

Cornerstone Behavioral Healthcare

QM.1.1 Quality Management of Client Records

Purpose: Maintain our client records in compliance with CMS rules for Medicare and Medicaid services, MaineCare regulations, Department of Health and Human Services licensing rules for mental health and substance use services, and other legal bodies or entities.

Cornerstone Behavioral Healthcare (CBH) complies with these rules and regulations through two processes: a quick Quality Assurance (QA) process and a full record review.

1. Quick QA is the process of reviewing documents for identifying information, dates, signatures, and general compliance with completeness. All key documents will be “Quick QA’d” before they are added to the client’s medical record. The provider of record will be notified of deficiencies and are required to address and resubmit.
2. Full Record QA is the process of reviewing the client’s entire medical record for deficiencies. CBH’s policy is to review each client’s medical record once per year. This review includes active, inactive, and discharged charts. Discharged charts will be reviewed only once. Providers new to the group will have their charts reviewed after six months from their start date. The provider of record will receive a Chart Audit Report after the review and are required to submit corrections.
3. CBH has a QA Oversight Committee. QA Supervisor and Clinical Program Leadership are required to attend. The group will meet at least once per month to provide oversight to QA at CBH.
 - a. Purpose and responsibilities of Committee:
 - i. Oversight of the QA process
 - ii. Providing continuous quality improvement by identifying issues, evaluating them for improvement and implementing solutions, and reviewing outcomes
 - iii. Reviewing new rules or guidance and updating our processes
 - iv. Review, evaluate, and resolve QA reporting trends

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Date