

# Helping Hands Community Based Services, Inc

## Behavioral Health Quality Review Final Assessment

**Address:** Remote Quality Review-5524 Old National Hwy, Ste B, College Park, GA 30349

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**Records Reviewed:** 30

**Date Range of Review:** 4/26/2021 - 4/30/2021

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: 09/16/2019	84%	90%	91%	85%	95%
Review Date: 03/11/2019	93%	89%	96%	96%	92%
FY20 Statewide Average	84%*	76%	93%	88%	90%

\*For reviews conducted July 1, 2019 through June 30, 2020, Quality Risk Items (where identified) were deducted from the Overall Score. Additionally, in response to the COVID-19 pandemic, Quality Reviews were postponed between March 16 through June 30, 2020. Therefore, caution should be made when comparing scores to this time period.

# Summary of Significant Review Findings

## Strengths and Improvements:

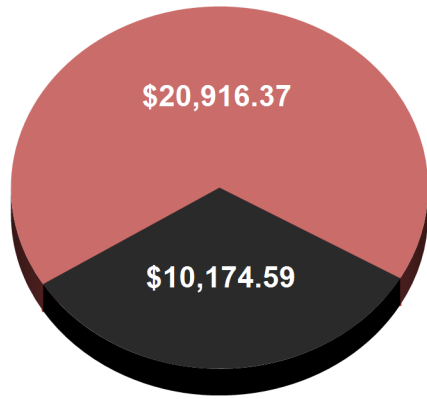
Due to the COVID-19 pandemic, this review was conducted remotely instead of on site:

- The agency has safety policies to limit exposure of staff and individuals to the COVID virus.
- Several records contained an "Addiction Screening Tool," which assessed individuals' substance use. Additionally, Adverse Child Events (ACE) assessments were included in multiple records reviewed.
- Initial nursing assessments were detailed and comprehensive.
- The majority of records reviewed contained documents from external medical providers.
- All records reviewed contained annually updated: verified diagnoses, assessments of needs, individual recovery/resiliency plans (IRPs), and medical screenings.
- Co-occurring health conditions were addressed in 26 of 27 IRPs reviewed.

## Opportunities for Improvement:

- Interventions were not always clinically necessary, age appropriate or unique to the individual and the session. This is a recurring trend noted in previous reviews. This was evident within documentation both within and outside of the billing sample.
  - Records reflected over-utilization of services and services provided did not always match to the need of the individual. Refer to Billing Validation and Additional Issues for specific details. Nine claims in three records were unjustified due to over-utilization of services.
- Suicide risk was not addressed on IRPs for all individuals at moderate to high risk for suicide, ongoing assessments were not consistently conducted, and appropriate clinical steps or appropriate referrals were not made.
- Transition/discharge plans lacked clear clinical benchmarks for determining individuals' readiness to step down to lower levels of care or discharge from services.
- Multiple claims contained inaccurate location codes. Services provided via telehealth were billed with the "U7" (out-of-clinic) modifier.
- Two Supervisee Trainees (S/T) did not have all required documentation in their personnel records for credential billed; one S/T had an incomplete attestation and the other S/T did not have documented supervision for the month of February, 2021.
- Minimum contacts were not met within five records reviewed for PSR-I, Case Management, and Community Support services.
- Case Management and Community Support notes documented assistance with accessing websites only.
- Though releases of information (ROIs) were present in most records, they were not signed by individuals (or their guardians, as applicable).
- A nurse is on site once per month, instead of 10 hours per week, as required.

# Billing Validation



	Medicaid	Total
Justified	\$10,174.59	\$10,174.59
Unjustified	\$20,916.37	\$20,916.37
Total	\$31,090.96	\$31,090.96

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 does not support code billed	175
	High utilization without justification	9
	Content of note does not match service definition	3
	Content of documentation is not unique	1
Quantitative Standards	Staff credential not supported by documentation	6

## Billing Validation: 33%

### Strengths and Improvements:

- All records reviewed contained annually verified diagnoses, an improvement from the previous review in which one record did not contain a verified diagnosis within the past year.
- There were no missing progress notes, an issue noted in the previous review.

