The Georgia Collaborative ASO

The Progress Place, Inc.

Behavioral Health Quality Review Final Assessment

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Records Reviewed: 20 | **Date Range of Review:** 10/10/2022 - 10/12/2022

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: 10/04/2021	99%	97%	99%	100%	99%
Review Date: 07/16/2019	98%	98%	96%	97%	99%
FY22 Statewide Average	90%	79%	94%	91%	95%

Note: The FY22 Statewide Averages represent the mean of scores for all reviewed providers.

Summary of Significant Review Findings

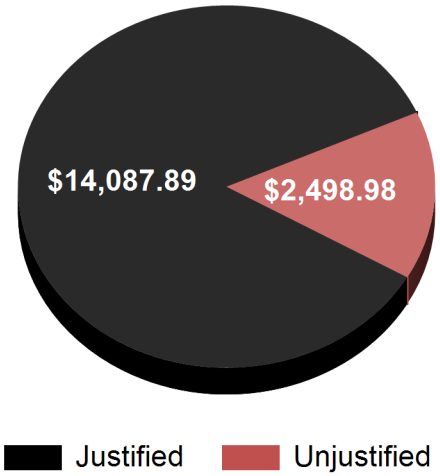
Strengths and Improvements:

- Due to the COVID-19 pandemic, this review was conducted remotely instead of on site.
- All three staff member files met the criteria for their credentials during this review. This is a continued strength for the provider.
- The provider demonstrated that individuals were given choice via a form titled "Psychiatric Participation (Opt-Out/Decline Services)".

Opportunities for Improvement:

- Services were being provided outside of traditional hours of business. In some cases, individuals were seen early in the morning at 4:30 am and late at night with sessions ending at 10:00 pm.
    - For example, a 10-year-old male was receiving IFI via telehealth on 7/14/2022 at 6:05 am for an hour session.
- Intensive Family Services (IFI) provided during school hours were all via telehealth with no crisis noted or clinical justification. There was no documentation supporting collaboration with the school or rationale as to why services were provided during school hours. The interventions documented problematic behaviors in the home and not within the school setting.
- Almost all of the IFI claims reviewed within the billing sample were telehealth; only one out of 61 IFI claims reviewed for billing was face-to-face.
- Individual Counseling, Community Support, and Family Skills Training were provided without a service order within one record. Ten billing claims were unjustified. *See Billing Validation for more details.*
- There was no valid, verified diagnosis within two records. *See Billing Validation for more details.*
- Suicidality was not addressed on the Individual Resiliency/Recovery Plans (IRP) within three of seven applicable records. *See Assessment and Planning for more details.*
- Four of eight records of individuals with a history of suicidal behavior at any time in their lifetime were not flagged with "suicide history." *See Focused Outcome Areas for more details.*
- The minimum contacts were not met within Addictive Diseases Support Services (ADSS), Psychosocial Rehabilitation Individual (PSR-I), Case Management (CM), and Community Support (CS). *See Service Guidelines for more details.*

Billing Validation



	Medicaid	Total
Justified	$14,087.89	$14,087.89
Unjustified	$2,498.98	$2,498.98
Total	$16,586.87	$16,586.87

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	10
	No valid, verified diagnosis on date service provided	9
Performance Standards	Content of note does not match service definition	7
	Content does not support units billed	2
	Content does not support code billed	1
	Content of documentation is not unique	1
	High utilization without justification	1
	Minimum contacts not met per DBHDD Service Guidelines	1
Quantitative Standards	Staff credential missing	5

Billing Validation: 85%

Strengths and Improvements:

- The following were continued areas of strength found during this review:
  - All individuals met the admission criteria for billed services.
  - Billing codes were present within documentation and accurately reflected codes billed.
  - All progress notes were present.
  - Non-billable and diversionary activities were not billed.
  - Interventions were related to individuals' IRPs.
  - Progress notes reflected individuals' overall progress (lack of) and responses to interventions provided.

