

Academy for Family Empowerment Services, Inc.

Behavioral Health Quality Review Final Assessment

Address: Remote Quality Review--3205 Salem Road, SE, Conyers, GA 30013

Assessors: Alisa Monfalcone, LCSW; Amanda Hawes, LCSW

Records Reviewed: 5

Date Range of Review: 7/26/2021 - 7/27/2021

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: 09/30/2019	99%	99%	100%	99%	99%
Review Date: 09/04/2018	99%	95%	100%	100%	100%
FY21 Statewide Average	85%	70%	92%	88%	91%

Note: The FY21 Statewide Averages represent the mean of scores of all reviewed providers. Due to the COVID-19 pandemic, several reviews were postponed or conducted remotely (rather than on site). Additionally, reviews conducted in FY20 (July 1, 2019 to June 30, 2020), may have had points removed from the Overall Score due to identified Quality Risk Items; therefore, caution should be taken when comparing scores across fiscal years.

Summary of Significant Review Findings

Strengths and Improvements:

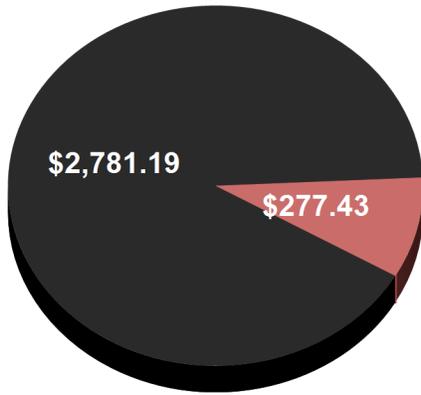
Due to the COVID-19 pandemic, this review occurred remotely instead of on-site.

- Safety plans were present in all records, were detailed, and were updated as needed.
- Individual counseling progress notes contained good statements of progress. An example from one record included noting the frequency of the individual's outbursts and behaviors in addition to their school performance.
- It was evident in one record that the provider followed their internal policy about addressing active suicidal ideations. The supervisee/trainee (S/T) called a fully licensed clinician who met with the individual and assisted getting them to an emergency receiving facility, where the individual was admitted. Subsequently, the provider stayed in contact with the Department of Family and Children's Services (DFCS) and the individual's guardian after she relinquished her rights in order to ensure coordination of care.
- Consent forms, including those for medication, rights and responsibilities, and releases of information, were signed by the individual, their parent/guardian(s), and provider staff. This demonstrates participation, inclusion, and respect for all involved parties.
- All assessed needs were addressed on individual recovery plans (IRPs) in all records reviewed. This is an improvement from the previous Behavioral Health Quality Review (BHQR) in which this was present in 90% of records.
- In reviewing personnel files, it was evident that the agency provides clinical supervision for all staff on the second and fourth Thursdays of each month where individuals, interventions, and cases are reviewed. A licensed professional counselor (LPC) who is also a certified play therapist provides group supervision once a month. Furthermore, S/Ts are required to receive external individual supervision.
- In addition to administering the Lifetime-Recent version of the Columbia Suicide Severity Rating Scale (C-SSRS), the provider utilizes an internal "Comprehensive Risk Assessment Tool." The tool can be scored which results in Low, Medium, or High Risk, and includes "Crisis Response Plan Options" and a "Detailed Plan for Consumer."
- Prior to the completion of an updated behavioral health assessment document, the individual and/or guardian completed a "Pre-Screener" form which asks them to rank needs on a scale of zero to three. Needs include "Attention/Concentration, Depression, Anxiety, Conduct Issues, and Attachment Difficulties." The form also included strengths such as "our family is close and connected," "we provide support for each other," and "consumer has overcome bad events by using their strengths," which can be answered "yes," "no," or "somewhat." A medical questionnaire was also completed during this time and included the name and phone number of the individual's primary care physician (PCP) and questions about the individual's history of accidents, hospitalizations, speech, hearing, and vision issues.

Opportunities for Improvement:

- Please see Billing Validation section for more information on:
 - One staff member did not complete the online Essential Learning training within the 90 day allotted time frame. This impacted two claims.
 - There was one claim where the content did not support the units billed.
- In one record, there were not documented safeguards utilized for medications known to have substantial risk or undesirable effects. Please see Focused Outcome Areas (FOA) for more information.

