This Bulletin announces the implementation of a chart review process for Legal Entity contract providers by the Los Angeles County Department of Mental Health (LACDMH) Program Support Bureau, Quality Assurance (QA) Division. The review process is designed to focus on the technical assistance role of the QA Division and is in response to State Department of Health Care Services (DHCS) findings and recommendations resulting from the most recent triennial chart review of the Los Angeles County (LAC) Mental Health Plan.

The QA Division will begin notifying the first providers selected for review by March 15, 2017. The notification will include the period to be reviewed and instructions on preparing for the review. Providers may be selected at random by Service Area (SA) or based upon specific criteria such as the provision of certain types of services (e.g., Day Treatment Intensive/Day Rehabilitation) or having documentation/claiming issues come to the attention of the QA Division. Initially, approximately ten providers per quarter will be reviewed, one to two per SA. A minimum of five charts per provider will be reviewed. The standard review period will be two months, with the first month of the review period occurring three months prior to the month of notification (e.g., for a provider notified on 3/15/17 the review period would be December 2016 thru January 2017). Claim data will be used to select the clients to be reviewed. The QA Division will provide a list of selected clients to the provider at least one week in advance along with instructions on which documents to print-out and de-identify. The reviews will occur on-site at the provider.

Documentation will be reviewed by the QA Division using an instrument closely based upon the State DHCS Review Protocol for Non-Hospital Services. In order to promote uniformity in the review of contract providers, the instrument will be adopted by the County Department of the Auditor-Controller. Once the review has been conducted, the QA Division will provide a written summary of the results of the review and discuss their feedback with the provider in a meeting. The summary and subsequent meeting between the QA Division and provider will serve as the basis for the provider conducting its own chart review in order to further explore the observations made by the QA Division. Once the provider has conducted its own chart review, the provider will be expected to provide the QA Division with a written report of its findings. In response to the QA Division’s observations and the provider’s report, the QA Division will provide technical assistance as indicated, based upon applicable regulations. Final review results will be shared with the appropriate LAC-DMH District Chief/Program Manager III.

Note: Although not the focus of the QA Division review process as described in this Bulletin, if documentation and/or claiming practices are found to diverge widely from County, State or federal regulations and policies, additional non-de-identified reviews may be conducted by either the QA Division or the LAC-DMH Compliance Program and Audit Services Bureau.

If Contracted or Directly-Operated providers have any questions regarding this Bulletin, please contact your Service Area QA Liaison.

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