Opportunities for Improvement:

Eligibility Standards

- Individual Counseling, Community Support, and Family Skills Training were provided without a service order within one record. Ten billing claims were unjustified. The order for service expired on 3/13/22 within this record.
- There was no valid, verified diagnosis within two records. This affected nine billing claims.
    - Within one record the Licensed Clinical Social Worker (LCSW) provided a diagnosis on 3/14/2021 and there was no other diagnosis by a qualified practitioner until 8/18/2022.
    - The diagnostic impression expired in the second record as of 7/29/22 and the diagnosis was not verified until 8/10/2022 which was after the date of service on 8/5/2022.

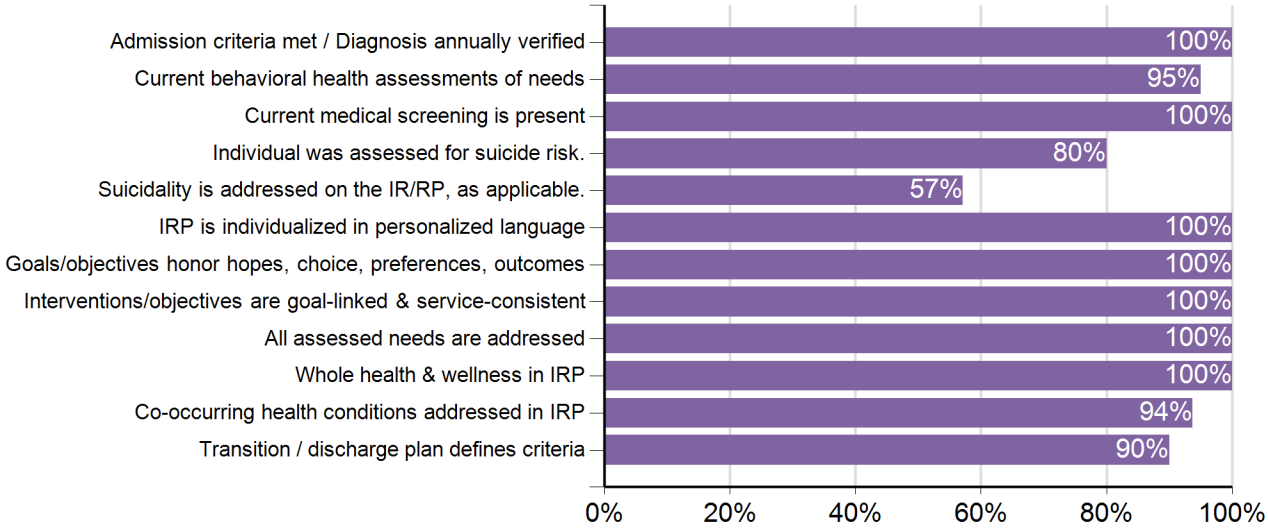
Performance Standards

- The content within seven progress notes did not match the service definition. This is a reoccurring issue from the previous Behavioral Health Quality Review (BHQR) in October 2021.
    - Within four Intensive Family Intervention (IFI) progress notes the service was provided during school hours without clinical justification. For example, within one record the IFI services were provided on 8/12/2022 from 1:20 pm to 2:20 pm (during school hours). No further documentation supported collaboration with the school or reasons for services provided during school hours per DBHDD Provider Manual, IFI service definition. The interventions documented problematic behaviors within the home and not within the school setting. All services provided during school hours were via telehealth.
    - The content within one Family Counseling progress note did not reflect counseling interventions; skill-building activities were documented.
    - One Nursing Assessment and Health Services progress note was unjustified due to missing vital signs. According to DBHDD COVID-19 response, 50% of contacts must be face-to-face and document vital signs. All sessions prior to and after the session were provided via telehealth (i.e., 2/2/2022, 4/4/2022, 5/2/2022, 6/6/2022, and 9/6/2022).
- The content within two Behavioral Health Assessment (BHA) progress notes did not support the units billed.
    - The interventions within one BHA progress note indicated additional assessments were completed on 8/8/2022; however, the additional assessment (Vanderbilt) was completed on 8/5/2022. None of the other assessments documented were located within the record (i.e., GAD, UCLA Index, PHQ9).
    - In the other record, BHA (H0031) was billed on 7/28/2022; however, all the supporting assessments and documentation were dated 7/29/2022.
- The content within one Community Support progress note did not support the code billed (H2015U4U6). The content of the note reflected communication with an external provider without the individual present. The provider should have billed the service with the **UK** modifier for collateral contact (H2015**UK**U4U6).
- The content within one BHA progress note was not unique. The note was duplicated from another note on 8/15/2022.
- There was high utilization without clinical justification within one IFI record. On 7/29/2022, IFI skills training services were provided from 4:30 am -5:30 am (4 units). No clinical justification was provided regarding the session time being so early. On the same date of service and by the same staff member IFI skills training services were provided from 8:35 am - 9:35 am with no clinical justification that the service needed to be provided again on the same day. (4 units were unjustified due to high utilization).
- The minimum contacts were not met per DBHDD Service Guidelines within one record. Only one Community Support contact was made in August 2022 (8/13/2022).

