

Academy for Family Empowerment, Inc.

Behavioral Health Quality Review Final Assessment

Address: 3205 Salem Road SE, Conyers, GA 30013

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Records Reviewed: 10

Date Range of Review: 9/30/2019 - 10/1/2019

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.



	Overall Score	Billing Validation	Focused Outcome Areas	Assessment & Planning	Service Guidelines
Review Date: 09/04/2018	99%	95%	100%	100%	100%
Review Date: 09/26/2017	100%	100%	100%	100%	100%
FY19 Statewide Average	90%	86%	94%	88%	90%

*The Final Overall Score is an average of the scored areas listed above minus any Quality Risk Items identified. Please refer to the next page for details.

Quality Risk Items

During Quality Reviews, items may be identified that could indicate significant risk to the individuals served, the provider agency, or to the Statewide provider network. At the direction of DBHDD, the Overall score (if applicable) is reduced in 2% increments for each risk item, with a maximum of 10% reduction total. The reductions in scoring are detailed below if Quality Risk Items were identified during this review. For a complete list of Quality Risk Items, please refer to Provider Handbook on The Georgia Collaborative website. [The GA Collaborative ASO Provider Handbook](#)

Original Overall Score	99%
Amount to Deduct from Overall Score	N/A
Final Overall Score	99%

Summary of Significant Review Findings

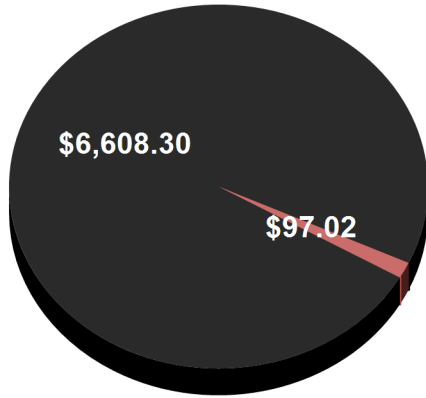
Strengths and Improvements:

- During this Behavioral Health Quality Review (BHQR) the credentials of two Supervisee/Trainees (S/Ts) were reviewed, and requirements were met for both.
- The provider continues to obtain a very high score in the area of Billing Validation as this is the third consecutive BHQR in which the score was 95% or higher.
- In addition to being present in records when needed, safety plans documented what the individual finds most important to them and what they feel gives them a life worth living.
- The provider often utilized and documented various evidenced-based therapeutic modalities in progress notes of many services (i.e., Individual Counseling, Family Counseling, Group Counseling), even specifying what skill-building technique or activity was used during Community Support (CS) services.

Opportunities for Improvement:

- There were no opportunities for improvement noted during this review.

Billing Validation



	Medicaid	Total
Justified	\$6,608.30	\$6,608.30
Unjustified	\$97.02	\$97.02
Total	\$6,705.32	\$6,705.32

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 code billed	1

Billing Validation: 99%

Strengths and Improvements:

The provider continues to obtain a very high score in this area as this is the third consecutive BHQR in which the score was 95% or higher. The following were continued strengths for the provider found during this BHQR:

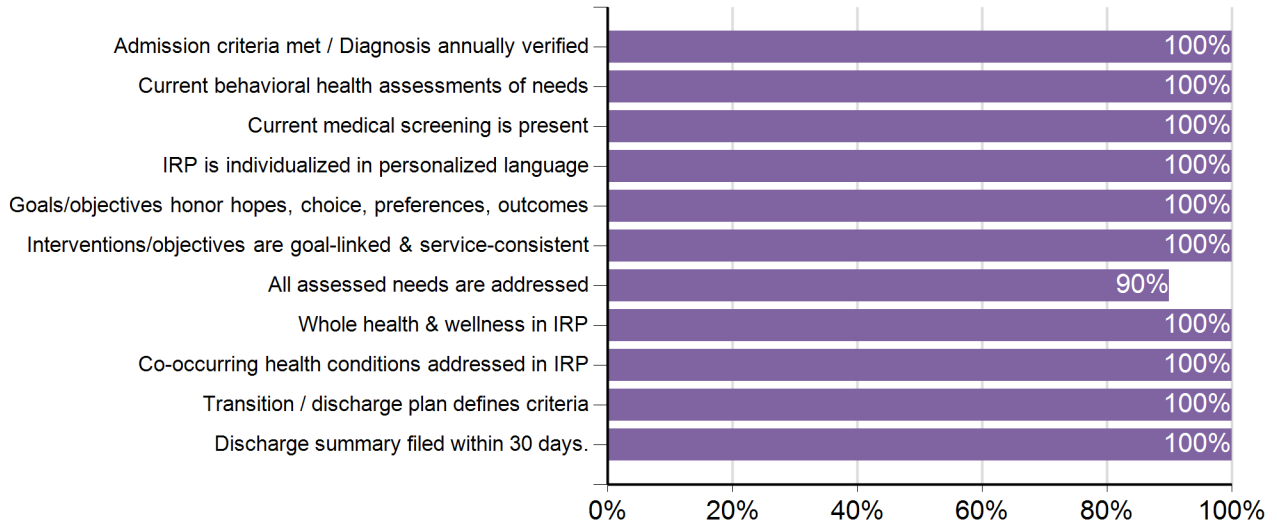
- All services were provided with a corresponding order for service.
- Individuals met the admission criteria for each service billed.
- The content of progress notes was individualized and related back to goals/objectives on the Individual Resiliency Plan (IRP).
- All claims reviewed documented all required criteria including (but not limited to) date of service, date of entry, signature and credential of staff, time in/out, and billing code.
- Non-billable contacts were utilized within all records when appropriate.

