The Georgia Collaborative ASO

Virginia Health Partners, LLC dba Positive Life Services

Behavioral Health Quality Review Final Assessment

Address: Remote Quality Review - 1926 Northlake Parkway, Suite 101, Tucker, GA 30084

Assessors: Amanda Hawes, LCSW; Kristen Ponce, MFT; Latoya Polk, LPC, NCC; Timeka Howard, LCSW, RPT

Records Reviewed: 10 | **Date Range of Review:** 6/1/2021 - 6/3/2021

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: 08/06/2019	89%	75%	96%	96%	96%
Review Date: 02/19/2019	84%	62%	95%	87%	93%
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

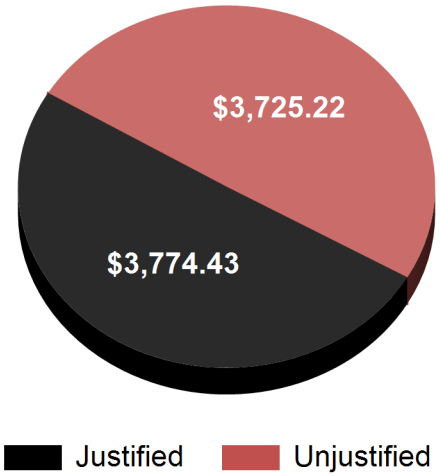
Strengths and Improvements:

- Due to the COVID-19 pandemic, this review was conducted remotely instead of on site.
- The provider has an emergency preparedness plan that includes Center for Disease Control (CDC) recommended guidelines to reduce the risk of COVID-19 infection.
- The provider has a policy and procedures for providing reasonable accommodations to individuals who are deaf/hard of hearing. This is an improvement from the previous review (8/2019).
- The provider utilizes an additional substance use assessment which contains detailed and clinically relevant information for treatment of substance use disorders.
- Contact was made at least twice per month in 100% of records reviewed for Addictive Disease Support Services (ADSS) during this Behavioral Health Quality Review (BHQR), an improvement from 80% during the previous BHQR.
- Group Skills Training remained consistent with scoring 100% during this BHQR and the previous BHQR (8/2019).
- All seven records of individuals prescribed medication by the agency prescriber contained evidence of education about the risks and benefits of the medications prescribed and that the individual's consent was obtained. This is an improvement from the previous review where two of five records lacked evidence of medication consent.

Opportunities for Improvement:

- The provider does not currently have a quality assurance plan for assuring and monitoring quality of services for individuals at risk of suicide or experiencing suicidal ideation or behaviors, as required.
- The provider does not currently have a nurse on site 10 hours per week. The nurse is currently available one day (about eight hours) every other week.
- While the provider does have a policy and procedures for workplace safety, they do not have a specific policy that provides guidance for maintaining safety while providing services in the community. This deficiency was also identified in the previous review (8/2019).
- Services were documented for long periods of time for phone-based services. For example, across multiple records the initial BHA was billed for three hours (12 units) followed by a two hour (eight unit) Service Plan Development (SPD) session (back-to-back) on the same day via telehealth. It was also noted that updated assessments (where a significant portion of information is already known about the individual) were billed for two hours (eight units) followed by an hour (four units) of SPD on the same day via telehealth.
- In some records, individuals were referred to by incorrect gender pronouns and incorrect names throughout documentation. This was also identified in the previous review (8/2019).
- Seventeen progress notes lacked the signature of the staff providing the service as well as the date of entry. See the Billing Validation section for additional information.
- Two records contained duplication within progress notes. See the Billing Validation section for additional information.
- Minimum contacts were not met within records reviewed for Case Management (CM) and Psychosocial Rehabilitation-Individual (PSR-I). See Billing Validation and Service Guidelines sections for additional details.

Billing Validation



	Medicaid	Total
Justified	$3,774.43	$3,774.43
Unjustified	$3,725.22	$3,725.22
Total	$7,499.65	$7,499.65

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	Individual receiving services does not meet admission criteria for service billed	1
Performance Standards	No overall progress documented	7
	Content of documentation is not unique	6
	Content does not support units billed	5
	Content does not support code billed	4
	Content of note does not match service definition	3
	Minimum contacts not met per DBHDD Service Guidelines	3
	Intervention unrelated to IRP w/o clinical justification	1
Quantitative Standards	Date of entry missing	17
	Signature missing	17
	Staff credential not supported by documentation	10
	Progress note is missing	2
	Billing code is missing or different from code billed	1
	Location missing	1

Billing Validation: 50%

Strengths and Improvements:

Improvements from the previous review (8/2019) included:

- All progress notes within the billing sample were filed within seven calendar days.
- The units billed did not exceed the time and/or units documented in all progress notes reviewed.

