The Georgia Collaborative ASO

Crossroads Treatment Center of Calhoun

Behavioral Health Quality Review Final Assessment	
Address: **367 Richardson Rd, SE, Calhoun, GA 30701**	
Assessors: **Latoya Polk, LPC; Edna Bryant, MSN, RN; Faith M White, LPC, CADCII, MATS; John Dixon, CPRP; John Dury, LPC, LMFT, MAC**	
Individual Records Reviewed: **5**	Current Review Frequency: **Semi-Annual**
Staff Records Reviewed: **2**	Date Range of Review: **3/17/2025 - 3/20/2025**

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 and reminders of DBHDD requirements as opportunities 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: 05/28/2024	61%	0%	97%	80%	68%
Review Date: 06/14/2021	58%	0%	97%	80%	68%
FY24 Statewide Average	87%	75%	93%	89%	92%

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

Summary of Significant Review Findings

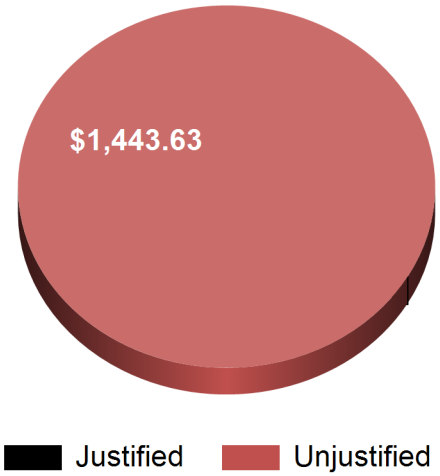
Strengths and Improvements:

- The provider has been accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) since August of 2016 and their accreditation expires on August 31, 2025.
- Records contained various consents and agreements related to treatment, such as "Bottle Recall Agreement," "Consent to Contact," and "Telehealth Informed Consent." These consents were updated annually.
- The Urge to Use Scale is utilized by the provider as a standardized self-assessment tool to evaluate the intensity and frequency of substance use cravings over the past week. Clients complete the scale by responding to key questions that measure the severity of urges, including:
    - Frequency of thoughts about substance use or its perceived benefits.
    - Peak intensity of cravings experienced during the period.
    - Duration of time spent thinking about substance use.
    - Difficulty resisting substance use if access were available.
    - Overall self-reported craving level based on previous responses. This scale provides quantifiable data to track recovery progress, identify high-risk periods, and tailor treatment interventions accordingly.

Opportunities for Improvement:

- The provider currently utilizes the electronic medical record (EMR) Methasoft" to document dosing claims (H0020). Beginning in May 2024, staff began to utilize the EMR, "CareLogic" for all other documentation. Assessors utilized both EMRs to verify documentation for each record which was time-consuming.
- Regarding, Methasoft, dosing logs continue to not list complete billing codes, staff credentials, and staff printed name. Assessors continue to utilize a billing report that is generated by the agency to verify billing codes but it does not have modifiers for practitioner level or location for billing codes or any of the other missing components listed above. There were no case notes filed in records that included the the billing characteristics. This is a recurring issue noted on prior reviews.
- Regarding, CareLogic, billing codes were not listed on any of the documentation in this EMR which is problematic as this EMR is fully capable of listing all required billing characteristics on all documentation. Further, Assessors were not provided full administrative access to this EMR.
    - Per DBHDD Provider Manual, For providers using Electronic Health Records (EHRs)/Electronic Medical Records (EMRs): Provider EHR/EMR platforms must be configured to allow the DBHDD and its proxies (i.e. the ASO), as well as any other authorized external reviewing entities, full administrative access (view-only) to all components of the EHR/EMR. This access must include:
        - 1. Ability to validate document creation date, time, and author;
        - 2. Time stamp of signatures;
        - 3. Dates, time stamps, and author(s) of any edits, amendments, or late entries;
        - 4. Ability to view the original content, prior to any editing or amendments, without deletions; and
        - 5. Dates and time stamps for documents uploaded to the EHR/EMR.
- Nurses document a "Nurse Weekly Note" in CareLogic that includes dates of dosing for each week and is signed by a nurse; however this does not suffice to cover all required billing characteristics as there is no code, the document is signed by one nurse although multiple nurses provided dosing contacts throughout the week. Additionally, the weekly note documents "Patient was alert and oriented x 4 (person, place, time and situation). No s/s of impairment." This does not provide a daily assessment that the individual is not impaired and able to dose. This is a recurring noted in prior reviews as the agency has been advised of the risk in documenting in this manner.
- One personnel file reviewed for credentialing lacked required Relias online trainings.