### Opportunities for Improvement:

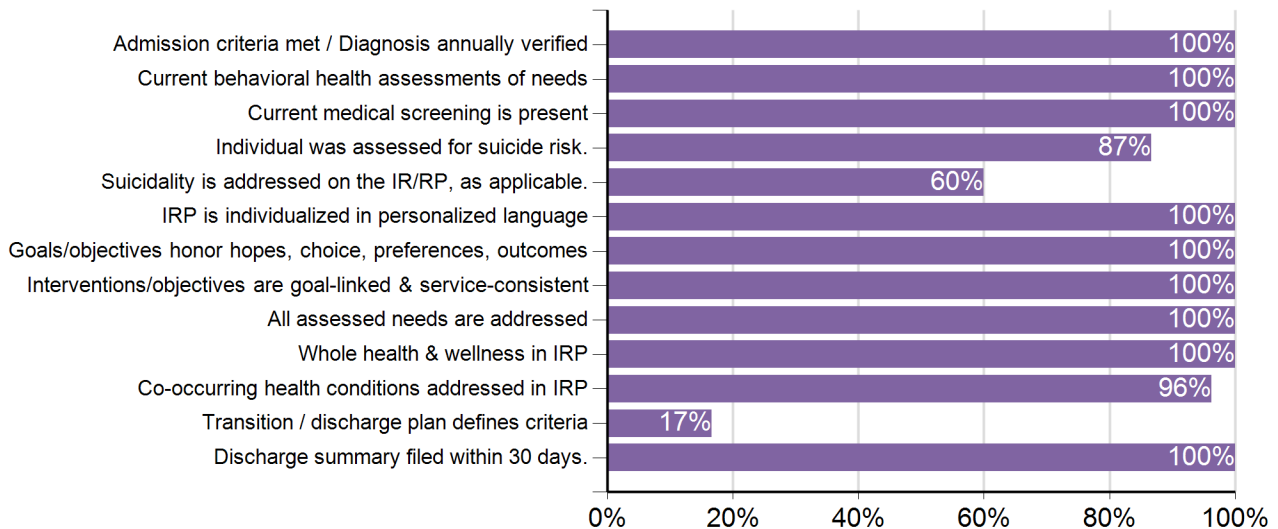
#### Performance Standards

- One hundred and seventy-five (175) notes did not support the code billed due to claims containing the "U7" (out-of-clinic) modifier for services that were provided via telehealth.
- Nine claims were cited as unjustified due to high utilization without clinical justification:
  - Multiple notes within two records documented the same intervention of encouraging the individuals to create a "collage of consequences" of addiction; however, documentation reflected a low risk for addiction for both individuals and these individuals appeared to be completely uninterested in completing the task assigned by the PP.
  - A third record documented four and a half hours of services on 2/18/21 for an individual who was not in crisis and whose most recent biopsychosocial assessment documented that her presenting symptoms of anger and depression had improved significantly.
- The content of three notes reviewed did not match the service definitions and included:
  - two Case Management notes that documented "skills building" only, and
  - one nursing note that did not document vital signs, as required, in every other nursing service provided per allowances for this service in response to the pandemic (DBHDD Provider Manual).
- The content of one note was not unique; the note dated 3/24/21 was duplicated from the note of another individual's record dated 12/19/20.

#### Quantitative Standards

- The staff credential was not supported by documentation in six notes reviewed. Specifically:
  - the attestation for a supervisee/trainee (S/T) was missing the following requirements, affecting three claims:
    - licensure sought,
    - degree earned, and
    - date of graduation from a Master's degree program.
  - Another S/T did not have the required clinical supervision for the month of February 2021, affecting three claims.

# Assessment & Planning



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

## Assessment & Planning: 90%

### Strengths and Improvements:

- All records reviewed contained annually-verified diagnoses, an assessment of needs within the past year, an annually updated medical screening, and an IRP completed within 365 days of the previous IRP. These strengths represent improvements from the previous Behavioral Health Quality Review (BHQR) on 9/16/19.
- Several records contained an "Addiction Screening Tool," which assessed individuals' substance use. Additionally, Adverse Child Events (ACE) assessments were included in multiple records reviewed, an ongoing strength for this provider.
- Co-occurring health conditions; such as hypertension, asthma, and diabetes; were addressed within all applicable IRPs reviewed, an improvement from the previous review in which co-occurring health conditions were not addressed in six of 19 applicable IRPs reviewed.

### Opportunities for Improvement:

- Suicide risk was not addressed on two of five IRPs in which individuals were at moderate to high risk for suicide. One individual had had three previous serious suicide attempts for which he had been hospitalized in the past 16 years, and the second individual had been hospitalized on 12/24/19 for suicidal ideation with a plan.
- Twenty-five of 30 transition/discharge plans reviewed did not contain clear outcomes expected for transition to a lower level of care or discharge from services. Instead the plans documented a list of interventions within services provided.

