The Georgia Collaborative ASO

Clayton Center Community Service Board

Behavioral Health Quality Review Final Assessment

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Records Reviewed: 30

Date Range of Review: 5/13/2024 - 5/16/2024

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.

	Overall Score	Billing Validation	Focused Outcome Areas	Assessment & Planning	Service Guidelines
Review Date: 04/24/2023	89%	85%	96%	83%	91%
Review Date: 10/24/2022	92%	94%	93%	85%	97%
FY23 Statewide Average	86%	70%	93%	89%	92%

Note: The FY23 Statewide Averages represent the mean of scores for all reviewed providers.

Summary of Significant Review Findings

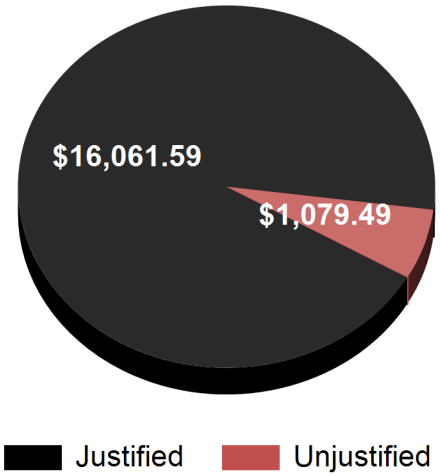
Strengths and Improvements:

- The behavioral health assessment of needs (BHA) medical screening included documentation of the individual's current primary care physician (PCP) and contact information for that provider.
- A Group Counseling progress note contained a detailed statement of progress. *"[Individual] is making progress because she attends group sessions on a regular basis and is learning dialectical behavioral (DBT) therapy skills (mindfulness, distress tolerance, radical acceptance, GIVE, DEAR MAN, FAST, and now emotional regulation), but fails to implement these coping skills in her daily life. It could be some medical issues she is experiencing and was recommended she see her PCP."*
- Five personnel files were reviewed for staff credentialing. Four of five reviewed staff members met credentialing requirements for their practitioner level. This was an improvement from the previous Behavioral Health Quality Review (BHQR) where three staff did not meet credentialing. None of this staff member's billed services were a part of the claims sample.
- The following services scored 100% within all sub-categories for Service Guidelines:
  - Substance Abuse Intensive Outpatient Program (SAIOP)
  - Mental Health (MH) Peer Program
  - Group Counseling
  - Psychosocial Rehabilitation Program (PSR)

Opportunities for Improvement:

- Minimum monthly contacts were not documented within records reviewed for services with contact requirements. See Billing Validation and Service Guidelines for details.
- The most recent version of the C-SSRS Lifetime Recent that is programmed into the electronic medical record (EMR) is missing the “Suicide Behavior” section. This is a required section that must be completed. The provider is advised to work with their EMR vendor to ensure the template staff are utilizing is the DBHDD approved version and that it contains all required sections.
- Discharge/transition plans lacked clear clinical benchmarks. See Assessment and Planning for additional details.
- Whole health and wellness was not documented on nearly one-third of IRPs reviewed. See Assessment and Planning for additional details.

Billing Validation



	Medicaid	State Funded Services	Total
Justified	$4,453.53	$11,608.06	$16,061.59
Unjustified	$392.76	$686.73	$1,079.49
Total	$4,846.29	$12,294.79	$17,141.08

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
Performance Standards	Non-billable activity billed	8
	Minimum contacts not met per DBHDD Service Guidelines	4
	Content of documentation is not unique	3
	Content does not support units billed	1
	Multiple services billed at same time	1
	Mutually exclusive services billed	1
Quantitative Standards	Progress note not filed within seven calendar days	3
	Staff credential missing	2

Billing Validation: 94%

Strengths and Improvements:

The following were improvements from the previous Behavioral Health Quality Review (BHQR) in April 2023:

- All records contained an order for the services provided.
- All services provided were included on the current individual resiliency/recovery plan (IRP), an improvement from 15 unjustified claims during the prior review due to IRPs not having all services planned.
- The content of all progress notes reviewed supported the definition of the services provided.
- All progress notes reviewed contained the correct corresponding billing code.
- The staff members' credentials supported the documentation within all records reviewed, an improvement from 13 billing discrepancies.
- The units billed were consistent with the units documented in all records reviewed.

