

**1 COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
SERVICE PLANNING AREA 5**

**QUALITY IMPROVEMENT COMMITTEE  
March 04, 2014**

**AGENDA**

- |   |                  |
|---|------------------|
| I. Welcome and Introductions  | Monika/Jessica   |
| II. Review of Minutes   | All              |
| III. Program Announcements  | All              |
| • SA5 Agency Coordination Trouble Shooter   |                  |
| IV. DMH Updates   | Jacquie Wilcoxon |
| V. Quality Assurance  | Monika/Jessica   |
| • DSM 5 – MHSD Info Notice No 13-22   |                  |
| • LPCC Update   |                  |
| • Local Mental Health Plan Poster, revised  |                  |
| • Effective Use of Revised Child COD Supplemental Forms,<br>- DVDs available; please encourage staff to do CEs for<br>tracking purposes |                  |
| • Documentation Training Schedule, Revised 2/10/2014  |                  |
| • Rescinded – QA Bulletin No 08-03, Targeted Case Management<br>Bulletin, August 18, 2008   |                  |
| • Group Claiming Bulletin, April 11, 2011, No. 11-02 and<br>Powerpoint about Group Services, May 10, 2010                               |                  |
| • IBHIS – Update: Documenting Outreach/Engagement, Linkage/Referral,<br>Triage and Peer Support   |                  |
| • Program Review -Certification Reminders   |                  |
| o Service Function Codes  |                  |
| o Recertification Approval Letter   |                  |
| • State DHCS Updates  |                  |
| o SA5 Provider Directory (Provider List) per QA Bulletin No. 13-06  |                  |
| o School-Based Programs: Start date for 30 days – day when referral<br>is received from school  |                  |

VI. Quality Improvement

- 2012 DMH County Performance Outcome Survey Timothy Beyer
  - Power Point Presentation
- Change of Provider Logs Memo 01/09/2014 Monika/Jessica
- Request to Change Provider Report, 2<sup>nd</sup> Quarter Data For FY 2013-2014 for SA 5
- Review of QA/QI Binder
- Review of PRO Binder
- Discussion: Access and SA5 Service Capacity
  - Availability of treatment slots
  - Waiting Lists
  - Language capacity
  - Referrals between providers
  - Discuss strength and barriers

VII. DMH Policy & Procedure

Monika/Jessica

- Policy Updates as of January 7, 2014
- Policy Updates since January 2014 meeting
- LAC DMH Policy Bulletin, No. 14-01-DMH (Revised), February 06, 2014

VIII. Office Of The Medical Director

Monika/Jessica

- 4.16 Parameters of Family Engagement and Inclusion For Adults, January 2014

IX. Next QIC Meeting

Monika/Jessica

**The next Service Area 5 Quality Improvement Committee meeting will be held on Tuesday, May 06, 2014 from 9:00AM – 11:00AM, at 11303 West Washington Blvd., Suite 200, Los Angeles, CA 90066.**

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH  
SA 5 Quality Improvement Committee**

**Minutes**

<b>Type of Meeting</b>	Quality Improvement Committee	<b>Date</b>	March 04, 2014
<b>Place</b>	DMH SA5 Administration, 11303 West Washington Blvd., Suite 200, Los Angeles, CA 90066	<b>Start Time</b>	9:00 AM
<b>Chairperson</b>	Monika Johnson; Co-Chair Jessica Wilkins	<b>Adjournment</b>	11:00AM
<b>Members Present</b>	Jessica Wilkins, Alcott Center; Desiree Odom, Didi Hirsch; Monika Johnson, DMH; Jacquelyn Wilcoxon, DMH; Timothy Beyer, DMH; Nilisa Gallardo, Edelman - Adult; Bonnie McRae, Edelman – Child; Eloisa Ramos Robles, Exceptional Children's Foundation; Linnea Shapiro Fuchs, Exceptional Children's Foundation; LeeAnn Skorohod, Exodus Recovery; Nicole Salazar, Exodus Recovery; Lipton Ellner, Homes For Life Foundation; Susan Osborne, OPCC; Deanna Park, Pacific Asian Counseling Services; Martha Andreani, St. John's CFDC; Brooke Mathews, St. Joseph Center; David Tavlin, Step Up On Second; Melissa Chisholm (Fernandez), The Help Group; Brenda Pitchford, UCLA Ties for Adoption; Elaine Rosa, WISE & Healthy Aging.		
<b>Excused/Absent Members</b>	Kristi Rangel, Alcott Center; Bryan Sawsville, Didi Hirsch; Susan Cozolino, DMH, Patrice Grant, Edelman – Child; Thang Nguyen, DMH; David Kneip, Exodus Recovery; Kathy Shoemaker, Exodus Recovery; Michi Okano, Pacific Asian Counseling Services; Yvette Willock, Pacific Clinics; Grace Shin, OPCC; Sharon Greene, St. John's CFDC; Libby Hartigan, SHAREI; Barbara Bloom, Step Up on Second; Cheryl Carrington, Vista Del Mar; Keith Miller, WCIL; Jennifer Levine, WISE & Healthy Aging.		
<b>Agenda Item &amp; Presenter</b>	<b>Findings and Discussion</b>	<b>Decisions/ and Recommendations/ Scheduled Actions/ Scheduled Task</b>	<b>Person Responsible/ Due Date</b>
<b>Call to Order &amp; Introductions</b>	The meeting was called to order at 9:00 am	Introductions were made	Monika Johnson QIC Membership

