

# QUALITY ASSURANCE REIMBURSABLE ACTIVITIES GUIDE

Initially Effective February 1, 2003  
Revised November 21, 2008



DMH Financial Services Bureau  
Reimbursement and Audit Support Division  
Revenue Recovery Section  
and  
Program Support Bureau  
Quality Assurance

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Director

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**QUALITY ASSURANCE  
ACTIVITIES**

## QA OVERSIGHT ACTIVITIES

### Initial Implementation:

- Effective January 1, 2003, the Los Angeles County Department of Mental Health began collecting and claiming Medi-Cal Quality Assurance (QA) Oversight Activities.

### In General, what are QA Oversight Activities:

- They are indirect activities defined by the Federal government that assist a Local Mental Health Plan in insuring and improving the quality of care delivered by its organization.
- They are activities that are clearly distinct from the other indirect activities familiar to staff of the Department such as Medical Administrative Activities (MAA) and Community Outreach Services (COS).
- They are similar to these other indirect activities in that they are not provided as a service to or in relation to a client of the Department.

### Who can claim:

- As the Local Mental Health Plan for specialty mental health services in Los Angeles County, the Department of Mental Health can claim the cost of certain County QA oversight activities to the Federal government.
- Licensed Skilled Professional Medical Personnel (SPMP) is defined by the Federal government as professionals who hold a current California license in one of these fields: physician, psychiatrist, psychologist, RN, LCSW, MFT and pharmacist.
- QA activities provided by non-SPMP, which includes waived or registered/waivered staff are **not**, at this time, eligible for Federal reimburse under this program.
- **Revised MHSA claiming rule: Staff on 100% MHSA funded items CAN claim to QA the same as staff who are not associated with 100% MHSA funded items.**

### Specifically, what are QA Oversight Activities:

- Any of the activities listed on page seven. For your convenience, these activities are also briefly summarized on the bottom half of the QA Data Time Form.
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Discuss any questions you may have with your supervisor. Remember, **you and your supervisor** are signing an audit document certifying that the claim is true and correct.

Who to call regarding QA Data Time Form data entry or claiming:

- Revenue Recovery Section, QA staff at (213) 738-4717.

What activities are **not** claimable QA Oversight Activities:

- Any activity that is not an oversight activity.
- Any activity that can be claimed as a direct service, regardless of payer source, i.e., Medi-Cal, SAMHSA (substance abuse), Family Preservation, etc. (Note - Reviewing a record as part of a direct service activity should continue to be claimed as direct service and **not** claimed as QA.)
- Any activity that can be claimed as MAA or COS.
- **The same period of time or activity claimed to another funding sources.** If you perform QA activities and claim them as such, **you must not** also record or claim that time or activity to MAA or COS or as a direct service.
- Supervision time, including clinical supervision, even though it may involve case review activities.
- Time spent conducting or attending staff meetings.
- Training time even if it's QA related – the only exception to this would be if you are being trained to be a trainer.
- Risk Management activities unless they are specifically related to reviewing the QA component of a situation.
- Transfer of Coordinator for non-open cases – claim as a MAA activity.
- Time beyond your regular scheduled work hours - your daily total time for **ALL** direct and indirect activities should not exceed your regular scheduled work hours.

Who to call for questions related to the QA activity definitions:

- Diane Guillory at (213) 738-3777, Program Support Bureau, Quality Assurance.
- If necessary, your questions will be forwarded to the State for clarification, and updates will be sent out to staff, as issues are resolved.

