

**COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH  
SA 6 QUALITY IMPROVEMENT COMMITTEE  
I & R Conference Room**

**DATE: March 23, 2017**

**Agencies Present: Paul Ha-Alafia, Ashanti Parker-DMH, Joe DeLuca-The Guidance Center, Andy Vigil-Drew, Kumiko Tsuda-Exodus, Jose Haro-Didi Hirsch, Rashauna Fair-PIC, Iling Wang-DMH, Patricia Carrillo-SHIELDS, DeAnn Slaise-SHARP, Elizabeth Echeverria-SHARP, Martin McDermott-Bayfront, Sonya Smith-DMH, Kanisha McReynolds-Amanecer, Amber Liberty-AFH, Lily Fowler-Didi Hirsch, Chrystal Evans-DMH, Carmela Floro-1736, Shronda Givens-TCCSC, Christal Whitaker-Junior Blind, Dana Logino-BFA, Jennifer Claros-Starview, Sara Rodas-El Centro Del Pueblo, Sara Mina-Aviva, Marcela Dioses-CII, Jonna Howard-SSG, Lynetta Shonibare-DMH, Joseph Chavez-PIC, Mariko Yamada-St. Francis, Mimi Nguyen-SSG, Bertrand Levesque-DMH, Kathleen Kim-Counseling 4 Kids, Marietta Watson-Pacific Clinics**

**Co-chair: Socorro Gertmenian, Director of Quality Management, Evaluation & Training**

Agenda item	Comments/Discussions/Recommendations/Conclusions	Action/Assignment
<p>1. Welcome and Introductions</p> <p>2. QI a. OMD</p>	<p>Socorro Gertmenian, Director of Quality Management, Evaluation &amp; Training for LACGC facilitated the SA 6 QIC and welcomed attendees who introduced themselves and stated the agencies they represent.</p> <p><b>Socorro Gertmenian</b>-For the Pharmacy Benefits Management (PBM) Services the Target roll-out will be June 1, 2017. The PATS contract will not be renewed and will end on June 30th 2017. This new system, PBM, will replace the current PATS system. It offers a more enhanced experience, with reporting, network expansion, and a much simpler experience. LE and Pharmacies will be added with no additional workflows with a lot of back-end building of what is needed. There will not be a “manual” or necessarily a formal training as they are expecting this to be super easy. There is no episode opening.</p>	

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<p>b. Patient's Rights Office (PRO)</p> <p>c. Cultural Competency</p> <p>d. Review of Policies</p>	<p>Key things: The OMD will coordinate with clinics (LE's) on how to ensure that clients have a benefits card; there will be a hotline available, and a plan in place should a consumer lose their benefits card; and Magellan will be handling indigent / uninsured clients. They are reviewing training needs, and a possible training around reporting functions with this new system.</p> <p>The Patient's Rights Office has completed the draft of the new Grievance Forms and protocol. This new form and corresponding pamphlet is going under the last stages to be finalized and then translated.</p> <p>The goal to roll-out will be in June or July. Foster parents may fill the form out, but DCFS will need to tell them who has the legal rights to handle the grievance.</p> <p>EQRO will begin April 10th, CCC will be reporting on how to reduce disparities. Several reports have already been submitted.</p> <p>CCC encourages all agencies to get involved! They have 3 sub-committees/ workgroups.</p> <p>Policy 201.02 will come with a pamphlet to have in lobbies.</p> <p>For level 1, LE's can use their own.</p>	

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<p>e. Idea for SA QI Project FY 17-78</p> <p>f. MHSIP Data</p>	<p>Everyone should review Policy 302.12 very closely.            Level 1 and 2 regarding provision of services.            Policy 305.02 is for Level 1 and 2, on-site testing of            substance abuse.</p> <p><b>Sonya Smith-</b> I want to remind providers that they can            do their own O&amp;E for FSP and inform the navigator of            the FSP internal referrals they want to keep.</p> <p>The Idea for SA QI Project is to have test calls for            clinics. Day time calls, similar to the Access Test calls,            but with LE's and DO's. Not punitive, just for QI only.            Lynetta from QI provided some direction on this as well,            stating this project will probably move forward.            Socorro and Lynetta recommended that as a SPA we            could also have a QI project.</p> <p>The MHSIP Data has been completed and uploaded onto            the DMH website.            LA County did better than national and state average!            There was an increased satisfaction on location, cultural            sensitivity, school and work performance.            Highest satisfaction was on the quality of services!</p>	



