

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

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

*March 21, 2017  
10:30am - Noon*

*St. Anne's Maternity Home  
155 N. Occidental Blvd., Classroom  
Los Angeles, CA. 90026  
Phone #(213) 381-2931*

*∞ Agenda ∞*

- ❖ Introductions & Minutes review 10:30 – 10:45am
- ❖ Announcements

- **LACDMH QI Updates** 10:45 – 11:30am
  - ▶ Office of Medical Director updates
  - ▶ Patients' Rights Office : Jamie Walker – Change of Provider
  - ▶ Cultural Competency updates
  - ▶ Policy updates
  - ▶ March Test calls

- **LACDMH QA Updates** 11:30 – Noon
  - ▶ Audits updates & Announcements
  - ▶ Medi-Cal Certification updates
  - ▶ Training and Operations updates
  - ▶ FINAL QA Bulletin 17-04: ICC/IHBS Expansion
  - ▶ DRAFT QA Bulletins: CTP Reminders and Guidelines, Changes in Timeliness for Documentation, Addressing emergent services arising during assessment process
  - ▶ Organizational Provider's Manual updates

- **Miscellaneous**
  - ▶ Comments? Questions?

- ❖ Next meeting on Tuesday, April 18, 2017

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH

SA 4 Quality Improvement Committee (QIC) Meeting Minutes

<b>Type of Meeting:</b>	SA 4 Quality Improvement Committee (QIC)		<b>Date:</b>	March 21, 2017
<b>Place:</b>	St. Anne's Maternity Home 155 N. Occidental Blvd., Los Angeles, CA. 90026		<b>Start Time:</b>	10:30am
<b>Chair &amp; Co-Chair:</b>	Chair Kary To, Ph.D, LACDMH; Co-Chair –Christina Kubojiri, LMFT, Children's Institute Inc.			
<b>Members Present:</b>	<ul style="list-style-type: none"> <li>• Jose Reyes</li> <li>• Silvia Yan</li> <li>• Gurudarshan Khalsa</li> <li>• Lizette Hayman</li> <li>• Leslie Shrager</li> <li>• Diego Ramirez</li> <li>• Naomi Arellano</li> <li>• Jenny Sanchez</li> <li>• Sarah Schreiber</li> <li>• Michael Olsen</li> <li>• Jonathan Figueroa</li> <li>• Charlotte Baulista</li> <li>• Judy Cardona</li> </ul>	<ul style="list-style-type: none"> <li>• Ari Winata</li> <li>• James Pelk</li> <li>• Dora Escalante</li> <li>• Jonathan Kang</li> <li>• Shannon Vanderberg</li> <li>• Marfeita Watson</li> <li>• Lisa Harvey</li> <li>• Cristina Sandoval</li> <li>• Annie Kim</li> <li>• Shad Cruz</li> <li>• Carmen Chacon</li> <li>• Ani Sargsyan</li> <li>• Reza Khosrowabadi</li> </ul>	<ul style="list-style-type: none"> <li>• Erica Lara</li> <li>• Jessie Marquez</li> <li>• Jacqueline Bravo</li> <li>• Patricia Perez</li> <li>• Genevieve Morgan</li> <li>• Jae Son</li> <li>• Lorne Leach</li> <li>• Hala Masri</li> <li>• Bertrand Levesque</li> <li>• Gwen Lo</li> <li>• Jessica Estrada</li> <li>• Christina Kubojiri</li> <li>• Kary To</li> </ul>	
<b>Members Absent:</b>	<ul style="list-style-type: none"> <li>• Aids Project Los Angeles</li> <li>• Alma Family Services</li> <li>• Anne Sippi Clinic</li> <li>• California Hispanic Commission</li> <li>• Children's Hospital of L.A.</li> <li>• Dignity Health</li> <li>• DMH-AOT</li> <li>• DMH-ASOC</li> <li>• Mental Health America</li> <li>• SSG-Silver</li> <li>• United American Indian Involvement</li> </ul>	<ul style="list-style-type: none"> <li>• DMH Downtown Mental Health</li> <li>• DMH TAY</li> <li>• DMH-SFC</li> <li>• Filipino-American Services Groups</li> <li>• Gateways homeless program</li> <li>• Gateways hospital</li> <li>• Gateways Normandie village and satellite</li> <li>• LA Gay and Lesbian Center</li> <li>• SRMT</li> <li>• VIP</li> </ul>	<ul style="list-style-type: none"> <li>• Gateways Percy Village</li> <li>• Health Research Assoc USC satellite</li> <li>• JWCH Institute</li> <li>• Koreatown Youth &amp; Community Center</li> <li>• LAC-USC Medical Center</li> <li>• LAMP community</li> <li>• SSG Alliance</li> <li>• Travelers Aid Society of LA</li> </ul>	
<b>Introductions:</b>	Members present introduced themselves.			
<b>Minutes Approval:</b>	February minutes approved by members			
<b>Announcements:</b>				