Billing Validation



	Medicaid	Total
Justified	\$2,781.19	\$2,781.19
Unjustified	\$277.43	\$277.43
Total	\$3,058.62	\$3,058.62

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 does not support units billed	1
Quantitative Standards	Staff credential not supported by documentation	2

Billing Validation: 91%

Strengths and Improvements:

- Provider correctly used the "GT" modifier for services provided via telehealth.
- The content supported the code billed in all progress notes reviewed. This is an improvement from the previous BHQR (9/2019) in which this was not the case for one progress note.

Opportunities for Improvement:

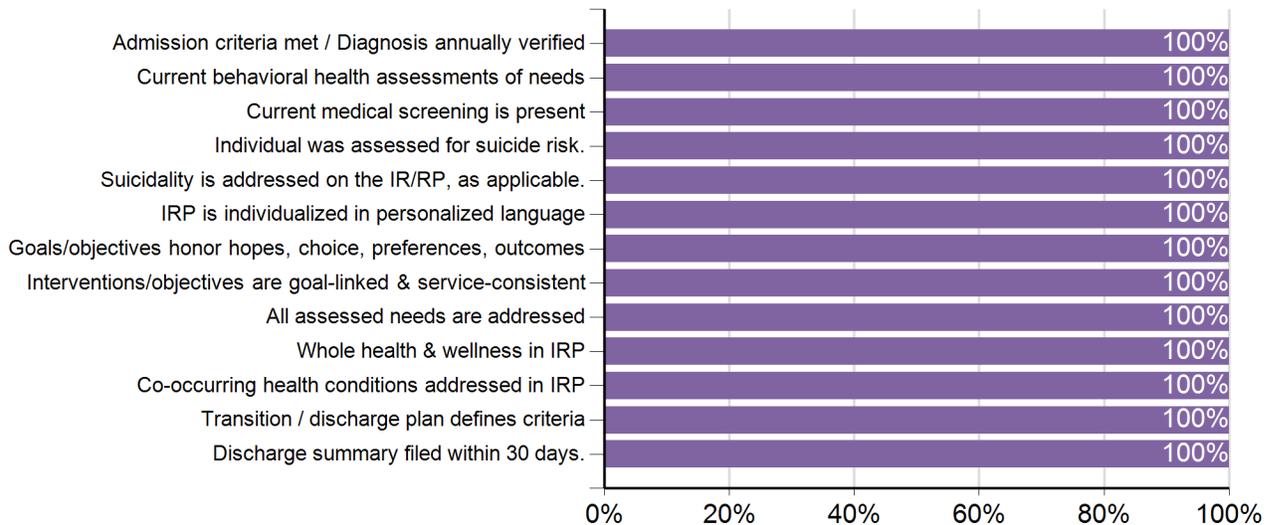
Performance Standards

- One progress note did not support the units billed. The youth was hospitalized for medical reasons at the time the session occurred; staff provided the contact via Zoom to address the individual's anger by playing a game of Connect Four. However, staff documented, "Csr [consumer] shared that since he was in the hospital bed sick, he didn't want to talk much so he was willing to play the game." Staff further documented, "ended session early due to csr being in the hospital and not feeling too well." Given the individual was sick in the hospital and self-reported not feeling well, it is unclear why the session occurred. It is noted the individual was not in crisis.

Quantitative Standards

- The files of two staff members were reviewed for documentation to support the Supervisee/Trainee (S/T) credential they were using. One employee was hired 9/28/2020, and did not complete all required trainings until 1/25/2021, almost one month after the 90 days of hire deadline (12/27/2020). This impacted two claims (H0031U4GT and H0032U4GT, both on 12/29/2020).