Opportunities for Improvement:

Eligibility Standards

- One claim was unjustified as the individual was provided ADSS but did not have a current verified substance use diagnosis.

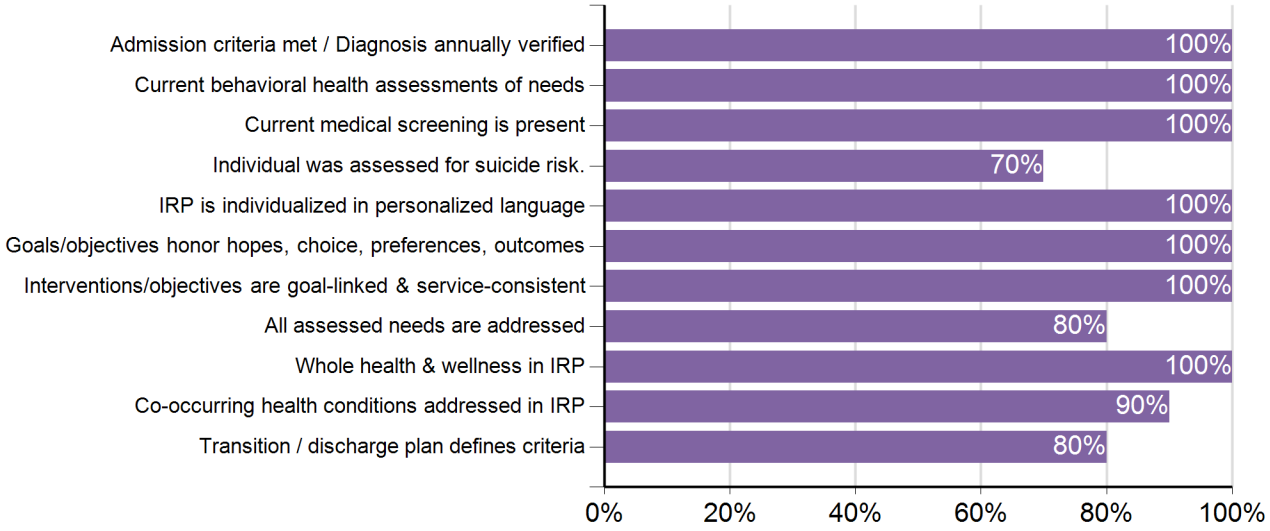
Performance Standards

- Seven progress notes did not document an overall assessment of progress toward goals on the individual recovery plan (IRP). For instance, multiple notes provided interventions regarding improving routines for whole health and wellness (i.e. nutrition, exercise) but there was no documentation reflecting how the individual was progressing in developing or following recommendations to improve health.
- Six progress notes were identified that contained information, including quotes, that were duplicated within and amongst records.
- The content of five progress notes did not contain documentation to support the units billed.
    - Eight units (two hours) of PSR-I was provided over the phone and the two interventions documented were having the individual write down two coping skills and discussing the benefits of watching a movie or listening to music.
    - Two progress notes for Behavioral Health Assessment (BHA) and one for Service Plan Development (SPD) referred to supporting documentation that was not contained within the records.
    - One claim for eight units (two hours) of SPD immediately followed a three-hour (12 unit) BHA for an individual who was documented as experiencing psychosis and as being a poor historian throughout the sessions. The documentation did not support the units billed nor this type of intervention given the clinical presentation and circumstances.
- The content of four notes did not match the code billed.
    - Three notes documented providing services via telehealth, but were billed with the out-of-clinic, "U7", modifier.
    - One progress note for Psychiatric Treatment documented a 13-minute session, but 99215 was billed which is for a 40-minute session.
- The content of three notes did not match the definition of the service billed.
    - Two progress notes for Case Management services documented skills building.
    - One progress note for Family Training documented individual skills building.
- Two claims for Case Management and one claim for PSR-I were unjustified due to minimum contacts not being met per DBHDD Service Guidelines. In each instance, the claim was the only contact for that month.
- One ADSS progress note documented interventions unrelated to the IRP as ADSS was not included on the IRP.

