

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

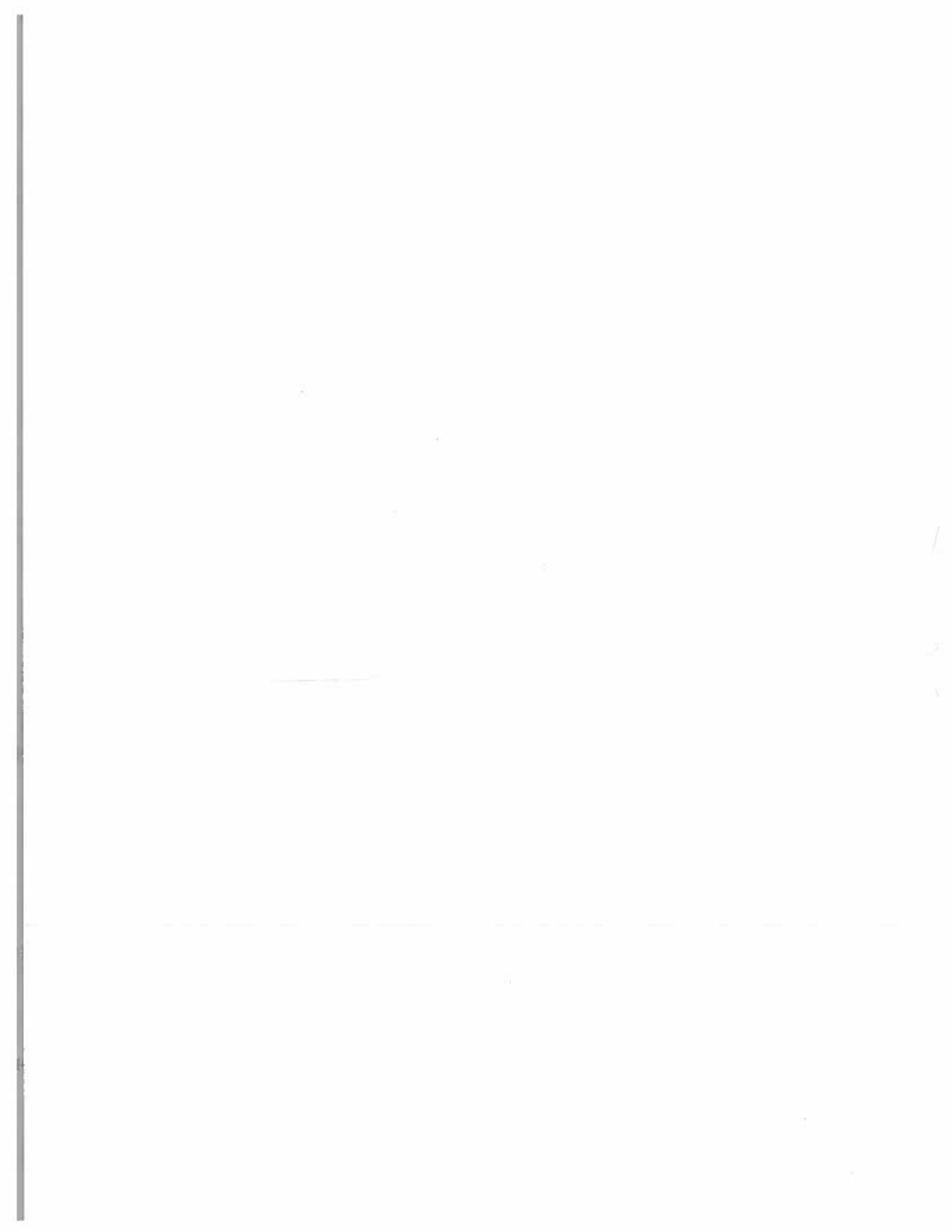
**Service Area 4
Child & Adult
Integrated Quality Improvement Committee**

