The Georgia Collaborative ASO

GAC #: GAC000463

Behavioral Health Quality Review
Final Assessment Report
GEORGIA REHABILITATION OUTREACH, INC.

Location of Review: 1777 Washington Avenue, East Point, GA 30344	
Names of Quality Assessors: Kristen Ponce, LAMFT; Natalee Fritsch, LPC, CPCS; Alisa Monfalcone, LCSW; Kelly Brown, LCSW	
Individuals Interviewed: 5	**Staff Interviewed:** 5
Records Reviewed: 30	**Date Range of Review:** 1/9/2018 - 1/11/2018

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	49	6	5	44	0	6
Safety	27	0	3	46	0	4
Rights	43	0	2	20	0	0
Choice	21	1	3	22	0	3
Person Centered Practices	31	0	4	44	0	11
Community	20	2	8	22	0	8

Individual Interview Observations:

- All individuals interviewed felt they had access to medications needed or support to access their medications.
- All individuals interviewed felt safe when receiving services through this provider.
- All individuals interviewed were involved in the development of their Individualized Recovery Plan (IRP), the routine progress toward goals, and were able to monitor their own progress toward their goals.
    - "By coming here talking to them and them coming to talk to me, it helps a lot. I work on hygiene, socialization, and keeping my apartment clean. I did great last fall going out on outings."
- All individuals interviewed felt they have been treated with respect and dignity by staff members (including physicians).

Additional comments shared by individuals:

- "They are consistent with what they do. They come out and see me three times a week."
- "I enjoy it here. They have helped me with a lot of different things."
- "They keep me involved in the community; I am not just sitting at home with nothing to do."
- "They keep me upbeat, not down-trodden. They understand where I am coming from, and allow me to vent when I need to."
- "It's hard to change, and I'm comfortable here. They listen to me."
- "(Staff members) step back (together) and look at the whole picture."
- "I think that they do a good job with me. I like coming over here talking to them, but I really like them coming to the apartment to sit and talk to me."

Suggestions for Improvement:

- "They are supposed to have a therapist, but it hasn't happened yet. I was really looking forward to that. That has been helpful in the past."
- "They could do better with giving each client a schedule instead of a one-day notice."

Staff Interview Observations:

- All staff members interviewed described how they collaborate with other staff members within the agency to ensure all treatment needs were addressed.
    - "I like the cohesiveness of the team. We meet every morning and give input. Everyone loves what they do. If there is an issue, we raise it up and how we can solve it. Everyone jumps in. We all celebrate our successes."
- All staff members interviewed have received training by the agency in providing whole-health informed services.
    - "All individuals have a whole-health goal on their treatment plan."
- All staff members interviewed formally review the individual's progress toward goals/objectives with the individual.
- All applicable staff interviewed shared how they assist individuals with housing options when supporting goals around independent living.

Additional comments shared by staff members:

- "I love helping. I love the clientele. I love to see people succeed and being part of the team. I love helping people to maximize their potential. It gives me joy."
- "I usually start off with identifying interests and using what's in their area. I use Georgia Vocational Rehabilitation assistance in Fulton and DeKalb County."
- "I can see the progress being made. We have clients that have been with us for years. We don't have a high turnaround with clients. We have clients who have discharged and completed the program who have referred other clients."
- "I don't feel like there is a hierarchy. Everyone has their hands in as far as getting things done. If you need assistance, everyone has an open door policy. No one is afraid to ask for anything. Everybody is able to work together. I think this helps everyone stay upbeat."
- "I've been other places and they don't meet daily. It's good to meet daily. There's a sense of camaraderie. We communicate so openly and know exactly what is going on. We don't miss a beat. There's never a time we are in the dark about anything."
- "Goals are consumer-guided. We are their support system."
- "GRO (Georgia Rehabilitation Outreach) is more hands-on than other places I have worked. Having sessions in homes allows us to get to know people better. We see more results. Things are set up well here."
- "I wish we could do more to provide financial support and money management to clients, but we are doing the best we can."
- "I really love my co-workers. (The CEO) and the people who have laid the foundation are committed to the mission and the cause. They make it about the consumers. We are trying to reach the ones that are difficult and hard to serve. It's very compelling to me. This place affords me the opportunity to grow clinically. I get a great deal of supervision and support here. I enjoy the work as it relates to substance abuse. They give us a lot of autonomy related to curriculums, and it allows us to play to our strengths. I like the camaraderie of the team."
- "I find it very fulfilling working with the consumers we have, just to see the changes in their lives, becoming very independent, and moving on."
- "I really like being here. I've been in many settings and that's why I stay. It's an excellent environment with the learning experience; they have high standards here."

