



Georgia Department of Behavioral Health & Developmental Disabilities

PROVIDER MANUAL

FOR

**COMMUNITY DEVELOPMENTAL DISABILITIES
PROVIDERS**

FOR

**THE DEPARTMENT OF BEHAVIORAL HEALTH &
DEVELOPMENTAL DISABILITIES**

FISCAL YEAR 2014

Effective Date: April 1, 2014 *(Posted on February 28, 2014)*

INTRODUCTION

The FY 2014 Provider Manual for the Division of Developmental Disabilities has been designed as an addendum to your contract/agreement with DBHDD to provide you structure for supporting and serving individuals residing in the state of Georgia.

SUMMARY OF CHANGES

A table listing the changes in the **FY 2014 – 4th Quarter** Provider Manual is provided for your convenience. Please click [here](#) to be linked to the Summary of Changes Table.

DEPARTMENT OF BEHAVIORAL HEALTH & DEVELOPMENTAL DISABILITIES
FY 2014 COMMUNITY DEVELOPMENTAL DISABILITIES PROVIDER MANUAL

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SUMMARY OF CHANGES TABLE

UPDATED FOR APRIL 1, 2014

As a courtesy for Providers, this Summary of Changes is designed to guide the review of new and revised content contained in this updated version of the Provider Manual. The responsibility for thorough review of the Provider Manual content remains with the Provider.

Item#	Topic	Location	Summary of Changes
1	Adult Speech and Language Therapy	Part I, page 26.	Code changed from "92506" to "92523".
2	Reporting and Investigation of Deaths and Critical Incidents, page 102	Part II: Section 3	Remove all language in this section and replace with reference to existing DBHDD Policy: Reporting and Investigating Deaths and Critical Incidents in Community Services, 04-106.
3	Criminal History Check/ Clearance, pages 102	Part II: Section 3	Revised to clarify that National Crime Information Center criminal records check (NCIC) and Georgia Crime Information Center (GCIC) state criminal history record check/clearance documentation is required for all Host Home contractors and any adults living in the home temporarily or permanently.
<p>ALL POLICIES ARE NOW POSTED IN DBHDD POLICYSTAT LOCATED AT</p> <p>http://gadbhdd.policystat.com</p> <p>Details are provided in Policy titled Access to DBHDD Policies for Community Providers, 04-100.</p> <p>The DBHDD PolicyStat INDEX helps to identify policies applicable for Community Providers.</p> <p>The New and Updated policies are listed below. For 90 days after the date of revision, users can see the track changes version of a policy by clicking on New and Recently Revised Policies at the bottom of PolicyStat Home Page.</p>			
1	Policy 03-102 Advance Directives for Health Care	Part IV General Policies and Procedures	This policy is applicable to DBHDD Hospitals but may be of interest to Community Providers. https://gadbhdd.policystat.com/policy/542451/latest/

2	Policy 24-109 Verification of Lawful Presence in United States for Individuals Seeking Services and Related Discharge Procedures	Part IV General Policies and Procedures	This policy replaces previous policy 04-103 https://gadhbdd.policystat.com/policy/528634/latest/
3	Policy Exceptional Rate Request Process	Part IV General Policies and Procedures	This new policy is being finalized and will be available in PolicyStat by April 1, 2014.

Part I

Eligibility, Service Definitions and Service Guidelines for Developmental Disabilities Services

Provider Manual

For

Community Developmental Disabilities Providers

Fiscal Year 2014



**Georgia Department of Behavioral Health
and Developmental Disabilities
April 2014**

Part I

Eligibility, Service Definitions and Service Guidelines for Developmental Disabilities Services

Eligibility for Developmental Disabilities Services

To be eligible for Developmental Disabilities Home and Community-Based Waiver Program Services, individuals must meet disability and financial criteria. One of the Department of Behavioral Health and Developmental Disabilities (DBHDD) Regional Offices determines disability waiver eligibility for individuals residing in that region. The Department of Family and Children Services (DFCS) determines financial and Medicaid eligibility for services which are funded through Medicaid Waiver resources. Eligibility for the Medicaid waiver programs is determined by DBHDD Regional Offices in accordance with waiver policies.

To be eligible for **developmental disabilities waiver services, an individual must meet the eligibility criteria below.** The contractor will deliver services to individuals who meet the following criteria:

- A. **Most in Need:** The individual demonstrates:
 1. Substantial risk of harm to self or others; or
 2. Substantial inability to demonstrate community living skills at an age appropriate level; or
 3. Substantial need for supports to augment or replace insufficient or unavailable natural resources

AND
- B. **Diagnosis:**
 1. **Intellectual Disability:** The individual has a diagnosis of an intellectual disability based on onset before the age of 18 years and assessment findings from standardized instruments recognized by professional organizations (American Psychological Association, American Association on Intellectual and Developmental Disabilities) of significantly sub-average general intellectual functioning and significantly impaired adaptive functioning defined as an intelligence quotient (IQ) of about 70 or below (approximately two standard deviations below the mean) and significantly impaired adaptive functioning (two or more standard deviations below the mean) in at least two of the following skill areas: self-care, communication, home living, self-direction, functional academic skills, social/interpersonal skills, use of community resources, work, leisure, health, and safety.

