The Georgia Collaborative ASO

# New Horizons Community Service Board

## Behavioral Health Quality Review Final Assessment

**Address:** 2100 Comer Avenue, Columbus, GA 31904

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**Records Reviewed:** 40 | **Date Range of Review:** 3/18/2024 - 3/22/2024

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: 09/25/2023 | 87% | 73% | 95% | 84% | 94% |
| Review Date: 03/27/2023 | 80% | 60% | 92% | 81% | 87% |
| 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

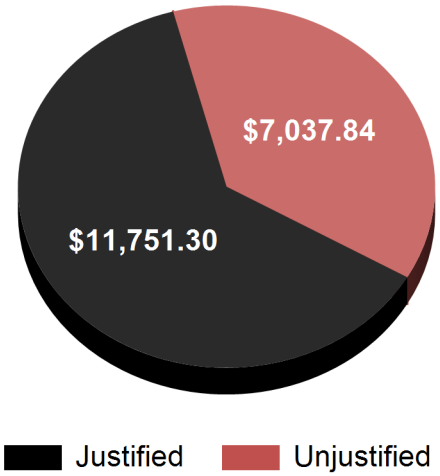
**Strengths and Improvements:**

- The files of five staff members were reviewed for documentation to support the credential each employee was using. All five individuals met credentialing requirements. This is an improvement from the six previous Behavioral Health Quality Reviews (BHQRs), from August 2019 through September 2023. In addition, it was noted that:
  - Staff complete training both on-line and in person related to "military culture," which is helpful given the agency is located near a military base and serves veterans.
  - Personnel files were very organized and submitted well within the requested timeframe.
- In all five applicable records scored for Intensive Case Management (ICM), the timeframe from receipt of referral to engagement with an individual was no more than five days. This is an improvement from the previous BHQR (9/2023) where this was not documented in 25% of applicable records.
- Several individuals in the Crisis Respite Apartment (CRA) program had been discharged due to procurement of independent housing; these records reflected CRA staff assisting in the housing searches and preparations for upcoming moves.
- Housing search logs were documented in applicable CRA records, which is an improvement from prior reviews.
- Psychosocial Rehabilitation Program (PSR) progress notes detailed specific responses from the participants. An example included: "Individual shared with the group that her short-term goal was to finish her puzzle and her long-term goal was to lose weight."

**Opportunities for Improvement:**

- Overall progress was not documented in 33 progress notes reviewed.
- Whole health & wellness was not included on the current Individual Recovery Plan (IRP) in 77% of records reviewed.
- The majority (86%) of records for individuals with a history of suicide behavior any time in their lifetime were not flagged with "suicide history." This was also noted in the two previous BHQRs (9/2023 and 3/2023).
- Multiple services were provided and billed when the service was not included on a corresponding IRP, or there was not a corresponding IRP for that time frame in the record.

# Billing Validation




| | Medicaid | State Funded Services | Total |
|---|---|---|---|
| Justified | $6,280.85 | $5,470.45 | $11,751.30 |
| Unjustified | $2,519.58 | $4,518.26 | $7,037.84 |
| Total | $8,800.43 | $9,988.71 | $18,789.14 |

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 | Individual receiving services does not meet admission criteria for service billed | 6 |
| Performance Standards | No overall progress documented | 33 |
| | Content does not support units billed | 17 |
| | Intervention unrelated to the IRP | 17 |
| | Note does not include response to intervention | 9 |
| | Content of note does not match service definition | 2 |
| | Multiple services billed at same time | 2 |
| | Content does not support code billed | 1 |
| | Content of documentation is not unique | 1 |
| | Diversionary activities billed | 1 |
| | Non-billable activity billed | 1 |
| Quantitative Standards | Progress note not filed within seven calendar days | 10 |
| | Location missing | 9 |
| | Staff credential missing | 8 |

## Billing Validation: 63%

**Strengths and Improvements:**

- There were no billing discrepancies related to minimum contacts not being met. This is an improvement from the previous BHQR (9/2023).
- The files of five staff members were reviewed for credentialing contained all required trainings. This is an improvement from the six previous Behavioral Health Quality Reviews (BHQRs), from August 2019 through September 2023. For example, there were 23 claims that were not justified in the previous BHQR (9/2023) for this reason.
- There was only one progress note where the content did not support the code billed. This is an improvement from the previous BHQR (9/2023), in which six notes were not justified for this reason.

