The Georgia Collaborative ASO

Milton Brown and Associates dba Eastchester Family Services

Behavioral Health Quality Review Final Assessment	
Address: Remote Quality Review 250 Georgia Ave Suite 206, Atlanta, Georgia 30312	
Assessors: Dorian Milam, RN; Heather Hewett, LPC; Latoya Polk, LPC, NCC	
Records Reviewed: 20	**Date Range of Review:** 8/30/2021 - 9/1/2021

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: 02/05/2019	97%	90%	99%	99%	98%
Review Date: 08/13/2018	98%	98%	98%	97%	98%
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 records of youth contained supplemental age-appropriate assessments including the Patient Health Questionnaire (PHQ-A) Severity Measure for Depression - Child Age 11-17, the Pediatric Symptom Checklist, the Mood Disorder Questionnaire, and the Trauma Screen Caregiver Version for youth; while some adult records contained The Generalized Anxiety Disorder 7-Item Scale, the Patient Health Questionnaire (PHQ-9), the Adverse Childhood Experience (ACE) Questionnaire, and The Cut down, Annoyed, Guilty, and Eye-opener (CAGE) Questionnaire Adapted to Include Drugs (CAGE-AID).
- The provider reports continued partnerships with the following:
  - Walden University to employ Nurse Practitioner interns
  - Emory University/Children's Healthcare of Atlanta to employ Pediatric Residents
  - Morehouse School of Medicine to employ Research Fellows
  - Cherokee county Drug Court
  - House of Dawn Independent Living Program (ILP) for girls
- Safety/Crisis Plans contained clinically meaningful information including a list of the individual's current medications, previous treatment-modality used (i.e., CBT, DBT), past calming techniques, preferred treatment facilities, advanced psychiatric directives, etc.
- Psychiatric Treatment progress notes often documented an ongoing log of individuals' presenting issues, which provided a summary of treatment progress/regression over time. Additionally, notes evidenced physicians' use of the Prescription Drug Monitoring Program (PDMP) to ensure individuals are not at risk of being over-prescribed medication.
- One Individual Resiliency/Recovery Plan (IRP) listed Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), an evidence-based therapeutic modality, to assist an individual experiencing post-traumatic stress disorder symptoms.

Opportunities for Improvement:

Billing Validation

- Staff credentials were not supported by documentation.
- In seven notes, content did not support the definition of the service billed.

Assessment and Planning

- Suicidality was not addressed on the IRP in two applicable records.
- In 14 records, the transition/discharge plan did not define specific criteria for discharge.

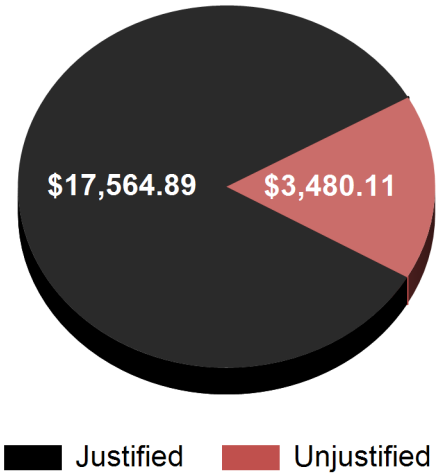
Focused Outcome Areas

- In two records there was no documented safeguards utilized for medications known to have substantial risk or undesirable effects (lab work, assessments, AIMS, etc.).
- In three records, the individual/guardian had not signed formal acknowledgement of rights and responsibilities at least annually.

Compliance with Service Guidelines

- Within the one applicable record, none of the requirements were met regarding assessing, identifying, and monitoring services for an individual that is deaf/hard of hearing.
- Service was not always provided by appropriately licensed or credentialed clinician for Individual Counseling services.

Billing Validation



	Medicaid	Total
Justified	$17,564.89	$17,564.89
Unjustified	$3,480.11	$3,480.11
Total	$21,045.00	$21,045.00

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	7
	Content does not support units billed	1
	Content of documentation is not unique	1
Quantitative Standards	Staff credential not supported by documentation	32

Billing Validation: 83%

Strengths and Improvements:

- All records contained a verified diagnosis. This is an improvement over the last Behavioral Health Quality Review (BHQR) 12/2019.
- In all claims, the content of the note matched the code billed. This is an improvement over the last BHQR (12/2019).

