



**County of Los Angeles – Department of Mental Health**

**Service Area 7 Administration**

**Quality Assurance / Quality Improvement Committee**

**June 20, 2017**

**2:00 PM-4:00 PM**

1. Welcome/Introductions Caesar /Antonio
  - a. Introduction: Lori Arnold, Psy.D.
  
2. Review & Approval of Minutes Caesar Moreno
  
3. Quality Assurance Caesar/Antonio
  - a. Upcoming Policy and Technical Development:
    - i. Organizational Provider Manual Changes
    - ii. Updated COS manual
    - iii. Determining if a Services is Billable
    - iv. NOA Monitoring
  - b. Medi-Cal Certification
    - i. Reminder re: site certification
  - c. State DHCS Updates
    - i. Draft Info Notice
  - d. Training and Operations
    - i. Schedule of Trainings and Presentations
    - ii. LE Chart Reviews Update
  - e. Presenter from The Whole Child, Champions for Change - Sophia Gonzalez
  
4. Quality Improvement Caesar/Antonio
  - a. Pharmacy Benefits Management
  - b. Patients' Rights
  - c. Cultural Competence Update
  - d. EQRO / Test calls workflow update/QI evaluation
  - e. COP & VANS update Gregory Tchakmakjian
  - f. Policy Updates

Next Quality Improvement/Quality Assurance Meeting  
July 18, 2017 - 2:00-4:00 pm

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

<b>Type of Meeting:</b>	<b>SA 7 QIC</b>	<b>Date:</b>	<b>June 20, 2017</b>	
<b>Place:</b>	<b>Gus Velasco Neighborhood Center 9255 S. Pioneer Boulevard Santa Fe Springs, California 90670</b>	<b>Start Time:</b>	<b>2:07 PM</b>	
<b>Chairpersons:</b>	<b>Antonio Banuelos (Interim Chair) Caesar Moreno (Co-Chair)</b>	<b>End Time:</b>	<b>4:00 PM</b>	
<b>Members Present:</b>	<b>Beth Powers, Shianne Torales, Laura Solis, Michelle Barajas Sanchez, Nancy Serna, Roshni Chabra, Sybil Chacko, Vivian Lee, Mechee Han, Javier Nevarez, Gwen Lo, Wendy Mielke, Hsiang-Ling Hsu, Leana Olague, Nicole Santamaria, Jennifer Mitzner, Cinthia Sanchez, Shivani Patel Escamilla, Ester Robles, Greg Tchakmakjian, Anthony Thai, Dr. Lori Arnold, Michael Olsen, Robin Washington, Silvia Rowe, Lisa Leon, Margarita Baltazar, Cassandra Peterson</b>			
<b>Agenda Item &amp; Presenter</b>	<b>Discussion and Findings</b>		<b>Decisions, Recommendations, Actions, &amp; Scheduled Tasks</b>	
<b>Welcome &amp; Introductions</b>	Meeting was called to order at 2:05 pm		Introductions made and new members welcomed	
<b>Review &amp; Approval of Minutes</b>	Minutes from May 2017 meeting were reviewed		Minutes approved by:  Beth Powers Michelle Barajas Sanchez	
<b>Chair Updates</b>	Michelle Bilotta-Smith will no longer serve in role as QIC Chair. Antonio Banuelos will continue to be the Interim Chair.  Dr. Lori Arnold was introduced during the meeting. Dr. Arnold shared the plan to create a "Question (s) of the Month" for the QIC meeting. Dr. Arnold introduced a document that will record questions asked by providers during the QIC meeting. The document then will then be		Caesar Moreno   Antonio Banuelos  Dr. Lori Arnold	