**Opportunities for Improvement:**

**Eligibility Standards**

- Six claims for ICM, ranging from 12/11/2023 until 1/25/2024, were not justified because the individual did not meet admission criteria for ICM. A discharge letter was sent 12/04/2023 alerting the individual that they did not meet ICM criteria. Staff met with the individual on 12/06/2023 to reiterate that they did not meet ICM criteria. Additionally, the initial ICM referral also indicated the individual did not meet ICM criteria.

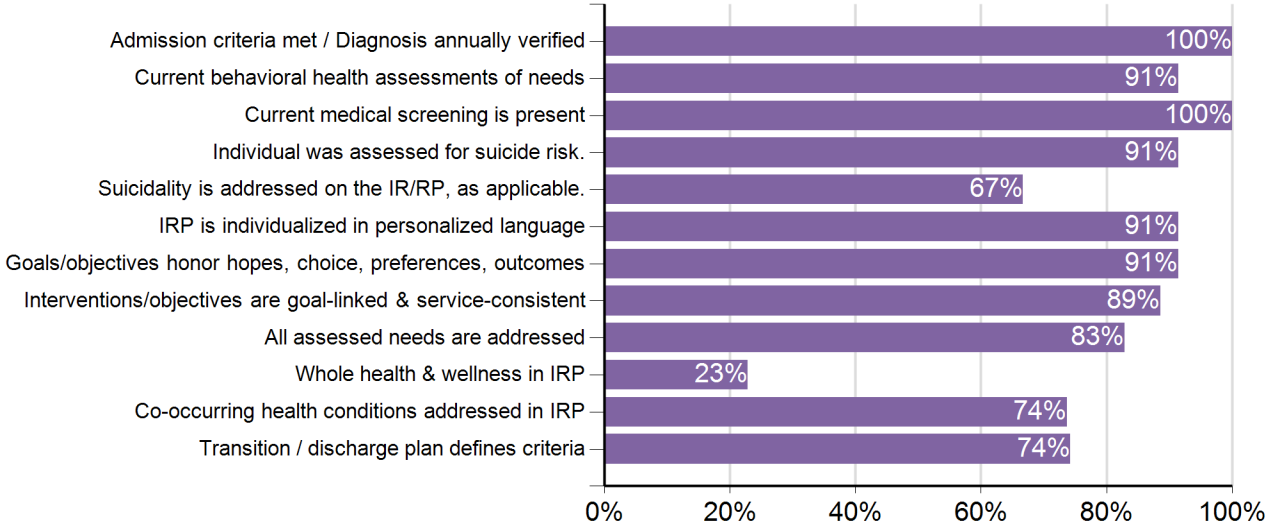
**Performance Standards**

- There was no overall progress documented in 33 progress notes reviewed. This included 30 progress notes across six records for Group Skills Training, and three progress notes for Individual Counseling.
- The content did not support the units billed in 17 progress notes reviewed. Eleven of these were for ICM. This is a recurring issue noted in the two previous BHQRs (9/2023 and 3/2023). Examples included:
    - An ICM note for four units (one hour) documented a check-in and stated, "[Individual] is not interested in speaking with this CM [Case Manager] and kind of rushed the conversation."
    - Another ICM note billed eight units (two hours) for accompanying an individual to a hairstyling appointment.
    - Five units of ICM were billed to congratulate an individual on getting a driver's license, assure medication and appointment compliance, and observe individual's home environment.
    - Six units of ICM were billed for staff to transport an individual to a re-assessment appointment and discuss the weather, holidays, and collection of Bibles. The only billable intervention documented within the note was a needs assessment and administration of the Columbia Suicide-Severity Rating Scale (C-SSRS).
- The intervention was unrelated to the IRP in 17 progress notes reviewed. Services either were not included on IRPs, or there was not an IRP to cover the billing claims date. This is a recurring issue noted in the previous BHQR (9/2023). This included:
    - Services such as Supported Employment (SE), Family Counseling, Group Counseling, Group Skills Training, Nursing Assessment and Care, Psychiatric Treatment, Service Plan Development (SPD), and Behavioral Health Assessment (BHA).
    - For example, in one record, an IRP expired 10/19/2023, and an IPR dated 6/28/2023 was blank. In another record, an IRP expired 12/14/2023, and an IRP dated 4/12/2023 was blank.
- Nine Group Skills Training progress notes across four records did not include a response to the intervention. This is a recurring issue noted in the previous BHQR (9/2023).
- Two claims for Addictive Disease Support Services (ADSS) were unjustified due to content of the note not matching the service definition. An ADSS progress note on 1/6/2024 reflected Community Support Services and in another record, ADSS was billed and documented, but the content reflected a group session.
- Multiple services were billed at the same time. On 12/29/2023, the time in/out on an ICM note was 11:00am-11:45am, which overlapped with a PSR Program note from 10:45am-11:46am. In another record on 12/11/2023, Nursing Assessment and Care was billed from 2:00pm-2:29pm which overlapped with a PSR Program note from 1:30pm-2:30pm.
- One claim for ADSS did not support the code billed. The U7 (out of clinic modifier) was utilized for a telehealth session.
- One claim for Group Skills Training was not unique as it documented the same "Intervention" and "Plan" sections as a progress note the day prior.
- Group Skills Training was billed for two hours to watch a movie, with no other intervention listed for this time frame.
- A note for Community Support (CS) indicated a staff member went to the school to meet with the individual but the individual was not at school which is non-billable.

