



Fee For Service Provider Clinical Quality Review Team (CQRT)

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Learning Objectives

At the conclusion of this training, participants will have a better understanding of the following:

- The Clinical Quality Review Team (CQRT) process
- Provider's responsibilities
- ACBH Quality Assurance oversight of CQRT process
- Using the CQRT Checklist and other resources to review clinical records

Overview and Purpose of CQRT



- The contract between Alameda County Behavioral Health (ACBH) and the Department of HealthCare Services (DHCS) requires ACBH to certify that claims made to Medi-Cal meet Federal and State requirements for medical necessity and documentation.
- The CQRT process was created to perform this required function and involves review of clinical documentation by providers, during specific review cycles, to certify that it meets Medi-Cal requirements.
- The CQRT process starts with the ACBH Quality Assurance (QA) team, then transitions to a **required monthly** agency expectation.
- New programs and Fee for Service providers must participate in the ACBH CQRT process within the first 3 months of their contract start date.

CQRT Process

Provider's CQRT Process

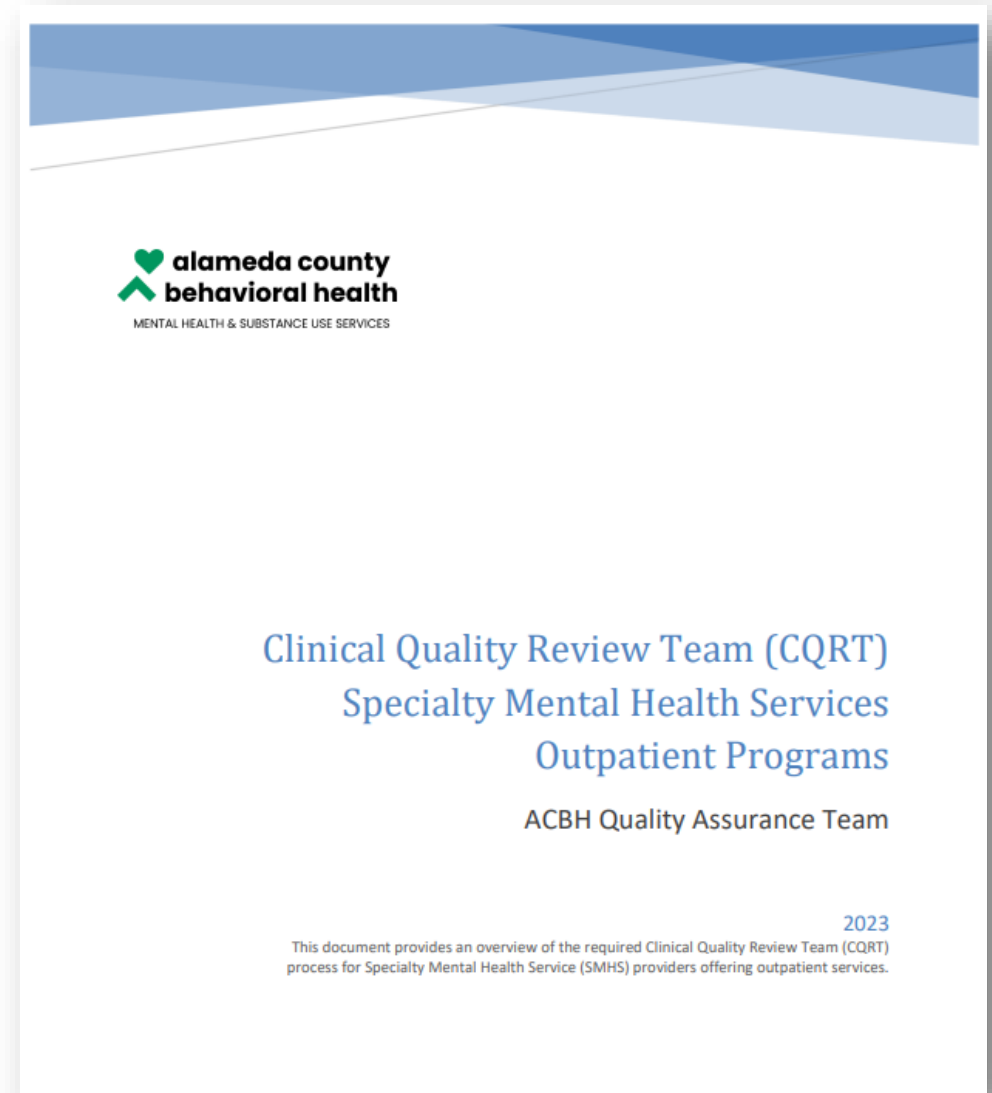
- Providers are required to use the CQRT Checklist to review their documentation to ensure it meets SMHS requirements.
- The **CQRT Checklist** should be completed for **at least one chart each month** and the **CQRT Tracking Sheet** completed to demonstrate compliance with this requirement.

