The Georgia Collaborative ASO

GAC002940

COASTAL COMMUNITY BEHAVIORAL HEALTH

Behavioral Health Quality Review Final Assessment	
Address: 5155 GA Hwy 40 East, St. Mary's GA 31558	
Assessors: Michelle McIntosh, LPC; Nicole Griep, MSW, CPS-P; Edna Bryant, MSN, RN	
Records Reviewed: 5	**Date Range of Review:** 4/12/2023 - 4/13/2023

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: 04/11/2022	93%	97%	92%	82%	100%
Review Date: 06/01/2021	92%	90%	97%	83%	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

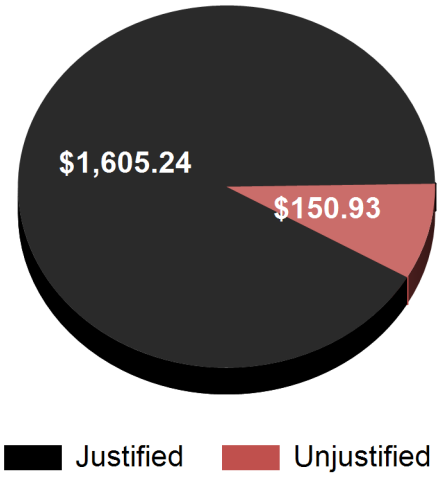
Strengths and Improvements:

- The provider recently began completing the Columbia Suicide Severity Rating Scale (C-SSRS) Lifetime Recent Scale for all individuals upon admission. The Department of Behavioral Health and Developmental Disabilities (DBHDD) suicide prevention policies pertain to Tiers 1, 2, and 2+ providers, Coastal Community is a Tier 3 provider.
- The provider utilizes a separate entrance for individuals newly admitted to provide additional privacy and medical support in the event the individual may be experiencing withdrawals upon intake.
- Photography of local subjects (animals, beach theme, points of interest, etc) was posted on walls throughout the clinic.
- The provider added "Environmental Assessment" to their suicide risk policy that details items such as "The Coastal Community Behavioral Health (CCBH) Governing Board assesses elements of the Environment of Care monthly, quarterly, and annually to identify potential risk factors to patients and staff. All risk factors identified are addressed through corrective actions, staff training, and policies/procedures."
    - Details also including removing environmental risks from the room that could be used for self-harm in the event an individual was high-risk for suicide and development of a suicide risk hazard mitigation plan to identify, assess, and mitigate any items in the physical environment of the treatment setting that could pose a potential risk to safety.
- This was the third consecutive Behavioral Health Quality Review (BHQR) in which the provider's Overall and Billing Score are 90% or higher.
- Alerts in the Electronic Medical Record (EMR) detailed positive urine drug screen results (UDS) and other messages pertinent to continuity of care such as missed appointments, need for a counseling appointment, need for updated paperwork, updated contact information, etc.
- Records contained treatment records from external providers specific to medical and behavioral health treatment as well as indicated when individuals were referred to the local emergency department due to concerns of overdose.
- Improvements from the previous BHQR (April 2022) include:
    - All progress notes included credentials of the staff providing the service.
    - Individual Recovery Plans (IRP) included co-occurring health conditions such as scoliosis, chronic pain, diabetes, hypertension, etc.
        - An IRP stated, "Health Concerns as evidenced by lab results and history type 2 diabetes, high blood pressure, and high cholesterol, and thyroid issues. Patient's Own Words: I wish I didn't have it. I wish my sugar would be under control."

Opportunities for Improvement:

- Transition/discharge plans within IRPs did not include all required criteria. This is a recurring issue noted in prior reviews.

Billing Validation



	Medicaid	Total
Justified	$1,605.24	$1,605.24
Unjustified	$150.93	$150.93
Total	$1,756.17	$1,756.17

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	1
Quantitative Standards	Date of service incorrect/missing	1

Billing Validation: 91%

Strengths and Improvements:

- All claims included credentials of the staff providing the service.
- This was the third consecutive BHQR in which the Billing Validation score was 90% or higher.