Opportunities for Improvement:

Performance Standards

- The content of one Psychiatric Treatment progress note did not support the code billed. The time in/out on the progress note was 2:30pm-2:50pm (20 mins). The provider should have billed 99213 (13-20 minutes) instead of 99214 (21-32 minutes).

Assessment & Planning



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

Assessment & Planning: 99%

Strengths and Improvements:

- There was a detailed section in the behavioral health assessment of needs regarding individuals' medical history which documents current/previous physical health problems, history of serious hospitalizations or accidents, name/phone number of primary care physician, date of last physical examination, and need for assistive technologies.
- Assessments were clinically substantive and included information regarding family dynamics/strengths/weaknesses, social supports, and family stressors in the past six months (separations, financial, marital, health, death(s), move(s), and employment, ect.).
- There was evidence of joint development of the IRP to include multiple family members and the individual. For example, there were multiple comments made by family members regarding one individual's goal related to anger/aggression. The adoptive grandmother stated, "She can get so angry to the point where she is hurting herself and others. I want her to learn how to control her anger so it won't cause her to hurt anybody or herself." Related to the same goal, the adoptive brother stated, "I don't want her to get so frustrated that she is throwing up, she will do that sometimes. I want her to learn how to take time and calm down. I don't like seeing her get to the point where she is so mad that she is sick." The 6 year old individual stated, "I want to work on not getting really mad."
- IRPs documented whether the individual/family was receptive/engaged, semi-receptive, or non-receptive in treatment and the subsequent evidence for this determination.

Opportunities for Improvement:

- There were no opportunities for improvement noted during this review.

Focused Outcome Areas



Focused Outcome Areas: 100%

Strengths and Improvements:

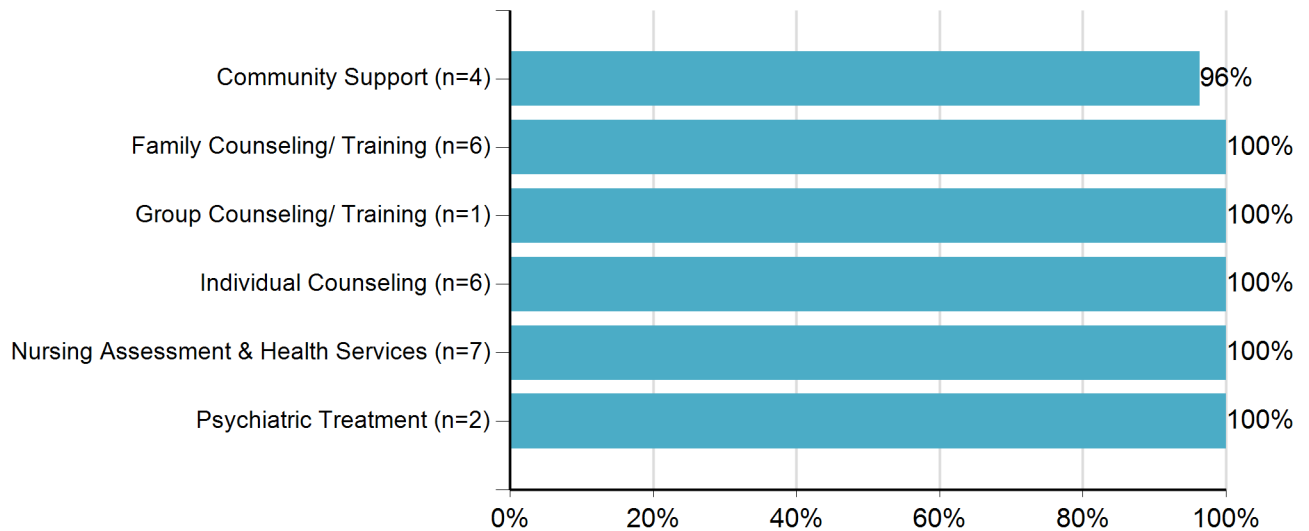
This is the third consecutive review where the provider scored 100% in this area. Strengths identified during this BHQR included:

- There was a plethora of documentation to support efforts to collaborate/coordinate care with external providers. There were release of information (ROI) forms, fax confirmations, and medical records for specific agencies throughout records. Examples included ROIs forms for primary care physicians, school counselors, external psychologists; fax confirmations and medical records for pediatricians; psychological evaluation reports; and discharge paperwork.
- In addition to being present in records when needed, safety plans documented what the individual finds most important to them and what they feel gives them a life worth living.
- When barriers were identified for one individual, documentation demonstrated that alternatives were explored. The individual was diagnosed with Asperger's Syndrome, and staff were working with him to improve poor social skills and social boundaries. They also ensured the individual had a psychological evaluation for diagnosis confirmation.
- All applicable records reviewed contained documentation that the individual/guardian signed consent as having been educated on the risks & benefits of each medication prescribed.

