



Recruitment and Application to Become a Provider of DD Services

Georgia Department of Behavioral Health & Developmental Disabilities

Division of Developmental Disabilities

<http://www.dbhdd.georgia.gov/>

December 2011



Agenda

- Overview
- Know Your Resources
- Covered Services
- Letter of Intent and Pre-Qualifiers
 - Licensing
 - Agency Pre-Qualifiers
 - Financial Documentation
 - Important Dates and Postmarking

Agenda

- Phase I – Application Submission and Site Visit
 - Important Dates and Postmarking
- Phase II – Training and Competency Assessment
 - Postmarking
 - In Case of Emergency
- Additional Services and/or Sites
- Regional Offices
- Reference Materials
- Questions or Comments



Overview

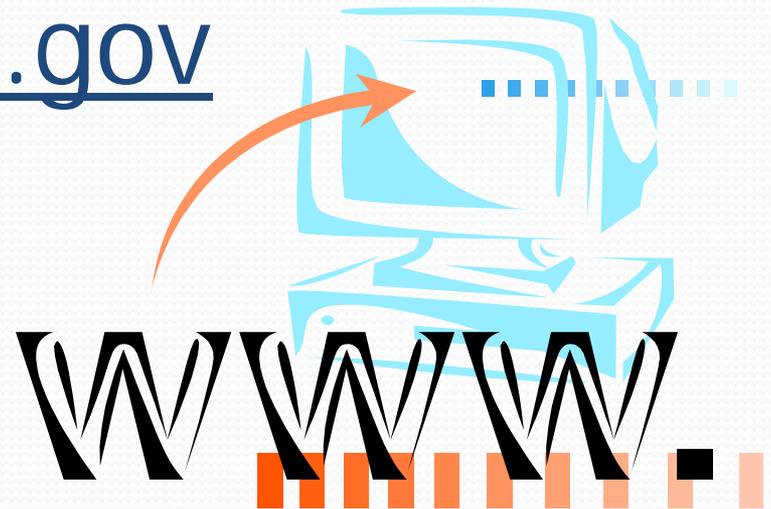
- Prequalification Process – Letter of Intent (**Attachment A**)
- Two-phase Process:
 - Phase I – Application and External Site Visit
 - Phase II – Training and Competency Assessment
- Recruitment Cycles – (July 1 and January 1 FY)
- Unsuccessful attempts



Know Your Resources

Websites

- www.dbhdd.georgia.gov
- www.mmis.georgia.gov
- www.dch.georgia.gov





Covered Services



Covered Services

Covered Services

- Personal and/or household care training
- Daily living activities
- Assisting with therapeutic exercises
- Development training
- Transportation to services specified in the ISP

Non-covered Services

- Individuals living in their own or family home
- Behavioral Supports Consultation
- Professional Therapeutic Services
- Environmental Accessibility Adaptation
- Vehicle Adaptation
- Transportation



Covered Services

- CRA Nursing (RN, LPN)
 - Routine nursing services that are integral to meeting daily needs of individual in his/her residence
- Specialized Medical Supplies
 - Supplies needed by the individual and written in ISP
 - Food Supplements
 - Clothing
 - Disposable Briefs
- Specialized Medical Equipment
 - Equipment that aids individuals in performing daily living activities; written in ISP



Licensing



Licensing

Community Living Arrangement Provider License

- Application
- Fingerprint Records Check
- Floor Sketch – Rooms, Doors, Windows, Etc.
- Ownership Disclosure
- Fees
- Water / Sewer Approval Form
- Proof of Control of the Property
 - Warranty Deed, Bill of Sale, Lease Agreement
- Fire Safety Inspection
- Disaster Plan Overview Form
- Ownership Survey Form
- Affidavit of Personal Identification
- Electrical Service Inspection
- On-Site Inspection
- Letter of Verification from DBHDD

Licensing

Healthcare Facility Regulation

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- » [Healthcare Facility Regulation Division Invites you to an Informal Town Hall Meeting on June 22, 2011](#)
- » [Medicaid Provider Fair May 19, 2011](#)
- » [ICD-10 Conversion: Why is this Important?](#)
- » [Makena™ Position Statement](#)
- » [DCH recognizes National Public Health Week: April 4 - 8, 2011](#)

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06/07/2011 [DPH Publishes Public Health Assessment For Transco Pipeline in Madison County](#)

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Healthcare Facility Regulation

- Find Facility/File Complaint
- Facilities & Provider Information
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- Forms & Applications
- Resources
- Training

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Protecting the residents of Georgia by ensuring the highest quality of health care and safety through professional standards regulation.

