

## Clinical Quality Review Team (CQRT) Electronic Health Record Attestation Process

The CQRT Checklist includes the following question related to scope of service: *“The progress note was signed (or electronic equivalent) by the person(s) providing the service and the service provided was within the scope of practice of the person delivering the service.”* This is a DHCS disallowance reason.

The agency may remove this review item from the CQRT Checklist, if an agency’s Electronic Health Record (EHR) meets the following two requirements:

- **Authentication:** a security process of verifying a user’s identity that authorizes the individual to access the system, and
- **Attestation:** applying e-signature to the content that ensures the service was rendered by persons with appropriate scope of license, attest to the accuracy and truthfulness of content, and the author making the entry takes legal responsibility for such entry in EHR.

Interested agencies should complete the CQRT Electronic Health Record Attestation Form and submit to [QATA@acgov.org](mailto:QATA@acgov.org) for review and approval. The completed and signed Attestation should be kept on file by the agency and provided to ACBH, along with completed CQRT Tracking Tool and Checklists, whenever requested.

## CQRT Electronic Health Record Attestation Form

Our agency, (Agency Name), utilizes (name of E.H.R.) as our Electronic Health Record. This E.H.R. includes a feature that is programmed to automatically restrict staff from signing a Progress Note for a service that is out of scope for their license, based on requirements from the Department of Health Care Services (DHCS) and Alameda County Behavioral Health (ACBH). As a result, we are requesting that our agency be exempt from reviewing the review item noted above during our CQRT process.

We will ensure that our Electronic Health Record is updated promptly, when needed, to continue to meet the DHCS and ACBH scope of license requirements. If at any time, we learn that our E.H.R. is no longer automatically monitoring this requirement, we will immediately add the review item to our CQRT checklist.

### **Name and signature of Agency Director**

Name and Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Name and signature of Agency Chief Compliance Officer or Chief Financial Officer**

Name and Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### **ACBH Quality Assurance Supervisor Approving the Attestation**

Name and Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_