

**COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
SA 6 QUALITY IMPROVEMENT COMMITTEE
Hudson Auditorium**

DATE: June 22, 2017

Agencies Present: Dana Longino-Barbour & Floyd, Mahima Mohan-California Mentor, Iling Wang-DMH, Paul Ha-Alafia, Bertrand Levesque-DMH, Sharon Chapman-DMH, Kathleen Kim-Counseling 4 Kids, Elizabeth Echeverria-SCHARP, Kanisha McReynolds-Amanecer, Lauren Permenter-El Centro Del Pueblo, Marietta Watson-Pacific Clinics, Brittany White-PIC, Jose Haro-Didi Hirsch, Mimi Nguyen-SSG, Joe Deluna-The Guidance Center, Sara Mina-Aviva, Jonna Howard-SSG, Martin McDermott-Bayfront, Elias Mejia-SSG, Rachel Gloer-Didi Hirsch, Andy Vigil-Drew, Ashanti Parker-DMH, Kimberly Green-Russel-Women's Reintegration, Yovette Roldan-SCHARP, Joseph Chavez-PIC, Lani Espinas-Crittenton, Julie Elder-SCHARP/BFA, Shana Butler-Eggleston

Chair: Socorro Gertmenian, Director of Quality Management, Evaluation & Training

Agenda item	Comments/Discussions/Recommendations/Conclusions	Action/Assignment
<ol style="list-style-type: none"> 1. Welcome and Introductions 2. Review of Minutes 3. PBM: Services Update 	<p>Attendees introduced themselves and stated the agencies they represent.</p> <p>Minutes were reviewed and approved</p> <p>Socorro Gertmenian- The point person for PBM is Dr. Russell Kim. Providers can email him should there be any concerns or questions around ensuring that indigent clients get their number. PBM has now been live for 2 weeks. The biggest concern is ensuring that clients are getting their ID numbers. Cards may have been distributed to some clients.</p> <p>If a client did not get an ID Number there could be a couple reasons why: The client was not added to the PBM list, or they are a new client recently added. Should take about 4-6 hours to get one.</p>	

Agenda item	Comments/Discussions/Recommendations/Conclusions	Action/Assignment
<p>4. Patient's Rights Update a. Grievance Forms and Change of Provider Process-Update</p> <p>5. Test Calls- Update on the QI Process</p>	<p>The take home point is to not deny or hold off on providing services. The CIOB team is updating the client list daily to ensure that all indigent clients are captured and given ID's. Claims thus far are going through successfully. EHRs: some EHR's can do e-prescribing, some backed by "sure script" (which is Magellan)... this is ok. Indigent clients need to be under Magellan to be eligible even if we e-prescribe through our EHR. People can call the 1800 # if they need more help.</p> <p>Socorro and the committee reviewed the workflow and the concern was around the confirmation emails not always coming back.</p> <p>Socorro reviewed the following:</p> <p>a. Current process and IBHIS</p> <p>b. SA QI Project Update: Working on the project workflow now along with the questionnaire. May not be ready by July 1st, but will be a 17-18 FY project.</p>	

Agenda item	Comments/Discussions/Recommendations/Conclusions	Action/Assignment
6. Consumer Survey Collection Update	Socorro provided a brief update regarding the 2016 and 2017 data.	
7. Cultural Competency Update	<p>Socorro provided the following updates:</p> <ul style="list-style-type: none"> a. Remember the 100% staff training requirement for 2017 year. b. If you want to be on the Cultural Competency Email list: contact Sandra Chang Ptansinki. c. Look for the wonderful projects! – Brief summary. 	
8. Policy Updates	<p>Socorro reviewed handouts with the QIC attendees.</p>	
9. Medi-Cal Certification	<p>Socorro and a Medi-Cal Cert representative covered the following:</p> <ul style="list-style-type: none"> a. Certifying Schools Conversation: Knowing the difference between School Linked, Provider Site, and Satellite. b. Provider Site = Repeated weekly or monthly visits / service provision (AKA School-based). c. Linked = Rarely go into the specific school. d. Satellite = Less than 20 hours (19 hours or less) and 2 staff there. 	

Agenda item	Comments/Discussions/Recommendations/Conclusions	Action/Assignment
<p>10. State DHS Updates</p>	<p>e. Notes: going for Satellite site versus going for full certification is pretty much the same process, recommended to go for full certification.</p> <p>f. Schools: all districts are different. Schools do not already have fire clearances, and therefore if we want to get them certified, we would have to oversee the fire clearance. Work with principals for that process.</p> <p>g. The Medi-Cal certification is the responsibility of the provider getting paid and providing services and the school will be certified under the "parent" site. (i.e., 7265-1).</p> <p>h. NPI: the school will need its own NPI and PFARs</p> <p>Socorro provided a brief review of the FAQ's and La County response to the August 2015 State Training. Final Draft soon to come.</p>	

Agenda item	Comments/Discussions/Recommendations/Conclusions	Action/Assignment
<p>11. Documentation Trainings</p> <p>12. LE Chart Review Updates</p> <p>13. QA Bulletins and Org Manual Updates</p>	<p>Please see the schedule for trainings</p> <p>Per committee these are going well. Bertrand mentioned the importance of staying current on regulations and upholding standards.</p> <p>Socorro reviewed the following regarding the Org Manual:</p> <ul style="list-style-type: none"> i. Medi-Cal Certification Chapter coming. ii. Psychiatric Inpatient Hospital Services Section to be added. iii. Treatment Plan section to be updated – Went in depth regarding the SMART wording changes in the manual. Information provided by Socorro. iv. ICC and IBHS to be added <p>For QA Bulletins:</p> <ul style="list-style-type: none"> i. COS: Coming soon with an updated manual (any day now). ii. Determining if Services are billable to Medi-Cal or not (coming soon). iii. NOA Monitoring (coming soon). 	<p>Socorro reviewed the training schedule</p>

Agenda item	Comments/Discussions/Recommendations/Conclusions	Action/Assignment
<p>14. Service Request Logs</p> <p>15. Questions from the Committee</p>	<p>For LE's, the QA team will be asking for your SRL data soon.</p> <p>a. Is this something others have heard? "If a client is indigent, ACCESS can be called to arrange for ambulance. If the client has coverage, the provider should call for an ambulance and the client's coverage will fund it."</p> <p>i. Some were aware of this. Some expressed that it is hard to get ambulance to transfer clients.</p> <p>b. Can anyone share about how much they pay providers for the 24/7 requirement?</p> <p>i. Committee: unsure, some compensate when needed, and some get a stipend when they are on call.</p> <p>c. Are there any standardized protocols for digitized closed records? For example STI records going from paper to electronic?</p> <p>i. Bertrand: Will get back to group regarding this</p>	

Agenda item	Comments/Discussions/Recommendations/Conclusions	Action/Assignment
	<p>ii. Committee Member: Her agency bought scanners and scanned the records, stating that scanned records are as good as paper. They used a separate server; EHR is Exym records as well. Keep the Physical paper chart one year.</p> <p>d. What are the protocols for going completely paperless?</p> <p>i. Concerns are that when audited we may be asked to print. Wrap continues to be a two chart system.</p> <p>e. Request on more information for RRR.</p> <p>f. Discussion around “13 reasons why?” and Blue Whale Game and the increase in SI and higher risk clients.</p> <p>g. Question for next month’s meeting: Crisis billing and med services. If in a crisis a client needs a shot of something to calm him/ her down / stabilize, how do you bill that service? The goal is to prevent a higher level of care (fail or hospital).</p>	