

# Crossroads Treatment Center of Dawsonville

## Behavioral Health Quality Review Final Assessment

**Address:** Remote Quality Review-400 Dawson Commons Circle, Suite 410, Dawsonville, GA 30534

**Assessors:** Edna Bryant, MSN, RN; Michelle McIntosh, LPC, NCC

**Records Reviewed:** 5

**Date Range of Review:** 6/14/2021 - 6/17/2021

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.



This is the provider's first Behavioral Health Quality Review.

	Overall Score	Billing Validation	Focused Outcome Areas	Assessment & Planning	Service Guidelines
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, the Behavioral Health Quality Review (BHQR) was conducted virtually versus on-site.

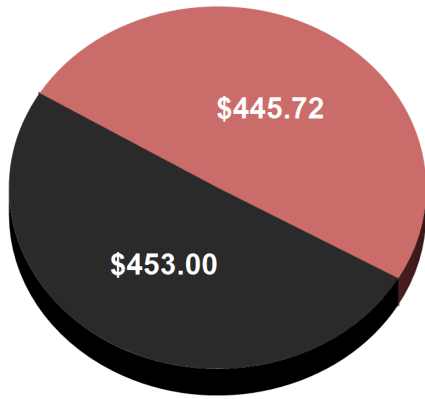
This is the provider's first BHQR for the Dawsonville site.

- Clinic hours of operation include:
  - Monday through Friday 5:00am to 10:00am
  - Saturday 7:00am to 9:00am
  - Provider reports Physician and other staff are available on-call for consultation throughout the week and on Saturdays as needed.
  - Doctor Schedule:
    - Monday 6:00am to 8:00am
    - Wednesday 6:00am to 8:00am
- The provider has implemented infection control procedures in response to the pandemic:
  - Each patient is screened for COVID-19 during the check-in process
  - Social distancing is utilized
  - Wiping of signature pads and pens after each patient use with disinfectant
  - Wearing of face mask in the clinic
  - Gloves are worn if there is physical contact with patients
  - Accommodations for patients who are covid positive or has been exposed are dosed outside or in clinic at low patient times and can be isolated
  - Protocols have been established for take-home doses for covid risk patients
  - Provider encourages staff to be vaccinated
- Records contain a "Social Media Policy Acknowledgement" that outlines Crossroads use of social media platforms such as Facebook, Twitter, and Instagram. The policy details guidelines staff will follow to ensure privacy and confidentiality of individuals served in relation to how conversation and communication is open to others on the public forums.
- "Consent for Verification of Non-Multiple Enrollment" forms were filed in records. This form is reviewed and signed with individuals to help prevent individuals from being enrolled in more than one opioid treatment program at a time.
- Patients sign a "Bottle Recall Agreement" to ensure medication is self administered appropriately and within the guidelines of take home doses.
- Documentation within records includes "Exception Request and Record of Justification Under 42 CFR" and "Phase Up Request Form"; these forms support the need for a change in phase or dosage and protocol for take-home doses related to change in attendance status.
- When an individual was absent, the reasons for why she was absent were noted on the dosing log as well as documentation within the record reflected staff addressing the absences clinically and helping the individual maintain compliance. She was noted as being absent due to her financial challenges and she reported she didn't have enough money to cover transportation to the clinic and groceries for the week. The physician met with her to discuss local options for a food pantry, Medicaid transportation (Southeastern Transport), and discussed risks of missing doses.

### Opportunities for Improvement:

- Please see Billing Validation section for more information on the following:
  - Nine (9) progress notes did not meet service definition for Nursing Assessment and health Service and time in/out was missing.
  - Twelve (12) progress notes were missing.
- Please see Assessment and Planning section for more information on the following:
  - All five (5) records reviewed did not contain whole health and wellness goals on the treatment plan.
  - All five (5) records reviewed did not include transition/discharge plans with all required criteria.
- Please see Service Guidelines for more information on the following:
  - Nursing progress notes did not contain vital signs and education related to health issues such as medication, nutrition, infectious disease, testing and referrals.

