

Augusta Addiction Associates dba MedMark Treatment Center

Behavioral Health Quality Review Final Assessment

Address: Remote Quality Review, 600 Commercial Ct., Savannah, Ga 31406

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Records Reviewed: 5

Date Range of Review: 6/28/2021 - 6/30/2021

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: 12/02/2019	33%	0%	69%	28%	49%
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

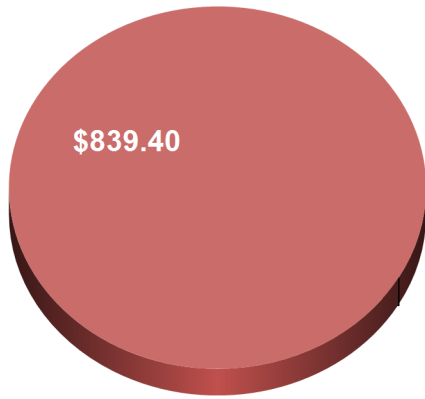
Strengths and Improvements:

- Due to COVID-19, this Behavioral Health Quality Review (BHQR) was conducted virtually versus on-site.
- Alerts in the Electronic Medical Record (EMR) stated "Hold" which apprised staff regarding items such as outstanding balances, unsigned paperwork, need for a release of information, etc.
- The agency utilized the Addiction Severity Index (ASI) as an assessment of needs to determine the need for appropriate services.
- All individuals were assessed for suicide risk. Additionally, The "Suicide Assessment Scale" had instructions for the staff completing the assessment on the next steps in the event an individual reported having suicidal ideations, as well as, detailed instructions on providing explanations for any "yes" answers that were scored.
- Upon admission, each individual was given a pamphlet, "The Road to Recovery- A Guide to Medication-Assisted Treatment" which discussed the use of the various types of medications, medication storage, traveling with methadone, and what to do in the event of an overdose.

Opportunities for Improvement:

- Two personnel files were reviewed during this BHQR. Both staff members were Certified Addiction Counselors (CAC) II who did not have evidence of a DBHDD Criminal History Background Check (CHBC) nor the letter of eligibility which is generated from a CHBC (DBHDD PolicyStat 04-104).
- All records did not have an order/recommendation for services.
 - Orders should be for Medication Assisted Treatment or MAT.
 - Only a physician or physician extender can order MAT.
 - MAT is a milieu; all services listed in the Provider Manual are offered within MAT and thereby ordered when MAT is endorsed on service orders.
- There was no education documented within progress notes for nursing services; additionally these notes did not contain all billing characteristics such as billing code, time in/out, units, etc. These notes were outside of the billing sample.
- Individual Recovery Plans (IRPs) did not list specific services such as Opioid Maintenance.
- Dosing progress notes (H0020) were consistently missing the electronic signature of staff.

Billing Validation



	Medicaid	Total
Justified	\$0.00	\$0.00
Unjustified	\$839.40	\$839.40
Total	\$839.40	\$839.40

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	45
	No valid, verified diagnosis on date service provided	10
Performance Standards	Intervention unrelated to IRP w/o clinical justification	39
Quantitative Standards	Signature missing	44
	Billing code is missing or different from code billed	10
	Progress note not filed within seven calendar days	1
	Staff credential not supported by documentation	1
	Units billed exceeded time and/or units documented	1

Billing Validation: 0%

Opportunities for Improvement:

All but one of the billing discrepancies are recurring issues identified in the prior review in 12/2019.

Eligibility Standards

- In all five records, an order for services was not present for Opioid Maintenance or Individual Counseling which impacted 45 claims. Furthermore, there was no service order for Medication-Assisted Treatment (MAT), which if present would have included these services.
- Ten claims were not justified due to missing a valid, verified diagnosis on the date service provided by an appropriately credentialed practitioner.