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, Scheduled Tasks	Responsible Person / Due Date

<p>QI Updates</p> <p>Christina Kubojiri</p>	<p style="text-align: center;"><u>QUALITY IMPROVEMENT UPDATES</u></p> <p>Office of Medical Director</p> <ul style="list-style-type: none"> <li>- D/O only - New Pharmacy Benefits Management (FBM) System will be replacing PACS for MSS for indigent clients. Contract providers will continue to use the PACS system and claim will get adjudicated on the back end. This shift will support consumers in having more choice and access to pharmacies when getting their prescriptions filled. Cit will need benefits card. If it is lost, a hotline will be available to verify the cit's number if needed. This program will not require additional enrollment or opening of episodes. PACs will be open until the end of June to allow for a crossover period. Will be managed by Magellan.</li> </ul> <p>Patients' Rights Office</p> <ul style="list-style-type: none"> <li>- Beneficiary documents have been updated to be more consumer friendly, as encouraged by the State. Changes made include the following: reformatting of handouts and forms, instructions on filing grievances have been incorporated into the form, timeline of processing appeals (3 business days has changed to 72 hrs).</li> <li>- Finalized forms will likely come out in late summer or early fall. Once approved, documents will get translated into the threshold languages. Please continue to use existing forms until further notice.</li> </ul> <p>Cultural Competency Updates</p> <ul style="list-style-type: none"> <li>- There are currently 3 workgroups—organizational assessment, needs of people w/ physical disabilities, system transformation (will have consumer participation)</li> <li>- Next CC Committee meeting is April 12<sup>th</sup> 1:30-3:30pm at 550 S. Vermont. There is an option to call in if can't attend in person.</li> </ul> <p>Compliance, Privacy, and Audit services Bureau—Policy Updates</p> <ul style="list-style-type: none"> <li>- Policy on nondiscrimination was released for D/Os. LACDMH did not have a policy on nondiscrimination previously.</li> <li>- 302.12 replaces walk-in service policy. Policy clarifies that there are no walk-in services, as clinics are now required to provide a specific date and specific time for the initial appt. Instructing clis to come during a block of time does not meet the requirement.</li> <li>- 305.02 addresses on-site testing of bodily fluids for substance abuse testing.</li> </ul> <p>SA QI Project for CY 2016 and CY 2017</p> <ul style="list-style-type: none"> <li>- QI embarks on project every year to improve services.</li> <li>- Potential project for this year—test call protocols for clinics. Same protocol for ACCESS calls would be used. Test calls would be conducted for both D/O and contract providers.</li> </ul> <p>EQRO</p> <ul style="list-style-type: none"> <li>- Visiting in April (SA.2, 5) and September this year</li> <li>- Possible visit to SA8 in September</li> </ul> <p>MHSIP</p> <ul style="list-style-type: none"> <li>- Consumer Satisfaction Surveys from May 2016 will be posted on the LACDHM website. <ul style="list-style-type: none"> <li>o LACDMH website has been updated with a new layout.</li> <li>o Feedback is welcome regarding website, particularly in</li> </ul> </li> </ul>	<p>3/21/17 Christina – emailed members reminder about SA4 QIC meeting and provided agenda and handouts</p>
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<p>*****</p> <p>QA Updates</p> <p>Christina Kubojiri</p>	<p>ease of using provider search (consumer friendly) PSB Program Support Bureau website has not changed</p> <ul style="list-style-type: none"> <li>• Still awaiting for SA level data</li> <li>• Outcomes—Scored highest for offering services at convenient times, scored lowest for services available to OAs. There was an increase in satisfaction w/ youth attainment as well as improvement in OAs reporting that they are being seen as much as they want to be seen.</li> <li>• 3 threshold languages have been added to SA 8 (Korean, Spanish, Kumai/Cambodian). Test calls will need to be conducted in these languages</li> </ul> <p>*****</p> <p><b>QUALITY ASSURANCE UPDATES</b></p> <p>Audits and Reviews</p> <ul style="list-style-type: none"> <li>- Auditor Controller visit for Star View started 3/14/15 <ul style="list-style-type: none"> <li>o Feb and March 2016 is being reviewed.</li> <li>o 26 charts representing 55 claims are being reviewed.</li> <li>o It was reported that the Auditor Controller is giving a lot of feedback, especially about diagnoses, but this is consistent with past reviews.</li> </ul> </li> <li>- MR Grant <ul style="list-style-type: none"> <li>o One agency was reviewed last week. It was reported they are reviewing progress notes and financial documents for FY 2014-2015. Signatures were reviewed.</li> </ul> </li> </ul> <p>Medi-Cal Certification</p> <ul style="list-style-type: none"> <li>- Please notify District Chief when a program is moving or changing an address, or if there is a change in services offered. If the program is moving, a PFAR and fire clearance are needed prior to moving in. After getting approval, please confirm the services that are listed, as there may be mistakes. Please be advised that MSS will be deleted if there is no psychiatrist is on site. They will request to see the MD schedule.</li> </ul>		
<p><b>Agenda Item &amp; Presenter</b></p>	<p><b>Discussion &amp; Findings</b></p> <p>State DHCS Updates</p> <ul style="list-style-type: none"> <li>- DMH has submitted POC but not for chart review.</li> <li>- The State will "have more eyes" on DMH corrective action plans to ensure that they are being implemented.</li> <li>- There has been continuing debate regarding under which grants MFT trainees and MSW students can bill. Currently, there is no change to the current policy.</li> </ul> <p>Training and Operations</p> <ul style="list-style-type: none"> <li>- Updated training schedule has been provided.</li> <li>- Webinar videos will be available online by next week. <ul style="list-style-type: none"> <li>o Topics addressed: CTPs, assessments, and progress notes.</li> </ul> </li> </ul>	<p><b>Decisions, Recommendations, Actions, Scheduled Tasks</b></p>	<p><b>Responsible Person / Due Date</b></p>

