The Georgia Collaborative ASO

Serenity Behavioral Health Systems

Housing Quality Review Final Assessment	
Address: **3421 Mike Padgett Hwy, Augusta, GA 30906**	
Assessors: **Candace Humphries, LPC; Faith M White, LPC, CADCII, MATS; Leah Land, LCSW; Michelle McIntosh, LPC; Amber Poss, LPC**	
Individual Records Reviewed: **9**	Current Review Frequency: **Semi-Annual**
Staff Records Reviewed: **2**	Date Range of Review: **5/5/2025 - 5/7/2025**

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 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.

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

	Overall Score	Billing Validation	Site Visit	Assessment & Planning	Service Guidelines
FY24 Statewide Average	N/A	N/A	N/A	N/A	N/A

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

Summary of Significant Review Findings

Strengths and Improvements:

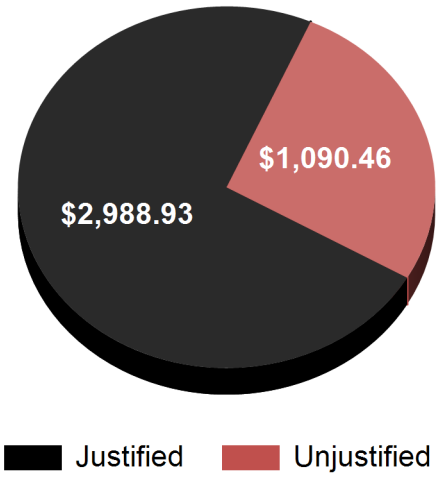
The Housing Quality Review (HQR) is new in FY 2025; however, most of the standards/indicators have been reviewed in various other quality reviews. The Crisis Respite Apartments (CRA) were previously incorporated into the Behavioral Health Quality Review since FY 2021. Community Residential Rehabilitation (CRR) providers received a standalone CRR Quality Review in FY 2024. Therefore, recurring findings/requirements listed in this report are based on previous quality review findings.

- CRR III staff are using the DBHDD "Residential Utilization Review (UR) Form" to capture all required content upon admission and 90-days thereafter.
- Admission paperwork for CRR III displays "non-negotiable rules" in an easy to read format that includes pictures with the narratives for "no weapons, threats, or violence", "no pets or caring for strays", "no alcohol or drinking", and "no smoking inside the apartment, no drugs/paraphernalia."
- Staff continue to document detailed stand-alone housing plans in records for CRA services. This remains a strength noted for consecutive reviews.

Opportunities for Improvement:

- Residential specific individual recovery plans (IRPs) were often duplicated across records, within records from year to year, and across services (CRA and CRR III).
  - Although housing is an intended goal for each individual, their circumstances, preferences, and specific treatment needs all differ, and this should be reflected within treatment planning.
  - Goal statements contained unique quotes from the individual, but objectives and interventions were duplicated with minimal variance.
  - Verbiage related to whole health and wellness was identical amongst the IRPs.
  - Transition/discharge plans were very similar regarding clinical outcomes with slight changes in wording.
  - Assessors reviewed IRPs from other clinical services in these records for content but these were also duplicated record to record and year to year.
- CRR III records did not consistently evidence the minimum of three hours of weekly residential rehabilitation services by residential staff.

Billing Validation



	State Funded Services	Total
Justified	$2,988.93	$2,988.93
Unjustified	$1,090.46	$1,090.46
Total	$4,079.39	$4,079.39

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	19
	Multiple services billed at same time	1
Quantitative Standards	Progress note not filed within seven calendar days	5

Billing Validation: 73%

Strengths and Improvements:

Improvements from the previous review included:

- Orders for service were present and complete.
- All records contained a verified diagnosis.
- All records contained authorizations for the services reviewed. (CRR-specific)
- Documentation was not duplicated.
- Notes documented overall progress and responses to interventions.
- Progress notes within the billing sample were all present.

