COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

SA 8 QUALITY ASSURANCE/QUALITY IMPROVEMENT COMMITTEE

MEETING AGENDA

March 18, 2015
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, Emily Ramos, and Michele Munde (absent) **SA 8 liaison:** Ann Lee, Ph.D
II	**Minutes***
III	**Clinical Quality Improvement – OMD Report**
IV	**Patients' Rights Office** (PRO)
V	**Office of Compliance – *Policy/Procedure Update****
VI	**Cultural Competency Updates** The next CC committee meeting will be held on Wed, April 8th, 1:30-3:30 p.m., 550 Vermont, 3rd floor conf rm.
VII	**EQRO Review** – April 27-30, 2015. Will be reviewing SA 7 & 8 -Please see attached draft agenda. QI staff and clinical line staff needed for group interviews.
VIII	**Provider Directory**
IX	***QI Work Plan & Evaluation Report***
X	**MHSIP Fall 2014 Survey** – Still waiting for data back from the State.
XI	**SA 8 Outcome Data Workgroup**: Next meeting will be held on Tuesday, April 21, 2015, location TBA.
	Announcements 3/23 or 3/24 Mental Health and Spirituality trainings- free for DMH and contractors. 50 slots per day. Next trainings in July.

Handouts

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

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MEETING AGENDA

March 18, 2015
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.	
I	**Announcements** – Mihalik Group – NCQA Consultants
II	**Audits/Reviews –** Bayfront (March 9th)
III	**State DHCS Updates** • DSM-5 and ICD 9/10 Updates • Revisions to the 1915b Waiver • TAR Restriction on Antipsychotic Medications for 0-17 year olds • Questionable Medi-Cal Billing Process
IV	**Documentation Trainings & Technical Assistance** - *See attached training schedule.**
V	**IBHIS Updates** • DRAFT QA Chart Review Tool and instructions - Directly Operated only
VI	**Medi-Cal Certification Section –** No report
VII	**QA Policy and Updates** • QA Bulletin No. 15-02: New Procedure Code 90792 & Inactivation of M0064 • Organizational Providers Manual Revisions: Chapter 3/TBS • DRAFT Clinical Forms Bulletin – 15-01 • Policy 202.46 – Scheduling Initial Medication Services **Other Follow-Up Items**
VIII	**Health Information Management (HIM) Directly Operated ONLY –** no report
	Upcoming Items: • *QA Bulletin – Inpatient Lockout Reminders* • *QA Bulletin – Service Request Logs: Dispositions and When To Use* • *QA Bulletin – Reminders from State System Review and QA Reviews* • *COS Manual Changes and Trainings*

handout

Next Meeting Info:
April 15, 2015
3:00-4:00 p.m.
Stars Behavioral Health Group
1501 Hughes Way, Long Beach, CA 90810

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
SA 8 QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA) MEETING
Minutes, March 16, 2016

Type of Meeting	Service Area 8 Quality Improvement/Quality Assurance (QI/QA) Committee				**Date** March 16, 2016
Location	Star View, 1501 Hughes Way, Long Beach, CA 90810		**Start Time & End Time**		2:00 – 4:00 p.m.
Co-chairs	**Co-Chairs:** Michele Munde, Misty Aronoff, Emily Ramos				
DMH SA 8 Support Karina Wagner	**SA 8 QI/QA Liaison:** Ann Lee	**QI Division:**	**Cultural Competency:**	**Medi-Cal Certification:**	**QA lead:** Robin Washington
Members Present by Provider Name					
1736 FCC	**Children's Bureau**	**Exodus** Kumi Tsuda	**Long Beach CAP** Eva Sofia Mendoza	**Shields For Families** Georgea Madeira	**Telecare**
AADAP Hiroko Makiyama	**CII**	**For The Child** Pastora Salazar Tiffani Miller	**Masada Homes** Linda Nakamura	**SBCHC** Rachel Green	**The Guidance Center**
Alafia	**City Of Gardena** Kathy Mills-Walker	**Harbor-UCLA** Ae Lyen Yoon	**MHA** Ana Quimson	**South Bay MHC** Dana Cherry	**Ties For Families**
ALMA Misty Aronoff (co-chair)	**Coastal APIFMHC** Helen Chang	**Harbor View CSC** Keith Parker	**MH Urgent Care Clinic**	**SSG/OTTP** Debra DeLeon	**Aspiranet** Kim Kopenhaver
Bayfront Martin McDermott	**Counseling 4 Kids**	**Healthview** Maura Papazian	**PACS**	**Specialized Foster Care**	**California Mentor** Libby Armstrong
CCAF Theodore Howlett Virginia Howlett	**Crittenton** Marcella Briceno	**Long Beach Adult** Emily Ramos (co-chair)	**San Pedro MHC** Kathleen Villagomez	**Star View** Michele Munde (co-chair)	
ChildNet Leeann Ekstrom	**Didi Hirsch** Aminah Ofumbi	**Long Beach API** Julie Leevarinpanich	**SB 82 MTT**	**Tarzana** Lauren Dibbs	
Review of Minutes	The February 2016 minutes were approved as written.				
Call to Order & Introductions	The meeting was called to order at 2:00 and attendees introduced themselves.				

