Understanding Your Audit Results and Next Steps

Presented by ACBH Quality Assurance Department

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March 7, 2022

NOTE: This presentation was originally recorded on March 7, 2022. Slides were updated by the QA team on October 13, 2022 to indicate the new QA email used for correspondence related to Audits: QA.Audits@acgov.org

Alameda County Behavioral Health Care Services

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Introduction and Objectives

This training will cover the following topics:

- Common Terms and Acronyms
- Individual Audit Reports
- Audit Exhibits
- Appeals and Disputes
- Corrective Action Plans (CAPs) and Quality Improvement Plans (QIPs)
- Evidence of Implementation
- Resources

At the end of this training, you will have a better understanding of how to read your individual report, and how to create an effective proposed CAP or QIP.

Common Terms and Acronyms

- Allowed: When a claim is determined to be in compliance with Medi-Cal documentation requirements
- Disallowed: When a claim is not in compliance with Medi-Cal documentation requirements. A single claim may have multiple reasons for disallowances. Some disallowance reasons result in multiple claims disallowances, while others result in single claim disallowances
- Quality Comment: Issues of non-compliance that do not result in claims disallowances
- Quality Review Items (QRIs): The individual items that are reviewed during an audit. These are based on regulations, DHCS guidance, and ACBH policy
- ACBH: Alameda County Behavioral Health Care Services
- CQRT: Clinical Quality Review Team
- QA: Quality Assurance
- CAP: Corrective Action Plan
- QIP: Quality Improvement Plan
- QRI: Quality Review Item

Individual Provider Audit Report

Individual Provider Report

- When reviewing audit results, we recommend providers start with their Individual Provider Report
- This report includes a summary of the results for each of the Quality Review Items (QRIs)
- Specific comments for each QRI that is not fully compliant with requirements, including those leading to disallowances
- Information and timelines for submitting disallowance appeals and quality item disputes
- Information and details for submitting CAP or QIPs, including CAP/QIP templates.
- Specific exhibits to clarify the findings and help with understanding the results.

Quality Review Items (QRIs)

- These are the individual components that make up the audit
- Each regulation, DHCS guidance, and ACBH requirement is represented by a QRI
- ACBH uses a detailed audit tool to review, compile and analyze charts across several different areas and agencies.
- Not all QRIs apply to all charts
  - Example #1: Agencies providing services to adults will not be audited for children's services.
- QRIs can be quality only without disallowances, have associated disallowances, or both.
- Some QRIs may be scored as compliant (100%) but concerns or issues may be present that need to be addressed in a CAP or QIP.
- QRIs are updated to account for new information and changing regulations
  - For example, audit tools will be updated for CalAIM changes. Charts will only be evaluated based on the standards in place during the audit period.

Disallowances

- Department of Health Care Services (DHCS) provides counties with reasons and guidance for disallowance.
- Disallowances involve recoupment of associated billing amounts.
- Disallowances are noted with red text in the Individual Provider Audit Report
- Examples of QRI disallowances:
  - A progress note was not completed and finalized by the due date
  - A claim was made using the wrong code and an overpayment occurred
- Some non-compliance issues can result in multiple claim disallowances, sometimes extending outside the audit period. For example,
  - The assessment for the audit period was due six months before the audit period but was never completed. In this example, all claims between the assessment due date and the end of the audit period would be disallowed.

Audit Exhibits

Exhibit 1: The Claims Spreadsheet

- Individual Provider Audit Reports are accompanied by several exhibits to help in understanding the audit results.
- The claims sheet includes all claims that were reviewed, and indicates both allowed and disallowed claims.
- Each line on the spreadsheet represents an individual claim that was audited.
- Claims that are disallowed have corresponding disallowance codes in red along with estimated provider rates for the claims.
- If disallowances extend beyond the audit period, an additional Claims sheet will be provided with specific information for the disallowed claims.

