

**BEHAVIORAL HEALTH CARE  
SERVICES**

**CHILDREN'S  
CLINICAL QUALITY  
REVIEW  
TEAM**

**MANUAL**

**MAY 2004**

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# Manual for Alameda County Behavioral Health Care Services Children’s Mental Health Services Clinical Quality Review Team

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### **CQRT Committee Meeting Schedules**

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### **CQRT Meeting Forms**

- CQRT form
- CQRT Minutes
- Quality Review Record (ACBHP use only)
- Return Review Record (ACBHP use only)

# Manual for Alameda County Behavioral Health Care Services Children's Mental Health Services Clinical Quality Review Team

## 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 a revision to the Children's Mental Health Services Clinical Quality Review Team Manual. The current CQRT Manual, forms, CQRT meeting schedules 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 Chairperson. Questions that the Chairperson cannot answer will be directed to the ACBHP Quality Assurance Manager by the CQRT Chairperson.

## Purpose and Role of the CQRT

The purpose of the Children's Mental Health Services Clinical/ Quality Review is to provide a mechanism to review medical necessity, service necessity, quality review, and authorization.

The procedures established are in accordance with the Alameda County Behavioral Health Plan standards and policies as established by the Office of Quality Assurance.

The Children's CQRT committees meet a minimum of one time per month representing the Children's Outpatient, Day Treatment and Outpatient EPSDT Expansion Programs.

The Clinical Quality Review Teams will:

- meet to review charts for Clinical Review and Quality Review as required by the ACBHP 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 and discharge planning are documented  
(See *Guide to Chart Contents for CQRT*)

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 will consist of the CQRT Chairperson, Co-Chairperson, and CQRT Committee members.

The CQRT Chairperson may be either the:

- Chief of Outpatient Services or county staff designee
- Chief of Children's Specialized Services or county staff designee
- Representative from BHCS Authorization Services or Quality Management

Each Chairperson will have a Co-Chairperson to assist with technical and logistical questions and to sign CQRT forms.

CQRT Committee Members must be:

- Trained provider agency supervisors or their designees, who are authorized to represent their agency in the CQRT meeting as well as provide their agency staff with feedback regarding Quality Assurance requirements, issues, concerns, or compliments given by the CQRT
- Licensed, waived, or registered intern Licensed Practitioners of the Healing Arts (LPHA) who have attended training or orientation regarding CQRT

Provider agencies are strongly encouraged to designate a consistent person or persons to attend CQRT meetings monthly, as Quality Assurance is an important agency function that may prevent costly errors for the providers.

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 advanced approval from the CQRT Chairperson.

## **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. Meeting assignment is determined by the ACBHP. If you are uncertain which meeting that your program should participate in, please contact Alameda County Quality Assurance department at (510) 567-8100.

## Procedure for Continued Treatment Authorization

Clinical Supervisors from provider agencies provide initial treatment 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:

- Outpatient
  - Six months from the opening episode month and every six months thereafter
- Day Treatment Rehabilitative
  - Six months from the opening episode month and every six months thereafter
- Day Treatment Intensive
  - Three months from the opening episode month and every three months thereafter

Prior to each CQRT meeting, the treating therapist 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. Both the clinician signature line and the clinical supervisor line must be signed even if it is the same person. All corrections are to be made to both the form and chart prior to the CQRT meeting.

**Charts that do not meet CQRT charting standards will:**

- 1) be provisionally approved for 30 days**
- 2) be returned to the CQRT meeting with all corrections made**
- 3) and receive a quality review.**

The agency representative will bring a completed CQRT Minutes form, listing all charts presented to the committee. See *Section A 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 and Rehabilitative Day Treatment charts are reviewed every six months. Day Treatment Intensive charts are reviewed every three months. A revised Treatment Plan for all clients is due every 6 months or whenever there is a change in the diagnosis, goals, services or focus of treatment. A new Treatment Plan is due every 12 months.

