



Clinical Quality Review Team (CQRT) Training

A Guide to the Authorization Process for Alameda County
Behavioral Health Plan Members

Learning Objectives

- ▶ Understand the purpose of the CQRT and its function in improving compliance with documentation standards
- ▶ Understand the distinction between the Clinical & Quality Review
- ▶ Understand the expectations of how to prepare and participate in Alameda County BHCS CQRT meetings

Learning Objectives

- ▶ Understand the forms and paperwork necessary to participate in Alameda County BHCS CQRT meetings
- ▶ Understand the Clinical Review Cycles of charts and how they guide clinical practices
- ▶ Be able to facilitate and/or improve ongoing internal Clinical Quality Review Teams
- ▶ Understand the basics of approving charts in INSYST

DHCS Information Notice No: 17-040 and ACBHCS Medi-Cal SMHS Policy, Procedure & Protocol Changes

On August 24, 2017 CA Dept of Health Care Services (DHCS) issued a 31 page Information Notice No.: 17-040, which provides clarification regarding documentation and related requirements for Medi-Cal Specialty Mental Health Services (SMHS).

The information notice can be found at the following link.

- http://www.acbhcs.org/providers/QA/memos/2017/DHCS_17-00_MHSUDS_Chart_Doc_Info_Notice.pdf
- Changes to the CQRT process will have a “**NEW**” title next to the changes in this PowerPoint presentation.

Why have CQRT?

- ▶ The primary purpose of the CQRT is to authorize services through the review of medical necessity, service necessity, and review of the quality of the chart documentation.
- ▶ The BHCS CQRT committees meet a minimum of one time per month, or more frequently, if required by BHCS or due to number of charts requiring CQRT
- ▶ Providers that conduct their own CQRT meetings must develop their own review process dates/times based on the #of charts due for CQRT each month.

CQRT for SMHS Providers

- ▶ All new providers, existing providers newly claiming to Medi-Cal, and existing agencies with a new program are required to attend BHCS CQRT meetings
- ▶ In order to self-authorize, providers must demonstrate:
 - ▶ An ability to critically and constructively review their own org's services and documentation
 - ▶ When issues arise that they will be addressed legally and ethically
 - ▶ Must develop an agency (and program specific if needed) internal policy and procedure to guide the chart review process
 - ▶ Must demonstrate openness, trustworthiness, and transparency with BHCS

BHCS CQRT Process

Participating in CQRT does not eliminate risk during an audit but assists the provider in reducing risk of audit disallowances.

- ▶ Is not a substitute for a provider's internal Quality Assurance (QA) process

CQRT Staff

- ▶ Only licensed, waived, and registered LPHAs are permitted to **review clinical** items during chart review and **authorize** services.
- ▶ **NEW:** As of March 1st 2018, 2nd year Graduate Trainee Students with an attestation from their licensed clinical supervisor indicating that the trainee has the proper training and experience to diagnose will be permitted to **review clinical** items during chart review .
- ▶ **NEW:** Authorization for all charts that come to CQRT must be made by the CQRT chair. *It is **strongly advisable** that an agency's staff person who is charged with Quality Assurance oversight be a Licensed LPHA and be the CQRT chair. If the agency staff person is not a licensed clinician they may not serve as the CQRT chair. It is required that the CQRT chair be a Licensed LPHA and must sign each Authorization form.*
- ▶ **NEW:** ACBHCS QA department has identified elements of documentation requirements that do not require a scope of practice to review. CQRT sheets have been updated to reflect which items may be reviewed by any staff that has the training to do so. These items have been separated into an "Admin Review Components" section.
- ▶ In addition, participants of a **BHCS CQRT** staff must attend the following training prior to beginning:
 - ▶ Clinical Documentation Standards

Forms Needed for CQRT

Required for ACBHCS CQRT

- ▶ List of Charts that are due to be reviewed at CQRT (Minutes Sheet)
- ▶ Sign-in sheet
- ▶ ACBHCS Regulatory Compliance Tool
 - ▶ Clinical & Quality Regulatory Compliance Versions
- ▶ Extra copies of CQRT Comments Sheet

Optional but recommended

- ▶ InSyst 696 Report
- ▶ InSyst 485 Report

Determining Charts for CQRT

- ▶ Charts are reviewed and authorized based on the episode opening date. The review cycle begins on the first of the month in which the episode was opened.
- ▶ (NEW) Review **Outpatient** charts Initially (shortly before or after Initial Treatment plan due date) and annually
- ▶ (NEW) Review **Day Rehabilitation** charts Initially (shortly before or after Initial Treatment plan due date) and every six months
- ▶ (NEW) Review **Day Treatment Intensive** charts Initially (shortly before or after Initial Treatment plan due date) and every three months
- ▶ A chart's review cycle always remain the same, based on the chart's Episode opening date (EOD).
 - ▶ Charts reviewed at any other time than their normal CQRT review cycle does not change the date or requirement that they also be reviewed at their normal CQRT cycle date. Assessment updates and treatment plan re-writes also do not impact the requirement that an annual assessment and annual treatment plan (based on the charts Episode Opening Date) be completed.

New: Opening Charts in Additional RU #s

New Process:

- 1.) Change that within one agency--multiple RU's be allowed to share one MH Assessment (and diagnosis) for concurrent services (updates may be required depending on clinical situation),
- 2.) Change that across multiple outpatient agencies the completed MH Assessment from one agency be allowed to be shared (for Initial Assessment only) if the first MH Assessment was a completed mental health assessment conducted within the past 6 months (not already an addendum to a previous assessment) AND it is incorporated into the Medical Record with a MH Assessment Addendum which indicates: the interim history, any changes in the MH Assessment previously collected data, and which documents that the diagnosis is consistent with the client's current status of their mental, emotional or behavioral health (signs and symptoms must be indicated).
- 3.) Note: Multiple RU's within one agency may also decide to share a Client Plan OR create a Client Plan for each RU.