Exhibit 1: The Claims Spreadsheet

LAST	FIRST	CLIENT#	CLT MASK	BIRTH DATE	AGE	RU	PROVIDER MASK	PROVIDER NAME	EPISODE OPEN	EPISODE CLOSE	SVC DTE	PROC	PROC NAME	THERAPIST NAME	MCAL CLM	MCAL PD	SVC COST	TIME	# IN GROUP	Compliant YES=1	$ ALLOWED	Compliant NO=1	$ DISSALOWED	Disallowance QRI #s	Quality QRIs
EINSTEIN	ALBERT	10101010	C25	3/14/1879	76	10101	P25	HAPPY TRAILS	15-Oct-17	14-Jan-18	14-Jan-18	703	Resident Day	ADDAMS JANE	$ -	$ -	$ 99.99	1440	1			1	$ 99.99	[20][25][45] 113][127]	[104a][106a][108]
EINSTEIN	ALBERT	10101010	C25	3/14/1879	76	10101	P25	HAPPY TRAILS	15-Oct-17	14-Jan-18	23-Nov-17	703	Resident Day	ADDAMS JANE	$ -	$ -	$ 99.99	1440	1			1	$ 99.99	[20][25][45] 113][127]	[104a][106a][108]
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EINSTEIN	ALBERT	10101010	C25	3/14/1879	76	10101	P25	HAPPY TRAILS	15-Oct-17	14-Jan-18	21-Nov-17	703	Resident Day	ADDAMS JANE	$ -	$ -	$ 99.99	1440	1			1	$ 99.99	[20][25][45] 113][127]	[104a][106a][108]
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EINSTEIN	ALBERT	10101010	C25	3/14/1879	76	10101	P25	HAPPY TRAILS	15-Oct-17	14-Jan-18	19-Nov-17	703	Resident Day	ADDAMS JANE	$ -	$ -	$ 99.99	1440	1			1	$ 99.99	[20][25][45] 113][127]	[104a][106a][108]
EINSTEIN	ALBERT	10101010	C25	3/14/1879	76	10101	P25	HAPPY TRAILS	15-Oct-17	14-Jan-18	18-Nov-17	703	Resident Day	ADDAMS JANE	$ -	$ -	$ 99.99	1440	1			1	$ 99.99	[20][25][45] 113]	[104a][106a][108]
EINSTEIN	ALBERT	10101010	C25	3/14/1879	76	10101	P25	HAPPY TRAILS	15-Oct-17	14-Jan-18	17-Nov-17	703	Resident Day	ADDAMS JANE	$ -	$ -	$ 99.99	1440	1			1	$ 99.99	[20][25][45] 113][127]	[104a][106a][108]
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EINSTEIN	ALBERT	10101010	C25	3/14/1879	76	10101	P25	HAPPY TRAILS	15-Oct-17	14-Jan-18	12-Nov-17	703	Resident Day	ADDAMS JANE	$ -	$ -	$ 99.99	1440	1			1	$ 99.99	[20][25][45] 113]	[104a][106a][108]
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EINSTEIN	ALBERT	10101010	C25	3/14/1879	76	10101	P25	HAPPY TRAILS	15-Oct-17	14-Jan-18	9-Nov-17	703	Resident Day	ADDAMS JANE	$ -	$ -	$ 99.99	1440	1			1	$ 99.99	[20][25][45] 113]	[104a][106a][108]
EINSTEIN	ALBERT	10101010	C25	3/14/1879	76	10101	P25	HAPPY TRAILS	15-Oct-17	14-Jan-18	8-Nov-17	703	Resident Day	ADDAMS JANE	$ -	$ -	$ 99.99	1440	1			1	$ 99.99	[20][25][45] 113]	[104a][106a][108]
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EINSTEIN	ALBERT	10101010	C25	3/14/1879	76	10101	P25	HAPPY TRAILS	15-Oct-17	14-Jan-18	6-Nov-17	703	Resident Day	ADDAMS JANE	$ -	$ -	$ 99.99	1440	1			1	$ 99.99	[20][25][45] 113]	[104a][106a][108]