Latest News

12/22/2010 - [Healthcare Facility Regulation Notice Regarding Proposed Personal Care Home Rules](#)

NOTICE: Effective 10/21/2010, the annual activity fee has been suspended for X-Ray Machines (ONLY) until such time as the promulgation of revised Rules and Regulations for X-Ray Machines has been completed. Registrants will be notified when the annual activity fees for X-Ray Machines resume.

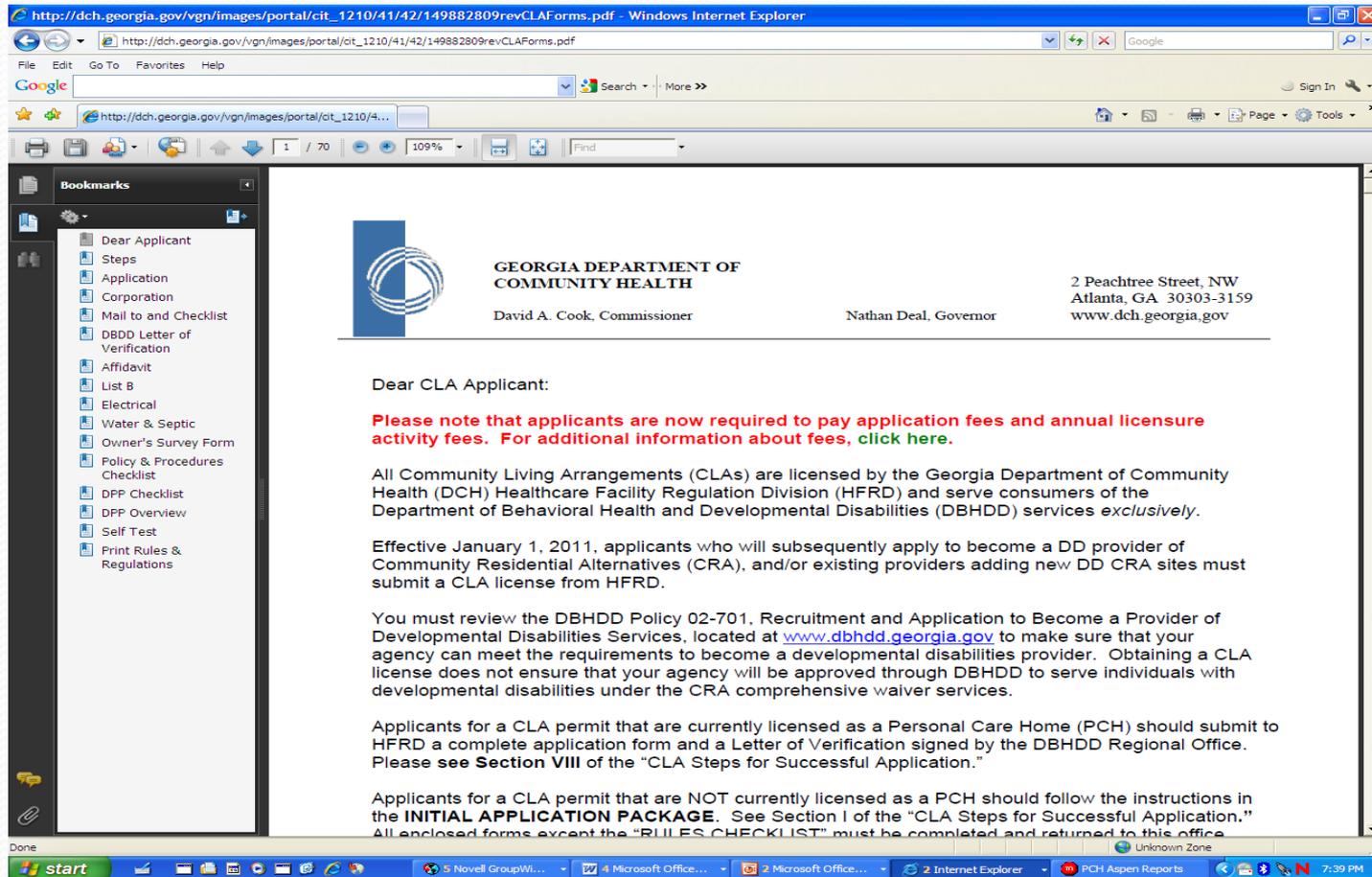
10/14/2010 - [Memorandum to Currently Licensed or Registered Healthcare Providers dated October 4, 2010 is revised to correct reference to Georgia House Bill Number, HB 994](#)