Suggestions for Improvement:

- "One thing that might need some tweaking, we have some issues with housing (like) trying to keep up with the changes and adequately serve the clients."
- "I feel like if we had more resources and opportunities for training, that would make a difference, and the consumers could benefit even more."

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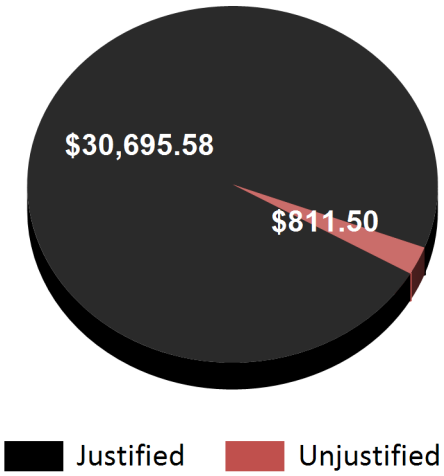
GEORGIA REHABILITATION OUTREACH, INC.

	Overall Score	Billing Validation	Focused Outcome Areas	Assessment & Planning	Service Guidelines
Review Date: 01/23/2017	91%	99%	86%	84%	96%
Review Date: 02/02/2016	92%	99%	78%	96%	93%
FY17 Statewide Average	84%	84%	89%	77%	88%

The overall score is calculated by averaging the four areas: Billing Validation, Focused Outcome Areas, Assessment and 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	$20,081.16	$10,614.42	$30,695.58
Unjustified	$357.06	$454.44	$811.50
Total	$20,438.22	$11,068.86	$31,507.08

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

Standard	Reason	# of Discrepancies
Performance Standards	Content of note does not match service definition	1
	Content does not support code billed	6
	Non-billable activity billed	1

Billing Validation: 97%

Billing Validation – Strengths:

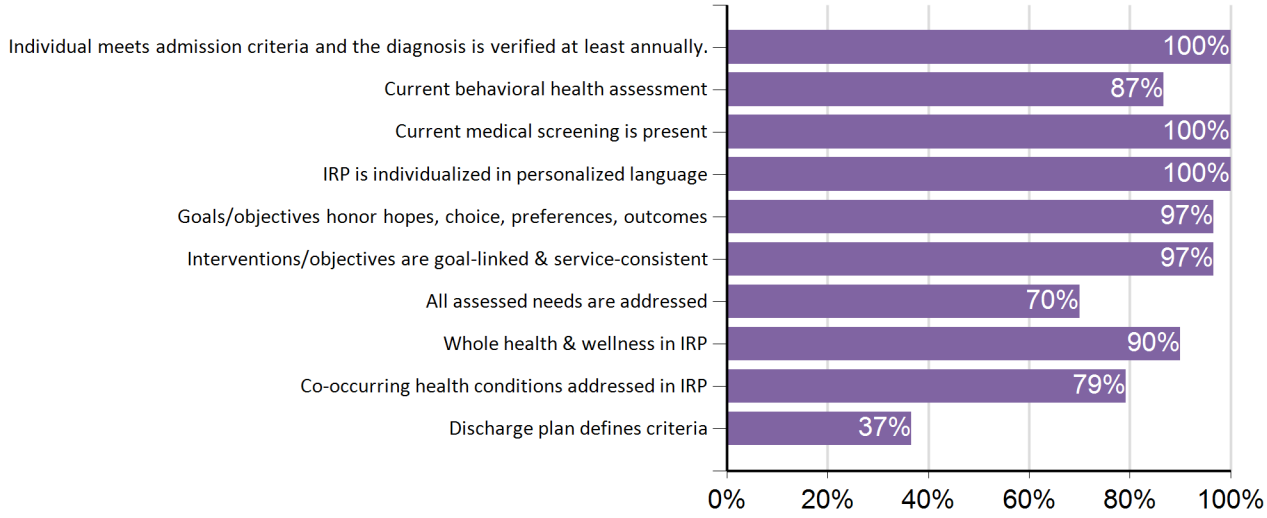
- All individuals met admission criteria for the Assertive Community Treatment (ACT) service. This has been identified as a strength on both of the provider's previous Behavioral Health Quality Reviews (BHQRs) in January 2017 and February 2016.
- An additional comment box was on the progress note template for including the individual support system. This was entitled "Supporter Input and Response," and was designated as a separate comment response area for the individual's support involved in the session.
- The "BU ILS" (Boston University Independent Living Skills) module was evidenced throughout progress note documentation, which was also noted as a strength in the February 2016 BHQR.