EINSTEIN	ALBERT	10101010	C25	3/14/1879	76	10101	P25	HAPPY TRAILS	15-Oct-17	14-Jan-18	5-Nov-17	703	Resident Day	ADDAMS JANE	$ -	$ -	$ 99.99	1440	1			1	$ 99.99	[20][25][45] 113]	[104a][106a][108]
EINSTEIN	ALBERT	10101010	C25	3/14/1879	76	10101	P25	HAPPY TRAILS	15-Oct-17	14-Jan-18	4-Nov-17	703	Resident Day	ADDAMS JANE	$ -	$ -	$ 99.99	1440	1			1	$ 99.99	[20][25][45] 113]	[104a][106a][108]
EINSTEIN	ALBERT	10101010	C25	3/14/1879	76	10101	P25	HAPPY TRAILS	15-Oct-17	14-Jan-18	3-Nov-17	703	Resident Day	ADDAMS JANE	$ -	$ -	$ 99.99	1440	1			1	$ 99.99	[20][25][45] 113][127]	[104a][106a][108]
EINSTEIN	ALBERT	10101010	C25	3/14/1879	76	10101	P25	HAPPY TRAILS	15-Oct-17	14-Jan-18	2-Nov-17	703	Resident Day	ADDAMS JANE	$ -	$ -	$ 99.99	1440	1	1	$ 99.99				[104a][106a][108]
EINSTEIN	ALBERT	10101010	C25	3/14/1879	76	10101	P25	HAPPY TRAILS	15-Oct-17	14-Jan-18	1-Nov-17	703	Resident Day	ADDAMS JANE	$ -	$ -	$ 99.99	1440	1	1	$ 99.99				[104a][106a][108]
EINSTEIN	ALBERT	10101010	C25	3/14/1879	76	10101	P25	HAPPY TRAILS	15-Oct-17	14-Jan-18	31-Oct-17	703	Resident Day	ADDAMS JANE	$ -	$ -	$ 99.99	1440	1	1	$ 99.99				[104a][106a][108]
EINSTEIN	ALBERT	10101010	C25	3/14/1879	76	10101	P25	HAPPY TRAILS	15-Oct-17	14-Jan-18	30-Oct-17	703	Resident Day	ADDAMS JANE	$ -	$ -	$ 99.99	1440	1	1	$ 99.99				[104a][106a][108]
EINSTEIN	ALBERT	10101010	C25	3/14/1879	76	10101	P25	HAPPY TRAILS	15-Oct-17	14-Jan-18	29-Oct-17	703	Resident Day	ADDAMS JANE	$ -	$ -	$ 99.99	1440	1	1	$ 99.99				[104a][106a][108]
EINSTEIN	ALBERT	10101010	C25	3/14/1879	76	10101	P25	HAPPY TRAILS	15-Oct-17	14-Jan-18	28-Oct-17	703	Resident Day	ADDAMS JANE	$ -	$ -	$ 99.99	1440	1	1	$ 99.99				[104a][106a][108]
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EINSTEIN	ALBERT	10101010	C25	3/14/1879	76	10101	P25	HAPPY TRAILS	15-Oct-17	14-Jan-18	26-Oct-17	703	Resident Day	ADDAMS JANE	$ -	$ -	$ 99.99	1440	1	1	$ 99.99				[104a][106a][108]
EINSTEIN	ALBERT	10101010	C25	3/14/1879	76	10101	P25	HAPPY TRAILS	15-Oct-17	14-Jan-18	25-Oct-17	703	Resident Day	ADDAMS JANE	$ -	$ -	$ 99.99	1440	1	1	$ 99.99				[104a][106a][108]
EINSTEIN	ALBERT	10101010	C25	3/14/1879	76	10101	P25	HAPPY TRAILS	15-Oct-17	14-Jan-18	24-Oct-17	703	Resident Day	ADDAMS JANE	$ -	$ -	$ 99.99	1440	1			1	$ 99.99	[20][25][45] 113][127][131]	[104a][106a][108]
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Totals # of claims											41			Total Hours Claimed:			$4,099.59	984		11	$ 1,099.89	30	$ 2,999.70		
Chart claims Compliance																				27%		73%			

