



Behavioral Health Quality Review Final Assessment Report Academy for Family Empowerment, Inc.

Location of Review: 3205 Salem Road SE, Conyers, GA 30013

Names of Quality Assessors: Amanda Hawes, LCSW; Natalee Fritsch, LPC; Nicole Griep, MSW

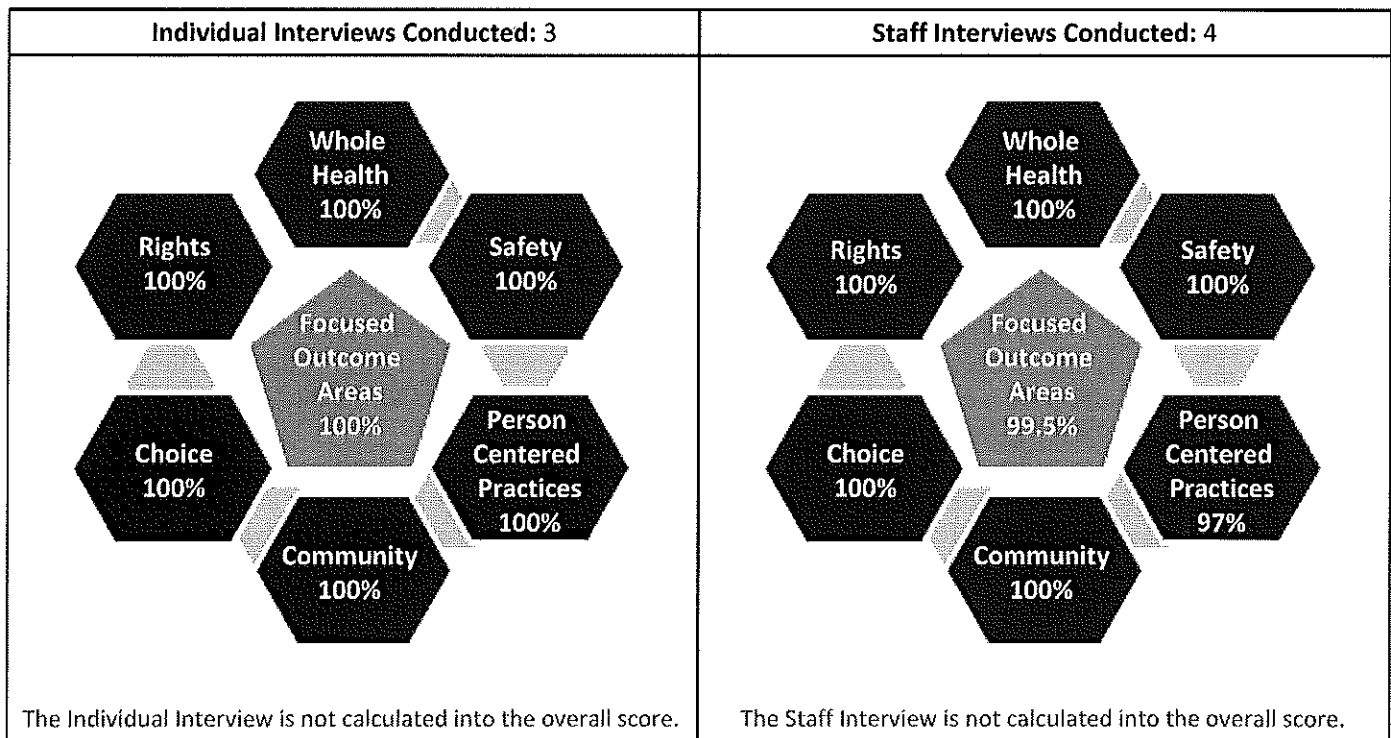
Individuals Interviewed: 3

Staff Interviewed: 4

Records Reviewed: 7

Date Range of Review: 9/4/2018 - 9/4/2018

The ASO Collaborative in partnership with the Department of Behavioral Health and Developmental Disabilities (DBHDD) believes in easy access to high-quality care that leads to a life of recovery and independence for the people we serve. The Quality Division is dedicated to ensuring services provided are person-centered and include a commitment to wellness and recovery.



