



# Behavioral Health Quality Review Final Assessment Report

## New Hope Residential Facility, Inc. dba New Hope Family Services

<b>Location of Review:</b> 401 South Main Street, Suite A8, Alpharetta, GA 30009	
<b>Names of Quality Assessors:</b> Kristen Ponce, LAMFT; Dorian Milam, RN,CPHQ	
<b>Individuals Interviewed:</b> 1	<b>Staff Interviewed:</b> 3
<b>Records Reviewed:</b> 5	<b>Date Range of Review:</b> 5/29/2018 - 5/30/2018

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: 1	Staff Interviews Conducted: 3
 <p>The Individual Interview is not calculated into the overall score.</p>	 <p>The Staff Interview is not calculated into the overall score.</p>

**Individual Interview Observations:**

One individual's guardian was interviewed and shared they:

- felt safe when receiving services through this provider.
- participated in the development of the safety/crisis plan.
- have been treated with respect and dignity by staff members.
- have been satisfied with supports and services.
  - "They are doing a good job. We have only just started treatment here."

**Staff Interview Observations:**

All staff members interviewed shared they:

- received training and felt proficient in techniques which promote de-escalation during crisis situations.
- were aware of the crisis hotline and "warm lines," and could describe how they provide education to individuals about the use of these resources.
- were knowledgeable of individuals' treatment planning goals and/or objectives relative to the service being provided, and were able to identify progress made on the current goals and/or objectives.
- collaborate with other staff members within the agency to ensure all treatment needs have been addressed.

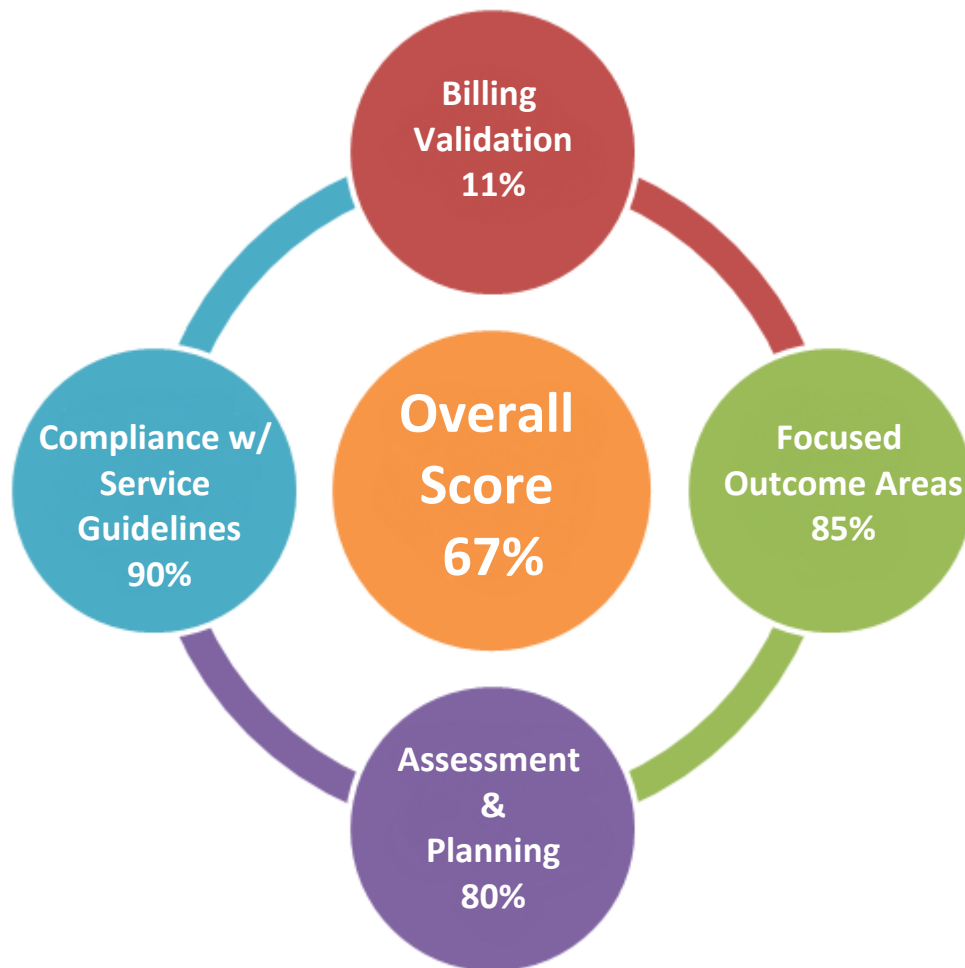
Additional comments shared by staff members included:

- "I enjoy working for a small agency. You get to really know both the staff and the individuals on a personal basis."
- "I think it's an awesome agency to work with because of the smallness of the organization. There's a lot of opportunities to grow and expand and do other things."
- "I will see individuals both at home or at their schools; it just depends on what the parents want. We try to give them options for treatment."