New: Impact of Opening Cases in Additional RU #s on CQRT

- ▶ If an agency currently has a case open to one RU# and plans to open the case under a different RU# to provide concurrent services (or switch services from one RU# to another), the agency must decide if they plan to share assessments and treatment plans or if each RU will have their own assessment and treatment plan.
 - ▶ It is also possible for RU's to share the same assessment but have different treatment plans. (Note: the separate treatment plans will have their due dates based on the episode opening date.
- ▶ If an agency decides to share assessments and treatment plans, when the case is opened under the additional RU#, the episode opening date must be the date that the client was first opened under the first RU#.
 - ▶ This is important to do, because it will cause the due dates for assessments, treatment plans, and authorization to synchronize.

New: Impact of Opening Cases in Additional RU #s on CQRT

Example:

Client X opened to Oakland Outpatient Clinic RU#12345 Episode Opening Date (EOD) is 4/24/2017

6 months into treatment on 10/15/17 It is determined that client needs additional medication services which is provided at the same agency but different RU. The agency decides they want to share the same assessment.

Example: Client X is opened to Oakland Psychiatry services RU#6789M and the Episode opening date will be the date that the client was opened at the first RU (4/24/2017) and **not** the date the client was first seen at the new RU# (10/15/2017).

- Note: If the wrong Episode opening is used, separate assessments, treatment plans, and authorization dates must be used. Information Systems will not be able to change episode openings.

New: Impact of Opening Cases in Additional RU #s on CQRT

By Using the same Episode Opening Dates, the CQRT/Authorization dates will synchronize.

OPS485

(Oakland Out Patient Clinic)(RU #12345)

Report Period 02/01/18 – 03/31/18

Client # / Client Name / Effective Date / Exp. Date

75256435 / John Smith / 4/24/17 / 3/31/18

OPS485

(Oakland Psychiatry)(RU #6789M)

Report Period 02/01/18 – 03/31/18

Client # / Client Name / Effective Date / Exp. Date

75256435 / John Smith / 4/24/17 / 3/31/18

New: Impact of Opening Cases in Additional RU #s on CQRT

- Important: When a case is opened to an additional RU# and the Episode Opening Date of the first RU# is used, the additional RU# will most likely need an initial authorization and the 485 report will indicate that the initial authorization is overdue until it is entered.
- To address this, when Agencies decide to open a case at an additional RU# and plan to share an assessment and treatment plan; the clinician should review the existing assessment and treatment plan to make sure they will cover the new services that will be provided at the additional RU# and then submit an initial authorization form with their episode opening paperwork, so that Admin will both open the case and enter initial approval after the case is open.
 - Note: If an assessment or treatment plan does not include the necessary information to cover services under the additional RU#, the form must be updated to do so. If this is not done, services provided at the new RU# may be disallowed.

Preparing Charts for CQRT

- ▶ Once charts have been identified as needing CQRT, some preparation must be done by the clinician to prepare the chart for CQRT
- ▶ The clinician should review and address any issues found prior to CQRT
 - ▶ They should use the Quality Review regulation compliance tool to help with this task.
 - ▶ Programs participating in the ACBHCS onsite CQRT meeting are required to pre-review charts before coming to the meeting. The pre-review will help demonstrate that an agency is able to find the same or similar documentation errors as clinicians at the ACBHCS CQRT. This is required before an agency can be released from ACBHCS CQRT and allowed to do an internal CQRT process and self authorization.
- ▶ The Clinician should complete the appropriate items on the CQRT Authorization form.
- ▶ Following the clinician's pre-review and completion of the CQRT Authorization form, their supervisor (if they have one) should review the pre-CQRT preparation for accuracy and indicate if they agree that the chart should be authorized.
- ▶ Charts that go to CQRT should be expected to pass CQRT and be fully authorized.
 - ▶ If it is determined that a chart would not likely pass CQRT, deficiencies identified should be documented on the CQRT authorization form along with steps being taken to address the identified issues. This will most likely cause the chart to be given a 30 day or no authorization status.

Tabbing Charts

Required for ACBHCS CQRT

Optional for agencies running internal CQRT



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CQRT CHART TAGGING LEGEND

	ASSESSMENT
	LEGAL: FACESHEET
	MEDICATION CONSENT
	PROGRESS NOTES
	TREATMENT PLAN
	CONTAINMENT OF RISKS
	CORRECTION

Your agency may find it helpful to have clinician's Tab forms and sections in charts when they do a pre-review. This will help CQRT clinical review staff to quickly find forms they are looking for.

This can be especially helpful if your agency runs CQRT with another agency that is not familiar with your forms or the way they are filed in your charts.

Guide to Chart Content for CQRT

Charts must contain all of the elements required by Medi-Cal Documentation Guidelines. The best tools to keep you in compliance are the Documentation Manual and page 1 of the Regulation Compliance Tool/CQRT forms.

All Charts need to have the CQRT Authorization form completed before the chart is brought to CQRT.

This form should be completed prior to the chart being brought to CQRT.

- Items 1-8 can be completed by Admin or Clinician.
- Items 9 and 10 must be completed by treating clinician.
 - Items 11 need only be a sentence or two and should take only a few minutes to write. 12 and 13 must also be completed.
- Item 15 will be completed by the CQRT reviewer after reviewing the chart.
- Item 16 will be completed by the CQRT chair after getting feedback from CQRT reviewer/clinician.

