



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
MANUEL J. JIMÉNEZ JR., MA, MFT, DIRECTOR

Quality Assurance Office
2000 Embarcadero Cove, Suite 400
Oakland, California 94606
(510) 567-8105 / TTY (510) 533-5018

Memorandum

To: Providers of Specialty Mental Health Medi-Cal Services

From: ACBHCS Quality Assurance Office

Date: December 18, 2016 **(REVISED)**

RE: DHCS Tri-Annual Audit January 23-26, 2017: Chart Review

Dear Providers,

As you may know, the CA Department of Health Care Services (DHCS) will be in Alameda County for our triennial audit from January 23 - 26, 2017. This is a significant audit for ACBHCS as it is our compliance audit from the state. This will only directly impact you if one, or more, of your client charts are chosen by DHCS to be reviewed. This memo is to alert you to what you will have to do in a very short time frame if any of your client charts is selected.

DHCS will select 20 beneficiaries: 10 will be children's beneficiaries, and 10 will be adult beneficiaries. They will send the names and the exact audit time period to the QA Office on Tuesday, January 3rd, 2017 at 3:30pm by fax. The time span will likely be a 3-month period of paid claims in the past twelve (12) months.

At that time, the ACBHCS QA staff will work to quickly identify every program where these beneficiaries have received services during that time span. We will then notify all of the impacted providers. You should have the beneficiary list of requested records by 12pm on Thursday, January 5th, 2017.

If you are the provider of services for one or more identified beneficiaries, you will have up to two (2) days to collect all the documents for the beneficiary(s) and to deliver them to the ACBHCS Quality Assurance Office. ***If your program has EHR, all documents related to the audit time period must be printed. If you are using a paper chart or a hybrid, the original paper chart must be delivered—receipts will be provided.***

Please make sure all necessary documents are printed, organized and flagged appropriately in the charts (as described below).

All charts must be physically received in the ACBHCS Quality Assurance Office by Monday, January 9th, 2017 at 3pm. They may not be faxed. Please deliver to: ACBHCS Quality Assurance Office, 2000 Embarcadero, Suite 201, Oakland CA 94606.



Please understand that there are a multitude of components to the audit that must be coordinated and the chart review is just one of them. We must have everything in a timely manner to coordinate everything and make it work!

All Charts must be Original medical records, not photocopies. (Printed EHR will be accepted). All programs with staff providing services for all SMHS in the selected chart covering the review period, must provide a LIST of staff and their signatures, including:

- **Staff Names**
- **Staff Signatures**
- **Job Titles and licenses/waivers/registrations**

Please note that the items underlined below may be prepared in advance of providers receiving the notice of records requested.

The following documents will be requested and should be tabbed in the chart with the color codes listed below:

- GREEN TAB:
 - "InSyst Face Sheet"
 - "Releases of Information" (*if applicable*)
 - "Staff Signature Page" (*if applicable*)
 - "Copy of Chart Cover" (demonstrating Allergies or copy of "allergies" field in EHR).

- RED TAB:
 - ACBHCS Screening Form & the associated Progress Note(s) that documents the completion and/or review of this form.
 - CANS, CFE or ANSA-T & the associated Progress Note(s) associated with the completion of these forms.
 - "ACBHCS Informing Material Signature Page" & the associated Progress Note(s) associated with the completion of this form.
 - The "Assessment/s" (covering services for the audit period) & the Progress Note(s) associated with these Assessments.
 - The Assessment covering the previous authorization period & the Progress Note(s) associated with this Assessment.
 - *Example: Annual Assessment dated 5/2/15 covers audit period 7/1/15 to 9/30/15 and the Assessment covering the previous authorization period.*

- BLUE TAB:
 - The "Treatment Plans" (covering services for the audit period) & the Progress Note(s) associated with these documents.
 - The Treatment Plan covering the previous authorization period & the Progress Note(s) associated with this document.

- Documentation of monthly contact with family, caregiver or significant support person, or legal representative in the case of a minor that occurs outside DTI program hours (Adults may decline this service.)
- Day Rehabilitation Programs
 - All of the above (DR) plus daily progress notes.
- Crisis Stabilization & Residential Programs:
 - Program Description (including staffing ratios.)
- If Psych Testing was completed:
 - Completed Psychological Testing Report(s).
 - Approved PTAR authorizing Psychological Testing.