

# Access Mental Health Agency

## Behavioral Health Quality Review Final Assessment

**Address:** Remote Quality Review - 1903 Phoenix Blvd, Suite 200, Atlanta, GA 30349

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**Records Reviewed:** 30

**Date Range of Review:** 3/21/2022 - 3/24/2022

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: 08/23/2021	95%	91%	96%	95%	97%
Review Date: 01/11/2021	86%	82%	90%	90%	91%
FY21 Statewide Average	85%	70%	92%	88%	91%

Note: The FY21 Statewide Averages represent the mean of scores of all reviewed providers. Due to the COVID-19 pandemic, several reviews were postponed or conducted remotely (rather than on site). Additionally, reviews conducted in FY20 (July 1, 2019 to June 30, 2020), may have had points removed from the Overall Score due to identified Quality Risk Items; therefore, caution should be taken when comparing scores across fiscal years.

## Summary of Significant Review Findings

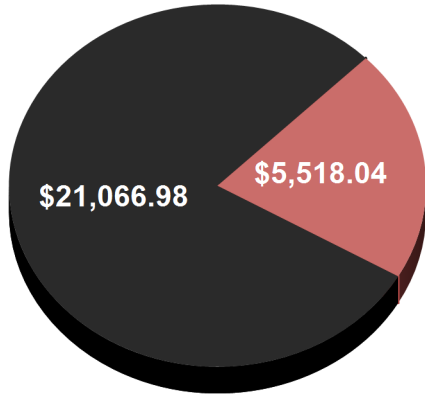
### Strengths and Improvements:

- Due to the COVID-19 pandemic, this review was conducted remotely instead of on-site.
- Some Individual Counseling notes contained specific examples to show individuals progress (or lack of); specific therapeutic techniques/approaches referenced in notes.
- Case Management (CM) progress notes addressed resource needs, including innovative housing options and financial support for individuals who needed help with utilities during the pandemic, as well as linking with an employment resource program.
- Psychiatric Treatment progress notes indicated when a medication had a potential side effect of suicidal thoughts. An example included, "Discussed black box warning with the patient regarding Prozac/suicidal thoughts, she verbalized understanding."
- The following were continued strengths from the two previous Behavioral Health Quality Reviews (BHQRs):
  - All individuals met admission criteria with an accompanying annually-verified diagnosis.
  - All records contained an annual behavioral health assessment of needs and medical screening.
- All individuals were assessed for suicide risk. This is an improvement from the previous BHQR in August 2021, in which 33% of records lacked this.

### Opportunities for Improvement:

- In one record, the IRP on 4/1/21 referred to an individual by another name under "Objectives," and by a third name under "Interventions." The individual did not go by either of the two additional names.
- Please see Billing Validation section for more information on:
  - There were 31 claims that were unjustified due to not meeting the service definition. The majority of these (23) involved Nursing Assessment and Health Services progress notes not being provided face-to-face at least 50% of the time.
  - There were 17 progress notes in the billing sample where the service was not included on the individual's Individual Recovery Plan (IRP).
  - There were 12 claims that were unjustified because a staff member's credential was not supported by documentation.
- Please see Assessment and Planning section for more information on:
  - One of three applicable records did not address the individual's suicidality on the IRP.
- Please see Focused Outcomes Area section for more information on:
  - There was not documentation of communication with external referral sources and providers to obtain results of testing, treatment, and follow up in ten of 23 (43%) applicable records.
  - Safeguards utilized for medications known to have substantial risk or undesirable effects were not documented within ten of 19 (53%) applicable records.
  - Within one of two (50%) applicable records where the individual was identified to be at high or moderate risk for suicide, there was not documented evidence of ongoing assessment, as required by the Department of Behavioral Health and Developmental Disabilities (DBHDD) policy.
- Please see Compliance with Service Guidelines section for more information on:
  - Minimum contacts were not met in 28% of CM records.
  - CM and Mental Health (MH) Peer Support-Individual were not included on the IRP in several records. This impacted multiple questions in Compliance with Service Guidelines (as well as in Billing Validation).

# Billing Validation



	Medicaid	Total
Justified	\$21,066.98	\$21,066.98
Unjustified	\$5,518.04	\$5,518.04
Total	\$26,585.02	\$26,585.02

Justified
  Unjustified

The Billing Validation Score is the percentage of justified billed units vs. paid/billed units for the reviewed claims. Paid dollars are calculated based on payer: Medicaid is the sum of paid claims; State Funded Services are Fee for Service and State Funded Encounters combined (State Funded Encounters is the estimated sum of the value of accepted encounters).

