

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

QUALITY IMPROVEMENT COMMITTEE

January 12, 2016

AGENDA

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| I. Welcome and Introductions | All |
| II. Trouble Shooter Roster, Updates | Monika Johnson |
| III. Review of Minutes | All |
| IV. DMH Updates | Jacquie Wilcoxon |
| V. Quality Assurance | Monika Johnson
David Tavlin |
- Quality Assurance Liaisons' Meeting Minutes, September 14, 2015
 - Quality Assurance Liaison's Meeting Minutes, November 14, 2015
 - Quality Assurance Liaison's Meeting Minutes, December 14, 2015
 - QA Documentation Training Schedule, Revised 12/14/2015
 - Not listed: Understanding Documentation January 7th At 695 S. Vermont, for DO and LE
 - Quality Assurance Contacts by Service Area (Draft), Revised 12/21/15
 - Quality Assurance Bulletin No. 16-01, January 7, 2016, Verification of Services
 - DO Updated QA Process Reminder and Quarterly Monitoring Report Issues
 - Submit all five chart review tools
 - Submit copies w/o client identifying information
 - Retain original w/ client identifying information
 - QA Process is due December 31, 2015
 - LE Annual QA Report Reminders
 - Annual reports due on January 31, 2016
 - Reminders will be sent to Providers
 - Inpatient Lockout Reminders
 - Educate line staff – no MHS, no MedSS, only TCM for the purpose of D/Charge Planning

- Outpatient Lockout Reminders
 - Don't go beyond allowed limits: 480 (MHS), 240 (Med SS)
For D/O: Educate staff to not fix it again after it has been corrected by Susan Cozolino
- ICD 10 Updates
 - Updated Included Diagnosis List in the Organizational Provider Manual
 - F10.10; added fifth digit (Alcohol Abuse, Unspecified)
 - Z62.813: Removed (personal hx of neglect in childhood); Z62.813 is not a valid code; use Z62.812
- IBHIS Updates:
 - LE: PRM (translates to IBHIS w/o delay), Onboarding, SNOMED Codes (still in discussion)
 - DO: Consoles (quicker way to review), Chart Reviews (Chart Review Tools will soon be available in IBHIS), Error Correction Calls (D/O QA should participate), The Problem List (tracks info from the Community Functioning Evaluation)
- Service Request Log Modifications: Universal Screening
- Workflow: Assessments and Treatment Plans
 - Follow appropriate steps
- In Development:
 - Texting Policy (based on DBT groups)
 - Physician Assistants (may be able to provide some Med SS)
- Chart Review
 - System Review scheduled for February 08, 2016
 - QA will provide a recorded webex prior to the Chart Review
 - Need to print out all records that are selected for review

VI. Quality Improvement

Monika/David

- New SA5 QI Lead: Dr. LyNetta Gore
- Policy/Procedure Update, November 9, 2015
- Policy/Procedure Update, December 14, 2015
- Policy/Procedure Walk-In Services, Policy No. 302.12, Effective Date 10/05/2015
- Patient Rights Office
 - Posting of Notice: Grievance and Appeal Procedures
 - Request To Change Provider Form
 - Annual Beneficiary Grievance/Appeal Report, FY 2014-2015
 - Requests To Change Provider Logs due for 1st Quarter Data for FY 2015/16

- Parameters For Spiritual Support Baseline Survey, October 2015
- Service Area Test Calls Schedule 2016
- SA5 Provider Directories
- Safety Intelligence Update

VII. SA 5 – Updates

Monika/David

VIII. Next QIC Meeting

Monika/David

The next Service Area 5 Quality Improvement Committee meeting will be held on Tuesday, March 01, 2016, from 9:00AM – 12:00PM, at 11303 W. Washington Blvd., Suite 200, Los Angeles, CA 90066.