# Focused Outcome Areas



## Focused Outcome Areas: 89%

### Strengths and Improvements:

- In the majority of records reviewed, external medical records were obtained from multiple medical providers; an ongoing strength for this provider.
- Twenty-two of 25 applicable records reviewed contained updated IRPs reflecting reassessment of individuals' needs at least annually. This is an improvement from the previous review in which five of 11 applicable IRPs reviewed did not reflect reassessment based on individuals' changing needs. An example was an IRP that included the Parent Management Training approach to address attention deficit hyperactivity disorder (ADHD) symptoms that remained problematic after the prescription of ADHD medications.

### Opportunities for Improvement:

#### Whole Health

- Safeguards, specifically Abnormal Involuntary Movement Scales (AIMS), were not present in six of 23 applicable records reviewed. This deficiency was noted in two previous reviews on 9/16/19 and 3/11/19. Examples included:
  - an adolescent prescribed a stimulant to address ADHD whose last recorded weight check was a year ago on 4/22/2020, and
  - an individual prescribed Invega Sustena whose record did not contain any documented AIMS.

#### Safety

- Three of four applicable records reviewed did not reflect that clinically-appropriate steps were taken for individuals at risk for suicide or that ongoing assessment occurred to assess for this risk. As previously mentioned, one individual had had three serious suicide attempts within the past 16 years, and a second individual had been hospitalized in December 2019 for suicidal ideation with a plan.

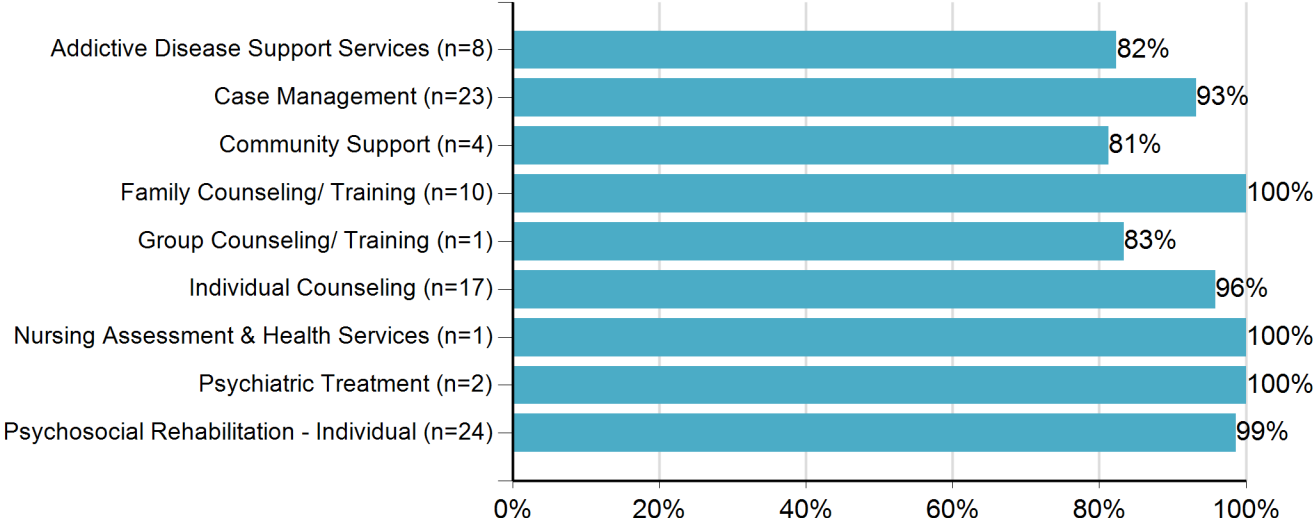
#### Rights

- Releases of information (ROIs) in 26 of 28 applicable records reviewed did not contain the required signatures of individuals or their parent/guardian, as applicable.

#### Community Life

- Documentation of resource coordination to assist individuals in accessing needed services was not present in 10 of 28 applicable records reviewed. Examples include:
  - an adolescent had academic and behavioral issues at school, but the record did not reflect any contact or coordination with school staff, and
  - an individual expressed a desire for referrals to trauma support groups and resources related to coronavirus (and other medical concerns) but the record did not document that these referrals were made.

