The Georgia Collaborative ASO

GAC000568

BHS of South Georgia dba Legacy Behavioral Health Services

Behavioral Health Quality Review Final Assessment	
Address: **3120 North Oak Street Extension, Suite B, Valdosta, GA 31602**	
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Individual Records Reviewed: **30**	Current Review Frequency: **Annual**
Staff Records Reviewed: **5**	Date Range of Review: **4/28/2025 - 5/1/2025**

The Georgia Collaborative ASO, in partnership with the Department of Behavioral Health and Developmental Disabilities (DBHDD), believes in accessible, high-quality care that leads to a life of recovery and independence. The provider should note any recommendations and reminders of DBHDD requirements as opportunities for quality improvement activities. The review is intended to measure the quality of your organization's systems and practices in adherence to DBHDD policies and standards. The Overall Score is calculated by averaging the categories below.

	Overall Score	Billing Validation	Focused Outcome Areas	Assessment & Planning	Service Guidelines
Review Date: 04/29/2024	93%	93%	96%	89%	92%
Review Date: 02/27/2023	94%	89%	96%	96%	96%
FY24 Statewide Average	87%	75%	93%	89%	92%

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

Summary of Significant Review Findings

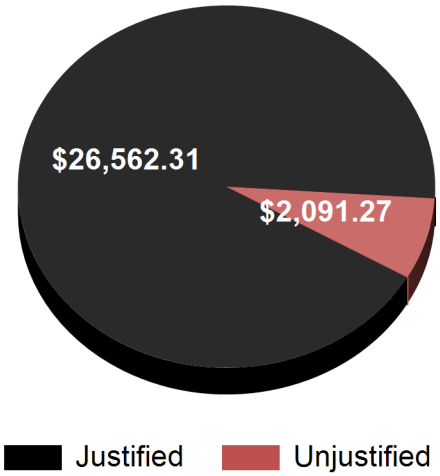
Strengths and Improvements:

- The personnel records of five staff were reviewed and all staff met credentialing criteria. This is a continued strength for the provider.
- A clinician providing services within the Georgia Apex Program documented attempts to reach an individual's mom before each session with the individual at school.
- An individual had a detailed medical alert in the electronic medical record (EMR) for "anemia, Hep-C (treated), arthritis, drug-induced seizures/heart-related issues, neuropathy, and chronic pain."
- Suicide risk flags were detailed, including the level of the risk and specific dates. This is also a continued strength for the provider.
- Individual Resiliency/Recovery Plans (IRPs) included a question related to progress: “What has the consumer accomplished since the last assessment?” and the responses contained specific and relevant details regarding progress. Subsequently, IRPs were updated to reflect individuals' progress.
- Psychiatric Treatment progress notes contained a prompt for providers to verify that the prescription drug monitoring program (PDMP) electronic database was checked for individuals being prescribed controlled substances. This is a continued strength for the provider.

Opportunities for Improvement:

- Documentation within progress notes for Case Management did not always support the duration of time billed based on interventions documented.
- Whole health and wellness goals, objectives, or interventions were duplicated within Individual Recovery Plans (IRP).
- Recovery planning meetings were not always conducted by the Assertive Community Treatment (ACT) team prior to reauthorizations.

Billing Validation



	Medicaid	State Funded Services	Total
Justified	$14,820.21	$11,742.10	$26,562.31
Unjustified	$1,366.94	$724.33	$2,091.27
Total	$16,187.15	$12,466.43	$28,653.58

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
Performance Standards	Content does not support units billed	7
	Content of note does not match service definition	5
	Multiple services billed at same time	4
	Non-billable activity billed	3
	Content does not support code billed	2
	Mutually exclusive services billed	2
	Content of documentation is not unique	1
	Minimum contacts not met per DBHDD Service Guidelines	1

Billing Validation: 93%

Strengths and Improvements:

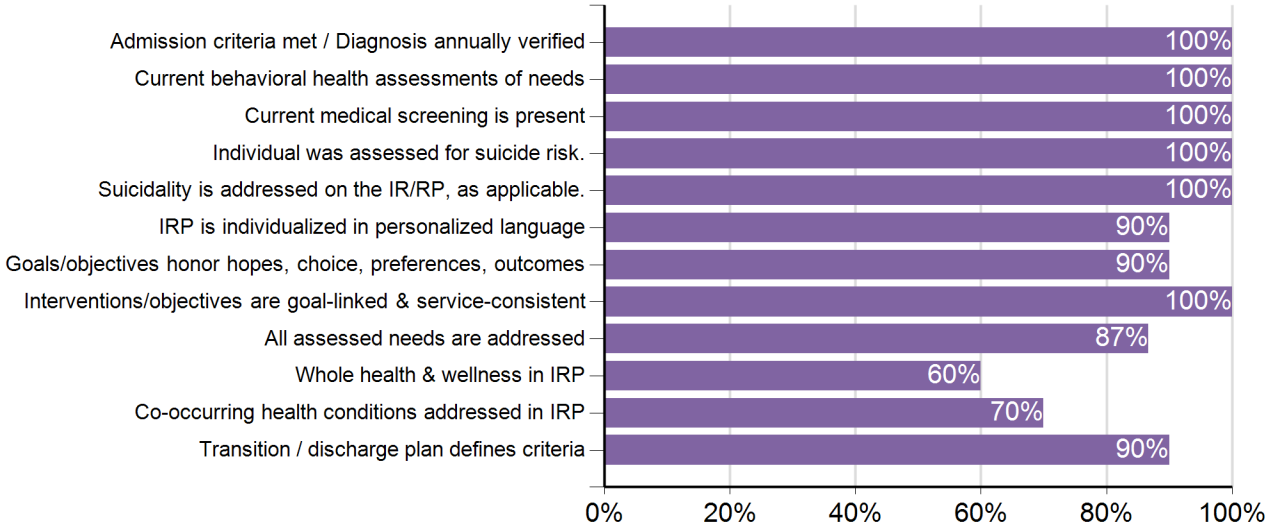
- The personnel records of five staff were reviewed and all staff met credentialing criteria. This is a continued strength for the provider.
- The following were improvements from the previous Behavioral Health Quality Review (BHQR) in April 2024:
  - Service orders were present for all services billed.
  - Progress notes were filed within the required seven calendar days.

Opportunities for Improvement:

Performance Standards

- The content within seven progress notes did not support the units billed. This is a recurring issue found in three consecutive BHQRs (4/2025, 4/2024, and 2/2023).
  - One Case Management (CM) progress note reflected staff "accompanying individual to the food bank", but no other interventions to support the units billed.
  - The other six progress notes (five CM, one PSR-I) reflected brief check-ins with the individual, which did not support the units billed.
- The content within five progress notes did not match the service definition. These progress notes reflected content synonymous with Individual Counseling rather than Addictive Disease Support Services (ADSS). For example, the content in one note stated, *"provided a supportive space for the client to process her feelings of rejection and family conflict; Validation and empathy were offered, along with exploring ways to set healthy boundaries... client was guided in identifying..."*
- Multiple services were billed at the same time. Four claims were unjustified. Examples included,
  - Assertive Community Treatment (ACT) services were provided on 1/15/2025 at 11:15 am to 11:50 am and CM (Housing Support) was provided on the same day from 11:00 am to 12:00 pm.
  - In another record, there are two progress notes for H0039U3U7 with the same date of service (1/27/2025), each for four units. One note documented time in/out as 3:00 pm- 4:00 pm, the other documented the time in/out as 3:15 pm- 4:15 pm. Both staff stated they met with the individual in her home. Five of eight units were justified.
- Non-billable activity was billed within three progress notes. This is reoccurring from the previous review in 4/2024. Examples included,
  - Two progress notes reflected staff reminding an individual of his appointments with the provider.
  - Psychosocial Rehabilitation-Individual (PSR-I) was billed to complete administrative paperwork and schedule follow-up appointments with the provider.
- The content within two ACT progress notes did not support the code billed. The notes stated that the service took place in-clinic, but the U7 (out-of-clinic) modifier was billed.
- Mutually exclusive services were billed. Within two records (one billing claims within each record), ACT was provided while the individuals were admitted to the crisis stabilization unit (CSU).
- Content of documentation was not unique within one progress note. This is reoccurring from the previous review in 4/2024. The interventions and individual's response provided within one ACT progress note, dated 2/11/2025, were identical to a progress note written by the same staff member on 1/27/2025.
- Minimum contacts were not met per DBHDD Service Guidelines within one record. There was only one CM contact in the month of March in one record. This is a recurring issue found in three consecutive BHQRs (4/2025, 4/2024, and 2/2023).

Assessment and Planning



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

Assessment and Planning: 91%

Indicators scoring below 80%

	Yes	No	NA	%
Whole health & wellness in IRP	18	12	0	60%
Co-occurring health conditions addressed in IRP	14	6	10	70%

Assessment and Planning

Strengths and Improvements:

- Transition/discharge plans included all required components within 90% of records reviewed, an improvement from 69%.
- IRPs included a question related to progress: "What has the consumer accomplished since the last assessment? " and the responses contained specific and relevant details regarding progress. Subsequently, the IRP was updated to reflect individuals' progress.
- IRPs included a "State of Change" section for each "Problem" identified within the IRP. For example, in one individual's record, the client's state of change was listed as "Preparation".