**Quantitative Standards**

- Ten progress notes reviewed were not filed within seven calendar days. This is a recurring issue noted in the two previous BHQRs (9/2023 and 3/2023). For example, progress note for PSR Program on 12/20/2023 was not signed until 1/11/2024, 22 days later.
- The location was missing in nine progress notes reviewed. In each instance, the U7 out-of-clinic modifier was billed and documented, but the specific location was not indicated within the progress note. All nine notes were for sessions in 2024 and were filed in the provider's new electronic medical record (EMR). This is also a recurring issue noted in the previous BHQR (9/2023).
- The staff credential was missing in eight progress notes reviewed. All notes were in the new EMR. Four notes listed only the staff member's educational degree, but not their credential. Four notes listed a staff member's paraprofessional (PP) credential, but did not include their educational degree to justify billing using the U4 code (which indicates the employee has a degree in a helping profession).

# Assessment & Planning




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

## Assessment & Planning: 83%

### Strengths and Improvements:

- The following indicators have scored 100% in the past four BHQRs (9/20/23; 3/2023; 9/2022; and 1/2022):
  - Records contained a verified diagnosis.
  - All individuals had a current medical screening.

### Opportunities for Improvement:

- Suicidality was not addressed on the IRP in three of nine (33%) applicable records.
  - An individual endorsed passive suicidal ideation (SI) documented in a Psychiatric Treatment note on 12/7/2023. The C-SSRS "Since Last Visit" completed 1/31/2024 was scored "yes" for SI in the past month with the comment, "She reports that she doesn't want to be here anymore." This was not addressed on any of the current IRPs (start dates January 2024 and March 2024).
  - In the other two records, the C-SSRS Lifetime-Recent version was not completed in its entirety, making it unclear if suicidality needed to be addressed on the individuals' IRPs. This is a recurring issue noted in the two previous BHQRs (9/2023 and 3/2023).
- Whole health & wellness was not included on the current IRP in 27 (77%) records reviewed. On many IRPs, the only mention of this requirement was "will monitor [individual's] overall health and wellness," or "educate individual on the importance of whole health." These phrases are not specific or individualized. Opportunities for whole health and wellness include addressing sleep hygiene, smoking cessation, exercise options, meditation, yoga, and other activities that would benefit the whole person. This is a recurring issue noted in the previous BHQR (9/2023).
- Co-occurring health conditions were not addressed in five of 19 (26%) applicable records. Conditions such as epilepsy, fibromyalgia, and declining mobility were not addressed or deferred on the IRPs. In addition, two of the five records did not contain current IRPs. This is a recurring issue noted in the two previous BHQRs (9/2023 and 3/2023).
- Transition/discharge plans lacked one or more of the three required components in nine (26%) records. Most of these lacked clear clinical benchmarks, with statements like "once he has demonstrated his ability to tend to his whole health and wellness," and "improved frequency of low mood, increased control of manic states, and whole wellness." Many plans referenced accomplishing keeping appointments and taking medication; however, participation and medication compliance are not considered specific clinical benchmarks to measure readiness to transition to a lower level of care. This is a recurring issue noted in the two previous BHQRs (9/2023 and 3/2023).