# Billing Validation



	Medicaid	Total
Justified	\$453.00	\$453.00
Unjustified	\$445.72	\$445.72
Total	\$898.72	\$898.72

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
Performance Standards	Content of note does not match service definition	9
Quantitative Standards	Progress note is missing	12
	Time in/Time out missing	9

## Billing Validation: 50%

### Opportunities for Improvement:

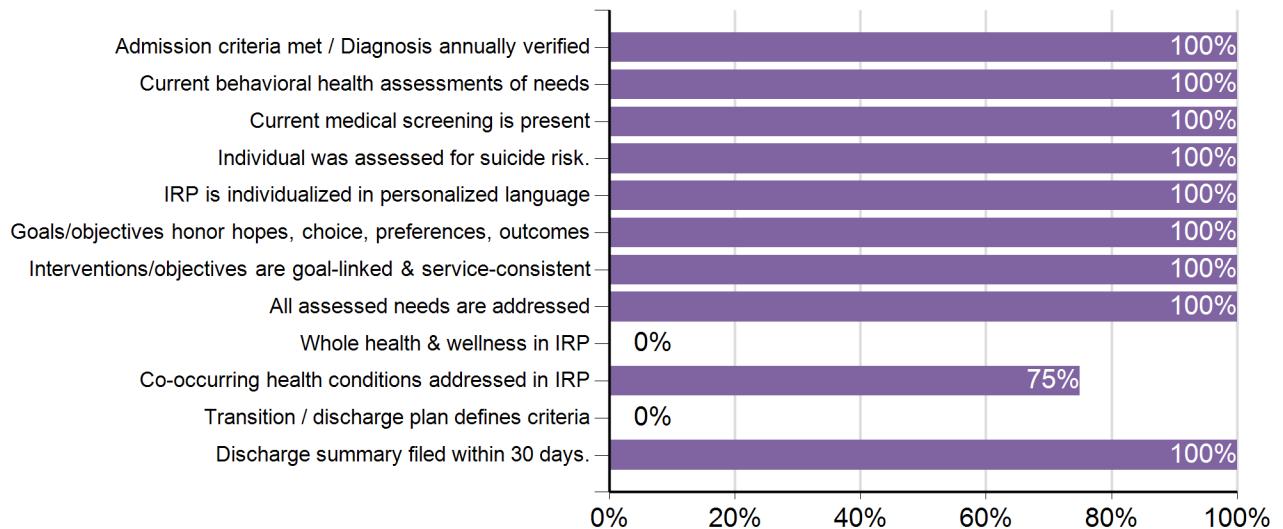
#### Performance Standards

- Nine progress notes for Nursing Assessment and Health services (T1001) did not match the service definition. In all cases, the content of these "weekly nursing notes" did not contain vital signs or indicate education was provided, as required for this service; additionally each note stated "documentation of dosing to cover dates from xxx through xxx." Staff report this is a weekly note that is intended to cover multiple dates of service. Progress notes for each contact must be an independent note.

#### Quantitative Standards

- Twelve progress notes for Nursing Assessment and Health services (T1001) were missing in the documentation. The dates of these missing notes were listed in the date range of the "weekly nursing note" referenced above; however there was no independent nursing note for each claim billed in the records.
  - All progress notes for nursing services did not contain time in and out within the note.

# Assessment & Planning



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

## Assessment & Planning: 80%

### Strengths and Improvements:

- Assessments were detailed and thorough.
- Suicide Screenings were filed on all individual's records reviewed.
- Individual Recovery Plans (IRPs) were individualized and addressed medical issues if applicable and were deferred to the individual's Primary Care Physician (PCP) or referred to a provider for ongoing mental health services.
- IRPs were updated to address barriers to services when identified.
- Legal issues when identified were addressed on IRPs.

### Opportunities for Improvement:

- In all five records reviewed, whole health and wellness was not included in the IRP.
- In one record, documentation reflected the individual experienced significant anxiety that was not addressed or deferred on the IRP.
- Transition discharge plans did not include a projected date of transition or discharge, a step-down service or clinical benchmarks. All five plans included the following statement: "Pt has no plans of terminating or transferring clinics at this point."

# Focused Outcome Areas



## Focused Outcome Areas: 100%

### Strengths and Improvements:

#### Whole Health

- External referrals for health services, supports, and treatment when not available within organization was noted. For example, an individual was referred to a PCP for medical needs. In another record, the physician and nurse talk to an individual about medical needs related to Chronic Obstructive Pulmonary Disease (COPD) and low oxygen and referred to a PCP and pulmonologist.
- Documentation of communication with external referral sources was evident in records reviewed. Information was noted in records related to previous treatments.
- Lab results and urine drugs screen (UDS) tests were noted in all records reviewed.