# Service Guidelines





## Service Guidelines: 94%

### Strengths and Improvements:

- Several initial nursing assessments were detailed and comprehensive. They included nutritional assessments, family medical histories, and details about reported medical conditions.
- All areas within Family Outpatient Services scored 100%:
  - Family Counseling notes addressed sources of family conflicts and techniques to resolve differences, the individual was the focus of the services, and
  - progress toward treatment goals was documented in all four records reviewed.

### Opportunities for Improvement:

#### Addictive Disease Support Services (ADSS)

- In two of eight records reviewed, the minimum of two monthly contacts per month were not met:
  - In one record, the only contact was documented as January 6, 2021.
  - A second record did not include any contacts for the month of March 2021.
- Progress was not documented and services were not provided as planned on the IRP in three of eight records reviewed.
  - In two records reviewed, the individuals were documented as receiving the same intervention of repeatedly being encouraged to create collages on the consequences of addiction. This accounted for the majority of notes over the authorization period. Both individuals denied having addictions, there was no documentation to support that either were experiencing any significant consequences from any substance use, and they were documented as stating that they did not want to create these collages.
  - In a third record, notes did not document overall progress toward IRP goals and objectives. Instead the notes documented, "Client was cooperative with continuous session", and "Client behavior was good."

#### Case Management

- Referral and linkage to needed resources was not present in four of 18 records reviewed. An example was an individual whose identified needs included obtaining a general equivalency diploma (GED) and finding employment, but whose record did not document linkage to resources for these needs.

#### Community Support

- One of four records reviewed did not document the minimum required twice-monthly contacts, as there were no contacts in the months of February and March of 2021.
- Evidence of service and resource coordination was not present in any of the four records reviewed. Examples included two youths with documented academic issues, but whose records contained no referrals for tutoring or contact with school officials.
- The service was not provided as planned within one of the four records reviewed. The IRP identified the need for linkage to educational resources, but that linkage was not documented within notes.

#### Group Skills Training

- The one record reviewed did not document overall progress related to the treatment plan goals and objectives in the majority of notes. Notes simply stated how the individual responded to that day's group interventions.

## 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.	No

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		
	<b># Yes</b>	<b># No</b>	<b># N/A</b>	<b>SCORE*</b>
	4	1	1	80%

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

### Additional Comments on Practices

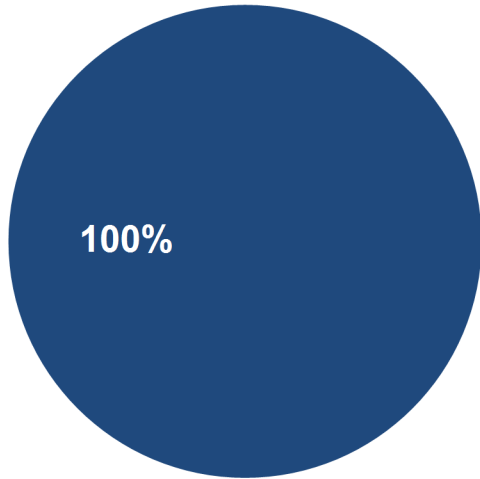
Additional strengths and concerns beyond the general scope of the review were discovered by reviewers. Additional issues/practice concerns may have the potential to impact service delivery, quality of care, or may represent a risk to the provider.

- One staff's cardio-pulmonary resuscitation (CPR)/first aid training was completed through First Response and Safety, which is not a DBHDD-approved provider. As this staff member was within her first 90 days of hire, claims were not affected.
- Complete credentials were not included within one staff's signature on all notes signed. Some notes were signed with the "PP" credential, while other notes were signed with the "CADC" credential only. This was problematic when the credential needed for the service documented was not present.
- Progress notes reviewed outside the billing sample were documented in unit increments that appeared to be prescriptive and reflected overutilization of services, an issue documented in the previous review. Typically, both ADSS and Case Management were documented for four units, and PSR-I was consistently documented for six units, regardless of individuals' needs.
  - One record documented an individual receiving 90 minutes (six units) of PSR-I followed by 60 minutes (four units) of ADSS 87 times since October 1, 2020.
  - A second record contained 48 notes with the same intervention, with most of the claims being outside the billing sample reviewed. The intervention was instructing the individual to create a collage of consequences for substance abuse. The individual has not created this collage and denies that his diagnosed substance use disorder is an issue for him, evidencing the need for alternative, effective, and clinically-appropriate interventions and increased clinical supervision and oversight of paraprofessional staff members.
  - Provider is reminded that all interventions must be clinically necessary, age appropriate and unique to the individual and the session.
- Though C-SSRS's were present in the majority of records reviewed, some records did not contain the C-SSRS Lifetime/Recent, and one individual had had three serious suicide attempts that were not captured within the two C-SSRS Since Last Visit's found in his record.
- Although few Nursing Assessment and Health Services claims were included during this review, it was noted that nursing contacts for the past year have been provided via telehealth only. No face-to-face nursing contacts have occurred with individuals, and thus, no vital signs have been recorded.
- Although Quality Risk Items (QRIs) no longer result in a reduction of the Overall Score, the following QRIs were noted during this review:
  - High utilization without clinical justification was noted in three records reviewed.
  - Minimum contacts were not met in five records reviewed.
  - A nurse is not on-site a minimum of 10 hours per week.

