



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
CAROL BURTON, INTERIM DIRECTOR

Quality Assurance Office
2000 Embarcadero Cove, Suite 400
Oakland, California 94606
(510) 567-8105 / TTY (510) 533-5018

Executive Summary: ACBHCS System of Care Audit
Audit Conducted 4th Quarter of 2016 for the Audit Period of 4/1/16—6/30/16

- Random selection of Medi-Cal Children’s and Adult Mental Health (MH) services claimed by Master Contract Organizations (MCO, aka CBO) & County Owned and Operated Clinics.
- Thirty-nine charts were reviewed from 17 providers (County Clinics & MCO’s).
- **Overall claims compliance averaged 63%** (425 of 670 claimed services).
- **Claims compliance for Children’s claims was 78% and for Adult claims was 36%.** Children’s services claims compliance was double that of Adult services.

➤ **CLAIMS COMPLIANCE OF 63% IS NINE (9) PERCENT LESS THAN THE LAST FOUR SYSTEM OF CARE AUDITS WHICH AVERAGED 72%. IT IS THEREFORE HIGHLY RECOMMENDED THAT ALL PROVIDERS REVIEW THE COMPLETE AUDIT REPORT AND EVALUATE THEIR PROGRAMS IN THE AREAS OF NON-COMPLIANCE FINDINGS AS A QUALITY IMPROVEMENT ACTIVITY.**

- *Below you will find the key recommendations which should prove instrumental in improving ACBHCS programs’ (County & CBO’s) Claims and Quality Compliance.*
- The top five (5) significant reasons for claims disallowances were:
 - *No Assessment Present (or that meets medical necessity for a planned service) for date of service—or Assessment was late.*
 - *No Client Plan in effect at time of service delivery (or non-compliance with Plan requirements, Plan missing signatures, or Service Modality not indicated).*
 - *Services provided did not relate back to a current MH Objective in the Client Plan.*
 - *Progress Note missing, incorrect code, inadequate or no intervention noted, excessive documentation time, incorrect group time calculation, etc.*
 - *Non-billable activity (lock-out, clerical, administrative, voicemail, no show, scheduling, payee, transportation, supervision, vocational, screening tool).*
- **Quality compliance averaged 80%** (in 10 areas & 98 items).
- Additional (not reasons for claims disallowances) important Quality non-compliance items:
 - *Mild-Moderate-Severe Screening Tool and/or CFE/CANS/ANSA were not completed.*
 - **Comprehensive Safety Plans (or objectives) were not completed for Danger to Self or Others.**
 - *Informed Consents for Medications were not obtained, or were missing elements.*
 - *Required signed Releases of Information were not present & the ACBHCS required “Informing Materials Signature Page” was not present or fully completed.*



**Mental Health System of Care Audit of
ACBHCS Contract Organizations and
County Owned & Operated Programs**

*Audit Performed in Fourth Quarter of 2016
For Audit Period: 4/1/16 – 6/30/16*

Final Report Issued: 12/19/2017

ACBHCS Quality Assurance Office
2000 Embarcadero Cove
Oakland, CA 94606
(510) 567 - 8105

INTRODUCTION:

This chart audit utilized a random sample review of Mental Health (MH) services for the Alameda County Behavioral Health Care Services (ACBHCS) Adult and Children's System of Care. The purpose of this report is to determine the rates of compliance with Specialty Mental Health Services (SMHS) Medi-Cal (M/C) documentation standards for services claimed.

This report provides feedback in regard to documentation strengths as well as training needs for ACBHCS programs and services across the system of care. Because the selection of claims for the review employed a random sampling method, it may be utilized to generalize findings to the ACBHCS Mental Health System of Care for the audit period as a whole.

The Quality Assurance Office (QA) requested a random sample of all submitted MH claims for the time period of 4/1/2016 – 6/30/2016 from Emanio (database which pulls information from the InSyst Medi-Cal claiming program) for adult and child Medi-Cal beneficiaries. Thirty-nine (39) charts, thirty-seven (37) unique clients, from seventeen (17) providers and a total of six hundred and seventy (670) claims were reviewed for compliance and quality of care utilizing a standardized chart audit protocol.

See Exhibit 1 to see the claims that were reviewed by client chart and by provider. Exhibit 2 lists the DHCS Reasons for Recoupment with ACBHCS Claims Comments for fiscal year 2015-2016. Each chart was reviewed for compliance with Medi-Cal claiming requirements and for ACBHCS 2015-2016 quality of care documentation standards. (*References: ACBHCS Clinical Documentation Standards Manual, 12/3/14 and the ACBHCS CQRT Regulatory Compliance Tools, 4/15/15.*)

CLAIMS REVIEW RESULTS:

Please refer to the Claims Review Spreadsheet Exhibit 1, the DHCS Reasons for Recoupment with ACBHCS Claims Comments for fiscal year 2015 – 2016 (Exhibit 2) while reviewing this section. Overall, of the 670 total claims examined by QA staff, 425 claims (63%) met the documentation standards and 245 claims (37%) were disallowed because they did not meet the standards.

Claims compliance of 63% is 9% less of what it was from the prior four SOC audits which averaged 72% (ranged from 41 – 87%). It is therefore highly recommended that all providers review this complete audit report and evaluate their programs in the areas of non-compliance findings as a quality improvement activity.

In the next section we describe in detail the claims compliance findings by providers' age group served, by dollar amount, by chart, by provider, by reason for recoupment of paid claims, and by service modality. Table #1 below specifies claims compliance by providers' age group served. Providers serving adults had significantly higher claims disallowances than those serving TAY and children.

System of Care Audit, Fourth Quarter 2016
 Audit Period: 4/1/2016 – 6/30/2016

| Table #1: Claims Compliance by Providers | | | | |
|---|-------------------------|-----------------------|--------------------------|--------------------------|
| Providers | Number of Claims | Allowed Claims | Disallowed Claims | Percent Compliant |
| All | 670 | 425 | 245 | 63% |
| Child Providers | 409 | 318 | 91 | 78% |
| TAY Providers | 28 | 10 | 18 | 36% |
| Adult & Older Adult Providers | 233 | 97 | 136 | 42% |

The total number of claims reviewed was six-hundred seventy (670) with a total service cost of \$169,225.51. The total number of allowed claims was four-hundred twenty-five (425) with total service cost of \$110,669.96. The total number of disallowed claims was two-hundred forty-five (245) with a total service cost of \$58,555.55. Please see Table #2 (Claims Compliance by Dollar Amount) below.

| See Table #2: Claims Compliance by Dollar Amount | | |
|---|---------------|----------------|
| Claims | Amount | Dollars |
| Total | 670 | \$169,225.51 |
| Allowed | 425 | \$110,669.96 |
| Disallowed | 245 | \$58,555.55 |

Due to non-compliance with Mental Health Assessments and/or Client Plans, additional claims outside of the audit period were also disallowed. The additional disallowances are noted in the Addendum (by Provider) and totaled \$55,251.41. The breakdown across all providers, for the *number of charts falling into claims compliance ranges* is listed below. Thirty-three (33) percent of the charts (13 of 39) scored below 65% compliance, 26% of the charts (10 of 39) scored in the compliance range of 95% - 100%, 18% of the charts (7 of 39) scored in the compliance range of 85% - 94%, 18% of the charts (7 of 39) scored in the compliance range of 75% – 84%, and 5% of the charts (2 of 39) scored in the compliance range of 65% - 74%. See Table #3 (Claims Compliance Results by Chart) below:

| Table #3: Claims Compliance Results by Chart | | |
|---|----------------------------|----------------------------|
| Number of Charts | Charts % Compliance | Percentage of Total |
| 10 | 95% – 100% | 26% |
| 7 | 85% – 94% | 18% |
| 7 | 75% – 84% | 18% |
| 2 | 65% – 74% | 5% |
| 13 | < 65% | 33% |

The *average claims compliance per provider* indicated that 35% of providers (6 of 17) scored below 65% compliance, 24% of the providers (4 of 17) scored in the compliance range of 95% - 100%, 18% of providers (3 of 17) scored in the compliance range of 65% - 74%, 12% of providers (2 of 17) scored in the compliance range of 85%-94%, and 12% of providers (2 of 17) scored in the compliance range of 75% –84%.

System of Care Audit, Fourth Quarter 2016

Audit Period: 4/1/2016 – 6/30/2016

| Table #4: Claims Compliance Results by Provider | | |
|--|-----------------------------------|----------------------------|
| Number of Providers | Average Chart Compliance % | Percentage of Total |
| 4 | 95%-100% | 24% |
| 2 | 85%-94% | 12% |
| 2 | 75%-84% | 12% |
| 3 | 65%-74% | 18% |
| 6 | < 65% | 35% |

The twenty-eight (28) ACBHCS reasons for claims disallowances in this audit are listed below in descending frequency. Please refer to Exhibit #2: DHCS Reasons for Recoupment with ACBHCS Claims Comments for FY 2015-2016 for categories of claims disallowances. See Table #5 (Reasons for Recoupment of PAID Claims by Frequency) below:

| Table #5: Reasons for Recoupment of PAID Claims by Frequency | | | | |
|---|---|------------------------|------------------|--------------------------------------|
| DHCS Reasons for Recoupment | Reason for Recoupment | Type of Service | Frequency | % of Reasons for Disallowance |
| 5a, 6a | SMHS claimed does not relate back to a current mental health objective in the Client Plan | Client Plan | 72 | 16% |
| 5b, 6b | Service Modality claimed is not indicated in the Client Plan | Client Plan | 63 | 14% |
| 1b, 2b, 3b, 4b | No Assessment Present (or that meets medical necessity for a planned service) for date of service | Assessment | 58 | 13% |
| 1b1, 2b1, 3b1, 4b1 | Assessment past due | Assessment | 54 | 12% |
| 5c, 6c | No Client Plan or Plan Update for date of service | Client Plan | 31 | 7% |
| 14b | Inaccurate calculation with group claim | Progress Notes | 27 | 6% |

System of Care Audit, Fourth Quarter 2016

Audit Period: 4/1/2016 – 6/30/2016

| | | | | |
|----------------|---|----------------|----|----|
| 19a1 | SMHS claimed does not match type of SMHS documented | Progress Notes | 20 | 4% |
| 7a | No client (or guardian) signature on Client Plan for date of service, w/o documentation of reason | Client Plan | 17 | 4% |
| 19a8 | Duplication of Services | Progress Notes | 16 | 3% |
| 10a | Documentation content does not support amount of time claimed | Progress Notes | 14 | 3% |
| 1a, 2a, 3a, 4a | Non-Included Diagnosis | Assessment | 12 | 3% |
| 9a | No Progress Note was found for service claimed | Progress Notes | 9 | 2% |
| 1c, 2c, 3c, 4c | Assessment not signed by Licensed/Waivered/Registered LPHA (including Diagnosis is not established by licensed LPHA or not co-signed by licensed LPHA if established by a waived staff or registered intern), or MH Trainee with a licensed LPHA co-signature (Diagnosis must then be made by licensed LPHA). | Assessment | 8 | 2% |

System of Care Audit, Fourth Quarter 2016

Audit Period: 4/1/2016 – 6/30/2016

| | | | | |
|--------------------|--|----------------|---|----|
| 16a | Non-billable activity: transportation related | Progress Notes | 8 | 2% |
| 1b3, 2b3, 3b3, 4b3 | After 30 days but before 60 days, Plan Not completed, Assessment completed where full Medical Necessity has not been established for Plan Service Modality within the Assessment. | Assessment | 7 | 2% |
| 1b2, 2b2, 3b2, 4b2 | Before 30 days the Assessment not past due and Planned Services have been provided where full Medical Necessity has not been established in each Planned Services Progress Note (by Licensed LPHA or Waivered/Registered LPHA with Licensed LPHA co-signature) | Assessment | 7 | 2% |
| 19a6, 19a6a | Non SMHS intervention | Progress Notes | 6 | 1% |
| 17e | Non-billable activity: making appointment | Progress Notes | 5 | 1% |
| 13b | The Progress Note indicates that the service provided was solely for vocational service that has work or work training as its actual purpose | Progress Notes | 5 | 1% |
| 10c | Time noted for documentation is excessive | Progress Notes | 4 | 1% |

System of Care Audit, Fourth Quarter 2016

Audit Period: 4/1/2016 – 6/30/2016

| | | | | |
|--------|--|----------------|-----|------|
| 17b | Non-billable activity: administrative related | Progress Notes | 4 | 1% |
| 19a2 | Progress Note does not include the four required components (Presentation/Problem/Behavior, Intervention, Response & Plan: aka "P/BIRP). | Progress Notes | 3 | 1% |
| 17c | Non-billable activity: voicemail activity | Progress Notes | 3 | 1% |
| 11 | The Progress Note indicates that the service was provided while the beneficiary resided in a setting where the beneficiary was ineligible for Federal Financial Participation. | Progress Notes | 2 | <1% |
| 13a | Academic educational service | Progress Notes | 2 | <1% |
| 10b | Time documented on Progress Note does not equal time claimed (overbilled) | Progress Notes | 2 | <1% |
| 19d | The service was not provided within the scope of practice of the person delivering the services | Progress Notes | 1 | <1% |
| 7b | Late client (or guardian) signature on Client Plan for date of service, w/o documentation of reason | Client Plan | 1 | <1% |
| Totals | | | 461 | 100% |

The reasons for claims disallowances may be grouped into categories.

Forty (40%) of the reasons for disallowance were related to the Client Plan requirements for the following reasons:

A Service Modality claimed is not indicated in the Client Plan; there was no client (or guardian) signature on Client Plan for date of service and without documentation of the reason why; the SMHS services claimed did not relate back to a current mental health objective in the Client Plan; there was no Client Plan or Plan Update for a date of service.

Thirty-two (32%) of the reasons for disallowance were related to the Mental Health Assessment requirements for the following reasons:

No Assessment was present (or that meets medical necessity for a planned service) for date of service; an Assessment was past due; an Assessment was not signed by Licensed/Waivered/Registered LPHA (including the diagnosis was not established by licensed LPHA or not co-signed by licensed LPHA if it was established by a waived staff or registered intern), or MH Trainee with a licensed LPHA co-signature; there was a non-included diagnosis; after 30 days but before 60 days, the Assessment was completed however full Medical Necessity had not been established for a Planned Service Modality; within the Assessment before 30 days and when the Assessment was not past due and a Planned Services had been provided where full Medical Necessity had not been established in each Planned Services Progress Note (by Licensed LPHA or Waivered/Registered LPHA with Licensed LPHA co-signature).

Twenty-eight percent (28%) of the reasons for disallowance were related to Progress Notes requirements for the following reasons:

There was an inaccurate calculation associated with group claims; the time noted for documentation was excessive; there was duplication of services; the documentation content did not support the amount of time claimed; the SMHS claimed did not match the type of SMHS documented; Progress Notes indicated that the services were provided while the beneficiary resided in a setting where the beneficiary was ineligible for Federal Financial Participation; Non-billable activity: (transportation related, making appointments, administrative related, voicemail activity); Progress Notes were not found in the record for services claimed; Progress Notes indicated that the services provided were solely for vocational services that has work or work training as its actual purpose; Progress Notes did not include the element of the (Behavior/Assessment, Intervention, Response, & Plan) BIRP format; the intervention was a non-SMHS intervention; the services were predominantly or solely Academic/Educational focused; the time documented in Progress Notes did not equal time claimed (overbilled); the services were not provided within the scope of practice of the person delivering the services.

Table #6 below categorizes the reasons for claims disallowances as described above:

| Table #6 Reasons for Claims Disallowances | |
|--|---------------------------------|
| Reasons Category | Percent of Disallowance Reasons |
| Client Plan | 40% |
| Mental Health Assessment | 32% |
| Progress Notes | 28% |

System of Care Audit, Fourth Quarter 2016
 Audit Period: 4/1/2016 – 6/30/2016

The percentages of disallowed claims for each service modality are listed below in descending frequency. See Table #7 (Percentage of Modality Types Disallowed) below:

| Table #7: Percentage of Modality types Disallowed | | | |
|--|------------------------------------|--|--|
| Disallowed MH Services by Modality (Code) | Number of Claims Disallowed | Total Number of Claims (by type) across all charts audited. | Percentage of Claims Disallowances by Modality Type |
| Collateral Family Group (317) | 1 | 1 | 100% |
| Group Psychotherapy (456) | 26 | 27 | 96% |
| Case Management /Brokerage (571) | 36 | 49 | 73% |
| Medication Training/Support (367, 369, 643, 644, 645, 646) | 68 | 114 | 60% |
| Individual Rehabilitation (381) | 36 | 82 | 44% |
| Plan Development (581) | 19 | 66 | 29% |
| Collateral (310, 311) | 29 | 107 | 27% |
| Group Rehabilitation (391) | 1 | 4 | 25% |
| Evaluation/Assessment (323, 324, 325, 326, 565) | 15 | 62 | 24% |
| Katie A (557, 577) | 5 | 37 | 14% |
| Individual Psychotherapy (441, 442, 443) | 5 | 57 | 9% |
| Family Therapy (413, 449) | 4 | 53 | 8% |
| Crisis Therapy (377, 378) | 0 | 11 | 0% |

QUALITY REVIEW:

The Quality Review determined if the standards for documentation of Medi-Cal Specialty Mental Health Services had been met. Ten (10) Quality Review areas, with 98 Quality Review Items (QRIs), were analyzed in this audit. They included: *Informing Materials, (Mild-Moderate-Severe) Screening, Medical Necessity, Assessments, Client Plans, Special Needs, Medication Log Issues, Progress Notes, and Chart Maintenance. (There were no Day Rehabilitation charts reviewed for this audit and QRIs which apply to Day Rehabilitation are not included.)*

System of Care Audit, Fourth Quarter 2016

Audit Period: 4/1/2016 – 6/30/2016

The Quality Review also verified that medical necessity for each claimed service and its relevance to both the current Mental Health Assessment and Client Plan had been met. The following section explains the results from the quality review process. Please refer to the Quality Review Spreadsheet (Exhibit 3), and the Quality Review Key (Exhibit 4) while reviewing this section.

Please note that the Quality Review Items (QRIs) are inclusive of reasons for claims disallowances. Not all QRIs are reasons for disallowance—see Quality Review Item (QRI) descriptions in this report (or Exhibit 4) for those that are also a reason for claims disallowance and recoupment.

As you read the report you will find percentages for each QRI which represents the ratio of *adherence* with required chart documentation. Following each of the QRIs there is a reference for the corresponding QRI Number (QRI #) listed in (Exhibits 3 & 4).

QRIs were evaluated from either a categorical or stratified approach. Most of the QRIs required a categorical method resulting in either a ‘Yes/No’ or ‘True/False’ review. In these items, the scores are either 100% for Yes/True or 0% for No/False. Wherever possible, scoring for a QRI was stratified allowing for a more accurate portrayal of documentation compliance.

The stratified approach is described in the example below:

- *QRI # 65 “There is a Progress Note for every service contact”:*
 - *If there were 10 Progress Notes that were claimed during the audit period and 8 were present in the chart, the score for that chart on this item would be 80%. Each chart would be evaluated similarly. Then, the percentages for all charts are averaged to obtain an overall compliance score for that quality review item.*

Some requirements do not apply to specific charts, such as when clients do not receive medication support services or when the client was discharged prior to the due dates for the Assessment or Client Plan. These are noted as ‘N/A’ in the Quality Review Spreadsheet, and are not incorporated into the final score for that QRI.

It is important to note that some Quality Review items are more crucial than others (i.e. presence of Medi-Cal Included Diagnosis versus appropriate filing of documents within chart sections); therefore examining the score for each individual QRI is more informative and indicative of documentation quality than the overall Quality Review score.

The overall compliance rate for the Quality Review was 80% (see Exhibit 3). The results of the Quality Review for thirty-nine (39) charts demonstrated that 36% of the charts scored in the 75% - 84% range, 33% of the charts scored in the 85% - 94%, 18% of the charts scored in the 65% - 74% range, 8% of the charts scored below 65%, and 5% of the charts scored in the 95% - 100% range. See table #8: (Quality Review Compliance by Chart) below:

System of Care Audit, Fourth Quarter 2016
 Audit Period: 4/1/2016 – 6/30/2016

| Table #8: Quality Review Compliance by Chart | | |
|---|--------------------------------|-------------------|
| Number of Charts | Quality Compliance Rate | Percentage |
| 2 | 95% – 100% | 5% |
| 13 | 85% – 94% | 33% |
| 14 | 75% – 84% | 36% |
| 7 | 65% – 74% | 18% |
| 3 | <65% | 8% |

➤ ACBHCS Informing Materials:

- 69% (27/39) of the charts had the most recent required ACBHCS Informing Material signature page completed and signed on time (within 30 days of EOD or annually by EOD) OR if late, documents reason in Progress Notes. (QRI #11)

➤ ACBHCS Screening:

- 31% (9/20) of the charts had the most recent required ACBHCS Screening Tool completed, prior to the opening of the client episode, prior to the reauthorization of services, and/or at the time of any Client Plan updates, when required per program. (QRI # 12)
- 43% (12/28) of the charts showed evidence that the mental health condition meets the criteria for moderate to severe based on the most recent required ACBHCS Screening Tool, when required per program. (QRI #13)

➤ Medical and Service Necessity (*These are crucial items that if not met result in claims disallowances*):

- 74% (28/38) of the charts had documentation that established a primary diagnosis from the DHCS Medi-Cal Included Diagnosis list **for the full audit period**. (QRI #14)
- 74% (28/38) of the charts had documentation **for the full audit period** that established that, as a result of the primary diagnosis, there is at least one of the following:
 - Significant impairment in important area of life functioning;
 - Probable significant deterioration in an important area of life functioning;
 - Probable the child won't progress developmentally, as appropriate; or
 - If EPSDT: MH condition can be corrected or ameliorated. (QRI #15)
- 74% (28/38) of the charts had documentation **for the full audit period** that established that the focus of the proposed intervention addresses the condition of the primary diagnosis as it relates to:
 - Significant impairment in important area of life functioning;
 - Probable significant deterioration in an important area of life functioning;
 - Probable the child won't progress developmentally, as appropriate; or
 - If EPSDT: MH condition can be corrected or ameliorated. (QRI #16)
- 74% (28/38) of the charts had documentation **for the full audit period** that established the expectation that the proposed intervention will do, at least, one of the following:
 - Significantly diminish the impairment;

System of Care Audit, Fourth Quarter 2016

Audit Period: 4/1/2016 – 6/30/2016

- Prevent significant deterioration in an important area of life functioning;
- Allow the child to progress developmentally, as appropriate; or
- If EPSDT: Correct or ameliorate the condition. (QRI #17)

➤ Assessments:

- 87% (33/38) of the charts had presenting problems and relevant conditions included in the most recent required assessment. (QRI #18)
 - The compliance rate for assessing the four (4) required areas of psychosocial history in the most recent required assessments across all charts was 85%. (QRI #19)
 - *The psychosocial history should include: 1) living situation, 2) daily activities, 3) social support, and 4) history of trauma or exposure to trauma.*
 - The compliance rate for assessing the four (4) required areas of current and past psychiatric medications (or lack thereof) the client has received in the most recent required assessments across all charts was 51%. (QRI#20)
 - *This item should include: 1) current psychiatric medications, 2) duration of treatment with current psychiatric medications, 3) past psychiatric medications, 4) duration of treatment with past psychiatric medications.*
 - The compliance rate for assessing the four (4) required areas of current and past medications to treat medical conditions (or lack thereof) the client has received in the most recent required assessments across all charts was 55%. (QRI #21)
 - *This item should include: 1) current medications to treat medical conditions, 2) duration of treatment with current medications to treat medical conditions, 3) past medications to treat medical conditions, 4) duration of treatment with past medications to treat medical conditions.*
 - 63% (24/38) of the charts had a mental status exam (MSE) included in the most recent required assessment. (All noted abnormal findings or impairments must be described to receive credit for this item). (QI #22)
 - 71% (27/38) of the charts included the assessment of risks to client in the most recent required assessment. (For credit, Danger to Self must be assessed and if indicated, a description is required). (QRI #23)
 - 74% (28/38) of the charts included the assessment of risks to others in the most recent required assessment. (For credit, Danger to Others must be assessed and if indicated, a description is required). (QRI #24)
 - 83% (19/23) of the charts included pre/perinatal events and relevant/significant developmental history for youth in the most recent required assessment. (QRI #25)
 - 87% (35/38) of the charts had documentation of the client/family strengths in achieving client plan goals or objectives included in the most recent required assessment. (QRI #26)
 - 63% (24/38) of the charts documented allergies/adverse reactions/sensitivities, or lack thereof, in the record. (QRI #27)
 - 79% (30/38) of the charts displayed allergies/adverse reactions/sensitivities, or lack thereof, on the chart cover, or if an EHR it is in the field/location designated by the clinic. (QRI #28)
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System of Care Audit, Fourth Quarter 2016

Audit Period: 4/1/2016 – 6/30/2016

- The compliance rate for assessing the three (3) required areas of relevant medical conditions/history (or lack thereof) in the most recent required assessments across all charts was 53%. (QRI #29)
 - *This item should include: 1) medical conditions, 2) name of current provider, 3) address of current provider.*
- The compliance rate for assessing the four (4) required areas of mental health history (or lack thereof) in the most recent required assessments across all charts was 57%. (QRI #30)
 - *This item should include: 1) previous treatment (including inpatient admissions), 2) previous providers, 3) therapeutic modalities, 4) client response to treatment.*
- The compliance rate for assessing the required seven (7) areas of substance exposure/substance use in the most recent required assessments across all charts was 427%. (QRI #31)
 - *All clients must be assessed for past and present substance exposure/substance use of tobacco, alcohol, caffeine, complementary & alternative medications, over-the-counter medications, prescription medications, and illicit drugs.*
- 59% (59/32) of the charts had the most recent required Annual Community Functioning Evaluation or CANS/ANSA completed for the audit period. (QRI #32)
- 61% of all assessments (initial and/or annual) required during the audit period across all charts were completed and signed by all required participants on time. (QRI #33)
 - *This is a crucial item that if not met, results in claims disallowances (until met).*

➤ Client Plans:

- 76% of the mental health objectives listed in all required Client Plans for the audit period, across all charts, were current and addressed the symptoms/impairments of the included diagnosis. (QRI #34)
 - *There must be at least one current mental health objective on the Client Plan that addresses the symptoms/impairments of the included diagnosis in order to claim for services. This is a crucial item that if not met, results in claims disallowances (until met).*
- 55% of the Mental Health Objectives listed in the most recent required Client Plans, across all charts, were observable or measureable with timeframes and preferably baselines. (QRI #35)
- 74% of the proposed service modalities for planned services that were claimed were listed in all required Client Plans for the audit period, across all charts. (QRI #36)
 - *This is a crucial item that results in disallowances for all claimed service modalities which are NOT listed in the Client Plan.*
 - *Assessment, Plan Development, Interactive Complexity, and Crisis services do not need to be listed separately in the Client Plan.*

System of Care Audit, Fourth Quarter 2016

Audit Period: 4/1/2016 – 6/30/2016

- 10% of the proposed service modalities listed in the most recent required Client Plans for the audit period, across all charts, included frequency and time frames. (QRI #37)
 - *All modalities should list the frequency and timeframes (i.e. Psychotherapy 1x/week, **AND** as needed, for 12 months).*
 - 43% of the proposed service modalities listed in the most recent required Client Plans for the audit period, across all charts, included detailed descriptions of provider interventions. (QRI #38)
 - *Please note DHCS requirement: Client Plans must include detailed descriptions of proposed interventions that address stated impairments and mental health objectives. For example: “In psychotherapy sessions, clinician will utilize CBT techniques such as x, y, & z in order to build client’s awareness and insight around triggers to her anxiety...” “In individual rehabilitation sessions, clinician will teach client relaxation skills to manage her anxiety...”*
 - 50% (13/26) of the charts had a plan for containment for risk(s) (within the last 90 days of indication of risk or potential risk) to client (DTS) if applicable. (QRI #39)
 - 39% (9/23) of the charts had a plan for containment for risk(s) (within the last 90 days of indication of risk or potential risk) to others (DTO) if applicable. (QRI #40)
 - *When there is a risk to self or others present within the last 90 days of the service date, there should be a Treatment Plan goal with objectives that address the identified risks, and/or a specific Safety Plan. Progress Notes must also document the ongoing assessment and interventions of these risks.*
 - 97% (31/32) of the charts showed evidence of coordination of care when it was applicable. (QRI #41)
 - 67% (10/15) of all Client Plans required for the audit period, across all charts, were updated when there were significant changes in service, diagnosis, or focus of treatment. (QRI #42)
 - *This is a crucial item that results in disallowances for all claimed services after the Client Plan should have been updated.*
 - 80% (16/20) of the most recent required Client Plans for the audit period, across all charts, were signed/dated by MD/NP if applicable. (QRI #43)
 - 73% of all Client Plans required for the audit period, across all charts, were signed and dated by the client or legal representative when appropriate or there was documentation of client refusal or unavailability. (QRI #44)
 - *This is a crucial item that if not met, results in claims disallowances (until met).*
 - *If the client signature was late or not present, the reason must be indicated on the signature line and documented in a Progress Note.*
 - 70% (23/33) of the most recent required Client Plans (or related progress notes) for the audit period included documentation of the client’s participation in and agreement with the Client Plan. (QRI #45)
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System of Care Audit, Fourth Quarter 2016

Audit Period: 4/1/2016 – 6/30/2016

- *Credit was given for this item if the Client Plan contained a client (or guardian) signature; however, the Client Plan (or related progress note) should include a statement of the client's participation and agreement with the Client Plan.*
 - 48% (16/33) of the most recent required Client Plans for the audit period indicate that the client or representative (signatory) was offered a copy of the plan. (QRI #46)
 - *If the client speaks a threshold language, in order to receive credit for this item: The plan or related progress note contains a statement to indicate "the client was offered a copy of the client plan in their threshold language" or a statement to indicate that the provider explained, or offered to explain the plan to the client in their threshold language, or, there should be a copy of the client plan in the client's threshold language. (Threshold languages: Spanish, Cantonese, Mandarin, Farsi, Vietnamese, Korean, Tagalog). If the Client Plan in the record is not in English, an English translation of the Client Plan **must also** be in the client's chart.*
 - 77% of all Client Plans required for the audit period, across all charts, were completed and signed on time by all required staff. (QRI #47)
 - *This is a crucial item that if not met, results in claims disallowances (until met).*
 - 64% (21/33) of the most recent required Client Plans for the audit period, across all charts, contained a Tentative Discharge Plan as part of the Client Plan. (QRI #48)
 - *This item should include a time frame and clinical indicators for when the client is expected to be ready to be discharged. Time frames should be consistent throughout the Client Plan.*
- Special Needs:
- 82% (31/38) of the most recent required Client Plans or Assessments for the audit period noted the client's cultural and communication needs, or lack thereof. (QRI #49)
 - Of those with noted cultural and communication needs, 70% (19/27) of those charts addressed them as appropriate. (QRI #50)
 - 63% (24/38) of the most recent required Client Plans or Assessments for the audit period noted client's physical limitations, or lack thereof. (QRI #51)
 - Of those with noted physical limitations, 28% (5/18) of those charts addressed the physical limitations as appropriate. (QRI #52)
- Medication Log Issues:
- 81% (17/21) of the charts had a Medication Log (or complete medication information in every MD/NP Progress Note) which was updated at each visit with date of prescription, when applicable. (QRI #53)
 - 81% (17/21) of the charts had a Medication Log (or complete medication information in every MD/NP Progress Note) which was updated at each visit with the drug name, when applicable. (QRI #54)
-

System of Care Audit, Fourth Quarter 2016

Audit Period: 4/1/2016 – 6/30/2016

- 81% (17/21) of the charts had a Medication Log (or complete medication information in every MD/NP Progress Note) which was updated at each visit with the drug strength/size, when applicable. (QRI #55)
 - 81% (17/21) of the charts had a Medication Log (or complete medication information in every MD/NP Progress Note) which was updated at each visit with the instruction/frequency for administration of the medication, when applicable. (QRI #56)
 - 81% (17/21) of the charts had a Medication Log (or complete medication information in every MD/NP Progress Note) which is updated at each visit with the prescriber's signature or initials, when applicable. (QRI #57)
 - 91% of the required Informed Consent for Medication(s) and JUV 220/3 (required for foster children) were completed and signed when applicable. (QRI #58)
 - *This is a significant item that must be addressed for all charts in which psychotropic medications are prescribed.*
 - The compliance rate for including the twelve (12) required components of all required Informed Consents for Medication(s) for the audit period, across all charts was 45% (QRI #59)
 - *All Consents for Medication must include: 1) Rx name, 2) specific dose or range, 3) administration route, 4) expected uses/effects (reasons used), 5) short term and long term (beyond 3 months) risks/side effects, 6) available and reasonable alternative treatment, 7) duration of taking the medication, 8) consent once given may be withdrawn at any time, 9) client signature, 10) client name or ID, 11) prescriber signature, 12) indication that the client was offered a copy of consent (for #12 only, if the client speaks a threshold language, the consent or related progress note should contain a statement to indicate "the client was offered a copy of the consent in their threshold language" or a statement to indicate that the provider explained, or offered to explain the consent to the client in their threshold language, or, there should be a copy of the consent in the client's threshold language).*
 - 71% of the E/M Progress Notes audited for E/M standards were compliant. (QRI #60)
 - *Note, this is for informational purposes only. The medication services were audited to the DHCS Medi-Cal standard only.*
- Progress Notes (Each of the percentages reflects the results across all charts.)
- There was a Progress Note for 99% of all service contacts. (QRI #61)
 - 94% of the Progress Notes had the correct CPT Code/exact procedure name, and/or INSYST service code for the mental health services provided. (QRI #62)
 - *This is a crucial item that if not met, results in claims disallowances.*
 - 100% of the Progress Notes indicated the correct date of service. (For Day Rehabilitation services a Weekly progress note with the corresponding dates of service is required). (QRI #63)
 - *This is a crucial item that if not met, results in claims disallowances.*
 - 97% of the Progress Notes indicated the correct location of service. (QRI #64)
-

System of Care Audit, Fourth Quarter 2016

Audit Period: 4/1/2016 – 6/30/2016

- 100% of the Progress Notes **for time based codes** documented both face-to-face time and total time. (QRI #65)
 - *For service codes that are time based--this is a crucial item that if not met, results in claims disallowances.*
 - 100% of the Progress Notes documented time that equaled the time that was claimed. (QRI #66)
 - *This is a crucial item that if not met, results in claims disallowances.*
 - 97% of the Progress Notes had reasonable time noted for documentation. (QRI #67)
 - *This is a crucial item that if not met, may result in claims disallowances.*
 - 98% of the Progress Notes had documented content that supported the amount of direct service time claimed. (QRI #68)
 - *This is a crucial item that if not met, may result in claims disallowances.*
 - 98% of the Progress Notes included a description of that day's **P**resenting **P**roblem/evaluation/**B**ehavioral presentation or **P**urpose of the service. (QRI #69)
 - 99% of the Progress Notes included a description of a staff specialty mental health service (SMHS) **I**ntervention for that day's service. *(QRI #70)
 - *This is a crucial item that if not met, results in claims disallowances.*
 - *Interventions must be related to client's diagnosis, symptoms, impairments, and mental health objectives listed in Client Plan.*
 - 99% of the Progress Notes included a description of that day's client **R**esponse (or a **R**esponse from other persons involved in the client care) to the intervention.* (QRI #71)
 - 83% of the Progress Notes included a description of the client's and/or staff's **P**lan/follow up, including referrals to community resources and other agencies and any follow up care when appropriate. *(QRI #72)
 - **The "P/BIRP" Progress Note Format is not required, but the associated elements are.*
 - 33% of the group service Progress Notes included correct calculation of the time and listed the number of clients served. (QRI #73)
 - *This is a crucial item that if not met, results in claims disallowances.*
 - 90% of the Progress Notes documented services that related back to the mental health objectives listed in the Client Plan. (QRI #74)
 - *This is a crucial item that if not met, may result in claims disallowances.*
 - 80% (12/15) of the Progress Notes addressed unresolved issues from prior services, when applicable. (QRI #75)
 - 97% of the Progress Notes were signed. (QRI #76)
 - 98% of the Progress Notes signatures included the date. (QRI #77)
 - 92%.of the Progress Notes signatures included the staff Medi-Cal designation (may also list credential on Provider Signature Page/Sheet in chart). (QRI #78)
 - *The signature is a crucial item that if not met, results in claims disallowances.*
 - *Progress Notes must be signed and dated and list an acceptable Medi-Cal credential (license/registration/waiver/MHRS/Adjunct).*
 - 100% of the Progress Notes had a completion line after the signature if applicable (N/A if EHR). (QRI #79)
-

System of Care Audit, Fourth Quarter 2016

Audit Period: 4/1/2016 – 6/30/2016

- 95% of the claimed services were NOT provided while the client was in a lock-out setting such as a psychiatric hospital or IMD (unless with a d/c plan within 30 days for placement purposes only), or jail. (QRI #80)
 - *This is a crucial item that if not met, results in claims disallowances.*
 - 100% of the claimed services were NOT provided while the client was in juvenile hall (unless documentation of an adjudication order is obtained) (QRI #81)
 - *This is a crucial item that if not met, results in claims disallowances.*
 - 99% of the claimed services provided were NOT for academic/educational service, vocational service, recreation and/or socialization (socialization is defined as consisting of generalized activities that did not provide systematic individualized feedback to the specific targeted behaviors). (QRI #82)
 - *This is a crucial item that if not met, results in claims disallowances.*
 - 99% of the claimed services provided were NOT transportation related. (QRI #83)
 - *This is a crucial item that if not met, results in claims disallowances.*
 - 98% of the claimed services provided were NOT clerical related. (QRI #84)
 - *This is a crucial item that if not met, results in claims disallowances.*
 - 100% of the claimed services provided were NOT payee related. (QRI #85)
 - *This is a crucial item that if not met, results in claims disallowances.*
 - 100% of the claimed services were provided when the case was open to the provider. (QRI #86)
 - 100% of the claimed services were provided when the client was NOT deceased. (QRI #87)
 - 97% of the claimed services provided were NOT a non-billable activity for completion of the ACBHCS Screening Tool. (QRI #88)
 - 99% of the claimed services provided were NOT a duplication of service. (QRI #89)
 - *Duplication of services is the same service billed twice (or more) by the same staff within the same agency OR by different staff either within the same agency or in different agencies without documentation to support the clinical need for co-staff.*
 - 100% of the claimed services provided were NOT supervision related. (QRI #90)
 - 100% of the progress notes that documented a discharge note/summary, only claimed as part of a billable service with the client present or contained activity for referral purposes. (QRI #91)
 - 85% of the progress notes were completed and signed within the “late note” timeline required by the MHP) (QRI #92)
 - *The current ACBHCS PN “late note” timeline of 5 working days was utilized.*
 - *For Day Rehabilitation Services a weekly progress note is required to be completed by the week following services.*
 - 50% of the progress notes that were late indicated “late note” in the body of the progress note. (QRI #93)
 - 95% of the progress notes documented the language that the service was provided in (or noted it in the treatment plan that the consumer was English-speaking and all services were to be provided in English). (QRI #94)
-

System of Care Audit, Fourth Quarter 2016

Audit Period: 4/1/2016 – 6/30/2016

- 100% of the progress notes indicated that interpreter services were used and the relationship to client was indicated, if applicable. (QRI #95)
- 100% of the progress notes documented that the service was provided within the scope of practice of the person delivering the service. (QRI #96)

➤ Chart Maintenance:

- 90% (35/39) of the charts noted the admission date correctly (EOD noted in chart should match InSyst). (QRI #97)
- 31% (12/39) of the charts had emergency contact information in the designated InSyst field (best practice is to also have this information in a specific location in the chart or EHR). (QRI #98)
- 88% of the required signed releases of information were present. (QRI #99)
- The compliance rate for legibility in the charts was 99%. (QRI #100)
 - *This is a crucial item that if not met, may result in claims disallowances.*
 - *Five (5) areas of documents were reviewed for this quality item:*
 - *Assessments, Client Plans, Non-Clinical Forms, Progress Notes, and MD/NP Documents.*
- 89% of the signatures on the documents throughout all charts were legible (or printed name under signature or signature sheet was present). (QRI #101)
 - *This is a crucial item that if not met, may result in claims disallowances.*
- 100% of the charts contained service-related client correspondence in the client's preferred language. (QRI#102)
- 100% of the charts had treatment specific information provided to the client in an alternative format (e.g., braille, audio, large print, etc. (QRI#103)
- 95% (35/37) of the charts maintained a clinical record where documents were filed appropriately. (QRI #104)
- 97% of the pages across all charts identified the client (by name or InSyst #). (QRI #105)
- 75% (6/8) of the charts indicated the discharge/termination date correctly (matching InSyst), when applicable. (QRI #106)
- 93% of the documentation in the charts did not contain significant cut and paste activity. (QRI #107)
 - *This is a crucial item that if not met, may result in claims disallowances.*
 - *Five (5) areas of documents were reviewed for this quality item:*
 - *Assessments, Client Plans, Non-Clinical Forms, Progress Notes, and MD/NP Documents.*
- 92% (36/39) of the charts contained documentation which only used county-designated acronyms and abbreviations. (QRI #108)

RESOLUTION OF FINDINGS

All seventeen (17) providers that were audited have a unique section in the Addendum of this report that individualizes the findings of their reviewed chart(s). All data is thus confidential. Each section summarizes the audit findings for the seventeen (17) providers, and gives instructions for submitting the required Claims Recoupment with a Plan of Correction (POC) or Quality Improvement Plan (QIP). Each provider will also receive a Provider Audit Findings

System of Care Audit, Fourth Quarter 2016

Audit Period: 4/1/2016 – 6/30/2016

Letter detailing the findings for their chart(s) needed follow-up, and an individualized Plan of Correction or Quality Improvement Plan which lists all items to be addressed.

