Alameda County Behavioral Health Care Services (ACBHCS)

CQRT Manual

March 10, 2015

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Section I: Clinical Quality Review Team (CQRT) Overview:

This manual describes the ACBHCS-operated CQRT process. The key purpose of this manual is to provide guidance about the expectations of a contracted organizational provider's participation in an ACBHCS-sponsored CQRT. Secondarily, it provides contracted organizational providers with a set of recommendations to adopt in order to run their internal CQRT in order to meet their contractual obligations.

The ACBHCS-operated Clinical Quality Review Team (CQRT) meets to review clinical records for documented evidence of medical and service necessity and to provide clinical feedback about the quality of chart documentation for outpatient Specialty Mental Health Services (SMHS) that are provided to Alameda County beneficiaries of the Medi-Cal Mental Health Plan (MHP).

The purpose of these reviews is to provide payment authorization for ongoing SMHS and to ensure that clinical documentation standards are met. Per DMH Information Notice 02-06[1], contracted organizations that provide the following services are required to obtain payment authorization through the ACBHCS-CQRT:

- Day treatment services
- Outpatient SMHS delivered concurrently to day treatment (supplemental authorization)
- Therapeutic Behavioral Services (TBS)

Newly contracted organizational providers, providers with Plans of Corrections (POC), and providers with additional contractual obligations are also required to attend an ACBHCS operated CQRT meetings for a period of time designated by the MHP.

Although ACBHCS authorization is not required for other providers of outpatient SMHS, those providers will independently perform an internal chart review process to assure they maintain compliance to all ACBHCS and CA DHCS documentation requirements and regulations. Providers are encouraged to model their internal chart review process after the CQRT process described in this manual. Lastly, it is recommended that providers should maintain documentation of their internal chart review process for a period of 3 years separate from the beneficiary's medical records.

ACBHCS Quality Assurance (QA) Office CQRT Participation:

Organizational providers with previous CQRT experience in Alameda County may not be required to participate in this CQRT. If they develop new programs they are usually incorporated into the provider's internal CQRT. It is the expectation that the existing organizational provider has sufficient experience to train their new staff.

The exception is when a that Community Based Organization (CBO) that has never claimed to SMHS Medi-Cal will now provide and claim for SMHS Medi-Cal. The following circumstances require contracted organizational providers to attend ACBHCS CQRT within the first 3 months of the beginning of their contract:

- A program that is new to Medi-Cal claiming
- Existing programs changing from a Fee-for-Service contract to contracted CBO

[1] California Code of Regulations (CCR), Title 9, Chapter 11 and Title 22, Section 51184.

These providers are required to attend the ACBHCS QA Office's "New Provider" CQRT for their first year of claiming for SMHS Medi-Cal. The goals of these monthly 3-hour sessions are to provide oversight, authorization, and clinical feedback in regard to their chart documentation quality. A Provider must demonstrate consistent competency in the CQRT process and have their Internal CQRT Policy & Procedure approved by the QA office in order to be permitted to continue this monthly process independently.

Section II: Authorization of SMHS Medi-Cal:

The initial period of authorization of services begins with the opening of a client's episode in the INSYST system. The date of this episode opening is referred to as the Episode Opening Date (EOD). The initial period of service authorization depends on the type of provider program and the provider contract (*see below*). The completed Initial Assessment determines whether there is medical necessity for ongoing services due not later than 30 days from the EOD. If there is no medical necessity the client's episode must be closed. If medical necessity is documented and services will be provided the client's episode remains open. The length of the approval period depends on the type of provider program. The charts are authorized as follows:

Outpatient Mental Health Services:

- Approval is completed by the provider program for the first year and annually thereafter.

Adult Day Treatment—Rehabilitative & Intensive:

The following types of programs seek authorization through ACBHCS Authorization Office.

- Programs more than 6 Months in Duration:
  Initial authorization is requested no later 60 days from the EOD. The initial authorization will start on the date the episode was opened and will run through the last day of the 6th month from the episode opening month. (e.g., start date 8/8/14; the CQRT Request Form must be faxed to the Authorizations Office by 10/7/14; authorized 8/8/14 to 1/31/15. The next authorization will run from 2/1/15 – 7/31/15. The CQRT form must be faxed to the Authorization office prior to 7/31/15.)

