The Georgia Collaborative ASO

GAC000375

American Work, Inc.

Housing Quality Review Final Assessment	
Address: **1727 Wrightsboro Road, Augusta, GA 30904**	
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Individual Records Reviewed: **30**	Current Review Frequency: **Semi-Annual**
Staff Records Reviewed: **2**	Date Range of Review: **5/12/2025 - 5/15/2025**

The Georgia Collaborative ASO, in partnership with the Department of Behavioral Health and Developmental Disabilities (DBHDD), believes in accessible, high-quality care that leads to a life of recovery and independence. The provider should note any recommendations as an opportunity for quality improvement activities. The review is intended to measure the quality of your organization's systems and practices in adherence to DBHDD policies and standards. The Overall Score is calculated by averaging the categories below.

This is the provider's first Behavioral Health Housing Quality Review.

	Overall Score	Billing Validation	Site Visit	Assessment & Planning	Service Guidelines
FY24 Statewide Average	N/A	N/A	N/A	N/A	N/A

Note: The FY24 Statewide Averages represent the mean of scores for all reviewed providers.

Summary of Significant Review Findings

Strengths and Improvements:

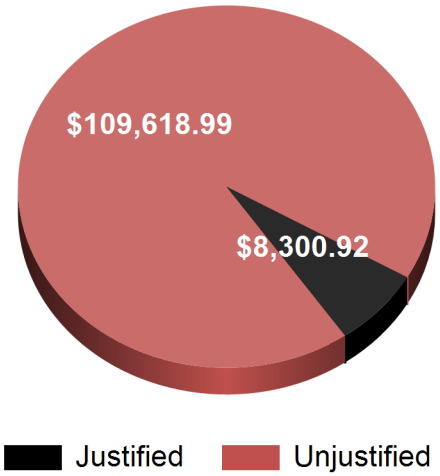
The Housing Quality Review (HQR) is new in FY 2025; however, most of the standards/indicators have been reviewed in various other quality reviews. Community Residential Rehabilitation (CRR) providers received a standalone CRR Quality Review in FY 2024. Therefore, recurring findings/requirements listed in this report are based on previous quality review findings.

- American Work staff use the Department of Behavioral Health and Developmental Disabilities (DBHDD) "UR Form" in gathering all required documentation.
- Progress notes (both daily and weekly) identify the individual's next medical or psychiatric treatment appointment. Many records captured residential staff members supporting individuals in keeping these appointments, interacting with medical staff, and acknowledging treatment recommendations.
- When one individual was refusing medication and experiencing an increase in symptoms, residential staff consulted the individual's Assertive Community Treatment (ACT) team and their natural supports in an effort to prevent further decompensation, hospitalization, and loss of housing.
- Within one record the co-occurring goal, objective, and intervention was individualized related the individual's refusal to see a medical doctor and dentist and instead reflected how staff planned to educate and encourage him to take care of his overall physical health.
- Multiple sites use a tablet that is linked to the provider's electronic medical (EMR) record to track medication administration. Additionally, medications in multiple sites are provided in blister packs that include a list of the medications, the purpose of the medication, and a picture. These packs are reviewed by the onsite nurse who then initials the pack to confirm its accuracy.
- The naming of the service is CRR I or III on all documentation as compared to the prior review when they were only listed as "Intensive Residential" and "Semi-Independent."

Opportunities for Improvement:

- The records of two paraprofessional staff members were reviewed. Neither staff member met the standard training requirement. One staff member did not have evidence of face-to-face first aid training as required for residential staff members. The other staff member was missing several hours in multiple subject areas for online/Relias training. This did not impact billing greatly due to multiple staff members providing contacts per day.
- The individuals were not participants in the quarterly team meeting in any level of care.
- The following items are recurring as they were also noted in a prior review:
    - Duplication was evident within many records. Daily notes were frequently duplicated, oftentimes multiple times a week. In some records the individual recovery plan (IRP) was duplicated year to year. Furthermore, incorrect pronoun use and using a name other than the individual's name was seen in some records.
    - The minimum hours of skills training did not occur in any record reviewed for CRR I and most records reviewed for CRR III and CRR III Enhanced.
    - Ongoing transition planning discussions did not occur in most records. Conversations around movement, or lack thereof, towards a lower level of care of independent supported housing were not documented.
    - Self-inspections were not completed consistently throughout the CRR III locations.

Billing Validation



	State Funded Services	Total
Justified	$8,300.92	$8,300.92
Unjustified	$109,618.99	$109,618.99
Total	$117,919.91	$117,919.91

The Billing Validation Score is the percentage of justified billed units vs. paid/billed units for the reviewed claims. Paid dollars are calculated based on payer: Medicaid is the sum of paid claims; State Funded Services are Fee for Service and State Funded Encounters combined (State Funded Encounters is the estimated sum of the value of accepted encounters).

Standard	Reason	# of Discrepancies
Eligibility Standards	Missing/incomplete service order	14
	No valid, verified diagnosis on date service provided	4
Performance Standards	Content does not support units billed	246
	Content of documentation is not unique	130
	Intervention unrelated to the IRP	35
	Intervention provided is outside the scope of practice for staff	1
Quantitative Standards	Progress note not filed within seven calendar days	3
	Staff credential not supported by documentation	1

Billing Validation: 7%

Opportunities for Improvement:

Please note: The provider batch bills for this service which is reflective in the total dollar amounts of the review sample (batch bill = submitting multiple encounters on one claim).