If you have any questions regarding the findings of this audit, you may contact:

Jeffery Sammis Psy.D
Jeffery.Sammis@acgov.org
(510) 567-8208

(Please do not submit Client Protected Health Information via unencrypted email)

If you feel that PHI information needs to be sent you must use the Alameda County Secure Email Message Center. If you have not used this encrypted e-mail service before, you may need to register your e-mail account. Here is the link to log on: <https://game-message-portal.com/s/login?b=acgov>

Claims Recoupment

The total amounts to be recouped are listed in the Addendum for those sixteen (16) providers who had claims disallowances. Directions for submitting disallowances for recoupment are given in the Provider Audit Findings Letters.

Informal Appeal to ACBHCS of Claims Disallowances

If the provider wishes to appeal any of the claims disallowance, they may do so by submitting an informal appeal letter in writing, along with supporting documentation, postmarked within thirty (30) calendar days of the issue date of this report. Any appeals postmarked beyond 30 days will not be reviewed and will be denied. The appeal letter should be addressed to Donna Fone, LMFT, LPCC, Quality Assurance Administrator, Alameda County Behavioral Health Care Services, 2000 Embarcadero, Suite 400, Oakland, CA 94606. ACBHCS shall respond to the informal appeal within 60 days of the receipt of the appeal.

DHCS Appeal ***(Note: DHCS only accepts appeals of disallowed claims.)***

Per CA Code of Regulations, Title 9, 1850.350: in lieu of, or after, the informal appeal to ACBHCS the provider may choose to appeal to the Department of Health Care Services in writing, along with supporting documentation, within 60 calendar days from the date of ACBHCS's written Audit Findings (or ACBHCS informal appeal findings) to the provider. Supporting documentation shall include, but is not limited to: (1) Any documentation supporting allegations of timeliness, if at issue, including fax records, phone records or memos; (2) Clinical records supporting the existence of medical necessity if at issue; (3) A summary of reasons why the MHP should have approved the MHP payment authorization; and (4) A contact person(s) name, address and phone number.

Refer to CA Code of Regulations, Title 9, 1850.350 for more details on the DHCS appeal process.

Submit your appeal via email to MHSD-Appeals@dchs.ca.gov (Client Protected Health Information must be sent via secure e-mail) or via mail to:

System of Care Audit, Fourth Quarter 2016

Audit Period: 4/1/2016 – 6/30/2016

John Lesley
Mental Health Services Division
Department of Health Care Services
POB 997413, MS 2702
Sacramento, CA 95899-7413

Plan of Correction (POC)

Listed in the Addendum are the fifteen (15) out of seventeen (17) providers who are required to submit a Plan of Correction. The POC should address the resolution of each of the Quality Review items and disallowed claims reasons indicated on the individual provider's Plan of Correction Template.

Any providers with claims disallowance rates of 50%, or higher, will be required to submit their CORT review sheets (accompanied by the corresponding MH Assessments and Client Plans for the authorization period) for all cases reviewed for 6 months. QA will conduct spot check reviews and technical assistance will be given to the providers based on the findings. At 6 months, the reviews will be evaluated to determine if the process has improved the providers' documentation standards sufficiently to discontinue this process.

Please include time frames for the completion of the POC objectives.

*The implementation of the POC should be applied to **all** of the agency programs that are contracted to provide Specialty Mental Health Services Medi-Cal. Please use Exhibit 5 POC/QIP Template.*

Providers must submit the detailed POC to the Quality Assurance Office no later than thirty (30) calendar days from the date of this reports issuance. They must submit your plan of correction by email to the QA Clinical Review Specialist indicated in the Providers' Individualized Letters.

If the provider believes that PHI information needs to be sent they must use the Alameda County Secure Email Message Center. If they have not used this encrypted e-mail service before, they may need to register their e-mail account. Here is the link to log on: <https://game-message-portal.com/s/login?b=acgov>

Note: Please do not submit a POC if an Informal Appeal for disallowed claims has been filed with ACBHCS. Please do not submit a POC if a Formal Appeal has been made to DHCS. The provider must inform the QA department if they plan to make an appeal to the DHCS. The due date of the POC will be extended accordingly. Any requested POC will be due subsequent to the outcome of the Formal or Informal Appeal. Also, Quality Review Items scoring less than 95% may only be appealed by addressing the QRI's in the QIP or POC.

Note: Once the Plan Of Correction is accepted the provider will have 90 days to follow up with evidence indicating that changes have been made as outlined in the POC.

System of Care Audit, Fourth Quarter 2016

Audit Period: 4/1/2016 – 6/30/2016

Quality Improvement Plan (QIP)

Two (2) out of seventeen (17) providers did not have any claims disallowed. Their only required follow-up is to submit a Quality Improvement Plan which addresses those Quality Review Items.

*The implementation of your QIP should be applied to **all** of the agency programs that are contracted to provide Specialty Mental Health Services Medi-Cal. Please use the Exhibit 5 POC/QIP Template.*

Submit the detailed QIP to the Quality Assurance Office no later than thirty (30) calendar days from the date of issuance of this report. Please include timeframes for completion of objectives. The QIP should be sent via email to:

Jeffery Sammis Psy.D

Jeffery.Sammis@acgov.org

(Do not include client Protected Health Information)

If you believe that PHI information needs to be sent the provider must use the Alameda County Secure Email Message Center. If they have not used this encrypted e-mail service before, you may need to register your e-mail account. Here is the link to log on: <https://game-message-portal.com/s/login?b=acgov>

REGULATIONS; STANDARDS; POLICIES

The regulations, standards, and policies relevant to this Audit include, but are not limited to, the following:

- CA Code of Regulations, Title 9
- DHCS Reasons for Recoupment For FY 2015-2016
- Centers for Medicare & Medicaid Services
- Alameda County Behavioral Health Plan
 - Alameda County Behavioral Health Care Services Clinical Documentation Standards Manual (v. 12/3/14)
 - ACBHCS CQRT Regulatory Compliance Tools (v. 4/15/15)

LIST OF EXHIBITS

Exhibit 1: Claim Review Spreadsheet

Exhibit 2: DHCS Reasons for Recoupment with ACBHCS Claims Comments for FY 2015-2016

Exhibit 3: Quality Review Spreadsheet

Exhibit 4: Quality Review Key

Exhibit 5: POC/QIP Template

ADDENDUMS

Provider P1/Client C3

1. Quality Review Items Compliance: 85%
 - a. Number of Quality Items to be addressed in the Plan of Correction: 14
 - b. The Quality non-compliance reasons (Exhibit 4: Quality Review Key) to be addressed in the Plan of Correction: Quality Review Items: 22, 25, 27, 28, 31, 32, 37, 40, 48, 70, 73, 82, 92, 93
2. Quality Improvement Plan Required: No
3. Claims Compliance: 40%
 - a. Number of claims disallowed: 29
 - b. Reasons for DHCS claims disallowances (Exhibit 2: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report): Item Numbers: 14b, 19a6, 13a
4. Amount of claims (within the audit period) to be recouped: \$4,277.68
5. Amount of claims (outside the audit period) to be recouped: \$0.00
6. Plan of Correction Needed: Yes

System of Care Audit, Fourth Quarter 2016

Audit Period: 4/1/2016 – 6/30/2016

Provider P3/Clients C5, C6, & C7

1. Quality Review Items Compliance:
 - C5:90%;
 - C6: 90%;
 - C7: 91%
 - a. Number of Quality Items to be addressed in the Plan of Correction: 25
 - b. The Quality non-compliance reasons (Exhibit 4: Quality Review Key) to be addressed in the Plan of Correction: Quality Review Items: 11, 12, 13, 14, 15, 16, 17, 22, 23, 29, 30, 37, 39, 40, 42, 45, 48, 50, 61, 62, 68, 72, 74, 98, 106
2. Quality Improvement Plan Required: No
3. Claims Compliance: 89%
 - a. Number of claims disallowed: 7
 - b. Reasons for DHCS claims disallowances (Exhibit 2: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report):
Item Numbers: 1(b)3, 2(b)3, 3(b)3, 4(b)3, 5a, 19a1
4. Amount of claims (within the audit period) to be recouped: \$1,781.00
5. Amount of claims (outside the audit period) to be recouped: \$0.00
6. Plan of Correction Needed: Yes

System of Care Audit, Fourth Quarter 2016

Audit Period: 4/1/2016 – 6/30/2016

Provider P4/Clients C8, C9, C10, & C11

1. Quality Review Items Compliance:
 - C8: 82%
 - C9: 95%
 - C10: 98%
 - C11: 88%
 - a. Number of Quality Items to be addressed in the Plan of Correction: 23
 - b. The Quality non-compliance reasons (Exhibit 4: Quality Review Key) to be addressed in the Plan of Correction: Quality Review Items: 11, 12, 14, 15, 16, 17, 20, 21, 29, 30, 31, 33, 51, 52, 62, 66, 67, 88, 92, 93, 94, 98, 106
 2. Quality Improvement Plan Required: No
 3. Claims Compliance: 96%
 - a. Number of claims disallowed: 1
 - b. Reasons for DHCS claims disallowances (Exhibit 2: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report):
Item Numbers: 1a, 2a, 3a, 4a, 1b, 2b, 3b, 4b
 4. Amount of claims (within the audit period) to be recouped: \$82.20
 5. Amount of claims (outside the audit period) to be recouped: \$0.00
 6. Plan of Correction Needed: Yes
-

System of Care Audit, Fourth Quarter 2016

Audit Period: 4/1/2016 – 6/30/2016

Provider P5/Clients C12 & C13

1. Quality Review Items Compliance:

C12: 69%

C13: 85%

a. Number of Quality Items to be addressed in the Plan of Correction: 37

b. The Quality non-compliance reasons (Exhibit 4: Quality Review Key) to be addressed in the Plan of Correction: Quality Review Items: 11, 14, 15, 16, 17, 20, 21, 22, 23, 24, 27, 29, 31, 33, 34, 35, 37, 38, 39, 44, 45, 46, 47, 49, 50, 51, 52, 59, 60, 68, 70, 72, 84, 92, 93, 98, 99

2. Quality Improvement Plan Required: No

3. Claims Compliance: 55%

a. Number of claims disallowed: 15

b. Reasons for DHCS claims disallowances (Exhibit 2: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report):
Item Numbers: 5a, 7a, 1a, 2a, 3a, 4a, 5a, 5c, 10a, 17b, 17e, 19a6a

4. Amount of claims (within the audit period) to be recouped: \$3,389.10

5. Amount of claims (outside the audit period) to be recouped: \$3,910.95

6. Plan of Correction Needed: Yes

System of Care Audit, Fourth Quarter 2016

Audit Period: 4/1/2016 – 6/30/2016

Provider P5A/ Client C14

1. Quality Review Items Compliance: 94%
 - a. Number of Quality Items to be addressed in the Plan of Correction: 13
 - b. The Quality non-compliance reasons (Exhibit 4: Quality Review Key) to be addressed in the Plan of Correction: Quality Review Items: 14, 15, 20, 22, 29, 31, 59, 62, 67, 68, 70, 84, 101
2. Quality Improvement Plan Required: No
3. Claims Compliance: 67%
 - a. Number of claims disallowed: 3
 - b. Reasons for DHCS claims disallowances (Exhibit 2: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report):
Item Numbers: 19a1, 10c, 10a, 19a2, 17b, 17c, 17e
4. Amount of claims (within the audit period) to be recouped: \$914.40
5. Amount of claims (outside the audit period) to be recouped: \$0.00
6. Plan of Correction Needed: Yes

System of Care Audit, Fourth Quarter 2016

Audit Period: 4/1/2016 – 6/30/2016

Provider P6/Clients C15, C16 & C20

1. Quality Review Items Compliance:

C15: 81%

C16: 70%

C20: 77%

a. Number of Quality Items to be addressed in the Plan of Correction: 54

b. The Quality non-compliance reasons (Exhibit 4: Quality Review Key) to be addressed in the Plan of Correction: Quality Review Items: 11, 12, 13, 14, 15, 16, 17, 20, 21, 22, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 40, 42, 43, 45, 46, 47, 48, 51, 52, 53, 54, 55, 56, 57, 59, 61, 64, 65, 67, 68, 72, 75, 76, 80, 84, 89, 92, 93, 98, 99, 101, 108

2. Quality Improvement Plan Required: No

3. Claims Compliance: 41%

a. Number of claims disallowed: 41

b. Reasons for DHCS claims disallowances (Exhibit 2: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report): Item Numbers: 6c, 6b, 11, 19a8, 10a, 17b, 10c, 5a, 5c, 1b(1), 2b(1), 3b(1), 4b(1), 1b, 2b, 3b, 4b,

4. Amount of claims (within the audit period) to be recouped: \$8,582.95

5. Amount of claims (outside the audit period) to be recouped: \$5,723.35

6. Plan of Correction Needed: Yes

System of Care Audit, Fourth Quarter 2016

Audit Period: 4/1/2016 – 6/30/2016

Provider P7/ Clients C17, C18, & C19

1. Quality Review Items Compliance:

C17: 82%

C18: 82%

C19: 86%

a. Number of Quality Items to be addressed in the Plan of Correction: 26

b. The Quality non-compliance reasons (Exhibit 4: Quality Review Key) to be addressed in the Plan of Correction: Quality Review Items: 11, 12, 13, 20, 29, 30, 31, 32, 35, 37, 38, 44, 45, 46, 47, 48, 59, 68, 70, 71, 72, 84, 92, 93, 98, 107

2. Quality Improvement Plan Required: No

3. Claims Compliance: 81%

a. Number of claims disallowed: 11

b. Reasons for DHCS claims disallowances (Exhibit 2: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report):
Item Numbers: 5b, 10a, 1c, 2c, 3c, 4c

4. Amount of claims (within the audit period) to be recouped: \$2,147.40

5. Amount of claims (outside the audit period) to be recouped: \$0.00

6. Plan of Correction Needed: Yes

System of Care Audit, Fourth Quarter 2016

Audit Period: 4/1/2016 – 6/30/2016

Provider P8/ Clients C22 & C21

1. Quality Review Items Compliance:

C22: 82%

C21: 73%

a. Number of Quality Items to be addressed in the Plan of Correction: 28

b. The Quality non-compliance reasons (Exhibit 4: Quality Review Key) to be addressed in the Plan of Correction: Quality Review Items: 14, 15, 16, 17, 18 19, 20, 21, 22, 23, 24, 25, 26, 29, 30, 31, 32, 33, 35, 36, 37, 38, 44, 46, 48, 76, 78, 98

2. Quality Improvement Plan Required: Yes

3. Claims Compliance: 100%

a. Number of claims disallowed: 0

b. Reasons for DHCS claims disallowances (Exhibit 2: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report):
Item Numbers: N/A

4. Amount of claims (within the audit period) to be recouped: \$0.00

5. Amount of claims (outside the audit period) to be recouped: \$0.00

6. Plan of Correction Needed: No

System of Care Audit, Fourth Quarter 2016

Audit Period: 4/1/2016 – 6/30/2016

Provider P10/Clients C24, C25, & C26

1. Quality Review Items Compliance:

C24: 72%

C25: 71%

C26: 76%

a. Number of Quality Items to be addressed in the Plan of Correction: 44

b. The Quality non-compliance reasons (Exhibit 4: Quality Review Key) to be addressed in the Plan of Correction: Quality Review Items: 11, 12, 13, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 35, 36, 37, 38, 39, 40, 42, 44, 45, 46, 48, 49, 50, 51, 52, 61, 62, 66, 67, 70, 74, 92, 93, 97, 98, 99, 105

2. Quality Improvement Plan Required: No

3. Claims Compliance: 90%

a. Number of claims disallowed: 6

b. Reasons for DHCS claims disallowances (Exhibit 2: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report):
Item Numbers: 7b, 6a, 10b, 9a, 6b

4. Amount of claims (within the audit period) to be recouped: \$2,383.80

5. Amount of claims (outside the audit period) to be recouped: \$0.00

6. Plan of Correction Needed: Yes

System of Care Audit, Fourth Quarter 2016

Audit Period: 4/1/2016 – 6/30/2016

Provider P12/Clients C28, C29, & C30

1. Quality Review Items Compliance:
 - C28: 79%
 - C29: 80%
 - C30: 80%
 - a. Number of Quality Items to be addressed in the Plan of Correction: 29
 - b. The Quality non-compliance reasons (Exhibit 4: Quality Review Key) to be addressed in the Plan of Correction: Quality Review Items: 12, 13, 14, 15, 16, 17, 20, 21, 22, 29, 30, 31, 32, 33, 35, 37, 38, 44, 61, 63, 64, 68, 70, 75, 82, 83, 88, 92, 98
2. Quality Improvement Plan Required: No
3. Claims Compliance: 71%
 - a. Number of claims disallowed: 20
 - b. Reasons for DHCS claims disallowances (Exhibit 2: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report):
Item Numbers: 1b, 2b, 3b, 4b, 9a, 9b, 13a, 16a, 1b3, 2b3, 3b3, 4b3, 19a6, 10, 1b2, 2b2, 3b2, 4b2
4. Amount of claims (within the audit period) to be recouped: \$7,027.60
5. Amount of claims (outside the audit period) to be recouped: \$0.00
6. Plan of Correction Needed: Yes

System of Care Audit, Fourth Quarter 2016

Audit Period: 4/1/2016 – 6/30/2016

Provider P13/Clients C31, C32, & C33

1. Quality Review Items Compliance:

C31: 62%

C32: 43%

C33: 63%

a. Number of Quality Items to be addressed in the Plan of Correction: 66

b. The Quality non-compliance reasons (Exhibit 4: Quality Review Key) to be addressed in the Plan of Correction: Quality Review Items: 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 63, 66, 68, 70, 72, 74, 77, 89, 92, 93, 94, 97, 98, 100, 101, 107

2. Quality Improvement Plan Required: No

3. Claims Compliance: 0%

a. Number of claims disallowed: 39

b. Reasons for DHCS claims disallowances (Exhibit 2: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report):
Item Numbers: 1c, 2c, 3c, 4c, 9b, 1b1, 1b1, 3b1, 4b1, 1b, 2b, 3b, 4b, 6a, 19d, 19a1, 19a6, 6b, 7a, 6c, 19a8

4. Amount of claims (within the audit period) to be recouped: \$6,738.48

5. Amount of claims (outside the audit period) to be recouped: \$27,860.23

6. Plan of Correction Needed: Yes

System of Care Audit, Fourth Quarter 2016

Audit Period: 4/1/2016 – 6/30/2016

Provider P14/ Client C34

1. Quality Review Items Compliance: 84%
 - a. Number of Quality Items to be addressed in the Plan of Correction: 22
 - b. The Quality non-compliance reasons (Exhibit 4: Quality Review Key) to be addressed in the Plan of Correction: Quality Review Items: 12, 13, 19, 20, 21, 29, 30, 37, 38, 39, 44, 48, 62, 64, 65, 67, 68, 74, 78, 92, 93, 101
2. Quality Improvement Plan Required: No
3. Claims Compliance: 81%
 - a. Number of claims disallowed: 3
 - b. Reasons for DHCS claims disallowances (Exhibit 2: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report):
Item Numbers: 6a, 10a, 19a1
4. Amount of claims (within the audit period) to be recouped: \$1,720.30
5. Amount of claims (outside the audit period) to be recouped: \$0.00
6. Plan of Correction Needed: Yes

System of Care Audit, Fourth Quarter 2016

Audit Period: 4/1/2016 – 6/30/2016

Provider P15/Clients C27 & C39

1. Quality Review Items Compliance:

C27: 78%

C39: 69%

a. Number of Quality Items to be addressed in the Plan of Correction: 44

b. The Quality non-compliance reasons (Exhibit 4: Quality Review Key) to be addressed in the Plan of Correction: Quality Review Items: 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 26, 27, 29, 30, 31, 33, 34, 37, 38, 45, 47, 53, 54, 55, 56, 57, 59, 60, 62, 69, 72, 73, 78, 83, 92, 93, 97, 98, 107, 108

2. Quality Improvement Plan Required: No

3. Claims Compliance: 55%

a. Number of claims disallowed: 22

b. Reasons for DHCS claims disallowances (Exhibit 2: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report):
Item Numbers: 1b1, 2b1, 3b1, 4b1, 1b, 2b, 3b, 4b, 14b, 19a1, 16a,

4. Amount of claims (within the audit period) to be recouped: \$5,597.39

5. Amount of claims (outside the audit period) to be recouped: \$16,020.48

6. Plan of Correction Needed: Yes

System of Care Audit, Fourth Quarter 2016

Audit Period: 4/1/2016 – 6/30/2016

Provider P16/Clients C42, C43, & C44

1. Quality Review Items Compliance:

C42: 87%

C43: 85%

C44: 80%

a. Number of Quality Items to be addressed in the Plan of Correction: 37

b. The Quality non-compliance reasons (Exhibit 4: Quality Review Key) to be addressed in the Plan of Correction: Quality Review Items: 11, 14, 20, 21, 24, 27, 28, 29, 30, 31, 33, 34, 35, 36, 37, 38, 39, 40, 42, 44, 45, 46, 48, 49, 50, 51, 52, 59, 70, 72, 80, 92, 93, 98, 99, 101, 107

2. Quality Improvement Plan Required: No

3. Claims Compliance: 68%

a. Number of claims disallowed: 14

b. Reasons for DHCS claims disallowances (Exhibit 2: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report):
Item Numbers: 5b, 6b, 11, 19a6

4. Amount of claims (within the audit period) to be recouped: \$2,866.65

5. Amount of claims (outside the audit period) to be recouped: \$1,736.40

6. Plan of Correction Needed: Yes

System of Care Audit, Fourth Quarter 2016

Audit Period: 4/1/2016 – 6/30/2016

Provider P17/Clients C45, C46, & C47

1. Quality Review Items Compliance:

C45: 86%

C46: 76%

C47: 77%

a. Number of Quality Items to be addressed in the Plan of Correction: 48

b. The Quality non-compliance reasons (Exhibit 4: Quality Review Key) to be addressed in the Plan of Correction: Quality Review Items: 12, 13, 14, 18, 20, 21, 27, 28, 29, 30, 31, 32, 34, 35, 37, 38, 40, 44, 45, 46, 47, 48, 49, 50, 51, 53, 54, 55, 56, 58, 59, 62, 67, 68, 69,70, 71, 72, 74, 84, 92, 93, 98, 99, 101, 104, 105, 107

2. Quality Improvement Plan Required: No

3. Claims Compliance: 24%

a. Number of claims disallowed: 34

b. Reasons for DHCS claims disallowances (Exhibit 2: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report):
Item Numbers: 6a, 19a1, 5a, 19a2, 17e, 17b, 7a, 5a, 5b, 13b, 5c

4. Amount of claims (within the audit period) to be recouped: \$11,046.60

5. Amount of claims (outside the audit period) to be recouped: \$21,525.30

6. Plan of Correction Needed: Yes

System of Care Audit, Fourth Quarter 2016

Audit Period: 4/1/2016 – 6/30/2016

Provider P18/ Client C49

1. Quality Review Items Compliance: 74%
 - a. Number of Quality Items to be addressed in the Plan of Correction: 26
 - b. The Quality non-compliance reasons (Exhibit 4: Quality Review Key) to be addressed in the Plan of Correction: Quality Review Items: 12, 13, 20, 21, 22, 23, 24, 29, 30, 33, 34, 36, 37, 38, 39, 40, 44, 45, 46, 47, 58, 59, 92, 98, 105, 107
2. Quality Improvement Plan Required: No
3. Claims Compliance: 100%
 - a. Number of claims disallowed: 0
 - b. Reasons for DHCS claims disallowances (Exhibit 2: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report):
Item Numbers: N/A
4. Amount of claims (within the audit period) to be recouped: \$0.00
5. Amount of claims (outside the audit period) to be recouped: \$0.00
6. Plan of Correction Needed: Yes

System of Care Audit, Fourth Quarter 2016

Audit Period: 4/1/2016 – 6/30/2016

Provider P19/ Client C51

7. Quality Review Items Compliance: 89%
 - a. Number of Quality Items to be addressed in the Plan of Correction: 15
 - b. The Quality non-compliance reasons (Exhibit 4: Quality Review Key) to be addressed in the Plan of Correction: Quality Review Items: 12, 13, 20, 29, 30, 31, 34, 37, 38, 47, 67, 69, 98, 99, 100
8. Quality Improvement Plan Required: Yes
9. Claims Compliance: 100%
 - a. Number of claims disallowed: 0
 - b. Reasons for DHCS claims disallowances (Exhibit 2: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report):
Item Numbers: N/A
10. Amount of claims (within the audit period) to be recouped: \$0.00
11. Amount of claims (outside the audit period) to be recouped: \$0.00
12. Plan of Correction Needed: No

**EXHIBIT 1: ACBHCS SYSTEM OF CARE AUDIT, 4TH QUARTER 2016
CLAIMS SPREADSHEET FOR DATES OF SERVICE 4/1/2016 -6/30/16**

| 1 | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
|----|----------|---------------|----------|---------------|---------|------|------------------------------|-----------|------|------------|-----------------------|-----------------|-------------|----------------|----------------|-----------|----------|
| | CLT MASK | Provider MASK | EOD | EPISODE CLOSE | DOS | CODE | PROC NAME | SVC COST | TIME | # IN GROUP | SERVICE FUNCTION CODE | Compliant YES=1 | \$ ALLOWED | Compliant NO=1 | \$ DISSALLOWED | DHCS CODE | SM QRI # |
| 2 | C3 | P1 | 10/14/15 | | 6/29/16 | 443 | 90837 Psychotherapy 60 min | \$ 266.70 | 70 | 1 | 40 | 1 | \$ 266.70 | | | | |
| 3 | C3 | P1 | 10/14/15 | | 6/29/16 | 456 | 90853 GROUP PSYCHOTHERAPY | \$ 228.60 | 60 | 5 | 50 | | | 1 | \$ 228.60 | 14b | 73 |
| 4 | C3 | P1 | 10/14/15 | | 6/28/16 | 311 | Collateral | \$ 114.30 | 30 | 1 | 10 | 1 | \$ 114.30 | | | | |
| 5 | C3 | P1 | 10/14/15 | | 6/24/16 | 581 | Plan Development | \$ 228.60 | 60 | 1 | 30 | | | 1 | \$ 228.60 | 19a6 | 70 |
| 6 | C3 | P1 | 10/14/15 | | 6/22/16 | 310 | COLLATERAL - CAREGIVER | \$ 76.20 | 20 | 1 | 10 | 1 | \$ 76.20 | | | | |
| 7 | C3 | P1 | 10/14/15 | | 6/22/16 | 456 | 90853 GROUP PSYCHOTHERAPY | \$ 274.32 | 72 | 5 | 50 | 1 | \$ 274.32 | | | | |
| 8 | C3 | P1 | 10/14/15 | | 6/20/16 | 310 | COLLATERAL - CAREGIVER | \$ 95.25 | 25 | 1 | 10 | 1 | \$ 95.25 | | | | |
| 9 | C3 | P1 | 10/14/15 | | 6/20/16 | 443 | 90837 Psychotherapy 60 min | \$ 266.70 | 70 | 1 | 40 | 1 | \$ 266.70 | | | | |
| 10 | C3 | P1 | 10/14/15 | | 6/15/16 | 456 | 90853 GROUP PSYCHOTHERAPY | \$ 228.60 | 60 | 5 | 50 | | | 1 | \$ 228.60 | 14b | 73 |
| 11 | C3 | P1 | 10/14/15 | | 6/8/16 | 456 | 90853 GROUP PSYCHOTHERAPY | \$ 247.65 | 65 | 3 | 50 | | | 1 | \$ 247.65 | 14b | 73 |
| 12 | C3 | P1 | 10/14/15 | | 6/8/16 | 456 | 90853 GROUP PSYCHOTHERAPY | \$ 209.55 | 55 | 3 | 50 | | | 1 | \$ 209.55 | 14b | 73 |
| 13 | C3 | P1 | 10/14/15 | | 6/8/16 | 456 | 90853 GROUP PSYCHOTHERAPY | \$ 152.40 | 40 | 3 | 50 | | | 1 | \$ 152.40 | 14b | 73 |
| 14 | C3 | P1 | 10/14/15 | | 6/6/16 | 443 | 90837 Psychotherapy 60 min | \$ 304.80 | 80 | 1 | 40 | 1 | \$ 304.80 | | | | |
| 15 | C3 | P1 | 10/14/15 | | 6/1/16 | 456 | 90853 GROUP PSYCHOTHERAPY | \$ 102.87 | 27 | 5 | 50 | | | 1 | \$ 102.87 | 14b | 73 |
| 16 | C3 | P1 | 10/14/15 | | 6/1/16 | 456 | 90853 GROUP PSYCHOTHERAPY | \$ 148.59 | 39 | 5 | 50 | | | 1 | \$ 148.59 | 14b | 73 |
| 17 | C3 | P1 | 10/14/15 | | 6/1/16 | 456 | 90853 GROUP PSYCHOTHERAPY | \$ 91.44 | 24 | 5 | 50 | | | 1 | \$ 91.44 | 14b | 73 |
| 18 | C3 | P1 | 10/14/15 | | 5/31/16 | 571 | Brokerage Services | \$ 142.40 | 40 | 1 | 1 | 1 | \$ 142.40 | | | | |
| 19 | C3 | P1 | 10/14/15 | | 5/25/16 | 456 | 90853 GROUP PSYCHOTHERAPY | \$ 163.83 | 43 | 5 | 50 | | | 1 | \$ 163.83 | 14b | 73 |
| 20 | C3 | P1 | 10/14/15 | | 5/25/16 | 456 | 90853 GROUP PSYCHOTHERAPY | \$ 125.73 | 33 | 5 | 50 | | | 1 | \$ 125.73 | 14b | 73 |
| 21 | C3 | P1 | 10/14/15 | | 5/25/16 | 456 | 90853 GROUP PSYCHOTHERAPY | \$ 91.44 | 24 | 5 | 50 | | | 1 | \$ 91.44 | 14b | 73 |
| 22 | C3 | P1 | 10/14/15 | | 5/24/16 | 310 | COLLATERAL - CAREGIVER | \$ 190.50 | 50 | 1 | 10 | 1 | \$ 190.50 | | | | |
| 23 | C3 | P1 | 10/14/15 | | 5/24/16 | 581 | Plan Development | \$ 209.55 | 55 | 1 | 30 | 1 | \$ 209.55 | | | | |
| 24 | C3 | P1 | 10/14/15 | | 5/23/16 | 571 | Brokerage Services | \$ 195.80 | 55 | 1 | 1 | | | 1 | \$ 195.80 | 13a | 82 |
| 25 | C3 | P1 | 10/14/15 | | 5/20/16 | 311 | Collateral | \$ 285.75 | 75 | 1 | 10 | 1 | \$ 285.75 | | | | |
| 26 | C3 | P1 | 10/14/15 | | 5/18/16 | 456 | 90853 GROUP PSYCHOTHERAPY | \$ 144.78 | 37.5 | 4 | 50 | | | 1 | \$ 144.78 | 14b | 73 |
| 27 | C3 | P1 | 10/14/15 | | 5/18/16 | 456 | 90853 GROUP PSYCHOTHERAPY | \$ 171.45 | 45 | 4 | 50 | | | 1 | \$ 171.45 | 14b | 73 |
| 28 | C3 | P1 | 10/14/15 | | 5/18/16 | 456 | 90853 GROUP PSYCHOTHERAPY | \$ 114.30 | 30 | 4 | 50 | | | 1 | \$ 114.30 | 14b | 73 |
| 29 | C3 | P1 | 10/14/15 | | 5/18/16 | 581 | Plan Development | \$ 247.65 | 35 | 1 | 30 | 1 | \$ 247.65 | | | | |
| 30 | C3 | P1 | 10/14/15 | | 5/17/16 | 443 | 90837 Psychotherapy 60 min | \$ 342.90 | 90 | 1 | 40 | 1 | \$ 342.90 | | | | |
| 31 | C3 | P1 | 10/14/15 | | 5/11/16 | 456 | 90853 GROUP PSYCHOTHERAPY | \$ 400.05 | 105 | 3 | 50 | | | 1 | \$ 400.05 | 14b | 73 |
| 32 | C3 | P1 | 10/14/15 | | 5/4/16 | 456 | 90853 GROUP PSYCHOTHERAPY | \$ 144.78 | 38.3 | 6 | 50 | | | 1 | \$ 144.78 | 14b | 73 |
| 33 | C3 | P1 | 10/14/15 | | 4/27/16 | 456 | 90853 GROUP PSYCHOTHERAPY | \$ 76.20 | 20 | 6 | 50 | | | 1 | \$ 76.20 | 14b | 73 |
| 34 | C3 | P1 | 10/14/15 | | 4/27/16 | 456 | 90853 GROUP PSYCHOTHERAPY | \$ 114.30 | 30 | 6 | 50 | | | 1 | \$ 114.30 | 14b | 73 |
| 35 | C3 | P1 | 10/14/15 | | 4/27/16 | 456 | 90853 GROUP PSYCHOTHERAPY | \$ 76.20 | 20 | 6 | 50 | | | 1 | \$ 76.20 | 14b | 73 |
| 36 | C3 | P1 | 10/14/15 | | 4/26/16 | 581 | Plan Development | \$ 95.25 | 25 | 1 | 30 | 1 | \$ 95.25 | | | | |
| 37 | C3 | P1 | 10/14/15 | | 4/24/16 | 571 | Brokerage Services | \$ 106.80 | 30 | 1 | 1 | 1 | \$ 106.80 | | | | |
| 38 | C3 | P1 | 10/14/15 | | 4/20/16 | 456 | 90853 GROUP PSYCHOTHERAPY | \$ 76.20 | 20 | 6 | 50 | | | 1 | \$ 76.20 | 14b | 73 |
| 39 | C3 | P1 | 10/14/15 | | 4/20/16 | 456 | 90853 GROUP PSYCHOTHERAPY | \$ 133.35 | 35 | 6 | 50 | | | 1 | \$ 133.35 | 14b | 73 |
| 40 | C3 | P1 | 10/14/15 | | 4/20/16 | 456 | 90853 GROUP PSYCHOTHERAPY | \$ 76.20 | 20 | 6 | 50 | | | 1 | \$ 76.20 | 14b | 73 |
| 41 | C3 | P1 | 10/14/15 | | 4/19/16 | 571 | Brokerage Services | \$ 71.20 | 20 | 1 | 1 | 1 | \$ 71.20 | | | | |
| 42 | C3 | P1 | 10/14/15 | | 4/14/16 | 311 | Collateral | \$ 133.35 | 35 | 1 | 10 | 1 | \$ 133.35 | | | | |
| 43 | C3 | P1 | 10/14/15 | | 4/13/16 | 456 | 90853 GROUP PSYCHOTHERAPY | \$ 121.92 | 32.1 | 7 | 50 | | | 1 | \$ 121.92 | 14b | 73 |
| 44 | C3 | P1 | 10/14/15 | | 4/13/16 | 456 | 90853 GROUP PSYCHOTHERAPY | \$ 80.01 | 21.4 | 7 | 50 | | | 1 | \$ 80.01 | 14b | 73 |
| 45 | C3 | P1 | 10/14/15 | | 4/13/16 | 456 | 90853 GROUP PSYCHOTHERAPY | \$ 64.77 | 17.1 | 7 | 50 | | | 1 | \$ 64.77 | 14b | 73 |
| 46 | C3 | P1 | 10/14/15 | | 4/11/16 | 443 | 90837 Psychotherapy 60 min | \$ 266.70 | 70 | 1 | 40 | 1 | \$ 266.70 | | | | |
| 47 | C3 | P1 | 10/14/15 | | 4/11/16 | 571 | Brokerage Services | \$ 89.00 | 25 | 1 | 1 | | | 1 | \$ 89.00 | 19a6 | 70 |
| 48 | C3 | P1 | 10/14/15 | | 4/6/16 | 456 | 90853 GROUP PSYCHOTHERAPY | \$ 179.07 | 47.1 | 7 | 50 | | | 1 | \$ 179.07 | 14b | 73 |
| 49 | C3 | P1 | 10/14/15 | | 4/1/16 | 571 | Brokerage Services | \$ 356.00 | 100 | 1 | 1 | 1 | \$ 356.00 | | | | |
| 50 | 48 | | | | | | | | | | | 19 | \$ 3,846.32 | 29 | \$ 4,277.68 | | |
| 51 | | | | | | | | | | | | 40% | | 60% | | | |
| 52 | | | | | | | | | | | | | | | | | |
| 53 | | | | | | | | | | | | | | | | | |
| 54 | C5 | P3 | 2/8/16 | | 6/30/16 | 311 | Collateral | \$ 60.28 | 22 | 1 | | 1 | \$ 60.28 | | | | 72 |
| 55 | C5 | P3 | 2/8/16 | | 6/27/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 452.10 | 165 | 1 | | 1 | \$ 452.10 | | | | 72 |
| 56 | C5 | P3 | 2/8/16 | | 6/23/16 | 311 | Collateral | \$ 93.16 | 34 | 1 | | 1 | \$ 93.16 | | | | 72 |
| 57 | C5 | P3 | 2/8/16 | | 6/20/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 487.72 | 178 | 1 | | 1 | \$ 487.72 | | | | 72 |
| 58 | C5 | P3 | 2/8/16 | | 6/13/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 394.56 | 144 | 1 | | 1 | \$ 394.56 | | | | 72 |
| 59 | C5 | P3 | 2/8/16 | | 6/9/16 | 311 | Collateral | \$ 230.16 | 84 | 1 | | 1 | \$ 230.16 | | | | 72 |
| 60 | C5 | P3 | 2/8/16 | | 6/9/16 | 311 | Collateral | \$ 230.16 | 84 | 1 | | 1 | \$ 230.16 | | | | 72 |
| 61 | C5 | P3 | 2/8/16 | | 6/9/16 | 311 | Collateral | \$ 230.16 | 84 | 1 | | | | 1 | \$ 230.16 | 9a | 61, 72 |
| 62 | C5 | P3 | 2/8/16 | | 6/9/16 | 311 | Collateral | \$ 191.80 | 70 | 1 | | | | 1 | \$ 191.80 | 9a | 61, 72 |
| 63 | C5 | P3 | 2/8/16 | | 6/8/16 | 581 | Plan Development | \$ 41.10 | 15 | 1 | | 1 | \$ 41.10 | | | | 72 |
| 64 | C5 | P3 | 2/8/16 | | 6/6/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 364.42 | 133 | 1 | | | | 1 | \$ 364.42 | 9a | 61, 72 |

