

**MEMORANDUM –**

DATE: January 23, 2024  
TO: Alameda County Behavioral Health (ACBH) Specialty Mental Health Services (SMHS) Providers  
FROM: Torfeh Rejali, Division Director, Quality Assurance (QA) *Torfeh Rejali*  
SUBJECT: **Publication of SMHS Audit for 3<sup>rd</sup> Quarter of Fiscal Year (FY) 2021/2022**

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**Background:**

The ACBH QA team completed an audit of the SMHS System of Care for the period of January 1, 2022 to March 31, 2022. The System of Care audit report is an aggregate analysis of the findings and compliance rates with Medi-Cal claiming requirements and documentation standards. The report can be found in the Internal Audit section of the [QA Audits](#) page on the ACBH provider website.

**Overview of General Findings:**

A total of 255 claims were reviewed by QA clinical staff for ten (10) providers, ten (10) charts, five (5) from each Child/Young Adult and Adult/Older Adult systems.

**There were no claims disallowances identified during this audit. The overall compliance rate for Quality Review Items (QRIs) across all charts was 96%, compared to 90% during the same quarter in FY 2020/2021.**

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

- Change to the access criteria for outpatient services.
- Allowing services to be provided prior to determination of a diagnosis, without completion of a treatment plan, and when there is a co-occurring substance use disorder.
- Elimination of the Included Diagnosis List.

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

Overall, the audit findings were very positive and an improvement compared to audit results from the same quarter in the previous fiscal year. For the QRIs that were found to be non-compliant, the following common issues were identified:

- Late entry of Progress Notes, beyond 5 business days. Effective July 1, 2022, CalAIM Documentation Redesign changed this requirement to 3 business days for routine and 24 hours for crisis notes.
- Missing or incomplete medication information, specifically prescriber identifying information, and past medication.



- Missing medical conditions.
- Incomplete documentation of relevant cultural issues. Although general information about language and ethnicity were noted, more in depth analysis of the cultural issues and their incorporation into the clinical formulation was lacking.
- Documenting beneficiary participation and agreement with Client Plan. Effective July 1, 2022, this is no longer a requirement.
- Documenting emergency contact information where it is prominently displayed in the chart.

Individual provider Quality Improvement Plans addressing the above issues were reviewed by QA. Examples of quality improvement plans submitted by providers 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 using the Clinical Quality Review Team (CQRT) tool to ensure compliance with these items.

QA will continue to monitor and reinforce these issues in Brown Bag and other meetings.

**Next Steps:** This memo is informational only. There is no action required.

For questions, please contact [QATA@acgov.org](mailto:QATA@acgov.org).