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
- Letter of Intent and Pre-Qualifiers
  - Licensing
  - Agency Pre-Qualifiers
    - Financial Documentation
  - Individual Pre-Qualifiers
  - 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

Therapeutic Services

- Adult Occupational Therapy
- Adult Physical Therapy
- Adult Speech and Language Therapy

Community Services

- Community Access
  - Group
  - Individual
- Community Guide
- Prevocational Services
- Supported Employment
- Transportation

Covered Services

Training and Education Services

- Individual Directed Goods and Services
- Natural Support Training
- Prevocational Services
- Supported Employment
- Transportation

Community Living Support

- Licensed (Private Home Care)
- CLS Nursing (RN, LPN)
  - NOT STAND ALONE
  - Identified in ISP
- Transportation

Licensing

Licensing

Private Home Care Provider License

First Step

- Application
- Fingerprint Records Check
- Notarized Personal Identification Affidavit
- Copy of Business License
- Copy of Certificate of Incorporation
  - If not Incorporated, listing of IRS Tax ID number
- Fees

Additional steps to be found on HFRD Website.

Licensing

Healthcare Facility Regulation

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Georgia Department of Community Health

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Healthcare Facility Regulation

Welcome to the Georgia Department of Community Health.

News

- 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

More News »

News Releases

06/07/2011 DPH Publishes Public Health Assessment For Transco Pipeline in Madison County

Inside DCH

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» DCH Quick Guide
» Planning for Healthy Babies
» Health Information Technology

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MMIS 2010 Implementation
Medicaid EHR Incentives Program

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- Find Facility/File Complaint
- Facilities & Provider Information
- Criminal Records Check
- Laws & Regulations
- Licensing Decision Tree
- Licensing Fees
- Forms & Applications
- Resources
- Training

Back to:
- Divisions
- Divisions/Offices
- About Us
- Home

Home > About Us > Divisions/Offices > Divisions > Healthcare Facility Regulation

Healthcare Facility Regulation

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_1210/61/35/150619420PHCPPacket.pdf - Windows Internet Explorer

Bookmarks

- Cover Letter
- Application Procedure
- Application
- GAPS Instructions
- Affidavit
- List B
- Interpretive Guidelines
- Application Checklist

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Rhonda M. Medows, M.D., Commissioner *Sonny Perdue, Governor*

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

PRIVATE HOME CARE PROVIDER LICENSURE PACKET

This letter is in response to your request for information about operating a Private Home Care Provider service in Georgia. The Healthcare Facility Regulation Division (HFRD) of the Department of Community Health (DCH) is responsible for licensing Private Home Care Providers under Georgia State Law. O.C.G.A. § 31-7-300 *et seq*. requires agencies to obtain a Georgia state license prior to providing Private Home Care Provider services.

Pre-qualifiers for Potential <u>Agency</u> 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, Private Home Care)
- 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.

Pre-qualifiers for Potential Individual Providers

Individual Pre-qualifiers

- Individual Résumé
- Current Applicable License or Certification/s required for:
  - Adult Occupational Therapy Services
  - Adult Physical Therapy Services
  - Adult Speech and Language Therapy Services
  - Behavioral Supports Consultation Services
  - Community Living Support LPN Services
  - Community Living Support RN Services
  - Community Residential Alternative LPN Services
  - Community Residential Alternative RN Services
- Transcripts that identify required hours of training or education specific to service applying to provide, as applicable.

Individual Pre-qualifiers

Individual providers for any service not listed as a professionally licensed required service must:

- Provide the waiver service for at **least one year** through self-direction prior to submission of a *Letter of Intent to Provide Services Form and Pre-qualifiers*.
- Provide evidence of satisfactory performance of self-directed service provision through documentation from the support coordination agency, fiscal intermediary, and other sources as appropriate.

Individual Pre-qualifiers

Potential individual providers of non-professionally licensed services and licensed services **must**:

- Submit any required information listed within the Medicaid manuals (NOW and COMP – Part III) for each defined service.
- Complete a National Criminal Background Check upon the successful processing of the pre-qualifiers.

