-3475**

Parking: Shatto access if on the list (or street/nearby lot)

∞ Agenda ∞

- ❖ Introductions & Minutes review 10:30 – 10:45am
- ❖ Announcements
 - ▶ New District Chief SA 4 – Ms. Anabel Rodriguez
- **LACDMH QI Updates** 10:45 – 11:30am
 - ▶ Dr. Borkheim presentation-Collaborative documentation LACDMH 10:45 – 11:00 am
 - ▶ Office of Medical Director updates
 - ▶ Patients Rights Office updates
 - ▶ Cultural Competency updates
 - ▶ Policy updates
- **LACDMH QA Updates** 11:30 – Noon
 - ▶ DHCS review update – Plan of Correction contract agencies only
 - ▶ Audits & Announcements – DMH LE chart reviews to start 2/2017
 - ▶ Training/operations updates
 - ▶ Draft 14.02-clinical supervision
 - ▶ Draft QA bulletin-Outcome Measurement Procedure Code & Other updates to Guide to Procedure Codes
 - ▶ Draft QA bulletin-SRL and Access to Care Reminders, Updates, and clarifications
 - ▶ Draft QA bulletin-Medi-Cal Lockouts for Crisis Stabilization & MHSA Funding
- **Miscellaneous**
 - ▶ Comments? Questions?
- ❖ Next meeting on Tuesday, February 21, 2017

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH

SA 4 Quality Improvement Committee (QIC) Meeting Minutes

Type of Meeting:	SA 4 Quality Improvement Committee (QIC)	Date:	January 17, 2017
Place:	600 S. Commonwealth Los Angeles, CA 90026 6 th floor, room A	Start Time:	10:30am
Chair & Co-Chair:	Chair Kary To, Ph.D. LACDMH; Co-Chair – Christina Kubojin, LMFT, Children's Institute Inc.	Adjournment:	12:00pm
Members Present:	<ul style="list-style-type: none"> • Misty Aronoff • Kanisha McReynolds • Evelyn Gutierrez • Ursula Monteroso • Leslie Shrager • Christina Kubojin • Claudia Fierro • Bertrand Levesque • Tonia Amos Jones • Kary To • Naomi Arellano • Jenny Sanchez • Sarah Schreiber • Michael Olsen • Charlotte Bautista • Sandra Long • Lilia Sheynman • Judy Cardona • An Winata • Gilbert Morquecho • Jonathan Kang • Socorro Gartmanian • Shannon Vanderberg • Marietta Watson • Lisa Harvey • Cristina Sandoval • Annie Kim • Erica Melbourne • Camen Chacon • Ani Sargsyan • Reza Khosrowabadi • Susan Lee • Genevieve Morgan • Desiree Odom • Allison Foster • Anabel Rodriguez • Gwen Lo 		
Members Absent:	<ul style="list-style-type: none"> • AIDS project LA • Anne Sippi Clinic • Asian Pacific Counseling • Akiva • Behavioral Health Services • Dignity Health • Didi Hirsch • DMH AOT • DMHASOC • DMH TAY • DMH SFC • Gateways Homeless Services • Gateways Hospital • Gateways Percy Village • Health Research Association USC • Satellite • Hollywood Mental Health • Jewish Family Services of LA • JWCH Institute • Koreatown Youth & Community Center • LAC-USC Medical Center • LAMP Community LA Gay & Lesbian Center • Mental Health America • Northeast Mental Health Center • SSG Alliance • SSG Silver • SRMT • Siars Behavioral Health Group • Starview • Telecare • Travelers Aid Society of LA 		
Introductions:	Members present introduced themselves.		
Minutes Approval:	District Chief Anabel Rodriguez attended and introduced herself to members. Announcement that location of SA4 QIC will remain back at St. Anne's for remainder of the year due to member consensus.		

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, Scheduled Tasks	Responsible Person / Due Date
<p>CI Updates</p> <p>Christina Kubojin</p>	<p>QUALITY IMPROVEMENT UPDATES</p> <ul style="list-style-type: none"> • Office of Medical Director <ul style="list-style-type: none"> ◦ Medication assisted treatment update – opened up increased use of anti-crawling meds for outpatient. ◦ Vivital 1x per month for example. Policy is already posted and in use by psychiatrists ◦ Smoking cessation – Nicorette gum & nicotine patch available <ul style="list-style-type: none"> ▪ Parameter is also available for this on intranet • Memo to be released shortly regarding sharing/receiving protected information from families and among staff/agencies regarding client's care <ul style="list-style-type: none"> ◦ 3 policy revisions coming out soon related to HIPAA updates. They will further define specific scenarios related to when clients are unable to give consent. <ul style="list-style-type: none"> ▪ Memos should be available by next month ◦ Question was asked about defining DCFS/DMH staff required documents when releasing information in order to verify the recipients credential to be who they say they are. <ul style="list-style-type: none"> ▪ Policy 500.06 states protocol for verification of requirements for releasing protected information ▪ Contractors are welcome to use DMH policies ▪ Ginger Fong (privacy officer) is available to provide 2 hour HIPAA presentations 		