Quantitative Standards

- Within one record, the staff member's educational credential was missing to justify billing at the U4 paraprofessional practitioner level. The provider billed U4 with an Associate's degree. This is a reoccurring issue from the previous Behavioral Health Quality Review (BHQR) in October 2021.

Assessment & Planning



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

Assessment & Planning: 95%

Strengths and Improvements:

- IRPs continued to include clinically meaningful and detailed statements related to the progress individuals were making toward their goals/objectives. For example, one individual's goal for medication management remained active and included the following comment below the objectives on the plan, "*Status: Active Comment: [Individual] reported his sleep has improved on medication. He is only getting part of his prescription filled because he can't afford to buy the rest. He stated he has a supply of Trazodone from another provider but does not like the side effects and it does not help him sleep. He needs to continue working on medication management.*"
- The Columbia Suicide Severity Rating Scale (C-SSRS) contained a clinical summary and the provider's recommendations based on the scoring of the risk assessment and the clinical details. The document also included the staff member's printed name, signature, date of completion, and an attestation regarding consent being obtained by the client to complete the assessment.
- Information gathered regarding Strengths, Needs, Abilities, and Preferences (SNAPs) was very detailed and clinically relevant. For example, the following was documented for a 14-year-old,
    - **Strengths:** *"[Individual] mentioned that she likes being among animals. She stated that animals, particularly cats and dogs, will do everything for you, and she appreciates how dogs will go out of their way to defend you if they believe you are in danger. She stated that she enjoys many aspects of herself. She stated that she tries to be polite and sweet to everyone."*
    - **Needs:** *"I want [Individual] to be able to work through everything that's going on; she's been doing better since the program, but she's been through a lot," Mother explained. "I want her to keep improving her coping abilities," the mother stated. She is getting better with the bullying, but it still has a detrimental influence on her. I want [Individual] to keep growing in confidence," Mother stated. "I want to help her understand why everything bothers her...why she worries so much," Mother explained. "I want to work on my anxiety...not second-guess myself so much...not let school worry me," [Individual] explained. "I want to like myself."*
    - **Abilities:** *"[Individual] stated that she is good at drawing, painting, cooking, baking, and dancing. When talking about cooking and baking, [Individual] stated, "I drive mommy crazy about it." She stated that science and math are her favorite subjects in school. [Individual] stated that she likes to listen to music and dance. She stated that she likes to play with slime and pop-its, that they help her to concentrate, and that she finds the noises relaxing."*
    - **Preferences:** *"[Individual] would prefer to continue to build rapport with her therapist and paraprofessional."*

Opportunities for Improvement:

- Suicidality was not addressed on the IRP within three of seven applicable records. There was no evidence of a completed C-SSRS within two of the records. Within one record, suicidality was not addressed on the IRP dated 3/29/2022 and the individual was hospitalized in a Crisis Stabilization Unit (CSU) shortly after this date (4/23/2022-4/30/2022).

