The Georgia Collaborative ASO

DeKalb Community Service Board

Behavioral Health Quality Review Final Assessment

Address: 445 Winn Way, 4th Floor, Decatur, GA 30030

Assessors: Alisa Monfalcone, LCSW; Amanda Hawes, LCSW; John Dury, LPC, LMFT, MAC; Joseph Sweeney, LPC, CPCS; Michelle McIntosh, LPC

Records Reviewed: 30

Date Range of Review: 1/22/2024 - 1/25/2024

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: 07/10/2023	88%	78%	95%	84%	96%
Review Date: 01/23/2023	93%	84%	93%	97%	98%
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

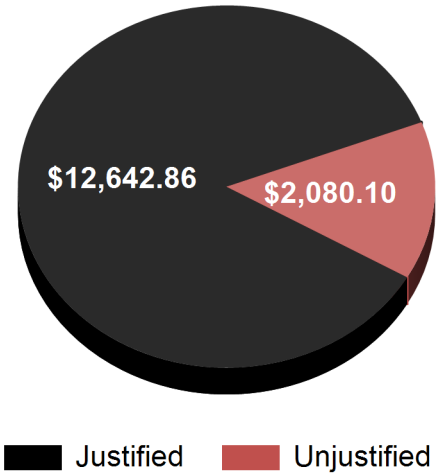
Strengths and Improvements:

- Progress notes for group counseling documented using the evidenced based treatment matrix model and motivational interviewing to address substance use.
- Child & Adolescent (C&A) assessments included Strengths, Needs, Abilities, and Preferences (SNAPs) from the perspective of the parent/guardian as well as SNAPs from the perspective of the C&A individual.
- Psychosocial histories include a section titled "Select all Complementary/Alternative Health Approaches the client uses" with sub-sections for staff to fill out, including:
  - Nutritional approaches (i.e. descriptions of dietary supplements, vitamin/minerals, herbs, special diets, pre/pro-biotics)
  - Mind/body practices (i.e. yoga, mindfulness practices, meditation, massage therapy, acupuncture, tai chi, chiropractic, progressive relaxation, etc.)
  - Art, music, and dance therapy (i.e. pilates, reiki, rolfing, etc.)
  - Spiritual practices
- A physician's progress note referenced education on the "risks of death inherent" from the use of opioid, sedatives, and/or alcohol." The physician discouraged use of these substances both individually and combined, and offered the individual a "Narcan Emergency Kit," as well as, advised the individual to "contact the Atlanta Coalition for Harm Reduction for a Naloxene Nasal Emergency Kit."

Opportunities for Improvement:

- The following are recurring issues noted in the prior Behavioral Health Quality Review (BHQR) in July 2023:
  - The content of documentation was not unique in 15 progress notes reviewed. Please see "Billing Validation" section for more information.
  - A non-billable activity was billed in 12 Psychosocial Rehabilitation (PSR) Program progress notes reviewed. Please see "Billing Validation" section for more information.
  - The Transition/discharge plan lacked one or more of the three required components in eight records (27%). Please see "Assessment and Planning" section for more information.
- In five of 12 (42%) records of individuals who had a history of suicide behavior any time in their lifetime were not flagged with "suicide history." Please see "Focused Outcome Areas" for more information.

Billing Validation



	Medicaid	State Funded Services	Total
Justified	$6,177.18	$6,465.68	$12,642.86
Unjustified	$571.32	$1,508.78	$2,080.10
Total	$6,748.50	$7,974.46	$14,722.96

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	No valid, verified diagnosis on date service provided	9
Performance Standards	Content of documentation is not unique	15
	Non-billable activity billed	12
	Intervention unrelated to the IRP	5
	Minimum contacts not met per DBHDD Service Guidelines	4
	Content does not support units billed	3
	Content does not support code billed	2
Quantitative Standards	Staff credential not supported by documentation	5

Billing Validation: 86%

Strengths and Improvements:

- The following were improvements from the previous BHQR in July 2023:
  - There were no diversionary activities documented and billed.
  - There were no instances of multiple services being billed at the same time.
  - Progress notes were written, signed, and filed within seven calendar days.
  - Responses to interventions were documented on progress notes reviewed.
- During the staff credentialing review, it was noted that the provider improved the way in which internal agency-based training modules were labeled.

