



Clinical Quality Review Team (CQRT) Specialty Mental Health Services Outpatient Programs

ACBH Quality Assurance Team

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This document provides an overview of the required Clinical Quality Review Team (CQRT) process for Specialty Mental Health Service (SMHS) providers offering outpatient services.

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Clinical Quality Review Team (CQRT) and Approval Overview

The contract between Alameda County Behavioral Health (ACBH) and the Department of HealthCare Services requires ACBH to certify that claims made to Medi-Cal meet Federal and State requirements for medical necessity and documentation¹.

The Clinical Quality Review Team (CQRT) process was created to perform this required function and involves review of clinical documentation during specific review cycles to certify that it meets Medi-Cal requirements.

The CQRT process is initially performed by the ACBH Quality Assurance team and gradually transitioned to providers to be completed independently on a monthly basis. All contracted agencies are required to participate in the CQRT process.

New agencies, programs that are new to claiming Medi-Cal, and existing programs that are changing from Fee-For-Service to CBO Contracts must participate in the County-Operated CQRT process within the first three (3) months of beginning their contract with the County. Once an agency demonstrates competence in completing the CQRT process independently, the agency is allowed to transition to the Internal CQRT process.

Review Cycles

The timing of when a chart should be reviewed depends on the type of provider program and the month of the client's Episode Opening Date (EOD), which is when the client's episode is opened in the ACBH billing system. This timing of chart review is referred to as the chart's "CQRT Review Cycle."

The completed Initial Assessment determines whether there is medical necessity for ongoing services. The CQRT process should be completed on a regular review cycle, based on when the Assessment may be reasonably completed. For outpatient programs, the initial review should be done within sixty (60) days of the EOD and then annually, in the month prior to the episode opening month.

New charts should be selected for CQRT review during the month in which they reach sixty (60) days from the EOD. However, charts can be brought to CQRT sooner if the required documentation (assessment, or client plan- if needed) is completed prior to 60 days. Note that if episodes are closed and then re-opened, the paperwork cycles must coordinate with the new EOD. The cycle and due dates described in this manual are the standard contracted dates;

¹ Mental Health Plan (MHP) Contract, Ex. B, Section 5B; State Plan, Section 3, Supplement 3 to Attachment 3.1A, page 2c, Intergovernmental Agreement (IA) Contract, Ex. A, Attachment 1.D.

specific RUs may have contractually specified accelerated dates, in which case, the documentation must follow the dates specified in the contract.

ACBH County-Operated CQRT Process

The ACBH County-Operated CQRT is a collaborative process during which the County partners with agencies to train and support them in using the CQRT tools to review their agency's documentation and certify that it meets Medi-Cal requirements. The goal is to gradually transition the agency from the County-Operated CQRT process to completing the process independently.

The following is an overview of the process.

Identifying the Team

At the start of the process, the agency is asked to designate specific staff members to participate in the CQRT meetings. The identified staff members should be licensed, waived, or registered as *Licensed Practitioners of the Healing Arts* (LPHA) and have been trained on the clinical documentation requirements prior to participating in the CQRT process.

The designation of LPHA refers to the following clinical professionals:

- Physicians (MD or DO)
- Nurse Practitioners (NP)
- Physician Assistants (PA)
- Registered Nurses (RN)
- Registered Pharmacists (RP)
- Licensed Clinical Psychologists (LCP)
- Licensed Clinical Social Workers (LCSW)
- Licensed Professional Clinical Counselors (LPCC)
- Licensed Marriage and Family Therapists (LMFT)
- License-eligible practitioners working under the supervision of licensed clinicians

License-eligible practitioners or “waivered/registered professionals” are those who have registered with the State licensing authority for the respective field (i.e., the California Board of Psychology, and Board of Behavioral Sciences) to obtain supervised clinical hours for licensure.

Non-registered interns are those who have not yet received their advanced degree in the respective field are not considered LPHAs.