Eligibility Standards

- Services orders were not present in two records. In one record, the last service order for CRR I was signed 8/21/2023 and so expired 8/21/2024. In the other record, the individual was admitted to CRR III Enhanced 12/11/2024, but the order was not signed until 2/6/2025.
- In one record, the last verified diagnosis was provided 3/11/2024, therefore, services provided after 3/11/2025 were not covered by a current verified diagnosis.

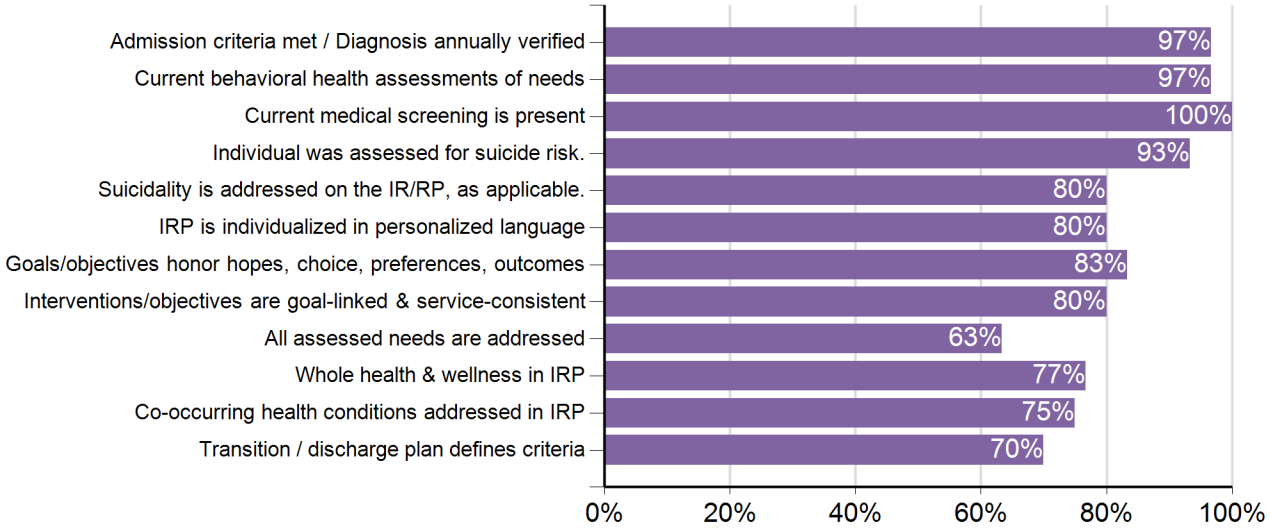
Performance Standards

- In almost all records, across all levels of CRR, the weekly minimum required hours of skills training did not occur. Five hours are required for individuals in CRR I, four for individuals in CRR III Enhanced, and three for CRR III. Assessors viewed weekly summary progress notes and daily notes for evidence of skills training. This is a recurring issue identified in a previous review.
    - Documentation identified as skills training did not include training interventions, but documented observations of the individual taking medication, eating, or checking their blood sugar.
    - Often, group notes did not support the time documented as only the topic of the group was identified and there was no detail about what specific interventions were conducted.
    - Duration of individual contacts also was not often supported due to intervention(s) documented. For example, notes reflected staff reminding individuals to clean, sweep, or bathe but duration was up to 90 minutes. Individuals were noted to independently complete tasks such as grocery shopping or clean but again 90 to 120 minutes was listed as the duration.
    - Duplicated content also affected the hours of skills training provided.
- A large amount of duplication was found within records (some notes were duplicated more than 10 times in a two month period). This also is a recurring issue from a previous review.
- Residential services were provided in four records without a current individual recovery plan (IRP) that identified the service. In two records (19 encounters), the service was not present on any plan (expired or current). The IRP in two records expired; one expired 11/5/2024 (10 encounters), and the other on 3/2/25 (four encounters). In a fifth record, the individual was admitted to CRR III 10/29/2024, but the IRP for this level of care did not begin until 1/14/2025 (one encounter).
- One paraprofessional was addressing insight-oriented interventions regarding the individual's trauma, which is outside their scope of practice.

Quantitative Standards

- Three notes were signed more than seven calendar days from the date of encounter.
- The records of two paraprofessional staff members were reviewed. Neither staff member met the standard training requirement. One staff member did not have evidence of face-to-face first aid training as required for residential staff members. The other staff member was missing several hours in multiple subject areas for online/Relias training. This did not have a larger impact on scoring as multiple staff make contact with individuals daily.

Assessment & Planning



When all responses to a question are "Not Applicable", no percentage is displayed.

Assessment and Planning: 83%

Indicators scoring below 80%

	Yes	No	NA	%
All assessed needs are addressed	19	11	0	63%
Whole health & wellness in IRP	23	7	0	77%
Co-occurring health conditions addressed in IRP	15	5	10	75%
Transition / discharge plan defines criteria	21	9	0	70%

Assessment & Planning

Strengths and Improvements:

- Within one record, the co-occurring goal, objective, and intervention was individualized related the individual's refusal to see a medical doctor and dentist and instead reflected how staff planned to educate and encourage him to take care of his overall physical health.
- All individuals had a current medical screening.
- All but two individuals were assessed for suicide risk.

