



ALCOHOL, DRUG & MENTAL HEALTH SERVICES  
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## Executive Summary: ACBHCS Mental Health System of Care Audit

Audit Conducted 1st Quarter of 2016 for the Audit Period of 4/1/15 – 6/30/15

Post Appeal Report Issued: 6/24/2016

- Random selection of Medi-Cal Children’s and Adult MH services claimed by Master Contract Organizations (MCO, aka CBO) & County Owned and Operated Clinics.
- Twenty-one charts were reviewed from 20 programs (5 County Clinics & 15 MCO’s).
- **Claims compliance (308 claimed services) averaged 78% and ranged from 0 to 100%.**
- *It is recommended that ALL Providers review the complete Audit report and apply the findings to their programs as a compliance & quality improvement activity. Note, that it is anticipated that in early 2017 DHCS will be performing a triennial audit of ACBHCS claimed Medi-Cal MH services provided in 2016. Therefore, it is an ideal time to review all open cases to ensure Medi-Cal documentation compliance—especially in the areas of MH Assessment and Client Plans (see items of disallowance below).*
- *Below you will find the key areas to address which should prove instrumental in improving your programs’ Claims and Quality Compliance performance for 2016 services.*
- **Claims disallowances can be grouped into five categories.**
  - **Seventy-two percent of the disallowances were due to Client Plan non-compliance**
    - *Service modality (med services, case mgt, etc.) is not indicated in Client Plan. (40%)*
    - *No Client Plan in effect at time of service or Plan missing required signatures. (32%)*
  - *Non-billable activity (lock-out, clerical, administrative, voicemail, no show, scheduling, payee, transportation, supervision, vocational, screening tool). (11%)*
  - *Deficient Progress Note. (11%)*
  - *No Assessment in effect at time of service delivery. (6%)*
- **Quality Review (in 9 areas & 91 items) averaged 84% and ranged from 49-99%.**
- **Ten important Quality non-compliance areas were:**
  - **MH Assessments and Client Plans were not completed within required timeframes.**
  - **MH Assessments and Client Plans were missing key required elements** (such as service modalities, youth developmental history, allergies, medical history, 7 substance use areas, etc.).
  - **Safety Plans** (or objectives) were not completed for Danger to Self or Others.
  - **Informed Consents for Medications** were not done, or were missing elements.
  - **Required signed Releases of Information** were not present or renewed every 12 months.
  - **Mild-Moderate-Severe Screening Tool** and/or **CFE/CANS/ANSA-T** were not completed.
  - **Cultural/Linguistic/Physical needs** were not assessed and/or addressed.
  - **Progress Notes** did not include: the required components (P/BIRP). were late, or illegible.
  - **The ACBHCS required “Informing Materials Signature Page”** was not fully completed.
  - **No documentation that client was offered a copy of the Client Plan or that it was updated as clinically indicated.**





**Mental Health System of Care Audit of  
ACBHCS Master Contract Organizations and  
County Owned & Operated Programs**

*Audit Performed in First Quarter of 2016*

*For Audit Period: 4/1/15 – 6/30/15*

*Post Appeal Report Issued 6/24/16*

**ACBHCS Quality Assurance Office**

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**System of Care Audit, First Quarter 2016**  
**Audit Period: 4/01/2015 – 6/30/2015**

**INTRODUCTION:**

This chart audit utilized a random sample review of Mental Health (MH) services for the Alameda County Behavioral Health Care Services (ACBHCS) Adult and Children’s System of Care. The purpose of this report is to determine the rates of compliance with Specialty Mental Health Services (SMHS) Medi-Cal (M/C) documentation standards for services claimed to Medi-Cal.

This report provides concrete feedback in regard to documentation strengths as well as training needs for ACBHCS programs and services across the system of care. Because the selection of claims for the review employed a random sampling method, it may be utilized to generalize findings to the ACBHCS Mental Health System of Care for the audit period as a whole.

The Quality Assurance Office (QA) requested a random sample of all submitted MH claims for the time period of 4/1/2015 - 6/30/2015 from Emanio (database which pulls information from the InSyst Medi-Cal claiming program) for adult and child Medi-Cal beneficiaries. Twenty-one (21) charts from twenty (20) providers and a total of three hundred eight (308) claims were reviewed for compliance and quality of care utilizing a standardized chart audit protocol. See Exhibit 3a & 3b for the lists of claims reviewed by client chart and by provider. Exhibit 2 lists the Quality Review Items (QRI) reviewed.

Each chart was reviewed for compliance with Medi-Cal claiming requirements and for ACBHCS quality of care documentation standards. (*References: ACBHCS Clinical Documentation Standards Manual, 12/3/14 and the ACBHCS CQRT Regulatory Compliance Tools, 4/15/15.*)

**CLAIMS REVIEW:**

Overall, of the 308 total claims examined by QA staff, 239 claims (78%) met the documentation standards and 69 claims (22%) were disallowed because they did not meet the standards. Please refer to the Claims Review Spreadsheets (Exhibits 3a & 3b), the Claims Comment Key (Exhibit 4), and the DHCs Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report (Exhibit 5) while reviewing this section.

In the next section we describe in detail the claims compliance findings by age, by dollar amount, by chart, by provider, by reason for recoupment of PAID claims, and by service modality. Table #1 below specifies claims compliance by age group.

<b>Table #1: Claims Compliance by Age</b>				
<b>Population</b>	<b>Number of Claims</b>	<b>Allowed Claims</b>	<b>Disallowed Claims</b>	<b>Percent Compliant</b>
<b>All</b>	308	239	69	78%
<b>Children &lt;18 yrs.</b>	183	178	5	97%
<b>Adults ≥ 18 yrs.</b>	125	61	64	49%

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All claims reviewed (308) totaled \$59,801.86. The 239 allowed claims totaled \$42,446.72 and the 69 disallowed claims totaled \$17,355.14. Please see Table #2 (Claims Compliance by Dollar Amount) below.

<b>See Table #2: Claims Compliance by Dollar Amount</b>		
<b>Claims</b>	<b>Amount</b>	<b>Dollars</b>
Total	308	\$59,801.86
Allowed	239	\$42,446.72
Disallowed	69	\$17,355.14

The breakdown across all providers, for the *number of charts falling into claims compliance ranges* is listed below. This indicates 57% of the charts (12 of 21) fell in the compliance range of 95-100%. See Table #3 (Claims Compliance Results by Chart) below:

<b>Table #3: Claims Compliance Results by Chart</b>		
<b>Number of Charts</b>	<b>Charts % Compliance</b>	<b>Percentage of Total</b>
12	95 – 100%	57%
1	85 – 94%	5%
2	75 – 84%	9%
0	65 – 74%	0%
6	<65%	29%

The *average claims compliance by provider* indicated 55% (11 of 20) providers had charts whose average claims compliance rate fell in the compliance range of 95 – 100%. See Table #4 (Claims Compliance Results by Provider) below:

<b>Table #4: Claims Compliance Results by Provider</b>		
<b>Number of Providers</b>	<b>Average Chart Compliance</b>	<b>Percentage of Total</b>
11	95 – 100%	55%
1	85 – 94%	5%
2	75 – 84%	10%
0	65 – 74%	0%
6	<65%	30%

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The 11 ACBHCS reasons for claims disallowances are listed below in descending frequency. Please refer to Exhibit #5: DHCS Reasons for Recoupment for FY 2015-2016 for categories of claims disallowances and their associated ACBHCS Claims Comments from Exhibit 4. See Table #5 (Reasons for Recoupment of PAID Claims by Frequency) below:

<b>Table #5: Reasons for Recoupment of PAID Claims by Frequency</b>				
<b>DHCS Reasons for Recoupment</b>	<b>ACBHCS Claims Comments Key #</b>	<b>Reason for Recoupment</b>	<b>Frequency</b>	<b>% of Reasons for Disallowance</b>
5-Initial Plan 6-Annual	12	Service modality (med services, case mgt, etc.) is not indicated in Client Plan.	34	40%
7	23	No Client signature on Client Plan for date of service claimed, or reason why not.	15	18%
5-Initial Plan 6-Annual	22	No Client Plan in effect at time of service delivery (missing staff signatures, etc.).	12	14%
17	18	Non-billable activity: clerical/admin/voicemail/no show/scheduling appt.	7	8%
1-Medical Necessity	14	No Current Assessment	5	6%
19a	7	PN does not include Provider's intervention.	4	5%
19a	38	Time on PN Not Broken Down into Face-to-Face & Total Time.	4	5%
12-JV Hall 11-Other	17	Service claimed while in a lock-out setting (psych inpatient, juvenile hall, etc.).	1	1%
5-Initial Plan 6-Annual	11	Service claimed (PN) does not relate back to current MH Objective in Client Plan.	1	1%
18	19	Non-billable activity: payee related.	1	1%
9	24	Progress Note Missing	1	1%
<b>Totals</b>			<b>85</b>	<b>100%</b>

The top three (seventy-two 72%) of all reasons for recoupment were related to the Client Plan which include the service modality that was claimed was not listed in the client plan, there was no Client Plan, or all required signatures were missing.

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The claims disallowed are listed below by type of service modality (in descending frequency). Please note that the MH service modality most frequently disallowed was Individual Rehabilitation. See Table #6 (Disallowed MH Service Modality by Frequency) below:

<b>Table #6: Disallowed MH Service Modality by Frequency</b>		
<b>Disallowed MH Services by Modality</b>	<b>Number of Claims</b>	<b>Percentage of 68 Total Disallowed Claims</b>
Individual Rehabilitation	35	52%
Case Management – Brokerage	12	18%
Psychotherapy	7	10%
E/M Medication Services	5	7%
Plan Development	3	4%
Medication Training/Support	3	4%
Collateral	2	3%
Behavioral Evaluation	1	2%

**QUALITY REVIEW:**

The Quality Review determined if the standards for documentation of Medi-Cal Specialty Mental Health Services had been met. Nine (9) Quality Review areas, with 83 items, were analyzed in this audit. They include: *Informing Materials, (Mild-Moderate-Severe) Screening, Medical Necessity, Assessments, Client Plans, Special Needs, Medication Log Issues, Progress Notes, and Chart Maintenance.*

The Quality Review also verified that medical necessity for each claimed service and its relevance to both the current Mental Health Assessment and Client Plan had been met. The following section explains the results from the quality review process. Please refer to the Quality Review Spreadsheet (Exhibit 1), **and** the Quality Review Key (Exhibit 2) while reviewing this section.

Please note that the Quality Review Items (QRIs) are inclusive of reasons for claims disallowances. Not all QRIs are reasons for disallowance—see Quality Review Item (QRI) descriptions in this report for those that are also a reason for claims recoupment.

As you read the report you will find percentages for each QRI which represents the ratio of *adherence* with required chart documentation. Following each of the QRIs there is a reference for the corresponding QRI Number (QRI #) listed in (Exhibits 1 & 2).

QRIs were evaluated from either a categorical or stratified approach. Most of the QRIs required a categorical method resulting in either a ‘Yes/No’ or ‘True/False’ review. In these items, the scores are either 100 for Yes/True or 0 for No/False. Wherever possible, scoring for a QRI was stratified allowing for a more accurate portrayal of documentation compliance.

The stratified approach is described in the example below:



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- **QRI # 65** *“There is a Progress Note for every service contact”*:
  - *If there were 10 Progress Notes that were claimed during the audit period and 8 were present in the chart, the score for that chart on this item would be 80%. Each chart would be evaluated similarly. Then, the percentages for all charts are averaged to obtain an overall compliance score for that quality review item.*

Some requirements do not apply to specific charts, such as when clients do not receive medication support services or when the client was discharged prior to the due dates for the Assessment or Client Plan. These are noted as ‘N/A’ in the Quality Review Spreadsheet, and are not incorporated into the final score for that QRI.

It is important to note that some Quality Review items are more crucial than others (i.e. presence of Medi-Cal Included Diagnosis versus appropriate filing of documents within chart sections); therefore examining the score for each individual QRI is more informative and indicative of documentation quality than the overall Quality Review score.

**Results:**

The overall compliance rate for the Quality Review was 84%. The results of the Quality Review for 21 charts by compliance ranges demonstrated the following (Table #7: Quality Review Compliance by Chart):

<b>Table #7: Quality Review Compliance by Chart</b>		
<b>Number of Charts</b>	<b>Quality Compliance Rate</b>	<b>Percentage</b>
3	95 – 100%	14%
9	85 – 94%	43%
7	75 – 84%	33%
1	65 – 74%	5%
1	<65%	5%

- **ACBHCS Informing Materials:**
  - 52% (11/21) of the charts had the Informing Material signature page completed and signed on time (within 30 days of EOD or annually by EOD) OR if late, documents reason in Progress Notes. (QRI #9)
- **ACBHCS Screening:**
  - 57% (12/21) of the charts showed evidence of the implementation of the ACBHCS Screening Tool prior to the opening of the client episode, prior to the reauthorization of services, and/or at the time of any Client Plan updates. (QRI # 10)
  - 100% (21/21) of the charts documented that the client had a mental health condition that could not have been treated at a lower level of care. (QRI #11)
- **Medical and Service Necessity** *(These are crucial items that if not met result in claims disallowances):*

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- 100% (21/21) of the charts had a primary diagnosis from the DHCS Medi-Cal Included Diagnosis list. (QRI #12)
- 90% (19/21) of the charts had documentation which supported the primary diagnosis for treatment. (QRI #13)
- 100% (21/21) of the charts met the impairment criteria. (QRI #14)
- 100% (21/21) of the charts documented that the client had a mental health condition that would not have been responsive to physical health care treatment. (QRI #15)
- 95% (20/21) of the charts met the intervention criteria. (QRI #16)

➤ Assessments:

- 95% (20/21) of the charts had assessments where the presenting problem and relevant conditions were included. (QRI #17)
- 90% (19/21) of the charts had assessments which included a psychosocial history. (QRI #18)
- 83% (15/18) of the charts had assessments which listed current psychiatric medications. (QRI #19)
- 76% (16/21) of the charts had assessments that included a MSE. (QRI #20)
- 81% (17/21) of the charts documented the assessment of risks to client. (Including risks to self, at risk for domestic violence, abuse, etc.) (QRI #21)
- 76% (16/21) of the charts documented the assessment of risks to others. (QRI #22)
- 82% (9/11) of the charts had assessments which included the youth's pre/perinatal events and significant developmental history. (QRI #23)
- 90% (19/21) of the charts had assessments where the client's strengths/supports were assessed. (QRI #24)
- 71% (15/21) of the charts documented allergies/adverse reactions/sensitivities, or lack thereof, in the record. (QRI #25)
- 71% (15/21) of the charts displayed allergies/adverse reactions/sensitivities, or lack thereof, on the chart cover, or if an EHR it is in the field/location designated by the clinic. (QRI #26)
- 95% (20/21) of the charts had assessments which noted and updated medical conditions/history. (QRI #27)
- 90% (19/21) of the charts had assessments which adequately noted the client's mental health history. (QRI #28)
- The compliance rate for assessing the required seven (7) areas of substance exposure/substance use was 40%. (QRI #29)
  - *All clients must be assessed for past and present substance exposure/substance use of tobacco, alcohol, caffeine, complementary & alternative medications, over-the-counter medications, prescription medications, and illicit drugs.*
- 70% (14/20) of the charts had the Annual Community Functioning Evaluation or CANS/ANSA completed for the relevant audit period. (QRI #30)
- 100% (21/21) of the charts properly noted who had established the diagnosis. (QRI #31)

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- *The diagnosis may be established by a licensed LPHA, or established by a Waivered staff or Registered Intern **with** a co-signature of a licensed LPHA.*
- *This is a crucial item that if not met, results in claims disallowances (until met).*
- 67% (14/21) of the charts had assessments which were done (completed and signed by all required participants) by 30 days of the Episode Opening Date. (QRI #32)
  - *This is a crucial item that if not met, results in claims disallowances (until met).*

➤ Client Plans:

- 86% (18/21) of the charts had a Client Plan consistent with the diagnosis and which addressed the mental health impairments and symptoms. (QRI #33)
  - *This is a crucial item that if not met, results in claims disallowances (until met).*
- 80% of the mental health objectives listed in the Client Plans, across all charts, were observable or measureable with timeframes and preferably baselines. (QRI #34)
- 44% of the proposed service modalities including those documented in Progress Notes were listed in the Client Plans along with their frequency and timeframe to address identified impairments and mental health objectives. (QRI #35)
  - *This is a crucial item that results in disallowances for all claimed service modalities which are NOT listed in the Client Plan.*
  - *Also, include the frequency and timeframes of service modalities (i.e. Psychotherapy 1x/week, or as needed, for 12 months). Assessment, Plan Development, Interactive Complexity, and Crisis services do not need to be listed separately in the Client Plan.*
- 55% of the service modalities listed in the Client Plans included a detailed description of provider interventions. (QRI #36)
  - *Please note DHCS requirement: Client Plans must include detailed descriptions of proposed interventions that address stated impairments and mental health objectives. For example: “In psychotherapy sessions, clinician will utilize CBT techniques such as x, y, & z in order to build client’s awareness and insight around triggers to her anxiety...” “In individual rehabilitation sessions, clinician will teach client relaxation skills to manage her anxiety...”*
- 57% (8/14) of the charts had a plan for containment for risks to client when needed. (QRI #37)
- 50% (5/10) of the charts had a plan for containment for the client’s risk to others when needed. (QRI #38)
  - *When there is a risk to self or others present within the last 90 days, there should be a Treatment Plan goal with objectives that address the identified risks, or a specific Safety Plan. Progress Notes must also document the ongoing assessment and interventions of these risks.*

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- 94% (17/18) of the charts showed evidence of coordination of care when it was applicable. (QRI #39)
- 100% (21/21) of the charts had Client Plans which were signed and dated by an LPHA (credential is listed). (QRI #40)
  - *This is a crucial item that if not met, results in claims disallowances (until met).*
- 75% (3/4) of the client plans were revised when there were significant changes in services, diagnosis, and/or focus of treatment. (QRI #41)
  - *This is a crucial item that if not met, results in claims disallowances (until met).*
- 100% (7/7) of the charts had Client Plans which were signed and dated by a MD/NP when the program provides medication services to the client. (QRI #42)
- 85% (17/20) of the charts had Client Plans which were signed and dated by the client or legal representative when appropriate, or documentation of client's refusal or unavailability was present in the chart. (QRI #43)
  - *This is a crucial item that if not met, results in claims disallowances (until met).*
- 52% (11/21) of the charts had Client Plans which indicated the client/representative was offered a copy of the Client Plan. (QRI #44)
  - *DHCS requires an acknowledgement from the client or representative that demonstrates that they were **offered** a copy of the Client Plan. It is important to add this information (usually in a prominent location such as a statement above where the client signs the Plan). It is no longer acceptable to just inform them that a copy is available upon request.*
- 48% (10/21) of the charts had the Client Plan for the relevant audit period completed on time. (QRI #45)
  - *This is a crucial item that if not met, results in claims disallowances (until met).*
  - *A Client Plan is not officially completed until all required participants have signed.*
  - *If the client signature was late or not present, the reason must be indicated on the signature line and documented in a Progress Note.*
- 76% (16/21) of the charts contained a Tentative Discharge Plan as part of the Client Plan. (QRI #46)
  - *Please include a time frame and clinical indicators for when the client is expected to be ready to be discharged. Time frames should be consistent throughout the Client Plan.*

