



Clinical Quality Review Team (CQRT) Specialty Mental Health Services and Drug Medi-Cal Organized Delivery System

ACBH Quality Assurance Team

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This document describes the required Clinical Quality Review Team (CQRT) process for providers offering services to Medi-Cal beneficiaries.

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Clinical Quality Review Team (CQRT) Purpose

The contract between Alameda County Behavioral Health (ACBH) and the Department of Health Care Services (DHCS) requires ACBH to have mechanisms in place to monitor that services provided are medically necessary, meet quality standards, and are documented accordingly. Additionally, the county must attest that claims submitted have been subject to review and verification process for accuracy and legitimacy.¹

To meet these requirements, ACBH has developed a chart review process called CQRT. The process involves monthly review of agency charts by designated, qualified agency staff, using the ACBH CQRT Checklist to ensure services rendered are medically necessary, all required documentation is completed appropriately, and claims are made according to Medi-Cal requirements. The process also acts as a mechanism to detect fraud, waste, and abuse (FWA).

Outpatient Specialty Mental Health Service (SMHS) providers and outpatient and residential (3.1, 3.3, 3.5) Drug Medi-Cal Organized Delivery System (DMC-ODS) providers that claim to Medi-Cal, where ACBH is the contracting or administrative entity, must participate in the CQRT process.

The following guidelines were developed by ACBH Quality Assurance in partnership with ACBH clinical agency partners within the SMHS and DMC-ODS Collaborative.

CQRT Chart Eligibility Criteria

SMHS, DMC-ODS and Fee for Service Providers²

Charts are eligible for review during the CQRT process based on the following criteria:

- As soon as the initial assessment process is completed and treatment services have started, or within 60 days from episode opening date.
- Annually during the month following the episode opening date.

If the assessment process is not completed at 60 days, the chart should still be reviewed and reason for lack of an assessment evaluated.

For annual reviews, previously reviewed elements do not require re-review. Annual reviews may focus on documentation that is required to be updated annually.

If no charts meet criteria, CQRT may be skipped for that month.

¹ DHCS DMC-ODS Intergovernmental Agreement, Exhibit A, Attachment I, 1 Mental Health Plan (MHP) Contract, Ex. B, Section 5B; State Plan, Section 3, Supplement 3 to Attachment 3.1A, page 2c

² The MHP FFS Provider Network is a pool of mental health providers/practitioners such as Licensed Clinical Social Workers, Licensed Marriage and Family Therapists, Licensed Professional Clinical Counselors, Licensed Clinical Psychologists, and Physicians who contract with Alameda County Behavioral Health Services (ACBH) to provide outpatient mental health services to Medi-Cal beneficiaries and other safety net populations in Alameda County.

CQRT Frequency and Number of Reviews

CQRT should occur monthly based on the above eligibility criteria.

Fee for Service Providers

Review a minimum of one eligible chart per month until all charts are reviewed at least once each year.

SMHS Community Based Organizations (CBOs) and County-operated Clinics

Review a minimum of 5% of the total number of new and annual agency charts combined. This will allow the provider the flexibility to determine whether to choose a higher percentage of new or annual charts based on their census. For agencies with multiple treatment programs (a single program or a grouping of programs), reviewers should ensure that all programs that have charts up for review, have at least one of those charts reviewed each month.

Example: An agency has a total of 500 open charts. Sixty are eligible for initial review and 100 for annual review, for a combined total of 160 eligible charts. Under this model, 5% of the eligible charts, or a minimum of 8 of these charts must be reviewed. Agencies may decide how many of each chart type (initial or annual) to choose. Agencies may review more than 8 charts to ensure that they are adequately providing quality oversight over their agency's work.

DMC-ODS Community Based Organizations (CBOs)

Review eligible charts based on the following minimum requirements:

- For each outpatient program (DMC-Certified site location), 20% of eligible charts or a minimum of 4 reviews, whichever is greater.
- For programs requiring ACBH authorization (e.g. residential 3.1, 3.3, 3.5), a minimum of 2 eligible charts per program.