QUALITY IMPROVEMENT (QI)			
Agenda Item & Presenter	**Discussion and Findings**	**Decisions/ and Recommendations Actions/Scheduled Task**	**Person Responsible/ Due Date**
Systems Review	The review went well. LA County is 100% compliance with QI Systems. The reviewers provided feedback that they would like staff to complete one cultural competency training each year and to develop a system to track and monitor completion of cultural competency training for DMH staff and include contract providers. The State praised LA County for the community outreach television commercials. Regarding test-calls when a client calls with a grievance, the reviewers provided feedback that they want ACCESS to provide more information about the grievance process instead of just referring to Patients' Rights. ACCESS obtained 85% compliance which is a significant improvement from previous reviews. The State target for hold times is 2 minutes so they provided feedback to reduce hold time for ACCESS calls. Currently the average hold time is 10 minutes. Center for Medicare and Medicaid Services (CMS) encourages States to provide more oversight and guidance to counties. Will receive DRAFT report and then create corrective action plans. State has revised process of how they score.		
Language Interpreters Policy No. 200.03	Policy was recently updated. This policy includes definitions such as threshold		

	language, translation, and interpretation. The policy applies to DMH and Contract Providers. Please review the policy and share with agency staff.		
EQRO Review	The LA County review will focus on SA 4 and 6 in April. The EQRO reviewers will meet with QIC co-chairs.		
SA QI Project – Parameters for Spiritual Support	The post survey draft was discussed. 88 responses have been received so far. Will do match pairs to compare pre and post survey results. Will have a full report by the April QIC meeting and will discuss then.		
CSECY PIP – Client List	The CSEC unit is collecting data. Clinicians who attended the CSECY training were to go back and identify CSEC clients in order to determine the number of CSECY being served. Agencies are being asked to check with clinicians who took the training to identify clients and complete the CSECY Clients List. The list can be submitted via secure/encrypted email to CSECInfo@dmh.lacounty.gov *{Please note this is a corrected email address from the one given during the meeting}*. If your agency does not have secure/encrypted email, then please fax to Ann Lee at (562) 435-3128. DMH is coming up with a list of clinicians trained. We should be able to track if clinicians are seeing CSEC clients after the training. DMH conservatively estimated the number of youth being served to be approximately 750 clients based on the reported caseload of the clinicians who attended the CSECY training. However, it	Ann Lee will secure forward any lists she receives via fax to CSECY unit. Will check into if CSECY presentation can be provided to the QIC after the survey training.	