Quantitative Standards

- Seventeen progress notes lacked the signature of the staff providing the service and the required date of entry.
- One of the two personnel files reviewed did not contain all required documentation to support the credential billed. Specifically, a supervisee/trainee (S/T) did not have evidence of monthly supervision. Ten claims were unjustified.
- Two claims for Case Management did not have a progress note in the record. In each instance, the only progress note present for that day was for PSR-I.
- One progress note documented H2017HEU5U7, but H2017HEU4U6 was billed.
- One progress note did not clearly document the location of the service when the out-of-clinic modifier was billed. In this instance, the contradictory information in the note identified that the service was provided both face-to-face at the individual's home and also over the telephone.

Assessment & Planning



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

Assessment & Planning: 93%

Strengths and Improvements:

- The provider utilizes an additional substance use assessment which contains detailed and clinically-relevant information for treatment of substance use disorders.
- Assessment and Planning continues to be a higher scoring category for the provider with the following indicators, scoring 100% in the current and previous reviews:
  - Admission criteria met / diagnosis annually verified
  - Current behavioral health assessments of needs
  - Current medical screening is present
  - IRP is individualized in personalized language
  - Interventions/objectives are goal-linked & service-consistent
  - Whole health and wellness was addressed in the IRP.

Opportunities for Improvement:

- Three records did not contain a complete and accurate Columbia Suicide Severity Rating Scale (C-SSRS). For example, the C-SSRS scanned in the record was not scored and contained handwritten commentary, "Waiting to complete when client comes in for next ax." In another record, the "Suicide Behavior" section was not completed. The third record did not contain a C-SSRS.
- While records did contain a C-SSRS, the assessments were not dated nor was the providing staff member identified. Additionally, many of the assessments did not contain comments on the assessment itself to provide information regarding affirmative scores. In most of these instances, information was contained within the behavioral health assessment regarding history and presence of suicide risk.

Focused Outcome Areas

Focused Outcome Areas: 89%

Strengths and Improvements:

- All seven records of individuals prescribed medication by the agency prescriber contained evidence of education about the risks and benefits of the medications prescribed and that the individual's consent was obtained. This is an improvement from the previous review where two of five records lacked evidence of providing medication education and obtaining medication consent.

Opportunities for Improvement:

Whole Health

- Six of seven applicable records did not document communication or coordination attempts with external providers, as needed. For example, an individual was suffering from chronic kidney stones and requested assistance with making medical doctor appointments but there was no evidence that this had occurred. This is a recurring issue.

Safety

- Two records lacked evidence of ongoing suicide risk assessment and that clinically-appropriate actions were taken as the result of suicide risk assessments as neither record contained a suicide risk assessment. One record lacked any C-SSRS and the other had a C-SSRS that was not scored, and only had the handwritten comment "waiting to complete when client comes in for next ax."

Rights

- Three of nine applicable records did not contain annually updated acknowledgement of rights and responsibilities. In two instances, the rights acknowledgement did not contain a date that rights had been reviewed with the individual. The date of acknowledgement only contained the year (i.e., "2020" or "2021"). In the third instance, more than 14 months lapsed between documented acknowledgement of rights.

