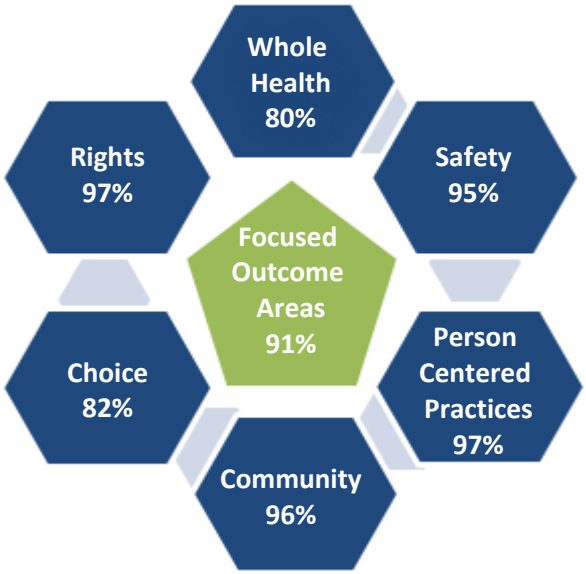
The Georgia Collaborative ASO

GAC #: GAC000453

Behavioral Health Quality Review
Final Assessment Report
GATEWAY BEHAVIORAL HEALTH SERVICES

Location of Review: 600 Coastal Village Drive, Brunswick, GA 31520	
Names of Quality Assessors: Heather Hewett, LPC, CPCS; Tanya Wilson, LPC; Amanda Hawes, LCSW; Gail Barton, LPC	
Individuals Interviewed: 5	**Staff Interviewed:** 5
Records Reviewed: 40	**Date Range of Review:** 12/5/2016 - 12/9/2016

The ASO Collaborative in partnership with the Department of Behavioral Health and Developmental Disabilities (DBHDD) believes in easy access to high-quality care that leads to a life of recovery and independence for the people we serve. The Quality Division is dedicated to ensuring services provided are person-centered and include a commitment to wellness and recovery.

Individual Interviews Conducted: 5	**Staff Interviews Conducted:** 5
	
The Individual Interview is not calculated into the overall score.	The Staff Interview is not calculated into the overall score.

	Individual Interviews			Staff Interviews		
Focused Outcome Area	**Yes**	**No**	**NA**	**Yes**	**No**	**NA**
Whole Health	45	11	4	40	0	10
Safety	21	1	2	43	3	4
Rights	31	1	4	15	1	0
Choice	18	4	3	26	0	4
Person Centered Practices	32	1	2	35	0	10
Community	24	1	5	20	0	5

