The Georgia Collaborative ASO

Crossroads Treatment Center of LaGrange

Behavioral Health Quality Review Final Assessment	
Address: **229 S. Davis Rd., Suite 900, LaGrange, GA 30241**	
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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.



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

	Overall Score	Billing Validation	Focused Outcome Areas	Assessment & Planning	Service Guidelines
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

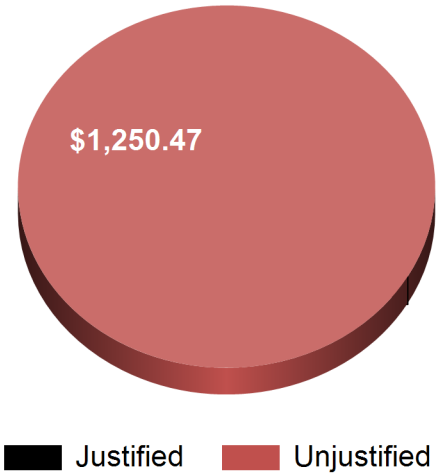
Strengths and Improvements:

- This is the provider's first review with the Georgia Collaborative. The provider currently serves Troup County and the surrounding areas. The provider currently serves nineteen (19) individuals with Medicaid as their payer source.
- The hours of operation are Monday-Friday, 5:00 am to 10:00 am and Saturdays, 6:00 am to 9:00 am.
- The provider is accredited by the Commission of Accreditation of Rehabilitation Facilities (CARF).
- A staff credentialing review was conducted, and both staff members met the requirements for their credentials.
- During the clinic tour, it was noted that the facility was clean, had brand new flooring, and was nicely decorated.
- Individual recovery plans/treatment plans (IRPs) were individualized, and contained the individual's stated goals that honored their hopes, preferences, and desired outcomes in treatment. For example, *"Patient will implement a new exercise regimen (daily walking) into his schedule and continue to work on his substance use to get on the liver transplant [list]."*
- Whole health and wellness as well as co-occurring health conditions were included on IRPs to be addressed in all of the records reviewed.

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 reviewed which was time-consuming.
- Regarding, Methasoft, dosing logs continue to not list complete billing codes, staff credentials, and staff printed name. Assessors continued 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 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 within this EMR which is problematic as this EMR is fully capable of listing all required billing characteristics on all documentation. Furthermore, 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 documented a "Nurse Weekly Note" in CareLogic that included 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 issue noted in prior reviews as the agency has been advised of the risk in documenting in this manner.

Billing Validation



	Medicaid	Total
Justified	$0.00	$0.00
Unjustified	$1,250.47	$1,250.47
Total	$1,250.47	$1,250.47

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	20
Performance Standards	Intervention unrelated to the IRP	28
Quantitative Standards	Billing code is missing or different from code billed	38
	Printed name missing	31
	Staff credential missing	31

Billing Validation: 0%

Opportunities for Improvement:

Eligibility Standards

- Twenty claims were unjustified due to missing service orders. There were no service orders for the following services: Medication Assisted Treatment (MAT). In some instances, the physician would document "continue Medication Assisted Treatment" as a treatment recommendation 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.

