The Georgia Collaborative ASO

Serenity Behavioral Health Systems

Behavioral Health Quality Review Final Assessment	
Address: **3421 Mike Padgett Highway, Augusta, GA 30906**	
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Individual Records Reviewed: **30**	Current Review Frequency: **Semi-Annual**
Staff Records Reviewed: **5**	Date Range of Review: **5/5/2025 - 5/8/2025**

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: 03/25/2024	95%	94%	96%	93%	95%
Review Date: 04/20/2023	95%	92%	96%	96%	97%
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

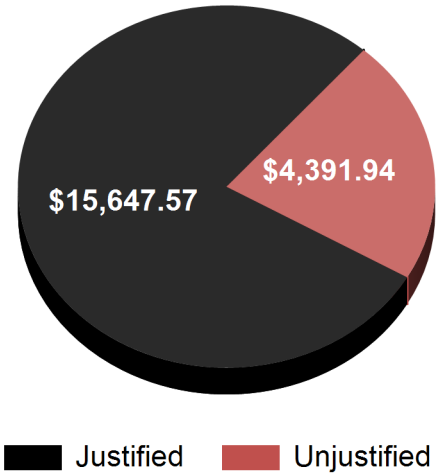
Strengths and Improvements:

- All five staff records reviewed contained documentation to support the credential used.
- All safety plans were signed by the individual and a staff member. Plans contained multiple phone numbers, including the Poison Control Hotline, Suicide Prevention Lifeline, the provider's Crisis Stabilization Unit, and several local hospitals, in addition to a specifically-identified staff member and their phone number.
- The Abnormal Involuntary Movement Scale (AIMS) assessment was administered by medical staff much more frequently than the required minimum of every six months for adults. For example, the advanced practice registered nurse (APRN) administered an AIMS assessment on 10/24/2024, 01/21/2025, and 04/03/2025.
- Baseline bloodwork was completed at individuals' first appointments, and then annually. For example, in one record, an APRN documented lab results that included complete blood count, comprehensive metabolic panel, lipid panel, hemoglobin A1C, thyroid-stimulating hormone, T4 (thyroxine), and urine drug screen.
- The provider obtains a separate medication consent that is specific to Suboxone.
- A therapist recommended a digital application called "Virtual Hope Box" that is designed for individuals and providers as an accessory to treatment. The application contains simple tools to help users with coping, relaxation, distraction, and positive thinking using personalized audio, video, pictures, games, mindfulness exercises, activity planning, inspirational quotes, and coping statements.

Opportunities for Improvement:

- Minimum contacts were not met across four services.
- The content of progress notes across three services did not support the units billed.
- Multiple individualized recovery/resiliency plans (IRPs) were duplicated across and within records.
- Co-occurring conditions were not included on 37% of IRPs.
- The Community Support Team (CST) does not have a full-time, licensed team leader.

Billing Validation



	Medicaid	State Funded Services	Total
Justified	$7,064.00	$8,583.57	$15,647.57
Unjustified	$669.38	$3,722.56	$4,391.94
Total	$7,733.38	$12,306.13	$20,039.51

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
Eligibility Standards	Missing/incomplete service order	2
Performance Standards	Minimum contacts not met per DBHDD Service Guidelines	12
	Content does not support units billed	9
	Content of note does not match service definition	2
	Documentation/note signed prior to end of session.	2
	Content does not support code billed	1
	Intervention unrelated to the IRP	1
	Multiple services billed at same time	1
Quantitative Standards	Staff credential missing	6
	Progress note not filed within seven calendar days	1

Billing Validation: 78%

Strengths and Improvements:

- The documentation within all five staff records reviewed contained documentation to support the credential used.
- The documentation of all progress notes was unique.
- The units billed matched the time and/or units documented. This is an improvement from the previous review (03/2024).

Opportunities for Improvement:

Eligibility Standards

- Orders for Group Counseling and Behavioral Health Assessment (BHA) were missing in one record. The prior orders expired on 01/24/2025 and a new order was not written until 02/07/2025, impacting two claims.

