



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
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Executive Summary: ACBHCS System of Care Audit

Audit Conducted 4th Quarter of 2015 for the Audit Period of 12/1/14 – 2/28/15

Issued 4/22/2016

- Random selection of Medi-Cal Children's and Adult MH services claimed by Master Contract Organizations (MCO, aka CBO) & County Owned and Operated Clinics.
- Twenty-five charts were reviewed from 20 programs (3 County Clinics & 17 MCO's).
- **Claims compliance (494 claimed services) averaged 87% and across providers ranged from 10 to 100%.**
- *It is recommended that ALL Providers review the complete Audit report and apply the findings to their programs as a compliance & quality improvement activity. Note, that it is anticipated that in early 2017 DHCS will be performing a triennial audit of ACBHCS claimed Medi-Cal services provided in 2016. Therefore, it is an ideal time to review all open cases to ensure Medi-Cal documentation compliance—especially in the areas of MH Assessment and Client Plans (see items of disallowance below).*
- *Below you will find the key recommendations which should prove instrumental in improving your programs' Claims and Quality Compliance performance for 2016 services.*
- The top five significant reasons for claims disallowances were:
 - *Non-billable activity (lock-out, clerical, administrative, voicemail, no show, scheduling, payee, transportation, supervision, vocational, screening tool).*
 - *No Client Plan in effect at time of service delivery (or Plan missing signatures).*
 - *Service modality (medication services, case mgt, etc.) is not indicated in Client Plan.*
 - *Progress Note missing or incorrect code.*
 - *Progress Note does not include Provider's intervention.*
- **Quality Review (in 9 areas & 91 items) averaged 85% and ranged from 47-98%.**
- Ten important Quality non-compliance items were:
 - *MH Assessments and Client Plans were not completed within required timeframes.*
 - *Mild-Moderate-Severe Screening Tool and/or CFE/CANS/ANSA were not completed.*
 - *Safety Plans (or objectives) were not completed for DTS/DTO.*
 - *Cultural/Linguistic/Physical needs were not assessed and/or addressed.*
 - *Informed Consents for Medications were not done, or were missing elements.*
 - *Progress Notes did not include: the required components (P/BIRP). were late, or illegible.*
 - *Required signed Releases of Information were not present.*
 - *The ACBHCS required "Informing Materials Signature Page" was not fully completed.*
 - *Assessments were missing key elements such as Developmental History (for youth), allergies, medical history (physical health), all 7 substance use areas, etc.*
 - *No documentation that client was offered a copy of the Client Plan or that it was updated as clinically indicated.*