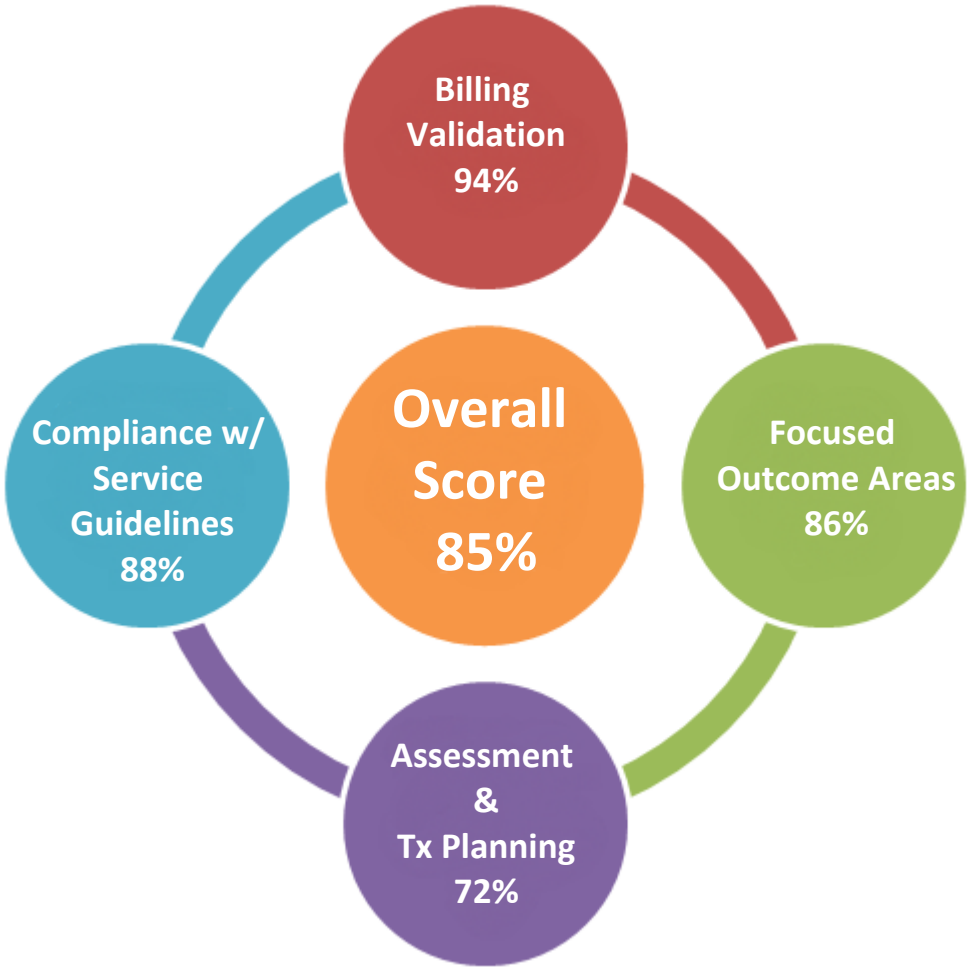
Individual Interview Observations:

- All five individuals interviewed reported they were involved in the development of their Individual Recovery Plan (IRP) as well as routine review of progress toward their goals.
- All five individuals interviewed were aware of their diagnoses and felt they have access to medications needed or have support to access medications.
- Two of five individuals interviewed reported they had not seen a primary care physician or completed routine preventative screenings in the last 12 months.
- Two of three applicable individuals interviewed denied being offered the option to choose another provider or service entity, if the individuals were not satisfied with services.
- Additional individual comments included:
  - "I graduate from the ACT team next Tuesday. We have a ceremony; my therapist, my counselor and my nurse, my housing specialist will be there. And other people that are in the program."
  - "I've met a lot of good people and made some good friends." Adding, "I became a CPS yesterday!"
  - "The staff is amazing. They're friendly and assertive to my needs. They've helped me, they've empowered me to follow what I want. They've encouraged me to get trained in different things I've been interested in (i.e., NAMI signature programs, CPS, CARES, CPRP). We're all like family."
  - "This is the best place for me. They don't push anything on you, they make suggestions. And if it's not something you want to do, you don't have to. They listen to you."
  - "They're awesome people, man!"
  - Regarding treatment progress, one individual noted, "I couldn't do it without (counselor's name), my substance abuse counselor, she's awesome."
  - "They could take us out on more outings. Once we went to the beach; it was nice."

Staff Interview Observations:

- All four applicable staff interviewed had awareness of where to find/identify current medications individuals were taking and reported supporting and assisting individuals with overcoming barriers to accessing medications when needed.
- All five staff interviewed were aware of what constituted abuse, neglect and exploitation, and reported they were aware of how to report such instances as needed.
- One staff interviewed admitted not feeling proficient in techniques to promote de-escalation during crisis. They also admitted they were not aware of suicide risk assessments and did not have knowledge of the protocol to follow if warning signs were identified.
- Additional staff comments included:
    - "We have a great team here. The best team that I know of now. And nobody is paying me to say that."
    - "My degree was not in psychology, but since working here, I changed my major to psychology. We are a small community, so we are very involved with the people and agencies in the community. It can be very rewarding."
    - "We educate and monitor their health. Make suggestions to make changes. The state needs to start looking at how outpatient services can provide primary care."
    - "I have found that working with my coworkers is an absolute joy." Adding that the accessibility of other staff members allows her to provide a full continuum of care to individuals.
    - "Our agency is really good about [helping individuals access medications]... We provide samples and we provide first time prescriptions. We get them signed up for physician assistance programs. Nobody does without here."
    - The ACT housing specialist noted, "I won't put you in something I wouldn't stay in."
    - "We have many success stories here, it is amazing. They come into peer support, they don't stay. They get what they need and move on."
    - "I love my job, absolutely 100% love my job." One staff shared a story about how she drove individuals around the town during the Hurricane Matthew evacuation and afterward to see the damage. She chose to stay with them and help them through it. She stated, "I saw it as an opportunity to have a real-life situation so that they would not be so afraid to trust their own judgement and you can get through this. Problems are part of life."

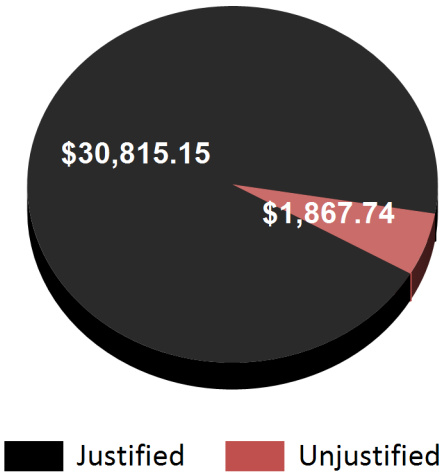
GATEWAY BEHAVIORAL HEALTH SERVICES



	Overall Score	Billing Validation	Focused Outcome Areas	Assessment & Tx Planning	Service Guidelines
Previous Review Date: 02/22/2016	87%	83%	88%	83%	93%
FY16 Statewide Average	84%	81%	85%	79%	90%

The overall score is calculated by averaging the four areas: Billing Validation, Focused Outcome Areas, Assessment and Treatment Planning, Compliance with Service Guidelines. Each area accounts for twenty-five percent (25%) of the overall score. Review questions are based on DBHDD Provider Manual and Medicaid Requirements.

Billing Validation



	Medicaid	State Funded Services	Total
Justified	$11,112.37	$19,702.78	$30,815.15
Unjustified	$415.07	$1,452.67	$1,867.74
Total	$11,527.44	$21,155.45	$32,682.89

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

Standard	Reason	# of Discrepancies
Eligibility Standards	Missing/incomplete service order	3
Performance Standards	Content of note does not match service definition	11
	Content does not support code billed	10
	Content does not support units billed	1
	Non-billable activity billed	1
	Multiple services billed at same time	1
Quantitative Standards	Location missing	1

Billing Validation: 94%

Billing Validation – Strengths:

- All individuals met admission criteria for services billed.
- All of the billing claims reviewed had interventions that were provided within the scope of practice for staff, and had documentation content that was unique to the individual.

Billing Validation – Opportunities for Improvement:

Eligibility Standards

- Three progress notes were missing an order for service on or before the date the service was provided. For example, one Case Management progress note reviewed, T1016UKU5U6, was documented with a service delivery date of 8/19/16; however, an order for service was not signed by an appropriately-credentialed professional until 8/22/16. This was a reoccurring issue from the provider's last review in February 2016.