**QUALITY ASSURANCE**

**ACTIVITY CHART**

**Quality Assurance Overview Activities\***

Service Type	Description of Activities	LA County Quality Assurance Applications
QA-1	Case Review Time Spent in doing case review	Time spent in the review of a clinical record whether or not the case is open or close where the time is not appropriate for direct service billing and where major emphasis is on components of quality, including compliance with established documentation standards. Also includes time spent in appropriate follow-up action regarding areas of needed improvement. Please note this does not include supervision or phone messages.
QA-2	Quality Improvement Meeting Quality Improvement Committee Meetings, preparation time, documentation (minutes), and follow-up	Time spent in the direct preparation of QA/QI materials for QIC meetings, traveling to the meetings, preparing notes/minutes from the meetings and follow up on QIC related items that would not be appropriate for any direct client billing. Also includes time spent in actions related to preparation, initiation and submission of appeals to the QIC for review.
QA-3	Training Time for Medi-Cal & QA Requirement Training time and materials for Medi-Cal documentation requirements and associated QA activities and reviews	Time spent providing pre-Medi-Cal certification activities, formal trainings and technical assistance on interpretation of Medi-Cal/HIPAA documentation requirements as well as time spent on preparing training materials. Also includes time spent developing policies and forms to support this effort.
QA-4	Personnel Time Related to State & Federal QA Audit Personnel time and materials for assisting State and Federal auditors with County audits for compliance with QA requirements	All time associated with the planning and gathering of materials and documentation to support State and Federal audit and review processes for compliance with County QA standards and requirements. Also includes travel time associated with support assisting the reviewers, time for entrance and exit conferences and follow up resolutions as per Plan of Corrections.
QA-5	Medication Monitoring Medication monitoring and associated activities	Time associated with the development and review of policies and procedures to improve medication practices and processes related to efficient monitoring of medication as well as time spent monitoring. With the exception of supervision, this includes all the developmental, monitoring/review, and analysis activities noted here and in Policy 103.1, "Standards for Prescribing & Monitoring Medications", Sec 2.5, "Monitoring & QI".
QA-6	Develop Protocols Developing protocols for review and Quality Improvement activities	Time spent in analysis or planning, such as HIPAA Gap Analysis, which leads to the development of policies and procedures, forms/logs etc., as part of QA/QI activities. An example of this is, creating or revising procedures and policies covering the storage and dispensing of meds.
QA-7	Overview of Service Providers Overview of service providers who are also coordinators related to roles and QA requirements	Time spent in meetings and trainings related to the functions of coordinators that are directly tied to improving QA. Also includes time spent in: creating and implementing the use of new or revised forms that support coordination efforts; engaging in program level review, actual Medi-Cal certification activities and other oversight activities, such as monitoring and follow-up activities with contract providers, for compliance with County quality of care standards.

\* See "Examples of Non-reimbursable QA Oversight Activities" for additional clarification.

**INSTRUCTIONS  
FOR COMPLETION OF THE  
QUALITY ASSURANCE  
DATA TIME  
FORM**

## COMPLETING THE QA DATA TIME FORM

The QA Data Time Form designed in Microsoft Excel allows staff to either:

- Create a printable master copy after entering the Clinic name and Provider Number, Staff Name and Employee Number, and SPMP status on the form. This master copy can be photocopied for the semi-monthly submittal of the forms, OR
- Input all data in the form on your computer, then print the form.

Completing the form:

- Whenever SPMP staff performs County QA oversight claimable activities, s/he should enter the activity data in the yellow highlighted shaded area. No data entry is needed on days that QA activities are not performed.
- Since the QA Data Time Form is designed for semi-monthly recording of QA activities, two (2) separate forms are needed to record a month of services. In addition to checking the **date range box** that indicates if services were provided on the 1<sup>st</sup> through the 15<sup>th</sup> or the 16<sup>th</sup> through the 31<sup>st</sup> of the month; staff need to circle each day(s) of services (see sample on pages 12 and 13).
- In the right column, make notes that will assist you in recalling the specific QA Activity that you performed. Additional space is provided on the back of the form for detailed notes, if necessary, to ensure that your QA Data Time is adequately documented.
- If you enter data on your hard copy, subtotal both your daily and semi-monthly time. If you enter data on your Excel worksheet, daily time totals and semi-monthly time totals are automatically calculated.

Required signatures:

- Staff and supervisor original signatures in ink must be recorded on each QA Data Time Form.