The Treatment Plan must be signed and dated within 15 days of the end of the review cycle.  
**The CQRT review cycles will always remain the same.**

For clients in Intensive Day Treatment, the Department of Mental Health regulations require a more frequent review cycle of every 3 months. However, the Treatment Plan is only required to be revised or updated every 6 months or when the diagnosis and treatment goals change.

### Example of an Outpatient and Rehab Day Treatment Review Cycle:

If the Admission Date (Episode Opening Date) is March 13, 2002, the review cycle begins March 1, 2002. The treating Clinician must complete the initial Assessment and Treatment Plans 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 and Treatment Plans by April 12, 2002. The Treatment Plan is then approved for the cycle March 1 through August 31, 2002 and the authorization is 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.** See *Section B for the Timelines to determine when charts should be presented to the CQRT for review and continued authorization for Outpatient, Rehabilitation Day Treatment and Intensive Day Treatment charts.*

## **CQRT Form Completion**

### **Guidelines for the treating Clinician's completion of the CQRT Review Request form (See Section A for a completed CQRT form sample)**

This section should be completed with the goal of giving the CQRT Reviewer a quick diagnostic and treatment impression of the client.

#### **Date**

Date of CQRT meeting

Check the box if the chart is being returned after a provision 30 day authorization

#### **Identifying Information**

Completely fill out the Client Name, PSP#, Provider Name and Program, Reporting Unit for the site, Clinician Name, Admission Date and Next Review Cycle. **The review cycles always remain the same, based upon the first day of the month of the admission date.**

#### **Class**

Select the type of classroom that the client is in

#### **Handicapping Condition(s)**

Check all that apply

#### **AB3632**

Check **YES** if the client has been assessed and made eligible for mental health services under AB3632

### **Request for**

Indicate which services the client is receiving from your program:

- Outpatient Mental Health Services (check all that apply to client)
- Day Treatment (check one only)
  - Intensive
  - Rehabilitative

### **Service Necessity**

Check all that apply

### **Symptoms and Behaviors Supporting Current Diagnosis and Service Level**

List the client's current symptoms/behaviors/impairments which meet the criteria for Medical and Service Necessity for Specialty Mental Health Services. Address why this level of care is needed and why a lower level of care would not meet the client's needs.

### **Current Level of Functioning and Response to Treatment Interventions**

Describe how the client is functioning and responding to clinical interventions in your treatment setting.

### **Tentative Discharge Date and Aftercare Plan**

Provide the month/year by which the client is expected to terminate services at your treatment setting. Indicate what the clinical aftercare plan is expected to be, given the client's expected level of improvement in functioning by that time.

### **Clinician**

The treating Clinician signs and dates with their Licensed Practitioner of the Healing Arts (LPHA) credential (MD/NP, LCSW/MFT, ASW/MFTI and licensed, registered or waived psychologist).

### **Guidelines for the Clinical Supervisor's completion of the CQRT Review Request form**

**After** reviewing the form and chart to ensure that all CQRT requirements are met and the form is accurate and complete, the Clinical Supervisor signs and dates the form. The chart should be reviewed a few days before the CQRT meeting by the Clinical Supervisor so that an incomplete form and chart can be returned to the Clinician for correction **PRIOR** to the CQRT meeting. If the **Recommended Approval** box is checked **YES** by the supervisor he/she certifies that the chart has been reviewed and found in compliance.

### **Guide to Chart Content for CQRT**

The following is a list of information and items that should be found easily in a chart brought to the CQRT meeting. 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 a well documented chart which meets the criteria for authorization and reimbursement of services. This is a simplified guideline to chart contents; all clinicians should refer to their agency's policy and procedures for complete chart requirements.

**All charts must contain the following basic information:**

**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 is a result of the included diagnoses, as found in the Specialty Mental Health Medical Necessity Guidelines:

- A significant impairment in important areas of life functioning
- A probability of significant deterioration in an important area of life functioning
- A probability that the child will not progress developmentally as individually appropriate, and that the mental disorder can be corrected or ameliorated

**Intervention Criteria:**

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

List the professional disciplines (i.e. Psychiatrist, LCSW, registered intern etc.) 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, parenting skills treatment group, education/support or referrals made). If the client receives services from more than one agency or provider, document evidence of collaborative efforts to meet the client's needs, and who is providing each service. Service duplication will be CAREFULLY reviewed.