Opportunities for Improvement:

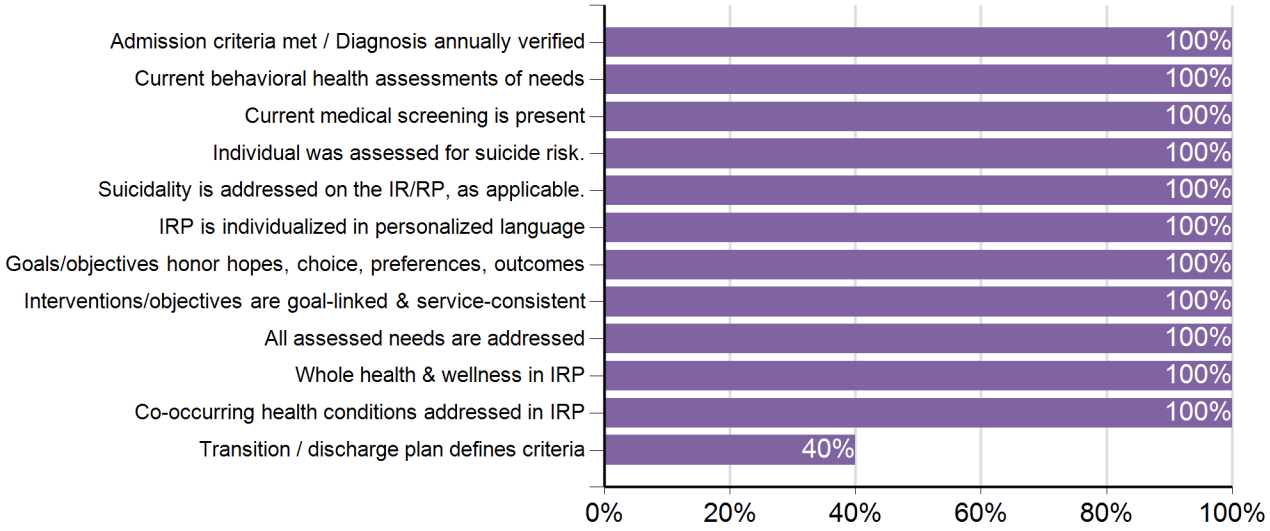
Performance Standards

- One note for individual counseling documented arranging transportation for the individual with no therapeutic intervention which did not match the definition of the service.

Quantitative Standards

- A nursing assessment documented a different date of service from the date the claim was billed.

Assessment & Planning



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

Assessment & Planning: 95%

Strengths and Improvements:

- The provider recently began completing the Columbia Suicide Severity Rating Scale - Lifetime (C-SSRS) Scale for all individuals upon admission. DBHDD suicide prevention policies pertain to Tiers 1, 2, and 2+ providers, Coastal Community is a Tier 3 provider.
- Assessments contained detailed and comprehensive interpretive summaries.
- Strengths, needs, abilities, and preferences (SNAPs) listed on IRPs were individualized and included detailed information pertaining to assessed needs and related to education, health, financial, employment, housing, legal, childcare, transportation, and social supports. For example,
  - "Strengths- Friends family"
  - "Needs- Friends, family. I need to depend on them"
  - "Abilities- Taking care of my plants. I like to do yard work because it relaxes me."
  - "Preferences- I would like to work at the Salvation Army."
- All IRPs reviewed were individualized and written in personalized language. For example, the following goals were noted:
  - "One day I would like to come off of it [methadone], but I don't feel like I'm ready."
  - "Abstain from Illicit Opioids- I'm doin' good; I don't wanna get back on 'em."
  - "I want to be healthy and I want to live a long life."
- All IRPs addressed co-occurring health conditions as applicable. This was an improvement since the prior review in which 40% of IRPs did not include this information. Examples include:
  - An IRP stated, "Health Concerns as evidenced by lab results and history type 2 diabetes, high blood pressure, and high cholesterol, and thyroid issues. Patient's Own Words: "I wish I didn't have it" "I wish my sugar would be under control.""
  - "Patient to address (2) psychological barriers that have prevented her engagement and planning to schedule surgery to address medical needs. Patient to review during a minimum of monthly individual counseling sessions."
- IRPs reflected the state of change the individual reports for specific treatment goals.