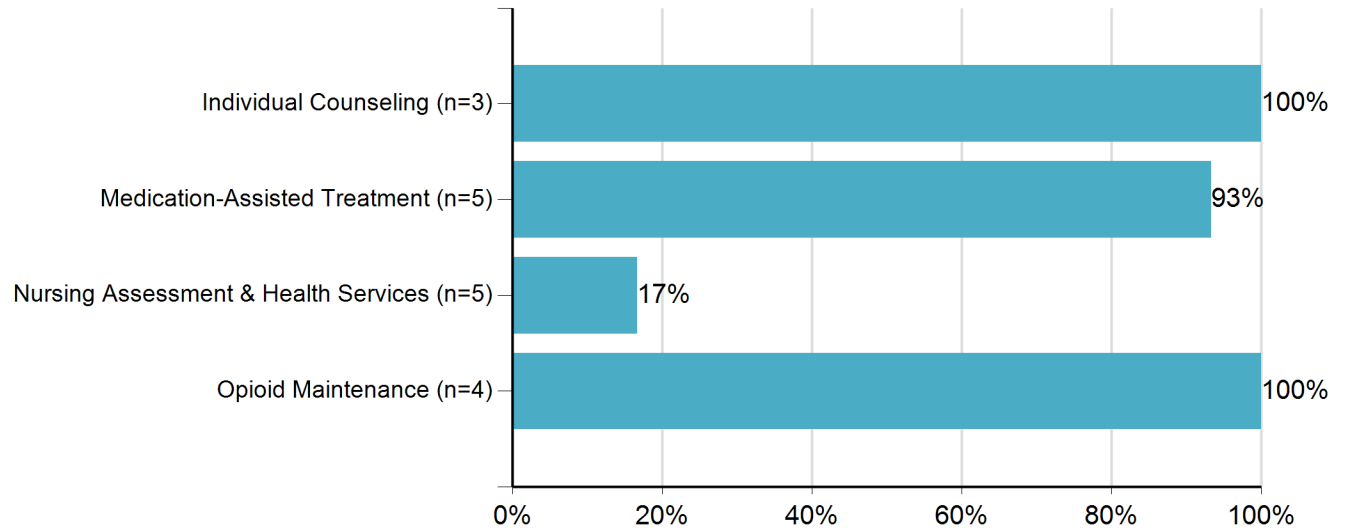
#### Safety

- All records reviewed contained thorough individualized Safety/Crisis plans.

#### Rights

- All records contained signed rights and responsibilities at the onset of services and annually thereafter if applicable.
- All release of information (ROI)s were completed in full and signed in all applicable cases.
- The provider has a separate form for Advance Directives in all records reviewed. The Advance Directives were comprehensive and detailed.

# Service Guidelines



## Service Guidelines: 81%

### Strengths and Improvements:

- Individual Counseling services provided were detailed and consisted of interventions provided, as well as, noted progress or lack of progress within the notes. Progress notes within one individual's record, reflected the therapist reviewing cognitive behavioral therapy relapse prevention skills to process an individual's recent relapse and use of illicit drugs.
- Opioid Maintenance was provided according to guidelines. Dosing logs were all present.

### Opportunities for Improvement:

#### Medication Assisted Treatment (MAT)

- Nursing Assessments in all five records reviewed, did not include education to the individual and the family or significant others regarding nutritional, medical and other health issues, and side effects of medications.
  - Documentation for nursing services provided within the MAT program primarily focused on dosing.

#### Nursing Assessment and Health Services

- Nursing Assessment and Health services did not contain the following in all five records reviewed:
  - Education related to identified health issues including (but not limited to) medication, nutrition, and infectious disease assessment, testing and referral.
  - Progress or lack of progress toward specific goals and objectives on the treatment plan due to the notes only documenting dosing, response to dosage, and administration of an opiate withdrawal scale; none of these interventions were listed on IRPs. The only intervention listed on IRPs for this service was "Staff will ensure pt. meets with nurse for assessment and health services 1-4x monthly."
  - Staff interventions identified in the progress notes related to staff interventions listed on the IRP.
  - Service provided as planned within the IRP.
- Weekly nursing notes for dosing is duplicative within and across records. The following is an example of these notes: "Patient had no s/s of impairment on this date." and "Patient is alert and oriented x4 (person, place, time and situation)."

# 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	<b>SCORE*</b>
	4	0	2	<b>100%</b>

\* 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.

### Additional Issues/Practice Concerns

- Assessors were not given access to the Electronic Medical Record (EMR), Methasoft; instead the provider opted to scan and email/fax records to Assessors for review. The following was noted regarding submission of records:
  - The provider reported technical difficulties regarding submission of records related to emailing and faxing the large files.
  - The provider is reminded of standards related to submission of records and credentialing documents as outlined in the GA Collaborative ASO Handbook. "Any record (paper or electronic) not supplied within the allotted timeframe will be considered to have not been delivered and these records will be scored as "No" on all areas.
- "IRPs listed MAT instead of each specific service to be provided (i.e. Individual Counseling, Opioid Maintenance, Psychiatric Treatment, Nursing Assessment and Health, Behavioral Health Assessment/Service Plan Development). MAT is a milieu that encompasses multiple and distinct services.
- Physician notes do not include billing codes, mental status or a summarization of the contact; the notes only alert to withdrawal or not and medications. The other sections of the note are often blank. The notes are signed but do not include a printed name or credential, as required.
- The "Opiate Withdrawal Scale" assessment, if billed by the nurse, needs to include all required elements for Nursing Assessment and Health Services to include vital signs, billing code, time in and out, a summary of findings, and educational information.
- Although the provider has a consent for medication that explains the risks and benefits of Methadone, it is imbedded within the "Consent to Treat" form; a medication consent form that includes the medications prescribed and documents the risks/benefits of the medication should be separate from a consent to treatment.