	does not appear that many CSECY clients are actually being served. Over 400 clinicians have been trained so far. Clinicians should maintain a list of CSEC clients.		
Survey To Review Program Agency QI Process	QI division is interested in how information from monthly QIC meetings is shared by agencies. A draft copy of the survey was included in the handouts for input. The final version will be sent via email.		
Provider Directory	QI division is working on posting the translated provider directories. Currently field-testing them and expecting to post in a few weeks. The English version is posted. Providers should update staff languages using the rendering provider form since ACCESS uses that info to refer for cultural/linguistic needs. Michele noticed that in the provider directory, inpatient is now termed 24-hour residential.		
Vacancy Adjustment Notification System (VANS)	VANS is an online application where providers can post capacity information or look up what provider has availability to take referrals. VANS has been utilized in SA 4 where it was piloted. SA 5 has also been utilizing and it will be going out to SA 6 and 8 and eventually the other SAs. Dr. Vandana Joshi would like to schedule a webinar by the end of March for SA 8 to demonstrate VANS. Staff who will be responsible for updating VANS will need to be identified to participate in the webinar. Possibly looking to schedule the demo at the SA 8 Executive Provider meeting on 4/1/16 if unable to schedule the	Ann Lee will contact Vandana Yoshi at QI's Data unit to schedule the webinar.	**Ann Lee**

	webinar by the end of March. QIC members will be invited to attend. It will be important for providers to keep VANS info up-to-date so executives, managers, supervisors, and staff will need to be informed to ensure effective utilization of VANS.		
Consumer Participation at SA QICs	At the monthly chairs meeting, Helena Ditko, Director of the DMH Office of Consumer and Family Affairs, inquired about consumer participation at QIC meetings. SA 8 co-chairs shared about the great benefits of having active consumer participation and input from 2 longstanding members who provide an inspirational message, insightful consumer perspective, and QI project input (e.g., kiosk and no-show projects). Mrs. Howlett stated she also takes information from the QIC meetings and shares them with consumers. She shared that it has been helpful to learn about QI and the department's policies and procedures that she can share with consumers and enhance advocacy. For example, she has shared information regarding the department's request for change of provider policy with consumers that expressed dissatisfaction of services. The co-chairs encouraged others at the monthly chairs meeting to actively seek consumer participation.		
Change of Provider (COP) Report	At the monthly chairs mtg, the SA co-chairs provided feedback that providers are incorrectly reported as not having submitted a log when they did and that the quarterly report is often inaccurate. Co-chairs stated		

	that before marking a provider as being deficient in submitting logs, there should be a check for accuracy since providers take the report seriously and do not want inaccurate information reported. QI accepted the feedback. A new "fillable" teleform has been developed which will enable the form to be scanned in and the data imported into the COP report. The log will need to be submitted to DMHCOP@dmh.lacounty.gov each month even if there were no requests to change provider. Email is preferred since it is easier to track. However if there is PHI and the provider does not have a secure/encrypted email system, please continue to fax the log.		
Cultural Competency Update	The Cultural Competency (CC) update was provided by Ann Lee and a written update from Dr. Sandra Chang-Ptasinski (LA County's Ethnic Services Manager) was also included in the handouts. Please refer to the handout. The guiding words for the CC committee are community, collaboration, inclusion, and equity. The next meeting will be held on April 13th from 1:30-3:30 at 550 Vermont, 3rd fl conf rm.		
Policy Update – Office of Compliance	Please see the attached list of Policy/Procedure update. Michele noted the revisions.		
Inspirational Message	Mr. Ted Howlett read a poem titled, "Workgroup" written by Mrs. Virginia Howlett. Thank you for sharing this poem!		
Announcements	None		

QUALITY ASSURANCE (QA)			
Agenda Item & Presenter	**Discussion and Findings**	**Decisions/ and Recommendations Actions/Scheduled Task**	**Person Responsible/ Due Date**
Audits/Reviews	Auditor Controller: • 3/15 - Topanga West • 3/29 – El Centro Del Pueblo, Inc.		
Medi-Cal Certifications Section	LA County did very well in certifications. State Review findings: There were 5 overdue recertifications. Providers were advised to get their fire clearances started early if they have knowledge of being due for a certification. The fire clearance has to be within a year of the certification. Agencies will receive a phone call from DMH as the due date approaches. Joel Solis sends out the notifications to his providers. The Medi-Cal certification checklist has been revised and will be sent to those who have upcoming certifcations. The address on the NPI website need to match the address associated with the Provider number.		
State DHCS Updates	**State System Review Update**: Preliminary findings of an overall compliance of 92% for LA County. The State will decide on whether general complaints need to be documented as formal grievances by providers. The State would like LA County to reduce ACCESS line wait times; however, we were not marked as out of compliance.		
Training and Operations	The schedule of trainings was included in the handouts. QA will look for larger venues to be able to accommodate more attendees.		
Policy and Technical Development	**State Chart Review Preliminary Findings:** The State will send a draft of the written notice of the findings.		