Opportunities for Improvement:

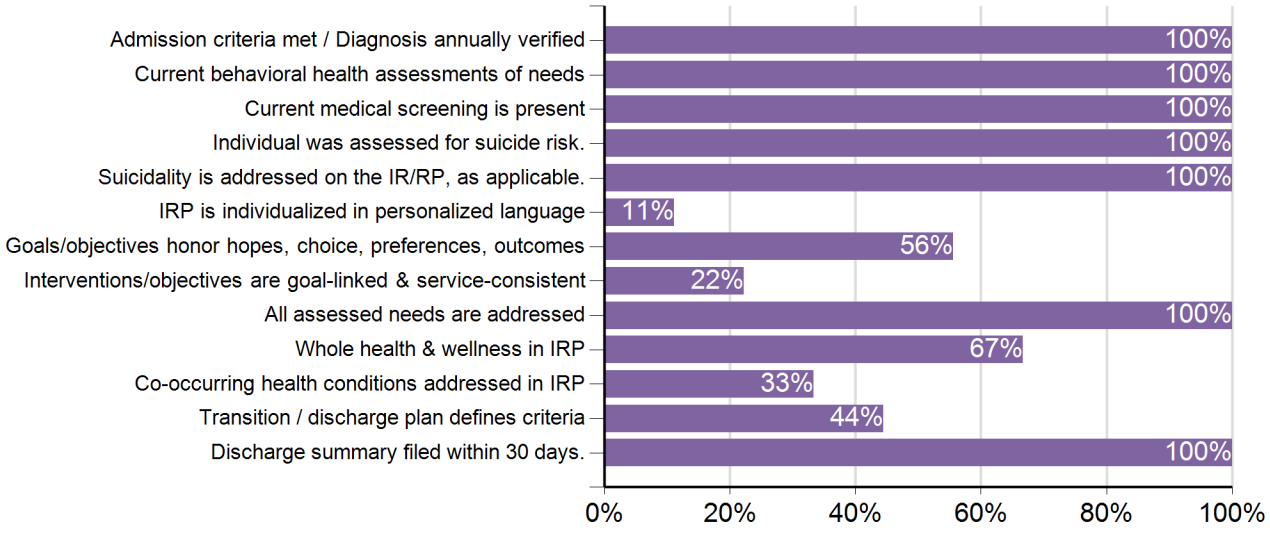
Performance Standards

- Assessors reviewed all available residential documentation for evidence of weekly residential rehabilitation services. In 19 instances, the documentation for the week did not support the minimum three hours of weekly residential rehabilitation services required within CRR III.
  - Notes often only reflected one to two hours per week of staff activities.
  - Additionally, not all notes supported the duration of time documented by staff as one to two hours were documented to help clean out a refrigerator or to prompt about hygiene.
- One CRA contact for 3/3/25 indicated speaking with the individual via telephone from 4:45 pm - 5:00 pm, and a Community Support Team (CST) contact indicated being with the individual from 3:00 pm-5:00 pm on the same date.

Quantitative Standards

- Five progress notes were filed 10-14 days after the service, not meeting the seven calendar day maximum.

Assessment & Planning



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

Assessment and Planning: 69%

Indicators scoring below 80%

	Yes	No	NA	%
IRP is individualized in personalized language	1	8	0	11%
Goals/objectives honor hopes, choice, preferences, outcomes	5	4	0	56%
Interventions/objectives are goal-linked & service-consistent	2	7	0	22%

Whole health & wellness in IRP	6	3	0	67%
Co-occurring health conditions addressed in IRP	3	6	0	33%
Transition / discharge plan defines criteria	4	5	0	44%

Assessment & Planning

Strengths and Improvements:

Improvements from the previous review included:

- All individuals met admission criteria and records included verified diagnoses.
- Suicidality was addressed on all applicable IRPs.
- Behavioral health assessments of needs were current.
- Medical screenings were present in all records reviewed.
- Individuals were assessed for suicide risk, as required.
- Suicidality was addressed on all applicable IRPs.

Opportunities for Improvement:

- The residential portion of IRPs was largely duplicated record to record, and across levels of care (CRA and CRR III) regarding objectives and interventions, resulting in negative scores in the following areas:
  - IRP is individualized in personalized language
  - Goals/objectives honor hopes, choice, preferences, outcomes
  - Interventions/objectives are goal-linked & service-consistent
  - Whole health & wellness in IRP
- Individuals' specific medical problems were not addressed, referred, or deferred on IRPs. Medical conditions identified included: asthma, high cholesterol, and pre-diabetes.
- Transition/discharge plans lacked clinical benchmarks. Examples included, "He will continue services with CRR III and apply for residential options after discharge from CRR III."

Crisis Respite Apartments
Site Visit

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.).	Yes
If deficiencies were noted during the self-certification HQS inspection, the provider has created a self-correction plan to address.	N/A
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

# Yes	# No	# N/A	SCORE
18	0	2	100%

Crisis Respite Apartments Site Visit: 100%

Serenity Behavioral Health's CRA program is comprised of one double-occupancy apartment in Augusta, GA for a total capacity of 2 beds. This apartment is located in Woodhill Apartments, which is also where several CRR III apartments and the future housing office are located.