- Time-limited Programs 3 – 6 Months in Duration (90 – 179 days): Initial authorization is requested no later than 30 days from the EOD. The authorization will cover 3 months from the first day of the month that the episode was opened (e.g., start date 8/8/14; the CQRT Request Form must be faxed to the Authorization Office by 9/7/14; authorized 8/9/14 to 10/31/14.)

- Time-limited Programs under 3 Months in Duration (45 – 89 days): Initial authorization is requested no later than the seventh 7th day from the EOD. The authorization will cover 30 days from the episode opening date (e.g., start date 8/8/14;the CQRT Request Form must be faxed to the Authorization Office by 8/15/14; authorized 8/9/14 to 9/7/1.) The authorization at 30 days will authorize for 60 days, e.g. fax by 9/7/14; authorized from 9/8/14 to 11/6/14.
  Note: *For programs under 3 months, Assessments are due by the 7th day from EOD and Treatment Plans are due by the 15th day from EOD.*

Full Service Partnerships:

Authorization by the Crisis Response Program is required prior to a client's enrollment in the program. Thereafter, follow the process for your program type listed above.

Review Cycle:

As just noted, the months in which a specific chart must be reviewed depends on the type of provider program and the month of the client's EOD. This timing of chart review is referred to as the chart's "CQRT Review Cycle."

Client Assessment & Treatment Plan Cycles

The Client Assessments and Treatment Plans must correspond with the CQRT review cycle. This is because the CQRT must have a recently completed Client Assessment and Treatment Plan in order to determine ongoing medical necessity.

The chart must be reviewed in the CQRT meeting before the next approval period begins. If episodes are closed and then re-opened, the Assessment/Treatment Plan cycles must coordinate with the new EOD. If existing providers change their contract status with ACBHCS, client EOD's are re-set by the County. In this situation, a new Assessment/Treatment Plan cycle must be initiated to coordinate with the new EOD.

Date of Assessment and Treatment Plan Signatures:

Assessments and Treatment Plans are written and finalized "just prior to" a date determined by the client's EOD. The staffs' complete signatures and dates are what determine whether an Assessment was completed on time. The staffs', client's, and/or legal representative's signatures and associated dates are what determine whether the Client Plan was finalized on time. Both documents may be developed and written up to 30 days prior to its due date.

Changes in Client Mental Status, Diagnosis, Mental Health Objectives, Services Modalities, and/or Treatment Focus:

Treatment Plan updates must be written whenever there is a significant change in the client's mental status, diagnosis, mental health objectives, service modality, and/or treatment focus, etc. Assessment updates may be captured in a Progress Note and/or Assessment Addendum. When addendums to the Assessment and/or the Treatment Plan are implemented, complete signatures are required. Also, regardless of when an Addendum is done, an Annual Assessment and Client Plan must still be completed according to that chart's original CQRT review cycle.

The following pages display timetables for the CQRT review cycles/authorization periods along with the Assessment & Treatment Plan cycles to demonstrate how the EOD affects both processes.

Outpatient CQRT Review Cycle, Assessment, & Treatment Plan Cycle

Episode Opening Month	Authorization Period	CQRT Review Month	Assessment & Treatment Plan Created & Signed:	Client Plan Created For:
January	Jan. 1 - Dec. 31	December	December	January
February	Feb. 1 - Jan. 31	January	January	February
March	Mar. 1 - Feb. 28	February	February	March
April	April 1 - Mar. 31	March	March	April
May	May 1 - Apr. 30	April	April	May
June	June 1 - May 31	May	May	June
July	July 1 - June 30	June	June	July
August	Aug. 1 - July 31	July	July	August
September	Sept. 1 – Aug. 31	August	August	September
October	Oct. 1 - Sept. 30	September	September	October
November	Nov. 1 - Oct. 31	October	October	November
December	Dec. 1 – Nov. 30	November	November	December