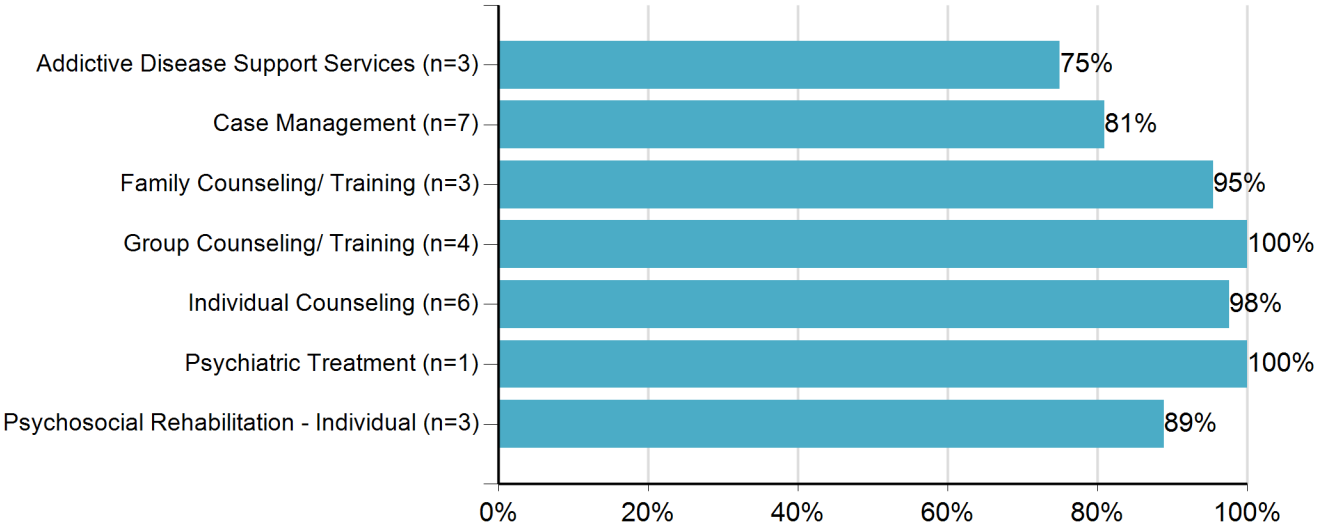
Person-Centered

- Two of eight records lacked documentation that the individual was an active participant in modifying the plan and/or services. In one instance, the individual was provided ADSS 16 times, but the IRP was never updated to include this service. In another record, the individual stopped receiving Case Management services in February 2021, but the current IRP still identified objectives and interventions for Case Management.

Community Life

- Two of six records did not reflect that informed choice drove housing selections. One individual had been living in a halfway house for a year and another adult had to move back in with his mother, but there was no evidence that housing choices were discussed or presented to the individuals.

Service Guidelines



Service Guidelines: 89%

Strengths and Improvements:

- Contact was made at least twice per month in 100% of records reviewed for Addictive Disease Support Services (ADSS) during this Behavioral Health Quality Review (BHQR), an improvement from 80% during the previous BHQR.
- Group Skills Training remained consistent with scoring 100% during this BHQR and the previous BHQR (8/2019).
- The provider was listed as the primary contact on the safety plan in six of seven records (86%) reviewed for Case Management, an improvement from 67% in the previous review.

Opportunities for Improvement:

Addictive Disease Support Services

- One individual was provided ADSS 16 times since entering services but the individual did not have a verified substance use diagnosis. Additionally, the individual had a signed release of information for his mother, but there were no documented attempts to coordinate care with her for substance use treatment. This is a recurring issue.
- Within the same record, ADSS was not included on the IRP. As a result the following questions were scored "no".
  - The individual meets admission/continuing stay criteria/diagnostic criteria.
  - 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

Family and Individual Counseling

- One record reviewed for Family Counseling and one record reviewed for Individual Counseling did not reflect that the services were provided by an appropriately-credentialed professional. This was due to the staff member using the "S/T" credential lacking the required monthly supervision (as noted within the Billing Validation section above).

Case Management

- Six of seven records reviewed for Case Management did not document that the minimum monthly contacts had been made. In all instances, there was no documentation of attempted contacts or other clinical justification to support the lapse in services. This is a recurring issue.
- Two records reviewed lacked clear documentation of progress, or lack of progress, toward goals identified on the IRP. In both cases, documentation was duplicated within and across records.

Psychosocial Rehabilitation - Individual

- Two records reviewed for PSR-I did not document that minimum monthly contacts had been made. In both instances, there was no documentation of attempted contacts or other clinical justification to support the lapse in services. This is a recurring issue.

