COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
SERVICE AREA 8 ADMINISTRATION

QUALITY ASSURANCE/QUALITY IMPROVEMENT (QA/QI) COMMITTEE

AGENDA

November 20, 2013
2:00 – 4:00 p.m.
Stars Behavioral Health Group
1501 Hughes Way, Ste 150
Long Beach, CA 90810

QUALITY IMPROVEMENT (QI) MEETING 2:00 – 3:00 p.m.	
I	**Welcome/Introductions/QI Announcements:** **Co-chairs:** Misty Aronoff, MFT, Michele Munde, LCSW, Emily Ramos (absent) **SA 8 liaison:** Ann Lee, Ph.D. (absent) **QI Division Lead:** Tim Beyer, Ph.D. -Emily and Ann are absent due to attending IBHIS trainings.
II	**Minutes**
III	**SA 8 Co-Chair Application and Selection Process**
IV	**Clinical Quality Improvement – OMD Report**
V	**PRO**
VI	**QA vs. QI**
VII	**SA QI Profile, Referrals from ACCESS Center**
VIII	**EPSDT Report & MHSIP Report 2012 Update**
IX	**Policy Update – Office of Compliance**
X	**Medication Services Status Report**
XI	**SA 8 Quality Improvement Project** – To be discussed in January 2014

Reminder
No meeting in December!

Next Meeting Info:
January 15, 2014
2:00-3:00 p.m.

**Handouts*

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
SERVICE AREA 8 ADMINISTRATION

QUALITY ASSURANCE/QUALITY IMPROVEMENT (QA/QI) COMMITTEE

AGENDA

November 20, 2013
2:00 – 4:00 p.m.
Stars Behavioral Health Group
1501 Hughes Way, Ste 150
Long Beach, CA 90810

QUALITY ASSURANCE (QA) MEETING 3:00 – 4:00 p.m.	
Co-chairs: Misty Aronoff, MFT, Michele Munde, LCSW, Emily Ramos (absent) **SA 8 liaison:** Ann Lee, Ph.D. (absent) **QI Division Lead:** Lori Dobbs, Psy.D. -Emily and Ann are absent due to attending IBHIS trainings.	
I	**Announcements** – none
II	**Audits/Reviews** – none
III	**State DHCS Updates** o Medi-Cal Policy Meeting Update – DHCS Report to CMHDS re: statewide audit findings and disallowances o NOA FAQs*
IV	**Documentation Training Schedule*** (see attached)
V	**IBHIS Update** o Practitioner (Rendering Provider) Data Reconciliation – Schedule for Updating Go Live o Admission/Episodes*
VI	**Program Review Certification** – none
VII	**QA Technical Assistance** o QA Bulletin 13-05: Authorized Registered Nurses* o QA Bulletin 13-06: Service Request Log and Beneficiary Acknowledgment* o Day Treatment Intensive and Day Rehab: Review Tool and DRAFT Forms* o DHCS Chart Audit: Findings and Disallowances*
VIII	**Health Information Management (HIM)** o Enterprise Document Scanning/Program Head Cooperation o HIPAA Privacy Breaches

*handouts

Next Meeting Info:

January 15, 2014
3:00-4:00 p.m.
Stars Behavioral Health Group
1501 Hughes Way, Long Beach, CA 90810

***Handouts**

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
SERVICE AREA 8 ADMINISTRATION
QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA) MEETING
Minutes, November 20, 2013