	➢ The State will be releasing an Information Notice to clarify decisions regarding 8 items discussed at the State documentation training last August: • Family therapy – State had stated it should be billed as group during the training but will review how it should be claimed and clarify in the info notice • Students billing for MHS – will clarify if students can bill, most likely will be ok under supervision of a licensed person • Client signatures on the treatment plan – State will clarify if client signatures must be dated • Providing services prior to the development of a client treatment plan • Providing services while driving • Claiming for chart review – need to be cautious and document carefully how it benefits the client • JV220/JV223 – missing 2 required elements so does not suffice but State will look into if these forms can be used as medication consent forms • Signature requirements for co-practitioners ➢ Overall we had a 17.4% disallowance rate which was a 10% improvement from the last review. ➢ 100% compliance for identifying impairments in the diagnosis and documenting medical necessity. ➢ Missing elements in the assessments ➢ Medication consents from the charts reviewed were missing required elements but we have already corrected the forms to include the elements prior to the review. ➢ A few client treatment plans had no client signatures – 3 charts did not have a client signature so 50 claims were disallowed. ➢ Progress notes – we were in compliance 94% ➢ Day Treatment (DTI/DR) – nearly 100% compliance which is a huge improvement from the previous system review/chart audit ➢ Targeted Case Management (TCM) during psychiatric hospital stays must be for discharge planning for the purpose of placement only. Important to document about placement otherwise will be disallowed. ➢ No date stamp on electronic records ➢ Medication Administration Records (MAR)- 3 providers used the MAR in place of individual progress notes - 130 claims were disallowed due to a missing progress note. The State will send us a draft written notice of the non-compliance items. DMH will have 30 days to review and challenge the results. Providers with disallowances will be contacted. Then we will have

	15 days to formally appeal items and 60 days to respond with a plan of correction. **QA Bulletin 16-03: OIG Chart Audit:** Already passed but would have been notified on Monday if selected. **IBHIS Update:** Continuing to onboard more providers into IBHIS. So far about 12 providers have already gone LIVE. The goal is to have all providers onboard by June 2017.		
Q&A	Q1: Obtaining assessments from another agency without a practitioner signature. Do providers need to pursue obtaining a printout with the actual signature? A: Electronic signature is ok. Providers need to send the page that indicates it was signed electronically. Robin advised providers to document efforts to obtain printout of clinician's signature or confirmation that the assessment was signed electronically. Q2: How long is the authorization to release information good for? A2: Ann did not recall there was an expiration date of one year for the Authorization to Release PHI form. Emily advised that the authorization to release information is good for up to one year. Q3: (from a D.O. provider) Nurse collaborates with MD to create a meds goal. Clinician will review with client and review all goals and route to the doctor. The signatures are valid, correct? A3: Yes. Q4: (from a D.O. provider) Regarding AIA in IBHIS, if it was completed on the paper form and not in IBHIS, IBHIS will not detect if it was scanned in to track so will give notification that it is overdue. It has to be completed in IBHIS to pickup the compliance indicator. Emily encouraged D.O. programs to redo the assessments in IBHIS.	Q2: Ann will look into the expiration date if any for the MH 602 Authorization for Request or Use / Disclosure of PHI.	Ann Lee
Next Meeting	The next meeting will be held on April 20, 2016 from 2-4 p.m. at Star View's corporate office, 1501 Hughes Way, Long Beach 90810.		

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
SA 8 QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA) MEETING
Minutes, March 16, 2016

Minutes Recorded by:
Karina Wagner, Sr. Secretary III/DMH SA 8 Administration

Minutes Reviewed by Ann Lee, Ph.D., SA 8 QI/QA Liaison

Minutes Approved by:

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