**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. For example, there is a need for specific services to address language, ethnic and cultural needs and accessibility that are not available elsewhere.

**Evaluation and Consent:**

**Prenatal, perinatal and comprehensive developmental history** with emphasis on social, emotional, psychological and cognitive development and factors impairing normal development (i.e. traumas, illnesses, environmental and family stressors, attachment, bonding and separation).

**Annual Community Functioning Evaluation** is completed.

**HIPPA Privacy Notice** is signed by the client.

**Freedom of Choice Form** is signed by the client.

**Beneficiary Problem Resolution Form** is signed by the client.

**Treatment Plan Timelines:**

**Initial Treatment Plan** is due within 30 days of episode opening (client's admission date).

**Treatment Plan Review or Update** is due at 6 months from the episode opening month, and signed not more than 15 days before the end of the review cycle.

**Annual Treatment Plan, revised and rewritten**, is due by the anniversary of the Initial Treatment Plan, and signed not more than 15 days before the end of the review cycle.

**Revised Treatment Plan** is due whenever there is significant change in plan, service, diagnosis, problem or focus of treatment; charts with a Revised Treatment Plan do not go to CQRT until the 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 with the Treatment Plan** is demonstrated by the client and parent/guardian's signatures on the Treatment Plan and Consent to Treat forms. If no client and parent/guardian signatures are present on the Treatment Plan, please provide an explanation or the attempts to obtain signatures. Please note that "*a minor who is 12 years of age or older may consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services*" (CA Family Code 6924).

**Client strengths and resources** and how they are 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.

**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 waived LPHA.** The prescribing Psychiatrist must co-sign the clinical Treatment Plan if medications are prescribed.

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.

**Medication Support Services.** A client receiving treatment from a program's Psychiatrist must have a BHCS Physician's Initial Evaluation and Plan form completed. Among other things the forms must address 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 present). A client receiving medication from a program should have face-to-face visits at a minimum of 3 month intervals.

*The 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 Visit 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.

**Revised Treatment Plan** must include a brief summary of the client's status and progress toward meeting goals and objectives, and new goals and objectives as applicable.

**Progress Notes** must be linked directly to specific goals and objectives on the Treatment Plan and include interventions and client responses.

- **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, waived 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 waived LPHA.

**Medication Progress Notes:** Notes written by the BHCS Psychiatrist 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.

The treating Psychiatrist determines the frequency of medication support visits. Frequency is determined by the clinical needs of the particular client but the BHCS Psychiatric Practice Guidelines call for face-to-face visits at a minimum of 3 month intervals.

**Special Needs:**

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

•  
**Therapeutic Behavioral Services (TBS):** collaboration with the Mental Health provider , should be indicated on the Treatment Plan and in the Progress Notes.

**Legibility:** All 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:

- Arrive at least 5 minutes before the start time.  
Charts of provider agency representatives arriving 15 minutes or more after the scheduled meeting time, will not be reviewed at this meeting. The agency representative will be told to bring their charts to the next scheduled CQRT meeting for review; this may also 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 and data entry. All client-related material is confidential and must be handled and disposed of appropriately following HIPPA guidelines.

## The Mechanics of CQRT

### **The Beginning: Sign in**

When you arrive at the CQRT Meeting, follow the sign-in procedure as established by the respective meeting Chairperson. Agency Minutes listing the client name and identifying number should be completed **prior** to the CQRT meeting. Upon arrival, the Agency Minutes are submitted to the Chairperson so that an accurate chart count 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 balances of the charts are clinically reviewed for Medical and Service Necessity.

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

## **The Middle: 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 criteria 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 form and the reasons for continuing treatment. The discharge plan should include an approximate date of discharge and resources for follow up care. Ensure that signatures, dates, Community Function Evaluations, Beneficiary Problem Resolution, Freedom of Choice and HIPPA forms are present.

#### **Completing 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.

When you have finished reviewing the chart, sign on the **CQRT Reviewer** Line. 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 (Needs Discussion). Reviewers should consult with the Committee Chair regarding the need for a 30 day authorization.