Opportunities for Improvement:

- Primarily due to IRPs being duplicated year to year within records the following indicators were scored "no":
  - All identified areas of need contained within the assessments are addressed in the IRP and the plan is modified based on changing needs, as clinically necessary.
    - This was also scored no due to identified needs related to housing and/or behavioral needs not being addressed on IRPs. Individuals often received clinical services at other agencies for their behavioral health needs but there was nothing on the IRPs indicating these treatment needs were referred or deferred.
  - There is evidence of goals and interventions in the IRP that include whole health, wellness, advocacy and education.
  - Co-occurring health conditions, in addition to the primary presenting condition, have been addressed in the IRP, if applicable.
- Discharge/Transition plans did not include all required components. More than one reason may be present for this indicator to be scored "no". Most commonly, transition plans lacked clear clinical benchmarks. Often the plans were vague or outlined the clinical justification for the plan of care.

Community Residential Rehabilitation Site Visit

Unit exterior is in good repair, maintained, safe for the provision of services; free of trash, debris, or other hazards.	Yes
Unit has all utilities required: electricity, water, gas, sewer, etc.	Yes
All electrical outlets are properly installed (no exposed wiring, cover plates present, etc.).	Yes
Windows are in state of good repair, lockable on ground floor, free of rot/deterioration, sealed properly.	No
Ceilings, walls, and floors are in good repair and free of: holes, loose or falling surfaces or paint, water damage, water or air infiltration, etc.	No
Emergency food supply (at least three days' worth) is present (water, canned food, dry food, etc.).	Yes
Medications are properly stored (refrigerated as needed), secure, safe, etc..	Yes
Individual has access to private space in home (own bed, shower/bathing facility does not require access through another's bedroom).	Yes
Living space is clean, accessible, and free of: pests, hazards, bad odors, trip hazards, dirt, etc.	No
Living space is age-appropriate, respectful of individual(s) served.	Yes
Lighting is adequate to the needs of individuals present/served.	Yes
Individual has access to kitchen that is clean, in good repair, is functional, and refrigerator maintains food at appropriate temperatures.	Yes
Individual has 24-hour access to outside communication via telephone.	Yes
Individuals have emergency contact numbers / numbers for all supports.	No
First aid kit is present and residents know where it is stored.	Yes
Smoke detector, CO2 detector, and fire extinguisher are present and in working order.	No
If residents use wheelchair, walker, etc., unit is ADA accessible to them (both interior and exterior - ramps, grab bars, etc.)	No
Do individuals have access to public transportation (i.e. bus stop) within walking distance (NA if rural)?	Yes
If individuals do not have access to public transportation (i.e., bus stop within walking distance), is there a viable plan to access transportation?	Yes
A written evacuation plan is developed for each unit.	Yes
Evacuation routes are clearly marked by exit signs.	Yes
Fire and other safety drills are completed.	No
To the best extent possible and with respect to other participants, individuals may have visitors at any time, with the exception of during late night hours and overnight.	Yes

# Yes	# No	# N/A	SCORE
16	7	0	70%

Community Residential Rehabilitation Site Visit: 70%

American Work has residences that span the state, with locations in Augusta (Region 2), Albany (Region 4), Savannah (Region 5), and Columbus (Region 6) and a capacity of 51 CRR I beds, 36 CRR III beds, and 75 CRR III Enhanced beds. The forensic beds in Columbus were not included within this review.

- The fire alarms in all the CRR I homes were linked to the fire department/emergency services. The CRR III Enhanced location in Savannah (Brentwood) has installed carbon monoxide detectors.
- Each location had a CRR I residence that was American's with Disabilities Act (ADA) accessible. Many CRR I homes also had bathrooms with grab bars. Two CRR I homes in Savannah (Miller and Donnelly), have been recently renovated and have wide hallways and entrances to the bedroom and bathroom on the first floor.
- First aid kits were present in all locations. This is an improvement from the previous review. Additionally, many

locations have a biohazard spill kit and some have a defibrillator in the staff office.
- Kitchen sharps (knives, etc.) are kept in lock boxes in the CRR I homes.
- In all locations, individuals are provided with a welcome kit that includes bedding and hygiene products. Individuals can take the bedding with them when they transition out. Of note, the Augusta CRR III location also provides individuals with a started pack of food so individuals have food until they can go grocery shopping.
- Several locations in Savannah have an electronic tablet that is connected to an electronic medical record where staff can document the individual's medication administration record (MAR). This program also provides alerts for when medications needs to be administered or other healthcare activities (such as blood sugar monitoring) need to take place.
- The Savannah locations have a contract with a local bus tour company to assist with evacuations when needed. Individuals have access to laundry facilities at all locations. Use of the facilities are free for individuals (or are placed in their apartment).
- All locations have access to transportation. Augusta, Columbus, and Savannah locations are either located on a public bus-route or within walking distance of shopping/entertainment. Staff assist with transportation for individuals at the Albany locations.
- There are no restrictions on visitors throughout the day at any location.

