Behavioral Health Department
Alameda County Health

# Specialty Mental Health System of Care Audit

Audit Period: 2nd Quarter of Fiscal Year 2022/2023
Dates of Service: September 1, 2022 to November 30, 2022

Report Published: July 2024

**AC Health, Behavioral Health Department (ACBHD)**
**Quality Assurance**
2000 Embarcadero Cove, Suite 305
Oakland, CA 94606
(510) 567 – 8105

## Introduction

The ACBHD Quality Assurance (QA) division completes annual audits of the Specialty Mental Health Services (SMHS) systems of care. An audit of the SMHS system of care was completed by QA for the audit period Q2 Fiscal Year (FY) 2022/2023. At the time of issuance of this report, each provider has received their individual Audit Findings Report detailing their audit results, required follow-ups, and Corrective Action Plan (CAP) or Quality Improvement Plan (QIP) templates, listing items to be addressed. Appeal information has been shared with providers and any appeals received have been reviewed and resolved by QA and notification sent to providers. Where QIPs, CAPs, or recoupments were necessary, QA has been working with individual providers and internal ACBHD teams (e.g., Finance) to follow up, as appropriate.

This report is an aggregate analysis of the findings and rates of compliance with documentation standards, inclusive of disallowances, established by the Department of Health Care Services (DHCS), for services claimed to Medi-Cal. In cases where a disallowance was identified, additional claims outside the audit period may have also been subject to recoupment.

## Methodology

The QA division selects a random sample of all submitted SMHS claims for Adult/Older Adult and Child/Young Adult Medi-Cal beneficiaries, for the audit period, from the ACBHD Medi-Cal claiming system. Selected charts are reviewed for compliance with Medi-Cal claiming requirements and quality of care documentation standards.

The following quality review categories were evaluated during this audit: Assessments (A), Problem List (PL), Progress Notes (PN), Other Documents (OD), Special Services (SS), and Billing (B).

Quality review categories are inclusive of reasons for claims disallowances but not all adverse findings result in disallowance and recoupment. Categories that do not apply to specific charts are scored as N/A and not incorporated into the final score for that category.

## Review Categories and Audit Tool

On December 10, 2021, DHCS released Behavioral Health Information Notice (BHIN) No: 21-073. This BHIN resulted in significant changes to SMHS effective January 1, 2022 including the following:

- Updated SMHS medical necessity and clarified access criteria for outpatient services.
- Clarified that Medi-Cal may be claimed for good-faith activities provided during assessment period, prior to the determination of a diagnosis, without

completion of a treatment plan, and when there is a co-occurring substance use disorder.
- Eliminated lists of included diagnoses.

The cases reviewed for this audit were evaluated based on these new requirements.

Additionally, California Mental Health Services Authority (CalMHSA)[1] published an audit tool containing both quality and compliance items for SMHS providers. The CalMHSA audit tool was utilized for this audit and is attached to this document.

## Audit Results

This audit involved review of charts for **Quarter 2, FY 2022/2023** and dates of service **September 1, 2022 through November 30, 2022**. Ten (10) providers, ten (10) charts, six (6) from Child/Young Adult and four (4) from Adult/Older Adult systems, and 185 claims were reviewed for this audit.

**There were eight (8) claims disallowances identified during this audit for a total recoupment of $4,302.61. The claims compliance rate for this audit was 96% (8 of 185 claims).**

**The overall quality compliance rate was 81%.** The overall quality compliance rate for the period previously audited (Q3 FY 2021-2022) was 96%. Since a new audit tool was utilized for this audit, it is difficult to make assumptions regarding the change in compliance rates between these two audit periods.