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.	No

3	Staff safety and protection policies/procedures are present.			No
4	Quality Assurance Plan includes assuring/monitoring quality of services for individuals at risk for suicide.			No
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***
	2	**3**	**1**	**40%**

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

Additional Comments on Practices

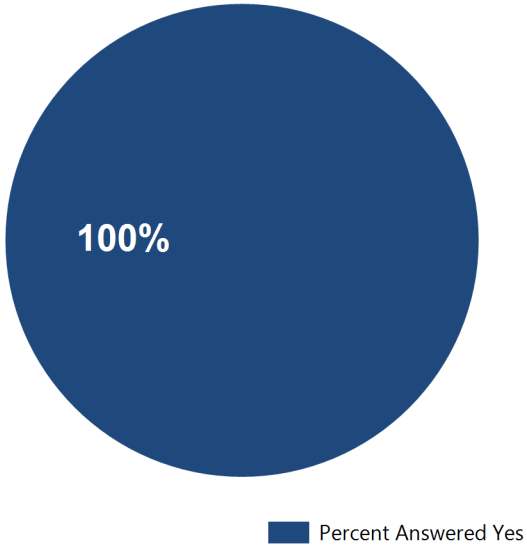
Additional strengths and concerns beyond the general scope of the review were discovered by reviewers. Additional issues/practice concerns may have the potential to impact service delivery, quality of care, or may represent a risk to the provider.

- While not affecting reviewed claims, some orders for services did not contain the date of the ordering physician's signature.
- Within one record, the physician's electronic signature on orders for services was time stamped for June 1, 2021 at 11:19AM, which was after the start of the review.
- Handwritten amendments to documentation did not include the writer's initials or date of notation, as required.
- Although Quality Risk Items (QRIs) no longer result in a reduction of the Overall Score, the following QRIs were noted during this review:
  - Three records did not contain a complete and accurate Columbia Suicide Severity Rating Scale (C-SSRS).
  - Minimum contacts were not met in six records reviewed for Case Management and two records reviewed for PSR-I.
  - The agency does not currently have a nurse on site 10 hours a week. The nurse is currently available one day (about eight hours) every other week.
  - There were six repeated quality improvement recommendations:
    - Billing: Ensure Performance Standards are met in documentation.
    - Billing: Ensure Quantitative Standards are met in documentation.
    - Focused Outcome Areas - Whole Health: Ensure there is documented communication with external referrals and resources to determine the results of testing, treatment, and referral.
    - Service Guidelines: Ensure coordination with family and significant others (as applicable) is documented within ADSS records.
    - Service Guidelines: Ensure the minimum face-to-face contacts are made as required for each service.
    - Provider Level: Ensure staff safety and protection policies/procedures are present.

Individual Interviews

Individual Interviews Conducted: 2

Individual Interviews are not calculated into the Overall Score



- Both individuals interviewed shared that they were involved in the development of, and updates to, their IRPs.
  - "When I first started, I used to smoke and drink alcohol and they helped me get that together."
  - "They have helped me manage my mood swings and anger, a lot!"
- Both individuals interviewed felt supported by staff members in moving toward their goals. One individual shared staff have helped them stay focused, "I want to be able to manage my illness without medication and stay on the right track."
- When asked, "What about this agency keeps you coming back?," individuals' shared,
  - "I was having problems with stress management, and I had lost custody of my kids. They helped me work through that situation and it's good now."
  - "I really think they are nice, caring people!"
  - "I can't say anything bad about them at all. I have to work the program too; they can only do so much."
  - " They listen and don't treat you like a child. They offer help for the situation you are going through."

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.

Focused Outcome Areas - Whole Health

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

Compliance With Service Guidelines - All

- Ensure the minimum required contacts are met for all services (as required).

Recommendations: Current Review

Provider Level

- Ensure there is no duplication of documentation within or among individual's records.
- Ensure a nurse is on-site at least 10 hours per week for all locations as required.

Assessment and Planning

- Ensure all individuals are assessed for suicide risk at intake (and as needed thereafter) using age-sensitive C-SSRS tools.

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.

Focused Outcome Areas - Rights

- Ensure individuals are informed of their rights and responsibilities at the onset of services and at least annually thereafter.

Focused Outcome Areas - Person Centered

- Ensure individuals served are active participants in the planning of their supports and services.

Focused Outcome Areas - Community Life

- Ensure the individual's informed choice drives the selection of any housing option.

Compliance With Service Guidelines - All

- Ensure services are provided only to individuals who meet admission or continuing stay criteria for all services billed.
- Ensure all services are provided by appropriately-credentialed staff.
- Ensure documentation addresses individuals' progress toward specific goals and objectives.
- Ensure documentation is related to goals and objectives on the plan.

Additional Recommendations

Current and Prior Review:

- Service Guidelines: Ensure that coordination with family and significant others (as applicable) is documented within ADSS records.
- Provider Level: Ensure staff safety and protection policies/procedures are present.