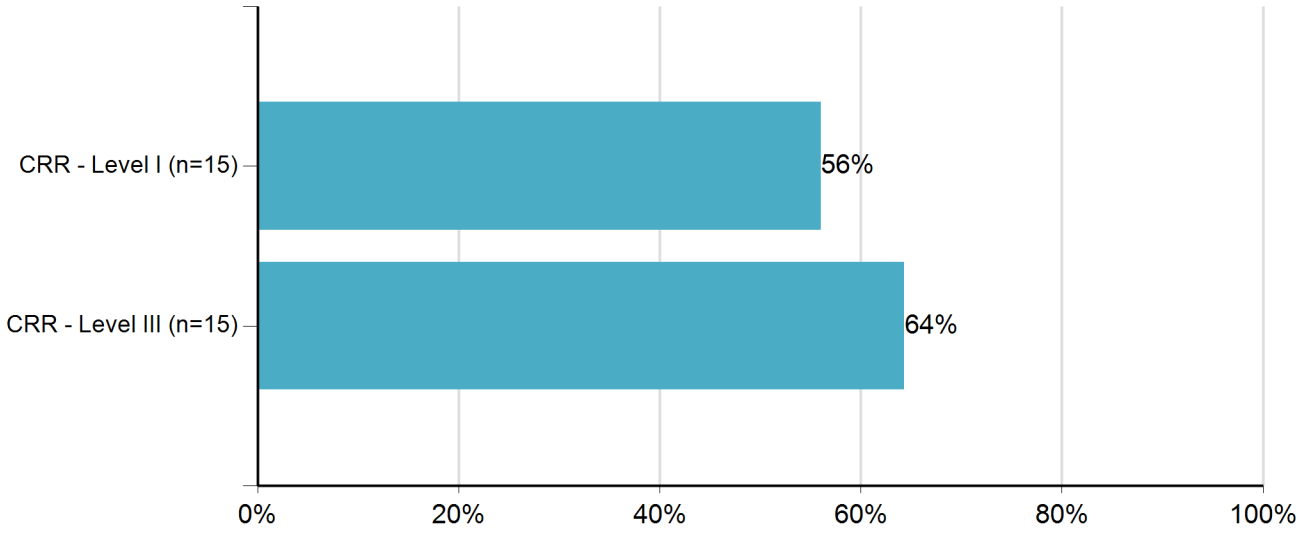
Opportunities for Improvement:

- Several apartments at the Savannah CRR III location (Brentwood) had windows that did not open.
- Ceilings, walls, and floors were not in good repair in several locations.
    - There was evidence of water damage in multiple bathrooms.
        - A bathroom in Augusta had a hole in the ceiling above the shower and an incomplete drywall patch.
        - There was an active water leak in a bathroom in one Albany CRR III apartment bathroom.
        - A bathroom in a CRR I home in Columbus had a faucet that sprayed water everywhere (floor, wall, countertop).
        - Multiple bathrooms in the Columbus CRR III locations had water on the floor, poor water pressure (in one apartment, the bathroom sink and shower could not be on at the same time.)
        - Floors in some locations were uneven, had soft spots, and had lose/broken tiles/linoleum.
- The living spaces at the Columbus CRR III (Wynnton Rd.) and CRR III Enhanced (Taylor's Place) were in need of a deep cleaning.
    - Wynnton Road apartments had evidence of pests, debris, and dirt in the hallways and stairs up to the apartments. Many apartment smelled heavily of smoke.
    - Bathrooms had a great deal of mold and mildew buildup and one bathroom had standing water on the floor.
    - The apartments at Taylor's place also had evidence of pests and smelled heavily of smoke (in both occupied and unoccupied apartments).
    - Bathrooms in multiple units had a great deal of mold and mildew buildup and the tile around several tubs were loose or sunken into the wall which is indicative of possible underlying water damage.
    - Carpets at both locations had a great deal of stains, vents were rusty, and there was a great deal of dust buildup, even on the walls.
    - The exterior stairs to two of the buildings at Taylor's Place were unstable. The concrete was broken or replaced with wood that was rotting, making them a trip/fall hazard.
- Emergency numbers or contacts were not posted in some CRR III apartments, though staff reported individuals have their phone numbers programmed into their personal cell phones.
- Several apartments at the Savannah CRR III Enhanced (Brentwood) program did not have a working smoke detector.
- The CRR III apartments in Albany did not have fire extinguishers that had been inspected in the past year. The apartment complex has installed fire extinguishers in each apartment, but they have not been inspected since October 2023.
- Fire and safety drills were not consistently completed at alternating times.
    - Albany and Augusta CRR III documentation of fire drills did not document timing and so it could not be determined if drills were conducted at alternate times with at least one overnight in the last six months at either location.
    - There were no night shift/overnight drills for Columbus CRR III (Wynnton Rd.) or Savannah CRR III (Heritage).
    - There were no drills during the day time at Taylor's Place (Columbus CRR III Enhanced). All drills occurred between 11pm and 11am.
- Albany CRR III and Savannah CRR III (Heritage) were not ADA accessible.

While not affecting scoring, the following was noted:

- The water in a couple bathrooms in the Augusta apartments did not get hot, but the water in the shower and kitchen did get hot.
- Albany's CRR III program did not have emergency food or water during the tour, but supplies were purchased the same day.
- Several locations did not have a refrigerator for medication or the medication refrigerator was not double locked.
- The medication slated to be discarded at the Miller home was not double locked.