Focused Outcome Areas

Focused Outcome Areas: 94%

Strengths and Improvements:

- There were documented safeguards utilized for medications known to have substantial risk or undesirable effects (lab work, assessments, Abnormal Involuntary Movement Scale [AIMS], etc.) within 82% of records, an improvement from 80% during the previous BHQR in October 2021.
- Safety/Crisis plans were found within 100% of records during this review. They contained detailed clinical information regarding "crisis prevention and early intervention strategies" to aid in de-escalating the individual based on their specific needs. For example, one safety/crisis plan stated, "(List everything that can be done to help this person avoid a crisis):...Teach and walk [Individual] through self-soothing skills to help her manage her emotionality and to help her talk herself down. Identify which coping skills are most effective such as exercising or listening to music. Crisis intervention would include having the crisis responder secure the location and ensure personal safety. If a natural support is present, he or she will provide their undivided attention to help [Individual] feel validated..."

Opportunities for Improvement:

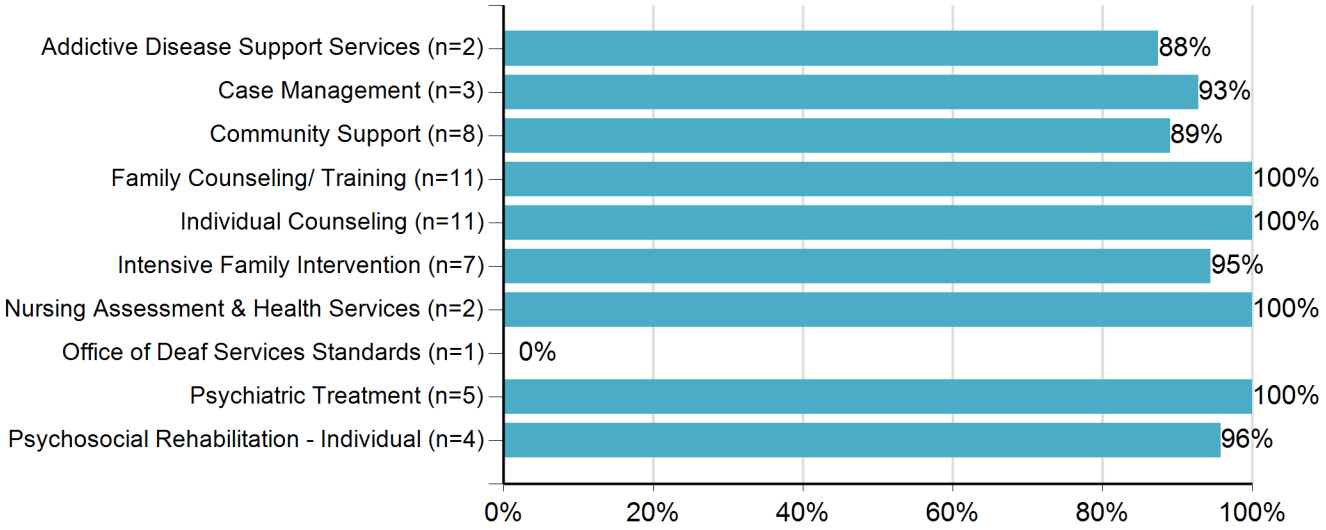
Safety

- When one (of three) individuals was assessed to be at high or moderate risk for suicide, there was no documented evidence of ongoing assessment, as required by DBHDD policy. The individual was hospitalized in April 2022 and there was no evidence of assessment at each visit for a minimum duration of four months following the event.
- Documentation did not support that clinically-appropriate actions or steps were taken and linkages/referrals were made for one individual who was assessed to be at risk for suicide. The individual was hospitalized in April 2022 "after making threats towards self and mom with a knife." The Discharge Summary dated 4/30/2022 from the CSU stated, "CSU counselor communicated [Individual's] high suicide risk with [staff member] at the follow-up location and [Individual's] discharge summary and safety plan were emailed to [the provider]. There was no evidence of clinically appropriate actions and no linkages/referrals were documented.
- Two individuals were hospitalized or in a CSU within the last six months for suicidal ideation/behavior and their records were not flagged for high risk of suicide for four months following the discharge.
- Four of eight records of individuals with a history of suicidal behavior at any time in their lifetime were not flagged with "suicide history." For example, within one record the individual last reported suicidal ideations on 07/26/2022 when she sent a mass text stating "she can no longer handle the pain of depression". The record was not flagged within the electronic medical record (EMR).

