BEHAVIORAL HEALTH CARE SERVICES

CLINICAL QUALITY REVIEW TEAM

Adult Services

MANUAL

2004

(edited:7/04 QA)

Acknowledgements

The following people are credited for the original manual and its current revision.

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Introduction

Changes in California Department of Mental Health Regulations and the introduction of many service providers new to the Alameda County Behavioral Health Plan (ACBHP) and the Clinical Quality Review Team (CQRT) process, required revisions in January 2004 to the Children's Mental Health Services Clinical Quality Review Team Manual. In July 2004, the Children's Manual was edited and published as the Adult Services CQRT Manual. The current Adult and Children CQRT Manual and future revisions will be made available on the Alameda County Behavioral Health Care Services website under Service Providers at http://bhcs.co.alameda.ca.us/

How to Use the Manual

Read the manual carefully. If the provider has questions that are not readily answered in the manual, consult with your CQRT Chair. Questions that the Chair cannot answer will be directed to the Quality Assurance Office by the CQRT Chair.

Purpose and Role of the CQRT

The purpose of the Clinical/ Quality Review is to provide a mechanism to review medical necessity, service necessity, quality review, and authorization.

The procedures established will be in accordance with the Behavioral Health Plan (BHP) standards and policies as established by the Office of Quality Assurance.

The CQRT committees meet a minimum of one time per month representing the Adult Services programs. Children's CQRT meeting meet *separately* and at the same frequency.

The Clinical Quality Review Team will:

- meet to review charts for Clinical Review and Quality Review as required by the Behavioral Health Plan (BHP) standards and policies and the California Department of Mental Health
- assure ongoing medical and service necessity
- approve the continuation of services
- review the chart to ensure that adequate treatment planning and discharge planning are documented (see Chart Review Guidelines)

Fifteen percent (15%) of all charts presented at each CQRT meeting will be randomly chosen for Quality Review.

CQRT Composition

The Clinical Quality Review Team (CQRT) will consist of the CQRT Chairperson Co-chairperson and CQRT Committee members.

The CQRT Chairperson and co-chairperson are county Staff who are LPHA's and assigned by the QA Office. Each chairperson may have a co-chairperson

CQRT Committee Members must meet the following qualifications;

- Trained provider agency supervisors or their designees who are authorized to represent the agency in the CQRT as well as provide their agency staff with feedback regarding Quality Assurance requirements, issues, concerns, or compliments given by the CQRT AND
- Licensed, waivered, registered intern Licensed Practioners of the Healing Arts (LPHA) who have attended training or orientation regarding CQRT. No exceptions.

Provider agencies are strongly encouraged to designate a consistent person or persons to attend CQRT monthly.

The agency must provide one representative for the first ten charts brought to the committee. For every ten charts thereafter, one additional agency representative must attend (i.e. 11-20 charts=two agency representatives, 21-30 charts= three agency representatives, etc.) Any exception to this ratio requires the advance approval of the CQRT Chairperson.

For organizations with Child and Adult programs , Adult and Child programs will attend their respective Adult or Child CQRT meeting. Therefore, Adult programs will bring their charts to the Adult CQRT and NOT the Child CQRT.

The exceptions are small organizations whose compliance to the staffing ratio (for both their adult and child programs) requires them to have only *one* staff attend CQRT. They may bring Adult program charts to the Child CQRT (notify chair of adult charts at meeting). Once their compliance to the ratio requires them to have *two* staff attend, then they are required to submit per the general requirement sited above.

The QA Office (me) will monitor member compliance via the chairs submission of attendance and CQRT forms.

Meeting Schedules

The CQRT meetings are at locations designated by the ACBHP. The meeting schedules will be posted on the BHCS web page at http://bhcs.co.alameda.ca.us/ and announced by the respective chairpersons. CQRT meetings are organized by the type of provider or primary treatment mode. At this time, the Adult Services CQRT meets the last Thursday of each month at ACBHP Administration.