Suggestions for improvement:

- "I'd like to see them have rights and responsibilities and confidentiality paperwork in a way that the client or the family can understand. I'd like to see someone find a better wording for them, because if the client doesn't get it, it doesn't matter."
- "My main constructive feedback is that all the paperwork needs to be done on the front end. It interrupts the flow of the therapeutic process of the client when you have paperwork still to get done. It's hard enough to just see them, but then you have to add in the extra papers and that's challenging."

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

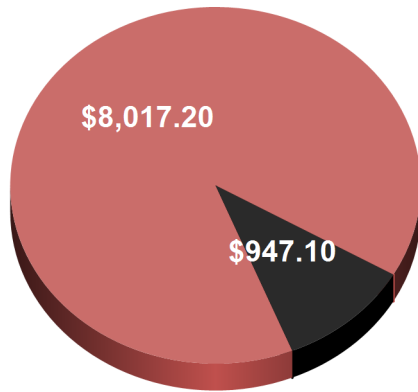
	Overall Score	Billing Validation	Focused Outcome Areas	Assessment & Planning	Service Guidelines
FY17 Statewide Average	84%	84%	89%	77%	88%

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.

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## Billing Validation



	Medicaid	Total
Justified	\$947.10	\$947.10
Unjustified	\$8,017.20	\$8,017.20
Total	\$8,964.30	\$8,964.30

Justified
  Unjustified

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	22
	Individual receiving services does not meet admission criteria for service billed	15
Performance Standards	Content does not support units billed	1
	Non-billable activity billed	1
	Multiple services billed at same time	1
Quantitative Standards	Staff credential not supported by documentation	10
	Progress note is missing	7
	Date of entry missing	5
	Signature missing	8
	Location missing	1
	Units billed exceeded time and/or units documented	3
	Consistency requirements missing	2

**Billing Validation: 11%**

### Billing Validation – Strengths:

- There were no strengths identified in this area during this review.

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## Billing Validation – Opportunities for Improvement:

### Eligibility

- The individual receiving services did not meet admission criteria for the IFI service for two individuals which affected 15 claims. This resulted in a revocation of the authorization for both individuals.
  - One individual's authorization began 4/19/18 and the Behavioral Health Assessment (BHA) was completed the same day, but the providing staff member was a Supervisee Trainee (S/T); an S/T is not able to provide a verified diagnosis. A Diagnostic Assessment with a service date of 5/4/18 was filed in the record but it was incomplete, as it was missing pages 5-7 and did not contain a signature or date of entry. A verified diagnosis was not present in the record at the time of the Behavioral Health Quality Review (BHQR).
  - An IFI authorization began 3/21/18 and there was no verified diagnosis present on or before this date within the paper record or electronic medical record (EMR). The Diagnostic Assessment was completed by the LPC 3/22/18; however, there was no original signature and date of entry on the document (the progress note had been emailed to the administrator, printed and placed in the paper record - an original signature was not present). A verified diagnosis was not present in the record at the time of the BHQR.
- The order for service (OFS) for IFI was incomplete for 22 claims reviewed.
  - One IFI claim for 4/19/18 did not contain an OFS until 4/21/18.
  - The remainder of the claims were affected due to not having original signatures on the OFS forms within the paper record. These OFS' contained a photocopied signature but had original dates of entry. OFS forms were not filed in the EMR for these specific records.