Opportunities for Improvement:

- Three of the five records reviewed did not contain transition/discharge plans with all required components. Per the DBHDD Provider Manual, requirements for transition/discharge plans include: specific criteria to measure progress by aligning with goals/objectives, specific step-down service/activity/supports to meet individualized needs, and the anticipated step-down or transition date
  - In two records, the transition plans had expired, one 2021 and the other in 2020 in addition to not containing all required criteria such as clinical benchmarks and stepdown services.
  - The third was missing a transition/discharge plan altogether.
  - This was a recurring issue noted in prior reviews.

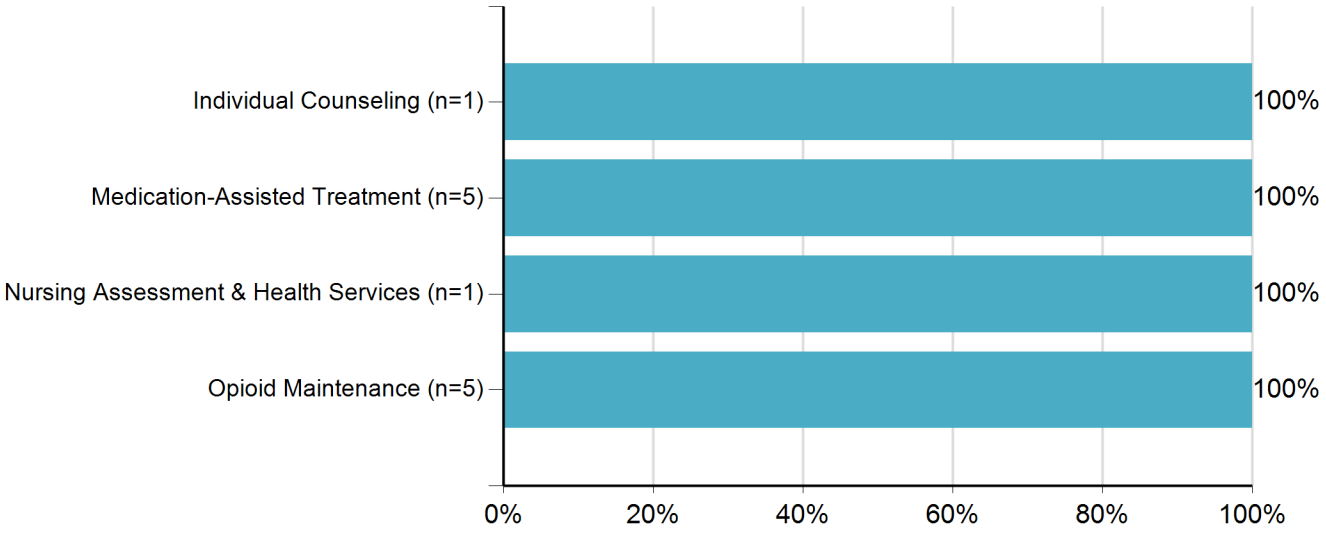
Focused Outcome Areas

Focused Outcome Areas: 100%

Strengths and Improvements:

- Records contained documentation from external providers specific to medical and behavioral health treatment as well as indicated when individuals were referred to the local emergency department due to concerns of overdose.
- Physicals, blood work, and tuberculin (TB) tests are completed annually and results are reviewed with the individual by the physician.
- Documentation demonstrated how individuals were provided with options of supports and services as reflected in discussions with individuals and staff (physician, nurse, clinician) regarding preferences to taper to lower doses. Subsequently, IRPs were modified to document the tapering of doses.
- Consent for medication has been added to the order/recommendation for services form which was reviewed with the individual.
- The score in this area has been above 90% for three consecutive reviews.