Billing Validation – Opportunities for Improvement:

Performance Standards

- The content of the documentation did not match the service definition in one note. The staff member billed ACT while an individual was in a psychiatric hospital.
- The content did not support the code billed in six progress notes. The code billed within five notes documented the U6 in-clinic modifier; yet, the content of the notes reflected out-of-clinic locations such as the individual's home or the DeKalb County Courthouse. One progress note documented a U7 out-of-clinic modifier; however, this session took place in-clinic. This was a reoccurring issue from the previous BHQR in January 2017.
- Non-billable activity was billed for one note. Documentation reflected an attempted contact as the individual was not home when staff arrived.

Assessment & Planning



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

Assessment & Planning: 86%

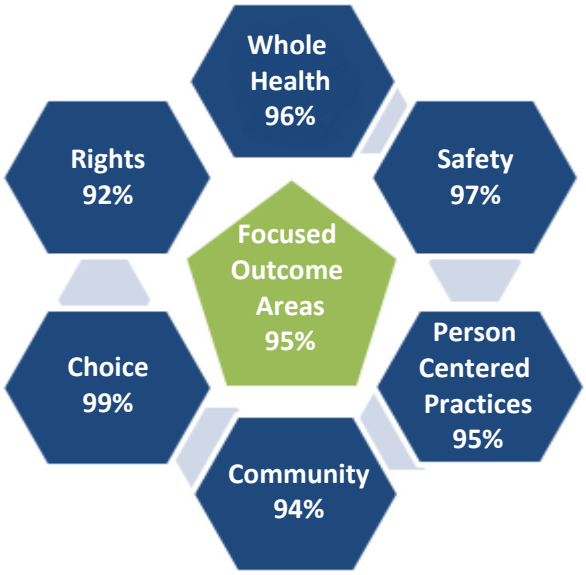
Assessment and Planning – Strengths:

- All records reviewed contained a diagnosis which had been verified at least annually.
- All IRPs were individualized and written in personalized language, with examples of goals documented as "My goal is (to) have more friends in the next six months," and "My goal is to get a job at a restaurant in the next six months." This remained an area of strength for the provider as it was also highlighted with a score of 100% in both of the previous BHQRs in January 2017 and February 2016.
- The provider consistently utilized the Columbia Suicide Severity Rating Scale (C-SSRS) risk assessment which was utilized and documented during each progress note. This continued to remain a strength as noted in the January 2017 BHQR.
- Interpretive summaries and ACT Treatment Plan Reviews routinely documented individuals' barriers to recovery.
- All individuals reviewed with substance abuse needs had these issues incorporated within their IRPs.

Assessment and Planning – Opportunities for Improvement:

- All assessed needs were not addressed in nine of 30 IRPs. Some individuals' IRPs did not reflect their physical health conditions, such as hypertension, congestive heart failure, hyperlipidemia, and emphysema. Needs such as maintaining stable housing due to recent homelessness, as well as bed wetting, were not included for one individual although it was being addressed throughout progress notes. Another individual's mother passed away two weeks prior to their assessment; however, processing this grief and loss was not reflected back on the individual's IRP. This was a reoccurring issue from the previous BHQR in January 2017.
- Co-occurring conditions, including physical health and secondary mental health diagnoses, were not included on the IRPs for five of 24 applicable individuals reviewed. There was no documentation on these IRPs of coordination or referral reflecting the individuals who had physical health conditions such as diabetes, tachycardia, and chronic obstructive pulmonary disorder (COPD). Major depressive disorder (MDD) was also not incorporated for an individual who was diagnosed with MDD as a secondary condition. This was a recurring issue from both of the previous BHQRs in January 2017 and February 2016.
- The discharge plan did not define the required criteria toward transition or step-down in services in 19 of 30 records. Specific discharge criteria required was an anticipated step-down/transition date, an anticipated step-down service, and specific clinical benchmarks toward transition or discharge. All affected records did not contain clinical benchmark documentation, and one record did not contain an anticipate step-down date as the date listed was expired. This was a reoccurring issue from the previous BHQR in January 2017.