Opportunities for Improvement:

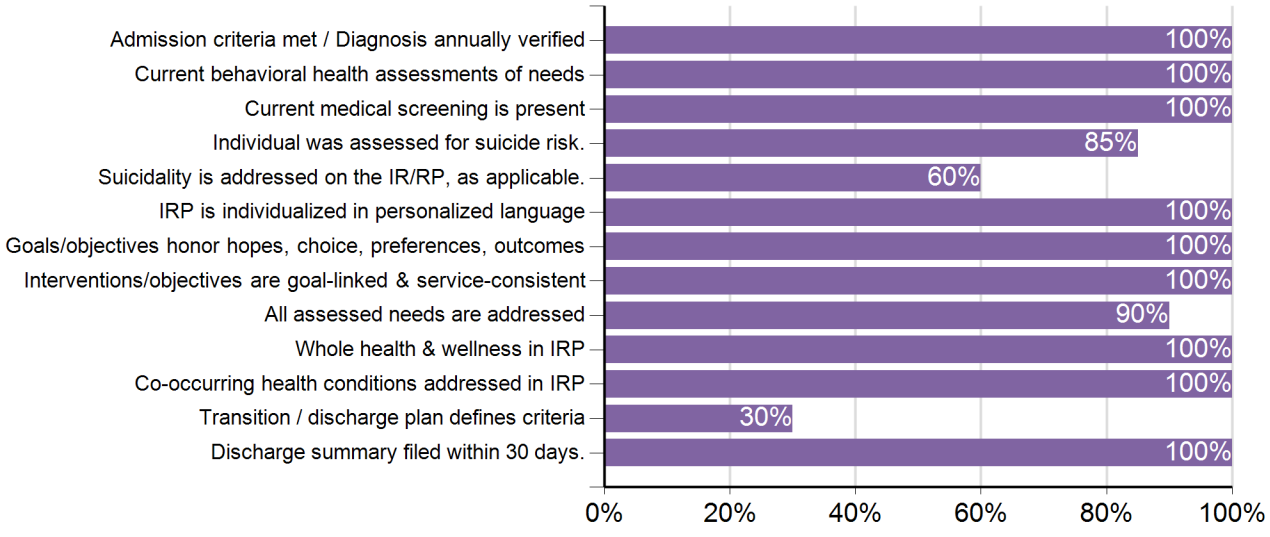
Performance Standards

- The content of seven progress notes did not match the service definition. In all instances, nursing services were conducted only via telehealth. For example, one individual had not been seen by the nurse for a face-to-face contact since March 2020. Another record reflected that the only two nursing contacts provided were both telehealth (1/11/20, 5/13/2021). 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.
- The content of one progress note did not support the units billed due to the Case Management note dated 7/12/21 indicating that the same resources/linkage were provided as listed in a previous note from 6/7/2021.
- The content of one progress note was not unique. This Psychiatric Treatment note dated 6/2/21 contained content that was identical to a note from 5/5/2021.

Quantitative Standards

- Staff credentials were not supported by documentation within all three personnel files reviewed, which affected 32 claims. In all examples, documentation did not support billing at the supervisee/trainee (S/T) practitioner level due to the following reasons:
  - Attestations for each staff were either expired or incomplete. The anticipated/actual date of licensure examination was expired, left blank or stated "To be determined (TBD)/ as soon as possible (ASAP)".
  - Two staff did not have documentation of supervision for a month. One was missing supervision in the month of April 2021 and the other in the month of June 2021.
  - Agency created certificates for safety/crisis de-escalation training did not specify six hours of required training completion.

Assessment & Planning



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

Assessment & Planning: 90%

Strengths and Improvements:

The following are continued areas of strength, noted during the last BHQR (12/2019).

- Admission criteria was met and the diagnosis was annually verified in all records.
- All records contained a current behavioral health assessments of needs.
- In all records, a current medical screening was present.
- Goals and objectives on the individual's IRP honored hopes, choice, and individual preferences.
- Interventions/objectives on the individual's IRP were goal-linked & service-consistent in all records.

Opportunities for Improvement:

- Suicidality was not addressed on the IRP as applicable in two of five applicable records. This was scored No due to both records containing incomplete C-SSRS, therefore Assessors were unable to determine risk.
- In 14 of 20 records, the transition/discharge plan did not define specific criteria for discharge. In the majority of examples, criteria for discharge were vague and not measurable:
  - "[Individual] will step down when she develops better coping skills and communication skills."
  - "[Individual] will be discharged from services after he's able to control self and make good decisions daily."
  - "[Individual] will be discharged from services when he is able to implement skills to better manage symptoms of his diagnosis. He will implement learned skills to manage anxious and depressive symptoms."