For DMC-Certified sites that offer multiples levels of care, ACBH QA has set a ceiling of 20 reviews per month across all programs. Example: One program has 30 cases due for review, the other has 40 cases due for review for a total of 70 eligible charts. Under this model, 20% of 70 charts or a minimum of 14 charts (at least 4 per program) must be reviewed. Agencies should use appropriate chart selection options to ensure that all programs and levels of care are represented.

Chart Selection Sampling Options

If multiple charts are eligible for CQRT, providers can determine the best sampling options for their agencies. Some options include:

- Random Sampling: Pick a number and pull randomly
- Sampling based on clinician strength/competence: Review fewer charts by more seasoned staff and more by staff who are newer and/or who have had difficulty with their documentation
- Sampling based on the type of case: For example, high billing, long duration, etc.
- Sampling based on existing census: For example, review more charts from the program with a higher census

CQRT Team Qualifications and Responsibilities

All staff who participate in CQRT shall have adequate supervision, training, and experience to conduct clinical chart reviews. A recorded CQRT Training is available on the Quality Assurance [Training page](#).

The two main positions in the CQRT process belong to the CQRT Reviewer and CQRT Chairperson.

CQRT Reviewer

The CQRT Reviewer is responsible for selecting, reviewing and evaluating the charts each month using the CQRT Checklist. Additionally, the Reviewer is responsible for providing feedback and/or arranging for training to ensure all documentation gaps are addressed.

With the exception of Fee for Service providers, CQRT Reviewers should not be reviewing their own charts and can have any of the following designations:

- Licensed Mental Health Professionals (LMHPs)
- Peer Support Specialists (PSS) may review other PSS charts
- Certified SUD Counselors may review charts
- Clinical Trainees³ and Registered SUD Counselors must be approved by their supervisor prior to participation in CQRT. A letter attesting that the trainee has the skills, training, and experience to conduct chart reviews must be completed, signed by the supervisor, and placed in the employee's personnel file.

LMHPs include any of the following: Physicians (MD or DO), Nurse Practitioners (NP), Physician Assistants (PA), Registered Nurses (RN), Registered Pharmacists (RP), Licensed Clinical Psychologists (LCP), Licensed Clinical Social Workers (LCSW), Licensed Professional Clinical Counselors (LPCC), Licensed Marriage and Family Therapists (LMFT) and license-eligible practitioners registered with the Board of Psychology or Behavioral Science Board, working under the supervision of a licensed clinician. To be considered license-eligible, the individual must be registered with the appropriate licensing authority for their respective field. Interns who have not yet received their advanced degree and/or have not registered with the appropriate state board are not considered LMHPs.

CQRT Chairperson

The CQRT Chairperson assumes full responsibility for the CQRT process and signs off on the completed CQRT Checklist. The Chairperson ensures that the review is completed effectively and that appropriate recommendations are made to address any identified issues.

The CQRT Chairperson must be a LPHA and be trained on the DHCS clinical documentation requirements.

Fee for Service providers can review their own charts and do not require oversight of a CQRT Chairperson.

³ Per [SPA 23-0026 Public Notice and SPA Pages \(ca.gov\)](#): An unlicensed individual who is enrolled in a post-secondary educational degree program in California obtaining licensure as a LMHP and participating in a practicum or internship.

CQRT Documents and Tools

CQRT documents and tools are posted in the [QA Manual](#) section of the ACBH Provider website.

CQRT Checklists

The CQRT Checklist is a required tool that must be used to review eligible charts. Currently the following Checklists are available:

- SMHS CQRT Checklist- Outpatient
- DMC-ODS CQRT Checklist- Outpatient and Residential

Providers may format the checklists to meet their needs or build them into their agency's Electronic Health Record system to streamline the process. Items can be added to the checklist but exiting items should never be altered or removed without prior written approval from ACBH QA.

CQRT Checklist Glossary- SMHS only

The Glossary was created to assist SMHS reviewers by providing detailed information about the requirements for each of the items being reviewed.

There is no Glossary for DMC-ODS, as the requirements for each item are included in the CQRT Checklist.