Exhibit 2: Quality Review Spreadsheet

- Some audits also include the Quality Review Spreadsheet exhibit
- This represents the audit results for all charts and all providers
- It includes scoring for every quality review item for each chart audited.
- This document provides a visual representation of each QRI result from the chart(s) audited and:
  - Compliance percentage by QRI category (e.g. medical necessity, treatment planning, discharge, etc.)
  - Overall compliance

Exhibit 2: Quality Review Spreadsheet

MD	Type of SUD Program	QUALITY REVIEW ITEM #																													
		QRI #s that may result in disallowance are in RED																													
		DMC Client Record													Medic				cal Necessity					Additional Intake Requirements			SUD Agency Requirements				
		1	2	3	3a	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
		100	100	100	100	100	100	100	100	100	100	0	N/A	0	100	100	0	100	100	89	0	0	N/A	N/A	N/A	N/A	0	100	100	100	100
		100	100	100	100	100	100	100	100	100	0	100	100	0	100	0	N/A	100	100	89	0	0	N/A	N/A	0	0	0	0	0	100	0
		100	100	0	100	100	100	100	0	0	0	0	N/A	100	100	0	100	0	100	56	0	0	N/A	N/A	N/A	N/A	0	100	0	100	100
		100	100	100	100	100	100	100	100	0	0	100	0	100	100	100	100	100	100	100	0	0	N/A	N/A	100	100	0	100	0	100	100
		100	100	100	100	100	100	100	100	100	0	100	N/A	0	100	100	N/A	100	100	100	0	100	N/A	N/A	100	N/A	N/A	100	N/A	100	100
		100	100	100	100	100	0	0	100	100	0	0	100	0	100	100	N/A	100	100	67	0	100	N/A	N/A	0	N/A	N/A	100	N/A	100	100
		100	100	100	100	100	100	100	100	100	100	100	100	0	100	0	100	100	100	56	0	0	N/A	N/A	0	N/A	N/A	100	N/A	100	100
		100	100	100	100	100	100	100	100	100	0	100	0	100	100	100	100	100	100	89	0	0	N/A	N/A	100	0	0	100	0	100	0
		100	100	100	100	100	100	0	100	100	0	0	100	0	100	0	0	100	0	33	0	0	N/A	N/A	0	N/A	N/A	100	N/A	0	100
		100	100	0	100	100	100	100	100	100	0	0	100	100	100	100	100	100	100	100	100	0	100	100	100	100	100	100	100	100	100
		100	100	100	100	100	100	100	100	100	0	100	100	0	100	100	0	100	100	78	100	100	N/A	N/A	0	N/A	N/A	100	N/A	100	100
		100	100	100	0	100	100	100	100	100	0	0	100	0	100	100	100	100	100	100	100	100	100	N/A	0	0	0	100	100	100	0
		100	100	100	0	100	100	100	100	100	100	100	100	0	100	100	100	100	100	100	0	0	100	N/A	N/A	N/A	100	100	100	100	0
		100	100	100	100	100	100	100	100	100	0	100	N/A	0	100	100	N/A	100	100	77	0	0	N/A	N/A	0	N/A	N/A	100	N/A	100	100
		100	100	0	100	100	100	100	100	100	0	0	100	0	0	100	100	0	0	0	0	0	N/A	N/A	100	N/A	N/A	100	N/A	100	100
# Compliant		15	15	12	13	15	14	13	14	13	3	8	9	4	14	11	8	13	13		3	4	3	1	5	2	2	14	4		11
# Not Compliant		0	0	3	2	0	1	2	1	2	12	7	2	11	1	4	3	2	2		12	11	0	0	7	3	6	1	4		4
Total		15	15	15	15	15	15	15	15	15	15	15	11	15	15	15	11	15	15	15	15	15	3	1	12	5	8	15	8	15	15
% Compliant		100	100	80	87	100	93	87	93	87	20	53	82	27	93	73	73	87	87	76	20	27	100	100	42	40	25	93	50	93	73
Category Average % Compliant		77%																	68%												
% Not Compliant		0	0	20	13	0	7	13	7	13	80	47	18	73	7	27	27	13	13	24	80	73	0	0	58	60	75	7	50	7	27
			95-100% Compliant						85-94% Compliant						75-84% Compliant						65-74% Compliant						<65% Compliant				

- This spreadsheet represents findings for all charts from all providers
- Each row represents a specific chart
- Each column represents a specific QRI
- QRIs can either be categorical (yes/no) or stratified (percent compliant)
- For example, in looking at the example above, QRI #9, 12 out of 15 charts were non-compliant with a overall compliance rate of 28%

Exhibit 3: QRI Key

- The QRI numbers on the comments from the audit Report, QRI Spreadsheet, and Corrective Action Plan correspond with the QRI Key
- The QRI Key is the auditor's instructions for how to audit each quality review item.
- The QRI Key can help the provider understand what the auditor was looking for and provides the source for the requirement.