Procedure for Treatment Authorization

Outpatient MHS and Medication Support

Clinical Supervisors from provider agency provide initial authorization and treatment plan approval within 30-days of the client's opening episode date. Thereafter, all charts are submitted to the CQRT according to the following timelines: Thereafter, all charts are submitted to the CQRT according to the following timelines:

- Six months from the opening episode date and every six months thereafter

Adult Day Treatment Rehabilitative

Clinical Supervisors from provider agencies provide treatment plan approval within 30 days of the client's opening episode date. *BHCS CQRT Chairs provide initial authorization the CQRT meeting following the 30-day treatment plan approval date.* Thereafter, all charts are submitted to the CQRT according to the following timeline

- Initial authorization submitted at the next scheduled CQRT meeting following the expiration of the 30 day treatment plan approval date.
- Six months from the opening episode date and every six months thereafter.

Prior to each CQRT meeting, the primary provider will fully complete the CQRT Review Request form for each chart to be reviewed. PRIOR to the chart being presented to CQRT, the form and chart will be reviewed and signed by the clinical supervisor to ensure regulatory compliance, service and medical necessity. All corrections are to be made to both the form and chart prior to the CQRT meeting in order to minimize the number charts requiring provisional 30 day approval for corrections that must be returned to CQRT.

Both the primary provider signature line and the clinical supervisor line must be signed even if it is the same person.

The agency representative will bring all CQRT Review Request forms and CQRT Minutes form listing all charts presented to the committee. See Section C for CQRT Minutes form

Schedule for Treatment Chart Review

Charts are reviewed by the CQRT based on the date of the case episode opening. The review cycle begins on the first of the month in which the episode was opened.

Outpatient services are reviewed every six months.A revised Treatment Plan for all clients is due every 6 months. A new treatment plan is due every 12 months.

Day Treatment services are reviewed for initial authorization and every six months. The treatment plan is due at the intial authorization. A revised Treatment Plan for all clients is due every 6 months

For 6 month reviews, Treatment Plans must be dated within 15 days of the end of the review cycle. The CQRT review cycles will always remain the same.

Example for Outpatient

If the Admission Date (Episode Opening Date) is March 13, 2002 the review cycle begins March 1, 2002. The primary provider must complete the initial Assessment and Treatment Plan by April 12, 2002. The Clinical Supervisor from the provider agency reviews and approves the initial authorization for treatment within 30 days of the admission date also by signing the initial Assessment Treatment Plan by April 12, 2002. The Treatment Plan is then approved for the cycle March 1 through August 31, 2002 and reflected in the INSYST computer system. The revised Treatment Plan must be completed, dated and signed within 15 days of the end of the review cycle, August 16, 2002. The chart is then brought to the CQRT meeting in August for approval of the next six-month cycle, September 1, 2002 through February 28, 2003. The CQRT review cycles will always remain the same.

Guide to Chart Contents for CQRT

The following is a list of information and items that should be found easily in charts brought to CQRT meetings. The format follows the Quality Review checklist which can be found on the back of the CQRT Review Request Form. This guideline is intended to assist clinicians in creating and maintaining well documented charts which meet the criteria for authorization and reimbursement of services.

All charts must contain the following basic information. Charts which don't provide this documentation could be limited to a 30-day provisional approval. This is a simplified guideline to chart contents; all clinicians should refer to their agency's policy and procedures for complete chart requirements.

Medical Necessity:

DSM-IV-TR Diagnosis: A complete 5-axis diagnosis must be provided. List each diagnosis separately. Document the signs and symptoms to support Axis I and II diagnoses, as established by the DSM-IV-TR. *Diagnoses must be established by a LPHA.*

Impairment Criteria:

Document at least one of the following that are a result of the established included diagnoses, as found in the Specialty Mental Health Medical Necessity Guidelines:

- significant impairment(s) in important areas of life functioning.
- probability of significant deterioration in important areas of life functioning.
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Intervention Criteria:

Link interventions to specific impairment criteria and treatment goals/objectives.

List the professional disciplines providing the treatment modalities (i.e., medication support, case management and individual, group or family therapy), and specific interventions (i.e., cognitive behavioral therapy, play therapy, behavioral management chart, parenting skills treatment group, education-support or referrals made). If the client receives services from more than one agency or provider, document collaborative efforts to meet the client's needs.

