



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

Audit Conducted 2nd Quarter of 2016 for the Audit Period of 7/1/15 – 9/30/15

- Random selection of Medi-Cal Children's and Adult Mental Health (MH) services claimed by Master Contract Organizations (MCO, aka CBO) & County Owned and Operated Clinics.
- Twenty-six (26) charts were reviewed from 17 programs (3 County Clinics & 14 MCO's).
- Claims compliance (501 claimed services) averaged 81% and across providers ranged from 0 to 100%. (The DHCS standard is 95% - 100% for claims compliance.)
- ***It is recommended that ALL Providers review the complete Audit report and apply the findings to their programs as a compliance & quality improvement activity.***
- *Below you will find the key recommendations which should prove instrumental in improving ACBHCS programs' Claims and Quality Compliance.*
- The top seven significant reasons for claims disallowances were:
 - *No Signature on Assessment or Medical Necessity not established (including Dx not established by LPHA with required co-signatures).*
 - *No Client Plan in effect at time of service delivery (or Plan missing signatures).*
 - *Service modality (medication services, case mgt, etc.) is not indicated in Client Plan.*
 - *Non-billable activity (lock-out, clerical, administrative, voicemail, no show, scheduling, payee, transportation, supervision, vocational, screening tool).*
 - *Progress Note missing, incorrect code, inadequate or no intervention noted, excessive documentation time, etc.*
 - *Day Rehabilitation Program requirements not met.*
 - *Group claim not calculated correctly for Medi-Cal billing.*
- ***Quality compliance (in 9 areas & 91 items) averaged 84% and ranged from 47-100%.***
- Ten important Quality non-compliance items were:
 - *MH Assessments and Client Plans were not completed within required timeframes.*
 - *Mild-Moderate-Severe Screening Tool and/or CFE/CANS/ANSA were not completed.*
 - *Safety Plans (or objectives) were not completed for Danger to Self or Others.*
 - *Cultural/Linguistic/Physical needs were not assessed and/or addressed.*
 - *Informed Consents for Medications were not obtained, or were missing elements.*
 - *Progress Notes did not include all the required components, were late, or illegible.*
 - *Required signed Releases of Information were not present.*
 - *The ACBHCS required "Informing Materials Signature Page" was not present or fully completed.*
 - *Assessments were missing key elements such as Developmental History (for youth), allergies, medical history (physical health), all 7 substance use areas, etc.*
 - *No documentation that client was offered a copy of the Client Plan or that it was updated as clinically indicated.*

