The Georgia Collaborative ASO

Access Health Treatment Center, LLC

Behavioral Health Quality Review Final Assessment	
Address: 105 Bradford Square, Suite A, Fayetteville, GA 30215	
Assessors: Faith M Simpson, LPC, CADCII, MATS; Latoya Polk, LPC	
Records Reviewed: 5	**Date Range of Review:** 8/15/2023 - 8/18/2023

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: 08/15/2022	29%	0%	48%	12%	54%
FY23 Statewide Average	86%	70%	93%	89%	92%

Note: The FY23 Statewide Averages represent the mean of scores for all reviewed providers.

Summary of Significant Review Findings

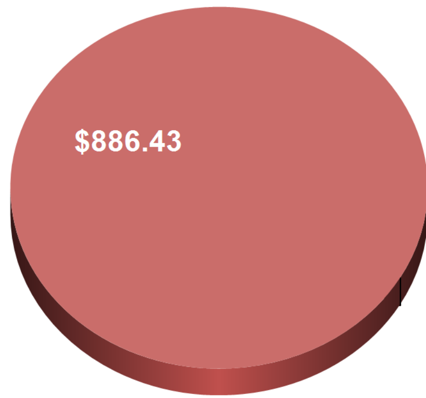
Strengths and Improvements:

- Medical assessments captured the physical health conditions of the individuals; therefore, all of the individuals had a medical screening present in their record. This is an improvement from the previous Behavioral Health Quality Review (BHQR) in August 2022.
- All of the records contained a consent for telehealth or telemedicine. This is also an improvement from the previous BHQR in August 2022.
- Assessments such as the Brief Addiction Monitor (BAM) were utilized to help measure the individual's usage and cravings for substances as well as their participation in recovery.

Opportunities for Improvement:

- The following were cited in ***Billing Validation***:
  - All five records were missing a valid order for services (OFS) and a verified diagnosis.
  - Services were unrelated to individual recovery plans (IRPs). Opioid Maintenance and Individual Counseling were not listed on IRPs/treatment plans as services to be provided to the individual. IRPs did not list Medication Assisted Treatment (MAT) either.
  - The personnel files for a Licensed Practical Nurse (LPN) and Certified Addiction Drug Counselor (CADC-II) were reviewed for staff credentialing. Although both files contained copies of criminal background screenings, neither contained evidence of the DBHDD Criminal History Background Check (CHBC). Both also had evidence of a current cardio-pulmonary resuscitation (CPR) training/card; however, there was no evidence of First Aid training. Four claims were unjustified.
- The following were cited in ***Assessment and Planning***:
  - None of the five records contained a current behavioral health assessment of needs and all Individual Recovery Plans (IRP) were expired. This resulted in "No" scoring for multiple questions.
  - Columbia Suicide Severity Rating Scales-Recent Screener Version (C-SSRSs) were completed to assess for risk of suicide: however, they were not signed, did not include the printed name or credentials of assessor whom completed them and did not have a date of entry.
- There was also no evidence that nursing assessments included education regarding nutritional, medical, and other health issues, and the side effects of medications. See ***Compliance with Service Guidelines*** for additional details.
- The provider was utilizing the acronym "MMT" on IRPs rather than the DBHDD-approved abbreviation "MAT." See ***Additional Comments on Practices*** for additional details.

Billing Validation



	Medicaid	Total
Justified	$0.00	$0.00
Unjustified	$886.43	$886.43
Total	$886.43	$886.43

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
Eligibility Standards	Missing/incomplete service order	50
	No valid, verified diagnosis on date service provided	50
Performance Standards	Intervention unrelated to the IRP	50
	Non-billable activity billed	1
Quantitative Standards	Date of entry missing	50
	Signature missing	50
	Billing code is missing or different from code billed	21
	Staff credential missing	21
	Staff credential not supported by documentation	4

Billing Validation: 0%

Opportunities for Improvement:

Eligibility Standards

- All five records were missing a valid order/recommendation for services. Fifty (50) claims were unjustified. Documents such as the *"Physician Orders"* and *"Physician Admission Assessment"* did not have the services Opioid Maintenance, Medication-Assisted Treatment, and/or Individual Counseling ordered/documented. In these instances, the documents captured the dosing or other medical information.
- All five records were missing a valid, verified diagnosis on the date services were provided. Fifty (50) claims were also unjustified. As previously mentioned, documents such *"Physician Admission Assessment," "History and Physical"* (H&P) examination, and *"Psychosocial Evaluation"* did not contain evidence of a documented verified diagnosis. Although treatment plans included "Opioid Dependence" as a primary diagnosis, there was no corresponding assessment, face-to-face evaluation, and/or supporting documentation to support the diagnosis.