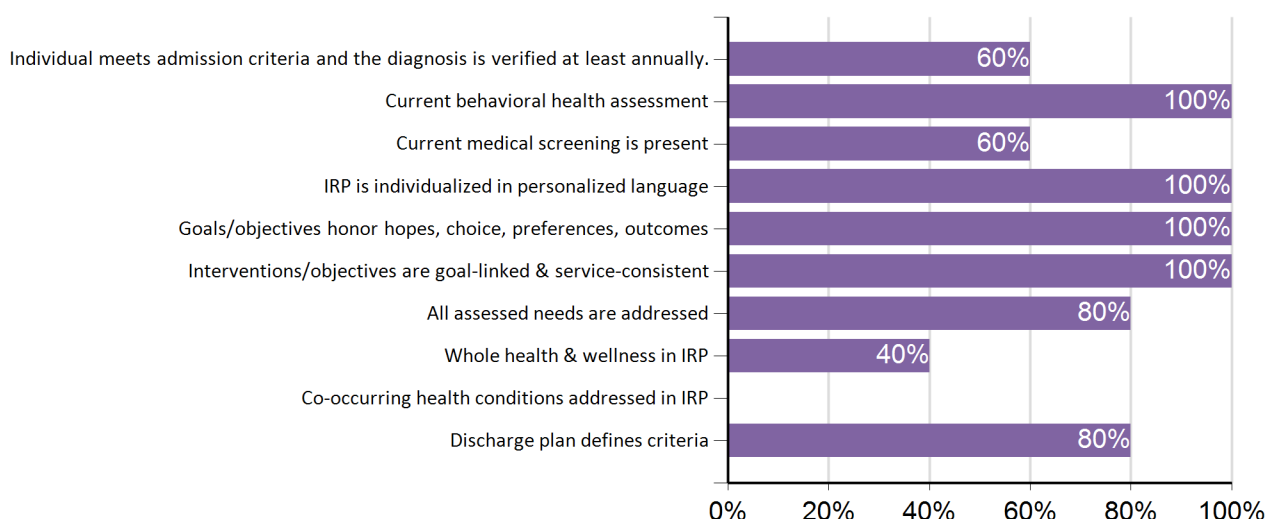
### Performance Standards

- The content did not support the units billed in one note. The staff met with the individual, but there was no clear intervention documented to justify seven units billed; therefore, one unit was justified.
- Non-billable activity was billed in one note. The content of the note was documented as non-billable attempt to meet with the individual.
- Multiple services were billed at the same time in one record. Three notes were billed on 3/22/18 for the same individual. The first from 5:00-6:00PM; second from 6:00-6:30PM; and a third note 6:05-6:35PM which overlapped with the second note.

### Quantitative Standards

- A staff member's credential was not supported by documentation for 10 claims reviewed. The S/T did not have a complete attestation as required in the DBHDD Provider Manual. The document was missing the following required components: licensure type sought and anticipated date of licensure examination. Additionally, the S/T was missing the agency-required training.
- Seven progress notes were missing.
- The date of entry was missing in five notes. There were no original dates of entry on these notes.
- The signature was missing in eight notes. These notes did not contain original signatures. As stated above, the provider printed these notes from email and placed in the paper record.
- The out-of-clinic location was missing on an Individual Resiliency Plan (IRP). The provider bills from the IRP document which was missing the location of the session.
- The units billed exceeded the units documented in three notes. For example, the units documented on the note were six; however, the provider billed eight units for the claim.
- Consistency requirements were missing for two BHAs, as the page numbers were not documented on any page of the documents.

# Assessment & Planning



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

## Assessment & Planning: 80%

### Assessment and Planning – Strengths:

- The Child and Adolescent Needs and Strengths (CANS) Comprehensive Assessment was present in records reviewed.
- All IRPs reviewed were individualized and most contained goals and/or objectives written in personalized language.
- IRPs were comprehensive, specific to the individuals reviewed, and focused on their individual needs.
- All records reviewed contained current BHAs.
- Four of five records reviewed contained discharge plans which defined required criteria of anticipated step-down dates, anticipated specific step-down services or supports, and clear clinical benchmarks in which the individual should meet prior to transitioning in level of care.

### Assessment and Planning – Opportunities for Improvement:

- The individual did not meet admission criteria in two records reviewed.
  - One individual did not have a verified diagnosis in the record on or before the start of the authorization on 4/19/18, and additionally, did not have a completed verified diagnosis within the record at the time of the BHQR (missing pages of the Diagnostic Assessment)
  - Another individual did not have a verified diagnosis on or before the start of the authorization on 3/21/18, and additionally did not have a completed verified diagnosis within the record at the time of the BHQR, as the document within the record did not contain an original signature or date of entry.
- A current medical screening was not present in two records.
- Whole health and wellness goals/objectives/interventions were not reflected in three IRPs. These individuals would benefit from interventions such as healthy nutrition, exercise, and sleep hygiene.