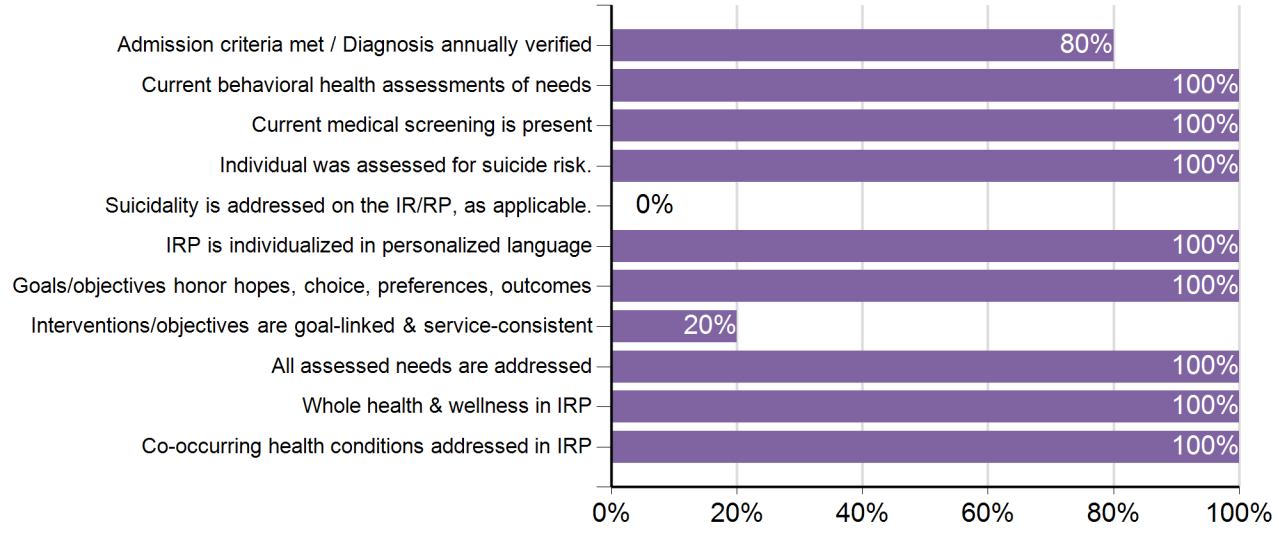
Performance Standards

- Twenty-eight progress/case notes contained interventions that were unrelated to the IRP/treatment plan. IRPs/treatment plans did not include "MAT" and/or "Opioid Maintenance" as well as "Individual Counseling" as services; therefore, interventions documented on the current IRPs/treatments plans were not linked to any services provided and billed.

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 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.

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	%
Suicidality is addressed on the IR/RP, as applicable.	0	1	4	0%

Interventions/objectives are goal-linked & service-consistent	1	4	0	20%

Assessment and Planning

Strengths and Improvements:

- All of the records contained a current behavioral health assessment of needs.
- All of the individuals were assessed for risk of suicide.
- Whole health and wellness as well as co-occurring health conditions were included on IRPs to be addressed in all of the records reviewed. Examples included,
  - Goal: *"I need to get healthy to get on the transplant list."*
  - Objective: *"Patient will be intentional about adding a workout regimen to this daily routine at least 3 times per week."*

Opportunities for Improvement:

- Suicidality was not included on one applicable IRP to be addressed. The individual reported having thoughts of suicide "most days" with "yesterday" being the most recent per an assessment dated 04/2024. In addition, the individual had a history of attempts in 1994, 2001, 2002, 2003, and 2018. The current IRP did not contain any goals, objectives, and/or interventions to address the individual's risk for suicide.
- 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 on two IRPs.

Focused Outcome Areas



Focused Outcome Areas: 95%				*Indicators scoring below 80%*
Safety - 63%	**Yes**	**No**	**NA**	**%**
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%
Rights - 94%	**Yes**	**No**	**NA**	**%**
Individual/guardian has signed formal acknowledgement of rights and responsibilities at least annually (13 months).	3	1	1	75%

Focused Outcome Areas

Strengths and Improvements:

- All five 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.
- Individual records included documentation that they had a psychiatric advanced directive, or indicated that the individual either denied the existence of a directive or declined to have one in their record.
- 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.
- Safety/crisis plans were present in all applicable records.

Opportunities for Improvement:

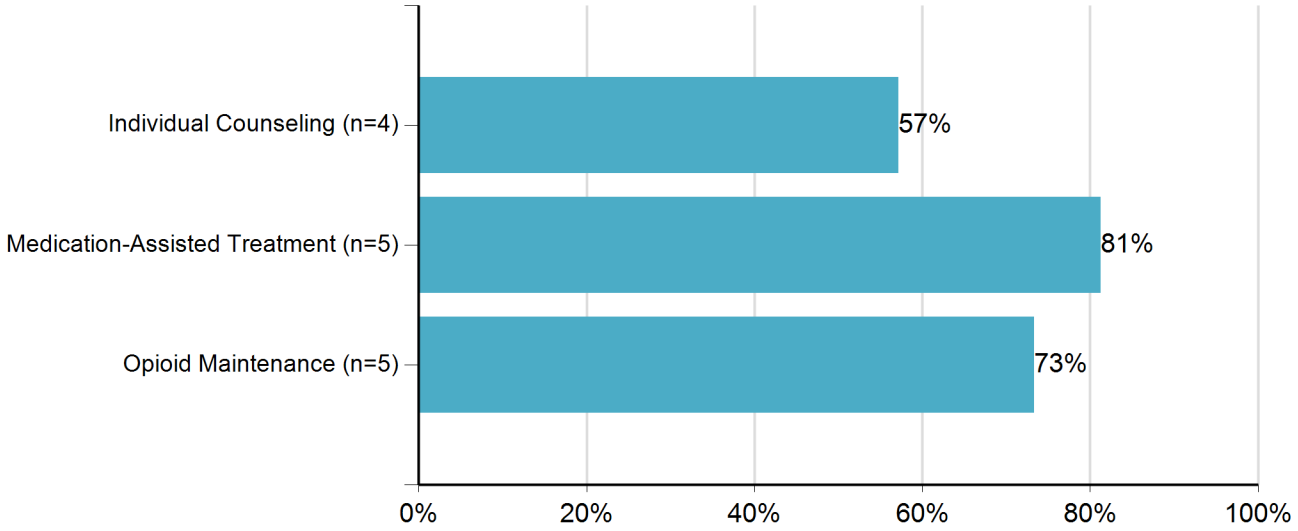
Safety

- 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 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 list methadone as well as document the risks and benefits of the medication, it was signed by the nurse and not the prescriber.