*April 18, 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 – 10:40am
- ❖ Announcements 10:40 – 10:45am
 - **LACDMH QI Updates** 10:45 – 11:00am
 - ▶ OMD – Pharmacy Benefits Management-PATS ending June 31st
 - ▶ VANS review
 - ▶ EQRO update - Possible QI project for next year - Clinic Test calls; Discussion on how data and information is used to directly affect QI, workflows, and implementation
 - ▶ Cultural Competency reminder – annual staff CC training requirement
 - ▶ Consumer participation
 - **LACDMH QA Updates** 11:00 – 11:30am
 - ▶ Upcoming Audits: A. Controller –Enki 4/25/17; MR Grant – Hathaways 5/2017; Northeast 4/17
 - ▶ State DHCS Updates: Co-signatures for students
 - ▶ Trainings: Schedule of trainings, Documentation Online Videos, LE Chart Reviews
 - ▶ QA Bulletin: Client Treatment Plan Reminders and Guidelines
 - ▶ QA Bulletin: Services Prior to Assessment Completion
 - ▶ QA Bulletin: Claiming for Travel Time
 - ▶ DRAFT QA Bulletin: Crisis Stabilization Lockouts and MHSA Funding
 - ▶ Discussion: Disallowance vs. Finding: Timeliness is not a reason for disallowance
 - ▶ Upcoming Items: -EPSDT medical necessity criteria reminder
 - Drug Medi-Cal for D/O
 - Therapeutic Foster Care
 - ▶ Questions:
 1. Issues surrounding obtaining caregiver signatures on Outpatient Medication Review
 2. How are other agencies claiming for travel time?
 - **Miscellaneous** 11:30 – 12:00pm
 - ▶ **MHSIP Training – Required for chosen and volunteer agencies.**
 - ▶ Discussion: Pre-printed MHSIP survey reminder



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:	April 18, 2017
Place:	St. Anne's Maternity Home 155 N. Occidental Blvd., Los Angeles, CA. 90026	Start Time:	10:30am
Chair & Co-Chair:	Chair Kary To, Ph.D. LACDMH; Co-Chair –Christina Kubojiri, LMFT, Children's Institute Inc.	Adjournment:	12:00pm
Members Present:	<ul style="list-style-type: none"> • Kanisha McReynolds • Erika Frausto • Jonathan Figueroa • Charlotte Baulista • Sandra Long • Lilia Sheynman • Judy Cardona • Ari Winata • K Borwitt • Jonathan Kang • Rich Greene • Socorro Germainian • Jenny Sanchez • Sarah Schreiber • Misty Aronoff • Lauren Permenter • Aids Project Los Angeles • Alma Family Services • Anne Sippi Clinic • California Hispanic Commission- • CHCADA • Dignity Health • DMH-AOT • DMH-ASOC 	<ul style="list-style-type: none"> • Lisa Thigpen • Michelle Culver • Marietta Watson • Lisa Harvey • Cristina Sandoval • Annie Kim • Shad Cruz • Hala Masri • Ani Sargsyan • Reza Khosrowabadi • Erica Lara • Jessie Marquez • Kelly Chang • Allison Foster • Gwen Lo • SSG-Alliance • SSG-Silver • SRMT • Travelers Aid Society of LA • Uplift Family Services (EMQ) • Koreatown Youth & Community Center • LAC-USC Medical Center • Mental Health America 	
Members Absent:			
Introductions:	Members present introduced themselves.		
Minutes Approval:	March minutes approved by members		
Announcements:			