Type of Meeting	Service Area 8 Quality Improvement/Quality Assurance (QI/QA) Committee		**Date**		November 20, 2013
Location	Star View, 1501 Hughes Way, Long Beach, CA 90810		**Start Time & End Time**		2:00 p.m. – 4:00 p.m.
Co-chairs	**Co-Chairs:** Misty Aronoff, MFT (Alma), Michele Munde, L.C.S.W. (Star View), Emily Ramos, L.C.S.W. (absent due to IBHIS training)				
DMH Representatives	**SA 8 QI/QA Liaison:** Ann Lee, Ph.D. (absent due to IBHIS training)	**DMH SA 8 Representative:** Karina Wagner	**QI Division Lead:** Tim Beyer, Ph.D.	**QA Division Lead:** Lori Dobbs, Psy.D.	**Program Review** Joel Solis
Members Present by Provider Name					
1736 FCC Nancy Lomibao	**CHILDREN'S BUREAU** Cristina Nolf	**EL DORADO**	**LONG BEACH ADULT**	**SHIELDS FOR FAMILIES** Jaime Sheehan Daniel Kayne	**TELECARE**
AADAP Jeanette Bernabe	**CII** Christina Kohfield	**EXODUS** David Kneip	**LONG BEACH API** (IBHIS training)	**SOUTH BAY CHILDRENS HEALTH CENTER**	**THE GUIDANCE CENTER** Elva Gutierrez
ALAFIA Jaclyn Sagun	**CITY OF GARDENA**	**FOR THE CHILD** Sandra Gaia-Rae	**LONG BEACH CAP** (IBHIS training)	**SOUTH BAY MHC** Dana Cherry	**TIES FOR FAMILIES** Dolores Spielman
ALMA Misty Aronoff	**COASTAL APIFMHC** Helen Chang	**HARBOR-UCLA** Ae Lyen Yoon Dora Anderson	**MASADA HOMES** Linda Nakamura	**SSG/OTTP** Debra DeLeon	
BAYFRONT Mel Herst	**COUNSELING 4 KIDS**	**HARBOR VIEW CSC** Laura Villa	**MHA** Jayme Bassett	**SPECIALIZED FOSTER CARE**	
CCAF Theodore Howlett Virginia Howlett	**CRITTENTON** Marcella Briceno	**HEALTHVIEW** Michael Fitzgerald	**PACS** Deanna Park	**STAR VIEW** Colette Esparza	
CHILDNET Leeann Ekstrom	**DID HIRSCH** Aminah Ofumbi	**HERITAGE CLINIC**	**SAN PEDRO MHC**	**TARZANA**	
Review of Minutes	The October minutes were reviewed and approved.				

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
SERVICE AREA 8 ADMINISTRATION
QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA) MEETING
Minutes, November 20, 2013

Call to Order & Introductions			
QUALITY IMPROVEMENT (QI)			
Agenda Item & Presenter	**Discussion and Findings**	**Decisions/ and Recommendations Actions/Scheduled Task**	**Person Responsible/ Due Date**
SA 8 Co-Chair Application and Selection Process	The Co-Chair roles were discussed since there is interest in the Provider co-chair positions. Two Provider Co-Chairs are needed to provide support. Terms will be for at least a year but a new co-chair will be staggered 6 months apart to pair a new co-chair with a more experienced co-chair. Dr. Ann Lee will send out an email with information about co-chair nominations and application form. Nominations will be accepted any time. All nominations and applications will be reviewed by the District Chief and current co-chairs. Interested candidates will be asked for a one year commitment. Preference will go to members who have consistently attended the SA 8 QI/QA meetings during the past year, are able to attend the Department's QI/QA Meetings on the 2nd Monday of the month, have QI/QA experience and expertise, and can assist the liaison in responding to QI/QA questions.		**Ann Lee**
Clinical Quality Improvement – OMD Report	There is a new policy in the appointment scheduling. This point was talked about the previous month regarding giving appointments within 30 days. The question was if the appointment was going to have to be given within 30 business days or 30 calendar days. The answer is 30 calendar days. The policy will be modified in order to reflect that. The Notice of Action will also be updated.		
Patients' Rights Office (PRO)	**Notice of Action Form** ➢ Martin Hernandez is putting together a Q&A document regarding NOA's. There are a lot of questions regarding kids in Foster Care, who signs, detention centers when they literally cannot take the piece of paper that you are asking them to take if it's a notice of action, etc. This document should be very helpful.	-Several questions were asked about the NOA-E and the beneficiary form	Ann Lee will follow up to obtain answers.

QI Champion – QI 101 Notebook	Kimber Salvaggio (SA 2) shared items that are included in the handouts. These items are used to orient new QI/QA coordinators and inform what items need to be included in a QIC manual.		
QA vs. QI	QI is about using data to improve client services and service delivery; and going beyond the minimum compliance standards but to do better, however. Ensuring the care provided is safely and timely.		
SA QI Profile, Referrals from ACCESS Center	Providers need to understand what the obligations are with respect to getting ACCESS referrals. Please provide ACCESS with your updated contact information (fax and phone numbers). Take action when a referral is faxed in. The finding is that the referrals that come from ACCESS, sometimes no one follows-up on that. Their hope is providers understand what their responsibility is. Quality Improvement Office sent out a form to update your records. Dr. Ann Lee will e-mail the form to all members; please return to Dr. Lee.		Ann Lee to follow-up
EPSDT Report & MHSIP Report 2012 Update	➢ Contract Providers please look into your EFT Folder. The EFT Folder has very limited access to IS Card users at each Provider's clinic. In there is a folder that includes your high utilizer data, and the department it's been tracking this info. The State's corrective action plan is to keep track of who are the high utilizer clients. There is also a question in regards to the threshold, whether it should be increased or not. ➢ MHSIP Data: The 2013 data has been scanned. 25% response rate was received. The sampling method got a good response.		

