The Georgia Collaborative ASO

OGCC Behavioral Health Services

Behavioral Health Quality Review Final Assessment

Address: Remote Quality Review - 3915 Cascade Rd. SW, Ste130, Atlanta, GA 30331

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Records Reviewed: 20

Date Range of Review: 8/22/2022 - 8/25/2022

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: 10/11/2021	87%	86%	81%	89%	93%
Review Date: 01/09/2017	84%	81%	85%	77%	95%
FY22 Statewide Average	90%	79%	94%	91%	95%

Note: The FY22 Statewide Averages represent the mean of scores for all reviewed providers.

Summary of Significant Review Findings

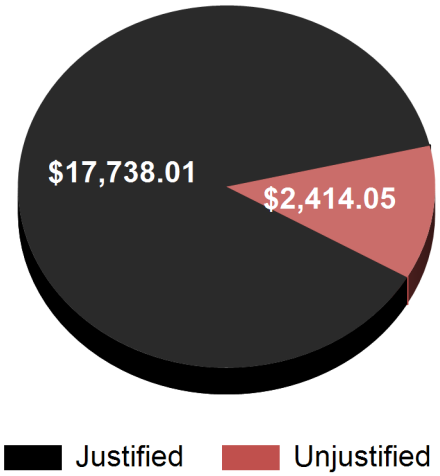
Strengths and Improvements:

- Due to the COVID-19 pandemic, this review was conducted remotely instead of on site.
- Assessments contained built-in Cut down, Annoyed, Guilty, and Eye-opener (CAGE) assessment.
- The Columbia Suicide Severity Rating Scale (C-SSRS) Lifetime/Recent was completed upon admission, as required, and annually in every record reviewed, regardless of individual history.
- All three personnel records reviewed contained documentation to support the staff member's credential. This is a continued strength for the provider.
- The agency uses an internet-based secure electronic signature service so individuals can securely sign documents such as consents for treatment when services are provided via telehealth.
- Almost all applicable records (16 of 17) documented safeguards when medications known to have substantial side effects were prescribed. This was an improvement from the previous review (10/2021).

Opportunities for Improvement:

- The following are recurring issues from the previous review (10/2021):
  - The content of nursing notes did not match the service definition as nursing services were provided only via telehealth.
  - Suicidality was not addressed on the individual recovery plan (IRP) for an individual with a history of suicidal thoughts with plan.
  - Discharge/transition plans did not meet the discharge plan criteria.
  - Documentation of communication with external referral sources was not evident in records.
  - In many records, it was noted that the individual was in need of a new primary care physician (PCP), but there was no evidence of connecting the individual with a physician.
- High utilization of services was evident within records.
  - Annual re-assessments were consistently documented/billed for two hours (eight units) each. Some of the information within these assessments was repeated information gathered during previous assessments, and the remaining information documented did not justify the two hour (eight unit) billed time. The consistency of the number of units of billing was noted as well.
  - It was also noted that the same staff member would provide/bill Diagnostic Assessment services after this two hour re-assessment. No new information was gathered or documented during this service.
  - Annual Service Plan Development updates were routinely billed for 90 minutes (six units) with little to no change from the previous plan. These updates also occurred on the same day as the BHA and the Diagnostic Assessment.
  - Case Management and PSR-I were routinely billed back-to-back for an hour each (four units) with little diversity in the interventions provided.
- Treatment plans were often written in generalized and overly clinical terms. Additionally, across records, plans followed a pattern of having three similar goals that did not change or changed minimally from year to year.

Billing Validation



	Medicaid	Total
Justified	$17,738.01	$17,738.01
Unjustified	$2,414.05	$2,414.05
Total	$20,152.06	$20,152.06

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 does not support units billed	7
	Content does not support code billed	5
	Content of documentation is not unique	4
	High utilization without justification	4
	Content of note does not match service definition	3
	Minimum contacts not met per DBHDD Service Guidelines	3
	Intervention unrelated to the IRP	1
	No overall progress documented	1
	Note does not include response to intervention	1
Quantitative Standards	Progress note not filed within seven calendar days	1

Billing Validation: 88%

Strengths and Improvements:

Improvements from the previous review (10/2021) included:

- All but one progress note was filed within seven calendar days. This is an improvement from the previous review where 20 progress notes were not filed within seven calendar days.
- Staff credentials were documented on all progress notes.
- The code billed matched the code documented on all progress notes reviewed.