AND/OR
 2. **Related Condition:** The individual has a diagnosis of a condition found to be closely related to an intellectual disability, as determined by a professional licensed to do so, and is attributable to cerebral palsy, epilepsy, or any other condition, other than mental illness, which results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with an intellectual disability and meets the following criteria (Code of Federal Regulations, Title 42 Section 435.1010):
 - a. Is manifested before the individual attains age 22;
 - b. Is likely to continue indefinitely;
 - c. Results in substantial limitations in adaptive functioning (two or more standard deviations below the mean) in three or more of the following areas of functioning;
 1. Self-care;
 2. Receptive and expressive language;
 3. Learning;
 4. Mobility;
 5. Self-direction; and
 6. Capacity for independent living; and

The adaptive impairments must be directly related to the developmental disability and cannot be

primarily attributed to mental/emotional disorders, sensory impairments, substance abuse, personality disorder, specific learning disability, or attention deficit/hyperactivity disorder.

Eligibility for State Funded Developmental Disabilities Services

Individuals who meet the above eligibility criteria for developmental disabilities waiver services are eligible to receive state funded developmental disabilities services. Individuals who do not meet the above developmental disabilities waiver criteria may receive state funded developmental disabilities services depending upon the availability of funding, priority of need, and if the following criteria are met:

- A. **Most in Need:** The individual demonstrates:
1. Substantial risk of harm to self or others; or
 2. Substantial inability to demonstrate community living skills at age appropriate level; or
 3. Substantial need for supports to augment or replace insufficient or unavailable natural resources

AND

- B. **Diagnosis or Sufficient Evidence of a Developmental Disability:** The individual has an established developmental disability diagnosis or determination of sufficient evidence of a developmental disability, as assessed by a professional licensed to make the diagnosis or determination.

OR

- C. **Individuals with Co-Occurring Disorders and Urgent, Complex Support Needs:** Individuals with co-occurring disorders and urgent, complex support needs may receive state funded developmental disabilities services when they meet the following criteria:
1. Established developmental disability diagnosis or sufficient evidence of neurological condition with origin prior to the age of 22 years that resulted in substantial impairments in general intellectual functioning or adaptive behavior;
 2. High risk behavioral challenges and/or symptoms of co-occurring emotional/mental disorders and/or forensic involvement that contribute to presenting urgent, complex support needs; documented no other resources to address urgent, complex support needs.

**Mental Retardation/Developmental Disabilities Services Definitions
NOW & COMP Waiver Services**

Behavioral Supports Consultation NOW & COMP Waiver					
HIPAA Transaction Code	Code	Mod1 Self D	Mod2	Mod3	Mod4
Behavioral Supports Consultation	H2019	UC			

Definition of Service: Individuals can choose the self-direction option with Behavioral Supports Consultation Services.

Behavioral Supports Consultation Services are professional consultation services that assist the individual with significant, intensive challenging behaviors that interfere with activities of daily living, social interaction, work, or similar situations. These services consist of behavioral supports professional evaluation, training, and intervention services. Evaluation services by the Behavioral Supports professional consultant include functional assessment of behavior and other diagnostic assessment of behavior. Training and intervention services by the Behavioral Supports professional consultant comprise direct skills training of individuals as well as family education and training on Positive Behavioral Supports.

Behavioral Supports Consultation Services provide for the development of Behavior Supports plans for the acquisition or maintenance of appropriate behaviors for community living and behavioral intervention for the reduction of maladaptive behaviors. Intervention modalities described in plans must relate to the identified behavioral needs of the waiver individual, and specific criteria for remediation of the behavior must be established and specified in the plan. Behavioral Supports Consultation Services may not be provided to individuals receiving Community Residential Alternative Services in the Comprehensive Supports Waiver (COMP).

Behavioral Supports Consultation services are provided by appropriately qualified individuals with expertise in behavioral supports evaluation and services for people with developmental disabilities. These services may be provided in an individual’s own or family home, the Behavioral Supports Consultant’s office, outpatient clinics, facilities in which Community Access or Prevocational Services are provided, Supported Employment work sites, or other community settings specific to community-based behavioral supports goals specified in the Individual Service Plan.

ADDITIONAL SERVICE INFORMATION:

1. Providers of Behavioral Supports Consultation services must comply with the guidelines and requirements for the provision of behavioral supports to individuals with developmental disabilities in the DHR, MHDDAD Guidelines for Supporting Adults with Challenging Behaviors in Community Settings and Behavioral Supports Guidelines (see Guidelines in Appendix D) in the delivery of these services; providers rendering Behavioral Supports Consultation services to individuals under the age of eighteen years must comply with any guidelines and requirements in these DBHDD Guidelines that are applicable to children and adolescents with developmental disabilities.
2. Providers can provide Behavioral Supports Consultation Services at facilities where Community Access and Prevocational Services are rendered; however, the services must be documented and billed separately, and any waiver individual receiving multiple services may not receive these services at the same time of the same day

Community Access Services NOW & COMP Waiver					
HIPAA Transaction Code	Code	Mod1	Mod2 Self D	Mod3 Co Emp	Mod4
Community Access Group	T2025	HQ	UC	UA	
Community Access Individual	T2025	UB	UC	UA	

Definition of Service:

Community Access Services are designed to assist the individual in acquiring, retaining, or improving self-help, socialization, and adaptive skills required for active community participation and independent functioning *outside* the individual’s home or family home. These services are interventions in the areas of social, emotional, physical, and intellectual development and may include training in the areas of daily living skills (including leisure/recreation skills); communication training; mobility training; programming to reduce inappropriate and/or maladaptive behaviors; and training in the use of common community resources.