Butterfly

ADULT/CHILD SPECIALTY MENTAL HEALTH SERVICES CQRT Authorization Form v.02.15.18

Complete all of the following:

1. Date: _____	5. Reporting Unit: _____
2. Client Name: _____	6. Clinician: _____
3. Client InSys#: _____	7. Episode Opening Date: _____
4. Provider Name: _____	8. Authorization Cycle: _____

9. Mental Health Services request for (check all that apply):

<input type="checkbox"/> Individual Psychotherapy	Frequency _____	and As Needed <input type="checkbox"/>	Duration _____
<input type="checkbox"/> Individual Rehabilitation	Frequency _____	and As Needed <input type="checkbox"/>	Duration _____
<input type="checkbox"/> Medication Services	Frequency _____	and As Needed <input type="checkbox"/>	Duration _____
<input type="checkbox"/> Case Management/Brokerage	Frequency _____	and As Needed <input type="checkbox"/>	Duration _____
<input type="checkbox"/> Family Psychotherapy (with client present)	Frequency _____	and As Needed <input type="checkbox"/>	Duration _____
<input type="checkbox"/> Group Psychotherapy	Frequency _____	and As Needed <input type="checkbox"/>	Duration _____
<input type="checkbox"/> Collateral	Frequency _____	and As Needed <input type="checkbox"/>	Duration _____
<input type="checkbox"/> Collateral Family Group	Frequency _____	and As Needed <input type="checkbox"/>	Duration _____
<input type="checkbox"/> Multi-Family Group Psychotherapy (with client present)	Frequency _____	and As Needed <input type="checkbox"/>	Duration _____
<input type="checkbox"/> Group Rehabilitation	Frequency _____	and As Needed <input type="checkbox"/>	Duration _____
<input type="checkbox"/> Intensive Care Coordination	Frequency _____	and As Needed <input type="checkbox"/>	Duration _____
<input type="checkbox"/> Intensive Home Based Services	Frequency _____	and As Needed <input type="checkbox"/>	Duration _____
<input type="checkbox"/> TBS (Therapeutic Behavioral Services)	Frequency _____	and As Needed <input type="checkbox"/>	Duration _____
<input type="checkbox"/> Crisis Residential	Frequency _____	and As Needed <input type="checkbox"/>	Duration _____
<input type="checkbox"/> Adult Residential	Frequency _____	and As Needed <input type="checkbox"/>	Duration _____

10. Day Treatment Intensive: Duration _____ ☐ 5 Days/Week or Less ☐ Exceeds 5 Days/Week ☐ Initial ☐ Re-Authorization

Day Rehabilitation: Duration _____ ☐ 5 Days/Week or Less ☐ Exceeds 5 Days/Week ☐ Initial ☐ Re-Authorization ☐ Other:

11. Included Diagnosis and functional impairments – (Medi-Cal Included Diagnosis; and brief narrative that supports Primary Diagnosis – including impairments to functioning)

12. Medical Necessity:	Intervention Criteria (proposed INTERVENTION will...):
<input type="checkbox"/> Significant impairment in an important area of life function.	AND Significantly diminish impairment
<input type="checkbox"/> Probability of significant deterioration in an important area of functioning.	AND Prevent significant deterioration in an important area of life functioning.
<input type="checkbox"/> (Under 21) Without treatment will not progress developmentally as individually appropriate.	AND (Under 21) Probably allow the child to progress developmentally as individually appropriate.

13. Agency Clinician: _____ Signature/Credentials _____ Recommend Approval: ☐ Yes ☐ No

14. Agency Supervisor: _____ Signature/Credentials _____ Recommend Approval: ☐ Yes ☐ No ☐ pending (30 Day Return)

15. CQRT Reviewer: _____ Printed Name _____ Recommend Approval: ☐ Yes ☐ No ☐ pending (30 Day Return)

Signature/Credentials (must be Licensed, registered or Waivered LPHA, or 2nd year Mental Health Trainee approved by licensed supervisor.) _____ Date _____

16. CQRT Chair: _____

☐ Full Authorization – Start Date: _____ End Date: _____

By authorizing this case for Medi-Cal Specialty Mental health services, I attest that all requirements under Medi-Cal statutes have been met and that this chart is in compliance with Medi-Cal documentation standards.

Returns: ☐ Authorization pending return in 30 Days – _____

☐ No Authorization for specialty mental health services – Chart to be returned to CQRT: _____

CQRT Chair Comments: _____

CQRT Chair Signature/License: _____ Date: _____

Examples: How to determine the chart cycle for Outpatient Charts

Episode is Opened	Due for Initial CQRT/ Authorization (For Outpatient Sx.)	Authorization Cycle	Due for Annual CQRT during the month of:	With a new TX plan to cover services beginning	And not signed before this date
January (e.g. 1/15)	March (3/15)	Jan 1-Dec 31	December	1/1	12/1
February (e.g. 2/2)	April (4/2)	Feb 1-Jan 31	January	2/1	1/1
March (e.g. 3/30)	May (5/30)	Mar 1-Feb 28	February	3/1	2/1

MHS 485 Reports indicate what charts still need to be authorized

The 485 INSYST report is delivered to each agency printer queue 4 times per month (if not call BHCS Information Systems). The reports show which clients/charts that are open and need (or soon will need) authorization.

Example of Annual Case

485 report

“Outpatient Utilization Control”

Report MHS 485

Reporting Unit: (Name of RU) (RU #) Reflects Services entered as of Day-Month-Year

Client Name: XXXXXX

Stability Rating:

Case Number: 345643543

Episode Opening Date: 14-OCT-2009

Date of Rating:

Period Start Date: 1-Oct-2014

Primary Staff: XXXXX

Physician: XXXX

Period End Date: 30-sep-2015

UC Authorization	Effective Date	Expiration Date	Authorized Visits	Remaining	UC message
OPT Review	1-Oct-2014	30-Sep-2015	0	0	Action Expires or Immediate Action Needed Visit Level Caution

This is the date that
authorization is due by



Note: Charts that are not authorized will stay on this list/report until the case is closed or the chart is authorized.

Limitations to the 485 Report and additional contract timeline requirements

- INSYST is set up to automatically set the initial authorization cycle to be 60 days from the episode opening date.
- Some programs have a requirement to complete assessments and treatment plans (before the standard 60 day due date).
- The 485 report should not be used for these programs to keep track of when initial treatment plans are due. These special programs may want to have charts come to CQRT well before 60 days to assure that treatment plans were completed on time and that the chart demonstrates medical necessity.