Opportunities for Improvement:

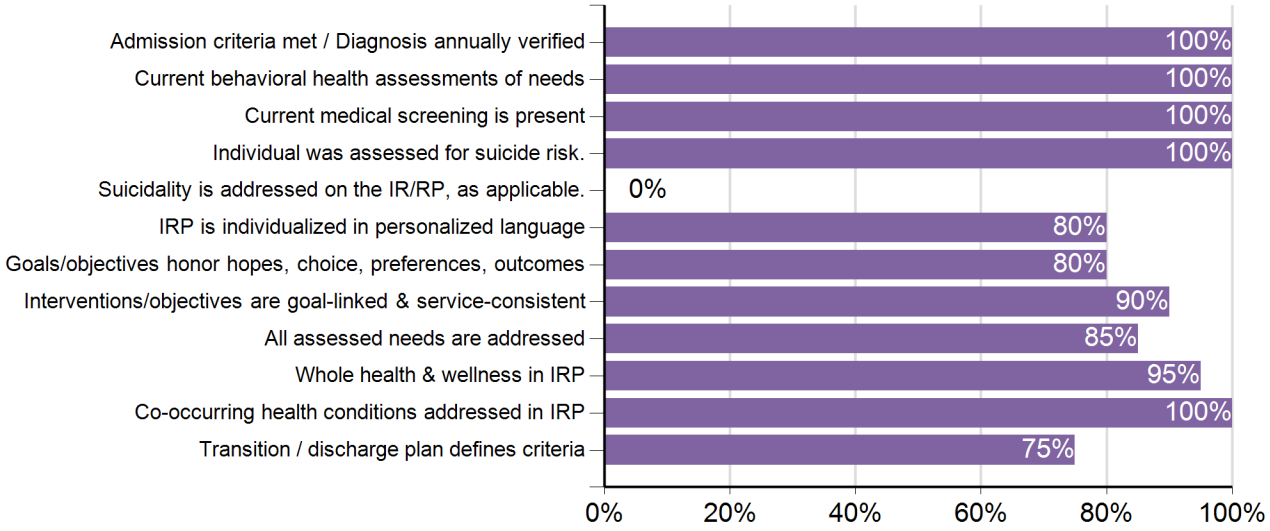
Performance Standards

- The content of seven notes did not support the units billed. Examples included:
  - Eight units billed for a Behavioral Health Assessment (BHA) that was a re-assessment with much of the information already known to the provider and the remaining information did not support two hours of time.
  - Six units billed for an updated IRP in which the bulk of the plan was duplicated from the previous year.
  - Four units (one hour) of Case Management that followed directly after an hour of Psychosocial Rehabilitation-Individual (PSR-I) in which the same skills and information was reviewed.
- The content of five notes did not support the code billed.
  - Two claims were billed with the out-of-clinic (U7) modifier, but the progress note documented the service was provided via telehealth.
  - Two Psychiatric Treatment progress notes were signed by the medical doctor prior to the end of the session resulting in a shorter session and a different time-based code should have been billed. For example, the 40-54 minute code (99215) code was billed with a time in/out of 12:20-1pm, but the doctor signed the note at 12:49pm (11 minutes prior to the time out) resulting in a 29 minute session.
  - One Case Management progress note documented the service was provided via a phone call, but the code was billed without the UK or GT modifier as required.
- The content of four progress notes were not unique to the session.
  - Within two records, Service Plan Development (SPD) was billed for six units, but the IRP was not different from the IRP from the year prior.
  - A Case Management note was duplicated from a PSR-I note provided an hour earlier in the same record.
  - Diagnostic Assessment was billed the same day as a BHA and the information was the same as what was found in the BHA documented earlier in the day.
- High utilization without justification was found within the billing sample. Four claims were unjustified.
  - Case Management and PSR-I were provided back-to-back for an hour each with little difference in the staff's intervention and no justification as to why the additional hour of service was necessary.
  - A claim for Diagnostic Assessment was unjustified as it was provided the same day as BHA and SPD by the same staff member, and the individual also received an hour of individual counseling on this date. Services were as follows:
    - 8:00am-10:00am (8 units/2 hours) Behavioral Health Assessment
    - 10:05am-11:35am (6 units/90 minutes) Service Plan Development
    - 11:40am-11:55am (15 minutes) Diagnostic Assessment
    - 3:00pm-4:00pm Individual Counseling
- The content of three progress notes did not support the service billed.
  - Two claims for Nursing Assessment and Health services were unjustified as all contacts since February 2022 were via telehealth.
  - One Psychiatric Treatment progress note reflected that the individual was not present for the service as required.
- The intervention within one Case Management progress note was unrelated to the IRP as intervention focused on assisting the individual in applying for a job, but employment was not addressed on the IRP. This same progress note also lacked documentation of progress toward goals and objectives on the IRP.
- One progress note lacked the individual's response to the intervention provided. The response documented appeared to be a template: "Individual was comfortable OR hesitant OR resistant to disclosing details about symptoms."