➤ Special Needs:

- 62% (13/21) of the charts noted the client's cultural and communication needs, or lack thereof. (QRI #47)
- Of those with noted cultural and communication needs, 56% (10/18) of those charts addressed them as appropriate. (QRI #48)
- 90% (19/21) of the charts noted client's physical limitations, or lack thereof. (QRI #49)

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- Of those with noted physical limitations, 50% (2/4) of those charts addressed the physical limitations as appropriate. (QRI #50)

➤ Medication Log Issues:

- 100% (6/6) of the charts had a Medication Log (or complete medication information in every MD/NP Progress Note) which was updated at each visit with date of prescription, when applicable. (QRI #51)
- 100% (6/6) of the charts had a Medication Log (or complete medication information in every MD/NP Progress Note) which was updated at each visit with the drug name, when applicable. (QRI #52)
- 100% (6/6) of the charts had a Medication Log (or complete medication information in every MD/NP Progress Note) which was updated at each visit with the drug strength/size, when applicable. (QRI #53)
- 100% (6/6) of the charts had a Medication Log (or complete medication information in every MD/NP Progress Note) which was updated at each visit with the instruction/frequency for administration of the medication, when applicable. (QRI #54)
- 100% (6/6) of the charts had a Medication Log (or complete medication information in every MD/NP Progress Note) which is updated at each visit with the prescriber's signature or initials, when applicable. (QRI #55)
- 67% of the required Informed Consent for Medication(s) were completed and signed when applicable. (QRI #56)
  - *This is a significant item that must be addressed for all charts in which psychotropic medications are prescribed.*
- 75% of the required Informed Consent for Medication(s) included Rx name, dosage or range expected, uses/effects, risks/side effects, client signature, client name or ID. (QRI #57)
- 87% of the E/M Progress Notes were compliant with the E/M documentation standards. (QRI #58)

➤ Progress Notes (Each of the percentages reflect the results across all charts)

- There was a Progress Note for 100% of all service contacts. (QRI #59)
- 89% of the Progress Notes had the correct CPT Code/exact procedure name, and/or INSYST service code for the mental health services provided. (QRI #60)
  - *This is a crucial item that if not met, results in claims disallowances.*
- 100% of the Progress Notes indicated the correct date of service. (QRI #61)
  - *This is a crucial item that if not met, results in claims disallowances.*
- 90% of the Progress Notes indicated the correct location of service. (QRI #62)
- 88% of the Progress Notes documented both face-to-face time and total time. (QRI #63)
  - *For service codes that are time based--this is a crucial item that if not met, results in claims disallowances.*
- 100% of the Progress Notes documented time that equaled the time that was claimed. (QRI #64)
  - *This is a crucial item that if not met, results in claims disallowances.*

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- 84% of the Progress Notes had reasonable time noted for documentation. (QRI #65)
  - *This is a crucial item that if not met, may result in claims disallowances.*
- 87% of the Progress Notes had documented content that supported the amount of time claimed. (QRI #66)
  - *This is a crucial item that if not met, may result in claims disallowances.*
- 82% of the Progress Notes for client encounters included a description of that day's Presentation/Problem of the client. (QRI #67)
- 94% of the Progress Notes for client encounters included a description of that day's staff Intervention. (QRI #68)
  - *This is a crucial item that if not met, results in claims disallowances.*
  - *Interventions must be related to client's diagnosis, symptoms, impairments, and mental health objectives listed in Client Plan.*
- 96% of the Progress Notes for client encounters included a description of that day's client Response to the intervention. (QRI #69)
- 68% of the Progress Notes for client encounters included a description of the client's and/or staff's Plan/follow up. (QRI #70)
  - *The "P/BIRP" Progress Note Format is not required, but the associated elements are.*
- 100% of the group service Progress Notes included the number of clients served, if applicable. (QRI #71)
  - *This is a crucial item that if not met, results in claims disallowances.*
- 93% of the Progress Notes documented services that related back to the mental health objectives listed in the Client Plan. (QRI #72)
  - *This is a crucial item that if not met, may result in claims disallowances.*
- 100% (15/15) of the Progress Notes addressed unresolved issues from prior services, when applicable. (QRI #73)
- 94% of the Progress Notes were signed and dated with Medi-Cal credential (may also list credential on Provider Signature Page/Sheet in chart). (QRI #74)
  - *The signature is a crucial item that if not met, results in claims disallowances.*
  - *Progress Notes must be signed and dated and list an acceptable Medi-Cal credential (license/registration/waiver/MHRS/Adjunct)*
- 100% of the Progress Notes had a completion line after the signature. (N/A if EHR). (QRI #75)
- 100% of the claimed services were NOT provided while the client was in a lock-out setting such as a psychiatric hospital or IMD (unless with a d/c plan within 30 days for placement purposes only), Juvenile Hall (unless documentation of an adjudication order is obtained), or jail. (QRI #76)
  - *This is a crucial item that if not met, results in claims disallowances.*
- 99% of the claimed services provided were NOT for supervision, academic educational service, vocational service, recreation and/or socialization (socialization is defined as consisting of generalized activities that did not provide systematic individualized feedback to the specific targeted behaviors). (QRI #77)
  - *This is a crucial item that if not met, results in claims disallowances.*



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- 100% of the claimed services provided were NOT transportation related. (QRI #78)
  - *This is a crucial item that if not met, results in claims disallowances.*
- 98% of the claimed services provided were NOT clerical related. (QRI #79)
  - *This is a crucial item that if not met, results in claims disallowances.*
- 98% of the claimed services provided were NOT payee related. (QRI #80)
  - *This is a crucial item that if not met, results in claims disallowances.*
- 64% of the notes were completed and signed within the timeframe required by the MHP) (QRI #81)
  - *The current ACBHCS PN timeline of 5 working days was utilized.*
- 100% of the notes documented the language that the service was provided in (or noted it in the treatment plan that the consumer was English-speaking and all services were to be provided in English). (QRI #82)
- 100% of the notes indicated that interpreter services were used and the relationship to client was indicated, if applicable. (QRI #83)

➤ Chart Maintenance:

- 100% (21/21) of the charts noted the admission date correctly. (QRI #84)
- 71% (15/21) of the charts had emergency contact information in a designated location in the field/EHR. (QRI #85)
- 88% of the required signed releases of information were present. (QRI #86)
- The compliance rate for legibility in the charts was 100%. (QRI #87)
  - *This is a crucial item that if not met, may result in claims disallowances.*
  - *Five (5) areas of documents were reviewed for this quality item:*
    - *Assessments, Client Plans, Non-Clinical Forms, Progress Notes, and MD/NP Documents.*
- 100% of the signatures on the documents throughout all charts were legible (or printed name under signature or signature sheet was present). (QRI #88)
  - *This is a crucial item that if not met, may result in claims disallowances.*
- 100% (21/21) of the charts maintained a clinical record where documents were filed appropriately. (QRI #89)
- 95% of the pages across all charts identified the client (by name or InSyst #). (QRI #90)
- 100% (5/5) of the charts indicated the discharge/termination date correctly, when applicable. (QRI #91)

## RESOLUTION OF FINDINGS

All twenty (20) providers that were audited have a unique section in the Addendum individualized to the findings of their reviewed chart(s). Each section summarizes the audit findings for the twenty (20) providers, and gives instructions for submitting the required Claims Recoupment with a Plan of Correction (POC) or Quality Improvement Plan (QIP). Each provider will also receive a Provider Audit Findings Letter detailing the findings for their chart(s) and needed follow-up.

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If you have any questions regarding the findings of this audit you may contact the ACBHCS Quality Assurance Office (QA) at (510)567-8105 or [QAoffice@acbhcs.org](mailto:QAoffice@acbhcs.org), (*Please do not submit Client Protected Health Information via email*), or ACBHCS QA Office, 2000 Embarcadero, Suite 400, Oakland CA 94606.

Claims Recoupment

The total amounts to be recouped are listed in the Addendum for those nine (9) providers who had claims disallowances. Directions for submitting disallowances for recoupment are given in the Provider Audit Findings Letters.

Informal Appeal to ACBHCS of Claims Disallowances

If you wish to appeal any of the claims disallowances, you may do so by submitting an informal appeal letter in writing, along with supporting materials, within **twenty-one (21) calendar** days following receipt of the Provider Audit Findings Letter. Please submit the appeal by USPS certified mail with return receipt to the ACHBCS QA Department, 2000 Embarcadero, Suite 400, Oakland, CA 94606. ACBHCS-QA shall respond to the informal appeal within 30 days of the receipt of the appeal.

DHCS Appeal

(Note: DHCS only accepts appeals of disallowed claims and does not accept appeals regarding Quality feedback.)

Per CA Code of Regulations, Title 9, 1850.350: in lieu of, or after, the informal appeal to ACBHCS the provider may choose to appeal to the Department of Health Care Services in writing, along with supporting documentation, within 60 calendar days from the date of ACBHCS's written Audit Findings (or ACBHCS informal appeal findings) to the provider. Supporting documentation shall include, but not limited to: (1) Any documentation supporting allegations of timeliness, if at issue, including fax records, phone records or memos; (2) Clinical records supporting the existence of medical necessity if at issue; (3) A summary of reasons why the MHP should have approved the MHP payment authorization; and (4) A contact person(s) name, address and phone number.

Refer to CA Code of Regulations, Title 9, 1850.350 for more details on the DHCS appeal process.

Submit your appeal via email to [MHSD-Appeals@dchs.ca.gov](mailto:MHSD-Appeals@dchs.ca.gov) (Client Protected Health Information must be sent via secure e-mail) or via mail to:

John Lesley  
Mental Health Services Division  
Department of Health Care Services  
POB 997413, MS 2702  
Sacramento, CA 95899-7413



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Plan of Correction (POC)

Listed in the Addendum are the nine providers with claims disallowances who are required to submit a Plan of Correction. The POC should address the resolution of each of the items in the Quality Review section that scored less than 95% and all issues noted in the Claims Review section. Please include time frames for the completion of the POC objectives. *The implementation of your POC should be applied to **all** of your agency programs that are contracted to provide Specialty Mental Health Services Medi-Cal. Please use the attached Exhibit 6 POC/QIP Template.*

Submit the detailed POC to the Quality Assurance Office no later than thirty (30) calendar days from the date of receipt of the Provider Audit Findings Letter by email to [QAoffice@acbhcs.org](mailto:QAoffice@acbhcs.org) (do not include client Protected Health Information) or by USPS certified mail with return receipt to: ACBHCS QA Office, 2000 Embarcadero, Suite 400, Oakland, CA 94606.

***Note: Please do not submit a POC if an Informal Appeal for disallowed claims has been filed with ACBHCS. Any requested POC will be due subsequent to the outcome of the Informal Appeal. Also, Quality Review Items scoring less than 95% may only be appealed by addressing the QRI's in the QIP or POC.***

Quality Improvement Plan (QIP)

Eleven (11) out of twenty (20) providers did not have any claims disallowed. Their only required follow-up is to submit a Quality Improvement Plan which addresses those Quality Review Items that scored below 95%. *The implementation of your QIP should be applied to **all** of your agency programs that are contracted to provide Specialty Mental Health Services Medi-Cal. Please use the attached Exhibit 6 POC/QIP Template.*

Submit the detailed QIP to the Quality Assurance Office no later than thirty (30) calendar days from the date of receipt of the Provider Audit Findings Letter. Please include timeframes for completion of objectives. The QIP should be sent via email to [QAoffice@acbhcs.org](mailto:QAoffice@acbhcs.org) (do not include client Protected Health Information) or by USPS certified mail with return receipt to ACBHCS QA Office, 2000 Embarcadero, Suite 400, Oakland, CA 94606.

**REGULATIONS; STANDARDS; POLICIES**

The regulations, standards, and policies relevant to this Audit include, but are not limited to, the following:

- CA Code of Regulations, Title 9
- DHCS Reasons for Recoupment For FY 2015-2016
- Centers for Medicare & Medicaid Services
- Alameda County Behavioral Health Plan

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- Alameda County Behavioral Health Care Services Clinical Documentation Standards Manual (v. 12/3/14)
- ACBHCS CQRT Regulatory Compliance Tools (v. 4/15/15)

**LIST OF EXHIBITS**

- Exhibit 1: Quality Review Spreadsheet
- Exhibit 2: Quality Review Key
- Exhibit 3a: Children's Claim Review Spreadsheet
- Exhibit 3b: Adults' Claim Review Spreadsheet
- Exhibit 4: Claims Comments Key
- Exhibit 5: DHCS Reasons for Recoupment for FY 2015-2016
- Exhibit 6: POC/QIP Template

**ADDENDUM**

**Provider P01/ Client C01**

1. Number of Quality Items with less than 95% compliance: 16
2. The Quality non-compliance reasons (Exhibit 2: Quality Review Key): Quality Review Items: 10, 29, 35, 36, 38, 41, 46, 47, 48, 62, 63, 65, 70, 74, 81, 90
3. Quality Improvement Plan Required: Yes
4. Claims Compliance: 100%
5. Reasons for ACBHCS claims disallowances (Exhibit 4: Claim's Comments Key):  
Item Number: None
6. Reasons for DHCS claims disallowances (Exhibit 5: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report):  
Item Number: None
7. Number of claims disallowed: 0
8. Amount of claims to be recouped: \$0.00
9. Plan of Correction Needed: No

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**Provider P02/ Client C02**

1. Number of Quality Items with less than 95% compliance: 6
2. The Quality non-compliance reasons (Exhibit 2: Quality Review Key): Quality Review Items: 29, 35, 37, 44, 45, 66
3. Quality Improvement Plan Required: Yes
4. Claims Compliance: 100%
5. Reasons for ACBHCS claims disallowances (Exhibit 4: Claim's Comments Key):  
Item Number: None
6. Reasons for DHCS claims disallowances (Exhibit 5: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report):  
Item Number: None
7. Number of claims disallowed: 0
8. Amount of claims to be recouped: \$0.00
9. Plan of Correction Needed: No

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**Provider P03/ Client 03**

1. Number of Quality Items with less than 95% compliance: 12
2. The Quality non-compliance reasons (Exhibit 2: Quality Review Key): Quality Review Items: 10, 29, 30, 36, 43, 45, 56, 57, 60, 63, 70, 81
3. Quality Improvement Plan Required: Yes
4. Claims Compliance: 100%
5. Reasons for ACBHCS claims disallowances (Exhibit 4: Claim's Comments Key):  
Item Number: None
6. Reasons for DHCS claims disallowances (Exhibit 5: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report):  
Item Number: None
7. Number of claims disallowed: 0
8. Amount of claims to be recouped: \$0.00
9. Plan of Correction Needed: No

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**Provider P04/ C04 & C08**

1. Number of Quality Items with less than 95% compliance: 35 (*Highlighted QR items listed below only counted once.*)
2. The Quality non-compliance reasons (Exhibit 2: Quality Review Key): Quality Review Items:
  - a. C04: 9, 10, 29, 30, 32, 33, 34, 45, 56, 57, 58, 60, 67, 68, 69, 85
  - b. C08: 9, 10, 13, 17, 18, 20, 21, 22, 24, 29, 30, 32, 35, 36, 37, 38, 39, 43, 44, 45, 46, 48, 70, 72, 80
3. Quality Improvement Plan Required: No
4. Claims Compliance:
  - a. C04: 100%
  - b. C08 : 0%
5. Reasons for ACBHCS claims disallowances (Exhibit 4: Claim's Comments Key):  
Item Number: 12, 14, 19
6. Reasons for DHCS claims disallowances (Exhibit 5: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report):  
Item Number: 6, 18
7. Number of claims disallowed: 5
8. Amount of claims to be recouped: \$1,174.80
9. Plan of Correction Needed: Yes

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**Provider P05/ Client C05**

1. Number of Quality Items with less than 95% compliance: 18
2. The Quality non-compliance reasons (Exhibit 2: Quality Review Key): Quality Review Items: 9, 29, 33, 34, 35, 36, 37, 43, 45, 47, 48, 58, 65, 70, 79, 81, 85, 90
3. Quality Improvement Plan Required: No
4. Claims Compliance: 0%
5. Reasons for ACBHCS claims disallowances (Exhibit 4: Claim's Comments Key):  
Item Number: 22, 23, 18
6. Reasons for DHCS claims disallowances (Exhibit 5: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report):  
Item Number: 5, 7, 17
7. Number of claims disallowed: 12
8. Amount of claims to be recouped: \$3,034.05
9. Plan of Correction Needed: Yes

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**Provider P06/ Client C06**

1. Number of Quality Items with less than 95% compliance: 17
2. The Quality non-compliance reasons (Exhibit 2: Quality Review Key): Quality Review Items: 9, 19, 20, 29, 34, 35, 37, 38, 44, 46, 49, 50, 63, 67, 70, 79, 90
3. Quality Improvement Plan Required: No
4. Claims Compliance: 77%
5. Reasons for ACBHCS claims disallowances (Exhibit 4: Claim's Comments Key):  
Item Number: 24, 18, 7, 11, 17
6. Reasons for DHCS claims disallowances (Exhibit 5: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report): Item Number: 9, 17, 19a, 11, 6
7. Number of claims disallowed: 6
8. Amount of claims to be recouped: \$632.20
9. Plan of Correction Needed: Yes



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**Provider P07/ Client C07**

1. Number of Quality Items with less than 95% compliance: 13
2. The Quality non-compliance reasons (Exhibit 2: Quality Review Key): Quality Review Items: 21, 22, 26, 29, 32, 34, 35, 36, 44, 45, 79, 81, 90
3. Quality Improvement Plan Required: No
4. Claims Compliance: 64%
5. Reasons for ACBHCS claims disallowances (Exhibit 4: Claim's Comments Key):  
Item Number: 28, 23, 18
6. Reasons for DHCS claims disallowances (Exhibit 5: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report):  
Item Number: 7, 17
7. Number of claims disallowed: 4
8. Amount of claims to be recouped: \$647.14
9. Plan of Correction Needed: Yes

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**Provider P09/ Client C10**

1. Number of Quality Items with less than 95% compliance: 17
2. The Quality non-compliance reasons (Exhibit 2: Quality Review Key): Quality Review Items: 25, 29, 30, 35, 36, 44, 47, 48, 60, 62, 63, 65, 66, 68, 70, 81, 85
3. Quality Improvement Plan Required: No
4. Claims Compliance: 0%
5. Reasons for ACBHCS claims disallowances (Exhibit 4: Claim's Comments Key):  
Item Number: 38, 7
6. Reasons for DHCS claims disallowances (Exhibit 5: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report):  
Item Number: 10, 19a
7. Number of claims disallowed:4
8. Amount of claims to be recouped: \$449.29
9. Plan of Correction Needed: Yes

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**Provider P10/ Client C11**

1. Number of Quality Items with less than 95% compliance: 12
2. The Quality non-compliance reasons (See Exhibit 2: Quality Review Key): Quality Review Items: 10, 19, 20, 25, 29, 30, 35, 36, 45, 70, 81, 90
3. Quality Improvement Plan Required: No
4. Claims Compliance: 0%
5. Reasons for ACBHCS claims disallowances (Exhibit 4: Claim's Comments Key):  
Item Number: 12
6. Reasons for DHCS claims disallowances (Exhibit 5: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report):  
Item Number: 6
7. Number of claims disallowed: 29
8. Amount of claims to be recouped: \$7,184.66
9. Plan of Correction Needed: Yes