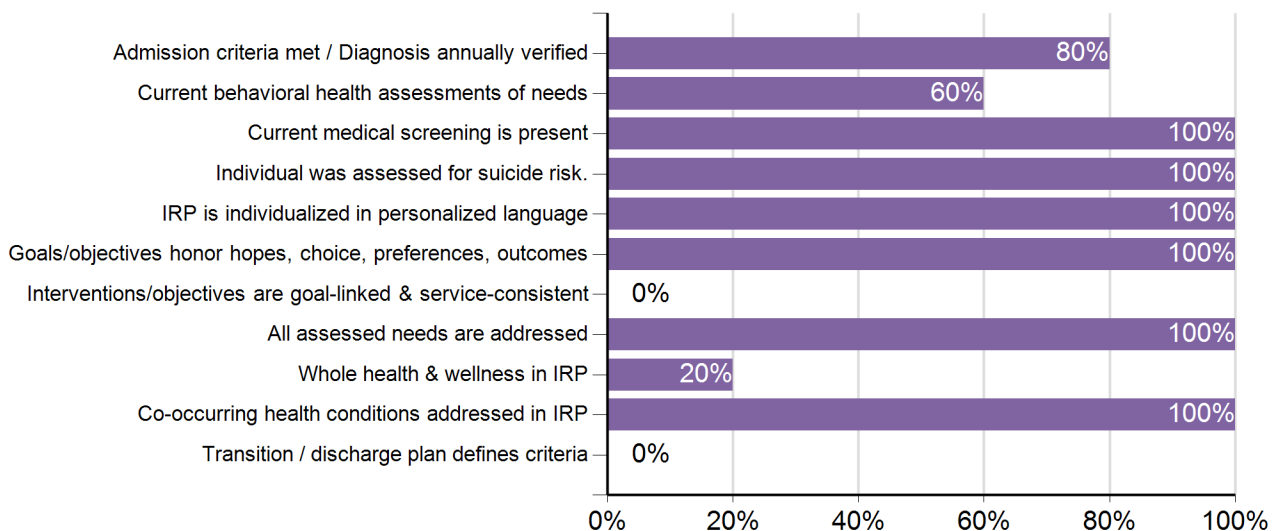
Performance Standards

- Thirty-nine claims were unjustified due to the intervention being unrelated to the intervention without clinical justification. In these instances, the services Opioid Maintenance or MAT were not documented on the IRP.

Quantitative Standards

- The staff's electronic signature was missing on 44 dosing progress notes and/or dosing log (H0020).
- The billing code for 10 progress note was different from the billing code billed. Example included:
 - H2010 (Medication Administration) was billed; however, H0020 was documented on the dosing progress notes.
- One progress note was not filed within seven calendar days. Individual Counseling was provided on 02/23/2021; however, the progress note was not signed by the staff member until 03/15/2021.
- Two staff members did not have a DBHDD approved criminal records check along with an eligibility letter resulting in one unjustified claim.
 - Per DBHDD PolicyStat 04-104, "An eligibility letter must be obtained before an applicant who will provide direct care services can start working for a DBHDD Network Provider."
- One Individual Counseling progress note did not include the number of units billed.

Assessment & Planning



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

Assessment & Planning: 69%

Strengths and Improvements:

- All individuals were assessed for suicide risk.
- IRPs contained documentation of the Stages of Change for each identified goal.
- IRPs contained detailed Strengths, Needs, Abilities, and Preferences (SNAP) of the individual. This is a continued strength noted in the previous BHQR in 12/2019.

Opportunities for Improvement:

All issues outlined below are recurring as they were identified in the previous review in 12/2019.

- A current behavioral health assessment of needs was missing in two of five records.
- None of the IRPs contained interventions/objectives that were goal-linked and service-consistent. In these instances, the IRPs did not list the services Opioid Maintenance and/or Medication-Assisted Treatment (MAT).
- Whole health and Wellness was not listed on the IRP in four of five records reviewed.
- None of the five records contained a transition/discharge plan. In these instances, there was no transition/discharge plan documented.

Focused Outcome Areas



Focused Outcome Areas: 74%

Strengths and Improvements:

- All of the Releases of Information (ROIs) contained all of the required components. This is a continued strength noted in the previous BHQR in 12/2019.
- Records contained the Clinical Opiate Withdrawal Scale (COWS) which is helpful in identifying signs and symptoms of opiate withdrawal.
- There were documented safeguards utilized for medications known to have substantial risk or undesirable effects such as labs in all records reviewed.

