Behavioral Health Quality Reviews: Documentation Intensive Family Intervention

Nicole Griep
Director of Quality Management
The Georgia Collaborative ASO
Overview

1. Documentation: Impact on Behavioral Health Quality Review (BHQR) Scores

2. Purpose and Importance of Individualized Resiliency Plans (IRPs)

3. Required Components of Progress Note Documentation

4. Examples/Training on FY17 IFI Documentation Areas for Improvement
Documentation impacts all scored areas of the BHQR.
FY17 BHQR & IFI Average Scores Overview

Overall
FY17 State: 84%
FY17 IFI: 84%

Billing Validation
FY17 State: 84%
FY17 IFI: 82%

Service Guidelines
FY17 State: 88%
FY17 IFI: 85%

Focused Outcome Areas
FY17 State: 89%
FY17 IFI: 88%

Assess. & Planning
FY17 State: 77%
FY17 IFI: 82%

FY17 State N = 167 Reviews
FY17 IFI N = 37 Reviews
Individual Resiliency Plans

FY17 IFI Lowest Assessment and Planning Scores

- Whole Health and Wellness on IRP (IFI: 55%)
- All assessed needs addressed (IFI: 53%)
- Honor hopes, preferences, choice (IFI: 59%)
- IRP individualized (IFI: 33%)
Purpose and Importance of IRPs

Purpose of IRPs

- Focuses on the **Individual’s needs, hopes, dreams, and vision of a life well-lived** (59%)
- Evolves to best meet the Individual’s needs through frequent review

Importance of IRPs

- Provides structure for goals, objectives, and interventions from multiple service staff
- Sets **anticipated timeline** for prioritized needs

*DBHDD Provider Manual (4/2018, pages 317-18)*
Required Components of IRPs

- Driven by the Individual and fully explained in understandable language
- Document by Individual signature that Individual was an active participant
- Define goals/objectives that are individualized, specific and measurable with achievable timeframes (33% individualized)
- Incorporation of wellness goals within the plan (55%)
- Identify and prioritize the needs of the Individual (53%)
- Reassessed as indicated by:
  - Changing needs, circumstances, or Individual response; When goals are not being met; At least annually

IFI – Top 4 Billing Discrepancies

1. Progress Note Missing (#2 State)
2. Staff Credential Missing
3. Credential Not Supported by Documentation
4. Units Billed Exceeded Time/Units Documented
Purpose of Progress Notes


- Progress note documentation includes the **actual implementation and outcome(s)** of the designated services in an Individual’s Individual Resiliency/Recovery Plan (IRP)

- Progress note content must provide all the necessary **supporting evidence to justify the need for the services** based on medical necessity criteria and document all requirements for billing and adjudication of the service claims

![Purpose Driven Image]
**Importance of Progress Notes**

*DBHDD Provider Manual (4/2018, p. 319)*

- Progress notes are one of three fundamental components of Individual-related documentation, along with assessment/reassessment and treatment/supports planning.

- **Review of sequential progress notes should provide a snapshot of the Individual over a specified time frame.**

- Provides the primary method of communication and coordination of quality care.
### Required Components of Progress Notes

<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Linkage</strong></td>
<td>Connects the assessment, IRP, and progress note intervention</td>
</tr>
<tr>
<td><strong>Individual Profile</strong></td>
<td>Description of Individual’s current status</td>
</tr>
<tr>
<td><strong>Justification</strong></td>
<td>Support for need of service</td>
</tr>
<tr>
<td><strong>Specific Service Provided</strong></td>
<td>Detail of all provided activities or modalities</td>
</tr>
<tr>
<td><strong>Service Purpose</strong></td>
<td>Reason Individual is participating in services</td>
</tr>
</tbody>
</table>

*DBHDD Provider Manual (4/2018, p. 320)*
Required Components of Progress Notes

Individual Response to Interventions
• How the Individual responded to the intervention

Monitoring
• Evidence that interventions are occurring and monitored for outcomes

Individual Progress
• Identifying progress toward specific goals/objectives

Next Steps
• Plan to support stability

Reassessment/Adjustment to Plan
• Acknowledging need to modify the IRP

DBHDD Provider Manual (4/2018, p. 320)
IFI FY17 Focused Outcome Areas

Whole Health
FY17 State: 74%
FY17 IFI: 65%

Rights
FY17 State: 93%
FY17 IFI: 94%

Safety
FY17 State: 83%
FY17 IFI: 87%

Choice
FY17 State: 96%
FY17 IFI: 95%

Person Centered
FY17 State: 91%
FY17 IFI: 87%

Community
FY17 State: 93%
FY17 IFI: 92%

FOA
FY17 State: 89%
FY17 IFI: 88%

FY17 State N = 167 Reviews
FY17 IFI N = 37 Reviews
Focused Outcome Areas – Lowest Scores