Community Life

- Services did not consist of resource coordination to assist individuals in gaining access to necessary services to promote recovery/resiliency within seven of 14 records. There were missed opportunities to coordinate resources with individuals' schools, the probation office, external medical professionals, etc.

Service Guidelines



Service Guidelines: 95%

Strengths and Improvements:

- The following services scored 100% for the second consecutive BHQR:
  - Family Counseling/Training
  - Individual Counseling
  - Nursing Assessment and Health Services
  - Psychiatric Treatment

Opportunities for Improvement:

Office of Deaf Services Standards (ODS)

- One individual was identified as being hard of hearing as evidenced by the use of hearing aids. The following questions were scored negatively:
  - The provider did not notify ODS within two business days of first contact with the individual served.
  - The Communication Assessment Report (CAR) was not filed in the medical record.
  - The CAR was not addressed in the IRP to include the individual's preferred mode of communication.
  - The notification of the Right to Free American Sign Language (ASL) Services and Accommodations form was not filed in the individual's medical record.
  - The individual indicated a change in preference to utilize (or not) ASL-fluent services, and provider contacted ODS. The individual utilized hearing aids and ASL to communicate. There was no documentation of contact with ODS regarding the individual's preferences.
  - Registration did not identify the individual as hard of hearing.

Intensive Family Intervention (IFI)

- Services within two of seven records were not a mix of individual/family counseling and skill development according to the needs of the individual/family.
- Within two of seven records, there was no evidence that the provider was helping the parents/responsible caregivers increase their capacity to care for their children.

Addictive Disease Support Services

- The minimum contact requirement of twice each month was not met within one of the two records reviewed. There was only one contact documented in the month of August 2022.
- Within one of two records, there was no evidence of coordination with family and significant others. The individual lived with her parents so coordination was possible with the individual's consent.

Case Management

- The minimum contact requirement of twice each month was not met within the record reviewed. Only one contact was documented in the month of September 2022. This is a reoccurring issue from the previous Behavioral Health Quality Review (BHQR) in October 2021.

Psychosocial Rehabilitation Individual (PSR-I)

- The minimum contact requirement of twice each month was not met within one of the two records reviewed. There was one session documented in June 2022 and no other documentation to explain the gap in service provision. This is a reoccurring issue from the previous Behavioral Health Quality Review (BHQR) in October 2021.

Community Support

- The minimum contact requirement of twice each month was not met within two of eight records. One record only had one contact in August 2022 and in the other, there was only one in September 2022.
- There was no evidence of service and resource coordination within four of seven records. For example, one individual was experiencing challenges in the school setting related to bullying by peers and academics.

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

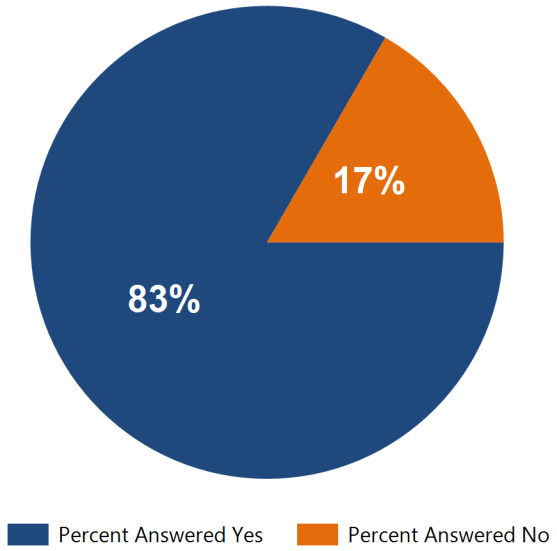
Additional strengths and concerns beyond the general scope of the review were discovered by reviewers. Additional issues/practice concerns may have the potential to impact service delivery, quality of care, or may represent a risk to the provider.