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

Type of Meeting	Quality Improvement Committee	Date:	January 12, 2016
Place	DMH SA5 Administration, 11303 West Washington Blvd., Suite 200, Los Angeles, CA 90066	Start Time:	9:00 AM
Chair Co-Chair	Monika Johnson, DMH David Tavlin, Step Up On Second	End Time:	11:00 AM
Members Present	Kristi Rangel, Alcott Center; Nataly Cohen, Didi Hirsch; Aaina Zink, Didi Hirsch; Jacquelyn Wilcoxen, DMH; Monika Johnson, DMH; Tora Miller, DMH; Lynetta Gore, DMH; Patrice Grant, Edelman – Child; Eloisa Ramos Robles, Exceptional Children's Foundation; LeeAnn Skorohod, Exodus Recovery; Jenna Ness, OPCC; Allison Fields, New Directions for Veterans; Martha Andreami, St. John's CFDC; Angelina Loch, St. Joseph Center; Libby Hartigan, SHARE!; Danielle Price, The Help Group; David Tavlin, Step Up On Second; Brenda Pitchford, UCLA Ties for Families Cheryl Carrington, Vista Del Mar; Dyan Colven, Vista Del Mar; Anahita Gheytauchi, WISE & Healthy Aging.		
Excused/Absent Members	Bryan Sawlsville, Didi Hirsch; Evelyn Leonidas, Didi Hirsch; Michael Lyles, DMH; Ruby Quintana, DMH; Belinda Ankrah, DMH; Robin Washington, DMH; Nilsa Gallardo, Edelman - Adult; Bonnie McRae, Edelman – Child; Linnea Shapiro Fuchs, Exceptional Children's Foundation; Kathy Shoemaker, Exodus Recovery; David Kneip, Exodus Recovery; Susan Osborne, OPCC; Deborah Gibson, Homes For Life Foundation; Jimmy Cabrera Jr., Homes For Life Foundation; Deanna Park, Pacific Asian Counseling Services; Stephanie Yamada, Pacific Asian Counseling Services; Yvette Willock, Pacific Clinics; Sharon Greene, St. John's CFDC; Nancy Tallarino, Vista Del Mar; Keith Miller, WCIL; Anastasia Boeigalupo, WCIL; Jennifer Levine, WISE & Healthy Aging; Jessica Wilkins.		
Agenda Item & Presenter	Findings and Discussion	Decisions/ and Recommendations Actions/Scheduled Task	Person Responsible/ Due Date
Call to Order & Introductions	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/ Actions/Scheduled Task	Person Responsible/ Due Date
<p>Review of Minutes and Handouts</p>	<p>Minutes were reviewed and approved for November, 2015.</p> <p>The Trouble Shooter Roster was updated.</p>	<p>Final approved Minutes for September, 2015 were distributed.</p>	<p>QIC Membership Monika</p>
<p>DMH Updates</p>	<ul style="list-style-type: none"> • Jacquie made the following announcements: <ul style="list-style-type: none"> ○ Dr. Robin Kay is the current Acting Director ○ Dennis Murata is the current Chief Deputy Director ○ Exodus Recovery Mental Health Urgent Care Center, 11444 W. Washington Blvd., LA, CA 90066 opened on December 10th, 2015 ○ Homelessness Updates <ul style="list-style-type: none"> ➢ SB86 Mobile Triage Team outreach to Venice Beach every week on Thursdays ➢ Cold Weather Shelters have been expanded including the TAY Shelter ➢ Sobering Center will be coming to the Westside ➢ Wraparound Program <p>DMH will be the Lead for the Wraparound program, starting on July 1, 2016</p>		<p>Jacquie Wilcoxon</p>

Agenda Item and Presenter	Findings and Discussion	Decisions/ and Recommendations/ Actions/Scheduled Task	Person Responsible/ Due Date
<p>Quality Assurance</p>	<ul style="list-style-type: none"> • Quality Assurance Liaisons' Meeting Minutes <ul style="list-style-type: none"> ◦ September 14, 2015 ◦ November 14, 2015 ◦ December 14, 2015 • Quality Assurance Documentation Training Schedule <ul style="list-style-type: none"> ◦ Revised 12/14/15 ◦ Revised 01/11/16 <p>Monika and David pointed to the various available trainings such as "Understanding Documentation", "Psychiatric Diagnostic Interviews", and "Treatment Planning" during the months of February to August 2016.</p> <ul style="list-style-type: none"> • Quality Assurance Contacts by Service Area (Draft), Revised 12/21/15 <p>Monika and David referred providers to the QA contacts for each service area.</p> <ul style="list-style-type: none"> • Quality Assurance Bulletin No. 16-01, January 7, 2016, Verification of Services <p>David and Monika referred providers to some of the main points of the Bulletin, informing providers that the QA Division will start a pilot program, sending letters to MediCal beneficiaries regarding services provided for a given three (3)</p>	<p>Copies of the QA Liaisons' Meetings Minutes for 09/14/15, 11/14/15 and 12/14/15 were distributed.</p> <p>Copies of the QA Documentation Training Schedules from December 2015 and January 2016 were distributed.</p> <p>Copies of the QA Contact List were distributed. Providers stated that this is a very useful resource.</p> <p>Copies of the QA Bulletin No. 16-01 were distributed.</p>	<p>Providers</p> <p>Providers</p> <p>Providers</p>

