

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
SERVICE AREA 7
QUALITY IMPROVEMENT COMMITTEE (QIC) Minutes**

Type of Meeting:	SA 7 QIC	Date:	June 16, 2015	
Place:	Gus Velasco Neighborhood Center 9255 S. Pioneer Blvd. Santa Fe Springs, California 90670	Start Time:	2:00 PM	
Chairpersons:	Caesar Moreno Kari Thompson Julian Hernandez	End Time:	4:00 PM	
Members Present:				
Agenda Item & Presenter	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible	
Welcome & Introductions	Meeting was brought to order at 2:05PM.		Ceasar Moreno	
Review & Approval of Minutes	May minutes were approved.	Approved.	Ceasar Moreno	
Quality Improvement Update	Highlights from QI meeting at HQ on June 8: Patients Rights→ <ul style="list-style-type: none"> • Notice of Action-E (NOA-E) was only available in English online until recently. It is now also available in Spanish. • Tied to initial appointment request and can/cannot be scheduled for initial assessment (IA). If can't meet the time frame, complete NOA-E. • Referral tracking log (Service Request) • 15 working days and 21 calendar days • Even if you don't open the client, must go 		Ceasar Moreno	

	<p>on this tracking log.</p> <ul style="list-style-type: none"> • New posters to be placed in agency lobby→Patient Rights is currently out of stock. • Change of Provider Logs→continue to submit by the 5th of each month. This is submitted to Patients Rights. <p>Cultural Competence:</p> <ul style="list-style-type: none"> • Last month Sandra Chang presented. She will attend every other month to present at our QIC. <p>MHSIP Surveys:</p> <ul style="list-style-type: none"> • Completed last month and submitted at May's QIC meeting. • It is a consumer perception survey • Kari Thompson stated that because it was only an office based survey this time around and the majority of their services are field based, that the total count was less. • Beth asked for clarification on what the minutes meant but reporting that the surveys were "incomplete." • Ana Suarez informed the group that she reviewed all of the surveys with Lupe Ayala. 50% were incomplete and we could not submit. There were some difficult questions for the consumers to complete. • The group asked if it was better to turn in incomplete ones or not submit at all? You should turn them in and they will count as 	<p>The department is aware of this. Please use what you can and notify Patients Rights if you have a recertification coming up.</p> <p>Complete by the end of the FY so Patient Rights can complete their annual report.</p> <p>She will attend our July meeting.</p> <p>The group was asked for feedback on this process.</p>	<p>Julian Hernandez</p>
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incomplete.

- Discussion→ some suggestions for a higher count next time are:
 - Have a volunteer in the office to assist consumers in completing this form
 - Advise the consumers in advance that this survey will be happening and to please arrive early to appointment to allow for time to complete it.
- There were complaints about the length of the survey.
- Ana mentioned that Roybal did very well in their count and asked Antonio to share what they did→Antonio shared that he informed all of the staff of the purpose of this survey so they could better explain it to consumers. He also made folders for each consumer to stay organized. He and his staff offered assistance. Antonio himself went through the surveys daily to review what was being missed so he could review again with the staff. He always had a Community Worker available.
- Pacific Clinics shared that it was easier for them to complete the bottom section and then print them out.
- The group asked if we could provide the state with feedback for next time? Ana supported this action and recommended that the group be specific→ too long, too difficult, repeated Reporting Units (RU) in November and May.

Gather suggestions for the state.

Prepare for November with suggestions mentioned in discussion.