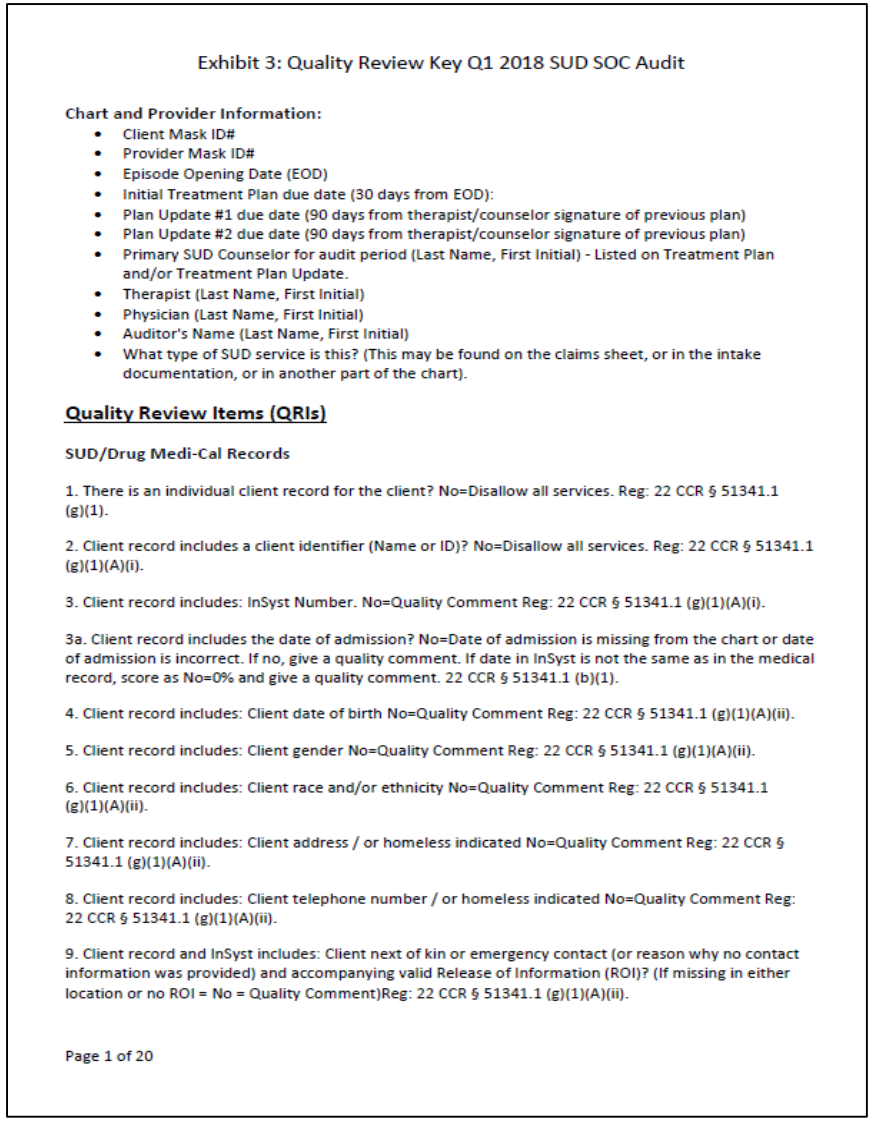

Exhibit 3: Quality Review Key Q1 2018 SUD SOC Audit

Chart and Provider Information:

- Client Mask ID#
- Provider Mask ID#
- Episode Opening Date (EOD)
- Initial Treatment Plan due date (30 days from EOD):
- Plan Update #1 due date (90 days from therapist/counselor signature of previous plan)
- Plan Update #2 due date (90 days from therapist/counselor signature of previous plan)
- Primary SUD Counselor for audit period (Last Name, First Initial) - Listed on Treatment Plan and/or Treatment Plan Update.
- Therapist (Last Name, First Initial)
- Physician (Last Name, First Initial)
- Auditor's Name (Last Name, First Initial)
- What type of SUD service is this? (This may be found on the claims sheet, or in the intake documentation, or in another part of the chart).

Quality Review Items (QRIs)

SUD/Drug Medi-Cal Records

1. There is an individual client record for the client? No=Disallow all services. Reg: 22 CCR § 51341.1 (g)(1).

2. Client record includes a client identifier (Name or ID)? No=Disallow all services. Reg: 22 CCR § 51341.1 (g)(1)(A)(i).