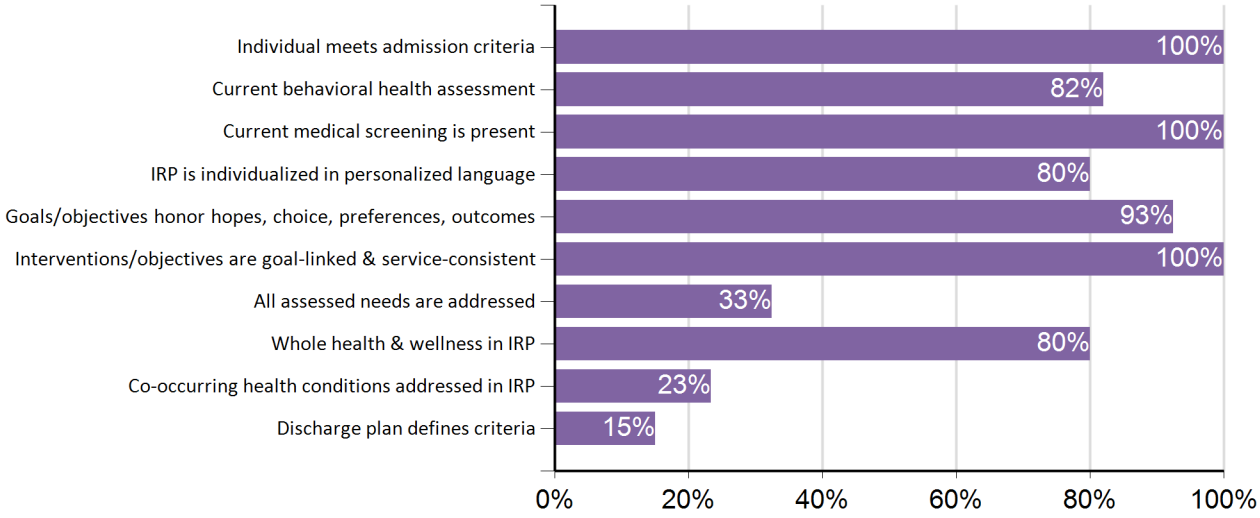
Performance Standards

- Eleven progress notes reviewed had content that did not match the service definition. This was a reoccurring issue from the provider's last review.
    - For example, three Community Support Individual (CSI) progress notes documented interventions of a therapeutic nature. Specifically, one CSI progress note read, "Therapist engaged in open ended questions... in order to get her to express how she was feeling over the past week. Therapist used art therapy..."
    - Additionally, two Nursing Assessment progress notes did not document the monitoring all of required vital signs. Temperature, pulse, blood pressure, and respiratory rate were missing from documentation.
- Ten progress notes reviewed had content that did not support the code billed.
    - For example, three Intensive Case Management progress notes billed with the "UK" modifier documented that the individual was present.
    - Additionally, one Psychosocial Rehabilitation-Individual (PSR-I) progress note billed as being provided out-of-clinic, H2017HEU5U7, was documented as a telephone call.
- One Assertive Community Treatment (ACT) progress note reviewed, H0039U5U7, had content that did not support units billed. In this instance, the four-unit progress note documented review of two sections from the individual's Wellness Recovery Action Plan (WRAP) and the response included a one sentence quote from the individual. This was a reoccurring issue from the provider's last review.
- One Case Management progress note reviewed, T1016UKU5U6, documented the non-billable activity of making an internal contact. Specifically, one staff member called another staff member to schedule an appointment for an individual served.
- One progress note reviewed was unjustified as multiple services were billed at the same time. A Service Plan Development progress note was billed on 9/12/16 from 3pm-3:45pm and a Psychiatric Treatment progress note was also billed on the same day from 3pm-4:22pm.

Quantitative Standards

- One progress note reviewed did not identify a specific out-of-clinic location. In this instance, the nursing assessment progress note, T1001U3U7, did not document where in the community the service provision took place. This was a reoccurring issue from the provider's last review.