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. Review the **Guide to Chart Content for CQRT** for details on what a chart must contain. Deficient charts should be recommended for a 30 day authorization and returned with deficiencies corrected.

### Completing 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.

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 (Return to supervisor). Reviewers should consult with the Committee Chair regarding the need for a 30 day authorization.

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

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

### Form and Chart Distribution:

Follow the CQRT Request form distribution guidelines as directed by the CQRT Chair person for each meeting. The forms are photocopied. The original is turned into the committee chair. The copy is returned to the agency representative with the chart.

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.

Be sure to document the disposition of the chart on the Alameda County Behavioral Health Care Services Quality Review Record, which should be near the Chairperson. *See Section A for a Quality Review Record Sample.*

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.**

#### **The End: Checking Out**

When the review of all the charts presented for the meeting 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.

# Section A



**Alameda County Behavioral Health Care Services**  
**Mental Health Division**

*Confidential Administrative Records*

**Clinical/Quality Review Committee Meeting Minutes**

Meeting Date: April 29, 2004

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Provider Agency: ABC Child Program

**Cases Reviewed:**

Name	RU #	Case #/PSP #	Clinical Review	Quality Review	30 Day Return Check if yes
1. Cathy Client	12345	7500000 . . . . .	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**

**Quality Review Record**

Meeting Date: 4/29/04

**Cases Reviewed:**

	<b>Name</b>	<b>RU #</b>	<b>Clinician</b>	<b>Reviewer</b>	<b>Disposition</b>
1.	Carl Client	7500000	E. Excellent	Randy Reviewer	Return Requested
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

For Disposition indicate if  
**Approved or Return Requested**

# Section B

### 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	June	7/1	6/17
	July 1-Dec 31	December	1/1	12/15
February	Feb 1-July 31	July	8/1	7/18
	Aug 1-Jan 31	January	2/1	1/15
March	Mar 1-Aug 31	August	9/1	8/18
	Sept 1-Feb 28	February	3/1	2/15
April	April 1-Sept 30	September	10/1	9/17
	October 1-Mar 31	March	4/1	3/15
May	May 1-Oct 31	October	11/1	10/18
	Nov 1-April 30	April	5/1	4/15
June	June 1-Nov 30	November	12/1	11/17
	Dec 1-May 31	May	6/1	5/15
July	July 1-Dec 31	December	1/1	12/18
	Jan 1- June 30	June	7/1	6/15
August	Aug 1-Jan 31	January	2/1	1/18
	Feb 1-July 31	July	8/1	7/15
September	Sept 1-Feb 28	February	3/1	2/15
	March 1-Aug 31	August	9/1	8/15
October	Oct 1-March 31	March	4/1	3/18
	April 1-Sept 30	September	10/1	9/15
November	Nov 1-April 30	April	5/1	4/17
	May 1-Oct 31	October	11/1	10/15
December	Dec 1- May 31	May	6/1	3/18
	June 1-Nov 30	November	12/1	11/15

**Timelines for Intensive Day Treatment:**

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

October	Oct-Nov-Dec Jan-Feb-Mar Apr-May-June July-Aug-Sept	December March June September	4/1 10/1	3/15 9/15
November	Nov-Dec-Jan Feb-Mar-Apr May-June-July Aug-Sept-Oct	January April July October	5/1 11/1	4/15 10/15
December	Dec-Jan-Feb Mar-Apr-May June-July-Aug Sept-Oct-Nov	February May August November	6/1 12/1	5/15 11/15

# Section C

## **Proposed Policy Regarding Clients Treated by Multiple Providers/Agencies**

The Alameda County Behavioral Health Plan (ACBHP) accepts that in some situations, the client may be receiving treatment by more than one provider because the client's needs cannot be met by one provider. Some examples may include:

- a) a client may be receiving monthly medication support services provided by a psychiatric clinic or primary care physician while receiving weekly individual or family treatment from an organizational provider.
- b) a client may be in an Intensive Day Treatment Program but is also receiving wrap around case management services as the result of their out of home placement by the Alameda County Child and Family Services Department.