<p><b>Quality Improvement Updates</b></p>	<p>used to obtain responses to the questions and then discussed at the following QIC meeting. Questions raised at the last meeting along with the responses were discussed.</p> <p><b>Pharmacy Benefits Management</b> The new program has been live for 2 weeks beginning June 1, 2017. Dr. Russell Kim would like to obtain any feedback with regard to the transition to the new program. It was asked that this issue be a standing topic on the QIC meeting agendas. Some issues raised at the Countywide QIC meeting included clients not having an id card or found to be in the system with Magellan. Providers can continue to email Dr. Kim directly if there are any questions regarding the program. One issue shared by a provider was with regard to pharmacies not knowing that they a contracted pharmacy wth Magellan.</p> <p><b>Patients Rights</b> Patients Rights has received official documentation regarding changes that will occur with regard to the grievance procedure. It is expected that the final wording will be released in October 2017. It may still take some time since the new procedures (forms) will need to be translated.</p> <p>With regard to the <b>Change of Provider logs</b>, it was noted that there are inconsistencies with providers using the correct COP log. Patients Rights office will be scheduling a meeting with the District Chiefs and the QA Liasions to discuss the COP log collection process. When the policy is revised, the updated version of the COP log will be attached. Martin Hernandez will also continue to look at sending Patients Rights contacts to the various SPA QIC meetings to offer assistance.</p> <p><b>Cultural Competency</b> May was National Mental Health Awareness month. The various advertising efforts by the different underserved cultural competency committees was discussed. This included multi-media campaigns include newspaper articles, radio campaigns, and television commercials.</p>		<p>Antonio Banelos Caesar Moreno</p>
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<p><b>Presentation</b> <b>Naga Kasabarada</b> <b>QI Division</b></p>	<p>David Johns and Associates has been brought on to develop focus groups that will assist with a cultural competence assessment project (i.e. how to assess the knowledge of cultural competence issues in the community). Cultural Competence unit will also continue to work on collecting and incorporating data in a report for the upcoming EQRO visits in September, 2017. A question was asked about whether it was required that providers implement the DMH cultural training. Both chairs did not believe that it was mandated that providers use the DMH training, but to possibly use as a guide or as the training itself if they wish. It was again noted that the DMH cultural competence training was available to access on video if providers wish to use them for the training.</p> <p><b>MHSIP 2017 Survey Data</b> From the last MHSIP survey, approximately 7500 surveys were collected. It was noted that QI Division will look at distributing the survey selection process to all providers (providers have shared that some agencies are consistently chosen every survey period). Data from the 2016 MHSIP collection timeframe was reviewed.</p> <p><b>EQRO/Test Calls Workflow/QI Evaluation</b> SPAs 3 and 7 have been chosen to participate in the upcoming EQRO visits in September, 2017. Preparation meetings will begin to be scheduled for various QI updates. The clinical and non-clinical performance improvement projects are being updated and pending approval for the EQRO visit.</p> <p>There was discussion regarding logging test calls in IBHIS. Test calls were originally logged into the access call center system. It is being recommended that test calls now be attached to the client record in IBHIS to be used to collect data for a quarterly report. Once the report is developed, the calls would be removed. QA Division would prefer that calls be removed sooner from the client record. It is anticipated that this will be the new system for test calls. A final workflow for calls will be distributed for review.</p>	<p>MHSIP survey data report was provided.</p>	<p>Greg Tchakmakjian</p> <p>Greg Tchakmakjian Antonio Banuelos</p>
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<p><b>Quality Assurance Updates</b></p>	<p>The QI evaluation report is still in draft form. It is anticipated that a final report will be available for review by July 1, 2017. The QI Work Plan goals (draft) for CY 2016 and CY 2017 were distributed for review.</p> <p><b>COP and VANS Updates</b> The Change of Provider logs were collected during the meeting, however it was noted that the collection system may change. VANS webinar trainings were conducted for providers.</p> <p><b>Policy and Technical Development</b> Policy spreadsheet provided for reference</p> <p><b>QA Division Updates</b></p> <p><b>Upcoming Policy and Technical Development</b></p> <p><b>Clinical forms bulletins (some forms may not be placed in the packet as they were listed as drafts)</b></p> <p><u>Organizational Provider Manual</u> Changes that will occur include: 1) removal of requirement for SMART goals/objectives. "SMART" language was not consistent with what is found in State contract. It was also noted that SMART goals were found to be confusing and difficult to create; 2) Language regarding purpose/requirement for progress notes; 3) added service components related to Intensive Care Coordination; 4) added a special section to special populations and moving TBS into this section and added Intensive Care Coordination and Intensive Home Based Services; 5) added psychiatric inpatient services; 6) added a chapter on certification. It is anticipated that the final revisions will be completed by beginning of July 2017.</p> <p><u>Updated COS Manual</u> New sections being added as well as updates to</p>	<p>Policy handout provided.</p> <p>Handouts were not provided as bulletins are still in DRAFT form.</p>	<p>Antonio Banuelos Caesar Moreno</p>
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<p><b>Quality Assurance Updates continued</b></p>	<p>language/definitions of service types, and service recipients. The changes made would be in alignment with language/definitions relevant to IBHIS. It is anticipated that manual will be completed in July with trainings for QA liasons to be scheduled.</p> <p><u>Determing if a Service is Billable</u> This bulletin will offer reminders regarding medical necessity, definition of an intervention, and reimbursable elements for specialty mental health services.</p> <p><u>NOA Monitoring</u> This bulletin will be tied to policy that is being developed by Patients Rights regarding NOA A and E. Programs will begin to be monitored by QA Division. QA Division will begin to ask for NOA's in order to determine if being distributed appropriately.</p> <p><b>Medi-Cal Certification</b> Reminders were provided regarding certification requirements for provider sites. There was discussion among the providers regarding the connection between message provided by QA Division and what is discussed by certification unit. Clarification and questions were provided the providers. Providers were asked to record their questions on the "Question of the Month" form so that responses can be obtained.</p> <p><b>State DHCS Updates</b> QA Division continues to work with the State to obtain responses to questions discussed during the August 2016 State visit/training. It is anticipated that the draft notice from the State will be received shortly to be reviewed.</p> <p><b>Training schedule</b> See handout regarding upcoming trainings. There is currently a treatment plan training being offered to Directly Operated only, however QA Chairs/Co-Chairs have been asked to attend the training to offer feedback and input as it may be expanded to contractors.</p>	<p>QIC team will review the questions and work on obtaining responses.</p>	
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