Opportunities for Improvement:

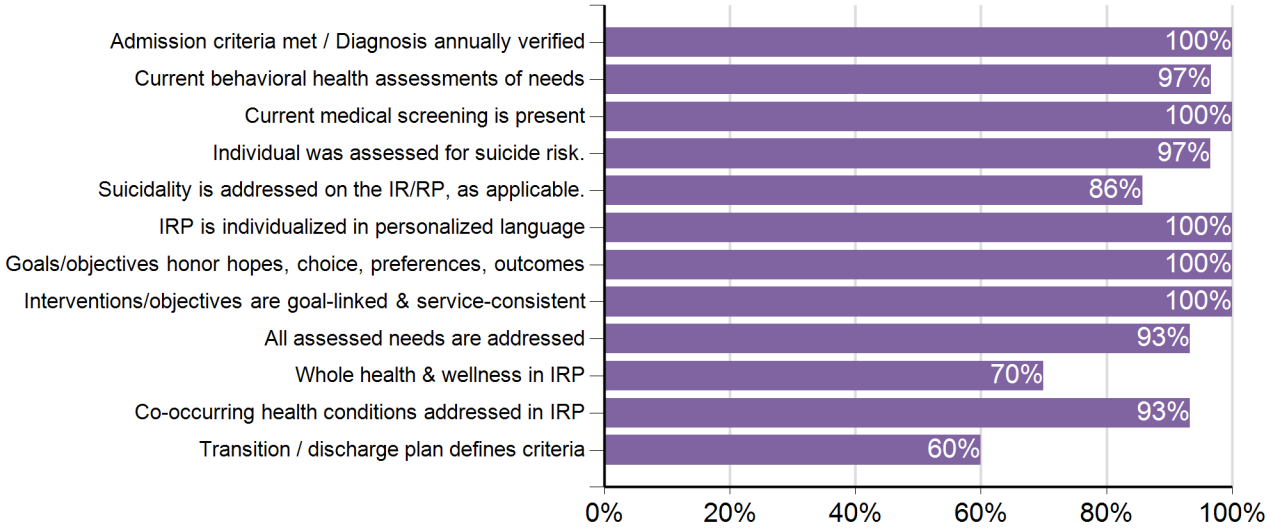
Performance Standards

- A non-billable activity was documented within three records. Eight claims were unjustified. This was a reoccurring issue from the previous BHQR in 4/2023.
    - Documentation within two records supported that a staff member was facilitating a PSR Program while writing progress notes for a group that he had facilitated the day prior. PSR notes for 3/7/2024 were signed on 3/8/2024 at 10:44am which was during the time he was billing PSR Program. It was unclear as to how much of the five-hour (unit) group the staff member spent in documenting other activities but one unit was deemed to be unjustified as time spent in documentation is not billable.
    - A MH Peer Support Group progress note contained evidenced that a staff member wrote/signed group notes for the prior day's (3/6/2024) group at the same time providing MH Peer Support Program services on 3/7/2024. Time spent in documentation is not billable.
- Minimum monthly contacts were not met per the Department of Behavioral Health and Developmental Disabilities' (DBHDD) service guidelines for Case Management (CM) and Community Support (CS). Four claims were unjustified.
    - Within one CM record, two claims were unjustified. One individual had only one contact for the month of March 2024. Another individual had only one contact documented during April 2024.
    - One CS contact was documented during the month for November 2023 and April 2024 and no contacts were documented during December 2023, January 2024, and March 2024.
- The content of three progress notes was duplicated and not unique to the individual and session provided.
    - Responses within two progress notes for PSR were duplicated verbatim. For example, the following response was documented in 23 progress notes within a five-month timespan. *"Individual was monitored being observant as fellow peers discussed the topic. Individual was focused in on the topic and was aware of what was going on."*
    - The response section within another PSR note in another record was vague, non-specific, and duplicated across other records. *"Individual expressed understanding that having morning check in is good for mental health".*
- The content of one Nursing Assessment & Health Services progress note did not support the units billed. Documentation stated that vitals signs were completed, education regarding medication compliance, and risk and benefits of medication was discussed; however, no other interventions were documented.
- Within the same record above, multiple services were billed at the same time. A Nursing Assessment & Health Services contact overlapped with a Diagnostic Assessment completed by the advanced practice registered nurse (APRN) from 9:30am - 10:30am.
- Nursing Assessment and Health Services was billed on 03/01/2024 from 11:00am-11:30am; in addition, Medication Administration was billed on the same day from 9:30am-10:00am. These services are mutually exclusive and should not be billed on the same day. The administration of medication can be a component of Nursing Assessment & Health Services.