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<p>Quality Assurance</p>	<ul style="list-style-type: none"> • Medical Lockout Reminders <ul style="list-style-type: none"> ○ Inpatient Medical Lockouts <p>Monika and David asked providers to educate their new staff regarding inpatient lockout rules (no MHS, no Med SS; only TCM for the purpose of discharge planning).</p> <ul style="list-style-type: none"> ○ Outpatient Medical Lockouts <p>David and Monika asked providers to remind their staff regarding the claiming limits for crisis interventions of 480 min/day for MHS and 240min/day for Med SS.</p> <ul style="list-style-type: none"> • ICD10 Updates <p>David and Monika referred providers to the Medical Included Outpatient and Day Service ICD-10-CM Diagnosis list and pointed out the following:</p> <ul style="list-style-type: none"> ○ Updated Included Diagnosis List in the Organizational Provider Manual ○ Alcohol abuse, unspecified: F10.1 is not a valid code; a fifth digit zero (0) will be added. New code F10.10 ○ Z 62.813 (personal history of neglect in childhood) has been removed because it is not a valid code; use Z 62.812 ○ QA has submitted a list of codes for consideration of "included status" to Harbage Consulting to discuss with DHCS 	<p>The QA Bulletin No. 15-07 Claiming Crisis Intervention & Medication Support Services: Medical Lockouts was distributed in a previous SA5 QIC.</p> <p>The Medical Included Outpatient and Day Service ICD-10-CM Diagnosis list was distributed. See QA Liaisons' Meeting Meetings from December 14, 2015.</p>	<p>Providers</p> <p>QA Division Providers</p>

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<p>Quality Assurance</p>	<ul style="list-style-type: none"> • IBHIS Updates for LE Providers: <ul style="list-style-type: none"> ◦ Practitioner Registration & Maintenance (PRM) has been updated for the purpose of eliminating lag time in submission/data entry in IBHIS ◦ Onboarding of LE providers has started and there will be 5 providers onboarded in February. Updates should be made to practitioners in PRM. ◦ SNOMED codes have been proposed to track social determinants of health in a standardized process. No decision has been made but LE providers should be aware of this discussion <p>Monika and David gave a brief summary of these updates.</p> <ul style="list-style-type: none"> • IBHIS Updates for DO Providers <ul style="list-style-type: none"> ◦ Consoles will be implemented to receive more quickly and efficiently information out of IBHIS ◦ The Chart Review tool is being integrated into IBHIS in order to track data and monitor programs. The Problem List (which utilizes SNOMED codes) will be implemented to pull information from the assessment/community functioning evaluation and track as a problem for the client (vs a diagnosis) <p>Monika asked providers to contact the QA Division of any QA Liaisons who are not on the Error Correction Call/Email distribution list.</p>	<p>See QA Liaisons' Meeting Minutes from December 14, 2015.</p>	<p>QA Division Providers</p>

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<p>QA Assurance</p>	<ul style="list-style-type: none"> • Service Request Log Modifications <ul style="list-style-type: none"> ◦ Service Request Log is being updated to include elements of the universal screening process (insurance, client's awareness of the request, current mental health treatment, etc.) ◦ Anticipated release in January with 6 months to incorporate into an EHR. <p>Monika and David summarized some of the modifications as they were announced in the QIC Chairs Meeting.</p> <ul style="list-style-type: none"> • Workflow: Assessments and Treatment Plans <p>David and Monika informed providers about the QA Division's recommendation to have a thorough assessment in place before the development of an individualized treatment plan. The QA Division emphasized that it may not be advisable to do the treatment plan on the same day as the assessment and if both are done on the same day then the reasons should be clearly documented.</p> <p>David and Monika led a discussion with providers about scenarios that affect treatment plan workflow including urgent TCM needs, medication support service, and utilization of assessment codes prior to service. Noted that general rule is that only when medical necessity, diagnosis, and treatment plan are established should service providers begin providing "services". Any other scenarios that would require service prior to the assessment and treatment plan being complete should demonstrate medical necessity and have a "one time service" goal if being provided only once.</p>	<p>See QA Liaisons' Meeting Minutes from December 14, 2015.</p> <p>See QA Liaisons' Meeting Minutes from December 14, 2015.</p>	<p>QA Division</p> <p>Providers</p>