Service Necessity:

Document the level of current risk, stability, and impairment that justifies the type, frequency and duration of Specialty Mental Health Services.

If applicable, when a client is stable, include justification why a primary care physician or pediatrician and/or private practitioner/therapist in the community cannot provide these services, e.g., there is a need for specific services to address language, ethnic and cultural needs and accessibility that are not available elsewhere.

Evaluation and Consent:

- Annual Community Functioning Evaluation is completed.
- HIPPA Privacy Notice is completed by the service provider.
- Freedom of Choice Form is completed by the service provider.
- Beneficiary Problem Resolution Form is completed by the service provider.

Treatment Plan Timelines:

Initial Treatment Plan due within 30 days of episode opening (client's admission date).
Treatment Plan Review or Update due at 6 months, and signed not more than 15 days before the end of the review cycle.
Annual Treatment Plan, revised and rewritten, due by anniversary of Initial Treatment Plan, and signed not more than 15 days before the end of the review cycle.

Revised Treatment Plan due whenever there is significant change in plan, service, diagnosis, problem or focus of treatment; charts with Revised Treatment Plan do not go for CQRT until next review cycle.

Treatment Plans must include the following;

- Goals and objectives for the client must be client-focused and measurable with baselines and timeframes.
- Participation and agreement by client and family members/guardian via signatures. Note reasons for non-participation/agreement and/or attempts to get signatures, if unable to obtain.
- Client strengths and resources and how utilized to achieve plan goals and objectives.
- Specific Service Plan and Aftercare/Discharge Plan for referrals to mental health and community services and tentative discharge date.
- Medication Support Services . Clients receiving treatment from a program's physician must have a BHCS Physician's Initial Evaluation and Plan form completed that, among other things, addresses target symptoms, interventions, including medications prescribed and their rationales, lab and other possible diagnostic tests and any referrals made. A legible and dated signature must also be present as well as informed consent forms for medications prescribed (or a charted explanation of why they are not). Client receiving medication from a program should have a face-to-face visit at a minimum of 3 month intervals.

  A BHCS Psychotropic Medication Practice Guidelines is provided to all BHCS psychiatrists located in county-operated and CBO Level 1 outpatient programs. A copy of the BHCS Psychotropic Medication Practice Guidelines is available by contacting the Office of the Medical Director, Alameda County BHCS.

- Medication Only Services. For clients who will subsequently be treated only by the program's physician, a Medication Visits Only Treatment Plan must be completed at

prescribed intervals addressing target symptoms, goals and objectives, medications prescribed, 5 Axis diagnoses and other information indicated on the form, with a legible and dated signature.

- Diagnosis must be established by an LPHA. The Treatment Plan must refer to the LPHA who established the diagnosis.
- Treatment Plan must be signed and dated by a licensed, registered or waivered LPHA. Again, the prescribing clinician must sign the clinical Treatment Plan if the provider prescribes the client's medications and the MD does not complete a Medication Only Treatment Plan.
- A single Treatment Plan may be used for services rendered by a provider to a client in more than one of the provider's programs, as long as the Treatment Plan is current and includes specific treatment goals and objectives for each program. When a client is discharged from the program providing the Treatment Plan, the program continuing to provide services must assure that a current valid Treatment Plan is in place for the remainder of that program's review period.

Treatment Plan Updates:
Must include a brief summary of the client's status and progress toward meeting goals and objectives.

Progress Notes:
Must link directly to specific treatment objectives and include interventions and client responses. All progress notes must have a dated signature or electronic equivalent.

- Outpatient Specialty Mental Health Services: All notes must indicate procedure, location, date and amount of time, and include clinician signature, date and title.
- Intensive Day Treatment/Crisis Residential: Daily Progress Notes must be signed and dated by an LVN/RN, PT or MHRS, or a licensed, waivered or registered LPHA. Weekly Summary Notes must be signed/co-signed and dated by an LPHA.
- Rehabilitative Day Treatment/Residential: Weekly Summary Notes, including each date of service, must be signed/co-signed and dated by an LVN/RN, PT or MHRS, or a licensed, registered or waivered LPHA.