The emphasis of training will be on assisting the individual in increasing self help, socialization skills, skills or daily living and adaptive skills required for active community participation and independent functioning outside the individual’s home or family home. These activities include accompanying individuals to the grocery store, or eating establishments; teaching an individual how to participate in appropriate social and recreational activities; and assessing other activities of community living.

The services typically occur during the day but may also take place in the evenings and weekends. Community Access services are individually planned to meet the individual’s needs and preferences for active community participation. These services are provided in either community-based or facility-based settings but not in the Individual’s home, family home, or any other residential setting. The intended outcome of these services is to improve the individual’s access to the community through increased skills and/or less paid supports.

Community Access Group services are provided to individual individuals or to groups of individuals. Community Access Group services are provided to groups of individuals, with a staff to individual ratio of one to two or more. The staff to individual ratio for Community Access Group services cannot exceed one (1) to ten (10). Community Access Individual services are provided to an individual, with a one-to-one staff to individual ratio. Community Access Services Providers offer (or arrange when needed) any of the Community Access Services that are needed by the individuals served and specified in the individuals’ Individual Service Plans.

The following Community Access Services are offered:

- Community Access Group
- Community Access Individual

ADDITIONAL SERVICE INFORMATION:

1. Service design is based on self-determination principles and evidenced based practices, which support individuals to express their choices and direct their services.
2. Service design and implementation encourage and build on existing social networks and natural sources of support and result in increased interdependence, contribution and inclusion in community life.
3. Services and planning meetings shall be scheduled to accommodate individual and family needs.
4. Provider shall collaborate with the Regional Office Intake and Evaluation and Planning List Administrators, and Support Coordination agencies in the development of the Individual Support Plan and implementation of the Support Intensity Scale for each individual in service. Contractor’s direct support staff will directly participate in both the ISP and the SIS.

5. Provider shall have the capacity (by staff expertise or through contract) to support individuals with complex behavioral and or medical needs.
6. Service design shall be outcome based with focus on self-determination principles and evidence based practices that continually support individuals towards responsible citizenship.
7. Providers rendering facility-based Community Access and other services (e.g., Prevocational Services and adult therapy services) can provide these services in the same facility; however, the services must be documented and billed separately, and any waiver individual receiving multiple services may not receive these services at the same time of the same day.

Community Guide NOW & COMP Waiver					
HIPAA Transaction Code	Code	Mod1	Mod2	Mod3	Mod4
Community Guide Self Directed	H2015	UC			
Community Guide Co-Employer	H2015	UA			

Definition of Service: Community Guide Services are direct assistance to individuals in skills building and information in meeting participant-direction responsibilities. These services are available **only** for individuals who choose the participant-direction option for service delivery. The individual, with the Support Coordinator, determines the amount of Community Guide Services, if any, and the specific services that the Community Guide will provide. The specific Community Guide Services for the individual are specified in the Individual Service Plan. Individuals may elect to receive Community Guide Services, and when elected, individuals choose their Community Guide.

Community Guide Services are individualized services designed to assist individuals in meeting their responsibilities in the individual-direction option for service delivery. Community Guides provide information, direct assistance, and training to individuals in support of Individual direction. The intended outcome of these services is to improve the individual's knowledge and skills for individual direction.

Community Guides assist and train individuals to build the skills required for individual direction, such as exploring and brokering available community resources, problem solving, and decision-making, being an effective employer of support workers, developing and managing the individual budget, and record keeping. Information provided by the Community Guide helps the individual's understanding of provider qualifications, record keeping, and other individual-direction responsibilities.

The scope, intensity, and frequency of Community Guide Services may change over time, based on the needs of the Individual.

ADDITIONAL SERVICE INFORMATION:

1. Community Guide Services are only for individuals who opt for participant-direction.
2. The individual determines the amount of Community Guide Services, if any, and the specific services that the Community Guide will provide.
3. The specific Community Guide Services for the individual are specified in the Individual Service Plan.
4. Individuals may elect to receive Community Guide Services, and when elected, individuals choose their Community Guide.
5. The need for Community Guide Services must be related to the individual disability and tied to a specific goal in the Intake and Evaluation Team approved Individual Service Plan (ISP).

Community Residential Alternative Services					
COMP Waiver					
HIPAA Transaction Code	Code	Mod1	Mod2	Mod3	Mod4
Community Residential Alternative	T2033				

Definition of Service:

Community Residential Alternative (CRA) services are targeted for Individuals who require intense levels of support. These services are a range of interventions with a particular focus on training and support in one or more of the following areas: eating and drinking, toileting, personal grooming and health care, dressing, communication, interpersonal relationships, mobility, home management, and use of leisure time. CRA Services are individually planned and tailored to meet the specific needs of the Individual and to accommodate fluctuations in his or her needs for various services.