Standard	Reason	# of Discrepancies
Performance Standards	Content of note does not match service definition	31
	Intervention unrelated to IRP w/o clinical justification	17
	Content does not support units billed	3
	Multiple services billed at same time	3
	Content of documentation is not unique	1
Quantitative Standards	Staff credential not supported by documentation	12

## Billing Validation: 79%

### Strengths and Improvements:

No strengths/improvements are noted as all issues identified below are recurring from the prior review 8/2021.

### Opportunities for Improvement:

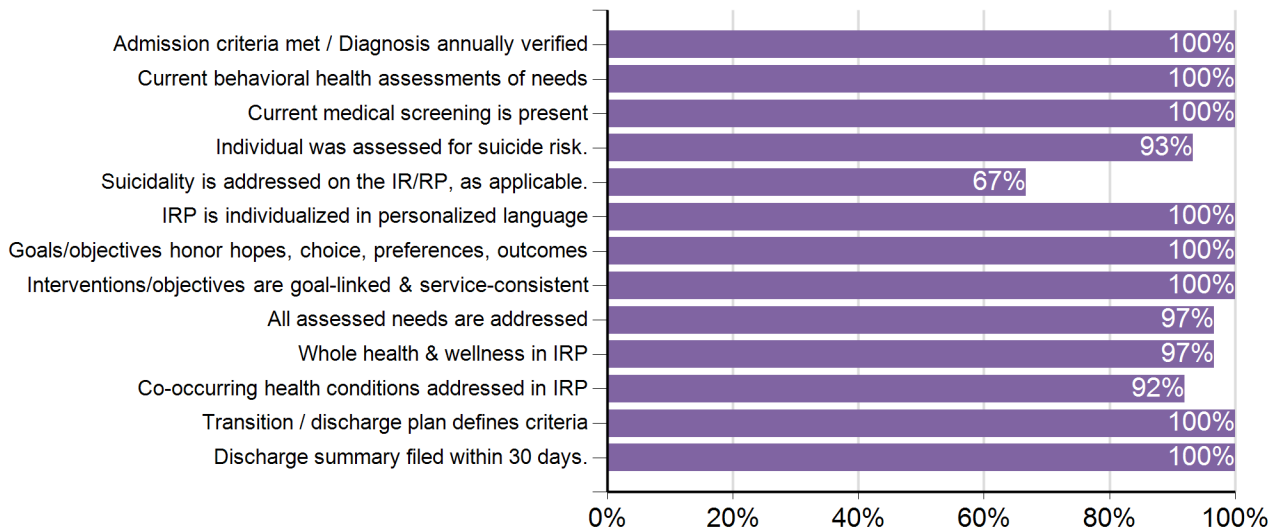
#### Performance Standards

- The content of the note did not match the service definition in 31 progress notes reviewed. This is a recurring issue noted in the three previous BHQRs (August 2021, January 2021, and October 2019).
  - Of these, 23 involved nursing assessments. During the COVID-19 pandemic, Nursing Assessment requirements were modified to allow for "every other" Nursing Assessment to be done via Telehealth and omit vital signs. In these cases, both the note in the claims sample, and the previous Nursing Assessment were conducted via telehealth only and.
  - In one record, Crisis Intervention (H2011) was billed, but the documentation did not support that a crisis was occurring. The intervention reflected the therapist doing a verbal lesson on emotional control. Individual denied suicidal ideations (SI) and homicidal ideations (HI) and was able to discuss coping skills with the therapist.
  - In another record, Crisis Intervention was billed but the note stated, "conducted a Family Skills Session with [individual] and mom..." In a third record, Crisis Intervention was billed but the note documented teaching a relaxation skill which the individual "enjoyed" and demonstrated "good progress."
  - In two records, the Service Plan Development code (H0032) was documented and billed, but the notes reflected Individual Counseling interventions (i.e., therapist teaching individual conflict resolution skills).
  - Two notes were billed and documented as Family Skills Training, but the individual was the only person present. Conversely, a note was billed as Community Support Individual, but the individual and their parent were present.
- There were 17 progress notes impacted because the intervention was unrelated to the IRP without clinical justification. This is also a recurring issue noted in the three previous BHQRs (August 2021, January 2021, and October 2019).
  - In another record, CM was provided on four dates in the claims sample, but was not included on the IRP.
  - There were three other records that contained notes for CM and this was not included on the IRP.
  - One IRP did not list MH Peer Support-Individual, yet this service was provided and billed.
- There were three progress notes where the content did not support the units billed. This is a recurring issue noted in the two previous BHQRs (August 2021 and January 2021).
  - A Behavioral Health Assessment (BHA) on 12/7/21 was billed for eight units (two hours). The previous BHA in the record was conducted 2/9/21 and billed for four units. The later assessment (12/7/21) contained very little information that was not noted in the previous assessment [including duplicated Strengths, Needs, Abilities, and Preferences (SNAPs) and other sections]. One unit was justified.
  - In another record, a BHA on 2/4/22 was billed for eight units (two hours). The previous BHA in the record was conducted 6/18/21 and billed for eight units. The later assessment (2/4/22) contained very little information that was not noted in the previous assessment. One unit was justified.
- There were three instances of multiple services billed at the same time. For example, in one record on 12/14/21, Nursing Assessment and Health services was billed from 1:40 to 2:10pm, and Individual Counseling was billed from 1:00 to 2:00pm.
- There was one progress note in the sample where the content of documentation was not unique. In this 12/27/21 note for Crisis Intervention, the "Response" section was duplicated from the "Response" section on a Family Skills Training (H2014) note in the same record (dated 12/10/21).