The following tables provide additional details related to the audit findings.

| Table #1. Disallowances by Dollar Amount | | |
|---|---|---|
| Claim Status | Claims Reviewed | Dollars |
| Allowed | 177 | $97,049 |
| Disallowed | 8 | $4,303 |
| Total Q2 2022-2023 | 185 | $101,352 |

| Table #2. Disallowances by Population | | | | |
|---|---|---|---|---|
| Provider Type | Number of Claims Reviewed | Number of Claims Disallowed | Percent of Claims Disallowed | Dollars |
| Child/Young Adult | 130 | 2 | 2% | $2,932 |
| Adult/Older Adult | 55 | 6 | 11% | $1,371 |
| All | 185 | 8 | 4% | $4,303 |

[1] CalMHSA is an independent administrative and fiscal public entity representing California counties.

The overall quality compliance rate across all charts ranged from 71% to 92%, with Child/Young Adult provider scores ranging from 71% to 86% and Adult/Older Adult scores ranging from 76% to 92%.

| Table #3. Quality Review Compliance by Population | | | |
|---|---|---|---|
| Number of Child/Young Adult Charts | Number of Adult/Older Adult Charts | Quality Compliance Range | Percentage |
| 0 | 1 | 90% - 100% | 10% |
| 3 | 2 | 80% - 89% | 50% |
| 3 | 1 | 70% - 79% | 40% |
| 0 | 0 | <69% | 0% |

| Table #4. Quality Review Compliance by Category | |
|---|---|
| Categories | Compliance % |
| Assessment | 89% |
| Problem List | 73% |
| Progress Notes | 86% |
| Other Documents | 50% |
| Special Services | 33% |
| Billing | 91% |

## Summary and Next Steps

A new audit tool was used for this audit. Results showed a claims compliance rate of 96% and overall quality compliance rate of 81% across the charts that were reviewed. Disallowances and recoupments focused on issues involving Fraud, Waste, and Abuse, with no providers appealing their findings. For the categories that were found to be non-compliant, the following common issues were identified:

- Missing or incomplete medical history section, such as the information of the primary care provider or past medication usage
- Missing co-occurring substance use disorder diagnosis or adequate follow-up
- Late entry of Progress Notes, beyond 3 business days for routine and 24 hours for crisis notes
- Problem Lists not consistently updated to reflect the beneficiary's current condition
- Progress Notes not adequately explaining gaps in continuous service
- Insufficient documentation of safety risks, including the use of safety plans, or timely completion of risk assessments
- Missing the appropriate telehealth consent form/notes
- Incomplete Release of Information forms
- Procedure codes not matching the service described, with no recoupments since no overbilling occurred

- Rationale for extended brokerage/targeted case management services not clearly documented

Individual provider QIPs addressing the above issues were reviewed by QA. Examples of plans included improving clinical note templates in Electronic Health Records to better capture the required information, training and re-training of staff, and more frequent review of charts by agency QA teams, using the Clinical Quality Review Team (CQRT) tool, to ensure compliance with these items.

For more details related to the specific data or if you have any questions related to this audit and its findings, please contact QA.Audits@acgov.org.

Sincerely,

Torfeh Rejali, LMFT

Torfeh Rejali, LMFT
Division Director, Quality Assurance

cc: Karyn Tribble, ACBH Director
Aaron Chapman, Behavioral Health Medical Director and Chief Medical Officer
James Wagner, Deputy Director, Clinical Operations
Vanessa Baker, Deputy Director, Plan Administrator
Karen Capece, Quality Management Program Director
Wendi Vargas, Contracts Director
Lisa Moore, Billing and Benefits Support Director
Cecilia Serrano, Finance Director
Rickie Michelle Lopez, Assistant Finance Director
Jill Louie, Budget and Fiscal Services Director
Andrea Judkins, Revenue Manager
Mandy Chau, Audit and Cost Reporting Director
Anaa Reese, Compliance and Privacy Officer
LaPhonsa Gibbs, Interim Director, Child and Young Adult System of Care
Kate Jones, Director, Adult and Older Adult System of Care

## References

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

- CA Code of Regulations, Title 9
- CalMHSA Clinical Staff Documentation Guide
- ACBHD Guidelines for Scope of Practice (MH)
- MHP Contract
- Behavioral Health Information Notice 22-019

## Attachments

CalMHSA Audit Tool