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<p>Quality Assurance</p>	<ul style="list-style-type: none"> • In Development <ul style="list-style-type: none"> ○ A Texting Policy is in development and will be based on need for DBT groups ○ Current discussion regarding allowing Physician Assistants to provide a limited set of med support services David and Monika gave a brief summary of this update. • Chart Review <p>Monika and David informed providers regarding the upcoming system/chart review and summarized following points that were documented in the <u>Draft Version</u> of the QA Bulletin No. 16-02, Triennial Onsite Review: System/Chart Review:</p> <ul style="list-style-type: none"> ○ Start Date for System Review: 02/08/16 ○ End Date for System Review: 02/11/16 ○ Start Date for Chart Review: 02/22/16 ○ End Date for Chart Review: 03/04/16 ○ Anticipated date of receiving the list of selected clients: 02/05/16 ○ Notification of providers by email and phone: 02/08/16 ○ Exit conference: 03/04/16 	<p>See QA Liaisons' Meeting Minutes from December 14, 2015.</p> <p>Monika will email the final version of the QA Bulletin No. 16-02 to providers once it becomes available.</p>	<p>QA Division Monika</p>

Agenda Item and Presenter	Findings and Discussion	Decisions/ and Recommendations/Scheduled Actions/Scheduled Task	Person Responsible/ Due Date
<p>Quality Assurance</p>	<p>Monika and David informed providers that instead of a pre-Chart Review meeting, the QA Division will post all necessary information on the QA website, including an introductory video regarding the Chart Review and an instructional video on how to flag a chart for the review.</p> <ul style="list-style-type: none"> • LPCC <p>David discussed current BBS restrictions regarding the treatment of Couples and Families by a LPCC or PCCI. Noted current BBS requirements that any LPCC must complete additional course work:</p> <ul style="list-style-type: none"> ➤ 6 semester units (or 9 quarter units) focused on MFT or a named specialization in MFT ➤ 500 hours supervised experience working with couples, families or children ➤ 6 hours of CEU in MFT each renewal cycle <p>David noted that per Brad Bryant, QA District Chief, the BBS does not currently have a system to track whether LPCC or PCCI staff have met these requirements so it is up to the hiring agency/employer to make sure their staff meet these criteria prior to providing Couples or Family Therapy.</p>		<p>Providers</p>

Agenda Item and Presenter	Findings and Discussion	Decisions/ and Recommendations/ Actions/Scheduled Task	Person Responsible/ Due Date
<p>Quality Assurance</p>	<ul style="list-style-type: none"> • Review of Records Monika and David reported on the discussion in yesterday's QIC Chair meeting that providers need to be very cautious in claiming for review of records. According to Jen Hallman, this code should only be used when the documentation clearly shows that the review of records (i.e., court reports, etc.) is contributing important information to the assessment. <p>David and Monika led a discussion with providers. Discussed current practices amongst most agencies that 90885 and 90889 are not being permitted for use. Noted that any CPT codes that are used for claiming for "non" client face-to-face services should be closely monitored and are considered at high audit risk.</p>		

Agenda Item and Presenter	Findings and Discussion	Decisions/ and Recommendations/ Scheduled Actions/Scheduled Task	Person Responsible/ Due Date
<p>Quality Improvement</p>	<ul style="list-style-type: none"> • New SA 5 Quality Improvement Lead <ul style="list-style-type: none"> ◦ Introduction of Lynetta Gore to the SA5 QIC Membership • Policy/Procedure Updates <ul style="list-style-type: none"> ◦ November 9, 2015 ◦ December 14, 2015 ◦ January 11, 2016 • Policy/Procedure Walk-In Services, Policy No. 302.12, Effective Date `10/05/2015 • Patient Rights Office Monika and David informed providers that there will be new Grievance and Appeal forms. The revised forms have been sent to DHCS for approval. All the forms, the Notice, and the letter will be translated in all threshold languages. Until the translated forms become available, providers need to give the forms to consumers upon their request. Once all the forms become available, all forms need to be displayed in the lobby of provider sites. 	<p>Copies of the Policy Procedure Updates from 11/9/15, 12/14/15, and 01/11/16 were distributed</p> <p>Copies of the Policy No. 302.12 were distributed. Providers agreed to review the policy.</p> <p>Copies of the letter "Posting of Notice: Grievance and Appeal Procedures", 11/09/15, the "NOTICE, A Consumer Guide", and the Annual Beneficiary Grievance/Appeal Report were distributed.</p>	<p>Providers</p> <p>Providers</p> <p>PRO, Providers</p>

