

Behavioral Health Open Enrollment Forum

January 8, 2014

Timeline for Provider Application to Deliver Behavioral Health Services

Task	Maximum Number of Calendar Days to Complete
Open Enrollment Month for Letters of Intent and Pre Qualifiers submitted	
Review of Pre-Qualifiers and Invitation to Apply	30
Submission of Applications	30
Review of Applications and Issuance of Status Report	30
Submission of Corrections	15
Final Review	15
Contractual Agreement Fully Executed	30

Flow of Provider Application to Deliver Behavioral Health Services

Open Enrollment – New and Existing Providers – 30 days twice per year.

An Open Enrollment Forum will be held within the 30 days prior for the purpose of outlining the process and requirements.

Adult Behavioral Health Services – Allowed During This Enrollment

- ❖ Core Services
- ❖ Addictive Diseases Peer Support
- ❖ Peer Support Services (MH)
- ❖ Peer Support Whole Health
- ❖ Psychosocial Rehabilitation Services

Behavioral Health Services

CORE Services:

Agency must offer ALL Services and hold a DATEP license

- ✧ Addictive Diseases Support Services
- ✧ Behavioral Health Assessment
- ✧ Case Management
- ✧ Crisis Intervention

Behavioral Health Services

CORE Services Cont'd:

- ✧ Diagnostic Assessment
- ✧ Family Outpatient Services
- ✧ Group Outpatient Services
- ✧ Individual Counseling
- ✧ Medication Administration

Behavioral Health Services

CORE Services Cont'd:

- ✧ Nursing Assessment and Health Services
- ✧ Psychiatric Treatment
- ✧ Psychosocial Rehab – Individual
- ✧ Psychological Testing
- ✧ Service Plan Development

Flow of Provider Application to Deliver Behavioral Health Services

Interested Applicants must submit Letter of Intent (LOI) with copies of the completed documentation of Pre-Qualifiers during the 30 day Open Enrollment Period (In this month, 28 days).

Pre - Qualifiers New Providers:

- ◆ Accreditation for Community Behavioral Health Services from one of the following:
 - Council on Accreditation (COA)
 - Commission on Rehabilitative Facilities (CARF)
 - The Council on Quality and Leadership (CQL)
 - The Joint Commission (TJC)

Pre-Qualifiers New and Existing DBHDD BH Providers

- ◆ Copy of the current Georgia Secretary of State Registration.
- ◆ Copy of current City or County Business license / permit.

Pre-Qualifiers New and Existing DBHDD BH Providers

- ◆ Copy of current Drug Abuse Treatment and Education Program (DATEP) License for each site, if applying for Core Services.

Pre-Qualifiers Existing DBHDD BH Providers

- ◆ Resume and professional license for the Clinical Director.
- ◆ **Clinical Director: Applicants requesting Core Services, must employ a full time person for this position.**

Operational /Staffing Requirements

This individual must be:

- ❖ Independently fully licensed
- ❖ Must have at least 2 years experience in BH service delivery

Operational / Staffing Requirements

Clinical Director Cont'd:

- ❖ Is responsible for the following within the organization:
 - ✓ The clinical review and management of consumer services

Operational / Staffing Requirements

Clinical Director Cont'd:

- ✓ Participating in the development, implementation and ongoing assessment of programs
- ✓ Assigning caseloads, providing supervision and/or ensuring adequate supervision is occurring

Operational / Staffing Requirements

Clinical Director Cont'd:

- ✓ Meeting with supervisory clinical staff to direct and review work
- ✓ Ensuring that all facility policies and regulations are upheld and fulfilled as it pertains to patient care

Operational /Staffing Requirements

Clinical Director Cont'd:

- ✓ Regularly training and evaluating staff members
- ✓ Ensuring that clinical practice is in line with chosen therapeutic models

Pre-Qualifiers New Providers:

- ◆ Proof that the agency has provided same or similar community based behavioral health services that are similar in definition to those being requested for a minimum of one year immediately prior to submission of Letter of Intent / Pre-Qualifiers.

Pre-Qualifiers New Providers:

- ◆ Proof must be in the form of a fully executed Contract/Agreement with a Qualified Entity that:
 - ❖ Confirms the **agency (not employees/ owners)** has delivered 1 year of Service during the most recent 12 months

Pre-Qualifiers New Providers:

- ❖ Identifies the Specific Services Being Purchased
- ❖ Specifies Number (or range) of Individuals Served

Pre-Qualifiers New Providers:

- ❖ Specifies Reimbursement Rate(s)

- ❖ Specifies Payment Method

Pre-Qualifiers New Providers:

- It is not permitted under DBHDD contracts for enrolled providers to sub-contract or establish extended relationships with another organization to subcontract the entirety of an approved service or set of services, such as Core Services. This relationship is not approved and does not qualify the applicant the opportunity to meet the one year experience requirement.
- Individual clinician/ staff contracts do not meet the requirement.