Assessment & Planning



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

Assessment & Planning: 100%

Strengths and Improvements:

- All assessed needs were addressed on individual recovery plans (IRPs) in all records reviewed. This is an improvement from the previous BHQR in which this was present in 90% of records.
- When applicable, co-occurring health conditions were addressed on IRPs. For example, one IRP contained very specific nursing interventions related to the individual's medical concerns: "Teach csr [consumer] & gmo [grandmother] facts about Asthma. Teach csr the importance of utilizing her albuterol inhaler when faced with asthma symptoms. Explore with csr the importance of telling grandparents or other adult figures when she is experiencing asthma symptoms."
- In addition to administering the Lifetime-Recent version of the Columbia Suicide Severity Rating Scale (C-SSRS), the provider utilized an internal "Comprehensive Risk Assessment Tool." The tool can be scored which results in Low, Medium, or High Risk, and includes "Crisis Response Plan Options" and a "Detailed Plan for Consumer."
- Prior to the completion of an updated behavioral health assessment document, the individual and/or guardian completed a "Pre-Screener" form which asks them to rank needs on a scale of zero to three. Needs include "Attention/Concentration, Depression, Anxiety, Conduct Issues, and Attachment Difficulties." The form also included strengths such as "our family is close and connected," "we provide support for each other," and "consumer has overcome bad events by using their strengths," which can be answered "yes," "no," or "somewhat." A medical questionnaire was also completed during this time and included the name and phone number of the individual's primary care physician (PCP) and questions about the individual's history of accidents, hospitalizations, speech, hearing, and vision issues.

Focused Outcome Areas



Focused Outcome Areas: 99%

Strengths and Improvements:

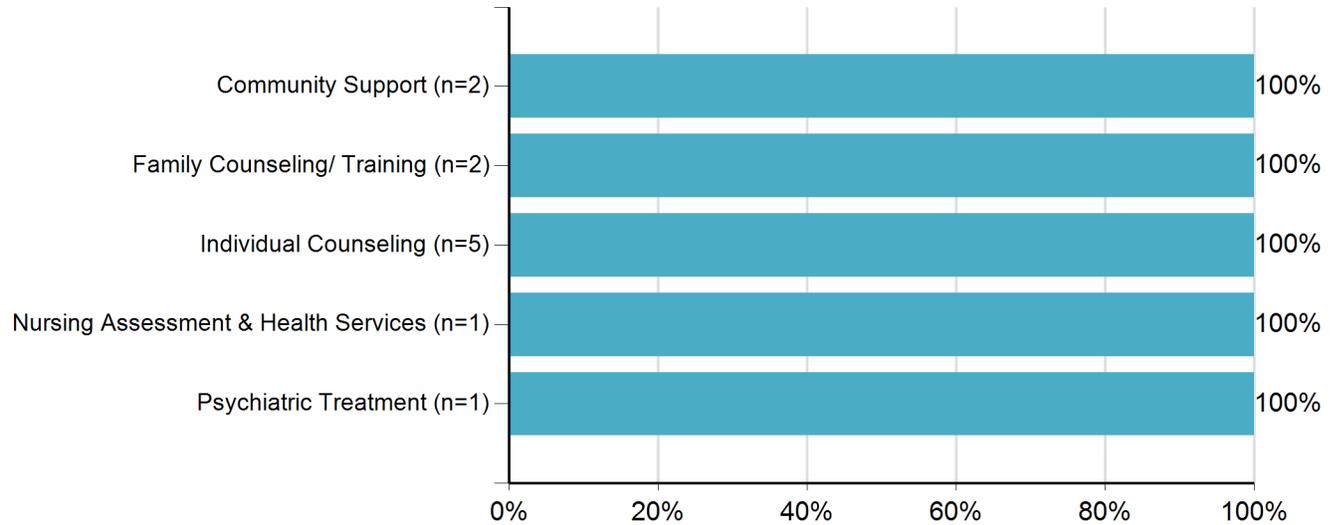
- Safety plans were present in all records, were detailed, and were updated as needed.
- Consent forms, including those for medication, rights and responsibilities, and releases of information, were signed by the individual, their parent/guardian(s), and provider staff.
- It was evident in one record that the provider followed their internal policy about addressing active suicidal ideations. The supervisee/trainee (S/T) called a fully licensed clinician who met with the individual and assisted getting them to an emergency receiving facility, where the individual was admitted. Subsequently, the provider stayed in contact with the Department of Family and Children's Services (DFCS) and the individual's guardian after she relinquished her rights in order to ensure coordination of care.
- As noted in the previous BHQR (9/2019), all records contained documentation of communication with external referral sources and providers to obtain results of testing, treatment, and follow up. Examples include records from individuals' Primary Care Physicians (PCPs), as well as proof of vaccinations.
- Abnormal Involuntary Movement Scales (AIMS) were completed as necessary in records reviewed, often at a frequency of every two months. AIMS were also present in records even when psychotropic medications were being prescribed externally.

