The Georgia Collaborative ASO

Grace Harbour, Inc.

Behavioral Health Quality Review Final Assessment	
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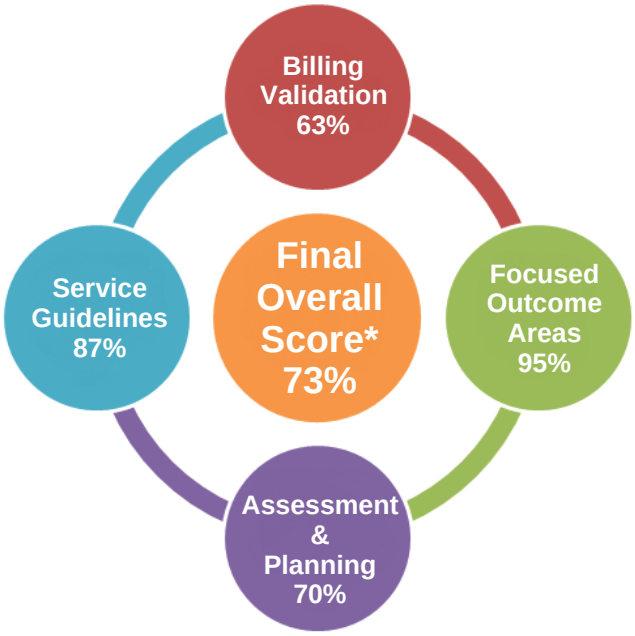
Records Reviewed: 20	**Date Range of Review:** 1/27/2020 - 1/30/2020

The ASO Collaborative in partnership with the Department of Behavioral Health and Developmental Disabilities (DBHDD) believes in easy access to high-quality care that leads to a life of recovery and independence for the people we serve. The Quality Division is dedicated to ensuring services provided are person-centered and include a commitment to wellness and recovery.



	Overall Score	Billing Validation	Focused Outcome Areas	Assessment & Planning	Service Guidelines
Review Date: 07/31/2018	90%	91%	91%	81%	97%
Review Date: 07/24/2017	88%	89%	93%	88%	81%
FY19 Statewide Average	90%	86%	94%	88%	90%

*The Final Overall Score is an average of the scored areas listed above minus any Quality Risk Items identified. Please refer to the next page for details.

Quality Risk Items

During Quality Reviews, items may be identified that could indicate significant risk to the individuals served, the provider agency, or to the Statewide provider network. At the direction of DBHDD, the Overall score (if applicable) is reduced in 2% increments for each risk item, with a maximum of 10% reduction total. The reductions in scoring are detailed below if Quality Risk Items were identified during this review. For a complete list of Quality Risk Items, please refer to Provider Handbook on The Georgia Collaborative website. The GA Collaborative ASO Provider Handbook

Original Overall Score	**79%**
Amount to Deduct from Overall Score	**6%**
Final Overall Score	**73%**
Quality Risk Item(s) *2% each (maximum 10%)*	Blank, yet signed, releases of information in three or more records
	Duplicated documents in three or more records
	Five or more repeated Quality Improvement Recommendations in any category from previous review

The following were cited as Quality Risk Items:

- Blank, yet signed Releases of Information (ROIs) were found in three records.
- Duplicated documents were found in nine records. In these instances, goals and objectives for Whole Health and Wellness, Nursing, and Psychiatric Treatment were duplicated on Individual Recovery/Resiliency Plans (IRPs) across multiple records.
- There were six repeated Quality Improvement Recommendations from the previous Behavioral Health Quality Review (BHQR), 7-2018. Refer to Quality Improvement Recommendations table at the end of the report for specific details.

Summary of Significant Review Findings

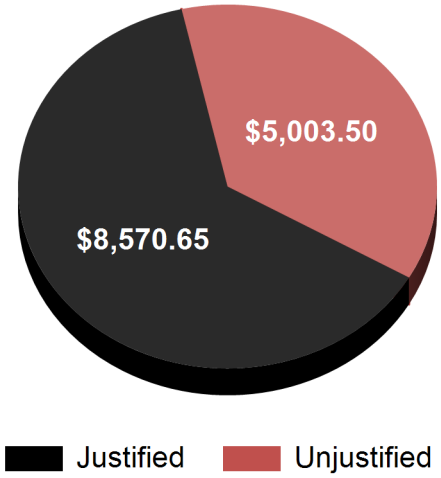
Strengths and Improvements:

- The provider continues to utilize evidence-based treatment modalities to include Functional Family Therapy (FFT), Multiystemic Therapy (MST), and Dialectical Behavioral Therapy (DBT).