**EXHIBIT 1: ACBHCS SYSTEM OF CARE AUDIT, 4TH QUARTER 2016
CLAIMS SPREADSHEET FOR DATES OF SERVICE 4/1/2016 -6/30/16**

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
|-----|----|----|---------|---------|---------|-----|--------------------------------|-----------|-----|---|----|-----|--------------|-----|-------------|------------------------------|----------------------------|
| 65 | C5 | P3 | 2/8/16 | | 5/27/16 | 311 | Collateral | \$ 315.10 | 115 | 1 | | 1 | \$ 315.10 | | | | 72 |
| 66 | C5 | P3 | 2/8/16 | | 5/23/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 378.12 | 138 | 1 | | 1 | \$ 378.12 | | | | 72 |
| 67 | C5 | P3 | 2/8/16 | | 5/16/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 342.50 | 125 | 1 | | 1 | \$ 342.50 | | | | 72 |
| 68 | C5 | P3 | 2/8/16 | | 5/10/16 | 311 | Collateral | \$ 79.46 | 29 | 1 | | 1 | \$ 79.46 | | | | 72 |
| 69 | C5 | P3 | 2/8/16 | | 5/9/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 364.42 | 133 | 1 | | 1 | \$ 364.42 | | | | 72 |
| 70 | C5 | P3 | 2/8/16 | | 5/3/16 | 311 | Collateral | \$ 82.20 | 30 | 1 | | 1 | \$ 82.20 | | | | 72 |
| 71 | C5 | P3 | 2/8/16 | | 5/2/16 | 310 | COLLATERAL - CAREGIVER | \$ 742.54 | 156 | 1 | | 1 | \$ 742.54 | | | | 72 |
| 72 | C5 | P3 | 2/8/16 | | 5/2/16 | 311 | Collateral | \$ 52.06 | 19 | 1 | | 1 | \$ 52.06 | | | | 72 |
| 73 | C5 | P3 | 2/8/16 | | 4/25/16 | 413 | 90846 FAMILY PSYCH WO PATIENT | \$ 383.60 | 140 | 1 | 10 | 1 | \$ 383.60 | | | | 72 |
| 74 | C5 | P3 | 2/8/16 | | 4/22/16 | 310 | COLLATERAL - CAREGIVER | \$ 424.70 | 155 | 1 | 10 | 1 | \$ 424.70 | | | | 72 |
| 75 | C5 | P3 | 2/8/16 | | 4/21/16 | 311 | Collateral | \$ 93.16 | 34 | 1 | 10 | 1 | \$ 93.16 | | | | 72 |
| 76 | C5 | P3 | 2/8/16 | | 4/18/16 | 311 | Collateral | \$ 93.16 | 34 | 1 | 10 | 1 | \$ 93.16 | | | | 72 |
| 77 | C5 | P3 | 2/8/16 | | 4/18/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 391.82 | 143 | 1 | 40 | 1 | \$ 391.82 | | | | 72 |
| 78 | C5 | P3 | 2/8/16 | | 4/14/16 | 311 | Collateral | \$ 284.96 | 104 | 1 | 10 | 1 | \$ 284.96 | | | | 72 |
| 79 | C5 | P3 | 2/8/16 | | 4/11/16 | 311 | Collateral | \$ 82.20 | 30 | 1 | 10 | 1 | \$ 82.20 | | | | 72 |
| 80 | C5 | P3 | 2/8/16 | | 4/11/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 474.02 | 173 | 1 | 40 | 1 | \$ 474.02 | | | | 72 |
| 81 | C5 | P3 | 2/8/16 | | 4/4/16 | 581 | Plan Development | \$ 361.68 | 132 | 1 | 30 | 1 | \$ 361.68 | | | | 72 |
| 82 | C5 | P3 | 2/8/16 | | 4/4/16 | 311 | Collateral | \$ 169.88 | 62 | 1 | 10 | 1 | \$ 169.88 | | | | 72 |
| 83 | C5 | P3 | 2/8/16 | | 4/4/16 | 581 | Plan Development | \$ 317.84 | 116 | 1 | 30 | 1 | \$ 317.84 | | | | 72 |
| 84 | 30 | | | | | | | | | | | 27 | \$ 7,422.66 | 3 | \$ 786.38 | | |
| 85 | | | | | | | | | | | | 90% | | 10% | | | |
| 86 | | | | | | | | | | | | | | | | | |
| 87 | | | | | | | | | | | | | | | | | |
| 88 | C6 | P3 | 4/5/16 | 5/16/16 | 5/9/16 | 323 | 90791 Psychiatric Diag Eval | \$ 153.44 | 56 | 1 | | 1 | \$ 153.44 | | | | 72 |
| 89 | C6 | P3 | 4/5/16 | 5/16/16 | 5/9/16 | 323 | 90791 Psychiatric Diag Eval | \$ 334.28 | 122 | 1 | | 1 | \$ 334.28 | | | | 72 |
| 90 | C6 | P3 | 4/5/16 | 5/16/16 | 5/4/16 | 323 | 90791 Psychiatric Diag Eval | \$ 153.44 | 56 | 1 | | 1 | \$ 153.44 | | | | 72 |
| 91 | C6 | P3 | 4/5/16 | 5/16/16 | 5/3/16 | 323 | 90791 Psychiatric Diag Eval | \$ 186.32 | 68 | 1 | | 1 | \$ 186.32 | | | | 72 |
| 92 | C6 | P3 | 4/5/16 | 5/16/16 | 5/2/16 | 323 | 90791 Psychiatric Diag Eval | \$ 331.54 | 121 | 1 | | 1 | \$ 331.54 | | | | 72 |
| 93 | C6 | P3 | 4/5/16 | 5/16/16 | 4/29/16 | 310 | COLLATERAL - CAREGIVER | \$ 169.88 | 62 | 1 | 10 | | | 1 | \$ 169.88 | 1b3, 2b3, 3b3, 4b3, 5a, 19a1 | 14, 15, 16, 17, 62, 72, 74 |
| 94 | C6 | P3 | 4/5/16 | 5/16/16 | 4/28/16 | 323 | 90791 Psychiatric Diag Eval | \$ 350.72 | 128 | 1 | 30 | 1 | \$ 350.72 | | | | 72 |
| 95 | C6 | P3 | 4/5/16 | 5/16/16 | 4/27/16 | 323 | 90791 Psychiatric Diag Eval | \$ 235.64 | 86 | 1 | 30 | 1 | \$ 235.64 | | | | 72 |
| 96 | C6 | P3 | 4/5/16 | 5/16/16 | 4/26/16 | 323 | 90791 Psychiatric Diag Eval | \$ 446.62 | 163 | 1 | 30 | 1 | \$ 446.62 | | | | 72 |
| 97 | C6 | P3 | 4/5/16 | 5/16/16 | 4/26/16 | 324 | 96151 Behavioral Eval | \$ 73.98 | 27 | 1 | 30 | 1 | \$ 73.98 | | | | 72 |
| 98 | C6 | P3 | 4/5/16 | 5/16/16 | 4/25/16 | 323 | 90791 Psychiatric Diag Eval | \$ 224.68 | 82 | 1 | 30 | 1 | \$ 224.68 | | | | 72 |
| 99 | C6 | P3 | 4/5/16 | 5/16/16 | 4/20/16 | 323 | 90791 Psychiatric Diag Eval | \$ 358.94 | 131 | 1 | 30 | 1 | \$ 358.94 | | | | 72 |
| 100 | C6 | P3 | 4/5/16 | 5/16/16 | 4/19/16 | 323 | 90791 Psychiatric Diag Eval | \$ 345.24 | 126 | 1 | 30 | 1 | \$ 345.24 | | | | 72 |
| 101 | C6 | P3 | 4/5/16 | 5/16/16 | 4/11/16 | 323 | 90791 Psychiatric Diag Eval | \$ 391.82 | 143 | 1 | 30 | 1 | \$ 391.82 | | | | 72 |
| 102 | C6 | P3 | 4/5/16 | 5/16/16 | 4/5/16 | 323 | 90791 Psychiatric Diag Eval | \$ 356.20 | 130 | 1 | 30 | 1 | \$ 356.20 | | | | 72 |
| 103 | 15 | | | | | | | | | | | 14 | \$ 3,942.86 | 1 | \$ 169.88 | | |
| 104 | | | | | | | | | | | | 93% | | 7% | | | |
| 105 | | | | | | | | | | | | | | | | | |
| 106 | | | | | | | | | | | | | | | | | |
| 107 | C7 | P3 | 3/8/16 | | 6/22/16 | 413 | 90846 FAMILY PSYCH WO PATIENT | \$ 216.46 | 79 | 1 | | 1 | \$ 216.46 | | | | 72 |
| 108 | C7 | P3 | 3/8/16 | | 6/16/16 | 310 | COLLATERAL - CAREGIVER | \$ 156.18 | 57 | 1 | | 1 | \$ 156.18 | | | | 72 |
| 109 | C7 | P3 | 3/8/16 | | 6/9/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 235.64 | 86 | 1 | | 1 | \$ 235.64 | | | | 72 |
| 110 | C7 | P3 | 3/8/16 | | 5/31/16 | 443 | 90837 Psychotherapy 60 min | \$ 320.58 | 117 | 1 | | 1 | \$ 320.58 | | | | 72 |
| 111 | C7 | P3 | 3/8/16 | | 5/25/16 | 442 | 90834 Psychotherapy 45 min | \$ 153.44 | 56 | 1 | | 1 | \$ 153.44 | | | | 72 |
| 112 | C7 | P3 | 3/8/16 | | 5/18/16 | 310 | COLLATERAL - CAREGIVER | \$ 200.02 | 73 | 1 | | 1 | \$ 200.02 | | | | 72 |
| 113 | C7 | P3 | 3/8/16 | | 5/18/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 200.02 | 73 | 1 | | 1 | \$ 200.02 | | | | 72 |
| 114 | C7 | P3 | 3/8/16 | | 5/4/16 | 581 | Plan Development | \$ 268.52 | 98 | 1 | | 1 | \$ 268.52 | | | | 72 |
| 115 | C7 | P3 | 3/8/16 | | 4/29/16 | 581 | Plan Development | \$ 367.16 | 134 | 1 | 30 | 1 | \$ 367.16 | | | | 72 |
| 116 | C7 | P3 | 3/8/16 | | 4/27/16 | 442 | 90834 Psychotherapy 45 min | \$ 254.82 | 93 | 1 | 40 | | | 1 | \$ 254.82 | 5a | 72, 74 |
| 117 | C7 | P3 | 3/8/16 | | 4/20/16 | 581 | Plan Development | \$ 252.08 | 92 | 1 | 30 | 1 | \$ 252.08 | | | | 72 |
| 118 | C7 | P3 | 3/8/16 | | 4/20/16 | 581 | Plan Development | \$ 287.70 | 105 | 1 | 30 | 1 | \$ 287.70 | | | | 72 |
| 119 | C7 | P3 | 3/8/16 | | 4/14/16 | 311 | Collateral | \$ 298.66 | 109 | 1 | 10 | | | 1 | \$ 298.66 | 5a | 72, 74 |
| 120 | C7 | P3 | 3/8/16 | | 4/13/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 271.26 | 99 | 1 | 40 | | | 1 | \$ 271.26 | 5a | 72, 74 |
| 121 | C7 | P3 | 3/8/16 | | 4/7/16 | 325 | 90889 PsyDiagEval nonface/face | \$ 364.42 | 133 | 1 | 30 | 1 | \$ 364.42 | | | | 72 |
| 122 | C7 | P3 | 3/8/16 | | 4/6/16 | 323 | 90791 Psychiatric Diag Eval | \$ 271.26 | 99 | 1 | 30 | 1 | \$ 271.26 | | | | 72 |
| 123 | 16 | | | | | | | | | | | 13 | \$ 3,293.48 | 3 | \$ 824.74 | | |
| 124 | | | | | | | | | | | | 81% | | 19% | | | |
| 125 | 61 | | | | | | | | | | | 54 | \$ 14,659.00 | 7 | \$ 1,781.00 | | |
| 126 | | | | | | | | | | | | 89% | | 11% | | | |
| 127 | | | | | | | | | | | | | | | | | |
| 128 | | | | | | | | | | | | | | | | | |
| 129 | C8 | P4 | 4/28/16 | 5/1/16 | 4/28/16 | 378 | 90840 + Crisis Thpy Add 30min | \$ 122.10 | 30 | 1 | | 1 | \$ 122.10 | | | | |
| 130 | C8 | P4 | 4/28/16 | 5/1/16 | 4/28/16 | 377 | 90839 Crisis Thpy 60 min | \$ 569.80 | 140 | 1 | | 1 | \$ 569.80 | | | | |
| 131 | C8 | P4 | 4/28/16 | 5/1/16 | 4/28/16 | 378 | 90840 + Crisis Thpy Add 30min | \$ 122.10 | 30 | 1 | | 1 | \$ 122.10 | | | | |

**EXHIBIT 1: ACBHCS SYSTEM OF CARE AUDIT, 4TH QUARTER 2016
CLAIMS SPREADSHEET FOR DATES OF SERVICE 4/1/2016 -6/30/16**

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
|-----|-----|----|---------|---------|---------|-----|--------------------------------|-----------|-----|---|----|------|-------------|------|-------------|---------------------------------|-----------------------------------|
| 132 | 3 | | | | | | | | | | | 3 | \$ 814.00 | 0 | \$ - | | |
| 133 | | | | | | | | | | | | 100% | | 0% | | | |
| 134 | | | | | | | | | | | | | | | | | |
| 135 | | | | | | | | | | | | | | | | | |
| 136 | C9 | P4 | 5/23/16 | 5/24/16 | 5/23/16 | 378 | 90840 + Crisis Thpy Add 30min | \$ 122.10 | 30 | 1 | | 1 | \$ 122.10 | | | | 62 |
| 137 | C9 | P4 | 5/23/16 | 5/24/16 | 5/23/16 | 377 | 90839 Crisis Thpy 60 min | \$ 488.40 | 120 | 1 | | 1 | \$ 488.40 | | | | 62 |
| 138 | C9 | P4 | 5/23/16 | 5/24/16 | 5/23/16 | 378 | 90840 + Crisis Thpy Add 30min | \$ 122.10 | 30 | 1 | | 1 | \$ 122.10 | | | | 62 |
| 139 | 3 | | | | | | | | | | | 3 | \$ 732.60 | 0 | \$ - | | |
| 140 | | | | | | | | | | | | 100% | | 0% | | | |
| 141 | | | | | | | | | | | | | | | | | |
| 142 | | | | | | | | | | | | | | | | | |
| 143 | C10 | P4 | 3/23/16 | 5/18/16 | 5/18/16 | 326 | 90889 BehavEval non face/face | \$ 205.50 | 75 | 1 | | 1 | \$ 205.50 | | | | |
| 144 | C10 | P4 | 3/23/16 | 5/18/16 | 5/17/16 | 581 | Plan Development | \$ 657.60 | 240 | 1 | | 1 | \$ 657.60 | | | | 62 |
| 145 | C10 | P4 | 3/23/16 | 5/18/16 | 5/5/16 | 581 | Plan Development | \$ 328.80 | 120 | 1 | | 1 | \$ 328.80 | | | | |
| 146 | C10 | P4 | 3/23/16 | 5/18/16 | 5/3/16 | 581 | Plan Development | \$ 301.40 | 110 | 1 | | 1 | \$ 301.40 | | | | |
| 147 | C10 | P4 | 3/23/16 | 5/18/16 | 4/28/16 | 581 | Plan Development | \$ 205.50 | 75 | 1 | 30 | 1 | \$ 205.50 | | | | 62 |
| 148 | C10 | P4 | 3/23/16 | 5/18/16 | 4/27/16 | 581 | Plan Development | \$ 397.30 | 145 | 1 | 30 | 1 | \$ 397.30 | | | | |
| 149 | C10 | P4 | 3/23/16 | 5/18/16 | 4/21/16 | 323 | 90791 Psychiatric Diag Eval | \$ 205.50 | 75 | 1 | 30 | 1 | \$ 205.50 | | | | |
| 150 | C10 | P4 | 3/23/16 | 5/18/16 | 4/19/16 | 323 | 90791 Psychiatric Diag Eval | \$ 482.24 | 176 | 1 | 30 | 1 | \$ 482.24 | | | | |
| 151 | C10 | P4 | 3/23/16 | 5/18/16 | 4/19/16 | 581 | Plan Development | \$ 205.50 | 75 | 1 | 30 | 1 | \$ 205.50 | | | | 92, 93 |
| 152 | C10 | P4 | 3/23/16 | 5/18/16 | 4/14/16 | 323 | 90791 Psychiatric Diag Eval | \$ 150.70 | 55 | 1 | 30 | 1 | \$ 150.70 | | | | |
| 153 | C10 | P4 | 3/23/16 | 5/18/16 | 4/13/16 | 323 | 90791 Psychiatric Diag Eval | \$ 452.10 | 165 | 1 | 30 | 1 | \$ 452.10 | | | | |
| 154 | C10 | P4 | 3/23/16 | 5/18/16 | 4/7/16 | 323 | 90791 Psychiatric Diag Eval | \$ 315.10 | 115 | 1 | 30 | 1 | \$ 315.10 | | | | |
| 155 | C10 | P4 | 3/23/16 | 5/18/16 | 4/5/16 | 323 | 90791 Psychiatric Diag Eval | \$ 287.70 | 105 | 1 | 30 | 1 | \$ 287.70 | | | | 92, 93 |
| 156 | 13 | | | | | | | | | | | 13 | \$ 4,194.94 | 0 | \$ - | | |
| 157 | | | | | | | | | | | | 100% | | 0% | | | |
| 158 | | | | | | | | | | | | | | | | | |
| 159 | | | | | | | | | | | | | | | | | |
| 160 | C11 | P4 | 5/23/16 | 6/24/16 | 6/24/16 | 325 | 90889 PsyDiagEval nonface/face | \$ 82.20 | 30 | 1 | | | | 1 | \$ 82.20 | 1a, 2a, 3a, 4a, 1b, 2b, 3b, 4b, | 14, 15, 16, 17, 33 |
| 161 | C11 | P4 | 5/23/16 | 6/24/16 | 6/6/16 | 325 | 90889 PsyDiagEval nonface/face | \$ 123.30 | 45 | 1 | | 1 | \$ 123.30 | | | | 14, 15, 16, 17 |
| 162 | C11 | P4 | 5/23/16 | 6/24/16 | 6/3/16 | 323 | 90791 Psychiatric Diag Eval | \$ 169.88 | 62 | 1 | | 1 | \$ 169.88 | | | | 14, 15, 16, 17 |
| 163 | C11 | P4 | 5/23/16 | 6/24/16 | 6/2/16 | 323 | 90791 Psychiatric Diag Eval | \$ 95.90 | 35 | 1 | | 1 | \$ 95.90 | | | | 14, 15, 16, 17 |
| 164 | C11 | P4 | 5/23/16 | 6/24/16 | 6/2/16 | 323 | 90791 Psychiatric Diag Eval | \$ 369.90 | 135 | 1 | | 1 | \$ 369.90 | | | | 14, 15, 16, 17 |
| 165 | C11 | P4 | 5/23/16 | 6/24/16 | 5/31/16 | 323 | 90791 Psychiatric Diag Eval | \$ 95.90 | 35 | 1 | | 1 | \$ 95.90 | | | | 14, 15, 16, 17 |
| 166 | C11 | P4 | 5/23/16 | 6/24/16 | 5/26/16 | 323 | 90791 Psychiatric Diag Eval | \$ 95.90 | 35 | 1 | | 1 | \$ 95.90 | | | | 14, 15, 16, 17 |
| 167 | C11 | P4 | 5/23/16 | 6/24/16 | 5/23/16 | 323 | 90791 Psychiatric Diag Eval | \$ 287.70 | 105 | 1 | | 1 | \$ 287.70 | | | | 14, 15, 16, 17 |
| 168 | C11 | P4 | 5/23/16 | 6/24/16 | 5/23/16 | 323 | 90791 Psychiatric Diag Eval | \$ 87.68 | 32 | 1 | | 1 | \$ 87.68 | | | | 14, 15, 16, 17 |
| 169 | 9 | | | | | | | | | | | 8 | \$ 1,326.16 | 1 | \$ 82.20 | | |
| 170 | | | | | | | | | | | | 89% | | 11% | | | |
| 171 | 28 | | | | | | | | | | | 27 | \$ 7,067.70 | 1 | \$ 82.20 | | |
| 172 | | | | | | | | | | | | 96% | | 4% | | | |
| 173 | | | | | | | | | | | | | | | | | |
| 174 | | | | | | | | | | | | | | | | | |
| 175 | C12 | P5 | 2/18/16 | | 6/28/16 | 381 | Individual Rehabilitation | \$ 228.60 | 60 | 1 | | | | 1 | \$ 228.60 | 5a, 7a | 33, 34, 72, 74 |
| 176 | C12 | P5 | 2/18/16 | | 6/28/16 | 645 | 99214 E/M EST OP MOD COMPL 25M | \$ 167.40 | 30 | 1 | | | | 1 | \$ 167.40 | 5a, 7a | 33, 34, 74 |
| 177 | C12 | P5 | 2/18/16 | | 6/14/16 | 381 | Individual Rehabilitation | \$ 228.60 | 60 | 1 | | | | 1 | \$ 228.60 | 1a,2a,3a,4a,5a | 14, 15, 16, 17, 34, 72,74 |
| 178 | C12 | P5 | 2/18/16 | | 6/14/16 | 645 | 99214 E/M EST OP MOD COMPL 25M | \$ 251.10 | 45 | 1 | | | | 1 | \$ 251.10 | 1a, 2a,3a,4a, 5a | 14, 15, 16, 17, 34, 74 |
| 179 | C12 | P5 | 2/18/16 | | 6/7/16 | 367 | MEDICATION TRAINING & SUPPORT | \$ 167.40 | 30 | 1 | | | | 1 | \$ 167.40 | 1a,2a,3a, 4a, 5a | 14, 15, 16, 17, 34, 74 |
| 180 | C12 | P5 | 2/18/16 | | 5/24/16 | 381 | Individual Rehabilitation | \$ 342.90 | 90 | 1 | | | | 1 | \$ 342.90 | 1a, 2a,3a,4a, 5a, 5c, 10a | 14, 15, 16, 17, 34, 47, 68, 72,74 |
| 181 | C12 | P5 | 2/18/16 | | 5/24/16 | 645 | 99214 E/M EST OP MOD COMPL 25M | \$ 223.20 | 40 | 1 | | | | 1 | \$ 223.20 | 1a, 2a,3a,4a, 5a, 5c, | 14, 15, 16, 17, 34, 47,74 |
| 182 | C12 | P5 | 2/18/16 | | 5/17/16 | 381 | Individual Rehabilitation | \$ 342.90 | 90 | 1 | | | | 1 | \$ 342.90 | 1a, 2a,3a,4a, 5a, 5c, 17b | 14, 15, 16, 17, 34, 47,72,74, 84 |
| 183 | C12 | P5 | 2/18/16 | | 5/17/16 | 645 | 99214 E/M EST OP MOD COMPL 25M | \$ 251.10 | 45 | 1 | | | | 1 | \$ 251.10 | 1a, 2a,3a,4a, 5a, 5c | 14, 15, 16, 17, 34, 47,74 |
| 184 | C12 | P5 | 2/18/16 | | 4/26/16 | 311 | Collateral | \$ 171.45 | 45 | 1 | 10 | | | 1 | \$ 171.45 | 1a, 2a,3a,4a, 5a,5c | 14, 15, 16, 17, 34, 47, 74 |
| 185 | C12 | P5 | 2/18/16 | | 4/11/16 | 381 | Individual Rehabilitation | \$ 342.90 | 90 | 1 | 40 | | | 1 | \$ 342.90 | 1a, 2a, 3a, 4a, 5a | 14, 15, 16, 17, 34, 72,74, 92,93 |
| 186 | C12 | P5 | 2/18/16 | | 4/11/16 | 646 | 99215 E/M EST OP HIGHCOMPL 40M | \$ 279.00 | 50 | 1 | 60 | | | 1 | \$ 279.00 | 1a, 2a, 3a, 4a,5a | 14, 15, 16, 17, 34, 74 |
| 187 | C12 | P5 | 2/18/16 | | 4/4/16 | 381 | Individual Rehabilitation | \$ 285.75 | 75 | 1 | 40 | | | 1 | \$ 285.75 | 1a, 2a,3a,4a, 5a | 14, 15, 16, 17, 34, 74,92,93 |
| 188 | 13 | | | | | | | | | | | 0 | \$ - | 13 | \$ 3,282.30 | | |
| 189 | | | | | | | | | | | | 0% | | 100% | | | |
| 190 | | | | | | | | | | | | | | | | | |
| 191 | | | | | | | | | | | | | | | | | |
| 192 | C13 | P5 | 4/19/16 | 7/12/16 | 6/30/16 | 381 | Individual Rehabilitation | \$ 285.75 | 75 | 1 | | 1 | \$ 285.75 | | | | |
| 193 | C13 | P5 | 4/19/16 | 7/12/16 | 6/30/16 | 645 | 99214 E/M EST OP MOD COMPL 25M | \$ 167.40 | 30 | 1 | | 1 | \$ 167.40 | | | | |
| 194 | C13 | P5 | 4/19/16 | 7/12/16 | 6/17/16 | 581 | Plan Development | \$ 171.45 | 45 | 1 | | 1 | \$ 171.45 | | | | |
| 195 | C13 | P5 | 4/19/16 | 7/12/16 | 6/15/16 | 381 | Individual Rehabilitation | \$ 228.60 | 60 | 1 | | 1 | \$ 228.60 | | | | |
| 196 | C13 | P5 | 4/19/16 | 7/12/16 | 6/15/16 | 571 | Brokerage Services | \$ 53.40 | 15 | 1 | | | | 1 | \$ 53.40 | 17e | 84 |
| 197 | C13 | P5 | 4/19/16 | 7/12/16 | 6/9/16 | 378 | 90840 + Crisis Thpy Add 30min | \$ 119.10 | 30 | 1 | | 1 | \$ 119.10 | | | | |
| 198 | C13 | P5 | 4/19/16 | 7/12/16 | 6/9/16 | 377 | 90839 Crisis Thpy 60 min | \$ 476.40 | 120 | 1 | | 1 | \$ 476.40 | | | | |

**EXHIBIT 1: ACBHCS SYSTEM OF CARE AUDIT, 4TH QUARTER 2016
CLAIMS SPREADSHEET FOR DATES OF SERVICE 4/1/2016 -6/30/16**

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
|-----|-----|------|----------|---------|---------|-----|--------------------------------|-------------|-----|---|----|-----|-------------|-----|-------------|---------------------------|--------------------|
| 199 | C13 | P5 | 4/19/16 | 7/12/16 | 6/9/16 | 378 | 90840 + Crisis Thpy Add 30min | \$ 119.10 | 30 | 1 | | 1 | \$ 119.10 | | | | |
| 200 | C13 | P5 | 4/19/16 | 7/12/16 | 6/6/16 | 645 | 99214 E/M EST OP MOD COMPL 25M | \$ 251.10 | 45 | 1 | | 1 | \$ 251.10 | | | | |
| 201 | C13 | P5 | 4/19/16 | 7/12/16 | 6/3/16 | 311 | Collateral | \$ 114.30 | 30 | 1 | | 1 | \$ 114.30 | | | | |
| 202 | C13 | P5 | 4/19/16 | 7/12/16 | 5/26/16 | 381 | Individual Rehabilitation | \$ 342.90 | 90 | 1 | | 1 | \$ 342.90 | | | | |
| 203 | C13 | P5 | 4/19/16 | 7/12/16 | 5/26/16 | 646 | 99215 E/M EST OP HIGHCOMPL 40M | \$ 334.80 | 60 | 1 | | 1 | \$ 334.80 | | | | |
| 204 | C13 | P5 | 4/19/16 | 7/12/16 | 5/19/16 | 367 | MEDICATION TRAINING & SUPPORT | \$ 83.70 | 15 | 1 | | 1 | \$ 83.70 | | | | |
| 205 | C13 | P5 | 4/19/16 | 7/12/16 | 5/19/16 | 571 | Brokerage Services | \$ 53.40 | 15 | 1 | | | | 1 | \$ 53.40 | 19a6a, 17e | 70, 84 |
| 206 | C13 | P5 | 4/19/16 | 7/12/16 | 5/13/16 | 571 | Brokerage Services | \$ 71.20 | 20 | 1 | | 1 | \$ 71.20 | | | | |
| 207 | C13 | P5 | 4/19/16 | 7/12/16 | 5/3/16 | 381 | Individual Rehabilitation | \$ 285.75 | 75 | 1 | | 1 | \$ 285.75 | | | | |
| 208 | C13 | P5 | 4/19/16 | 7/12/16 | 5/3/16 | 645 | 99214 E/M EST OP MOD COMPL 25M | \$ 251.10 | 45 | 1 | | 1 | \$ 251.10 | | | | |
| 209 | C13 | P5 | 4/19/16 | 7/12/16 | 4/26/16 | 381 | Individual Rehabilitation | \$ 285.75 | 75 | 1 | 40 | 1 | \$ 285.75 | | | | |
| 210 | C13 | P5 | 4/19/16 | 7/12/16 | 4/19/16 | 323 | 90791 Psychiatric Diag Eval | \$ 685.80 | 180 | 1 | 30 | 1 | \$ 685.80 | | | | |
| 211 | C13 | P5 | 4/19/16 | 7/12/16 | 4/19/16 | 565 | 90792 Psy Diag Eval w-medical | \$ 669.60 | 120 | 1 | 60 | 1 | \$ 669.60 | | | | |
| 212 | 20 | | | | | | | | | | | 18 | \$ 4,943.80 | 2 | \$ 106.80 | | |
| 213 | | | | | | | | | | | | 90% | | 10% | | | |
| 214 | 33 | | | | | | | | | | | 18 | \$ 4,943.80 | 15 | \$ 3,389.10 | | |
| 215 | | | | | | | | | | | | 55% | | 45% | | | |
| 216 | | | | | | | | | | | | | | | | | |
| 217 | | | | | | | | | | | | | | | | | |
| 218 | C14 | P5-A | 5/5/16 | 6/2/16 | 5/26/16 | 381 | Individual Rehabilitation | \$ 342.90 | 90 | 1 | | | | 1 | \$ 342.90 | 19a1, 10c, 10a, 19a2, 17b | 62, 67, 68, 70, 84 |
| 219 | C14 | P5-A | 5/5/16 | 6/2/16 | 5/25/16 | 581 | Plan Development | \$ 114.30 | 30 | 1 | | 1 | \$ 114.30 | | | | |
| 220 | C14 | P5-A | 5/5/16 | 6/2/16 | 5/25/16 | 645 | 99214 E/M EST OP MOD COMPL 25M | \$ 251.10 | 45 | 1 | | 1 | \$ 251.10 | | | | |
| 221 | C14 | P5-A | 5/5/16 | 6/2/16 | 5/24/16 | 581 | Plan Development | \$ 114.30 | 30 | 1 | | | | 1 | \$ 114.30 | 17c | 84 |
| 222 | C14 | P5A | 5/5/16 | 6/2/16 | 5/19/16 | 367 | MEDICATION TRAINING & SUPPORT | \$ 83.70 | 15 | 1 | | 1 | \$ 83.70 | | | | |
| 223 | C14 | P5-A | 5/5/16 | 6/2/16 | 5/19/16 | 381 | Individual Rehabilitation | \$ 457.20 | 120 | 1 | | | | 1 | \$ 457.20 | 19a1, 10c, 10a, 19a2, 17e | 62, 67, 68, 70, 84 |
| 224 | C14 | P5-A | 5/5/16 | 6/2/16 | 5/18/16 | 645 | 99214 E/M EST OP MOD COMPL 25M | \$ 223.20 | 40 | 1 | | 1 | \$ 223.20 | | | | |
| 225 | C14 | P5-A | 5/5/16 | 6/2/16 | 5/5/16 | 323 | 90791 Psychiatric Diag Eval | \$ 457.20 | 120 | 1 | | 1 | \$ 457.20 | | | | |
| 226 | C14 | P5-A | 5/5/16 | 6/2/16 | 5/5/16 | 565 | 90792 Psy Diag Eval w-medical | \$ 669.60 | 120 | 1 | | 1 | \$ 669.60 | | | | |
| 227 | 9 | | | | | | | | | | | 6 | \$ 1,799.10 | 3 | \$ 914.40 | | |
| 228 | | | | | | | | | | | | 67% | | 33% | | | |
| 229 | | | | | | | | | | | | | | | | | |
| 230 | | | | | | | | | | | | | | | | | |
| 231 | C20 | P6 | 10/10/14 | | 6/24/16 | 310 | COLLATERAL - CAREGIVER | \$ 121.00 | 55 | 1 | 10 | | | 1 | \$ 121.00 | 6c | 42, 92 |
| 232 | C20 | P6 | 10/10/14 | | 6/20/16 | 571 | Brokerage Services | \$ 66.30 | 39 | 1 | 1 | | | 1 | \$ 66.30 | 6b, 6c | 36, 42, 92 |
| 233 | C20 | P6 | 10/10/14 | | 6/10/16 | 381 | Individual Rehabilitation | \$ 156.20 | 71 | 1 | 40 | | | 1 | \$ 156.20 | 6b, 6c | 36, 42, 92 |
| 234 | C20 | P6 | 10/10/14 | | 6/9/16 | 381 | Individual Rehabilitation | \$ 37.40 | 17 | 1 | 40 | | | 1 | \$ 37.40 | 6b, 6c | 36, 42, 92 |
| 235 | C20 | P6 | 10/10/14 | | 5/30/16 | 571 | Brokerage Services | \$ 85.00 | 50 | 1 | 1 | | | 1 | \$ 85.00 | 6b, 11 | 36, 80 |
| 236 | C20 | P6 | 10/10/14 | | 5/28/16 | 317 | Collateral Family Group | \$ 176.00 | 80 | 1 | 10 | | | 1 | \$ 176.00 | 11 | 80 |
| 237 | C20 | P6 | 10/10/14 | | 5/12/16 | 571 | Brokerage Services | \$ 34.00 | 20 | 1 | 1 | | | 1 | \$ 34.00 | 6b, 11 | 36, 80, 108 |
| 238 | C20 | P6 | 10/10/14 | | 5/2/16 | 571 | Brokerage Services | \$ 76.50 | 45 | 1 | 1 | | | 1 | \$ 76.50 | 6b, 19a8 | 36, 89 |
| 239 | C20 | P6 | 10/10/14 | | 5/2/16 | 571 | Brokerage Services | \$ 76.50 | 45 | 1 | 1 | | | 1 | \$ 76.50 | 6b | 36 |
| 240 | C20 | P6 | 10/10/14 | | 5/1/16 | 571 | Brokerage Services | \$ 51.00 | 30 | 1 | 1 | | | 1 | \$ 51.00 | 6b, 19a8 | 36, 89 |
| 241 | C20 | P6 | 10/10/14 | | 5/1/16 | 571 | Brokerage Services | \$ 51.00 | 30 | 1 | 1 | | | 1 | \$ 51.00 | 6b | 36 |
| 242 | C20 | P6 | 10/10/14 | | 4/30/16 | 571 | Brokerage Services | \$ 1,088.00 | 640 | 1 | 1 | | | 1 | \$ 1,088.00 | 6b, 10a | 36, 68 |
| 243 | C20 | P6 | 10/10/14 | | 4/29/16 | 571 | Brokerage Services | \$ 119.00 | 70 | 1 | 1 | | | 1 | \$ 119.00 | 6b | 36 |
| 244 | C20 | P6 | 10/10/14 | | 4/28/16 | 377 | 90839 Crisis Thpy 60 min | \$ 277.95 | 85 | 1 | 70 | 1 | \$ 277.95 | | | | |
| 245 | C20 | P6 | 10/10/14 | | 4/28/16 | 571 | Brokerage Services | \$ 102.00 | 60 | 1 | 1 | | | 1 | \$ 102.00 | 6b, 17b | 36, 84 |
| 246 | C20 | P6 | 10/10/14 | | 4/25/16 | 571 | Brokerage Services | \$ 102.00 | 60 | 1 | 1 | | | 1 | \$ 102.00 | 6b | 36 |
| 247 | C20 | P6 | 10/10/14 | | 4/23/16 | 311 | Collateral | \$ 110.00 | 50 | 1 | 10 | 1 | \$ 110.00 | | | | |
| 248 | C20 | P6 | 10/10/14 | | 4/22/16 | 311 | Collateral | \$ 101.20 | 46 | 1 | 10 | 1 | \$ 101.20 | | | | 92 |
| 249 | C20 | P6 | 10/10/14 | | 4/22/16 | 571 | Brokerage Services | \$ 93.50 | 55 | 1 | 1 | | | 1 | \$ 93.50 | 6b | 36 |
| 250 | C20 | P6 | 10/10/14 | | 4/21/16 | 311 | Collateral | \$ 50.60 | 23 | 1 | 10 | 1 | \$ 50.60 | | | | 92 |
| 251 | C20 | P6 | 10/10/14 | | 4/19/16 | 311 | Collateral | \$ 63.80 | 29 | 1 | 10 | 1 | \$ 63.80 | | | | 92 |
| 252 | C20 | P6 | 10/10/14 | | 4/15/16 | 311 | Collateral | \$ 46.20 | 21 | 1 | 10 | 1 | \$ 46.20 | | | | 92 |
| 253 | C20 | P6 | 10/10/14 | | 4/14/16 | 367 | MEDICATION TRAINING & SUPPORT | \$ 284.20 | 70 | 1 | 60 | 1 | \$ 284.20 | | | | 92 |
| 254 | C20 | P6 | 10/10/14 | | 4/14/16 | 377 | 90839 Crisis Thpy 60 min | \$ 333.54 | 102 | 1 | 70 | 1 | \$ 333.54 | | | | 92 |
| 255 | C20 | P6 | 10/10/14 | | 4/14/16 | 571 | Brokerage Services | \$ 59.50 | 35 | 1 | 1 | | | 1 | \$ 59.50 | 6b | 36, 92 |
| 256 | C20 | P6 | 10/10/14 | | 4/13/16 | 311 | Collateral | \$ 70.40 | 32 | 1 | 10 | 1 | \$ 70.40 | | | | 92 |
| 257 | C20 | P6 | 10/10/14 | | 4/11/16 | 311 | Collateral | \$ 70.40 | 32 | 1 | 10 | 1 | \$ 70.40 | | | | 92 |
| 258 | C20 | P6 | 10/10/14 | | 4/11/16 | 571 | Brokerage Services | \$ 35.70 | 21 | 1 | 1 | | | 1 | \$ 35.70 | 6b | 36 |
| 259 | 28 | | | | | | | | | | | 10 | \$ 1,408.29 | 18 | \$ 2,530.60 | | |
| 260 | | | | | | | | | | | | 36% | | 64% | | | |
| 261 | | | | | | | | | | | | | | | | | |
| 262 | | | | | | | | | | | | | | | | | |
| 263 | C15 | P6 | 3/13/09 | | 5/20/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 142.50 | 30 | 1 | | 1 | \$ 142.50 | | | | 61, 72, 77, 78 |
| 264 | C15 | P6 | 3/13/09 | | 5/4/16 | 310 | COLLATERAL - CAREGIVER | \$ 154.20 | 60 | 1 | | 1 | \$ 154.20 | | | | 61, 64, 72 |
| 265 | C15 | P6 | 3/13/09 | | 5/4/16 | 441 | 90832 Psychotherapy 30 min | \$ 115.65 | 45 | 1 | | | | 1 | \$ 115.65 | 10c | 61, 67, 72 |