Opportunities for Improvement:

Safety

- Four of the five records did not contain a signed consent both by the individual and prescriber as having been educated on the risks & benefits of all medications prescribed. This is a reoccurring issue noted in the previous review in 12/2019.

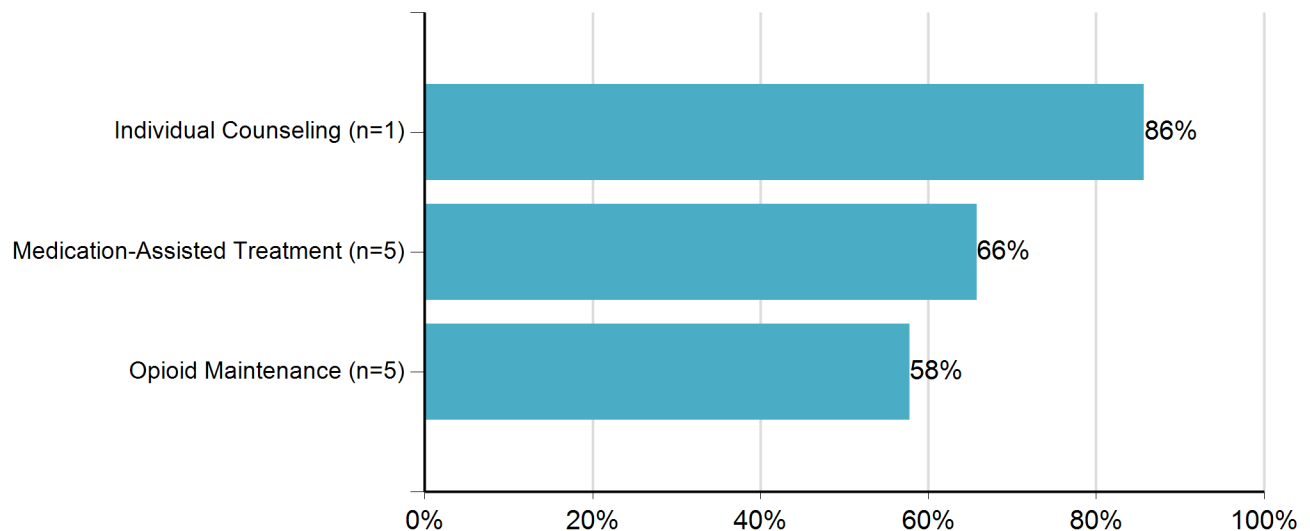
Rights

- Documentation of HIPAA Privacy and Security Rules (as outlined in 45 CFR Parts 160 and 164) was not reviewed with the individuals in four of five records reviewed.
- Four of the five records did not contain rights and responsibilities that were updated annually. This is a reoccurring issue noted in the previous review in 12/2019.
- Three of four applicable records reviewed, did not include documentation of the Individual having signed formal acknowledgement of rights and responsibilities at the onset of services, supports, and treatment.
- None of the records included a psychiatric or other advanced directive; or, documentation that indicated the individual had either denied the existence of a directive or declined to have it in their record.

Community Life

- None of the records evidenced transition planning within service delivery. As previously stated, there were no transition/discharge plans filed in the records and progress notes did not consistently document discussion with the individual regarding transitioning within services or discharging.

Service Guidelines



Service Guidelines: 64%

Strengths and Improvements:

- Documentation supported psychosocial services such as Individual Counseling were being offered/provided in conjunction with medication dosing. This is a reoccurring strength noted in the previous review in 12/2019.
- Individual Counseling progress notes reflected substance abuse professionals addressing relapse prevention, family dynamics, and co-occurring needs.
- All records contained random drug screens which were utilized to mark progress and results were utilized to mark progress toward meeting goals and service planning.
- Physician Assessments included but not limited to: a complete and fully documented physical exam; physician assessment and care; health screening in all records reviewed.

Opportunities for Improvement:

Opioid Maintenance

- Documentation did not support resource coordination to include physical health supports but not limited to human immunodeficiency virus (HIV), tuberculosis (TB), and sexually transmitted diseases (STDs) in three of five records reviewed.
- Due to IRPs not listing this service on four records 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.
 - The progress notes document individual response to the staff intervention provided.
 - Service is provided as planned within the IRP.