#### Quantitative Standards

- The staff credential was not supported by documentation in 12 progress notes reviewed. A staff member using the Supervisee/Trainee (ST) credential lacked three of the four required hours of Relias online training for Safety/Crisis De-escalation.

# Assessment & Planning



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

## Assessment & Planning: 98%

### Strengths and Improvements:

- The following were continued strengths from the two previous BHQRs (August 2021 and January 2021):
  - All individuals met admission criteria with an accompanying annually-verified diagnosis.
  - All records contained an annual behavioral health assessment of needs and medical screening.
- All individuals were assessed for suicide risk. This is an improvement from the previous BHQR in August 2021, in which 33% of records lacked this.

### Opportunities for Improvement:

- One of three (67%) applicable IRPs did not address suicidality. One individual endorsed suicidal ideation on 9/4/21, yet the IRP was not updated to include this. This is a recurring issue noted in the two previous BHQRs (August 2021 and January 2021).

# Focused Outcome Areas



## Focused Outcome Areas: 94%

### Strengths and Improvements:

- Psychiatric Treatment progress notes indicated when a medication had a potential side effect of suicidal thoughts. An example included, "Discussed black box warning with the patient regarding Prozac/suicidal thoughts, she verbalized understanding."
- Releases of Information (ROIs) contained all required components in all seven applicable records. This is an improvement from the previous BHQR in which this was missing in 22% of applicable records.
- The provider scored 100% in the Community Life section. All applicable records contained:
  - documentation of transition planning,
  - documentation that informed choice drove the selection of any housing option, and
  - documentation the individual was assisted with setting goals for specific environments where they wish to live, learn, work, and/or socialize.