- The Woodhill Apartments have access to a pool, tennis courts, and a walking path.
- The larger bedroom has an ensuite bathroom.
- Artwork was present throughout the home.
- A comprehensive resource guide (mental health resources, shelters, clothing, domestic violence, financial assistance, recovery groups) and self-help books were present.
- The emergency food supply consists of "Meals Ready to Eat" (MRE) containers and gallons of water.
- The apartment has a landline telephone, cable television, and internet.
- Medications were sitting on the kitchen counter. Although it is a two-bedroom apartment, the individual has not had a roommate for a while so the apartment is only occupied by her. A lock box is accessible for the individual to use to securely store the medications as it was seen during the site visit. Even though the individual lives by herself at this time, it is advised for the agency to ensure medications are double-locked especially when a roommate moves in.

Community Residential Rehabilitation Site Visit

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.	No
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..	No
Individual has access to private space in home (own bed, shower/bathing facility does not require access through another's bedroom).	Yes
Living space is clean, accessible, and free of: pests, hazards, bad odors, trip hazards, dirt, etc.	No
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.)	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
A written evacuation plan is developed for each unit.	Yes
Evacuation routes are clearly marked by exit signs.	Yes
Fire and other safety drills are completed.	Yes
To the best extent possible and with respect to other participants, individuals may have visitors at any time, with the exception of during late night hours and overnight.	Yes

# Yes	# No	# N/A	SCORE
19	3	1	86%

Community Residential Rehabilitation Site Visit: 86%

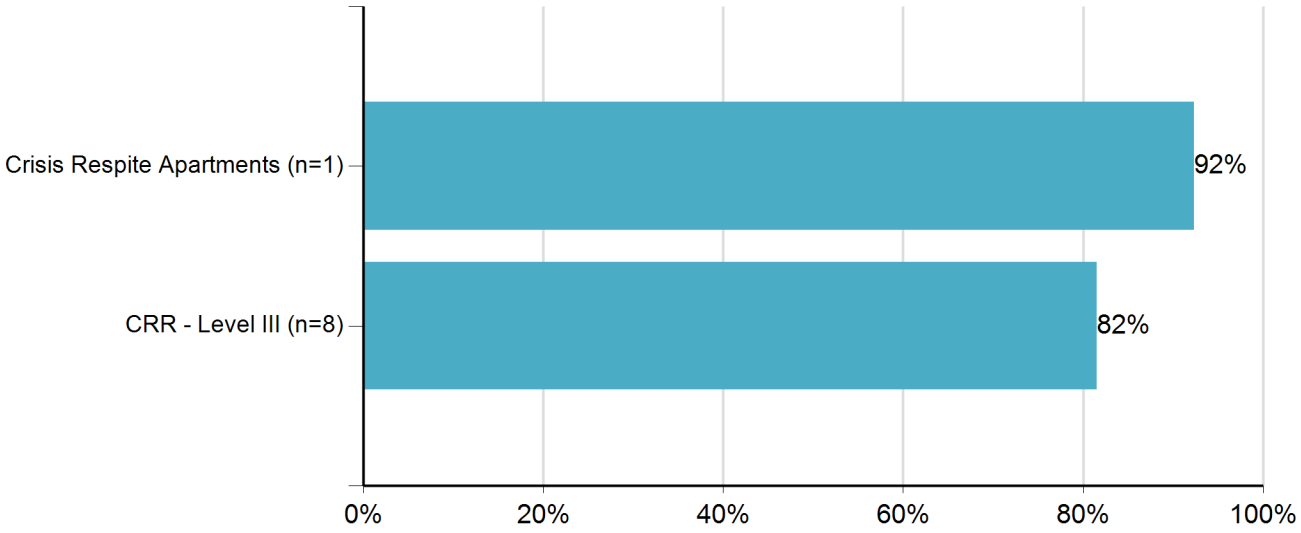
Serenity Behavioral Health's CRR III program is comprised of 10 double-occupancy apartments in two apartment complexes in Augusta, GA for a total capacity of 20 beds. Site visits were conducted at the office and two apartments within The Lory of Augusta and the three apartments within Woodhill Apartments. The off-line and "under repair" apartments were not included in the site visits. The program is in the process of moving all apartments and the housing office to the Woodhill Apartments complex.