Medication Progress Notes:
Notes written by the BHCS physician must address items indicated on the form itself, including medical necessity, signs and symptoms, medication review of efficacy, compliance, adverse effects, lab results, and planned interventions. A legible and dated signature must also be present.

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Special Needs:

- Client cultural and linguistic needs are identified and addressed in the Initial Assessment and Treatment Plans, including information provided and accommodations offered to address these needs.
- Client special needs regarding visual and hearing impairments are identified and addressed in the Initial Assessment and Treatment Plans, including information provided and accommodations offered to address these needs. If no such impairments exist, this should be noted.

Legibility: Writing and signatures must be legible and include title.

The CQRT Meeting:

Overview

In order for the CQRT meetings to operate efficiently, please follow these guidelines:

- Please plan to arrive at least 5 minutes before the start time
  If an agency representative arrives 15 minutes or more after the scheduled meeting time, the provider's charts will not be reviewed at this meeting. The charts may be brought to the next scheduled CQRT meeting for review and may result in costly unauthorized services
- All agency representatives must plan to stay until ALL charts have been reviewed
- Agency representatives are to receive formal training and orientation to the CQRT procedures by their agency staff prior to their actual participation in the CQRT meeting

The Nuts and Bolts of CQRT

- All charts are reviewed for clinical issues (the front side of the CQRT Request form).
- 15% of the charts are selected for quality review (the backside of the CQRT form) in addition to the clinical review.
- All the CQRT forms need to be signed by the CQRT Chairperson (s).
- All case names, PSP #'s, and dispositions are needed for both the agency providing the services and for the BHCS Quality Assurance Office. (CQRT Minute forms)
- Copies of the CQRT forms are returned to the agencies for their records.
- All client related material is confidential and must be handled and disposed of appropriately following HIPPA guidelines

Mechanics of CQRT

Sign in

When you arrive at the CQRT Meeting, follow the sign in procedure as established by the respective meeting chair. Agency Minutes listing the client name and identifying number should be completed prior to the CQRT meeting. Upon arrival the Agency Minutes are turned into the Chair so that an accurate chart count to can be made for the purpose of determining the number of charts to be quality reviewed. Charts to be reviewed should be placed on the designated review table.

The CQRT Chairperson will total the number of charts presented for review from the Agency Minutes and multiply by 15% to determine the number of charts to be Quality Reviewed. Charts for Quality Review will be randomly selected and designated with a post-it note and placed on a separate table section or distributed directly to the agency representatives. All Quality Review charts should be reviewed first. After Quality

Reviews are completed, the balance of the charts are Clinically Reviewed for Medical and Service Necessity.

Agency representatives are not permitted to review charts from their agency.

Reviewing the Charts and Completing the CQRT Review Request Form

A**. Clinical Review**
The clinical review establishes Medical Necessity and Service Necessity. Review the chart and CQRT Review Request Form for these issues as reflected in the treatment plan, diagnosis and progress notes. Are there other resources suggested which may assist this client or family? Are there indications of progress being made toward the goals? Evaluate the discharge plan on the CQRT Review and Request Form and the reasons for continuing treatment. The discharge plan should include an approximate date of discharge and resources for follow up care. (dates signature and HIPPA forms)-

Complete the form
Complete the Rationale for Continuation of Services by checking the appropriate box(es). The Committee Comments section provides specific feedback to the clinician or agency. If the case seems to be progressing well or something creative or innovative is being tried, these can be acknowledged. Note your positive impressions of the chart, state concerns or deficiencies, make suggestions, or give constructive feedback. Committee Comments should always indicate specific chart deficiencies if a 30 day authorization is recommended.

Do not complete the Quality Review section if the chart has not been selected for a Quality Review.

B. **Quality Review:**

A Quality Review is a more comprehensive review of the chart than a Clinical Review and includes the Clinical Review. Review the chart in accordance with the Regulatory Compliance checklist on the back of the CQRT Review Request Form and check the appropriate boxes. Check for required forms, including HIPPA, Freedom of Choice and Beneficiary Problem Resolution. Review the treatment plan and the progress notes with an emphasis on the continuity between the treatment plan and the work documented in the progress notes. See the Children's Quality Review Instruction Sheet for a detailed description.