Quantitative Standards

- One progress note was filed nine days after the date of service.

Assessment & Planning



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

Assessment & Planning: 90%

Strengths and Improvements:

- Assessments contained built-in Cut down, Annoyed, Guilty, and Eye-opener (CAGE) assessment.
- The C-SSRS Lifetime/Recent was completed upon admission, as required, and annually in every record reviewed, regardless of individual history.

Opportunities for Improvement:

- Suicidality was not addressed on the IRP for an one individual reviewed who had a history of suicidal thoughts with a plan.
- Five transition/discharge plans were incomplete. This is a recurring issue from the previous review (10/2021).
  - Four plans lacked measurable clinical benchmarks. Discharge plans contained statements such as, "decrease and/or end his post-traumatic stress…" and "Over the next 12 months, [individual] will use at least 4-6 skills weekly to end her mood instability..."
  - One plan lacked an anticipated discharge service.

Focused Outcome Areas

Focused Outcome Areas: 80%

Strengths and Improvements:

- The agency uses an internet-based secure electronic signature service so individuals can securely sign documents such as consents for treatment when services are provided via telehealth.
- Almost all applicable records (16 of 17) documented safeguards when medications known to have substantial side effects were prescribed. This was an improvement from the previous review (10/2021).
- Eighty-six percent (86%) of applicable records reviewed contained an acknowledgement that rights and responsibilities were reviewed annually. This is an improvement from 61% in the previous review.
- All nine applicable records reviewed contained evidence that the individual was asked about an advanced directive. This is an improvement from the previous review where only 17% of applicable records contained such documentation.

Opportunities for Improvement:

Whole Health

- There was no evidence of communication with external providers in eight of the nine applicable records. This is a recurring issue from the previous review (10/2021).
    - In several records, it was documented that the individual needed assistance with obtaining a PCP, but there was no documentation of coordinating with a new physician.
    - In another example, an individual had several medical issues such as asthma and lupus, but there was no evidence of attempts to coordinate with external providers.

Safety

- Twelve of 18 (67%) records lacked evidence that medication consents were present for all medications prescribed. This is a recurring issue from the previous review (10/2021).
- Neither record reviewed for individuals with a history of suicidal behavior were flagged for "suicide history."
- The record of an individual who was experiencing suicidal thoughts lacked evidence of ongoing assessment and that clinically-appropriate actions or referrals were taken. This individual expressed suicidal thoughts as recently as 6/28/2022, but there was no evidence of follow-up regarding the individual's statement of having thoughts of suicide. Both of these issues are recurring from the previous review.

Rights

- Releases of information (ROIs) were incomplete in all eight applicable records. This is a recurring issue from the previous review (10/2021).
    - In eight records, there were ROIs that were signed by the staff and the individual/guardian, but the space to identify the external agency was left blank.
    - In addition to a blank, but signed ROI as mentioned in the previous bullet, one record contained an ROI that had "TBD" written instead of identifying the entity to which the protected health information was to be shared. This

Choice

- Consent for telehealth services was not found in 74% of records where telehealth services were provided. This is a recurring issue from the previous review (10/2021).