Agenda Item and Presenter	Findings and Discussion	Decisions/ and Recommendations/ Scheduled Actions/Scheduled Task	Person Responsible/ Due Date
<p><b>Review of Minutes and Handouts</b></p> <p><b>DMH Updates</b></p>	<p>Minutes were reviewed and approved for January, 2014.</p> <p>The Trouble Shooter Roster was updated.</p> <ul style="list-style-type: none"> <li>• DHCS Audits</li> </ul> <p>Jacquie spoke about recent DHCS audits which resulted in very high disallowance rates. While in the past the State disallowance rate was about 3%, the more recent outpatient disallowance rate is now between 27%-30%. Jacquie emphasized that with the shift from State DMH to DHCS, the Department noted a much higher level of scrutiny to details in clinical records than in the past. Jacquie also stated that although there is no indication at this time, it is possible that the Department will return to extrapolating their findings. She strongly encouraged Providers to put very vigilant QA programs in place.</p> <ul style="list-style-type: none"> <li>• Affordable Care Act (ACA)</li> </ul> <p>Jacquie gave a brief update on the ACA and reported that the Department will soon schedule meetings at a local level with health partners and substance abuse partners.</p>	<p>Final approved Minutes for November, 2014 were distributed.</p>	<p>QIC Membership</p> <p>Monika Johnson</p> <p>Jacquie Wilcoxon</p>

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<p><b>Quality Improvement</b></p>	<ul style="list-style-type: none"> <li>2012 DMH County Performance Outcome Survey</li> </ul> <p>Timothy Beyer provided a power point presentation on the DMH County Performance Outcomes Survey, August 2012. He encouraged providers to review and compare the service area outcome data to the agency specific outcome data.</p> <p>Provider Question: Are those responses counted when clients answer some questions with N/A?</p>	<p>Tim Beyer will send the web link to the report to Monika who will forward it to Providers.</p> <p>Tim Beyer said he will follow up w/ Vandana Joshi of the QI Division and send an email response to Monika regarding the answer. Monika will forward the response to providers.</p>	<p>Tim Beyer                      Monika Johnson                      Providers</p> <p>Tim/Monika</p>

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<p><b>Quality Improvement</b></p>	<ul style="list-style-type: none"> <li>• Change of Provider Logs Memo 01/09/2014                      Monika and Jessica referred to the Memo written by Ted Wilson and the four (4) choices for submitting the logs:                     <ul style="list-style-type: none"> <li>○ Mail</li> <li>○ Fax</li> <li>○ Email [without PHI information]</li> <li>○ Secure Email [with PHI information].</li> </ul> </li> <li>• Request to Change Provider Report, 2<sup>nd</sup> Quarter Data For FY 2013-2014 for SAS                      Monika and Jessica asked Providers to review the report and submit outstanding reports to Ted Wilson. Monika stated that she is aware that some providers had submitted the logs shortly after the cut-off date and thus that data would not be reflected in this report.</li> </ul>	<p>The Memo from January 10, 2014 was distributed.</p> <p>The 2<sup>nd</sup> Quarter Data Report was distributed. Providers agreed that they will send outstanding reports.</p>	<p>Providers</p> <p>Providers</p>

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<p><b>Quality Improvement</b></p>	<ul style="list-style-type: none"> <li>• Access and SAS Service Capacity</li> </ul> <p>Providers discussed Access and Capacity Issues for purpose of quality improvement. Children's providers stated that they do not experience any access or capacity issues. They attributed this to being part of an informal network and to their collaboration with the SAS Child/TAY Navigator who emails them an updated Provider Access log on a weekly basis. The log contains the most current provider information regarding waiting lists for various programs and language capacity issues. Providers stated that the log facilitates easy communication and effective collaboration.</p> <p>Some providers reported challenges when intake requests are from individuals who have recently completed a PEI program. The group discussed request for meds only services from those referred by another provider who does not have the service, or when the person was referred to their PCP.</p> <p>Jacquie asked Providers to inform her when they receive Meds only referrals, particularly when they come from MH Providers who discharged the client from mental health services and refer them to another MH Provider for medication</p>	<p>Monika and Jessica will provide this feedback to the QI Division</p>	<p>Monika/Jessica</p>