- Both complexes have well-maintained landscaping, and residents at the Woodhill Apartments have access to a pool, tennis courts, and a walking path.
- Both complexes are also within walking distance of a bus stop for the public bus route, the mall, shopping, and grocery stores.
- When an individual is admitted to the program, they are provided an array of items for their apartment (bedding, toiletries, cleaning supplies, kitchen utensils, etc.), much of which is available for the individual to take with them when they move to more permanent housing. A list of what is available is reviewed upon admission and discharge and identifies what individuals can take and what must stay in the apartment.
- Each apartment is equipped with "Meal Ready to Eat" (MRE) containers for three days of food, plenty of bottled water, first aid kits, evacuation routes, and exit signs over the exterior doors.
- The living areas in each apartment are furnished with overstuffed couches, lamps, a television with cable, wireless internet, and a landline phone.
- All kitchens were clean with a working stove, oven, microwave, coffee maker, plenty of pots, pans, utensils, and dishware.
- Some apartments also had other cooking implements such as toaster ovens and slow cookers.
- All refrigerators and freezers were in working order and had thermometers (refrigerators only).
- Additionally, the staff on-call schedule, evacuation plans, and other emergency numbers were posted on the exterior of the refrigerator.
- The agency has purchased portable ramps to cover the curb from the parking lot to the sidewalk resulting in some of the apartments being Americans with Disabilities Act (ADA) accessible. There is a small threshold at the entrance to the ground-level CRA and CRR III apartments but the portable ramp would also assist in accessibility with this.

Items Scored "No":

- A sliding glass door that led to a patio in a ground-level apartment had a broken lock; Assessors were not able to lock it during the site visit.
- One individual had blister packs (several weeks worth) in his nightstand but they were not locked up and this apartment is occupied by two people. Staff say the lock box was removed over the weekend but will replace it back in the unit.
- One apartment smelled heavily of cigarette smoke and there was a cup of ashes sitting on the floor in the common area.

Service Guidelines



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

Service Guidelines: 82%				*Indicators scoring below 80%*
Crisis Respite Apartments - 92%	**Yes**	**No**	**NA**	**%**
Individual received daily face-to-face staff visits. For enhanced CRA, the individual received three face-to-face visits per day.	0	1	0	0%
CRR - Level III - 82%	**Yes**	**No**	**NA**	**%**
The following items are updated, as defined in the DBHDD Provider Manual, every 90 days: comprehensive needs assessment, residential functional needs assessment, housing goal, primary/secondary contingency transition plan, and a residential crisis response plan.	3	4	1	43%
Documentation of the Quarterly Team Meeting with all required participants is entered into the medical record as a non-billable progress note.	0	7	1	0%
Documentation supports that staff have provided a minimum of three (3) hours of weekly residential rehabilitation services to an individual who requires an intensive level of structured support to achieve/enhance their recovery and increase self-sufficiency. (For CRR Enhanced, a minimum of four (4) hours of weekly residential rehabilitation services is required.)	5	3	0	63%
The record contains health issues, how they are being addressed, and appointments for medical care, as applicable.	2	3	3	40%
Record contains documentation of the individual's progress (or lack of) toward permanent supported housing.	5	3	0	63%
Documentation demonstrates the individual is an active participant in modifying the plan and/or services.	5	3	0	63%
Services consist of resource coordination to assist the individual in gaining access to necessary services to promote recovery/resiliency.	6	2	0	75%
All individuals who have a history of suicide behavior any time in their lifetime are flagged with "suicide history."	1	1	6	50%

Service Guidelines

Strengths and Improvements:

- CRA staff documented housing plans and had a detailed stand-alone plan that was created upon admission in the one record reviewed.
- The one CRA record reviewed included all required components, with the exception of the minimum number of staff visits.
- Improvements for CRR-specific records from a prior review include:
  - For individuals admitted after March 1, 2023: documentation such as residential crisis plans, functional assessments, comprehensive needs assessments, and primary/secondary contingency plans were completed within seven days of admission.
  - Records contained residential progress notes.
  - Five of eight records reflected that a minimum of three hours of weekly residential rehabilitation services were provided by residential staff.
  - Records documented that Housing Choice and Needs Surveys were completed by Serenity Behavioral Health staff as required.

Opportunities for Improvement:

Crisis Respite Apartments

- An individual has been in the CRA program since August 2024. There were three dates in the most recent 90-day period in which there was no contact by any Serenity staff member.