# Focused Outcome Areas


## Focused Outcome Areas: 94%

### Strengths and Improvements:

- All records contained documentation of ongoing assessment to determine external referrals for health services, supports, and treatment when not available within organization.
- As noted in the previous BHQR (9/2023), the majority of records (97%) contained a Safety/Crisis Plan that outlined the individual's desires and plans in the event of a crisis.
- Individual/guardian signed formal acknowledgement of rights and responsibilities at least annually in 86% of applicable records. This is an improvement from the previous BHQR (9/2023), in which this was present in only 68% of applicable records.

### Opportunities for Improvement:

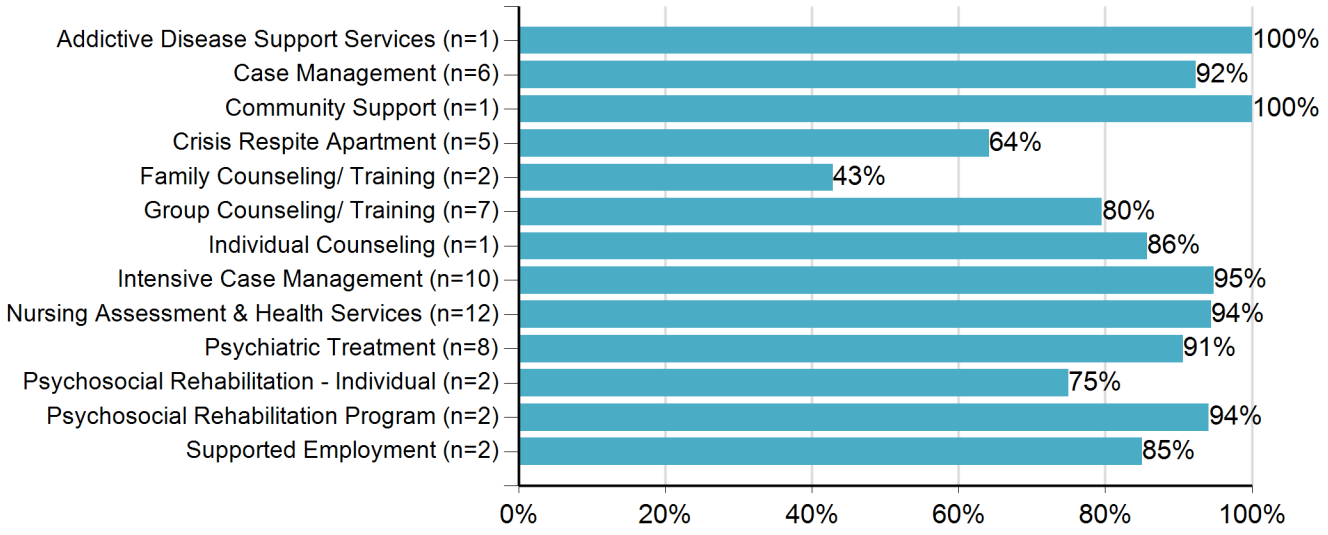
**Whole Health**

- Four of 16 (25%) applicable records lacked documentation of communication with external referral sources and providers to obtain results of testing, treatment, and follow up. For example, an individual was assessed by this provider on 12/6/2023 and was transported to an inpatient psychiatric facility for suicide intent with a plan. The individual later resumed treatment with this provider, but there were no records present or requested from the inpatient facility. In another record, an individual in the Supported Employment (SE) program had physical health issues impacting their ability to work stemming from a motor vehicle accident. The individual was out of work for more than two months, yet there were no records, requests, or releases of information (ROI) for the medical providers.

**Safety**

- One of two applicable records lacked documentation that clinically-appropriate actions or steps were taken and linkages/referrals were made when the individual had been assessed to be at risk for suicide within the past six months.
- The record of an individual who was admitted to an inpatient hospital in December 2023 for suicide intent with a plan was not flagged for "high risk of suicide."
- Twelve of 14 (86%) records were not flagged with "suicide history" for individuals with a history of suicide behavior any time in their lifetime. This was also noted in the two previous BHQRs (9/2023 and 3/2023).
- Two of three (67%) records when an individual had been assessed to be at high or moderate risk for suicide (within the past six months), lacked documented evidence of ongoing assessment, as required by Department of Behavioral Health and Developmental Disabilities (DBHDD) policy. Either progress notes did not contain the questions of approved assessments, and/or the "C-SSRS" tab in the EMR did not contain an assessment for the date of each visit, as required. This is a recurring issue noted in the previous BHQR (9/2023).