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<p><b>Policy/Procedures</b></p> <p><b>Office Of The Medical Director</b></p>	<p>maintenance. She also encouraged Providers to refer clients to their primary care physicians when the clients are stable and have Meds only goals. Providers stated that they are ready for the MediMedi clients. Some anticipate challenges with losing some of their client base, particularly when clients signed over their Medical/Medicare to an HMO; in that case they need to be referred to back to the HMO.</p> <ul style="list-style-type: none"> <li>• Policy Updates as of January 7, 2014</li> <li>• Policy Updates since January 2014 meeting</li> <li>• LAC DMH Policy Bulletin, No. 14-01 DMH (Revised), February 06, 2014</li> </ul> <ul style="list-style-type: none"> <li>• 4.16 Parameters of Family Engagement and Inclusion For Adults, January 2014</li> </ul> <p>Jessica and Monika gave a brief overview of the Parameters and encouraged providers to involve family members in their clients' treatment unless it is contraindicated.</p>	<p>Copies of the Policy Updates and the LAC DMH Policy Bulletin were distributed.</p> <p>Copies of the DRAFT Policy 202.43, Effective Date 01/06/2014 were distributed.</p> <p>Copies of the Parameters were distributed.</p>	<p>Providers</p> <p>Providers</p>

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<p><b>Quality Assurance</b></p>	<ul style="list-style-type: none"> <li>• Follow-up on SA5 QIC Minutes, January 2014                             <ul style="list-style-type: none"> <li>◦ Community Outreach Services</li> </ul> </li> </ul> <p>In the last SA5 QIC we informed providers that the COS forms are not to be placed in the chart once the individual becomes a client with an open episode (page 35 of the COS ). Jessica and Monika asked for verification in the QIC Chairs meeting and were told that this statement is no longer true. From now on, providers are advised to keep the original in the COS file and also to put a copy in the client's clinical record.</p> <ul style="list-style-type: none"> <li>• DSM 5 – MHSD Info Notice No 13-22</li> </ul> <p>Monika and Jessica referred to some key areas of the letter including the statement that “no immediate changes in claiming requirements for Medi-Cal SMHS and DMC services will result from DSM V.” Monika and Jessica stated that according to the QA Division, the Department will not implement the DSM 5 codes until October 2014 at the earliest, to coordinate with the ICD updates.</p> <ul style="list-style-type: none"> <li>• LPCC Update</li> </ul> <p>Jessica and Monika encouraged providers to review the handouts and pay particular attention</p>	<p>Copies of the MHSD Information Notice No 13-22 were distributed.</p>	<p>Providers</p>
		<p>Copies of various handouts related to the Comparison of the</p>	<p>Providers</p>

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<b>Quality Assurance</b>	<p>to those services that are excluded for LPCC unless they complete additional educational requirements. Jessica emphasized that it is important to closely track the eligibility and scope of job duties of the LPCCs. DMH QA has suggested they need more information before endorsing services provided by LPC students.</p> <ul style="list-style-type: none"> <li>Local Mental Health Plan Poster, Revised Monika and Jessica informed providers that the current LMHP posters will be revised again and are not yet available. They distributed about twenty (20) current posters to providers that are to be posted immediately.</li> <li>Effective Use of Revised Child COD Supplemental Forms Monika and Jessica provided several DVDS regarding the Revised Child COD Supplemental Forms and asked providers to encourage their staff to utilize the DVDS with CEU credit as a training tool and for tracking purposes.</li> <li>Documentation Training Schedule, Revised 2/10/2014 Monika informed providers that there are monthly Basic Documentation Trainings from March to July 2014.</li> </ul>	<p>Licensure Requirements for LPCCs, LMFTS &amp; LCSW were distributed. Copies of a Power Point Presentation regarding LPCC were also distributed.</p> <p>About twenty (20) LMHP posters were distributed to providers. Providers will post current posters.</p> <p>Several DVDS were distributed to Children's providers.</p> <p>Copies of the Documentation Training Schedule were distributed.</p>	<p>Providers</p> <p>Providers</p> <p>Providers</p>
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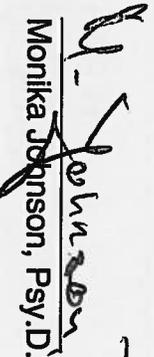
Agenda Item and Presenter	Findings and Discussion	Decisions/ and Recommendations Actions/Scheduled Task	Person Responsible/ Due Date
<p><b>Quality Assurance</b></p>	<ul style="list-style-type: none"> <li>Rescinded – QA Bulletin No 08-03, Targeted Case Management Bulletin, August 18, 2008</li> </ul> <p>Monika and Jessica informed providers that according to the rescinded Bulletin, TCM discharge planning can no longer be claimed to Medi-Cal when a client is in an IMD. However, this lock out does not apply to discharge claiming that can be reimbursed by MHS.A.</p> <ul style="list-style-type: none"> <li>Group Claiming Bulletin, April 11, 2011, No. 11-02 and Power Point about Group Services, May 10, 2010</li> </ul> <p>Monika and Jessica referred to the handouts and emphasized that the QA Division would like providers to re-review the material since there were major audit problems when it came to group claiming and/or group documentation (i.e., no interventions, taking up community affairs, no mental health focus, inaccurate time calculations).</p> <ul style="list-style-type: none"> <li>IBHIS – Update: Documenting Outreach/Engagement, Linkage/Referral, Triage and Peer Support</li> </ul> <p>Directly Operated Clinics were informed that COS/MAA/QA forms are not a part of the clinical record. However these services can be</p>	<p>Copies of the QA Bulletin No.08-03 were distributed.</p> <p>Copies of the Bulletin and of the Power Point Presentation were distributed.</p>	<p>Providers</p> <p>Providers</p>