- o Videos can be revised, so feedback is welcome.
  - September and December minutes have been posted on the website.
  - DMH Chart Review for LE
    - o Co-chair agencies will go first.
    - o Instructions will be provided for what to do and send. The procedure will mimic a state audit. Eg, Cit info will need to be redacted.
    - o Will be a "friendly, technical audit" (not a recoupable audit). There will not be auditing against claims. DMH will try to identify where technical assistance is needed (eg, CTP needs to match the assessment). The agency will be asked to do their own internal QA to address any findings. While the review is not intended to be recoupable, Compliance may need to get involved if there are egregious findings. The primary goal is to strengthen the QA process.
    - o Approximately 5 charts will be chosen per agency, but this will depend on agency size. A percentage of charts may be chosen.
- ICC/IHBS Expansion Bulletin
- Currently, only Wrap, IFCCS, TFC use Katie A Codes, but codes are being expanded to all EPSDT cits eligible for service.
  - In order to provide IHBS services, need to be trained in CPM. Please do not use new codes until given clearance.
- Organizational Provider's Manual Updates Bulletin
- Included Dx updates have been included in the Org Manual
- Draft Bulletins
- CTP Reminders and Guidelines
    - o Bulletin will provide examples and scenarios.
  - Changes in timelines for documentation
    - o Policy will be that notes will be completed by provider by end of the next business day, supervisory will have until the next business day to finalize the service once submitted by provider. The service will need to be finalized within a maximum of 5 days.
  - Addressing emergent services that arise during the assessment process (prior to having CTP in place)
    - o State expects that at a minimum, an assessment is completed where Medical necessity is established prior to providing any services
    - o If emergent needs arise (such as housing needs), staff can provide services prior to establishing a tx plan if progress note documents the emergent need (eg, housing) and goal is documented. All conditions of the CTP should be documented in the note. Need to indicate that cit meets medical necessity and the cit expresses verbal agreement. The therapist can bill for the assessment under TCM, and the case manager (or other person providing the service) can bill under TCM for the service referring back to the TCM goal in the TCM progress note by the therapist.

**QUESTIONS** should be emailed to Kary To: [KTo@dmh.lacounty.gov](mailto:KTo@dmh.lacounty.gov) and Christina Kubojiri: [ckubojiri@childrensinstitute.org](mailto:ckubojiri@childrensinstitute.org) and not sent directly to DMH QA. If questions cannot be answered, Kary or Christina will escalate the question to DMH QA contact person.

**Next Meeting:** April 18, 2017; St. Anne's Maternity Home, 155 N. Occidental Blvd. (Classroom), L.A., CA. 90026

Respectfully Submitted



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Christina Kubojiri, LMFT – Clinical QA Coordinator, Children's  
Institute, Inc.  
SA4 Co-Chair