Focused Outcome Areas



Focused Outcome Areas: 95%

Focused Outcome Areas – Strengths:

- Safety/crisis plans were detailed and thorough in reflecting person-centered practices and the individual's choice in their treatment. Examples included who they would or would not like involved in their treatment, preferred treatment facilities if the need arose, and the names of their external practitioners. Individualized safety/crisis plans were also highlighted as a strength during the provider's previous BHQR in January 2017.
- Twenty-nine of 30 records reviewed contained medication consents for all prescribed medications which listed the risks and benefits of all medications, and were signed by both the individual and the prescriber. This was an improvement from the January 2017 BHQR.
- All records reviewed contained documentation which indicated Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules were specifically reviewed with the individual. This was also an improvement for the provider from both of the previous BHQRs in January 2017 and February 2016.

Focused Outcome Areas – Opportunities for Improvement:

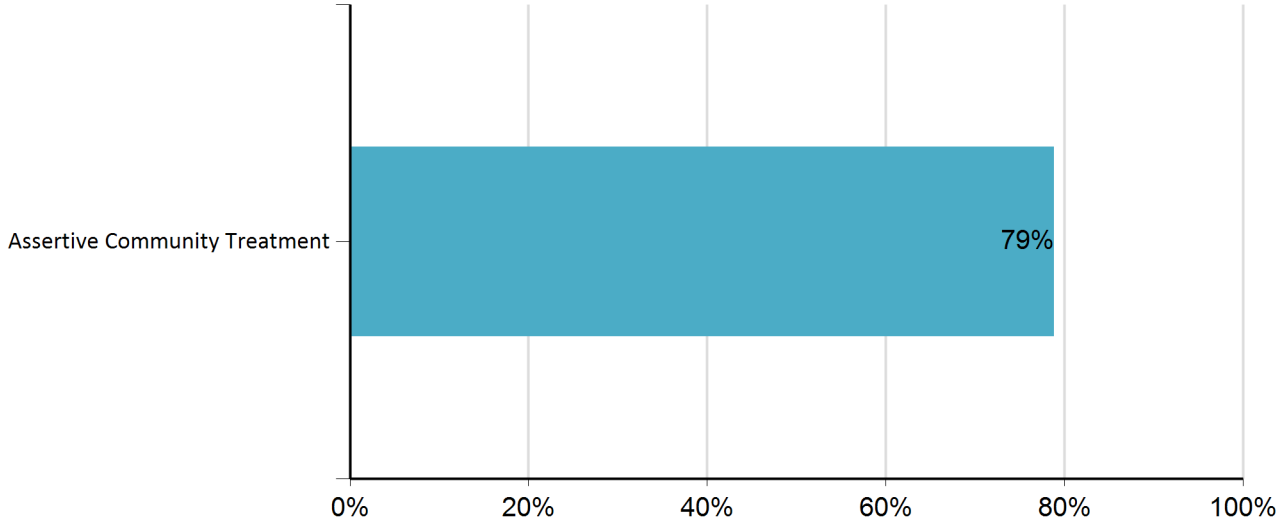
Rights

- All individuals were not informed about their rights and responsibilities at least annually during services as evidenced by the individual's or legal guardian's signature on notification in five of 21 applicable records. Most individuals were missing the rights and responsibilities signed documentation for year 2015, and one individual was missing the documentation for 2017. This was a recurring issue from both of the previous BHQRs in January 2017 and February 2016.

Person-Centered

- Documentation did not demonstrate the IRP was reassessed based upon changing needs, circumstances, and/or response by the individual in five of 20 applicable records. For example, one individual was admitted to a residential substance abuse program four months ago and remained in the ACT program for behavioral health needs; yet, their IRP was not updated to reflect this change in services. Another individual stated during services that she would like to secure different housing, but this was not added to her IRP.

Compliance With Service Guidelines



Compliance With Service Guidelines: 79%

Compliance with Service Guidelines – Strengths:

- ACT Nursing progress note templates contained a prompt for "Wellness management and recovery planning," and included an additional comment box which documented in almost every note reviewed discussion of medication compliance and current status toward their goals.
- ACT Treatment Team meeting notes were completed daily over the past six months' time frame. This was an improvement from the prior BHQR in January 2017.
- Staff documented specific progress, or lack of, toward the individual's goals in each progress note reviewed. One example was, "Poor progress with ADLs (Activities of Daily Living). Does not seem concerned or interested in improving living conditions. Resists attempts to create a cleaning schedule." Documentation of progress toward goals remained a strength from the provider's previous BHQR in January 2017.