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, Scheduled Tasks	Responsible Person / Due Date
<p>Christina Kubojin</p>	<ul style="list-style-type: none"> • Provider Directories are now available and online. Each SAM CIC member will receive one hard copy <ul style="list-style-type: none"> ◦ The online version may be updated soon to include the new director and new seal logo. Content will remain the same. 		

	<ul style="list-style-type: none"> ○ Discussion of cultural considerations so provider directions can reflect all available services per provider, such as CSECY trainings where staff gained skills and cultural competency related certifications, new languages available. Prep for the 2017 version is being collected now. <ul style="list-style-type: none"> • Corrections go to provider directory mail box DMHCOP@dmh.lacounty.gov • MHSIP surveys – 8500 currently being scanned. <ul style="list-style-type: none"> ○ May 2016 report will be finalized within next few weeks • QI work plan goals: <ul style="list-style-type: none"> ○ Access Center – <ul style="list-style-type: none"> • Calls answered within 1 min went from 65% to 75% • 60% daytime calls to 65% goal for 2017 • Met goals 79% result of daytime calls within 1 min, 77% calls after hours answered within 1 min • Will increase overall goal to 70% for 2017 ○ Consumer Perception – do they feel they were given convenient appt times? <ul style="list-style-type: none"> • '14-'15, 89.3% went to a 90% Nov '16 ○ PMRT after work response times within 1 hour. <ul style="list-style-type: none"> • Jan-Sept data available – indicates maintained 71% • Septembers showed an increase in calls (308 vs. 100+ in Jan) • Currently at 69%, but Oct-Dec still needs to be reviewed • Cultural Competency updates: <ul style="list-style-type: none"> ○ Hyperlinks were provided to members. Tracking activation will be due 4th quarter of CY. ○ Power point slides will be provided via email to be provided to staff who review the hyperlinks ○ Questions regarding CC should now be directed to: psbcc@dmh.lacounty.gov ○ CC assessment project is still on-going – they are currently selecting a vendor ○ Additional LGBTQ trainings will be coming from the DMH WET division pertaining to: Ethnic differences, Aging within LGBTQ, Transgender & generational differences <ul style="list-style-type: none"> • At least 1 will occur this year to accommodate 60 participants • Update to come if these will be available to contract providers ○ No CC meeting occurring this month – next meeting 2/8/16, 550 S. Vermont, 10th floor, 1:30-3:30 • Policy updates <ul style="list-style-type: none"> ○ HIPAA updates to come including cellular use (needed to revise this one to include specific info for smart phones/iphones) 	<p style="text-align: right;">Emailed SA4 QIC meeting minutes for October and</p>
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<p>Christina Kubojiri</p>	<ul style="list-style-type: none"> o New compliance posters for all entities to use if they like o EQRO review – QIC meeting minutes should all be up to date and uploaded o LA county to submit all by March 19th so Chairs have until end of Feb to have all uploaded o Patients' Rights Office – <ul style="list-style-type: none"> o Change of provider report conversation about patients' rights staff not being able to manage the volume of submitted forms they receive. <ul style="list-style-type: none"> ▪ Email backing is difficult when multiple different staff submit forms through the deadline (10th) and throughout the entire month all with different data. One form should be completed and submitted for the prior month by the 10th by one designated contact staff ▪ When errors are present which happens frequently PRO has to try to track down agency staff for revisions/clarifications ▪ SAS & 7 are the only ones with 100% submissions – They worked with PRO to come up with a solution. Jamie Walker will discuss possible solution in future meeting. ▪ Some agencies submit numbers for non-rendering providers just because connected to another program that is a rendering provider, but shouldn't be doing this. ▪ Attending members suggested it would be helpful to know who the agencies are that are creating issues to specifically focus on helping them increase proficiency. ▪ Should only be 1 submission per month per location. There should not be multiple submissions per program at the location ▪ Someone suggested PRO create detailed instructions with examples and a FAQ so QIC chairs/co-chairs can reference it when working with agencies ▪ Most times the people not doing this correctly are also not attending QIC meetings. <p>.....</p> <p style="text-align: center;">QUALITY ASSURANCE UPDATES</p> <p>.....</p> <ul style="list-style-type: none"> o A number of MR Grant audits upcoming: CII, Royce, downtown mental health, telemental health <ul style="list-style-type: none"> o Grand central had theirs in Dec '16 <ul style="list-style-type: none"> ▪ They said MR auditors weren't familiar with juvenile justice or DMH. They were quick in reviewing. They reviewed timecards, progress notes, procedure codes, and more administrative overall. ▪ 1% finding – was for I.S. error with billing entry o Training/Operations: 	<p>November 2016 to QIC members for revisions. No revisions indicated so they are approved and will be provided to Kary To to upload.</p>