Opportunities for Improvement:

- Whole health and wellness was not included within 12 (eight ACT) IRPs. This is reoccurring from the previous review in 4/2024. These records contained variations of the following statement from record to record without individualization: *"[Individual] will understand the 'Whole Person' philosophy and will identify a PCP [primary care physician], schedule and maintain appointments AEB [as evidenced by] allowing staff to assist with identifying, scheduling and maintaining all appointments and allowing collaboration with PCP to maintain a safe and healthy lifestyle and improve quality of life over the next 6 (six) months."*
- Co-occurring health conditions were not addressed within six (one ACT) IRPs. Individuals presented with health conditions like thyroid disease, hypertension, asthma, and gastroesophageal reflux disease (GERD) which were not addressed, deferred, or referred within IRPs.

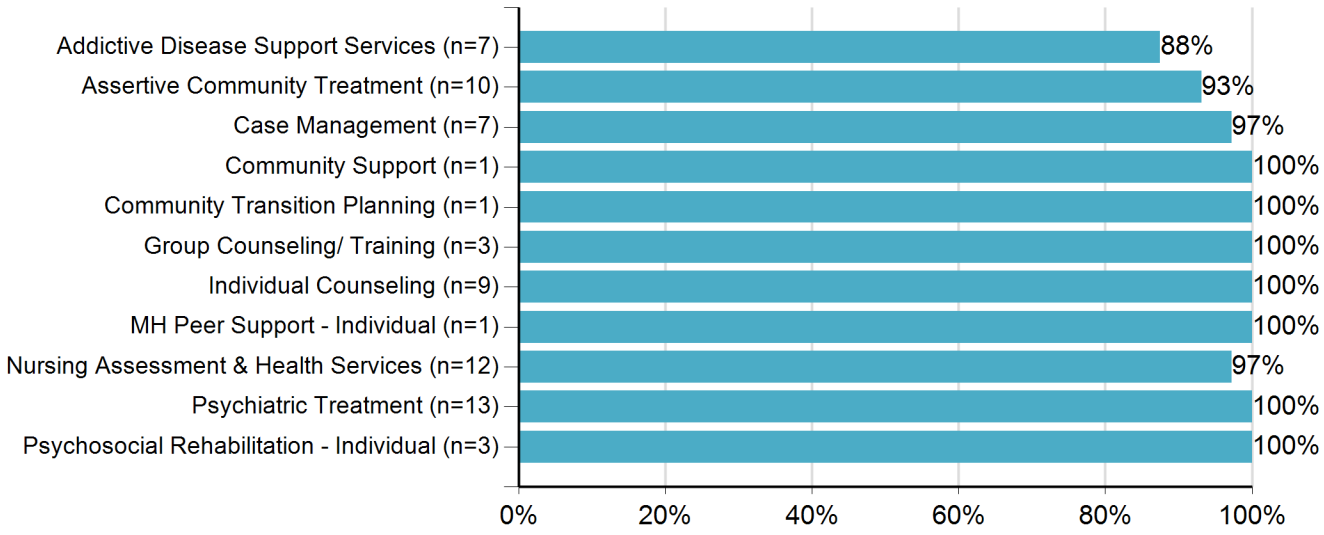
Focused Outcome Areas

Focused Outcome Areas: 99%

Strengths and Improvements:

- Within 95% of records, there was evidence of documentation of communication with external referral sources and providers to obtain results of testing, treatment, and follow up, an improvement from 74% during the previous BHQR in April 2024.
- Suicide risk flags were detailed, including the level of the risk and specific dates. This is also a continued strength for the provider.
- Person-centered practices were evident within one individual's record. The individual requested a refresher on fire safety procedures and the staff member provided a thorough explanation within a PSR-I progress note.

Service Guidelines



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

Service Guidelines: 96%

Indicators scoring below 80%

Addictive Disease Support Services - 88%	Yes	No	NA	%
Coordination with family and significant others is documented and with adult individual's permission. Answer "Yes" if attempt is made, but permission is not given. (Review authorization period.)	2	5	0	29%
Assertive Community Treatment - 93%	**Yes**	**No**	**NA**	**%**
There is documented evidence that the ACT Team is working with informal support systems/collateral contacts at least 2-4 times per month (with or without the individual present) to provide support and skills training to assist the individual in his/her recovery.	5	4	1	56%
ACT conducts Recovery Planning Meetings w/staff, individual, family/informal supports at least quarterly and prior to reauthorization.	4	6	0	40%

Service Guidelines

Strengths and Improvements:

- Psychiatric Treatment progress notes contained a prompt for providers to verify that the prescription drug monitoring program (PDMP) electronic database was checked for individuals being prescribed controlled substances. This is a continued strength for the provider.
- Nursing assessments were comprehensive, including information regarding individuals' psychiatric/substance use history, family history, biomedical assessment, nutritional screening, activities of daily living, education assessment, human immunodeficiency viruses (HIV) assessment, TB symptoms screen, and tuberculosis (TB) risk assessment.