# Service Guidelines




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

## Service Guidelines: 87%

### Strengths and Improvements:

- Coordination of Care was documented in a progress note on 11/30/23 by a Nurse Practitioner (NP): "Continue with PCP [Primary Care Professional] for annual wellness exams and follow-up on elevated lab results, will not provide additional increases to medications without consultation with PCP about elevated liver enzymes." However, there was no indication that contact was attempted with the PCP, and there was no ROI in the record.
- In all five applicable records scored for Intensive Case Management (ICM), the timeframe from receipt of referral to engagement with an individual was no more than five days. This is an improvement from the previous BHQR (9/2023) where this was not documented in 25% of applicable records.
- Several individuals in the Crisis Respite Apartment (CRA) program had been discharged due to procurement of independent housing; these records reflected CRA staff assisting in the housing searches and preparations for upcoming moves.
- Housing search logs were documented in applicable CRA records, which is an improvement from prior reviews.
- Psychosocial Rehabilitation Program (PSR) progress notes detailed specific responses from the participants. Examples included:
  - "She knew her family tree and that her family goes back 150 years and she has nothing else to add."
  - "After a messy group session today, individual said she had an outstanding relationship with her mother and that she knew the number for the advocacy hotline to call in the event she needed assistance."
  - "Individual shared with the group that her short-term goal was to finish her puzzle and her long-term goal was to lose weight."

### Opportunities for Improvement:

**Supported Employment (SE)**

- Neither record contained evidence that the Vocational Profile was updated and the individual was assisted in updating their resume and employment plan when employment circumstances changed.
  - In one record, the individual stated they wanted to quit their current job and get a new job, but the Vocational Profile was not updated.
  - In the other record, the Vocational Profile had not been updated since 6/2023, despite the fact that the individual's physical health had been impacting the ability to work for months. The individual had surgery, was on a leave of absence, and then quit due to their physical health. The individual stated they were in need of a different type of job due to physical limitations. The Vocational Profile was not updated to include this.

- In one of two records, the IRP expired 12/10/2023.

**Family Counseling/Training**

- In one record, Family Counseling was provided on 12/29/2023, but the most recent IRP containing this service expired on 10/19/2023. Similarly, in another record, Family Skills Training was billed for five dates from 1/8/2024 through 2/9/2024, but the most recent IRP containing this service expired 12/28/2023. As such, the following indicators were scored "no" in each record:
  - The documentation indicates achievement of specific goals defined and agreed upon by the individual and family member (or parents/responsible caregivers) and specified in the IRP.
  - Progress notes contain documentation of the individual's progress (or lack of) toward specific goals/objectives on the treatment plan.
  - The staff interventions reflected in the progress notes are related to the staff interventions listed on the treatment plan.
  - Service is provided as planned within the IRP

**Group Counseling/Training**

- In four of seven (57%) records, progress notes did contain documentation of the individual's progress (or lack of) toward specific goals/objectives on the treatment plan.
- In three of seven (43%) records, progress notes did not document individual response to the staff intervention provided.

**Psychosocial Rehabilitation (PSR) Program**

- In one of two records, progress notes did not contain documentation of the individual's progress (or lack of) toward specific goals/objectives on the treatment plan.

**Psychosocial Rehabilitation-Individual (PSR-I)**

- In one of two records with claims for PSR-I, the IRP was expired. Sessions were billed on 1/24/2024 and on 2/8/2024, but the IRP expired 12/14/2023. As such, the following indicators were scored "no":
  - Progress notes contain documentation of the individual's progress (or lack of) toward specific goals/objectives on the treatment plan.
  - The staff interventions reflected in the progress notes are related to the staff interventions listed on the treatment plan.
  - Service is provided as planned within the IRP

**Individual Counseling (IC)**

- In the record reviewed that included claims for IC, progress notes did not contain documentation of the individual's progress (or lack of) toward specific goals/objectives on the treatment plan. There were no specific statements related to the individual's progress documented in the notes.

