

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

Type of Meeting:	SA 7 QIC	Date:	January 17, 2017	
Place:	Gus Velasco Neighborhood Center 9255 S. Pioneer Boulevard Santa Fe Springs, California 90670	Start Time:	2:05 PM	
Chairpersons:	Antonio Banuelos (Interim Chair) Greg Tchakmakjian (Chair) Caesar Moreno (Co-Chair)	End Time:	3:20 PM	
Members Present:	John Medina, Melanie Cain, Jessica Sanchez, Shianne Torales, Misty Aronoff, Laura Solis, Hsiang-Ling Hsu, Michelle Barajas-Sanchez, Nahara Martinez, Angellena Gonzalez, Gwen Lo, Dawn Ledesma, Joel Solis, Michael Olsen, Jennifer Mitzner, Leana Olague, Arlene Contreras, Adrine Bazikyan, Tonia Amos Jones, Javier Nevarez, Lucia Cota, James McEwen, Cassandra Peterson, Catherine Wulfensmith, Raul Velasquez, Margarita Baltazar, Michelle Bilotta Smith, Cinthia Sanchez, Robin Washington, Ester Robles, Kate Mc Gevra, Shivani Patel Escamilla, Greg Tchakmakjian (Chair), Antonio Banuelos (Interim Chair), Caesar Moreno (Co-Chair)			
Agenda Item & Presenter	Discussion and Findings		Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
Welcome & Introductions	Meeting was called to order at 2:05 pm		Introductions made and new members welcomed	Antonio Banuelos
Review & Approval of Minutes	Minutes from October 2016 meeting were reviewed		Minutes approved by: Lucia Cota Robin Washington	Caesar Moreno
Chair Updates	It was announced that Kari Thompson (Pathways) had left her position as Co-Chair due to relocation out of state. Leave of Kari Thompson as Co-Chair Greg Tchakmakjian was introduced as the SPA 7 QI Chair. Antonio Banuelos (Interim Chair) will be assisting Greg with his transition to QI Chair.		Seeking new Co-Chair for SPA 7 due to Kari's leave. If interested in serving as Co-Chair, please contact Greg Tchakmakjian.	Greg Tchakmakjian

<p>Chair Updates (continued)</p>	<p>Hard copy Provider Directory for SPA 7 and Countywide were available at meeting, however they can also be downloaded from the DMH website. Provider Directories will no longer be printed by DMH due to budget constraints. Joel noted that there are errors with regard to agency services and language translation in the directories based on his review. He will address these with DMH.</p> <p>Compliance posters were also available during the meeting. It was noted that the posters were not to be placed in client in agency lobby for clients, but ideally for employees to reference.</p>	<p>Antonio will send email to providers regarding obtaining hard copy directories.</p>	<p>Antonio Banuelos</p>
<p>Quality Improvement Updates</p>	<p>Department Updates</p> <p>Office of Medical Director The medication formulary is in the process of being updated with additional medications as they are being approved. In addition, other policies continue to be developed and revised such as additional medication parameters and PHI .</p> <p>There is a training pending regarding HIPAA that may be made available to providers (refer to Ginger who is Privacy/HIPAA officer at DMH). More information will be distributed when it is available.</p> <p>Surveys/EQRO Update on the MHSIP surveys – 85-100 were collected. QI Division is currently preparing for Spring surveys. Fall surveys are being scanned and will be sent to State for analysis. Data unit of QI Division looking at the surveys as well. Test calls are also being prepared for next survey period.</p> <p>2 EQRO visits in 2017 (April and September). Service areas has not yet been selected to participate.</p> <p>Patients Rights There was discussion regarding Patients Rights and collection of the Change of Provider logs. Patients Rights would like to improve the process of collection. SPA 7 has</p>	<p>Antonio Banuelos Greg Tchakmakjian</p> <p>Antonio Banuelos Tonia Amos Jones</p> <p>Greg Tchakmakjian</p>	<p>Antonio Banuelos Greg Tchakmakjian</p> <p>Antonio Banuelos Tonia Amos Jones</p> <p>Greg Tchakmakjian</p>