CRA services include assistance with and/or training in activities of daily living, such as bathing, dressing, grooming, other personal hygiene, feeding, toileting, transferring, and other similar tasks. These services also include training and/or assistance in household care, such as meal preparation, clothes laundering, bed-making, housecleaning, simple home repair, yard care, and other similar tasks. CRA services consist of medically related services, such as basic first aid, arranging and transporting Individuals to medical appointments, assisting with therapeutic exercises, and assisting with or supervising self-administration of medication. These services also consist of implementing behavioral support plans designed for Individuals to reduce inappropriate and/or maladaptive behaviors and to acquire alternative adaptive skills and behaviors. CRA Services include transportation to all other waiver services specified in the Individual Service Plan and as needed to facilitate the individual’s participation in personal shopping, recreation and other community activities.

Individuals receive CRA services in small group settings of four or less, in host home/life sharing situations for adults 19 years and above, or foster home for Individuals under the age of 19 years through an approved foster home operating under a licensed Child Placing Agency. CRA Services may not be provided to individuals living in their own or family homes.

Community Residential Alternative Services is provided to individuals who live in one of the following settings:

1. “Host Home” (Life sharing). A home where an individual, who receives services, resides in an owner occupied home where the owner/family is funded to include the individual with the disability into their household routines and provide training and supervision. **This is an unlicensed setting for two adults (19 years or above) receiving community residential alternative services. For CRA services rendered in life sharing/host home settings to individuals under the age of 19 years, the provider agency must have a Department of Human Services, Office of Residential Child Care license from the Department of Community Health, Division of Healthcare Facility Regulations. These homes can only serve a maximum of two (2) individuals under the age of 19 years at a time and can only serve individuals receiving services through the COMP Waiver.**
2. Community Living Arrangement (CLA). Agencies providing this community residential alternative service must have a Community Living Arrangement License from the Office of Regulatory Services. **If anyone in the home receives Medicaid Waiver funding no more than four people may reside in the home, unless granted an exception by the Office of DD.**
3. Personal Care Home (PCH) Agencies providing this community residential alternative service must have a Personal Care Home Permit from the Department of Community Health, Division of Healthcare Facility Regulation. PCH permits for the provision of CRA services are no longer accepted in applications to provide CRA services. PCH agencies enrolled to provide CRA services prior to January 1, 2011 may

continue to provide CRA services. No more than four (4) individuals may reside in a PCH if anyone in the home receives Medicaid Waiver funding, unless an exception has been granted by the Division of Developmental Disabilities. New homes will not be granted this exception

The services provided, the frequency and intensity of services are specific to the individual receiving services as detailed in his/her Individual Services Plan (ISP).

ADDITIONAL SERVICE INFORMATION:

1. Service design and implementation encourage and build on existing social networks and natural sources of support and result in increased interdependence, contribution and inclusion in community life.
2. The selection of living environments shall include consideration of opportunities for community inclusion of individuals receiving services, individual choice (including preference to be close to family) and distance from other homes (e.g. apartments, house) of individuals receiving services to assure that individuals with developmental disabilities are not grouped in a conspicuous manner.
3. Daily and weekly rhythms and routines shall be directly related to individual's needs, interests and preferences.
4. Service design shall be outcome based with focus on self-determination principles and evidence based practices that continually support individuals towards responsible citizenship.
5. Provider shall collaborate with the Regional Office Intake and Evaluation staff and Planning List Administration staff and Support Coordination agencies in the development of the Individual Support Plan and implementation of the Support Intensity Scale for each individual in service. The Contractor's direct support staff will directly participate in both the ISP and the SIS.
6. The Provider **must** have Regional Office approval before moving individual(s) to a new address. Emergency relocation plans identified in the Individual Service Plans is acceptable as prior approval for moving to a new location in emergencies. Each individual Community Residential Alternative site must be individually enrolled.
7. Provider will adhere to Policy on Personal Spending and Protection of Funds for individuals receiving community residential alternative services. See Part IV.
8. Provider shall have the capacity (by staff expertise or through contract) to support individuals with complex behavioral and or medical needs.

Community Living Support Services					
NOW & COMP Waiver					
HIPAA Transaction Code	Code	Mod1	Mod2 Self D	Mod3 Comp	Mod4
Community Living Support Services 15 Minutes	T2025	U5	UC	UA	
Community Living Supports Daily (COMP only)	T2025	U6	UC	UA	

Definition of Service:

Individuals can choose the self-direction OR co-employer options with CLS services.

Community Living Support (CLS) Services are individually tailored supports that assist with the acquisition, retention, or improvement in skills related to an Individual’s continued residence in his or her own or family home. Personal care/assistance may be a component part of CLS services but may not comprise the entirety of the services. CLS services are offered to Individuals who live in their own or family home.

CLS services include training and assistance with activities of daily living (ADLs), such as bathing, dressing, toileting, and transferring, and with instrumental activities of daily living (IADLs), such as personal hygiene, light housework, laundry, meal preparation, transportation, grocery shopping, using the telephone, and medication and money management. These services include transportation to facilitate the individual’s participation in grocery or personal shopping, banking, and other community activities that support continued residence of the individual in his or her own or family home. CLS services may include medically related services, such as basic first aid, arranging and transporting individuals to medically appointments, accompanying individuals on medical appointments, documenting an individual’s food and/or liquid intake or output, reminding individuals to take medication, and assisting with or supervising self-administration of medication.

Personal care/assistance may be a component part of CLS services but may not be the only service provided to an Individual. The amount of personal care/assistance is specific to the individual needs of the individual, as determined by the Supports Intensity Scale, the Health Risk Screening Tool, and other person-centered assessment data. The individual amount of personal care/assistance provided the individual is specified in the individual Service Plan.