3. Client record includes: InSyst Number. No=Quality Comment Reg: 22 CCR § 51341.1 (g)(1)(A)(i).

3a. Client record includes the date of admission? No=Date of admission is missing from the chart or date of admission is incorrect. If no, give a quality comment. If date in InSyst is not the same as in the medical record, score as No=0% and give a quality comment. 22 CCR § 51341.1 (b)(1).

4. Client record includes: Client date of birth No=Quality Comment Reg: 22 CCR § 51341.1 (g)(1)(A)(ii).

5. Client record includes: Client gender No=Quality Comment Reg: 22 CCR § 51341.1 (g)(1)(A)(ii).

6. Client record includes: Client race and/or ethnicity No=Quality Comment Reg: 22 CCR § 51341.1 (g)(1)(A)(ii).

7. Client record includes: Client address / or homeless indicated No=Quality Comment Reg: 22 CCR § 51341.1 (g)(1)(A)(ii).

8. Client record includes: Client telephone number / or homeless indicated No=Quality Comment Reg: 22 CCR § 51341.1 (g)(1)(A)(ii).

9. Client record and InSyst includes: Client next of kin or emergency contact (or reason why no contact information was provided) and accompanying valid Release of Information (ROI)? (If missing in either location or no ROI = No = Quality Comment)Reg: 22 CCR § 51341.1 (g)(1)(A)(ii).

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Appeals and Disputes

Appealing Claim disallowances

- Providers have the option to appeal claim disallowances within 30 days of issuance of the Individual Provider Audit Report. Appeals received after that date will not be accepted.
- If appealing a disallowed claim, the provider should hold off on sending a proposed CAP/QIP until a decision is made about the appeal.
- If an appeal is granted, the audit results will be adjusted to reflect the new findings.
- Proposed CAPs/QIPs will be due within 30 days of the date the appeal decision is issued by ACBH QA.
- Appeals may be made by sending a formal appeal letter to the QA Audit email box, QA.Audits@acgov.org. The appeal letter should include:
    - The specific reason the appeal is being made
    - Specific evidence to support the appeal (e.g. copies of progress notes with highlighted sections as evidence that an issue was documented, screenshots, etc.)
- If including PHI (e.g. InSyst numbers), information must be sent using secure, encrypted communication.

Disputing Quality Items

- The formal appeal process is only for items that result in claims disallowances.
- Quality items that do not result in disallowances are disputed within the proposed CAP/QIP.
- When completing the proposed CAP/QIP template, providers can indicate the reason why they feel the item should not have been identified as non-compliant.
- Supporting evidence should be provided along with the dispute.
- If including PHI (e.g. InSyst number), information must be sent using secure, encrypted communication.

CAPs and QIPs

Corrective Action and Quality Improvement Plans

- CAPs and QIPs provide a roadmap for addressing issues found during the audit.
- They are a list of specific actions that the provider is going to take to address the identified issues.
- ACBH has set up its CAP process to mirror that of the Department Health Care Services (DHCS)
- The goal of CAP/QIPs is to:
  - Minimize the probability of the issue happening in the future
  - Prepare the provider for a DHCS audit
  - Improve the quality of documentation and services provide to ACBH clients.
- Proposed CAPs and QIPs should be emailed to QA.Audits@acgov.org
- Ideally, CAPs and QIPs should not include any PHI (this includes InSyst #s), however if they do, they should be submitted using a secure, encrypted email transmission.

Differences between CAPs and QIPs

- CAPs and QIPs are similar and use the same template.
- Providers are asked to either submit a CAP or a QIP, not both.
- The primary differences are the following:
  - QIPs are required when the identified QRI issues do not result in a disallowance
  - CAPs are required when the identified QRI issues result in a disallowance or when the audit results include a combination of disallowed and non-disallowed items
  - Providers are required to submit Evidence of implementation for each of the CAP items

CAP/QIP Timelines

- The proposed CAP or QIP is due to ACBH:
  - Within 30 days of the date of the provider report
  - Or if appealing, within 30 days from the date of the appeal response letter
- ACBH QA will either approve the proposed CAP or QIP or return it for revisions
- Only actions taken after the date of the audit report can be considered for proof of implementation.
- Once approved by QA, the provider has 90 days to implement all of the items outlined in the CAP or QIP and to provide evidence of implementation.
- It is recommended that providers hold off on implementing their proposed CAPs or QIPs until they have received approval from ACBH, since the approved plan may be different than the one proposed.