Service Guidelines



n = the sample size (records) reviewed specific to the service

Service Guidelines: 60%	*Indicators scoring below 80%*			
CRR - Level I - 56%	**Yes**	**No**	**NA**	**%**
Within 7 days of admission, the individual was assisted with creating a residential crisis response plan that guides the residential provider's response to an individual's crisis episode. (For individuals admitted after March 1, 2023)	1	2	12	33%
A residential functional assessment is completed within 7 days of admission. (For individuals admitted after March 1, 2023)	1	2	12	33%
A comprehensive needs assessment must be completed within 7 days of admission. (For individuals admitted after March 1, 2023)	1	2	12	33%
Within 7 days of admission, a housing goal is developed that clearly states the desire of the individual, identifies available housing opportunities, resources, supports, and promotes opportunities for continued growth, independence, and community integration. (For individuals admitted after March 1, 2023)	1	2	12	33%
Within 7 days of admission, a primary and secondary/contingency plan is developed that identifies the steps needed to achieve the desired housing goal and address any barriers to transition. (For individuals admitted after March 1, 2023)	1	2	12	33%
The following items are updated, as defined in the DBHDD Provider Manual, every 90 days: comprehensive needs assessment, residential functional needs assessment, housing goal, primary/secondary contingency transition plan, and a residential crisis response plan.	6	9	0	40%
Documentation of transition planning is evident upon admission, throughout service delivery, involves the individual/other supports, and includes specific objectives that are to be met prior to discharge.	6	9	0	40%
When an individual begins to substantially meet IRP goals and objectives, final transition arrangements to the appropriate level of residential care shall begin within the next 7 to 14 days.	0	2	13	0%
Documentation of the Quarterly Team Meeting with all required participants is entered into the medical record as a non-billable progress note.	0	15	0	0%

As a part of the planning for when an individual will move to housing of his/her own choice, the Housing Choice and Needs Evaluation https://dbhddapps.dbhdd.ga.gov/NSH/ must be completed at admission and annually.	0	15	0	0%
Documentation contains a minimum of (5) hours of weekly residential rehabilitation services to an individual who requires an intensive level of structured support to achieve/enhance their recovery and increase self-sufficiency.	0	15	0	0%
If the individual was incarcerated or in need of acute stabilization (inpatient, emergency department, crisis services, etc.) the provider must conduct a clinical review and modify the IRP, as necessary.	0	2	13	0%
Record contains documentation of the individual's progress (or lack of) toward permanent supported housing.	8	7	0	53%
When barriers are identified, documentation demonstrates that alternatives are explored.	6	3	6	67%
Documentation demonstrates the individual is an active participant in modifying the plan and/or services.	9	5	1	64%
Services consist of resource coordination to assist the individual in gaining access to necessary services to promote recovery/resiliency.	8	7	0	53%
All individuals who have a history of suicide behavior any time in their lifetime are flagged with "suicide history."	2	3	10	40%
CRR - Level III - 64%	**Yes**	**No**	**NA**	**%**
Within 7 days of admission, the individual was assisted with creating a residential crisis response plan that guides the residential provider's response to an individual's crisis episode. (For individuals admitted after March 1, 2023)	2	4	8	33%
A residential functional assessment is completed within 7 days of admission. (For individuals admitted after March 1, 2023)	4	3	8	57%
A comprehensive needs assessment must be completed within 7 days of admission. (For individuals admitted after March 1, 2023)	4	3	8	57%
Within 7 days of admission, a primary and secondary/contingency plan is developed that identifies the steps needed to achieve the desired housing goal and address any barriers to transition. (For individuals admitted after March 1, 2023)	4	3	8	57%
The following items are updated, as defined in the DBHDD Provider Manual, every 90 days: comprehensive needs assessment, residential functional needs assessment, housing goal, primary/secondary contingency transition plan, and a residential crisis response plan.	10	5	0	67%
Documentation of transition planning is evident upon admission, throughout service delivery, involves the individual/other supports, and includes specific objectives that are to be met prior to discharge.	10	5	0	67%
When an individual begins to substantially meet IRP goals and objectives, final transition arrangements to the appropriate level of residential care shall begin within the next 7 to 14 days.	0	4	11	0%
Documentation of the Quarterly Team Meeting with all required participants is entered into the medical record as a non-billable progress note.	1	14	0	7%
As a part of the planning for when an individual will move to housing of his/her own choice, the Housing Choice and Needs Evaluation https://dbhddapps.dbhdd.ga.gov/NSH/ must be completed at admission and annually.	5	10	0	33%
Documentation supports that staff have provided a minimum of three (3) hours of weekly residential rehabilitation services to an individual who requires an intensive level of structured support to achieve/enhance their recovery and increase self-sufficiency. (For CRR Enhanced, a minimum of four (4) hours of weekly residential rehabilitation services is required.)	3	12	0	20%
Record contains documentation of the individual's progress (or lack of) toward permanent supported housing.	8	7	0	53%
The staff interventions reflected in the progress notes are related to the staff interventions listed on the treatment plan.	10	5	0	67%
Service is provided as planned within the IRP.	9	5	0	64%
Documentation demonstrates the individual is an active participant in modifying the plan and/or services.	10	3	2	77%

Services consist of resource coordination to assist the individual in gaining access to necessary services to promote recovery/resiliency.	9	4	1	69%

Service Guidelines

Strengths and Improvements:

- Documentation reflected that individuals health issues were being addressed. Weekly notes identified most recent and next appointments with the individual's physician. Daily notes in many records reflected ensuring the individual was keeping these appointments, and captured the staff accompanying the individual to these appointments when needed to provide support, help explain treatment recommendations, and ultimately help the individual follow the medical guidance provided.
- Within one record, the individual made a sudden plan to move to another state and packed up her things in trash bags. Staff met with her to discuss her decision and share concerns. They reviewed her budget, the cost of the ticket, plans for when she arrived at the new location, and concerns for her safety. After meeting with the staff and looking at what the move would entail, the individual decided to stay in the program and continue to engage in treatment.
- There was evidence of coordination with the individual's outpatient care team (i.e., ACT team) when the individual was engaged in the services with American Work. For example, when one individual was refusing medication and experiencing an increase in symptoms, residential staff consulted the individual's Assertive Community Treatment (ACT) team and their natural supports in an effort to prevent further decompensation, hospitalization, and loss of housing.