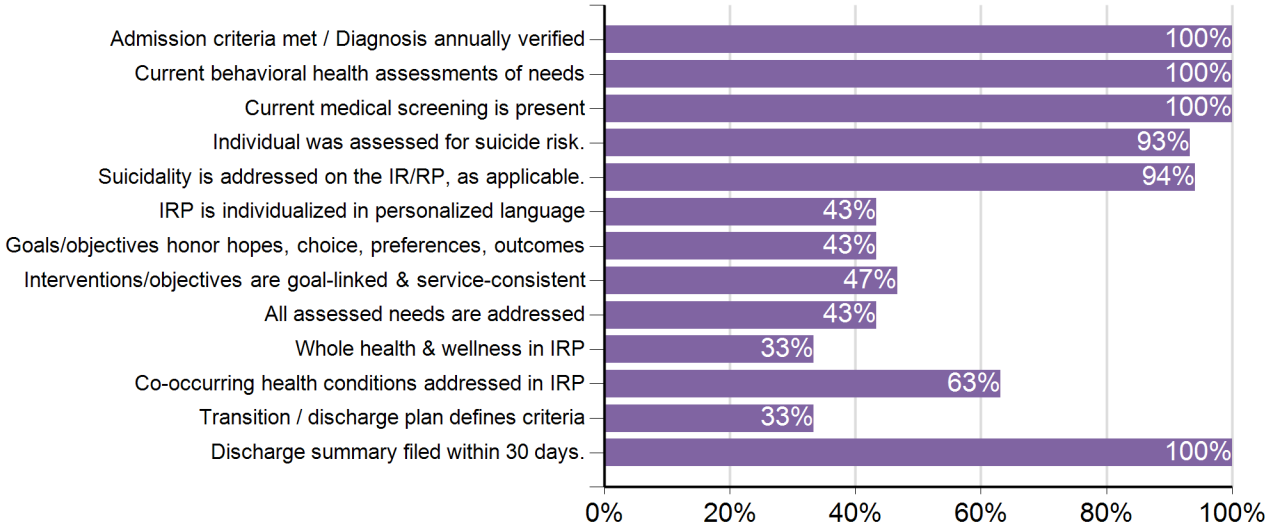
Performance Standards

- Minimum contacts were not met. This is a recurring issue noted in the previous review (03/2024).
  - For both Supported Employment (SE) records, only one face-to-face contact with the individual at the worksite was found for both March and April 2025, affecting two claims. Two face-to-face worksite visits or two face-to-face offsite visits and one employer contact are required each month.
  - Another record for SE contained documentation of only one contact each for the months of February and April 2025, affecting two claims.
  - For one record, a claim was not justified because the minimum of two required Psychosocial Rehabilitation - Individual (PSR-I) contacts per month was not found in February 2025. Only one contact was documented.
  - Minimum Case Management (CM) contacts were not found in one record, affecting two claims. Only one contact each was documented for the months of February and March 2025.
  - At least two required monthly Addictive Disease Support Services (ADSS) contacts were not documented in two records, affecting four claims. One record documented one contact each month for January and February 2025 and the other contained one documented contact each for February and March 2025.
  - One record contained documentation of only one ADSS contact in March 2025.
- The content of nine progress notes did not support the units billed. This is a recurring issue from the previous review (03/2024).
  - One claim was unjustified because four units of PSR-I were billed. Documentation described review of housing form and reminding the individual to attend appointments, which does not support an hour of services.
  - Six claims for CST were not justified in one record because the progress notes contained an intervention copied word-for-word from the IRP. The remainder of the the content of the notes, such as response to intervention and overall progress, did not offer any additional information to support the units billed.
  - One claim for CST was not justified because the intervention and response reflected a check-in, but eight units (two hours) were billed.
  - One claim for Mental Health (MH) Peer Support Program was documented as occurring from 9:00 am to 3:00 pm. However, a BHA and Service Plan Development (SPD) were also documented on the same day from 9:00 am to 10:00 am and 10:00 am to 11:00 am, respectively. When an individual is absent from group to participate in another service, this time must be deducted from units billed and reflected in the progress note.
- The content of two progress notes in one record did not match the service definition of PSR-I. This is a recurring issue from the previous review (03/2024). Each note (02/10/2025 and 03/25/2025) reflected reviewing a housing form, which is indicative of resource coordination rather than skill-building.
- Two claims for Nursing Assessment & Health Services were signed prior to documented end of the session or the "time out."
- One claim was unjustified because the content of the progress note did not support the code billed. The noted stated, "This session took place over the telephone", but the U7 (out-of-clinic) modifier was used.
- One claim for SPD was not justified because the service was not listed on the individual's IRP.
- Multiple services were billed at the same time in one record, which is a recurring issue from the previous review (03/2024). The time in/out on a PSR-I note was listed as 2:30-3:30pm, but Psychiatric Treatment (99214) was also documented as occurring from 2:30-3:00pm.

