



County of Los Angeles – Department of Mental Health

Service Area 7 Administration

Quality Assurance / Quality Improvement Committee

May 23, 2017

2:00 PM-4:00 PM

1. Welcome/Introductions Caesar /Antonio
2. Review & Approval of Minutes Caesar Moreno
3. Quality Improvement
 - a. Presentation Dr. Naga Kasarabada
 - b. Pharmacy Benefits Management
 - c. Patients' Rights
4. Quality Assurance
 - a. Updates
 - i. Upcoming Audits and Reviews
 - ii. Medi-Cal Certification Bulletin
 - iii. State DHCS Updates
 - b. Training and Operations
 - i. Schedule of Trainings and Presentations
 - ii. LE Chart Reviews Update
 - c. Policy and Technical Development: Finalized QA Bulletins:
 - i. 17-08: Claiming For Travel Time
 - ii. 17-09: Services Prior to the Completion of An Assessment & Client Treatment Plan
 - iii. 17-10: Client Treatment Plan Reminder & Guidelines
 - d. Upcoming Items:
 - i. Drug Medi-Cal for Directly Operated
 - ii. Therapeutic Foster Care
 - iii. COS Changes and Training
 - iv. Org Manual Updates: Certification Section, Mode 5 Services

Next Quality Improvement/Quality Assurance Meeting

June 13, 2017

2:00-4:00 pm

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

Type of Meeting:	SA 7 QIC	Date:	May 23 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) Michelle Bilotta-Smith (Co-Chair) Caesar Moreno (Co-Chair)	End Time:	3:55 PM
Members Present:	Jessica Sanchez, Shianne Torales, Laura Solis, Michelle Barajas Sanchez, Maria Duarte, Roshni Chabra, Sybil Chacko, Cara Jenson, Javier Nevarez, Silvia Simental, James McEwen, Quenia Gonzalez, Gwen Lo, Wendy Mielke, Erika Frausto, Hsiang-Ling Hsu, Leana Olague, Joel Solis, Nicole Santamaria, Jennifer Mitzner, Mike Ford, Cinthia Sanchez, Adrine Bazikyan, Alex Ballan, Shivani Patel Escamilla, Raul Velasquez, Ester Robles, Lucia Cota, Gloria Guevara, Greg Tchakmakjian, Anthony Thai, Michelle Lopez Munroe, Doris Rodriguez, Dr. Lori Arnold, Naga Kasarabada		
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	Caesar Moreno
Review & Approval of Minutes	Minutes from April 2017 meeting were reviewed	Minutes approved by: Shivani Patel-Escamilla Wendy Mielke	Caesar Moreno
Chair Updates	None presented at meeting.		

<p>Quality Improvement Updates</p>	<p>Office of Medical Director Pharmacy Benefits Management: Primary discussion around changes to PAT system which will now be replaced by PBM effective June 1, 2017. Magellan will be responsible pharmacy management for clients. Clinics will have the ability to prescribe using their own system as long as pharmacy is contracted with Magellan. Identification cards should have been mailed out the first week of May by Magellan. Looking to create an excel file to identify those clients from the clinic who have accessed pharmacy services. Handout are examples of what will go out to clients. TARS will be sent to Magellan if prescription does not match the formulary. DMH will adjudicate the billing on the back end.</p>		
	<p>VANS Implementation Update VANS training/webinar will be conducted when all the information is logged. Providers will receive notification of webinar training regarding access to VANS system.</p>	<p>Email will be sent out with reminders to those identified providers.</p>	<p>Greg Tchakmakjian</p>
	<p>Change of Provider Logs According to Greg, collection of the Change of Provider logs have remained successful. He did share that there were a few logs that had not been submitted. He is needing all remaining logs for April by Friday May 26th. It was reminded that logs should be submitted by the 10th of each month, but this is adjusted for SPA 7 due to collection of logs at QIC meeting. It was also reminded that if providers are faxing or emailing the logs to Greg, please be sure to submit copy to Antonio.</p>		<p>Greg Tchakmakjian Antonio Banuelos</p>
<p>MHSIP Surveys were collected during meeting from assigned providers.</p>	<p>Surveys will be reviewed and submitted to QI Division.</p>	<p>Michelle Bilotta Smith Caesar Moreno Antonio Banuelos</p>	