Rehab Day Treatment: CQRT Review Cycle, Assessment, & Treatment Plan Cycles

Episode Opening Month	Authorization Period	CQRT Review Month	Assessment & Treatment Plan Created & Signed:	Client Plan Created For:
January	Jan. 1 - June 30 July 1 - Dec. 31	June December	June Dec.	July 1st January 1st
February	Feb. 1 - July 31 Aug.1 - Jan. 31	July January	July Jan.	August 1st February 1st
March	Mar. 1 - Aug. 31 Sept. 1 - Feb. 28	August February	Aug. Feb.	Sept. 1st March 1st
April	April 1 - Sept. 30 Oct. 1 - Mar. 31	September March	Sept. March	October 1st April 1st
May	May 1 - Oct. 31 Nov. 1 -Apr. 30	October April	Oct. April	Nov. 1st May 1st
June	June 1- Nov. 30 Dec. 1- May 31	November May	Nov. May	Dec. 1st June 1st
July	July 1 - Dec. 31 Jan. 1 - June 30	December June	Dec. June	January 1st July 1st
August	Aug. 1 - Jan. 31 Feb. 1 - July 31	January July	Jan. July	February 1st August 1st
September	Sept. 1 - Feb.28 Mar. 1 - Aug.31	February August	Feb. Aug.	March 1st Sept. 1st
October	Oct. 1 - Mar. 31 Apr. 1 - Sept. 30	March September	March Sept.	April 1st October 1st
November	Nov. 1 - Apr. 30 May 1 - Oct. 31	April October	April Oct.	May 1st Nov. 1st
December	Dec. 1 - May 31 June 1 - Nov. 30	May November	May Nov.	June 1st Dec. 1st

Section III: Chart Documentation & Preparing for the CQRT:

Forms required when participating in a ACBHCS QA Office CQRT (Forms can be found on the Provider Website)

Children's or Adult Mental Health Services Clinical/Quality Review Form: Each chart brought to the CQRT must include a form called the Children's Mental Health Services Clinical/Quality Review Form or the Adult Mental Health Services Clinical/Quality Review form (this form is also referred to as the CQRT Request Form). Please use the "Guide to Completing ACBHCS Clinical/Quality Review Form" when completing this form. This form is an official request for approval to authorize reimbursement for ongoing services. This form will be used in either a Quality Review or Clinical Review during the regularly scheduled CQRT meeting. Approval decisions and CQRT feedback to programs will be noted on this form.

> Providers that are a part of the ACBHCS QA Office "New Provider CQRT" must complete a full Quality Review for each chart that requires authorization prior to being brought into the scheduled ACBHCS CQRT meeting. This completed CQRT form (both sides) will accompany the chart into the CQRT meeting. If the Supervisor checks "Yes" in the Recommended Approval box, s/he is certifying that the chart has been reviewed and found to be in compliance. If the "No" box is checked, the chart has been found to be out of compliance and may receive a provisional 1-30 day return by the CQRT Chair. It is expected that charts and forms would be returned to the clinician for correction **prior** to the CQRT meeting.

CQRT Minutes: The provider must complete this form with the client's name, the provider reporting unit, and the client's INSYST number. After each review, the chairperson will indicate whether or not the chart has been approved, or is required to be returned to the next CQRT meeting due to deficiencies.

Chart Requirements:
The following list of documentation categories must be easily located in any chart brought to the CQRT. Each category has a distinct set of documentation requirements that follow the Regulatory Compliance checklist located on the reverse side of the CQRT Review Form. The list is intended to guide clinicians to create and maintain a well-documented chart that meets the mandatory CA-DHCS and ACBHCS criterion for approval of ongoing services. **All of the below categories are fully detailed in the Alameda County ACBHCS Clinical Documentation Standards manual which is a companion manual to this CQRT manual.**

All staff should refer to their program's policies and procedures for complete chart requirements and the ACBHCS QA Manual, Section 8 Policy on Documentation Standards.

Medical Necessity
Intervention Criteria
Service Necessity
Informing Materials
Special Needs
Chart Maintenance
Medication Order Sheet
Assessment
Client Plan
Progress Notes

SECTION IV: The CQRT Process:

The CQRT process is a required review of all client charts. The CQRT process is in accordance with the California Department of Health Care Services (DHCS) policies and standards, and with policies established by ACBHCS. Clinical records that meet documentation standards will receive an authorization for the next cycle of mental health services. A chart with documentation deficiencies may be given a provisional 1-month authorization in which to address deficiencies and be re-reviewed the next month.