Opportunities for Improvement:

Addictive Disease Support Services

- In five applicable records, coordination with family and significant others, or evidence that the individual declined their participation, was not found. This is reoccurring from the previous review in 4/2024. For example, in one record, the individual stated in the behavioral health assessment of needs that he has a close relationship with his father; however, there was no evidenced of coordination by staff.

Assertive Community Treatment (ACT)

- In four of nine applicable records, there was no documented evidence 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 the individual in his/her recovery. This is a recurring issue found in three consecutive BHQRs (4/2025, 4/2024, and 2/2023).
- In six of ten applicable records, the ACT team did not conduct Recovery Planning Meetings (RPMs) with staff, the individual, and family/informal supports at least quarterly and prior to reauthorization. For example, in one record, there were only two RPMs found (11/12/2024 and 1/8/2024) and the most recent authorization was dated with a start date of 3/26/2025. This is a recurring issue found in four consecutive BHQRs (4/2025, 4/2024, 2/2023, and 6/2021).

Overall Programmatic

The Programmatic standards below, relevant to services reviewed during this BHQR, are not currently calculated into any scored area of the review; however, the provider will be reminded of the requirements and recommendations will be made based upon the findings.

Provider-Level Indicators		
1	Where applicable, all services are provided at approved Medicaid sites.	Yes
2	On-site nurse is present 10 hours/week.	Yes
3	Staff safety and protection policies/procedures are present.	Yes
4	Quality Assurance Plan includes assuring/monitoring quality of services for individuals at risk for suicide.	Yes
5	The provider employs an ASL-fluent practitioner.	N/A
6	The provider has policies and procedures for providing reasonable accommodations to individuals who are deaf/hard of hearing.	Yes

7	The provider had obtained the appropriate DBHDD-approved criminal records background check on all reviewed staff members by their hire date.			Yes
	# Yes	**# No**	**# N/A**	**SCORE***
	6	**0**	**1**	**100%**

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

Additional Comments on Practices

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

- Nursing Assessment and Health Services was documented as "Nursing Assessment + Care" within IRPs. Service names must align with the DBHDD provider manual.

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: 4

Interviews were conducted with four individuals (or parents/guardians of individuals) who receive services from this provider:

- All individuals felt they can access appointments, provider staff, and other agency supports in a timely manner when requested. One individuals stated, *"They can get me in as soon as possible."*
- Individuals felt supported in moving toward desired goals/dreams. One individual stated, "They make me feel supported by being available and working on goals in group."
- When asked, "What about this agency makes you keep coming back?" individuals replied:
  - *"The overall help that I've obtained over the years."*
  - *"I've tried to get help before, but it wasn't working. In fact I was getting worse. [Legacy] helped me understand my illness, talked with me about what I needed, and helped me get on the right track. I've been getting into trouble for 20 years and now I feel I'm finally being helped. I'm working now too, and feel productive."*
  - *"They are affordable. They are helpful to me. So far I haven't gotten much trouble out of them. I like my case worker."*
  - *"Appointments are always on time. The counselor that I go to is always available and if she isn't, she lets me know well in advance. When I first started going, they helped me get on the right medications. Everything has went well!"*

Quality Improvement Requirements

Providers are reminded of the responsibility to maintain internal processes which ensure immediate and permanent corrective actions on issues identified during the quality review process. DBHDD may request corrective action plans (CAPs) as quality review findings warrant as well as review agencies' internal documentation regarding corrective actions and ongoing quality assurance and quality improvement. Please refer to the comments documented in each section above for specific information pertaining to the requirements below.

Requirements: Current and Prior Review

Billing Validation

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

Assessment and Planning

- Treatment/recovery/service plans must contain goals, objectives, and interventions that promote whole health and wellness of the individual.

Compliance with Service Guidelines - Addictive Disease Support Services (ADSS)

- Documentation should support coordination efforts with the individual's family and significant others when the individual requests/permits it.

Compliance with Service Guidelines - Assertive Community Treatment (ACT)

- The ACT team must complete a treatment plan review with the staff, the individual, family, and other informal supports prior to the reauthorization of services.
- The ACT team must work with informal supports/collateral contacts, as required.

Requirements: Current Review

Assessment and Planning

- Treatment/recovery/service plans must address co-occurring health conditions and concerns.

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/