**EXHIBIT 1: ACBHCS SYSTEM OF CARE AUDIT, 4TH QUARTER 2016
CLAIMS SPREADSHEET FOR DATES OF SERVICE 4/1/2016 -6/30/16**

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
|-----|-----|----|---------|---|---------|-----|--------------------------------|-----------|------|---|----|-----|-------------|-----|-------------|--|----------------------------|
| 266 | C15 | P6 | 3/13/09 | | 4/27/16 | 381 | Individual Rehabilitation | \$ 241.58 | 94 | 1 | 40 | 1 | \$ 241.58 | | | | 61, 72 |
| 267 | C15 | P6 | 3/13/09 | | 4/26/16 | 443 | 90837 Psychotherapy 60 min | \$ 192.75 | 75 | 1 | 40 | 1 | \$ 192.75 | | | | 61, |
| 268 | C15 | P6 | 3/13/09 | | 4/22/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 118.75 | 25 | 1 | 60 | 1 | \$ 118.75 | | | | 61, 72, 77, 78 |
| 269 | C15 | P6 | 3/13/09 | | 4/21/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 95.00 | 20 | 1 | 60 | 1 | \$ 95.00 | | | | 61, 72, 77, 78 |
| 270 | C15 | P6 | 3/13/09 | | 4/19/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 118.75 | 25 | 1 | 60 | 1 | \$ 118.75 | | | | 61, 72, 77, 78 |
| 271 | C15 | P6 | 3/13/09 | | 4/19/16 | 442 | 90834 Psychotherapy 45 min | \$ 154.20 | 60 | 1 | 40 | 1 | \$ 154.20 | | | | 61 |
| 272 | C15 | P6 | 3/13/09 | | 4/18/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 118.75 | 25 | 1 | 60 | 1 | \$ 118.75 | | | | 61, 72, 77, 78 |
| 273 | C15 | P6 | 3/13/09 | | 4/15/16 | 381 | Individual Rehabilitation | \$ 395.78 | 154 | 1 | 40 | | | 1 | \$ 395.78 | 10a | 61, 68, 77, 78 |
| 274 | C15 | P6 | 3/13/09 | | 4/14/16 | 442 | 90834 Psychotherapy 45 min | \$ 141.35 | 55 | 1 | 40 | 1 | \$ 141.35 | | | | 61, 66 |
| 275 | C15 | P6 | 3/13/09 | | 4/12/16 | 391 | Group Rehabilitation | \$ 59.11 | 22.5 | 4 | 50 | 1 | \$ 59.11 | | | | 61, 66, 72 |
| 276 | C15 | P6 | 3/13/09 | | 4/12/16 | 441 | 90832 Psychotherapy 30 min | \$ 115.65 | 45 | 1 | 40 | | | 1 | \$ 115.65 | 10c | 61, 67 |
| 277 | C15 | P6 | 3/13/09 | | 4/11/16 | 381 | Individual Rehabilitation | \$ 326.39 | 127 | 1 | 40 | 1 | \$ 326.39 | | | | 61, 77, 78 |
| 278 | C15 | P6 | 3/13/09 | | 4/7/16 | 391 | Group Rehabilitation | \$ 77.10 | 30 | 3 | 50 | 1 | \$ 77.10 | | | | 61, 66 |
| 279 | C15 | P6 | 3/13/09 | | 4/5/16 | 391 | Group Rehabilitation | \$ 59.11 | 22.5 | 4 | 50 | 1 | \$ 59.11 | | | | 61, 66 |
| 280 | C15 | P6 | 3/13/09 | | 4/5/16 | 442 | 90834 Psychotherapy 45 min | \$ 141.35 | 55 | 1 | 40 | 1 | \$ 141.35 | | | | 61, |
| 281 | C15 | P6 | 3/13/09 | | 4/1/16 | 441 | 90832 Psychotherapy 30 min | \$ 205.60 | 80 | 1 | 40 | 1 | \$ 205.60 | | | | 61, 66 |
| 282 | 19 | | | | | | | | | | | 16 | \$ 2,346.49 | 3 | \$ 627.08 | | |
| 283 | | | | | | | | | | | | 84% | | 16% | | | |
| 284 | | | | | | | | | | | | | | | | | |
| 285 | | | | | | | | | | | | | | | | | |
| 286 | C16 | P6 | 4/22/16 | | 6/24/16 | 581 | Plan Development | \$ 156.77 | 61 | 1 | | | | 1 | \$ 156.77 | 5a, 5c, 19a8 | 34, 47 |
| 287 | C16 | P6 | 4/22/16 | | 6/24/16 | 581 | Plan Development | \$ 156.77 | 61 | 1 | | | | 1 | \$ 156.77 | 5a, 5c, | 34, 47 |
| 288 | C16 | P6 | 4/22/16 | | 6/20/16 | 323 | 90791 Psychiatric Diag Eval | \$ 64.25 | 25 | 1 | | | | 1 | \$ 64.25 | 1b1,2b1,3b1,4b1, 1b,2b,3b,4b, 5a, 5c, 19a8 | 14, 15, 16, 17, 33, 34, 47 |
| 289 | C16 | P6 | 4/22/16 | | 6/20/16 | 323 | 90791 Psychiatric Diag Eval | \$ 398.35 | 155 | 1 | | | | 1 | \$ 398.35 | 1b1,2b1,3b1,4b1, 1b,2b,3b,4b, 5a, 5c, 19a8 | 14, 15, 16, 17, 33, 34, 47 |
| 290 | C16 | P6 | 4/22/16 | | 6/20/16 | 323 | 90791 Psychiatric Diag Eval | \$ 64.25 | 25 | 1 | | | | 1 | \$ 64.25 | 1b1,2b1,3b1,4b1, 1b,2b,3b,4b, 5a, 5c, | 14, 15, 16, 17, 33, 34, 47 |
| 291 | C16 | P6 | 4/22/16 | | 6/20/16 | 323 | 90791 Psychiatric Diag Eval | \$ 398.35 | 155 | 1 | | | | 1 | \$ 398.35 | 1b1,2b1,3b1,4b1, 1b,2b,3b,4b, 5a, 5c, | 14, 15, 16, 17, 33, 34, 47 |
| 292 | C16 | P6 | 4/22/16 | | 6/10/16 | 323 | 90791 Psychiatric Diag Eval | \$ 403.49 | 157 | 1 | | | | 1 | \$ 403.49 | 1b1,2b1,3b1,4b1, 1b,2b,3b,4b, 19a8 | 14, 15, 16, 17, 33 |
| 293 | C16 | P6 | 4/22/16 | | 6/10/16 | 323 | 90791 Psychiatric Diag Eval | \$ 403.49 | 157 | 1 | | | | 1 | \$ 403.49 | 1b1,2b1,3b1,4b1, 1b,2b,3b,4b, | 14, 15, 16, 17, 33 |
| 294 | C16 | P6 | 4/22/16 | | 6/1/16 | 323 | 90791 Psychiatric Diag Eval | \$ 372.65 | 145 | 1 | | | | 1 | \$ 372.65 | 1b1,2b1,3b1,4b1, 1b,2b,3b,4b, 19a8 | 14, 15, 16, 17, 33 |
| 295 | C16 | P6 | 4/22/16 | | 6/1/16 | 323 | 90791 Psychiatric Diag Eval | \$ 372.65 | 145 | 1 | | | | 1 | \$ 372.65 | 1b1,2b1,3b1,4b1, 1b,2b,3b,4b, | 14, 15, 16, 17, 33 |
| 296 | C16 | P6 | 4/22/16 | | 5/30/16 | 323 | 90791 Psychiatric Diag Eval | \$ 123.36 | 48 | 1 | | | | 1 | \$ 123.36 | 1b1,2b1,3b1,4b1, 1b,2b,3b,4b, 19a8 | 14, 15, 16, 17, 33 |
| 297 | C16 | P6 | 4/22/16 | | 5/30/16 | 323 | 90791 Psychiatric Diag Eval | \$ 123.36 | 48 | 1 | | | | 1 | \$ 123.36 | 1b1,2b1,3b1,4b1, 1b,2b,3b,4b, | 14, 15, 16, 17, 33 |
| 298 | C16 | P6 | 4/22/16 | | 5/19/16 | 325 | 90889 PsyDiagEval nonface/face | \$ 269.85 | 105 | 1 | | | | 1 | \$ 269.85 | 19a8 | |
| 299 | C16 | P6 | 4/22/16 | | 5/19/16 | 325 | 90889 PsyDiagEval nonface/face | \$ 269.85 | 105 | 1 | | 1 | \$ 269.85 | | | | |
| 300 | C16 | P6 | 4/22/16 | | 4/22/16 | 311 | Collateral | \$ 105.37 | 41 | 1 | 10 | | | 1 | \$ 105.37 | 5b, 19a8 | 36, 89 |
| 301 | C16 | P6 | 4/22/16 | | 4/22/16 | 323 | 90791 Psychiatric Diag Eval | \$ 565.40 | 220 | 1 | 30 | | | 1 | \$ 565.40 | 19a8 | 89 |
| 302 | C16 | P6 | 4/22/16 | | 4/22/16 | 311 | Collateral | \$ 105.37 | 41 | 1 | 10 | | | 1 | \$ 105.37 | 5b, 19a8 | 36, 89 |
| 303 | C16 | P6 | 4/22/16 | | 4/22/16 | 323 | 90791 Psychiatric Diag Eval | \$ 565.40 | 220 | 1 | 30 | | | 1 | \$ 565.40 | 19a8 | 89 |
| 304 | C16 | P6 | 4/22/16 | | 4/22/16 | 311 | Collateral | \$ 105.37 | 41 | 1 | 10 | | | 1 | \$ 105.37 | 5b, 19a8 | 36, 89 |
| 305 | C16 | P6 | 4/22/16 | | 4/22/16 | 323 | 90791 Psychiatric Diag Eval | \$ 565.40 | 220 | 1 | 30 | | | 1 | \$ 565.40 | 19a8 | 89 |
| 306 | C16 | P6 | 4/22/16 | | 4/22/16 | 311 | Collateral | \$ 105.37 | 41 | 1 | 10 | | | 1 | \$ 105.37 | 5b | 36, 89 |
| 307 | C16 | P6 | 4/22/16 | | 4/22/16 | 323 | 90791 Psychiatric Diag Eval | \$ 565.40 | 220 | 1 | 30 | 1 | \$ 565.40 | | | | |
| 308 | 22 | | | | | | | | | | | 2 | \$ 835.25 | 20 | \$ 5,425.27 | | |
| 309 | | | | | | | | | | | | 9% | | 91% | | | |
| 310 | 69 | | | | | | | | | | | 28 | \$ 4,590.03 | 41 | \$ 8,582.95 | | |
| 311 | | | | | | | | | | | | 41% | | 59% | | | |
| 312 | | | | | | | | | | | | | | | | | |
| 313 | | | | | | | | | | | | | | | | | |
| 314 | C17 | P7 | 8/22/14 | | 6/24/16 | 367 | MEDICATION TRAINING & SUPPORT | \$ 55.80 | 10 | 1 | 60 | | | 1 | \$ 55.80 | 17c, 19a2 | 84 |
| 315 | C17 | P7 | 8/22/14 | | 6/24/16 | 581 | Plan Development | \$ 38.10 | 10 | 1 | 31 | | | 1 | \$ 38.10 | 17c, 19a2 | 84, 107 |
| 316 | C17 | P7 | 8/22/14 | | 6/17/16 | 441 | 90832 Psychotherapy 30 min | \$ 285.75 | 75 | 1 | 40 | 1 | \$ 285.75 | | | | 72, 107 |
| 317 | C17 | P7 | 8/22/14 | | 6/17/16 | 581 | Plan Development | \$ 95.25 | 25 | 1 | 31 | | | 1 | \$ 95.25 | 10a | 68, 71, 72, 107 |
| 318 | C17 | P7 | 8/22/14 | | 6/17/16 | 645 | 99214 E/M EST OP MOD COMPL 25M | \$ 223.20 | 40 | 1 | 60 | 1 | \$ 223.20 | | | | 92, 93 |
| 319 | C17 | P7 | 8/22/14 | | 6/3/16 | 581 | Plan Development | \$ 57.15 | 15 | 1 | 31 | 1 | \$ 57.15 | | | | 72, 107 |
| 320 | C17 | P7 | 8/22/14 | | 5/27/16 | 441 | 90832 Psychotherapy 30 min | \$ 171.45 | 45 | 1 | 40 | 1 | \$ 171.45 | | | | 72, 107 |
| 321 | C17 | P7 | 8/22/14 | | 5/20/16 | 441 | 90832 Psychotherapy 30 min | \$ 171.45 | 45 | 1 | 40 | 1 | \$ 171.45 | | | | 72, 107 |
| 322 | C17 | P7 | 8/22/14 | | 5/13/16 | 442 | 90834 Psychotherapy 45 min | \$ 247.65 | 65 | 1 | 40 | 1 | \$ 247.65 | | | | 72, 107 |
| 323 | C17 | P7 | 8/22/14 | | 4/29/16 | 442 | 90834 Psychotherapy 45 min | \$ 247.65 | 65 | 1 | 40 | 1 | \$ 247.65 | | | | 72, 107 |
| 324 | C17 | P7 | 8/22/14 | | 4/26/16 | 646 | 99215 E/M EST OP HIGHCOMPL 40M | \$ 334.80 | 60 | 1 | 60 | 1 | \$ 334.80 | | | | |
| 325 | C17 | P7 | 8/22/14 | | 4/20/16 | 367 | MEDICATION TRAINING & SUPPORT | \$ 111.60 | 20 | 1 | 60 | 1 | \$ 111.60 | | | | 92, 93 |
| 326 | C17 | P7 | 8/22/14 | | 4/20/16 | 581 | Plan Development | \$ 133.35 | 35 | 1 | 31 | 1 | \$ 133.35 | | | | 69, 72, 107 |
| 327 | C17 | P7 | 8/22/14 | | 4/1/16 | 581 | Plan Development | \$ 114.30 | 30 | 1 | 31 | 1 | \$ 114.30 | | | | 72, 107 |
| 328 | 14 | | | | | | | | | | | 11 | \$ 2,098.35 | 3 | \$ 189.15 | | |
| 329 | | | | | | | | | | | | 79% | | 21% | | | |
| 330 | | | | | | | | | | | | | | | | | |
| 331 | | | | | | | | | | | | | | | | | |
| 332 | C18 | P7 | 11/8/13 | | 6/28/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 457.20 | 120 | 1 | 40 | 1 | \$ 457.20 | | | | |

**EXHIBIT 1: ACBHCS SYSTEM OF CARE AUDIT, 4TH QUARTER 2016
CLAIMS SPREADSHEET FOR DATES OF SERVICE 4/1/2016 -6/30/16**

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
|-----|-----|----|---------|---|---------|-----|--------------------------------|-----------|-----|---|----|------|--------------|-----|-------------|-----|--------------------|
| 333 | C18 | P7 | 11/8/13 | | 6/21/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 476.25 | 125 | 1 | 40 | 1 | \$ 476.25 | | | | |
| 334 | C18 | P7 | 11/8/13 | | 6/14/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 457.20 | 120 | 1 | 40 | 1 | \$ 457.20 | | | | |
| 335 | C18 | P7 | 11/8/13 | | 6/13/16 | 310 | COLLATERAL - CAREGIVER | \$ 209.55 | 55 | 1 | 10 | 1 | \$ 209.55 | | | | |
| 336 | C18 | P7 | 11/8/13 | | 6/10/16 | 646 | 99215 E/M EST OP HIGHCOMPL 40M | \$ 334.80 | 60 | 1 | 60 | 1 | \$ 334.80 | | | | |
| 337 | C18 | P7 | 11/8/13 | | 6/6/16 | 367 | MEDICATION TRAINING & SUPPORT | \$ 111.60 | 20 | 1 | 60 | 1 | \$ 111.60 | | | | 92, 93 |
| 338 | C18 | P7 | 11/8/13 | | 5/18/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 285.75 | 75 | 1 | 40 | 1 | \$ 285.75 | | | | |
| 339 | C18 | P7 | 11/8/13 | | 5/18/16 | 646 | 99215 E/M EST OP HIGHCOMPL 40M | \$ 334.80 | 60 | 1 | 60 | 1 | \$ 334.80 | | | | |
| 340 | C18 | P7 | 11/8/13 | | 5/13/16 | 310 | COLLATERAL - CAREGIVER | \$ 552.45 | 145 | 1 | 10 | 1 | \$ 552.45 | | | | |
| 341 | C18 | P7 | 11/8/13 | | 5/12/16 | 581 | Plan Development | \$ 171.45 | 45 | 1 | 31 | 1 | \$ 171.45 | | | | |
| 342 | C18 | P7 | 11/8/13 | | 5/10/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 323.85 | 85 | 1 | 40 | 1 | \$ 323.85 | | | | |
| 343 | C18 | P7 | 11/8/13 | | 5/3/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 342.90 | 90 | 1 | 40 | 1 | \$ 342.90 | | | | 72, 92 |
| 344 | C18 | P7 | 11/8/13 | | 4/29/16 | 413 | 90846 FAMILY PSYCH WO PATIENT | \$ 342.90 | 90 | 1 | 10 | 1 | \$ 342.90 | | | | |
| 345 | C18 | P7 | 11/8/13 | | 4/26/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 342.90 | 90 | 1 | 40 | 1 | \$ 342.90 | | | | 72 |
| 346 | C18 | P7 | 11/8/13 | | 4/19/16 | 646 | 99215 E/M EST OP HIGHCOMPL 40M | \$ 334.80 | 60 | 1 | 60 | 1 | \$ 334.80 | | | | 92 |
| 347 | C18 | P7 | 11/8/13 | | 4/15/16 | 310 | COLLATERAL - CAREGIVER | \$ 400.05 | 105 | 1 | 10 | 1 | \$ 400.05 | | | | |
| 348 | C18 | P7 | 11/8/13 | | 4/15/16 | 367 | MEDICATION TRAINING & SUPPORT | \$ 55.80 | 10 | 1 | 60 | 1 | \$ 55.80 | | | | 92 |
| 349 | C18 | P7 | 11/8/13 | | 4/14/16 | 311 | Collateral | \$ 152.40 | 40 | 1 | 11 | 1 | \$ 152.40 | | | | |
| 350 | C18 | P7 | 11/8/13 | | 4/12/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 514.35 | 135 | 1 | 40 | 1 | \$ 514.35 | | | | 92, 93 |
| 351 | C18 | P7 | 11/8/13 | | 4/8/16 | 367 | MEDICATION TRAINING & SUPPORT | \$ 167.40 | 30 | 1 | 60 | 1 | \$ 167.40 | | | | 92, 93 |
| 352 | C18 | P7 | 11/8/13 | | 4/5/16 | 310 | COLLATERAL - CAREGIVER | \$ 57.15 | 15 | 1 | 10 | 1 | \$ 57.15 | | | | 72, 92, 93 |
| 353 | C18 | P7 | 11/8/13 | | 4/5/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 285.75 | 75 | 1 | 40 | 1 | \$ 285.75 | | | | 92, 93 |
| 354 | C18 | P7 | 11/8/13 | | 4/4/16 | 581 | Plan Development | \$ 514.35 | 135 | 1 | 31 | 1 | \$ 514.35 | | | | |
| 355 | 23 | | | | | | | | | | | 23 | \$ 7,225.65 | 0 | \$ - | | |
| 356 | | | | | | | | | | | | 100% | | 0% | | | |
| 357 | | | | | | | | | | | | | | | | | |
| 358 | | | | | | | | | | | | | | | | | |
| 359 | C19 | P7 | 9/22/15 | | 6/28/16 | 646 | 99215 E/M EST OP HIGHCOMPL 40M | \$ 334.80 | 60 | 1 | 60 | | | 1 | \$ 334.80 | 5b | 71 |
| 360 | C19 | P7 | 9/22/15 | | 6/20/16 | 581 | Plan Development | \$ 190.50 | 50 | 1 | 31 | 1 | \$ 190.50 | | | | 72 |
| 361 | C19 | P7 | 9/22/15 | | 6/14/16 | 442 | 90834 Psychotherapy 45 min | \$ 228.60 | 60 | 1 | 40 | 1 | \$ 228.60 | | | | 72 |
| 362 | C19 | P7 | 9/22/15 | | 6/7/16 | 443 | 90837 Psychotherapy 60 min | \$ 285.75 | 75 | 1 | 40 | 1 | \$ 285.75 | | | | 72 |
| 363 | C19 | P7 | 9/22/15 | | 5/27/16 | 645 | 99214 E/M EST OP MOD COMPL 25M | \$ 223.20 | 40 | 1 | 60 | | | 1 | \$ 223.20 | 5b | |
| 364 | C19 | P7 | 9/22/15 | | 5/24/16 | 311 | Collateral | \$ 57.15 | 15 | 1 | 11 | 1 | \$ 57.15 | | | | 69 |
| 365 | C19 | P7 | 9/22/15 | | 5/24/16 | 442 | 90834 Psychotherapy 45 min | \$ 228.60 | 60 | 1 | 40 | 1 | \$ 228.60 | | | | 72 |
| 366 | C19 | P7 | 9/22/15 | | 5/17/16 | 413 | 90846 FAMILY PSYCH WO PATIENT | \$ 285.75 | 75 | 1 | 10 | 1 | \$ 285.75 | | | | 39,50,72 |
| 367 | C19 | P7 | 9/22/15 | | 5/16/16 | 367 | MEDICATION TRAINING & SUPPORT | \$ 111.60 | 20 | 1 | 60 | | | 1 | \$ 111.60 | 5b | 64 |
| 368 | C19 | P7 | 9/22/15 | | 5/10/16 | 442 | 90834 Psychotherapy 45 min | \$ 228.60 | 60 | 1 | 40 | 1 | \$ 228.60 | | | | 39,72 |
| 369 | C19 | P7 | 9/22/15 | | 5/9/16 | 367 | MEDICATION TRAINING & SUPPORT | \$ 55.80 | 10 | 1 | 60 | | | 1 | \$ 55.80 | 5b | 64,71 |
| 370 | C19 | P7 | 9/22/15 | | 5/5/16 | 581 | Plan Development | \$ 247.65 | 65 | 1 | 31 | 1 | \$ 247.65 | | | | 39,72,75 |
| 371 | C19 | P7 | 9/22/15 | | 5/3/16 | 311 | Collateral | \$ 38.10 | 10 | 1 | 11 | 1 | \$ 38.10 | | | | 72 |
| 372 | C19 | P7 | 9/22/15 | | 5/3/16 | 442 | 90834 Psychotherapy 45 min | \$ 209.55 | 55 | 1 | 40 | 1 | \$ 209.55 | | | | 72 |
| 373 | C19 | P7 | 9/22/15 | | 4/28/16 | 311 | Collateral | \$ 209.55 | 55 | 1 | 11 | | | 1 | \$ 209.55 | 10a | 68,71,72 |
| 374 | C19 | P7 | 9/22/15 | | 4/26/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 285.75 | 75 | 1 | 40 | 1 | \$ 285.75 | | | | 39,50,72 |
| 375 | C19 | P7 | 9/22/15 | | 4/26/16 | 645 | 99214 E/M EST OP MOD COMPL 25M | \$ 223.20 | 40 | 1 | 60 | | | 1 | \$ 223.20 | 5b | |
| 376 | C19 | P7 | 9/22/15 | | 4/19/16 | 443 | 90837 Psychotherapy 60 min | \$ 247.65 | 65 | 1 | 40 | | | 1 | \$ 247.65 | 10a | 68,72,92,93 |
| 377 | C19 | P7 | 9/22/15 | | 4/12/16 | 581 | Plan Development | \$ 552.45 | 145 | 1 | 31 | | | 1 | \$ 552.45 | 10a | 68,72 |
| 378 | C19 | P7 | 9/22/15 | | 4/5/16 | 442 | 90834 Psychotherapy 45 min | \$ 228.60 | 60 | 1 | 40 | 1 | \$ 228.60 | | | | 72 |
| 379 | 20 | | | | | | | | | | | 12 | \$ 2,514.60 | 8 | \$ 1,958.25 | | |
| 380 | | | | | | | | | | | | 60% | | 40% | | | |
| 381 | 57 | | | | | | | | | | | 46 | \$ 11,838.60 | 11 | \$ 2,147.40 | | |
| 382 | | | | | | | | | | | | 81% | | 19% | | | |
| 383 | | | | | | | | | | | | | | | | | |
| 384 | | | | | | | | | | | | | | | | | |
| 385 | C21 | P8 | 3/5/14 | | 6/15/16 | 381 | Individual Rehabilitation | \$ 111.72 | 49 | 1 | 40 | 1 | \$ 111.72 | | | | 14, 15, 16, 17, 33 |
| 386 | C21 | P8 | 3/5/14 | | 6/1/16 | 381 | Individual Rehabilitation | \$ 118.56 | 52 | 1 | 40 | 1 | \$ 118.56 | | | | 14, 15, 16, 17, 33 |
| 387 | C21 | P8 | 3/5/14 | | 5/25/16 | 381 | Individual Rehabilitation | \$ 134.52 | 59 | 1 | 40 | 1 | \$ 134.52 | | | | 14, 15, 16, 17, 33 |
| 388 | C21 | P8 | 3/5/14 | | 5/11/16 | 381 | Individual Rehabilitation | \$ 123.12 | 54 | 1 | 40 | 1 | \$ 123.12 | | | | 14, 15, 16, 17, 33 |
| 389 | C21 | P8 | 3/5/14 | | 5/4/16 | 381 | Individual Rehabilitation | \$ 134.52 | 59 | 1 | 40 | 1 | \$ 134.52 | | | | 14, 15, 16, 17, 33 |
| 390 | C21 | P8 | 3/5/14 | | 4/27/16 | 381 | Individual Rehabilitation | \$ 155.04 | 68 | 1 | 40 | 1 | \$ 155.04 | | | | 14, 15, 16, 17, 33 |
| 391 | C21 | P8 | 3/5/14 | | 4/20/16 | 381 | Individual Rehabilitation | \$ 132.24 | 58 | 1 | 40 | 1 | \$ 132.24 | | | | 14, 15, 16, 17, 33 |
| 392 | C21 | P8 | 3/5/14 | | 4/13/16 | 381 | Individual Rehabilitation | \$ 116.28 | 51 | 1 | 40 | 1 | \$ 116.28 | | | | 14, 15, 16, 17, 33 |
| 393 | C21 | P8 | 3/5/14 | | 4/13/16 | 571 | Brokerage Services | \$ 35.40 | 20 | 1 | 1 | 1 | \$ 35.40 | | | | 14, 15, 16, 17, 33 |
| 394 | C21 | P8 | 3/5/14 | | 4/6/16 | 381 | Individual Rehabilitation | \$ 127.68 | 56 | 1 | 40 | 1 | \$ 127.68 | | | | 14, 15, 16, 17, 33 |
| 395 | 10 | | | | | | | | | | | 10 | \$ 1,189.08 | 0 | | | |
| 396 | | | | | | | | | | | | 100% | | 0% | | | |
| 397 | | | | | | | | | | | | | | | | | |
| 398 | | | | | | | | | | | | | | | | | |
| 399 | C22 | P8 | 8/25/15 | | 6/13/16 | 381 | Individual Rehabilitation | \$ 164.45 | 65 | 1 | 40 | 1 | \$ 164.45 | | | | |

**EXHIBIT 1: ACBHCS SYSTEM OF CARE AUDIT, 4TH QUARTER 2016
CLAIMS SPREADSHEET FOR DATES OF SERVICE 4/1/2016 -6/30/16**

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
|-----|-----|-----|---------|---|---------|-----|--------------------------------|-----------|-----|---|----|------|-------------|----|-----------|--------|--------|
| 400 | C22 | P8 | 8/25/15 | | 6/6/16 | 381 | Individual Rehabilitation | \$ 154.33 | 61 | 1 | 40 | 1 | \$ 154.33 | | | | |
| 401 | C22 | P8 | 8/25/15 | | 5/16/16 | 381 | Individual Rehabilitation | \$ 156.86 | 62 | 1 | 40 | 1 | \$ 156.86 | | | | |
| 402 | C22 | P8 | 8/25/15 | | 5/3/16 | 311 | Collateral | \$ 50.60 | 20 | 1 | 10 | 1 | \$ 50.60 | | | | |
| 403 | C22 | P8 | 8/25/15 | | 5/2/16 | 381 | Individual Rehabilitation | \$ 174.57 | 69 | 1 | 40 | 1 | \$ 174.57 | | | | |
| 404 | C22 | P8 | 8/25/15 | | 4/26/16 | 311 | Collateral | \$ 73.37 | 29 | 1 | 10 | 1 | \$ 73.37 | | | | |
| 405 | C22 | P8 | 8/25/15 | | 4/25/16 | 381 | Individual Rehabilitation | \$ 182.16 | 72 | 1 | 40 | 1 | \$ 182.16 | | | | |
| 406 | C22 | P8 | 8/25/15 | | 4/18/16 | 381 | Individual Rehabilitation | \$ 154.33 | 61 | 1 | 40 | 1 | \$ 154.33 | | | | |
| 407 | C22 | P8 | 8/25/15 | | 4/4/16 | 311 | Collateral | \$ 65.78 | 26 | 1 | 10 | 1 | \$ 65.78 | | | | |
| 408 | C22 | P8 | 8/25/15 | | 4/4/16 | 381 | Individual Rehabilitation | \$ 136.62 | 54 | 1 | 40 | 1 | \$ 136.62 | | | | |
| 409 | 10 | | | | | | | | | | | 10 | \$ 1,313.07 | 0 | \$ - | | |
| 410 | | | | | | | | | | | | 100% | | 0% | | | |
| 411 | 20 | | | | | | | | | | | 20 | \$ 2,502.15 | 0 | \$ - | | |
| 412 | | | | | | | | | | | | 100% | | 0% | | | |
| 413 | | | | | | | | | | | | | | | | | |
| 414 | | | | | | | | | | | | | | | | | |
| 415 | C24 | P10 | 5/1/12 | | 6/29/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 328.80 | 120 | 1 | | 1 | \$ 328.80 | | | | |
| 416 | C24 | P10 | 5/1/12 | | 6/22/16 | 310 | COLLATERAL - CAREGIVER | \$ 356.20 | 130 | 1 | | 1 | \$ 356.20 | | | | |
| 417 | C24 | P10 | 5/1/12 | | 6/20/16 | 310 | COLLATERAL - CAREGIVER | \$ 109.60 | 40 | 1 | | 1 | \$ 109.60 | | | | |
| 418 | C24 | P10 | 5/1/12 | | 6/20/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 534.30 | 195 | 1 | | 1 | \$ 534.30 | | | | |
| 419 | C24 | P10 | 5/1/12 | | 6/15/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 369.90 | 135 | 1 | | 1 | \$ 369.90 | | | | |
| 420 | C24 | P10 | 5/1/12 | | 6/14/16 | 310 | COLLATERAL - CAREGIVER | \$ 493.20 | 180 | 1 | | 1 | \$ 493.20 | | | | |
| 421 | C24 | P10 | 5/1/12 | | 6/6/16 | 310 | COLLATERAL - CAREGIVER | \$ 342.50 | 125 | 1 | | 1 | \$ 342.50 | | | | |
| 422 | C24 | P10 | 5/1/12 | | 6/1/16 | 310 | COLLATERAL - CAREGIVER | \$ 287.70 | 105 | 1 | | 1 | \$ 287.70 | | | | |
| 423 | C24 | P10 | 5/1/12 | | 6/1/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 328.80 | 120 | 1 | | 1 | \$ 328.80 | | | | |
| 424 | C24 | P10 | 5/1/12 | | 5/27/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 411.00 | 150 | 1 | | 1 | \$ 411.00 | | | | |
| 425 | C24 | P10 | 5/1/12 | | 5/18/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 411.00 | 150 | 1 | | 1 | \$ 411.00 | | | | |
| 426 | C24 | P10 | 5/1/12 | | 5/16/16 | 310 | COLLATERAL - CAREGIVER | \$ 328.80 | 120 | 1 | | 1 | \$ 328.80 | | | | |
| 427 | C24 | P10 | 5/1/12 | | 5/13/16 | 310 | COLLATERAL - CAREGIVER | \$ 123.30 | 45 | 1 | | 1 | \$ 123.30 | | | | |
| 428 | C24 | P10 | 5/1/12 | | 5/11/16 | 310 | COLLATERAL - CAREGIVER | \$ 246.60 | 90 | 1 | | 1 | \$ 246.60 | | | | |
| 429 | C24 | P10 | 5/1/12 | | 5/11/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 328.80 | 120 | 1 | | 1 | \$ 328.80 | | | | |
| 430 | C24 | P10 | 5/1/12 | | 5/4/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 328.80 | 120 | 1 | | 1 | \$ 328.80 | | | | 44, 74 |
| 431 | C24 | P10 | 5/1/12 | | 5/2/16 | 310 | COLLATERAL - CAREGIVER | \$ 493.20 | 180 | 1 | | | | 1 | \$ 493.20 | 7b, 6a | 44, 74 |
| 432 | C24 | P10 | 5/1/12 | | 4/25/16 | 310 | COLLATERAL - CAREGIVER | \$ 356.20 | 130 | 1 | 10 | 1 | \$ 356.20 | | | | |
| 433 | C24 | P10 | 5/1/12 | | 4/21/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 328.80 | 120 | 1 | 40 | 1 | \$ 328.80 | | | | |
| 434 | C24 | P10 | 5/1/12 | | 4/15/16 | 325 | 90889 PsyDiagEval nonface/face | \$ 328.80 | 120 | 1 | 30 | 1 | \$ 328.80 | | | | |
| 435 | C24 | P10 | 5/1/12 | | 4/15/16 | 581 | Plan Development | \$ 246.60 | 90 | 1 | 30 | 1 | \$ 246.60 | | | | |
| 436 | C24 | P10 | 5/1/12 | | 4/14/16 | 326 | 90889 BehavEval non face/face | \$ 164.40 | 60 | 1 | 30 | 1 | \$ 164.40 | | | | |
| 437 | C24 | P10 | 5/1/12 | | 4/13/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 328.80 | 120 | 1 | 40 | 1 | \$ 328.80 | | | | |
| 438 | C24 | P10 | 5/1/12 | | 4/6/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 328.80 | 120 | 1 | 40 | 1 | \$ 328.80 | | | | |
| 439 | 24 | | | | | | | | | | | 23 | \$ 7,411.70 | 1 | \$ 493.20 | | |
| 440 | | | | | | | | | | | | 96% | | 4% | | | |
| 441 | | | | | | | | | | | | | | | | | |
| 442 | | | | | | | | | | | | | | | | | |
| 443 | C25 | P10 | 2/6/14 | | 6/10/16 | 311 | Collateral | \$ 82.20 | 30 | 1 | | 1 | \$ 82.20 | | | | |
| 444 | C25 | P10 | 2/6/14 | | 6/9/16 | 443 | 90837 Psychotherapy 60 min | \$ 369.90 | 135 | 1 | | 1 | \$ 369.90 | | | | |
| 445 | C25 | P10 | 2/6/14 | | 6/3/16 | 311 | Collateral | \$ 54.80 | 20 | 1 | | 1 | \$ 54.80 | | | | |
| 446 | C25 | P10 | 2/6/14 | | 6/2/16 | 311 | Collateral | \$ 95.90 | 35 | 1 | | 1 | \$ 95.90 | | | | |
| 447 | C25 | P10 | 2/6/14 | | 6/2/16 | 442 | 90834 Psychotherapy 45 min | \$ 383.60 | 140 | 1 | | 1 | \$ 383.60 | | | | |
| 448 | C25 | P10 | 2/6/14 | | 5/23/16 | 413 | 90846 FAMILY PSYCH WO PATIENT | \$ 95.90 | 35 | 1 | | 1 | \$ 95.90 | | | | |
| 449 | C25 | P10 | 2/6/14 | | 5/23/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 369.90 | 135 | 1 | | 1 | \$ 369.90 | | | | |
| 450 | C25 | P10 | 2/6/14 | | 5/19/16 | 442 | 90834 Psychotherapy 45 min | \$ 493.20 | 180 | 1 | | 1 | \$ 493.20 | | | | |
| 451 | C25 | P10 | 2/6/14 | | 5/2/16 | 413 | 90846 FAMILY PSYCH WO PATIENT | \$ 260.30 | 95 | 1 | | 1 | \$ 260.30 | | | | |
| 452 | C25 | P10 | 2/6/14 | | 5/2/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 411.00 | 150 | 1 | | 1 | \$ 411.00 | | | | |
| 453 | C25 | P10 | 2/6/14 | | 4/28/16 | 442 | 90834 Psychotherapy 45 min | \$ 411.00 | 150 | 1 | 40 | 1 | \$ 411.00 | | | | |
| 454 | C25 | P10 | 2/6/14 | | 4/21/16 | 442 | 90834 Psychotherapy 45 min | \$ 315.10 | 115 | 1 | 40 | 1 | \$ 315.10 | | | | |
| 455 | C25 | P10 | 2/6/14 | | 4/14/16 | 442 | 90834 Psychotherapy 45 min | \$ 383.60 | 140 | 1 | | 1 | \$ 383.60 | | | | |
| 456 | C25 | P10 | 2/6/14 | | 4/11/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 383.60 | 140 | 1 | | | | 1 | \$ 383.60 | 10b | 66 |
| 457 | C25 | P10 | 2/6/14 | | 4/4/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 424.70 | 155 | 1 | 40 | 1 | \$ 424.70 | | | | |
| 458 | 15 | | | | | | | | | | | 14 | \$ 4,151.10 | 1 | \$ 383.60 | | |
| 459 | | | | | | | | | | | | 93% | | 7% | | | |
| 460 | | | | | | | | | | | | | | | | | |
| 461 | | | | | | | | | | | | | | | | | |
| 462 | C26 | P10 | 4/6/15 | | 6/15/16 | 581 | Plan Development | \$ 109.60 | 40 | 1 | | | | 1 | \$ 109.60 | 9a | 61 |
| 463 | C26 | P10 | 4/6/15 | | 6/15/16 | 311 | Collateral | \$ 369.90 | 135 | 1 | | 1 | \$ 369.90 | | | | |
| 464 | C26 | P10 | 4/6/15 | | 6/15/16 | 443 | 90837 Psychotherapy 60 min | \$ 315.10 | 115 | 1 | | 1 | \$ 315.10 | | | | 36 |
| 465 | C26 | P10 | 4/6/15 | | 6/15/16 | 581 | Plan Development | \$ 109.60 | 40 | 1 | | 1 | \$ 109.60 | | | | |
| 466 | C26 | P10 | 4/6/15 | | 6/8/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 301.40 | 110 | 1 | | 1 | \$ 301.40 | | | | |