Individual Interview:

- Individuals spoke regarding their comfort in providing feedback regarding their medication and responsiveness of staff: "The doctor always asks for my feedback as well as [the individual]'s. I like that, that way she feels included in her care."
- Regarding engaging natural and community based supports, one guardian stated, "I love the idea that the therapist can go to the school and deal with her since she has issues at school. She has a wonderful relationship with her therapist. She also keeps me well updated. That's a big bonus for me. They are involved; they get to know the teachers. It makes a big difference."
- One guardian shared her experience with the summer camp the agency provided, "They did something this summer that I was impressed with. They came once a week and brought him to their facility. Each one of my kids had a chance to go through the camp. They absolutely loved it. It was free and it was a big help."
- The agency's outreach efforts to maintain engagement was evident in the following guardian's statement: "I love that they make many phone calls to me as my schedule is busy. They give me a phone call to offer programs instead of giving me paperwork."
- All guardians shared that staff reviewed rights and responsibilities with them at onset, at three months, six months, and annually.
- Some recommendations were elicited from the guardians interviewed:
 - "I would love if there were more programs available. Sometimes they put out programs but they don't have enough people."
 - "We have a hard time with transportation. If [the staff] could come to [individual] that would be really good. We normally have to use Uber."

Staff Interview:

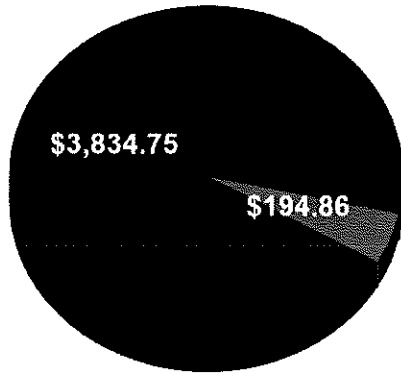
- Staff spoke about the agency's commitment to the individual's satisfaction in services: "They do consumer monitoring and call individuals and complete a customer satisfaction survey and provide an opportunity for the individual to request changes to treatment team/plan."
- All staff spoke regarding the support, training and collaborative nature of the agency:
 - "It's been a learning experience. I don't have anything negative to say. I'm really impressed. There is a culture of learning here from making sure you're addressing everything with an individual/family and then also making sure I'm documenting it right and capturing everything."
 - "I love the team atmosphere. We're able to bounce ideas off of each other. We have someone we can ask for direction and, in the rare time she doesn't answer the phone, there is always someone."
 - "It's been a good experience for a community agency. It's a pleasant work environment. Everyone is professional. They offer training here and paid time off if I want to pursue additional training."
- One staff member shared her experience regarding the responsiveness of the agency's administration to suggestions for improvement, sharing that staff suggested more opportunities for training and in the past few months, more in-house training have been offered.
- An additional comment from staff included, "This is the best agency I've worked for."
- Another staff recommended the addition of more community support staff as individuals and families have requested the service before, but it was not readily available due to a lack of staff availability.



	Overall Score	Billing Validation	Focused Outcome Areas	Assessment & Planning	Service Guidelines
Review Date: 09/26/2017	100%	100%	100%	100%	100%
Review Date: 10/25/2016	98%	100%	98%	92%	100%
FY18 Statewide Average	88%	85%	92%	84%	90%

The overall score is calculated by averaging the four areas: Billing Validation, Focused Outcome Areas, Assessment and Planning, Compliance with Service Guidelines. Each area accounts for twenty-five percent (25%) of the overall score. Review questions are based on DBHDD Provider Manual and Medicaid Requirements.

Billing Validation



	Medicaid	Total
Justified	\$3,834.75	\$3,834.75
Unjustified	\$194.86	\$194.86
Total	\$4,029.61	\$4,029.61

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
Quantitative Standards	Progress note is missing	1
	Billing code is missing or different from code billed	1

Billing Validation: 95%

Strengths and Improvements:

This continues to be an area of strength for this provider as they have scored 95% or higher for all Behavioral Health Quality Reviews (BHQR) thus far. The provider/s Billing score was 100% in the previous two BHQRs (9/26/2017 and 10/25/2016) and 99% in their first BHQR (12/01/2015). Strengths identified during this BHQR included:

- The content of all notes was individualized, met the service definition, and supported units billed.
- All notes were signed by appropriately-credentialed staff who were providing services within the scope of their practice.
- Progress notes documented age-appropriate interventions (i.e., Tip of the Iceberg, The Conflict Cycle, etc.).
- All services reviewed had a corresponding order for service.
- All individuals reviewed met admission criteria for each service billed.
- Non-billable contacts to explain gaps in services were consistently documented within all records reviewed.