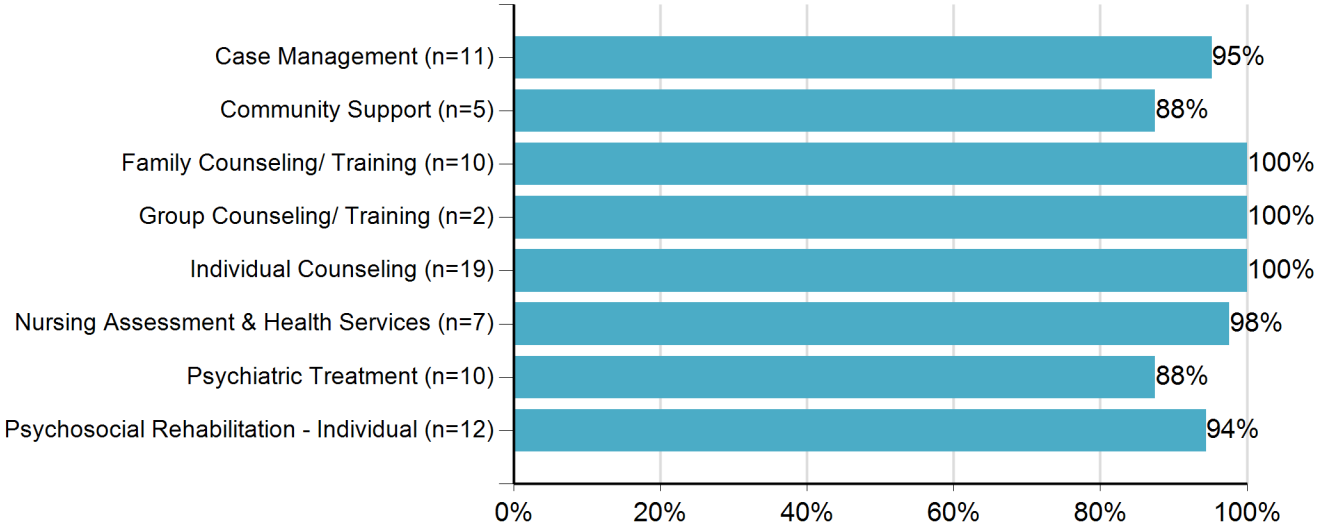
Person-Centered Planning

- Plans were not reassessed and updated based upon changing needs, circumstances, or responses from the individual in 23% of applicable records. Plans did not demonstrably change from year to year. For example,
    - a child's father died and he was struggling with grief, but this was not added to the plan.
    - an individual shared wanting to obtain employment, but the IRP was not updated.
    - another individual disclosed thoughts of suicide but this was not addressed on the IRP.

Community Life

- Twenty-two percent (22%) of records lacked evidence that individuals were assisted with setting goals for specific environments where they wish to live, learn, work, or socialize. An example included a child struggling in school and wanting to advance to the next grade level, but there was no goal surrounding school performance or grade progression on the IRP.
- Twenty-four percent (24%) of applicable records lacked documentation of resource coordination, especially within records reviewed for children and adolescents.

Service Guidelines



Service Guidelines: 96%

Strengths and Improvements:

- Evidence of the two required monthly contacts was seen in records reviewed for Case Management (91%), Community Support (100%), and PSR-I (83%). This was an improvement from the previous review (10/2021) for all three services reviewed.

Opportunities for Improvement:

Community Support

- There was no evidence of service and resource coordination in any of the five records reviewed for Community Support services.

Overall Programmatic Comments (not included in Compliance with Service Guidelines Score)

- While the agency does have a policy in place regarding reasonable accommodations to individuals who are deaf/hard of hearing, it does not adhere to the requirements set forth by DBHDD policy 15-114. It does not describe a procedure to identify individuals with possible hearing loss at first contact and how the provider will adhere to DBHDD policy in notifying the Office of Deaf Services.

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
	# Yes	**# No**	**# N/A**	**SCORE***
	5	**0**	**1**	**100%**

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

Additional Comments on Practices

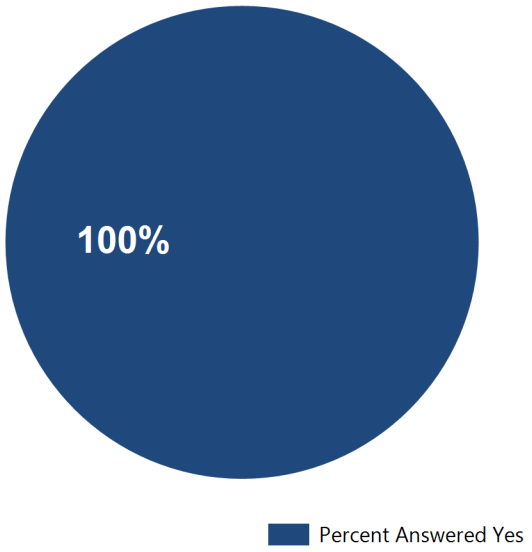
Additional strengths and concerns beyond the general scope of the review were discovered by reviewers. Additional issues/practice concerns may have the potential to impact service delivery, quality of care, or may represent a risk to the provider.