Opportunities for Improvement:

Community Residential Rehabilitation I (CRR I)

- Required items were not completed within seven days of admission and updated every 90 days.
  - While the "DBHDD Residential UR Form" was present within records, it was completed weeks or months after admission to this level of care for two of the three individuals admitted after 3/1/2023.
  - For the updated items, most often the primary and secondary contingency plan was incomplete or missing. In most records, these fields were filled with "N/A" or "unknown." In other examples, both the primary and secondary contingency plan were the same.
- Transition planning discussions were not evident within documentation. Progress notes were duplicated, did not reflect any conversations about housing, and in general, only captured observations of the individual (taking medication, eating, attending appointments.)
- Neither record for individuals who had substantially met goals reflected transition arrangements were made. Within one record, the individual had resided in CRR I since 2017 and documentation did not support the need for this level of care. There were no transitional discussions within the record.
- None of the records contained a quarterly team meeting that included the individual, DBHDD representative, other supports, and residential staff. In almost all records, there was no evidence of this meeting occurring.
- None of the individuals had completed a Housing Choice and Needs Evaluation upon intake or annually. Six records had no evaluation ever completed. The remaining nine records did not have this survey updated annually. For example, this evaluation had not been completed since 2015 for four individuals.
- The required five hours of skills training did not occur in any record. Documentation was duplicated, only captured staff observations about the individual cooking their own food, taking medication, and cleaning. When skills training was present, it did not add up to five hours each week.
- Two individuals were admitted to a crisis stabilization unit, but there was no clinical review of the IRP upon the individual's return to the program.
- Documentation did not reflect progress toward permanent supported housing. As with other indicators, the amount of duplication within documentation impacted this score. Additionally, notes only captured observations of the individual and did not reflect progress (or lack of) toward housing goals.
- Alternatives to barriers were not explored. In one record, the individual was refusing medication, but there was no assessment regarding why the individual started refusing medications, if there were options to address the concern, or alternative treatments. In another record, the individual did not eat pork and frequently missed meals as the dinner was pork and no alternative food options were provided.
- Three records for individuals with a history of suicide did not have an alert in the medical record.

Community Residential Rehabilitation III (CRR III)

- Three individuals did not meet continuing stay criteria for this level of care. Documentation within these records reflected that the individual was functioning independently in almost all areas, and there was little to no skills training documented. In one record, the individual frequently visited friends overnight, has a boyfriend who spends the night, and completes her daily activities (hygiene, grocery shopping, etc.) without support from

residential staff.
- Required items were not completed within seven days of admission and updated every 90 days.
  - While the "DBHDD Residential UR Form" was present within records, it was completed months after admission to this level of care for individuals admitted after 3/1/2023.
  - Similarly to CRR I records, the primary and secondary contingency plan was incomplete or missing for updates.
- Transition planning discussions were not evident within documentation. In some records there were very few notes in the record, notes were duplicated, or when present, did not reflect any conversations about housing.
- Documentation reflected that four individuals had substantially met their residential goals, but there no final transition arrangements occurred.
- While quarterly team meeting occurred in almost all records, the individual was not included in the meetings as required.
- Ten records did not have the Housing Choice and Needs Survey completed as required. Three individuals had never completed this survey, and three were not completed at admission. The remainder had not had the survey completed annually as required.
- The required hours of skills training (three for standard CRR III and four for enhanced) did not occur in most records.
  - This is primarily due to duplicated documentation.
  - In some weeks, groups were conducted, but the note only identified the topic and did not provide narrative of the interventions provided to support the one hour of time.
  - Records for individuals living at the standard CRR III location in Columbus, GA only contained weekly notes that provided a status update for the individual and did not document any skills training.
- Documentation did not reflect progress toward permanent supported housing. As with other indicators, the amount of duplication within documentation impacted this score.
- Documentation lacked staff interventions, services were not provided as planned on the IRP, and there was no evidence that the individual was an active participant in modifying the plan. This was either due to an expired IRP or documentation reflecting only observations.
- There was no evidence of resource coordination provided by residential staff in four records.

Overall Programmatic

The Programmatic standards below, relevant to services reviewed during this BHQR, are not currently calculated into any scored area of the review; however, Quality Improvement Recommendations are made based on findings.

