



County of Los Angeles – Department of Mental Health
Service Area 7 Administration

Quality Assurance / Quality Improvement Committee

August 16, 2016

2:00 PM-4:00 PM

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|---|------------------------------|
| I. Welcome/Introductions | Antonio Banuelos |
| II. Review & Approval of Minutes | Kari Thompson |
| III. Quality Improvement | |
| * Department Updates | Antonio Banuelos |
| IBHIS – Overview of retreat | Caesar Moreno |
| Revised JV220 | |
| * 2016 Test Calls | Tonia Jones, QI Liaison |
| * Cultural Competency Unit | Sandra Chang-Ptasinski |
| IV. Quality Assurance | |
| * QA countywide updates | Kari Thompson |
| DHCS Chart Review Findings /Bulletin 16-05 | |
| PEI OMA Changes | |
| D/O - Interim Modification to Suicide Risk Assessment – Policy 302.13 | |
| LE – Information Across Databases Verification | |
| D/O – Update on MAA | |
| Initiating Waiver Requests – Letter 10.03 | |
| Outpatient Medication Review Revisions | |
| Reminder – SRL in EHRs | |
| MHSA Funding for Crisis Stabilization | |
| Plan Development Discussion | |
| * Q&A | Robin Washington, QA Liaison |

Next Quality Improvement/Quality Assurance Meeting
September 20, 2016

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

Type of Meeting:	SA 7 QIC	Date:	August 16, 2016
Place:	Gus Velasco Neighborhood Center 9255 S. Pioneer Blvd. Santa Fe Springs, California 90670	Start Time:	2:00 PM
Chairpersons:	Antonio Banelos Caesar Moreno Kari Thompson	End Time:	4:00 PM
Members Present:	Melanie Cain, Jessica Sanchez, Misty Aronoff, Sandy Aldrete, Roshni Chabra, Francisca Ramos, Nahara Martinez, Regina Esparza, Ursula Monterroso, Gwen Lo, Michael Olsen, Iris Orozco, Tiffani Tran, Jennifer Phan, Michaela Carpaccio, Mike Ford, Joel Solis, Jennifer Mitzner, Mari Yniguez, Christine Moore, Tonia Amos Jones, Javier Nevarez, Lucia Cota, Silvia Simental, Gloria Guevara, Lisa Leon, Joseph Chavez, Alex Ballan, Cassandra Peterson, Catherine Wulfensmith, Karlade Bechtol, Michelle Lopez-Munroe, Natalie Reinfeld, Raul Velasquez, Adriana Carrillo, Shianne Torales, Donetta Jackson, Denise Garcia, Leticia Diaz, Michelle Barajas, Arlene Contreras, Antonio Banelos (Chair), Caesar Moreno (Co-Chair), Kari Thompson (Co-Chair)		
Agenda Item & Presenter	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
Welcome & Introductions	Meeting was called to order at 2:00 pm		Caesar Moreno
Review & Approval of Minutes	Minutes from June, 2016 meeting reviewed	Minutes approved by: Lisa Leon Tonia Amos Jones	Kari Thompson

<p>Quality Improvement Updates</p>	<p>Handouts & Updates from Countywide QIC</p> <p>Change of Provider Logs July, 2016 Provider Logs collected during meeting</p> <p>Cultural Competency Update LGBTQ12-S Survey – survey purpose included access to training needs for mental health staff, responses by service area was reviewed as well as the LGBTQ12-S Glossary</p> <p>Office of Medical Director Research committee reviews, there are different research projects involving client/data however there is a protocol that needs to be followed when conducting research on human subjects –contact DMH Human Subject Research Committee Review Board</p> <p>IBHIS/STATS IBHIS Super User Retreat – demonstrations of client perspective of My Health Point, clients to access for reminders on appointments, lab results and a problem list. Client record that does have limitations but will be useful for clients. Retreats to continue every 6 months</p> <p>Patient Rights Martin Hernandez gave update that they are reviewing greivances and logs, will share findings when data is all reviewed. In process of revising phamplets and having all forms translated into all languages. It was noted that if providers are going to investigate your own grievances you have to follow Patient Rights Protocol & Policy</p> <p>JV220 Reviewed new forms and process</p>	<p>Service Area 7 @ 100% compliance for submission of COP</p> <p>Handout of Survey Antonio will send out information regarding the subcommittees</p> <p>Antonio to send out link</p> <p>Handouts of new forms and cheat sheet</p>	<p>Antonio Banuelos & Caesar Moreno</p>
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Quality Assurance Updates continued	<p>this reason. It is recommended that you start with current PEI clients and then work backwards until all outstanding data is entered. Also included in this new release is the system switched from reporting staff codes to reporting NPI for clinical staff. You will notice the label in the beginning of treatment changed from Staff Code to NPI #, if you have questions contact information is on the handout.</p> <p>Interim Modification to Policy 302.13 – Suicide Risk Assessment – Handout – Policy changes due to the challenges programs are having implementing the policy, the changes removed the requirement for multiple screenings on a single day as well as the requirement to complete the C-SSRS Lifetime version for all clients. Effective August 11th sections 3.1 and 4.1, 4.2, 4.3 and 4.4 are replaced by the interim procedures.</p> <p>Information Across Databases – Just a heads up for legal entities that the State is currently checking legal entity status across all three databases to make sure information matches – Secretary of State Website, NPI Website, and OPS Website – call certification at DMH if you need assistance or to make sure that your provider matches.</p>		Kari Thompson
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**Quality Assurance
Updates continued**

Update on MAA – For directly operated - the requirements of MAA letter dated July 13 has come out with effective date of October 1st. Some staff will need training for all the changes as to participate in MAA you will have to account for 100% of your time on MAA forms even if they are not MAA related- big change for directly operated but will help county be in compliance with feds. The dept. will have to update MAA claiming plan – lots of changes before Oct. 1st.

Initiating Waiver Request – Letter 10.03 Handout – this is a reminder that during certification program review is finding providers out of compliance with students/psychology major waiver issues. State expects the county to recoup from time of out of compliance, can go back many years – please read the handout and be on notice.

Outpatient Medication Review Revisions – Slight modification to medication consent form – coming soon due to current consent not containing all required data elements (state chart review) should have a statement about reasonable alternatives to meds. 2) side effects if on meds. Longer than 3 months and 3) can revoke consent at any time – department is working on getting this in all languages and then they will release

Service Request Log / EHR – reminder the service request logs need to be in your electronic health record system, DMH will soon be sending requests for data, we cannot keep using the county SRTS system, this was always meant to be temporary, check to make sure your EHR has all the data elements

Kari Thompson

<p>Quality Assurance Updates continued</p>	<p>MHSA Funding for Crisis Stabilization – State recently issued an answer that MHSA funds are allowed to be used for clients in crisis units – potential to get the extra 4 hours paid, as before there was a 20 hour max. cap.</p> <p>Plan Development Discussion – reminder that your plan development session needs to state wording about “treatment plan” either meeting regarding creating the treatment plan or changing the plan or working on “something” to do with the client treatment plan. The wording CTP is what auditors are looking for during chart reviews</p>		<p>Kari Thompson</p>
<p>Adjournment</p>	<p>Meeting was adjourned at 4:00 pm</p>	<p>Next meeting: September 20, 2016 2:00PM-4:00PM</p>	

Respectfully Submitted,
Antonio Banuelos & Caesar Moreno & Kari Thompson
QIC Co-Chair QIC Co-Chair QIC Co-Chair