**EXHIBIT 1: ACBHCS SYSTEM OF CARE AUDIT, 4TH QUARTER 2016
CLAIMS SPREADSHEET FOR DATES OF SERVICE 4/1/2016 -6/30/16**

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
|-----|-----|-----|---------|---------|---------|-----|--------------------------------|-----------|-----|---|----|-----|--------------|-----|-------------|-----------------|--------|
| 467 | C26 | P10 | 4/6/15 | | 6/1/16 | 310 | COLLATERAL - CAREGIVER | \$ 328.80 | 120 | 1 | | 1 | \$ 328.80 | | | | |
| 468 | C26 | P10 | 4/6/15 | | 6/1/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 287.70 | 105 | 1 | | 1 | \$ 287.70 | | | | |
| 469 | C26 | P10 | 4/6/15 | | 5/27/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 328.80 | 120 | 1 | | 1 | \$ 328.80 | | | | |
| 470 | C26 | P10 | 4/6/15 | | 5/23/16 | 311 | Collateral | \$ 493.20 | 180 | 1 | | 1 | \$ 493.20 | | | | |
| 471 | C26 | P10 | 4/6/15 | | 5/23/16 | 311 | Collateral | \$ 575.40 | 210 | 1 | | 1 | \$ 575.40 | | | | |
| 472 | C26 | P10 | 4/6/15 | | 5/23/16 | 581 | Plan Development | \$ 95.90 | 35 | 1 | | 1 | \$ 95.90 | | | | |
| 473 | C26 | P10 | 4/6/15 | | 5/20/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 287.70 | 105 | 1 | | 1 | \$ 287.70 | | | | |
| 474 | C26 | P10 | 4/6/15 | | 5/17/16 | 310 | COLLATERAL - CAREGIVER | \$ 123.30 | 45 | 1 | | 1 | \$ 123.30 | | | | |
| 475 | C26 | P10 | 4/6/15 | | 5/17/16 | 310 | COLLATERAL - CAREGIVER | \$ 411.00 | 150 | 1 | | 1 | \$ 411.00 | | | | |
| 476 | C26 | P10 | 4/6/15 | | 5/3/16 | 381 | Individual Rehabilitation | \$ 411.00 | 150 | 1 | | | | 1 | \$ 411.00 | 6b | 36 |
| 477 | C26 | P10 | 4/6/15 | | 4/25/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 315.10 | 115 | 1 | 40 | 1 | \$ 315.10 | | | | |
| 478 | C26 | P10 | 4/6/15 | | 4/21/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 328.80 | 120 | 1 | 40 | 1 | \$ 328.80 | | | | |
| 479 | C26 | P10 | 4/6/15 | | 4/18/16 | 323 | 90791 Psychiatric Diag Eval | \$ 246.60 | 90 | 1 | 30 | 1 | \$ 246.60 | | | | |
| 480 | C26 | P10 | 4/6/15 | | 4/18/16 | 581 | Plan Development | \$ 328.80 | 60 | 1 | 30 | | | 1 | \$ 328.80 | 9a | 61 |
| 481 | C26 | P10 | 4/6/15 | | 4/12/16 | 323 | 90791 Psychiatric Diag Eval | \$ 657.60 | 120 | 1 | 30 | 1 | \$ 657.60 | | | | |
| 482 | C26 | P10 | 4/6/15 | | 4/11/16 | 381 | Individual Rehabilitation | \$ 657.60 | 150 | 1 | 40 | | | 1 | \$ 657.60 | 6b | 36 |
| 483 | C26 | P10 | 4/6/15 | | 4/7/16 | 310 | COLLATERAL - CAREGIVER | \$ 657.60 | 20 | 1 | 10 | 1 | \$ 657.60 | | | | |
| 484 | 22 | | | | | | | | | | | 18 | \$ 6,233.50 | 4 | \$ 1,507.00 | | |
| 485 | | | | | | | | | | | | 82% | | 18% | | | |
| 486 | 61 | | | | | | | | | | | 55 | \$ 17,796.30 | 6 | \$ 2,383.80 | | |
| 487 | | | | | | | | | | | | 90% | | 10% | | | |
| 488 | | | | | | | | | | | | | | | | | |
| 489 | C28 | P12 | 5/12/16 | | 6/29/16 | 577 | INTEN CARE CORD KATIE A (ICC) | \$ 148.40 | 70 | 1 | | 1 | \$ 148.40 | | | | |
| 490 | C28 | P12 | 5/12/16 | | 6/29/16 | 581 | Plan Development | \$ 189.06 | 69 | 1 | | 1 | \$ 189.06 | | | | |
| 491 | C28 | P12 | 5/12/16 | | 6/29/16 | 581 | Plan Development | \$ 169.88 | 62 | 1 | | 1 | \$ 169.88 | | | | |
| 492 | C28 | P12 | 5/12/16 | | 6/28/16 | 577 | INTEN CARE CORD KATIE A (ICC) | \$ 23.32 | 11 | 1 | | 1 | \$ 23.32 | | | | |
| 493 | C28 | P12 | 5/12/16 | | 6/24/16 | 581 | Plan Development | \$ 263.04 | 96 | 1 | | 1 | \$ 263.04 | | | | |
| 494 | C28 | P12 | 5/12/16 | | 6/22/16 | 557 | INT HOME-BAS SRV KATIE A(IHBS) | \$ 506.90 | 185 | 1 | | 1 | \$ 506.90 | | | | |
| 495 | C28 | P12 | 5/12/16 | | 6/22/16 | 577 | INTEN CARE CORD KATIE A (ICC) | \$ 400.68 | 189 | 1 | | 1 | \$ 400.68 | | | | |
| 496 | C28 | P12 | 5/12/16 | | 6/22/16 | 622 | NON CLAIMABLE CLIENT SUPPORT | \$ 41.10 | 15 | 1 | | 1 | \$ 41.10 | | | | |
| 497 | C28 | P12 | 5/12/16 | | 6/21/16 | 577 | INTEN CARE CORD KATIE A (ICC) | \$ 31.80 | 15 | 1 | | 1 | \$ 31.80 | | | | |
| 498 | C28 | P12 | 5/12/16 | | 6/14/16 | 577 | INTEN CARE CORD KATIE A (ICC) | \$ 38.16 | 18 | 1 | | | | 1 | \$ 38.16 | 1b, 2b, 3b, 4b, | 33 |
| 499 | C28 | P12 | 5/12/16 | | 6/14/16 | 577 | INTEN CARE CORD KATIE A (ICC) | \$ 347.68 | 164 | 1 | | | | 1 | \$ 347.68 | 1b, 2b, 3b, 4b, | 33 |
| 500 | C28 | P12 | 5/12/16 | | 6/13/16 | 557 | INT HOME-BAS SRV KATIE A(IHBS) | \$ 827.48 | 302 | 1 | | | | 1 | \$ 827.48 | 1b, 2b, 3b, 4b, | 33 |
| 501 | C28 | P12 | 5/12/16 | | 6/10/16 | 577 | INTEN CARE CORD KATIE A (ICC) | \$ 78.44 | 37 | 1 | | 1 | \$ 78.44 | | | | |
| 502 | C28 | P12 | 5/12/16 | | 6/10/16 | 577 | INTEN CARE CORD KATIE A (ICC) | \$ 313.76 | 148 | 1 | | 1 | \$ 313.76 | | | | |
| 503 | C28 | P12 | 5/12/16 | | 6/10/16 | 577 | INTEN CARE CORD KATIE A (ICC) | \$ 328.60 | 155 | 1 | | 1 | \$ 328.60 | | | | |
| 504 | C28 | P12 | 5/12/16 | | 6/10/16 | 577 | INTEN CARE CORD KATIE A (ICC) | \$ 273.48 | 129 | 1 | | 1 | \$ 273.48 | | | | |
| 505 | C28 | P12 | 5/12/16 | | 6/9/16 | 325 | 90889 PsyDiagEval nonface/face | \$ 575.40 | 210 | 1 | | 1 | \$ 575.40 | | | | |
| 506 | C28 | P12 | 5/12/16 | | 6/9/16 | 557 | INT HOME-BAS SRV KATIE A(IHBS) | \$ 397.30 | 145 | 1 | | 1 | \$ 397.30 | | | | |
| 507 | C28 | P12 | 5/12/16 | | 5/31/16 | 577 | INTEN CARE CORD KATIE A (ICC) | \$ 404.92 | 191 | 1 | | 1 | \$ 404.92 | | | | |
| 508 | C28 | P12 | 5/12/16 | | 5/26/16 | 577 | INTEN CARE CORD KATIE A (ICC) | \$ 496.08 | 234 | 1 | | 1 | \$ 496.08 | | | | |
| 509 | C28 | P12 | 5/12/16 | | 5/25/16 | 577 | INTEN CARE CORD KATIE A (ICC) | \$ 80.56 | 38 | 1 | | 1 | \$ 80.56 | | | | |
| 510 | C28 | P12 | 5/12/16 | | 5/24/16 | 577 | INTEN CARE CORD KATIE A (ICC) | \$ 61.48 | 29 | 1 | | 1 | \$ 61.48 | | | | |
| 511 | C28 | P12 | 5/12/16 | | 5/24/16 | 581 | Plan Development | \$ 87.68 | 32 | 1 | | 1 | \$ 87.68 | | | | |
| 512 | C28 | P12 | 5/12/16 | | 5/18/16 | 557 | INT HOME-BAS SRV KATIE A(IHBS) | \$ 342.50 | 125 | 1 | | 1 | \$ 342.50 | | | | |
| 513 | C28 | P12 | 5/12/16 | | 5/18/16 | 577 | INTEN CARE CORD KATIE A (ICC) | \$ 288.32 | 136 | 1 | | 1 | \$ 288.32 | | | | |
| 514 | C28 | P12 | 5/12/16 | | 5/18/16 | 622 | NON CLAIMABLE CLIENT SUPPORT | \$ 369.90 | 135 | 1 | | 1 | \$ 369.90 | | | | |
| 515 | C28 | P12 | 5/12/16 | | 5/16/16 | 577 | INTEN CARE CORD KATIE A (ICC) | \$ 320.12 | 151 | 1 | | 1 | \$ 320.12 | | | | |
| 516 | C28 | P12 | 5/12/16 | | 5/13/16 | 557 | INT HOME-BAS SRV KATIE A(IHBS) | \$ 112.34 | 41 | 1 | | 1 | \$ 112.34 | | | | |
| 517 | C28 | P12 | 5/12/16 | | 5/12/16 | 577 | INTEN CARE CORD KATIE A (ICC) | \$ 462.16 | 218 | 1 | | 1 | \$ 462.16 | | | | |
| 518 | C28 | P12 | 5/12/16 | | 5/12/16 | 577 | INTEN CARE CORD KATIE A (ICC) | \$ 379.48 | 179 | 1 | | 1 | \$ 379.48 | | | | |
| 519 | C28 | P12 | 5/12/16 | | 5/12/16 | 581 | Plan Development | \$ 575.40 | 210 | 1 | | 1 | \$ 575.40 | | | | |
| 520 | 31 | | | | | | | | | | | 28 | \$ 7,722.10 | 3 | \$ 1,213.32 | | |
| 521 | | | | | | | | | | | | 90% | | 10% | | | |
| 522 | | | | | | | | | | | | | | | | | |
| 523 | | | | | | | | | | | | | | | | | |
| 524 | C29 | P12 | 7/22/15 | 6/30/16 | 6/30/16 | 577 | INTEN CARE CORD KATIE A (ICC) | \$ 328.60 | 155 | 1 | | 1 | \$ 328.60 | | | | |
| 525 | C29 | P12 | 7/22/15 | 6/30/16 | 5/19/16 | 577 | INTEN CARE CORD KATIE A (ICC) | \$ 390.08 | 184 | 1 | | 1 | \$ 390.08 | | | | |
| 526 | C29 | P12 | 7/22/15 | 6/30/16 | 5/19/16 | 577 | INTEN CARE CORD KATIE A (ICC) | \$ 265.00 | 125 | 1 | | 1 | \$ 265.00 | | | | |
| 527 | C29 | P12 | 7/22/15 | 6/30/16 | 5/17/16 | 557 | INT HOME-BAS SRV KATIE A(IHBS) | \$ 487.72 | 178 | 1 | | 1 | \$ 487.72 | | | | |
| 528 | C29 | P12 | 7/22/15 | 6/30/16 | 5/13/16 | 581 | Plan Development | \$ 63.02 | 23 | 1 | | 1 | \$ 63.02 | | | | |
| 529 | C29 | P12 | 7/22/15 | 6/30/16 | 5/1/16 | 557 | INT HOME-BAS SRV KATIE A(IHBS) | \$ 304.14 | 111 | 1 | | | | 1 | \$ 304.14 | 9a, 9b | 61, 63 |
| 530 | C29 | P12 | 7/22/15 | 6/30/16 | 4/26/16 | 577 | INTEN CARE CORD KATIE A (ICC) | \$ 216.24 | 102 | 1 | 7 | 1 | \$ 216.24 | | | | |
| 531 | C29 | P12 | 7/22/15 | 6/30/16 | 4/26/16 | 577 | INTEN CARE CORD KATIE A (ICC) | \$ 339.20 | 160 | 1 | 7 | 1 | \$ 339.20 | | | | |
| 532 | C29 | P12 | 7/22/15 | 6/30/16 | 4/19/16 | 557 | INT HOME-BAS SRV KATIE A(IHBS) | \$ 526.08 | 192 | 1 | 57 | 1 | \$ 526.08 | | | | |
| 533 | C29 | P12 | 7/22/15 | 6/30/16 | 4/15/16 | 577 | INTEN CARE CORD KATIE A (ICC) | \$ 27.56 | 13 | 1 | 7 | 1 | \$ 27.56 | | | | |

**EXHIBIT 1: ACBHCS SYSTEM OF CARE AUDIT, 4TH QUARTER 2016
CLAIMS SPREADSHEET FOR DATES OF SERVICE 4/1/2016 -6/30/16**

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
|-----|-----|-----|---------|---------|---------|--------------------------------|--------------------------------|-----------|-----|---|----|-----|--------------|------|-------------|---|--|
| 534 | C29 | P12 | 7/22/15 | 6/30/16 | 4/12/16 | 557 | INT HOME-BAS SRV KATIE A(IHBS) | \$ 471.28 | 172 | 1 | 57 | | | 1 | \$ 471.28 | 13a | 82 |
| 535 | C29 | P12 | 7/22/15 | 6/30/16 | 4/11/16 | 577 | INTEN CARE CORD KATIE A (ICC) | \$ 413.40 | 195 | 1 | 7 | 1 | \$ 413.40 | | | | |
| 536 | C29 | P12 | 7/22/15 | 6/30/16 | 4/5/16 | 557 | INT HOME-BAS SRV KATIE A(IHBS) | \$ 446.62 | 163 | 1 | 57 | 1 | \$ 446.62 | | | | |
| 537 | 13 | | | | | | | | | | | 11 | \$ 3,503.52 | 2 | \$ 775.42 | | |
| 538 | | | | | | | | | | | | 85% | | 15% | | | |
| 539 | | | | | | | | | | | | | | | | | |
| 540 | | | | | | | | | | | | | | | | | |
| 541 | C30 | P12 | 3/24/16 | 6/22/16 | 581 | Plan Development | \$ 95.90 | 35 | 1 | | | 1 | \$ 95.90 | | | | |
| 542 | C30 | P12 | 3/24/16 | 6/8/16 | 311 | Collateral | \$ 63.02 | 23 | 1 | | | 1 | \$ 63.02 | | | | |
| 543 | C30 | P12 | 3/24/16 | 6/8/16 | 581 | Plan Development | \$ 104.12 | 38 | 1 | | | 1 | \$ 104.12 | | | | |
| 544 | C30 | P12 | 3/24/16 | 6/1/16 | 381 | Individual Rehabilitation | \$ 476.76 | 174 | 1 | | | | | 1 | \$ 476.76 | 16a | 83 |
| 545 | C30 | P12 | 3/24/16 | 5/23/16 | 581 | Plan Development | \$ 230.16 | 84 | 1 | | | 1 | \$ 230.16 | | | | |
| 546 | C30 | P12 | 3/24/16 | 5/19/16 | 311 | Collateral | \$ 383.60 | 140 | 1 | | | | | 1 | \$ 383.60 | 1b3, 2b3, 3b3, 4b3, 19a6 | 14, 15, 16, 17, 70 |
| 547 | C30 | P12 | 3/24/16 | 5/19/16 | 311 | Collateral | \$ 126.04 | 46 | 1 | | | | | 1 | \$ 126.04 | 1b3, 2b3, 3b3, 4b3 | 14, 15, 16, 17 |
| 548 | C30 | P12 | 3/24/16 | 5/17/16 | 310 | COLLATERAL - CAREGIVER | \$ 616.50 | 225 | 1 | | | | | 1 | \$ 616.50 | 1b3, 2b3, 3b3, 4b3, 10a | 14, 15, 16, 17, 68 |
| 549 | C30 | P12 | 3/24/16 | 5/17/16 | 381 | Individual Rehabilitation | \$ 460.32 | 168 | 1 | | | | | 1 | \$ 460.32 | 16a | 83, 92 |
| 550 | C30 | P12 | 3/24/16 | 5/16/16 | 310 | COLLATERAL - CAREGIVER | \$ 52.06 | 19 | 1 | | | | | 1 | \$ 52.06 | 1b3, 2b3, 3b3, 4b3 | 14, 15, 16, 17 |
| 551 | C30 | P12 | 3/24/16 | 5/13/16 | 581 | Plan Development | \$ 169.88 | 62 | 1 | | | 1 | \$ 169.88 | | | | |
| 552 | C30 | P12 | 3/24/16 | 5/11/16 | 381 | Individual Rehabilitation | \$ 312.36 | 114 | 1 | | | 1 | \$ 312.36 | | | | |
| 553 | C30 | P12 | 3/24/16 | 5/3/16 | 581 | Plan Development | \$ 238.38 | 87 | 1 | | | 1 | \$ 238.38 | | | | |
| 554 | C30 | P12 | 3/24/16 | 5/2/16 | 310 | COLLATERAL - CAREGIVER | \$ 602.80 | 220 | 1 | | | | | 1 | \$ 602.80 | 1b3, 2b3, 3b3, 4b3 | 14, 15, 16, 17 |
| 555 | C30 | P12 | 3/24/16 | 5/2/16 | 311 | Collateral | \$ 161.66 | 59 | 1 | | | | | 1 | \$ 161.66 | 1b3, 2b3, 3b3, 4b3 | 14, 15, 16, 17 |
| 556 | C30 | P12 | 3/24/16 | 4/22/16 | 325 | 90889 PsyDiagEval nonface/face | \$ 501.42 | 183 | 1 | | 30 | 1 | \$ 501.42 | | | | |
| 557 | C30 | P12 | 3/24/16 | 4/21/16 | 323 | 90791 Psychiatric Diag Eval | \$ 682.26 | 249 | 1 | | 30 | 1 | \$ 682.26 | | | | 92 |
| 558 | C30 | P12 | 3/24/16 | 4/19/16 | 310 | COLLATERAL - CAREGIVER | \$ 438.40 | 160 | 1 | | 10 | | | 1 | \$ 438.40 | 1b2, 2b2, 3b2, 4b2, 16a | 14, 15, 16, 17, 83 |
| 559 | C30 | P12 | 3/24/16 | 4/15/16 | 311 | Collateral | \$ 90.42 | 33 | 1 | | 10 | | | 1 | \$ 90.42 | 1b2, 2b2, 3b2, 4b2 | 14, 15, 16, 17 |
| 560 | C30 | P12 | 3/24/16 | 4/13/16 | 381 | Individual Rehabilitation | \$ 320.58 | 117 | 1 | | 40 | | | 1 | \$ 320.58 | 1b2, 2b2, 3b2, 4b2 | 14, 15, 16, 17, 92 |
| 561 | C30 | P12 | 3/24/16 | 4/12/16 | 310 | COLLATERAL - CAREGIVER | \$ 569.92 | 208 | 1 | | 10 | | | 1 | \$ 569.92 | 1b2, 2b2, 3b2, 4b2, 16a | 14, 15, 16, 17, 83 |
| 562 | C30 | P12 | 3/24/16 | 4/8/16 | 310 | COLLATERAL - CAREGIVER | \$ 331.54 | 121 | 1 | | 10 | | | 1 | \$ 331.54 | 1b2, 2b2, 3b2, 4b2 | 14, 15, 16, 17 |
| 563 | C30 | P12 | 3/24/16 | 4/6/16 | 381 | Individual Rehabilitation | \$ 367.16 | 134 | 1 | | 40 | | | 1 | \$ 367.16 | 1b2, 2b2, 3b2, 4b2 | 14, 15, 16, 17 |
| 564 | C30 | P12 | 3/24/16 | 4/4/16 | 310 | COLLATERAL - CAREGIVER | \$ 41.10 | 15 | 1 | | 10 | | | 1 | \$ 41.10 | 1b2, 2b2, 3b2, 4b2 | 14, 15, 16, 17 |
| 565 | 24 | | | | | | | | | | | 9 | \$ 2,397.50 | 15 | \$ 5,038.86 | | |
| 566 | | | | | | | | | | | | 38% | | 63% | | | |
| 567 | 68 | | | | | | | | | | | 48 | \$ 13,623.12 | 20 | \$ 7,027.60 | | |
| 568 | | | | | | | | | | | | 71% | | 29% | | | |
| 569 | | | | | | | | | | | | | | | | | |
| 570 | | | | | | | | | | | | | | | | | |
| 571 | C31 | P13 | 5/1/09 | 6/17/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 126.50 | 25 | 1 | | 60 | | | 1 | \$ 126.50 | 1c, 2c, 3c, 4c | 14, 15, 16, 17, 33, 94 |
| 572 | C31 | P13 | 5/1/09 | 6/10/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 151.80 | 30 | 1 | | 60 | | | 1 | \$ 151.80 | 1c, 2c, 3c, 4c | 14, 15, 16, 17, 33, 94 |
| 573 | C31 | P13 | 5/1/09 | 6/7/16 | 646 | 99215 E/M EST OP HIGHCOMPL 40M | \$ 293.48 | 58 | 1 | | 60 | | | 1 | \$ 293.48 | 1c, 2c, 3c, 4c | 14, 15, 16, 17, 33, 94, 101 |
| 574 | C31 | P13 | 5/1/09 | 5/25/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 202.40 | 40 | 1 | | 60 | | | 1 | \$ 202.40 | 1c, 2c, 3c, 4c | 14, 15, 16, 17, 33, 94 |
| 575 | C31 | P13 | 5/1/09 | 5/17/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 227.70 | 45 | 1 | | 60 | | | 1 | \$ 227.70 | 1c, 2c, 3c, 4c, 9b | 14, 15, 16, 17, 33, 63, 94 |
| 576 | C31 | P13 | 5/1/09 | 5/10/16 | 581 | Plan Development | \$ 109.60 | 40 | 1 | | 30 | | | 1 | \$ 109.60 | 1c, 2c, 3c, 4c | 14, 15, 16, 17, 33, 94 |
| 577 | C31 | P13 | 5/1/09 | 5/10/16 | 646 | 99215 E/M EST OP HIGHCOMPL 40M | \$ 197.34 | 39 | 1 | | 60 | | | 1 | \$ 197.34 | 1c, 2c, 3c, 4c | 14, 15, 16, 17, 33, 94, 100, 101 |
| 578 | C31 | P13 | 5/1/09 | 5/5/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 101.20 | 20 | 1 | | 60 | | | 1 | \$ 101.20 | 1c, 2c, 3c, 4c | 14, 15, 16, 17, 33, 94 |
| 579 | C31 | P13 | 5/1/09 | 4/12/16 | 581 | Plan Development | \$ 82.20 | 30 | 1 | | 30 | | | 1 | \$ 82.20 | 1b1, 2b1, 3b1, 4b1, 1b, 2b, 3b, 4b, | 14, 15, 16, 17, 33, 94 |
| 580 | C31 | P13 | 5/1/09 | 4/5/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 151.80 | 30 | 1 | | 60 | | | 1 | \$ 151.80 | 1b1, 2b1, 3b1, 4b1, 1b, 2b, 3b, 4b, 6a | 14, 15, 16, 17, 33, 34, 74, 94 |
| 581 | 10 | | | | | | | | | | | 0 | \$ - | 10 | \$ 1,644.02 | | |
| 582 | | | | | | | | | | | | 0% | | 100% | | | |
| 583 | | | | | | | | | | | | | | | | | |
| 584 | | | | | | | | | | | | | | | | | |
| 585 | C32 | P13 | 6/4/09 | 6/27/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 455.40 | 90 | 1 | | 60 | | | 1 | \$ 455.40 | 1b1, 2b1, 3b1, 4b1, 1b, 2b, 3b, 4b, 6a | 14, 15, 16, 17, 33, 34, 74 |
| 586 | C32 | P13 | 6/4/09 | 6/27/16 | 581 | Plan Development | \$ 109.60 | 40 | 1 | | 30 | | | 1 | \$ 109.60 | 1b1, 2b1, 3b1, 4b1, 1b, 2b, 3b, 4b, 6a, 9a | 14, 15, 16, 17, 33, 34, 47, 46, 61, 74 |
| 587 | C32 | P13 | 6/4/09 | 6/22/16 | 581 | Plan Development | \$ 137.00 | 50 | 1 | | 30 | | | 1 | \$ 137.00 | 1b1, 2b1, 3b1, 4b1, 1b, 2b, 3b, 4b, 6a, 19d | 14, 15, 16, 17, 33, 34, 47, 70, 74 |
| 588 | C32 | P13 | 6/4/09 | 6/13/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 202.40 | 40 | 1 | | 60 | | | 1 | \$ 202.40 | 1b1, 2b1, 3b1, 4b1, 1b, 2b, 3b, 4b, 6a | 14, 15, 16, 17, 33, 34, 74 |
| 589 | C32 | P13 | 6/4/09 | 6/2/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 303.60 | 60 | 1 | | 60 | | | 1 | \$ 303.60 | 1b1, 2b1, 3b1, 4b1, 1b, 2b, 3b, 4b, 6a | 14, 15, 16, 17, 33, 34, 74 |
| 590 | C32 | P13 | 6/4/09 | 5/19/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 303.60 | 60 | 1 | | 60 | | | 1 | \$ 303.60 | 1b1, 2b1, 3b1, 4b1, 1b, 2b, 3b, 4b, | 14, 15, 16, 17, 33 |
| 591 | C32 | P13 | 6/4/09 | 5/11/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 379.50 | 75 | 1 | | 60 | | | 1 | \$ 379.50 | 1b1, 2b1, 3b1, 4b1, 1b, 2b, 3b, 4b, | 14, 15, 16, 17, 33 |
| 592 | C32 | P13 | 6/4/09 | 5/5/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 303.60 | 60 | 1 | | 60 | | | 1 | \$ 303.60 | 1b1, 2b1, 3b1, 4b1, 1b, 2b, 3b, 4b, | 14, 15, 16, 17, 33 |
| 593 | C32 | P13 | 6/4/09 | 4/26/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 177.10 | 35 | 1 | | 60 | | | 1 | \$ 177.10 | 1b1, 2b1, 3b1, 4b1, 1b, 2b, 3b, 4b, | 14, 15, 16, 17, 33 |
| 594 | C32 | P13 | 6/4/09 | 4/21/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 379.50 | 75 | 1 | | 60 | | | 1 | \$ 379.50 | 1b1, 2b1, 3b1, 4b1, 1b, 2b, 3b, 4b, 10a, 19a6 | 14, 15, 16, 17, 33, 68, 70, 77, 92, 93 |
| 595 | C32 | P13 | 6/4/09 | 4/21/16 | 581 | Plan Development | \$ 82.20 | 30 | 1 | | 30 | | | 1 | \$ 82.20 | 1b1, 2b1, 3b1, 4b1, 1b, 2b, 3b, 4b, 9a | 14, 15, 16, 17, 33, 61 |
| 596 | C32 | P13 | 6/4/09 | 4/21/16 | 645 | 99214 E/M EST OP MOD COMPL 25M | \$ 151.80 | 30 | 1 | | 60 | | | 1 | \$ 151.80 | 1b1, 2b1, 3b1, 4b1, 1b, 2b, 3b, 4b, | 14, 15, 16, 17, 33 |
| 597 | C32 | P13 | 6/4/09 | 4/19/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 126.50 | 25 | 1 | | 60 | | | 1 | \$ 126.50 | 1b1, 2b1, 3b1, 4b1, 1b, 2b, 3b, 4b, | 14, 15, 16, 17, 33 |
| 598 | C32 | P13 | 6/4/09 | 4/7/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 303.60 | 60 | 1 | | 60 | | | 1 | \$ 303.60 | 1b1, 2b1, 3b1, 4b1, 1b, 2b, 3b, 4b, | 14, 15, 16, 17, 33 |
| 599 | C32 | P13 | 6/4/09 | 4/4/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 227.70 | 45 | 1 | | 60 | | | 1 | \$ 227.70 | 1b1, 2b1, 3b1, 4b1, 1b, 2b, 3b, 4b, 19a1 | 14, 15, 16, 17, 33, 62 |
| 600 | 15 | | | | | | | | | | | 0 | \$ - | 15 | \$ 3,643.10 | | |

**EXHIBIT 1: ACBHCS SYSTEM OF CARE AUDIT, 4TH QUARTER 2016
CLAIMS SPREADSHEET FOR DATES OF SERVICE 4/1/2016 -6/30/16**

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
|-----|-----|-----|----------|---|---------|-----|--------------------------------|-----------|------|---|----|-----|-------------|------|-------------|---|--|
| 601 | | | | | | | | | | | | 0% | | 100% | | | |
| 602 | | | | | | | | | | | | | | | | | |
| 603 | | | | | | | | | | | | | | | | | |
| 604 | C33 | P13 | 7/25/14 | | 6/27/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 75.90 | 15 | 1 | 60 | | | 1 | \$ 75.90 | 1b1,2b1,3b1,4b1, 1b,2b,3b,4b, 6a, 6b, 7a, 6c | 14,15,16,17,33,34,36,44,47,72,94 |
| 605 | C33 | P13 | 7/25/14 | | 6/24/16 | 367 | MEDICATION TRAINING & SUPPORT | \$ 75.90 | 15 | 1 | 60 | | | 1 | \$ 75.90 | 1b1,2b1,3b1,4b1, 1b,2b,3b,4b,6a, 6b, 7a, 6c | 14,15,16,17,33,34,36,44,47,77,94 |
| 606 | C33 | P13 | 7/25/14 | | 6/8/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 75.90 | 15 | 1 | 60 | | | 1 | \$ 75.90 | 1b1,2b1,3b1,4b1, 1b,2b,3b,4b,6a, 6b, 7a, 6c | 14,15,16,17,33,34,36,44,47,72,77,94 |
| 607 | C33 | P13 | 7/25/14 | | 6/8/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 202.40 | 40 | 1 | 60 | | | 1 | \$ 202.40 | 1b1,2b1,3b1,4b1, 1b,2b,3b,4b,6a, 6b, 7a, 6c | 14,15,16,17,33,34,36,44,47,72,77,94 |
| 608 | C33 | P13 | 7/25/14 | | 6/7/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 151.80 | 30 | 1 | 60 | | | 1 | \$ 151.80 | 1b1,2b1,3b1,4b1, 1b,2b,3b,4b,6a, 6b, 7a, 6c, 9a, 19a8 | 14,15,16,17,33,34,36,44,47,61,89 |
| 609 | C33 | P13 | 7/25/14 | | 6/7/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 151.80 | 30 | 1 | 60 | | | 1 | \$ 151.80 | 1b1,2b1,3b1,4b1, 1b,2b,3b,4b, 6a, 6b, 7a, 6c | 14,15,16,17,33,34,36,44,47,72,77,94 |
| 610 | C33 | P13 | 7/25/14 | | 6/7/16 | 367 | MEDICATION TRAINING & SUPPORT | \$ 75.90 | 15 | 1 | 60 | | | 1 | \$ 75.90 | 1b1,2b1,3b1,4b1, 1b,2b,3b,4b, 6a, 6b, 7a, 6c | 14,15,16,17,33,34,36,44,47,77,94 |
| 611 | C33 | P13 | 7/25/14 | | 6/7/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 75.90 | 15 | 1 | 60 | | | 1 | \$ 75.90 | 1b1,2b1,3b1,4b1, 1b,2b,3b,4b, 6a, 6b, 7a, 6c | 14,15,16,17,33,34,36,44,47,72,77,94 |
| 612 | C33 | P13 | 7/25/14 | | 6/6/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 106.26 | 21 | 1 | 60 | | | 1 | \$ 106.26 | 1b1,2b1,3b1,4b1, 1b,2b,3b,4b, 6a, 6b, 7a, 6c, 10b, | 14,15,16,17,33,34,36,44,47,66,72 |
| 613 | C33 | P13 | 7/25/14 | | 6/3/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 101.20 | 20 | 1 | 60 | | | 1 | \$ 101.20 | 1b1,2b1,3b1,4b1, 1b,2b,3b,4b, 6a, 6b, 7a, 6c | 14,15,16,17,33,34,36,44,47,72,94 |
| 614 | C33 | P13 | 7/25/14 | | 5/5/16 | 581 | Plan Development | \$ 54.80 | 20 | 1 | 30 | | | 1 | \$ 54.80 | 1b1,2b1,3b1,4b1, 1b,2b,3b,4b, 6a, 6b, 7a, 6c | 14, 15, 16, 17, 33, 34, 36, 44, 47, 94 |
| 615 | C33 | P13 | 7/25/14 | | 5/5/16 | 645 | 99214 E/M EST OP MOD COMPL 25M | \$ 151.80 | 30 | 1 | 60 | | | 1 | \$ 151.80 | 1b1,2b1,3b1,4b1, 1b,2b,3b,4b, 6a, 6b, 7a, 6c | 14, 15, 16, 17, 33, 34, 36, 44, 47, 94 |
| 616 | C33 | P13 | 7/25/14 | | 4/7/16 | 644 | 99213 E/M EST OP EXPANDED 15MN | \$ 101.20 | 20 | 1 | 60 | | | 1 | \$ 101.20 | 1b1,2b1,3b1,4b1, 1b,2b,3b,4b, 6a, 6b, 7a, 6c | 14, 15, 16, 17, 33, 34, 36, 44, 47, 94 |
| 617 | C33 | P13 | 7/25/14 | | 4/1/16 | 367 | MEDICATION TRAINING & SUPPORT | \$ 50.60 | 10 | 1 | 60 | | | 1 | \$ 50.60 | 1b1,2b1,3b1,4b1, 1b,2b,3b,4b, 6a, 6b, 7a, 6c | 14,15,16,17,33,34,36,44,47,77,94 |
| 618 | 14 | | | | | | | | | | | 0 | \$ - | 14 | \$ 1,451.36 | | |
| 619 | | | | | | | | | | | | 0% | | 100% | | | |
| 620 | 39 | | | | | | | | | | | 0 | \$ - | 39 | \$ 6,738.48 | | |
| 621 | | | | | | | | | | | | 0% | | 100% | | | |
| 622 | | | | | | | | | | | | | | | | | |
| 623 | | | | | | | | | | | | | | | | | |
| 624 | C34 | P14 | 2/2/15 | | 6/16/16 | 381 | Individual Rehabilitation | \$ 241.12 | 88 | 1 | | 1 | \$ 241.12 | | | | 44, 64, 67, 92 |
| 625 | C34 | P14 | 2/2/15 | | 6/16/16 | 443 | 90837 Psychotherapy 60 min | \$ 698.70 | 255 | 1 | | 1 | \$ 698.70 | | | | 44, 64, 67, 92 |
| 626 | C34 | P14 | 2/2/15 | | 5/26/16 | 381 | Individual Rehabilitation | \$ 400.04 | 146 | 1 | | 1 | \$ 400.04 | | | | 44, 64, 67, 78 |
| 627 | C34 | P14 | 2/2/15 | | 5/19/16 | 310 | COLLATERAL - CAREGIVER | \$ 139.74 | 51 | 1 | | 1 | \$ 139.74 | | | | 44, 64, 67, 78 |
| 628 | C34 | P14 | 2/2/15 | | 5/19/16 | 443 | 90837 Psychotherapy 60 min | \$ 695.96 | 254 | 1 | | 1 | \$ 695.96 | | | | 44, 64, 67, 78 |
| 629 | C34 | P14 | 2/2/15 | | 5/13/16 | 381 | Individual Rehabilitation | \$ 723.36 | 264 | 1 | | 1 | \$ 723.36 | | | | 44, 64, 67, 78 |
| 630 | C34 | P14 | 2/2/15 | | 5/6/16 | 571 | Brokerage Services | \$ 277.72 | 131 | 1 | | | | 1 | \$ 277.72 | 19a1, 10a | 44, 62, 64, 68, 78 |
| 631 | C34 | P14 | 2/2/15 | | 5/5/16 | 311 | Collateral | \$ 104.12 | 38 | 1 | | 1 | \$ 104.12 | | | | 44, 64, 78 |
| 632 | C34 | P14 | 2/2/15 | | 5/5/16 | 571 | Brokerage Services | \$ 557.56 | 263 | 1 | | | | 1 | \$ 557.56 | 6a, 10a | 44, 64, 67, 68, 74, 78 |
| 633 | C34 | P14 | 2/2/15 | | 5/3/16 | 310 | COLLATERAL - CAREGIVER | \$ 112.34 | 41 | 1 | | 1 | \$ 112.34 | | | | 44, 64, 78 |
| 634 | C34 | P14 | 2/2/15 | | 5/3/16 | 443 | 90837 Psychotherapy 60 min | \$ 885.02 | 323 | 1 | | | | 1 | \$ 885.02 | 19a1, 10a | 44, 62, 64, 67, 68, 78 |
| 635 | C34 | P14 | 2/2/15 | | 4/28/16 | 310 | COLLATERAL - CAREGIVER | \$ 117.82 | 43 | 1 | 10 | 1 | \$ 117.82 | | | | 64, 67, 78 |
| 636 | C34 | P14 | 2/2/15 | | 4/28/16 | 443 | 90837 Psychotherapy 60 min | \$ 679.52 | 248 | 1 | 40 | 1 | \$ 679.52 | | | | 44, 64, 67, 78 |
| 637 | C34 | P14 | 2/2/15 | | 4/13/16 | 310 | COLLATERAL - CAREGIVER | \$ 139.74 | 51 | 1 | 10 | 1 | \$ 139.74 | | | | 44, 64, 67, 78 |
| 638 | C34 | P14 | 2/2/15 | | 4/13/16 | 443 | 90837 Psychotherapy 60 min | \$ 619.24 | 226 | 1 | 40 | 1 | \$ 619.24 | | | | 44, 64, 67, 78, 92, 93 |
| 639 | C34 | P14 | 2/2/15 | | 4/6/16 | 381 | Individual Rehabilitation | \$ 509.64 | 186 | 1 | 40 | 1 | \$ 509.64 | | | | 44, 64, 67, 78 |
| 640 | 16 | | | | | | | | | | | 13 | \$ 5,181.34 | 3 | \$ 1,720.30 | | |
| 641 | | | | | | | | | | | | 81% | | 19% | | | |
| 642 | | | | | | | | | | | | | | | | | |
| 643 | | | | | | | | | | | | | | | | | |
| 644 | C39 | P15 | 8/9/02 | | 6/30/16 | 644 | 99213 E/M EST OP EXPANDED 15MN | \$ 118.80 | 20 | 1 | | | | 1 | \$ 118.80 | 1b1,2b1,3b1,4b1,1b,2b,3b,4b, | 14, 15, 16, 17, 33 |
| 645 | C39 | P15 | 8/9/02 | | 6/23/16 | 381 | Individual Rehabilitation | \$ 128.80 | 40 | 1 | | | | 1 | \$ 128.80 | 1b1,2b1,3b1,4b1,1b,2b,3b,4b, | 14, 15, 16, 17, 33, 69, 78 |
| 646 | C39 | P15 | 8/9/02 | | 6/22/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 237.60 | 40 | 1 | | | | 1 | \$ 237.60 | 1b1,2b1,3b1,4b1,1b,2b,3b,4b, | 14, 15, 16, 17, 33 , 92, 93 |
| 647 | C39 | P15 | 8/9/02 | | 6/22/16 | 644 | 99213 E/M EST OP EXPANDED 15MN | \$ 118.80 | 20 | 1 | | | | 1 | \$ 118.80 | 1b1,2b1,3b1,4b1,1b,2b,3b,4b, | 14, 15, 16, 17, 33 |
| 648 | C39 | P15 | 8/9/02 | | 6/10/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 178.20 | 30 | 1 | | | | 1 | \$ 178.20 | 1b1,2b1,3b1,4b1,1b,2b,3b,4b, | 14, 15, 16, 17, 33 |
| 649 | C39 | P15 | 8/9/02 | | 6/9/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 178.20 | 30 | 1 | | | | 1 | \$ 178.20 | 1b1,2b1,3b1,4b1,1b,2b,3b,4b, | 14, 15, 16, 17, 33 |
| 650 | C39 | P15 | 8/9/02 | | 6/7/16 | 381 | Individual Rehabilitation | \$ 128.80 | 40 | 1 | | | | 1 | \$ 128.80 | 1b1,2b1,3b1,4b1,1b,2b,3b,4b, | 14, 15, 16, 17, 33 , 62, 69, 72, 78 |
| 651 | C39 | P15 | 8/9/02 | | 6/2/16 | 644 | 99213 E/M EST OP EXPANDED 15MN | \$ 118.80 | 20 | 1 | | | | 1 | \$ 118.80 | 1b1,2b1,3b1,4b1,1b,2b,3b,4b, | 14, 15, 16, 17, 33 |
| 652 | C39 | P15 | 8/9/02 | | 6/1/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 237.60 | 40 | 1 | | | | 1 | \$ 237.60 | 1b1,2b1,3b1,4b1,1b,2b,3b,4b, | 14, 15, 16, 17, 33 |
| 653 | C39 | P15 | 8/9/02 | | 5/5/16 | 645 | 99214 E/M EST OP MOD COMPL 25M | \$ 207.90 | 35 | 1 | | | | 1 | \$ 207.90 | 1b1,2b1,3b1,4b1,1b,2b,3b,4b, | 14, 15, 16, 17, 33, 60 |
| 654 | C39 | P15 | 8/9/02 | | 4/26/16 | 381 | Individual Rehabilitation | \$ 611.80 | 190 | 1 | 40 | | | 1 | \$ 611.80 | 1b1,2b1,3b1,4b1,1b,2b,3b,4b, | 14, 15, 16, 17, 33, 78 |
| 655 | C39 | P15 | 8/9/02 | | 4/21/16 | 571 | Brokerage Services | \$ 572.70 | 230 | 1 | 1 | | | 1 | \$ 572.70 | 1b1,2b1,3b1,4b1,1b,2b,3b,4b, | 14, 15, 16, 17, 33 , 69, 78 |
| 656 | C39 | P15 | 8/9/02 | | 4/14/16 | 381 | Individual Rehabilitation | \$ 128.80 | 40 | 1 | 40 | | | 1 | \$ 128.80 | 1b1,2b1,3b1,4b1,1b,2b,3b,4b, | 14, 15, 16, 17, 33 , 78 |
| 657 | 13 | | | | | | | | | | | 0 | \$ - | 13 | \$ 2,966.80 | | |
| 658 | | | | | | | | | | | | 0% | | 100% | | | |
| 659 | | | | | | | | | | | | | | | | | |
| 660 | | | | | | | | | | | | | | | | | |
| 661 | C27 | P15 | 11/16/15 | | 6/30/16 | 391 | Group Rehabilitation | \$ 103.04 | 31.7 | 4 | | | | 1 | \$ 103.04 | 14b | 73, 92 |
| 662 | C27 | P15 | 11/16/15 | | 6/24/16 | 381 | Individual Rehabilitation | \$ 322.00 | 100 | 1 | | | | 1 | \$ 322.00 | 19a1 | 62, 69, 78 |
| 663 | C27 | P15 | 11/16/15 | | 6/21/16 | 381 | Individual Rehabilitation | \$ 177.10 | 55 | 1 | | 1 | \$ 177.10 | | | | 78, 92, 93 |
| 664 | C27 | P15 | 11/16/15 | | 6/20/16 | 571 | Brokerage Services | \$ 49.80 | 20 | 1 | | 1 | \$ 49.80 | | | | 78 |
| 665 | C27 | P15 | 11/16/15 | | 6/14/16 | 381 | Individual Rehabilitation | \$ 64.40 | 20 | 1 | | 1 | \$ 64.40 | | | | 69, 78 |
| 666 | C27 | P15 | 11/16/15 | | 6/9/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 178.20 | 30 | 1 | | 1 | \$ 178.20 | | | | |
| 667 | C27 | P15 | 11/16/15 | | 6/7/16 | 381 | Individual Rehabilitation | \$ 128.80 | 40 | 1 | | 1 | \$ 128.80 | | | | 69, 78, 92, 93 |