Opportunities for Improvement:

- There were no opportunities for improvement noted during this review.

Service Guidelines



Service Guidelines: 99%

Strengths and Improvements:

- Nursing Assessment and Health Services progress notes documented discussions around health and wellness habits (i.e., riding bikes, swimming, low-sugar diet), encouraging guardians to engage youth in summer camps to maintain physical activity, and enhance academic skills during summer break.
- Within all of the records reviewed, there was evidence of skill-building/teaching, i.e., documentation supports interventions that assisted in the development of the interpersonal, community coping, and functional skills.
- All Individual Counseling services reviewed included evidence that the provider was addressing specific goals defined by the individual severed and specified on the IRP.
- Progress notes consistently contained documentation of the individuals' progress (or lack of) toward specific goals/objectives on the IRP.
- The provider often utilized and documented various evidenced-based therapeutic modalities in progress notes of many services (i.e., Individual Counseling, Family Counseling, Group Counseling), even specifying what skill-building technique or activity was used during Community Support (CS) services.

Opportunities for Improvement:

- There were no opportunities for improvement noted during this review.

Overall Programmatic

The Programmatic standards below, relevant to services reviewed during this BHQR, are not calculated into any scored area of this review at this time; however, they are assessed, reported, and may become scored items in the future. The provider should note any negatively-scored item or area as an opportunity for quality improvement activities and take steps to ensure adherence to the Service Definitions in the DBHDD Provider Manual.

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	SCORE*
	5	0	1	100%

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

Additional Comments on Practices

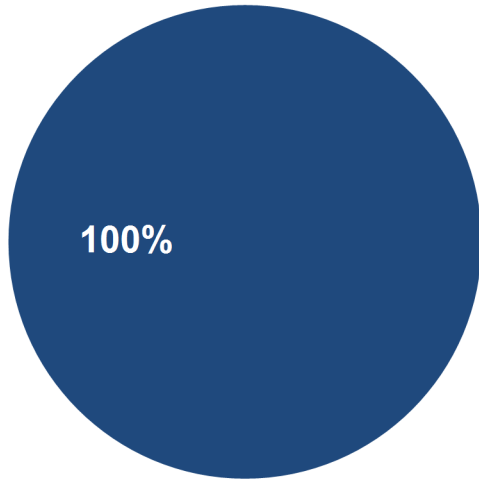
Additional strengths and concerns beyond the general scope of the review were discovered by reviewers. Additional issues/practice concerns may have the potential to impact service delivery, quality of care, or may represent a risk to the provider.

- The provider continues to provide a school-based therapy via the Apex program, which brings therapeutic services to children, adolescents, and their families within the academic environment.
- The provider's administrative support staff were very involved in individuals' continuity of care as evidenced by the presence of letters and non-billable notes that documented communications with the family regarding matters such as, how to complete lab paperwork, consequences of missed annual diagnostic evaluations, and appointment reminders, etc.

Individual Interviews

Individual Interviews Conducted: 3

Individual Interviews are not calculated into the Overall Score



■ Percent Answered Yes

All parents/guardians:

- Stated individuals were supported in moving toward desired goals/dreams.
- Felt they were treated with respect and dignity by staff (including physicians).
- Expressed satisfaction with the supports and services.

The following comments were made by the parents/guardians interviewed during this review:

- "My son has come a long way (since beginning services)."
- "They're all wonderful there."
- "We've been able to maintain the same doctor and therapist since he has been in services."
- "I missed an appointment last week and they are flexible when that happens."
- "I just like the atmosphere. I've gotten to know the clerk, the doctor, and the therapist; so, it's familiar to me. My son likes it, so that's all that matters."
- "The therapist that come out to see her, they work above and beyond. There's been plenty of times I had to call them after hours to help deescalate her. Sometimes my daughter feels like she doesn't want to talk to anyone other than them. I love that. They are much appreciated."
- "I have input and they take my opinions into account."
- "He's more verbal and expresses his feelings more."
- "We've come a long way and his is more comfortable making his needs known."
- "He's in virtual school online. On top of that, his therapist has encouraged us to reach out to an Autism Support Group."
- "They are a great resource when I need them."
- "If I need anything, they help us make other referrals."
- "When we first moved here to Atlanta from New York, it was stressful but they helped connect us to programs and other resources to meet our needs."
- "I would refer other parents to the services for their children because they are really good."

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.

There are no quality improvement recommendations at this time.