A personal assistance retainer is a component of Community Living Support Services. This retainer allows continued payment to personal caregivers under the waiver for the following: (1) up to seven (7) days from the date of each admission to a general hospital or nursing facility, including ICF/MR and skilled nursing facilities; and (2) up to thirty (30) days per year for other absences of the individual from his or her home, such as vacations and family/relative visits.

CLS services are only for individuals who live in their own or family home. The types and intensity of services provided are specific to the individual and detailed in his or her Individual Service Plan.

ADDITIONAL SERVICE INFORMATION:

1. Service design and implementation encourage and build on existing social networks and natural sources of support and result in increased interdependence, contribution and inclusion in community life.
2. Daily and weekly rhythms and routines shall be directly related to individual’s needs, interests and preferences.
3. Service design shall be outcome based with focus on self-determination principles and evidence based practices that continually support individuals towards responsible citizenship.
4. Provider shall collaborate with the Regional Office Intake and Evaluation and Planning List Administration staff and Support Coordination agencies in the development of the Individual Support Plan and implementation of the Support Intensity Scale for each individual in service. Provider’s direct support staff will directly participate in both the ISP and the SIS.

5. Provider shall have the capacity (by staff expertise or through contract) to support individuals with complex behavioral and or medical needs.
6. **Personal Assistance Retainer Documentation:** Providers, except for providers of participant-directed services, must document the following in the record of each individual for whom a personal assistance retainer is a component of Community Living Support Services: (1) Beginning and end date of absence, (2) Reason for absence, (3) Scheduled days and units per day for Community Living Support Services as specified in the ISP.
7. **Provider agencies must have a Private Home Care Provider License from the Department of Community Health (DCH), Division of Healthcare Facility Regulations (HFR) if providing covered services as required by DCH/HFR.**

Financial Support Services					
NOW & COMP Waiver					
HIPAA Transaction Code	Code	Mod1	Mod2	Mod3	Mod4
Financial Support Services	T2040	UC			

Definition of Service:

Financial Support Services (FSS) are designed to perform fiscal and related finance functions for the Individual or representative who elects the participant-direction option for service delivery and supports. FSS assure that the funds to provide services and supports, outlined in the Individual Service Plan (ISP) and to be implemented through a self-directed approach are managed and distributed as intended.

Additional Service Information:

1. Financial Support Services are provided by a Fiscal Intermediary Agency (FIA) established as a legally recognized entity in the United States, qualified and registered to do business in the state of Georgia, and approved as a Medicaid provider by the Department of Community Health (DCH).
2. Financial Support Services are mandatory and integral to participant-direction through a fiscal intermediary.
3. Financial Support Services are not available to individuals who choose the Co-Employer model for self-directed services and supports.
4. Financial Support Services are provided by agencies that do not provide any other Medicaid services in Georgia.

Individual Directed Goods and Services NOW & COMP Waiver					
HIPAA Transaction Code	Code	Mod1	Mod2 Self D	Mod3	Mod4
Individual Directed Goods and Services (NOW only)	T2025	U7	UC		

Definition of Service:

Individual Directed Goods and Services are goods and services not otherwise provided through the NOW or the Medicaid State Plan, but are identified by the waiver individual/representative who opts for -direction and the Support Coordinator or interdisciplinary team. These services are available **only** for individuals who choose the participant-direction option for service delivery. Individual Directed Goods and Services must be clearly linked to an assessed need of the individual due to his or her disability and be documented in the individual’s Individual Service Plan.

Individual Directed Goods and Services are purchased from the participant-directed budget and cover services that include improving and maintaining the individual’s opportunities for full membership in the community. Goods and services purchased under this coverage may not circumvent other restrictions on NOW services, including the prohibition against claiming for the costs of room and board. Individual Directed Goods and Services must be authorized by the operating agency prior to service delivery.

The Individual Directed Goods and Services must:

Decrease the need for other Medicaid services; AND

Not be available through another source, including the individual not having the funds to purchase the item or service; AND

Promote inclusion in the community; OR

Increase the individual’s safety in the home environment.

The individual/representative must submit a request to the Support Coordinator for the goods or service to be purchased that includes the supplier/vendor name and identifying information and the cost of the service/goods. A paid invoice or receipt that provides clear evidence of the purchase must be on file in the Individual’s records to support all goods and services purchased. Authorization for these services requires Support Coordinator documentation that specifies how the Individual Directed Goods and Services meet the above-specified criteria for these services. Individuals receiving flexible support coordination are required to follow these same procedures.

ADDITIONAL SERVICE INFORMATION:

1. Individual Directed Goods and Services are provided by vendors with the applicable Georgia business license as required by the local, city or county government in which the services are provided.

Supported Employment NOW & COMP Waiver					
HIPAA Transaction Code	Code	Mod1	Mod2 Self D	Mod3 CoEmp	Mod4
Supported Employment Individual	T2019	UB	UC	UA	
Supported Employment Group	T2019	HQ	UC	UA	

Definition of Service: Individuals can choose the self-direction or co-employer options with Supported Employment Services.