Opportunities for Improvement:

Eligibility Standards

- Nine claims were not justified due to no valid, verified diagnosis on date the service was provided.
  - In one record, the most recent documentation to support a valid and verified diagnosis was provided by a medical doctor (MD) on 5/10/2022. Although a Treatment Plan Review was provided on 4/12/2023, it was completed by a provider using the Associate Professional Counselor (APC) credential, which is not an approved credential for verifying a valid diagnosis. This impacted six claims for Individual Counseling (IC).
  - In another record, three claims for Community Transition Planning (CTP) were not justified because the only assessment in the record was completed by a staff member using the paraprofessional (PP) credential, which is also not a credential approved to provide a verified diagnosis.

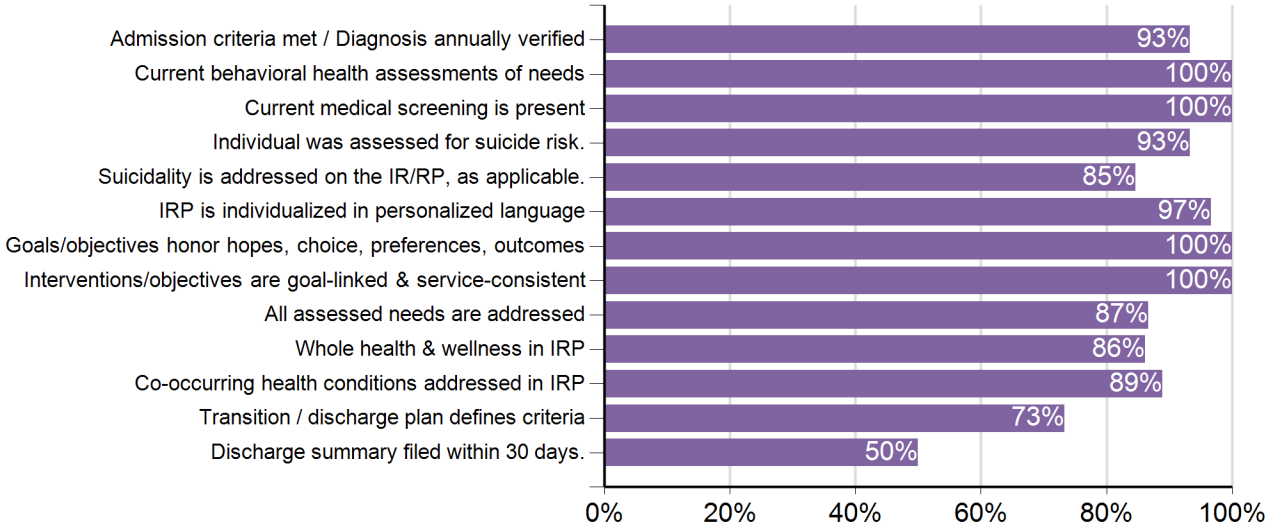
Performance Standards

- The content of documentation was not unique in 15 progress notes reviewed. This is a recurring issue noted in the prior Behavioral Health Quality Review (BHQR) in July 2023, in which 27 claims were unjustified.
    - In one record, six dates in the claims sample contained a duplicated Psychosocial Rehabilitation Program (PSR-P) group from 12:00-1:00 pm (11/6/2023, 11/14/2023, 11/15/2023, 12/5/2023, and 12/6/2023, 12/12/2023).
    - This same PSR-P group was duplicated in another record on four dates of service (9/5/2023, 9/12/2023, 10/3/2023, 10/10/2023, 10/17/2023, and 11/14/2023).
    - In a third record, a note for group skills training for four units was duplicated (including response) for several occurrences resulting in three unjustified claims.
    - In a fourth record, progress notes for Medication Administration were duplicated on 7/26/2023, 10/2/2023, and 10/2/2023. This impacted two claims.
- A non-billable activity was billed in 12 PSR-P progress notes reviewed. This is also a recurring issue noted in the prior BHQR in July 2023, in which 26 claims were unjustified.
    - In one record, six notes contained a non-billable activity as staff billed for meal times (lunch is not billable time) from 12:00-1:00 pm.
        - The same record contained a note in which staff billed for two hours for watching the movie "Elf," including providing transportation to the movie theater.
    - Mealtime was also billed in another record for four claims in the review sample.
        - In the same record, the time in and out from an in-clinic session 10:00-11:00am to a community-based session from 11:00am-12:00pm did not allow for transportation between the clinic, dollar tree, and community park.
- The intervention was unrelated to the Individual Recovery Plan (IRP) in five progress notes reviewed. This is a recurring issue noted in the prior BHQR in July 2023. In one record, the IRP for non-intensive outpatient services (NIOP) services expired 10/9/2023. This record contained Case Management (CM) notes on 10/10/2023 and 11/14/2023, and Psychosocial Rehabilitation-Individual (PSR-I) notes on 10/17/2023, 11/7/2023, and 11/21/2023.
- Four claims were not justified because the minimum contacts were not met per Department of Behavioral Health and Developmental Disabilities (DBHDD) Service Guidelines. This is a recurring issue noted in the prior BHQR in July 2023. In one record, a CM note on 10/10/2023 and a PSR-I note on 10/17/2023 were the only contacts of each in October 2023, and 11/14/23 was the only CM contact in November 2023. In another record, a progress note on 11/7/2023 was the only Addictive Disease Support Services (ADSS) contact in the record.
- The content did not support the units billed in three progress notes reviewed. This is a recurring issue noted in the prior BHQR in July 2023, in which 19 claims were not justified. For example, CM was billed for 10 units where the documentation stated, "Client discussed that he is having issues with his payee and he would like to be over his own account. CM linked client to social security office where client was able to get the documents needed. CM will link client to the doctor so the papers can be filled out and returned to the office for further review." Two weeks later, another note in the same record was billed for eight units for "linking" the individual to the social security office and a doctor's office. In each situation, one unit was justified.
- The content did not support the code billed in two progress notes reviewed. This is a recurring issue noted in the prior BHQR in July 2023. In two different records, group counseling was billed for notes that documented group skills training interventions.

