Behavioral Health Department
Alameda County Health

Specialty Mental Health Services Audit Tool

Items in **bold are requirements identified by DHCS as reasons for recoupment if not compliant and/or in certain conditions.**

QRI#	ASSESSMENTS	Result
1	Was the individual's assessment completed within a reasonable time and in accordance with generally accepted standards of practice? This includes a typed or legibly printed name, signature of the service provider, and date of signature.	
2	Domain 1: Presenting Problem(s), Current Mental Status, History of Presenting Problem(s) and Beneficiary-Identified Impairment(s)	
3	Domain 2: Trauma	
4	Domain 3: Behavioral Health History, Comorbidity	
5	Domain 4: Medical History and Medications (Physical Health Conditions, Current and Past Medications, Developmental History)	
6	Domain 5: Social and Life Circumstances, Culture/Religion/Spirituality	
7	Domain 6: Strengths, Risk Behaviors and Safety Factors	
8	Domain 7: Clinical Summary and Recommendations, Diagnostic Impression, Medical Necessity Determination/Level of Care/Access Criteria	
9	Are all applicable diagnoses, including any substance use disorders, present and consistent with the information noted in the assessment?	
10	**Does the clinical record substantiate the beneficiary's need for Specialty Mental Health Services (SMHS) [Medical Necessity; Criteria for beneficiary access to SMHS] as appropriate to their age? If no, identify the services in the Services Addendum.** BHIN 21-073	
Assessments Comments (if none, enter "N/A"):		

QRI#	PROBLEM LIST	Result
11	Is there a problem list present in the chart?	
12	Does the problem list include diagnosis/es and problems? Are problems or illnesses identified by the member and/or significant support person included in the problem list?	
13	Does the problem list include the date, name, and title of the provider that identified, added, or resolved the problem? Are the diagnosis/es and problems identified by a provider acting within their scope of practice?	
14	Has the problem list been updated on an ongoing basis to reflect the current client needs and within a reasonable time? Has the problem list been updated any time there is a relevant change to the beneficiary's condition?	
Problem List Comments (if none, enter "N/A"):		

QRI#	PROGRESS NOTES	Result
15	Were the majority of progress notes finalized within 3 business days (with the exception of progress notes for crisis services, which shall be completed within 24 hours)?	
16	Do all progress notes include required elements? 1) date of service, 2) service type rendered, 3) contacts made, 4) duration of direct patient care for the service, 5) location of service (indicate telehealth when applicable), 6) evidence based practice, 7) if the service is provided in a language other than English, the language is noted	
17	Do progress notes describe the SMHS interventions being provided?	
18	Do all progress notes include a brief summary of next steps to be taken by the provider?	
19	Do group progress notes include required elements? 1) description of the client's response to the service, 2) total number of beneficiaries participating in the service, 3) for services involving one or more providers also include: (a) total number of providers and their specific involvement in delivering the service, (b) time involved in delivering the service for each provider (includes travel and documentation), 4) participant list.	
20	**Are progress notes signed (or the electronic equivalent) and dated by the person providing the service?** MHP Contract, BHIN 23-068.	
21	For clients diagnosed with a co-occurring substance use disorder (SUD), do progress notes document specific integrated mental health treatment approaches, when appropriate?	
22	If necessary, were relevant substance use disorder treatment referrals provided and documented in a progress note?	
23	For clients with physical health needs related to their mental health treatment, do progress notes document that physical health care is integrated into treatment through education, resources, referrals, symptom management and/or care coordination with physical healthcare providers?	
24	Are any gaps in service delivery supported by non-billable notes or explained elsewhere in the clinical record?	
25	Does the chart as a whole include evidence of care coordination across providers, agencies, county systems (e.g., child welfare and Behavioral Health (BH)), significant support person(s) and/or between delivery systems (Managed Care Plan (MCP) and Mental Health Plan (MHP))?	
26	Based on the documentation as a whole, is there evidence that treatment is high quality, person centered, culturally responsive, and aligned with client needs?	

27	For clients with safety risks, do progress notes document ongoing assessment, clinical monitoring, and intervention(s) that relate to the level of risk, when appropriate?	
Progress Notes Comments (if none, enter "N/A"):		

QRI#	OTHER DOCUMENTATION	Result
28	Is there evidence of informed consent in the client record? Link to ACBHD Informing Material: https://bhcsproviders.acgov.org/providers/QA/General/informing.htm	
29	If telehealth or telephone services are provided, is there documented consent (written or verbal) specific to the provision of telehealth services prior to initial delivery of services? Link to Telehealth Consent Requirements: https://bhcsproviders.acgov.org/providers/QA/docs/qa_manual/7-10-Telehealth-Consent-2023.pdf	
30	If client receives Medication Services, were medication consent requirements followed? https://bhcsproviders.acgov.org/providers/QA/docs/qa_manual/7-9-medication-consent-form-2023.pdf	
31	Are valid Releases of Information on file, as appropriate?	
32	For clients whose primary language is not English, is there evidence of informing materials provided to client in primary language or documented evidence that informing materials were explained to client in their primary language with acknowledgement of understanding?	
33	Are outcome measures (e.g., Child and Adolescent Needs and Strengths (CANS) and Pediatric Symptoms Checklist 35 (PSC-35) completed as required (if applicable)? Link to SMHS Supplemental Documentation Guide: https://bhcsproviders.acgov.org/providers/QA/docs/qa_manual/7-2_Doc_Manual_Post_CalAIM_11.6.24.pdf	
34	Is the CQRT Tracking Tool (and CQRT Checklist if applicable) received and demonstrate compliance with CQRT process? Link to CQRT Procedures: https://bhcsproviders.acgov.org/providers/QA/docs/qa_manual/8-2-CQRT-Procedures.pdf	
35	Do the MHP records include a copy of the client's Screening Tool or Transition of Care Tool, if applicable?	
Other Documentation Comments (if none, enter "N/A"):		