ACBH CAP/ QIP Template

- CAP/QIP Templates are included with the Individual Audit Report whenever a CAP or QIP is required.
- The template includes all of the QRIs that were not fully compliant and need an action plan to address them.
- All QRIs on the template should have an individualized plan to address the issue.
- Some details related to reasons for non-compliance are included on the template, however, to really understand the regulation and why the item was missed, it may be necessary to refer back to the Individual Audit Report QRI Comments.
- The provider's proposed action plan should be noted in the column titled CAP/QIP

Quality Review Items (QRIs)	CAP/QIP	Proof of Completion
EXAMPLE ***QRI 13. Finding.*** *Informing Materials signature page was missing a date.* ***Requirement:*** *Informing Materials signature page completed and signed on time? (within 30 days of EOD and then annually by EOD) OR if late, documents reason*	***Please create SMART goals that are specific, measurable and have a time frame.*** ***PLAN:*** *1) Agency QA Lead will re-train all clinical staff on procedures related to Informing Materials by 2/1/22. Training dates and sign in sheets will be provided to ACBH as proof of completion.* *2) Agency QA Lead will check for signatures on Informing Materials during regular CQRT reviews, reviewing 5% of open charts selected at random once/month for the next 3 months. Completed CQRT forms will be provided to ACBH as evidence of completion.*	

Things to Consider When Developing CAP/QIPs

- Strong action plans are specific, measurable and have a timeframe.
- They address the following questions:
  - What specific actions can be taken to address the identified issue?
  - Does the issue need to be addressed across all ACBH contracted programs at the agency?
  - Who is responsible for implementing the action plan?
  - What is the timeframe for implementation?
  - What evidence needs to be collected and provided to ACBH as proof of implementation for CAPs?
  - What is the process for monitoring the issue to ensure that the action plan has the intended effect?

Sample Action Plan

QRI 13. 0%. Informing Materials signature page is missing the date.

Requirement: Informing Materials signature page completed and signed on time? (within 30 days of EOD and then annually by EOD) OR if late, documents the reason in progress notes.

- Sample PLAN:

  1) Agency QA Lead will re-train all clinical staff on procedures related to Informing Materials by 2/1/22. Training materials, dates and sign-in sheets will be provided to ACBH QA as proof of completion.

  2) Agency QA Lead will check for signatures on Informing Materials during regular CQRT reviews, reviewing 5% of open charts selected at random once/month for the next 3 months. Completed CQRT forms will be provided to ACBH as evidence of completion.

  3) The Informing Materials Policies & Procedures (P&P) will be updated to include specific signature requirements. A copy of revised P&P will be submitted to ACBH as proof of completion.

ACBH CAP/QIP Template Screenshot

ACBH _____ SOC Audit – CORRECTIVE ACTION PLAN/Quality Improvement Plan

Date Submitted: _____

Agency: _____

Agency Staff: _____

Agency Staff Phone: _____

Agency Staff Email: _____

Instructions (please read fully)

ACBH CAP/QIP Approval Date: To be completed by ACBH

Implementation Due Date (90 days from approval date): To be completed by ACBH

The Quality Review Items (QRIs) in the left column of this document were identified in the review as requiring a Corrective Action Plan/Quality Improvement Plan (CAP/QIP). Individualized resolution plans are required for each item listed below. This completed CAP/QIP document must be submitted to ACBH QA for approval within 30 calendar days of the issue date of the findings report or the appeal resolution letter. Where appropriate, some QRIs may have the same plan. Additionally, appeals of QRIs that did not result in disallowances may be indicated in this document (attach evidence as needed). Although there is forthcoming guidance on removing client plan requirements, exact requirements are currently unknown and it appears that some services (e.g. case management) still require treatment plans.

Once the CAP/QIP is approved by ACBH, the provider has 90 days to implement the CAP/QIP and provide proof of implementation to ACBH QA. Some examples of proof of implementation are training materials, staff sign-in sheets, trainer information, screenshots, dated correspondence, updated policy and procedures, CQRT sheets, etc. In most cases, implementation must occur after audit results have been issued to the provider. Proof of implementation must clearly and specifically demonstrate that each audit deficiency (QRI) has been resolved per this CAP/QIP.