Quantitative Standards

- Three progress notes were not filed within seven calendar days. For example, services were provided on 2/15/2024 within one record but the progress note was not signed and filed until 3/3/2024, 29 days later.
- Within one record (affecting two claims) the staff member did not include the supervisee/trainee (S/T) credential with their signature. The staff member signed only "MSW".

Assessment & Planning



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

Assessment & Planning: 92%

Strengths and Improvements:

- Treatment plans included crisis planning and often documented warning signs, emergency contacts, and coping skills that could be used in the event of a crisis.
- All records contained a current behavioral health assessment of needs. This was an improvement from the previous review where this assessment was not present in five records.
- The majority (six of seven) of applicable IRPs addressed suicidality, an improvement from 71% in the previous BHQR.
- Co-occurring health conditions such as hypertension, diabetes, and substance use were addressed with 93% of records reviewed, an improvement from 79%.

Opportunities for Improvement:

- Whole health and wellness was not addressed on the individual recovery/resiliency plan (IRP) in nine records. This was a recurring issue from the past four reviews. Coordination for co-occurring physical illnesses were sometimes addressed in the plans; however, it was not evident that the individual had been helped to plan for increasing their health and wellness through activities and practices such as improved nutrition, exercise, meditation, sleep hygiene, or other areas pertinent to an assessment of the individual's overall health and wellness.
- Transition/discharge plans did not include all required criteria in 12 records. This was a recurring issue from the past four reviews.
    - Clinical benchmarks were not indicated within the transition/discharge plan within 11 records reviewed. One example included, *"Individual will be ready for discharge when the goals of their treatment plan have been met and no further functional progress is expected, evidenced by the continued decrease and/or elimination of Symptoms."* Another example included, *"Individual will be ready for discharge when the goals of his treatment plan have been met and no further functional progress is expected, evidenced by the continued decrease and/or elimination of symptoms."*
    - The discharge plan was expired in one record.

Focused Outcome Areas

Focused Outcome Areas: 96%

Strengths and Improvements:

- Both applicable records of individuals hospitalized within the last six months for suicidal ideation/behavior, were flagged for high risk for suicide, an improvement from the previous BHQR where one of the two applicable records was not.
- Documentation demonstrated that individuals' known preferences and differences were followed to the extent possible. Examples included, one individual requested to attend groups that were held in the mornings and another individual wanted to attend groups only on Tuesdays, Thursdays, and Fridays.
- Identified barriers were addressed by exploring alternatives. An individual was experiencing difficulty arriving to the homeless shelter by the designated cut off time. The PSR group leader contacted the shelter to inform them of the situation and confirm the absolute cut off time of arrival. This was an ongoing strength for the provider.
- The Columbia Suicide Severity Rating Scale (C-SSRS) Since Last Visit is embedded within all progress notes. All individuals identified to be at moderate or high risk for suicide were assessed with the C-SSRS Since Last Visit at each contact. This was an ongoing strength from the previous review.

Opportunities for Improvement:

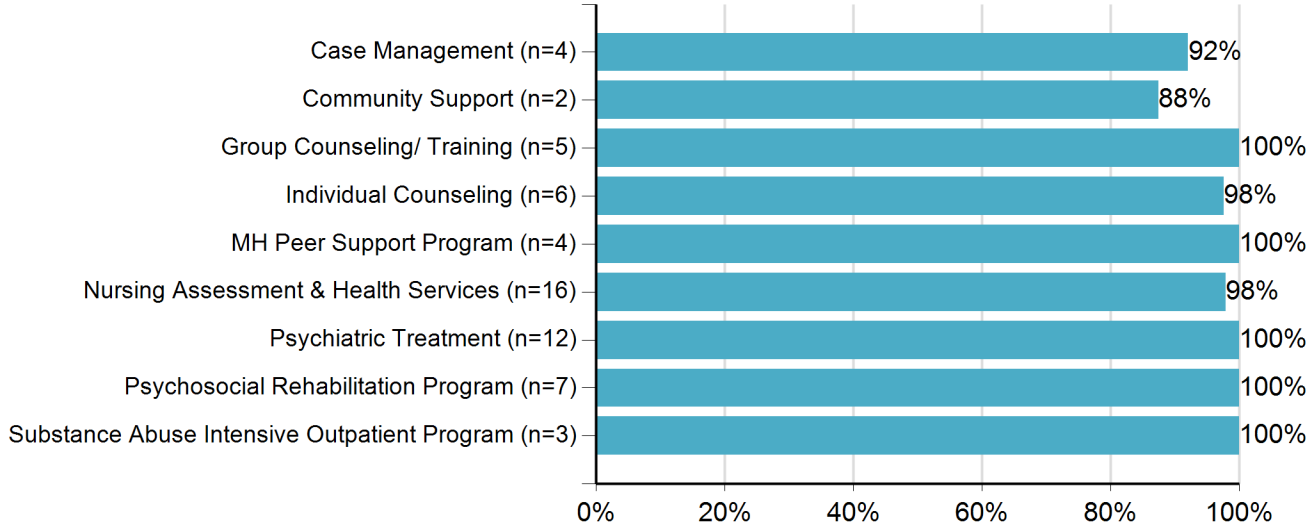
Whole health and wellness

- Within four (33%) of 12 applicable records, there was no documentation of communication with external referral sources and providers to obtain the results of testing, treatment, and follow up. This issue was noted in the previous BHQR in 4/2023. An example included, one individual who was injured in a car accident a month before admission sustaining injuries to the neck, back, shoulder, and ankle and there was no documentation found in the record regarding external communication/records of hospital stay with a medical provider.

Safety

- The records of two (29%) of seven applicable individuals who had a history of suicide behavior any time in their lifetime were not flagged with "suicide history." One individual answered "yes" to the question for lifetime "wish to be dead" and "Non-Specific Active Suicidal Thoughts" on the C-SSRS. Another individual reported suicidal ideation in the past. Neither record was flagged.

Service Guidelines



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

Service Guidelines: 98%

Strengths and Improvements:

- The SAIOP progress notes referenced various elements of recovery such as emotions, cravings, and days of sobriety to measure progress.
- A Group Counseling progress note contained an excellent statement of progress. *"[Individual] is making progress because she attends group sessions on a regular basis and is learning dialectical behavioral (DBT) therapy skills (mindfulness, distress tolerance, radical acceptance, GIVE, DEAR MAN, FAST, and now emotional regulation), but fails to implement these coping skills in her daily life. It could be some medical issues she is experiencing and was recommended she see her PCP."*

Opportunities for Improvement:

Case Management (CM)

- Minimum monthly contacts of at least two sessions/contacts per month were not completed within three (75%) of four records reviewed for this service. This was a recurring issue from the previous four reviews. Examples included, one individual had only one contact for the month of March 2024. Another individual's authorization began 11/15/2023 and there was no CM contact documented until April 2024 (only one contact).

Community Support (CS)

- Minimum monthly contacts were not documented within one (50%) of the two records reviewed for this service. This was an issue noted in the previous in the BHQR in 4/2023. One contact was documented during the month for November 2023 and April 2024 and no contacts were documented during December 2023, January 2024, and March 2024. No attempted contacts were documented.
- There was no evidence of service and resource coordination, as required, in one of the two records reviewed. The individual had an individualized education plan (IEP) and there was no contact with the school (counselors, teachers, and school specialist) documented. This issue was noted in the previous BHQR in 4/2023.

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.

Provider-Level Indicators				
1	Where applicable, all services are provided at approved Medicaid sites.			Yes
2	On-site nurse is present 10 hours/week.			Yes
3	Staff safety and protection policies/procedures are present.			Yes
4	Quality Assurance Plan includes assuring/monitoring quality of services for individuals at risk for suicide.			Yes
5	The provider employs an ASL-fluent practitioner.			N/A
6	The provider has policies and procedures for providing reasonable accommodations to individuals who are deaf/hard of hearing.			Yes
	# Yes	**# No**	**# N/A**	**SCORE***
	5	**0**	**1**	**100%**

