LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
SERVICE AREA 6

Type of Meeting	**Service Area 6 Quality Improvement / Quality Assurance Council**	**Date**	**08/27/2015**
Place	**12021 Wilmington Ave Los Angeles CA 90059**	**Start Time:**	**9:00am**
Chairperson	**Aprill Baker**	**End Time:**	**11:00am**
Members Present	Ahmad Kausar, Amber Liberty, Andy Vigil, Angelia Ridgeway, Anna Galindo, Asha Zuwaldi, Brooke Slusser, Cassandra Johnson, Christina Auer-Arriaga, Christine Chae,, Debresha McDaniel, Elizabeth Echeverria, Fabiola Cordova, Frances Ohari, Jasmine Adams, Jeannette Aguilar, Jeremy Winn, Jessica Feldman, Joseph De Luna, Julie Elder, Karalee Bechtel, Kathleen Kim, Kathy Saucedo, Kevin Frank, Lani Espinas, Leah Dinsay, Lisa Heemer, Marcela Dioses, Martin McDermott, Michael Boroff, Michelle Gonzales, Michelle Hayes, Mimi Nguyen, Rachel Gloer, Rashauna Fair, Reyna Diaz, Rosary Woods, Sandra Chang-Ptasinki, Seon Park, Sharon Chapman, Silvia Simental, Valerie Armstrong, Windy Gaston, Yoshado Lang.		

Agenda Item & Presenter	**Discussion and Findings**	**Decisions, Recommendations, Actions, & Scheduled Tasks**	**Person Responsible**
Call to Order & Introductions	The meeting was called to order.	Introductions were made	A. Baker
Review of Minutes	The July 2015 QIC meeting minutes were reviewed	Minutes were reviewed and approved	QIC membership

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
QUALITY IMPROVEMENT			
Clinical OMD	DMH Executive management team has approved the use of the Columbia Suicide Severity Scale. Scale will be required as part of initial assessments for directly operated providers. Reviewed Suicide Prevention Resources given to providers	Handouts provided	A. Baker
Improving Access to Care	Information on the Long Beach Mental Health Care Clinic provided. QIC members encouraged to review handout of presentation that details how the Care Clinic was developed and help improve access to services for LBMH	Handout provided	A. Baker
Cultural Competency	Sandra Chang-Ptaskinski provided information on the Cultural Competency Committee, including goals, workgroups and definition of culture.	Dr. Ptaskinski provided handouts of information presented. QIC members suggested DMH provide training to providers on how to integrate cultural competency into the assessment process	S. Ptaskinski
Patients Rights Office	DHCS wants more detail on grievances that are filed, in particular "why" the grievances were filed. Providers need to make sure that grievance forms are out and easily accessible for patients. PRO will be monitoring and reviewing the forms more closely. IT's been observed that cultural sensitivity/insensitively is an ongoing issue in complaints CMS wants to make sure DMH has a process for addressing the grievances QI and PRO working together to review and revise the grievance policy if necessary	.	A.Baker

Provider Directory	QIC members were encouraged to go to DMH website to review their provider information in the Provider Directory and advised SA QA liaison if there are errors that need to be corrected .		A. Baker
Policy Updates	Reviewed updated policies	Handout provided	A. Baker
Provider Presentation	*Presentation was given by Brooke Slusser, EMQ-Families First. Provided committee with review of the quality review program which includes going through list of open clients, implementation of a peer review group, discharge analysis performed by agencies health information manager. EMQFF has also evaluated employee satisfaction and developed two committees in response to the data obtained- Employee Wellness, which focuses on bringing processes into the work environment that promote wellness (ie yoga class at facility) and Employee Social Committee, which focuses identifying opportunities for social interaction between staff.*	Handout provided.	

QUALITY ASSURANCE **DHCS Updates**	*Dates for the State System and Chart Review set : System Review Feb 8th, Chart Review from Feb 22-Feb 29th. QIIC Chair provided explanation between the different reviews. Committee members who have been through previous reviews provided additional detail on what they experienced in past reviews.* *Chair reminded members that we are currently in the audit period, so services provided presently are will be subject to review. Chair provided reminder – providers who have eHR you must have an Attestation on file with DMH or your esignatures will not count and your documentation/billing will be disallowed.*		A. Baker A. Baker
Policy Technical Assistance & Documentation Training	*LACDMH August documentation Training schedule provided.*	Handout provided	A. Baker
QA Policy & Technical Development	***ICD and DSM 5*** – DMH has decided to implement DSM 5 on October 1st along with ICD10. DO providers should have or shortly will get notification about online DSM trainings that have been set up through Gerry Grossman. DO – New dx form should be in IBHIS on Sept 1st that will capture. QA is still trying to determine date of conversion, possibly 10/1/15 for DO and unknown for LE Plan is for lists (diagnosis they were able to convert and those that were unable to be converted) to be given out to LE's before their conversion date.	Handouts provided	A. Baker

	Contract providers will get 3 lists: Clients who primary & Secondary dx were converted, client primary was converted but not secondary, clients who's primary and secondary dx was not converted. o Necessary Clinical forms to also be updated by 10/1/15 • Current report is that effective 1/1/16 State will only look for ICD dx of documentation purposes; providers are either going to use both DSM 5 and ICD 10 or only ICD 10 **QA Bulletin 15-07** – Crisis Intervention and Lock-Out. See info from last month **Clinical Forms Bulletin 15-04** – DCFS new email address. See from last month	Handouts provided	
Medi-Cal Certification	Previously State did not require fire clearances for site located at schools, but now they do. For Satellite sites that must get certified, fire clearance will be required. Reminder about Policy 106.04 – which outlines the requirement for providers to check the State and Federal lists of ineligibility to determine if any of their staff have been placed on the list and subsequently ineligible to bill for federally funded program. Each provider needs to have a similar policy that outlines who's responsible, procedure for checking State and Federal lists monthly, what process is if staff is placed on the list o State list – DHCS Suspended and Ineligible Providers List (S&I) o Federal list – List of Excluded Individuals and Entities (LEIE)	Committee was provided with copy of policy and website information to local the two sites that must be checked.	

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
Open Agenda	QIC Chair reminded members that Mental Health First Aid training is available through DMH and encouraged anyone interested to contact SA 6 QA liaison		
Open Agenda	Committee member brought up question about documenting and billing for Targeted Case Management. Members discussed how they identify TCM goals and provided suggestions on how to document for the billing of TCM services within the federal and state guidelines		
Announcements	none		
Next Meeting	September 24, 2015		A. Baker

Respectfully Submitted, _____
Aprill Baker, QIC Chair

9-25-15
Date