[ESRD Dialysis Training Video now available](#)

[Licensing Application Payment Coupon](#) | [Licensing Renewal Payment Coupon - revised 11/18/2010](#)

» [More HFR News](#)

Licensing



http://dch.georgia.gov/vgn/images/portal/cit_1210/41/42/149882809revCLAFoms.pdf - Windows Internet Explorer

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Find

Bookmarks

- Dear Applicant
- Steps
- Application
- Corporation
- Mail to and Checklist
- DBDD Letter of Verification
- Affidavit
- List B
- Electrical
- Water & Septic
- Owner's Survey Form
- Policy & Procedures Checklist
- DPP Checklist
- DPP Overview
- Self Test
- Print Rules & Regulations

 **GEORGIA DEPARTMENT OF
COMMUNITY HEALTH**

David A. Cook, Commissioner

Nathan Deal, Governor

2 Peachtree Street, NW
Atlanta, GA 30303-3159
www.dch.georgia.gov

Dear CLA Applicant:

Please note that applicants are now required to pay application fees and annual licensure activity fees. For additional information about fees, [click here](#).

All Community Living Arrangements (CLAs) are licensed by the Georgia Department of Community Health (DCH) Healthcare Facility Regulation Division (HFRD) and serve consumers of the Department of Behavioral Health and Developmental Disabilities (DBHDD) services *exclusively*.

Effective January 1, 2011, applicants who will subsequently apply to become a DD provider of Community Residential Alternatives (CRA), and/or existing providers adding new DD CRA sites must submit a CLA license from HFRD.

You must review the DBHDD Policy 02-701, Recruitment and Application to Become a Provider of Developmental Disabilities Services, located at www.dbhdd.georgia.gov to make sure that your agency can meet the requirements to become a developmental disabilities provider. Obtaining a CLA license does not ensure that your agency will be approved through DBHDD to serve individuals with developmental disabilities under the CRA comprehensive waiver services.

Applicants for a CLA permit that are currently licensed as a Personal Care Home (PCH) should submit to HFRD a complete application form and a Letter of Verification signed by the DBHDD Regional Office. Please see Section VIII of the "CLA Steps for Successful Application."

Applicants for a CLA permit that are NOT currently licensed as a PCH should follow the instructions in the **INITIAL APPLICATION PACKAGE**. See Section I of the "CLA Steps for Successful Application." All enclosed forms except the "RULES CHECKLIST" must be completed and returned to this office.

Done

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Pre-qualifiers for Potential Agency Providers



Agency Pre-qualifiers

- Resumes of Director, Agency Nurse, and DDP
- Current Secretary of State registration
- New Site Inspection Checklist (**Attachment B**)
 - Completed and signed by potential CRA Provider
 - Verified and **approved** by Regional Office during Phase I



Agency Pre-qualifiers

- Current applicable licenses (e.g., Georgia Nurse License, Community Living Arrangement)
- The DBHDD, Division of DD **does not** accept the Personal Care Home Permit for the provision of Community Residential Alternative Services.
 - Community Living Arrangement license is required for those agencies wishing to provide CRA Services.



Agency Pre-qualifiers

- Proof of providing a Medicaid reimbursable comparable service for a **minimum** of one year prior to submission of LOI
- If agency *has not* provided such a service for one year:
 - Owner/s must submit technical certificate of credit of DSP training, along with resumes;
 - Owner/s must hold at minimum any degreed credentials that meet a Director *or* DDP; and
 - Owner/s must complete Phase II
- Three (3) professional reference letters



Pre-qualifiers for Potential Agency Providers

Financial Pre-Qualifier
Documentation



Operating Budget

- Twelve-month projected operating budget **must be** submitted.
(Incremental budgets are not acceptable.)
- Identify all revenue sources based on the numbers of individuals projected to be served.

Identify expenses such as:

- Professional fees,
- Employee salaries,
- Facility costs and utilities,
- Meals and food costs,
- Transportation,
- Service contracts,
- Administrative cost,
- Other support services, etc.