<p>Quality Improvement Updates continued</p>	<p>demonstrated 100% of collection with their current process which resulted in Antonio being invited to the District Chief meeting to review SPA 7 process. The SPA 7 Chairs thanked the providers for their efforts to meet the 100% collection of the logs.</p> <p>With the transition in SPA 7 Chairs, it was asked that providers continue the current collection process and submit the COP logs to Greg beginning with the January logs. It was also noted that the preference is to have providers bring their logs to the meeting as opposed to email; however Chairs are aware that this may not always be possible. Several challenges were shared, but one in particular involved providers submit multiple logs due to having multiple programs and sites. It was clarified that COP logs are based on provider number and not individual sites.</p> <p>Policy Updates Handout distributed regarding policy changes/revisions.</p> <p>Cultural Competency Update:</p> <p>An email was sent out regarding the hyperlinks for the Cultural Competency training videos. As a reminder, cultural competency training is required to be completed with 100% of agency staff on an annual basis. Heads of Service must begin to keep a tracking system regarding the training as it will required to verify staff participation In addition, the Quarterly Monitoring Report and Annual QI Report for legal entities will address the training and staff participation. It was noted that any cultural competency training offered must meet the requirements of cultural competency standard. QI Division will work closely with QA to modify the monitoring form to identify 100% of staff trained in Cultural Competency. If having difficulty, send email to Sandra Chang Ptasnski.</p> <p>Greg noted that he has the power points from the training to distribute through email.</p>	<p>Policy handout distributed</p> <p>Antonio will obtain information from Sandra Chang Ptasnski regarding the requirements.</p>	<p>Antonio Banuelos</p> <p>Greg Tchakmakjian</p>
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<p>Quality Improvement Updates continued</p>	<p>The Cultural Competency unit has also set up an email box for any questions or comments. PSBCC@dmh.lacounty.gov</p> <p>Provider Directories</p> <p>At the recent QI meeting, Dr. Joshi spoke on the provider directory. The directory will most likely be revised once again. QI Division would like for providers to work closely with QI Chairs to obtain information relevant to the directory and corrections. There may be a training for the Chairs to make sure that information for corrections is collected in a timely manner and the and entering of corrections is correct. There is also talk of adding other elements (i.e Cultural competency services/resources) to the provider directory.</p> <p>QI Division</p> <p>There was an updated regarding the QIC work plan goals. QI Division will work closely with ACCESS center and explore how to improve the timeliness of services. ACCESS has met its expectations: base goal is 65%, and ACCESS met goal of 79%. Goal also met for the night shift. Base goal was revised to 70%. Tracking response time for PMRT continues to be monitored.</p>		
<p>Quality Assurance</p>	<p>QA Monitoring Reports</p> <p>Directly Operated: Quarterly QA Monitoring Report due January 15th. Legal Entities: Annual QA Monitoring Report due January 30th Corrective action plans are also due (if applicable)</p> <p>IBHIS will be adding the case reviews which will make easier to gather report information</p> <p>Manuals</p> <p>The Community Outreach Services (COS) manual will be</p>		

<p>Quality Assurance Updates continued</p>	<p>updated and a subsequent training will also be provided for review. The Organizational Manual and Procedure Code Manual will also be updated.</p> <p>Trainings</p> <p>WebX trainings will be developed by March on various subjects including assessment, billing and reimbursement, how to write a progress note, etc.</p> <p>Clinical forms bulletins (some forms were not placed in the packet as they were listed as drafts)</p> <p>A bulletin regarding Same Day Assessments and an updated Authorization for Disclosure were sent in December. Only certain providers can use the same day assessment. The bulletin outlines which are those providers.</p> <p>401.02 (Records maintenance) This refers to timeliness issue that was raised during the last State audit. Proposed language was given concerning the expected timeliness of documentation (documentation should be submitted the following day). QA Division will seek feedback regarding this proposed language to be added to the contracts.</p> <p>Access to Care – there will be a bulletin distributed regarding Access to Care guidelines and the use of Service Request Logs. It will highlight reminders for the procedures related to access to care.</p> <p>Outcome Measure procedure codes – bulletin will outline new procedure codes to bill for scoring, interpreting and reviewing of outcome measures. This can only be used for PEI based services and billed under non-Medi/Cal services. A small allocation will be provided to providers for this billing. It was noted that legal entities can do retroactive billing but must have documentation that shows date and time of service provided and what service was billed. This became effective January 1, however the procedure codes for billing have not yet been finalized.</p>		
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<p>Quality Assurance Updates continued</p>	<p>QA Reminders</p> <p>QA Division will be conducting audits with contracted providers. Legal entities to be contacted with additional information.</p> <p>Antonio and Greg to meet with Naga to review VANS process. This is a program that facilitates the transfer and setting of appointments between providers.</p> <p>PERM audits – information should go to Jennifer Hallman for any requests from Directly Operated clinics.</p> <p>MR Grant reviews – Alma Services in April. Auditor Controller – None.</p>		
<p>Adjournment</p>	<p>Meeting was adjourned at 3:20 pm</p> <p>Respectfully Submitted, Antonio Banuelos QIC Chair (Interim)</p> <p>Greg Tchakmakjian QIC Chair</p> <p>Caesar Moreno QIC Co-Chair</p>	<p>Next Meeting: February 21, 2017 Gus Velasco Center, Santa Fe Springs 2:00PM-4:00PM</p>	

