



ALCOHOL, DRUG & MENTAL HEALTH SERVICES  
MARYE L. THOMAS, M.D., DIRECTOR

Quality Assurance Office  
2000 Embarcadero Cove, Suite 400  
Oakland, California 94606  
(510-) 567-8100 / TTY (510) 533-5018

## Memorandum

To: **Day Treatment Intensive and Day Rehabilitation Providers**

From: **ACBHCS Quality Assurance Office**

Date: **December 24, 2013**

RE: **DHCS Chart Review**

---

**Please note this is an addendum to the previous memorandum sent out on December 18, 2013. All addendum items are highlighted.**

As indicated in the December 5<sup>th</sup>, 2013 memo, there are some different requirements if one of your charts is selected to be audited. Please submit all documents as described in that memo (see below). In addition, please provide:

### Day Treatment Intensive and Day Rehabilitation:

- a. Provider's detailed weekly schedule of activities for the period being audited that indicates:
  - Specific times in which each service component (community meetings, process groups, skill building groups, adjunctive therapies and psychotherapy) is being performed exclusive of other activities
  - Location of each service component
  - Program staff assigned to each service component, their qualifications and scope of responsibilities
- b. Provider's detailed written description of each service component provided (community meetings, process groups, skill building groups, adjunctive therapies, and psychotherapy).
- c. Provider's daily staff/beneficiary ratios for the period being audited.
- d. Provider's Verification of Client Program Attendance:
  - A Daily Attendance Log for each client per day whereby clients sign-in at their arrival time to the program and sign-out at their departure time from their program.
  - A Group Attendance Log for each group for clients to sign-in.
  - Per HIPAA, these logs must be filed separately from the clients' charts.



- For DHCS audit purposes, logs must be kept for 3 years in chronological order.

**e. Provider's Documentation of Unavoidable Absence Requirement:**

- An Unavoidable Absence is defined as a mental health crisis and/or a physical illness that is infrequent.
- Unavoidable Absences must be documented only when the client has attended 50 percent of a scheduled day but less than a full day.
- Unavoidable Absences must be documented in a separate entry in the client chart and include:
  - The full description of the crisis and/or illness, and
  - The total number of hours and minutes of total attendance.

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 Friday, January 3<sup>rd</sup>, 2014 at 3:30pm by fax. The time span will be a 3 month period of paid claims in the last year.

At that time, the QA staff will work to quickly identify every place those beneficiaries have received services during that time span. We will then notify all of the affected providers.

You should have the beneficiary list by Monday morning, January 6<sup>th</sup>, 2014.

If you do not hear from us by 12pm on January 6<sup>th</sup>, 2014, you will not need to provide any charts.

If you are the provider of services for one or more identified beneficiaries, you will have 1.5-2 days to review and make sure all the documents are present in the chart(s). If your program has an EHR, all documents related to the audit time period must be printed. If you are using a paper chart or a hybrid, the original chart must be delivered. Please make sure all necessary documents are printed, organized and flagged appropriately in the charts.

**All charts must be physically received in the ACBHCS Quality Assurance Office by Tuesday, January 7<sup>th</sup>, 2014 at 5pm—no exceptions will be made. They may not be faxed.**

*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

The following chart documentation must be made available for each identified beneficiary's chart. In addition, it must have a color coded post-it identifying each section as indicated below.

Face Sheet - includes primary language, admit/episode opening date	Blue
Assessment – including the current and prior assessment if applicable	Yellow
Client Plans – Including the current and prior plan	Red
Progress Notes – for the dates of the audit review period	Green
Medication Consent Forms – all applicable	Orange

The Quality Assurance Office and ACBHCS thank you very much for your cooperation in this matter! If you have questions, please contact Tiffany Lynch, [tlynch@acbhcs.org](mailto:tlynch@acbhcs.org), or via phone at 510.567.8105.

Sincerely,

*Kyree Klimist*

Kyree Klimist, MFT  
QA Associate Administrator

If you have questions, please contact Tiffany Lynch, [tlynch@acbhcs.org](mailto:tlynch@acbhcs.org), or via phone at 510.567.8105.