Opportunities for Improvement:

- Two personnel records of staff signing with Supervisee/Trainee credential did not have all required documentation. (Please refer to *Billing Validation* for specifics).
- IRPs were not individualized or written in personalized language. Furthermore, IRPs did not include all assessed needs.
- Whole health and wellness goals and objectives were duplicated amongst records. This a recurring issue identified in prior BHQRs.
- Transition/discharges plans did not contain all of the required components such as, measurable clinical benchmarks, a specific step-down service, and/or an anticipated step-down date. This was also a recurring issue identified in prior BHQRs.
- IRPs contained duplicated goals and objectives across multiple records (Please refer to *Assessment and Planning* for specifics).
- The provider did not have a Quality Assurance Plan that included monitoring the quality of services for individuals at risk for suicide.

Billing Validation



	Medicaid	Total
Justified	$8,570.65	$8,570.65
Unjustified	$5,003.50	$5,003.50
Total	$13,574.15	$13,574.15

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

Standard	Reason	# of Discrepancies
Eligibility Standards	Missing/incomplete service order	8
Performance Standards	Content does not support units billed	4
	Intervention unrelated to IRP w/o clinical justification	4
	Note does not include response to intervention	3
	Content of documentation is not unique	1
	Content of note does not match service definition	1
Quantitative Standards	Staff credential not supported by documentation	36
	Progress note not filed within seven calendar days	3

Billing Validation: 63%

Opportunities for Improvement:

Eligibility Standards:

- Five records (eight claims unjustified) were missing order for services (OFS). The OFS was not signed by an appropriately licensed practitioner prior to the services billed. The following were cited:
  - Two records were missing orders for Psychiatric Treatment.
  - Two records were also missing orders for Service Plan Development (SPD) and Behavioral Health Assessment (BHA).
  - One record was missing orders for Individual Counseling as well as SPD and BHA.

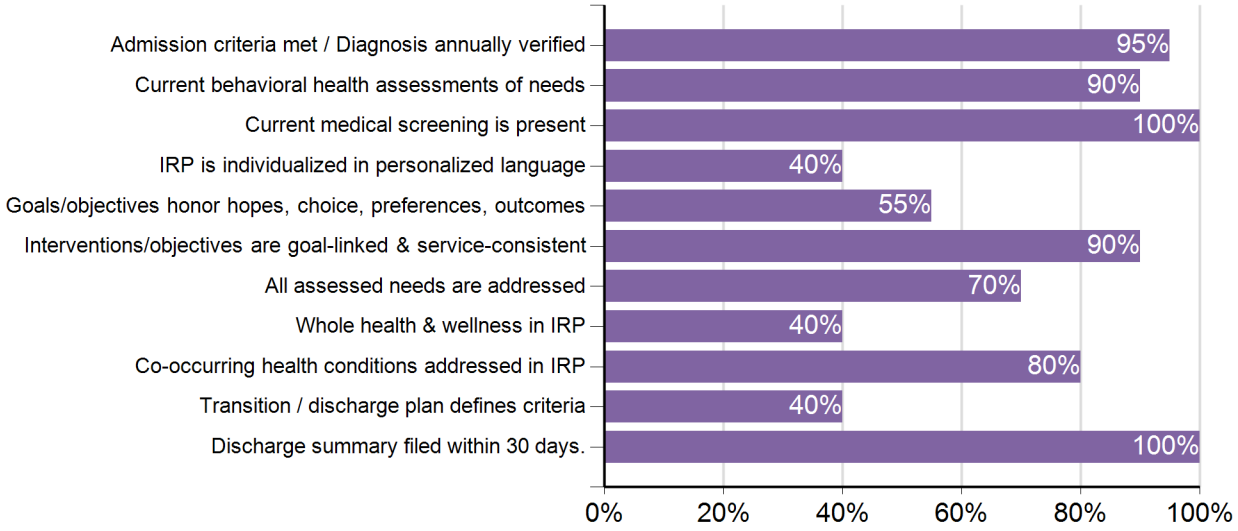
Performance Standards:

- The content did not support the units billed in three records (four claims unjustified).
  - In these instances, progress notes documented staff billing to complete assessments (H0031) and to develop IRPs (H0032) but there was no supporting documentation in the record to justify the four (4) units billed. One unit was justified due to the completion of a progress note within the record documenting the staff's intervention and individual's response.
- The intervention on four IRPs (four claims unjustified) were without clinical justification due to the services not being listed on the IRP. For example,
  - Psychiatric Treatment was not listed as a service on three IRPs and Crisis Intervention was not listed as a service on one IRP reviewed.
- The individual's response on three Individual Counseling progress notes lacked details as it relates to the staff's intervention (three claims unjustified). For example, the following statement was documented as an individual's response, *"[Individual] was receptive and engaged to session interventions.*"
- The content of one Individual Counseling progress note dated 10/21/2019 was not unique to the individual. The content of the progress note was identical to the content of an Individual Counseling progress note dated 10/07/2019 within the record.
- The content of one Individual Counseling progress note did not match the service definition. The content of the progress note documented staff engaging the individual and his aunt into a "family session."

Quantitative Standards:

- Thirty-six (36) claims (five records impacted) were unjustified due to personnel records of two staff signing with the S/T credential not containing all required trainings. The following online trainings were incomplete:
  - 2.25 hours of *Documentation* was completed instead of three hours (missing .75 hours).
  - One hour of *Service Coordination* was completed instead of three hours (missing two hours).
- Progress notes were not filed within seven calendar days in two records (three claims unjustified). For example,
  - One Community Support (CS) progress note date of service was documented as 10/2/2019; however, the progress note was not electronically signed until 10/17/2019. In the same record, a CS progress note was electronically signed by staff eight (8) days after the date of service (date of service, 10/11/2019; electronically signed by staff, 10/19/2019).
  - The date of service on one Individual Counseling progress note was documented 10/08/2019; however, it was electronically signed by staff on 10/16/2019.

Assessment & Planning



Assessment & Planning: 70%

Strengths and Improvements:

- Records contained a *Whole Health and Wellness Assessment/Questionnaire* which documented the individual's medical issues, family medical history, medical and dental provider information, etc. This is a continued strength of the provider.
- All records reviewed contained the suicide risk assessment the *Columbia Suicide Severity Rating Scale* (C-SSRS).
- Co-occurring health conditions were included on eighty percent (80%) of the IRPs reviewed which is an improvement from previous BHQR, 7-2018

Opportunities for Improvement:

- Twelve (12) of 20 IRPs were not individualized or written in personalized language.
  - The goals, objectives, and interventions on nine IRPs of the IRPs were not unique to the individual. For example, the following statements were documented as individual goals on IRPs, *"keep my appointments with my therapist"* and *"attend all scheduled sessions."*
  - In addition, one record did not contain a current IRP. Another record did not contain an IRP at all.
  - Furthermore, IRPs were not age-appropriate and in some cases overly clinical.
  - This issue was cited in previous BHQRs, 7-2018 and 7-2017.
- The goals/objectives on nine (9) of 20 IRPs did not honor the hopes, choice, preferences, and outcomes of the individual.
  - As previously mentioned, the IRP in one record was expired and another record did not have an IRP at all.
  - In other instances, IRPs contained goals and objectives that were not expressed by the individual. For example, one IRP contained a goal and objective related to housing; however, the individual who was a youth had stable housing.
- Six (6) of the IRPs did not contain all assessed needs. Issues such as suicidal ideation and grief were not included on IRPs to be addressed. In addition, one IRP was expired and another record did not contain an IRP and; therefore, this question was scored *"No."* This issue was also cited in BHQR, 7-2018.
- Whole health and wellness goals were not included on twelve (12) IRPs. In these instances, whole health and wellness goals and objectives on the majority of the IRPs were duplicated across multiple records and not individualized. For example the intervention was listed as, *"Staff will assist in accessing whole health needs (Primary care physician, dentist, vision, etc.), addressing co-occurring health conditions, and discuss whole health and wellness goals with client."* This issue was cited in BHQR, 7-2018.
- Twelve (12) of the records reviewed did not contain transition/discharge plans that met criteria. This is an ongoing issue identified in previous BHQRs, 7-2018, 7-2017, 7-2016, and 8-2015.
  - The clinical benchmarks in some records were not measurable. Examples, *"[Individual] will be discharged when he can manage his emotions appropriately as well as his impulsivity"*
  - An example of an non-specific step-down service is *"community resource link."*
  - The step-down date in one record was documented as *"90-120 days.*

Focused Outcome Areas

Focused Outcome Areas: 95%

Strengths and Improvements:

- *Primary Care Physician (PCP) Coordination* forms were present in all of the records which included the individual's diagnosis, current medications, and treatment plan modalities. This is a continued strength of the provider.
- The majority (95%) of the records contained a safety/crisis plan.
- Documentation in the majority (95%) of the records demonstrated the individual's known preferences and differences are followed to the extent possible. For example, one guardian requested that sessions be conducted in office and documentation supported that the provider honored this request.

