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

DATE: April 27, 2017

Chair: Yolanda Whittington, MHC District Chief and Socorro Gertmenian, Director of Quality Management, Evaluation & Training

Agenda item	Comments/Discussions/Recommendations/Conclusions	Action/Assignment
1. Welcome and Introductions 2. Open Agenda Items a. Change of Provider Forms	Attendees introduced themselves and stated the agencies they represent. **Yolanda Whittington**-Ava Sims from the Patients' Rights Office will be collecting the Change of Provider Forms at every QIC meeting beginning May 2017. The point person to collect these surveys will be Aprill Baker when she returns back to work. In the interim, Ms. Ava Sims will serve as the point person. She will provide the email address in which the Change of Provider Forms should be sent.	

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3. QI	No updates this week as there was not a QI meeting Dr. Lynetta Gore-Shonibare reviewed the process for completing the Consumer Perception Surveys. (See handout that she emailed Lisa Grate for overview).	
4. QA	LACGC had a technical site visit by DMH and reported that it went well. Dr. Socorro Gertmenian put the QIC attendees at ease to lessen their anxiety about the chart review process.	
a. Co-signatures for students	**Socorro Gertmenian**- Co-signatures for students must be by a licensed person. Co-signatures may **NEVER** be used to allow a staff person to perform a service that is not within his/her scope of practice. Co-signing a document means the co-signer has supervised the service delivery and assumes responsibility and liability for the service. For more information you can find this on Page 12 of the Org Manual.	
b. Training Schedule	The Documentation Training Schedule was revised on April 10, 2017.	The documentation training schedule was distributed.
c. Documentation On-line Videos	If you have any feedback on the documentation videos you can send QA an email also QIC members reported that the trainings are clear and to the point. Overall a positive experience.	

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d. LE Chart Reviews	The following is the process and what will be needed for the LE Chart Reviews: a. Collaborative between QA and Providers b. 2 months of notes, typically the 3 months prior to the notice c. Please print out your records d. They will come on-site e. They will provide a summary of the meeting and Final Report (given to District chief as well as they are notified) f. Some may be closed records. Bertrand and Socorro provided some information regarding the process. They stressed that this was a collaborative process and meant to be supportive and strongly encouraged people to keep the clinical loop in mind (strong assessment justifying medical necessity, supportive and clear treatment plan, and timely notes that clearly outline interventions and client's response.)	

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5. QA Bulletins a. QA Bulletin 17-07: Diagnosing using the DSM	The State uses ICD-10 codes, therefore use these codes. Choose the one that is more accurate and specific to what you are diagnosing. Formulation must support the code. Using best clinical judgment, don't get stuck with exactness/ precision. Go on-line and review the updates to DSM5 and ICD-10 crosswalk. Per DMH, you can google it. **Yolanda Whittington**- I would like to emphasize that provider's must ensure that the diagnosis is consistent with clear and distinct guidelines.	
b. QA Bulletin 17-08: Claiming for Travel Time	For travel time you must claim the "normal" time. If excessive, and that is not the norm, claim the norm. School sites may not be covered as they are an extension of your provider number. Provider number to number, even if different LE or DO, is not claimable. The State views us as a system and within that system we cannot claim travel, If a lot of miles, it may be ok to claim excessive, but document why it's excessive.	

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c. QA Bulletin: 17-09: Services prior to the completion of an assessment and client treatment plan	An important point is the normal course of events, 1-2-3. If outside the norm, it must be justified! It protects us! For Emergent Services: Title 9, Danger to Self, others you must document at minimum a plan of what will be done to address it. This cannot be routine! i.e., Housing: may not be emergent as defined in title 9. Idea is to shorten assessment process, if meet Medical Necessity and can diagnose, open, get stable, finish using Addendum. Streamline our processes to ensure 1-2-3 process. i.e., Wraparound: concern that things start before everything is justified. Assessment must be completed before CFT etc. unless CFT is part of the assessment process. The QIC agreed to review this in more detail at the next meeting. **Yolanda Whittington**- Depending on funding there may be an opportunity to bill through DCFS-MAT to cover those needed services prior to the treatment plan being completed.	

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d. QA Bulletin: 17-10: Client treatment plan reminders & guidelines	Please review the Org manual regarding signatures, required elements, signing updated plan or initial plan. Moving away from signing objective only, but the whole plan. We all should review required elements and ensure our EHRs are able to meet it. The QIC agreed to review this in more detail at the next meeting.	
e. QA Bulletin:17-11: Crisis Stabilization lockouts and MHSA Funding	This Bulletin is to notify providers regarding the use of Mental Health Services Act (MHSA) funding for Crisis Stabilization services when a Medi-Cal lockout exists. A Medi-Cal lockout is a situation in which Medi-Cal reimbursement is not available. Crisis Stabilization is "an unplanned, expedited service lasting less than 24 hours, to or on behalf of a client to address an urgent condition requiring immediate attention that cannot be adequately or safely addressed in a community setting" (State Plan Amendment). The maximum number of hours claimable to Medi-Cal for Crisis Stabilization in a 24-hour period is 20 hours. When a client receives Crisis Stabilization services for more than 20 hours, there has traditionally been no funding source available to reimburse for the additional service time (i.e., the balance of up to 3 hours and 59 minutes of service time).	Yolanda read and went over this bulletin

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6. EPSDT – Medical Necessity Discussion	**Socorro Gertmenian**- the following was discussed for EPSDT-Medical Necessity: i. Does not need Functional Impairment ii. This is good news for our 0-5 kids iii. Included diagnosis still required iv. Title 8 → "Correct or ameliorate a defect, mental illness, or condition". v. Bulletin and updated forms to come. vi. Documentation Training will be adjusted to account for this. Yolanda encouraged QIC members to review DHCS website to get more specific info on EPSDT.	

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7. Disallowance versus Finding	Bertrand Levesque reviewed the following with QIC: i. Timeliness is not a reason for disallowance, but may be a finding ii. Policy 401.2 iii. Finding may result in a Plan of Correction iv. Disallowance results in a Plan of Correction and Recoupment.	
8. Upcoming items	• DO: Drug Medi-Cal and Therapeutic Foster Care • COS Manual – almost done • Org Manual Updates still coming.	