## Focused Outcome Areas



### Focused Outcome Areas: 85%

#### Focused Outcome Areas – Strengths:

- Crisis prevention plans reviewed were specific to the individual, and contained multiple emergency contact numbers for the individual and/or family to utilize during a crisis.
- All individuals were informed of their rights and responsibilities at the onset of services, supports, and treatment as evidenced by the individual's or legal guardian's signature on notification.

#### Focused Outcome Areas – Opportunities for Improvement:

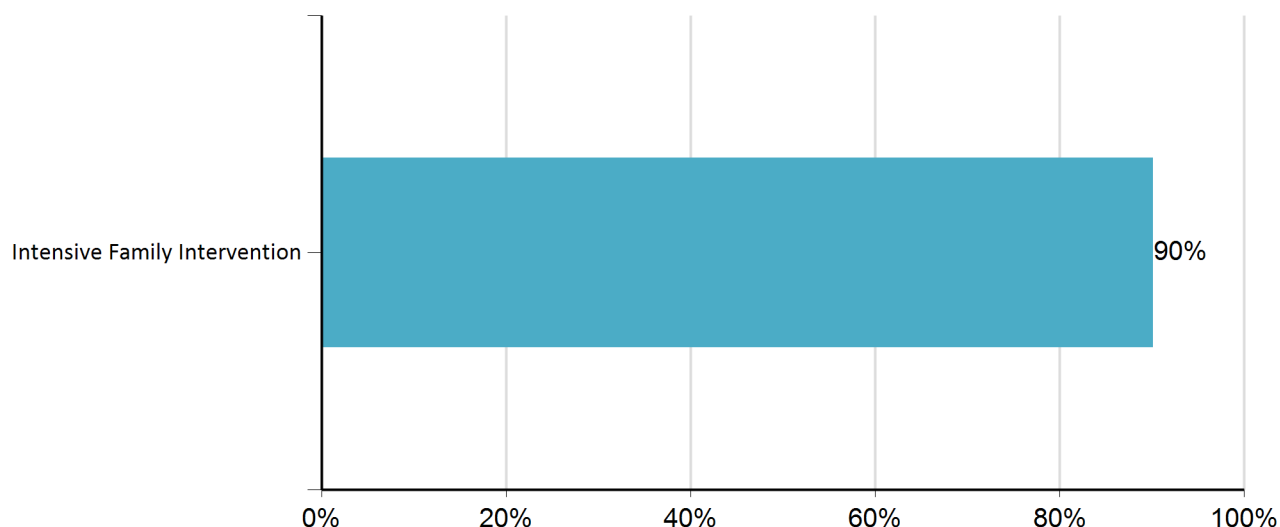
##### Whole Health

- Documentation did not demonstrate evidence of communication with external referral sources in two records reviewed. For example, the individual's record contained a blank, but signed, Release of Information (ROI) form; there was no additional coordination of care or requests made with external providers evidenced within the record.
- Documentation did not demonstrate ongoing assessment to determine external referrals for health services, supports, and treatment when they were not available within the organization within two records reviewed. For example, an individual was assessed to be enrolled in special education classes and also had a school Individualized Education Program (IEP); however, there was no referral for psychological services to be completed which assessed for current status and level of functioning.

##### Rights

- Documentation did not indicate that Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules (as outlined in 45 CFR Parts 160 and 164) were specifically reviewed with the individual in all five records reviewed. The document completed upon admission into services referenced "Notice of Privacy Practices" only, without specific reference to HIPAA federal guidelines.

## Compliance With Service Guidelines



### Compliance With Service Guidelines: 90%

#### Compliance with Service Guidelines – Strengths:

- The IFI team had all required staff: a licensed Team Leader, a paraprofessional, and a Supervisee/Trainee (S/T) fulfilling the role of the additional required paraprofessional.
- Staff members utilized non-billable progress notes which documented attempts to meet individuals, and assisted in explaining some potential gaps in service.
- The Team Leader met with families at least two times per month, as required, in all records reviewed.