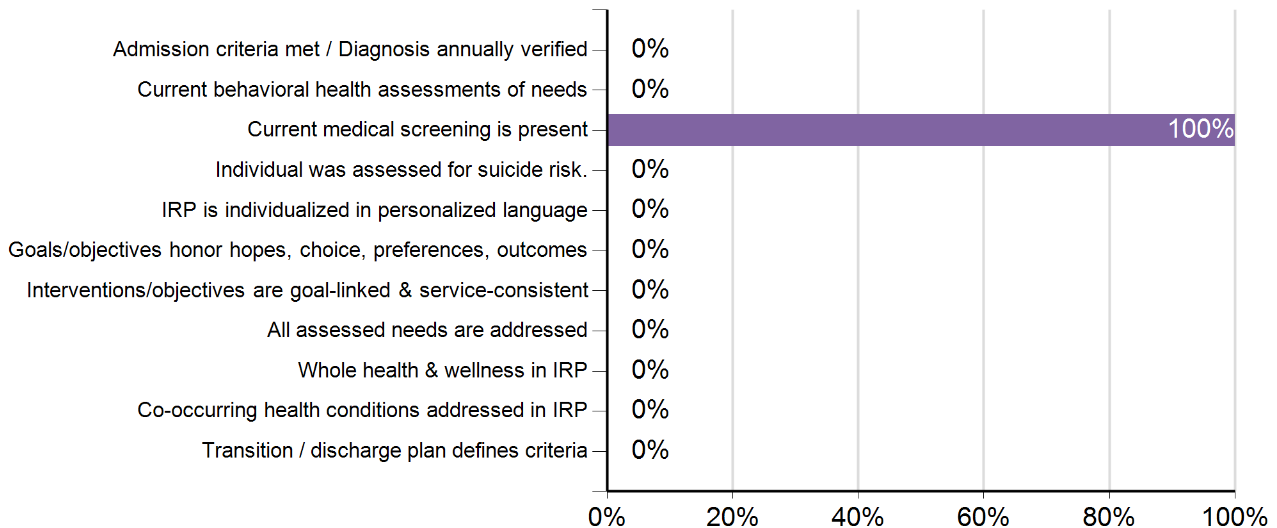
Performance Standards

- Fifty (50) claims were unjustified due to services that were unrelated to IRPs. Opioid Maintenance, MAT, and Individual Counseling were not listed on IRPs/treatment plans as services to be provided to the individual.
- One claim was unjustified due non-billable activities. During a tele-dosing session, the individual reported taking their medication prior to the start of the session; however, the session was still billed.

Quantitative Standards

- Fifty (50) claims were unjustified due to the date of entry and signature missing. In these instances, tele-dosing case/progress notes were missing the staff member's signature and date of entry. The staff member's printed name and credential were present.
- The billing code (H0020) was missing on the dosing history log. Twenty-one (21) claims were unjustified. In these instances, the billing code, practitioner's level and location modifier were not documented on the dosing history log specifically when dosing took place in-person and in-clinic.
- The staff credential was missing on 21 case/progress notes. In these instances, the LPN's credential was missing on dosing history logs as previously mentioned when dosing took place in-person and in-clinic.
- Four claims were unjustified due to the documentation submitted not supporting the staff member's credential. The personnel files for a LPN and CADC-II were reviewed for staff credentialing. Although both files contained copies of criminal background screenings, neither contained evidence of the DBHDD Criminal History Background Check (CHBC). Both also had evidence of a current CPR training/card; however, there was no evidence of First Aid training.

Assessment & Planning



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

Assessment & Planning: 9%

Strengths and Improvements:

- Medical assessments captured the medical/health conditions of the individuals; therefore, all of the individuals had a medical screening present in their record. This is an improvement from the previous BHQR in August 2022.