Completing the form:

When you have finished reviewing the chart, in Quality Review box (the bottom right corner of the form) sign the Reviewer line and provide your staff number. Check the appropriate box, indicating that the chart meets requirements for approval (Yes) or needs to be corrected by the treating clinician and returned for review in 30 days (No).

Complete the Rationale for Continuation of Services by checking the appropriate box(es). The Committee Comments section provides specific feedback to the clinician or agency. If the case seems to be progressing well or something creative or innovative is being

tried, these can be acknowledged. Note your positive impressions of the chart, state concerns or deficiencies, make suggestions, or give constructive feedback. Committee Comments should always indicate specific chart deficiencies if a 30 day authorization is recommended. Put in clinical review

The chart is returned to the Chair for review and completion of the Provisional Authorization box . Then, the reviewer adds the client name and information to the Quality Quality Review Minutes located by the Chair

Chair Instructions/Duties:

The Chair gives the chart Provisional Authorization when it is determined Medical and Service Necessity is met and services should continue (check Yes). The Start Date will be the beginning of the next review cycle or the current date if it is late. The End Date will be the end of the review cycle unless there are chart deficiencies and a 30 day temporary authorization is recommended. Consult with the Committee Chair regarding the need for a 30 day authorization. The cycle always remains the same based upon the admission date.

A 30-day temporary authorization is a function that allows the organization to forgoe any potential denial of services by correcting any deficiencies that are clearly documented on the form and re-submitting to the CQRT. No reduction or denial of any type or portion of service is permitted without prior consent of the QA Office. Administrative processes may not be imposed that would limit access to services for the beneficiary during the temporary authorization period or any extentions of this period. The provider organization may communicate with the CQRT Chair to facilitate this process.

Although a 30-day temporary authorization **is issued through the CQRT, a denial of services related to any and all requests on the CQRT Form is directed to the QA Office for review. If the QA Office supports the** denial of services**, then it will be referred to the CQRT Psychiatrist to make the final determination. If at any point in the process, the request for a denial of service is not supported the CQRT Chair and provider will be notified. During this process, the beneficiary's access to any type or portion of service will not be denied unit the final determination is made by the CQRT Psychiatrist.**

Only the CQRT Psychiatris may initiate a denial of service. CQRT Chairs and members or the QA Office staff may not initiate a denial of service.

Form and Chart Distribution:

Follow the CQRT Request Form distribution guidelines as directed by the CQRT Chair. Make a poster for sign in and out for each meeting. The forms are photo-copied by QA staff. The original is maintained on file in the QA Office. The copy is returned to the agency representative at the next CQRT meeting.
The disposition of the charts reviewed is indicated by the Reviewer on the agency's minute sheet in both the Clinical Review and Quality Review columns.

The CQRT Chair will maintain a list of charts requiring return to the CQRT meeting within 30 days with the main reason for return indicated. All charts that have been given a 30 day provisional return date must have the ORIGINAL CQRT Review Request Form attached to the new one returned to CQRT with the chart the following month. All charts requiring an additional review will have a Quality Review. Periodic feedback will be given to provider agency if a significant number or charts in a six month period are given a provisional 30 day authorization.

CHECK OUT

When the review of all the charts is completed, the agency representatives should:

1. Check their Clinical/Quality Meeting Minutes to make sure that all the charts are accounted for.
2. Make sure that each chart has a copy of the CQRT Review Request Form.

The agency representative should leave with:

- A copy of the CQRT Attendance Sheet
- Copies of their CQRT Review Request forms
- A copy of their agency Clinical/Quality Meeting Minutes with dispositions for each chart
- A copy of the Quality Review Minutes
- Their charts.

The Chairperson will submit all the original documents to the Office of Quality Assurance.

Final Notes:

Questions and Answers: Members are encouraged to direct any and all questions related to the CQRT process or specific cases to their designated CQRT Chair. The CQRT Chair will facilitate the process to obtain an appropriate answer on behalf of BHCS. Any and all organizational issues related to the CQRT process are to be directed to the QA Office.