Pre-Qualifiers New Providers:

- ◆ Three Professional Reference letters from individuals or organizations that have had experience with the agency.

Pre-Qualifiers New Providers:

- ◆ References must validate that the **agency** has provided the Community Behavior Health services reflected in the executed contract.

Pre-Qualifiers New Providers:

- ◆ The person or organization providing the reference must be able to personally attest to the credibility and quality of the agency's services.

Pre-Qualifiers New Providers:

- ◆ Resume and professional license for the Clinical Director.
- ◆ Resume(s) of the Owner(s) of the applicant organization.
- ◆ Resume of the CEO/Director.

Pre-Qualifiers New Providers:

- ◆ A 12-month pro-forma (projected) operating budget which outlines and includes expenses and identify all revenue sources based on the number of individuals projected to be served and the type of services.

Pre-Qualifiers New Providers:

- ◆ Non-profit applicants must submit Internal Revenue Service exempt status determination letters and Internal Revenue Service exempt organization information returns (IRS Form 990).

Pre-Qualifiers

Existing DBHDD BH Providers

- ◆ Only providers who have achieved a score of **75%** or greater on their two most recent External Review Organization (ERO) audit scores will be considered.

Flow of Provider Application to Deliver Behavioral Health Services

Applicants that submit all Pre-Qualifiers that meet requirements will receive an **Invitation** to submit both a DBHDD and a Medicaid Application.

Flow of Provider Application to Deliver Behavioral Health Services

Applicants must submit:

- Completed application packages (DBHDD and DCH)

Flow of Provider Application to Deliver Behavioral Health Services

Applicant will receive **ONE Status Report** outlining all incomplete information in each phase of the process (LOI & Application)

Flow of Provider Application to Deliver Behavioral Health Services

Applicants must submit all corrections within 5 days of receiving the Status Report during the Letter of Intent process.

Applicants must submit all corrections within 15 days of receiving the Status Report during the application process.

Flow of Provider Application to Deliver Behavioral Health Services

A final review of the package will be completed within 15 days

Flow of Provider Application to Deliver Behavioral Health Services

The DBHDD application will include the following:

- ❖ **Commercial General Liability or Comprehensive Insurance Certificate listing the State of Georgia, DBHDD as Certificate holder**

Flow of Provider Application to Deliver Behavioral Health Services

- ❖ Business License for each site
- ❖ Organizational Chart & Staffing Forms
- ❖ Attestations by each staff

Flow of Provider Application to Deliver Behavioral Health Services

Applicants who are successful in the Application phase:

- Will be notified to contact the Regional Office to schedule the Regional Site Visit

Flow of Provider Application to Deliver Behavioral Health Services

NEXT STEPS:

Applicants will receive a
Completion Letter from DBHDD

Flow of Provider Application to Deliver Behavioral Health Services

NEXT STEPS:

Provider Network Management (PNM) will submit the DCH Medicaid Application packet and DBHDD Status Report to DCH for their final review and determination

Flow of Provider Application to Deliver Behavioral Health Services

DCH will respond to the applicant within 4 – 6 weeks with an approval or denial

Flow of Provider Application to Deliver Behavioral Health Services

Applicants who are approved will be issued a Letter of Agreement (LOA) from DBHDD.

Applicants who are denied will be advised of their options by DCH.

Letter of Intent and Application Submissions

All information must be submitted
to:

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

Letter of Intent and Application Submissions

Letter of Intent: Will only be accepted within the Open Enrollment period – not before or after.

Applications must be received within 30 days of invitation. If received postmarked after the 31st calendar day, the application is not processed and applicant will be notified.

Letter of Intent and Application Submissions

Information must arrive in a typed, organized and section-tabbed hardcopy format in a notebook.

Handwritten documents will
NOT be accepted.

Letter of Intent and Application Submissions

Applications not submitted as requested in this policy will **NOT** be processed.

Additional Important Information

Any incomplete applications, as well as, those not received within the correction period will result in closure of application and notification will be submitted to the Department of Community Health that application was unsuccessful.

Additional Important Information

The counties of service requested in the application may not exceed a 50 mile radius from the requested site location.

Information



DBHDD Website:

www.dbhdd.georgia.gov

DBHDD Provider Manual:

<http://dbhdd.org/files/Provider-Manual-BH.pdf>

Information



**DCH Policies and Procedures Provider
Manual Part I:**

and

**DCH Community Behavioral Health
Rehabilitation Services Part II:**

<https://www.mmis.georgia.gov>

Under Provider Manual Tab

Information



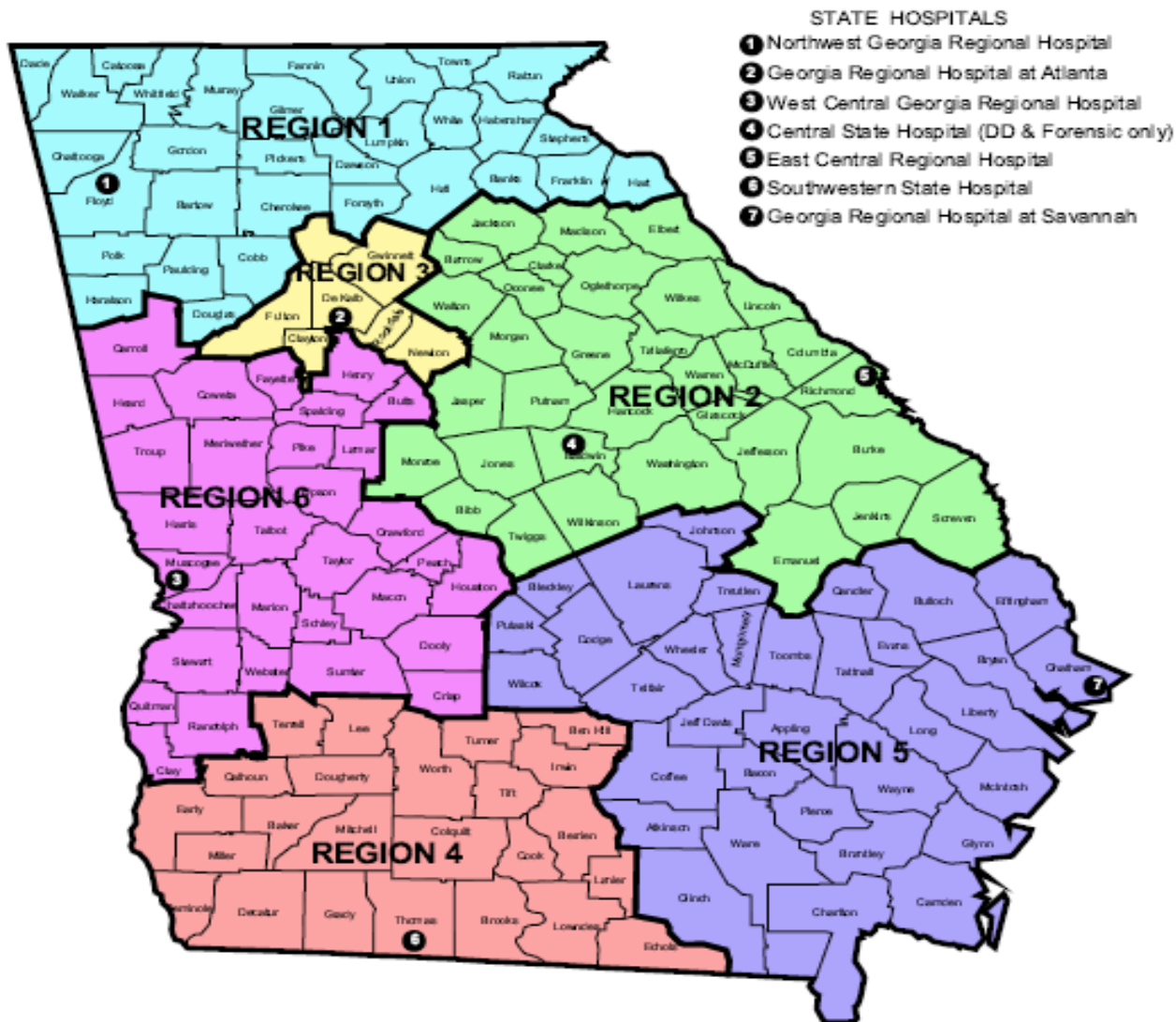
DCH –HFR

<http://dch.georgia.gov/healthcare-facility-regulation-0>

DATEP License Information:

http://dch.georgia.gov/sites/dch.georgia.gov/files/imported/vgn/images/portal/cit_1210/2/58/180037262Drug_Initial_License_Packet_12-29-11.pdf

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



Regional Contacts

Region 1

RC – Charles Fetner
RSA – Debbie Atkins
705 North Division Street
Rome, Georgia 30165
Phone – (706) 802-5272

Region 2

RC – Audrey Sumner
RSA – Keith Edmonds
3405 Mike Padgett Highway, Building 3
Augusta, GA 30906
Phone – (706) 792-7733

Region 3

RC – Lynn Copeland
RSA – Gwen Craddieth
100 Crescent Centre Parkway, Suite 900
Tucker, GA 30084
Phone – (770) 414-3052

Region 4

RC – Ken Brandon
RSA – Jennifer Dunn
400 S. Pinetree Boulevard
Thomasville, GA 31792
Phone – (229) 225-5099

Region 5

RC – Charles Ringling
RSA – Ted Schiffman
1915 Eisenhower Drive, Building 2
Savannah, GA 31406
Phone – (912) 303-1670

Region 6

RC – Leland Johnson
RSA – Chris Newland
3000 Schatulga Road
Columbus, Georgia 31907-2435
Phone – (706) 565-7835

Questions...

Email:

mhddad-serviceapps@dbhdd.ga.gov