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**Provider P11/ Client C12**

1. Number of Quality Items with less than 95% compliance: 39
2. The Quality non-compliance reasons (Exhibit 2: Quality Review Key): Quality Review Items: 9, 10, 13, 16, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 30, 32, 34, 35, 36, 37, 38, 44, 45, 46, 47, 48, 49, 50, 60, 65, 66, 67, 68, 69, 70, 72, 80, 85
3. Quality Improvement Plan Required: No
4. Claims Compliance: 14%
5. Reasons for ACBHCS claims disallowances (Exhibit 4: Claim's Comments Key):  
Item Number: 14, 19, 22, 7, 12, 11
6. Reasons for DHCS claims disallowances (Exhibit 5: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report):  
Item Number: 2, 18, 6, 19a, 5
7. Number of claims disallowed: 6
8. Amount of claims to be recouped: \$3,843.00
9. Plan of Correction Needed: Yes

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**Provider P12/ Client C13**

1. Number of Quality Items with less than 95% compliance: 14
2. The Quality non-compliance reasons (Exhibit 2: Quality Review Key): Quality Review Items: 10, 29, 32, 45, 47, 48, 57, 67, 68, 69, 70, 79, 81, 85
3. Quality Improvement Plan Required: No
4. Claims Compliance: 80%
5. Reasons for ACBHCS claims disallowances (Exhibit 4: Claim's Comments Key):  
Item Number: 7, 18
6. Reasons for DHCS claims disallowances (Exhibit 5: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report):  
Item Number: 19a, 6a
7. Number of claims disallowed: 2
8. Amount of claims to be recouped: \$218.40
9. Plan of Correction Needed: Yes

**Provider P13/ Client C13**

1. Number of Quality Items with less than 95% compliance: 9
2. The Quality non-compliance reasons (Exhibit 2: Quality Review Key): Quality Review Items: 10, 29, 32, 45, 47, 48, 65, 66, 81
3. Quality Improvement Plan Required: Yes
4. Claims Compliance: 100%
5. Reasons for ACBHCS claims disallowances (Exhibit 4: Claim's Comments Key):  
Item Number: None
6. Reasons for DHCS claims disallowances (Exhibit 5: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report):  
Item Number: None
7. Number of claims disallowed: 0
8. Amount of claims to be recouped: \$0.00
9. Plan of Correction Needed: No

***This program is no longer in operation; therefore no Provider Audit Findings Letter will be issued.***

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**Provider P14/ Client C14**

1. Number of Quality Items with less than 95% compliance: 10
2. The Quality non-compliance reasons (Exhibit 2: Quality Review Key): Quality Review Items: 23, 28, 29, 36, 46, 47, 48, 60, 66, 81
3. Quality Improvement Plan Required: Yes
4. Claims Compliance: 100%
5. Reasons for ACBHCS claims disallowances (Exhibit 4: Claim's Comments Key):  
Item Number: None
6. Reasons for DHCS claims disallowances (Exhibit 5: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report):  
Item Number: None
7. Number of claims disallowed: 0
8. Amount of claims to be recouped: \$0.00
9. Plan of Correction Needed: No

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**Provider P15/ Client C15**

1. Number of Quality Items with less than 95% compliance: 5
2. The Quality non-compliance reasons (Exhibit 2: Quality Review Key): Quality Review Items: 29, 35, 36, 44, 74
3. Quality Improvement Plan Required: Yes
4. Claims Compliance: 100%
5. Reasons for ACBHCS claims disallowances (Exhibit 4: Claim's Comments Key):  
Item Number: None
6. Reasons for DHCS claims disallowances (Exhibit 5: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report):  
Item Number: None
7. Number of claims disallowed: 0
8. Amount of claims to be recouped: \$0.00
9. Plan of Correction Needed: No



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**Provider P16/ Client C16**

1. Number of Quality Items with less than 95% compliance: 3
2. The Quality non-compliance reasons (Exhibit 2: Quality Review Key): Quality Review Items: 9, 35, 44
3. Quality Improvement Plan Required: Yes
4. Claims Compliance: 100%
5. Reasons for ACBHCS claims disallowances (Exhibit 4: Claim's Comments Key):  
Item Number: None
6. Reasons for DHCS claims disallowances (Exhibit 5: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report):  
Item Number: None
7. Number of claims disallowed: 0
8. Amount of claims to be recouped: \$0.00
9. Plan of Correction Needed: No

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**Provider P17/ Client C17**

1. Number of Quality Items with less than 95% compliance: 12
2. The Quality non-compliance reasons (Exhibit 2: Quality Review Key): Quality Review Items: 9, 21, 22, 23, 25, 26, 29, 32, 37, 45, 47, 81
3. Quality Improvement Plan Required: Yes
4. Claims Compliance: 100%
5. Reasons for ACBHCS claims disallowances (Exhibit 4: Claim's Comments Key):  
Item Number: None
6. Reasons for DHCS claims disallowances (Exhibit 5: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report):  
Item Number: None
7. Number of claims disallowed: 0
8. Amount of claims to be recouped: \$0.00
9. Plan of Correction Needed: No

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**Provider P18/ Client C18**

1. Number of Quality Items with less than 95% compliance: 10
2. The Quality non-compliance reasons (Exhibit 2: Quality Review Key): Quality Review Items: 9, 10, 25, 26, 29, 44, 67, 70, 81, 85
3. Quality Improvement Plan Required: Yes
4. Claims Compliance: 100%
5. Reasons for ACBHCS claims disallowances (Exhibit 4: Claim's Comments Key):  
Item Number: None
6. Reasons for DHCS claims disallowances (Exhibit 5: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report):  
Item Number: None
7. Number of claims disallowed: 0
8. Amount of claims to be recouped: \$0.00
9. Plan of Correction Needed: No

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**Provider P19/ Client C19**

10. Number of Quality Items with less than 95% compliance: 11
11. The Quality non-compliance reasons (Exhibit 2: Quality Review Key): Quality Review Items: 22, 25, 26, 29, 38, 44, 65, 66, 67, 81, 86,
12. Quality Improvement Plan Required: Yes
13. Claims Compliance: 100%
14. Reasons for ACBHCS claims disallowances (Exhibit 4: Claim's Comments Key):  
Item Number: None
15. Reasons for DHCS claims disallowances (Exhibit 5: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report):  
Item Number: None
16. Number of claims disallowed: 0
17. Amount of claims to be recouped: \$0.00
18. Plan of Correction Needed: No

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**Provider P20/ Client C20**

1. Number of Quality Items with less than 95% compliance: 11
2. The Quality non-compliance reasons (Exhibit 2: Quality Review Key): Quality Review Items: 9, 20, 26, 29, 33, 35, 67, 70, 77, 81, 86
3. Quality Improvement Plan Required: No
4. Claims Compliance: 86%
5. Reasons for ACBHCS claims disallowances (Exhibit 4: Claim's Comments Key):  
Item Number: 18
6. Reasons for DHCS claims disallowances (Exhibit 5: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report):  
Item Number: 17
7. Number of claims disallowed: 1
8. Amount of claims to be recouped: \$171.60
9. Plan of Correction Needed: Yes

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**Provider P21/ Client C21**

1. Number of Quality Items with less than 95% compliance: 1
2. The Quality non-compliance reasons (Exhibit 2: Quality Review Key): Quality Review Items: 9
3. Quality Improvement Plan Required: Yes
4. Claims Compliance: 100%
5. Reasons for ACBHCS claims disallowances (Exhibit 4: Claim's Comments Key):  
Item Number: None
6. Reasons for DHCS claims disallowances (Exhibit 5: DHCS Reasons for Recoupment with ACBHCS Claims Comments for System of Care Audit Report):  
Item Number: None
7. Number of claims disallowed: 0
8. Amount of claims to be recouped: \$0.00
9. Plan of Correction Needed: No

Exhibit 1: ACBHCS System of Care Audit 2016 Q1 - QUALITY REVIEW SPREADSHEET

Mask Client ID	Mask Provider ID	QUALITY REVIEW ITEM #																							
		Inform	Screening		Medical Necessity						Assessment														
		9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
C13	P13	100	0	100	100	100	100	100	100	100	100	100	100	100	100	N/A	100	100	100	100	100	43	100	100	0
C13	P12	100	0	100	100	100	100	100	100	100	100	100	100	100	100	N/A	100	100	100	100	100	43	100	100	0
C14	P14	100	100	100	100	100	100	100	100	100	100	100	100	100	100	0	100	100	100	100	0	0	100	100	100
C11	P10	100	0	100	100	100	100	100	100	100	100	0	100	100	100	N/A	100	0	100	100	100	14	0	100	100
C21	P21	0	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
C10	P09	100	100	100	100	100	100	100	100	100	100	100	100	100	100	N/A	100	0	100	100	100	42	0	100	100
C08	P04	0	0	100	100	0	100	100	100	0	0	100	0	0	0	N/A	0	100	100	100	100	0	0	100	0
C20	P20	0	100	100	100	100	100	100	100	100	100	0	100	100	100	100	100	100	0	100	100	70	100	100	100
C07	P07	100	100	100	100	100	100	100	100	100	100	100	0	0	100	100	100	0	100	100	43	100	100	0	
C19	P19	100	100	100	100	100	100	100	100	100	100	N/A	100	100	0	100	100	0	0	100	0	100	100	100	
C18	P18	0	0	100	100	100	100	100	100	100	100	N/A	100	100	100	100	100	0	0	100	0	100	100	100	
CO1	P01	100	0	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	86	100	100	100	
C15	P15	100	100	100	100	100	100	100	100	100	100	N/A	100	100	100	100	100	100	100	100	57	100	100	100	
C17	P17	0	100	100	100	100	100	100	100	100	100	100	0	0	0	100	0	0	100	0	0	100	0	100	0
C06	P06	0	100	100	100	100	100	100	100	100	100	0	0	100	100	N/A	100	100	100	100	100	14	100	100	100
C12	P11	0	0	100	100	0	100	100	0	100	0	0	0	0	0	N/A	0	0	0	0	0	0	0	100	0
C16	P16	0	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	
C04	P04	0	0	100	100	100	100	100	100	100	100	100	100	100	100	N/A	100	100	100	100	100	71	0	100	0
C05	P05	0	100	100	100	100	100	100	100	100	100	100	100	100	100	N/A	100	100	100	100	100	56	N/A	100	100
C03	P03	100	0	100	100	100	100	100	100	100	100	100	100	100	100	N/A	100	100	100	100	100	43	0	100	100
CO2	P02	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	57	100	100	100
# Compliant		11	12	21	21	19	21	21	20	20	19	15	16	17	16	9	19	15	15	20	19		14	21	14
# Not Compliant		10	9	0	0	2	0	0	1	1	2	3	5	4	5	2	2	6	6	1	2		6	0	7
Total		21	21	21	21	21	21	21	21	21	21	18	21	21	21	11	21	21	21	21	21	21	20	21	21
% Compliant		52	57	100	100	90	100	100	95	95	90	83	76	81	76	82	90	71	71	95	90	40	70	100	67
% Not Compliant		48	43	0	0	10	0	0	5	5	10	17	24	19	24	18	10	29	29	5	10	60	30	0	33

95-100% Compliant
  85-94% Compliant
  75-84% Compliant
  65-74% Compliant
  <65% Compliant

Exhibit 1: ACBHCS System of Care Audit 2016 Q1 - QUALITY REVIEW SPREADSHEET

Mask Client ID	Mask Provider ID	Client Plan														Special Needs			Medication Log						
		33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
C13	P13	100	100	100	100	N/A	N/A	100	100	N/A	100	100	100	0	100	0	0	100	N/A	N/A	N/A	N/A	N/A	N/A	
C13	P12	100	100	100	100	N/A	N/A	100	100	N/A	100	100	100	0	100	0	0	100	N/A	100	100	100	100	100	100
C14	P14	100	100	100	0	N/A	N/A	100	100	N/A	N/A	100	100	100	0	0	0	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A
C11	P10	100	100	0	0	100	N/A	N/A	100	N/A	N/A	100	100	0	100	100	100	100	100	N/A	N/A	N/A	N/A	N/A	N/A
C21	P21	100	100	100	100	N/A	100	100	100	N/A	N/A	100	100	100	100	100	100	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A
C10	P09	100	100	0	0	N/A	N/A	N/A	100	N/A	N/A	100	0	100	100	0	0	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A
C08	P04	100	100	0	0	0	0	0	100	N/A	100	0	0	0	0	100	0	100	N/A	100	100	100	100	100	100
C20	P20	0	100	0	100	100	100	100	100	N/A	N/A	100	100	100	100	100	N/A	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A
C07	P07	100	0	0	0	N/A	N/A	N/A	100	N/A	N/A	100	0	0	100	100	100	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A
C19	P19	100	100	100	100	100	0	100	100	N/A	N/A	100	0	100	100	100	100	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A
C18	P18	100	100	100	100	100	N/A	100	100	N/A	N/A	100	0	100	100	100	N/A	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CO1	P01	100	100	0	0	N/A	0	100	100	0	N/A	100	100	100	0	0	0	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A
C15	P15	100	100	0	50	100	100	100	100	N/A	N/A	100	0	100	100	100	100	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A
C17	P17	100	100	100	100	0	N/A	100	100	N/A	N/A	100	100	0	100	100	0	N/A	100	N/A	N/A	N/A	N/A	N/A	N/A
C06	P06	100	0	25	100	0	0	100	100	N/A	100	100	0	100	0	100	100	0	0	100	100	100	100	100	100
C12	P11	100	0	0	0	0	0	100	100	N/A	N/A	100	0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A
C16	P16	100	100	0	100	100	100	100	100	N/A	N/A	100	0	100	100	100	100	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A
C04	P04	0	75	100	100	100	100	100	100	N/A	100	100	100	0	100	100	100	100	N/A	100	100	100	100	100	0
C05	P05	0	0	0	0	0	N/A	100	100	N/A	100	0	100	0	100	0	0	100	100	100	100	100	100	100	100
C03	P03	100	100	100	0	100	N/A	100	100	100	100	0	100	0	100	0	100	100	N/A	100	100	100	100	100	0
CO2	P02	100	100	0	100	0	N/A	100	100	100	N/A	N/A	0	0	100	100	100	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A
# Compliant		18				8	5	17	21	3	7	17	11	10	16	13	10	19	2	6	6	6	6	6	
# Not Compliant		3				6	5	1	0	1	0	3	10	11	5	8	8	2	2	0	0	0	0	0	
Total		21	21	21	21	14	10	18	21	4	7	20	21	21	21	21	18	21	4	6	6	6	6	6	6
% Compliant		86	80	44	55	57	50	94	100	75	100	85	52	48	76	62	56	90	50	100	100	100	100	100	67
% Not Compliant		14	20	56	45	43	50	6	0	25	0	15	48	52	24	38	44	10	50	0	0	0	0	0	33

95-100% Compliant
  85-94% Compliant
  75-84% Compliant
  65-74% Compliant
  <65% Compliant



Exhibit 1: ACBHCS System of Care Audit 2016 Q1 - QUALITY REVIEW SPREADSHEET

Mask Client ID	Mask Provider ID	Progress Notes																								
		57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	
C13	P13	N/A	N/A	100	100	100	100	100	100	45	50	100	100	100	100	100	100	100	N/A	100	100	100	100	100		
C13	P12	67	100	100	100	100	100	100	100	100	100	55	64	73	73	N/A	100	100	100	N/A	100	100	100	91	100	
C14	P14	N/A	N/A	100	89	100	100	100	100	100	93	96	100	100	100	N/A	100	100	100	N/A	100	100	100	100	100	
C11	P10	N/A	N/A	100	100	100	100	100	100	100	100	100	100	100	3	N/A	100	100	100	N/A	100	100	100	100	100	
C21	P21	N/A	N/A	100	95	100	100	100	100	100	100	100	100	100	100	N/A	100	N/A	100	100	100	100	100	100	100	
C10	P09	N/A	N/A	100	0	100	0	0	100	0	70	100	60	100	0	N/A	100	N/A	100	100	100	100	100	100	100	
C08	P04	100	N/A	100	100	100	100	100	100	100	100	100	100	100	60	N/A	0	100	100	N/A	100	100	100	100	80	
C20	P20	N/A	N/A	100	100	100	100	100	100	100	100	25	100	100	25	N/A	100	100	100	N/A	100	87	100	100	100	
C07	P07	N/A	N/A	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	N/A	100	100	100	92	100	100	
C19	P19	N/A	N/A	100	100	100	100	100	100	25	25	25	100	100	100	N/A	100	100	100	N/A	100	100	100	100	100	
C18	P18	N/A	N/A	100	100	100	100	100	100	100	100	0	100	100	0	N/A	100	100	100	N/A	100	100	100	100	100	
CO1	P01	N/A	N/A	100	100	100	0	0	100	82	100	100	100	100	94	N/A	100	N/A	0	N/A	100	100	100	100	100	
C15	P15	N/A	N/A	100	100	100	97	100	100	100	100	100	100	100	100	100	100	79	N/A	100	100	100	100	100	100	
C17	P17	N/A	N/A	100	100	100	100	100	100	100	100	100	100	100	100	N/A	100	100	100	N/A	100	100	100	100	100	
C06	P06	100	N/A	100	96	100	100	73	100	100	100	85	100	100	58	N/A	100	100	100	N/A	96	100	100	89	100	
C12	P11	N/A	N/A	100	57	100	100	100	100	29	29	57	86	71	43	N/A	57	N/A	100	N/A	100	100	100	100	86	
C16	P16	N/A	N/A	100	100	100	100	100	100	100	100	100	100	100	100	N/A	100	100	100	N/A	100	100	100	100	100	
C04	P04	0	67	100	80	100	100	100	100	100	100	80	60	80	100	N/A	100	N/A	100	N/A	100	100	100	100	100	
C05	P05	100	80	100	100	100	100	100	100	83	100	100	100	100	67	N/A	100	100	100	N/A	100	100	100	91	100	
C03	P03	83	100	100	44	100	100	77	100	100	100	100	100	100	14	N/A	100	100	100	N/A	100	100	100	100	100	
CO2	P02	N/A	N/A	100	100	100	100	100	100	100	52	100	100	100	100	N/A	100	N/A	100	N/A	100	100	100	100	100	
# Compliant																		15								
# Not Compliant																		0								
Total		6	4	21	21	21	21	21	21	21	21	21	21	21	21	3	21	15	21	2	21	21	21	21	21	
% Compliant		75	87	100	89	100	90	88	100	84	87	82	94	96	68	100	93	100	94	100	100	99	100	98	98	
% Not Compliant		25	13	0	11	0	10	12	0	16	13	18	6	4	32	0	7	0	6	0	0	1	0	2	2	

95-100% Compliant
  85-94% Compliant
  75-84% Compliant
  65-74% Compliant
  <65% Compliant