CQRT EHR Attestation Form

Agencies whose EHRs automatically check for items on the CQRT Checklist and ensure that appropriate requirements are followed (e.g. scope of practice), may request that certain items be removed from their CQRT Checklist by submitting the EHR Attestation Form to ACBH Quality Assurance. Approved attestation forms must be kept by the provider and submitted to ACBH, along with CQRT Checklists and Tracking Tool, when requested.

CQRT Comments Sheet

Comments Sheets are provided to capture additional feedback that does not fit on the CQRT Checklist. As long as the feedback is well documented, the use of these sheets is optional.

CQRT Tracking Tool

Given that providers review a percentage of eligible charts, QA has designed a CQRT Tracking Tool to be completed by providers to keep track of the number of eligible and reviewed charts and their disposition each month. This is a required tool and should be maintained and shared with ACBH QA as evidence of completing the CQRT process, when requested.

CQRT Review Process

Based on the frequency and selection criteria noted above, charts are reviewed using the following process:

- Charts are identified based on specified criteria.
- The CQRT Checklist is completed by the CQRT Reviewer and a determination is made per below:
 - *Approved*: This status implies that no major changes are needed

- *Approved and Coaching Provided:* No major changes are needed; however the reviewer notices a potential area of growth or improvement, and provides feedback to staff.
 - *Not approved:* This status implies that changes must be made to the chart. The staff member and/or the staff member's supervisor are notified of the issues and coaching is provided regarding the items that need correction. The chart is reviewed again during the next CQRT month. Charts that are re-reviewed, are only checked for items that were missed during the initial review. The deficient items are checked and a new review status is provided based on the findings.
- The CQRT Checklist is submitted to the CQRT Chairperson for review and sign-off.
 - The CQRT Tracking Tool is completed by the CQRT Reviewer.

Best Practices for Follow-up

When reviewing charts, agencies should follow these best practices that are based on the principle that one chart stands for all other charts:

- The list of charts being reviewed will not be released in advance of the review.
- If a problem is identified, additional actions are taken by the agency which can include any of the following:
 - Review deficiencies with staff member or staff member's supervisor
 - Review additional charts
 - Identify themes and areas of concern
 - Address areas of concern by retraining staff, sharing educational materials, providing coaching, etc.
 - Other steps identified by the agency

Additionally, providers should develop a process to use the information collected during CQRT reviews to identify common documentation strengths, trends, concerns, and training topics at their agency.

ACBH CQRT Training and Orientation

It is the expectation of ACBH that all Medi-Cal programs or agencies will be able to conduct CQRT internally, with ACBH oversight. However, before an agency can operate an internal, independent CQRT process, each provider must demonstrate competence and compliance with the CQRT process and ACBH documentation standards. To accomplish this, ACBH Quality Assurance (QA) trains agencies/programs on the CQRT process using the County-operated CQRT process.

ACBH QA CQRT agency training is required in the following situations, within three (3) months of the change of status:

1. Agencies newly contracted with ACBH to provide services to Medi-Cal beneficiaries
2. Existing agencies with contracts for new levels of care (LOC)
3. Significant issues of non-compliance are identified and agency requires re-training

Agencies with existing ACBH contracts as of the publication of this document, are not required to repeat agency CQRT training, unless one or more of the aforementioned conditions are met.

ACBH County-Operated CQRT Process

The ACBH County-Operated CQRT is a collaborative process during which ACBH QA partners with agencies to train and support them in using the CQRT tools to review their agency's documentation and certify that it meets Medi-Cal requirements. The goal is to gradually transition the agency from the County-Operated CQRT process to completing the process independently.

The following is an overview of the process.

CQRT Initial Meeting and Orientation

An initial meeting is set up with the designated agency staff and ACBH QA representatives to review the CQRT process. The agency is asked to identify a CQRT Reviewer and CQRT Chairperson to participate in this meeting. The meeting involves a review of the CQRT process and what is required to successfully transition to completing the process independently, including an agency CQRT Policy and Procedure.

Once the process is fully explained, the agency is asked to identify a set number of charts, not yet billed to Medi-Cal, for inclusion in the County-Operated CQRT process.