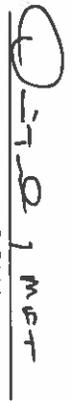
Agenda Item and Presenter	Findings and Discussion	Decisions/ and Recommendations Actions/Scheduled Task	Person Responsible/ Due Date
Quality Improvement	<p>Monika and David reviewed with providers the Annual Beneficiary Grievance/Appeal Report and pointed out that of a total of 391 Grievances, one (1) Appeal has been filed.</p> <ul style="list-style-type: none"> • Parameters For Spiritual Support <ul style="list-style-type: none"> ◦ Baseline Survey, October 2015 ◦ Baseline Survey, last revised 01/04/16 ◦ Post Survey <p>The Baseline Survey results are for review and the Post Survey forms will be mailed out to providers by the QI Division in the very near future.</p> <ul style="list-style-type: none"> • Service Area Test Calls <ul style="list-style-type: none"> ◦ 24/7 ACCESS Line Test Calls Survey, Revised ◦ Service Area Test Calls Schedule 2016 <p>Monika and David informed providers that the survey forms have been revised. They reviewed with providers the major revisions on the forms and asked providers to document the name of the test caller since this is essential for tracking purposes. They also stated that the projected date for the SA 5 Test Call Project will be in July 2016 and that providers will receive all necessary material around that time.</p> <ul style="list-style-type: none"> • SA5 Provider Directories <p>Monika and David asked providers to verify the accuracy of their agency information in the current SA5 Provider</p>	<p>Copies of all three handouts of the Parameters For Spiritual Support were distributed.</p> <p>Copies of the SA Test Calls Schedule 2016 and the 24/7 ACCESS Line Test Calls Survey form were distributed.</p> <p>A copy of the SA5 Provider Directory was distributed.</p>	<p>QI Division Providers</p> <p>QI Division Monika Providers</p> <p>Providers</p>

Agenda Item and Presenter	Findings and Discussion	Decisions/ and Recommendations/ Actions/Scheduled Task	Person Responsible/ Due Date
<p>Quality Improvement</p>	<p>Directory. They informed providers that some of the information that was entered via the NOC website may not yet be reflected but that they need to assure that all changes will be reported to the NOC website.</p> <ul style="list-style-type: none"> • MHSIP Spring Survey – Subscale Domains <ul style="list-style-type: none"> ○ YSS-F Subscale Domains ○ YSS Subscale Domains ○ Adult Subscale Domains ○ Older Adult Subscale Domains <p>Monika and David asked providers to review their agency information. They also informed them that the Adult Subscale contains some erroneous information including some provider #s missing, listed service areas only from SA1 to SA5, etc.</p> <p>The QI Division is aware of needing to correct this information and will forward a corrected version.</p> <ul style="list-style-type: none"> • Safety Intelligence Update <p>Monika and David informed providers that no new changes have been announced regarding the reporting of Safety Intelligence for contract providers and that the QI Division staff asked providers to proceed with the non-electronic documentation until further notice.</p>	<p>Providers agreed to review the Directory for accuracy and report any changes.</p> <p>Copies of the MHSIP Spring Survey subscale domains for all age groups were distributed. Providers agreed to review their agency information.</p>	<p>QI Division Providers</p> <p>QI Division Providers</p>
<ul style="list-style-type: none"> • Free One-Day Trainings <p>Monika and David informed providers regarding the Advanced MH & Spirituality Training of Paraprofessionals.</p>	<p>Copies of the flyer regarding the training were distributed.</p>	<p>Providers</p>	

Agenda Item and Presenter	Findings and Discussion	Decisions/ and Recommendations/ Scheduled Actions/ Scheduled Task	Person Responsible/ Due Date
Next Meeting	The next Service Area 5 Quality Improvement Committee meeting will be held on Tuesday, March 01, 2016 at DMH West LA SAS Administrative Offices, 11303 W. Washington Blvd., Suite 200 in Los Angeles from 9:00AM – 12:00PM.	N/A	N/A

Respectfully Submitted,


 Monika Johnson, Psy.D.


 David Tavlin, EGSW
 MFT