Exhibit 1: ACBHCS System of Care Audit 2016 Q1 - QUALITY REVIEW SPREADSHEET

Mask Client ID	Mask Provider ID	Chart Maintenance											Total #	% Compliant	% Not Comp
		81	82	83	84	85	86	87	88	89	90	91			
C13	P13	89	100	N/A	100	100	100	100	100	100	100	N/A	67	90	10
C13	P12	64	100	N/A	100	0	100	100	100	100	100	N/A	74	88	12
C14	P14	93	100	N/A	100	100	100	100	100	100	100	N/A	66	89	11
C11	P10	7	100	N/A	100	100	N/A	100	100	100	75	N/A	65	83	17
C21	P21	100	100	100	100	100	100	100	100	100	100	100	70	99	1
C10	P09	0	100	N/A	100	0	N/A	100	100	100	100	N/A	63	76	24
C08	P04	100	100	N/A	100	100	N/A	100	100	100	100	100	75	69	31
C20	P20	50	100	N/A	100	100	0	100	100	100	100	100	68	88	12
C07	P07	37	100	N/A	100	100	100	100	100	100	50	100	67	84	16
C19	P19	50	100	N/A	100	100	0	100	100	100	100	N/A	67	85	15
C18	P18	62	100	N/A	100	0	100	100	100	100	100	N/A	65	86	14
CO1	P01	0	100	N/A	100	100	100	100	100	100	94	N/A	67	81	19
C15	P15	95	100	N/A	100	100	100	100	100	100	100	N/A	68	95	5
C17	P17	43	100	N/A	100	100	100	100	100	100	100	N/A	66	82	18
C06	P06	100	100	N/A	100	100	100	100	100	100	90	N/A	76	83	17
C12	P11	100	100	N/A	100	0	N/A	100	100	100	100	N/A	66	49	51
C16	P16	100	100	N/A	100	100	100	100	100	100	100	N/A	68	96	4
C04	P04	100	100	N/A	100	0	N/A	100	100	100	100	N/A	74	85	15
C05	P05	58	100	N/A	100	0	100	100	100	100	80	N/A	75	83	17
C03	P03	0	100	N/A	100	100	100	100	100	100	100	N/A	76	88	12
CO2	P02	100	100	N/A	100	100	100	100	100	100	100	100	67	93	7
<b># Compliant</b>					21	15					21	5	<b>OVERALL COMPLIANCE 84%</b>		
<b># Not Compliant</b>					0	6				0	0				
<b>Total</b>		21	21	1	21	21	16	21	21	21	21	5			
<b>% Compliant</b>		64	100	100	100	71	88	100	100	100	95	100			
<b>% Not Compliant</b>		36	0	0	0	29	13	0	0	0	5	0			

95-100% Compliant
  85-94% Compliant
  75-84% Compliant

## **Exhibit 2: Quality Review Key**

(Unless otherwise noted, item is evaluated relevant to audit period)

### **CHART AND PROVIDER REVIEW:**

1. INSYST #
2. REPORTING UNIT (RU)
3. EPISODE OPENING DATE (EOD)
4. ASSESSMENT STAFF
5. CT PLAN STAFF
6. PN STAFF 1
7. PN STAFF 2
8. MD/NP

### **INFORMING MATERIALS:**

9. Informing Materials signature page completed and signed on time? (within 30 days of EOD and then annually by EOD) OR if late, documents reason in progress notes<sup>1</sup>

### **SCREENING:**

10. ACBHCS Screening Tool has been completed prior to the opening of the client episode, prior to the reauthorization of services, and/or at the time of any Client Plan update?<sup>3</sup>
11. The mental health condition could not be treated at a lower level of care?<sup>2</sup>

### **MEDICAL NECESSITY:**

12. Primary diagnosis from DHCS Medi-Cal Included Diagnosis list is included?<sup>1</sup>
13. Documentation (assessment, client plan, PN's) supports primary diagnosis (es) for TX?<sup>1</sup>
14. Impairment Criteria: the focus of TX is one of the following as a result of Dx:<sup>1</sup>
  - a. Significant impairment in important area of life functioning;
  - b. Probable significant deterioration in an important area of life functioning;
  - c. Probable the child won't progress developmentally, as appropriate;
  - d. If EPSDT: MH condition can be corrected or ameliorated.
15. The mental health condition would not be responsive to physical health care treatment?<sup>2</sup>
16. Focus of proposed intervention addresses medically necessity criteria AND they will diminish impairment, or prevent significant deterioration in important area of life functioning, or will allow the child to progress developmentally as appropriate. (If EPSDT, condition can be corrected or ameliorated.<sup>1</sup>

### **ASSESSMENT:**

17. Presenting problems and relevant conditions included?<sup>1</sup>
18. Assessment includes psychosocial history?<sup>1</sup>
19. Assessment lists current psychiatric medications?<sup>1</sup>
20. Assessment includes a mental status exam (MSE)?<sup>1</sup>

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### **Scoring Key:**

<sup>1</sup> **Yes=100% No=0%:** These quality review items have either a 'Yes' or 'No' answer

<sup>2</sup> **True=100% False=0%:** These quality review items have either a 'True' or 'False' answer

<sup>3</sup> **# present/total required:** These quality review items can score from a range of 0-100%

<sup>4</sup> **# of items or areas compliant/# items or areas evaluated:** These quality review items can score from a range of 0-100%

<sup>5</sup> **% of those audited that are compliant:** These quality review items can score from a range of 0-100%

## **Exhibit 2: Quality Review Key**

(Unless otherwise noted, item is evaluated relevant to audit period)

21. Risk(s) to client assessed?<sup>1</sup>
22. Risk(s) to others assessed?<sup>1</sup>
23. Assessment for youth includes pre/perinatal events and complete developmental history?<sup>1</sup>
24. Client strengths/supports are included?<sup>1</sup>
25. Allergies/adverse reactions/sensitivities OR lack thereof noted in record?<sup>1</sup>
26. Allergies/adverse reactions/sensitivities OR lack thereof noted prominently on chart cover, or if an EHR, is it in the field/location designated by the clinic?<sup>1</sup>
27. Relevant medical conditions/hx noted?<sup>1</sup>
28. Assessment adequately notes client's mental health history?<sup>1</sup>
29. Past and present substance exposure/substance use of tobacco, alcohol, caffeine, CAM, Rx, OTC drugs, and illicit drugs assessed and noted?<sup>3</sup>
30. CFE or CANS/ANSA completed for relevant audit period?<sup>1</sup> (N/A for FSP/Brief Service Programs)
31. Dx is established by a licensed LPHA OR co-signed by licensed LPHA if established by a waived staff or registered intern?<sup>1</sup>
32. Assessment completed and signed by all required participants on time.<sup>1</sup>

### **CLIENT PLAN FOR AUDIT PERIOD:**

33. Is the Client Plan consistent with the diagnosis and addresses mental health impairments/symptoms?<sup>1</sup>
34. Are the Mental health objectives listed in the Client Plan observable or measurable with time frames (baselines are recommended)?<sup>3</sup>
35. Does the Client Plan identify proposed service modalities, their frequency, and timeframes.<sup>3</sup>
36. The Client Plan describes detailed provider interventions for each service modality listed in the Plan?<sup>3</sup>
37. Identified Risk(s) to client have plan for containment, if applicable?<sup>1</sup>
38. Identified Risk(s) to others have a plan for containment, if applicable?<sup>1</sup>
39. Is Coordination of care is evident, when applicable?<sup>1</sup>
40. Is the Client Plan signed/dated by LPHA (if licensed, credential is listed)?<sup>1</sup>
41. Is the Client Plan revised when there are significant changes in service, diagnosis, focus of treatment, etc.?<sup>1</sup>
42. Is the Client Plan signed/dated by MD/NP?<sup>1</sup> (required if receiving medication services)
43. Is the Client Plan signed/dated by client or legal representative when appropriate, or documentation of client refusal or unavailability?<sup>1</sup>
44. Does the Client Plan indicates that the client/representative was offered a copy of the Plan?<sup>1</sup>
45. Was the Client Plan for relevant audit period completed on time?<sup>1</sup>
46. Does the Client Plan contain a Tentative Discharge Plan?<sup>1</sup>

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### **Scoring Key:**

<sup>1</sup> **Yes=100% No=0%:** These quality review items have either a 'Yes' or 'No' answer

<sup>2</sup> **True=100% False=0%:** These quality review items have either a 'True' or 'False' answer

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## **Exhibit 2: Quality Review Key**

(Unless otherwise noted, item is evaluated relevant to audit period)

### **SPECIAL NEEDS:**

47. Has the Client's cultural and communication needs, or lack thereof, been noted in relevant client plan/assessment?<sup>1</sup>
48. If identified, were cultural and communication needs addressed as appropriate?<sup>1</sup>
49. Has the Client's physical limitations, or lack thereof, been noted?<sup>1</sup>
50. If identified, were physical limitations addressed as appropriate?<sup>1</sup>

### **MEDICATION LOG, MEDICATION CONSENTS, & E/M SERVICES:**

51. Med. log (or note) updated at each visit with date of Rx?<sup>1</sup>
52. Med. log (or note) updated at each visit with drug name?<sup>1</sup>
53. Med. log (or note) updated at each visit with drug strength/size?<sup>1</sup>
54. Med. log (or note) updated at each visit with instruction/frequency of Rx?<sup>1</sup>
55. Med. log (or note which requires signature) updated at each visit with prescriber's signature/initials?<sup>1</sup>
56. Informed Consent for Medication(s), when applicable?<sup>3</sup>
57. The informed consent form for medications includes: Rx name, dosage or range expected, uses/effects, risks/side effects, client signature, client name or ID?<sup>4</sup>
58. E/M progress notes are compliant with E/M documentation standards.<sup>5</sup>

### **PROGRESS NOTES:**

59. There is a progress note (PN) for every service contact?<sup>3</sup>
60. Correct CPT and/or INSYST service codes?<sup>5</sup>
61. Date of service indicated and correct?<sup>5</sup>
62. Location of service indicated and correct?<sup>5</sup>
63. Face-to-Face Time and Total Time are documented<sup>5</sup>
64. Time documented on PN equals time claimed?<sup>5</sup>
65. Time noted for documentation of service is reasonable?<sup>5</sup>
66. Documentation content supports amount of time claimed?<sup>5</sup>
67. Notes for client encounters include description of that day's evaluation/behavioral presentation?<sup>5</sup>
68. Notes for client encounters include description of that day's staff interventions?<sup>5</sup>
69. Notes for client encounters include description of that day's client response to interventions?<sup>5</sup>
70. Notes for client encounters include description of client's and/or staff's plan/follow-up?<sup>5</sup>
71. Group service notes include # of clients served, if applicable?<sup>5</sup>
72. Services are related to mental health objectives listed in Client Plan?<sup>5</sup>
73. Unresolved issues from prior services addressed, if applicable?<sup>1</sup>
74. PN is signed and dated with designation: License/registration/waiver/MHRS/Adjunct?<sup>5</sup>
75. Completion line after signature (N/A If EHR notes)?<sup>5</sup>
76. Claimed service provided while client was NOT in a lock-out (i.e. IMD, jail, juvenile hall, etc)?<sup>5</sup>

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### **Scoring Key:**

<sup>1</sup> **Yes=100% No=0%:** These quality review items have either a 'Yes' or 'No' answer

<sup>2</sup> **True=100% False=0%:** These quality review items have either a 'True' or 'False' answer

<sup>3</sup> **# present/total required:** These quality review items can score from a range of 0-100%

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## **Exhibit 2: Quality Review Key**

(Unless otherwise noted, item is evaluated relevant to audit period)

77. Claimed service provided was NOT for supervision, academic educational svc, vocational svc, recreation and/or socialization?<sup>5</sup>
78. Claimed service provided was NOT transportation?<sup>5</sup>
79. Claimed service was NOT clerical (i.e. making copies, voice mail, scheduling appointments with client, etc.)?<sup>5</sup>
80. Claimed service was NOT payee related?<sup>5</sup>
81. Progress note was completed within the required timeframe per MHP?<sup>5</sup>
82. Progress note documents the language that the service was provided in (or note in Assessment that client is English-speaking and all services to be provided in English)?<sup>5</sup>
83. Progress note indicates interpreter services were used, and relationship to client is indicated, if applicable?

### **CHART MAINTENANCE:**

84. Admission date is noted correctly? (EOD noted in chart should match Insyst)<sup>1</sup>
85. Emergency contact info in designated location in file/EHR?<sup>1</sup>
86. Releases of information, when applicable?<sup>3</sup>
87. Writing is legible?<sup>4</sup> (Areas reviewed: Assessments, Client Plans, non-clinical forms, PN's & MD docs)
88. Signatures are legible (or printed name under signature or signature sheet)?<sup>4</sup> (Areas reviewed: Assessments, Client Plans, non-clinical forms, PN's & MD docs)
89. Filing is done appropriately?<sup>1</sup>
90. Client identification is present on each page in the clinical record?<sup>4</sup> (Areas reviewed: Assessments, Client Plans, non-clinical forms, PN's & MD documents)
91. Discharge/termination date noted correctly, when applicable?<sup>1</sup> (Discharge/termination date noted in chart should match InSyst)

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### **Scoring Key:**

<sup>1</sup> **Yes=100% No=0%:** These quality review items have either a 'Yes' or 'No' answer

<sup>2</sup> **True=100% False=0%:** These quality review items have either a 'True' or 'False' answer

<sup>3</sup> **# present/total required:** These quality review items can score from a range of 0-100%

<sup>4</sup> **# of items or areas compliant/# items or areas evaluated:** These quality review items can score from a range of 0-100%

<sup>5</sup> **% of those audited that are compliant:** These quality review items can score from a range of 0-100%

Exhibit 3a: ACBHCS System of Care Audit: First Quarter 2016  
 CHILDRENS CLAIM REVIEW SPREADSHEET FOR DATES OF SERVICE 4/1/2015 - 6/30/2015

	A	B	C	D	F	G	H	I	J	M	N	O	P	Q	R	S	T	U
1	ClientName	Mask CT ID	RU Mask	EOD	SvcDate	Code	Procedure	Mins	cost	Yes=1	\$ Allowed	No=1	\$ Disallowed	Total	% Compliant	AC Non-Dissallowance Code	AC Dissallowance Code	DHCS Disallowance Code
2		C14	P14	12/4/09	4/16/15	443	90837 Psychotherapy 60 min	105	\$287.70	1	\$ 287.70							
3		C14	P14	12/4/09	4/17/15	311	Collateral	90	\$246.60	1	\$ 246.60						6, 16	
4		C14	P14	12/4/09	4/20/15	443	90837 Psychotherapy 60 min	75	\$205.50	1	\$ 205.50							
5		C14	P14	12/4/09	4/20/15	449	90847 FAMILY PSYCH W PATIENT	75	\$205.50	1	\$ 205.50						1 (413)	
6		C14	P14	12/4/09	4/20/15	491	90785 + Interactive Complexity	1	\$16.39	1	\$ 16.39							
7		C14	P14	12/4/09	4/27/15	443	90837 Psychotherapy 60 min	75	\$205.50	1	\$ 205.50							
8		C14	P14	12/4/09	4/27/15	491	90785 + Interactive Complexity	1	\$16.39	1	\$ 16.39							
9		C14	P14	12/4/09	5/11/15	443	90837 Psychotherapy 60 min	130	\$356.20	1	\$ 356.20						16	
10		C14	P14	12/4/09	5/11/15	449	90847 FAMILY PSYCH W PATIENT	70	\$191.80	1	\$ 191.80						1 (413)	
11		C14	P14	12/4/09	5/11/15	491	90785 + Interactive Complexity	1	\$16.39	1	\$ 16.39							
12		C14	P14	12/4/09	5/18/15	443	90837 Psychotherapy 60 min	75	\$205.50	1	\$ 205.50							
13		C14	P14	12/4/09	5/18/15	449	90847 FAMILY PSYCH W PATIENT	75	\$205.50	1	\$ 205.50						1 (413)	
14		C14	P14	12/4/09	5/18/15	491	90785 + Interactive Complexity	1	\$16.39	1	\$ 16.39							
15		C14	P14	12/4/09	5/25/15	581	Plan Development	235	\$643.90	1	\$ 643.90						2	
16		C14	P14	12/4/09	5/29/15	581	Plan Development	130	\$356.20	1	\$ 356.20						2	
17		C14	P14	12/4/09	6/1/15	310	COLLATERAL - CAREGIVER	36	\$98.64	1	\$ 98.64						25	
18		C14	P14	12/4/09	6/1/15	443	90837 Psychotherapy 60 min	80	\$219.20	1	\$ 219.20						16	
19		C14	P14	12/4/09	6/1/15	491	90785 + Interactive Complexity	1	\$16.39	1	\$ 16.39							
20		C14	P14	12/4/09	6/1/15	581	Plan Development	35	\$95.90	1	\$ 95.90						25	
21		C14	P14	12/4/09	6/8/15	413	90846 FAMILY PSYCH WO PATIENT	60	\$164.40	1	\$ 164.40							
22		C14	P14	12/4/09	6/8/15	443	90837 Psychotherapy 60 min	75	\$205.50	1	\$ 205.50							
23		C14	P14	12/4/09	6/8/15	491	90785 + Interactive Complexity	1	\$16.39	1	\$ 16.39							
24		C14	P14	12/4/09	6/22/15	443	90837 Psychotherapy 60 min	75	\$205.50	1	\$ 205.50							
25		C14	P14	12/4/09	6/22/15	491	90785 + Interactive Complexity	1	\$16.39	1	\$ 16.39							
26		C14	P14	12/4/09	6/22/15	581	Plan Development	105	\$287.70	1	\$ 287.70							
27		C14	P14	12/4/09	6/29/15	443	90837 Psychotherapy 60 min	75	\$205.50	1	\$ 205.50							
28		C14	P14	12/4/09	6/29/15	491	90785 + Interactive Complexity	1	\$16.39	1	\$ 16.39							
133										27	\$ 4,723.36			27	100%	Final		
134																		
135																		
136		C15	P15	2/3/14	4/1/15	381	Individual Rehabilitation	56	\$152.32	1	\$152.32						15b	
137		C15	P15	2/3/14	4/2/15	311	Collateral	37	\$100.64	1	\$100.64						5, 15b	
138		C15	P15	2/3/14	4/10/15	391	Group Rehabilitation	157	\$427.04	1	\$427.04						15b	
139		C15	P15	2/3/14	4/13/15	442	90834 Psychotherapy 45 min	62	\$168.64	1	\$168.64							
140		C15	P15	2/3/14	4/16/15	310	COLLATERAL - CAREGIVER	42	\$114.24	1	\$114.24							
141		C15	P15	2/3/14	4/17/15	381	Individual Rehabilitation	56	\$152.32	1	\$152.32						15b	
142		C15	P15	2/3/14	4/27/15	381	Individual Rehabilitation	55	\$149.60	1	\$149.60							
143		C15	P15	2/3/14	4/28/15	310	COLLATERAL - CAREGIVER	78	\$212.16	1	\$212.16							
144		C15	P15	2/3/14	4/28/15	381	Individual Rehabilitation	56	\$152.32	1	\$152.32						15b	
145		C15	P15	2/3/14	4/29/15	442	90834 Psychotherapy 45 min	56	\$152.32	1	\$152.32							
146		C15	P15	2/3/14	5/5/15	310	COLLATERAL - CAREGIVER	34	\$92.48	1	\$92.48							
147		C15	P15	2/3/14	5/6/15	381	Individual Rehabilitation	56	\$152.32	1	\$152.32						16	
148		C15	P15	2/3/14	5/6/15	442	90834 Psychotherapy 45 min	64	\$174.08	1	\$174.08							
149		C15	P15	2/3/14	5/12/15	381	Individual Rehabilitation	56	\$152.32	1	\$152.32						15b, 16	
150		C15	P15	2/3/14	5/13/15	310	COLLATERAL - CAREGIVER	57	\$155.04	1	\$155.04							
151		C15	P15	2/3/14	5/13/15	443	90837 Psychotherapy 60 min	67	\$182.24	1	\$182.24							
152		C15	P15	2/3/14	5/15/15	381	Individual Rehabilitation	56	\$152.32	1	\$152.32						15b, 16	
153		C15	P15	2/3/14	5/20/15	443	90837 Psychotherapy 60 min	66	\$179.52	1	\$179.52							
154		C15	P15	2/3/14	5/21/15	310	COLLATERAL - CAREGIVER	30	\$81.60	1	\$81.60							
155		C15	P15	2/3/14	5/27/15	310	COLLATERAL - CAREGIVER	43	\$116.96	1	\$116.96							
156		C15	P15	2/3/14	5/27/15	443	90837 Psychotherapy 60 min	66	\$179.52	1	\$179.52							
157		C15	P15	2/3/14	5/28/15	381	Individual Rehabilitation	56	\$152.32	1	\$152.32						15b, 16	
158		C15	P15	2/3/14	6/3/15	442	90834 Psychotherapy 45 min	59	\$160.48	1	\$160.48							
159		C15	P15	2/3/14	6/4/15	310	COLLATERAL - CAREGIVER	26	\$70.72	1	\$70.72							
160		C15	P15	2/3/14	6/9/15	381	Individual Rehabilitation	56	\$152.32	1	\$152.32						16	
161		C15	P15	2/3/14	6/22/15	391	Group Rehabilitation	84	\$228.48	1	\$228.48							
162		C15	P15	2/3/14	6/22/15	391	Group Rehabilitation	65	\$176.80	1	\$176.80						25	