Tax Returns

For-Profit agency must submit:

- Appropriate CEO or owner signed or attested copies of corporate Federal and State tax returns for most recent fiscal year

Non-Profit agency must submit:

- Copy of Internal Revenue Service exempt status determination letters
 - IRS Code Section 501(c)(3)
- Copy of IRS exempt organization information returns (IRS Form 990)

Personal tax returns will not be accepted.



Financial Statement

For-Profit agency

must submit Audited Financial Statements consisting of:

- Balance Sheet Statement;
- Statement of Revenue and Expenditures;
- Statement of Cash Flows;
- Statement of Retained Earnings or Equity and;
- Auditor's Opinion Letter

Non-Profit agency

must submit Audited Financial Statements consisting of:

- Statement of Financial Position;
- Statement of Operational and Functional Expenses;
- Statement of Cash Flows and;
- Auditor's Opinion Letter



Financial Statement

- **Signed Auditor's Opinion Letter**
 - Includes either a qualified or unqualified opinion on how the companies financial statements were prepared and presented.
- **Audited Financial Statement *must be*:**
 - Prepared and certified by an American Institute of Certified Public Accountants (AICPA) registered public accountant.
 - Certified that the financial statements prepared under U.S. generally accepted accounting principles (GAAP) and meet the requirements of the U.S. generally accepted audit standards (GAAS).
- **Accrual-based accounting**
 - Reports income when *earned*, and expenses when *incurred*, as opposed to cash basis accounting which reports income when received and expenses when paid.



Operating Capital (Cash) Liquidity

Proof of liquid (cash) assets
must be:

- Corporate-owned, validated, and attested; and
- Equal to at least three times (3x) the monthly expenses listed in the projected budget (three months of operating capital).

Assets Form (ATTACHMENT D)
must be:

- **Certified** with **signature** of a representative from the financial institution where account is established; and
- Notarized.

***Corporate or personal lines of credit will not be accepted.
Working operating capital must be unrestricted.***



LOI and Pre-qualifiers

Important Dates and Postmarking



Important Dates and Postmarking

- LOI and Pre-qualifiers are submitted to the Provider Development Coordinator of the Division of DD within **31 calendar days** of each recruitment cycle (July 1, and/or January 1)
- *Letter of Intent to Provide Services Form and Pre-qualifiers* **must not** be postmarked prior to **January 1**, and must be received via U.S. Mail, certified, and return receipt requested no later than **January 31**.
- Hardcopy format in a notebook, organized with each pre-qualifier section tabbed.

No handwritten documents will be accepted; except signatures.



Important Dates and Postmarking

Information must be submitted to:

Provider Development Coordinator
Division of Developmental Disabilities
Department of Behavioral Health & Developmental Disabilities
Suite 22-102
2 Peachtree Street, NW
Atlanta, GA 30303



Important Dates and Postmarking

Within 30 calendar days of receipt of *Letter of Intent to Provide Services Form*:

Successful Completion:

- *Invitation Letter* will be sent via email correspondence
 - DBHDD application
 - Application Users Guide
 - Medicaid Application
 - Site Visit Form
- Move forward to **Phase I** of the recruitment process

Missing or Incorrect Documents:

- *Unsuccessful LOI and Pre-Qualifiers Letter* will be sent
- One (1) correction attempt
 - Must be received within **three (3) business days** of notification

Potential provider must return a reply of receipt email.

Phase I

Application Submission and
External Site Visit



Important Dates and Postmarking

Within 30 calendar days of receipt of *Invitation Letter* date:

Potential Provider must submit:

- DBHDD application
- Application Users Guide
- Medicaid Application
- Site Visit Form

Site Visit Verification:

- Contact Regional Office to request verification of site visit
 - Verification **must** result in approval by Regional Office

Potential provider must return a reply of receipt email.



Important Dates and Postmarking

Completed applications must be submitted to:

Office of Provider Network Management
Department of Behavioral Health & Developmental Disabilities
Suite 23-247
2 Peachtree Street, NW
Atlanta, GA 30303



Important Dates and Postmarking

Within 15 days of receipt of application:

Successful Completion:

- *Notification Letter* will be sent via email correspondence
 - Location(s) and dates for training
- Move forward to **Phase II** of the recruitment process

Unsuccessful Completion:

- *Notification Letter* will be sent
- One (1) correction attempt
 - Must be received within **three (3) business days** of notification

Potential provider must return a reply of receipt email.

Phase II

Training and Competency Assessment



Phase II

- Mandatory attendees for two-weeks training include:
 - DDP;
 - Nurse; and,
 - Director.
- State or Governmental Photo ID will be required.