Setting Up the Room

When reviewing paper chats:

- Be mindful that PHI is everywhere during CQRT
- Remind participants to keep client charts separate
- Don't let anyone leave the room with PHI unless authorized by the chair
- Provide ample workspace for reviewers
- Clearly identify CQRT charts to participants
 - New
 - Returns
 - Reviewed



Keeping track of charts

The *CQRT Team Meeting Minutes* sheet will help the CQRT chair and admin keep track of which charts will be reviewed at CQRT and what the outcome of the review is.



Confidential Administrative Records
Clinical Quality Review Team Meeting Minutes

Date of CQRT:				Page _____ of _____			
Provider Agency:				Cases Reviewed:			
Name	RU	ID/PSP	Clinical Review		Quality Review		Staff ID of Approving Clinician
1.			A	R	A	R	
2.			A	R	A	R	
3.			A	R	A	R	
4.			A	R	A	R	
5.			A	R	A	R	
6.			A	R	A	R	
7.			A	R	A	R	
8.			A	R	A	R	
9.			A	R	A	R	
10.			A	R	A	R	
11.			A	R	A	R	
12.			A	R	A	R	
13.			A	R	A	R	
14.			A	R	A	R	
15.			A	R	A	R	
16.			A	R	A	R	
17.			A	R	A	R	
18.			A	R	A	R	
19.			A	R	A	R	
20.			A	R	A	R	
21.			A	R	A	R	
22.			A	R	A	R	
23.			A	R	A	R	
24.			A	R	A	R	
25.			A	R	A	R	

A = Approved R = Return Requested ☐

Keep track of staff at CQRT

It may be helpful to keep track of staff that participate in CQRT.

This form is required for ACBHCS CQRT.

This form is optional for agencies doing internal CQRT, but can be useful to agencies for a number of reasons.



Confidential Administrative Records
Clinical/Quality Review Attendance Sheet

Location: _____ Date: _____ Time: _____

Chairperson: _____ Present: ☐ Absent: ☐
Name Discipline Staff Number

	Name	Position/Title	License Type	Staff ID #	Agency	E-mail
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						

Helpful source materials for CQRT

- CQRT Manual
- ACBHCS Guidelines for Scope of Practice Credentialing
- InSyst Procedure Code Table
- Most recent ACBHCS Medi-Cal Included lists (Outpatient, Inpatient, SUD)
- DSM-5
- E/M Documentation Auditor's Instructions (Currently DHCS and ACBHCS audit to pre-E/M medications standards.)
- ACBHCS Clinical Documentation Standards Manual
- ACBHCS Standard Abbreviation Table
- SMHS Medi-Cal Lockout Grid

Running the CQRT

➤ Chair Responsibilities

- Ensuring CQRT procedure is followed
- Distributing charts
 - Charts should be given to CQRT clinical review staff that have not already reviewed the chart or have any personal involvement in the case (if possible).
- Tracking chart status
- Answering questions
- Consulting as necessary
- Reviewing Charts and determining authorization status
- Note: The CQRT chair will most likely be so busy answering questions, organizing charts, and most importantly making the final authorization determination that reviewing charts themselves can prove very difficult. It is suggested the CQRT chair not be expected to review charts and staffing ratios to review all CQRT charts should be adjusted accordingly.

Types of CQRT Reviews

ACBHCS requires two types of CQRT reviews:

Clinical Reviews & Quality Reviews


Use the correct CQRT regulatory compliance tool form for the type of review completed

Clinical Reviews

85% of Charts

- The Clinical Review **ensures that ongoing Medical & Service Necessity has been established and documented.**
- Reviews documentation items that are vital to treatment and/or can cause individual or full chart disallowances:
 - Screening tool indicates moderate to severe impairment
 - Included diagnosis is supported in documentation
 - Services completed by allowable staff with applicable co-signatures
 - Services are appropriate to ameliorate client's symptoms
 - Assessment/Plan are valid and are completed on-time
 - Progress notes have required elements
 - Safety issues are addressed
 - Only allowable specialty mental health services are claimed

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Comments can be placed here or explanations and feedback given.

Quality Reviews

The Regulatory Compliance Tool - Quality Review is a **comprehensive review of the chart**:

- Fifteen percent (15%) of all charts presented at BHCS CQRT meetings will be randomly chosen for the full **Quality Review**. This is the recommended minimum threshold for internal CQRT meetings.
- The chart is reviewed using the Regulatory Compliance Tool – Quality Review form.
- There must be a continuity (“*Golden Thread*”) between the **Assessment** & Included Medi-Cal Diagnosis, the **Treatment Plan** Mental Health Goals & Objectives, and the interventions documented in the **Progress Notes**.

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Medi-Cal Regulatory Compliance Tool – QUALITY REVIEW (15% of charts)