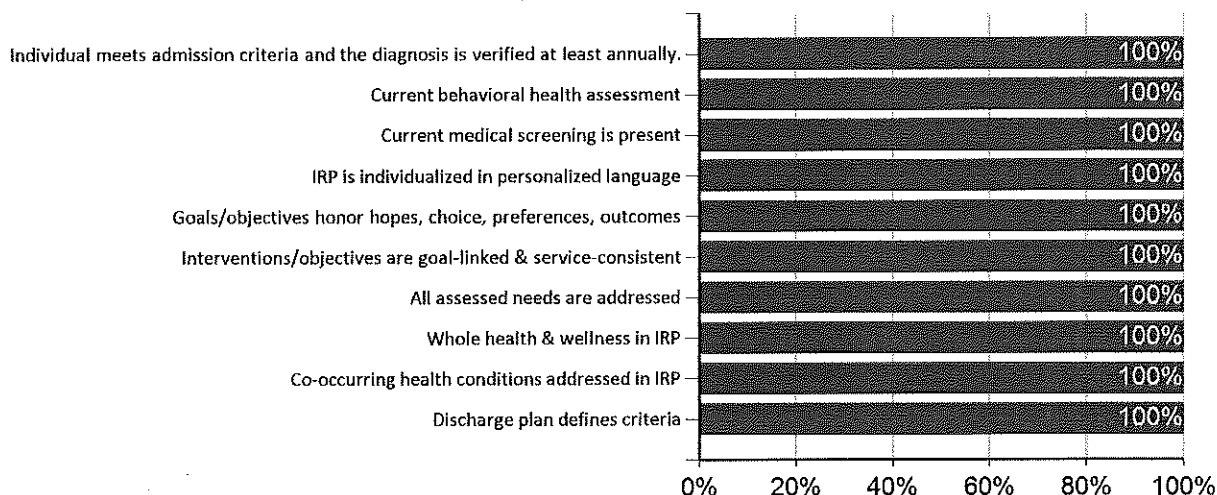
Opportunities for Improvement:

- One progress note for Individual Counseling (90837U4U7) was missing.
- One progress note documented a code that differed from the code that was billed. The note documented 90847U4U6 and content reflected the location was in-clinic, but the out-of-clinic modifier was billed (90847U4U7).

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Assessment & Planning



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

Assessment & Planning: 100%

Strengths and Improvements:

Assessment and Planning continues to be an area of strength for the provider. This is the second consecutive review where the agency scored 100% in this area and continues to maintain improvement from their first BHQR (86%) and second BHQR (92%). Strengths identified during this BHQR included:

- All individuals met admission criteria for services provided. In addition to diagnostic assessments completed by appropriately-credentialed staff, many records contained documentation from outside agencies to support admission criteria, including diagnosis.
- Behavioral Health Assessments were current, thorough, detailed, and individualized.
 - Assessments were completed upon admission and updated within three to six months and annually thereafter.
 - In addition, the individuals and guardians were quoted throughout regarding their current behavioral symptoms, family strengths and weaknesses, and individual strengths and needs.
- All Individual Resiliency Plans (IRPs) were individualized and written in personalized language. Some IRPs contained quoted goals from both the individual and the guardian. An example included a goal where the individual's mother stated, "I want her to stop yelling at her siblings" and the individual concurred, "I want to be able to stop yelling at them just because I'm mad."
- Co-occurring health conditions were included on the IRP. An example included the IRP for an individual with an autism diagnosis in which goals, objectives, and interventions included working with the individual and family on engagement with service providers that specialize in treatment of autism.

Opportunities for Improvement:

- There were no opportunities for improvement noted within this scored area during the BHQR.

Focused Outcome Areas



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Focused Outcome Areas: 100%

Strengths and Improvements:

Focused Outcome Areas continue to be a strength for the provider. This is the second consecutive review where the agency scored 100% in this area and continues to maintain improvement from their first BHQR (94%) and second BHQR (98%). Strengths identified during this BHQR included:

Whole Health

- External collaboration was documented throughout all records (i.e., external psychiatrists, medical records from Decatur Pediatrics Group, discharge paperwork from crisis stabilization units, etc.).
- The agency used a specific Release of Information (ROI) for the individual's primary care physician (PCP) that specified type of information can be shared with the PCP: medical evaluations/records, background information, progress, and labs.

Safety

- Medication consent forms signed by the individual/guardian and prescriber were present when applicable, and filed immediately behind the psychiatrist's progress note.

Rights

- The provider routinely reviewed individuals' rights and responsibilities at onset of services, three months of services, six months of services, and annually. In addition to being signed by the guardian, acknowledgement of rights and responsibilities were also signed by the individual.

Choice

- Individual's preferences were documented and honored within records. One individual and his guardian declined Community Support services and requested no services be provided within their home, and both preferences were documented on the IRP and honored within service provision.
- Documentation demonstrated that barriers were addressed when identified. One record documented that an individual frequently missed scheduled appointments with numerous staff. Non-billable contacts documented each staff member's multiple attempts of outreach to the family to address possible causes of missed appointments (transportation, change in preferences for serviced, change in goals, etc.).