When and where to send completed claim forms:

- For each two week time period, forms must be submitted within 2 weeks after the 15<sup>th</sup> or the last day of the month.
- Mail the forms as instructed on the bottom of the form.

**County of Los Angeles - Department of Mental Health  
Quality Assurance (QA) Data Time Form**

Employee Name: \_\_\_\_\_ Employee #: \_\_\_\_\_  
 Clinic Name: \_\_\_\_\_ Clinic Provider #: \_\_\_\_\_ Cost Center (Unit Code) from Time Card: \_\_\_\_\_

**SPMP -** The following are Licensed Skilled Professional Medical Personnel and as such can claim these QA activities (1) Physician (2) Psychiatrist (3) Psychologist (4) R.N., (5) MFT (6) LCSW & (7) Pharmacist.  
 The Federal government does not accept waiver or registered staff status for claiming Quality Assurance.

Check your California licensure:  Physician  Psychiatrist  Psychologist  RN  MFT  LCSW  Pharmacist

Date Range (must check one):  
 1-15  16-31 \_\_\_\_\_ / \_\_\_\_\_  
 Month Year

Circle Date	Minutes total/day	QA-1 Minutes	QA-2 Minutes	QA-3 Minutes	QA-4 Minutes	QA-5 Minutes	QA-6 Minutes	QA-7 Minutes	Remarks/Notes
16	0								
1 17	0								
2 18	0								
3 19	0								
4 20	0								
5 21	0								
6 22	0								
7 23	0								
8 24	0								
9 25	0								
10 26	0								
11 27	0								
12 28	0								
13 29	0								
14 30	0								
15 31	0								
<b>Total minutes:</b>	0	0	0	0	0	0	0	0	

**Quality Assurance Activities:**

Service Type	Description of Activities
QA-1 Case Review	Time Spent in doing case review, and in reviewing client records for compliance. LA County Note: Reviewing a record that results in a service, such as preparing clinically for a session with a client, should continue to be claimed as direct service and <b>Not</b> duplicated here.
QA-2 Quality Improvement Meeting	Quality Improvement Committee Meetings, preparation time, documentation (minutes), and follow-up.
QA-3 Training Time for Medi-Cal & QA Requirement	Training time and materials for Medi-Cal documentation requirements and associated QA activities and reviews.
QA-4 Personnel Time Related to State & Federal QA Audit	Personnel time and materials for assisting State and Federal auditors with County audits for compliance with QA requirements.
QA-5 Medication Monitoring	Medication monitoring and associated activities (Refer to Standards for prescribing and monitoring medications Policy 103.1 section 2.5)
QA-6 Develop Protocols	Developing protocols for review and Quality Improvement activities.
QA-7 Overview of Service Providers	Overview of service providers who are also coordinators related to roles and QA requirements.

I HEREBY CERTIFY under penalty of perjury that I am the staff responsible for preparing this QA Data Time Form and I have not violated any of the provisions of Section 1090 through 1098 of the Government Code that the amount of time for which reimbursement is claimed herein is in accordance with Chapter 3, Part 2, Division 5 of the Welfare and Institutions Code and to the best of my knowledge and belief this claim is in all respects true, correct and in accordance with law.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Filing instructions:** Mail to: Department of Mental Health - RASD  
 Revenue Recovery Section  
 550 S. Vermont Ave, 8th floor  
 Los Angeles, CA 90020  
 Attn: Chu Lee

For questions regarding this claim form, contact:  
 Revenue Recovery Section 213-738-4752  
 For QA Activity definition contact:  
 Diane Guillory 213-738-3777

**Retention Instructions: Maintain a copy on file for 7 years.**



**County of Los Angeles - Department of Mental Health  
Quality Assurance (QA) Data Time Form**

Employee Name: Norman Doe Employee #: 234566  
 Clinic Name: DMH-HDG Clinic Provider #: 6789A Cost Center (Unit Code) from Time Card: 12345

**SPMP -** The following are Licensed Skilled Professional Medical Personnel and as such can claim these QA activities (1) Physician (2) Psychiatrist (3) Psychologist (4) R.N., (5) MFT (6) LCSW & (7) Pharmacist.  
 The Federal government does not accept waiver or registered staff status for claiming Quality Assurance.