Quantitative Standards

- Six claims were unjustified because CST progress notes did not include the staff member's credential which is a recurring issue from the previous review (03/2024). The note was billed at the "U4" level, but the staff only signed with the "CPS" (certified peer specialist) credential and did not include the degree required to bill at the U4 level.
- A CM progress note dated 01/30/2025 was signed on 02/07/2025, eight days after the date of service.

Assessment and Planning



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

Assessment and Planning: 65%				***Indicators scoring below 80%***
	Yes	**No**	**NA**	**%**
IRP is individualized in personalized language	13	17	0	43%
Goals/objectives honor hopes, choice, preferences, outcomes	13	17	0	43%
Interventions/objectives are goal-linked & service-consistent	14	16	0	47%
All assessed needs are addressed	13	17	0	43%
Whole health & wellness in IRP	10	20	0	33%
Co-occurring health conditions addressed in IRP	12	7	11	63%
Transition / discharge plan defines criteria	10	20	0	33%

Assessment and Planning

Strengths and Improvements:

- All individuals met admission criteria and all diagnoses were verified at least annually. This was also noted as a strength in the previous review (03/2024).
- A current behavioral health assessment of needs and medical screening were present in all records reviewed.
- A therapist recommended a digital application called "Virtual Hope Box" that is designed for individuals and providers as an accessory to treatment. The application contains simple tools to help users with coping, relaxation, distraction, and positive thinking using personalized audio, video, pictures, games, mindfulness exercises, activity planning, inspirational quotes, and coping statements.

Opportunities for Improvement:

- Multiple portions of 17 IRPs were duplicated across and within records.
    - An individual's IRPs with start dates of 04/14/2023 and 04/15/2024 were the same and remained the same with a new plan start date a month later on 05/14/2024.
    - With the exception of some quotations in goal statements and minor differences, the following are examples of duplicated objectives found across records:
        - "[Individual] will participate in CST to apply for and/or maintain needed community resources/entitlement benefits to address her needs for services and items which support her progress toward her recovery goals over the next 6 months."
        - "[Individual] will continue to report reduced/eliminated suicidal thoughts or any similar thoughts, plans, intent, or SI behaviors within 3 months."
        - "[Individual] will report decreased depression to no more than 3 days/week for the next 6 months. [Individual] will report medication compliance, attendance at all scheduled appointments, and improved sleep over the next 6 months."
- As significant portions of IRPs within 17 records were duplicated:
    - Goals and objectives were not found to honor hopes, choice, preferences.
    - Interventions and objectives were not goal-linked and service-consistent.
    - All assessed needs were not addressed.
- Whole health & wellness was not addressed on 20 IRPs because the related objectives and interventions were duplicated word-for-word across records, despite uniquely identified needs. For example, one individual was sleeping only two to five hours per night. The individual could benefit from sleep hygiene techniques, a sleep chart, or other interventions to assist with this.
- Co-occurring health conditions were not addressed, referred or deferred on seven of 19 applicable records because the Nursing Assessment and Health Services sections of the IRPs for individuals with co-occurring disorders were duplicated.
- Transition/discharge plans within 20 records did not define criteria because they were duplicated and did not include a clinical benchmark. The lack of clinical benchmarks is a recurring issue from the previous review (03/2024). The following statement, which is not specific, individualized, or measurable, was documented across records:
    - "[Individual] will discharge when able to experience no more than two episodes of [diagnosis], meet health and wellness goals of improved ['stress management', 'exercise more', 'sleep'], and maintain physical health issues of [medical condition] for six consecutive months, resume care under PCP (primary care physician), and utilize community-based services such as NAMI (National Alliance on Mental Illness)."