Quantitative Standards

- Five claims were not justified because the staff credential was not supported by documentation. This is a recurring issue noted in the previous BHQR in July 2023, in which 16 claims were not justified.
    - An employee was hired 5/8/2023, but did not have a completed DBHDD Criminal History Background Check (CHBC) until 11/3/2023.
    - Another employee was hired 8/1/2022, but did not have a completed DBHDD CHBC until 11/1/2023.

Assessment & Planning



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

Assessment & Planning: 92%

Strengths and Improvements:

- C&A assessments included SNAPs from the perspective of the parent/guardian as well as SNAPs from the perspective of the C&A individual.
- As noted in the prior BHQR in July 2023, all records contained current behavioral health assessments (BHA) of needs.
- The majority of IRPs (97%) were individualized in personalized language. Some examples included:
  - *"I want to be able to manage my mood instability so that I am mentally prepared to have children."*
  - *"I want to stay sober and continue to work towards independent living."*
  - *"I want to take care of myself all around."*
  - *"I want to find housing and get myself together."*
  - *"I want to keep my housing for the next six months."*
- All assessed needs were included on IRPs in 87% of records reviewed. This is an improvement from 73% in the July 2023 BHQR.

Opportunities for Improvement:

- The transition/discharge plan lacked one or more of the three required components in eight records (27%). This is a recurring issue noted in the prior BHQR in July 2023. Most lacked criteria to measure progress by aligning with the individual's goals and objectives. Examples included:
  - "Client will transition to MMCSI once treatment goals are met for 6 consecutive months."
  - "[Individual] will transition into independent living once her goals are meet [sic], which she will determine."
  - "[Individual] may be ready for transition/discharge after achieving all outpatient mental health treatment plan goals and 6 months of participation in Peer Support group."
  - "Client will engage in treatment for 3 months to reduce symptoms and improve functioning. After 3 months she will be assessed for continuing needs and appropriate level of care."
- One of two discharge summaries did not document the reason for the ending of services, which is a required component. The discharge summary stated "Reason for End of Services: Other" without a narrative explaining why the services ended.

Focused Outcome Areas

Focused Outcome Areas: 97%

Strengths and Improvements:

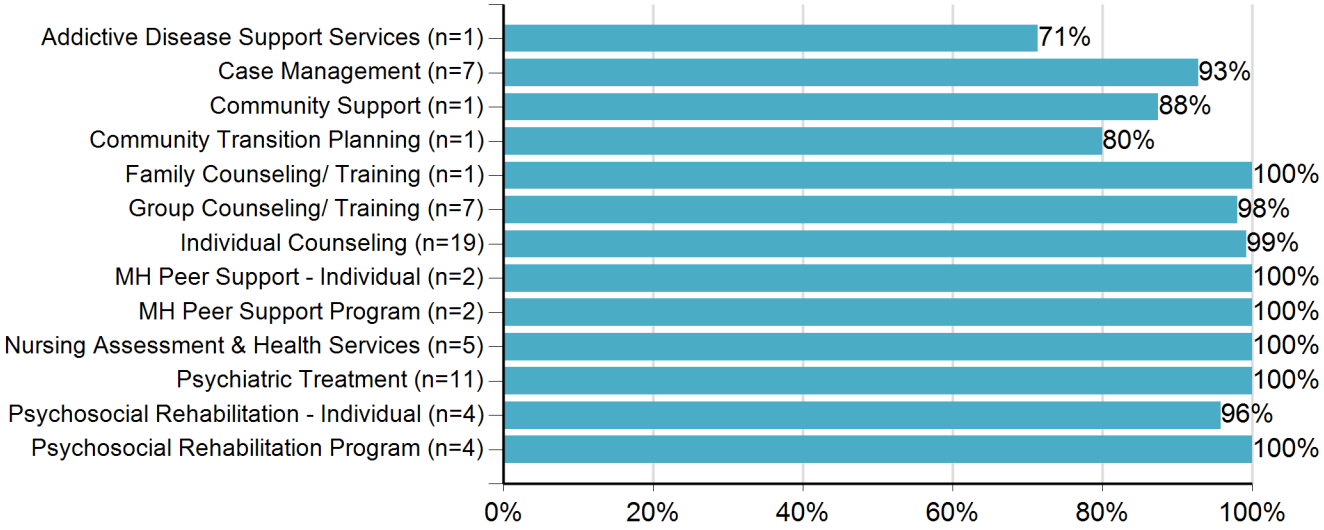
- In 91% of applicable records, there were documented safeguards utilized for medications known to have substantial risk or undesirable effects [lab work, assessments, Abnormal Involuntary Movement Scale (AIMS), etc.]. This is an improvement from the previous BHQR in July 2023, in which this was present in only 71% of records.
- Safety/Crisis Plans that directed, in advance, the individual's desires/wishes/plans/objectives in the event of a crisis were developed in all applicable records.
- There was documentation the individual (or legal representative, guardian/parent of a minor), had been educated on the risk/benefits of all medications prescribed.
- In all applicable records, the individual/guardian provided formal acknowledgement of rights and responsibilities at the onset of services, supports, and treatment.

Opportunities for Improvement:

Safety

- In one of three (33%) applicable records when an individual was assessed to be at high or moderate risk for suicide (within the past six months), there was not documented evidence of ongoing assessment, as required by DBHDD policy. This is a recurring issue noted in the prior BHQR in July 2023. In this record, an individual was admitted to Northside Hospital at the end of August 2023 for suicidal ideations (SI) with a plan. Although staff have improved in documenting ongoing assessment of SI, there was not evidence of monitoring for SI on ten dates of service (9/12/2023; 9/19/2023; 10/9/2023; 10/25/2023; 11/1/2023; 11/6/2023; 11/7/2023; 11/9/2023; 11/29/2023; and 12/7/2023).
- Five of 12 (42%) records of individuals who had a history of suicidality any time in their lifetime were not flagged with "suicide history." The provider is reminded of Policy Stat policy 01-118, D, 3, c , "Any clinician who finds and/or documents recent or past history of suicide ideation or attempts initiates a 'suicide history' flag in the clinical record." An example included an individual who was hospitalized for suicidal threats in Florida prior to admission to DeKalb CSB. Even though the individual denied SI during intake, once records were received from the hospital, an updated Columbia Suicide Severity Rating Scale (C-SSRS) should have been completed reflected the new information and a suicide history flag should have been put in place.

Service Guidelines



Service Guidelines: 97%

Strengths and Improvements:

- Progress notes for group counseling documented using the evidenced based treatment matrix model and motivational interviewing to address substance use.
- Group and individual counseling notes included therapeutic techniques that assisted individuals in identifying and addressing social, vocational, and intra- and interpersonal concerns as indicated. Progress notes referenced interventions involving Cognitive Behavioral Therapy (CBT) and Dialectical Behavior Therapy (DBT).
- Substance use group counseling and training progress notes provided a marker of the individual's progress by documenting the number of days the individual had maintained sobriety.
- Individual counseling progress notes documented the individual's specific progress. Examples included:
    - "CL [client]has made good progress towards her goals as evidenced by stating, 'I have to learn to say no, but I feel guilty'."
    - documentation of how the therapist processed the individual's history of trauma related to having her son adopted per her request. The therapist waited until the individual was ready and validated the individual once she was ready to discuss it in the therapeutic environment.
- Psychiatric treatment progress notes were very detailed and person-centered. In one record, documentation was present regarding concerns about medications and the individual's decision to titrate their medication. The medical doctor discussed concerns, but supported the individual and offered to change the prescription.

