Guide to Completing ACBHCS SUD CQRT

For Residential programs, Authorizations are completed by established UM pre-authorization process. However, residential programs are still required to complete the chart review component of CQRT. Residential programs are only required to complete the CQRT the SUD Regulatory Compliance Tool at this time.

For all other SUD services that are not authorized through UM pre-authorization process start with SUD CQRT Authorization Form:

1) Fill in today's date (i.e. date of CQRT review.
2) Fill in client's full name.
3) Fill in client's Insyst #.
4) Fill in the Provider Name.
5) Fill in Reporting Unit.
6) Fill in the primary SUD Counselor/LPHA.
7) Enter the Episode Opening Date (EOD). The EOD is the date the client's episode was opened in INSYST.
8) Enter the SUD program type (e.g. IOS, OS, WM, RSS)
9) Complete the SUD Services that are being authorized; the frequency; and duration.
10) Complete the Case Management Services that are being authorized.
11) Check that Medical Necessity has been reviewed and is in compliance; both the SUD included diagnosis and the ASAM Level of Care (ALOC).

For the following items that require a full signature please note that all they must be <u>legible.</u>

12) The "Primary SUD Counselor/LPHA" who completed the Authorization form signs here and makes their recommendation for authorization. Registered SUD Counselors may complete items 1-12, but may not participate in other aspects of CQRT. ***Only Certified SUD Counselors and LPHAs may participate in the required Authorization/Review components of CQRT.***
13) The "Agency Supervisor" must be a LPHA. They review items 1-12 and the documentation in the medical record. They use this information to make their recommendation for authorization.
14) The CQRT Reviewer is the Certified SUD Counselor or LPHA who completes the chart review. The CQRT Reviewer reviews items 1-13 of the CQRT Authorization Form, then using the SUD DMC-ODS Regulatory Compliance Tool conducts the chart review. Once they have completed the chart review, they return to the CQRT Authorization Form, signs with their credentials and makes their treatment authorization recommendation.
15) The CQRT Chair is the individual making the final determination for authorization. This individual must be a Licensed LPHA.
    a. This individual reviews the completed Regulatory Compliance Tool and authorization recommendations from items 12 – 14.
        i. For Full Authorization, check the **Full Authorization** box and entersthe start and end date for the authorization period. In most cases this will be 90 days.

ii. If the chart is being provisionally authorized, check the **Authorization Pending Return in 30 Days** box and enter the date it shall be returned to CQRT for review and full authorization.

iii. If the chart as documented does not meet the medical necessity requirements or has other significant documentation related issue(s), check the **No Authorization** box, and enter the date it will be returned to CQRT to be given a full authorization. ***Until a chart demonstrates medical necessity, no claiming may occur.***

b. Enter CQRT Chair Comments including strengths and recommendations about the chart and any next steps that should be taken so that the chart is in compliance.

c. The Licensed LPHA completing the CQRT Authorization signs this part of the from and enters the date of their review. As this individual is the person authorizing services they must enter their InSyst ID.

CQRT Authorization Form, Side 2

If a chart requires a return to CQRT, for either a Provisional 30 day authorization or No Authorization, side 2 of the authorization form shall be completed.

- The person responsible for addressing issues found on the **Regulatory Compliance Tool** enters their comments on how the issues were addressed.
- The **Agency Supervisor** also enters their comments and that they reviewed the outstanding issues and rectification.
- These two individuals then sign below with their authorization recommendations as described in items 12 and 13 above.
- The **CQRT Reviewer** is preferably the individual who reviewed the chart initially as they are familiar with the chart/issues. They are only required to review the non-compliant items identified in the initial review and the steps taken to address those issues. The **CQRT Reviewer** signs and makes their authorization recommendations as described in item 14 above.
- The **CQRT Chair** reviews completes the section below the **CQRT Reviewer's** signature and makes their treatment authorization recommendation based on the updated information provided and **CQRT Reviewer's** review. They complete this section as described in Item 15 above.

This same process repeats for each return until the chart is closed or fully authorized.

Regulatory Compliance Tool (separate form)

1) All SUD services, including Residential Services, are required to complete the chart review portion of CQRT. This includes the Regulatory Compliance Tool.

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2) A review of all the items is a considered a Quality Review.

3) The items preceded by a > represent a Clinical Review. The purpose of the Clinical Review is to ensure that medical necessity is being met in an ongoing fashion. If there is no medical necessity, the client's episode is closed.

4) At least one review per agency of all charts required at CQRT must be a Quality Review (all items).

5) The Regulatory Compliance Tool is used to check for the required documentation in the medical record. Use the tool to identify the items in the chart indicating whether the information is present (Yes), not present (No), or not applicable (N/A).

6) If an item is indicated as ***No***, then there must be a corresponding comment. Some items indicated as ***Yes*** may also have comments if appropriate. Use additional comment sheets as necessary.