



ALCOHOL, DRUG & MENTAL HEALTH SERVICES  
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## Memorandum

To: All Day Treatment Programs

From: Kyree Klimist, Quality Assurance Associate Administrator

Date: July 26, 2013

RE: Day Treatment documentation requirements and the tri-annual DHCS Audit

The CA Department of Health Care Services (DHCS) will be auditing Alameda County for compliance with state and federal regulations in early January 2014. Alameda County's audit period will be selected from Fiscal Year 2013.

Other counties that have been audited in the past year are reporting an increased and intense focus on Day Treatment Services in the chart audit section of the protocol. Focus by the state has been on 1) Note content and 2) Verifying that beneficiaries are actually receiving each group. Beyond that, the state is giving no guidance.

For group attendance, you are free to develop a method of your own or use/modify one of ours. But all programs must comply with this requirement.

Some suggestions:

- Attached is a log that may be used and modified. It covers a single day of programming for each client. This would record the client's attendance and participation in their daily services. It could then be put in the client's chart.
- Sign in/out sheets for every person for every group. Please be aware of HIPAA concerns with this method. You must ensure that no client is identified in another client's chart by name. In this case, you might keep a separate log book of sign in sheets. If you decide to go this route, and one of your charts is audited, you would be required to locate the appropriate log and send it with the chart.

If one of your charts is selected by DHCS, we will need a copy of that chart with required items flagged. You will be notified if one of your charts was selected in December 2013 and at that time will be advised how to proceed.

If you have questions, please contact Tiffany Lynch, [tlynch@acbhcs.org](mailto:tlynch@acbhcs.org), or via phone at 510.567.8105.



Program Name:

Date:

Time Period and Group Name/Description	Notes	Present or Absent
Morning Meeting 9:00 to 9:30		P A
Social Skills Group 9:30 to 10:30		P A
Elective: PE 11:30 to 12:15		P A
LUNCH		P A Non billable time
Group....		P A
Group.....		P A

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Clinician Signature

\_\_\_\_\_  
Date