**Crisis Respite Apartments (CRA)**

- One individual did not meet admission criteria as the only diagnosis documented in the record was "Encounter for observation for other suspected diseases and conditions ruled out." Additionally, there was no assessment or supporting documentation for the diagnosis. The last time a clinician documented a face-to-face assessment with this individual was September 2021.
- One of three applicable records did not have a safety/crisis plan, as clinically warranted.
- Three records did not have an IRP with CRA on it; of these records one did not have an IRP at all, one only had an IRP with Supported Employment listed, and the other had an IRP with outpatient services.
- One record had no authorizations for this service.
- Although staff have improved in identifying "shift times" in notes as well as documenting attempted contacts or circumstances to explain when individuals were not at home, none of the records evidenced the required three contacts per day (one per shift) for an enhanced CRA program. This is a recurring issue noted in prior reviews.
  - Most often there were only one or two contacts per day.
  - There were days in all records in which there were no contacts by any New Horizons staff member.
- A housing choice and needs survey (NSH) was either not completed or not valid for three individuals. Two records lacked a NSH. In the third record, the survey was completed 3/12/2024, but the individual was discharged in 12/2023.
- Documentation was sometimes signed up to one month late; this did not result in billing discrepancies due to

no billing is associated with CRA records at this time within a BHQR.

# Crisis Respite Apartments Site Visit

At the request of DBHDD, a site visit of the Crisis Respite Apartments (CRA) was conducted during the BHQR. The CRA site visit results are not included in the Final Overall Score of the provider's BHQR. Crisis Respite Apartments Site Visit Questions are based on the DBHDD Provider Manual and the U.S. Department of Housing and Urban Development Inspection Form.

| | |
|---|---|
| Unit exterior is in good repair, maintained, safe for the provision of services; free of trash, debris, or other hazards. | **Yes** |
| Unit has all utilities required: electricity, water, gas, sewer, etc. | **Yes** |
| All electrical outlets are properly installed (no exposed wiring, cover plates present, etc.). | **Yes** |
| Windows are in state of good repair, lockable on ground floor, free of rot/deterioration, sealed properly. | **Yes** |
| Ceilings, walls, and floors are in good repair and free of: holes, loose or falling surfaces or paint, water damage, water or air infiltration, etc. | **Yes** |
| Emergency food supply (at least three days' worth) is present (water, canned food, dry food, etc.). | **Yes** |
| Medications are properly stored (refrigerated as needed), secure, safe, etc. | **Yes** |
| Individual has access to private space in home (own bed, shower/bathing facility does not require access through another's bedroom, living space is not shared with provider's administrative office space). | **Yes** |
| Living space is clean, accessible, and free of: pests, hazards, bad odors, trip hazards, dirt, etc. | **Yes** |
| Living space is age-appropriate, respectful of individual(s) served. | **Yes** |
| Lighting is adequate to the needs of individuals present/served. | **Yes** |
| Individual has access to kitchen that is clean, in good repair, is functional, and refrigerator maintains food at appropriate temperatures. | **Yes** |
| Individual has 24-hour access to outside communication via telephone. | **Yes** |
| Individuals have emergency contact numbers / numbers for all supports. | **Yes** |
| First aid kit is present and residents know where it is stored. | **Yes** |
| Smoke detector, CO2 detector, and fire extinguisher are present and in working order. | **Yes** |
| If residents use wheelchair, walker, etc., unit is ADA accessible to them (both interior and exterior - ramps, grab bars, etc.). | **No** |
| If deficiencies were noted during the self-certification HQS inspection, the provider has created a self-correction plan to address. | **Yes** |
| Do individuals have access to public transportation (i.e., bus stop) within walking distance (NA if rural)? | **Yes** |
| If individuals do not have access to public transportation (i.e., bus stop within walking distance), is there a viable plan to access transportation? | **N/A** |

# Crisis Respite Apartments Site Visit

## Observation

The site visit was conducted in-person.

New Horizons CSB's CRA program consists of three two-bedroom, one-bathroom apartments all located in the same complex as the CRA administrative office. The complex is located on a local bus route and within walking distance to a library and several convenience and grocery stores.