- High utilization of services was evident within records.
  - Annual re-assessments were consistently documented/billed for two hours (eight units) each. Some of the information within these assessments was repeated information gathered during previous assessments, and the remaining information documented did not justify the two hour (eight unit) billed time. The consistency of the number of units of billing was noted as well.
  - It was also noted that the same staff member would provide/bill Diagnostic Assessment services after this two hour re-assessment. No new information was gathered or documented during this service.
  - Annual Service Plan Development updates were routinely billed for 90 minutes (six units) with little to no change from the previous plan. These updates also occurred on the same day as the BHA and the Diagnostic Assessment.
  - Case Management and PSR-I were routinely billed back-to-back for an hour each (four units) with little diversity in the interventions provided.
- Treatment plans were often written in generalized and overly clinical terms. Many goals were not written in terms of something to achieve. An example included, "I don't mind seeing the doctor." Additionally, objectives were not supportive of stated goals, "The individual will share with treatment team concerns regarding her physical, economic and spiritual health and adhere to at least one recommendation set forth by the treatment team within the next 12 months AEB medical records, record logs and or (CANS) physical health subscale scores changing from 2 to 1."
- Across records, plans followed a pattern of having three similar goals that did not change or changed minimally from year to year.
  - Goal one was about medication compliance.
  - Goal two was about learning skills to manage identified diagnosis.
  - Goal three was about whole health.
- Incorrect use of gender pronouns was evidenced within documentation. This issue has been cited in the previous two reviews (1/2017, 10/2021).
- Individuals were referred to by other names within documentation.
- Many services reviewed were provided via telehealth. It was noted that sessions for Individual Counseling, Family Counseling, Behavioral Health Assessment, and Service Plan Development were conducted via telehealth, but were not billed with the GT modifier, as required. These sessions were otherwise billed with the U6 location modifier. This did not result in a billing discrepancy for this review.
- While most records contained evidence that an Abnormal Involuntary Movement Scale (AIMS) was completed in the past six months, in some records there had been more than six months since the previous AIMS (i.e. current AIMS was completed 8/15/22, previous AIMS was 11/16/21, nine months prior). It is recommended that AIMS be conducted every six months for adult individuals and every three months for children and adolescents when individuals are taking medications that can cause involuntary movements.
- When referrals were documented, there was little evidence of coordination efforts to ensure the individual was able to access the resources offered. Most documentation reflected providing the individual with information (i.e. phone numbers, contact information) of these resources. Coordination includes assessing and addressing barriers to resources, success in using the resources in the past, etc.
- Records reviewed for Medication Administration services did not have this specific service identified on the IRP, but since providing injections was included within the intervention for Nursing Assessment and Health Services intervention, this did not affect scoring. Medication Administration is a unique service that is separate from Nursing Assessment and Health Services.

Individual Interviews

Individual Interviews Conducted: 3

Individual Interviews are not calculated into the Overall Score



- Individuals shared they feel supported in working toward their goals.
  - "They have really taken care of me. I feel like a new person."
  - "I don't have nightmares anymore. When I first started with them, it was bad."
- When asked if staff treat them with dignity and respect, individuals shared the following:
  - "They are caring and loving. It's not just a job for them."
  - "They are very polite and nice."
- When asked, "What about this agency makes you keep coming back?" individuals stated,
  - "My therapist is magnificent!"
  - "They have been the best help. I have moved to different phases and come to terms with a lot of stuff I didn't want to accept."
  - "When I was going to another place, the doctor didn't listen to me when I said the medicine wasn't working. They listen to me here."
  - "In the first six months of going here, even my children told me my whole demeanor changed. Before that, I couldn't stay with my own grandchildren, and they are sweet as gold."

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 transition/discharge plans define criteria for discharge, planned discharge date, and specific services. • Ensure suicidality is addressed on the IR/RP when the individual is assessed as having any suicide risk.
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 that individuals (or parent/guardian) have been educated on the risks and benefits of all prescribed medications. • Ensure there is documented evidence of ongoing assessment when an individual has been assessed to be at risk for suicide. • 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.
Focused Outcome Areas - Rights • Ensure releases of information contain all required components.
Focused Outcome Areas - Choice • Ensure permission is gained from an individual, youth and parent/responsible caregiver when telemedicine/telehealth services are utilized.

Recommendations: Current Review
Focused Outcome Areas - Safety • Ensure the record has been flagged with "suicide history" when an individual has had any suicidal behavior in their lifetime.
Focused Outcome Areas - Person Centered • Ensure individuals served are assessed and re-assessed for changing needs and circumstances and updated plans are reflective of current assessments.
Focused Outcome Areas - Community Life • Ensure individuals are assisted in setting overall rehabilitation goals in their living, learning, working, or social environments as desired and needed.
Compliance With Service Guidelines - All • Ensure individuals are referred/linked to community resources that meet their unique needs.