Medication Assisted Treatment

- Four of five records did not contain nursing assessments. There was no evidence in these records of a nursing assessment being conducted throughout service provision; therefore, documentation was missing of the individuals' response to medication(s), determining the need for medication review, and the individual's medical and health issues. Additionally, documentation was missing that the nurse was providing education to the individual regarding nutritional, medical and other health issues, and side effects of medications. This is a reoccurring issue noted in the previous review in 12/2019.
- Four of five records did not have evidence the individual had signed an informed written consent to treatment that ensured the individual had voluntarily chosen MAT.
- Due to the IRPs not listing services on four records 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.

Individual Counseling

- Due to two personnel files not containing a required criminal records check Individual Counseling was not provided by appropriately licensed or credentialed clinician (CACII) in one applicable record which resulted in one unjustified claim. This is a reoccurring issue noted in the previous review in 12/2019.

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

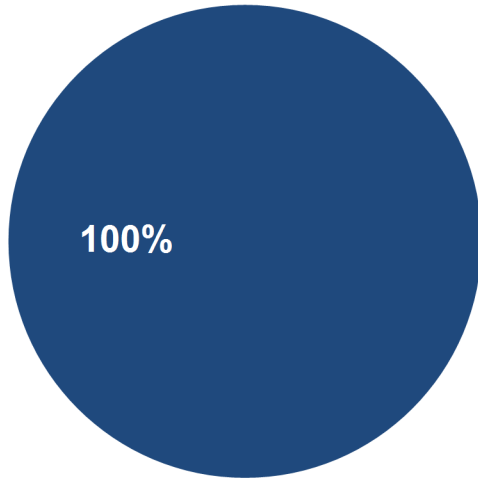
Additional strengths and concerns beyond the general scope of the review were discovered by reviewers. Additional issues/practice concerns may have the potential to impact service delivery, quality of care, or may represent a risk to the provider.

- Opioid Maintenance should be billed for dosing within a MAT program versus Medication Administration.
- Staff often document services as a comment in the EMR without using a formal documentation template to help clarify what interventions were provided along with individual's response. These notes did not contain required billing characteristics but were outside of the billing sample.
- A virtual tour was conducted of the clinic:
 - Covid-19 safety measures were in place such as requiring individuals to wear a face mask and providing a mask if needed.
 - The lobby was clean and included an area for children to sit and read with age appropriate books.
 - A suggestion/comment box was located in the lobby next to the check in counter.
 - A four digit client code was used to ensure the individual's privacy when calling the individuals to the dosing window.
 - Two dosing areas were private and located in the lobby behind separate doors.
 - Two restrooms used for obtaining urine drug screens were clean. Staff do not provide observation during the screenings.
 - There were two cameras present outside the building and three cameras inside of the building. The director and the corporate office both have access to the cameras.
 - Two safes were present for safe storage of medications. One in the pharmacy and one in the medication dispensary.
- Although Quality Risk Items (QRIs) no longer result in deduction in scoring, the following QRIs were noted during this review:
 - The provider lacked proof of an appropriate DBHDD criminal background check for two staff members.
 - There were five or more repeated Quality Improvement recommendations in the areas of Billing Validation, Assessment and Planning, Focused Outcome Areas, and Service Guidelines.

Individual Interviews

Individual Interviews Conducted: 1

Individual Interviews are not calculated into the Overall Score



■ Percent Answered Yes

One individual was interviewed regarding participation in the program and satisfaction with services.

- The individual felt they had access to their appointments and agency staff in a timely manner, "They are always there. My counselor is always there."
- The individual felt supported by staff with working towards their goals such as, "Detoxing and maintaining sobriety, continuing my education and employment."
- When asked what keeps you coming back they stated, "It's a wonderful clinic They are very respectful. They are always there!"

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.

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 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.

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.

Compliance With Service Guidelines - Outpatient/Counseling

- Ensure Nursing documentation includes education related to identified health issues.

Recommendations: Current Review

Focused Outcome Areas - Rights

- Ensure that individuals have been informed of their rights under HIPAA law at the onset of services.