Opportunities for Improvement:

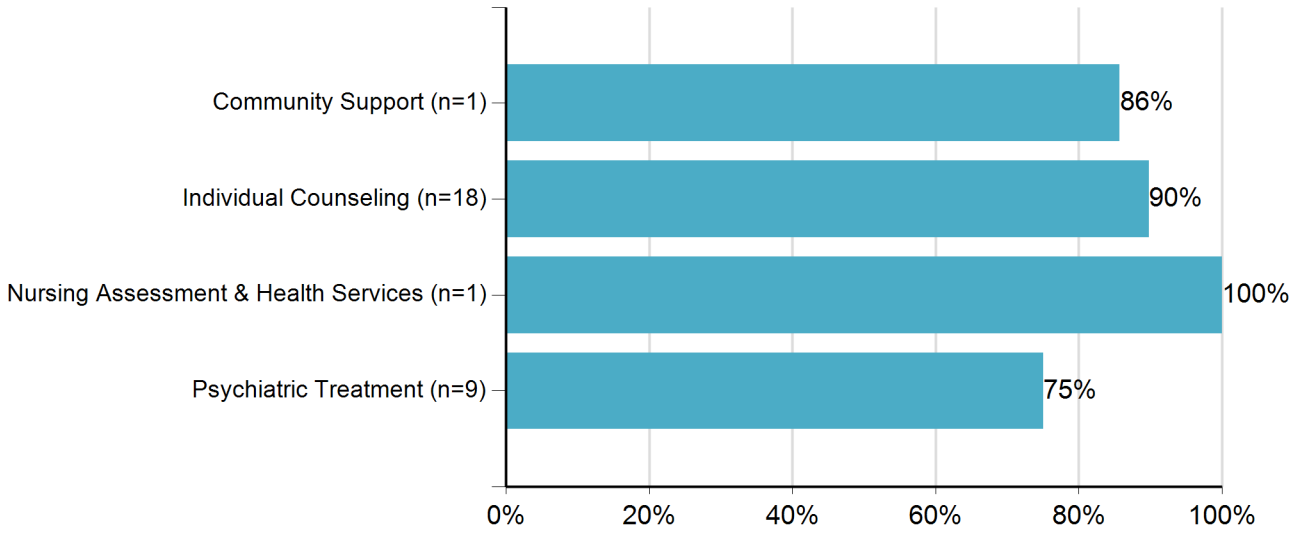
Safety:

- Three of the 12 applicable records did not contain medication consent forms completed in their entirety.
  - In one record, the medication consent form did not contain the signature of the guardian acknowledging that the individual/guardian had been educated on the risk and benefits of all medications prescribed. In addition, the prescriber signed the form but the date of entry was missing.
  - In another record, documentation supported that an individual had been engaged in services since 2018 but did not have a medication consent form for the following medications: Vyvanse, Clonidine, Cymbalta, and Lamictal.
  - The third record, did not contain a medication consent from from Trileptal and Vyvanse.
  - This issue was cited in the previous BHQRS, 7-2018, 7-2017, 7-2016, and 8-2015.

Rights:

- Four (4) of the 19 applicable records did not contain ROIs with all of the required components.
  - In three records, the ROIs were signed by the guardian and/or individual; however, the ROIs did not list to whom the information should be released to, the type of information, and/or the time frame.
  - In another record, one ROI listed three different entities in which information is to be released to instead of a separate ROI form for each.

Service Guidelines



Service Guidelines: 87%

Strengths and Improvements:

- In the one record with Community Support Services, the staff were meeting the two monthly minimum contacts as required.
- Documentation reflected education related to identified health issues, medication, and nutrition in Nursing Assessment and Health Services.

Opportunities for Improvement:

Community Support:

- In the one applicable record reviewed, there was no evidence of resource and/or service coordination. Documentation reflected that the individual had behavioral issues in the school setting i.e. destruction of school property and anger outbursts; however, there was no evidence of the staff coordinating with school officials such as a school counselor and/or teacher.