Supported Employment services are ongoing supports that enable individuals, for whom competitive employment at or above the minimum wage is unlikely absent the provision of supports, and who, because of their disabilities, need supports, to perform in a regular work setting. The scope and intensity of Supported Employment supports may change over time, based on the needs of the individual. Supported Employment services are conducted in a variety of settings, particularly work sites where individuals without disabilities are employed.

Individuals who receive Supported Employment services must require long-term, direct, or indirect job-related support in job supervision, adapting equipment, adapting behaviors, transportation assistance, peer support, and/or personal care assistance during the work day. Supported Employment services consist of activities needed to obtain and sustain paid work by individuals, including job location, job development, supervision, training, and services and supports that assist individuals in achieving self-employment through the operation of a business, including helping the individual identify potential business opportunities, assisting in the development of a business plan, identifying the supports that are necessary for the individual to operate a business, and ongoing assistance, counseling and guidance once the business has been launched. These services do not include the supervisory activities rendered as a normal part of the business setting.

The planned outcomes of these services are to increase the hours worked by each individual toward the goal of forty hours per week and to increase the wages of each individual toward the goal of increased financial independence. Supported Employment services are based on the individual individual's needs, preferences, and informed choice. These services allow for flexibility in the amount of support an individual receives over time and as needed in various work sites.

Supported Employment Group services are provided to groups of individuals, with a staff to individual ratio of one to two or more. The staff to individual ratio for Supported Employment Group services cannot exceed one (1) to ten (10). Supported Employment Individual services are provided to an individual, with a one-to-one staff to individual ratio.

ADDITIONAL SERVICE INFORMATION:

1. Supported Employment may be provided in individual or group settings. When contracts or Memorandums of Agreement require providers to report the types of settings in which Supported Employment has occurred, providers will report those settings using the following categories:

Community Based Employment Services – Individual
Community Based Employment Services – Group

2. Service design is based on self-determination principles and evidenced based practices, which support individuals to express their choices and direct their services.
3. Provider supports individuals receiving services to experience meaningful days by assuring that activities are directly related to the individual's interests and preferences as documented in the ISP.
4. Service design and implementation encourage and build on existing social networks and natural sources of support and result in increased interdependence, contribution and inclusion in community life.
5. Provider shall assure that individuals (and/or their families, as appropriate) have accurate and individualized information regarding the impact and value of employment and wages on benefits.
6. Service shall be aimed at increased opportunities for meaningful adult career development with focus towards paid employment.
7. Services and planning meetings shall be scheduled to accommodate individual and family needs.
8. Provider shall collaborate with the Regional Office Intake and Evaluation and Planning List Administrators, and Support Coordination agencies in the development of the Individual Support Plan and implementation of the Support Intensity Scale for each individual in service. Contractor's direct support staff will directly participate in both the ISP and the SIS.
9. The SIS will contribute to, but not determine exclusively, the nature of the employment goals identified in the ISP as they shall always be primarily identified through person-centered planning and discovery.
10. Provider shall have the capacity (by staff expertise or through contract) to support individuals with complex behavioral and or medical needs.
11. Service design shall be outcome based with focus on self-determination principles and evidence based practices that continually support individuals towards responsible citizenship.
12. Group Supported Employment Services: a staff to individual ratio of one to two or more, not to exceed one (1) to ten (10).
13. Individual Supported Employment Services: a one-to-one staff to individual ratio.

Prevocational NOW & COMP Waiver					
HIPAA Transaction Code	Code	Mod1	Mod2 Self D	Mod3 Co Emp	Mod4
Prevocational Services	T2015				

Definition of Service:

Prevocational Services prepare an individual for paid or unpaid employment. These services are for the individual not expected to be able to join the general work force within one year as documented in the Individual Service Plan. If compensated, individuals are paid in accordance with the requirements of Part 525 of the Fair Labor Standards Act.

Prevocational Services occur in facility-based settings or at community sites outside the facility for small groups of individuals, called mobile crews, who travel from the facility to these community sites. Mobile crews receive Prevocational Services by performing tasks, such as cleaning or landscaping, at community sites other than the individual’s home or family home or any residential setting.

The emphasis of Prevocational Services is directed to habilitative rather than explicit employment objectives. These services include teaching individuals concepts necessary to perform effectively in a job in the community. Activities included in these services are directed at teaching concepts such as rule compliance, attendance, task completion, problem solving, endurance, work speed, work accuracy, increased attention span, motor skills, safety, and appropriate social skills.

The intended outcome of these services is to prepare the individual for paid or unpaid employment through increased skills. Prevocational Services are individually planned to meet the Individual’s needs for preparation for paid or unpaid employment. These services are provided either facility-based or at community sites other than the individual’s home or family home or any other residential setting.

Prevocational Services are provided to groups of individuals at a facility or to small groups of individuals who travel to sites outside the facility, referred to as mobile crews. The staff to individual ratio for facility-based Prevocational Services cannot exceed one (1) to ten (10). The staff to individual ratio for Mobile Crew Prevocational Services cannot exceed one (1) to six (6).

ADDITIONAL SERVICE INFORMATION:

1. Service design is based on self-determination principles and evidenced based practices, which support individuals to express their choices and direct their services.
2. Service design and implementation encourage and build on existing social networks and natural sources of support and result in increased interdependence, contribution and inclusion in community life.
3. Provider shall assure that individuals (and/or their families, as appropriate) have accurate and individualized information regarding the impact and value of wages on benefits.
4. Service shall be aimed at increased opportunities for meaningful adult career development with focus towards paid employment.
5. Services and planning meetings shall be scheduled to accommodate individual and family needs.