Quality Review Items (QRIs)	CAP/QIP	Proof of Completion	QA Comments
EXAMPLE ***QRI 13. Finding.*** *Informing Materials signature page was missing a date.* ***Requirement****: Informing Materials signature page completed and signed on time? (within 30 days of EOD and then annually by EOD) OR if late, documents reason in progress notes.*	***Please create SMART goals that are specific, measurable and have a time frame.*** ***PLAN****: 1) Agency QA Lead will re-train all clinical staff on procedures related to Informing Materials by 2/1/22. Training dates and sign in sheets will be provided to ACBH as proof of completion.* *2) Agency QA Lead will check for signatures on Informing Materials during regular CQRT reviews, reviewing 5% of open charts selected at random once/month for the next 3 months. Completed CQRT forms will be provided to ACBH as evidence of completion.* *3) The Informing Materials P&P will be updated to include specific signature requirements. A copy of revised P&P will be submitted to ACBH as proof of completion.*	To be completed by ACBH	To be completed by ACBH

- Providers complete the top section of the form and the CAP/QIP column.
- The Proof of Implementation column is completed by ACBH during review of submitted evidence.
- The QA Comments column is completed by ACBH and refers to the status of the CAP/QIP for each quality review item.
- Providers are asked to return the template to ACBH as a WORD document so that edits and comments can be made directly on the document during the approval process.

QA Review of CAPs/QIPs and Next Steps

- Once a CAP/QIP is approved by QA, the provider is responsible for implementing all of the action items within 90 days of approval.
- If during implementation it is determined that the plan is not effective or feasible, the provider should contact the ACBH QA team QA.Audits@acgov.org to discuss their recommended edits to the CAP/QIP
- Next steps:
  - For QIPs, this concludes the QA review process. It is up to the provider to ensure that the plan is implemented and to monitor that it has the intended effect.
  - For CAPs, evidence of proof of implementation for each CAP item is required and should be provided to QA within 90 days of approval of the CAP. Please use secure, encrypted email if including PHI.

Non-Compliance with the CAP Process

- As CAPs and QIPs are designed to address areas of concern, prepare the agency for DHCS audits and ultimately improve the quality of care to clients, compliance with the process is critically important.
- There are some consequences for not completing the CAP process. Providers with outstanding CAPs:
  - May not be considered for RFP applications
  - May not be able to make claims
  - May have their program or agency contract revoked
  - Would be at risk of deficiencies and subsequent recoupment decisions during future DCHS audits

Evidence of CAP Implementation

Examples of Evidence of Implementation

- Some examples of evidence of implementation include the following:
  - When the CAP includes training, submit:
    - Training materials, handouts, reference guides or other documents used during the training, highlighting the specific sections where the issue was addressed
    - Training sign-in sheets that include date of training, names of individuals who attended and their title
  - When the CAP includes revision to forms, EHRs or policies, submit:
    - Screenshot of the updated EHR
    - A copy of the updated policy highlighting the changes
    - A copy of the email or memo, showing the date and details of the changes that were shared with staff
  - Proof of ongoing monitoring can include CQRT sheets or any other documents that demonstrate that the issue is continually being monitored

QA Review and Completion of CAP

- QA will review the evidence of proof of implementation for each QRI
- Some plans and evidence may apply to multiple QRIs
- When submitting evidence indicate which QRIs the specific evidence is referencing.
- For QRIs that have multiple action plans, evidence should be submitted for all of them.
- Once evidence for all items indicated in the CAP has been submitted and approved by ACBH QA CAP monitor, the CAP will be marked as complete and closed.
- The provider will be notified that the audit is complete and provided with a completed copy of the CAP/QIP template for their records.

Resources

- For QA inquiries related to an audit email: QA.Audits@acgov.org
- For general QA questions, email: QATA@acgov.org
- Check the Provider Website - QA page for Memos, Training documents, Audit Resources, QA Manual, and other resource material: BHCS Providers Website (acbhcs.org)
- Please attend the Mental Health (twice monthly) and Substance Use Disorder (monthly) Brown Bag Meetings to get your questions answered.
  - For invitations to these meetings contact QA.Office@acgov.org

thank you.

Thank you for your attention.

We appreciate your partnership in making the audit process a worthwhile and valuable one.

alameda county
behavioral health

SERVICES FOR MENTAL HEALTH & SUBSTANCE USE DISORDERS