Billing Validation



	Medicaid	Total
Justified	$0.00	$0.00
Unjustified	$1,443.63	$1,443.63
Total	$1,443.63	$1,443.63

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	# Discrepancies
Eligibility Standards	Missing/incomplete service order	13
Performance Standards	Intervention unrelated to the IRP	50
	Content does not support code billed	1
Quantitative Standards	Billing code is missing or different from code billed	50
	Printed name missing	42
	Staff credential missing	42
	Staff credential not supported by documentation	3

Billing Validation: 0%

Opportunities for Improvement:

Eligibility Standards

- Thirteen claims were unjustified due to missing service orders. There were no service orders for Medication Assisted Treatment (MAT). In some instances, the physician would document "continue Medication Assisted Treatment" as treatment recommendations as well as "counseling" on psychiatric assessments. The provider is reminded that MAT is a milieu that encompasses multiple and distinct services; therefore, services should be ordered as such.

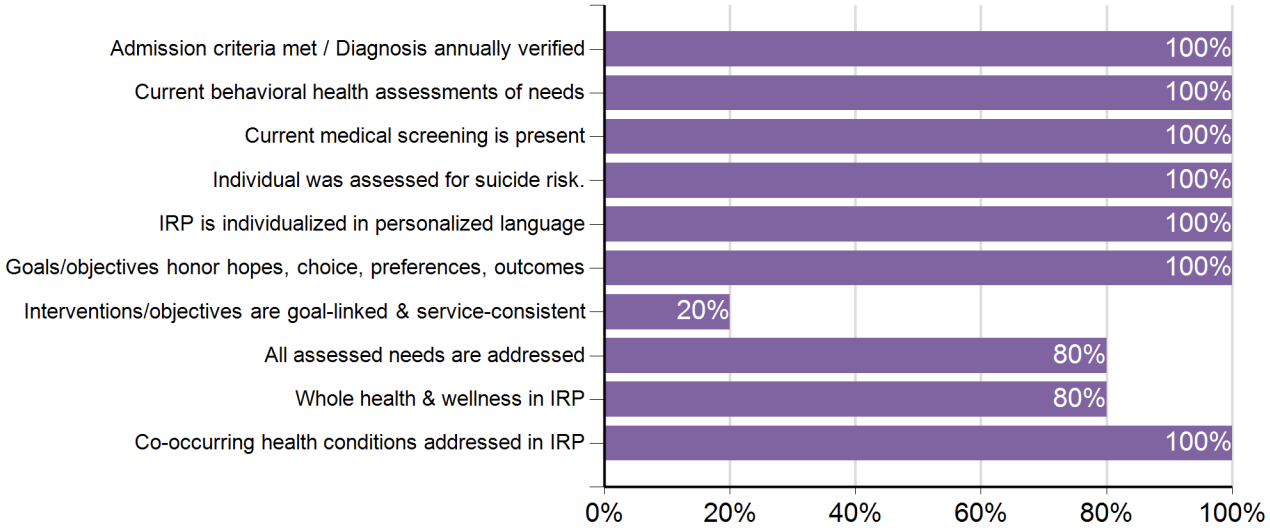
Performance Standards

- Fifty progress notes contained interventions that were unrelated to the IRP without clinical justification due to the IRPs not listing MAT as a service to be provided nor did the IRPs list specific services such as Opioid Maintenance (OM), Individual Counseling, and Psychiatric Treatment. Typically staff list "MAT" as the service on IRPs which would cover all services in the milieu of this program, however these IRPs did not even list MAT. This is a recurring issue for the provider.
- The content within one Individual Counseling progress note did not support the practitioner code billed (U3) due to the services being provided by a staff member with a Certified Addiction Counselor-I (CAC I) credential without a college degree. The code billed must be consistent with credential level of the providing staff member.