Assessment & Treatment Planning



Assessment & Treatment Planning: 72%

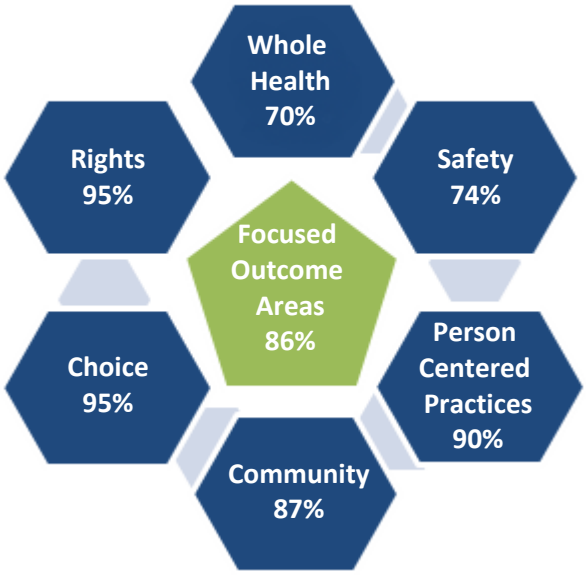
Assessment and Treatment Planning – Strengths:

- Three review questions from this quadrant received a 100% including all individuals met admission criteria, all records contained current medical screenings, and interventions and objectives were goal-linked and consistent with the services intent.

Assessment and Treatment Planning – Opportunities for Improvement:

- Eight of 40 IRPs reviewed were not individualized with personalized language. One individual with no history of incarcerations or legal problems had a goal stating, "[Individual] will perform activities that decrease risk of hospitalizations, decreased incarcerations, obtain/maintain housing stability, increased participation in employment or job related activities, increase community engagement, and recovery maintenance; take medication as prescribed/report side effects of medication over the next 365 days."
- Twenty-seven of 40 IRPs reviewed did not address all assessed needs. For example, one individual who was admitted to the Crisis Stabilization Unit (CSU) twice in August 2016 with suicidal ideation did not have suicidality addressed on their IRP. Additional assessed needs missing from IRPs included co-occurring medical conditions of diabetes, hypertension, chronic hepatitis, high blood pressure, obesity, sleep apnea, hypothyroidism, traumatic brain injury, hypercholesterolemia, and epilepsy. This was a reoccurring issue from the provider's last review.
- Eight of 40 records reviewed did not address whole health and wellness on the IRP. One individual voiced interest in improving her sleep and losing weight; however, neither of these concerns were addressed on her IRP. This was a reoccurring issue from the provider's last review.
- Twenty-three of 30 applicable IRPs reviewed did not address identified co-occurring health conditions. Examples included diabetes, hypertension, chronic hepatitis, high blood pressure, obesity, sleep apnea, hypothyroidism, traumatic brain injury, hypercholesterolemia, and epilepsy. This was a reoccurring issue from the provider's last review.
- Thirty-four of 40 records reviewed did not document the required components of the transition/discharge plan. Most often clinical benchmarks and a specific transition/discharge date were missing, with the step-down service listed as "Non-Intensive Outpatient Services." This is not a specific step-down service. This was a reoccurring issue from the provider's last review.

Focused Outcome Areas



Focused Outcome Areas: 86%

Focused Outcome Areas – Strengths:

Whole Health

- Thirty-eight of 40 records reviewed had documentation that demonstrated ongoing assessment to determine external referrals for health services, supports, and treatment when they are not available within the organization.

Safety

- All services were offered in an environment that ensures individual's safety.

Rights

- All individuals reviewed had documentation that indicated that HIPAA Privacy and Security Rules were reviewed with them.
- Thirty-seven of 39 applicable records reviewed documented that individuals were informed of their rights and responsibilities at the onset of services, supports, and treatment.

Community Life

- All individuals reviewed had documentation that supported that they were assessed for their need to make changes in their living, learning, working, and/or social environments.

Focused Outcome Areas – Opportunities for Improvement:

Whole Health

- Eleven of 36 applicable records did not document evidence of communication with external referral sources to determine the results of testing and treatment. One individual needed a primary care physician (PCP); however, there was no evidence documented that staff was assisting with obtaining one. Additionally, this individual was diagnosed with Irritable Bowel Syndrome (IBS), problems with appetite and sleep, yet there was no referral in the record to an outside agency to help address these needs. This was a reoccurring issue from the provider's last review.
- Sixteen of 28 applicable records reviewed did not document that current medical conditions were monitored and recorded. One example included an individual who experienced obesity, sleep apnea, and stomach problems. These medical concerns were not monitored or recorded by staff. This was a reoccurring issue from the provider's last review.
- Thirteen of 38 applicable records reviewed did not have documented safeguards utilized for medications which were known to have substantial risk or undesirable effects. For example, an individual who was prescribed Zyprexa and Depakote did not have labs or Abnormal Involuntary Movement Scale (AIMS) completed by the provider's prescribing physician or nurse in the record.