Person-Centered

- Documentation demonstrated individuals/guardians were active participants in the planning and receiving of services. All IRPs contained a written statement verifying the individual and guardian were involved in the development of the IRP, understood the plan contained within the IRP, and had the opportunity to have questions related to treatment answered during the planning process.

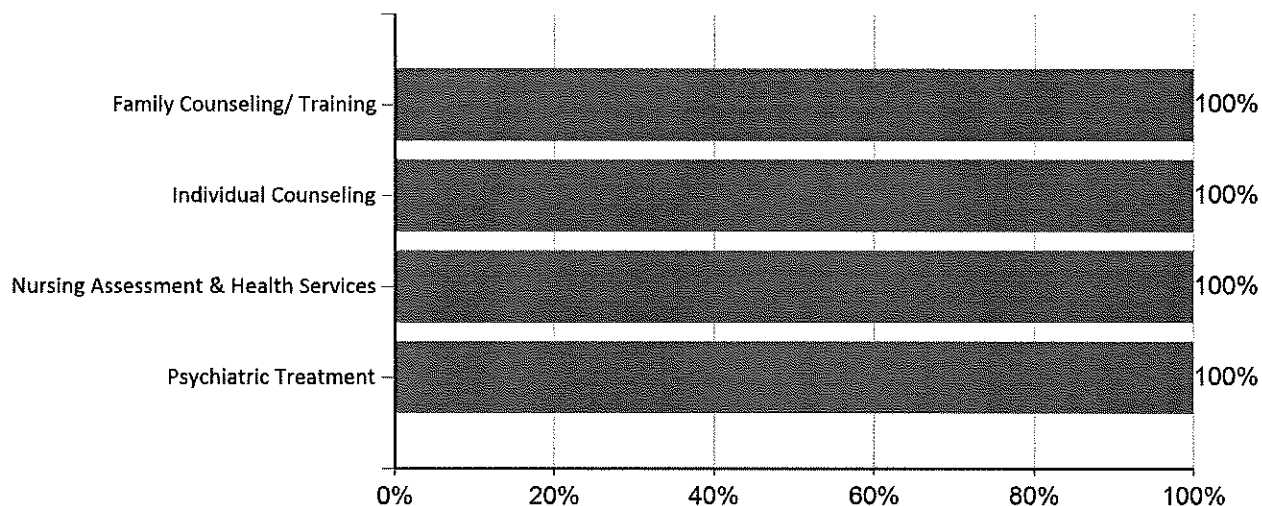
Community Life

- Documentation of transition planning was evident throughout all records reviewed. In addition to the individual's guardian, documentation reflected interaction with schools and psychiatrists when medication management was not provided within the agency.

Opportunities for Improvement:

- While individualized safety plans were present in every record, the plan did not identify the agency or staff member's contact information for the individual to use in the event of a crisis.

Compliance With Service Guidelines



Compliance With Service Guidelines: 100%

Strengths and Improvements:

Service Guidelines continue to be area of strength for the provider. This is the third consecutive review where the agency scored 100% in this area and continues to maintain improvement from their first BHQR (96%). Strengths identified during this BHQR included:

- Individual and Family Counseling services were provided by appropriately-credentialed staff who documented interventions that matched the service definition and were reflective of the interventions listed on the IRP.
- Documentation clearly reflected individual progress (or lack of) toward goals and objectives listed on the IRP in all records.
- Nursing Assessment and Health Services notes continued to document goals and objectives that were individualized and addressed health issues including (but not limited to) medical, physical, nutritional, and behavioral needs. An example included connecting individuals to providers who specialize in autism when such a diagnosis is present and following through on referrals to a PCP in the area for well-child checks when the individual did not currently have a PCP.

Opportunities for Improvement:

- There were no opportunities for improvement noted within this scored area during this BHQR.

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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.

Strengths and Improvements:

- The provider has continued to provide a school-based therapy program that brings therapeutic services to children, adolescents, and their families within the academic environment making services more accessible for individuals.
- The provider offered a summer "camp" program that provided children with the opportunity to learn and practice communication and social skills.

Opportunities for Improvement:

- The agency has a Psychiatric Appointment Rules form signed by the individual/guardian informing them of a \$25 fee should they fail to cancel a psychiatric appointment at least 48 hours in advance and not show for the appointment; this form was filed in records of youth with Medicaid insurance.

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.

The following are recommendations given as a result of the review:

Billing Validation - Quantitative

- Ensure documentation supports what is billed (see comments in Billing Validation section).
- Ensure codes billed are consistent with codes documented.