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 day**s 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 by 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

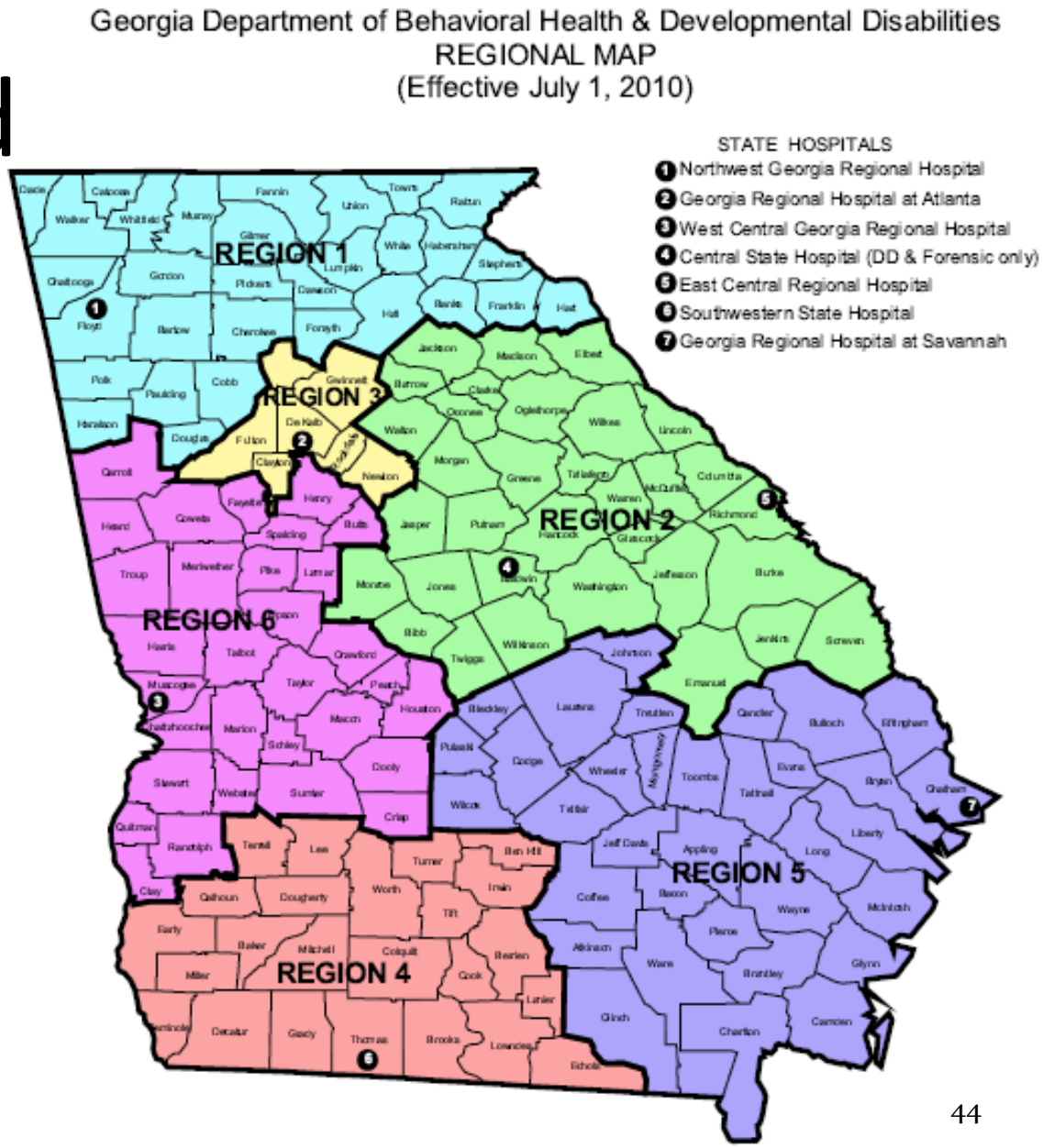
- No provider agency may add additional services or sites after the initial approval until they have completed the following:
  - Provided a minimum of twelve (12) months of services approved in their initial application, **AND**
  - Have successfully achieved full accreditation and/or complete compliance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

Provisional status of any type <u>will not</u> be accepted.

DBHDD

Service Need

- Region 4
- Region 5
- Region 6



Regional Offices

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

Contact Information

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