Upon receipt of *Notification Letter*.

- Potential provider must submit the Training Fee prior to attendance
 - \$250.00 **per** individual attending
 - Refund of training fee is prorated at a rate of \$25.00/module if application is withdrew during Phase II.

Potential provider must return a reply of receipt email.



Postmarking

- Fees must be paid by Cashier's Check or Money Order made payable to the Division of Developmental Disabilities and submitted to:

Provider Development Coordinator
Division of Developmental Disabilities

Department of Behavioral Health & Developmental Disabilities

Suite 22-102

2 Peachtree Street, NW

Atlanta, GA 30303



In Case of Emergency

Absences Verified:

- Notification must be made on the business day following documented emergency.
- Notification of emergency must be made via email to Provider Development Coordinator, including:
 - Written verification on agency letterhead, with
 - Attached original copy of medical verification (if applicable)

Absences Unverified:

- Results in closure of application, forfeiture of refund and “unsuccessful completion” status for all individuals representing the potential provider.



In Case of Emergency

- In the event of a verified, documented emergency situation, where any of the three mandatory potential provider attendees (DDP, Nurse and Director) is not able to complete training, the potential provider application will be placed on hold.
 - Updated documents may be required once reopened.
- Required attendees will be required to complete training during the next recruitment training cycle.
- Training fees will be applicable to next available training cycle.
 - If not completed, the application will be closed.

There will be no refunds for "no shows".



Competency Assessment

- Health Risk Screening Tool (HRST)
- Individual Service Plan (ISP)
 - Implementation of the ISP
 - Documentation Requirements
- Supports Intensity Scale
- Person Centered Training
 - Health, Well Being & Holistic Needs
 - Choice & Rights
- Provider Requirements
 - Personnel Requirements for Specific Services
 - Training of Staff/Orientation
 - Accreditation/Certification Standards
- Quality Management
 - Quality Assurance and Monitoring of Services
 - Quality Improvement Plans
 - Grievance Procedures
- Behavior Support
 - Applied Behavior Analysis
 - Safety Planning
- Medicaid Policy
 - Billing Medicaid
 - Program Integrity
- Reporting/Investigation Critical Incidents and Deaths
- Crisis Planning



Additional Services and/or Sites

Additional Services and/or Sites

- No provider agency may add additional services or sites after the initial approval until they have completed the following:
 - Provided a minimum of twelve (12) months of services approved in their initial application, **AND**
 - Have successfully achieved full accreditation and/or complete compliance with the Standards Compliance Review, for a minimum of six (6) months.

Provisional status of any type will not be accepted.

Georgia Department of Behavioral Health & Developmental Disabilities
REGIONAL MAP
 (Effective July 1, 2010)

Service Need

- Region 4
- Region 5
- Region 6





Regional Offices



DBHDD

DD Regional Service Administrator

Region 1

DD-RSA – **Paula McHenry**
705 North Division Street
Rome, Georgia 30165
Phone – (706) 802-5272

Region 2

DD-RSA – **Karla Brown**
3405 Mike Padgett Highway, Building 3
Augusta, GA 30906
Phone – (706) 792-7733

Region 3

DD-RSA – **Lorraine Brooks**
100 Crescent Centre Parkway, Suite 900
Tucker, GA 30084
Phone – (770) 414-3052

Region 4

DD-RSA – **Robin Vanwy**
400 S. Pinetree Boulevard
Thomasville, GA 31792
Phone (229) 225-5099

Region 5

DD-RSA – **Lorr Elias**
1915 Eisenhower Drive, Building 2
Savannah, GA 31406
Phone – (912) 303-1670

Region 6

DD-RSA – **Joe Coleman**
3000 Schatulga Road
Columbus, Georgia 31907-2435
Phone – (706) 565-7835

Reference Materials

- Department of Behavioral Health and Developmental Disabilities – Provider Information – Provider Toolkit
 - www.dbhdd.georgia.gov
- Georgia Department of Community Health/Georgia Health Partnership – Georgia Web Portal
 - www.mmis.georgia.gov
- Healthcare Facility Regulation – Licensing Body
 - www.dch.georgia.gov
- Small Business Administration
 - www.sba.gov/localresources/district/ga/index.html
- Score/Small Business Mentoring and Training
 - www.score.org/index.html



Questions and Comments



<http://www.dbhdd.georgia.gov>



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