It is the ACBHP intent that duplication of mental health services is avoided. If multiple service providers are treating a client, the mental health charts at each provider site must document evidence of treatment collaboration, clear explanations of which provider is providing which service and demonstrate that Medical and Service Necessity for all services are met.

Additionally, if other agencies such Child and Family Services or Probation are involved in the development the treatment goals for the client, their involvement should be clearly documented in the chart as it impacts the mental health treatment.

If providers have any questions regarding this policy, they may contact the Child and Youth Services Director, Alameda County Behavioral Health Care Services.

*May 4, 2004*

## **Procedure for Clients Simultaneously Using Multiple Provider Reporting Units Children's Services Utilization Review**

The Utilization Review period begins with the first day of the month in which a billable service is rendered, the date of the episode opening. Services are authorized for 6 months from the beginning of the month billable services are rendered, contingent with a treatment plan completed within the first 30 days of the episode opening. The CQRT must authorize services prior to each subsequent 6-month period or 3-month period, depending upon the type of service provided.. Treatment Plans are due within the first 30 days and within 15 days prior to the beginning of each 6-month UR period.

At times, clients receive services from multiple Reporting Units of the same provider. The following options may be utilized given their specific circumstances”

### **When the services are started simultaneously or within the same month of admission:**

Providers rendering services to clients and utilizing more than one program Reporting Unit, for example, providing Day Treatment and Outpatient Services to a client, have two options:

1. A separate Treatment Plan for each program Reporting Unit or
2. A single Treatment Plan completed by the provider with the earliest episode opening and which includes treatment objectives for each program's Reporting Unit.

*If a single Treatment Plan is used by more than one RU and the service establishing the initial treatment plan is discontinued, then the remaining program (Reporting Unit(s) must complete a Treatment Plan to cover the current UR period. The provider has the following options:*

- a. Complete a new or revised treatment plan or
- b. Complete a Treatment Plan Update of the existing Treatment Plan or an Annual Treatment Plan that covers that program's/Reporting Unit's current review period.

*The program would do a Treatment Plan Update or Annual Treatment Plan for the next UR period. This will result in future Treatment Plans being in cycle with that Reporting Unit's 485 Report.*

### **When the services are not opened in the same month:**

Providers must receive UR authorization for services based on the opening date of **each** Reporting Unit as each service will need to be reviewed and authorized.

## Out-of-County Day Treatment Re-Authorization Procedure

In accordance with the Day Treatment Authorization Procedure, Out-of-County providers are required to obtain continued authorization through prospective Clinical Quality Review Team (CQRT) process. Prospective review occurs **prior to the delivery of requested health care services** to provide a mechanism to review medical necessity, service necessity, quality review and authorization. All Out of County CQRT Reauthorizations will be done by the Quality Assurance (QA) Office of Alameda County Behavioral Health Care Services (BHCS) unless the provider, by mutual agreement with ACBHCS QA Office, attends the monthly Day Treatment CQRT meetings. For a copy of the CQRT Manual, forms and Frequently Asked QA Questions see the Children's CQRT page located in the SERVICE PROVIDER section of the ACBHCS Website at <http://bhcs.co.alameda.ca.us/>

### Continued Re-Authorization Process

#### STEP 1:

As with current practices, the continued re-authorization review occurs every 180 days for Rehabilitative Day Treatment and 90 days for Intensive Day Treatment. The provider needs to complete "CQRT Authorization Form" (see forms section) through the Clinical Supervisor's signature and submit it with a duplicate of the medical record covering the period of time from the Initial Placement Authorization date. For subsequent re-authorizations, providers need only submit the portions of the medical records covering period that is being reviewed along with the current "CQRT Authorization Form".

#### STEP 2:

CQRT re-authorization documents must be to the QA office ***no more than two weeks before the end of the authorization cycle (90 or 180 days) and before the 4<sup>th</sup> Thursday of the month*** (the CQRT meeting date) in which it is due. Delayed submissions may result in services being unauthorized.