Provider Compliants: If providers and/or CQRT members have complaints regarding the CQRT process or specific cases, they are encouraged to direct them to their designated CQRT Chair. In cases where complaints are not resolved sufficiently or due to the nature of the complaint, the complaints can be addressed to the QA Office. The QA Office will facilitate the process to resolve the complaint or direct it through the appropriate channels and/or procedures.

Alameda County Behavioral Health Care Services

Confidential Administrative Records

Clinical/Quality Review Committee Meeting Minutes

Meeting Date: _____ Page _____ of _____

Provider Agency:_____

Cases Reviewed:

Name	RU #	Case #/PSP #	Clinical Review	Quality Review	30 Day Return Check if yes
1.		. . . . .	A/R	A/R	
2.		. . . . .	A/R	A/R	
3.		. . . . .	A/R	A/R	
4.		. . . . .	A/R	A/R	
5.		. . . . .	A/R	A/R	
6.		. . . . .	A/R	A/R	
7.		. . . . .	A/R	A/R	
8.		. . . . .	A/R	A/R	
9.		. . . . .	A/R	A/R	
10.		. . . . .	A/R	A/R	
11.		. . . . .	A/R	A/R	
12.		. . . . .	A/R	A/R	
13.		. . . . .	A/R	A/R	
14.		. . . . .	A/R	A/R	
15.		. . . . .	A/R	A/R	
16.		. . . . .	A/R	A/R	
17.		. . . . .	A/R	A/R	
18.		. . . . .	A/R	A/R	
19.		. . . . .	A/R	A/R	
20.		. . . . .	A/R	A/R	
21.		. . . . .	A/R	A/R	
22.		. . . . .	A/R	A/R	
23.		. . . . .	A/R	A/R	
24.		. . . . .	A/R	A/R	
25.		. . . . .	A/R	A/R	
26.		. . . . .	A/R	A/R	
27.		. . . . .	A/R	A/R	
28.		. . . . .	A/R	A/R	
29.		. . . . .	A/R	A/R	
30.		. . . . .	A/R	A/R	

Alameda County Behavioral Health Care Services
Mental Health Division

Confidential Administrative Records

Clinical/Quality Review Committee Minutes

Return Requested

For CQRT/BHCS Use Only

Meeting Date:_____ Page _____of_____

Name	RU #	Case # (PSP #)	Date of Initial	Quality Review	Quality Review
1.		. . . . .		A/D	A/D
2.		. . . . .		A/D	A/D
3.		. . . . .		A/D	A/D
4.		. . . . .		A/D	A/D
5.		. . . . .		A/D	A/D
6.		. . . . .		A/D	A/D
7.		. . . . .		A/D	A/D
8.		. . . . .		A/D	A/D
9.		. . . . .		A/D	A/D
10.		. . . . .		A/D	A/D

Timelines for Outpatient and Rehabilitative Day Treatment:

Month Opened	Period Reviewed	Bring to CQRT mtg. for the month below	With a revised or new tx plan dated by	And not signed before this date
January	Jan 1-June 30 July 1-Dec 31	June December	7/1 1/1	6/17 12/15
February	Feb 1-July 31 Aug 1-Jan 31	July January	8/1 2/1	7/18 1/15
March	Mar 1-Aug 31 Sept 1-Feb 28	August February	9/1 3/1	8/18 2/15
April	April 1-Sept 30 October1-Mar 31	September March	10/1 4/1	9/17 3/15
May	May 1-Oct 31 Nov 1-April 30	October April	11/1 5/1	10/18 4/15
June	June 1-Nov 30 Dec 1-May 31	November May	12/1 6/1	11/17 5/15
July	July 1-Dec 31 Jan 1- June 30	December June	1/1 7/1	12/18 6/15
August	Aug 1-Jan 31 Feb 1-July 31	January July	2/1 8/1	1/18 7/15
September	Sept 1-Feb 28 March 1-Aug 31	February August	3/1 9/1	2/15 8/15
October	Oct 1-March 31 April 1-Sept 30	March September	4/1 10/1	3/18 9/15
November	Nov 1-April 30 May 1-Oct 31	April October	5/1 11/1	4/17 10/15
December	Dec 1- May 31 June 1-Nov 30	May November	6/1 12/1	3/18 11/15