ACBH Quality Assurance (QA) CQRT Oversight

- Annually, the QA team will randomly select five percent of FFS providers across our system 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.
- Additionally, 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.

CQRT Documents and Resources

- The following CQRT documents and resources can be found on the ACBH provider website, in section 8 of the [QA Manual](#):
 - CQRT Procedures Post Cal-Aim
 - CQRT Checklist
 - CQRT Glossary
 - CQRT Electronic Record Attestation form
 - CQRT Tracking Tool
 - CQRT Comments Sheet
- Most of the information presented in this training is included in the *CQRT Procedures Post CalAIM* document.



CQRT Checklist

- The *CQRT Checklist* should be utilized by providers for all reviews.
- The checklist was modified in partnership with the Behavioral Health Collaborative, to include items that lead to disallowances, as well as others identified by the group as critical documentation elements.
- The Checklist should not be edited and/or items removed without prior written approval from the ACBH QA department.
- Additional items can be added to the checklist if an agency feels that they would like that item reviewed during the process.
- Providers can utilize the WORD version of the CQRT Checklist or incorporate the Checklist into their Electronic Health Records to help streamline the process.

The former *CQRT Authorization Form* **is no longer required.**

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CQRT Checklist for Fee For Service Providers

Client Name: _____ Client PSP#: _____

Review Components

Informing Materials/Consents	Yes	No	N/A
1. Informing Materials page is signed/initialed and on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment & Medical Necessity	Yes	No	N/A
2. Required assessment (including all components) is present and signed by staff with credentials to do so. If not present, reason for delay is noted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The Client's physical limitations, cultural and communication needs, or lack thereof, are noted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Documentation of coordination of care is present, anywhere in the chart, as clinically appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. PSC35 is present or documentation of parent refusal/lack of response is in chart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. MH diagnosis or suspected diagnosis (includes Z codes) is present. If suspected or Z code is used, notes indicate efforts to clarify the diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Meets Access Criteria and/or Medical Necessity. Resource: ACBH Screening Tool for Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. If risk (DTS/DTO/Other high risk) occurred in the past 90 days, there is a comprehensive risk assessment and safety plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem List	Yes	No	N/A
9. A Problem List is present, appropriately updated and supported by the documentation in the chart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progress Notes (spot check 3-5)	Yes	No	N/A
10. The progress note was signed (or electronic equivalent) by the person(s) providing the service and the service provided was within the scope of practice of the person delivering the service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Progress notes describe how interventions address beneficiary's mental health needs or Social Determinants of Health and planned action steps. If non-reimbursable services were provided, the note clarifies that the time was not claimed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chart Status

Approved No major changes or coaching needed

Approved with Coaching No major changes needed but reviewer sees opportunity for growth and provides coaching

Not approved Changes must be made and the chart needs to be reviewed again during the next CQRT

Comments (Include action plan or corrections made if problems were identified)

Electronic Health Record Attestation

- The CQRT checklist contains some questions that can be removed through an Attestation process.
- These questions are those that can be validated by the provider's Electronic Health Record (EHR) behind the scenes. For example, some EHRs are set up to ensure that providers are not claiming for services outside their scope of practice.
- The *CQRT Checklist Glossary* provides details of which questions may be removed through this attestation process.
- The *ACBH Attestation form* must be submitted to QATA@acgov.org and permission received from ACBH QA prior to removal of the questions from the Checklist.
- A copy of the form should be maintained by the agency and will be requested during ACBH audits.



Clinical Quality Review Team (CQRT) Electronic Health Record Attestation Process

The CQRT Checklist includes the following question related to scope of service: *"The progress note was signed (or electronic equivalent) by the person(s) providing the service and the service provided was within the scope of practice of the person delivering the service."* This is a DHCS disallowance reason.