Focused Outcome Areas

Focused Outcome Areas: 97%

Strengths and Improvements:

The following are continued areas of strength for the provider, noted during the last BHQR (12/2019).

- In all records, there was documentation that the individual (or legal representative, guardian/parent of a minor), had been educated on the risk/benefits of all medications prescribed and there was a signed consent form that correlated to each medication.
- All records contained documentation of HIPAA Privacy and Security Rules (as outlined in 45 CFR Parts 160 and 164) had been reviewed with the individual.
- All records contained documentation which demonstrated that the person was an active participant (has a voice) in the planning and receiving of services.
- In all applicable records, documentation reflected that informed choice drove the selection of any housing options.

Opportunities for Improvement:

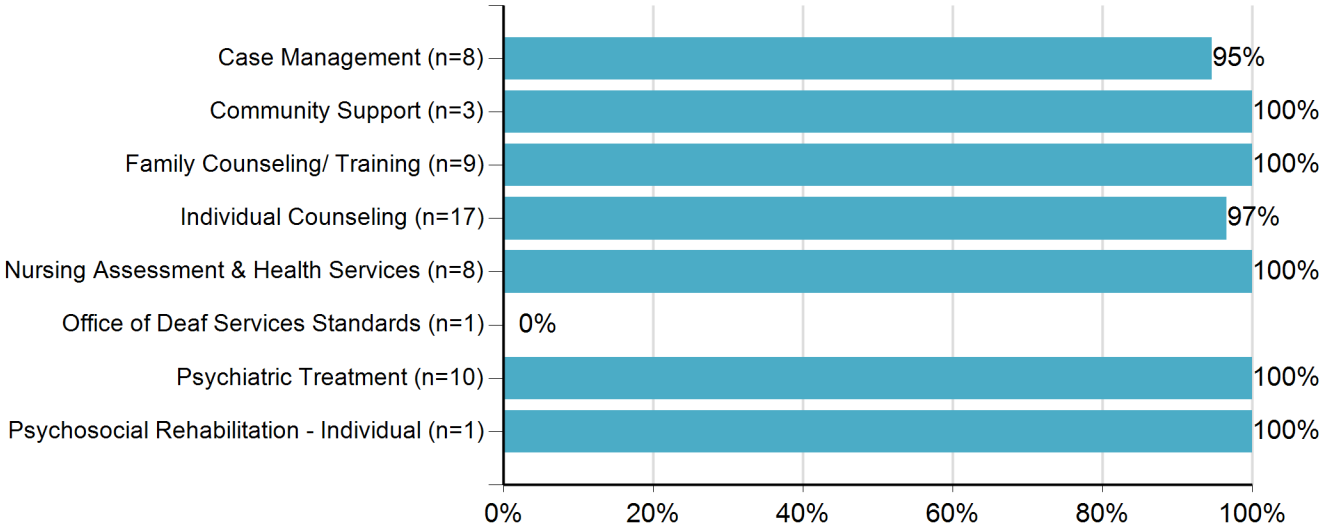
Whole Health

- In two of four applicable records documented safeguards utilized for medications known to have substantial risk or undesirable effects (lab work, assessments, AIMS, etc.) were missing.

Rights

- In three of 12 applicable records, the individual/guardian had not signed formal acknowledgement of rights and responsibilities at least annually. In one example, an individual's record documented a period of 14 months between 2020 and 2021 rights.

Service Guidelines



Service Guidelines: 97%

Strengths and Improvements:

The following were improvements and continued strengths from the last BHQR (12/2019):

- Family Counseling/Training scored 100% during this review; an improvement from 96%.
- Community Support improved from 95% during the last BHQR to 100%.
- The provider maintained a score of 100% for the following services:
  - Psychosocial Rehabilitation-Individual
  - Nursing Assessment and Health Services
  - Psychiatric Treatment

Opportunities for Improvement:

Office of Deaf Services Standards (ODS)

- One record was reviewed in which the individual was identified as having a hearing impairment. All ODS specific questions were scored "No" due to the record not containing required documentation:
  - There was no evidence the provider notified ODS within two business days of first contact with individual served who was deaf or hard of hearing.
  - There was no Communication Assessment Report (CAR).
  - The CAR was not addressed in the IRP to include the individual's preferred mode of communication.
  - The registration did not identify the individual as being deaf/hard of hearing.