CRR - Level III

- The DBHDD "Residential UR Form", which is to be completed every 90 days, was not updated in four records. Either the content from one quarter to another was duplicated or the form had not been updated for the most recent quarter.
- While records contained evidence of quarterly meetings, the individual was not present which is a requirement. Additionally, the agency is reminded DBHDD/Regional staff are required to be present for CRR I Quarterly Meetings but not for CRR III. Records did not consistently include documentation that meetings took place.
- Three records did not reflect that a minimum of three hours of residential rehabilitation services was provided by residential staff on a consistent, weekly basis.
- Three of five applicable records lacked information of staff assisting with scheduling or coordinating medical appointments or addressing health needs (i.e., obesity, hypertension, high cholesterol).
- Three records lacked documentation of the individual's progress (or lack of) toward permanent supported housing.
- As previously stated, duplication was noted within IRPs across several records, indicating the individual was not an active participant in modifying their plan.
- Resource coordination by residential staff was not documented within two records.
- The record of an individual with a history of a previous suicide attempt was flagged as "low suicide risk" , instead of "suicide history".

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.

Crisis Respite Apartments Indicators				
1	Provider has a 24/7 Staffing Plan that includes on-call coverage with a response time of 30 minutes.			Yes
2	Provider has a Crisis Respite Service Organizational Plan that contains all required components.			Yes
	# Yes	**# No**	**# N/A**	**SCORE***
	2	**0**	**0**	**100%**

CRR Level III Indicators				
1	The residential program must provide a structured and supported living environment 24 hours per day, 7 days per week, with a minimum of 36 hours of onsite staff; the Enhanced CRR III component must have a minimum of 56 hours of on-site staff.			Yes
2	Residential sites are required to have an on-site residential manager/supervisor. Residential managers/supervisors may be persons with at least 2 years experience providing MH or AD services and at least a high school diploma; however, this person must be directly supervised by a licensed staff member (including LMSW, LMFT, APC, or 4-year RN).			Yes
3	The residential manager/supervisor is on-site at the CRR III site at least 3x/week to provide oversight and supervision to the staff who provide direct daily services and supports.			Yes
4	Provider must have a documented process to accept individuals for admission during normal business hours/Monday – Friday, 8 am – 6 pm.			Yes
5	If deficiencies were noted during the self-certification HQS inspection, the provider has created a self-correction plan to address.			Yes
6	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**	**0**	**100%**

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

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 Overallscore. For a complete list of questions, please refer to the Georgia Collaborative's website.

Individual Interviews Conducted: 3

Three individuals receiving services were interviewed. They reported:

- They felt supported in moving toward their desired housing goals and dreams.
  - "How to be responsible and independent living skills." "They are teaching me how to be independent."
- They know who to go to if a safety concern occurs in the residential setting.
- They feel treated with respect and dignity by residential and other staff members.
- Individuals felt supported to achieve their desired level of involvement in the community (employment, volunteering, social activities) by the residential staff.
  - "They help me with transporting to and from the job back home." "I have a part time job and am attending college."
- Comments regarding things that the agency does exceptionally well included:
  - "They check on me to make sure I take my medicine. They always there to talk and popping up on me."
  - "They check-in with everyone, at least twice and I like that."
  - "They are really on point with finding me housing."

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 Review
Billing Validation • Quantitative documentation standards must be met for all submitted claims. • Performance documentation standards must be met for all submitted claims.
Assessment and Planning • Treatment/recovery/service plans must 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 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. • Transition/discharge plans must define criteria for discharge to include clinical benchmark(s), planned discharge date, and specific services for ongoing support.
Compliance w/Service Guidelines - CRA • Standard CRA: Individuals must receive daily face-to-face visits.
Compliance w/Service Guidelines - CRR - Level III • Each individual must have their comprehensive needs assessment, residential functional needs assessment, housing goal, primary/secondary contingency transition plan, and a residential crisis response plan updated every 90 days, as defined in the DBHDD Provider Manual. • A minimum of three (3) hours of residential rehabilitation services, as defined, must be provided weekly and documented within the daily progress notes. (For CRR Enhanced, a minimum of four (4) hours of weekly residential rehabilitation services must be provided.) • The record must identify any health issues, how they are being addressed, and appointments for medical care, as applicable. • The record must contain documentation of the individual's progress (or lack of) toward permanent supportive housing. • Individuals must be active participants in modifying their plan and/or services. • Services must consist of resource coordination activities that assist the individual in gaining access to necessary services to promote resiliency. • Records of all individuals who have a history of suicide behavior any time in their lifetime must be flagged with "suicide history."
CRR - Site Visit • Windows must be in good repair, lockable on the ground floor, free of rot/deterioration, and sealed properly. • Medications must be properly stored (refrigerated as needed), secure, safe, etc..

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/