Individual Counseling:

- Five (5) of the 18 applicable records did not have the service provided by appropriately licensed or credentialed clinician. As previously mentioned, two S/Ts were missing the required hours for Standard Training Requirements in two subject areas, *Documentation* and *Service Coordination.*

Psychiatric Treatment:

- The following questions were scored *"No"* in three of the nine applicable records due to the service not being listed on the IRP.
  - Progress notes contained 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 were related to the staff interventions listed on the treatment plan.
  - Service was provided as planned within the IRP.

Overall Programmatic

The Programmatic standards below, relevant to services reviewed during this BHQR, are not calculated into any scored area of this review at this time; however, they are assessed, reported, and may become scored items in the future. The provider should note any negatively-scored item or area as an opportunity for quality improvement activities and take steps to ensure adherence to the Service Definitions in the DBHDD Provider Manual.

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.			No
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***
	4	**1**	**1**	**80%**

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

Additional Comments on Practices

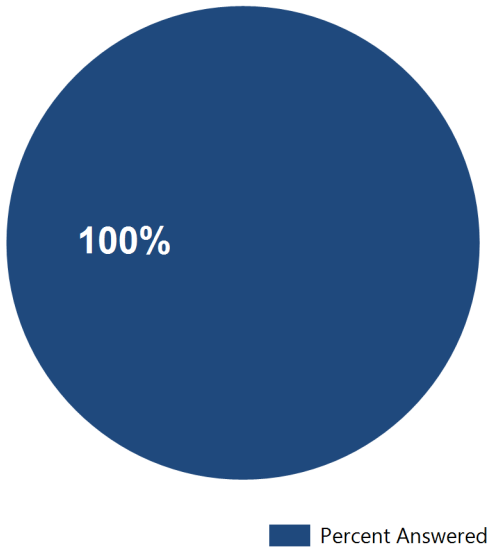
Additional strengths and concerns beyond the general scope of the review were discovered by reviewers. Additional issues/practice concerns may have the potential to impact service delivery, quality of care, or may represent a risk to the provider.

- Records contained original prescriptions attached to the medication consent forms.
- There was inconsistency with credentials utilized by staff when signing documentation and the electronic signature. For example, one staff signed with the following credentials: Community Support-Individual (CSI) and Case Manager; however, the electronic signature contained the credential PP (Paraprofessional).
- Some uploaded documentation such as an assessment in the record that was signed by the staff but did not contain the staff's credential (Licensed Professional Counselor; LPC).
- Some hand-written psychiatric progress notes outside of the billing sample were illegible. This issue was also cited in the previous BHQRs, 7-2017 and 7-2018.
- There was no evidence of a Quality Assurance Plan that monitored the quality of services for individuals at risk for suicide.

Individual Interviews

Individual Interviews Conducted: 2

Individual Interviews are not calculated into the Overall Score



- The following comments were made by individuals during this review:
  - *"Whenever there is a need for reinforcement, I get it from my counselor. [She] gives good advice."*
  - *"Therapist is thorough and very nice. My daughter is very comfortable her."*
  - All of the individuals/guardians reported being treated with respect and dignity by staff (including physicians).
  - All of the individuals/guardians reported feeling supported in moving toward their desired goals/dreams such as "managing emotions" and "stress management."

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 treatment/recovery/service plans are individualized and in the language of the individual served.
- Ensure treatment/recovery/service plans address all areas of assessed need.
- Ensure treatment/recovery/service plans contain goals, objectives, and interventions that promote whole health and wellness.
- Ensure transition/discharge plans define criteria for discharge, planned discharge date, and specific services.

Focused Outcome Areas - Safety

- Ensure that individuals (or parent/guardian) have been educated on the risks and benefits of all prescribed medications.

Recommendations: Current Review

Provider Level

- Ensure there is no duplication of documentation within or among individual's records.

Billing Validation - Eligibility

- Ensure documentation supports that all Eligibility Standards are met.

Billing Validation - Quantitative

- Ensure all Quantitative Standards are met in documentation.

Focused Outcome Areas - Rights

- Ensure releases of information contain all required components.

Compliance With Service Guidelines - All

- Ensure all services are provided by appropriately-credentialed staff.

Additional Recommendations

Current Review

- Service Guidelines-Community Support: Ensure there is evidence of service and resource coordination.
- Service Guidelines-Psychiatric Treatment: Ensure services are provided as planned on IRP.