

## ACBH Guide to Completing SUD CQRT

For OS/IOS/RSS charts where Alameda County is the funding source for services, all open charts are required to go through CQRT (Clinical Quality Review Team). Charts required at CQRT follow client plan completion dates. If documentation is missing key elements required for CQRT (assessment, medical necessity, plan, etc.), services may not be claimed until addressed. Charts are required at CQRT following the completion of the initial client plan (for initial service approval) and each subsequent client plan update (for re-approval). Once services are closed CQRT is no longer required for that client.

As of November 1, 2019 all (OS/IOS/RSS/WM/RES) contracted ACBH SUD providers will no longer be required to submit CQRT documents to ACBH Quality Assurance for review. All ACBH contracted providers continue to be required to conduct CQRT monthly, but are no longer required to submit CQRT documents to ACBH QA unless it is specifically requested by QA. Evidence of CQRT completion (e.g. completed *ACBH SUD Full Medical Necessity CQRT Tool*) must be provided when requested by ACBH during audit and spot checking processes. ACBH recommends CQRT documents be kept in the client's medical record, but providers may opt to store these documents elsewhere.

### **Authorization of Services**

1. Outpatient services do not require prior authorization and the *ACBH OS/IOS/RSS/WM SUD Authorization Form* is no longer required.
2. Residential services continue to require prior authorization and providers must follow prior authorization procedures as per direction from ACBH Utilization Management.

### **Required CQRT Documents**

1. All SUD providers are required to complete full chart reviews of a sample of charts across their programs each month.
  - a. Residential and Withdrawal Management programs complete at least four (4) full reviews using the *ACBH SUD Full Medical Necessity CQRT Tool*.
  - b. OS/IOS/RSS programs complete at least four (4) full reviews using the *ACBH SUD Full Medical Necessity CQRT Tool*.
  - c. Agencies that have both RES and OS/IOS/RSS programs must complete both 1 and 2.



- d. These four full reviews must be completed by a CQRT staff person with the appropriate credentials.
  - i. They review the record and complete the form in full.
  - ii. If needed, the record is routed back to the LPHA of record for corrections.
  - iii. Once corrected it is signed off on as complete by the CQRT staff person.
  - iv. If this is not the agency CQRT Chair, it is routed to them for approval.
2. For OS/IOS/RSS providers, for all remaining charts required at CQRT, complete the *ACBH SUD Brief Medical Necessity CQRT Tool*. For example, an OS/IOS/RSS provider has 10 charts required at CQRT this month. This provider must complete at least complete 4 full reviews, and the rest using the *ACBH SUD Brief Medical Necessity CQRT Tool*.
  - a. Clinical Flow of *ACBH SUD Brief Medical Necessity CQRT Tool*:
    - i. Primary Counselor (on case) reviews record and prepares form for CQRT (Registered or Certified SUD Counselor). If Primary is an LPHA, skip this step and proceed to step 2.
    - ii. Primary Counselor passes *ACBH SUD Brief Medical Necessity CQRT Tool* to LPHA assigned to case for initial CQRT review of record. Any deficiencies are address and corrected.
    - iii. CQRT staff review form to confirm all requirements have been met and if needed, all corrections have been made. Record may or may not need to be reviewed.
3. Both of the review tools are used to check for the required documentation in the medical record. Use these to identify the items in the chart indicating whether the information is present (Yes), not present (No), or not applicable (N/A).
4. If an item is indicated as **No**, there must be a corresponding comment and requires correction. Some items indicated as **Yes** may also have comments if appropriate. Use the *ACBH SUD Med Necessity CQRT Tool Comment Sheet* as necessary.
  - a. When providing comments be clear, concise, and specific. Detailed information may be required to effectively communicate the issue. Consider that a QA reviewer may not have the clinical chart available when co-reviewing the chart.



- b. Claims that are not supported by chart documentation and/or medical necessity may have to be backed out or stopped until clinical and documentation related issues are addressed. Utilize the *CQRT Disallowance Tracking/Code Changing Sheet*.
5. Additionally, providers should then use this information to identify common documentation strengths, trends, concerns, and training topics at their agency.

### **Staff who may participate in full CQRT chart reviews**

1. Only staff who have the appropriate scope of practice, training, and experience may participate in CQRT.
2. LPHAs and Certified Counselors may participate in full chart reviews for CQRT. Registered Counselors require prior approval from ACBH QA and will be determined on a case-by-case basis.
3. It is beyond the scope of practice for Certified or Registered SUD Counselors, Pharmacists, or others who do not have the training or experience to diagnose substance use disorders. These individuals may review diagnoses for number of symptoms (listed in DSM-5) but may not provide any diagnostic services.
4. CQRT may be a regularly scheduled meeting (use the *CQRT Attendance Sheet* and *CQRT Minutes*) and may be utilized to meet supervision requirements. If the QA Coordinator reviews charts without a group meeting, the attendance sheet is not required.

### **Attachments:**

*ACBH SUD Full Medical Necessity CQRT Tool (OS/IOS/RSS/WM/RES)*

*ACBH SUD Brief Medical Necessity CQRT Tool (OS/IOS/RSS)*

*ACBH SUD Med Necessity CQRT Tool Comment Sheet*

*CQRT Attendance Sheet*

*CQRT Minutes*

*CQRT Disallowance Tracking/Code Changing Sheet*