Safety

- Eleven of 33 applicable records reviewed did not document how providers worked with the individual to develop and implement a safety/crisis plan as needed. For instance, one individual with a history of suicidal ideation did not have a safety/crisis plan within their record. This was a reoccurring issue from the provider's last review.
- Eighteen of 39 applicable records reviewed did not document that the individual or legal representative had been educated on the risk/benefits of all medications prescribed with a signed consent form that correlated to each medication. For example, one individual was prescribed Invega Sustenna, Lithium, Cogentin, and Strattera, and the record did not contain medication consent forms for Cogentin or Strattera. This was a reoccurring issue from the provider's last review.

Rights

- Six of 17 applicable records reviewed did not have evidence that the individual was informed about his/her Rights and Responsibilities at least annually during services. For example, one individual began services in 2014, and there was no evidence that their Rights and Responsibilities were reviewed in 2015. This was a reoccurring issue from the provider's last review.

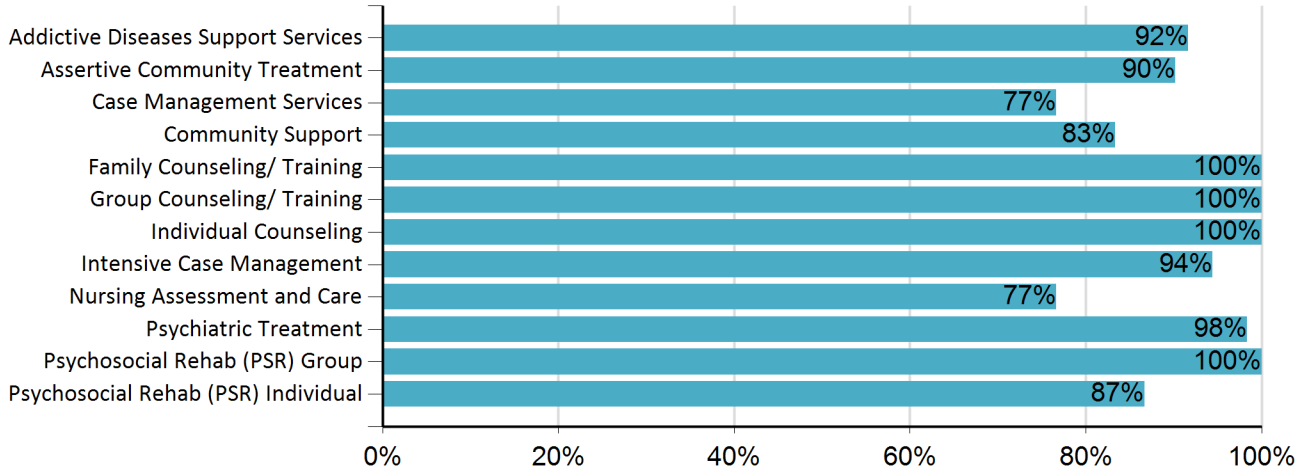
Person-Centered

- Six of 28 applicable records reviewed did not have documentation that demonstrated the IRP was reassessed based upon changing needs, circumstances, and/or response by the individual. Documentation indicated two individuals were obese according to their Body Mass Index (BMI) calculated by the nurse; however, there was not an update made to the IRP to include this health need.

Community Life

- Sixteen of 38 applicable records reviewed did not document transition planning throughout service delivery, with efforts to involve the individual, family, and other supports. For example, one individual identified having a supportive son during their intake; however, documentation did not contain evidence of attempting to include this family member in treatment.