CRR Level I Indicators				
1	The residential program must provide a structured and supported living environment 24 hours per day, 7 days per week with AWAKE staff on-site at all times.			Yes
2	Residential sites are required to have an on-site residential manager/supervisor. Residential managers/supervisors may be persons with at least 2 years experience providing MH or AD services and at least a high school diploma; however, this person must be directly supervised by a licensed staff member (including LMSW, LMFT, APC, or 4-year RN).			Yes
3	The residential manager/supervisor is on-site at the CRR I site at least 3x/week to provide oversight and supervision to the staff who provide direct daily services and supports.			Yes
4	Provider must have a documented process to accept individuals for admission during normal business hours/Monday – Friday, 8 am – 6 pm.			Yes
5	If deficiencies were noted during the self-certification HQS inspection, the provider has created a self-correction plan to address.			Yes
6	The provider had obtained the appropriate DBHDD-approved criminal records background check on all reviewed staff members by their hire date.			Yes
	# Yes	**# No**	**# N/A**	**SCORE***
	6	**0**	**0**	**100%**

CRR Level III Indicators				
1	The residential program must provide a structured and supported living environment 24 hours per day, 7 days per week, with a minimum of 36 hours of onsite staff; the Enhanced CRR III component must have a minimum of 56 hours of on-site staff.			Yes
2	Residential sites are required to have an on-site residential manager/supervisor. Residential managers/supervisors may be persons with at least 2 years experience providing MH or AD services and at least a high school diploma; however, this person must be directly supervised by a licensed staff member (including LMSW, LMFT, APC, or 4-year RN).			Yes
3	The residential manager/supervisor is on-site at the CRR III site at least 3x/week to provide oversight and supervision to the staff who provide direct daily services and supports.			No
4	Provider must have a documented process to accept individuals for admission during normal business hours/Monday – Friday, 8 am – 6 pm.			Yes
5	If deficiencies were noted during the self-certification HQS inspection, the provider has created a self-correction plan to address.			No
6	The provider had obtained the appropriate DBHDD-approved criminal records background check on all reviewed staff members by their hire date.			Yes
	# Yes	**# No**	**# N/A**	**SCORE***
	4	**2**	**0**	**67%**

** Overall Programmatic Score is not calculated into the Overall score at this time.*

Individual Interviews

Each individual is asked a standard set of questions; a sampling of responses is listed below. Individual interviews are not calculated into the Overallscore. For a complete list of questions, please refer to the Georgia Collaborative's website.

Individual Interviews Conducted: 2

Two individuals enrolled in these services were interviewed during the site visits.

- Both individuals felt residential staff were accessible, respectful, supportive of their goals towards desired housing, and their desired level of community involvement.
  - *"She is always available for me whenever I need her."*
  - *"I have been bored, and the staff connected with with a senior center to go to during the day. I am excited to start going!"*
  - *"All of the staff at American Work are wonderful. They really listen and try to help."*
- Both individuals expressed satisfaction with residential supports and services received.
  - "*I feel so safe here."*
  - *"They helped me make a smart decision for my budget."*
- When asked "What are some things this agency does exceptionally well," they responded:
  - *"[Staff] helped me move themselves! I have a lot of stuff and I couldn't believe how hard they worked moving me into my new place. I just love it here. I don't want to leave. They told me I could live here for 18 months, I want to live here longer."*
  - *"I have had a hard life and I am so blessed to have found them. I was homeless and now look at my apartment, it's beautiful!"*

Additional Comments on Practices

Additional strengths and concerns beyond the general scope of the review were discovered by reviewers. Additional issues/practice concerns may have the potential to impact service delivery, quality of care, or may represent a risk to the provider.

- In general, when individuals are engaged with services at other agencies such as ACT, Intensive Case Management (ICM), or medication management, there is minimal to no evidence of ongoing communication or collaboration with these agencies for continuity of care.
- Self-inspections were not completed consistently throughout the CRR III locations. The provider is reminded that each apartment/home needs to have a self-inspection completed at least twice per year.
    - Only one self-inspection was submitted for the Albany CRR III program and the apartment was not identified.
    - Inspections for the Columbus CRR III program (Wynnton Rd.) were completed by shift and only three inspections were completed. None of the inspections identified the apartment.
    - While inspections for many apartments were submitted for Taylor's Place (CRR III Enhanced in Columbus), many apartments (more than 20) did not have an inspection submitted.
    - Inspections for Brentwood (CRR III Enhanced in Savannah) were submitted, but lacked dates and so it could not be determined that the inspection had been completed in the past six months.
- The schedule for one CRR III site in Savannah did not include the residential manager/supervisor schedule and therefore, it could not be determined whether or not the supervisor was onsite at least three times a week.
- Names of others than the individual was noted in residential documentation as well as pronouns related to gender changed throughout notes.
- An individual transitioned to CRR III from CRR I 10/29/2024, but there was no IRP for CRR III until more than two months later (1/14/2025).
- There was incongruence between recent Columbia Suicide Severity Rating Scales (C-SSRS) Lifetime/Recent screenings and the individual's assessment in one record. Per the assessment, the individual has a history of suicide attempts (1989 & 2007), but the C-SSRS Lifetime/Recent screenings 2/23/2024, 3/13/2024, 8/8/24, 12/26/24, and 4/16/24 are scored "no" for all the lifetime questions. This did not affect scoring as the scores within the initial lifetime recent from 2019 aligns with assessment information, and the individual has continuously been in services since then.

Quality Improvement Requirements

Providers are reminded of the responsibility to maintain internal processes which ensure immediate and permanent corrective actions on issues identified during the quality review process. DBHDD may request corrective action plans (CAPs) as quality review findings warrant as well as review agencies' internal documentation regarding corrective actions and ongoing quality assurance and quality improvement. Please refer to the comments documented in each section above for specific information pertaining to the requirements below.

Requirements: Current Review

Overall Programmatic - CRR - Level III

- The residential manager/supervisor must be on site at the CRR III at least three times per week to provide oversight and supervision to the staff providing direct daily services and supports.
- A self-correction plan must be created to address any deficiencies noted during the self-certification HQS inspection.