Opportunities for Improvement:

- None of the five records contained a verified diagnosis at least annually as required. There was no documented diagnosis on the H&P examination. The doctor's case notes and the psychosocial assessment also did not have a documented verified diagnosis. There were no additional assessment conducted face-to-face with a documented diagnosis found within records.
- None of the five records contained a current behavioral health assessment of needs that included an annual update of the individual's strengths, needs, abilities, and preferences (SNAPs).
- Four records included a suicide screening tool as required; however, the C-SSRSs Recent Screener Versions were missing the printed name of the assessor whom completed the assessment, their signature, their credential (s), and the date the assessment was completed, in each case. One record did not have a suicide risk assessment at all in the record.
- All five IRPs/treatment plans were expired. For example, an IRP had a creation date of 12/7/2020 with an expiration date/target date of 12/10/2021. The expired IRPs were scored *"No"* in the following areas:
    - IRP is individualized in personalized language,
    - Goals/objectives honor hopes, choice, preferences, outcomes, and
    - All assessed needs are addressed.
- All five IRPs were missing interventions and objectives that were goal-linked and service-consistent as the services Opioid Maintenance, MAT, and Individual Counseling were not listed on the IRPs as services. The plans were also expired.
- All five IRPs were missing a whole health and wellness goal as required due to the IRP being expired and there was no evidence of issues such as healthy eating, diet, and exercise included on the IRP to be addressed.
- Co-occurring health conditions were not included on IRPs to be addressed due to the IRP being expired in all five records.
- None of the records contained transition/discharge plans met the discharge criteria requirements i.e., an anticipated step-down date, a specific step-down service, and measurable clinical benchmarks. Although some paper records contained a document titled, *"Discharge Plan,"* the plan did not have all of the required components as previously mentioned.

Focused Outcome Areas

Focused Outcome Areas: 57%

Strengths and Improvements:

- There was evidence of ongoing assessment to determine external referrals for health services, supports, and treatment when not available within organization in all five records.
- Safety/crisis plans were present when clinically appropriate. This is an improvement from the previous BHQR in August 2022.
- All of the records contained a consent for telehealth or telemedicine. This is also an improvement from the previous BHQR in August 2022.

Opportunities for Improvement:

Whole Health

- Three applicable records were missing documentation of communication with external referral sources and providers to obtain results of testing, treatment, and follow-up as required. For example, an individual assessed with needs related to chronic pain was missing documentation of communication with an external provider such as a primary care physician (PCP) to assist the individual with that need.

Safety

- Although records contained an agreement for methadone treatment, none of the five records contained documentation of a stand-alone medication consent that reflected that the individual had been educated on the risk and benefits of all their prescribed medications, specifically Methadone.

Rights

- One of three applicable records were missing documentation of a signed formal acknowledgment of the individual's rights and responsibilities at least annually.
- One applicable record was missing documentation of a psychiatric or other advanced directives that indicated the individual had either denied the existence of a directive or declined to have it in their record as required.

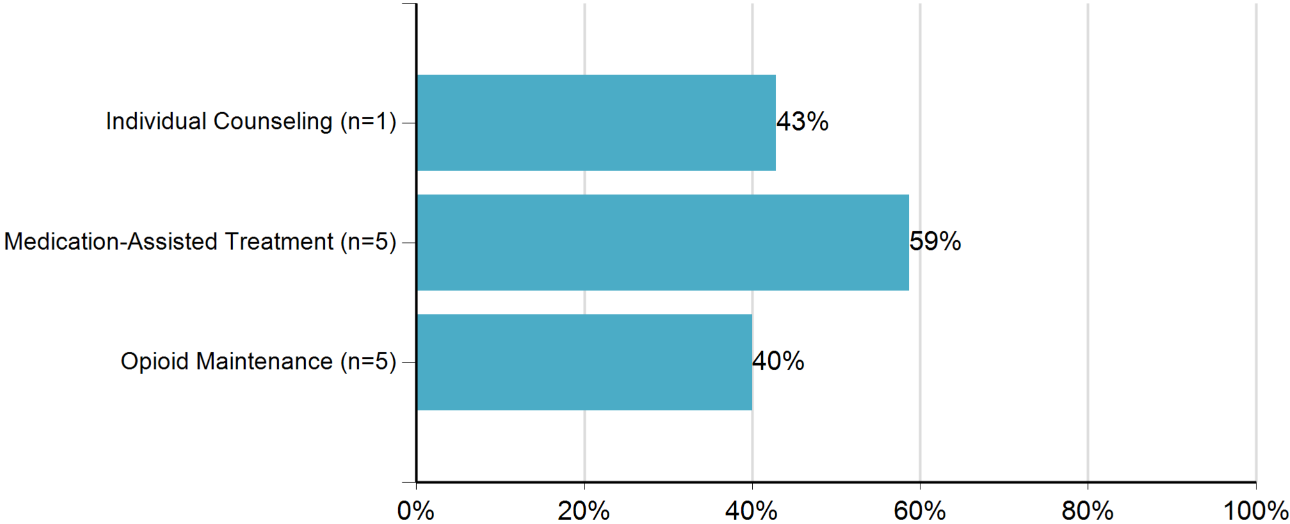
Person-Centered

- The following questions were scored *"No"* due to services missing from each individual's current IRP/treatment plan, expired IRPs, and the lack of evidence to support a discussion of updating and/or modifying the plan:
  - Documentation demonstrated the individual is receiving individualized services.
  - Documentation demonstrated the person is an active participant (has a voice) in the planning and receiving of services.
  - Documentation demonstrated the person is an active participant in modifying the plan and/or services.
  - Documentation demonstrated that the plan was reassessed based on any changing needs, circumstances, and/or responses by the individual.