Agency Chart Review

Following the initial meeting, the agency is asked to review the selected charts and complete the CQRT Checklist for each one. As issues are identified with each chart, the CQRT Reviewer is expected to work with the clinician to correct the documentation whenever possible and provide coaching and re-training to the clinician to prevent the error in the future. Once all corrections are made, the CQRT Reviewer and Chairperson approve the chart, certifying that it is compliant with Medi-Cal requirements. Upon completion of all reviews, the agency submits their completed CQRT checklists, along with supporting documentation for each item on the checklist, to ACBH QA using the ACBH ShareFile application.

ACBH QA Chart Review

Upon receipt of the documents from the agency, the ACBH QA team conducts an internal review of the selected charts, using the CQRT Checklist, in preparation for the next joint meeting.

Collaborative CQRT Review of Completed Checklists

Once all charts are reviewed by both QA and the agency, the two teams meet to compare their findings and jointly certify each of the charts. These meetings are an opportunity for the teams to compare notes, discuss any questions or areas of confusion and to make sure that the agency is clear about how to best use the CQRT Checklist to monitor their agency's compliance with Medi-Cal standards going forward.

Transitioning from County-Operated to Agency-Run (Internal) CQRT

Once an agency demonstrates competency in the CQRT process and has their Internal CQRT Policy and Procedure approved by the QA office, the agency transitions out of the county-operated process and

continues this monthly process independently.

Consistent competency includes, but is not limited to, demonstrating an ability to be constructively critical of one's own organization's provision and documentation of services, appropriately address non-compliant issues, address issues of client safety in a timely manner, demonstrate transparency with ACBH CQRT, and back out non-compliant claims that cannot be acceptably redressed. It is not expected that charts reviewed at CQRT will be without problems or deficiencies, rather, that the agency is able to identify them and respond accordingly.

Agencies that are ready to conduct CQRT independently are encouraged to replicate the ACBH county-operated CQRT process and expected to respond to problem situations in the same fashion as ACBH (e.g. voiding claims, redoing non-compliant documentation, staff training, etc.). Slight changes to the process, that do not compromise the goals of the review, are acceptable, as evidenced by the following examples:

- Meet more than once per month to review charts.
- For Specialty Mental Health Services (SMHS) providers, join with other agencies to complete the CQRT process together, with each agency reviewing the charts from the other.
- Utilize administrative staff to pull and prepare charts for review or to review certain non-clinical elements of the chart (e.g. confirming signatures on Informing Materials).
- Utilize student trainees to review charts, using the process as an opportunity to train staff. This is only permissible if the trainee's licensed clinical supervisor attests that the trainee has the skills and experience necessary to diagnose. See CQRT Team Qualification and Responsibilities section of this document for details.

ACBH QA Division Director or designee, has the authority to determine an agency's readiness for transitioning to an independent, internal review process. ACBH QA will maintain oversight responsibilities and at any time can request information and evidence of CQRT activities. Upon identified concerns, ACBH QA has the authority to increase ACBH QA oversight of an agency's internal process, including, but not limited to, assigning ACBH QA staff as reviewers and CQRT Chair.

Record Retention

Agencies are required to provide the County with their completed CQRT Checklists and CQRT Tracking Tools when requested. This can occur at the time of a scheduled chart audit or more informally as determined by the County.

It is highly recommended that all providers maintain their client's records, including CQRT documentation, for 15 years after the last service OR 15 years after the client's 18th birthday, whichever is later.

County CQRT Review - Fee for Service Providers

ACBH QA annually reviews the CQRT process for Fee for Service providers. The team will randomly select 5% of Fee for Service providers across the SMHS system of care for this review. During the review,

providers will be asked to share their completed CQRT Checklists and CQRT Tracking Sheets with QA and will be provided with feedback and coaching.

Revision History

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2/2/22	Document created	Torfeh Rejali, QA Division Director
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10/9/23	<ul style="list-style-type: none"> Incorporated Fee for Service and DMC-ODS information. Changed Table of Contents and documentation flow. 	Torfeh Rejali, QA Division Director