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<p>Christina Kubojin</p>	<ul style="list-style-type: none"> • Documentation training added for 4/2017 • D/O only – <ul style="list-style-type: none"> ◦ QA monitoring reports due by this Friday ◦ COA plan – supervisors review with clinicians, sign off on review, and re-check if corrections completed. Use DMH chart review tool. <ul style="list-style-type: none"> • DMH QA spotchecked and found discrepancies on what supervisors checked off on and discrepancies in the chart (missing documents were signed off on) • Agency QA reports are due by January 30, 2017. Use the updated form on website. <ul style="list-style-type: none"> ◦ SA OIC members need to update legal entity contact information as PSB QA DMH will be sending out email announcements regarding LE annual report • Documentation Webex videos are in the process of completion. Topics such as assessment, CTP, reimbursement and claiming will be covered. <ul style="list-style-type: none"> ◦ Will be available for everyone on DMH -- For Providers website. ◦ Projected completion is March '17 ◦ Feedback on the webex videos are wanted • DMH will also be scheduling more D/Os supervisor trainings • Policies: <ul style="list-style-type: none"> ◦ Draft 401.02 – updates in the process <ul style="list-style-type: none"> • Adjusted language so could apply to D/O and contractors could also utilize • Timeliness of getting documentation completed <ul style="list-style-type: none"> • Should be by end of next day, but not exceeding 5 days • Supervisors have same timeframe from when staff submit to them to avoid supervisors getting penalized for staff tardiness • Unexpected staff leaves are not in the policy and will need to be taken care of within own internal process • If staff will be going on vacation and will exceed the 5 days, they need to complete documentation before they go on vacation • Timeliness was found out of compliance in system review and resulted in a finding with plan of action submitted to State for D/O <ul style="list-style-type: none"> ◦ Only finding for D/O for prior audit since it is directly indicated as part of their policy. Will be incorporated into contractor's policy soon as well. • Someone asked Jen Hallman about timeframe when 	
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	<p>the note is returned for corrections and how this impacts timeliness. She will follow up on this.</p> <ul style="list-style-type: none"> • A lot of agencies EHRs requires supervisor's signatures for approvals. It was called into question when all other staff had secondary signatures but outliers did not. even though in most cases that staff can technically just sign on their own, it was considered out of the norm for the agency since they require two so it was an issue. <ul style="list-style-type: none"> • It was recommended agencies have a written up statement on why paper documents completed instead of in EHRs as support for upcoming audits • Service Request Log should only be used for transferring requests at this point <ul style="list-style-type: none"> ◦ DMH will begin collecting SRL info from EHRs systems within 3 months ◦ SRL's should be in all EHRs and if not, need to be working on this as a priority. • QA DMH audits – beginning Feb 2017. DMH will provide agencies with ID numbers. Agency is to radact information so client is unknown and provide all clients' documents requested for review. Most likely requesting more recent charts. • D/O only – "perm audits" send to DMH QA directly and they will handle them for those using IHBIS • Draft policy – outcome measures <ul style="list-style-type: none"> ◦ Only PEI MHSA full cost ◦ Any staff can do service, but those staff need to have an NPI number ◦ Not billable to medi-cal <ul style="list-style-type: none"> • When documenting activity would need to uncheck the Medi-Cal box if still using I.S. • IHBIS users would need to add ~HX modifier • Annual \$1.9 allotted to this -- small amount. Distributed to agencies based on percentages of provided services (range \$200-170,000). Only use the code up to the allotted dollar amount • Not sure when allocations will be announced. Proposal has been sent to district chief for feedback ◦ Guide to procedure codes will be updated ◦ Health information management: Yvonne Harris is the contact during interim, contact Brad Bryant if Yvonne is unavailable. 	
	<ul style="list-style-type: none"> • QUESTIONS 	

Next Meeting: February 21, 2016; St. Anne's Maternity Home, 155 N. Occidental Blvd. (Classroom), L.A., CA. 90026

Respectfully Submitted


Chris Underbohr, LMF - Cincinnati Coordinator, Children's
Institute, Inc.
SA4 Co-Chair