A virtual tour was conducted of the clinic:

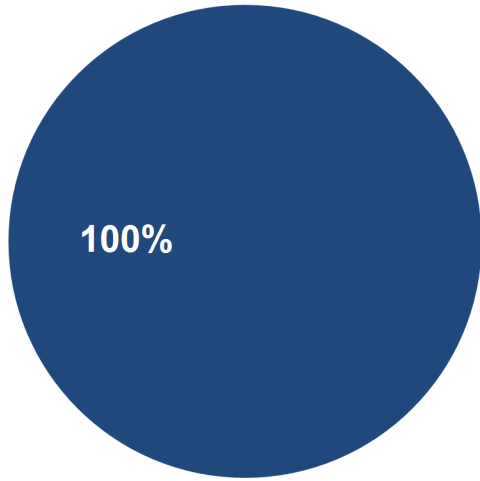
- A Tree of hope was noted in the lobby where individuals can write stories of hope, stories of their recovery and what recovery means to them.
- Twelve cameras were located through out the building and monitored by the program director, corporate staff and informational technology (IT) staff.
- Counselor schedules are posted in lobby with patient ID #'s to ensure confidentiality so individuals know when their counseling appointments are for the entire month.
- Lobby is pleasantly decorated with community resources posted on bulletin board related to local providers, American Sign Language (ASL) poster related needs, local job listings, and binders of additional community resources, pamphlets about domestic violence and sex trafficking, etc. Educational information related to medication assisted treatment.
- Offices are all pin pad entry or keyed.
- Commission on Accreditation of Rehabilitation Facilities (CARF) accredited posted in lobby and current until August 2023.
- One bathroom is Americans with Disabilities (ADA) accessible with grab bars.
- Treatment team meets weekly, with nurse, program director and clinical director and physician is available as needed.
- No designated bathroom for urine drug screens (UDS); one is available in clinic and one in lobby; UDS are randomly observed.
- Two dosing windows; individuals called up by first name only on an intercom by nurses.
- Medication is stored in a safe that is accessible by pharmacist, nurse, and clinical and program directors (program and clinical directors perform safety checks to ensure alarm on safe beeps if it is accessed).
- Provider refers to a local provider for free, confidential (Human Immunodeficiency Virus (HIV) testing; also refers out for Hepatitis-C testing but this is not free; agency only provides tuberculosis (TB) testing onsite along with routine bloodwork.
- There were no Quality Risk Items (QRIs) identified in this review.



# 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.

- "They are all really nice at the clinic and I have no problems getting appointments."
- "I'm familiar with the process and help plan my treatment with my counselor."
- "I've been getting these services for a while and have worked with other providers. Crossroads is one of the best."
- "I only have to come in every two weeks because of where I am at in my treatment. This is good for me. I see the counselor every month and the doctor every three months." The individual felt whole health needs and assistance with referral were met and stated "I'm battling cancer and Crossroads talks with my oncologist to make sure I'm not taking anything that will react with my chemo. The agency coordinates transportation with Southeastern Transportation for me to get to all of my appointments. This transportation is very reliable since the agency coordinates it for me."
- "The doctor is really good, he listens to you and doesn't just focus on the medical stuff."

## 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 Review

#### 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 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.

### Additional Recommendations

#### Current Review

- Service Guidelines-MAT: Ensure Nursing Assessments include providing education to the individual AND the family/ significant other(s) regarding nutritional, medical and other health issues, and side effects of medications.
- Service Guidelines-Nursing Assessment & Health Services: Ensure documentation supports education related to identified health issues including (but not limited to) medication, nutrition, and infectious disease assessment, testing, and referral.
- Service Guidelines-Nursing Assessment & Health Services: Ensure progress notes contain documentation of the individual's progress (or lack of) toward specific goals/objectives on the treatment plan.
- Service Guidelines-Nursing Assessment & Health Services: Ensure the staff interventions reflected in the progress notes are related to the staff interventions listed on the treatment plan.
- Service Guidelines-Nursing Assessment & Health Services: Ensure the progress notes document individual response to the staff intervention provided.
- Service Guidelines-Nursing Assessment & Health Services: Ensure service is provided as planned within the IRP.