Exhibit 3a: ACBHCS System of Care Audit: First Quarter 2016  
 CHILDRENS CLAIM REVIEW SPREADSHEET FOR DATES OF SERVICE 4/1/2015 - 6/30/2015

	A	B	C	D	F	G	H	I	J	M	N	O	P	Q	R	S	T	U	
1	ClientName	Mask CT ID	RU Mask	EOD	SvcDate	Code	Procedure	Mins	cost	Yes=1	\$ Allowed	No=1	\$ Disallowed	Total	% Compliant	AC Non-Dissallowance Code	AC Dissallowance Code	DHCS Disallowance Code	
163		C15	P15	2/3/14	6/23/15	391	Group Rehabilitation	80	\$217.60	1	\$217.60								
164		C15	P15	2/3/14	6/23/15	391	Group Rehabilitation	50	\$136.00	1	\$136.00					25			
165		C15	P15	2/3/14	6/24/15	391	Group Rehabilitation	67	\$182.24	1	\$182.24								
166		C15	P15	2/3/14	6/24/15	391	Group Rehabilitation	64	\$174.08	1	\$174.08								
167		C15	P15	2/3/14	6/25/15	310	COLLATERAL - CAREGIVER	17	\$46.24	1	\$46.24								
168		C15	P15	2/3/14	6/25/15	391	Group Rehabilitation	67	\$182.24	1	\$182.24								
169		C15	P15	2/3/14	6/25/15	391	Group Rehabilitation	63	\$171.36	1	\$171.36								
170		C15	P15	2/3/14	6/26/15	391	Group Rehabilitation	84	\$228.48	1	\$228.48								
171		C15	P15	2/3/14	6/26/15	391	Group Rehabilitation	79	\$214.88	1	\$214.88								
172		C15	P15	2/3/14	6/29/15	391	Group Rehabilitation	67	\$182.24	1	\$182.24								
173		C15	P15	2/3/14	6/29/15	391	Group Rehabilitation	63	\$171.36	1	\$171.36								
174												38	\$6,247.84	38	100%	Final			
175																			
176																			
177		C16	P16	2/5/14	4/6/15	443	90837 Psychotherapy 60 min	124	\$339.76	1	\$339.76								
178		C16	P16	2/5/14	4/13/15	443	90837 Psychotherapy 60 min	112	\$306.88	1	\$306.88								
179		C16	P16	2/5/14	4/17/15	310	COLLATERAL - CAREGIVER	17	\$46.58	1	\$46.58								
180		C16	P16	2/5/14	4/20/15	310	COLLATERAL - CAREGIVER	30	\$82.20	1	\$82.20								
181		C16	P16	2/5/14	4/23/15	441	90832 Psychotherapy 30 min	37	\$101.38	1	\$101.38								
182		C16	P16	2/5/14	5/5/15	443	90837 Psychotherapy 60 min	114	\$312.36	1	\$312.36								
183		C16	P16	2/5/14	5/19/15	443	90837 Psychotherapy 60 min	107	\$293.18	1	\$293.18								
184		C16	P16	2/5/14	5/26/15	310	COLLATERAL - CAREGIVER	27	\$73.98	1	\$73.98					9			
185		C16	P16	2/5/14	5/29/15	443	90837 Psychotherapy 60 min	119	\$326.06	1	\$326.06								
186		C16	P16	2/5/14	6/5/15	443	90837 Psychotherapy 60 min	118	\$323.32	1	\$323.32								
187		C16	P16	2/5/14	6/19/15	443	90837 Psychotherapy 60 min	110	\$301.40	1	\$301.40								
188		C16	P16	2/5/14	6/23/15	443	90837 Psychotherapy 60 min	107	\$293.18	1	\$293.18								
222												12	\$2,800.28	12	100%	Final			
223																			
224																			
225		C17	P17	9/16/14	4/3/15	442	90834 Psychotherapy 45 min	60	\$164.40	1	\$164.40					25			
226		C17	P17	9/16/14	4/16/15	443	90837 Psychotherapy 60 min	75	\$205.50	1	\$205.50					25			
227		C17	P17	9/16/14	4/17/15	310	COLLATERAL - CAREGIVER	35	\$95.90	1	\$95.90								
228		C17	P17	9/16/14	4/24/15	442	90834 Psychotherapy 45 min	60	\$164.40	1	\$164.40					25			
229		C17	P17	9/16/14	4/28/15	581	Plan Development	45	\$123.30	1	\$123.30					6, 25			
230		C17	P17	9/16/14	5/1/15	311	Collateral	20	\$54.80	1	\$54.80								
231		C17	P17	9/16/14	5/1/15	442	90834 Psychotherapy 45 min	60	\$164.40	1	\$164.40					25			
232		C17	P17	9/16/14	5/8/15	442	90834 Psychotherapy 45 min	60	\$164.40	1	\$164.40								
233		C17	P17	9/16/14	5/14/15	443	90837 Psychotherapy 60 min	75	\$205.50	1	\$205.50					25			
234		C17	P17	9/16/14	5/21/15	443	90837 Psychotherapy 60 min	75	\$205.50	1	\$205.50								
235		C17	P17	9/16/14	5/28/15	311	Collateral	20	\$54.80	1	\$54.80					25			
236		C17	P17	9/16/14	5/29/15	442	90834 Psychotherapy 45 min	60	\$164.40	1	\$164.40								
237		C17	P17	9/16/14	6/5/15	442	90834 Psychotherapy 45 min	60	\$164.40	1	\$164.40					25			
238		C17	P17	9/16/14	6/9/15	443	90837 Psychotherapy 60 min	75	\$205.50	1	\$205.50								
263												14	\$2,137.20	14	100%	Final			
264																			
265																			
266		C18	P18	9/23/14	4/8/15	442	90834 Psychotherapy 45 min	60	\$164.40	1	\$164.40					8, 9, 16			
267		C18	P18	9/23/14	4/15/15	443	90837 Psychotherapy 60 min	70	\$191.80	1	\$191.80					8, 9, 16			
268		C18	P18	9/23/14	4/29/15	442	90834 Psychotherapy 45 min	60	\$164.40	1	\$164.40					9, 16			
269		C18	P18	9/23/14	5/6/15	442	90834 Psychotherapy 45 min	60	\$164.40	1	\$164.40					16			
270		C18	P18	9/23/14	5/13/15	442	90834 Psychotherapy 45 min	60	\$164.40	1	\$164.40					25, 9			
271		C18	P18	9/23/14	5/20/15	443	90837 Psychotherapy 60 min	65	\$178.10	1	\$178.10					16			
272		C18	P18	9/23/14	6/2/15	442	90834 Psychotherapy 45 min	60	\$164.40	1	\$164.40					16, 25			
273		C18	P18	9/23/14	6/10/15	442	90834 Psychotherapy 45 min	60	\$164.40	1	\$164.40					16			
274												8	\$1,356.40	8	100%	Final			
275																			
276																			



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 CHILDRENS CLAIM REVIEW SPREADSHEET FOR DATES OF SERVICE 4/1/2015 - 6/30/2015

	A	B	C	D	F	G	H	I	J	M	N	O	P	Q	R	S	T	U
1	ClientName	Mask CT ID	RU Mask	EOD	SvcDate	Code	Procedure	Mins	cost	Yes=1	\$ Allowed	No=1	\$ Disallowed	Total	% Compliant	AC Non-Dissallowance Code	AC Dissallowance Code	DHCS Disallowance Code
277		C19	P19	10/15/14	4/1/15	443	90837 Psychotherapy 60 min	90	\$342.90	1	\$342.90					4, 8, 9, 25		
278		C19	P19	10/15/14	4/23/15	443	90837 Psychotherapy 60 min	90	\$342.90	1	\$342.90					4, 8, 25		
279		C19	P19	10/15/14	5/7/15	443	90837 Psychotherapy 60 min	90	\$342.90	1	\$342.90					4, 8, 9, 25		
280		C19	P19	10/15/14	5/14/15	443	90837 Psychotherapy 60 min	90	\$342.90	1	\$342.90					4, 8, 9, 25		
281		C19	P19	10/15/14	5/27/15	581	Plan Development	30	\$114.30	1	\$114.30					4, 16		
282		C19	P19	10/15/14	5/28/15	441	90832 Psychotherapy 30 min	60	\$228.60	1	\$228.60					4, 16,		
283		C19	P19	10/15/14	6/5/15	443	90837 Psychotherapy 60 min	70	\$266.70	1	\$266.70					8, 9,		
284		C19	P19	10/15/14	6/25/15	443	90837 Psychotherapy 60 min	70	\$266.70	1	\$266.70					16, 9		
322								8	\$2,247.90					8	100%	Final		
323																		
324																		
325		C01	P01	12/9/14	4/2/15	442	90834 Psychotherapy 45 min	115	\$296.70	1	\$296.70					#15c, 5, 38		
326		C01	P01	12/9/14	4/6/15	581	Plan Development	120	\$309.60	1	\$309.60					#15c, 5,38		
327		C01	P01	12/9/14	4/17/15	442	90834 Psychotherapy 45 min	115	\$296.70	1	\$296.70					#15c, 5, 38		
328		C01	P01	12/9/14	5/5/15	581	Plan Development	40	\$103.20	1	\$103.20					2,5,15c,38		
329		C01	P01	12/9/14	5/7/15	442	90834 Psychotherapy 45 min	85	\$219.30	1	\$219.30					#4,5,9,15c, 38		
330		C01	P01	12/9/14	5/8/15	565	90792 Psy Diag Eval w-medical	82	\$390.32	1	\$390.32					#15c,38, 5		
331		C01	P01	12/9/14	6/2/15	581	Plan Development	30	\$77.40	1	\$77.40					#15c, 5,38		
332		C01	P01	12/9/14	6/10/15	577	INTEN CARE CORD KATIE A (ICC)	40	\$79.60	1	\$79.60					#15c, 5,38		
333		C01	P01	12/9/14	6/15/15	577	INTEN CARE CORD KATIE A (ICC)	135	\$268.65	1	\$268.65					#15c, 5,38		
334		C01	P01	12/9/14	6/16/15	577	INTEN CARE CORD KATIE A (ICC)	26	\$51.74	1	\$51.74					#15c, 5,38		
335		C01	P01	12/9/14	6/16/15	581	Plan Development	30	\$77.40	1	\$77.40					#15c, 5,38		
336		C01	P01	12/9/14	6/18/15	577	INTEN CARE CORD KATIE A (ICC)	25	\$49.75	1	\$49.75					#15c, 5,38		
337		C01	P01	12/9/14	6/19/15	571	Brokerage Services	33	\$65.67	1	\$65.67					#15c, 5,38,		
338		C01	P01	12/9/14	6/23/15	577	INTEN CARE CORD KATIE A (ICC)	150	\$298.50	1	\$298.50					#15c, 5,38		
339		C01	P01	12/9/14	6/23/15	577	INTEN CARE CORD KATIE A (ICC)	100	\$199.00	1	\$199.00					#15c, 2, 5,38		
340		C01	P01	12/9/14	6/23/15	581	Plan Development	130	\$335.40	1	\$335.40					#15c, 5,2,38		
341		C01	P01	12/9/14	6/23/15	577	INTEN CARE CORD KATIE A (ICC)	180	\$358.20	1	\$358.20					#15c,38		
342								17	\$3,477.13					17	100%	Final		
343																		
344																		
345		C20	P20	12/12/14	4/13/15	443	90837 Psychotherapy 60 min	74	\$195.36	1	\$195.36					6,9, 16		
346		C20	P20	12/12/14	4/27/15	443	90837 Psychotherapy 60 min	79	\$208.56	1	\$208.56					6,9, 16		
347		C20	P20	12/12/14	5/4/15	310	COLLATERAL - CAREGIVER	39	\$102.96	1	\$102.96					9		
348		C20	P20	12/12/14	5/11/15	443	90837 Psychotherapy 60 min	76	\$200.64	1	\$200.64					6,9,16		
349		C20	P20	12/12/14	6/1/15	443	90837 Psychotherapy 60 min	79	\$208.56	1	\$208.56					6,9,16		
350		C20	P20	12/12/14	6/10/15	324	96151 Behavioral Eval	20	\$52.80	1	\$52.80							
351		C20	P20	12/12/14	6/16/15	581	Plan Development	65	\$171.60			1	\$171.60				18	17
379								6	\$968.88			1	\$171.60		7	86%	Final	
380																		
381																		
382		C02	P02	2/1/15	4/2/15	443	90837 Psychotherapy 60 min	65	\$165.75	1	\$165.75					9,6		
383		C02	P02	2/1/15	4/3/15	310	COLLATERAL - CAREGIVER	90	\$229.50	1	\$229.50					2,9		
384		C02	P02	2/1/15	4/6/15	443	90837 Psychotherapy 60 min	65	\$165.75	1	\$165.75							
385		C02	P02	2/1/15	4/9/15	310	COLLATERAL - CAREGIVER	60	\$153.00	1	\$153.00					2,9		
386		C02	P02	2/1/15	4/15/15	310	COLLATERAL - CAREGIVER	70	\$178.50	1	\$178.50					2,9		
387		C02	P02	2/1/15	4/16/15	442	90834 Psychotherapy 45 min	60	\$153.00	1	\$153.00					2,8,9		
388		C02	P02	2/1/15	4/22/15	310	COLLATERAL - CAREGIVER	75	\$191.25	1	\$191.25					2,8, 9		
389		C02	P02	2/1/15	4/23/15	311	Collateral	60	\$153.00	1	\$153.00					1:571, 2		
390		C02	P02	2/1/15	4/23/15	443	90837 Psychotherapy 60 min	65	\$165.75	1	\$165.75							
391		C02	P02	2/1/15	4/27/15	442	90834 Psychotherapy 45 min	60	\$153.00	1	\$153.00					9		
392		C02	P02	2/1/15	5/1/15	310	COLLATERAL - CAREGIVER	70	\$178.50	1	\$178.50					2,3		
393		C02	P02	2/1/15	5/6/15	310	COLLATERAL - CAREGIVER	60	\$153.00	1	\$153.00							
394		C02	P02	2/1/15	5/7/15	442	90834 Psychotherapy 45 min	60	\$153.00	1	\$153.00					9, 41		
395		C02	P02	2/1/15	5/8/15	310	COLLATERAL - CAREGIVER	30	\$76.50	1	\$76.50					8,9,41		
396		C02	P02	2/1/15	5/20/15	310	COLLATERAL - CAREGIVER	90	\$229.50	1	\$229.50					2		
397		C02	P02	2/1/15	5/21/15	311	Collateral	70	\$178.50	1	\$178.50					2		

Exhibit 3a: ACBHCS System of Care Audit: First Quarter 2016  
 CHILDRENS CLAIM REVIEW SPREADSHEET FOR DATES OF SERVICE 4/1/2015 - 6/30/2015

	A	B	C	D	F	G	H	I	J	M	N	O	P	Q	R	S	T	U		
1	ClientName	Mask CT ID	RU Mask	EOD	SvcDate	Code	Procedure	Mins	cost	Yes=1	\$ Allowed	No=1	\$ Disallowed	Total	% Compliant	AC Non-Dissallowance Code	AC Dissallowance Code	DHCS Disallowance Code		
398		C02	P02	2/1/15	5/21/15	443	90837 Psychotherapy 60 min	65	\$165.75	1	\$165.75					2				
399		C02	P02	2/1/15	5/27/15	310	COLLATERAL - CAREGIVER	70	\$178.50	1	\$178.50									
400		C02	P02	2/1/15	5/28/15	443	90837 Psychotherapy 60 min	65	\$165.75	1	\$165.75									
401		C02	P02	2/1/15	6/1/15	449	90847 FAMILY PSYCH W PATIENT	65	\$165.75	1	\$165.75									
402		C02	P02	2/1/15	6/8/15	449	90847 FAMILY PSYCH W PATIENT	65	\$165.75	1	\$165.75									
407												\$4,897.50	21	\$3,519.00	21	100%	Final			
408																				
409																				
410		C21	P21	2/18/15	4/2/15	311	Collateral	30	\$82.20	1	\$82.20									
411		C21	P21	2/18/15	4/10/15	310	COLLATERAL - CAREGIVER	30	\$82.20	1	\$82.20									
412		C21	P21	2/18/15	4/13/15	449	90847 FAMILY PSYCH W PATIENT	65	\$178.10	1	\$178.10									
413		C21	P21	2/18/15	4/14/15	311	Collateral	15	\$41.10	1	\$41.10									
414		C21	P21	2/18/15	4/17/15	310	COLLATERAL - CAREGIVER	17	\$46.58	1	\$46.58									
415		C21	P21	2/18/15	4/20/15	311	Collateral	25	\$68.50	1	\$68.50									
416		C21	P21	2/18/15	4/21/15	442	90834 Psychotherapy 45 min	75	\$205.50	1	\$205.50									
417		C21	P21	2/18/15	4/23/15	311	Collateral	19	\$52.06	1	\$52.06									
418		C21	P21	2/18/15	4/28/15	442	90834 Psychotherapy 45 min	79	\$216.46	1	\$216.46					1:443-90837				
419		C21	P21	2/18/15	5/1/15	311	Collateral	40	\$109.60	1	\$109.60									
420		C21	P21	2/18/15	5/5/15	311	Collateral	90	\$246.60	1	\$246.60									
421		C21	P21	2/18/15	5/5/15	442	90834 Psychotherapy 45 min	70	\$191.80	1	\$191.80									
422		C21	P21	2/18/15	5/12/15	443	90837 Psychotherapy 60 min	80	\$219.20	1	\$219.20									
423		C21	P21	2/18/15	5/19/15	443	90837 Psychotherapy 60 min	85	\$232.90	1	\$232.90									
424		C21	P21	2/18/15	5/26/15	443	90837 Psychotherapy 60 min	77	\$210.98	1	\$210.98									
425		C21	P21	2/18/15	6/2/15	443	90837 Psychotherapy 60 min	80	\$219.20	1	\$219.20									
426		C21	P21	2/18/15	6/9/15	443	90837 Psychotherapy 60 min	80	\$219.20	1	\$219.20									
427		C21	P21	2/18/15	6/16/15	449	90847 FAMILY PSYCH W PATIENT	70	\$191.80	1	\$191.80									
428		C21	P21	2/18/15	6/22/15	442	90834 Psychotherapy 45 min	70	\$191.80	1	\$191.80									
429		C21	P21	2/18/15	6/29/15	442	90834 Psychotherapy 45 min	70	\$191.80	1	\$191.80									
444												20	\$3,197.58	20	100%	Final				
445																				
446																				
447		C07	P07	10/22/14	4/2/15	442	90834 Psychotherapy 45 min	80	\$197.60			1	\$ 197.60			25		23: Client Plan signed 4/29	7	
448		C07	P07	10/22/14	4/15/15	456	90853 GROUP PSYCHOTHERAPY	91	\$224.77			1	\$ 224.77			3,25		23	7	
449		C07	P07	10/22/14	4/16/15	442	90834 Psychotherapy 45 min	70	\$172.90			1	\$ 172.90					23	7	
450		C07	P07	10/22/14	5/6/15	456	90853 GROUP PSYCHOTHERAPY	125	\$308.75	1	\$ 308.75					3,5,25				
451		C07	P07	10/22/14	5/7/15	442	90834 Psychotherapy 45 min	80	\$197.60	1	\$ 197.60					25				
452		C07	P07	10/22/14	5/13/15	381	Individual Rehabilitation	97	\$239.59	1	\$ 239.59					5,25				
453		C07	P07	10/22/14	5/13/15	456	90853 GROUP PSYCHOTHERAPY	103	\$254.41	1	\$ 254.41					3,25				
454		C07	P07	10/22/14	5/28/15	442	90834 Psychotherapy 45 min	75	\$185.25	1	\$ 185.25									
455		C07	P07	10/22/14	6/4/15	442	90834 Psychotherapy 45 min	80	\$197.60	1	\$ 197.60					25				
456		C07	P07	10/22/14	6/11/15	443	90837 Psychotherapy 60 min	90	\$222.30	1	\$ 222.30									
457		C07	P07	10/22/14	6/19/15	581	Plan Development	21	\$51.87			1	\$ 51.87					18	17	
458												7	\$ 1,605.50	4	\$ 647.14	11	64%	Final		
459																				
460																				