- Safety
  - Signed medication consent form (46%)
- Person Centered
  - IRP is reassessed based upon any changing needs, circumstances and/or response by the Individual (72%)
- Community Life
  - Transition planning is evident throughout service delivery, involves the Individual, family, and other supports (83%)
- Choice
  - When barriers are identified, documentation demonstrates that alternatives are explored (80%)
- Whole Health
  - Current medical conditions are assessed, monitored, recorded, referred – when applicable (56%)
- Rights
  - All applicable questions to IFI scored 90% or higher
IFI Compliance with Service Guidelines

Lowest Scoring Questions

- Team Leader 2x/month (68%)
- Team contacts 3x/week (76%)
- Safety planning (84%)
- Tapering of services (37%)
- Individual progress (85%)
“There is a high frequency of services delivered at the onset of support and treatment and a tapering off as the youth moves toward discharge”

- For those Individuals who have been identified to step down to another service, it is expected that the frequency of contacts would taper down
- When a discharge date has been set, community support services may be provided 2 weeks prior to discharge for continuity of care purposes

*Reminder: Document the reason for the dual services*
IFI Minimum Contacts

DBHDD Provider Manual (4/2018, p. 73 & 74)

- Team Leaders must meet at least twice a month with families face-to-face or more often as clinically indicated (68%)
- Providers must offer a minimum of 3 contacts per week - unless tapering/discharging (76%)

Reminder: If an IFI Team Leader’s position turns over, there must be documentation to support a temporary Team Leader/another fully licensed/credentialed staff is currently on the team to fill this position
Safety Planning at Onset of Services (84%)

DBHDD Provider Manual (4/2018, p. 74)

- Assist Individuals (and family/caregivers) in defining a crisis
- When aggression is identified, a written safety plan must be developed and signed by the parents/caregivers, staff, Individual
- Safety plans should also include natural supports and should not rely exclusively on professional resources
- DBHDD recommends use of the Stanley Brown Patient Safety Plan Template (see next slide for example)
### Patient Safety Plan Template

**Name:**

**Date:**

**Step 1:** Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:
1. 
2. 
3. 

**Step 2:** Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):
1. 
2. 
3. 

**Step 3:** People and social settings that provide distraction:
1. Name: ........................................ Phone: .................................
2. Name: ........................................ Phone: .................................
3. Place: ........................................ 4. Place: .................................

**Step 4:** People whom I can ask for help:
1. Name: ........................................ Phone: .................................
2. Name: ........................................ Phone: .................................
3. Name: ........................................ Phone: .................................

Example Provided by DBHDD
### Safety Planning – Stanley Brown Template

#### Step 5: Professionals or agencies I can contact during a crisis:

1. **Clinician Name** ___________________________ **Phone** _____________  
   **Clinician Pager or Emergency Contact #** ___________________________  
2. **Clinician Name** ___________________________ **Phone** _____________  
   **Clinician Pager or Emergency Contact #** ___________________________  
3. **Local Urgent Care Services** ___________________________  
   **Urgent Care Services Address** ___________________________  
   **Urgent Care Services Phone** ___________________________  
4. **Suicide Prevention Lifeline Phone:** 1-800-273-TALK (8255)

#### Step 6: Making the environment safe:

1. ___________________________  
2. ___________________________

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*The one thing that is most important to me and worth living for is:

_____________________________

Individual Signature ___________________________  
Staff Signature ___________________________  

Date: ____________________

Date: ____________________

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Example Provided by DBHDD
Progress notes contain progress (or lack of) toward goals/objectives (IFI: 85%)

• Overall progress towards goals on the IRP was not included

• Only listing progress on today’s session, missing overall progress

• IRP was expired/service not on IRP

Reminder: Progress toward specific goals/objectives is required of progress note documentation (DBHDD Provider Manual, 4/2018, p. 320)
Training Tips – Non-billable Notes

- Document confirmed/cancelled/rescheduled appointments
- Explain gaps in service
- Document attempts to make contact

*It is extremely important to document no shows to meet the requirement of Team 3x/week and Team Leader 2x/month*

*Remember: Not Documented = Didn’t Happen!*
Thank you

For Georgia Collaborative ASO general inquiry or questions please email:

GACollaborativePR@beaconhealthoptions.com

Nicole.Griep@beaconhealthoptions.com