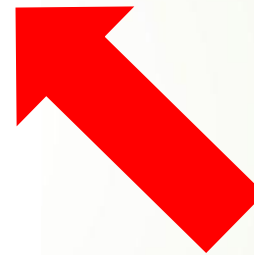
Client Name:				Client PSP#:			
Admin Review Components (If 1 or 2 are not compliant, do not send to QOBT and immediately return to individual responsible for correction)							
1. Required Assessment present and signed by staff with credentials to do so				Yes	No	N/A	
2. Required Treatment Plan present and signed by staff with credentials to do so							
3. Applicable CANS/ANSA is present and completed by staff with credentials to do so							
4. ACCHCS Screening Form indicates client meets moderate-severe criteria							
5. Informing Materials signature page completed and is signed on time							
Progress Notes (Minimum 6 notes or last 60 days)							
6. Date of service							
7. Location listed							
8. Group service notes include # of clients in attendance (including both medical and non-medical clients)							
9. PNs signed and dated with designation: Licensed/Registered/Unlicensed/Trainee/MHRS/Adjunct							
10. Service provided while client was not in lock-out setting, IMD, or jail (if all progress notes completed during potential lock out for clinician to review)							
11. Progress note was completed within the required timeframe per MMP (or designated late)							
12. Progress note documents the language that the service is provided in, as needed							
Clinician Review Components (Write Comments on opposite side)							
Informing Materials/Releases				Yes	No	N/A	
17. Releases of information, when applicable							
18. Informed consent for medication(s), when applicable							
Medication Necessity							
19. Primary Diagnosis from CA-OMCS Medi-Cal included diagnosis list							
20. Documentation support primary diagnosis(es) for treatment							
Impairment / Intervention Criteria							
21. Impairments are due to included diagnosis							
22. Interventions address impairments identified							
Service Necessity: MUST have both 23 and 24							
23. The mental health condition could not be treated by a lower level of care (true/yes)							
24. The mental health condition would not be responsive to physical health care treatment? (true/yes)							
Chart Maintenance							
25. Writing is legible							
26. Signatures are legible							
27. Discharge/Termination date noted when applicable							
28. Emergency Info. is in designated location in file/EHR/In/yst							
Assessment							
29. (If reviewing for Initial Authorization) All required elements of Initial Assessment are complete. (Initial assessments do not include all required elements.)							
30. (If reviewing for Initial Authorization) Initial Assess. complete within 60 days of episode opening, except for Level III by 4 th hour of service, DR/OTI by first billed day, Crisis/Adult Res. by 72 actual hours.							
31. If a previous assessment was used and an addendum was done to update the previous assessment, the assessment used was completed in the last 12 months (for within an agency) or 6 months (if the assessment was completed by another provider agency).							
32. (If reviewing for Annual Authorization) All required elements of Annual Assessment are complete.							
33. (If reviewing for Annual Authorization) Annual assessment is complete by first day of episode opening month (EOM) (for charts due for annual authorization)							
34. On is established by licensed LPHA or co-signed by licensed LPHA for waived/registered/2 nd year trainee staff							
35. Psychosocial history							
36. Risk(s) to client and/or others assessed							
37. Client strengths/supports							
38. Hx of psychiatric medications prescribed							
39. Relevant medical conditions/hx noted & updated							
40. Mental health history assessed							
41. Relevant mental status exam (MSE)							
42. Past & present substance exposure/substance use: Tobacco, alcohol, caffeine, CANN, Rx, OTC drugs, & illicit drug							
43. Youth: Pre/perinatal events & complete dev. hx							
13. Progress note indicates interpreter services were used, and relationship to client is indicated, as needed							
14. Allergies/adverse reactions/sensitivities or lack thereof noted in chart							
15. Allergies/adverse reactions/sensitivities or lack thereof noted prominently on chart/ cover or in EHR							
16. Plan indicates the client or representative was offered a copy of the plan							
Admin Comments:							
Client Plan				Yes	No	N/A	
45. Initial plan complete within 60 days of episode opening, except for Level III by 4 th hour of service, DR/OTI by first billed day, Crisis/Adult Res. by 72 actual hours.							
46. Annual client plan completed on time, (for charts due for annual authorization)							
47. Plan revised when significant change (e.g. in service, diagnosis, focus of treatment, etc.)							
48. Plan is consistent with diagnosis							
49. Objectives in plan are consistent with impairment caused by diagnosis							
50. Mental health objectives are specific, observable, and/or measurable with timeframes							
51. Plan identifies proposed service modalities, their frequency and timeframes							
52. Plan describes detailed provider interventions for each service modality listed in the plan (recommended but not required)							
53. Client's risk(s) has a safety plan (DTS/OTI). Harm to self, at risk for DV, Abuse, etc.)							
54. Plan signed/dated by Licensed LPHA/Registered/Unlicensed or by Trainee/MHRS/Adjunct w/co-signature							
55. Plan signed/dated by MD (if provider prescribed MH Rx)							
56. Coordination of care is evident, when applicable							
57. Plan signed/dated by client (or legal representative when appropriate) or documentation of client refusal or unavailability							
58. Plan contains Tentative Discharge Plan							
Progress Notes (Minimum 6 notes or last 60 days)							
59. Correct CPT OR In/yst Code (Medicare requires CPT codes)							
60. Planned service modalities with corresponding service codes are in applicable plan.							
61. Claims for planned services prior to assessment being completed meet minimum medical necessity and plan requirements							
62. Face-To-Face & total times are documented							
63. Notes for client encounters include that day's evaluation/behavioral presentation							
64. Notes for client encounters include that day's staff intervention							
65. Notes for client encounters include that day's client response to intervention							

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Clear and concise feedback should be given to help the clinician and supervisor in charge of the case understand the concerns identified.

[illegible]

CQRT Regulatory Compliance Tool Comments Sheet



Make sure that every sheet used in CQRT has the clients identifying information on it. Do not forget to do this, or pages can get separated and it will not be clear which client they are for.

Pending Authorization / 30-day Return

Depending on the issue, some charts can be authorized for one month but have to return to the next CQRT

A Few Examples

- ▶ Treatment Plan is present and has at least one valid objective, but other objectives are not for mental health
- ▶ Safety plan is indicated but is not present
- ▶ CANS/ANSA not completed
- ▶ Recent SI, but no plan update
- ▶ Assessment is present but all 7 substance exposure categories haven't been assessed

How to indicate a chart is approved for 30 days only

To be completed by CQRT reviewer/clinician.

13. Agency Clinician: _____ Signature/Credentials	Recommend Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Agency Supervisor: _____ Signature/Credentials	Recommend Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> pending (30 Day Return)
15. CQRT Reviewer: _____ Printed Name	Recommend Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> pending (30 Day Return)
Signature/Credentials (must be Licensed, registered or Waivered LPHA, or 2 nd year Mental Health Trainee approved by licensed supervisor.) _____ Date _____	
16. CQRT Chair:	
<input type="checkbox"/> Full Authorization – Start Date: _____ End Date: _____	
By authorizing this case for Medi-Cal Specialty Mental health services, I attest that all requirements under Medi-Cal statutes have been met and that this chart is in compliance with Medi-Cal documentation standards.	
Returns: <input type="checkbox"/> Authorization pending return in 30 Days – <u> Date of next CQRT </u>	
<input type="checkbox"/> No Authorization for specialty mental health services – Chart to be returned to CQRT: _____	
CQRT Chair Comments:	
Explain issue, or tell them to see comments sheet. i.e “Please change Objective #2 to be mental health instead of SUD related.”	
CQRT Chair Signature/License: _____ Date: _____	

To be completed by CQRT Chair.

