



ALCOHOL, DRUG & MENTAL HEALTH SERVICES  
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## QA UPDATES FOR SUD ODS PROVIDERS 10.29.18

*This supersedes any prior information that was addressed in prior updates, trainings or technical assistance.*

**It is crucial to review this document in full for all updates/revisions. It includes additional information to that sent in a recent email.**

### Contents:

- *SUD ODS Training*
- *Revised SUD ODS Clinical Documentation Training Power Point—New Update*
- *The BHCS Led CQRT Process—Modified Process—New Update*
  - *Outpatient Services (OS/IOS) CQRT-authorization—New Update*
  - *Immediate Action Required for November Residential and OS/IOS CQRT*
- *Confidentiality during the CQRT process—New Update*
- *Residential Progress Notes—Update*
- *Body Specimen Testing—New Update*
- *Printing InSyst and CG Facesheets—New*
- *Service Definitions—New 10-17-18*
- *Incidental Disclosure Form—Revised 9-31-18*
- *Resources*

### SUD ODS Training

- *In response to Provider feedback, next year QA will attempt to offer separate SUD ODS trainings tailored to the following levels of care:*
  - *WM and RES,*
  - *OS/IOS, and*
  - *OTP*

### Revised SUD ODS Clinical Documentation Training Power Point

Available on [QA's Training Page: Click Here](#)



### **The BHCS Led CQRT Process—Modified Process**

- *Given feedback from providers we have proposing a modified CQRT process which will reducing the provider time commitment to that that was outlined in the SUD ODS RFP.*
  - *This process has been reviewed at the October Residential & OS/IOS CQRT meetings.*
  - *With the additional feedback given, we finalized the process and informed the ADAP committee as described below.*
- *SUD providers will bring only four charts for full CQRT review.*
  - *Required for November CQRT: These four charts must have had a thorough CQRT review done internally (bring the completed review sheets and full charts).*
  - *If fewer than four charts came up for authorization in the prior 30 days or calendar months, bring only those charts.*
  - *If an agency has two locations, charts from both are expected to be brought to CQRT.*
- *Only one QA staff from each provider will be required to attend CQRT*
  - *At a minimum this must be a Certified SUD Counselor, but ideally will be a Licensed LPHA. Contact QA if this requirement is not able to be met.*
  - *Any agency may bring up to 3 staff for training purposes if they so choose.*
- *For each level of care, a monthly three hour BHCS CQRT meeting commitment is required of each SUD provider.*
  - *RES providers are required to attend the first three hours of the cqrt meeting—and may stay longer for additional ta and training if they elect to do so.*
  - *OS/IOS agencies may attend one six hour cqrt per month, or the first three hours of two cqrt meetings per month.*
  - *IF Options and Second Chance both elect one six hour cqrt meeting/mos—they will need to be on separate days given the number of charts requiring authorization.*
- *CQRT is expected to occur for 6 – 12 months.*
  - *When providers are fully trained in documentation requirements, and demonstrate competency in meeting those standards (demonstrate consistent ability to find and address documentation issues) they will be excused from further County CQRT meetings. If competency drops (such as demonstrated in an audit), providers may be brought back into CQRT as described in the RFP.*

## **Outpatient Services (OS/IOS) CQRT-authorization**

- *The charts (Beyond the four charts for full cqrt review) will be authorized by county clinicians in a separate meeting to occur simultaneous to CQRT.*
  - *Required for November CQRT: These charts will only require that the agency do a revised brief internal CQRT review. These must be done for every chart needing authorization. As well, the Authorization (Request) form must be completed for each chart.*

See attached [Brief MN/CQRT review form](#) & [Authorization \(Request\) form](#).