6. Provider shall collaborate with the Regional Office Intake and Evaluation and Planning List Administrators, and Support Coordination agencies in the development of the Individual Support Plan and implementation of the Support Intensity Scale for each individual in service. Contractor's direct support staff will directly participate in both the ISP and the SIS.
7. Provider shall have the capacity (by staff expertise or through contract) to support individuals with complex behavioral and or medical needs.
8. Service design shall be outcome based with focus on self-determination principles and evidence based practices that continually support individuals towards responsible citizenship.
9. Providers rendering facility-based Prevocational Services and other services (e.g., Community Access Services and adult therapy services) can provide these services in the same facility; however, the services must be documented and billed separately, and any waiver individual receiving multiple services may not receive these services at the same time of the same day.

Respite Services NOW & COMP Waiver					
HIPAA Transaction Code	Code	Mod1	Mod2	Mod3	Mod4
Respite Care Services 15 Minutes	S5150				
Respite Care Services Overnight	S5151				

Definition of Service:

Respite Services provide brief periods of support or relief for caregivers of individuals with disabilities. Respite is provided in the following situations:

When families or the usual caretakers are in need of additional support or relief;

When the individual needs relief or a break from the caretaker;

When an individual is experiencing a crisis and needs structured, short-term support;

When relief from care giving is necessitated by unavoidable circumstances, such as a family emergency.

Planned or scheduled respite, or Maintenance Respite, provides brief periods of support or relief for caregivers or Individuals. Respite Services might also be needed to respond to emergency situations. Emergency/Crises Respite is intended to be a short term service for an individual experiencing a crisis (usually behavioral) and requires a period of structured support, or when respite services are necessitated by unavoidable circumstances, such as a family emergency. Maintenance Respite and Emergency/Crises Respite may be provided In-Home (provider delivers service in the individual’s home) or Out-Of-Home (The individual receives service outside of their home).

Respite Services may be provided in the individual’s own or family home, or outside the individual’s home in a private residence of a Respite Services provider (i.e., a home that is owned or rented by the provider or an employee of the provider) or in a licensed Personal Care Home. Respite Services include short-term services during a day or overnight services.

ADDITIONAL SERVICE INFORMATION:

1. Provider agencies that render in-home Respite Services must hold a Private Home Care license if providing services as required by DCH/HFR.
2. Provider agencies that render out-of-home Respite Services in a Personal Care Home must have a Personal Care Home license.
3. Respite Services in personal care homes can only be rendered in personal care homes in which **all** residents are adults with developmental disabilities.
4. Respite Services provided in Personal Care Homes serve no more than a total of four (4) individuals at a time.
5. Respite Services provided in the private residence of a provider serve no more than one (1) individual in the home at a time.
6. DBHDD may grant an exception of the private residence capacity limit up to two (2) individuals when serving *only* individuals under the age of 18.

Specialized Services NOW & COMP Waiver					
HIPAA Transaction Code	Code	Mod1 Self D	Mod2	Mod3	Mod4
Specialized Medical Supplies	T2028	UC			
Specialized Medical Equipment	T2029	UC			
Vehicle Adaptation	T2039	UC			
Environmental Accessibility Adaptation	S5165	UC			

Definition of Service: Specialized Medical Supplies (SMS) Services include various supplies which enable individuals to interact more independently with their environment thus enhancing their quality of life and reducing their dependence on physical support from others. SMS consist of food supplements, special clothing, diapers, bed wetting protective chucks, and other supplies that are specified in the Individual Service Plan and are not available under the Medicaid State Plan. Ancillary supplies necessary for the proper functioning of approved devices are also included in this service.

Specialized Medical Equipment (SME) Services include various devices, controls or appliances which are designed to enable individuals to interact more independently with their environment thus enhancing their quality of life and reducing their dependence on physical support from others. SME services also include assessment or training needed to assist individuals with mobility, seating, bathing transferring, security, or other skills such as operating a wheelchair, locks, door openers, or side lyers. These services additionally consist of customizing a device to meet an individual's needs.

Vehicle Adaptation Services include various adaptations and technical assistance to individually or family owned vehicles which are designed to enable individuals to interact more independently with their environment thus enhancing their quality of life and reducing their dependence on physical support from others. Vehicle Adaptations are limited to an individual's or his or her family's privately owned vehicle and include such things as a hydraulic lift, ramps, special seats and other interior modifications to allow for access into and out of the vehicle as well as safety while moving. The adapted or to be adapted vehicle must be the individual's primary means of transportation.

Environmental Accessibility Adaptation Services include adaptations and technical assistance to individually or family owned private residences which are designed to enable individuals to interact more independently with their environment thus enhancing their quality of life and reducing their dependence on physical support from others. These services include physical adaptations to the individual's or family's home which are necessary to ensure the health, welfare and safety of the individual, or enable the individual to function with greater independence in the home and without which, the individual would require institutionalization. Environmental Accessibility Adaptations consist of the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems, which are necessary to accommodate the medical equipment and supplies necessary for the welfare of the individual, and are of direct medical or remedial benefit to the individual.