Compliance With Service Guidelines



Compliance With Service Guidelines: 88%

Compliance with Service Guidelines – Strengths:

- Provider scored 100% within the following services: Family Counseling, Group Training, Individual Counseling, and Psychosocial Rehabilitation (PSR) Group. This is an area of strength for this provider as these services also scored 100% in the prior review.

Compliance with Service Guidelines – Opportunities for Improvement:

Addictive Diseases Support Services (ADSS)

- Within the only record reviewed, there was no evidence of coordination with family and significant others documented. In this instance, the individual resided with their mother and documentation did not demonstrate the staff involved the individual's mother in treatment.

Assertive Community Treatment (ACT)

- Four of 11 records reviewed did not document Treatment Plan Reviews with the staff, individuals, and their family/informal supports prior to the re-authorization of services. For example, one individual lived with his grandparents and identified them as great supports to his recovery; however, there was no evidence of attempts to engage them in his Treatment Plan Reviews.
- Nine of 11 records reviewed did not document evidence of the ACT Team working with informal support systems/collateral contacts at least 2-4 times per month as required. For example, one individual had no documented evidence of contact with natural supports from August through November 2016. This was a reoccurring issue from the provider's last review.
- Three of 14 applicable records reviewed did not have documentation of the individual's involvement in transition planning.

Case Management

- Ten of 11 records reviewed did not document the joint development of a safety/crisis plans to include the provider and individual, with the provider listed as primarily responsible. Most often, there was no current safety/crisis plan found in the record. This was a reoccurring issue from the provider's last review.
- Five of 11 records reviewed did not document the minimum number of two contacts per month, with at least one face-to-face in a non-clinic setting. For example, one individual received only one contact in September and November and no contacts in October. This was a reoccurring issue from the provider's last review.
- Three of 11 records reviewed did not document evidence that at least 50% of Case Management service units were delivered face-to-face, with the majority of all face-to-face service units delivered in non-clinic settings. For one individual, four of the five contacts they have received since starting the service in August occurred in-clinic.
- In one of the two applicable records reviewed, the individual was hospitalized and there were no documented efforts to make contact with the individual until three weeks later.

CSI

- Two of three records reviewed did not document that staff met the monthly minimum requirement of two contacts per month. For example, one individual was seen once in August and October, and had no contacts in September. This was a reoccurring issue from the provider's last review.
- One of three records reviewed did not show evidence of service and resource coordination. In this instance, CSI was being provided within the school setting; however, there was no documentation of staff speaking with any school officials regarding the individual's treatment.

Intensive Case Management

- Within the one record reviewed, there was no documentation of joint development of a safety/crisis plan to include the provider and individual, with the provider listed as primarily responsible. Specifically, there was no safety/crisis plan found in the record.

Nurse Assessment & Care

- Eight of 12 records reviewed did not have nursing goals and objectives that were individualized and addressed health issues to include (but not limited to) medical, physical, nutritional, and behavioral needs. Often, the same nursing objective was found in records, "Staff will provide nursing assessments and intervention to observe, monitor, care for physical, nutritional, behavioral health and related psychosocial issues, problems or crises manifested in the course of and individual's treatment." This was a reoccurring issue from the provider's last review.
- Four of 12 records reviewed did not demonstrate that education related to identified health issues including (but not limited to) medication, nutrition, and infectious diseases assessment, testing, and referral was provided. Most nursing notes focused on medication administration with education solely surrounding the medication prescribed.

Psychosocial Rehabilitation Individual (PSR-I)

- Four of six records reviewed did not document the required minimum of two contacts each month with one face-to-face. For example, one individual had no PSR-I contacts in October or November. This was a reoccurring issue from the provider's last review.

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.