**EXHIBIT 1: ACBHCS SYSTEM OF CARE AUDIT, 4TH QUARTER 2016
CLAIMS SPREADSHEET FOR DATES OF SERVICE 4/1/2016 -6/30/16**

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
|-----|-----|-----|----------|---|---------|-----|--------------------------------|-----------|-----|---|----|------|-------------|-----|-------------|------|----------------|
| 668 | C27 | P15 | 11/16/15 | | 6/2/16 | 381 | Individual Rehabilitation | \$ 322.00 | 100 | 1 | | 1 | \$ 322.00 | | | | 69, 72, 78 |
| 669 | C27 | P15 | 11/16/15 | | 6/2/16 | 644 | 99213 E/M EST OP EXPANDED 15MN | \$ 118.80 | 20 | 1 | | | | 1 | \$ 118.80 | 19a1 | 62 |
| 670 | C27 | P15 | 11/16/15 | | 5/31/16 | 381 | Individual Rehabilitation | \$ 225.40 | 70 | 1 | | 1 | \$ 225.40 | | | | 78 |
| 671 | C27 | P15 | 11/16/15 | | 5/26/16 | 381 | Individual Rehabilitation | \$ 483.00 | 150 | 1 | | | | 1 | \$ 483.00 | 16a | 78, 83 |
| 672 | C27 | P15 | 11/16/15 | | 5/23/16 | 581 | Plan Development | \$ 177.10 | 55 | 1 | | | | 1 | \$ 177.10 | 19a1 | 62, 78, 92, 93 |
| 673 | C27 | P15 | 11/16/15 | | 5/19/16 | 571 | Brokerage Services | \$ 99.60 | 40 | 1 | | 1 | \$ 99.60 | | | | 78, 92, 93 |
| 674 | C27 | P15 | 11/16/15 | | 5/19/16 | 381 | Individual Rehabilitation | \$ 289.80 | 90 | 1 | | | | 1 | \$ 289.80 | 16a | 78, 83, 92, 93 |
| 675 | C27 | P15 | 11/16/15 | | 5/19/16 | 571 | Brokerage Services | \$ 99.60 | 40 | 1 | | 1 | \$ 99.60 | | | | 78, 92, 93 |
| 676 | C27 | P15 | 11/16/15 | | 5/17/16 | 381 | Individual Rehabilitation | \$ 128.80 | 40 | 1 | | 1 | \$ 128.80 | | | | 78 |
| 677 | C27 | P15 | 11/16/15 | | 5/17/16 | 644 | 99213 E/M EST OP EXPANDED 15MN | \$ 118.80 | 20 | 1 | | 1 | \$ 118.80 | | | | |
| 678 | C27 | P15 | 11/16/15 | | 5/13/16 | 381 | Individual Rehabilitation | \$ 225.40 | 70 | 1 | | 1 | \$ 225.40 | | | | 78 |
| 679 | C27 | P15 | 11/16/15 | | 5/13/16 | 644 | 99213 E/M EST OP EXPANDED 15MN | \$ 118.80 | 20 | 1 | | 1 | \$ 118.80 | | | | |
| 680 | C27 | P15 | 11/16/15 | | 5/12/16 | 381 | Individual Rehabilitation | \$ 225.40 | 70 | 1 | | 1 | \$ 225.40 | | | | 78 |
| 681 | C27 | P15 | 11/16/15 | | 5/4/16 | 581 | Plan Development | \$ 225.40 | 70 | 1 | | | | 1 | \$ 225.40 | 19a1 | 62, 78 |
| 682 | C27 | P15 | 11/16/15 | | 5/3/16 | 381 | Individual Rehabilitation | \$ 450.80 | 140 | 1 | | | | 1 | \$ 450.80 | 16a | 78, 83 |
| 683 | C27 | P15 | 11/16/15 | | 5/3/16 | 644 | 99213 E/M EST OP EXPANDED 15MN | \$ 118.80 | 20 | 1 | | 1 | \$ 118.80 | | | | |
| 684 | C27 | P15 | 11/16/15 | | 5/2/16 | 381 | Individual Rehabilitation | \$ 225.40 | 70 | 1 | | 1 | \$ 225.40 | | | | 78 |
| 685 | C27 | P15 | 11/16/15 | | 5/2/16 | 571 | Brokerage Services | \$ 460.65 | 185 | 1 | | | | 1 | \$ 460.65 | 16a | 78, 83 |
| 686 | C27 | P15 | 11/16/15 | | 4/26/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 386.10 | 65 | 1 | 60 | 1 | \$ 386.10 | | | | |
| 687 | C27 | P15 | 11/16/15 | | 4/26/16 | 381 | Individual Rehabilitation | \$ 225.40 | 70 | 1 | 40 | 1 | \$ 225.40 | | | | 78 |
| 688 | C27 | P15 | 11/16/15 | | 4/22/16 | 571 | Brokerage Services | \$ 323.70 | 130 | 1 | 1 | 1 | \$ 323.70 | | | | 78 |
| 689 | C27 | P15 | 11/16/15 | | 4/19/16 | 381 | Individual Rehabilitation | \$ 225.40 | 70 | 1 | 40 | 1 | \$ 225.40 | | | | 78 |
| 690 | C27 | P15 | 11/16/15 | | 4/13/16 | 571 | Brokerage Services | \$ 249.00 | 100 | 1 | 1 | 1 | \$ 249.00 | | | | 92 |
| 691 | C27 | P15 | 11/16/15 | | 4/12/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 594.00 | 100 | 1 | 60 | 1 | \$ 594.00 | | | | 92, 93 |
| 692 | C27 | P15 | 11/16/15 | | 4/12/16 | 643 | 99212 E/M EST OP PRBFOCUS 10MN | \$ 59.40 | 10 | 1 | | 1 | \$ 59.40 | | | | |
| 693 | C27 | P15 | 11/16/15 | | 4/11/16 | 311 | Collateral | \$ 225.40 | 70 | 1 | 10 | 1 | \$ 225.40 | | | | 78 |
| 694 | C27 | P15 | 11/16/15 | | 4/11/16 | 369 | MEDICATION MGMT BY RN LVN ONLY | \$ 207.90 | 35 | 1 | 60 | 1 | \$ 207.90 | | | | |
| 695 | C27 | P15 | 11/16/15 | | 4/11/16 | 381 | Individual Rehabilitation | \$ 225.40 | 70 | 1 | 40 | 1 | \$ 225.40 | | | | 78 |
| 696 | C27 | P15 | 11/16/15 | | 4/7/16 | 381 | Individual Rehabilitation | \$ 273.70 | 85 | 1 | 40 | 1 | \$ 273.70 | | | | 78 |
| 697 | 36 | | | | | | | | | | | 27 | \$ 5,501.70 | 9 | \$ 2,630.59 | | |
| 698 | | | | | | | | | | | | 75% | | 25% | | | |
| 699 | 49 | | | | | | | | | | | 27 | \$ 5,501.70 | 22 | \$ 5,597.39 | | |
| 700 | | | | | | | | | | | | 55% | | 45% | | | |
| 701 | | | | | | | | | | | | | | | | | |
| 702 | | | | | | | | | | | | | | | | | |
| 703 | C42 | P16 | 1/15/15 | | 6/30/16 | 443 | 90837 Psychotherapy 60 min | \$ 266.70 | 70 | 1 | 40 | 1 | \$ 266.70 | | | | |
| 704 | C42 | P16 | 1/15/15 | | 6/16/16 | 443 | 90837 Psychotherapy 60 min | \$ 266.70 | 70 | 1 | 40 | 1 | \$ 266.70 | | | | |
| 705 | C42 | P16 | 1/15/15 | | 6/16/16 | 646 | 99215 E/M EST OP HIGHCOMPL 40M | \$ 334.80 | 60 | 1 | 60 | 1 | \$ 334.80 | | | | |
| 706 | C42 | P16 | 1/15/15 | | 6/2/16 | 443 | 90837 Psychotherapy 60 min | \$ 266.70 | 70 | 1 | 40 | 1 | \$ 266.70 | | | | |
| 707 | C42 | P16 | 1/15/15 | | 5/19/16 | 443 | 90837 Psychotherapy 60 min | \$ 266.70 | 70 | 1 | 40 | 1 | \$ 266.70 | | | | |
| 708 | C42 | P16 | 1/15/15 | | 5/17/16 | 367 | MEDICATION TRAINING & SUPPORT | \$ 167.40 | 30 | 1 | 60 | 1 | \$ 167.40 | | | | |
| 709 | C42 | P16 | 1/15/15 | | 5/12/16 | 443 | 90837 Psychotherapy 60 min | \$ 266.70 | 70 | 1 | 40 | 1 | \$ 266.70 | | | | |
| 710 | C42 | P16 | 1/15/15 | | 4/26/16 | 310 | COLLATERAL - CAREGIVER | \$ 114.30 | 30 | 1 | 10 | 1 | \$ 114.30 | | | | |
| 711 | C42 | P16 | 1/15/15 | | 4/19/16 | 367 | MEDICATION TRAINING & SUPPORT | \$ 167.40 | 30 | 1 | 60 | 1 | \$ 167.40 | | | | |
| 712 | C42 | P16 | 1/15/15 | | 4/14/16 | 443 | 90837 Psychotherapy 60 min | \$ 266.70 | 70 | 1 | 40 | 1 | \$ 266.70 | | | | |
| 713 | 10 | | | | | | | | | | | 10 | \$ 2,384.10 | 0 | \$ - | | |
| 714 | | | | | | | | | | | | 100% | | 0% | | | |
| 715 | | | | | | | | | | | | | | | | | |
| 716 | | | | | | | | | | | | | | | | | |
| 717 | C43 | P16 | 6/15/15 | | 6/29/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 342.90 | 90 | 1 | 40 | 1 | \$ 342.90 | | | | 72, 107 |
| 718 | C43 | P16 | 6/15/15 | | 6/23/16 | 581 | Plan Development | \$ 266.70 | 70 | 1 | 31 | 1 | \$ 266.70 | | | | 72, 107 |
| 719 | C43 | P16 | 6/15/15 | | 6/23/16 | 646 | 99215 E/M EST OP HIGHCOMPL 40M | \$ 334.80 | 60 | 1 | 60 | 1 | \$ 334.80 | 1 | \$ 334.80 | 6b | 36 |
| 720 | C43 | P16 | 6/15/15 | | 6/16/16 | 311 | Collateral | \$ 114.30 | 30 | 1 | 11 | 1 | \$ 114.30 | | | | 107 |
| 721 | C43 | P16 | 6/15/15 | | 6/13/16 | 367 | MEDICATION TRAINING & SUPPORT | \$ 167.40 | 30 | 1 | 60 | 1 | \$ 167.40 | 1 | \$ 167.40 | 6b | 36 |
| 722 | C43 | P16 | 6/15/15 | | 6/8/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 342.90 | 90 | 1 | 40 | 1 | \$ 342.90 | | | | 72, 107 |
| 723 | C43 | P16 | 6/15/15 | | 6/7/16 | 310 | COLLATERAL - CAREGIVER | \$ 114.30 | 30 | 1 | 10 | 1 | \$ 114.30 | | | | 72, 107 |
| 724 | C43 | P16 | 6/15/15 | | 6/1/16 | 443 | 90837 Psychotherapy 60 min | \$ 342.90 | 90 | 1 | 40 | 1 | \$ 342.90 | | | | 72, 107 |
| 725 | C43 | P16 | 6/15/15 | | 5/19/16 | 323 | 90791 Psychiatric Diag Eval | \$ 342.90 | 90 | 1 | 30 | 1 | \$ 342.90 | | | | 33, 107 |
| 726 | C43 | P16 | 6/15/15 | | 5/19/16 | 326 | 90889 BehavEval non face/face | \$ 171.45 | 45 | 1 | 30 | 1 | \$ 171.45 | | | | 33, 107 |
| 727 | C43 | P16 | 6/15/15 | | 5/19/16 | 581 | Plan Development | \$ 171.45 | 45 | 1 | 31 | 1 | \$ 171.45 | | | | 33, 107 |
| 728 | C43 | P16 | 6/15/15 | | 5/19/16 | 646 | 99215 E/M EST OP HIGHCOMPL 40M | \$ 334.80 | 60 | 1 | 60 | 1 | \$ 334.80 | 1 | \$ 334.80 | 5b | 33, 36 |
| 729 | C43 | P16 | 6/15/15 | | 5/16/16 | 367 | MEDICATION TRAINING & SUPPORT | \$ 83.70 | 15 | 1 | 60 | 1 | \$ 83.70 | 1 | \$ 83.70 | 5b | 33, 36 |
| 730 | C43 | P16 | 6/15/15 | | 5/13/16 | 311 | Collateral | \$ 114.30 | 30 | 1 | 11 | 1 | \$ 114.30 | | | | 33, 107 |
| 731 | C43 | P16 | 6/15/15 | | 5/12/16 | 443 | 90837 Psychotherapy 60 min | \$ 342.90 | 90 | 1 | 40 | 1 | \$ 342.90 | | | | 33, 107 |
| 732 | C43 | P16 | 6/15/15 | | 5/4/16 | 443 | 90837 Psychotherapy 60 min | \$ 342.90 | 90 | 1 | 40 | 1 | \$ 342.90 | | | | 33, 72, 107 |
| 733 | C43 | P16 | 6/15/15 | | 4/26/16 | 367 | MEDICATION TRAINING & SUPPORT | \$ 83.70 | 15 | 1 | 60 | 1 | \$ 83.70 | 1 | \$ 83.70 | 5b | 33, 36 |
| 734 | C43 | P16 | 6/15/15 | | 4/21/16 | 581 | Plan Development | \$ 266.70 | 70 | 1 | 31 | 1 | \$ 266.70 | | | | 33, 107 |

**EXHIBIT 1: ACBHCS SYSTEM OF CARE AUDIT, 4TH QUARTER 2016
CLAIMS SPREADSHEET FOR DATES OF SERVICE 4/1/2016 -6/30/16**

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
|-----|-----|-----|----------|---|---------|-----|--------------------------------|-----------|-----|---|----|-----|-------------|------|-------------|----------------|-----------------------|
| 735 | C43 | P16 | 6/15/15 | | 4/21/16 | 646 | 99215 E/M EST OP HIGHCOMPL 40M | \$ 334.80 | 60 | 1 | 60 | | | 1 | \$ 334.80 | 5b | 33, 36 |
| 736 | C43 | P16 | 6/15/15 | | 4/13/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 342.90 | 90 | 1 | 40 | 1 | \$ 342.90 | | | | 33, 72, 107 |
| 737 | 20 | | | | | | | | | | | 14 | \$ 3,619.50 | 6 | \$ 1,339.20 | | |
| 738 | | | | | | | | | | | | 70% | | 30% | | | |
| 739 | | | | | | | | | | | | | | | | | |
| 740 | | | | | | | | | | | | | | | | | |
| 741 | C44 | P16 | 9/11/15 | | 6/27/16 | 367 | MEDICATION TRAINING & SUPPORT | \$ 167.40 | 30 | 1 | 60 | 1 | \$ 167.40 | | | | |
| 742 | C44 | P16 | 9/11/15 | | 5/25/16 | 310 | COLLATERAL - CAREGIVER | \$ 114.30 | 30 | 1 | 10 | 1 | \$ 114.30 | | | | 92, 93 |
| 743 | C44 | P16 | 9/11/15 | | 5/17/16 | 311 | Collateral | \$ 114.30 | 30 | 1 | 11 | 1 | \$ 114.30 | | | | 92, 93 |
| 744 | C44 | P16 | 9/11/15 | | 5/17/16 | 367 | MEDICATION TRAINING & SUPPORT | \$ 83.70 | 15 | 1 | 60 | | | 1 | \$ 83.70 | 19a6 | 70 |
| 745 | C44 | P16 | 9/11/15 | | 5/3/16 | 449 | 90847 FAMILY PSYCH W PATIENT | \$ 266.70 | 70 | 1 | 40 | | | 1 | \$ 266.70 | 5b | 72, 92, 93 |
| 746 | C44 | P16 | 9/11/15 | | 4/28/16 | 311 | Collateral | \$ 190.50 | 50 | 1 | 11 | 1 | \$ 190.50 | | | | 92, 93 |
| 747 | C44 | P16 | 9/11/15 | | 4/26/16 | 367 | MEDICATION TRAINING & SUPPORT | \$ 251.10 | 45 | 1 | 60 | 1 | \$ 251.10 | | | | |
| 748 | C44 | P16 | 9/11/15 | | 4/26/16 | 441 | 90832 Psychotherapy 30 min | \$ 152.40 | 40 | 1 | 40 | 1 | \$ 152.40 | | | | 92, 93 |
| 749 | C44 | P16 | 9/11/15 | | 4/22/16 | 311 | Collateral | \$ 114.30 | 30 | 1 | 11 | | | 1 | \$ 114.30 | 11 | 80, 92, 93 |
| 750 | C44 | P16 | 9/11/15 | | 4/21/16 | 311 | Collateral | \$ 57.15 | 15 | 1 | 11 | | | 1 | \$ 57.15 | 11 | 80, 92, 93 |
| 751 | C44 | P16 | 9/11/15 | | 4/20/16 | 311 | Collateral | \$ 152.40 | 40 | 1 | 11 | | | 1 | \$ 152.40 | 11 | 80, 92, 93 |
| 752 | C44 | P16 | 9/11/15 | | 4/19/16 | 367 | MEDICATION TRAINING & SUPPORT | \$ 167.40 | 30 | 1 | 60 | | | 1 | \$ 167.40 | 11 | 80 |
| 753 | C44 | P16 | 9/11/15 | | 4/19/16 | 581 | Plan Development | \$ 457.20 | 120 | 1 | 31 | | | 1 | \$ 457.20 | 11 | 80, 92, 93 |
| 754 | C44 | P16 | 9/11/15 | | 4/15/16 | 581 | Plan Development | \$ 228.60 | 60 | 1 | 31 | | | 1 | \$ 228.60 | 11 | 80, 92, 93 |
| 755 | 14 | | | | | | | | | | | 6 | \$ 990.00 | 8 | \$ 1,527.45 | | |
| 756 | | | | | | | | | | | | 43% | | 57% | | | |
| 757 | 44 | | | | | | | | | | | 30 | \$ 6,993.60 | 14 | \$ 2,866.65 | | |
| 758 | | | | | | | | | | | | 68% | | 32% | | | |
| 759 | | | | | | | | | | | | | | | | | |
| 760 | | | | | | | | | | | | | | | | | |
| 761 | C45 | P17 | 11/30/09 | | 6/28/16 | 571 | Brokerage Services | \$ 267.00 | 75 | 1 | 1 | | | 1 | \$ 267.00 | 6a,19a1 | 13, 34, 62, 72 |
| 762 | C45 | P17 | 11/30/09 | | 6/14/16 | 571 | Brokerage Services | \$ 213.60 | 60 | 1 | 1 | | | 1 | \$ 213.60 | 6a 19a1, 5a | 13, 34, 62, 74, 72 |
| 763 | C45 | P17 | 11/30/09 | | 5/27/16 | 571 | Brokerage Services | \$ 534.00 | 150 | 1 | 1 | | | 1 | \$ 534.00 | 6a, 19a1, 19a2 | 13, 34, 62, 70 |
| 764 | C45 | P17 | 11/30/09 | | 5/27/16 | 645 | 99214 E/M EST OP MOD COMPL 25M | \$ 251.10 | 45 | 1 | 60 | | | 1 | \$ 251.10 | 6a | 13, 34 |
| 765 | C45 | P17 | 11/30/09 | | 5/25/16 | 571 | Brokerage Services | \$ 213.60 | 60 | 1 | 1 | | | 1 | \$ 213.60 | 6a, 17e | 13, 34, 84 |
| 766 | C45 | P17 | 11/30/09 | | 5/20/16 | 571 | Brokerage Services | \$ 267.00 | 75 | 1 | 1 | | | 1 | \$ 267.00 | 6a, 19a1, 17b | 13, 34, 62, 84 |
| 767 | C45 | P17 | 11/30/09 | | 5/18/16 | 571 | Brokerage Services | \$ 267.00 | 75 | 1 | 1 | | | 1 | \$ 267.00 | 6a 19a1 | 13, 34, 62 |
| 768 | C45 | P17 | 11/30/09 | | 5/9/16 | 571 | Brokerage Services | \$ 267.00 | 75 | 1 | 1 | | | 1 | \$ 267.00 | 6a | 13, 34 |
| 769 | C45 | P17 | 11/30/09 | | 5/2/16 | 571 | Brokerage Services | \$ 267.00 | 75 | 1 | 1 | | | 1 | \$ 267.00 | 6a 19a1 | 13, 34, 62 |
| 770 | C45 | P17 | 11/30/09 | | 4/29/16 | 571 | Brokerage Services | \$ 267.00 | 75 | 1 | 1 | | | 1 | \$ 267.00 | | 13 |
| 771 | C45 | P17 | 11/30/09 | | 4/29/16 | 645 | 99214 E/M EST OP MOD COMPL 25M | \$ 279.00 | 50 | 1 | 60 | | | 1 | \$ 279.00 | | 13 |
| 772 | C45 | P17 | 11/30/09 | | 4/26/16 | 571 | Brokerage Services | \$ 160.20 | 45 | 1 | 1 | | | 1 | \$ 160.20 | | 13 |
| 773 | C45 | P17 | 11/30/09 | | 4/25/16 | 571 | Brokerage Services | \$ 160.20 | 45 | 1 | 1 | | | 1 | \$ 160.20 | 19a1, 17e | 13 |
| 774 | C45 | P17 | 11/30/09 | | 4/19/16 | 571 | Brokerage Services | \$ 213.60 | 60 | 1 | 1 | | | 1 | \$ 213.60 | 7a, 19a1 | 13, 62 |
| 775 | C45 | P17 | 11/30/09 | | 4/14/16 | 367 | MEDICATION TRAINING & SUPPORT | \$ 83.70 | 15 | 1 | 60 | | | 1 | \$ 83.70 | | 13 |
| 776 | C45 | P17 | 11/30/09 | | 4/14/16 | 571 | Brokerage Services | \$ 534.00 | 150 | 1 | 1 | | | 1 | \$ 534.00 | 19a1 | 13, 62 |
| 777 | C45 | P17 | 11/30/09 | | 4/1/16 | 571 | Brokerage Services | \$ 534.00 | 150 | 1 | 1 | | | 1 | \$ 534.00 | 19a1 | 13, 62 |
| 778 | 17 | | | | | | | | | | | 0 | \$ - | 17 | \$ 4,779.00 | | |
| 779 | | | | | | | | | | | | 0% | | 100% | | | |
| 780 | | | | | | | | | | | | | | | | | |
| 781 | | | | | | | | | | | | | | | | | |
| 782 | C46 | P17 | 7/6/15 | | 6/22/16 | 581 | Plan Development | \$ 571.50 | 150 | 1 | 30 | 1 | \$ 571.50 | | | | 72 |
| 783 | C46 | P17 | 7/6/15 | | 6/16/16 | 381 | Individual Rehabilitation | \$ 800.10 | 210 | 1 | 40 | | | 1 | \$ 800.10 | 5a, 5b, 13b | 34, 36, 72, 74, 82 |
| 784 | C46 | P17 | 7/6/15 | | 6/16/16 | 645 | 99214 E/M EST OP MOD COMPL 25M | \$ 251.10 | 45 | 1 | 60 | | | 1 | \$ 251.10 | 5a, 5b | 34, 36, 74 |
| 785 | C46 | P17 | 7/6/15 | | 6/8/16 | 381 | Individual Rehabilitation | \$ 800.10 | 210 | 1 | 40 | | | 1 | \$ 800.10 | 5a, 5b, 13b | 34, 36, 70, 72, 74 82 |
| 786 | C46 | P17 | 7/6/15 | | 6/6/16 | 581 | Plan Development | \$ 571.50 | 150 | 1 | 30 | 1 | \$ 571.50 | | | | |
| 787 | C46 | P17 | 7/6/15 | | 6/2/16 | 381 | Individual Rehabilitation | \$ 228.60 | 60 | 1 | 40 | | | 1 | \$ 228.60 | 5a, 5b | 34, 36, 72, 74 |
| 788 | C46 | P17 | 7/6/15 | | 5/23/16 | 381 | Individual Rehabilitation | \$ 228.60 | 60 | 1 | 40 | | | 1 | \$ 228.60 | 5a, 5b | 34, 36, 72, 74 |
| 789 | C46 | P17 | 7/6/15 | | 5/19/16 | 381 | Individual Rehabilitation | \$ 800.10 | 210 | 1 | 40 | | | 1 | \$ 800.10 | 5a, 5b, 13b | 34, 36, 72, 74, 82 |
| 790 | C46 | P17 | 7/6/15 | | 5/19/16 | 645 | 99214 E/M EST OP MOD COMPL 25M | \$ 279.00 | 50 | 1 | 60 | | | 1 | \$ 279.00 | 5a, 5b | 34, 36, 74 |
| 791 | C46 | P17 | 7/6/15 | | 5/16/16 | 381 | Individual Rehabilitation | \$ 228.60 | 60 | 1 | 40 | | | 1 | \$ 228.60 | 5a, 5b | 34, 36, 72, 74 |
| 792 | C46 | P17 | 7/6/15 | | 5/11/16 | 381 | Individual Rehabilitation | \$ 457.20 | 120 | 1 | 40 | | | 1 | \$ 457.20 | 5a, 5b | 34, 36, 72, 74 |
| 793 | C46 | P17 | 7/6/15 | | 5/5/16 | 381 | Individual Rehabilitation | \$ 571.50 | 150 | 1 | 40 | | | 1 | \$ 571.50 | 5a, 5b | 34, 36, 72, 74 |
| 794 | C46 | P17 | 7/6/15 | | 4/28/16 | 381 | Individual Rehabilitation | \$ 342.90 | 90 | 1 | 40 | | | 1 | \$ 342.90 | 5a, 5b, 13b | 34, 36, 74, 82 |
| 795 | C46 | P17 | 7/6/15 | | 4/21/16 | 645 | 99214 E/M EST OP MOD COMPL 25M | \$ 251.10 | 45 | 1 | 60 | | | 1 | \$ 251.10 | 5a, 5b | 34, 36, 74 |
| 796 | C46 | P17 | 7/6/15 | | 4/18/16 | 381 | Individual Rehabilitation | \$ 114.30 | 30 | 1 | 40 | | | 1 | \$ 114.30 | 5a, 5b | 34, 36, 74 |
| 797 | C46 | P17 | 7/6/15 | | 4/7/16 | 381 | Individual Rehabilitation | \$ 228.60 | 60 | 1 | 40 | | | 1 | \$ 228.60 | 5a, 5b | 34, 36, 74 |
| 798 | C46 | P17 | 7/6/15 | | 4/6/16 | 311 | Collateral | \$ 457.20 | 120 | 1 | 10 | | | 1 | \$ 457.20 | 5a, 5b, 13b | 34, 36, 72, 74, 82 |
| 799 | 17 | | | | | | | | | | | 2 | \$ 1,143.00 | 15 | \$ 6,039.00 | | |
| 800 | | | | | | | | | | | | 12% | | 88% | | | |
| 801 | | | | | | | | | | | | | | | | | |

**EXHIBIT 1: ACBHCS SYSTEM OF CARE AUDIT, 4TH QUARTER 2016
CLAIMS SPREADSHEET FOR DATES OF SERVICE 4/1/2016 -6/30/16**

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
|-----|-----|-----|----------|---|---------|-----|--------------------------------|-----------|-----|---|----|------------------|---------------------|---------------------|------------------------|--------|---------------------------|
| 802 | | | | | | | | | | | | | | | | | |
| 803 | C47 | P17 | 12/31/15 | | 6/10/16 | 381 | Individual Rehabilitation | \$ 342.90 | 90 | 1 | 40 | 1 | \$ 342.90 | | | | 72 |
| 804 | C47 | P17 | 12/31/15 | | 6/10/16 | 645 | 99214 E/M EST OP MOD COMPL 25M | \$ 251.10 | 45 | 1 | 60 | 1 | \$ 251.10 | | | | 71, 72 |
| 805 | C47 | P17 | 12/31/15 | | 5/11/16 | 581 | Plan Development | \$ 76.20 | 20 | 1 | 30 | 1 | \$ 76.20 | | | | 72, 92, 93 |
| 806 | C47 | P17 | 12/31/15 | | 5/10/16 | 381 | Individual Rehabilitation | \$ 304.80 | 80 | 1 | 40 | 1 | \$ 304.80 | | | | 72, 92, 93 |
| 807 | C47 | P17 | 12/31/15 | | 5/10/16 | 645 | 99214 E/M EST OP MOD COMPL 25M | \$ 251.10 | 45 | 1 | 60 | 1 | \$ 251.10 | | | | 71, 72 |
| 808 | C47 | P17 | 12/31/15 | | 5/5/16 | 311 | Collateral | \$ 152.40 | 40 | 1 | 10 | 1 | \$ 152.40 | | | | 72, 92, 93 |
| 809 | C47 | P17 | 12/31/15 | | 4/22/16 | 581 | Plan Development | \$ 228.60 | 60 | 1 | 30 | 1 | \$ 228.60 | | | | 72, 92, 93 |
| 810 | C47 | P17 | 12/31/15 | | 4/22/16 | 645 | 99214 E/M EST OP MOD COMPL 25M | \$ 279.00 | 50 | 1 | 60 | 1 | \$ 279.00 | | | | 71, 72 |
| 811 | C47 | P17 | 12/31/15 | | 4/14/16 | 581 | Plan Development | \$ 571.50 | 150 | 1 | 30 | 1 | \$ 571.50 | | | | 72, 92, 93 |
| 812 | C47 | P17 | 12/31/15 | | 4/13/16 | 311 | Collateral | \$ 76.20 | 20 | 1 | 10 | | | 1 | \$ 76.20 | 5a, 5c | 47, 69, 72, 74, 92, 93 |
| 813 | C47 | P17 | 12/31/15 | | 4/11/16 | 311 | Collateral | \$ 152.40 | 40 | 1 | 10 | | | 1 | \$ 152.40 | 5a, 5c | 47, 72, 74, 92, 93 |
| 814 | 11 | | | | | | | | | | | 9 | \$ 2,457.60 | 2 | \$ 228.60 | | |
| 815 | | | | | | | | | | | | 82% | | 18% | | | |
| 816 | 45 | | | | | | | | | | | 11 | \$ 3,600.60 | 34 | \$ 11,046.60 | | |
| 817 | | | | | | | | | | | | 24% | | 76% | | | |
| 818 | | | | | | | | | | | | | | | | | |
| 819 | | | | | | | | | | | | | | | | | |
| 820 | C49 | P18 | 6/6/14 | | 6/23/16 | 443 | 90837 Psychotherapy 60 min | \$ 285.75 | 75 | 1 | 40 | 1 | \$ 285.75 | | | | 92,93,107 |
| 821 | C49 | P18 | 6/6/14 | | 6/8/16 | 443 | 90837 Psychotherapy 60 min | \$ 285.75 | 75 | 1 | 40 | 1 | \$ 285.75 | | | | 92,93,107 |
| 822 | C49 | P18 | 6/6/14 | | 6/8/16 | 646 | 99215 E/M EST OP HIGHCOMPL 40M | \$ 334.80 | 60 | 1 | 60 | 1 | \$ 334.80 | | | | |
| 823 | C49 | P18 | 6/6/14 | | 6/2/16 | 443 | 90837 Psychotherapy 60 min | \$ 285.75 | 75 | 1 | 40 | 1 | \$ 285.75 | | | | 92,93,107 |
| 824 | C49 | P18 | 6/6/14 | | 6/1/16 | 367 | MEDICATION TRAINING & SUPPORT | \$ 111.60 | 20 | 1 | 60 | 1 | \$ 111.60 | | | | |
| 825 | C49 | P18 | 6/6/14 | | 5/25/16 | 367 | MEDICATION TRAINING & SUPPORT | \$ 111.60 | 20 | 1 | 60 | 1 | \$ 111.60 | | | | 34, 36, 44, 47 |
| 826 | C49 | P18 | 6/6/14 | | 5/19/16 | 367 | MEDICATION TRAINING & SUPPORT | \$ 362.70 | 65 | 1 | 60 | 1 | \$ 362.70 | | | | 34, 36, 44, 47 |
| 827 | C49 | P18 | 6/6/14 | | 5/18/16 | 443 | 90837 Psychotherapy 60 min | \$ 285.75 | 75 | 1 | 40 | 1 | \$ 285.75 | | | | 34, 36, 44, 47, 92,93,107 |
| 828 | C49 | P18 | 6/6/14 | | 5/18/16 | 646 | 99215 E/M EST OP HIGHCOMPL 40M | \$ 446.40 | 80 | 1 | 60 | 1 | \$ 446.40 | | | | 34, 36, 44, 47 |
| 829 | C49 | P18 | 6/6/14 | | 5/11/16 | 443 | 90837 Psychotherapy 60 min | \$ 285.75 | 75 | 1 | 40 | 1 | \$ 285.75 | | | | 34, 36, 44, 47, 92,93,107 |
| 830 | C49 | P18 | 6/6/14 | | 5/10/16 | 323 | 90791 Psychiatric Diag Eval | \$ 457.20 | 120 | 1 | 30 | 1 | \$ 457.20 | | | | 92,93 |
| 831 | C49 | P18 | 6/6/14 | | 4/27/16 | 443 | 90837 Psychotherapy 60 min | \$ 285.75 | 75 | 1 | 40 | 1 | \$ 285.75 | | | | 34, 36, 44, 47,92,93,107 |
| 832 | C49 | P18 | 6/6/14 | | 4/20/16 | 443 | 90837 Psychotherapy 60 min | \$ 285.75 | 75 | 1 | 40 | 1 | \$ 285.75 | | | | 34, 36, 44, 47, 92,93,107 |
| 833 | C49 | P18 | 6/6/14 | | 4/20/16 | 645 | 99214 E/M EST OP MOD COMPL 25M | \$ 251.10 | 45 | 1 | 60 | 1 | \$ 251.10 | | | | 34, 36, 44, 47 |
| 834 | C49 | P18 | 6/6/14 | | 4/11/16 | 367 | MEDICATION TRAINING & SUPPORT | \$ 55.80 | 10 | 1 | 60 | 1 | \$ 55.80 | | | | 34,36, 44, 47 |
| 835 | C49 | P18 | 6/6/14 | | 4/6/16 | 443 | 90837 Psychotherapy 60 min | \$ 285.75 | 75 | 1 | 40 | 1 | \$ 285.75 | | | | 34, 36, 44, 47,92,93,107 |
| 836 | 16 | | | | | | | | | | | 16 | \$ 4,417.20 | 0 | | | |
| 837 | | | | | | | | | | | | 100% | | 0% | | | |
| 838 | | | | | | | | | | | | | | | | | |
| 839 | | | | | | | | | | | | | | | | | |
| 840 | C51 | P19 | 1/11/16 | | 6/2/16 | 381 | Individual Rehabilitation | \$ 171.45 | 45 | 1 | | 1 | \$ 171.45 | | | | 71, 72 |
| 841 | C51 | P19 | 1/11/16 | | 5/9/16 | 311 | Collateral | \$ 457.20 | 120 | 1 | | 1 | \$ 457.20 | | | | 72 |
| 842 | C51 | P19 | 1/11/16 | | 4/26/16 | 571 | Brokerage Services | \$ 267.00 | 75 | 1 | 1 | 1 | \$ 267.00 | | | | 69 |
| 843 | C51 | P19 | 1/11/16 | | 4/25/16 | 571 | Brokerage Services | \$ 213.60 | 60 | 1 | 1 | 1 | \$ 213.60 | | | | 69 |
| 844 | C51 | P19 | 1/11/16 | | 4/14/16 | 381 | Individual Rehabilitation | \$ 457.20 | 120 | 1 | 40 | 1 | \$ 457.20 | | | | 72 |
| 845 | C51 | P19 | 1/11/16 | | 4/11/16 | 381 | Individual Rehabilitation | \$ 285.75 | 75 | 1 | 40 | 1 | \$ 285.75 | | | | |
| 846 | C51 | P19 | 1/11/16 | | 4/8/16 | 311 | Collateral | \$ 457.20 | 120 | 1 | 10 | 1 | \$ 457.20 | | | | 71, 72 |
| 847 | 7 | | | | | | | | | | | 7 | \$ 2,309.40 | 0 | \$ - | | |
| 848 | | | | | | | | | | | | 100% | | 0% | | | |
| 849 | | | | | | | | | | | | | | | | | |
| 850 | | | | | | | TOTAL SVC COST | | | | | Total Allowed | Total \$ Allowed | Total Disallowed | Total \$ Disallowed | check | |
| 851 | 670 | | | | | | \$ 169,225.51 | | | | | 425 | \$ 110,669.96 | 245 | \$ 58,555.55 | \$ | 169,225.51 |
| 852 | | | | | | | | | | | | 63% | | 37% | | | |

NON-HOSPITAL SERVICES

MEDICAL NECESSITY

1. Documentation in the medical record does not establish that the beneficiary has a diagnosis contained in California Code of Regulations, (CCR), title 9, chapter 11, section 1830.205(b)(1)(A-R).

CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R); CCR, title 9, chapter 11, section 1810.345(a); CCR, title 9, chapter 11, section 1840.112(b)(1)(4)

ACBHCS COMMENTS:

DHCS reason for recoupment #1:

a) Non-Included Diagnosis

b) *No Assessment Present (or that meets medical necessity for a planned service) for date of service:*

1.) Assessment past due.

2.) Before 30 days--Assessment not past due and Planned Services have been provided where full Medical-Necessity has not been established in each Planned Services Progress note (by Licensed LPHA or Waivered/Registered LPHA with Licensed LPHA co-signature). MD/NP note usually stands alone for Medical Necessity.

3.) After 30 days but before 60 days, Plan NOT Completed, Assessment completed where full Medical-Necessity has not been established FOR THAT PLANNED SERVICE MODALITY within the Assessment. MD/NP note usually stands alone for Medical Necessity.

c) Assessment not signed by Licensed/Waivered/Registered LPHA (including Diagnosis is not established by licensed LPHA OR not co-signed by licensed LPHA if established by a waived staff or registered intern), or MH Trainee with a Licensed LPHA co-signature (Dx must then be made by Licensed LPHA).

d) Documentation in the Assessment does not support the included diagnosis

Exhibit 2: DHCS/ACBHCS REASONS FOR SMHS RECOUPMENT: FY 2015-2016

2. Documentation in the medical record does not establish that, as a result of a mental disorder listed in CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R), the beneficiary has, at least, one of the following impairments:

- A significant impairment in an important area of life functioning;
- A probability of significant deterioration in an important area of life functioning;
- A probability the child will not progress developmentally as individually appropriate; or
- For full-scope Medi-Cal beneficiaries under the age of 21 years, a condition as a result of the mental disorder that specialty mental health services can correct or ameliorate.

CCR, title 9, chapter 11, section 1830.205(b)(2)(A – C); CCR, title 9, chapter 11, section 1830.210(a)(3)

ACBHCS COMMENTS:

DHCS reason for recoupment #2:

a) Non-Included Diagnosis

b) No Assessment Present (or that meets medical necessity for a planned service) for date of service:

1.) Assessment past due.

2.) Before 30 days--Assessment not past due and Planned Services have been provided where full Medical-Necessity has not been established in each Planned Services Progress note (by Licensed LPHA or Waivered/Registered LPHA with Licensed LPHA co-signature). MD/NP note usually stands alone for Medical Necessity.

3.) After 30 days but before 60 days, Plan NOT Completed, Assessment completed where full Medical-Necessity has not been established FOR THAT PLANNED SERVICE MODALITY within the Assessment. MD/NP note usually stands alone for Medical Necessity.

c) Assessment not signed by Licensed/Waivered/Registered LPHA (including Diagnosis is not established by licensed LPHA OR not co-signed by licensed LPHA if established by a waived staff or registered intern), or MH Trainee with a Licensed LPHA co-signature (Dx must then be made by Licensed LPHA).

d) Documentation in the Assessment does not support the impairment criteria

e) The condition can be treated in a physical health care based setting only

3. Documentation in the medical record does not establish that the focus of the proposed intervention is to address the condition identified in CCR, title 9, chapter 11, section 1830.205(b)(2)(A),(B),(C)-(see below):

- A significant impairment in an important area of life functioning;
- A probability of significant deterioration in an important area of life functioning;
- A probability the child will not progress developmentally as individually appropriate; and
- For full-scope Medi-Cal beneficiaries under the age of 21 years, a condition as a result of the mental disorder that specialty mental health services can correct or ameliorate.

CCR, title 9, chapter 11, section 1830.205(b)(3)(A); CCR, title 9, chapter 11, section 1840.112(b)(4)

ACBHCS COMMENTS:

DHCS reason for recoupment #3:

a) Non-Included Diagnosis

b) No Assessment Present (or that meets medical necessity for a planned service) for date of service:

1.) Assessment past due.

2.) Before 30 days--Assessment not past due and Planned Services have been provided where full Medical-Necessity has not been established in each Planned Services Progress note (by Licensed LPHA or Waivered/Registered LPHA with Licensed LPHA co-signature). MD/NP note usually stands alone for Medical Necessity.

3.) After 30 days but before 60 days, Plan NOT Completed, Assessment completed where full Medical-Necessity has not been established FOR THAT PLANNED SERVICE MODALITY within the Assessment. MD/NP note usually stands alone for Medical Necessity.

c) Assessment not signed by Licensed/Waivered/Registered LPHA (including Diagnosis is not established by licensed LPHA OR not co-signed by licensed LPHA if established by a waived staff or registered intern), or MH Trainee with a Licensed LPHA co-signature (Dx must then be made by Licensed LPHA).

d) Documentation in the Assessment and/or Client Plan does not establish proposed intervention criteria

e) The condition can be treated in a physical health care based setting only

4. Documentation in the medical record does not establish the expectation that the proposed intervention will do, at least, one of the following:
- a) Significantly diminish the impairment;
 - b) Prevent significant deterioration in an important area of life functioning;
 - c) Allow the child to progress developmentally as individually appropriate; or
 - d) For full-scope Medi-Cal beneficiaries under the age of 21 years, correct or ameliorate the condition.

CCR, title 9, chapter 11, section 1830.205(b)(3)(B); CCR, title 9, chapter 11, section 1810.345(c)

ACBHCS COMMENTS:

DHCS reason for recoupment #4:

- a) Non-Included Diagnosis
- b) *No Assessment Present (or that meets medical necessity for a planned service) for date of service:*
 - 1.) *Assessment past due.*
 - 2.) *Before 30 days--Assessment not past due and Planned Services have been provided where full Medical-Necessity has not been established in each Planned Services Progress note (by Licensed LPHA or Waivered/Registered LPHA with Licensed LPHA co-signature). MD/NP note usually stands alone for Medical Necessity.*
 - 3.) *After 30 days but before 60 days, Plan NOT Completed, Assessment completed where full Medical-Necessity has not been established FOR THAT PLANNED SERVICE MODALITY within the Assessment. MD/NP note usually stands alone for Medical Necessity.*
- c) Assessment not signed by Licensed/Waivered/Registered LPHA (including Diagnosis is not established by licensed LPHA OR not co-signed by licensed LPHA if established by a waived staff or registered intern), or MH Trainee with a Licensed LPHA co-signature (Dx must then be made by Licensed LPHA).
- d) Documentation in the Assessment and/or Client Plan does not establish proposed intervention criteria
- e) The condition can be treated in a physical health care based setting only

CLIENT PLAN

5. Initial client plan was not completed within the time period specified in the Mental Health Plan (MHP's) documentation guidelines, or lacking MHP guidelines, within 60 days of the intake unless there is documentation supporting the need for more time.

CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(5); MHP Contract

ACBHCS COMMENTS:

- a) SMHS Service claimed does not relate back to a current mental health objective in Client Plan.
- b) Service modality claimed is not indicated in Client Plan.
- c) No Client Plan or Plan Update for date of service.
- d) Client Plan is missing required staff signature(s) for date of service.

6. The client plan was not completed, at least, on an annual basis or as specified in the MHP's Documentation guidelines.

CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(5); MHP Contract

ACBHCS COMMENTS:

- a) SMHS Service claimed does not relate back to a current mental health objective in Client Plan.
- b) Service modality claimed is not indicated in Client Plan.
- c) No Client Plan or Plan Update for date of service.
- d) Client Plan is missing required staff signature(s) for date of service.

7. No documentation of beneficiary or legal guardian participation in the plan or written explanation of the beneficiary's refusal or unavailability to sign as required in the MHP Contract with the Department.

CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(5); MHP Contract

ACBHCS COMMENTS:

- a) No client (or guardian) signature on Client Plan for date of service, w/o documentation of reason.
- b) Late client (or guardian) signature on Client Plan for date of service, w/o documentation of reason.

8. For beneficiaries receiving Therapeutic Behavioral Services (TBS), no documentation of a plan for TBS.

CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(5); MHP Contract, DMH Letter No. 99-03, Pages 6-7

PROGRESS NOTES

9. No progress note was found for service claimed.

CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(3); CCR, title 22, chapter 3, section 51458.1(a)(3); MHP Contract

ACBHCS COMMENTS:

- a) PN missing.
- b) PN incorrectly dated.

10. The time claimed was greater than the time documented.

CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, sections 1840.316 - 1840.322; CCR, title 22, chapter 3, section 51458.1(a)(3)(4)(5); CCR, title 22, chapter 3, section 51470(a); MHP Contract

ACBHCS COMMENTS:

- a) Documentation *content* does not support amount of time claimed.
- b) Time documented on PN does not equal time claimed (overbilled).
- c) Time noted for documentation is excessive.
- d) Time on PN is not broken down into face-to-face (time based codes—crisis, ind. psychotherapy, E/M when >50% of face-to-face time is spent as Counseling & Coordination of Care) and total time.

11. The progress note indicates that the service was provided while the beneficiary resided in a setting where the beneficiary was ineligible for Federal Financial Participation. (E.g. Institute for Mental Disease, jail, and other similar settings, or in a setting subject to lockouts per CCR, title 9, chapter 11.)

CCR, title 9, chapter 11, section 1840.312(g-h); CCR, title 9, chapter 11, sections 1840.360-1840.374; Code of Federal Regulations (CFR), title 42, part 435, sections 435.1008 – 435.1009; CFR, title 42, section 440.168; CCR, title 22, section 50273(a)(1-9); CCR, title 22, section 51458.1(a)(8); United States Code (USC), title 42, chapter 7, section 1396d

12. The progress note clearly indicates that the service was provided to a beneficiary in juvenile hall and when ineligible for Medi-Cal. (Dependent minor is Medi-Cal eligible. Delinquent minor is only Medi-Cal eligible after adjudication for release into community).

CFR, title 42, sections 435.1008 – 435.1009; CCR, title 22, section 50273(a)(1-9)

13. The progress note indicates that the service provided was solely for one of the following:

- a) Academic educational service;
- b) Vocational service that has work or work training as its actual purpose;
- c) Recreation; or
- d) Socialization that consists of generalized group activities that do not provide systematic individualized feedback to the specific targeted behaviors.

CCR, title 9, chapter 11, section 1840.312(a-d); CCR, title 9, chapter 11, section 1810.247; CCR, title 22, chapter 3, section 51458.1(a)(5)(7)

ACBHCS COMMENTS:

- a) Non- billable service – educational related.
- b) Non- billable service – vocational related.
- c) Non- billable service – recreational related.
- d) Non- billable service – social group related.

14. The claim for a group activity was not properly apportioned to all clients present.

CCR, title 9, chapter 11, section 1840.314(c); CCR, title 9, chapter 11, section 1840.316(b)(2)

ACBHCS COMMENTS:

- a) Group service note does not include # of clients served.
- b) Inaccurate calculation.

15. The progress note was not signed (or electronic equivalent) by the person(s) providing the service.

ACBHCS COMMENTS:

- a) Missing Provider signature.
- b) Missing required LPHA co-signature.

MHP Contract

16. The progress note indicates the service provided was solely transportation.

CCR, title 9, chapter 11, section 1810.355(a)(2), CCR, title 9, chapter 11, section 1840.312(f); CCR, title 9, chapter 11, section 1810.247; CCR, title 9, chapter 11, section 1840.110(a); DMH Letter No. 02-07

ACBHCS COMMENTS:

- a) Non- billable activity – transportation related.

Exhibit 2: DHCS/ACBHCS REASONS FOR SMHS RECOUPMENT: FY 2015-2016

17. The progress note indicates the service provided was solely clerical.

CCR, title 9, chapter 11, section 1840.312(f); CCR, title 9, chapter 11, section 1810.247; CCR, title 9, chapter 11, section 1840.110(a); CCR, title 9, chapter 11, section 1830.205(b)(3)

ACBHCS COMMENTS:

- a) Non- billable activity – clerical related.
- b) Non- billable activity – administrative (i.e. _____) related.
- c) Non- billable activity – voicemail activity.
- d) Non- billable activity – No Show.
- e) Non- billable activity – making appointment w/client related.

18. The progress note indicates the service provided was solely payee related.

CCR, title 9, chapter 11, section 1840.312(f); CCR, title 9, chapter 11, section 1810.247; CCR, title 9, chapter 11, section 1840.110(a); CCR, title 9, chapter 11, section 1830.205(b)(3)

ACBHCS COMMENTS:

- a) Non- billable activity – payee related.

19a. No service was provided.

CCR, title 9, chapter 11, section 1840.112(b)(3); DMH Letter No. 02-07; CCR, title 22, chapter 3, section 51470(a)

ACBHCS COMMENTS:

- 1) SMHS Service claimed does not match type of SMHS Service documented.
- 2) PN does not include:
 - a) Problem/Behavior being address today is associated with an existing MH Objective in the Client Plan,
 - b) Today's Staff's MH Intervention, and/or
 - c) Today's Client Response to today's Staff Intervention.
- 3) PN extensive cut & paste activity for: P/B (Today's presenting Problem/Behavior), I (Today's Staff Intervention), R (Today's Client Response to today's Staff Intervention).
- 4) Case closed, cannot bill.
- 5) Client deceased, cannot bill.
- 6) Non SMHS Service Intervention.
 - a) Service is a Non-MH one.
 - b) Brief Screening Tool (Mild-Moderate vs. Moderate-Severe) was not completed when due (Initially and at every Plan Update); was incomplete; was not signed by Licensed LPHA, or Waivered /Registered LPHA with Licensed LPHA co-signature; or the completed tool indicated the Client should have been referred to a Mild-Moderate Provider.
- 7) Illegible Progress Note (to degree—no actual content for Intervention/Response component).
- 8) Duplication of Services (and list one: Same service billed twice by same provider OR by different providers without documentation to support co-providers).

Exhibit 2: DHCS/ACBHCS REASONS FOR SMHS RECOUPMENT: FY 2015-2016

- 9) Non-billable activity – supervision related.
- 10) Day Rehabilitation did not include all the required service components.
- 11) The total number of minutes/hours the client actually attended Day Rehabilitation were not documented.
- 12) The client did not receive the minimum required hours in order to claim for full or half Day Rehabilitation services.
- 13) Day Rehabilitation did not include all program requirements (program/group descriptions, weekly calendar, etc.).
- 14) Non-billable activity – housing support related.

19b. The service was claimed for a provider on the Office of Inspector General List of Excluded Individuals and Entities.

CFR, title 42, section 438.610; Social Security Act, sections 1128 and 1156; USC, title 42, chapter 7, subchapter XI, part A, sections 1320a-5 and 1320a-7

19c. The service was claimed for a provider on the Medi-Cal suspended and ineligible provider list

CCR, title 9, chapter 11, section 1840.314(a); Welfare and Institutions Code, Sections 14043.6, 14043.61 and 14123;

19d. The service was not provided within the scope of practice of the person delivering the service.

CCR, title 9, chapter 11, section 1840.314(d)

20. For beneficiaries receiving TBS, the TBS progress notes overall clearly indicate that TBS was provided solely for one of the following reasons:

- a) For the convenience of the family, caregivers, physician, or teacher;
- b) To provide supervision or to ensure compliance with terms and conditions of probation;
- c) To ensure the child's/youth's physical safety or the safety of others, e.g., suicide watch; or
- d) To address conditions that are not a part of the child's/youth's mental health condition.

DMH Letter No. 99-03

21. For beneficiaries receiving TBS, the progress note clearly indicates that TBS was provided to a beneficiary in a hospital mental health unit, psychiatric health facility, nursing facility, or crisis residential facility.

DMH Letter No. 99-03

Exhibit 3: ACBHCS System of Care Audit 2016 Q4 - QUALITY REVIEW SPREADSHEET

| Mask ID | Mask RU | EOD | QUALITY REVIEW ITEM # | | | Assessment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------|---------|----------|-----------------------|-----------|-------------------|------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----|-----|
| | | | Inform | Screening | Medical Necessity | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | |
| C3 | P1 | 10/14/15 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 0 | 100 | 100 | 0 | 100 | 0 | 0 | 100 | 100 | 0 | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 0 | 0 | 100 |
| C7 | P3 | 03/08/16 | 100 | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 0 | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 67 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 0 | 100 | 0 | |
| C6 | P3 | 04/05/16 | 0 | 0 | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 0 | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 67 | 100 | 100 | 100 | 100 | N/A | N/A | N/A | N/A | N/A | N/A | | |
| C5 | P3 | 02/08/16 | 100 | 0 | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 66 | 75 | 100 | 100 | 100 | 100 | 100 | 100 | 0 | 100 | 100 | | | |
| C8 | P4 | 04/28/16 | 0 | N/A | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 0 | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 0 | 100 | 0 | 0 | N/A | 100 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | |
| C10 | P4 | 03/23/16 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 28 | 100 | 100 | N/A | N/A | N/A | N/A | N/A | N/A | | | |
| C11 | P4 | 05/23/16 | 100 | 100 | 100 | 0 | 0 | 0 | 0 | 100 | 100 | 100 | 25 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 75 | 100 | N/A | 0 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | |
| C9 | P4 | 05/23/16 | 0 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | |
| C12 | P5 | 02/18/16 | 0 | N/A | N/A | 0 | 0 | 0 | 0 | 100 | 100 | 75 | 0 | 0 | 0 | 0 | N/A | 100 | 0 | 100 | 33 | 100 | 71 | N/A | 0 | 0 | 0 | 100 | 0 | 0 | 0 | 0 | 0 | | |
| C13 | P5 | 04/19/16 | 0 | N/A | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 75 | 100 | 100 | 100 | N/A | 100 | 100 | 100 | 67 | 100 | 71 | N/A | 100 | 100 | 25 | 100 | 0 | 100 | 0 | 0 | 0 | | |
| C14 | P5-A | 05/05/16 | 100 | N/A | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 75 | 100 | 0 | 100 | 100 | N/A | 100 | 100 | 100 | 33 | 100 | 57 | N/A | 100 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | |
| C20 | P6 | 10/10/14 | 0 | N/A | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 50 | 100 | 100 | 100 | 100 | N/A | 100 | 0 | 0 | 0 | 0 | 43 | 100 | 100 | 45 | 45 | 50 | 0 | 100 | 100 | | | | |
| C15 | P6 | 03/13/09 | 100 | 0 | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 0 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 50 | 86 | N/A | 0 | 100 | 100 | 100 | 100 | 14 | 100 | N/A | | | |
| C16 | P6 | 04/22/16 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 100 | 100 | 0 | 0 | 0 | 100 | 100 | N/A | 100 | 0 | 100 | 33 | 50 | 43 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | N/A | | | |
| C18 | P7 | 11/08/13 | 100 | 0 | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 25 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 33 | 75 | 14 | 0 | 0 | 100 | 100 | 100 | 0 | 100 | 0 | | | | |
| C19 | P7 | 09/22/15 | 100 | N/A | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 50 | 25 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 67 | 75 | 57 | 0 | 100 | 85 | 90 | 67 | 40 | 60 | 0 | 0 | | | |
| C17 | P7 | 08/22/14 | 100 | 0 | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 50 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 33 | 100 | 43 | 0 | 100 | 100 | 0 | 100 | 0 | 25 | N/A | 0 | | | |
| C22 | P8 | 08/25/15 | 100 | N/A | N/A | 0 | 0 | 0 | 0 | 100 | 75 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 0 | 100 | 67 | 100 | 0 | 0 | 0 | 100 | 50 | 0 | 0 | 0 | 0 | N/A | | | |
| C21 | P8 | 03/05/14 | 100 | N/A | N/A | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | N/A | 0 | 0 | 100 | 0 | 0 | 0 | 100 | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | | |
| C25 | P10 | 02/06/14 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 0 | 50 | 0 | 0 | 0 | 100 | 100 | 0 | 0 | 33 | 0 | 0 | 100 | 100 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| C26 | P10 | 04/06/15 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 0 | 100 | 100 | 0 | 0 | 100 | 100 | 100 | 100 | 33 | 0 | 0 | 100 | 100 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| C24 | P10 | 05/01/12 | 100 | 0 | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 75 | 0 | 0 | 100 | 0 | 0 | 100 | 0 | 100 | 33 | 0 | 0 | 100 | 100 | 100 | 0 | 100 | 0 | 100 | 0 | 100 | 0 | | |
| C30 | P12 | 03/24/16 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 100 | 100 | 50 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 0 | 0 | 100 | 0 | 100 | 0 | 100 | 0 | 0 | 0 | 100 | | | |
| C29 | P12 | 07/22/15 | 100 | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 75 | 50 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 75 | 100 | 71 | 0 | 0 | 100 | 100 | 100 | 0 | 0 | 0 | 100 | | | |
| C28 | P12 | 05/12/16 | 100 | 0 | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 25 | 25 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 66 | 100 | 29 | 100 | 0 | 100 | 0 | 100 | 0 | 0 | 0 | 100 | | | |
| C31 | P13 | 05/01/09 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 60 | 100 | 100 | 100 | 100 | 0 | | | |
| C33 | P13 | 07/25/14 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| C32 | P13 | 06/04/09 | 0 | 0 | 100 | 0 | 0 | 0 | 0 | 100 | 25 | 50 | 0 | 100 | 100 | 100 | N/A | 0 | 0 | 0 | 33 | 50 | 42 | 0 | 0 | 50 | 0 | 100 | 0 | 0 | 0 | 0 | | | |
| C34 | P14 | 02/02/15 | 100 | 0 | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 50 | 0 | 50 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 50 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 67 | 67 | 0 | | | |
| C27 | P15 | 11/16/15 | 0 | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 50 | 0 | 0 | 100 | 100 | N/A | 100 | 0 | 100 | 33 | 100 | 29 | 100 | 100 | 100 | 100 | 100 | 0 | 50 | 100 | | | | |
| C39 | P15 | 08/09/02 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | N/A | 0 | 0 | 100 | 0 | 0 | 100 | 0 | 67 | 100 | 100 | 0 | 100 | 100 | 100 | | | | |
| C43 | P16 | 06/15/15 | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 0 | N/A | 100 | 100 | 100 | 100 | 100 | 29 | 0 | 50 | 100 | 100 | 66 | 100 | 0 | N/A | | | | |
| C42 | P16 | 01/15/15 | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 50 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 0 | 67 | 75 | 14 | 100 | 100 | 100 | 100 | 100 | 0 | 0 | 100 | | | | |
| C44 | P16 | 09/11/15 | 100 | N/A | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 75 | 25 | 100 | 100 | 100 | 100 | 100 | 0 | 100 | 66 | 75 | 29 | 100 | 100 | 100 | 20 | 0 | 0 | 100 | 100 | | | | |
| C47 | P17 | 12/31/15 | 100 | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 50 | 50 | 100 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 25 | 71 | 0 | 100 | 33 | 0 | 100 | 0 | 75 | 100 | | | | |
| C45 | P17 | 11/30/09 | 100 | 100 | 0 | 100 | 100 | 100 | 100 | 100 | 0 | 100 | 25 | 75 | 100 | 100 | 100 | N/A | 100 | 100 | 100 | 25 | 75 | 43 | 100 | 100 | 33 | 100 | 100 | 0 | 50 | N/A | | | |
| C46 | P17 | 07/06/15 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 75 | 50 | 100 | 100 | 100 | N/A | 100 | 0 | 0 | 100 | 25 | 43 | 0 | 100 | 0 | 0 | 0 | 0 | 0 | 100 | | | | |
| C49 | P18 | 06/06/14 | 100 | 0 | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 25 | 0 | 0 | 0 | 0 | 100 | 100 | 100 | 100 | 0 | 25 | 100 | 100 | 50 | 50 | 100 | 50 | 0 | 0 | 0 | | | | |
| C51 | P19 | 01/11/16 | 100 | 0 | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 50 | 100 | 0 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 50 | 71 | 100 | 100 | 100 | 100 | 100 | 0 | 0 | N/A | | | | |
| # Not Compliant | | | 12 | 20 | 16 | 10 | 10 | 10 | 10 | 5 | | | | 14 | 11 | 10 | 4 | 5 | 14 | 8 | | | | 13 | | | | | | | | 13 | | | |
| Total | | | 39 | 29 | 28 | 38 | 38 | 38 | 38 | 38 | 38 | 38 | 38 | 38 | 38 | 38 | 23 | 38 | 38 | 38 | 38 | 38 | 38 | 38 | 38 | 32 | 38 | 33 | 33 | 33 | 33 | 26 | | | |
| % Compliant | | | 69 | 31 | 43 | 74 | 74 | 74 | 74 | 87 | 85 | 51 | 55 | 63 | 71 | 74 | 83 | 87 | 63 | 79 | 53 | 57 | 42 | 59 | 61 | 76 | 55 | 74 | 10 | 43 | 50 | | | | |
| % Not Compliant | | | 31 | 69 | 57 | 26 | 26 | 26 | 26 | 13 | 15 | 49 | 45 | 37 | 29 | 26 | 17 | 13 | 37 | 21 | 47 | 43 | 58 | 41 | 39 | 24 | 45 | 26 | 90 | 57 | 50 | | | | |

95-100% Compliant
85-94% Compliant
75-84% Compliant
65-74% Compliant
<65% Compliant
95-100% Compliant

Exhibit 3: ACBHCS System of Care Audit 2016 Q4 - QUALITY REVIEW SPREADSHEET

| Mask ID | Mask RU | Client Plan | | | | | | | | | | Special Needs | | | | Medication Log | | | | | | | | | | | | | | | | | | | |
|-----------------|---------|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------------|-----|-----|-----|----------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|--|
| 1 | 2 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | | | |
| C3 | P1 | 0 | 100 | N/A | N/A | 100 | 100 | 100 | 100 | 0 | 100 | 100 | 100 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 96 | | |
| C7 | P3 | 100 | 100 | 0 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | |
| C6 | P3 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 100 | 100 | 100 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 100 | 93 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | |
| C5 | P3 | 0 | 100 | 100 | N/A | 100 | 0 | 100 | 100 | 0 | 100 | 100 | 100 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 90 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | | |
| C8 | P4 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 100 | 100 | 0 | 0 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | | |
| C10 | P4 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 100 | 100 | 100 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | | |
| C11 | P4 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 100 | 100 | 100 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | | |
| C9 | P4 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 100 | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | | |
| C12 | P5 | N/A | 100 | N/A | 100 | 0 | 0 | 0 | 0 | 100 | 100 | N/A | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 25 | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 92 | 100 | | | |
| C13 | P5 | N/A | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 0 | 0 | 0 | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 33 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 95 | | | |
| C14 | P5-A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 100 | N/A | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 33 | 100 | 100 | 78 | 100 | 100 | 100 | 100 | 78 | 78 | 100 | 100 | | | |
| C20 | P6 | 100 | 100 | 0 | 0 | 100 | 0 | 0 | 100 | 100 | 100 | 100 | 0 | 0 | 100 | 100 | 100 | 100 | 100 | N/A | 33 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 96 | 100 | 100 | | | |
| C15 | P6 | 0 | 100 | N/A | 100 | 100 | 0 | 100 | 100 | 100 | 100 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | N/A | 83 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 90 | 95 | 100 | 100 | | | |
| C16 | P6 | N/A | N/A | N/A | 0 | 100 | 0 | 100 | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 83 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | | |
| C18 | P7 | 0 | 100 | 100 | 100 | 100 | 100 | 0 | 100 | 100 | 100 | N/A | 0 | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 67 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | | |
| C19 | P7 | 100 | 100 | 100 | 100 | 100 | 100 | 0 | 100 | 0 | 100 | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 92 | 100 | 100 | 100 | 100 | 90 | 100 | 100 | 100 | 85 | 95 | 100 | | | |
| C17 | P7 | N/A | 100 | N/A | 100 | 0 | 100 | 0 | 0 | 0 | 100 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 33 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 93 | 100 | 86 | 100 | | | |
| C22 | P8 | N/A | 100 | N/A | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | | |
| C21 | P8 | 100 | 100 | N/A | N/A | 100 | 100 | 0 | 100 | 0 | 100 | 100 | 100 | 100 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | | |
| C25 | P10 | 0 | 100 | N/A | N/A | 100 | 100 | 0 | 100 | 0 | 0 | 0 | 0 | 0 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 100 | 87 | 100 | 100 | 100 | 93 | 100 | 100 | 100 | 100 | | | |
| C26 | P10 | 0 | 100 | N/A | N/A | 100 | 100 | 0 | 100 | 100 | 0 | 0 | 0 | 0 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 91 | 100 | 100 | 100 | 100 | 100 | N/A | N/A | 100 | 100 | | | |
| C24 | P10 | 0 | 100 | 0 | N/A | 0 | 0 | 100 | 100 | 0 | 100 | 100 | 100 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 100 | 100 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 100 | | | |
| C30 | P12 | 100 | 100 | 100 | N/A | 0 | 100 | 100 | 100 | 100 | 100 | N/A | 100 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 97 | 100 | 97 | | | |
| C29 | P12 | 100 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 100 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 92 | 100 | 92 | 100 | N/A | 100 | 100 | 100 | 100 | 100 | | | |
| C28 | P12 | 100 | 100 | 100 | N/A | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 100 | 100 | 100 | 94 | 100 | 100 | 100 | 100 | 100 | 100 | | | |
| C31 | P13 | 0 | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 100 | 100 | 0 | 0 | 0 | 0 | 0 | 100 | 49 | 0 | 100 | 100 | 90 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | | |
| C33 | P13 | 0 | 0 | N/A | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 100 | 0 | 100 | 93 | 100 | 100 | 100 | 100 | 92 | 100 | 100 | 100 | 100 | | | |
| C32 | P13 | 0 | 100 | 0 | 0 | 100 | 0 | 0 | 100 | 0 | 0 | 0 | 0 | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 58 | 100 | 87 | 100 | 100 | 100 | 100 | 100 | 92 | 100 | 92 | 100 | | | |
| C34 | P14 | N/A | 100 | N/A | N/A | 0 | 100 | 100 | 100 | 0 | 100 | N/A | 100 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 100 | 88 | 100 | 0 | 100 | 100 | 19 | 81 | 100 | 100 | | | |
| C27 | P15 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 100 | N/A | 0 | 0 | 0 | 0 | 0 | N/A | 0 | 0 | 100 | 89 | 100 | 100 | 100 | 100 | 100 | 100 | 89 | 100 | | | |
| C39 | P15 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 88 | 88 | 88 | 88 | 100 | 100 | 50 | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 77 | 100 | | | |
| C43 | P16 | 0 | 100 | 0 | 100 | 100 | 100 | 0 | 100 | 100 | 100 | 100 | 0 | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 44 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | | |
| C42 | P16 | 100 | 100 | N/A | 100 | 0 | 100 | 0 | 100 | 100 | 100 | 100 | 0 | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 42 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | | |
| C44 | P16 | 0 | 100 | 100 | 100 | 100 | 100 | 0 | 100 | 0 | 0 | 0 | 0 | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 42 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 93 | 100 | | |
| C47 | P17 | N/A | 100 | N/A | 100 | 100 | 100 | 0 | 0 | 100 | 0 | 0 | 0 | 0 | 67 | 67 | 67 | 67 | 100 | 40 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 91 | 100 | | | |
| C45 | P17 | N/A | 100 | 100 | 100 | 100 | 0 | 0 | 100 | 100 | 100 | N/A | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 33 | 100 | 100 | 41 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 94 | 100 | | |
| C46 | P17 | 0 | 100 | N/A | 100 | 0 | 100 | 0 | 0 | 0 | 100 | 100 | 0 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 42 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | | |
| C49 | P18 | 0 | 100 | N/A | 100 | 50 | 0 | 0 | 50 | 100 | 100 | N/A | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 0 | 0 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | | |
| C51 | P19 | N/A | 100 | 100 | N/A | 100 | 100 | 100 | 0 | 100 | 100 | N/A | 100 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 71 | 100 | | |
| # Not Compliant | | 14 | 1 | 5 | 4 | | 10 | 17 | | 12 | 7 | 8 | 14 | 13 | 4 | 4 | 4 | 4 | 4 | | | | | | | | | | | | | | | | |
| Total | | 23 | 32 | 15 | 20 | 32 | 33 | 33 | 33 | 33 | 38 | 27 | 38 | 18 | 21 | 21 | 21 | 21 | 21 | 17 | 22 | 14 | 39 | 39 | 39 | 39 | 37 | 39 | 38 | 38 | 39 | 39 | | | |
| % Compliant | | 39 | 97 | 67 | 80 | 73 | 70 | 48 | 77 | 64 | 82 | 70 | 63 | 28 | 81 | 81 | 81 | 81 | 81 | 91 | 45 | 71 | 99 | 94 | 100 | 97 | 100 | 100 | 97 | 98 | 98 | 99 | | | |
| % Not Compliant | | 61 | 3 | 33 | 20 | 27 | 30 | 52 | 23 | 36 | 18 | 30 | 37 | 72 | 19 | 19 | 19 | 19 | 19 | 9 | 55 | 29 | 1 | 6 | 0 | 3 | 0 | 0 | 3 | 2 | 2 | 1 | | | |

 85-94% Compliant
 75-84% Compliant
 65-74% Compliant
 <65% Compliant
 95-100% Compliant
 85-94% Compliant
 75-84%