If a chart returns to CQRT for a 2nd or 3rd review, use the 2nd page of the CQRT Authorization Form

To save time, you do not need to fill out a new CQRT Authorization form if a chart is going to return for a 2nd or 3rd review.

When a chart returns to CQRT only the issues that needed to be corrected should be reviewed. The chart does not need to receive another clinical or quality review unless the CQRT chair determines that is warranted.

1 st Return	
Clinician comments:	Supervisor Comments:
I changed the 2 nd objective in treatment plan to be a mental health objective.	
23. Agency Clinician: _____ Signature/Credentials	Recommend Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No
24. Agency Supervisor: _____ Signature/Credentials	Recommend Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No
25. CQRT Reviewer or Chair Comments:	
Great job! But you need to get the new TP signed!	
26. CQRT Reviewer: _____ Print name/Signature/Credentials	Recommend Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No (30 Day Return)
27. CQRT Chair Signature/Credentials: _____ Date: _____	
28. <input type="checkbox"/> Full Authorization – Start Date: _____ End Date: _____ <input type="checkbox"/> Chart to be returned to CQRT on (date): _____	
2 nd Return	
Clinician comments:	Supervisor Comments:
I got the updated treatment plan signed.	
29. Agency Clinician: _____ Signature/Credentials	Recommend Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No
30. Agency Supervisor: _____ Signature/Credentials	Recommend Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No
31. CQRT Reviewer or Chair Comments:	
Full Authorization given. 😊	
32. CQRT Reviewer: _____ Print name/Signature/Credentials	Recommend Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No (30 Day Return)
33. CQRT Chair Signature/Credentials: _____ Date: _____	
34. <input type="checkbox"/> Full Authorization – Start Date: _____ End Date: _____ <input type="checkbox"/> Chart to be returned to CQRT on (date): _____	

Deficient Charts - “No Authorization”

Charts with certain deficiencies must be corrected prior to authorization.

Depending on the problem identified, Some or all claiming will need to be stopped until the problem is resolved.

A Few Examples

- ▶ Medical Necessity has not been established and there is no explanation in the chart as to why not or what future attempts will be made to gather information needed to document medical necessity.
- ▶ Treatment Plan Missing and not explanation why (especially if planned services are being provided.)
- ▶ Assessment not completed by allowable staff.
- ▶ Signatures missing on Treatment Plan and no explanation why or what future attempts will be made to get signature.

How to indicate a chart receives no authorization

Ethically, when a chart gets no authorization, services should not stop. Certain types of claiming may need to be stopped depending on the issue identified.

To be completed by CQRT Chair.

To be completed by CQRT reviewer/clinician.

13. Agency Clinician: _____ Signature/Credentials	Recommend Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Agency Supervisor: _____ Signature/Credentials	Recommend Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> pending (30 Day Return)
15. CQRT Reviewer: _____ Printed Name	Recommend Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> pending (30 Day Return)
Signature/Credentials (must be Licensed, registered or Waivered LPHA, or 2 nd year Mental Health Trainee approved by licensed supervisor.) _____ Date _____	
16. CQRT Chair:	
<input type="checkbox"/> Full Authorization – Start Date: _____ End Date: _____	
By authorizing this case for <u>Medi-Cal</u> Specialty Mental health services, I attest that all requirements under <u>Medi-Cal</u> statutes have been met and that this chart is in compliance with <u>Medi-Cal</u> documentation standards.	
Returns: <input type="checkbox"/> Authorization pending return in 30 Days – _____	
<input type="checkbox"/> No Authorization for specialty mental health services – Chart to be returned to CQRT: <u>Tomorrow by 3pm</u>	
CQRT Chair Comments:	I don't want to wait until next CQRT. See me ASAP when this is corrected.
Uh oh. This is serious. No treatment plan found. No planned services can be claimed until a treatment plan is in place.	
CQRT Chair Signature/License: _____	Date: _____

Concluding CQRT Meeting

- Complete the CQRT Minutes sheet and document the outcome of all chart reviews.
- Carefully note which charts need to return to the next CQRT meeting.
- If any charts were not reviewed due to time or staffing constraints, consider scheduling another CQRT meeting to finish the reviews.
 - If you wait to bring non-reviewed charts to the next CQRT you run the risk that services billed for in the mean time may have to be backed out if a major problem with the chart is discovered.

Where to store CQRT sheets.

New: The Authorization form must be filed in the client's medical record.

The regulatory compliance form, can also be filed in the client's medical record or can be filed in a separate location.

During a system of care audit, both of these forms will be requested as proof that the chart went through the proper authorization process.

ADULT/CHILD SPECIALTY MENTAL HEALTH SERVICES CQRT Authorization Form v 02.15.18

Complete all of the following:

1. Date: _____ 5. Reporting Unit: _____
 2. Client Name: _____ 6. Clinician: _____
 3. Client ID# (MHI): _____ 7. Episode Opening Date: _____
 4. Provider Name: _____ 8. Authorization Code: _____