The agency may remove this review item from the CQRT Checklist, if an agency's Electronic Health Record (EHR) meets the following two requirements:

- **Authentication:** a security process of verifying a user's identity that authorizes the individual to access the system, and
- **Attestation:** applying e-signature to the content that ensures the service was rendered by persons with appropriate scope of license, attest to the accuracy and truthfulness of content, and the author making the entry takes legal responsibility for such entry in EHR.

Interested agencies should complete the CQRT Electronic Health Record Attestation Form and submit to QATA@acgov.org for review and approval. The completed and signed Attestation should be kept on file by the agency and provided to ACBH, along with completed CQRT Tracking Tool and Checklists, whenever requested.

CQRT Checklist Glossary

- The *CQRT Checklist Glossary* provides details of what is required for each of the sections being reviewed.
- The Glossary should be utilized to ensure that each section is reviewed appropriately and consistent with all of the requirements.


Clinical Quality Review Team (CQRT) Glossary for Outpatient Programs

Fee For Service Providers

CQRT Checklist Items	Glossary
1. Informing Materials page is signed/initialed and on time.	<ul style="list-style-type: none"> • The Informing Materials Acknowledge of Receipt form must be completed before or during the intake appointment and annually by the last day of the month prior to the client's opening month. • All boxes on the form must be checked • Signatures and dates are required at initial review and initials and date are required annually. • Resource: See Section 10: BHCS Providers Website (acbhcs.org)
Assessment & Medical Necessity	Assessment & Medical Necessity
2. Required assessment is present and signed by staff with credentials to do so. If not present, reason for delay is noted.	<ul style="list-style-type: none"> • The Mental Health Assessment includes information on all CalAIM domains • The assessment is signed by a Registered, waived, or licensed LPHA. • Includes require co-signatures based on scope of license. • Resource: CalMHSA Documentation Guides
3. The Client's physical limitations, cultural and communication needs, or lack thereof, are noted.	<ul style="list-style-type: none"> • Psychosocial factors noted on the assessment, or elsewhere in the chart, include information about the client's physical, cultural, and communication needs, or lack thereof.
4. Documentation of coordination of care is present, anywhere in the chart, as clinically appropriate.	<ul style="list-style-type: none"> • It is evident from the assessment and or progress notes that efforts are being made to coordinate care with other providers as clinically appropriate. • Examples include, but aren't limited to, the presence of Releases of Information authorizing communication with other service providers and/or documented efforts to communicate with other providers.
5. PSC35 is present, or documentation of parent refusal/lack of response is in chart.	<ul style="list-style-type: none"> • The Pediatric Symptom Checklist (PSC35) must be completed by day 60 of Episode Opening, every 6 months and at discharge. • If not completed, there should be documentation of refusal or lack of response.

CQRT Tracking Tool

- The Tracking Tool is required for use by providers to demonstrate compliance with the CQRT review expectations.
- It can also be used to identify any documentation trends or areas where additional support or training may be needed.
- The completed Tracking Tool should be provided to ACBH at the time of a scheduled chart audit or at any time, as requested by ACBH.
- It is 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.



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Clinical Quality Review Team (CQRT) Tracking Tool for Outpatient Programs

Fiscal Year: _____

Month	Number of Initial and Annual Charts Eligible for Review	Number of Charts Reviewed	Chart Status (Indicate number in each category)			Identified Trends and Follow Up
			Approved	Approved with Coaching	Not Approved	
<i>Example</i>	100	5	3	1	1	<i>Sent 1 chart back for correction. Provided coaching to one clinician on Progress Note elements.</i>
July						
August						
September						
October						
November						
December						
January						
February						
March						
April						
May						
June						

By writing your name below and dating the document, you attest that the information on this document accurately reflects the CQRT activities completed by registered, waived and/or licensed staff at your agency.

CQRT Chair or Reviewer Name: _____ Date: _____

Helpful Resources on the ACBH Provider Website

- [MHP FFS Provider](#) page
- QA Manual, [Memos](#) page
- QA Manual, [Training](#) page
- [Policy and Procedures](#) page

Please begin monthly review of your charts using the CQRT tools following this training.

thank you.

Contact QATA@acgov.org if you have any questions.



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