- The administrative office is comprised of two separate apartments within the same building. One apartment has space that is used to host groups and for leisure activities.
- The office houses a deep freezer stocked with frozen meals, meats, and vegetables and a locked cabinet full of extra cleaning and hygiene supplies along with over-the-counter medicines available to the residents.
- Ready-to-eat meals (MREs) are labeled with purchase dates to assist with tracking of expiration.
- There are four security cameras that provide a live feed which can be viewed by staff on their mobile phones through an app called Wyze.
- Lockboxes for medications were available to residents.
- Resource binders containing staff contact information, after hours emergency numbers, directions to local parks, suggestions for dining and shopping, and "fun things to do in Columbus" were placed in all the units.
- Residents have access to landline cordless telephones and a sign is posted in each apartment listing the CRA office number, GCAL, and New Horizons crisis number.
- Evacuation routes are posted in each unit.
- Reminders for monthly pest control are posted on front doors.

Items scored No:

- As noted in prior reviews, the apartments are the same configuration as last visit so there is not at least one unit that is Americans with Disabilities Act (ADA) accessible. Although this unit is ground level, it is still not ADA accessible as there are thresholds to cross from the parking lot and again into the front entry.

Although it did not impact scoring, the following was noted:

- A staff member who has not worked for the agency for many months was still listed on the emergency contact list. Staff report they have corrected this.
- A screen door was propped up against the sliding glass door as it was not on the track. This was also noted in prior reviews. Staff stated these screen doors do not stay in their tracks. It is recommended it be moved to avoid a fall risk.
- Blinds over a sliding glass door did not have the end cap on them causing them to fall off the track when pushed open.
- The closet doors in one bedroom were off the track. There appeared to be an attempt to resolve this as evidence by a board being placed in front of the track to prevent the doors from falling when opened but the doors are now difficult to open.
- A pane was cracked within one window; staff state a work order has been submitted.
- Some vents were dusty and in need of cleaning, a few lightbulbs were missing in multi-bulb fixtures in bathrooms, and part of the bottom of a bathroom vanity has come undone.

# 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. | | | 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

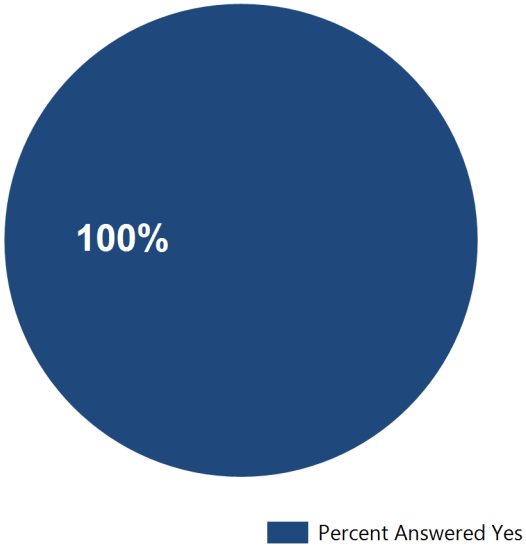
Additional strengths and concerns beyond the general scope of the review were discovered by reviewers. Additional issues/practice concerns may have the potential to impact service delivery, quality of care, or may represent a risk to the provider.

- The provider's ICM team lacks two of the required 10 full-time case managers. The Georgia Housing Need and Choice
- Survey was not completed on all ICM recipients upon admission. For example, an individual referred to ICM on 10/25/2022 did not have a survey completed until 9/24/2023. Another individual was referred to ICM on 8/17/23 and did not have a survey completed until 3/5/2024.
- An IRP created 3/12/24 in the new EMR did not have services selected. The IRP states "other" for service. This did not impact scoring due to there being an IRP in the prior electronic medical record (EMR) that covered claims in the billing sample.
- In one record, each case management (CM) intervention was documented as lasting a prescriptive 55 minutes. In addition, the "Intervention" and "Plan" sections of every CM note was duplicated, and in many notes, the "Intervention" section referred to a cisgender female as "he" and "his." These notes were outside of the billing sample.
- In one BHA dated 2/2/24, for the question "Gender Assigned at Birth," both "Male" and "Female" were endorsed.
- A Nursing Assessment and Care progress note on 11/30/23 stated, "no ROI signed due to telemed appt...ROI will be signed and scan in EMR once individual is seen face to face in our office." However, there were vital signs on the note, and the Psychiatric Treatment session that concluded just two minutes prior to this session indicated the individual was in the office, as did the CM note that documented the session right after this one.
- The provider has recently transitioned from "Catalyst" electronic medical record (EMR) to CareLogic. The provider reports the transition to CareLogic went "live" January 1, 2024; however, CareLogic was accessible to staff in November and December 2023 as a "soft launch." Assessors reviewed documentation in both EMRs for this review.
    - Billing codes and units were not populating on notes in CareLogic. Assessors were able to run billing reports directly from the EMR to view the billing codes and units.
    - There is no out-of-clinic location for staff to select when (U7) is billed and staff are not consistently documenting the specific location within the body of notes within CareLogic.
    - Authorizations are not being submitted or are pending; staff report challenges in submissions of authorizations with the transition to the new EMR.
    - Individual Recovery Plans (IRPs) in the new EMR do not always list specific services. Instead, it says "other" where a service would be listed.
    - Assessors were not provided full administrative access to all required areas in the new EMR (CareLogic) but provider staff were responsive and resolved this upon notification. Staff were unaware that assessors did not have access to all tabs in the EMR that are used by staff.

