FY 2020 Behavioral Health and Crisis Stabilization Unit Quality Review Updates

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Virginia Sizemore, DBHDD
BHQR/CSUQR FY20 Sample Sizes & Thresholds
FY20 Sample Sizes

- Sample sizes remain unchanged from FY19
  - CSUQR: 15 records
  - BHQR: See below
    - Assertive Community Treatment: Maximum of 15 records
    - Intensive Case Management: Maximum of 15 records (new for FY20)
    - Providers serving less than five individuals may be selected for an ad hoc review at the direction of DBHDD

<table>
<thead>
<tr>
<th>Provider Size</th>
<th>Individuals Served (6 months)</th>
<th>BHQR Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small</td>
<td>≤ 50</td>
<td>Minimum 5; Maximum 10</td>
</tr>
<tr>
<td>Medium</td>
<td>51-100</td>
<td>20</td>
</tr>
<tr>
<td>Large</td>
<td>≥ 101</td>
<td>30</td>
</tr>
</tbody>
</table>
FY20 Thresholds

• Thresholds remain unchanged from FY19

• Annual Review Frequency
  o BHQR: Both the Billing and Overall scores are 90% or above
  o CSUQR: Overall score 90% or above

• Semi-annual Review Frequency
  o BHQR: Either the Billing or the Overall score is 89% or less
  o CSUQR: Overall score is 89% or less
  o Two subsequent Overall and Billing scores of 90% or above in order to be placed back on an annual review frequency

• New Providers
  o New providers will be reviewed approximately six months from the initial date of billed services; three reviews within two years
BHQR/CSUQR
Individual and Staff Interviews
FY20 Individual and Staff Interviews

• Staff interviews have been eliminated

• Individual interviews (up to 5 per BHQR & CSUQR)
  
  o Questions have been reduced to 11 eleven questions (from 44)
    
    — Examples of FY20 questions:
      
      • Individual was involved in the development of and updates to the Individual Recovery/Resiliency Plan.
      • Individual feels supported to achieve their desired level of involvement in the community.
      • Individual knows who to go to if a safety concern occurs.
  
  o The revised Individual Interview Tool is posted on The Georgia Collaborative website
FY20 Behavioral Health Quality Review Revisions
FY20 BHQR Revisions – Staff and Personnel Records

• Staff personnel records will be reviewed during each BHQR
  o Up to five (5) staff will be reviewed
  o Lead Assessor will select staff records on the first day of the review
    — Upon receipt of names, providers will have two (2) hours to return requested information
  o Criminal Records Check will be included for FY20
  o Examples of requested information:
    — Attestations for Supervisee/Trainees and Addiction Counselor Trainees/Counselors in Training
    — Both agency-provided and paraprofessional training documentation must be submitted to include spreadsheets, certificates, etc.
    — Documentation of criminal background screening
    — Supervision logs
  o A complete list of requested documents can be found in The Georgia Collaborative Provider Handbook
New Question

- Discharge Summary (different from the discharge plan) is placed in record within 30 days of discharge.
  - Includes SNAPS, Services, supports, treatment provided, outcomes, referrals and service or organization referred, document the reason for ending services and living situation at discharge
  - Must be placed in record within 30 days

New Question

- Individual was assessed for suicide risk, using the appropriate Columbia Suicide Severity Rating Tool (C-SSRS).
  - Applicable to Comprehensive Community Provider (Tier 1) and Community Medicaid Providers (CMP+)
FY20 BHQR Revisions – Office of Deaf Services

Questions have been added to the BHQR if an individual identifies as deaf/hard of hearing. For example:

- Provider notified Office of Deaf Services w/in two business days of first contact w/individual served
- The Communication Assessment Report (CAR) is in the medical record
- The CAR is addressed on plan to include individual's preferred mode of communication
FY20 BHQR Revisions – Service Guidelines

**Additional Services**

- Supported Employment
- Crisis Respite Apartments
  - Site visit(s) will occur in conjunction with the BHQR for Crisis Respite Apartments

**New Question**

- Service provision is provided as planned within the Individual Recovery /Resiliency Plan (IRP)
  - Answered for each service reviewed
  - For example, an individual's assessed needs are PTSD, depression, and anger management; Individual Counseling service provision only addresses substance use without stating rationale for deferring the other issues
FY20 BHQR Revisions – Programmatic

• The Programmatic section will not be included in the Overall Score in Fy20 (same as in FY19)