Focused Outcome Areas

Focused Outcome Areas: 91%				*Indicators scoring below 80%*
Whole Health - 89%	**Yes**	**No**	**NA**	**%**
Documentation of communication with external referral sources and providers to obtain results of testing, treatment, and follow up.	8	4	18	67%
Safety - 91%	**Yes**	**No**	**NA**	**%**
The records of all individuals who have a history of suicide behavior any time in their lifetime are flagged with "suicide history."	15	4	11	79%
When an individual has been assessed to be at high or moderate risk for suicide (within the past six months), there is documented evidence of ongoing assessment, as required by DBHDD policy.	4	2	24	67%
Person Centered Practices - 70%	**Yes**	**No**	**NA**	**%**
Documentation demonstrates the individual is receiving individualized services.	13	17	0	43%
Documentation demonstrates the person is an active participant in modifying the plan and/or services.	15	7	8	68%
Documentation demonstrates the plan is reassessed based upon any changing needs, circumstances and/or response by the individual.	15	7	8	68%

Focused Outcome Areas

Strengths and Improvements:

- Documentation of ongoing assessment to determine external referrals for health services, supports, and treatment was found within all applicable records.
- All records contained safety plans, which is an ongoing strength from the previous review (03/2024).
- In one record, a Safety Plan was completed prior to the individual's discharge from a Crisis Stabilization Unit (CSU), and then updated upon starting outpatient services.
- Baseline bloodwork was completed at an individuals' first appointments, and then annually. For example, in one record, an APRN documented lab results that included complete blood count, comprehensive metabolic panel, lipid panel, hemoglobin A1C, thyroid-stimulating hormone, T4 (thyroxine), and urine drug screen.

Opportunities for Improvement:

Whole Health

- Four of 12 applicable records did not contain documentation of communication with external referral sources and providers to obtain results of testing, treatment, and follow up. For example, it was documented that an individual with diabetes mellitus and hypertension "has not been taking care of her medical health...admitted has not been taking her medication to manage her diabetes and high blood pressure". In addition, the physician's note documented that taking a psychotropic medication resulted in a 30-pound weight gain. There was no documentation to suggest that the provider is attempting to coordinate care with the individual's medical provider.