Rights

- One record lacked evidence that the individual signed a formal acknowledgement of rights and responsibilities at least annually. The record lacked an acknowledgment of rights and responsibilities for 2024.

Service Guidelines



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

Service Guidelines: 75%				*Indicators scoring below 80%*
Individual Counseling - 57%	**Yes**	**No**	**NA**	**%**
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 - 81%	**Yes**	**No**	**NA**	**%**
Progress notes contain documentation of the individual's progress (or lack of) toward specific goals/objectives on the treatment plan.	1	4	0	20%
The staff interventions reflected in the progress notes are related to the staff interventions listed on the treatment plan.	1	4	0	20%
Service is provided as planned within the IRP	1	4	0	20%
Opioid Maintenance - 73%	**Yes**	**No**	**NA**	**%**
Progress notes contain documentation of the individual's progress (or lack of) toward specific goals/objectives on the treatment plan.	1	4	0	20%
The staff interventions reflected in the progress notes are related to the staff interventions listed on the treatment plan.	1	4	0	20%
Service is provided as planned within the IRP	1	4	0	20%

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.
- Documentation supported that psychosocial services (i.e., Individual Counseling) were being offered and/or provided in conjunction with medication dosing.
- Nursing Assessments included assessing and monitoring individuals' response to medication(s), determining the need for medication review, and the individual's medical and health issues. For example, there was documentation of education of smoking cessation and assessing for symptoms of methadone withdrawal within progress notes.

Opportunities for Improvement:

- Four records contained IRPs in which no services were listed on the treatment plans at all; therefore, questions/indicators related to treatment planning were scored *"No."*

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.			N/A
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***
	5	**0**	**2**	**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.

- For individuals with a history of suicide anytime in their lifetime, a flag of "suicide history" should be documented within with the EMR.
- During the in-person tour of Crossroads LaGrange Treatment Center, the following was noted:
  - A large area was noted for lobby space that was clean, well-lit and inviting to individuals served. An additional play area was noted for kids to include a game table with checkers. There was also coffee station in the lobby for both the individuals and staff.
  - A recovery wall was noted with pictures of people in recovery. Additionally, there was an area for individuals to vote for the "teammate" of the quarter with staff pictures on the wall.
  - There was a television in the lobby utilized to display information pertaining to the center, and for individuals to watch game shows.
  - Informational material was noted in the lobby such as policy for dosing, medication, vaping, smoking cessation, criteria for take home doses, etc.
  - There were several cameras located in and outside of the facility.
  - 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 223 and currently serves nineteen (19) individuals with Medicaid as their payer source.
  - Four dosing windows were noted with three being currently utilized. Dosing windows had plexiglass that contained an alarm. A curtain was placed in between dosing windows for privacy. Individuals were called to dosing windows by their last or first name only.
  - Cameras were noted in the nursing station facing towards the dosing window. Furthermore, medication vaults were not in the direct line of sight to the dosing windows.
  - The laboratory refrigerator contained tuberculin solution that had been appropriately dated when it was opened.
  - Urine drug screens (UDS) when conducted were observed by the nurses. There were no cameras in the bathroom.
  - A condom dispenser was noted in the bathroom. Hand rails were also noted in bathrooms for individuals' safety.

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 and reported:

- being offered options of supports and services.
- felt like they could access appointments, provider staff, and other agency supports in a timely manner when requested.
  - One individual stated, *"They are there for me anytime I need them. Everyone from the front desk, to the nurses, the director of the clinic, and my therapist are amazing. They treat me so well and are so kind and friendly. They really care."*
- being supported in moving toward their desired goals/dreams.
  - *Absolutely, 100%."*
- being treated with respect and dignity by staff.
  - *"One time a nurse gave me a tiara and told me to never let my crown drop."*
- being satisfied with supports and services.
  - *" I love my therapist. She is a good fit for me."*

When asked, *"What about this agency keep you coming back?"* The individuals shared:

- *"I have a four-year old daughter. I want to stay on the straight and narrow. Everyone there is like family."*
- *"This place helps me be a better person and a better mom. I don't know what I would do without this clinic. The staff and this program have helped save my life."*

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
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 • Suicidality must be addressed on the IR/RP when the individual is assessed as having any suicide risk. • Individuals' planned objectives and interventions must be relevant to their stated goals and consistent with planned services' purposes and definitions.
Focused Outcome Areas - Safety • Individuals (or parent/guardian) must be educated on the risks and benefits of all prescribed medications.
Focused Outcome Areas - Rights • Individuals must be informed of their rights and responsibilities at the onset of services and at least annually thereafter.
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.

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/