Opportunities for Improvement:

Community Transition Planning (CTP)

- In the one record reviewed, the individual did not meet admission/continuing stay/diagnostic criteria. There was no verified diagnosis in the record. The only assessment in the record was completed by a paraprofessional (PP) on 8/24/2023.

Addictive Disease Support Services (ADSS)

- In the one record reviewed, contact was not made with the individual receiving ADSS services a minimum of twice each month. There was only one ADSS contact in the record, and no documentation to explain the lapse in ADSS services.
- In this record, there was not coordination with family and significant others documented. The individual reported a supportive relationship with their parents, but there was no discussion or attempts to engage parents in the treatment process.

Case Management

- Two of seven (29%) records lacked joint development of a crisis plan to include the provider and individual, with the provider listed as primarily responsible. This is a recurring issue note in the previous BHQR (July 2023). In one record, the most recent crisis/safety plan was dated 1/13/2020 and the provider was not listed on the plan. In the other record, the crisis plan did not list any DeKalb crisis number or DeKalb staff member as a contact to call in the event of an emergency.
- Three of seven (43%) records lacked a minimum of two contacts per month. This is also a recurring issue note in the previous BHQR (July 2023). For example, in one record, there was only one contact each in the months of October and December 2023. In another record, there was only one contact in October 2023 and none in August or September 2023.

Psychosocial Rehabilitation-Individual (PSR-I)

- One of four (25%) records lacked a minimum of two contacts per month. This is a recurring issue note in the previous BHQR (July 2023). There was only one contact in October 2023 and none in December 2023. Non-billable notes did not identify this as the attempted service.

Community Support (CS)

- The one record reviewed lacked a minimum of two contacts per month. There was only one contact each in the months of October and December 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
7	The provider had obtained the appropriate DBHDD-approved criminal records background check on all reviewed staff members by their hire date.			No
	# Yes	**# No**	**# N/A**	**SCORE***
	5	**1**	**1**	**83%**

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

Additional Comments on Practices

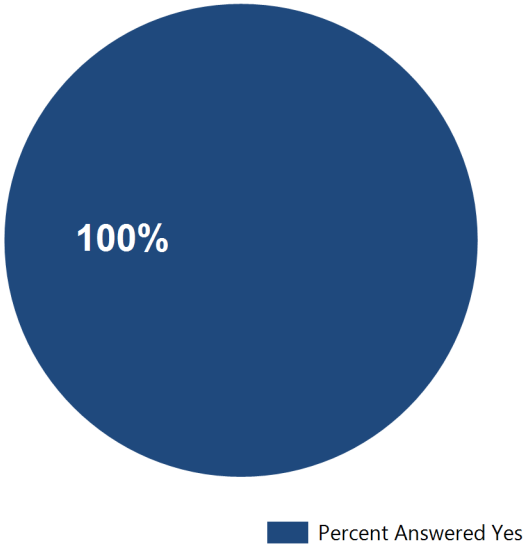
Additional strengths and concerns beyond the general scope of the review were discovered by reviewers. Additional issues/practice concerns may have the potential to impact service delivery, quality of care, or may represent a risk to the provider.