SA 8 Quality Improvement Project	➢ To be discussed in January 2014		
Announcements	QI/QA will go dark in the month of December. The next meeting will be held on January 15, 2014 at Star View's corporate office, 1501 Hughes Way, Long Beach 90810.		

QUALITY IMPROVEMENT (QA)			
Agenda Item & Presenter	**Discussion and Findings**	**Decisions/ and Recommendations Actions/Scheduled Task**	**Person Responsible/ Due Date**
Audits/Reviews	Coastal Asian Pacific MHC will have a Fiscal Compliance Audit. Two other agencies commented on audits they had that included Financial and WRAP coming up (combined - DCFS/DMH) Dr. Dobbs shared what Auditors look for when conducting an Audit: • Assessments • CCCP's ready for next cycle • Diagnosis (updated) • PFI's • Med Review • Cycle Dates/Smart Goals		
State DHCS Updates	**Medi-Cal Policy Update** – DHCS Report to CMHDS re: statewide audit findings and disallowances ➢ There was a 60% disallowance inpatient and 70% disallowance in administrative based. One inpatient facility had 100% disallowance. CMHDS indicated that 3-10% is acceptable disallowance rate. This disallowance is for inpatient psychiatric facilities who fail to meet medical necessity. The State is getting a lot of pressure from the Feds about putting a high bar up for services and billing; therefore are encouraging that the state and county mental health plan to take a more active role in monitoring services. ➢ Everyone who was involved in the DHCS state audit already received the summary of findings and disallowances and all the agencies turned in their corrective action plans to the county who will put them all into one document to turn in to the State. **NOA FAQs** ➢ A packet was distributed that talks about NOAs. Martin from PRO will send an updated packet to the Service Area. If you have any questions		

	please forward them to Dr. Ann Lee who will forward to Martin to include into the document.		
Documentation Training Schedule *(See attached)	➢ Dr. Dobbs stated that 30 nurses will be trained. Next piece is the DSM 5 which is being updated and incorporated within the next couple of months.		
IBHIS Update	**Practitioner (Rendering Provider) Data Reconciliation** – Scheduled for Updating Go Live ➢ Contractors need to know that the practitioner data reconciliation will be November 11th. **Admission/Episodes** ➢ IBHIS will be changing the definition of what an episode is. With the current IS, an episode is opened when the client comes into the clinic and is closed once the client is discharged. With IBHIS, the episode will remain open for the life of the client.		
Program Review Certification	➢ None discussed		
QA Technical Assistance	➢ Bulletin 13-05: Authorized Registered Nurses If Contract providers hire RN's to conduct assessments, RNs need to be trained in document and policies and procedures in order for RN to become an authorized user in IBHIS. ➢ QA Bulletin 13-06: Service Request Log and Beneficiary Acknowledgment: The State wants to see a specific date and appointment time. *The Beneficiary Form*, says that clients received a copy of the Medi-Cal Mental Health services and received a copy of the Provider's		

	List. ➢ Day Treatment Intensive and Day Rehab: A workgroup looked at how to update the sign-in sheets and progress notes forms to address all the issues the state had problems. The biggest feedback was on being very clear and specific about client's attendance. The State wants to know exactly how much time the client is present in day treatment in a specific day, and what reasons were there for the client not to be present, what time was the client gone, etc. They want to make sure the client sticks to the program unless there is an unavoidable reason, etc. Included in the pocket was a memo from October 24, 2013; this document is a summary of all the policies related to records. Be mindful of when you're looking at clinical records documents, what goes in the chart, where the chart is kept, and how you chart. Don't take charts home. ➢ DHCS Chart Audits: This topic was discussed at the beginning of the meeting.		
Health Information Management (HIM)	➢ It was mentioned (for Directly Operated Clinics) that if you receive a subpoena for records, make sure that a custodial declaration attached or is not admissible.		
Announcements	Mr. Ted Howlett read a poem written by his wife Mrs. Virginia Howlett's.		
Next Meeting	The next meeting will be held on January 15, 2014 from 2-4 p.m. at Star View's corporate office, 1501 Hughes Way, Long Beach 90810.		

Minutes Recorded by:

Ann Lee PhD

Ann Lee, Ph.D./DMH SA 8 Administration

Minutes Approved by:

Emily Ramos, L.C.S.W., DMH Co-chair