9. Mental Health Services Requested for (check all that apply):

<input type="checkbox"/> Individual Psychotherapy	Frequency: _____	and As Needed <input type="checkbox"/> Duration: _____
<input type="checkbox"/> Individual Rehabilitation	Frequency: _____	and As Needed <input type="checkbox"/> Duration: _____
<input type="checkbox"/> Medication Services	Frequency: _____	and As Needed <input type="checkbox"/> Duration: _____
<input type="checkbox"/> Case Management/Case Management	Frequency: _____	and As Needed <input type="checkbox"/> Duration: _____
<input type="checkbox"/> Family Psychotherapy (with client present)	Frequency: _____	and As Needed <input type="checkbox"/> Duration: _____
<input type="checkbox"/> Group Psychotherapy	Frequency: _____	and As Needed <input type="checkbox"/> Duration: _____
<input type="checkbox"/> Case Management/Case Management	Frequency: _____	and As Needed <input type="checkbox"/> Duration: _____
<input type="checkbox"/> Group Rehabilitation	Frequency: _____	and As Needed <input type="checkbox"/> Duration: _____
<input type="checkbox"/> Intensive Case Coordination	Frequency: _____	and As Needed <input type="checkbox"/> Duration: _____
<input type="checkbox"/> Intensive Home Based Services	Frequency: _____	and As Needed <input type="checkbox"/> Duration: _____
<input type="checkbox"/> Outpatient Assessment Services	Frequency: _____	and As Needed <input type="checkbox"/> Duration: _____
<input type="checkbox"/> Crisis Intervention	Frequency: _____	and As Needed <input type="checkbox"/> Duration: _____
<input type="checkbox"/> Adult Residential	Frequency: _____	and As Needed <input type="checkbox"/> Duration: _____

10. Day Treatment Intensive: Duration _____ ☐ 5 Days/Week or Less ☐ Exceeds 5 Days/Week ☐ Initial ☐ Re-Authorization

Day Rehabilitation: Duration _____ ☐ 5 Days/Week or Less ☐ Exceeds 5 Days/Week ☐ Initial ☐ Re-Authorization

11. Included Diagnosis and Functional Impairments - (Medi-Cal Included Diagnosis, and Brief Narrative that Supports Primary Diagnosis - including impairments to functioning):

12. Medical Necessity:

12. Medical Necessity:	12. Medical Necessity:
12. Medical Necessity:	12. Medical Necessity:

13. Agency Supervisor: _____ Recommendation Approval: ☐ Yes ☐ No ☐ pending (30 Day Return)

14. CQRT Reviewer: _____ Recommendation Approval: ☐ Yes ☐ No ☐ pending (30 Day Return)

15. CQRT Chair: _____

16. CQRT Chair: _____

17. CQRT Chair: _____

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100. CQRT Chair: _____

Medi-Cal Regulatory Compliance Tool - QUALITY REVIEW (15% of charts)

Client Name: _____ Client PPSN: _____

1. Reviewer: _____ 2. Reviewer: _____ 3. Reviewer: _____ 4. Reviewer: _____ 5. Reviewer: _____ 6. Reviewer: _____ 7. Reviewer: _____ 8. Reviewer: _____ 9. Reviewer: _____ 10. Reviewer: _____ 11. Reviewer: _____ 12. Reviewer: _____ 13. Reviewer: _____ 14. Reviewer: _____ 15. Reviewer: _____ 16. Reviewer: _____ 17. Reviewer: _____ 18. Reviewer: _____ 19. Reviewer: _____ 20. Reviewer: _____ 21. Reviewer: _____ 22. Reviewer: _____ 23. Reviewer: _____ 24. Reviewer: _____ 25. Reviewer: _____ 26. Reviewer: _____ 27. Reviewer: _____ 28. Reviewer: _____ 29. Reviewer: _____ 30. Reviewer: _____ 31. Reviewer: _____ 32. Reviewer: _____ 33. Reviewer: _____ 34. Reviewer: _____ 35. Reviewer: _____ 36. Reviewer: _____ 37. Reviewer: _____ 38. Reviewer: _____ 39. Reviewer: _____ 40. Reviewer: _____ 41. Reviewer: _____ 42. Reviewer: _____ 43. Reviewer: _____ 44. Reviewer: _____ 45. Reviewer: _____ 46. Reviewer: _____ 47. Reviewer: _____ 48. Reviewer: _____ 49. Reviewer: _____ 50. Reviewer: _____ 51. Reviewer: _____ 52. Reviewer: _____ 53. Reviewer: _____ 54. Reviewer: _____ 55. Reviewer: _____ 56. Reviewer: _____ 57. Reviewer: _____ 58. Reviewer: _____ 59. Reviewer: _____ 60. Reviewer: _____ 61. Reviewer: _____ 62. Reviewer: _____ 63. Reviewer: _____ 64. Reviewer: _____ 65. Reviewer: _____ 66. Reviewer: _____ 67. Reviewer: _____ 68. Reviewer: _____ 69. Reviewer: _____ 70. Reviewer: _____ 71. Reviewer: _____ 72. Reviewer: _____ 73. Reviewer: _____ 74. Reviewer: _____ 75. Reviewer: _____ 76. Reviewer: _____ 77. Reviewer: _____ 78. Reviewer: _____ 79. Reviewer: _____ 80. Reviewer: _____ 81. Reviewer: _____ 82. Reviewer: _____ 83. Reviewer: _____ 84. Reviewer: _____ 85. Reviewer: _____ 86. Reviewer: _____ 87. Reviewer: _____ 88. Reviewer: _____ 89. Reviewer: _____ 90. Reviewer: _____ 91. Reviewer: _____ 92. Reviewer: _____ 93. Reviewer: _____ 94. Reviewer: _____ 95. Reviewer: _____ 96. Reviewer: _____ 97. Reviewer: _____ 98. Reviewer: _____ 99. Reviewer: _____ 100. Reviewer: _____

Backing claims that are disallowed.

Disallowance Tracking/Code Changing Sheet						
Agency	Client Name		PSP	DOS	CODE	Notes
	Last	First				

Meeting date: _____

Page ____ of ____

During CQRT if it is discovered that a claim was submitted to BHCS that is not supported, it is the providers responsibility to back out these claims in INSYST.

If it is not possible to back out claims in INSYST (due to timing) a “Void and Replace” form (Formerly called “Error Corrections form”) must be submitted to the finance department.

For ACBHCS CQRT, you must bring this sheet to demonstrate that claims have been backed out.

