Behavioral Health Department
Alameda County Health

CHART REVIEW RESULTS

Provider Name	
Program Name and RU Number	
Client Number	
Review Period	

Total Services	
Number of Disallowed Services	0
Disallowance Rate (%)	#DIV/0!
Total Disallowed ($)	$0.00
Action Plan Required	Corrective Action Plan (CAP)

Strengths

Quality Improvement Recommendations

Below you will find our quality review findings for your review and consideration. Our goal in sharing quality findings with agencies is to improve the quality and outcomes of care for clients. It is our hope that you will find this feedback of value.

The overall Quality Compliance Score for this audit for your program was [enter total compliance]. The Quality Review determined if the standards for documentation of Medi-Cal Specialty Mental Health Services had been met. For this audit, we analyzed eight (8) Quality Review Categories, with seventy one (71) Quality Review Items. They included the following categories: Consents & Other Documentation, Assessments, Problem List, Progress Notes, Specialized Services, ICC, IHBS, &/or TFC, Chart Overview and Discharge.

The table below titled "Compliance Rate by Category" provides your overall score for each Quality Review category. The following pages include your scores for each question within the categories that were reviewed, as well as relevant comments for consideration and follow up. Your Claims Summary, which highlights any applicable disallowances, is included at the end of this report. Please refer to your individualized provider letter for next steps.

Compliance Rate by Category

Category	Total QRIs	Total Scored QRIs	Non-Compliant Findings	Compliance Rate of Scored QRIs
Consents & Other Documentation	7	0	0	N/A
Assessments	11	0	0	N/A
Problem List	4	0	0	N/A
Progress Notes	20	0	0	N/A
Specialized Services	4	0	0	N/A
ICC, IHBS, &/or TFC	13	0	0	N/A
Chart Overview	8	0	0	N/A
Discharge	4	0	0	N/A
Total Compliance	**71**	**0**	**0**	**100%**

Behavioral Health Department
Alameda County Health

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES AUDIT TOOL

Provider: Fill in Provider Name/Program Name

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

QRI#	CONSENTS & OTHER DOCUMENTATION	RESULT
1	Has the ACBHD Informing Materials/Consent to Treat Acknowledgement of Receipt page for the audit period been completed and signed by the due date? Link to ACBHD Informing Material: https://bhcsproviders.acgov.org/providers/QA/General/informing.htm	
2	If telehealth 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/7-7_ACBH_TeleHealth_Form-English.pdf	
3	If the member receives Medication Services, were medication consent requirements followed? Link to Medication Consent Form: https://bhcsproviders.acgov.org/providers/QA/docs/qa_manual/7-9-medication-consent-form-2023.pdf	
4	Are valid Releases of Information on file, as appropriate?	
5	For members whose primary language is not English, is there evidence of informing materials provided to the member in their primary language or documented evidence that informing materials were explained to the member in their primary language with acknowledgement of understanding?	
6	If applicable, are outcome measures (e.g., Child and Adolescent Needs and Strengths (CANS) and Pediatric Symptoms Checklist 35 (PSC-35) completed as required? 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	
7	If applicable, does the record include a copy of the member's Screening Tool or Transition of Care Tool? Link to DHCS Screening & Transition of Care Tools: https://www.dhcs.ca.gov/Pages/Screening-and-Transition-of-Care-Tools-for-Medi-Cal-Mental-Health-Services.aspx	
Consents & Other Documentation Comments (if none, enter "N/A"):		

QRI#	ASSESSMENTS	RESULT
8	Was the 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.	
9	Domain 1: Presenting Problem(s), Current Mental Status, History of Presenting Problem(s) and Beneficiary-Identified Impairment(s)	
10	Domain 2: Trauma	
11	Domain 3: Behavioral Health History, Comorbidity	
12	Domain 4: Medical History and Medications (Physical Health Conditions, Current and Past Psychotropic Medications, Developmental History)	
13	Domain 5: Social and Life Circumstances, Culture/Religion/Spirituality	
14	Domain 6: Strengths, Risk Behaviors and Safety Factors	

15	Domain 7: Clinical Summary and Recommendations, Diagnostic Impression, Medical Necessity Determination/Level of Care/Access Criteria	
16	Are diagnoses and ICD-10 codes established by staff according to their scope of practice, or do they have required co-signatures?	
17	Are all applicable behavioral health diagnoses, including any substance use disorders, present and consistent with the information noted in the assessment?	
18	Is the diagnosis consistent between the billing system and the EHR?	
Assessments Comments (if none, enter "N/A"):		