Community Life

- All five records were missing documentation of transition/discharge planning throughout service delivery. Records were missing both transition/discharge plans and documentation of transition planning, as required.

Service Guidelines



Service Guidelines: 51%

Strengths and Improvements:

- Records included documentation of psychosocial services such as Individual Counseling, which was provided in conjunction with medication dosing. This is a continued strength of the provider.
- Each record contained documentation of random urine drug screens (UDS) that were conducted and then the results were utilized to mark progress toward meeting goals and service planning. This is also a continued strength of the provider.

Opportunities for Improvement:

Opioid Maintenance

- None of the five records had documentation that supported that the goals/objectives were individualized and specific to the individual who needs treatment for opiate addiction. In these instances, IRPs were expired and records were missing assessments for behavioral health needs.
- The following questions were scored *"No"* due to expired IRPs/treatment plans and services not being listed on the IRPs/treatment plans.
    - Individualized treatment plan addressed major lifestyle, attitudinal and behavioral issues that have the potential to undermine the goals of recovery.
    - 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 are related to the staff interventions listed on the treatment plan.
    - Service is provided as planned within the IRP.

Medication-Assisted Treatment

- None of the five records reviewed contained a verified diagnosis; therefore, the following question was scored *"No."*
    - Individual had an Opioid Use Disorder and is able to receive pharmacological interventions without complications that would preclude medication assisted treatment.
- All five records contained physician assessments that were missing a complete physical exam; the physician assessment and care, and a health screening. This was due to the history component of the H&P examination was completed by a LPN and then the physical exam was completed by the physician. Records that did contain a physical assessment was neither not signed by the physician or was not updated when clinically necessary.
- All five of the records reviewed were missing evidence that a nursing assessment was performed which included the provision of education regarding nutritional, medical, and other health issues, and the side effects of medications. While all of the records contained an assessment completed by a nurse, there was a lack of evidence to support documentation of education of healthy eating, diet and exercise, and health issues.
- All five of the records were scored *"No"* for the following questions due to the service not being listed on the IRP/treatment plans.
    - 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 are related to the staff interventions listed on the treatment plan.
    - Service is provided as planned within the IRP.

Individual Counseling

- The following questions were scored *"No"* due to IRP/treatment plan being expired and the service was not listed on the IRP/treatment plan in the one applicable record.
    - It was evident that the provider is addressing specific goals defined by the individual served and specified in the treatment plan.
    - 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 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.			N/A
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*
	4	0	2	100%

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

Additional Comments on Practices

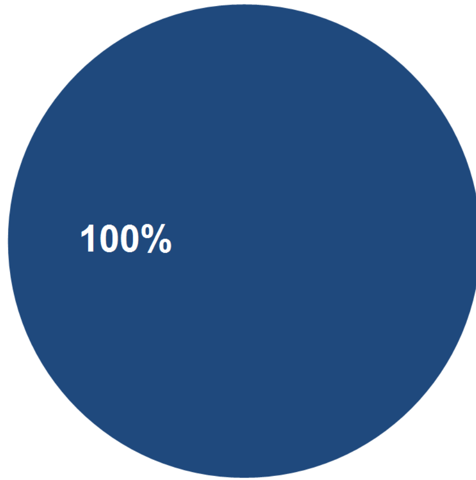
Additional strengths and concerns beyond the general scope of the review were discovered by reviewers. Additional issues/practice concerns may have the potential to impact service delivery, quality of care, or may represent a risk to the provider.