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<p>b. Medi-Cal Certification for Building Changes</p>	<p>Clinics have to notify their Lead District Chief (LDC) if moving. It is in the contract that if moving the LDC must know. You cannot have any staff move into a building without fire clearance! You must read what the letter says; it will confirm what services the certification covers (i.e., meds, testing, etc.). Some have lost services like meds because lacking MD on site. Read it, make sure the letter makes sense and covers what you plan on claiming.</p>	
<p>c. Statewide System Review Update: POC Update</p>	<p>Plan of Correction: on behalf of the system review it has been submitted. Over-all it is really good. There will be 306 month follow-up and things will be fine-tuned. The State Website will have something posted as well.</p> <p><b>Bertrand Levesque</b>- There is a bulletin about the State audit corrections that were implemented.</p>	
<p>d. Graduate Student Billing</p>	<p>Graduate students can bill (i.e., therapy) if there are formal relationships between the school and agency.        Co-signatures are required.        They bill to what is relevant to the degree that they are working towards (within graduate school discipline) and Under the supervision of a licensed, waived, or registered staff supervisor.</p>	

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<p>e. Emergent Services</p>	<p>For Emergent services: during the assessment period, and no Treatment plan is in place, but have enough information gathered in the assessment to support diagnosis and justify the need of emergent service. State in the note that once assessment is complete, treatment plan will be put in place to cover services and that client agrees to the objectives of these emergent services. Treatment plans MUST be completed after Assessment is completed.</p> <p>For wrap around, remember no services must be provided unless Treatment plan is in place (after assessment is complete). Including CFT's. – concurrent practice during assessment process - Not claimable        Treatment plan bulletin coming soon and this will be added.</p> <p>State Rule: Assessment must be done before treatment plan is completed and provision of services.</p> <p>Bertrand offered more direction regarding emergent services, and reminded providers that a bulletin is coming out. When determining if emergent, determine whether or not the client could participate in an assessment at this time, and if not is it because of being gravely disabled, immediate needs are impacting client's ability to be assessed? QIC member reminded providers to remember Maslow's hierarchy of needs.</p>	

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<p>f. Documentation Training Videos</p> <p>g. Review of QA Bulletins</p>	<p>Documentation Training Videos are all recorded and in the editing process. The goal is to post at the end of March.</p> <p>The QA Bulletin 17-06 LE Chart Review Process is as follows:            3 months back will be the review period from date of notice.            5+ charts will be requested.            The letter sent to the agencies will have an attachment with prep and process outlined.            They will provide a summary report and a meeting will take place.            If there are concerns, the provider should conduct their own review of the submitted records and a discussion of the “findings” should be had.            If egregious then a higher level review may have to occur (raise to audit status).            Bertrand Levesque will be the lead for SPA 6.</p> <p>For ICC-IHBS 17-04:            All EPSDT eligible for children.            Training is needed – Core Practice Model etc.            Children System of Care will do training and provide access codes.            No longer says Katie A.            Memo will be sent out soon Regarding Trainings.            Training Process can be lengthy and they are working on reducing it.</p>	

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	<p>For QA Bulletin 17-05 Diagnosis: If the diagnosis is included in the Org manual, it should not be denied. Welligent users were having some problems, this should have been fixed. Org Manual is up to date (Bertrand expressed that F31.0 is still not updated in the manual)</p> <p>DRAFT: DSM 5 17-0x Using DSM 5 for formulating diagnosis. Note: DSM-5 and ICD-10 are not always a perfect match (in manual as well) Bulletin to come which hopefully sheds more light on diagnosing with DSM 5 and ICD 10. Per Bertrand this should already be out.</p> <p>DRAFT: Treatment Plan Bulletin 17-0x Susan is the point person on this one The concern on the quality of plans, best practice guidelines will be outlined. Last section LE can reference and develop their own plan or recommendations. Signatures can be a representative party and client (including Foster)</p> <p>For DTI/ DR Notes 17-0x DMH is working on recommended forms for DTI/ DR.</p>	