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, Scheduled Tasks	Responsible Person / Due Date
<p>QI Updates (DMH QI meeting was cancelled for April)</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"> - Pharmacy Benefits Management – PATS ending June 31st - Co-signatures for students = LPHA (Licensed practitioner of healing arts) is not always a "licensed" person. It is a requirement that a licensed LPHA co-sign for students <p>ECRO update:</p> <ul style="list-style-type: none"> - Possible QI project for next year – Clinic Test calls - Discussion occurred on how data and information collected is used directly for QI purpose, improvement of work flows and processes (for example: MHSIP survey comments reflected need for bike racks around agency so agency installed them and posted notices that due to client feedback bike rack need was addressed <p>Cultural Competency requirement reminder:</p> <ul style="list-style-type: none"> - all staff need at least 1 CC training by end of the year. Agencies will need to submit documentation of staff and attended trainings within 4th quarter. - QIC Member mentioned that they heard the CC requirement was not until 2018, but consensus was that it was for this year 2017 	<p>4/14/17 Christina – emailed members reminder about SA4 QIC meeting and provided agenda and handouts</p>	
<p>Kary To</p>	<p>VANS:</p> <ul style="list-style-type: none"> - Kary discussed VANS (Vacancy Adjustment Notification System) and reminded members to go in and utilize and update information frequently. Activity within system has been declining. <p>Consumer Participation discussion – Barriers to finding consumer interest, their role at a QIC meeting, how it may be beneficial. How to engage consumers as QIC material may be unfamiliar to them</p>	<p>4/14/17 Christina emailed Spring 2017 Random Sample List for MHSIP surveys. updated bulletins 17-10 and 17-11</p>	
<p>*****</p> <p>QA Updates</p> <p>Christina Kubojiri</p>	<p style="text-align: center;"><u>QUALITY ASSURANCE UPDATES</u></p> <p>Audits and Reviews</p> <ul style="list-style-type: none"> - Upcoming audits: <ul style="list-style-type: none"> o Auditor Controller – Enki o MR Grant – Hathaways May '17; Northeast 4/17/17 <p>DMH QA documentation webinars are now available online</p> <ul style="list-style-type: none"> o Feedback is welcome to the DMH QA email address <ul style="list-style-type: none"> • Legal Entity Chart review: <ul style="list-style-type: none"> o Hathaways is up first 4/11/17. They asked for clarification as we were told clients were chosen based on recent claims and then for 3 months prior from that date; however, Hathaways says a couple of their chosen clients were closed as much as 6 months ago. They will send Jen Hallman the names to look into working that out. o These type of reviews came from state communication as well as board of directors wanting more oversight o L.A. Child Guidance LE review – 4/19/17 o DMH is reviewing 10 providers per quarter 	<p>4/26/17 Christina emailed update to surveys – now includes pre-filled in leading 0's for convenience.</p>	

- They are using claims to choose clients, but they are not reviewing those specific claims like for recoupment audits
- The agency is to de-identify documents
- Similar tool to auditor controller will be used
- District chiefs are notified about agency reviews and provided the final reports
- **Bulletin 17-01 – DT/DR forms are now available**
- **Bulletin 17-07 – DSM 5**
 - DMH is getting feedback about numbers not exactly matching DSM 5 diagnosis, etc, but they spoke of DSM 5 being used "loosely" as a guide. If an ICD-10 diagnosis is more specific and justified by client's symptoms/presentation then the ICD-10 diagnosis is an included dx that should be used.
 - Problem is when someone documents what sounds like depressive symptoms and a DSM 5 Depressive diagnosis, but then chose an ICD-10 completely off base like a "Phobia"
 - It was mentioned auditor controller hasn't looked in depth when checking diagnosis
 - Discussion occurred about people seem to be so stuck on how the exact numbers need to fit perfectly, but people should read the DSM IV limitations for more background information
- **DRAFT bulletin: CTP Reminders and Guidelines**
 - #6 on bulletin will result in a revision to the organizational manual – Removing reference that signatures need to be obtained for objectives and indicating a more overall signature requirement that is covering the whole plan
 - D/O will be provided a link to a document discussing the challenges of getting signatures using the signature pad and other field based issues
- **DRAFT bulletin: Services Prior to the Completion of an Assessment**
 - Jen and Brad have held conversations with the State regarding what "emergent" encompasses. Policy will be updated
 - Emergent – urgent condition that could result in immediate psychiatric or emergency situation (danger to self or others)
 - Medical necessity already needs to be established
 - This should never be a routine process of claiming for emergent needs
 - Agency needs to look at their systemic issues surrounding inability to complete assessments/CTPs in a quicker fashion.
 - Wraparound always comes up, but again, why isn't the assessment and CTP completed in a more timely fashion. Assessment addendums are always available to be used should additional information be acquired later. The bigger issue would be "other staff" providing interventions/services not justified by the assessment or medical necessity. And if CFT meetings are occurring, but they are used for collecting information, this becomes another issue where assessment codes should be documented instead of incorrect claiming.
- **DRAFT bulletin: Medi-Cal Lockouts for Crisis Stabilization & MHSA funding.**
 - Explains how the 3.59 minutes traditionally not claimable under Medi-Cal for Crisis Stabilization in a 24 hour period can now be claimed under MHSA funding when a Medi-Cal lockout exists IF agency has the funds available.
 - Claims can be retroactively input for this purpose going back to July 20,2016 forward if funds are available.
- **DRAFT Claiming for Travel Time:**
 - Still vague on whether travel with traffic time should be claimed, but there is no specific statements about this by the State, so information was taken from Medi-Cal billing reference.
 - Can never claim travel to COS