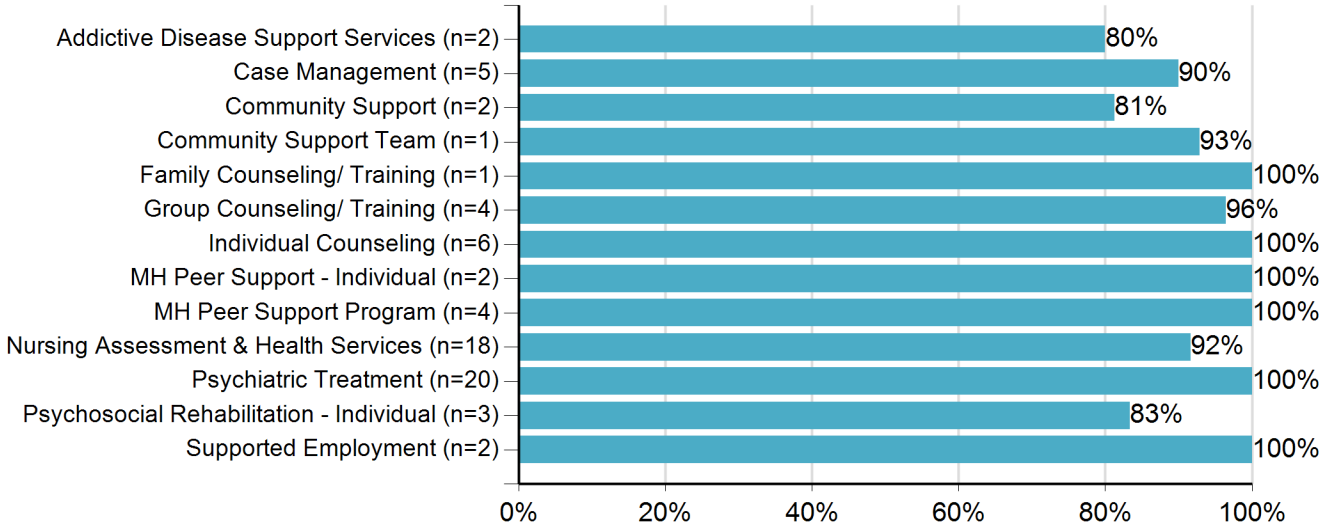
Safety

- The records of four of 19 individuals with a history of suicide behavior any time in their lifetime were not flagged with "suicide history." For example,
  - Two individuals with a history of suicide attempts as recently as 2022 did not have "suicide history" flags on their records.
  - Two records contained alerts that stated, "High Risk" but it was not clear to what the risk pertained.
- Two records of six individuals at high or moderate risk for suicide within the past six months did not contain evidence of ongoing assessment since a DBHDD-approved assessment method was not administered at each contact, as required. This is a recurring issue from the previous review (03/2024).

Person Centered Practices

- Documentation within 17 records did not demonstrate that the individual was receiving individualized services due to duplication across and within IRPs.
- Due to duplication of IRPs from year to year within records, seven records:
  - Did not demonstrate that the person is an active participant in modifying the plan or services.
  - Did not demonstrate that the plan was reassessed based upon any changing needs, circumstances and/or response by the individual.

Service Guidelines



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

Service Guidelines: 94%				*Indicators scoring below 80%*
Addictive Disease Support Services - 80%	**Yes**	**No**	**NA**	**%**
Contact must be made with the individual receiving ADSS services a minimum of twice each month, at least one face to face. (Review authorization period.)	0	2	0	0%
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.)	0	1	1	0%
Case Management - 90%	**Yes**	**No**	**NA**	**%**
There are a minimum of two (2) contacts per month, with at least one (1) face-to-face in a non-clinic setting. (Review authorization period.)	1	4	0	20%
Community Support - 81%	**Yes**	**No**	**NA**	**%**
Staff are meeting the monthly minimum requirement of two (2) contacts per month. (Review authorization period.)	0	2	0	0%
There is evidence of service and resource coordination.	1	1	0	50%
Community Support Team - 93%	**Yes**	**No**	**NA**	**%**
The CST has all required staff.	0	1	0	0%
Group Counseling/ Training - 96%	**Yes**	**No**	**NA**	**%**
Progress notes contain documentation of the individual's progress (or lack of) toward specific goals/objectives on the treatment plan.	3	1	0	75%
Nursing Assessment & Health Services - 92%	**Yes**	**No**	**NA**	**%**
Nursing goals and objectives are individualized and address health issues to include (but not limited to) medical, physical, nutritional, and behavioral needs.	9	9	0	50%
Psychosocial Rehabilitation - Individual - 83%	**Yes**	**No**	**NA**	**%**
There is a minimum of two (2) contacts each month and one (1) is face-to-face. (Review authorization period.)	0	3	0	0%

Service Guidelines

Strengths and Improvements:

- For the third consecutive review, the following services scored 100% in Compliance with Service Guidelines: Family Counseling/Training, Individual Counseling, MH Peer Support - Individual, MH Peer Support Program, Psychiatric Treatment, and Supported Employment (SE).
- Records of all individuals receiving Community Support Team services contained documentation that the individual was discussed at least once per week. This is an improvement from the previous review (03/2024).
- Documentation reflected a case manager helping an individual complete a Department of Community Affairs (DCA) housing application to ensure he gathered all correct documentation and understood what information was needed within the form.
- Individualized skills training was documented in SE notes. For example, the staff member noted working with an individual on accessing transportation (learning bus routes) and completing employment applications.
- In one record, Psychiatric Treatment notes contained detailed information on how the provider was addressing the individual's suicidal ideation. This included: encouraging him to attend therapy appointments, expressing concern about his suicidal ideation (SI) and recommending voluntary inpatient treatment. The doctor also recommended that the individual develop a contingency plan for who will take care of his children if he does have to go to inpatient treatment.

Opportunities for Improvement:

Addictive Disease Support Services

- Neither of two applicable records of individuals receiving ADSS services contained evidence of at least two contacts per month, with one being face-to-face. This is a recurring issue noted in the last review (03/2024).
    - One record contained documentation of one contact in March 2025, with no attempted contacts or clinical reasoning documented.
    - One contact was found for the month of December 2024 within another record.
- One applicable record did not contain documentation of coordination with family and significant others, which is a required component of ADSS. This is a recurring issue from the previous review (03/2024). For example, it would have been appropriate to attempt to involve the individual's grandmother with whom they lived.

Case Management

- Four of five applicable records did not contain evidence that there were a minimum of two contacts per month, with at least one face-to-face in a non-clinic setting. This is a recurring issue from the previous review (03/2024). Neither minimum contacts nor attempted contacts were found in the four records. When documented contact attempts were found in one record, the note did not specify the service attempted, as the individual was receiving both CM and PSR-I from the same staff member.

Community Support

- Neither record with Community Support (CS) claims contained documentation that staff are meeting the monthly minimum requirement of two contacts per month, which is a recurring issue from the last review (03/2024).
    - Within the past six months, only one contact was found per month for the past six months within one record except for March and April 2025 when there were no contacts nor a documented explanation for the lapse in services.
    - The other record contained only one documented contact each for the months of February and March 2025.
- One of two records did contain evidence of service and resource coordination, which is a recurring issue from the previous review. There was opportunity for coordination because the individual had an individualized education program (IEP), behavior problems in school, and the CS staff member saw the individual in a school setting.

Community Support Team

- The team is lacking a full-time licensed Team Leader. The provider reported that they are in the process of interviewing for the position.

Group Counseling/Training

- Progress notes within one of four applicable records did not contain documentation of the individual's progress (or lack of) toward specific goals/objectives on the treatment plan, which is a recurring issue noted in the last review (03/2024). Specifically, progress was described as "good" or "average" without explanation, or the progress section of the note referred to the group as a whole, not the individual.

Nursing Assessment & Health Services

- Fifty percent of records did not contain individualized nursing goals and objectives due to duplication within IRPs.

Psychosocial Rehabilitation - Individual

- None of the three records containing Psychosocial Rehabilitation-Individual (PSR-I) contained evidence that there was a minimum of two contacts each month, which is a recurring issue from the previous review (03/2024). Some months had no documented contact and some only one.
    - One record contained one documented contact each for the months of January, February, and April of 2025. None were documented in December 2024.
    - One contact for December 2024 and March 2025 was found in one record. No contacts were documented for October and November 2024 or March 2025.
    - Within one record, one contact was documented in December 2024 and January 2025. Documented attempted contacts did not specify the service and PSR-I and CM were provided by the same staff member; therefore it was unclear what service was being attempted.

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.