Service Guidelines



Service Guidelines: 100%

Strengths and Improvements:

- Random UDS are conducted and results are documented within various tabs within the EMR. One record had an alert on the demographic page that notated when the individual had positive UDS results that needed to be addressed therapeutically.
- Records reflected take-home dosing was only recommended and provided when clinically warranted and approved. One record indicated the individual called the clinic on a Saturday to request a take-home but was denied due to testing positive for alcohol on the most recent urinalysis. The clinician requested the individual come to the clinic to discuss more in depth with staff and denied her request for the dose.
- Records reflected individual counseling was being offered and provided. The provider suspended group sessions during the pandemic but recently has begun to develop plans to reintroduce groups into weekly programming.
- This was the third consecutive review in which this area has scored 99% or higher.

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.

- Staff members who administer medications should document observations of the individual prior to the administration of medication, as well as the individual's response to the dose. Dosing logs continue to primarily document that the dose was administered.
- The provider is reminded First Aid is not provided with American Heart Association (AHA) and Basic Life Support (BLS) as this training is specific only to cardiac pulmonary resuscitation/automated external defibrillator (CPR/AED). If staff are certified in AHA BLS then additional First Aid training must be provided.
- The DBHDD suicide prevention policies pertain to Tiers 1, 2, and 2+ providers. Coastal Community is a Tier 3 provider; however, the following best practice recommendations are made:
    - All individuals who have a history of suicide behavior at any time in their lifetime have a "suicide history" flag/alert within the medical record.
    - When completing the C-SSRS Lifetime, assure descriptions are included for all "yes" indicators.
- During the in-person tour of the Coastal Community Behavioral Health agency the following was noted:
    - The facility was clean, spacious, well lit, and inviting to individuals served.
    - Lit exit signs were noted over exterior doors of the building.
    - Beautiful art work was displayed throughout the building.
    - There is a television monitor in the lobby that is utilized to communicate information with individuals such as testing for certain diseases and upcoming events that may be of interest.
    - There are 16 security cameras throughout the interior and exterior of the clinic.
    - Dosing hours are are Monday through Friday from 6am to 11am. Service hours are Monday through Friday from 6am to 2pm.
    - There are four dosing windows available one of which was American Disability ACT (ADA) compliant to provide access for individuals who are in a wheelchair. Each dosing booth has a red or green light above the outside of the door to indicate if the area was occupied to ensure privacy and anonymity.
    - The medication safe within the nursing station was positioned such that when the safe door was open there there was no direct line of sight to the dosing windows. Currently, the physician and nurse practitioner as well as two registered nurses (RN) and one Licensed Practical Nurse (LPN) are administering medications as needed.
    - There are two pharmacists present onsite Tuesdays and Fridays.
    - The facility was designed for flow purposes to have individuals enter and exit out of separate doors so that after dosing they don't walk back through a waiting room area.
    - When indicated, the physician has the ability to conduct an electrocardiogram (EKG) on individuals.
    - Resource pamphlets in the lobby include inpatient and residential treatment providers, financial assistance for prescriptions, applications for various health insurance entities, and education related to transmittable diseases and overdose risk.
    - When a UDS must be observed, individuals are given the choice to be observed by having a staff person present or through a camera located in the restroom. Interviews were not conducted during this BHQR.
- Individual interviews were not conducted during this review as the census of individuals with Medicaid insurance was low and the same people have been interviewed in previous reviews consecutively.

Individual Interviews

Individual Interviews Conducted: 0	

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.

Recommendations: Current Review

Billing Validation - Performance Standards

- Ensure all Performance Standards are met in documentation.

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/