Exhibit 3: ACBHCS System of Care Audit 2016 Q4 - QUALITY REVIEW SPREADSHEET

| Mask ID | Mask RU | Progress Notes | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ch | | |
|-----------------|---------|----------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 1 | 2 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 | 101 |
| C3 | P1 | 100 | 100 | 0 | 100 | 100 | 100 | 100 | 100 | N/A | 100 | 100 | 98 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 75 | 50 | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 |
| C7 | P3 | 100 | 100 | N/A | 81 | 100 | 100 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 100 | N/A | 100 | N/A | 100 | 100 | 0 | 100 | 100 | 100 |
| C6 | P3 | 100 | 0 | N/A | 93 | N/A | 100 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 |
| C5 | P3 | 100 | 0 | N/A | 100 | 100 | 100 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 100 | N/A | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 |
| C8 | P4 | 100 | 100 | N/A | N/A | N/A | 100 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 100 | N/A | 100 | N/A | 100 | 100 | 0 | 100 | 100 | N/A |
| C10 | P4 | 100 | 100 | N/A | N/A | N/A | 100 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 83 | 83 | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 |
| C11 | P4 | 100 | 100 | N/A | N/A | N/A | 100 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 100 | N/A | 100 | 100 | 0 | 100 | 100 | 100 |
| C9 | P4 | 100 | 100 | N/A | N/A | N/A | 100 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 100 | N/A | 100 | N/A | 100 | 100 | 100 | N/A | 100 | 100 |
| C12 | P5 | 100 | 62 | N/A | 100 | N/A | 100 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 92 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 85 | 0 | 100 | N/A | 100 | 100 | 100 | 0 | 100 | 100 |
| C13 | P5 | 100 | 100 | N/A | 100 | N/A | 100 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 90 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 50 | 0 | 100 | N/A | 100 | 100 | 0 | 100 | 100 | 40 |
| C14 | P5-A | 100 | 100 | N/A | N/A | N/A | 100 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 67 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 50 | |
| C20 | P6 | 100 | 100 | N/A | 100 | 0 | 100 | 100 | 100 | N/A | 0 | 100 | 100 | 100 | 96 | 100 | 100 | 100 | 100 | 93 | 100 | N/A | 54 | 100 | 100 | N/A | 100 | 100 | 100 | 0 | 100 | 80 |
| C15 | P6 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 100 | 100 | 100 | N/A | 100 | 100 | 0 | 100 | 100 | 100 |
| C16 | P6 | 100 | 100 | N/A | N/A | N/A | 0 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 59 | 100 | N/A | 11 | 100 | 100 | N/A | 100 | 100 | 0 | 100 | 100 | 100 |
| C18 | P7 | 100 | 87 | N/A | 100 | N/A | 100 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 65 | 63 | 100 | N/A | 100 | 0 | 0 | 100 | 100 | 100 |
| C19 | P7 | 85 | 30 | N/A | 100 | 0 | 100 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 95 | 95 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| C17 | P7 | 93 | 36 | N/A | 100 | 100 | 100 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 86 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 86 | 0 | 100 | N/A | 100 | 100 | 0 | 100 | 100 | 100 |
| C22 | P8 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 0 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 100 | N/A | 100 | N/A | 100 | 100 | 0 | 100 | 100 | 100 |
| C21 | P8 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 100 | N/A | 100 | N/A | 100 | 100 | 0 | 100 | 100 | 100 |
| C25 | P10 | 100 | 100 | N/A | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 93 | 0 | 100 | N/A | 100 | 100 | 0 | 100 | 100 | 100 |
| C26 | P10 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 100 | N/A | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 100 | 100 | 100 | N/A | 100 | 100 | 0 | 0 | 100 | 100 |
| C24 | P10 | 100 | 100 | N/A | 91 | N/A | 100 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 100 | N/A | 100 | N/A | 100 | 0 | 0 | 100 | 100 | 100 |
| C30 | P12 | 100 | 100 | N/A | N/A | N/A | 100 | 100 | 100 | N/A | 100 | 100 | 100 | 87 | 100 | 100 | 100 | 100 | 0 | 100 | 100 | 100 | 90 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 |
| C29 | P12 | 100 | 100 | N/A | 100 | N/A | 100 | 100 | 100 | N/A | 100 | 100 | 92 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 85 | 0 | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 |
| C28 | P12 | 100 | 100 | N/A | 100 | 0 | 100 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 100 | 0 | 100 | N/A | 100 | 100 | 0 | 100 | 100 | 100 |
| C31 | P13 | 100 | 100 | N/A | 90 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 0 | N/A | 100 | 100 | 0 | 100 | 80 | 20 |
| C33 | P13 | 100 | 46 | N/A | 0 | 100 | 100 | 46 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 92 | 100 | N/A | 100 | N/A | 0 | N/A | 100 | 100 | 0 | 100 | 100 | 20 |
| C32 | P13 | 100 | 100 | N/A | 50 | N/A | 100 | 92 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 92 | 92 | 100 | N/A | 100 | 0 | 0 | 100 | 100 | 40 |
| C34 | P14 | 100 | 100 | N/A | 94 | N/A | 100 | 100 | 13 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 81 | 33 | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 80 |
| C27 | P15 | 100 | 97 | 0 | 100 | N/A | 100 | 100 | 31 | N/A | 100 | 100 | 100 | 89 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 75 | 78 | 100 | N/A | 100 | 100 | 0 | N/A | 100 | 100 |
| C39 | P15 | 100 | 92 | N/A | 100 | N/A | 100 | 100 | 62 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 92 | 0 | 100 | N/A | 100 | 0 | 0 | 100 | 100 | 100 |
| C43 | P16 | 100 | 65 | N/A | 100 | 100 | 100 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 100 | N/A | 100 | N/A | 100 | 100 | 0 | 100 | 100 | 100 |
| C42 | P16 | 100 | 100 | N/A | 100 | N/A | 100 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 100 | N/A | 100 | N/A | 100 | 100 | 0 | 100 | 100 | 80 |
| C44 | P16 | 100 | 93 | N/A | 100 | 100 | 100 | 100 | 100 | N/A | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 29 | 0 | 100 | N/A | 100 | 100 | 0 | 100 | 100 | 100 |
| C47 | P17 | 73 | 0 | N/A | 82 | N/A | 100 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 36 | 0 | 100 | N/A | 100 | 100 | 0 | 50 | 100 | 80 |
| C45 | P17 | 100 | 88 | N/A | 94 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 82 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 100 | 100 | 100 | N/A | 100 | 100 | 0 | N/A | 100 | 100 |
| C46 | P17 | 100 | 41 | N/A | 0 | N/A | 100 | 100 | 100 | N/A | 100 | 100 | 71 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 100 | N/A | 100 | 100 | 0 | 50 | 100 | 100 |
| C49 | P18 | 100 | 100 | N/A | 100 | N/A | 100 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 44 | 0 | 100 | N/A | 100 | 100 | 0 | 100 | 100 | 100 |
| C51 | P19 | 100 | 100 | N/A | 100 | N/A | 100 | 100 | 100 | N/A | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | N/A | 100 | N/A | 100 | N/A | 100 | 100 | 0 | 67 | 80 | 100 |
| # Not Compliant | | | | | | 3 | | | | | | | | | | | | | | | | | | | | | | | 4 | 27 | | |
| Total | | 39 | 39 | 3 | 32 | 15 | 39 | 39 | 39 | 5 | 39 | 39 | 38 | 39 | 39 | 39 | 39 | 39 | 39 | 39 | 39 | 10 | 39 | 24 | 39 | 1 | 39 | 39 | 39 | 36 | 39 | 38 |
| % Compliant | | 99 | 83 | 33 | 90 | 80 | 97 | 98 | 92 | 100 | 95 | 100 | 99 | 99 | 98 | 100 | 100 | 100 | 97 | 99 | 100 | 100 | 85 | 50 | 95 | 100 | 100 | 90 | 31 | 88 | 99 | 89 |
| % Not Compliant | | 1 | 17 | 67 | 10 | 20 | 3 | 2 | 8 | 0 | 5 | 0 | 1 | 1 | 2 | 0 | 0 | 0 | 3 | 1 | 0 | 0 | 15 | 50 | 5 | 0 | 0 | 10 | 69 | 12 | 1 | 11 |

100% Compliant 65-74% Compliant <65% Compliant 95-100% Compliant 85-94% Compliant 75-84% Compliant 65-74% Compliant

Exhibit 3: ACBHCS System of Care Audit 2016 Q4 - QUALITY REVIEW SPREADSHEET

| Mask ID | Mask RU | Art Maintenance | | | | | | | | Total # | % Compliant | % Not Comp |
|-----------------|---------|-----------------|-----|-----|-----|-----|-----|-----|-------------------------------|---------|-------------|------------|
| 1 | 2 | 102 | 103 | 104 | 105 | 106 | 107 | 108 | | | | |
| C3 | P1 | 100 | N/A | 100 | 100 | N/A | 100 | 100 | 81 | 85 | 15 | |
| C7 | P3 | N/A | N/A | 100 | 100 | N/A | 100 | 100 | 80 | 91 | 9 | |
| C6 | P3 | N/A | N/A | 100 | 100 | 100 | 100 | 100 | 67 | 90 | 10 | |
| C5 | P3 | N/A | N/A | 100 | 100 | N/A | 100 | 100 | 80 | 90 | 10 | |
| C8 | P4 | N/A | N/A | 100 | 100 | 0 | 100 | 100 | 62 | 82 | 18 | |
| C10 | P4 | N/A | N/A | 100 | 100 | 100 | 100 | 100 | 67 | 98 | 2 | |
| C11 | P4 | N/A | N/A | 100 | 100 | 0 | 100 | 100 | 65 | 88 | 12 | |
| C9 | P4 | N/A | N/A | 100 | 100 | 100 | 100 | 100 | 39 | 95 | 5 | |
| C12 | P5 | N/A | N/A | 100 | 100 | N/A | 100 | 100 | 82 | 69 | 31 | |
| C13 | P5 | N/A | N/A | 100 | 60 | 100 | 100 | 100 | 85 | 85 | 15 | |
| C14 | P5-A | N/A | N/A | 100 | 100 | 100 | 100 | 100 | 70 | 94 | 6 | |
| C20 | P6 | N/A | N/A | 100 | 100 | N/A | 100 | 0 | 86 | 77 | 23 | |
| C15 | P6 | N/A | N/A | 100 | 100 | N/A | 80 | 100 | 86 | 81 | 19 | |
| C16 | P6 | N/A | N/A | 100 | 100 | N/A | 100 | 100 | 83 | 70 | 30 | |
| C18 | P7 | N/A | N/A | 100 | 100 | N/A | 100 | 100 | 89 | 82 | 18 | |
| C19 | P7 | N/A | N/A | 0 | 100 | N/A | 80 | 100 | 90 | 86 | 14 | |
| C17 | P7 | 100 | N/A | 100 | 100 | N/A | 80 | 100 | 88 | 82 | 18 | |
| C22 | P8 | N/A | 100 | 100 | 100 | N/A | 100 | 100 | 77 | 82 | 18 | |
| C21 | P8 | N/A | N/A | 100 | 100 | N/A | 100 | 100 | 77 | 73 | 27 | |
| C25 | P10 | N/A | N/A | 100 | 100 | N/A | 100 | 100 | 81 | 71 | 29 | |
| C26 | P10 | N/A | N/A | 100 | 100 | N/A | 100 | 100 | 78 | 76 | 24 | |
| C24 | P10 | N/A | N/A | 100 | 80 | N/A | 100 | 0 | 78 | 72 | 28 | |
| C30 | P12 | N/A | N/A | 100 | 100 | N/A | 100 | 100 | 79 | 81 | 19 | |
| C29 | P12 | N/A | N/A | 100 | 100 | 100 | 100 | 100 | 80 | 90 | 10 | |
| C28 | P12 | N/A | N/A | 100 | 100 | N/A | 100 | 100 | 80 | 85 | 15 | |
| C31 | P13 | N/A | N/A | 100 | 100 | N/A | 100 | 100 | 90 | 62 | 38 | |
| C33 | P13 | N/A | N/A | 100 | 100 | N/A | 40 | 100 | 90 | 43 | 57 | |
| C32 | P13 | N/A | N/A | 100 | 100 | N/A | 100 | 100 | 90 | 63 | 37 | |
| C34 | P14 | N/A | N/A | 100 | 100 | N/A | 100 | 100 | 77 | 84 | 16 | |
| C27 | P15 | N/A | N/A | N/A | 100 | N/A | 80 | 100 | 85 | 78 | 22 | |
| C39 | P15 | N/A | N/A | 100 | 100 | N/A | 80 | 0 | 88 | 69 | 31 | |
| C43 | P16 | N/A | N/A | 100 | 100 | N/A | 40 | 100 | 87 | 85 | 15 | |
| C42 | P16 | N/A | N/A | 100 | 100 | N/A | 100 | 100 | 87 | 87 | 13 | |
| C44 | P16 | N/A | N/A | 100 | 100 | N/A | 100 | 100 | 88 | 80 | 20 | |
| C47 | P17 | N/A | N/A | 100 | 80 | N/A | 80 | 100 | 87 | 77 | 23 | |
| C45 | P17 | N/A | N/A | N/A | 100 | N/A | 100 | 100 | 84 | 86 | 14 | |
| C46 | P17 | N/A | N/A | 0 | 100 | N/A | 100 | 100 | 86 | 76 | 24 | |
| C49 | P18 | N/A | N/A | 100 | 80 | N/A | 80 | 100 | 86 | 74 | 26 | |
| C51 | P19 | N/A | N/A | 100 | 100 | N/A | 100 | 100 | 76 | 89 | 11 | |
| # Not Compliant | 0 | 0 | 2 | | | 2 | | 3 | OVERALL COMPLIANCE 80% | | | |
| Total | 2 | 1 | 37 | 39 | 8 | 39 | 39 | | | | | |
| % Compliant | 100 | 100 | 95 | 97 | 75 | 93 | 92 | | | | | |
| % Not Compliant | 0 | 0 | 5 | 3 | 25 | 7 | 8 | | | | | |


 <65% Compliant

Exhibit 4: Quality Review Key Q4 2016 Audit

CHART AND PROVIDER REVIEW:

1. CLIENT IDENTIFICATION (**Client Mask ID #**)
2. AGENCY IDENTIFICATION (**Provider Mask RU #**)
3. EPISODE OPENING DATE (EOD)
4. ASSESSMENT STAFF 1
5. ASSESSMENT STAFF 2
6. CT PLAN STAFF 1
7. CT PLAN STAFF 2
8. PN STAFF 1
9. PN STAFF 2
10. MD/NP/PA

INFORMING MATERIALS:

11. The most recent required ACBHCS Informing Materials signature page is completed and signed on time? (within 30 days of EOD and then annually by EOD) OR if late, documents reason in progress notes¹

SCREENING:

12. The most recent required ACBHCS Screening Tool has been completed prior to the initial opening of the client episode or prior to the reauthorization of services?¹
13. Based on the most recent required Screening Tool, the mental health condition meets the criteria for moderate to severe?¹

ASSESSMENT/MEDICAL NECESSITY:

14. Documentation establishes a primary Dx (DSM-IV & ICD-10) from DHCS Medi-Cal Included Diagnosis list?¹ [DHCS reason for recoupment #1: CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R); CCR, title 9, chapter 11, section 1810.345(a); CCR, title 9, chapter 11, section 1840.112(b)(1)(4)]
15. Impairment Criteria - Documentation establishes that, as a result of the primary diagnosis, there is at least one of the following:¹
 - Significant impairment in important area of life functioning;
 - Probable significant deterioration in an important area of life functioning;
 - Probable the child won't progress developmentally, as appropriate;
 - If EPSDT: MH condition can be corrected or ameliorated.[DHCS reason for recoupment #2: CCR, title 9, chapter 11, section 1830.205(b)(2)(A – C); CCR, title 9, chapter 11, section 1830.210(a)(3)]
16. Documentation establishes that the focus of the proposed intervention addresses the condition of the primary diagnosis as it relates to:¹
 - Significant impairment in important area of life functioning;
 - Probable significant deterioration in an important area of life functioning;
 - Probable the child won't progress developmentally, as appropriate;
 - if EPSDT: MH condition can be corrected or ameliorated. [DHCS reason for recoupment #3: CCR, title 9, chapter 11, section 1830.205(b)(3)(A); CCR, title 9, chapter 11, section 1840.112(b)(4)]
17. Documentation establishes the expectation that the proposed intervention will do, at least, one of

Quality Review Items which are also reasons for disallowances indicate the DHCS reason and regulation.

Scoring Key:

¹ **Yes=100% No=0%:** These quality review items have either a 'Yes' or 'No' answer

² **True=100% False=0%:** These quality review items have either a 'True' or 'False' answer

³ **# present/total required:** These quality review items can score from a range of 0-100%

⁴ **# of items or areas compliant/# items or areas evaluated:** These quality review items can score from a range of 0-100%

⁵ **% of those audited that are compliant:** These quality review items can score from a range of 0-100%

Exhibit 4: Quality Review Key Q4 2016 Audit

the following:¹

- Significantly diminish the impairment
- Prevent significant deterioration in an important area of life functioning;
- Allow the child to progress developmentally, as appropriate;
- For EPSDT: Correct or ameliorate the condition.

[DHCS reason for recoupment #4: CCR, title 9, chapter 11, section 1830.205(b)(3)(B); CCR, title 9, chapter 11, section 1810.345(c)]

ASSESSMENT:

18. The most recent required Assessment includes presenting problems and relevant conditions?¹
19. The most recent required Assessment includes psychosocial history including:⁴ 1) living situation, 2) daily activities, 3) social support, and 4) history of trauma or exposure to trauma?
20. The most recent required Assessment contains information about current and past psychiatric medications (or lack thereof) the client has received, including duration of medical treatment?⁴
Scoring categories: 1) current psychiatric meds, 2) duration of treatment with current psychiatric meds, 3) past psychiatric meds, 4) duration of treatment with past psychiatric meds
21. The most recent required Assessment contains information about current and past medications to treat medical conditions (or lack thereof) the client has received, including duration of medical treatment?⁴ Scoring categories: 1) current meds, 2) duration of treatment with current meds, 3) past meds, 4) duration of treatment with past meds.
22. The most recent required Assessment includes a mental status exam (MSE)?¹
23. For the most recent required Assessment, Risk(s) to client assessed?¹
24. For the most recent required Assessment, Risk(s) to others assessed?¹
25. The most recent required Assessment includes pre/perinatal events and relevant/significant developmental history for youth?¹
26. Documentation of the client/family strengths in achieving client plan goals or objectives are included in most recent required Assessment or most recent required Client Plan?¹
27. Allergies/adverse reactions/sensitivities OR lack thereof are noted in the record?¹
28. Allergies/adverse reactions/sensitivities OR lack thereof are noted prominently on the chart cover, or if an EHR, it is in the field/location designated by the clinic?¹
29. For the most recent required Assessment, relevant medical conditions/hx noted including the name of current source of medical treatment (or lack thereof)?⁴ Scoring categories: 1) medical conditions, 2) name of current provider, 3) address of current provider
30. For the most recent required Assessment, mental health history noted including:⁴ 1) previous treatment (including inpatient admissions), 2) previous providers, 3) therapeutic modalities, and 4) response
31. For the most recent required Assessment, past and present substance exposure/substance use of tobacco, alcohol, caffeine, CAM, OTC drugs, illicit drugs, and use (other than as prescribed) of Rx drugs assessed & noted?³
32. The most recent required CFE/CANS/ANSA/ANSA-T completed for relevant audit period?¹
33. Assessment(s) (initial and annual) required during the audit period are completed and signed by all required participants on time?¹ [DHCS reason for recoupment #1: CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R); CCR, title 9, chapter 11, section 1810.345(a); CCR, title 9, chapter 11, section 1840.112(b)(1)(4)] [DHCS reason for recoupment #2: CCR, title 9, chapter 11, section 1830.205(b)(2)(A – C); CCR, title 9, chapter 11, section 1830.210(a)(3)] [DHCS reason for recoupment #3: CCR, title 9, chapter 11, section 1830.205(b)(3)(A); CCR, title 9, chapter 11, section 1840.112(b)(4)] [DHCS reason for recoupment #4: CCR, title 9, chapter 11, section 1830.205(b)(3)(B); CCR, title 9, chapter 11, section 1810.345(c)]

Quality Review Items which are also reasons for disallowances indicate the DHCS reason and regulation.

Scoring Key:

¹ **Yes=100% No=0%:** These quality review items have either a 'Yes' or 'No' answer

² **True=100% False=0%:** These quality review items have either a 'True' or 'False' answer

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Exhibit 4: Quality Review Key Q4 2016 Audit

CLIENT PLAN FOR AUDIT PERIOD:

34. The objectives listed in all Client Plans for the audit period are current (not expired) Mental Health Objectives and directly address the symptoms/impairments of the included diagnosis?⁵ [DHCS reason for recoupment #5 and #6: CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(5); MHP Contract]
35. The Mental Health Objectives listed in the most recent required Client Plan are observable/measurable with time frames?⁵
36. All Client Plans for the audit period list proposed Service Modalities?³ [DHCS reason for recoupment #5 and #6: CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(5); MHP Contract]
37. For the most recent required Client Plan, the frequency and time frames are listed for each Service Modality?⁵
38. The most recent required Client Plan describes detailed provider interventions for each service modality listed in the Plan?³
39. For the complete audit period, Risk(s) (within last 90 days of assessment of risk) to client (DTS) have plan for containment if applicable?¹
40. For the complete audit period, Risk(s) (within last 90 days of assessment of risk) to others (DTO) have a plan for containment if applicable?¹
41. For the complete audit period, Coordination of care is evident, when applicable?¹
42. For the complete audit period, the Client Plan is updated when there are significant changes in service, diagnosis, focus of treatment, etc.?¹ [DHCS reason for recoupment #5 and #6: CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(5); MHP Contract]
43. Is the most recent required Client Plan signed/dated by MD/NP if applicable?¹
44. Are all Client Plans for the audit period signed/dated by client or legal representative when appropriate or documentation of client refusal or unavailability?¹ [DHCS reason for recoupment #7: CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(5); MHP Contract]
45. Does the most recent required Client Plan (or related progress note) include documentation of the client's participation in and agreement with the Client Plan?¹
46. Does the most recent required Client Plan indicate that the client/representative (signatory) was offered a copy of the plan?¹
47. Are all Client Plans for the audit period completed and signed on time by all required staff (other than MD)?¹ [DHCS reason for recoupment #5 and #6: CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(5); MHP Contract]
48. Does the most recent required Client Plan contain a Tentative Discharge Plan (anticipated timeframe, readiness indicators and/or possible referrals at d/c)?¹

SPECIAL NEEDS:

49. The Client's cultural and communication needs, or lack thereof, have been noted in the most recent required client plan/assessment?¹
50. If identified, were cultural and communication needs addressed as appropriate?¹
51. The Client's physical limitations, or lack thereof, are noted in most recent required client plan/assessment?¹
52. If identified, were physical limitations addressed as appropriate?¹

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MEDICATION LOG, MEDICATION CONSENTS, & E/M SERVICES:

53. Med. log (or note) updated at each visit with date of Rx?¹
54. Med. log (or note) updated at each visit with drug name?¹
55. Med. log (or note) updated at each visit with drug strength/size?¹
56. Med. log (or note) updated at each visit with instruction/frequency of Rx?¹
57. Med. log (or note which requires signature) updated at each visit with prescriber's signature/initials?¹
58. Informed Consent for Medication(s) and JUV 220/3 (req's for foster children) when applicable?³
59. The informed consent form for medications explains each (not simply attestation):⁴ (1) Rx name, (2) specific dosage or range, (3) administration route, (4) expected uses/effects (reasons used), (5) short term and LT (beyond 3 mos.) risks/side effects, (6) available and reasonable alternative treatment, (7) duration of taking the medication, (8) consent once given may be withdrawn at any time, (9) client signature, (10) client name or ID, (11) prescriber signature, (12) indication that client was offered a copy of consent (for item #12 only, if the client speaks a threshold language, to receive credit for this item, the consent or related progress note contains a statement to indicate "the client was offered a copy of the consent in their threshold language" or a statement to indicate that the provider explained, or offered to explain the consent to the client in their threshold language, OR, there should be a copy of the consent in the client's threshold language)
60. E/M progress notes are compliant with E/M documentation standards?⁵

PROGRESS NOTES:

61. There is a progress note (PN) for every service contact?³ (For Day Rehabilitation services a Weekly progress note is required) [DHCS reason for recoupment #9: CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(3); CCR, title 22, chapter 3, section 51458.1(a)(3); MHP Contract]
62. Correct CPT & INSYST service codes?⁵ [DHCS reason for recoupment #19a: CCR, title 9, chapter 11, section 1840.112(b)(3); DMH Letter No. 02-07; CCR, title 22, chapter 3, section 51470(a)]
63. Date of service indicated and correct?⁵ (For Day Rehabilitation services a Weekly progress note with corresponding dates of service is required) [DHCS reason for recoupment #9: CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(3); CCR, title 22, chapter 3, section 51458.1(a)(3); MHP Contract]
64. Location of service indicated and correct?⁵
65. Face-to-Face Time and Total Time are both documented?⁵ (for time based codes only) [DHCS reason for recoupment #10: CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, sections 1840.316 - 1840.322; CCR, title 22, chapter 3, section 51458.1(a)(3)(4)(5); CCR, title 22, chapter 3, section 51470(a); MHP Contract]
66. Time documented on PN equals time claimed?⁵ (not overbilled) [DHCS reason for recoupment #10: CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, sections 1840.316 - 1840.322; CCR, title 22, chapter 3, section 51458.1(a)(3)(4)(5); CCR, title 22, chapter 3, section 51470(a); MHP Contract]
67. Time noted for documentation of service is reasonable?⁵ [DHCS reason for recoupment #10: CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, sections 1840.316 - 1840.322; CCR, title 22, chapter 3, section 51458.1(a)(3)(4)(5); CCR, title 22, chapter 3, section 51470(a); MHP Contract]
68. Documentation content supports amount of direct service time claimed?⁵ [DHCS reason for recoupment #10: CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, sections 1840.316 - 1840.322; CCR, title 22, chapter 3, section 51458.1(a)(3)(4)(5); CCR, title 22, chapter 3, section 51470(a); MHP Contract]
69. PN includes a description of that day's presenting problem/evaluation/behavioral presentation or

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- purpose of service?⁵
70. PN includes a staff SMHS Service intervention component?⁵ [DHCS reason for recoupment #19a: CCR, title 9, chapter 11, section 1840.112(b)(3); DMH Letter No. 02-07; CCR, title 22, chapter 3, section 51470(a)]
 71. PN includes a description of that day's client response to interventions?⁵
 72. PN includes a description of client's and/or staff's plan/follow-up including referrals to community resources and other agencies and any follow up care when appropriate?⁵
 73. If a Group Service PN, the time is calculated correctly and the # of clients served is included in the note?⁵ [DHCS reason for recoupment #14: CCR, title 9, chapter 11, section 1840.314(c); CCR, title 9, chapter 11, section 1840.316(b)(2)]
 74. Services are related to current mental health objectives listed in Client Plan?⁵ [DHCS reason for recoupment #5 and #6: CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(5); MHP Contract]
 75. Unresolved issues from prior services addressed, if applicable?¹
 76. PN is signed?⁵ [DHCS reason for recoupment #15: MHP Contract]
 77. PN signature is dated?⁵
 78. PN signature contains Medi-Cal designation: Licensed/registered/waivered/MHRS/Adjunct?⁵
 79. Completion line after signature?⁵ (N/A If EHR notes)
 80. Service provided while client was NOT in a lock-out?⁵ (i.e. IMD, jail, etc.)? [DHCS reason for recoupment #11: CCR, title 9, chapter 11, section 1840.312(g-h); CCR, title 9, chapter 11, sections 1840.360-1840.374; Code of Federal Regulations (CFR), title 42, part 435, sections 435.1008 – 435.1009; CFR, title 42, section 440.168; CCR, title 22, section 50273(a)(1-9); CCR, title 22, section 51458.1(a)(8); United States Code (USC), title 42, chapter 7, section 1396d]
 81. Service provided while client was NOT in juvenile hall?⁵ [DHCS reason for recoupment #12: CFR, title 42, sections 435.1008 – 435.1009; CCR, title 22, section 50273(a)(1-9)]
 82. Service provided was NOT for supervision, academic educational svc, vocational svc, recreation and/or socialization?⁵ [DHCS reason for recoupment #13: CCR, title 9, chapter 11, section 1840.312(a-d); CCR, title 9, chapter 11, section 1810.247; CCR, title 22, chapter 3, section 51458.1(a)(5)(7)]
 83. Service provided was NOT transportation related?⁵ [DHCS reason for recoupment #16: CCR, title 9, chapter 11, section 1810.355(a)(2), CCR, title 9, chapter 11, section 1840.312(f); CCR, title 9, chapter 11, section 1810.247; CCR, title 9, chapter 11, section 1840.110(a); DMH Letter No. 02-07]
 84. Service provided was NOT clerical related?⁵ [DHCS reason for recoupment #17: CCR, title 9, chapter 11, section 1840.312(f); CCR, title 9, chapter 11, section 1810.247; CCR, title 9, chapter 11, section 1840.110(a); CCR, title 9, chapter 11, section 1830.205(b)(3)]
 85. The service was NOT payee related?⁵ [DHCS reason for recoupment #18: CCR, title 9, chapter 11, section 1840.312(f); CCR, title 9, chapter 11, section 1810.247; CCR, title 9, chapter 11, section 1840.110(a); CCR, title 9, chapter 11, section 1830.205(b)(3)]
 86. The case was open to the provider at the time of service?⁵ [DHCS reason for recoupment #19a: CCR, title 9, chapter 11, section 1840.112(b)(3); DMH Letter No. 02-07; CCR, title 22, chapter 3, section 51470(a)]
 87. The client was NOT deceased at the time of service?⁵ [DHCS reason for recoupment #19a: CCR, title 9, chapter 11, section 1840.112(b)(3); DMH Letter No. 02-07; CCR, title 22, chapter 3, section 51470(a)]
 88. The service was NOT a non-billable Activity for Completion of ACBHCS Screening Tool?⁵ [DHCS reason for recoupment #19a: CCR, title 9, chapter 11, section 1840.112(b)(3); DMH Letter

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- No. 02-07; CCR, title 22, chapter 3, section 51470(a)]*
89. The PN does NOT indicate a duplication of service?⁵ [DHCS reason for recoupment #19a: CCR, title 9, chapter 11, section 1840.112(b)(3); DMH Letter No. 02-07; CCR, title 22, chapter 3, section 51470(a)]
90. The service was NOT supervision related?⁵ [DHCS reason for recoupment #19a: CCR, title 9, chapter 11, section 1840.112(b)(3); DMH Letter No. 02-07; CCR, title 22, chapter 3, section 51470(a)]
91. If the PN documents a discharge note/summary, it is only billed as part of a billable service with the client present OR it contains activity for referral purposes?⁵ [DHCS reason for recoupment #19a: CCR, title 9, chapter 11, section 1840.112(b)(3); DMH Letter No. 02-07; CCR, title 22, chapter 3, section 51470(a)]
92. The PN was finalized within (5) five business days?⁵
93. If the PN is late, "late note" is indicated in the body of the PN?⁵
94. Progress note documents the language that the service is provided in (or note in Assessment that client is English-speaking & all services to be provided in English)?⁵
95. Progress note indicates interpreter services were used, and relationship to client is indicated, if applicable?⁵
96. Service was provided within the scope of practice of the person delivering the service?⁵ [DHCS reason for recoupment #19d: CCR, title 9, chapter 11, section 1840.314(d)]

CHART MAINTENANCE:

97. Admission date is noted correctly?¹ (EOD noted in chart should match Insyst)
98. Emergency contact info in designated location in file/HER?¹
99. Releases of information, when applicable?³
100. Writing is legible?⁴ (areas reviewed: Assessments, Client Plans, non-clinical forms, PN's, and MD documents)
101. Signatures are legible (or printed name under signature or signature sheet)?⁴ (areas reviewed: Assessments, Client Plans, non-clinical forms, PN's, MD documents)
102. When done, service-related client (personal) correspondence is provided in the client's preferred language?¹
103. When indicated, treatment specific information is provided to the client in an alternative format (e.g. Braille, audio, large print, etc.)?¹
104. Filing is done appropriately?¹
105. Client identification is present on each page in the clinical record? (areas reviewed: Assessment, Client Plans, non-clinical forms, PN's, MD documents)⁴
106. If the client has been discharged, the date indicated in the discharge note/summary matches the date?¹
107. The documentation in the chart does not contain significant cut and paste activity?⁴ (areas reviewed: Assessment, Client Plans, non-clinical forms, PN's, MD documents)
108. The documentation in the chart uses only county-designated acronyms and abbreviations?¹

DAY REHABILITATION:

109. Does the Written Weekly Schedule for the audit period show that a community meeting has occurred at least once a day?¹ [DHCS reason for recoupment #19a: CCR, title 9, chapter 11, section 1840.112(b)(3); DMH Letter No. 02-07; CCR, title 22, chapter 3, section 51470(a)]
110. Does the Written Weekly Schedule for the audit period show that the community meeting included a staff person who is a physician, a licensed/waivered/registered psychologist, clinical social worker or marriage and family therapist; or a registered nurse, psychiatric technician,

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- licensed vocational nurse, or mental health rehabilitation specialist?¹ [DHCS reason for recoupment #19a: CCR, title 9, chapter 11, section 1840.112(b)(3); DMH Letter No. 02-07; CCR, title 22, chapter 3, section 51470(a)]
111. Does the Written Weekly Schedule for the audit period show that the therapeutic milieu includes Process Groups?¹ (Day Rehabilitation may include psychotherapy instead of process groups, or in addition to process groups) [DHCS reason for recoupment #19a: CCR, title 9, chapter 11, section 1840.112(b)(3); DMH Letter No. 02-07; CCR, title 22, chapter 3, section 51470(a)]
112. Does the Written Weekly Schedule for the audit period show that the therapeutic milieu includes Skill Building Groups?¹ [DHCS reason for recoupment #19a: CCR, title 9, chapter 11, section 1840.112(b)(3); DMH Letter No. 02-07; CCR, title 22, chapter 3, section 51470(a)]
113. Does the Written Weekly Schedule for the audit period show that the therapeutic milieu includes Adjunctive Therapies?¹ [DHCS reason for recoupment #19a: CCR, title 9, chapter 11, section 1840.112(b)(3); DMH Letter No. 02-07; CCR, title 22, chapter 3, section 51470(a)]
114. Does the documentation show the total number of minutes/hours the client attended the program?¹ [DHCS reason for recoupment #19a: CCR, title 9, chapter 11, section 1840.112(b)(3); DMH Letter No. 02-07; CCR, title 22, chapter 3, section 51470(a)]
115. If the client is unavoidably absent, does the documentation show the total time (number of hours and minutes) the client actually attended the program that day?¹ [DHCS reason for recoupment #19a: CCR, title 9, chapter 11, section 1840.112(b)(3); DMH Letter No. 02-07; CCR, title 22, chapter 3, section 51470(a)]
116. If the client is unavoidably absent, does the documentation show that the client was present for at least 50 percent of the scheduled hours of operation for that day?¹ [DHCS reason for recoupment #19a: CCR, title 9, chapter 11, section 1840.112(b)(3); DMH Letter No. 02-07; CCR, title 22, chapter 3, section 51470(a)]
117. If the client is unavoidably absent, is there a separate entry in the record documenting the reason for the unavoidable absence?¹ [DHCS reason for recoupment #19a: CCR, title 9, chapter 11, section 1840.112(b)(3); DMH Letter No. 02-07; CCR, title 22, chapter 3, section 51470(a)]
118. If absences are frequent, does the documentation show that the provider has re-evaluated the client's need for Day Rehabilitation and has taken appropriate action?¹ [DHCS reason for recoupment #19a: CCR, title 9, chapter 11, section 1840.112(b)(3); DMH Letter No. 02-07; CCR, title 22, chapter 3, section 51470(a)]
119. Does the documentation show that there was at least one contact per month with a family member, caregiver or other significant support person identified by an adult client, or one contact per month with the legally responsible adult for a minor client, that focuses on the role of the support person in supporting the client's community reintegration; and that this contact occurred outside the hours of operation?¹ [DHCS reason for recoupment #19a: CCR, title 9, chapter 11, section 1840.112(b)(3); DMH Letter No. 02-07; CCR, title 22, chapter 3, section 51470(a)]
120. Does the documentation for the audit period show for Half Day: the client received face-to-face services a minimum of three (3) CONTINUOUS hours each day the program was open; or for Full Day: the client received CONTINUOUS face-to-face services in a program with services available more than four (4) hours per day?¹ [DHCS reason for recoupment #19a: CCR, title 9, chapter 11, section 1840.112(b)(3); DMH Letter No. 02-07; CCR, title 22, chapter 3, section 51470(a)]
121. Does the documentation for the audit period show there is at least one staff person present and available to the group in the therapeutic milieu?¹ [DHCS reason for recoupment #19a: CCR, title 9, chapter 11, section 1840.112(b)(3); DMH Letter No. 02-07; CCR, title 22, chapter 3, section 51470(a)]

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122. Does the documentation for the audit period show there is at least one staff (MHRS or above) to every ten clients in attendance or two staff to more than 12 clients attending during the period the program is open?¹ [DHCS reason for recoupment #19a: CCR, title 9, chapter 11, section 1840.112(b)(3); DMH Letter No. 02-07; CCR, title 22, chapter 3, section 51470(a)]
123. Is there a Written Program Description which describes the specific activities of each service and reflects each of the required components of the services?¹ [DHCS reason for recoupment #19a: CCR, title 9, chapter 11, section 1840.112(b)(3); DMH Letter No. 02-07; CCR, title 22, chapter 3, section 51470(a)]
124. Is there a Written Weekly Schedule for the audit period which identifies when and where the service components will be provided and by whom?¹ [DHCS reason for recoupment #19a: CCR, title 9, chapter 11, section 1840.112(b)(3); DMH Letter No. 02-07; CCR, title 22, chapter 3, section 51470(a)]
125. Does the Written Weekly Schedule for the audit period list the program staff, their qualifications, and the scope of their services?¹ [DHCS reason for recoupment #19a: CCR, title 9, chapter 11, section 1840.112(b)(3); DMH Letter No. 02-07; CCR, title 22, chapter 3, section 51470(a)]
126. If the Provider uses staff who are also staff with other responsibilities (e.g., as staff of a group home, a school, or another mental health treatment program), is there documentation for the audit period of the scope of responsibilities for these staff and the specific times in which Day Rehabilitation activities are being performed exclusive of other activities?¹ [DHCS reason for recoupment #19a: CCR, title 9, chapter 11, section 1840.112(b)(3); DMH Letter No. 02-07; CCR, title 22, chapter 3, section 51470(a)]
127. Is there a Mental Health Crisis Protocol?¹ [DHCS reason for recoupment #19a: CCR, title 9, chapter 11, section 1840.112(b)(3); DMH Letter No. 02-07; CCR, title 22, chapter 3, section 51470(a)]
128. Does the documentation show that services were authorized in advance if provided more than five days per week?¹ [DHCS reason for recoupment #19a: CCR, title 9, chapter 11, section 1840.112(b)(3); DMH Letter No. 02-07; CCR, title 22, chapter 3, section 51470(a)]
129. Does the documentation show that services were authorized at least every 6 months for continuation of day rehab services?¹ [DHCS reason for recoupment #19a: CCR, title 9, chapter 11, section 1840.112(b)(3); DMH Letter No. 02-07; CCR, title 22, chapter 3, section 51470(a)]
130. Does the documentation show that the provider requested authorization for mental health services provided concurrently with day rehabilitation, excluding services to treat emergency and urgent conditions?¹ [DHCS reason for recoupment #19a: CCR, title 9, chapter 11, section 1840.112(b)(3); DMH Letter No. 02-07; CCR, title 22, chapter 3, section 51470(a)]

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