Quantitative Standards

- Billing codes were incomplete or not listed at all on documentation for Individual Counseling and Opioid Maintenance (H0020).
    - As previously mentioned, the provider currently utilizes Methasoft to document dosing claims (H0020); however, the dosing logs continued to lack complete billing codes. The provider generated a report for the assessors to verify the billing codes; however, it did not include the practitioner-level and location modifiers. Furthermore, there were no corresponding case notes within Methasoft that contained any of the billing characteristics. This is a recurring issue noted in prior reviews.
    - Progress notes for Individual Counseling and Diagnostic Assessments are filed in CareLogic EMR; however there are no billing codes on any of the documentation filed in this EMR.
- Dosing logs to support claims for Opioid Maintenance (H0020) did not list credentials and printed name of the staff member. This is a recurring issue noted in prior reviews.
- Three progress notes contained staff credentials that were not supported by the documentation. A staff member did not meet the standard training requirements for the Certified Alcohol and Drug Counselor-Trainee (CADC-T) credential due to missing 18.6 hours of Relias online training across the following training categories: Corporate Compliance, Cultural Competence, Documentation, Mental Illness – Addictive Disorders, Pharmacology / Medication Self Admin., Professional Relationships, Recovery Principles, Safety / Crisis De-escalation, and Service Coordination.

Assessment and Planning



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

Assessment and Planning: 88%

Indicators scoring below 80%

	Yes	No	NA	%
Interventions/objectives are goal-linked & service-consistent	1	4	0	20%

Assessment and Planning

Strengths and Improvements:

- Individual Recovery Plans (IRPs) were individualized to the specific needs and preferences presented by individuals. For example, an individual expressed the desire to defer smoking cessation and stated, "I don't want to work on it right now, I just ain't ready yet."
- The following were improvements from the previous BHQR in May 2024:
  - Whole health and wellness was included on IRPs to be addressed in 80% of the records reviewed, an improvement from 40%.
  - Co-occurring health conditions were addressed in all applicable IRPs reviewed, an improvement from 80%.
- The following are continued strengths of the provider from the previous BHQR in May 2024:
  - All of the individuals had a verified, valid diagnosis.
  - A behavioral health assessment of needs were present in all of the records reviewed.
  - All of the records contained a current medical screening.
  - Medical conditions were documented on several assessments within the records.
  - There was evidence of suicide screenings in all of the records reviewed.
  - Goals and objectives honored individuals' hopes, choice, preferences, and outcomes.

Opportunities for Improvement:

- Four of five IRPs reviewed lacked a link between the services provided and with individual's goals, objectives, and interventions. In these instances, the services "Medication Assisted Treatment" and/or "Opioid Maintenance" were not included on the IRPs as services. Additionally, "Individual Counseling" was not included as a service within IRPs.

Focused Outcome Areas



Focused Outcome Areas: 92%				*Indicators scoring below 80%*
Safety - 43%	**Yes**	**No**	**NA**	**%**
Safety/Crisis plan developed, as needed, that directs, in advance, the individual's desires/wishes/plans/objectives in the event of a crisis.	1	1	3	50%
There is documentation the individual (or legal representative, guardian/parent of a minor), has been educated on the risk/benefits of all medications prescribed and there is a signed consent form that correlates to each medication.	2	3	0	40%
Community Life - 79%	**Yes**	**No**	**NA**	**%**
Documentation demonstrates the individual has age-appropriate responsibilities/valued roles in the community as desired.	3	1	1	75%
Documentation supports the individual was assessed for any need to make a “stay or go” decision in their living, learning, working, AND/OR social environments.	2	1	2	67%
Services consist of resource coordination to assist individual in gaining access to necessary services to promote recovery/resiliency.	2	1	2	67%

Focused Outcome Areas

Strengths and Improvements:

- All four applicable records reviewed included documented safeguards for methadone administration, specifically urine drug screens (UDSs) and laboratory results, aligning with best practices for monitoring compliance and ensuring patient safety.
- All five records reviewed contained documentation that Health Insurance Portability and Accountability Act (HIPAA) privacy and security rules were reviewed with the individual, including documented evidence and signed formal acknowledgments of rights and responsibilities at least annually.
- There was documentation of communication with external referral sources and providers to obtain results of testing, treatment, and follow-up. For example, lab results and external medical records were present in some records.

