

Santa Clara Valley Health and Hospital System  
Mental Health Department  
**Quality Improvement Program**

FY 2005-06 CLINICAL RECORDS REVIEW: ANNUAL REPORT

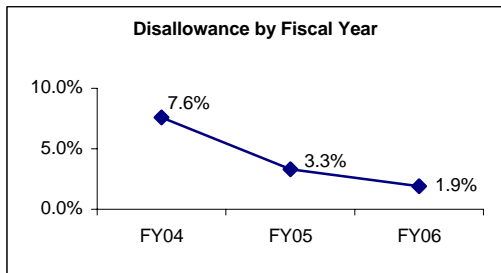
The Quality Improvement Program, based on policy # 175, completed its review of outpatient mental health clinical records for 12 County-operated programs and 19 Short/Doyle contractors.

County Programs	Short/Doyle Contractors
Bascom Mental Health	Achievekids
Central Mental Health	Alliance for Community Care
Downtown Mental Health	Asian Americans for Community Involvement
East Valley Mental Health	Catholic Charities
Fairoaks Mental Health	Chamberlain's Mental Health Services
Las Plumas Mental Health	Children's Health Council
MH Clinic at the Children's Shelter	Community Solutions
MH Clinic at Juvenile Hall	Eastern European Service Agency
MH Clinic at the Ranches	EMQ Children & Family Services
Narvaez Mental Health	Family and Children Services
North County Mental Health	Gardner Family Care Corporation
South County Mental Health	Grace Community Center
	Hope Services
	Indian Health Center
	Mekong Community Center
	Oasis Care, Inc.
	Rebekah Children's Services
	Starlight Adolescent Center
	Ujima Adult and Family Services

The 3-month audit period was August – October 2005. A total of **757 records** were audited (301 County records and 456 contractor records), representing 2.17 million dollars worth of services.

**Disallowance**

The disallowance percentage for all programs/agencies combined was **1.9%**, which is an improvement from previous years.



For FY06, there was a difference in the disallowance rate by division (Adult/Older Adult Division = 3.6%; Family & Children’s Division = 0.9%) and by agency (County Programs = 5.1%; S/D Contractors = 1.0%).

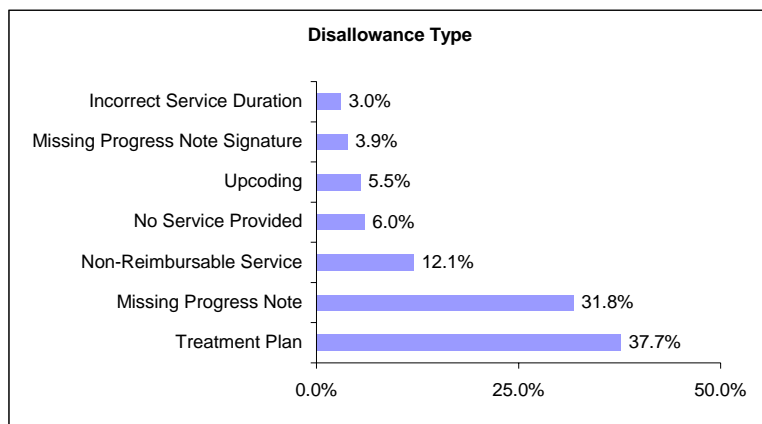
The Quality Improvement Committee has established two different cutoffs based on the disallowance rate: 1% or less = excellent; greater than 5% = unsatisfactory. There were only 5 programs with an “unsatisfactory” rating, and as a corrective action, the number of clinical records chosen for review next year for these 5 programs will be increased by 25%.

The programs with an “**excellent**” rating (listed below) serve as role models in the system.

<b>County Programs</b>	<b>Short/Doyle Contractors</b>
Bascom Mental Health	Chamberlain’s Mental Health Services
MH Clinic at the Ranches	Children’s Health Council
North County Mental Health	Community Solutions
South County Mental Health	EMQ Children & Family Services
	Family and Children Services
	Grace Community Center
	Hope Services
	Oasis Care, Inc.
	Rebekah Children’s Services
	Starlight Adolescent Center
	Ujima Adult and Family Services

### Disallowance Type

About \$42,000 was disallowed during this year’s review. The most common type of disallowance involved the **Treatment Plan**, which was either missing or lacked a licensed professional’s signature. The second most common type was when a service was entered in Unicare but a corresponding progress note was not found in the clinical record (i.e., **Missing Progress Note**).



The other disallowance types were as follows:

- **Incorrect Service Duration** - when the number of minutes entered into Unicare exceeded the amount documented in the clinical record.
- **Missing Progress Note Signature** – provider did not sign progress note.
- **Upcoding** - when a service was billed at a higher rate (either Case Management billed as Mental Health Service or the latter billed as Crisis Intervention).
- **No Service Provided** - usually when the progress note indicated this but the billing was still entered into Unicare.
- **Non-Reimbursable Service** – such as clerical tasks, leaving messages, etc.

### Non-Entry in Unicare

Almost \$2,000 of services was recorded in the clinical records but was not entered into Unicare. This figure is much better than FY05 in which there was \$44,000 of services not entered.

### Compliance

Two assessment and two treatment plan items were reviewed during this audit. The results reflect the percentage of clinical records that were in compliance with the expectations for that item. The system average improved in all four categories.

Item	FY05	FY06
Assessment included a description of client's strengths.	91.7%	95.2%
Assessment included a description of client's cultural background.	71.0%	84.1%
Treatment Plan included client's signature.	94.8%	96.6%
Treatment Plan included appropriate problem, goal, objectives and interventions.	89.4%	93.5%

Two new items were reviewed during this audit.

Item	FY06
Consent for treatment was found in the clinical record.	95.1%
The diagnosis on the assessment was supported by the symptoms/behaviors listed.	88.5%

## **Chapter 26.5**

Twenty-eight clinical records designated as Chapter 26.5 were reviewed. Twenty records (71%) were found to have mental health goals/objectives attached to the child's Individualized Education Plan (IEP). In two of the records, a progress note indicated that a change had occurred in the IEP.

### **Recommendations**

1. As a system, the department has made significant improvements in documenting services in the clinical records these past couple of years. Nevertheless, there are still some programs/agencies who continue to have difficulty in this area. A stronger effort (e.g., internal audits and monitoring; training) is needed so these programs/agencies can ensure that their staff members adhere to the documentation standards.
2. Continued training and oversight is needed to ensure that treatment plans are completed and reviewed by licensed professionals and to ensure that a progress note accompanies each service entered into Unicare.
3. Although there was improvement in this area, further training is still needed regarding assessing clients' cultural background.
4. Further training is also needed in regards to documenting the client's symptoms and behaviors on the assessment so that they support the diagnosis.