Compliance with Service Guidelines – Opportunities for Improvement:

Assertive Community Treatment (ACT)

- The ACT Team did not complete a Treatment Plan Review with the staff, the individual, and his/her family/informal supports prior to the re-authorization of services in 28 of 30 applicable records. This was a recurring issue from both of the previous BHQRs in January 2017 and February 2016.
- There was a lack of documentation that the ACT Team was working with informal support systems/collateral contacts at least two to four times per month with or without the individual present to provide support and skills training to assist in the individual's recovery in 14 of 29 applicable records. This was also noted in the February 2016 BHQR.
- Following admission to a psychiatric facility, the ACT Team was not involved in one of two applicable individual's discharge planning. There were no non-billable notes, memos to chart, or Community Transition Planning notes filed in the record to document communication with hospital staff, collateral contacts, or supports during the inpatient stay. This was also noted in the February 2016 BHQR.
- Both of the ACT Teams (Fulton and Clayton) were missing an additional fully-licensed clinician. Therefore, all of the records reviewed were missing the required ACT Team staff members. The provider stated they are actively interviewing for these positions, yet both positions remain vacant and have been since October 2017.

Although it did not impact scoring, the following was noted as it impacts the integrity of the ACT program:

- The ACT Team Leader was minimally involved in the clinical care of the individuals served. There was no evidence of direct contact by the TL with individuals and the TL did not participate in treatment plan reviews. The only indication of the TL's presence was in daily treatment team meetings.

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:

- Some individuals' records contained "Emergency Preparedness- Hurricane Preparation" documentation which explained what to do in the case of an extreme weather situation.
- The provider continued to utilize the "Event Notes" and "Memo to Chart" features within the electronic medical record (EMR) for each individual, which provided additional information on the current status of the individual and any gaps within treatment. This was also noted as a strength during the January 2017 BHQR.

Additional Comments on Practices – Opportunities for Improvement:

- A staff member updated a progress note regarding the purpose of an individual's session and goals addressed, after the start of the review. The provider is reminded of the standard regarding alteration of records after the start of the BHQR as outlined in Quality Management Program- Appendix Quality Reviews, Altering of Records.
- While assessors were able to utilize various assessments filed in records to serve as a comprehensive annual Behavioral Health Assessment (BHA), it was difficult to ascertain the specific and current rationale for justification for continuation in the ACT program for some individuals reviewed.
- Physical health medications were listed in the EMR for individuals and appeared to be prescribed by the provider's physician. However, it was verbally reported to assessors that the provider's policy was to not prescribe physical health medications to individuals, and documentation would subsequently be updated going forward within the EMR to reflect the accurate prescriber.
- It was often unclear what the current medications were for the individuals reviewed. One psychiatrist did not consistently document medications prescribed within progress notes.
- Records reviewed indicated the majority of contacts by the ACT physician and nurse occurred in-clinic.
- An individual had three separate hospitalizations this past year; yet, only had one crisis safety plan which was created in January 2018. Another individual had been in ACT services since April 2017 with previous hospitalizations due to bizarre behaviors, substance use while in current treatment episode, and recent expression of suicidal thoughts; however, this individual's record also only contained a crisis safety plan from January 2018. In both situations, the presence of a crisis safety plan may have assisted during the individuals' crisis situations that resulted in hospitalization.
- A blank, but signed, Release of Information (ROI) form was in an individual's EMR from October 2017.

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 codes/services billed are consistent with documentation.
• Billing Validation: Ensure mutually-exclusive services are not billed.
• Billing Validation: Ensure non-reimbursable activities are not billed.
• Assessment & Planning: Ensure transition/discharge plans include specific step-down services/activities/supports that will meet individual needs.

• Assessment & Planning: Ensure treatment/recovery/service plans address all areas of assessed need.
• Assessment & Planning: Ensure treatment/recovery/service plans address co-occurring issues and/ conditions.
• Compliance with Service Guidelines: Ensure service is provided in accordance with the DBHDD Provider Manual.
• 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.