Opportunities for Improvement:

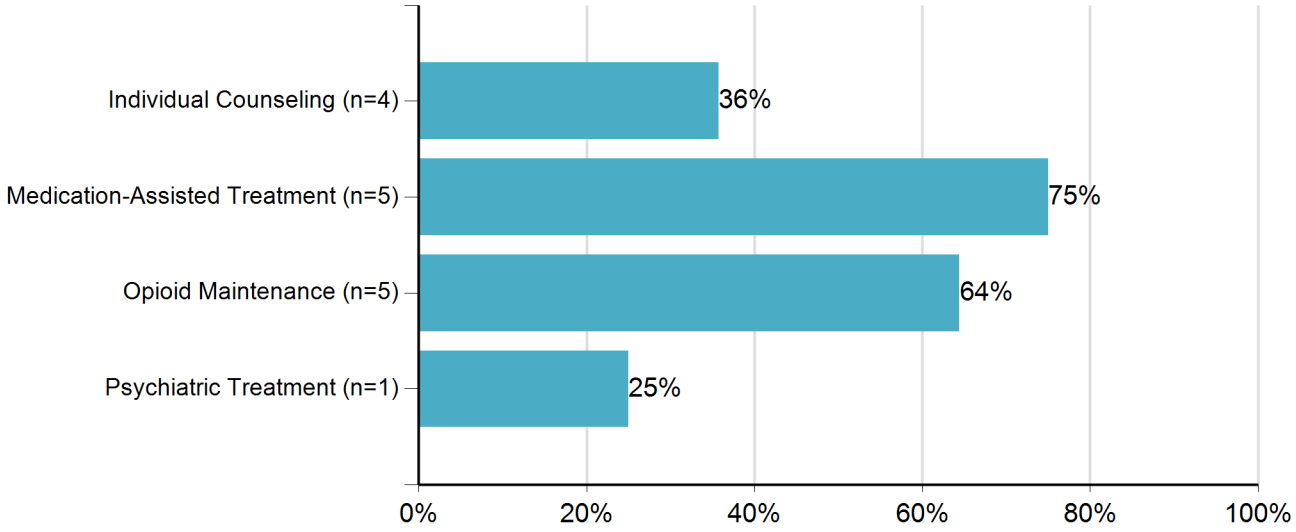
Safety

- One record lacked a safety/crisis plan although it was clinically needed due to the individual's history of domestic violence.
- Three of five records lacked documentation that the individual had been educated on the risk/benefits of all medications prescribed, and there was a signed consent form by the prescriber for each medication prescribed. In these instances,
  - Medication consent forms filed in the EMR CareLogic (if there were no prior medication consent form in Methasoft) were scored "No" due to the "Consent to Treat" form not specifically stating the medication, "methadone."
  - Although the "Nurse Consent Bundle" filed in CareLogic specifically listed methadone as well as documented the risks and benefits of the medication, it was signed by the nurse and not the prescriber.

Community Life

- A 40-year-old individual who had been living with her parents, expressed concerns regarding her finances at the death of her father (who paid all the bills in the household) in January 2024. There was no resource assessment or discussion about linkages to help with financial concerns. Additionally, there was no discussion regarding whether she would like to remain in this living situation or prefer to have a place of her own.