#### STEP 3:

The "CQRT Authorization Form" will be faxed to the provider from the CQRT within 24 hours of the CQRT meeting date. The original CQRT Authorization Form will be maintained in the QA Office along with the duplicate medical record.

Submit the required documentation by mail to the Quality Assurance Office with the **name, phone and fax number of the provider's QA contact**. (Submission of materials must comply with Federal PHI Privacy practices.)

**Quality Assurance Office / CQRT  
C/O Nina Berg  
Alameda County Behavioral Health Care Services  
2000 Embarcadero Cove, Suite 400  
Oakland, CA 94112**

Additional information and/or forms may be acquired through the Quality Assurance Office at 510-567-8105.

# Section D

## **CQRT Form**

Please refer to the Alameda County Behavioral Health Care Services website under *Service Providers* at <http://bhcs.co.alameda.ca.us/> for a copy of the current Children CQRT form.

**Alameda County Behavioral Health Care Services**  
**Mental Health Division**

*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
31.		. . . . .	A/R	A/R	
32.		. . . . .	A/R	A/R	
33.		. . . . .	A/R	A/R	
34.		. . . . .	A/R	A/R	
35.		. . . . .	A/R	A/R	
36.		. . . . .	A/R	A/R	
37.		. . . . .	A/R	A/R	
38.		. . . . .	A/R	A/R	
39.		. . . . .	A/R	A/R	
40.		. . . . .	A/R	A/R	
41.		. . . . .	A/R	A/R	
42.		. . . . .	A/R	A/R	
43.		. . . . .	A/R	A/R	
44.		. . . . .	A/R	A/R	
45.		. . . . .	A/R	A/R	
46.		. . . . .	A/R	A/R	
47.		. . . . .	A/R	A/R	
48.		. . . . .	A/R	A/R	
49.		. . . . .	A/R	A/R	
50.		. . . . .	A/R	A/R	
51.		. . . . .	A/R	A/R	
52.		. . . . .	A/R	A/R	
53.		. . . . .	A/R	A/R	
54.		. . . . .	A/R	A/R	
55.		. . . . .	A/R	A/R	
56.		. . . . .	A/R	A/R	
57.		. . . . .	A/R	A/R	
58.		. . . . .	A/R	A/R	
59.		. . . . .	A/R	A/R	
60.		. . . . .	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 Review	Quality Review	Quality Review
<b>1.</b>		. . . . .		<b>A/D</b>	<b>A/D</b>
<b>2.</b>		. . . . .		<b>A/D</b>	<b>A/D</b>
<b>3.</b>		. . . . .		<b>A/D</b>	<b>A/D</b>
<b>4.</b>		. . . . .		<b>A/D</b>	<b>A/D</b>
<b>5.</b>		. . . . .		<b>A/D</b>	<b>A/D</b>
<b>6.</b>		. . . . .		<b>A/D</b>	<b>A/D</b>
<b>7.</b>		. . . . .		<b>A/D</b>	<b>A/D</b>
<b>8.</b>		. . . . .		<b>A/D</b>	<b>A/D</b>
<b>9.</b>		. . . . .		<b>A/D</b>	<b>A/D</b>
<b>10.</b>		. . . . .		<b>A/D</b>	<b>A/D</b>