o Travel time may be claimed:

- If staff is traveling from a provider site to an off-site location
- If staff is traveling from their residence to a client's residence
- o Travel time is NOT to be claimed:
 - If staff is traveling from one provider site to another provider site (even if the other provider site is another certified site not CI)
 - If staff is traveling from their residence to a provider site
- o Even though DHCS does not indicate excessive travel time for audit disallowance all DMH can reiterate is the State's lack of clarity in this bulletin and advise agencies and providers to claim for what is "reasonable".
 - DMH Example: if I normally travel to a client's home and its 20 minutes, but one day it takes me 1:20 minutes, would it be "reasonable" to claim for the 1:20 minutes on this occasion? Probably not reasonable to claim for the 1:20 minutes.
 - Discussion that the State does make some considerations for area population size, so DMH feels somewhat confident there'd be some allowance for travel to be claimed this way.
- o DMH disclaimer in bold: **Lacking specific DHCS guidance, each provider/practitioner is responsible for making the determination as to what constitutes reasonable and appropriate travel time in each specific situation according to their own best judgment.**

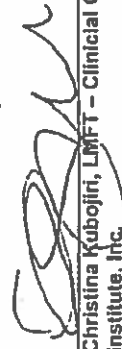
• Upcoming Items:

- o EPSDT medical necessity criteria – this has been coming up for a lot more discussion in DMH lately. Reminder.
 - Medical necessity we know is Diagnosis, Impairment, Interventions; however for EPSDT there does not need to be functional impairment
 - EPSDT serves up to 21 years old
 - It is to "correct or ameliorate the defect mental illness or condition" that is not better treated by physical health treatment.
 - Clinical forms will be updated to better define this and a QA bulletin will come out
 - DMH documentation trainings will be updated to address this moving forward
 - Triage cannot establish medical necessity, but it does help to rule it out
- o Drug Medi-Cal for D/O:
 - 1 clinic per service area implementing this right now
 - Currently working out application process and their version of an organization manual
 - Sharing client information related to drug programs is stricter than with MHS.
 - Medical doctors are needing to be hired (i.e. supervising psychiatrists) – They will be reaching out to internal staff when possible
 - Roll out is by July 1st
 - No residential based services. Based on levels of care, for example level 1 = outpatient and another level represents Assessment. Other levels of care will be referred, for example detox.
- o Therapeutic Foster Care – 1/1/18
 - STRTP providers and short term residential providers (group homes) will be trained first
 - This will act as another way to step-down clients to foster parents
 - "3 flavors of FFA":
 - FFA - original FFA such as providing "lightweight rehab"
 - FFA – Intensive foster care – increased specialized mental health services
 - FFA – TFC - agency needs to already have capacity to provide IFC to do TFC (resource/foster parent trainers) a there is no specific state guidance on TFC.

	<ul style="list-style-type: none"> ◦ Kids receiving TFC also receive services by a clinician. • DMH QA will train FFAs (QA staff and maybe the licensed supervising clinicians who sign off on resource/foster parent notes, and clinicians providing client individual therapy/treatment services. <ul style="list-style-type: none"> • DMH QA is not training the resource/foster parents ▪ Resource/foster parents will receive a daily rate <p>QUESTIONS should be emailed to Kary To: KTo@dmh.lacounty.gov and Christina Kubojiri: 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.</p>		
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Next Meeting: May 16, 2017; St. Anne's Maternity Home, 155 N. Occidental Blvd. (Classroom), L.A., CA. 90026

Respectfully Submitted


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