### Opportunities for Improvement:

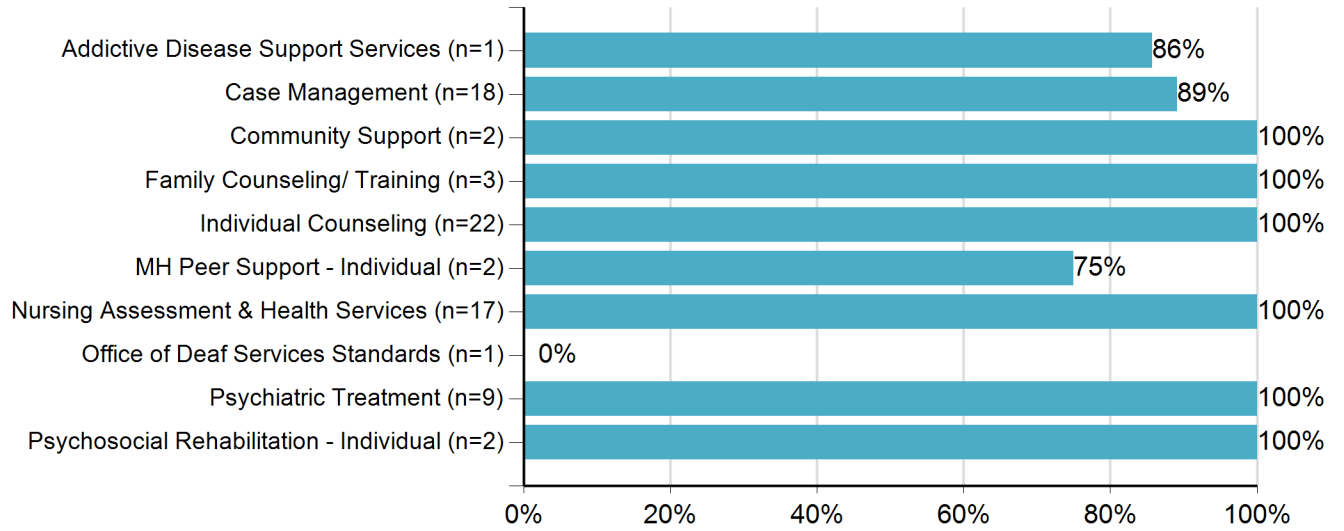
#### Whole Health

- There was not documentation of communication with external referral sources and providers to obtain results of testing, treatment, and follow up in ten of 23 (43%) applicable records. This is a recurring issue noted in the August 2021 BHQR. In these records, individuals presented with comorbidities including hypertension, seizures, cancer, and congestive heart failure, yet there was no documentation of communication or attempts to communicate with external providers for these individuals.
- Safeguards utilized for medications known to have substantial risk or undesirable effects were not documented within ten of 19 (53%) applicable records. This was also noted in the August 2021 BHQR. For example, Abnormal involuntary movement scale (AIMS) screening was not found when individuals were on antipsychotic medications such as Geodon, Seroquel, and Zyprexa.

#### Safety

- Within one of two (50%) applicable records where the individual was identified to be at high or moderate risk for suicide, there was not documented evidence of ongoing assessment, as required by DBHDD policy. This is a recurring issue note in the August 2021 BHQR. The individual expressed suicidal ideation to the police which resulted in a "Form 1013-Certificate Authorizing Transport to Emergency Receiving Facility and Report of Transportation (Mental Health)." The record was not flagged for suicide risk and the subsequent Columbia-Suicide Severity Rating Scale (C-SSRS) reported no recent suicidal ideations.

# Service Guidelines



## Service Guidelines: 95%

### Strengths and Improvements:

- Some Individual Counseling notes contained specific examples to show individuals progress (or lack of); specific therapeutic techniques/approaches referenced in notes.
- Case Management (CM) progress notes addressed resource needs, including innovative housing options and financial support for individuals who needed help with utilities during the pandemic, as well as linking with employment resource program.
- Nursing Assessment and Health Services progress notes contained documentation of education related to identified health issues in all 17 records reviewed. This is an improvement from the previous BHQR in which this was missing in 38% of applicable records.

### Opportunities for Improvement:

#### Office of Deaf Services

- In the one record where an individual was assessed to be deaf or hard-of-hearing, the following requirements were not met:
  - The Communication Assessment Report (CAR) was in the medical record.
  - Individual indicated a change in preference to utilize (or not) ASL-fluent services, AND provider contact ODS (Office of Deaf Services).
  - The CAR is addressed in IRP to include individual's preferred mode of communication.
  - Notification of Right to Free American Sign Language Services and Accommodations form is in the individual's medical record.
  - Registration identifies individual as deaf and or hard-of-hearing.

#### Addictive Disease Support Services (ADSS)

- In the one record reviewed with ADSS services, coordination with family and significant others was not documented.

#### Mental Health (MH) Peer Support-Individual

- In one of two (50%) records reviewed, the following was scored "no" because the service was not listed on the individual's 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.

#### Case Management

- In five of 18 (28%) records, there were not a minimum of two contacts per month. This is a recurring issue noted in the August 2021 BHQR. For example, in one record, there were no CM notes (or documented attempts) in January or February 2022. In another record, there was only one CM contact per month in September 2021, October 2021, and February 2022.
- In four of 18 (22%) records, Case Management was not listed on the IRP. As such, the following questions 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.