CQRT Initial Meeting and Orientation

An initial meeting is set up with the designated agency staff and ACBH Quality Assurance representatives, including a CQRT Chairperson and Clinical Review Specialists. The meeting involves not only a review of the CQRT process but a conversation about requirements necessary to successfully transition to completing the process independently, which includes the creation of an agency Policy and Procedure related to their CQRT process.

Once the process is fully explained, the agency is asked to identify (six) 6 charts, not yet billed to Medi-Cal, for inclusion in the County-Operated CQRT process.

Agency Chart Review

Following the initial meeting, the agency is asked to review the six (6) selected charts, completing the CQRT Checklist for each one. As issues are identified within each chart, the reviewer is expected to work with the clinician to correct the documentation whenever possible and provide coaching and re-training to staff to prevent the error in the future. Once all corrections are made, the reviewer approves the chart, certifying that it is compliant with Medi-Cal requirements. Upon completion of all reviews, the agency submits their completed CQRT checklists, along with supporting documentation for each item on the checklist to ACBH QA using encrypted email.

ACBH QA Chart Review

Upon receipt of the documents from the agency, the ACBH QA team conducts a complete internal review of the six (6) charts in preparation for the next joint CQRT meeting.

CQRT Review of Completed Checklists

Once all charts are reviewed by both QA and the agency, the two teams meet to compare their findings and jointly certify each of the charts. These meetings are an opportunity for the teams to compare notes, discuss any questions or areas of confusion and to make sure that the agency is clear about how to best use the CQRT Checklist to monitor their agency's compliance with Medi-Cal standards going forward.

Transitioning from County-Operated to Agency-Run (Internal) CQRT

Once an agency demonstrates competency in the CQRT process and has their Internal CQRT Policy & Procedure approved by the QA office, the agency is approved to transition out of the county-operated process and continue this monthly process independently.

Consistent competency includes, but is not limited to, demonstrating an ability to be constructively critical of one's own organization's provision and documentation of services, appropriately address non-compliant issues, address issues of client safety in a timely manner, demonstrate transparency with ACBH CQRT, and back out non-compliant claims that cannot be

acceptably redressed. It is not expected that charts reviewed at CQRT will be without problems or deficiencies, rather, that the agency is able to identify them and respond accordingly.

Agencies are encouraged to replicate the ACBH county-operated CQRT process when they transition to the internal CQRT process. However, slight changes to the process, that do not compromise the goals of the review, are acceptable, as evidenced by the following examples:

- Meet more than once per month to review charts.
- Join with other agencies to complete the CQRT process together, with each agency reviewing the charts from the other.
- Utilize administrative staff to pull and prepare charts for review or to review certain non-clinical elements of the chart. For example, that the Informing Materials are signed, etc.
- Utilize student trainees to review charts, using the process as an opportunity to train staff. This is only permissible if the trainee's licensed clinical supervisor attests that the trainee has the skills and experience necessary to diagnose. The trainee should be closely supervised and a licensed CQRT Chairperson must assume full responsibility for the quality of the review and certification of the chart.

CQRT Reviewers must be licensed, waived, or registered as Licensed Practitioners of the Healing Arts (LPHA), or graduate student interns, and have been trained on the clinical documentation requirements prior to participating in the CQRT process. The CQRT Chairperson must be a LPHA and sign off on the completed checklist. It is the responsibility of the CQRT Chairperson to ensure that the review was completed effectively and that appropriate recommendations are being made to address any identified issues.

Fee for Service providers can review their own charts and do not require oversight of a CQRT Chairperson.

It is never acceptable to remove or edit the items on the CQRT Checklist without written approval from the ACBH QA department. Doing so can result in missing critical elements during review and lead to claim disallowances during audits. It is acceptable to add additional items to the checklist if an agency feels that they would like that item reviewed during the process. It is also acceptable for an agency to choose to incorporate the CQRT Checklist into their Electronic Health Records to help streamline the process.