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

Additional Comments on Practices

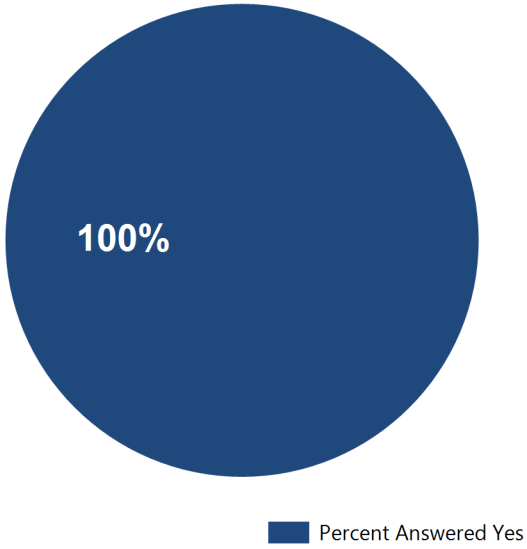
Additional strengths and concerns beyond the general scope of the review were discovered by reviewers. Additional issues/practice concerns may have the potential to impact service delivery, quality of care, or may represent a risk to the provider.

- The most recent version of the C-SSRS Lifetime Recent that is programmed into the electronic medical record (EMR) is missing the “Suicide Behavior” section. This is a required section that must be completed. The provider is advised to work with their EMR vendor to ensure the template staff are utilizing is the DBHDD approved version and that it contains all required sections.
- A Nursing Assessment and Health Services progress note contained documentation that the individual had command auditory hallucinations instructing the individual to harm himself; however, this was not captured in the C-SSRS narrative that was embedded within the nursing note.

Individual Interviews

Individual Interviews Conducted: 4

Individual Interviews are not calculated into the Overall Score



Four individuals were interviewed regarding their services with this provider. All individuals shared the following:

- They were given options for supports and services.
  - *"It blew my mind the options I was given. A major upgrade from where I was previously."*
  - *"I've been working with them for four years. They have provided me with a lot of resources over the time."*
  - *"The level of help they give her has made a huge difference."*
- Accessibility to appointments and provider staff are available in a timely manner.
  - *"They call to remind me and make sure I can get there."*
  - *"Usually they can get me in for a counseling appointment the same day."*
  - *"Its been a smooth transition. Everyone is on the same page."*
- Indicated staff followed up on expressed whole health related needs and requested assistance (including referrals with other providers) to ensure these were addressed.
  - *"I needed some eye glasses and the agency referred me to a place to get some glasses."*
  - *"They ask and have conversations about hygiene, exercise, eating, and sleeping. They are asking about it and taking notes about it."*
  - *"We actually go for walks. On Fridays we have weekly events for physical exercise."*
- When asked, "What keeps you coming back to this agency?," individuals shared,
  - *"We feel like part of the family there. They are welcoming, sweet and concerned. They are down to earth. We feel very connected. Its been like night and day."*
  - *"I like their patience; I like that you can pretty much talk to any of the staff members and they won't tell anyone that doesn't need to know; I like that they will work with you on the different phases of the program so that you can level up."*
  - *"It's a family feel to it. People actually want to help and are concerned about your well being. It a safe environment."*
  - *"I've been coming for about four years. I just feel like after all of that time and unpacking four years worth of experiences and everything. It is definitely a place that keeps me driven. It would be really hard for me to start over with another therapist. My therapist is amazing, I love working with her, I feel like the way she does her therapy has helped me a lot. I look forward to my sessions with her. I am bummed that upcoming I'm going to stop seeing her."*

Quality Improvement Recommendations

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 recommendations below.

Recommendations: Current and Prior Review
Provider Level • Ensure all supervisee/trainee (S/T) attestations are complete and updated annually and that they participate in monthly supervision, as required.
Billing Validation - Quantitative • Ensure all Quantitative Standards are met in documentation.
Billing Validation - Performance Standards • Ensure all Performance Standards are met in documentation.
Assessment and Planning • Ensure treatment/recovery/service plans contain goals, objectives, and interventions that promote whole health and wellness. • Ensure transition/discharge plans define criteria for discharge, planned discharge date, and specific services.
Compliance with Service Guidelines - All • Ensure the minimum required contacts are met for all services (as required).
Community Support • Ensure Community Support Services include service and resource identification, linkage, and coordination.

Recommendations: Current Review
Focused Outcome Areas - Whole Health • Ensure there is documented communication with external referrals and resources to determine the results of testing, treatment, and referral.
Focused Outcome Areas - Safety • Ensure the record has been flagged with "suicide history" when an individual has had any suicidal behavior in their lifetime.

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/