Opportunities for Improvement:

Whole Health

- In one of four (25%) applicable records, there were not documented safeguards utilized for medications known to have substantial risk or undesirable effects. In this record, abnormal involuntary movement scale (AIMS) assessments were present but the individual needed laboratory testing for Valproic Acid levels as the individual had been prescribed Depakote ER since 2/2020.

Service Guidelines



Service Guidelines: 100%

Strengths and Improvements:

- Individual counseling progress notes contained good statements of progress. An example from one record included noting the frequency of the individual's outbursts and behaviors in addition to their school performance.
- This is the fourth consecutive BHQR (9/2019; 9/2018; 9/2017) in which Individual and Family Counseling, Nursing Assessment and Health Services, and Psychiatric Treatment services scored 100%.

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
	5	0	1
	SCORE*		
	100%		

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

Additional Comments on Practices

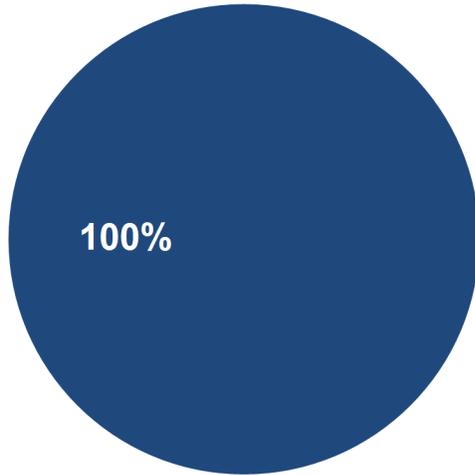
Additional strengths and concerns beyond the general scope of the review were discovered by reviewers. Additional issues/practice concerns may have the potential to impact service delivery, quality of care, or may represent a risk to the provider.

- The provider was reminded to include the length of time an employee has served as an S/T in their credentialing documentation.

Individual Interviews

Individual Interviews Conducted: 3

Individual Interviews are not calculated into the Overall Score



■ Percent Answered Yes

All three guardians interviewed affirmed that options for supports and services were offered. For example:

- One individual asked for a break from counseling during the summer and the agency honored this by only providing this service during the school year.
- Another guardian stated, "Zoom sessions didn't work for us so we go to the office for services."
- One guardian outlined how an individual's services "changed as he grew. He graduated to current services of counseling every other week instead of weekly and Community Support services were stopped."

All guardians stated they can access appointments, provider staff, and other agency supports in a timely manner when requested.

- One parent stated, "She [therapist] has him on a schedule and that schedule works well for us."
- Another stated, "The new receptionist is doing very well. I was used to someone else but then she got promoted."

Guardians stated their child was supported in moving toward their desired goals and dreams. One parent stated her child was, "Learning to get really comfortable learning to express himself instead of quietly suffering."

All three guardians said they are treated with respect and dignity by staff, including physicians. One guardian said, "I feel heard. The doctor listened when I told her that a certain medication didn't work for him. She said, 'OK, let's try something different, then'. That made me feel really good." Another guardian stated, "They take my feedback into account."

When asked "what about this agency keeps you coming back?", those interviewed stated:

- "I'm new here [to Georgia] and I don't know too many places, but I'm so satisfied with [therapist] that I haven't looked anywhere." "I'm just thankful that we can do this over the phone instead of having to come in."
- "Just being heard. My child has problems with authority figures and they are so sweet and calm with him. He loves his therapist; we will be continuing to go there."
- "Before we came here, it was suggested that my child go to an inpatient setting but that wasn't going to work for us. I couldn't get him in anywhere, but they took him in right away."
- "The coping mechanisms they are teaching him are working GREAT!"
- "I really need them."

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

Focused Outcome Areas - Whole Health

- Ensure there are documented safeguards utilized for medications known to have substantial risk or undesirable effects.