- All IFI team members were not dedicated to the IFI team. One IFI staff member has been providing non-intensive outpatient services to an individual while also serving on the IFI team.
- IFI services were being provided outside of traditional hours of business. For example, a 10-year-old male was receiving IFI via telehealth on 7/14/2022 at 6:05 am for an hour session.
- Community Support was documented as H2015**HE** within some IRPs. **"HE"** is not a recognized modifier for this service within the DBHDD provider manual.
- Some release of information (ROI) forms did not indicate a specific entity in which information would be released. For example, one ROI reflected "designated staff at Georgia schools" as the entity, which is not specific enough.
- One IRP from 7/30/22 was not signed by the individual until 10/5/22.
- Many services reviewed were provided via telehealth. It was noted that sessions for some services (i.e. Community Support) were conducted via telehealth, but were not billed with the GT modifier, as required. These sessions were otherwise billed with the U6 location modifier. This did not result in a billing discrepancy for this review.
- One staff member documented the ST and PP credentials. The provider is reminded that the ST credential supersedes the PP credential.
- Within one record, Psychiatric Treatment progress notes carried over the same vital sign documentation from one note to the next (first documented on 12/22/2021; last documented on 9/12/2022) although the note also stated that vital signs were not captured due to the session being completed via telehealth.
- Staff used a program called “IntakeQ” to obtain electronic signatures on legal documents such as releases of information. The provider is reminded that an electronic signature must meet the secure features as outlined by the Department of Community Health.
    - “Secure Electronic Signature means an electronic or digital signature or symbol, which is created, transmitted, received, or stored by electronic means which (1) requires the application of a security procedure; (2) capable of verification/authentication; (3) adopted by a party with the intent to be bound or to authenticate a record; (4) signed under penalty of perjury; (5) unique to the person using it; (6) under the sole control of the person using it; and (7) linked to data in such a manner that if the data is changed the electronic signature is invalidated. 70).”

Individual Interviews

Individual Interviews Conducted: 3

Individual Interviews are not calculated into the Overall Score



- Two of three parents/guardians expressed difficulty with assessing appointments with the psychiatrist or hearing back from staff in a timely manner:
  - "[The psychiatrist] doesn't return emails or messages. His medication issues were about not being able to get it and he was having side effects and it still hasn't been addressed. We met with someone and I requested a new psychiatrist and he has not responded. He had twitches and [increased] heart rate and they noticed it at school and I had to take him to the hospital a few months ago. Even the counselor was concerned. No one has reached out."
  - "Appointments were set for the 4th Monday of every month, but it didn't work well for me and my schedule. Visits were short and to the point, it's telehealth. Not a lot of options that could work for me. Everything is set up through the Care Coordinators. If you don't have the availability then you miss the appointment."
  - "My son needed some forms signed by the psychiatrist. It took a minute for them to even respond and a minute for them to sign them."
- Two of the three parents/guardians stated they are satisfied with the supports and services. "I'm satisfied overall because we appreciate the counselor's work with my son. She has strategies to help him with his anger and triggers and gives him ways to calm down."
- When asked what about this agency makes them keep coming back parents/guardians stated the following:
  - "My son had a 1013 hold on him because he got into a fight and we want to make sure we do everything we can to support him with his anger."
  - "They are so good at what they do. They are there for you. I can call my counselor anytime."
  - "The therapist was pretty good. She worked around our schedules."

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.
Compliance With Service Guidelines - All • Ensure the minimum required contacts are met for all services (as required).

Recommendations: Current Review

Billing Validation - Eligibility

- Ensure documentation supports that all Eligibility Standards are met.

Assessment and Planning

- 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.
- Ensure the record has been flagged for high risk of suicide for at least four months if the individual/youth was hospitalized or in a CSU within the last six months for suicidal ideation/behavior.
- Ensure the record has been flagged with “suicide history” when an individual has had any suicidal behavior in their lifetime.

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.

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.
- Ensure the registration indicates the individual's preferred mode of communication for each person who is deaf or hard-of-hearing.

Compliance With Service Guidelines - ADSS

- Ensure that documentation supports coordination efforts with the individual's family and significant others when the individual requests it.

Compliance With Service Guidelines - Case Management

- Ensure Community Support Services include service and resource coordination.

Additional Recommendations

Current Review

Intensive Family Intervention:

- Ensure services are a mix of individual/family counseling and skills development according to the needs of the individual/family.
- Ensure that IFI is helping the parents/responsible caregivers to increase their capacity to care for their children.