QRI#	PROBLEM LIST	RESULT
19	Is there a Problem List present in the chart? Link to CalMHSA Documentation Guides: https://www.calmhsa.org/clinical-practice/	
20	Does the Problem List include diagnosis/es and problems? Are problems or illnesses identified by the member and/or significant support person included on the Problem List?	
21	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?	
22	Has the Problem List been updated on an ongoing basis to reflect the member's current condition and within a reasonable time? Has the Problem List been updated any time there is a relevant change to the member's condition?	
Problem List Comments (if none, enter "N/A"):		

QRI#	PROGRESS NOTES	RESULT
23	Were the majority of Progress Notes finalized within three (3) business days (with the exception of Progress Notes for crisis services, which shall be completed within one (1) calendar day)?	
24	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, and 7) if the service is provided in a language other than English, the language is noted.	
25	Do the Progress Notes document the SMHS interventions delivered and demonstrate individualized, clinically relevant interventions that address the member's current needs?	
26	Do the Progress Notes refrain from using copy-and-paste language, such as repeated sections or interventions carried over from prior notes without meaningful updates aligned with the member's current condition and needs?	
27	Do all Progress Notes include a brief summary of next steps to be taken by the provider?	
28	Do group Progress Notes include required elements? 1) description of the member's response to the service, 2) participant list, 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)	
29	**Are Progress Notes signed (or the electronic equivalent) and dated by the person providing the service?**	
30	For members diagnosed with a co-occurring Substance Use Disorder (SUD), do Progress Notes document specific integrated mental health treatment approaches, when appropriate?	

31	If clinically relevant, were appropriate SUD treatment referrals provided and documented in a Progress Note?	
32	For members with medical/physical health needs related to their mental health treatment, do Progress Notes document that appropriate medical care is integrated into treatment through education, resources, referrals, symptom management and/or care coordination with medical care providers?	
33	Are any gaps in service delivery supported by non-billable notes or explained elsewhere in the clinical record?	
34	For members with safety risks, do progress notes document ongoing assessment, clinical monitoring, and intervention(s) that relate to the level of risk, when appropriate?	
35	**Do the dates of service listed on the Progress Notes match the dates of service listed on all claims?**	
36	**Did the service that was claimed (procedure code) align with the service activities documented in the Progress Note?**	
37	**Did the amount of time claimed match the amount of time documented in the progress note?**	
38	**Was the CPT/HCPCS code (or codes) (e.g., primary, add-on, or supplemental) in the Progress Notes used according to rules in place on the date of the service?**	
39	**Do the services documented in the Progress Note justify the amount of time billed?**	
40	**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?**	
41	**Are all documented services within the scope of practice of the provider?**	
42	**Were all services billable according to Title 9; with no services claimed that were solely academic, vocational, recreation, socialization, transportation, clerical, or payee related?**	
Progress Notes Comments (if none, enter "N/A"):		

QRI#	SPECIALIZED SERVICES	RESULT
43	If the member receives Targeted Case Management (TCM) services, is there a completed care plan documented within the clinical record? Link to ACBHD Documentation Requirements: https://bhcsproviders.acgov.org/providers/QA/memos/2022/CalAIM%20Documentation%20MH%20and%20SUD%20QRG.docx	
44	If the member receives Peer Support Services (PSS) from a Certified Medi-Cal Peer Support Specialist (CMPSS), do the services meet all required PSS documentation standards? Link to PSS Requirements: https://www.dhcs.ca.gov/services/Pages/Peer-Support-Services.aspx	
45	If the program is a Full Service Partnership (FSP), is there a completed Individual Services and Supports Plan (ISSP) in the clinical record? Link to ISSP Requirements: https://www.dhcs.ca.gov/Documents/BHIN-23-068-Documentation-Requirements-for-SMH-DMC-and-DMC-ODS-Services.pdf	
46	If member receives Therapeutic Behavioral Services (TBS), is there a completed client plan documented within the clinical record? Link to TBS Manual: https://file.lacounty.gov/SDSInter/dmh/176042_TBS_Documentation_Manual_10_26_09.pdf	
Specialized Services Comments (if none, enter "N/A"):		

If member received ICC, IHBS, and/or TFC services during the audit period, click on (+) button on the left.