The ACBHCS QA CQRT consists of an ACBHCS Chairperson and qualified representatives (licensed, waivered, and/or registered) appointed by programs to bring their charts for review and authorization. Representatives must have attended both the "Clinical Documentation Train the Trainer" and the "Clinical Quality Review Team Train the Trainer" trainings prior to participating in the CQRT. If the provider is contracted to claim for Medication Services, they may also be required to attend the "Documentation Training for E/M Services" as well.

Programs must designate a consistent person to regularly attend the CQRT as well as backup staff that are equally trained and established in both the CQRT procedures and the Medi-Cal and ACBHCS documentation standards. The designated staff must be licensed, waivered, or registered as a Licensed Practitioner of the Healing Arts (LPHA). During the meeting, agency representatives address questions raised about their programs' charts by other reviewers and also act as reviewers of other program's charts. Reviewers may identify documentation issues, make recommendations for corrective action and give positive feedback. The CQRT Chairperson provides final approval for ongoing services.

Chart Review:

Fifteen percent (15%) of the total number of charts receive an in-depth review, also referred to as a Quality Review. This Quality Review uses the reverse side of the Children's or Adult Mental Health Services Clinical/Quality Review form which lists questions regarding basic chart documentation standards. Charts receiving a Quality Review should be reviewed first. The other 85% of charts receive a Clinical Review. Both the Clinical and Quality Reviews will be explained in more detail below. If a chart is being returned with corrections after a provisional 1-month authorization, it is reviewed only for those corrections.

Chart Review: Clinical Review:

The purpose of the Clinical Review is to ensure that the minimum documentation required is in place. A Clinical Review is guided by the highlighted items on the Regulatory Compliance form which is on page two of the Children's or Adult Mental Health Services Clinical/Quality Review form.

Chart Review: Quality Review:

A Quality Review is a comprehensive review of the chart. In addition to the elements of a Clinical Review described above, reviewers look for all applicable elements on the Regulatory Compliance form which is on page two of the Children's or Adult Mental Health Services Clinical/Quality Review form.

Chart Reviews Procedures:

Complete the CQRT Request Form using the "Guide to Completing ACBHCS Mental Health Services Clinical/Quality Review Form" located on the Provider website.

Whether completing a Clinical or Quality Review, as concerns or deficiencies are found, it is suggested that they be noted on a separate sheet while the review continues. When the review is completed, consultation will occur about those issues with that chart's program representative. Very often, representatives can answer questions and find documents or information that resolves the issue. If the representative cannot help, then bring the chart to the Chair for consultation. Feedback about the strengths and/or alternative clinical approaches is also welcomed.

The CQRT Reviewer signs the form and indicates whether or not the chart has been approved for authorization as follows:

- **Full Authorization**: Check this box if the chart has been given a full cycle authorization.

- **30-Day Authorization**: Check this box if the chart has been given a provisional 30-day authorization and will be returned for a second review. When the chart is returned in 1 month, attach the previous CQRT Request Form which notes the needed corrections.

- **No Authorization**: The CQRT Chairperson will determine which charts cannot continue to bill for services until the essential corrections have been completed. The CQRT Chairperson will also determine if claimed services needs to be backed out of INSYST. The following circumstances may prohibit the chart's authorization and/or require claimed services to be backed out of INSYST:

    - Medical Necessity has not been documented.
    - Service Necessity has not been documented.
    - An incomplete or absent Assessment.
    - An incomplete or absent Treatment Plan.
    - For 30-day Returns that were reviewed during the previous month's CQRT: Failure to correct items from the prior provisional 30-day authorization period.

After each chart review, the Chairperson will review the form, discuss the results, and then issue a "Full Authorization", a "30-Day Authorization", or "No Authorization." The Chairperson may provide comments, will indicate the date in which the chart is to be returned to CQRT, and then sign the form with a full signature.

Section V: Special Situations: Multiple Provider Agencies Serving One Client:

The MHP accepts that in some situations, a client may receive services by more than one program because their needs cannot be met by one provider. It is the MHP policy that duplication of mental health services is to be 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.

If other Alameda County agencies (i.e. Child & Family Services or Probation) are involved in the development of treatment goals for the client, this should be clearly documented in the chart as it impacts the mental health treatment. If you have any questions regarding this policy, please contact the Child & Youth Services Director, Alameda County Behavioral Health Care Services.