#### Compliance with Service Guidelines – Opportunities for Improvement:

##### Intensive Family Intervention (IFI)

- Documentation did not support that the individual met admission criteria in two records reviewed. See above comments in Billing Validation.
- The team was not making at least three (3) contacts per week and at a frequency that was clinically appropriate in three records reviewed. While non-billable notes were completed occasionally for some individuals reviewed, some gaps in service did not contain an explanation. For example, one individual was seen 3/14/18, but not again until 3/22/18; was seen 3/26/18, but not again until 4/5/18; was seen 5/8/18, but not again until 5/17/18.



## 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:

- New Hope Residential Services, Inc., dba New Hope Family Services, began providing services in Georgia in 2010.
- The provider serves the child/adolescent population through IFI services and is located in Alpharetta, Georgia. They serve the following counties: Fulton, Clayton, Coweta, Cobb, Henry.
- The provider has been a Commission on Accreditation of Rehabilitation Facilities (CARF)-Accredited organization in Georgia since 2011.
- The provider's record keeping system was a hybrid of paper records and an EMR, ShareNote.
- Discharge summaries were present in the records for individuals who have discharged from IFI services.

### Additional Comments on Practices – Opportunities for Improvement:

- Many documents within the paper record did not contain original signatures, as they were self-reported by the provider to have been printed from an agency email address. Documentation included Order for Service forms, Diagnostic Assessments, BHAs, IRPs, and progress notes.
- Policies and organizational information are lacking the following as outlined in the DBHDD Provider Manual for IFI (Page 71):
  - Staff state the IFI team has adopted Cognitive Behavioral Therapy (CBT) as their fidelity model and plan to transition to Multi-Systemic Therapy (MST). However, this is not documented in policies/procedures and there is no evidence in personnel files that staff have been specifically trained on CBT.
  - How staff are assigned.
  - How the plan for services is modified or adjusted to meet the needs specified in each Individualized Resiliency Plan.
- Two non-licensed staff member's personnel records were reviewed for Minimum Standard Training Requirements (MSTR) for credential billed (S/T, PP). Both of these staff have not yet completed all required agency face-to-face trainings. Both staff were within 90 days of hire during timeframe of billing sample reviewed therefore billing was not impacted by this.
- Blank, but signed, ROI forms were evidenced within multiple records reviewed. Only one record contained a completed ROI which designated a provider.
- Page numbers were missing on some of the documentation, such as BHAs, IRPs, and crisis plans. This did not impact billing validation, as these documents were not included within the billing sample.
- Late entry handwritten documentation were not consistently dated and initialed by the writer. Best practice is single line strike, with date and initial of staff making the modification or correction of the error.

## 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:

- Training and Quality Enhancement Recommendations: Ensure all Intensive Family Intervention team members are trained in declared therapeutic mode.
- Billing Validation: Ensure all staff credentials are supported by documentation.
- Billing Validation: Ensure codes/services billed are consistent with documentation.

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<ul style="list-style-type: none"> <li>• Billing Validation: Ensure documentation supports what is billed (see comments in Billing Validation section).</li> </ul>
<ul style="list-style-type: none"> <li>• Billing Validation: Ensure non-reimbursable activities are not billed.</li> </ul>
<ul style="list-style-type: none"> <li>• Billing Validation: Ensure services are ordered by an appropriately-credentialed professional.</li> </ul>
<ul style="list-style-type: none"> <li>• Billing Validation: Ensure services are provided to individuals who meet DBHDD Core Customer eligibility criteria.</li> </ul>
<ul style="list-style-type: none"> <li>• Billing Validation: Ensure time/units billed is supported by documentation.</li> </ul>
<ul style="list-style-type: none"> <li>• Assessment &amp; Planning: Ensure all individuals served meet Core Customer criteria.</li> </ul>
<ul style="list-style-type: none"> <li>• Assessment &amp; Planning: Ensure all individuals served receive a medical screening upon admission.</li> </ul>
<ul style="list-style-type: none"> <li>• Assessment &amp; Planning: Ensure treatment/recovery/service plans contain goals, objectives, and interventions that promote whole health and wellness.</li> </ul>
<ul style="list-style-type: none"> <li>• Compliance with Service Guidelines: Ensure service has a program description or plan that contains all components as required by the DBHDD Provider Manual.</li> </ul>
<ul style="list-style-type: none"> <li>• Compliance with Service Guidelines: Ensure service is provided in accordance with the DBHDD Provider Manual.</li> </ul>

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