# Individual Interviews

## Individual Interviews Conducted: 4

*Individual Interviews are not calculated into the Overall Score*



■ Percent Answered Yes

Comments from individuals included:

- "Out of all the ones I've been to, this [provider agency] is the best."
- "They care, which is really big for me because I have a very severe mental illness, and I need people who are compassionate and care, and I get that with them."
- Commenting on why he prefers this agency, an individual said, "For one, I hate to go through the process of starting with someone else, and I dread going through that again."
- "I appreciate that I can trust them. That's the main thing."
- "My counselor makes me feel comfortable to talk about my issues and he always follows up with me. I really like that. Helping Hands staff are patient and listen to what you have to say. They tell you what you need to hear."
- "I have an awesome team working with me. They have proven that they are good people. It is hard to trust somebody when you come into a program."
- When asked who she would contact if a safety concern arose, an individual stated, "As a matter of fact, when I was feeling those feelings, I did call them. I can call anyone on my team, especially my therapist. He has been invaluable."
- "The main thing is that they work with me on how I see things and hear things, and they help me learn to stay calm and deal with my anger with deep breathing and meditation."
- "I talk to the therapist and paraprofessional every week, and they also tell me that if something goes on with me and I need to talk, feel free to call."

## Quality Improvement Recommendations

Providers are reminded of the responsibility to maintain internal processes which ensure immediate and permanent corrective actions on issues identified during the quality review process. DBHDD may request corrective action plans (CAPs) as quality review findings warrant as well as review agencies' internal documentation regarding corrective actions and ongoing quality assurance and quality improvement. Please refer to the comments documented in each section above for specific information pertaining to the recommendations below.

### Recommendations: Current and Prior Review

#### Billing Validation - Quantitative

- Ensure all Quantitative Standards are met in documentation.

#### Billing Validation - Performance Standards

- Ensure all Performance Standards are met in documentation.

#### Focused Outcome Areas - Whole Health

- Ensure there are documented safeguards utilized for medications known to have substantial risk or undesirable effects.

#### Compliance With Service Guidelines - All

- Ensure individuals are referred/linked to community resources that meet their unique needs.
- Ensure the minimum required contacts are met for all services (as required).

### Recommendations: Current Review

#### Provider Level

- Ensure utilization of services is appropriate to the clinical needs of all individuals served.
- Ensure a nurse is on-site at least 10 hours per week for all locations as required.

#### Assessment and Planning

- Ensure all individuals are assessed for suicide risk at intake (and as needed thereafter) using age-sensitive C-SSRS tools.
- Ensure transition/discharge plans define criteria for discharge, planned discharge date, and specific services.
- Ensure suicidality is addressed on the IR/RP when the individual is assessed as having any suicide risk.

#### Focused Outcome Areas - Safety

- Ensure there is documented evidence of ongoing assessment when an individual has been assessed to be at risk for suicide.
- Ensure documentation supports that clinically-appropriate actions or steps were taken and linkages or referrals were made based upon the findings/outcome of suicide risk assessment.

#### Focused Outcome Areas - Rights

- Ensure releases of information contain all required components.

#### Focused Outcome Areas - Community Life

- Ensure documentation supports that services consist of resource coordination activities that assist the individual, youth and parent/responsible caregiver in gaining access to necessary services to promote resiliency.

#### Compliance With Service Guidelines - All

- Ensure documentation addresses individuals' progress toward specific goals and objectives.