QRI#	INTENSIVE CARE COORDINATION (ICC), INTENSIVE HOME-BASED SERVICES (IHBS), AND/OR THERAPEUTIC FOSTER CARE (TFC) SERVICES	RESULT
47	Has an individualized screening been completed for ICC, IHBS, and/or TFC services?	
48	Does the member's most recent Assessment substantiate the need for ICC, IHBS, and/or TFC services?	
49	Does the member's 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?	
50	Is there a completed CFT Client Care Plan documented within the member's record and does the Client Care Plan reflect all the services provided to the member? Link to ICC/IHBS Child and Family Team (CFT) Care Plan Instructions & Form: https://bhcsproviders.acgov.org/providers/QA/memos/2023/ICC-IHBS-Care-Plan-Memo-2023.2.27-Care-Plan.pdf	
51	Does the CFT Client Care Plan & Meeting Minutes include all sections? 1) meeting attendees, 2) hope statement, 3) strengths, 4) challenges, 5) previous task review, 6) safety/risk, 7) discussion items (review of CANS ratings and updates as needed), 8) transition plan?	
52	Does the CFT Client Care Plan & Meeting Minutes include a goals section with these elements? 1) area of need, 2) goals/objectives, 3) date added, 4) task/next steps, 5) person responsible, and 6) progress status	
53	Does the CFT Meeting Minutes review the need for IHBS and/or TFC services during required intervals and is a request for re-authorization documented?	
54	If during a Child and Family Team (CFT) meeting, it is determined that IHBS services are needed, is there documentation of a referral to IHBS services being made in a progress note or in the CFT meeting minutes?	
55	If the member is receiving IHBS services, does documentation reflect accurate use of procedure codes, including the appropriate HK modifier?	
56	If the member is receiving TFC services, did the TFC parent complete and sign a Progress Note for each day of service, and was each Progress Note reviewed and co-signed by an LMHP?	
57	If the member is receiving TFC services, did the TFC parent receive the required training and supervision in accordance with program requirements?	
58	If the member is receiving TFC services, did the provider complete all required Medi-Cal related reports?	
59	If the member is receiving TFC services, did the TFC parent comply with all service limitations and lockouts, including not claiming for non-billable services or services provided in lockout settings?	
ICC, IHBS and/or TFC Services Comments (if none, enter "N/A"):		

QRI#	CHART OVERVIEW	RESULT
60	**Does the clinical record clearly demonstrate that the member meets medical necessity criteria for Specialty Mental Health Services (SMHS), appropriate to their age and clinical needs?**	
61	**Did the audit confirm that the chart contains no evidence of fraud, waste, and abuse?**	
62	**Were services confirmed not to have provided while the member was in a Medi-Cal lockout place of service (e.g., Psychiatric Inpatient, Institution for Mental Disease (IMD), juvenile hall*, jail)?** *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 and after adjudication for release into community.	

63	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))?	
64	**Based on the documentation as a whole, is there evidence that treatment is high quality, person centered, culturally responsive, and aligned with the member's needs?**	
65	Does the medical record contain evidence that services were coordinated with other service providers to prevent duplication of services?	
66	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	
67	Was Medi-Cal eligibility documented on a monthly basis in the clinical record for the full audit period?	
Chart Overview Comments (if none, enter "N/A"):		

If member was discharged during the audit period, click on (+) button on the left.

QRI#	DISCHARGE	RESULT
68	Did the provider engage in discharge planning activities prior to the date of discharge?	
69	Was a comprehensive discharge plan shared with the individual in care and include 1) how the person's needs may be addressed after discharge, 2) information on prescribed medications, 3) the type of care the individual is expected to receive and by whom, and 4) referrals or information on available community services and supports	
70	If the member was discharged to another level of treatment, including other treatment providers, was a warm handoff facilitated?	
71	Does the discharge date in the clinical documentation match the discharge date in CG?	
Discharge Comments (if none, enter "N/A"):		

Behavioral Health Department
Alameda County Health

CLAIMS SUMMARY

Provider Name	0
Program Name and RU Number	0
Review Period	0

Total Services	0
Number of Disallowed Services	
Disallowance Rate (%)	#DIV/0!
Total Disallowed ($)	$0.00

Service Date	Client Name	Client Number	Date of Birth	Procedure Name	Treatment Location	Service Staff Full Name	Cost of Service	Time in Min	Disallowed Reason by QRI#