- An individual who is 22 years old and graduated from high school in May 2022 was still receiving Community Support services. Per the physician's note in April 2025, "She did complete high school and graduated on 5/2/2022," and expressed interest in studying cosmetology and/or real estate. Is there a plan to transition her to services intended for adults? Although the provider's staff reported the individual having intellectual and developmental disability, this would not cause her to be eligible for ongoing adolescent services. The provider is advised to ensure this individual is enrolled in the most appropriate level of care as this individual no longer meets continuing stay criteria for Community Supports.
- Two staff members who provided both PSR-I and CM consistently billed four units (one hour) for each service but the content of progress notes did not support the time billed. Interventions documented should adequately justify time billed and the time billed must be appropriate to the individual's need and the actual time to provide treatment or support.

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

All individuals interviewed agreed that:

- They were offered options for supports and services. For example, *"When I started there, they were very forthcoming about the services..."*
- They can access appointments and reach staff in a timely manner. One stated, *"It has (happened) more than once where I can't make my appointment due to transportation. She [staff member] is so flexible."*
- They know who go to if a safety concern occurs.
  - *"I have a large support network, including my counselor."*
  - *"I have a phone number I can call, but also my treatment plan has the numbers of the staff I work with that I can call. It is easy to reach those people."*
- When asked, "What about this agency keeps you coming back?" responses included:
  - *"If any of my friends express concern about their mental health, I tell them to go to Serenity. They make me feel welcome--the doctors and everyone there. They are sweet and understanding."*
  - *"The environment is very nice. They are serious about security there. Serenity is amazing!"*
  - *A parent stated, "[Individual] was a cutter and she self-harmed. I had never experienced that and [staff] helped me get through it and help [Individual]. [The staff] walked me through getting her to the hospital and she was there throughout the whole thing. It was such a smooth transition when she came home. They even help with my other kids and now my relationship with all my kids is better. My confidence as a parent is back up again. They help me not beat myself up when things weren't going well."*
  - *"The therapy and medication; it seems to be working. They helped me to find a job and I love that. It helped me feel better; like I can function better."*
  - *"I'm just so appreciative that my friend told me about them and I'm so grateful to them. They make me feel like I can do this, and not just do this life, but be successful at it."*

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

- Transition/discharge plans must define criteria for discharge to include clinical benchmark(s), planned discharge date, and specific services for ongoing support.

Focused Outcome Areas - Safety

- There must be documented evidence of ongoing assessment when an individual has been assessed to be at risk for suicide.

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 - All Services

- Minimum required contacts must be met for all services (as required).

Requirements: Current Review

Billing Validation

- Eligibility standards must be met for all submitted claims.

Assessment and Planning

- Treatment/recovery/service plans must be individualized and in the language of the individual served.
- Individuals' stated goals must honor their hopes, choices, preferences, and desired outcomes.
- Individuals' planned objectives and interventions must be relevant to their stated goals and consistent with planned services' purposes and definitions.
- Treatment/recovery/service plans must address all areas of assessed need.
- Treatment/recovery/service plans must contain goals, objectives, and interventions that promote whole health and wellness of the individual.
- Treatment/recovery/service plans must address co-occurring health conditions and concerns.

Focused Outcome Areas - Whole Health

- Communication with external referrals and resources must occur to determine the results of testing, treatment, and referral.

Focused Outcome Areas - Safety

- The record must be flagged with "suicide history" when an individual has had any suicidal behavior in their lifetime.

Focused Outcome Areas - Person-Centered

- Individuals must receive individualized services that are specific to their needs and circumstances.
- Individuals must be engaged as active participants in the planning of their supports and services.
- Individuals must be assessed and re-assessed for their changing needs and circumstances and plans are updated to reflect current assessments of need.

Compliance with Service Guidelines - All Services
• Progress note documentation must address the individual’s progress toward specific goals and objectives on their plan.
Compliance with Service Guidelines - Community Support
• Community Support Services must include service and resource identification, linkage, and coordination. • The Community Support Team must be fully staffed according to the DBHDD Provider Manual.
Compliance with Service Guidelines - Outpatient Counseling
• Nursing objectives and interventions must be individualized and address health issues to include (but not limited to) the individual's unique medical, physical, nutritional, and behavioral 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/