# 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

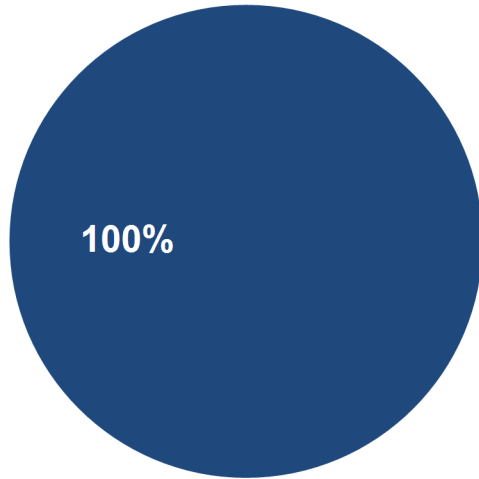
Additional strengths and concerns beyond the general scope of the review were discovered by reviewers. Additional issues/practice concerns may have the potential to impact service delivery, quality of care, or may represent a risk to the provider.

- In one record, the Safety/Crisis Plan and Rights and Responsibilities forms were in Microsoft Word, an editable format. Once an individual signs a document, it should not be in a format that can be changed.
- In one record, the IRP on 4/1/21 referred to an individual by another name under "Objectives," and by a third name under "Interventions." The individual did not go by either of the two additional names.
- IRPs sometimes listed services by code and sometimes by the service name. While either is correct, a more uniform approach may result in fewer services being left off the IRPs.
- There were inconsistencies with the C-SSRS Lifetime-Recent scoring. For example, in one record, the Lifetime-Recent was administered on 1/6/21, and there were four "yes" answers for the "Lifetime" column. Narrative explanations were provided for the "yes" answers, as required. However, the Lifetime-Recent assessment was completed again on 9/16/21, and all Lifetime answers were scored "no."

# Individual Interviews

## Individual Interviews Conducted: 5

*Individual Interviews are not calculated into the Overall Score*



■ Percent Answered Yes

- All five individuals interviewed stated they felt treated with respect and dignity by staff (including physicians).
  - One parent stated, *"They have made my son feel comfortable, and if he feels comfortable, I do, too."*
  - Another individual said, *"They have made my son feel comfortable, and if he feels comfortable, I do, too."* Another individual said, *"They've helped me through a lot. They've helped me through my battle of custody with my son and helped me through my anxiety. I don't have anxiety anymore. They have definitely helped me through my low points."*
- All five individuals interviewed felt supported in moving toward desired goals/dreams.
  - One individual stated, *"They have helped me with getting housing and a bus pass when I need it."*
  - One parent described her son's progress: *"He had a lot of challenges with social anxiety and acting out at school. He has been able to identify some triggers to his anxiety."*
- When asked, *"What about this agency makes you keep coming back?"* individuals replied:
  - *"I feel I am in a much better place than I have been in years because of them...I am more confident in myself and I am able to make better decisions."*
  - *"It has changed my life for the better, I am so happy I have found them."*
  - *"I look forward to my appointments."*
  - *"If I need to see the doctor or get my meds they will always assist me in getting that."*
  - *"I have been to several agencies since 1985 and this agency is the best one I have ever been to."*
  - *"I like the program because they track the kids in school. His therapist is very involved with the school, making sure my child is doing what he needs to be doing."*
  - *"They genuinely care about kids and them moving in the right direction."*
  - *"The kindness and the interest in my well-being."*

## 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 - 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.

#### Focused Outcome Areas - Whole Health

- Ensure there is documented communication with external referrals and resources to determine the results of testing, treatment, and referral.
- Ensure there are documented safeguards utilized for medications known to have substantial risk or undesirable effects.

#### Focused Outcome Areas - Safety

- Ensure there is documented evidence of ongoing assessment when an individual has been assessed to be at risk for suicide.

#### Compliance With Service Guidelines - All

- Ensure documentation is related to goals and objectives on the plan.
- Ensure the minimum required contacts are met for all services (as required).

### Recommendations: Current Review

#### Billing Validation - Quantitative

- Ensure all Quantitative Standards are met in documentation.

#### Office of Deaf Services

- Ensure a Communication Assessment Report is in the record of each individual who is deaf or hard-of-hearing.
- Ensure that any changes in communication preference is documented and communicated to ODS for any individual who is deaf or hard-of-hearing.
- Ensure the preferred mode of communication is addressed in the IRP of each individual who is deaf or hard-of-hearing.
- Ensure the Notification of Right to Free American Sign Language Services and Accommodations is in the medical record of each person who is deaf or hard-of-hearing.
- Ensure the registration for services correctly identifies individuals who are deaf or hard-of-hearing.
- Ensure the registration indicates the individual's preferred mode of communication for each person who is deaf or hard-of-hearing.