Workshop Summary

Workshop Goals:

- Nobody went to school for “quality assurance” → Learn the theory behind the practice
- Nobody understands managed care → Get educated in the basics of this work
- We need to standardize our interpretation of regulations → Standardize/operationalize medical necessity

June 2, 2017 Workshop Details:

- 19 attendees

  Opening Activity: use the white-boards in the room to write down:
  - Your name, organization and one detail about yourself
  - The things you monitor/review in your QA position (page 2)
  - The impact to your agency of your monitoring/reviewing activities (page 3)

- Facilitator’s Bad Time Management: the agenda was too large!
  - Time for introductions: since one of the goals was networking, the facilitator should have built-in more time for introductions, etc.
  - Managed care overview: although we reviewed the basic flow of managed care, we didn’t have a deep discussion.
  - Regulations: we talked about publicly organized managed care, but we didn’t have a deep discussion on the structure/contents of CCR Title 9.
  - Medical necessity: we reviewed the CDIP training tool and began to identified the most basic how to operationalize the elements (e.g., Included Diagnosis).

Lessons Learned (for future implementations):

- Breakup the first workshop into two: (a) first workshop is getting to know each other + managed care; (b) the second workshop is CCR Title 9 and medical necessity
Behavioral Health Quality Assurance (BHQA) Professional Development:  
Workshop #1—CCR Title 9 & Medical Necessity (6/2/17)

What Are You Monitoring/Reviewing?

1. Documentation standards
2. Documentation/UoS, charting, TPOC, etc.
3. PURQC process (cans/TPOC/notes)
4. Golden thread/thoroughness
5. People using correct codes for services, CANS, assessment, TPOCs
6. UoS/unduplicated client count and objectives
7. Billing, technical documentation compliance, credentialing
8. PURQAC, audits, etc.
9. PURQC/medical
10. Every little detail
11. Progress notes/coding; timeliness of documentation completion (per M-Cal, in Avatar, etc.)
12. Medi-Cal check, tracking clinical docs, and consents, compliance
13. Compliance, documentation standards, risk management consultation

![Image of the page content containing the list of monitoring/ reviewing items.]
What is the Impact of Your QA/Monitoring?

1. Audit/contract compliance
2. Helping programs preserve money/contracts via audits-compliance visits
3. Admin/support to allow clinicians to focus on the health of clients
4. Keeping documentation within timely requirements
5. Better communication with clinicians on the specificity of documents
6. Client safety, compliance, standardization of protocols
7. Impact is not known—getting people on board/invested
8. Programmatic response
9. Billing disallowance, LPHA responsibility, compliance, contacts
10. Money-contracts/function; client services; training