<p>Presentation Naga Kasabarada QI Division</p>	<p>QI Division is responsible for ensuring that LA County is adhering to Federal and State mandates with regard to policy standards that include customer satisfaction, cultural competency issues, and all other reports that come through the department. Dr. Kasarabada shaared that SPA 7 has the largest Latino population, and also has 65 contact provider numbers with the area.</p> <p>With regard to cultural competency, Dr. Kasabarada noted that 100% of staff must participate in a cultural competency training that speaks to CLAS standards. This issue will be addressed and verified on the QA Monitoring report. Links are available on the DMH website for all the standards and trainings that have been completed. Dr. Kasarabada also noted committees that represent various identified cultural groups - USCC (underserved cultural communities). There is one committee for each identified cultural group that highlight the improvement of cultural competency and access to care. Cultural competency is based on ethnic cultures, but there is also economic culture. One question asked if training can address the issue of socioeconomic dfferences. Naga will take this to Sandra at Cultural competency.</p> <p>EQRO Dr. Kasabarada also discussed the EQRO process. EQRO is a federally mandated review . CMS is expected to review to review the state and its counties to identify any issues that require improvement. EQRO reviews are conducted by an external company that reviews: quality, access, timeliness and outcomes. This is typically a 4 day review and involves all directors and managers, including those in the service areas chosen. With regard to the September 2017 review, SPAs 3 and 7 have been chosen. Sometime in August, SPA representatives will begin hearing from their District Chief to begin preparing for the review. Focus groups are one procedure that occurs during this time. This includes focus groups in the SPA threshold languages with clients and families. Focus groups are also conducted with management level staff and other line staff. Recruiting for these groups will begin soon.</p>	<p>Dr. Kasarabada will send out the cultural competency committee links.</p>	<p>Dr. Kasarabada</p>
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<p>Quality Assurance Updates</p>	<p>Dr. Kasabarada shared that the April EQRO review went well. QI Division will get a draft report in 60 days (end of June) that provides the outcomes of the review. QI Division will then address any issues on the report and submit back to the review team. A final report will take 90 days to get back.</p> <p>Patients Rights There are still pending issues related to final changes regarding grievances. Based on changes to grievance policies, grievances will have resolution target of 90 (was 60) days and appeals 30 days (was 45 days) days. Once changes approved, forms will be revised and translated. Patients Rights office will still appoint a liaison to each SPA. Naga will get an updated list and distribute.</p> <p>Policy and Technical Development Policy spreadsheet provided for reference</p> <p>QA Division Updates</p> <p>Medi-Cal Certification Joel shared reminder that fire clearances good for one year. Alarm testing reports are not considered fire clearances. Fire clearances must be completed by a fire department inspector. Current fire clearance: 12 months from the date of your fire clearance. Should be good 12 months prior to the site visit.</p> <p>SDHCS updates State is trying to make reviews easier by proposing to counties the idea of bench audits. Rather than coming down to do a full review, counties would be doing their own reviews and sending information to the State for review. This would limit their need to come down to do onsite reviews and primarily review the information being sent to them. This would require more information to be sent to them – possibly printing and sending up information (what</p>		<p>Joel Solis</p> <p>Michelle Bilotta Smith</p>
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	<p>happens to agencies who have multiple charts pulled). There will be a pilot project with new review approach very soon to identify how feasible how the approach would be. Recommendations: do more trainings for their auditors to reduce liability, training strength based and recovery oriented treatment approaches, reduce duplication between triennial review and other DMH reporting requirements (EQRO, QI correction plans, etc), recommend chart audits on site.</p> <p>Drug Medi-Cal Services will begin July 1, 2017. Not all clinics have been certified, but they have been identified. This is only impacting Directly Operated Clinics at this time.</p> <p>Training schedule See handout regarding upcoming trainings.</p> <p>LE Chart Review LE chart review process: still continuing.</p> <p>Clinical forms bulletins (some forms may not be placed in the packet as they were listed as drafts)</p> <p>Claiming for Travel Time: everything they known about travel time is in the bulletin. Provider site is defined as any provider site not just internal.</p> <p>Services Prior to the Completion of an Assessment and Client Treatment Plan: Bulletin has been finalized..</p> <p>Client Treatment Plan Reminders and Guidelines Objectives should have ties to the assessment that describes what the issue is and reason for objective. Want objectives to be simple and not complicated. Are treatment plans understandable to the client and serves purpose of knowing whether something is working or progressing or not.</p>		
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Quality Assurance Updates continued	MR Grant reviews – Bienvenidos (May); Starview Auditor Controller – Starview.		
Announcements	SPA 7 PEI Data Outcomes Workgroup still in development stage. Caesar will send out email with more information on meeting date and time.		Caesar Moreno
Adjournment	Meeting was adjourned at 3:55 pm Respectfully Submitted, Caesar Moreno QIC Co-Chair	Next Meeting: June 20 2017 Gus Velasco Center, Santa Fe Springs 2:00PM-4:00PM	