- Staff billed CM sessions that occurred on the telephone as "GT" instead of "UKU6." When billing telemedicine, "GT" is for audio/video and "U6" is audio only (telephone). Per DBHDD Provider Manual (page 148), "When a billable collateral contact is provided, the UK reporting modifier shall be utilized. A collateral contact is classified as any contact that is not face-to-face with the individual. 2. When Telemedicine technology is utilized for the provision of this service in accordance with the allowance in the Service Accessibility section of this definition, the code cited in the Code Detail above with the appropriate GT modifier shall be utilized in documentation and claims submission".
- The Lifetime/Recent C-SSRS template programmed into the electronic medical record (EMR) stated "since last" and "initial" instead of "past 1 month" as documented in the master version of the document.
- The provider self-reported that staff reviewed rights and responsibilities and Health Insurance Portability and Accountability Act (HIPAA) information with the individual. The individual acknowledged receipt by signing an electronic pad, or, more frequently, by providing verbal consent and having staff members notate as such. The provider reports the individual was then provided a hard copy of the rights and responsibilities and HIPAA forms. However, the signature page filed in the record did not include an explanation that the rights are reviewed with the individual, that the individual agreed with the rights and responsibilities, or that the individual understood their confidentiality rights and limitations. These statements were only available when viewed from a different screen.
- The files of five staff members were reviewed for credentialing requirements. Four of the five staff members did not have letters from DBHDD on or prior to their date of hire:
    - One staff member using the PP credential had a background check dated 457 days after the date of hire (date of hire: 8/1/2022, background check completed 11/1/2023).
    - One staff member using the S/T credential had a background check dated 358 days after the date of hire (date of hire: 5/9/2022, background check completed 5/2/2023).
    - One staff member using the CPS credential had a background check dated 179 days after the date of hire (date of hire: 5/8/2023, background check completed 11/3/2023).
    - One staff member using the PP credential had a background check dated 14 days after the date of hire (hired 8/28/2023; background check dated 9/11/2023).
- One employee's 90 Day Probationary Period ended 7/24/2023, but required Relias online training modules were not completed until 9/25/2023. Therefore, the employee was not credentialed from 7/25/2023 through 9/24/2023. There were no billing claims provided by the employee during this time period in the sample.
- Medication Management CSI was identified as the step-down service within the narrative of the discharge summary for an adult individual. CSI is not an available service for this adult female. Scoring was not affected as anticipated step-down service of PSR-I was listed elsewhere.

Individual Interviews

Individual Interviews Conducted: 5

Individual Interviews are not calculated into the Overall Score



- Interviews were conducted with five persons who were either direct recipients of services or guardians of someone who was.
- All individuals/guardians indicated options for supports and services were offered. One person specified that they are receiving therapy, psychiatric services, and pharmacy services.
- All individuals/guardians felt they can access appointments, provider staff, and other agency supports in a timely manner when requested. One guardian stated, *"I have a contact for scheduling or for emergency. They are very accessible."*
- Individuals indicated staff followed up on any expressed whole health related needs and requested assistance (including referrals with other providers) to ensure these were addressed. One person said, *"Yes, they help with sending me information about transportation. My case manager has been very helpful in trying to get me appointments."*
- When asked, *"What about this agency makes you keep coming back?"* individuals replied:
  - *"The fact that I was having a lot of issues getting my medications at the other one I was at. The one I'm at now has been very consistent and I need consistency in my life. They send me a lot of appointment reminders so I can never forget."*
  - *"I've been with them since 2007 and they have been very helpful and supportive for many years now."*
  - *"It's convenient for him to receive the support at school instead of in the home."*
  - *"The therapist is very good. She goes above and beyond and really cares for his wellbeing. I appreciate that very much."*
  - *"She's been with them almost a year now. There's a way her therapist relates with her on her level. They start with games to help her feel comfortable. Her therapist really takes into account what is going on with her. She always takes what my child shares seriously."*
  - *"I really like her case manager too. The focus is always on what she needs and she follows up on assignments and referrals. In the beginning, my child was very resistant, but now she looks forward to her sessions with the therapist and case manager."*

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 an appropriate criminal records check has been obtained on all employees, staffs, and/or contractors.
- Ensure paraprofessional (PP) and supervisee/trainee (S/T) staff members complete the Standard Training Requirements (STR) within their first 90 days of employment.
- Ensure there is no duplication of documentation within or among individual's records.

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 transition/discharge plans define criteria for discharge, planned discharge date, and specific services.

Focused Outcome Areas - Safety

- Ensure there is documented evidence of ongoing assessment when an individual has been assessed to be at risk for suicide.

Compliance with Service Guidelines - All

- Ensure the minimum required contacts are met for all services (as required).

Compliance with Service Guidelines - Additional Recommendations

Case Management: Ensure there is joint development of a crisis plan to include provider and individual, and the provider is listed as primarily responsible.

Recommendations: Current Review

Billing Validation - Eligibility

- Ensure documentation supports that all Eligibility Standards are met.

Assessment and Planning

- Ensure discharge summaries are filed in the individual's record within 30 days of discharge.

Focused Outcome Areas - Safety

- Ensure the record has been flagged with "suicide history" when an individual has had any suicidal behavior in their lifetime.

Addictive Support Services (ADSS)

- Ensure that documentation supports coordination efforts with the individual's family and significant others when the individual requests/permits it.

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/