Exhibit 3b: ACBHCS System of Care Audit: First Quarter 2016  
ADULT CLAIM REVIEW SPREADSHEET FOR DATES OF SERVICE 4/1/2015 - 6/30/2015

	MASK CT ID	RU MASK	EOD	SVC DATE	CODE	PROCEDURE	MIN	AMT	YES=1	\$ ALLOWED	NO=1	\$ DISALLOWED	Total	% COMPLIANT	AC Non-Dissallowance Code	AC Dissallowance Code	DHCS Dissallowance Code
	C05	P05	2/23/15	4/20/15	381	Individual Reha	95	\$361.95			1	\$ 361.95			1: 443, 4, 9, 25	22, 23	5, 7
	C05	P05	2/23/15	4/20/15	581	Plan Developm	30	\$114.30			1	\$ 114.30			25	22, 23	5, 7
	C05	P05	2/23/15	4/20/15	646	99215 E/M EST	75	\$418.50			1	\$ 418.50			1: 443, 39	22, 23	5, 7
	C05	P05	2/23/15	4/28/15	646	99215 E/M EST	60	\$334.80			1	\$ 334.80				22, 23	5, 7
	C05	P05	2/23/15	5/5/15	381	Individual Reha	70	\$266.70			1	\$ 266.70			1: 443, 9, 25	22, 23	5, 7
	C05	P05	2/23/15	5/5/15	646	99215 E/M EST	60	\$334.80			1	\$ 334.80				22, 23	5, 7
	C05	P05	2/23/15	5/11/15	367	MEDICATION TR	15	\$83.70			1	\$ 83.70				18, 22, 23	17, 5, 7
	C05	P05	2/23/15	6/1/15	646	99215 E/M EST	45	\$251.10			1	\$ 251.10				22, 23	5, 7
	C05	P05	2/23/15	6/8/15	381	Individual Reha	45	\$171.45			1	\$ 171.45			1: 441, 9, 12, 25	22, 23	5, 7
	C05	P05	2/23/15	6/8/15	646	99215 E/M EST	45	\$251.10			1	\$ 251.10				22, 23	5, 7
	C05	P05	2/23/15	6/22/15	381	Individual Reha	95	\$361.95			1	\$ 361.95			1: 443, 4, 9, 12, 25	22, 23	5, 7
	C05	P05	2/23/15	6/30/15	367	MEDICATION TR	15	\$83.70			1	\$ 83.70				22, 23	5, 7
									0		12	\$ 3,034.05	12	0%	Final		
	C03	P03	9/8/14	4/6/15	381	Individual Reha	161	\$418.60	1	\$ 418.60					25, 16, 6		
	C03	P03	9/8/14	4/8/15	381	Individual Reha	26	\$67.60	1	\$ 67.60					4, 9, 16, 25		
	C03	P03	9/8/14	4/13/15	381	Individual Reha	32	\$83.20	1	\$ 83.20					4, 9, 16, 25		
	C03	P03	9/8/14	4/14/15	381	Individual Reha	27	\$70.20	1	\$ 70.20					2, 6, 8, 9, 16, 25		
	C03	P03	9/8/14	4/16/15	381	Individual Reha	69	\$179.40	1	\$ 179.40					16, 25		
	C03	P03	9/8/14	5/1/15	381	Individual Reha	31	\$80.60	1	\$ 80.60					4, 6, 9, 16, 25		
	C03	P03	9/8/14	5/12/15	548	99204 E/M NEV	45	\$216.45	1	\$ 216.45							
	C03	P03	9/8/14	6/16/15	547	99203 E/M NEV	30	\$144.30	1	\$ 144.30							
	C03	P03	9/8/14	6/17/15	381	Individual Reha	157	\$408.20	1	\$ 408.20					16, 25		
									9	\$ 1,668.55			9	100%	Final		
	C04	P04	9/5/12	4/13/15	645	99214 E/M EST	30	\$167.40	1	\$ 167.40					1: 99213, 16, 39		
	C04	P04	9/5/12	5/18/15	381	Individual Reha	75	\$285.75	1	\$ 285.75							
	C04	P04	9/5/12	5/18/15	645	99214 E/M EST	30	\$167.40	1	\$ 167.40					16		
	C04	P04	9/5/12	6/22/15	381	Individual Reha	75	\$285.75	1	\$ 285.75							
	C04	P04	9/5/12	6/22/15	645	99214 E/M EST	30	\$167.40	1	\$ 167.40					6, 8, 16		
									5	\$ 1,073.70			5	100%	Final		
	C08	P04	11/2/04	4/10/15	571	Brokerage Servi	45	\$160.20			1	\$ 160.20				12, 14, 19	6, 18
	C08	P04	11/2/04	5/5/15	571	Brokerage Servi	15	\$53.40			1	\$ 53.40				12, 14	6
	C08	P04	11/2/04	5/27/15	571	Brokerage Servi	60	\$213.60			1	\$ 213.60				12, 14	6
	C08	P04	11/2/04	5/28/15	571	Brokerage Servi	120	\$427.20			1	\$ 427.20			9	12, 14	6
	C08	P04	11/2/04	6/23/15	571	Brokerage Servi	90	\$320.40			1	\$ 320.40			9, 16	12, 14	6
										5	\$ 1,174.80	5	0%	Final			
	C06	P06	1/12/09	4/1/15	311	Collateral	56	\$153.44	1	\$ 153.44					9, 15c, 38		
	C06	P06	1/12/09	4/1/15	367	MEDICATION TR	5	\$25.30			1	\$ 25.30				24	9
	C06	P06	1/12/09	4/8/15	311	Collateral	67	\$183.58	1	\$ 183.58					9, 15c, 38, 2		
	C06	P06	1/12/09	4/9/15	570	Brokerage Servi	63	\$133.56			1	\$ 133.56			9, 38, 15c, 1:non billable	18, 7	17, 19a
	C06	P06	1/12/09	4/14/15	311	Collateral	62	\$169.88			1	\$ 169.88			2, 9, 38, 15c	18	17
	C06	P06	1/12/09	4/22/15	570	Brokerage Servi	58	\$122.96			1	\$ 122.96			1:311, 9, 38, 15c	18	17
	C06	P06	1/12/09	4/27/15	367	MEDICATION TR	5	\$25.30	1	\$ 25.30							
	C06	P06	1/12/09	5/5/15	377	90839 Crisis Th	60	\$244.20	1	\$ 244.20					15c		
	C06	P06	1/12/09	5/5/15	378	90840 + Crisis T	44	\$179.08	1	\$ 179.08					15c		

Exhibit 3b: ACBHCS System of Care Audit: First Quarter 2016  
ADULT CLAIM REVIEW SPREADSHEET FOR DATES OF SERVICE 4/1/2015 - 6/30/2015

	MASK CT ID	RU MASK	EOD	SVC DATE	CODE	PROCEDURE	MINS	AMT	YES=1	\$ ALLOWED	NO=1	\$ DISALLOWED	Total	% COMPLIANT	AC Non-Dissallowance Code	AC Dissallowance Code	DHCS Dissallowance Code
	C06	P06	1/12/09	5/5/15	378	90840 + Crisis T	30	\$122.10	1	\$ 122.10					15c		
	C06	P06	1/12/09	5/5/15	378	90840 + Crisis T	30	\$122.10	1	\$ 122.10					15c		
	C06	P06	1/12/09	5/6/15	570	Brokerage Servi	46	\$97.52	1	\$ 97.52							
	C06	P06	1/12/09	5/6/15	570	Brokerage Servi	55	\$116.60	1	\$ 116.60					3, 15c		
	C06	P06	1/12/09	5/12/15	581	Plan Developm	15	\$41.10	1	\$ 41.10					15c, 26		
	C06	P06	1/12/09	5/13/15	381	Individual Reha	53	\$145.22	1	\$ 145.22					15c		
	C06	P06	1/12/09	5/19/15	381	Individual Reha	106	\$290.44	1	\$ 290.44					15c		
	C06	P06	1/12/09	5/20/15	381	Individual Reha	180	\$493.20	1	\$ 493.20							
	C06	P06	1/12/09	5/26/15	311	Collateral	72	\$197.28	1	\$ 197.28					9, 38		
	C06	P06	1/12/09	5/26/15	311	Collateral	45	\$123.30	1	\$ 123.30					9		
	C06	P06	1/12/09	6/1/15	570	Brokerage Servi	47	\$99.64	1	\$ 99.64					9		
	C06	P06	1/12/09	6/5/15	326	90889 BehavEv	19	\$52.06	1	\$ 52.06							
	C06	P06	1/12/09	6/17/15	311	Collateral	46	\$126.04	1	\$ 126.04					9		
	C06	P06	1/12/09	6/18/15	326	90889 BehavEv	21	\$57.54			1	\$57.54			1:323; 15c	11, 17	11, 6
	C06	P06	1/12/09	6/19/15	570	Brokerage Servi	58	\$122.96			1	\$122.96			1:581	17	11
	C06	P06	1/12/09	6/19/15	570	Brokerage Servi	128	\$271.36	1	\$ 271.36					9		
	C06	P06	1/12/09	6/25/15	311	Collateral	51	\$139.74	1	\$ 139.74					9, 38		
									20	\$ 3,223.03	6	\$ 632.20	26	77%	Final		
	C10	P09	9/26/14	5/12/15	443	90837 Psychoth	64	\$114.56			1	\$114.56			5,9,15c, 2	38	10
	C10	P09	9/26/14	5/23/15	443	90837 Psychoth	62	\$110.98			1	\$110.98			5,9,15c, 2	38	10
	C10	P09	9/26/14	6/2/15	443	90837 Psychoth	64	\$114.56			1	\$114.56			5,9,15c, 2	38	10
	C10	P09	9/26/14	6/8/15	443	90837 Psychoth	61	\$109.19			1	\$109.19			5,9,15c, 2	7, 38	19a
											4	\$449.29	4	0%	Final		
	C11	P10	11/18/13	4/1/15	381	Individual Reha	93	\$247.38			1	\$ 247.38			9,16,25	12	6
	C11	P10	11/18/13	4/2/15	381	Individual Reha	109	\$289.94			1	\$ 289.94			9,16,25	12	6
	C11	P10	11/18/13	4/6/15	381	Individual Reha	83	\$220.78			1	\$ 220.78			9,16,25	12	6
	C11	P10	11/18/13	4/9/15	381	Individual Reha	112	\$297.92			1	\$ 297.92			9,16,25	12	6
	C11	P10	11/18/13	4/10/15	381	Individual Reha	75	\$199.50			1	\$ 199.50			9,16,25	12	6
	C11	P10	11/18/13	4/14/15	381	Individual Reha	95	\$252.70			1	\$ 252.70			9,16,25	12	6
	C11	P10	11/18/13	4/16/15	381	Individual Reha	108	\$287.28			1	\$ 287.28			9,16,25	12	6
	C11	P10	11/18/13	4/17/15	381	Individual Reha	95	\$252.70			1	\$ 252.70			9,16,25	12	6
	C11	P10	11/18/13	4/20/15	381	Individual Reha	90	\$239.40			1	\$ 239.40			9,16,25	12	6
	C11	P10	11/18/13	4/24/15	381	Individual Reha	104	\$276.64			1	\$ 276.64			9,16,25	12	6
	C11	P10	11/18/13	4/27/15	381	Individual Reha	95	\$252.70			1	\$ 252.70			9,16,25	12	6
	C11	P10	11/18/13	4/29/15	381	Individual Reha	89	\$236.74			1	\$ 236.74			9,16	12	6
	C11	P10	11/18/13	5/1/15	381	Individual Reha	105	\$279.30			1	\$ 279.30			9,16,25	12	6
	C11	P10	11/18/13	5/4/15	381	Individual Reha	93	\$247.38			1	\$ 247.38			9,16,25	12	6
	C11	P10	11/18/13	5/7/15	381	Individual Reha	93	\$247.38			1	\$ 247.38			9,16,25	12	6
	C11	P10	11/18/13	5/11/15	381	Individual Reha	90	\$239.40			1	\$ 239.40			9,16,25	12	6
	C11	P10	11/18/13	5/14/15	381	Individual Reha	109	\$289.94			1	\$ 289.94			9,16,25	12	6
	C11	P10	11/18/13	5/18/15	381	Individual Reha	102	\$271.32			1	\$ 271.32			9,16,25	12	6
	C11	P10	11/18/13	5/21/15	381	Individual Reha	93	\$247.38			1	\$ 247.38			9,16,25	12	6
	C11	P10	11/18/13	5/22/15	381	Individual Reha	77	\$204.82			1	\$ 204.82			9,16,25	12	6
	C11	P10	11/18/13	5/29/15	381	Individual Reha	113	\$300.58			1	\$ 300.58			9,16,25	12	6
	C11	P10	11/18/13	6/1/15	381	Individual Reha	75	\$199.50			1	\$ 199.50			9,16,25	12	6
	C11	P10	11/18/13	6/4/15	381	Individual Reha	75	\$199.50			1	\$ 199.50			9,16,25	12	6
	C11	P10	11/18/13	6/8/15	381	Individual Reha	90	\$239.40			1	\$ 239.40			9,16,25	12	6
	C11	P10	11/18/13	6/11/15	381	Individual Reha	107	\$284.62			1	\$ 284.62			9,16,25	12	6

Exhibit 3b: ACBHCS System of Care Audit: First Quarter 2016  
ADULT CLAIM REVIEW SPREADSHEET FOR DATES OF SERVICE 4/1/2015 - 6/30/2015

	MASK CT ID	RU MASK	EOD	SVC DATE	CODE	PROCEDURE	MINS	AMT	YES=1	\$ ALLOWED	NO=1	\$ DISALLOWED	Total	% COMPLIANT	AC Non-Dissallowance Code	AC Dissallowance Code	DHCS Dissallowance Code
	C11	P10	11/18/13	6/15/15	381	Individual Reha	93	\$247.38			1	\$ 247.38			9,16,25	12	6
	C11	P10	11/18/13	6/24/15	381	Individual Reha	86	\$228.76			1	\$ 228.76			9,16,25	12	6
	C11	P10	11/18/13	6/25/15	381	Individual Reha	60	\$159.60			1	\$ 159.60			9,16,25	12	6
	C11	P10	11/18/13	6/29/15	381	Individual Reha	92	\$244.72			1	\$ 244.72			9,16,25	12	6
											29	\$ 7,184.66	29	0%	Final		
	C12	P11	2/26/07	4/21/15	310	COLLATERAL - C	90	\$342.90			1	\$ 342.90			2, 4	14, 19, 22	2, 18, 6
	C12	P11	2/26/07	5/5/15	381	Individual Reha	180	\$685.80			1	\$ 685.80			1:443, 6, 8, 9	14, 22	2, 6
	C12	P11	2/26/07	5/14/15	381	Individual Reha	150	\$571.50			1	\$ 571.50			6, 8, 9, 2, 4	14, 22, 7	2, 6, 19a
	C12	P11	2/26/07	5/18/15	581	Plan Developme	150	\$571.50	1	\$ 571.50							
	C12	P11	2/26/07	5/26/15	571	Brokerage Servi	210	\$747.60			1	\$ 747.60			9, 6, 4, 2	12, 11	6, 5
	C12	P11	2/26/07	6/23/15	571	Brokerage Servi	210	\$747.60			1	\$ 747.60			1:443, 4, 2	12, 11	6, 5
	C12	P11	2/26/07	6/30/15	571	Brokerage Servi	210	\$747.60			1	\$ 747.60			1:443, 9, 4, 2	12, 11	6, 5
									1	\$ 571.50	6	\$ 3,843.00	7	14%	Final		
	C13	P12	1/23/14	4/2/15	367	MEDICATION TR	20	\$111.60			1	\$ 111.60			5, 6, 8, 9	7	19a
	C13	P12	1/23/14	4/16/15	571	Brokerage Servi	40	\$142.40	1	\$ 142.40					11, 25		
	C13	P12	1/23/14	4/30/15	571	Brokerage Servi	25	\$89.00	1	\$ 89.00					6		
	C13	P12	1/23/14	5/5/15	570	Brokerage Servi	30	\$106.80			1	\$ 106.80			6, 8, 9	7, 18	19a, 6a
	C13	P12	1/23/14	5/7/15	381	Individual Reha	50	\$190.50	1	\$ 190.50					25		
	C13	P12	1/23/14	5/7/15	644	99213 E/M EST	45	\$251.10	1	\$ 251.10					16		
	C13	P12	1/23/14	5/13/15	570	Brokerage Servi	20	\$71.20	1	\$ 71.20					6, 8, 9		
	C13	P12	1/23/14	5/20/15	571	Brokerage Servi	60	\$213.60	1	\$ 213.60					25		
	C13	P12	1/23/14	5/28/15	381	Individual Reha	35	\$133.35	1	\$ 133.35							
	C13	P12	1/23/14	6/25/15	571	Brokerage Servi	22	\$78.32	1	\$ 78.32					25		
									8	\$ 1,169.47	2	\$ 218.40	10	80%	Final		
	C13	P13	1/9/14	4/7/15	391	Group Rehabilit	45	\$128.70	1	\$ 128.70					2		
	C13	P13	1/9/14	4/8/15	381	Individual Reha	75	\$214.50	1	\$ 214.50					4		
	C13	P13	1/9/14	4/8/15	391	Group Rehabilit	45	\$128.70	1	\$ 128.70					2		
	C13	P13	1/9/14	4/8/15	391	Group Rehabilit	28	\$80.08	1	\$ 80.08					25		
	C13	P13	1/9/14	4/9/15	391	Group Rehabilit	45	\$128.70	1	\$ 128.70					2		
	C13	P13	1/9/14	4/9/15	391	Group Rehabilit	30	\$85.80	1	\$ 85.80					4		
	C13	P13	1/9/14	4/21/15	381	Individual Reha	60	\$171.60	1	\$ 171.60							
	C13	P13	1/9/14	4/21/15	391	Group Rehabilit	32	\$91.52	1	\$ 91.52					4,25		
	C13	P13	1/9/14	4/21/15	391	Group Rehabilit	30	\$85.80	1	\$ 85.80					4		
	C13	P13	1/9/14	4/21/15	381	Individual Reha	60	\$171.60	1	\$ 171.60							
	C13	P13	1/9/14	4/22/15	381	Individual Reha	60	\$171.60	1	\$ 171.60							
	C13	P13	1/9/14	4/22/15	391	Group Rehabilit	33	\$94.38	1	\$ 94.38					2,4		
	C13	P13	1/9/14	4/29/15	391	Group Rehabilit	45	\$128.70	1	\$ 128.70					2,4		
	C13	P13	1/9/14	4/29/15	391	Group Rehabilit	38	\$108.68	1	\$ 108.68					2,4		
	C13	P13	1/9/14	5/5/15	381	Individual Reha	60	\$171.60	1	\$ 171.60							
	C13	P13	1/9/14	5/6/15	391	Group Rehabilit	80	\$228.80	1	\$ 228.80					2,4		
	C13	P13	1/9/14	5/13/15	391	Group Rehabilit	45	\$128.70	1	\$ 128.70					2,4		
	C13	P13	1/9/14	5/13/15	391	Group Rehabilit	49	\$140.14	1	\$ 140.14					2,4		
									18	\$ 2,459.40			18	100%	Final		