QRI#	SPECIALIZED SERVICES	Result
36	If client receives Targeted Case Management (TCM) services, is there a completed care plan documented within the client record? Link to ACBHD Documentation Requirements: https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fbhcsproviders.acgov.org%2Fproviders%2FQA%2Fmemos%2F2022%2FCalAIM%2520Documentation%2520MH%2520and%2520SUD%2520QRG.docx&wdOrigin=BROWSELINK	
37	If client receives Peer Support Services (PSS) services from a Certified Peer Support Specialist, is there a completed care plan documented within the client record? Link to PSS Requirements: https://www.dhcs.ca.gov/services/Pages/Peer-Support-Services.aspx	
38	If the program is a Full Service Partnership (FSP), is there a completed Individual Services and Supports Plan (ISSP) in the client record? Link to ISSP Requirements: https://www.dhcs.ca.gov/Documents/BHIN-23-068-Documentation-Requirements-for-SMH-DMC-and-DMC-ODS-Services.pdf	
39	Has an individualized screening been completed for ICC, IHBS, and/or TFC services, when applicable? If client has an open Child Welfare Services (CWS) case, has eligibility and authorization for ICC and/or IHBS been established?	
40	If client receives Therapeutic Behavioral Services (TBS), Intensive Home-Based Services (IHBS), Therapeutic Foster Care (TFC), and/or Intensive Care Coordination (ICC), is there a completed care plan documented within the client record? Link to ICC/IHBS Child and Family Team (CFT) Client Care Plan Instructions & Form: https://bhcsproviders.acgov.org/providers/QA/memos/2023/ICC-IHBS-Care-Plan-Memo-2023.2.27-Care-Plan.pdf	
41	If receiving ICC and/or IHBS services, does the client record contain documentation that a Child and Family Team (CFT) meeting has occurred within 30 days of intake and at a minimum of every 90 days thereafter? **If CFT meeting timelines are not met, does chart include documentation of reasons for postponement and efforts to reschedule CFT meetings?	
Specialized Services Comments (if none, enter "N/A"):		

QRI#	BILLING	Result
42	**There is no evidence of fraud, waste or abuse. If identified, note the claims in the Claims Summary.**	
43	**Services were not provided while the client was in a Medi-Cal lockout place of service (e.g., Psychiatric Inpatient, Institution for Mental Disease (IMD), juvenile hall*, jail)? If identified, note the claims in the Claims Summary.** **Note: For dependent minors in juvenile detention, Medi-Cal services can be provided prior to disposition, if there is a plan to make the minor's stay temporary (CCR, title 22, section 50273(c)(5)) and after adjudication for release into community (CCR, title 22, section 50273(c)(1)).** CCR, title 9, chapter 11, section 1840.312(g-h); CCR, title 9, chapter 11, sections 1840.3601840.374; 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, Code of Federal Regulations, title 42, sections 435.1009 – 435.1010; CCR, title 22, section 50273(a)(5-8), (c)(1, 5); title 22, section 51458.1(a)(8).	

44	**Was the beneficiary eligible to receive Medi-Cal services and was Medi-Cal eligibility documented on a monthly basis in the clinical record?**	
45	**Is there documentation of a valid allowable service for every claim billed within the review period? If no, identify the claims in the Claims Summary.** CCR, title 9, section 1840.112(b)(3); BHIN 22-019; MHP Contract, Exhibit E, Attachment 1); CCR, title 22, section 51458.1(a)(3)(7).	
46	**For all progress notes, did the service that was claimed (procedure code) match the service documented in the progress note? If no, identify the claims in the Services Addendum only if the error resulted in overbilling.** CCR title 9, sections 1840.316 - 1840.322, and 1810.440(c), MHP Contract; CCR, title 9, section 1840.112(b)(3); CCR, title 22, section 51458.1(a)(3).	
47	**Was the CPT/HCPC code (or codes) (e.g., primary, add-on, or supplemental) used according to rules in place on the date of the service?**	
48	**Do all units of time for services match the amount of time documented in the progress note?** **Recoupment is limited to mismatches that result in overbilling.** CCR title 9, sections 1840.316 -1840.322, and 1810.440(c); MHP Contract; CCR, title 9, section 1840.112(b)(3); CCR, title 22, section 51458.1(a)(3).	
49	**Do individual and/or group progress notes with multiple providers clearly identify the number of providers and the specific involvement and interventions of each provider? If no, identify the claims in the Claims Summary.** CCR, title 9, section 1840.316(b)(2); Medi-Cal Billing Manual, Chapter 7, section 7.5.5; CCR, title 22, section 51458.1(a)(3).	
50	**Are all documented services within the scope of practice of the provider? If no, identify the claims in the Claims Summary.** CCR, title 9, section 1840.314(d); BHIN 23-068	
51	**Were all services billable according to Title 9; with no services claimed that were solely academic, vocational, recreation, socialization, transportation, clerical, or payee related? If no, identify the claims in the Services Addendum.** CCR, title 9, sections 1810.247, 1810.345(a), 1810.355(a)(2), 1830.205(b)(3), 1840.312(a-f) CCR, title 22, section 51458.1(a)(7).	
Billing Comments (if none, enter "N/A"):		