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	<p>documented by writing a progress note using a non-billable procedure code. Jessica and Monika also informed providers that, according to DMH QA, there is currently no required cut-off date for contract agencies to have their electronic records fully implemented.</p> <ul style="list-style-type: none"> <li>• Program Review – Certification Reminders               <ul style="list-style-type: none"> <li>○ Service Function Codes</li> </ul> </li> </ul> <p>Monika and Jessica informed Providers that the Program Support Bureau urges them to inform the District Chief if their programs no longer have staff in scope to provide the full array of their service function codes. For example, psychiatrist for med support or psychologist for psych testing. The notification needs to occur for even a temporary disruption due to staff changes. The District Chief will generate a PFAR whereby the service codes will be deleted.</p> <ul style="list-style-type: none"> <li>○ Recertification Approval Letter</li> </ul> <p>Monika and Jessica informed Providers that the Recertification Approval letter is usually addressed to the CEO of a given agency. In instances where other program staff would like to receive the notification, the name of the recipient needs to be indicated as well, or there may be significant delays in receiving the letter.</p>		<p>Providers</p>

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<p><b>Quality Assurance</b></p>	<ul style="list-style-type: none"> <li>• State DHCS Updates                             <ul style="list-style-type: none"> <li>◦ SAS Provider Directory (Provider List) per QA Bulletin No. 13-06</li> </ul> </li> </ul> <p>Jessica and Monika informed providers that the QA Division clarified the term "Provider List" as it was indicated in the QA Bulletin No. 13-06. It was stated that the Department is referring to the SAS Provider Directory as the correct provider list. It was emphasized that providers should only display/provide the SAS Provider Directory at agency sites and remove all other provider lists. The CW QA staff indicated that with the last audit the Department was out of compliance and thus needs to demonstrate that providers are following up on all requirements.</p> <ul style="list-style-type: none"> <li>◦ School-Based Programs</li> </ul> <p>Monika informed providers that the QA Division considers the day when the referral was received from the school as the start date of the thirty (30) day intake period.</p> <p>Provider Question: Often the referrals are missing a lot of information which we need to obtain from various sources – this then really delays the process significantly.</p>	<p>Providers agreed to monitor that the SA Provider Directory is displayed in the lobby and given to clients at their first service and upon request.</p>	<p>Providers</p>

Agenda Item and Presenter	Findings and Discussion	Decisions/ and Recommendations/ Actions/Scheduled Task	Person Responsible/ Due Date
<p><b>Next Meeting</b></p>	<p>The group discussed that the referral needs to have complete information before it can be processed.</p> <p>Jacque said that that the receipt of incomplete referrals happens frequently in the SFC co-located programs. In these programs a decision was made that the initial request for services was the date when the referral packet contained complete information.</p> <p>The next Service Area 5 Quality Improvement Committee meeting will be held on Tuesday, May 07, 2014 at DMH West LA SAS Administrative Offices, 11303 W. Washington Blvd., Suite 200 in Los Angeles from 9:00AM – 11:00AM.</p>	<p>Monika will check with the QA Division and verify it this will also apply to SBS.</p> <p>N/A</p>	<p>Monika</p> <p>N/A</p>

Respectfully Submitted,

  
 Monika Johnson, Psy.D.

  
 Jessica Wilkins, LPCC, LMFT