Exhibit 4  
**Claim's Comments Key v. 2.22.2016**

1. Incorrect Service Code "Service code should be \_\_\_\_\_"
2. Documentation *content* does not support amount of time claimed.
3. Time documented on PN does not equal time claimed (overbilled)
4. Time noted for documentation is excessive.
5. Location of service not indicated in note – or incorrect
6. PN does not include or has inadequate Behavioral/Assessment/Evaluation Component
7. PN does not include Clinician's Intervention component
8. PN does not include or has inadequate Client's Response to today's intervention component
9. PN does not include or has inadequate Plan or Follow-up component
10. Group service note does not include # of clients served
11. Service claimed does not relate back to a current mental health objective in Client Plan
12. Service modality claimed is not indicated in Client Plan
14. No Current Assessment present
15. Missing or inadequate Full Signature on PN
  - a. Missing signature
  - b. Credential missing
  - c. Date missing
16. Cut & paste activity on PN (Cut & paste of history is OK)
17. Lock out setting (Without Juv. Hall adjudication or 30 days prior to acute psych inpatient)
18. Non- billable activity – clerical/admin/voicemail/No Show/making appointment w/client
19. Non- billable activity – payee related
20. Non- billable activity – transportation
21. Non- billable service – supervision/educational/vocational/recreational/social group
22. No Client Plan (or missing required staff signature/s for date of service)
23. No client signature on Client Plan OR late signature on Client Plan w/no documentation of reason
24. PN missing
25. Late note
26. PN does not meet medical necessity?
27. Case closed, cannot bill
28. Client deceased, cannot bill
30. Non-Billable Activity for Completion of ACBHCS Screening Tool
31. Service provided is outside scope of practice of person delivering the service
32. Progress Note does not indicate the language service is provided in (if applicable)
33. Progress Note does not indicate an interpreter was used and/or relationship to client (if applicable)
34. Service not provided in monolingual client's language/interpreter
35. Use of non-approved abbreviations
36. Date of Progress Note is different than claimed
37. Illegible Progress Note
38. Time on PN is not broken down into face-to-face and total time.
39. E/M progress note is not compliant with E/M documentation requirements
40. Diagnosis is not established by licensed LPHA OR not co-signed by licensed LPHA if established by a waived staff or registered intern.
41. Unresolved issue from prior service not addressed
42. No completion line after signature
43. Duplication of Services (Same service billed twice by same OR different providers without documentation to support co-providers.)





**Exhibit 5: DHCS Reasons for Recoupment with  
ACBHCS Claims Comments for System of Care Audit Report**



**REASONS FOR RECOUPMENT  
FOR FY 2015-2016**

**NON-HOSPITAL SERVICES**

MEDICAL NECESSITY

1. Documentation in the medical record does not establish that the beneficiary has a diagnosis contained in California Code of Regulations, (CCR), title 9, chapter 11, section 1830.205(b)(1)(A-R).

*CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R); CCR, title 9, chapter 11, section 1810.345(a); CCR, title 9, chapter 11, section 1840.112(b)(1)(4)*

*ACBHCS Exhibit 4: Claims comments Key:*

14. No Current Assessment present

40. Diagnosis is not established by licensed LPHA OR not co-signed by licensed LPHA if established by a waived staff or registered intern

2. Documentation in the medical record does not establish that, as a result of a mental disorder listed in CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R), the beneficiary has, at least, one of the following impairments:

- a) A significant impairment in an important area of life functioning;
- b) A probability of significant deterioration in an important area of life functioning;
- c) A probability the child will not progress developmentally as individually appropriate; or
- d) For full-scope Medi-Cal beneficiaries under the age of 21 years, a condition as a result of the mental disorder that specialty mental health services can correct or ameliorate.

*CCR, title 9, chapter 11, section 1830.205(b)(2)(A – C); CCR, title 9, chapter 11, section 1830.210(a)(3)*

*ACBHCS Exhibit 4: Claims comments Key:*

14. No Current Assessment present

3. Documentation in the medical record does not establish that the focus of the proposed intervention is to address the condition identified in CCR, title 9, chapter 11, section 1830.205(b)(2)(A),(B),(C)-(see below):

**Exhibit 5: DHCS Reasons for Recoupment with  
ACBHCS Claims Comments for System of Care Audit Report**

- a) A significant impairment in an important area of life functioning;
- b) A probability of significant deterioration in an important area of life functioning;
- c) A probability the child will not progress developmentally as individually appropriate; and
- d) For full-scope Medi-Cal beneficiaries under the age of 21 years, a condition as a result of the mental disorder that specialty mental health services can correct or ameliorate.

*CCR, title 9, chapter 11, section 1830.205(b)(3)(A); CCR, title 9, chapter 11, section 1840.112(b)(4)*

<i>ACBHCS Exhibit 4: Claims comments Key:</i> 14. No Current Assessment present
--

- 4. Documentation in the medical record does not establish the expectation that the proposed intervention will do, at least, one of the following:

- a) Significantly diminish the impairment;
- b) Prevent significant deterioration in an important area of life functioning;
- c) Allow the child to progress developmentally as individually appropriate; or
- d) For full-scope Medi-Cal beneficiaries under the age of 21 years, correct or ameliorate the condition.

*CCR, title 9, chapter 11, section 1830.205(b)(3)(B); CCR, title 9, chapter 11, section 1810.345(c)*

<i>ACBHCS Exhibit 4: Claims comments Key:</i> 14. No Current Assessment present
--

**CLIENT PLAN**

- 5. Initial client plan was not completed within the time period specified in the Mental Health Plan (MHP's) documentation guidelines, or lacking MHP guidelines, within 60 days of the intake unless there is documentation supporting the need for more time.

*CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(5); MHP Contract*

<i>ACBHCS Exhibit 4: Claims comments Key:</i> 11. Service claimed does not relate back to a current mental health objective in Client Plan 12. Service modality claimed is not indicated in Client Plan 22. No Client Plan (or missing required staff signature/s for date of service)
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- 6. The client plan was not completed, at least, on an annual basis or as specified in the MHP's documentation guidelines.

*CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(5); MHP Contract*

**Exhibit 5: DHCS Reasons for Recoupment with  
ACBHCS Claims Comments for System of Care Audit Report**

*ACBHCS Exhibit 4: Claims comments Key:*

- 11. Service claimed does not relate back to a current mental health objective in Client Plan
- 12. Service modality claimed is not indicated in Client Plan
- 22. No Client Plan (or missing required staff signature/s for date of service)

7. No documentation of beneficiary or legal guardian participation in the plan or written explanation of the beneficiary's refusal or unavailability to sign as required in the MHP Contract with the Department.

*CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(5); MHP Contract*

*ACBHCS Exhibit 4: Claims comments Key:*

- 23. No client signature on Client Plan OR late signature on Client Plan w/no documentation of reason

8. For beneficiaries receiving Therapeutic Behavioral Services (TBS), no documentation of a plan for TBS.

*CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(5); MHP Contract, DMH Letter No. 99-03, Pages 6-7*

**PROGRESS NOTES**

9. No progress note was found for service claimed.

*CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(3); CCR, title 22, chapter 3, section 51458.1(a)(3); MHP Contract*

*ACBHCS Exhibit 4: Claims comments Key:*

- 24. PN missing

10. The time claimed was greater than the time documented.

*CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, sections 1840.316 - 1840.322; CCR, title 22, chapter 3, section 51458.1(a)(3)(4)(5); CCR, title 22, chapter 3, section 51470(a); MHP Contract*

*ACBHCS Exhibit 4: Claims comments Key:*

- 2. Documentation *content* does not support amount of time claimed
- 3. Time documented on PN does not equal time claimed (overbilled) OR 38. No f-f time noted for time based codes.
- 4. Time noted for documentation is excessive

11. The progress note indicates that the service was provided while the beneficiary resided in a setting where the beneficiary was ineligible for Federal Financial Participation. (e.g. Institute for Mental Disease, jail, and other similar settings, or in a setting subject to lockouts per CCR, title 9, chapter 11.)

**Exhibit 5: DHCS Reasons for Recoupment with  
ACBHCS Claims Comments for System of Care Audit Report**

*CCR, title 9, chapter 11, section 1840.312(g-h); CCR, title 9, chapter 11, sections 1840.360-1840.374; 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*

*ACBHCS Exhibit 4: Claims comments Key:*

17. Lock out setting (Without Juv. Hall adjudication or 30 days prior to acute psych inpatient)

12. The progress note clearly indicates that the service was provided to a beneficiary in juvenile hall and when ineligible for Medi-Cal. (Dependent minor is Medi-Cal eligible. Delinquent minor is only Medi-Cal eligible after adjudication for release into community).

*CFR, title 42, sections 435.1008 – 435.1009; CCR, title 22, section 50273(a)(1-9)*

*ACBHCS Exhibit 4: Claims comments Key:*

17. Lock out setting (Without Juv. Hall adjudication or 30 days prior to acute psych inpatient)

13. The progress note indicates that the service provided was solely for one of the following:

- a) Academic educational service;
- b) Vocational service that has work or work training as its actual purpose;
- c) Recreation; or
- d) Socialization that consists of generalized group activities that do not provide systematic individualized feedback to the specific targeted behaviors.

*CCR, title 9, chapter 11, section 1840.312(a-d); CCR, title 9, chapter 11, section 1810.247; CCR, title 22, chapter 3, section 51458.1(a)(5)(7)*

*ACBHCS Exhibit 4: Claims comments Key:*

21. Non- billable service – supervision/educational/vocational/recreational/social group

14. The claim for a group activity was not properly apportioned to all clients present.

*CCR, title 9, chapter 11, section 1840.314(c); CCR, title 9, chapter 11, section 1840.316(b)(2)*

*ACBHCS Exhibit 4: Claims comments Key:*

10. Group service note does not include # of clients served

15. The progress note was not signed (or electronic equivalent) by the person(s) providing the service.

*MHP Contract*

*ACBHCS Exhibit 4: Claims comments Key:*

15. Missing or inadequate Full Signature on PN: a. Missing signature, b. Credential missing c. Date missing

**Exhibit 5: DHCS Reasons for Recoupment with  
ACBHCS Claims Comments for System of Care Audit Report**

16. The progress note indicates the service provided was solely transportation.

*CCR, title 9, chapter 11, section 1810.355(a)(2), CCR, title 9, chapter 11, section 1840.312(f); CCR, title 9, chapter 11, section 1810.247; CCR, title 9, chapter 11, section 1840.110(a); DMH Letter No. 02-07*

*ACBHCS Exhibit 4: Claims comments Key:*

20. Non- billable activity – transportation

17. The progress note indicates the service provided was solely clerical.

*CCR, title 9, chapter 11, section 1840.312(f); CCR, title 9, chapter 11, section 1810.247; CCR, title 9, chapter 11, section 1840.110(a); CCR, title 9, chapter 11, section 1830.205(b)(3)*

*ACBHCS Exhibit 4: Claims comments Key:*

18. Non- billable activity – clerical/admin/voicemail/No Show/making appointment w/client

18. The progress note indicates the service provided was solely payee related.

*CCR, title 9, chapter 11, section 1840.312(f); CCR, title 9, chapter 11, section 1810.247; CCR, title 9, chapter 11, section 1840.110(a); CCR, title 9, chapter 11, section 1830.205(b)(3)*

*ACBHCS Exhibit 4: Claims comments Key:*

19. Non- billable activity – payee related

19a.No service was provided.

*CCR, title 9, chapter 11, section 1840.112(b)(3); DMH Letter No. 02-07; CCR, title 22, chapter 3, section 51470(a)*

*ACBHCS Exhibit 4: Claims comments Key:*

1. Incorrect Service Code “Service code should be \_\_\_\_\_”

7. PN does not include or has inadequate Clinician’s Intervention component

16. Cut & paste activity on PN (Cut & paste of history is OK)

26. PN does not meet medical necessity?

27. Case closed, cannot bill

28. Client deceased, cannot bill

30. Non-Billable Activity for Completion of ACBHCS Screening Tool

36. Date of Progress Note is different than claimed

37. Illegible Progress Note

38. Time on PN is not broken down into face-to-face (time based codes—crisis, ind psychotherapy, E/M when >50% of face-to-face time is spent as Counseling & Coordination of Care) and total time (minimum)

43. Duplication of Services (Same service billed twice by same OR different providers without documentation to support co-providers.

**Exhibit 5: DHCS Reasons for Recoupment with  
ACBHCS Claims Comments for System of Care Audit Report**

19b. The service was claimed for a provider on the Office of Inspector General List of Excluded Individuals and Entities.

*CFR, title 42, section 438.610; Social Security Act, sections 1128 and 1156; USC, title 42, chapter 7, subchapter XI, part A, sections 1320a-5 and 1320a-7*

19c. The service was claimed for a provider on the Medi-Cal suspended and ineligible provider list

*CCR, title 9, chapter 11, section 1840.314(a); Welfare and Institutions Code, Sections 14043.6, 14043.61 and 14123;*

19d. The service was not provided within the scope of practice of the person delivering the service.

*CCR, title 9, chapter 11, section 1840.314(d)*

*ACBHCS Exhibit 4: Claims comments Key:*

31. Service provided is outside scope of practice of person delivering the service

20. For beneficiaries receiving TBS, the TBS progress notes overall clearly indicate that TBS was provided solely for one of the following reasons:

- a) For the convenience of the family, caregivers, physician, or teacher;
- b) To provide supervision or to ensure compliance with terms and conditions of probation;
- c) To ensure the child's/youth's physical safety or the safety of others, e.g., suicide watch; or
- d) To address conditions that are not a part of the child's/youth's mental health condition.

*DMH Letter No. 99-03*

21. For beneficiaries receiving TBS, the progress note clearly indicates that TBS was provided to a beneficiary in a hospital mental health unit, psychiatric health facility, nursing facility, or crisis residential facility.

*revised from: DMH  
Letter No. 99-03*

## PLAN OF CORRECTION/QUALITY IMPROVEMENT PLAN TEMPLATE

### Quality Improvement Plan or Plan of Correction

Organization Name, RU

Responsible Quality Assurance Staff Person's Name, Credentials, Direct Phone #, & Email

Quality Review/Claims Item	Plan of Correction	BY
<p><b><u>Example:</u></b> 14. Informed Consent for Medication(s), when applicable?</p>	<p><b><u>Example:</u></b> <u>Plan of Correction:</u> MDs now add dosage &amp; range to Consent form. All current MDs have been advised of this practice &amp; moving forward since Nov 1, are including this DHCS requirement. New MDs will be trained to this standard. Please see attached revised medication consent form and Memo of notice to MDs of the requirement.</p>	<p><b><u>Example:</u></b> November 1, 2014</p>
<b><i>Quality review items: address all from audit results which are &lt; 95%.</i></b>		
9. Informing Materials signature page completed and signed on time? (within 30 days of EOD and then annually by EOD) OR if late, documents reason in progress notes	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
10. ACBHCS Screening Tool has been completed prior to the opening of the client episode, prior to the reauthorization of services, and/or at the time of any Client Plan update?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
11. The mental health condition could not be treated at a lower level of care?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
12. Primary diagnosis from DHCS Medical Included Diagnosis list is included?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
13. Documentation (assessment, client plan, PN's) supports primary diagnosis (es) for TX?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	

**PLAN OF CORRECTION/QUALITY IMPROVEMENT PLAN TEMPLATE**

**Quality Improvement Plan or Plan of Correction**

**Organization Name, RU**

**Responsible Quality Assurance Staff Person's Name, Credentials, Direct Phone #, & Email**

Quality Review/Claims Item	Plan of Correction	BY
<p>14. Impairment Criteria: the focus of TX is one of the following as a result of Dx:</p> <p>a. Significant impairment in important area of life functioning;</p> <p>b. Probable significant deterioration in an important area of life functioning;</p> <p>c. Probable the child won't progress developmentally, as appropriate;</p> <p>d. If EPSDT: MH condition can be corrected or ameliorated.</p>	<p><input type="checkbox"/> Training of _____ by _____ at _____ on _____</p> <p><input type="checkbox"/> Training of _____ by _____ at _____ on _____</p> <p><input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____</p> <p><input type="checkbox"/> Form, named _____ revised to include _____</p> <p><input type="checkbox"/> Other:</p>	
<p>15. The mental health condition would not be responsive to physical health care treatment?</p>	<p><input type="checkbox"/> Training of _____ by _____ at _____ on _____</p> <p><input type="checkbox"/> Training of _____ by _____ at _____ on _____</p> <p><input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____</p> <p><input type="checkbox"/> Form, named _____ revised to include _____</p> <p><input type="checkbox"/> Other:</p>	
<p>16. Focus of proposed intervention addresses medically necessity criteria AND they will diminish impairment, or prevent significant deterioration in important area of life functioning, or will allow the child to progress developmentally as appropriate. (If EPSDT, condition can be corrected or ameliorated.</p>	<p><input type="checkbox"/> Training of _____ by _____ at _____ on _____</p> <p><input type="checkbox"/> Training of _____ by _____ at _____ on _____</p> <p><input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____</p> <p><input type="checkbox"/> Form, named _____ revised to include _____</p> <p><input type="checkbox"/> Other:</p>	
<p>17. Presenting problems and relevant conditions included?</p>	<p><input type="checkbox"/> Training of _____ by _____ at _____ on _____</p> <p><input type="checkbox"/> Training of _____ by _____ at _____ on _____</p> <p><input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____</p> <p><input type="checkbox"/> Form, named _____ revised to include _____</p> <p><input type="checkbox"/> Other:</p>	