- Write-out was used on some paper documents for corrections.
- The consumer's name/identification number, and numbering of multi-page documents were missing from documentation within the paper records. For example, a four-page C-SSRS Screen Version only documented the individuals three-digit consumer number on the first-page of three page assessment.
- The provider was utilizing the acronym "MMT" on IRPs rather than the DBHDD-approved abbreviation "MAT." This is a reoccurring issue for the provider.
- While safety/crisis plans were developed and present in records, they were not signed by the individual and staff member.
- During a tour of the clinic, the following were noted:
  - The facility was well-lit and clean.
  - Bulletin boards in the lobby posted announcements, policies and procedures, individual rights, emergency procedures/plans, and contact numbers.
  - Signs were posted in the lobby regarding confidentiality i.e., keeping the blinds close and closing the door while being seen in the dosing area.
  - After individuals are checked-in at the receptionist desk, they are called to the dosing window by their patient number.
  - There is one safe was located in the pharmacy.
  - The pharmacist, nurse manager, and Chief Executive Officer (CEO) are the only staff personnel with assess to the pharmacy where medication is stored and dispensed.
  - Urine drug screens (UDS) are monitored through a security camera that only the nurses have access to.
  - The building also has exterior and interior security cameras.

Individual Interviews

Individual Interviews Conducted: 2

Individual Interviews are not calculated into the Overall Score



Two individuals were interviewed during this review and shared the following:

- They reported being offered options of supports and services.
- They also reported being supported in moving toward their desired goals and dreams.
- They felt like they can access appointments, provider staff, and other agency supports in timely manner when requested.
- They were treated with respect and dignity by staff (including physicians).
- Both individuals shared positive feedback when asked, *"What about this agency keeps you coming back?"*
    - *"The people. The nurses, they are wonderful. They help me through my problems. My counselor gives me the right advise. They also provide resources like how to lose weight when you take Methadone."*
    - *"They are nice people. They are not judgmental. They are very welcoming."*

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

Provider Level

- Ensure an appropriate criminal records check has been obtained on all employees, staffs, and/or contractors.
- Ensure all employees and/or contractors receive First Aid training and certification within their first 90 days.

Billing Validation - Eligibility

- Ensure documentation supports that all Eligibility Standards are met.

Billing Validation - Quantitative

- Ensure all Quantitative Standards are met in documentation.

Billing Validation - Performance Standards

- Ensure all Performance Standards are met in documentation.

Assessment and Planning

- Ensure all individuals have a current comprehensive assessment of their behavioral health and support needs.
- Ensure all individuals are assessed for suicide risk at intake (and as needed thereafter) using age-sensitive C-SSRS tools.
- Ensure treatment/recovery/service plans are individualized and in the language of the individual served.
- Ensure stated goals honor the stated hopes, choices, preferences, and desired outcomes of the individual(s) served.
- Ensure objectives and interventions are relevant to stated goals of individuals and consistent with services provided.
- 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 treatment/recovery/service plans address co-occurring health conditions and concerns.
- Ensure transition/discharge plans define criteria for discharge, planned discharge date, and specific services.

Focused Outcome Areas - Whole Health

- Ensure there is documented communication with external referrals and resources to determine the results of testing, treatment, and referral.

Focused Outcome Areas - Safety

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

Focused Outcome Areas - Rights

- Ensure individuals are informed of their rights and responsibilities at the onset of services and at least annually thereafter.
- Ensure the individual's record includes a psychiatric or other advanced directive; or, documentation indicates the individual has either denied the existence of a directive or declined to have it in their record.

Focused Outcome Areas - Person Centered

- Ensure individuals served are receiving individualized services specific to their needs and circumstances.
- Ensure individuals served are active participants in the planning of their supports and services.
- Ensure individuals served are assessed and re-assessed for changing needs and circumstances and updated plans are reflective of current assessments.

Focused Outcome Areas - Community Life

- Ensure transition planning is evident throughout service delivery and involves the individual and their significant others.

Compliance with Service Guidelines - All

- Ensure documentation addresses individuals' progress toward specific goals and objectives.
- Ensure documentation is related to goals and objectives on the plan.
- Ensure services are provided as planned on IRPs.

Compliance with Service Guidelines - Additional Recommendations

- Service Guidelines: Ensure that services are provided as planned within the IRP (MAT, Individual Counseling, Opioid Maintenance).
- Service Guidelines-MAT: Ensure that Nursing Assessments include assessing and monitoring individuals' response to medication(s), determining the need for a medication review, and the individual's medical and health issues.
- Service Guidelines-MAT: Ensure that Nursing Assessments include the provision of education to the individual and the family/ significant other(s) regarding nutritional, medical and other health issues, and side effects of medications.

Recommendations: Current Review

Assessment and Planning

- Ensure services are provided only to individuals who meet admission or continuing stay criteria.

Compliance with Service Guidelines - All

- Ensure services are provided only to individuals who meet admission or continuing stay criteria for all services billed.

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/