Billing Validation

- Eligibility standards must be met for all submitted claims.
- Quantitative documentation standards must be met for all submitted claims.
- Performance documentation standards must be met for all submitted claims.

Assessment and Planning

- Treatment/recovery/service plans must address all areas of assessed need.
- Treatment/recovery/service plans must contain goals, objectives, and interventions that promote whole health and wellness of the individual.
- Treatment/recovery/service plans must address co-occurring health conditions and concerns.
- Transition/discharge plans must define criteria for discharge to include clinical benchmark(s), planned discharge date, and specific services for ongoing support.

Compliance w/Service Guidelines - CRR - Level I

- Within seven days of admission, a Residential Crisis Response Plan that guides the residential provider's response to an individual's crisis episode while receiving residential services that diverts the loss of housing and promotes housing stability must be developed in partnership with the individual and offer 24/7 access to a residential services specialist in the event of a crisis.
- A residential functional assessment must be completed within seven days of an individual's admission.
- A comprehensive needs assessment must be completed within seven days of an individual's admission.
- A housing goal, with all required content, must be developed within seven days of an individual's admission.
- Within seven days of admission, a primary and a secondary/contingency plan must be developed that identify steps needed to achieve the desired housing goal and address any barriers to transition.
- A comprehensive needs assessment, residential functional needs assessment, housing goal, primary/secondary contingency transition plan, and a residential crisis response plan must be updated every 90 days, as defined in the DBHDD Provider Manual.
- Documentation of transition planning must be evident upon admission, throughout service delivery, and include specific objectives that are to be met prior to discharge.
- Documentation must support that transition planning began within 7-14 days in the event the individual has substantially met IRP goals and objectives.
- Quarterly Team Meetings must occur and include all required participants and are recorded in the medical record as a non-billable progress note.
- The Housing Choice and Needs Evaluation, with all required content, must be completed upon admission and annually, as applicable.
- A minimum of five (5) hours of residential rehabilitation services, as defined, must be provided weekly and documented within the daily progress notes.
- A clinical review must be conducted and the IRP modified (if necessary) when an individual is incarcerated or in need of acute stabilization (inpatient, emergency department, crisis services, etc.).

- The record must contain documentation of the individual's progress (or lack of) toward permanent supportive housing.
- Documentation must demonstrate that alternatives are explored when barriers are identified.
- Documentation must demonstrate that the individual is an active participant in the modifying of their plan and/or services.
- Records of all individuals who have a history of suicide behavior any time in their lifetime must be flagged with "suicide history."

Compliance w/Service Guidelines - CRR - Level III

- Individuals must be assisted with creating a residential housing crisis plan that diverts the loss of housing and promotes housing stability within seven (7) days of admission.
- A residential functional assessment must be completed for each individual within seven (7) days of admission.
- A comprehensive needs assessment must be completed for each individual within seven (7) days of admission.
- A primary and secondary/contingency plan that identifies steps needed to achieve the desired housing goal and address any barriers to transition must be developed for each individual within seven (7) days of admission.
- Each individual must have their comprehensive needs assessment, residential functional needs assessment, housing goal, primary/secondary contingency transition plan, and a residential crisis response plan updated every 90 days, as defined in the DBHDD Provider Manual.
- Documentation of transition planning must be evident upon admission, throughout service delivery, and include specific objectives that are to be met prior to discharge.
- Documentation must support that transition planning began within 7-14 days in the event the individual has substantially met IRP goals and objectives.
- The Housing Choice and Needs Evaluation, with all required content, must be completed upon admission and annually, as applicable.
- A minimum of three (3) hours of residential rehabilitation services, as defined, must be provided weekly and documented within the daily progress notes. (For CRR Enhanced, a minimum of four (4) hours of weekly residential rehabilitation services must be provided.)
- The record must contain documentation of the individual's progress (or lack of) toward permanent supportive housing.
- Staff interventions reflected in the progress notes must be related to the staff interventions listed on the treatment plan.
- Services must be provided as planned within the IRP.
- Barriers to service access or progress should be identified and alternatives explored.
- Individuals must be active participants in modifying their plan and/or services.
- Services must consist of resource coordination activities that assist the individual in gaining access to necessary services to promote resiliency.

CRR - Site Visit

- Windows must be in good repair, lockable on the ground floor, free of rot/deterioration, and sealed properly.
- Ceilings, walls, and floors must be in good repair and free of: holes, loose or falling surfaces or paint, water damage, water or air infiltration, etc..
- Living space must be clean, accessible, and free of: pests, hazards, bad odors, trip hazards, dirt, etc.
- Individuals must have emergency contact numbers / numbers for all supports.
- A smoke detector, a CO2 detector, and fire extinguisher must be present and in working order.
- There must a unit that is Americans with Disabilities Act (ADA)-accessible (ground level, ramps, grab bars, etc.), as applicable.
- Fire and other safety drills must be completed per DBHDD Provider Manual guidelines.

Providers have the opportunity to appeal review findings for up to ten (10) business days following notification that their written Final Assessment has been saved to the Collaborative's website. For appeals procedures and submission requirements, access the Georgia Collaborative's website to review the appeals process in the Quality Management section of the Provider Handbook and for a current version of the Review Appeal Form at this link: https://www.georgiacollaborative.com/providers/behavioral-health-providers/