



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
Aaron Chapman, M.D., INTERIM DIRECTOR

Quality Assurance Office
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Oakland, California 94606
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Memorandum

To: Providers of Specialty Mental Health Medi-Cal Services

From: ACBHCS Quality Assurance Office

Date: December 5, 2013

RE: DHCS Tri-Annual Audit January 13-16, 2014: Chart Review

Dear Providers,

As you all know, the CA Department of Health Care Services (DHCS) will be in Alameda County for our tri-annual audit from January 13-16th, 2014. This is a big audit for ACBHCS as it is THE compliance audit from the state. Directly, this will impact you only if one of your client charts is chosen by DHCS to be reviewed. This memo is to give you a heads up on what you will have to do in a very short time frame if one of your client charts is selected.

DHCS will select 20 beneficiaries. 10 will be children's beneficiaries, and 10 will be adult beneficiaries. They will send the names and the exact audit time period to the QA Office on Friday, January 3rd, 2014 at 3:30pm by fax. The time span will be a 3 month period of paid claims in the last year.

At that time, the QA staff will work to quickly identify every place those beneficiaries have received services during that time span. We will then notify all of the affected providers. You should have the beneficiary list by Monday morning, January 6th, 2014.

If you do not hear from us by 12pm on January 6th, 2014, you will not need to provide any charts.

If you are the provider of services for one or more identified beneficiaries, you will have 1.5-2 days to review and make sure all the documents are present in the chart(s). If your program has an EHR, all documents related to the audit time period must be printed. If you are using a paper chart or a hybrid, the original chart must be delivered. Please make sure all necessary documents are printed, organized and flagged appropriately in the charts.

All charts must be physically received in the ACBHCS Quality Assurance Office by Tuesday, January 7th, 2014 at 5pm—no exceptions will be made. They may not be faxed.



Please understand that there are a multitude of components to the audit that must be coordinated and the chart review is just one of them. We must have everything in a timely manner to coordinate everything and make it work!

All Charts must be Original medical records, not photocopies. (Printed EHR will be accepted).

All programs with staff providing services for all SMHS in the selected chart covering the review period, must provide a LIST of staff and their signatures, including:

- Staff Names
- Staff Signatures
- Job Titles and licenses/waivers/registrations

Day Treatment Programs (DTI/DR) should contact the QA office for guidelines specific to DTI/DR.

The following chart documentation must be made available for each identified beneficiary's chart. In addition, it must have a color coded post-it identifying each section as indicated below.

Face Sheet - includes primary language, admit/episode opening date	Blue
Assessment – including the current and prior assessment if applicable	Yellow
Client Plans – Including the current and prior plan	Red
Progress Notes – for the dates of the audit review period	Green
Medication Consent Forms – all applicable	Orange

The Quality Assurance Office and ACBHCS thank you very much for your cooperation in this matter! If you have questions, please contact Tiffany Lynch, tlynch@acbhcs.org, or via phone at 510.567.8105.

Sincerely,

Kyree Klimist

Kyree Klimist, MFT
QA Associate Administrator