Maintaining Confidentiality

- All information reviewed and discussed at CQRT must remain confidential.
- For ACBHCS CQRT, if any clinical concerns or mandated reporting responsibilities arise:
 - First consult with the agency representative for their own clinical intervention/follow-up (Especially if two different agencies are meeting together to do joint CQRT)
 - If concerns still remains, consult with ACBHCS lead before taking any further action.

Authorizing Charts

- ▶ Alameda County's CQRT and Clinical documentation manuals (acts as P&P) describes the county's authorization process.
- ▶ Alameda County BHCS expects that most Outpatient programs (there may be exceptions) do CQRT and then self authorize themselves for continued services.
- ▶ This is a privilege and ACBHCS expects all contracted providers to act legally and ethically to prevent fraud waste and abuse.
 - ▶ If it is discovered that providers are knowing and willingly not conducting CQRT (as required per their contract) and inappropriately self authorizing charts, this will most likely trigger an agency audit and discussion with the agency's contract manager.

DHCS is scheduled to provide additional guidance on the Authorization process in July 2018.

http://www.dhcs.ca.gov/formsandpubs/Documents/ParityComplianceSummary_clean_rev%209.28.2017.pdf



Department of Health Care Services



MENTAL HEALTH PARITY COMPLIANCE SUMMARY

Table 2. Additional Implementation Methods

TYPE	PARITY FINDING	ACTION	DELIVERY SYSTEM				STATUS	ANTICIPATED COMPLETION
			MCP	MHP	SUD	Statewide		
NQTL	AMSC provider training requirement	▪ Issue guidance via APL	X				In Progress	10/2017
		▪ Update the Medi-Cal Provider Manual				X	In Progress	12/2017
NQTL	Authorization processes and timeframes for specialty mental health services	▪ Issue guidance via Information Notice		X			In Progress	7/2018
NQTL	Prior authorization processes for non-specialty mental health services	▪ Issue guidance via APL	X				In Progress	10/2017
NQTL	Statewide Credentialing Policy	▪ Implement policy and issue guidance via Information Notice to conform to managed care requirements		X	X		In Progress	12/2017
NQTL	Statewide Continuity of Care Policy	▪ Implement policy and issue guidance via Information Notice to conform to managed care requirements		X	X		In Progress	7/2018
NQTL	Statewide Network Adequacy standards	▪ Implement standards in statutes				X	Complete	1/2018 Pending

Follow the Manual for Approving Charts in INSYST

**Alameda County
Behavioral Health Care Services**

**INSYST
MHS
Mini Manual
9.10**

BHCS – Information System Support Services

Phone: (510) 567-8181
(M-F 7:30am to 4:30pm)
FAX: (510) 567-8161

E-Mail: HIS@acbhcs.org

BHCS Web Site: WWW.ACBHCS.ORG/PROVIDERS

Provider Relations (800) 878-1313

[http://www.acbhcs.org/providers/Insyst/manuals/Mini_MHS_Insyst_Use
r_Manual.pdf](http://www.acbhcs.org/providers/Insyst/manuals/Mini_MHS_Insyst_Use_r_Manual.pdf)

Initial Treatment Plan

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Approval (May be entered by Admin Staff)

- To enter approvals for all initial treatment plans, use AU AP command in INSYST and follow directions in the Manual.
- **Note:** The Staff # that is entered in the approval screen, should be the licensed staff that reviewed the chart or (if the chart was reviewed by non-licensed staff) by the licensed CQRT chair.

UC Approval

Reporting Unit: 9999CG CL GATE TEST

Client Number	Client Name	Opening Date	Primary Therapist	Staff	OK
75193044	AALIYAH, J	25-SEP-2017	SALES		<input type="checkbox"/>
75226968	TEST, C	05-APR-2017	CHEN		
75244721	TEST, T	01-JAN-2016	HIGGINS		
75135386	TESTCASE, D	26-JUN-2009	PETERSON		
75138646	TESTING, T	01-JAN-2009	PETERSON		
75130257	TESTY, C	26-JUN-2009	PETERSON		

Form Ok Y/N: Confidential Information User: SAMMISJ
Input required

Annual Treatment Plan Approval (May be entered by Admin Staff)

- To Enter approvals for Annual Treatment plans, use AU MA command in INSYST and follow directions in the Manual.
- Note: The instructions are more complicated for approving annual treatment plans. Follow the instructions closely and contact Information Systems if there is difficulty or questions.

UC Maintenance Selection

Client Number: 75130257 CINDY TESTY
Reporting Unit: 9999CG CL GATE TEST
Since: / /

Action		Action	Appr	Used	Staff	UC Period	
Start	End					Start	End
26-JUN-09	25-JUL-09	OPT Init	0	0	0	01-JUN-09	30-NOV-09

Confidential Information USER: SAMMISJ

1 record displayed. Last page displayed.

Final CQRT Advice

- ▶ QA **strongly recommends** that charts are reviewed at CQRT as close to the treatment plan due date as possible (but also with enough time to correct issues and preserve claiming).
- ▶ This ensures that the Assessment and the Treatment Plan have been thoroughly completed, with all signatures, and on time.
- ▶ We regularly see a full year's worth of claiming disallowed for items that would have been caught in CQRT.

Final CQRT Advice

- ▶ Develop a written agency CQRT Policy & Procedure Manual.
- ▶ It is recommended that QA lead staff review charts prior to their scheduled CQRT to give feedback and ensure timely authorizations.
- ▶ Reach out to other providers and develop a inter-agency CQRT process.



with



Still have questions?

QA Contact Information

The ACBHCS Quality Assurance Office is available to provide Technical Assistance. Please limit 1 contact person per agency to maintain consistency of information at your agency. Contact the designated QA staff member according to the following:

A – I & County Child Clinics:

Jennifer Fatzler, LMFT – jennifer.fatzler@acgov.org

J – Z & County Adult Clinics:

Brion Phipps, LCSW – brion.phipps@acgov.org