# Individual Interviews

## Individual Interviews Conducted: 3

*Individual Interviews are not calculated into the Overall Score*




- Interviews were conducted with three individuals who receive services from this provider.
- Each person indicated that options for supports and services were offered. One person said, *"They cover everything for me."* Another indicated the provider is helping them find employment through the Supported Employment program.
- Each individual stated they were involved in the development of and updates to the IRP. One person said, *"I have been receiving services since 2021. They constantly help me with treatment goals."*
- All individuals indicated staff followed up on any expressed whole health related needs and requested assistance to ensure these were addressed. One person said, *"They sent me to a family practice so I can get other help there."* Another said they had been referred to a medical doctor to address their hypertension.
- When asked, *"What about this agency makes you keep coming back?"* individuals replied:
  - *"A family member recommended them and I would recommend them to anyone else."*
  - *"They're the sort of people who give off the impression that they really care about you."*
  - *"They go out of their way to help."*
  - *"I need the help they are giving me. They help me a lot."*

## 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

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 suicidality is addressed on the IR/RP when the individual is assessed as having any suicide risk.
- Ensure treatment/recovery/service plans contain goals, objectives, and interventions that promote whole health and wellness.
- Ensure treatment/recovery/service plans address co-occurring health conditions and concerns.
- 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.
- 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.

Compliance with Service Guidelines - All

- Ensure documentation addresses individuals' progress toward specific goals and objectives.
- Ensure documentation is related to goals and objectives on the plan.
- Ensure services are provided as planned on IRPs.
- Ensure the minimum required contacts are met for all services (as required).

Crisis Respite Apartments

- Enhanced CRA: Individuals must receive three face-to-face visits per day.

Compliance with Service Guidelines - Additional Recommendations

Crisis Respite Apartments Site Visit

- Ensure individuals have access to an Americans with Disabilities Act (ADA) accessible unit (ground-level, ramps, grab bars, etc.), as applicable.

### Recommendations: Current Review

Billing Validation - Eligibility

- Ensure documentation supports that all Eligibility Standards are met.

Focused Outcome Areas - Whole Health

- Ensure there is documented communication with external referrals and resources to determine the results of testing, treatment, and referral.

Focused Outcome Areas - Safety

- Ensure documentation supports that clinically-appropriate actions or steps were taken and linkages or referrals were made based upon the findings/outcome of suicide risk assessment.
- Ensure the record has been flagged for high risk of suicide for at least four months if the individual/youth was hospitalized or in a CSU within the last six months for suicidal ideation/behavior.

Compliance with Service Guidelines - All

- Ensure documentation reflects individuals' responses to interventions.

Crisis Respite Apartments

- Individuals must meet admission/diagnostic criteria.
- Ensure individuals have been assisted with creating a crisis plan OR the current plan is reviewed and updated, as needed.
- An authorization must be obtained from the ASO when an individual is enrolled beyond the maximum length of stay.
- The Housing Choice and Needs Evaluation must be completed for/with all individuals.
- Crisis Respite Apartments must be provided as planned within the IRP.

Other

- Ensure there is a Vocational Profile in the record of each individual receiving Supported Employment that contains all required elements to include: preferences, experiences, abilities, strengths, supports, resources, limitations, and needs.

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/