Outpatient Program CQRT Requirements

The following guidelines were developed by ACBH Quality Assurance in partnership with our clinical agency partners within the BH Collaborative. The group's goal was to simplify the CQRT Checklist to include primarily those elements resulting in recoupment by the State, and

streamline the process to reduce administrative burden on the agencies, while still ensuring compliance with regulations.

Frequency of Internal Review

Each month the program will review a minimum of 5% of the total number of new and annual agency charts combined. This will allow the provider the flexibility to determine whether to choose a higher percentage of new or annual charts based on their census. For agencies with multiple treatment programs (a single RU or a grouping of RUs), reviewers should ensure that all programs that have charts up for review, have at least one of those charts reviewed each month

For Example: Agency A has a total of five hundred (500) open charts. Sixty (60) have passed day sixty (60) and are up for initial review. One hundred (100) are up for annual review (i.e., this is the CQRT in the month before their episode opening month). That is a total of one hundred sixty (160) initial and annual charts. Under this model, a minimum of eight (8) of these charts would need to be reviewed. Agencies may decide how many of each chart type (initial or annual) to choose. Agencies also have the discretion to choose more than eight (8) charts for review.

Fee for Service providers are expected to review at least one Medi-Cal chart per month.

Sampling Methodology

Each agency can choose the sampling methodology that works best for their system and document the sampling methodology utilized in their Policy and Procedures.

Some sampling options include the following:

- Random Sampling: Pick a number and pull randomly
- Sampling based on clinician strength/competence: Review fewer charts by more seasoned staff and more by staff who are newer and/or who have had difficulty with their documentation
- Sampling based on the type of case: For example, high billing, long duration, etc.

CQRT Tracking Tool

Given that a limited number of charts are reviewed by providers each month, and that the number can be different from month to month and across the different agencies, providers are asked to complete the ACBH CQRT Tracking Tool each month to indicate the number of charts eligible for CQRT, number of reviews completed and the status of each.

Status of Review

For each chart that is reviewed, the reviewer will select a Status based on their findings:

- *Approved*: This status implies that no major changes are needed
- *Approved and Coaching Provided*: No major changes are needed, however the CQRT reviewer notices a potential area of growth or improvement, and provides feedback to staff.
- *Not approved*: This status implies that changes must be made to the chart. The staff member and/or the staff member's supervisor are notified of the issues and coaching is provided regarding the items that need correction. The chart is reviewed again during the next CQRT month. Charts that are re-reviewed, are only checked for items that were missed during the initial review. The deficient items are checked and a new review Status is provided based on the findings.

Best Practices for Follow-up

When reviewing charts, agencies should follow these best practices that are based on the principle that one chart stands for all other charts:

- The list of charts being reviewed will not be released in advance of the review.
- If a problem is identified, additional actions are taken by the agency which could include the following:
 - Review deficiencies with staff member or staff member's supervisor
 - Review additional charts
 - Identify themes and areas of concern
 - Address areas of concern by retraining staff, sharing educational materials, providing coaching, etc.
 - Other steps identified by the agency

Record Retention and County Audits

Agencies are required to provide the County with their completed CQRT Checklists and CQRT Tracking Tools when requested. This can occur at the time of a scheduled chart audit or more informally as determined by the County.

Fee for Service Providers: Annually, the QA team will randomly select five percent (5%) of Fee for Service providers across the SMHS system of care for a CQRT review. During this review, providers will be asked to share their completed CQRT forms and Tracking Sheets with QA staff and will be provided with feedback and coaching.

It is highly recommended that all providers maintain their client’s records, including CQRT documentation, for fifteen (15) years after the last service OR fifteen (15) years after the client’s eighteenth (18) birthday, whichever is later.

Other Resources

- Recorded CQRT Training on the Quality Assurance [Training page](#)

Revision History

Date	Details	Completed by
2/2/22	Document created	Torfeh Rejali, QA Administrator
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4/6/23	<ul style="list-style-type: none"> Information added for Fee For Service providers. LPHA and other professional designations clarified in “Identifying the Team” section Sampling methodology section clarified 	Amy Saucier, QA Clinical Review Specialist Supervisor