Check your California licensure:  Physician  Psychiatrist  Psychologist  RN  MFT  LCSW  Pharmacist

Date Range (must check one):  
 1-15  16-31 September / 2008  
 Month Year

Circle Date	Minutes total/day	QA-1 Minutes	QA-2 Minutes	QA-3 Minutes	QA-4 Minutes	QA-5 Minutes	QA-6 Minutes	QA-7 Minutes	Remarks/Notes
16	0								
17	15					15			Report to chief MD on PATS Exceptions
18	0								
19	0								
20	0								
21	0								
22	0								
23	0								
24	0								
25	35						35		Review & comment - revised draft policy
26	0								
27	0								
28	0								
29	0								
30	0								
31	60			60					Trained staff on claiming QA
<b>Total minutes:</b>	110	0	0	60	0	15	35	0	

**Sample data entry**

**Quality Assurance Activities:**

Service Type	Description of Activities
QA-1 Case Review	Time Spent in doing case review, and in reviewing client records for compliance. LA County Note: Reviewing a record that results in a service, such as preparing clinically for a session with a client, should continue to be claimed as direct service and <u>Not</u> duplicated here.
QA-2 Quality Improvement Meeting	Quality Improvement Committee Meetings, preparation time, documentation (minutes), and follow-up.
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Employee Signature: \_\_\_\_\_ Date: 9/15/2008 Supervisor Signature: \_\_\_\_\_ Date: 9/20/2008

**Filing instructions:** Mail to: Department of Mental Health - RASD  
 Revenue Recovery Section  
 550 S. Vermont Ave, 8th floor  
 Los Angeles, CA 90020  
 Attn: Chu Lee

For questions regarding this claim form, contact:  
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 For QA Activity definition contact:  
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Quality Assurance (QA) Data Time Form**

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Check your California licensure:  Physician  Psychiatrist  Psychologist  RN  MFT  LCSW  Pharmacist

Date Range (must check one):  
 1-15  16-31 September / 2008  
 Month Year

Circle Date	Minutes total/day	QA-1 Minutes	QA-2 Minutes	QA-3 Minutes	QA-4 Minutes	QA-5 Minutes	QA-6 Minutes	QA-7 Minutes	Remarks/Notes
16	0								
1 <u>17</u>	25					25			Review of PATS Exception Rpt & associated paperwork
2 18	0								
3 19	0								
4 20	0								
5 21	0								
6 22	0								
7 23	0								
8 24	0								
9 25	0								
10 <u>26</u>	360	60			300				See back of form
11 27	0								
12 28	0								
13 <u>29</u>	35							35	TC to 2 providers to discuss implementation of new SP
14 30	0								
15 31	0								
<b>Total minutes:</b>	<b>420</b>	<b>60</b>	<b>0</b>	<b>0</b>	<b>300</b>	<b>25</b>	<b>0</b>	<b>35</b>	

**Sample data entry**

**Quality Assurance Activities:**

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I HEREBY CERTIFY under penalty of perjury that I am the staff responsible for preparing this QA Data Time Form and I have not violated any of the provisions of Section 1090 through 1098 of the Government Code that the amount of time for which reimbursement is claimed herein is in accordance with Chapter 3, Part 2, Division 5 of the Welfare and Institutions Code and to the best of my knowledge and belief this claim is in all respects true, correct and in accordance with law.

Employee Signature: \_\_\_\_\_ Date: 9/30/2008 Supervisor Signature: \_\_\_\_\_ Date: 10/2/2008

**Filing instructions:** Mail to: Department of Mental Health - RASD  
 Revenue Recovery Section  
 550 S. Vermont Ave, 8th floor  
 Los Angeles, CA 90020  
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