Additional Comments on Practices - Strengths:

- Documentation reflected the provider referred individuals to an array of community resources including The Well, a homeless day shelter; The Star Foundation, a nonprofit organization focused on workforce development; The Manna House, where volunteers serve hot meals to those in need; Coastal Community Health Services, where medical, dental, and vision services are offered regardless of insurance status or ability to pay; various food pantries, etc. It was noted that these community resources have working relationships with the provider to ensure continuity of holistic care.
- Internally, the provider offered various programs to meet the needs of individuals including a Substance Abuse Intensive Outpatient Program (SAIOP), which offered groups at frequencies of three and five times per week, and Pharmacy Assistance. Additionally, the provider's ACT Program includes a housing specialist.
- Provider had an onsite pharmacy that provides access to medications at a reduced fee for individuals served.
- It was noted in service provision as well as during individual interviews that nurses on the ACT team deliver medications to individuals facing barriers to accessing their prescriptions.
- Staff provided assistance with transportation and temporary housing as well as provided emotional support during a recommended evacuation of the area during Hurricane Matthew in October 2016. Some employees worked through the hurricane to ensure the safety and well-being of individuals who decided not to evacuate.
- Provider committed to engage in a 2015 initiative by the Department of Behavioral Health and Developmental Disabilities (DBHDD) called Office of Recovery Transformation (ORT), to create a recovery-oriented system of care. Specifically, the provider undertook Recovery Focused Transformation (RFT) in efforts to achieve a recovery-focused agency. Work groups were formed to take on six projects to this end. One individual who was assisted under this initiative has since felt compelled to give back by volunteering to help organize events for other individuals in need.
- Provider utilized an internal newsletter, at times with a foreward written by the CEO, to communicate updates and acknowledge exceptional work by employees.

Additional Comments on Practices – Opportunities for Improvement:

- Some ACT claims had conflicting information regarding whether the individuals and the staff were present during their Treatment Plan Review (TPR).
- One staff member was meeting with an individual served in an office with the door open. The individual's protected health information could be heard from the hallway.
- Some records contained Releases of Information (ROI); however, there was not always evidence that the ROIs were utilized to obtain external documentation or coordinate services with outside providers.
- Documentation within the ACT program reflected late entry of progress notes. For example, a progress note with a service date of 9/29/16 had a date of entry of 10/13/16.
- Individuals were referred to by another individual's name within progress notes.
- Pronoun confusion related to gender within progress notes was evident. For example, a male individual was referred to as "she" in an Intensive Case Management Note.

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.

The following are recommendations given as a result of the review:
• Billing Validation: Ensure documentation supports what is billed (see comments in Billing Validation section).
• Billing Validation: Ensure time/units billed is supported by documentation.
• Assessment & Treatment Planning: Ensure transition/discharge plans include specific step-down services/activities/supports that will meet individual needs.
• Assessment & Treatment Planning: Ensure treatment/recovery/service plans address all areas of assessed need.
• Assessment & Treatment Planning: Ensure treatment/recovery/service plans address co-occurring issues and/ conditions.
• Assessment & Treatment Planning: Ensure treatment/recovery/service plans are in the language of the individual served and are individualized.
• Assessment & Treatment Planning: Ensure treatment/recovery/service plans contain goals, objectives, and interventions that promote whole health and wellness.
• Focused Outcome Areas: Ensure documentation supports that individuals (as appropriate) have individualized safety/crisis plans.
• Focused Outcome Areas: Ensure documentation supports that individuals (or parent/guardian) have been educated on the risks and benefits of all prescribed medications.
• Focused Outcome Areas: Ensure documentation supports that individuals have been informed of their rights and responsibilities at the beginning of services and then at least annually thereafter.
• Focused Outcome Areas: Ensure individuals are assessed and re-assessed based upon their changing needs and circumstances.
• Focused Outcome Areas: Ensure individuals' current medical conditions are assessed, monitored, and recorded.
• Focused Outcome Areas: Ensure there are documented safeguards utilized for medications known to have substantial risk or undesirable effects.
• Focused Outcome Areas: Ensure there is documented communication with external referrals and resources to determine the results of testing, treatment, and referral.