CQRT Meeting Schedule:  
Day Treatment Program  
2004

Date and Time	Location
January 22, 9-11 AM	Altamont Room, 1900 Embarcadero Cove, Ste. 210
January 29, 9-11 AM	Alameda Room, 5 <sup>th</sup> Floor
February 19, 9-11 AM	Alameda Room, 5 <sup>th</sup> Floor
February 26, 9-11 AM	Altamont Room, 1900 Embarcadero Cove, Ste. 210
March 18, 9-11 AM	Altamont Room, 1900 Embarcadero Cove, Ste. 210
March 25, 9-11 AM	Alameda Room, 5 <sup>th</sup> Floor
April 22, 9-11 AM	Altamont Room, 1900 Embarcadero Cove, Ste. 210
April 29, 9-11 AM	Alameda Room, 5 <sup>th</sup> Floor
May 20, 9-11 AM	Alameda Room, 5 <sup>th</sup> Floor
May 27, 9-11 AM	Alameda Room, 5 <sup>th</sup> Floor
June 17, 9-11 AM	Alameda Room, 5 <sup>th</sup> Floor
June 24, 9-11 AM	Altamont Room, 1900 Embarcadero Cove, Ste. 210
July 22, 9-11 AM	Alameda Room, 5 <sup>th</sup> Floor
July 29, 9-11 AM	Alameda Room, 5 <sup>th</sup> Floor
August 19, 9-11 AM	Alameda Room, 5 <sup>th</sup> Floor
August 26, 9-11 AM	Altamont Room, 1900 Embarcadero Cove, Ste. 210
September 23, 9-11 AM	Alameda Room, 5 <sup>th</sup> Floor
September 30, 9-11 AM	Alameda Room, 5 <sup>th</sup> Floor
October 21, 9-11 AM	Alameda Room, 5 <sup>th</sup> Floor
October 28, 9-11 AM	Altamont Room, 1900 Embarcadero Cove, Ste. 210
November 11, 9-11 AM	Altamont Room, 1900 Embarcadero Cove, Ste. 210
November 18, 9-11 AM	Alameda Room, 5 <sup>th</sup> Floor
December 23, 9-11 AM	Altamont Room, 1900 Embarcadero Cove, Ste. 210
December 30, 9-11 AM	Alameda Room, 5 <sup>th</sup> Floor

**Contact: Ellen Muir Tel: (510) 268-7941**



CQRT Meeting Schedule:  
Outpatient Services  
2004

Date and Time	Location
January 29, 1-3 PM	Alvarado Niles Room, 5 <sup>th</sup> Floor
February 26, 1-3 PM	Alvarado Niles Room, 5 <sup>th</sup> Floor
March 25, 1-3 PM	Alvarado Niles Room, 5 <sup>th</sup> Floor
April 29, 1-3 PM	Alvarado Niles Room, 5 <sup>th</sup> Floor
May 27, 1-3 PM	Alameda Room, 5 <sup>th</sup> Floor
June 24, 1-3 PM	Alvarado Niles Room, 5 <sup>th</sup> Floor
July 29, 1-3 PM	Alameda Room, 5 <sup>th</sup> Floor
August 26, 1-3 PM	Alvarado Niles Room, 5 <sup>th</sup> Floor
September 30, 1-3 PM	Alameda Room, 5 <sup>th</sup> Floor
October 28, 1-3 PM	Alvarado Niles Room, 5 <sup>th</sup> Floor
November 18, 1-3 PM	Alvarado Niles Room, 5 <sup>th</sup> Floor
December 23, 1-3 PM	Alvarado Niles Room (Tentatively Booked)
December 30, 1-3 PM	Alameda Room, 5 <sup>th</sup> Floor

CQRT/North Meeting Schedule:  
EPSDT Funded Programs  
2004

Date and Time	Location
January	
February	
March	
April	
May 26, 9 AM-12 PM	Altamont Room, Ste. 210 (1900 Embarcadero Cove)
June 30, 9 AM-12 PM	Altamont Room, Ste. 210 (1900 Embarcadero Cove)
July 28, 9 AM-12 PM	Altamont Room, Ste. 210 (1900 Embarcadero Cove)
August 25, 9 AM-12 PM	Altamont Room, Ste. 210 (1900 Embarcadero Cove)
September 22, 9 AM-12 PM	Altamont Room, Ste. 210 (1900 Embarcadero Cove)
October 27, 9 AM-12 PM	Altamont Room, Ste. 210 (1900 Embarcadero Cove)
November 17, 9 AM-12 PM	Altamont Room, Ste. 210 (1900 Embarcadero Cove)
December 22, 9 AM-12 PM	Altamont Room, Ste. 210 (1900 Embarcadero Cove)

This meeting usually occurs on the 4<sup>TH</sup> Wednesday of every month but there are exceptions: 6/30 (5<sup>th</sup> Wed), November 17<sup>th</sup> (3<sup>rd</sup> Wed)