## PLAN OF CORRECTION/QUALITY IMPROVEMENT PLAN TEMPLATE

### Quality Improvement Plan or Plan of Correction

Organization Name, RU

Responsible Quality Assurance Staff Person's Name, Credentials, Direct Phone #, & Email

Quality Review/Claims Item	Plan of Correction	BY
18. Assessment includes psychosocial history?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
19. Assessment lists current psychiatric medications?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
20. Assessment includes a mental status exam (MSE)?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
21. Risk(s) to client assessed?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
22. Risk(s) to others assessed?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
23. Assessment for youth includes pre/perinatal events and complete developmental history?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	

**PLAN OF CORRECTION/QUALITY IMPROVEMENT PLAN TEMPLATE**

**Quality Improvement Plan or Plan of Correction**

**Organization Name, RU**

**Responsible Quality Assurance Staff Person's Name, Credentials, Direct Phone #, & Email**

Quality Review/Claims Item	Plan of Correction	BY
24. Client strengths/supports are included?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
25. Allergies/adverse reactions/sensitivities OR lack thereof noted in record?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
26. Allergies/adverse reactions/sensitivities OR lack thereof noted prominently on chart cover, or if an EHR, is it in the field/location designated by the clinic?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
27. Relevant medical conditions/hx noted?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
28. Assessment adequately notes client's mental health history?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
29. Past and present substance exposure/substance use of tobacco, alcohol, caffeine, CAM, Rx, OTC drugs, and illicit drugs assessed and noted?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	

## PLAN OF CORRECTION/QUALITY IMPROVEMENT PLAN TEMPLATE

Quality Improvement Plan or Plan of Correction

Organization Name, RU

Responsible Quality Assurance Staff Person's Name, Credentials, Direct Phone #, & Email

Quality Review/Claims Item	Plan of Correction	BY
30. CFE or CANS/ANSA completed for relevant audit period? (N/A for FSP/Brief Service Programs)	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
31. Dx is established by a licensed LPHA OR co-signed by licensed LPHA if established by a waived staff or registered intern?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
32. Assessment completed and signed by all required participants on time.	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
33. Is the Client Plan consistent with the diagnosis and addresses mental health impairments/symptoms?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
34. Are the Mental health objectives listed in the Client Plan observable or measurable with time frames (baselines are recommended)?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
35. Does the Client Plan identify proposed service modalities, their frequency, and time frames.	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	

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Quality Review/Claims Item	Plan of Correction	BY
36. The Client Plan describes detailed provider interventions for each service modality listed in the Plan?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
37. Identified Risk(s) to client have plan for containment, if applicable?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
38. Identified Risk(s) to others have a plan for containment, if applicable?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
39. Is Coordination of care evident, when applicable?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
40. Is the Client Plan signed/dated by LPHA (if licensed, credential is listed)?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
41. Is the Client Plan revised when there are significant changes in service, diagnosis, focus of treatment, etc.?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	

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42. Is the Client Plan signed/dated by MD? (required if receiving medication services)	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
43. Is the Client Plan signed/dated by client or legal representative when appropriate, or documentation of client refusal or unavailability?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
44. Does the Client Plan indicate that the client/representative was offered a copy of the Plan?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
45. Was the Client Plan for relevant audit period completed on time?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
46. Does the Client Plan contain a Tentative Discharge Plan?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
47. Has the Client's cultural and communication needs, or lack thereof, been noted in relevant client plan/assessment?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	

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48. If identified, were cultural and communication needs addressed as appropriate?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
49. Have the Client's physical limitations, or lack thereof, been noted?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
50. If identified, were physical limitations addressed as appropriate?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
51. Med. log (or note) updated at each visit with <u>date</u> of Rx?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
52. Med. log (or note) updated at each visit with <u>drug name</u> ?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
53. Med. log (or note) updated at each visit with <u>drug strength/size</u> ?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	

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54. Med. log (or note) updated at each visit with <u>instruction/frequency</u> of Rx?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
55. Med. log (or note which requires signature) updated at each visit with prescriber's <u>signature/initials</u> ?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
56. Informed Consent for Medication(s), when applicable?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
57. The informed consent form for medications includes: Rx name, dosage or range expected, uses/effects, risks/side effects, client signature, client name or ID?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
58. E/M progress notes are compliant with E/M documentation standards.	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
59. There is a progress note (PN) for every service contact?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	

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60. Correct CPT and/or INSYST service codes?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
61. Date of service indicated and correct?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
62. Location of service indicated and correct?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
63. Face-to-Face Time and Total Time are documented	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
64. Time documented on PN equals time claimed?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
65. Time noted for documentation of service is reasonable?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	



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66. Documentation content supports amount of time claimed?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
67. Notes for client encounters include description of that day's evaluation/behavioral presentation?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
68. Notes for client encounters include description of that day's staff interventions?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
69. Notes for client encounters include description of that day's client response to interventions?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
70. Notes for client encounters include description of client's and/or staff's plan/follow-up?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
71. Group service notes include # of clients served, if applicable?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	

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72. Services are related to mental health objectives listed in Client Plan?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
73. Unresolved issues from prior services addressed, if applicable?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
74. PN is signed and dated with designation: License/registration/waiver/MHRS/Adjunct?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
75. Completion line after signature (N/A If EHR notes)?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
76. Service provided while client was NOT in a lock-out (i.e. IMD, jail, juvenile hall, etc)?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
77. Service provided was NOT for supervision, academic educational svc, vocational svc, recreation and/or socialization?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	

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78. Service provided was NOT transportation?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
79. The service was NOT clerical (i.e. making copies, voice mail, scheduling appointments with client, etc.)?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
80. The service was NOT payee related?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
81. Progress note was completed within the required timeframe per MHP?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
82. Progress note documents the language that the service was provided in (or note in Assessment that client is English-speaking and all services to be provided in English)?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
83. Progress note indicates interpreter services were used, and relationship to client is indicated, if applicable?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	

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84. Admission date is noted correctly? (EOD noted in chart should match INSYST)	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
85. Emergency contact info in designated location in file/EHR?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
86. Releases of information, when applicable?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
87. Writing is legible? (Areas reviewed: Assessments, Client Plans, non-clinical forms, PN's & MD docs)	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
88. Signatures are legible (or printed name under signature or signature sheet)? (Areas reviewed: Assessments, Client Plans, non-clinical forms, PN's & MD docs)	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
89. Filing is done appropriately?	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	

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90. Client identification is present on each page in the clinical record? (Areas reviewed: Assessments, Client Plans, non-clinical forms, PN's & MD documents)	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
91. Discharge/termination date noted correctly, when applicable? <sup>1</sup> (Discharge/termination date noted in chart should match INSYST)	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
<b><i>Claims disallowances: address <u>all</u> reasons from audit results.</i></b>		
1. Documentation in the medical record does not establish that the beneficiary has a diagnosis contained in California Code of Regulations, (CCR), title 9, chapter 11, section 1830.205(b)(1)(A- R).	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
a) Non-Included Dx.		
b) No Current Assessment present.		
c) Assessment not signed by LPHA.		
d) <i>List One:</i> Diagnosis is not established by licensed LPHA <u>OR</u> not co-signed by licensed LPHA if established by a waived staff or registered intern.		

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<p>2. Documentation in the medical record does not establish that, as a result of a mental disorder listed in CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R), the beneficiary has, at least, one of the following impairments:</p> <p>A significant impairment in an important area of life functioning;                      A probability of significant deterioration in an important area of life functioning; A probability the child will not progress developmentally as individually appropriate; or for full-scope Medi-Cal beneficiaries under the age of 21 years, a condition as a result of the mental disorder that specialty mental health services can correct or ameliorate</p>	<p>__ Training of _____ by _____ at _____ on _____                      __ Training of _____ by _____ at _____ on _____                      __ CQRT review of _____ by _____ at _____ monthly, through _____                      __ Form, named _____ revised to include _____                      __ Other: _____</p>	
<p>a) No Current Assessment present.</p>		
<p>b) Assessment not signed by LPHA.</p>		
<p>c) Client meets only Mild-Moderate Screening Criteria--Client to now be discharged.</p>		
<p>3. Documentation in the medical record does not establish that the focus of the proposed intervention is to address the condition identified in CCR, title 9, chapter 11, section 1830.205(b)(2)(A),(B), (C) - (see</p>	<p>__ Training of _____ by _____ at _____ on _____                      __ Training of _____ by _____ at _____ on _____                      __ CQRT review of _____ by _____ at _____ monthly, through _____                      __ Form, named _____ revised to include _____                      __ Other: _____</p>	

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<p>below):                      A significant impairment in an important area of life functioning;                      A probability of significant deterioration in an important area of life functioning; A probability the child will not progress developmentally as individually appropriate; and for full-scope Medi-Cal beneficiaries under the age of 21 years, a condition as a result of the mental disorder that specialty mental health services can correct or ameliorate.</p>		
<p>a) No Current Assessment present.</p>		
<p>b) Assessment not signed by LPHA.</p>		
<p>4. Documentation in the medical record does not establish the expectation that the proposed intervention will do, at least, one of the following:                      Significantly diminish the impairment;                      Prevent significant deterioration in an important area of life functioning;                      Allow the child to progress developmentally as individually appropriate; or for full-scope Medi-Cal beneficiaries under the age of 21 years, correct or ameliorate the condition.</p>	<p> <input type="checkbox"/> Training of _____ by _____ at _____ on _____  <input type="checkbox"/> Training of _____ by _____ at _____ on _____  <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____  <input type="checkbox"/> Form, named _____ revised to include _____  <input type="checkbox"/> Other: _____                 </p>	
<p>a) No Current Assessment present.</p>		

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b) Assessment not signed by LPHA.		
5. Initial client plan was not completed within the time period specified in the Mental Health Plan (MHP's) documentation guidelines, or lacking MHP guidelines, within 60 days of the intake unless there is documentation supporting the need for more time.	___ Training of _____ by _____ at _____ on _____ ___ Training of _____ by _____ at _____ on _____ ___ CQRT review of _____ by _____ at _____ monthly, through _____ ___ Form, named _____ revised to include _____ ___ Other: _____	
a) Service claimed does not relate back to a current mental health objective in Client Plan.		
b) Service modality claimed is not indicated in Client Plan.		
c) No Client Plan for date of service.		
d) Client Plan is missing required staff signature(s) for date of service.		
6. The client plan was not completed, at least, on an annual basis or as specified in the MHP's documentation guidelines.	___ Training of _____ by _____ at _____ on _____ ___ Training of _____ by _____ at _____ on _____ ___ CQRT review of _____ by _____ at _____ monthly, through _____ ___ Form, named _____ revised to include _____ ___ Other: _____	
a) Service claimed does not relate back to a current mental health objective in Client Plan.		
b) Service modality claimed is not indicated in Client Plan.		
c) No Client Plan for date of service.		



**PLAN OF CORRECTION/QUALITY IMPROVEMENT PLAN TEMPLATE**

**Quality Improvement Plan or Plan of Correction**

**Organization Name, RU**

**Responsible Quality Assurance Staff Person's Name, Credentials, Direct Phone #, & Email**

Quality Review/Claims Item	Plan of Correction	BY
d) Client Plan is missing required staff signature(s) for date of service.		
7. No documentation of beneficiary or legal guardian participation in the plan or written explanation of the beneficiary's refusal or unavailability to sign as required in the MHP Contract with the Department.	___ Training of _____ by _____ at _____ on _____ ___ Training of _____ by _____ at _____ on _____ ___ CQRT review of _____ by _____ at _____ monthly, through _____ ___ Form, named _____ revised to include _____ ___ Other: _____	
a) No client (or guardian) signature on Client Plan.		
b) Late client (or guardian) signature on Client Plan for date of service, w/o documentation of reason.		
8. For beneficiaries receiving Therapeutic Behavioral Services (TBS), no documentation of a plan for TBS.	___ Training of _____ by _____ at _____ on _____ ___ Training of _____ by _____ at _____ on _____ ___ CQRT review of _____ by _____ at _____ monthly, through _____ ___ Form, named _____ revised to include _____ ___ Other: _____	
9. No progress note was found for service claimed.	___ Training of _____ by _____ at _____ on _____ ___ Training of _____ by _____ at _____ on _____ ___ CQRT review of _____ by _____ at _____ monthly, through _____ ___ Form, named _____ revised to include _____ ___ Other: _____	
a) PN missing.		
b) PN incorrectly dated.		
10. The time claimed was greater than the time documented.	___ Training of _____ by _____ at _____ on _____ ___ Training of _____ by _____ at _____ on _____ ___ CQRT review of _____ by _____ at _____ monthly, through _____ ___ Form, named _____ revised to include _____ ___ Other: _____	

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a) Documentation <i>content</i> does not support amount of time claimed.		
b) Time documented on PN does not equal time claimed (overbilled).		
c) Time noted for documentation is excessive.		
d) Time on PN is not broken down into face-to-face (time based codes—crisis, ind. psychotherapy, E/M when >50% of face-to-face time is spent as Counseling & Coordination of Care) and total time.		
11. The progress note indicates that the service was provided while the beneficiary resided in a setting where the beneficiary was ineligible for Federal Financial Participation. (e.g. Institute for Mental Disease, jail, and other similar settings, or in a setting subject to lockouts per CCR, title 9, chapter 11.)	___ Training of _____ by _____ at _____ on _____ ___ Training of _____ by _____ at _____ on _____ ___ CQRT review of _____ by _____ at _____ monthly, through _____ ___ Form, named _____ revised to include _____ ___ Other: _____	
a) Psychiatric Inpatient Lock out setting (and not C/M placement services 30 days prior to documented d/c).		
12. The progress note clearly indicates that the service was provided to a beneficiary in juvenile hall and when ineligible for Medi-Cal. (Dependent	___ Training of _____ by _____ at _____ on _____ ___ Training of _____ by _____ at _____ on _____ ___ CQRT review of _____ by _____ at _____ monthly, through _____ ___ Form, named _____ revised to include _____	

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Quality Review/Claims Item	Plan of Correction	BY
minor is Medi-Cal eligible. Delinquent minor is only Medi-Cal eligible after adjudication for release into community).	__ Other:	
13. The progress note indicates that the service provided was solely for one of the following: Academic educational service; Vocational service that has work or work training as its actual purpose; Recreation; or socialization that consists of generalized group activities that do not provide systematic individualized feedback to the specific targeted behaviors.	__ Training of _____ by _____ at _____ on _____ __ Training of _____ by _____ at _____ on _____ __ CQRT review of _____ by _____ at _____ monthly, through _____ __ Form, named _____ revised to include _____ __ Other:	
a) Non- billable service – educational related.		
b) Non- billable service – vocational related.		
c) Non- billable service – recreational related.		
d) Non- billable service – social group related.		
14. The claim for a group activity was not properly apportioned to all clients present.	__ Training of _____ by _____ at _____ on _____ __ Training of _____ by _____ at _____ on _____ __ CQRT review of _____ by _____ at _____ monthly, through _____ __ Form, named _____ revised to include _____ __ Other:	
a) Group service note does not include # of clients served.		

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Quality Review/Claims Item	Plan of Correction	BY
15. The progress note was not signed (or electronic equivalent) by the person(s) providing the service.	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
a) Missing Provider signature.		
b) Missing required LPHA co-signature.		
16. The progress note indicates the service provided was solely transportation.	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
a) Non- billable activity – transportation related.		
17. The progress note indicates the service provided was solely clerical.	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	
a) Non- billable activity – clerical related.		
b) Non- billable activity – administrative (i.e. _____) related.		
c) Non- billable activity – voicemail activity.		
d) Non- billable activity – No Show.		
e) Non- billable activity – making appointment w/client related.		
18. The progress note indicates the service provided was solely payee	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____	

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<b>Quality Review/Claims Item</b>	<b>Plan of Correction</b>	<b>BY</b>
related.	___ CQRT review of _____ by _____ at _____ monthly, through _____ ___ Form, named _____ revised to include _____ ___ Other: _____	
a) Non- billable activity – payee related.		
19a.No service was provided.	___ Training of _____ by _____ at _____ on _____ ___ Training of _____ by _____ at _____ on _____ ___ CQRT review of _____ by _____ at _____ monthly, through _____ ___ Form, named _____ revised to include _____ ___ Other: _____	
a) Absolute Incorrect Service Code, "Service code should be _____".		
b) PN does not include Clinician's Intervention component.		
c) Extensive cut & paste activity for Intervention component PN.		
d) Case closed, cannot bill.		
e) Client deceased, cannot bill.		
f) Non-Billable Activity for Completion of ACBHCS Screening Tool.		
g) Illegible Progress Note (to degree—no actual content for intervention component).		
h) Duplication of Services (and list one: Same service billed twice by same provider <u>OR</u> by different providers		

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Quality Review/Claims Item	Plan of Correction	BY
without documentation to support co-providers).		
i) Non- billable activity – supervision related.		
19b.The service was claimed for a provider on the Office of Inspector General List of Excluded individuals and Entities.	___ Training of _____ by _____ at _____ on _____ ___ Training of _____ by _____ at _____ on _____ ___ CQRT review of _____ by _____ at _____ monthly, through _____ ___ Form, named _____ revised to include _____ ___ Other: _____	
19c.The service was claimed for a provider on the Medi-Cal suspended and ineligible provider list	___ Training of _____ by _____ at _____ on _____ ___ Training of _____ by _____ at _____ on _____ ___ CQRT review of _____ by _____ at _____ monthly, through _____ ___ Form, named _____ revised to include _____ ___ Other: _____	
19d.The service was not provided within the scope of practice of the person delivering the service.	___ Training of _____ by _____ at _____ on _____ ___ Training of _____ by _____ at _____ on _____ ___ CQRT review of _____ by _____ at _____ monthly, through _____ ___ Form, named _____ revised to include _____ ___ Other: _____	
20. For beneficiaries receiving TBS, the TBS progress notes overall clearly indicate that TBS was provided solely for one of the following reasons: For the convenience of the family, caregivers, physician, or teacher; To provide supervision or to ensure compliance with terms and conditions of probation; To ensure the child's/youth's physical safety or	___ Training of _____ by _____ at _____ on _____ ___ Training of _____ by _____ at _____ on _____ ___ CQRT review of _____ by _____ at _____ monthly, through _____ ___ Form, named _____ revised to include _____ ___ Other: _____	

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<b>Quality Review/Claims Item</b>	<b>Plan of Correction</b>	<b>BY</b>
the safety of others, e.g., suicide watch; or to address conditions that are not a part of the child's/ youth's mental health condition.		
21. For beneficiaries receiving TBS, the progress note clearly indicates that TBS was provided to a beneficiary in a hospital mental health unit, psychiatric health facility, nursing facility, or crisis residential facility.	<input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> Training of _____ by _____ at _____ on _____ <input type="checkbox"/> CQRT review of _____ by _____ at _____ monthly, through _____ <input type="checkbox"/> Form, named _____ revised to include _____ <input type="checkbox"/> Other: _____	