- *Note, if the LPHA of record is reviewing the chart for finalization of the Intake/Assess, Plan and MN this review time is claimable.*
- *If it is any other agency reviewer, it is a CQRT activity and not claimable.*
- *Completion of the MN/Brief CQRT Checklist and Authorization (Request) forms are not claimable.*
- *As well, fewer chart documents will be required to be brought in for each such chart.*
  - *For Initial Episode: CG Facesheet, Assessment, Initial Medical Necessity (IMN), Initial Plan, and Authorization (Request) Forms*
  - *For Update: Continuing Service Justification (CSJ), Prior Plan, Current Plan, and Authorization (Request) Forms*
- *When an agency has fully converted over to Clinician's Gateway--and all required chart documents for a given CQRT authorization review are in the EHR—we hope to develop an authorization system where copies of the charts up for authorization will not need to be brought into CQRT.*
- *The county clinicians will review and authorize based on a review of medical necessity and minimum documentation requirements as described in the revised brief CQRT sheet.*
- *The county QA clinicians will also use the attached BHCS SUD Signs and Symptoms for the Primary Included Dx to confirm that the Signs and Symptoms meet the Included Dx criteria as described in the DSM-5.*
- *Provider charts will either be authorized—or not authorized requiring return. These outcomes will be tracked and will demonstrate compliance with requirements to allow for “graduation” from CQRT as described below.*

- *If a review item is not fully compliant, but does not result in non-authorization, the provider will have it corrected in the record.*
- *Charts not authorized and needing to be returned:*
  - *QA will indicate what documents need to be updated and returned*
  - *Only the deficient items will be reviewed for authorization*
  - *Will be faxed or securely emailed (or indicate which form has been redone in CG for compliance) to prevent charts having to be carried back and forth*
- *Provider charts will either be authorized—or not authorized requiring return. These outcomes will be tracked and will demonstrate compliance with requirements to allow for “graduation” from CQRT as described below.*
- *If a review item is not fully compliant, but does not result in non-authorization, the provider will have it corrected in the record.*
- *Charts not authorized and needing to be returned:*
  - *QA will indicate what documents need to be updated and returned*
  - *Only the deficient items will be reviewed for authorization*
  - *Will be faxed or securely emailed (or indicate which form has been redone in cg for compliance) to prevent charts having to be carried back and forth*
- *The authorization process (beyond the LPHA chart review which is claimable if done for determination of MN) is expected to take approximately five minutes (to complete the MN/Brief CQRT Checklist and Authorization (Request) Forms.*

### **Confidentiality during the CQRT process.**

- *Please note confidentiality is NOT violated during the CQRT process as:*
  - *On day 1 of services, all clients must sign an Release Of Information Form that indicates their medical information may be shared with BHCS SUD staff and contractors,*
  - *Consent to treatment includes disclosure of sharing of medical information for payment purposes. Payment purposes include authorization and quality oversight.*

### **Residential Progress Notes**

- *On multiple occasions, and as recent as 9/26/18, BHCS has received verbal direction from DHCS that a weekly note is the minimum requirement and not required if daily notes are done. (Daily notes are currently required and a weekly summary note may be completed, but is not a BHCS requirement.)*

- As well, the IA clearly indicates a weekly note is simply a minimum requirement:
  - “For intensive outpatient treatment and residential treatment services, the LPHA or counselor shall record at a minimum one progress note, per calendar week, for each beneficiary participating in structured activities including counseling sessions or other treatment services.”
- However, at our SUD providers’ request, BHCS as sought written confirmation from DHCS regarding this and will disseminate the information when received.

### **Body Specimen Testing**

- Is no longer limited to urinalysis if BHCS develops guidelines allowing additional body specimen testing.
- A SUD ODS provider sub-committee is being established to do so.

### **Printing InSyst and CG Facesheets**

- Given, it is now required that all clients sign the ROI—SUD BHCS Providers form there is no prohibition from printing and utilizing either InSyst or CG Facesheets as mistakenly presented in a recent IS training.

### **Service Definitions—New 10-17-18**

Available on the [Forms Page: Click Here.](#)

### **Incidental Disclosure Form—Revised 9-31-18**

See attached newly revised client form.

### **Resources:**

- BHCS SUD ODS Transitions Website:  
<http://www.acbhcs.org/providers/sud/Transition.htm>
- BHCS Quality Assurance SUD Treatment and Recovery Services:  
<http://www.acbhcs.org/providers/QA/aod.htm>
- BHCS Welcome to SUD Tx and Prevention Provider Site:  
<http://www.acbhcs.org/providers/Sud/index.htm>
- Quality Assurance Technical Assistance:
  - CQRT and Auditing Topics: [Brion.Phipps@ACgov.org](mailto:Brion.Phipps@ACgov.org)
  - Other QA Topics: [Sharon.Loveseth@ACgov.org](mailto:Sharon.Loveseth@ACgov.org)
  - QA Management: [Tony.Sanders@ACgov.org](mailto:Tony.Sanders@ACgov.org)