<p>Quality Assurance Update</p>	<p>Spirituality→</p> <ul style="list-style-type: none"> • Integration handout-reviewed • There are training that you can send your staff to to learn how to bring up during Initial Assessment (IA) in order to complete the “religious beliefs” section <p>All services areas (except 1 & 8) have a Clergy Breakfast and Clergy Committee.</p> <ul style="list-style-type: none"> • This is community driven • Can take a case without sharing PHI and present for feedback. • This is called a Roundtable • Clergy are trained on Mental Health and after attending 10 sessions they are certified. • Consumers want to know our progress. • Presenter at QI meeting wants to attend our QIC <p>Ana discussed the QI Project and how it used to be by SA but now it is Countywide.</p> <ul style="list-style-type: none"> • Spirituality is the project • Questionnaire (pre and post test) • Quality Improvement Project <p>This ties in with Cultural Competency→ the training will teach how to ask more culturally appropriate ways of approaching such questions.</p> <ul style="list-style-type: none"> • Ana highly recommeneds this training and shared that there is a more intense training that DO Rio Hondo has participated in. More manualized. Group format. • Julian asked about the training→ <ul style="list-style-type: none"> - How does it work with TAY.Child consumers who don't want to attend 	<p>Hopefully will attend July meeting.</p> <p>Beth→if we took the intro class a while ago, do we have to take it again in order to attend the advanced? QIC committee will inquire.</p>	<p>Julian Hernandez</p> <p>Cesar Moreno</p>
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	<p>church with their parents?</p> <ul style="list-style-type: none"> - LGBTQA→ how is this population considered? - Antonio shared that this training was geared more to adults. It definitely needs to focus on children and special populations. <p>Documentation Training Schedule handout</p> <p>Finalized “Community Functioning Evaluation”</p> <ul style="list-style-type: none"> - DO is already using - LE can use - Helps develop case management goals since there has to be a goal to bill CM - Kari stated that it was brought up by Auditor Controller office that the client/family had to request CM in order to bill as a requirement. Ana and Robin stated that this is not a requirement. - Kari stated that you can still do a CM goal later and capture billing by completing an addendum to the IA. - Make sure you have the clinical loop <p>Service Request Log→comply with state requirements. This was dicussed earlier in the meeting.</p> <p>May 28, 2015 Bulletin-COS-documentation/claim based on service not payor source→ clinical loop.</p> <p>June 1, 2015 Bulletin-Providers Manual. Several pages have been updated. Please print these</p>	<p>Ceasar will highlight QIC questions and concerns so presenter can address at next months QIC meeting.</p> <p>Providers want more trainings. Robin Washinton stated that there are only 3 trainers at this time.</p> <p>Discussion: if family is on board, you may just document in the progress notes instead of completing the Community Funtioning Evaluation</p> <p>See handouts.</p>	<p>Kari Thompson</p>
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	<p>updates and update your manual.</p> <p>Ana Suarez-This is for DO only→ non clinicians may be billing COS. Can bill rehab but not bill to MC. This way they capture what they are doing just not billing the state.</p> <p>LE only→</p> <ul style="list-style-type: none"> • EFT Folder→ DMH Extract→ new report from DCFS/DMH which will cross reference all clients to see which cases have an open DCFS case. • It has client info, social worker name and contact info, supervisors name, office and email and phone number • Effective 6/1/15 • Can filter, break down by RU so clinicians know which clients have an open DCFS case. Billing department can access. • Disclaimer→ may not be accurate and many will not show an open DCFS case and some are showing an open case when there is no case. Please call to verify all info. <p>Katie A→ increase communication between DCFS and DMH</p> <p>Treatment Update with Urgent Cases→DMH website has forms and directions.</p> <ul style="list-style-type: none"> • SFC recieves case from DCFS as urgent. If determined to be urgent by DMH staff, refer to a provider. The provider has 3 days to see this client. The provider completes form initially and then every week client is still assessed as urgent by clinician. 		<p>Kari Thompson</p> <p>Lisa Leon</p>
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	<ul style="list-style-type: none"> • DO use secure email • LE fax • Once the client is stable/routine, you no longer need to complete this form. • SFC receives a report on missing forms. Lisa will follow up. • Co-located staff will let you know verbally and in a written packet. 		
	<p>Policy and Procedure Handout→ the codes are not matching the policy.</p> <p>No update on August 12 training on Documentation.</p> <ul style="list-style-type: none"> • Ana believes there may be some ICD10 training involved. • DSM5 – no updates • ICD 10→ October 1, 2015→ review codes and print • DMH will only train DO staff • What are providers doing to prepare staff? One has hired a consultant to train their staff. Another is working on a crosswalk. • Jen Hallman may be working on a crosswalk • World Health Organization→ ICD10. Will use blue book to convert. Ceasar showed the group how big this book is. • DSM5 is more descriptive. Get codes from ICD10 but match to ICD10. There is not many one to one matchs. DSM5→ criteria is not as descriptive in ICD10. • This will impact billing. • IBHIS→ descriptor words and will give you a crosswalk. This is for DO only. LE is hoping for same thing from their systems. 	<p>Kari will look into this.</p>	<p>Kari Thompson</p> <p>Ceasar Moreno</p>

	<ul style="list-style-type: none"> • Diagnosis (Dx) has changed and so have the timeframes for symptoms (Sx). • RUMOR: auditors will use ICD10 bluebook → you can order it. • Start reviewing clients Dx so you are prepared by Oct. 1 <p>Audits:</p> <ul style="list-style-type: none"> • TWC was postponed to August • Pacific Clinics is in July for 25-49 clients per RU. • These are both Moss Levy audits and therefore financial • You are notified 24-48 hours before • CFG mentioned possible surprise visit by Patients Rights-asked for brochures, looked at waiting room.....Kari mentioned that they are making random visits. 	<p>Call Martin and ask.</p>	
<p>Adjournment</p>	<p>Meeting Adjourned at 3:30PM Next meeting July 21, 2015</p>		

Respectfully Submitted,

Caesar Moreno & Kari Thompson & Julian Hernandez
 QIC Co-Chair QIC Co-Chair QIC Co-Chair