Case Management

- Minimum contacts were not documented as having been made/attempted in three of eight records. In two examples, individuals were only contacted by case managers one time in the month of July.

Individual Counseling

- Service was not always provided by appropriately licensed or credentialed clinician in four of 17 records. In all examples, documentation did not support billing at the S/T practitioner level due to incomplete or expired S/T attestations to include anticipated/actual date of licensure examination and the hours were not listed for the agency provided safety/crisis de-escalation training.

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

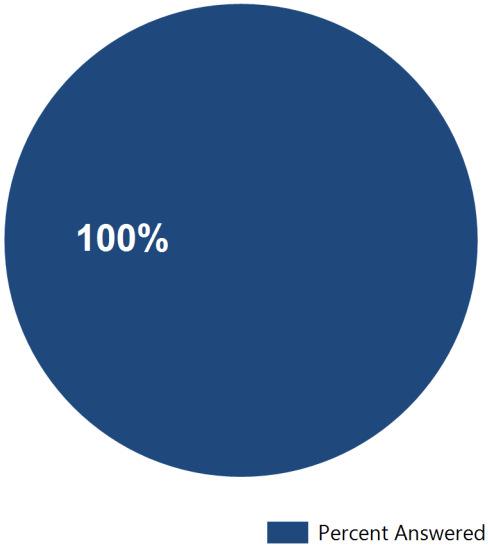
Additional strengths and concerns beyond the general scope of the review were discovered by reviewers. Additional issues/practice concerns may have the potential to impact service delivery, quality of care, or may represent a risk to the provider.

- Some transition/discharge plans contained age-inappropriate anticipated step-down services. For example, "Community Support Services" (a service for children and adolescents) was listed as a step-down service for an adult. Additionally, one IRP listed "CSI/PSR-I" as a step-down service to be provided to a 12-year-old individual. These are very different services for different populations.
- Some IRPs contained as many as 13 goals, which can be overwhelming for both the individual and staff. For one individual, six of her 13 goals related to medical issues.
- Some goals were not individualized and were repeated across records. The following goals were not the majority within each IRP, and, therefore not a scored issue:
  - "Participate in behavioral health assessment to assist team in determining services needed."
  - "Comply with psychological and diagnostic assessments."
  - "Participate in a psychiatric evaluation and/or psychiatric services to determine diagnosis and medication."
  - "Participate in measures to assist team in providing safety information and community linkage to assure that essential needs are met."
  - "Assess, plan, implement, educate, evaluate and promote general wellness of individual's health."
- At least three IRPs referenced the name of another individual.
- The services Behavioral Health Assessment, Service Plan Development, Family Counseling, and Case Management continue to be billed for eight units regardless of the individual's presentation, clinical need, etc.; each contact must be based upon the individual's current need for intervention at the time of contact and that the duration of all contacts should be clinically warranted. This is a recurring item noted in prior reviews.
- Although Quality Risk Items (QRI) are no longer deducted from the Overall Score, the following QRI was noted in this review:
  - Minimum number of contacts were not met in three records with Case Management services.

Individual Interviews

Individual Interviews Conducted: 3

Individual Interviews are not calculated into the Overall Score



- All three individuals interviewed reported that options of supports and services were offered, that they felt supported in moving towards goals and dreams, and that they were satisfied with supports and services.
- The following were quotes by individuals during their interviews:
  - "They help me when I need help."
  - "I just recommended a friend to my therapist, and they are helping her too."
  - "They are really good!"
  - "The main thing is that they are always available when I need them. They always have my best interests in mind, and the overall care is wonderful."
  - "I have a wonderful counselor who really is involved in my treatment; all the staff have been great really."

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.

Recommendations: Current Review

Billing Validation - Quantitative

- Ensure all Quantitative Standards are met in documentation.

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.

Focused Outcome Areas - Whole Health

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

Focused Outcome Areas - Rights

- Ensure individuals are informed of their rights and responsibilities at the onset of services and at least annually thereafter.

Compliance With Service Guidelines - All

- Ensure all services are provided by appropriately-credentialed staff.
- Ensure the minimum required contacts are met for all services (as required).

Office of Deaf Services

- Ensure the Office of Deaf Services is notified within two business days of contact with an individual who is deaf or hard-of-hearing.
- 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.