• New Questions:
  o Providers develop an annual strategic training plan that sets out a specific plan to train all staff in suicide prevention. This plan is to ensure that:
    — Staff is trained in an evidence-based basic gatekeeper training program to enhance awareness and vigilance around the signs of suicide (e.g., Question, Persuade and Refer (QPR), Safetalk, Mental Health First Aid).
  o The provider has documented policies and procedures for providing reasonable accommodations to individuals who are deaf/hard of hearing.
FY20 BHQR Revisions – Billing Validation

• Billing Validation will continue as in FY19 to include up to ten (10) claims per individual

• New Billing Discrepancy Reasons for FY20:
  o Monthly Contacts not met per Service Guidelines in DBHDD Provider Manual
    — ACT, IFI, CSI, Case Management, PSR-I, CST
  o Progress Notes not filed within 7 calendar days
  o Utilization without Clinical Justification within an individual’s record
    — For example, 8 hours per day without a crisis, no clinical justification
  o No individual’s response to intervention
  o Intervention unrelated to IRP without clinical justification
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) will be reduced in 2% increments for each Quality Risk Item, with a maximum of 10% reduction total.
<table>
<thead>
<tr>
<th>Quality Risk Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duplicated documents in 3 or more records (IRP, progress notes, etc.)</td>
<td>Provider lacks proof of criminal record checks</td>
</tr>
<tr>
<td>Safety/Crisis Plan is lacking in at least 3 records</td>
<td>Services were provided at a site not approved by Medicaid</td>
</tr>
<tr>
<td>High utilization without clinical justification in 3 or more records</td>
<td>Provider does not have a nurse on-site for at least 10 hours per week</td>
</tr>
<tr>
<td>Required staff is incomplete for more than 90 days</td>
<td>5 or more repeat Quality Improvement Recommendations</td>
</tr>
<tr>
<td>Blank, yet signed, releases of information in 3 or more records</td>
<td>Contact frequency requirement not met within 3 or more records</td>
</tr>
<tr>
<td>CSSR-S is not present in 3 or more records</td>
<td></td>
</tr>
</tbody>
</table>

Overall score (if applicable) is reduced in 2% increments for each Quality Risk Item, with a maximum of 10% reduction total.
FY20 Crisis Stabilization Unit Quality Review Revisions
FY20 CSUQR Revisions

New Service
Crisis Service Center
• Crisis Service Center documentation will be reviewed during the CSUQR
• Up to five (5) individual records will be reviewed

New Question
Individual Record Review
• Individual was assessed for suicide risk, using the appropriate Columbia Suicide Severity Rating Tool (C-SSRS)
Similar to the BHQR, during a CSUQR, 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) will be reduced in 2% increments for each Quality Risk Item, with a maximum of 10% reduction total.
### FY20 CSUQR Revisions – Quality Risk Items

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<td></td>
</tr>
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<td>Safety/Crisis Plan is lacking in at least 3 records</td>
<td></td>
</tr>
<tr>
<td>Required staff is incomplete for more than 90 days</td>
<td></td>
</tr>
<tr>
<td>5 or more repeat Quality Improvement Recommendations within IRR or FOA</td>
<td></td>
</tr>
<tr>
<td>One repeat Quality Improvement Recommendation within Service Guidelines</td>
<td></td>
</tr>
<tr>
<td>Blank, yet signed, releases of information in 3 or more records</td>
<td></td>
</tr>
<tr>
<td>CSSR-S is not present in 3 or more records</td>
<td></td>
</tr>
<tr>
<td>If individual discharged to a homeless shelter, alternatives were not documented/explored in 3 or more records</td>
<td></td>
</tr>
<tr>
<td>Medication error in at least one record</td>
<td></td>
</tr>
<tr>
<td>RN did not document the status of the individual every 24 hours in 3 or more records</td>
<td></td>
</tr>
<tr>
<td>Discharge summary was not entered within 48 hours in 3 or more records</td>
<td></td>
</tr>
<tr>
<td>Orders for admission is not present in 3 or more records</td>
<td></td>
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</tbody>
</table>

Overall score (if applicable) is reduced in 2% increments for each Quality Risk Item, with a maximum of 10% reduction total.
FY20 Quality Review Tools can be found on our website:

The Georgia Collaborative
www.Georgiacollaborative.com

This presentation will be posted on our website:
Quality Management Training and Education
Thank You

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Nicole.griep@beaconhealthoptions.com

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