Service Guidelines



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

Service Guidelines: 64%				*Indicators scoring below 80%*
Individual Counseling - 36%	**Yes**	**No**	**NA**	**%**

It is evident that the provider is addressing specific goals defined by the individual served and specified in the treatment plan.	0	4	0	0%
Service is provided by appropriately licensed or credentialed clinician. If CAC-II or equivalent, the focus of treatment must be substance use/abuse.	2	2	0	50%
Progress notes contain documentation of the individual's progress (or lack of) toward specific goals/objectives on the treatment plan.	0	4	0	0%
The staff interventions reflected in the progress notes are related to the staff interventions listed on the treatment plan.	0	4	0	0%
Service is provided as planned within the IRP	0	4	0	0%
Medication-Assisted Treatment - 75%	**Yes**	**No**	**NA**	**%**
Nursing Assessments include assessing and monitoring individuals' response to medication (s), determining the need for medication review, and the individual's medical and health issues.	3	2	0	60%
Nursing Assessments include providing education to the individual AND the family/ significant other(s) regarding nutritional, medical and other health issues, and side effects of medications.	3	2	0	60%
Progress notes contain documentation of the individual's progress (or lack of) toward specific goals/objectives on the treatment plan.	0	5	0	0%
The staff interventions reflected in the progress notes are related to the staff interventions listed on the treatment plan.	0	5	0	0%
Service is provided as planned within the IRP	0	5	0	0%
Opioid Maintenance - 64%	**Yes**	**No**	**NA**	**%**
Progress notes contain documentation of the individual's progress (or lack of) toward specific goals/objectives on the treatment plan.	0	5	0	0%
The staff interventions reflected in the progress notes are related to the staff interventions listed on the treatment plan.	0	5	0	0%
Service is provided as planned within the IRP	0	5	0	0%
Psychiatric Treatment - 25%	**Yes**	**No**	**NA**	**%**
Progress notes contain documentation of the individual's progress (or lack of) toward specific goals/objectives on the treatment plan.	0	1	0	0%
The staff interventions reflected in the progress notes are related to the staff interventions listed on the treatment plan.	0	1	0	0%
Service is provided as planned within the IRP	0	1	0	0%

Service Guidelines

Strengths and Improvements:

- Records contained detailed psychiatric assessment notes with American Society of Addiction Medicine (ASAM) level of care considerations, including ratings of intoxication, withdrawal, addiction medications, and person-centered consideration and recovery environment interactions.
- All five records contained documented evidence that individuals served were being offered individual counseling in addition to medication dosing and this remains a strength for the provider.
- Progress notes contained updated Prescription Drug Monitoring Program (PDMP) alerts. For example, the date an individual was last prescribed Clonazepam was recorded by the nurse practitioner.

Opportunities for Improvement:

The services "Medication Assisted Treatment (MAT)," "Opioid Maintenance", "Psychiatric Treatment," and "Individual Counseling" were not listed as services on the IRPs/treatment plans; therefore, questions/indicators related to treatment planning were scored "No."

Individual Counseling

- A staff member did not met the standard training requirements for the CADC-T credential due to missing 18.6 hours across the following training categories: Corporate Compliance, Cultural Competence, Documentation, Mental Illness – Addictive Disorders, Pharmacology / Medication Self Admin., Professional Relationships, Recovery Principles, Safety / Crisis De-escalation, and Service Coordination.

Medication-Assisted Treatment

- Nursing Assessments were missing within two records reviewed. One individual had not been assessed by the nurse since March 2024.

Opioid Maintenance

- There was a lack of focus on issues that may significantly impact recovery for one individual with significant psychosocial issues related to her living and working environments.

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, the provider will be reminded of the requirements and recommendations will be made based upon the 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
7	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**	**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.

- It was noted in records that verbal Dosage Change Orders did not include the medication being changed by the physician.
- It was also noted that verbal medication Dosage Change Orders were generally not signed within 24 hours. Some verbal medication change orders were signed by the physician as much as seven (7) days after the verbal order was taken.