Multiple Reporting Units of One Provider

At times, clients receive services from multiple Reporting Units (RUs) of a single provider organization. This does impact the CQRT and Client Plan cycles. The options below may be used by providers, depending on the specific circumstances.

When the services are started simultaneously, or within the same month of admission, a provider agency has two options regarding Assessments and Client Plans:

- Multiple Assessments and Client Plans – one for each program's RU; or
- Unified Assessment and Client Plan -- completed by the RU program with the earliest episode opening which must include distinct treatment goals and mental health objectives for each additional RU.

If an unified Assessment and Client Plan is used by more than one RU and the established Initial Assessment and Client Plan are discontinued, the remaining program RU's must complete an Assessment and Client Plan to cover the current approval period. As above, the provider has the following options:

- Complete a unified Revised Assessment and Client Plan, noting the change in services; or
- Change to multiple Revised Assessments and Client Plans – one for each remaining program RU, noting the change in services and charting.

When the different RU services are not opened in the same month:

- Providers must complete an Assessment and Treatment Plan and receive approval to authorize services based on the episode opening dates of **each** RU – therefore, each RU program will have its own CQRT Review and Client Plan cycles.

Some provider organizations create a separate client chart for each program RU, with copies of documents required to be in each chart (identifying which chart contains the originals). Other providers create a single, combined chart with clearly identified sections for each program RU so that CQRT reviewers can easily locate the documentation to be reviewed in any given cycle.

Glossary of Terms

ACBHCS: Alameda County Behavioral Health Care Services.

Authorization: Approval action provided by County-designated staff that allows for a provider agency to bill for mental health services provided to eligible clients.

Clinical Review: Brief review of client chart documentation. See page 15.

CQRT: Clinical Quality Review Team is a committee that reviews provider agency's client charts for Medical & Service Necessity criteria and authorizes reimbursement for services provided.

Children's or Adult Mental Health Services Clinical/Quality Review form aka CQRT Request Form: This form is used to document a provider's or ACBHCS authorization of Medi-Cal Specialty Mental Health Services provided by a contracted provider program.

CQRT Minutes: This form is for a listing of all client charts brought to the CQRT for review; form is completed with each chart's approval decision during the CQRT meeting.

Episode Opening Date (EOD): This is the date the client episode was opened in InSyst and represents the first date of claimed services.

FSP: Full Service Partnership programs funded by the Mental Health Services Act (MHSA).

HIPAA: Health Information Portability & Protection Act; Federal law regulating documentation practices to protect client confidentiality. (Was HIPAA mentioned in manual?)

LPHA: Licensed Practitioner of the Healing Arts; licensed clinical staff (MD, PhD, MFT, LCSW) and staff who are registered with the California Board of Behavioral Sciences, usually registered MFT/ASW/ PCC interns; Psychologists who are waivered by the State to provide services; and Master's level Advanced Practice Nurses (Clinical Nurse Specialists and Nurse Practitioners who have national or state certification to practice independently.

Medical Necessity: Chart documentation that establishes the necessity for mental health services provision given certain included diagnoses and supporting information. See the reverse side of the CQRT Review Form, as well as the "Medical Necessity for Special Mental Health Services" Section Title 9, Chapter 11, Sect. 1830.205(b)(1)(A-R).

MHP: Mental Health Plan; the County Medi-Cal insurance plan for mental health services.

MHSA: Mental Health Services Act.

Program: An ACHBCS contracted provider or county-owned and operated clinic of Specialty Mental Health Services.

QA Office: Quality Assurance Office.

Quality Review: This is a comprehensive review of client chart documentation. See page 15.

Review Cycles: Cycle of months in which a client's chart must be reviewed by the CQRT; based upon the month of the client's episode opening date; always stays the same regardless of approval timeframes. See Section 1 of this manual.

RU/Reporting Unit: County-assigned number for a provider's program(s); used for billing & Charting purposes.

Service Necessity: Chart documentation that establishes the necessity for the level and quantity of mental health services being provided. See the reverse side of CQRT Request Form, as well as the "Medical Necessity for Specialty Mental Health Services" Section Title 9, Chapter 11, Sect. 1830.205(b)(1)(A-R).

Client/Treatment Plan Cycle: Cycle of months in which a client's Client Plans must be completed; based upon the month of the client's episode opening date.