During the in-person tour of Crossroads Treatment Center of Calhoun the following was noted:

- A large area was noted for lobby space that was clean, well lit and inviting to individuals served. There was a coffee station located in the lobby for individuals and staff and an additional play area was available for kids.
- Four dosing windows were noted with three being currently utilized. Dosing windows were divided by a draw curtain.
- There were 28 cameras located in and outside of the facility. Cameras were noted in the nursing station directed towards each dosing window.
- Operating hours for dosing was Monday through Friday from 5:00 am to 10:00 am and Saturdays from 6:00 am to 9:00 am.
- The agency had a census of 280 and served 40 Medicaid individuals.
- The lobby had an area for individuals to vote for the "team member" of the quarter with staff pictures on the wall.
- In the doctor's waiting room area there were resources and injection material information.
- The criteria for take home doses were posted.
- Individuals were called to present at dosing window either by their first or last name only.
- Medication safes were not in direct line of sight to the dosing windows.
- The lab refrigerator contained tuberculin solution that had been appropriately dated when the bottle was opened.
- UDSs, when observed, were conducted by a same sex counselor or nurse, if indicated as there were no cameras in the bathrooms.
- Hand rails were noted in bathrooms for individuals' safety.
- Six counselors were on staff to provide services to individuals.

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 Overall score. For a complete list of questions, please refer to the Georgia Collaborative's website.

Individual Interviews Conducted: 2

Two individuals were interviewed during this review. Both reported:

- being offered options for supports and services.
- being supported in moving toward their desired goals/dreams.
- being treated with respect and dignity by the staff.

Comments included,

- *"My counselor told me I might want to get out and go to therapy groups. She told me about one on Dug Gap Road towards Dalton."*
- *"My counselor is real good. We were working on treatment goals last week. One of my goals I was really going to work on is my smoking. I have COPD [chronic obstructive pulmonary disease] and I have a disease in my legs where my arteries are congested from smoking and it cuts off my circulation."*

When asked, "What about this agency keeps you coming back?" The individuals shared,

- *"The people that work there are great, and I get a lot of support from my counselor. I pretty much stay at home. I'm not married, and I stay at home by myself all the time. So it's good that I do get to talk to my counselor. I enjoy getting to talk with her and she helps me look for goals to do."*
- *"I have three children and my toddler is autistic, nonverbal autistic, and my counselor has always been really good about, prescheduling me, so I have a plan and somebody to watch my kids."*
- *"My counselor is amazing. She's really helped me. I don't have a lot of support on the outside of the treatment center, and she's really been there for me without judgment."*

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 and Prior Review

Billing Validation

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

Assessment and Planning

- Individuals' planned objectives and interventions must be relevant to their stated goals and consistent with planned services' purposes and definitions.

Compliance with Service Guidelines - All Services

- Progress note documentation must address the individual's progress toward specific goals and objectives on their plan.
- Progress note documentation must be related to the goals and objectives on the plan.
- Services must be provided as planned.

Requirements: Current Review

Billing Validation

- Eligibility standards must be met for all submitted claims.

Focused Outcome Areas - Safety

- Individuals must have individualized safety/crisis plans as required by the DBHDD Provider Manual and/or as clinically-indicated.
- Individuals (or parent/guardian) must be educated on the risks and benefits of all prescribed medications.

Focused Outcome Areas - Community Life

- Individuals should be assessed for their need to change their living, learning, working, or social environment(s).
- Individuals should be assisted in setting overall rehabilitation goals in their living, learning, working, or social environments as desired and indicated.
- Services should consist of resource coordination activities that assist the individual, youth, and parent/responsible caregiver in gaining access to necessary services to promote resiliency.

Compliance with Service Guidelines - All Services

- Individuals should be referred/linked to community resources that meet their unique needs.
- Individuals should be assisted in developing an individualized, specific, and appropriate crisis/safety plans that addresses their unique needs and risks.

Compliance with Service Guidelines - Medication-Assisted Treatment

- Nursing assessments in MAT must include an assessment of individuals' response to medication(s), determining the need for medication review, and the individual's medical and health issues.

Compliance with Service Guidelines - Other

- Medication Assisted Treatment (MAT) must include nursing assessments, as required.

Compliance with Service Guidelines - Outpatient Counseling

- Individuals must be supported in working toward the achievement of specific, agreed-upon goals.

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/