ADDITIONAL SERVICE INFORMATION:

1. Specialized Medical Supplies services must be documented to be the payer of last resource. The DME program prior approval process is used to determine medical necessity for medical supplies. The NOW and COMP do not cover items that have been denied through the DME and other programs for lack of medical necessity. Providers for Specialized Medical Supplies should refer to the Department of Community Health, Division of Medical Assistance, Part II, Policies and Procedures for Durable Medical Equipment, Part II, Policies and Procedures for Orthotics and Prosthetics and Part III, Hearing Services for additional information about coverage of these services.
2. Specialized Medical Equipment services must be documented to be the payer of last resource. The DME program prior approval process is used to determine medical necessity for medical equipment. The NOW and COMP do not cover items that have been denied through the DME and other programs for lack of medical necessity.
3. Individuals may choose the self-direction option with Specialized Medical Equipment Services. Providers for Specialized Medical Equipment should refer to the Department of Community Health, Division of Medical Assistance, Part II, Policies and Procedures for Durable Medical Equipment, Part II, Policies and Procedures for Orthotics and Prosthetics and Part III, Hearing Services for additional information about coverage of these services.
4. Any item billed under Vehicle Adaptation Services must not be available under the State Medicaid plan. These services must also be documented to be the payer of last resource. The NOW and COMP do not cover items that have been denied through the DME and other programs for lack of medical necessity.
5. Any item billed under Environmental Accessibility Adaptation Services must not be available under the State Medicaid Plan. These services must also be documented to be the payer of last resource. The NOW and COMP do not cover items that have been denied through the DME and other programs for lack of medical necessity.

Natural Support Training Service					
NOW & COMP Waiver					
HIPAA Transaction Code	Code	Mod1	Mod2 Self D	Mod3	Mod4
Natural Support Training Service	T2025	UD	UC		

Definition of Service: Individuals can choose the self-direction option with Natural Support Training Services.

Natural Support Training (NST) Services provide training and education to individuals who provide **unpaid** support, training, companionship, or supervision to individuals. For purposes of this service, individual is defined as any individual, family member, neighbor, friend, companion, or co-worker who provides uncompensated care, training, guidance, companionship, or support to an individual served on the waiver. These services must relate to the individual individual’s needs due to his or her disability and tie to a specific goal in the Individual Service Plan. All training for individuals who provide unpaid support to the individual provided through NST Services must be included in the Individual’s ISP.

NST Services include individualized training of families and members of the individuals’ natural support networks for the acquisition or enhancement of their ability to support the waiver individual. This training consists of instruction about treatment regimens and other services included in the ISP. NST Services comprise training on the use of equipment as specified in the ISP. There services may include updates in training required to maintain the individual safely at home. NST Services encompass the costs of registration and training fees associated with formal instruction in areas relevant to the individual’s disability needs identified in the ISP. These services do not include the costs of travel, meals, and overnight lodging to attend a training event or conference.

NST Services are provided by Developmental Disability Professionals (see Provider Manual for definition). These services may be provided in an individual’s own or family home, the Developmental Disability Professional’s office, outpatient clinics, Supported Employment work sites, or other community settings specific to community-based Natural Support Training goals specified in the Individual Service Plan.

ADDITIONAL SERVICE INFORMATION:

1. NST Services must not duplicate any family education or training provided through Adult Physical Therapy Services, Adult Occupational Therapy Services, Adult Speech and Language Therapy Services, or Behavioral Supports Consultation Services.
2. NST Services may not occur simultaneously or on the same day as Adult Physical Therapy Services, Adult Occupational Therapy Services, Adult Speech and Language Therapy Services, or Behavioral Supports Consultation Services.

Therapy Services NOW & COMP Waiver					
HIPAA Transaction Code	Code	Mod1	Mod2 Self D	Mod3	Mod4
Adult Occupational Therapy	97003		UC		
	97530	GO	UC		
	97533	GO	UC		
Adult Physical Therapy	97001		UC		
	97110		UC		
Adult Speech and Language Therapy	92523		UC		
	92507	GN	UC		
	92609		UC		

Definition of Service: Individual can choose self-direction option with these therapies.

Adult Occupational Therapy Services are evaluation and therapeutic services that are not otherwise covered by Medicaid State Plan services. These services address the occupational therapy needs of the adult individual that result from his or her developmental disability. Adult Occupational Therapy Services include occupational therapy evaluation, individual/family education, occupational therapy activities to improve functional performance, and sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands. Adult Occupational Therapy Services are provided by a Georgia licensed occupational therapist and by order of a physician. These services may be provided in an individual's own or family home, the Occupational Therapist's office, outpatient clinics, facilities in which Community Access or Prevocational Services are provided, Supported Employment work sites, or other community settings specific to community-based therapy goals specified in the Individual Service Plan. Adult Occupational Therapy Services may not be provided to individuals receiving Community Residential Alternative Services in the Comprehensive Supports Waiver.

Adult Physical Therapy Services are evaluation and therapeutic services that are not otherwise covered by Medicaid State Plan services. These services address the physical therapy needs of the adult individual that result from his or her developmental disability. Adult Physical Therapy Services include physical therapy evaluation, individual/family education, and therapeutic exercises to develop sitting and standing balance, strength and endurance, and range of motion and flexibility. Adult Physical Therapy Services also consist of muscle strengthening and endurance to facilitate transfers from wheelchairs and the use of other equipment. Adult Physical Therapy Services are provided by a Georgia licensed physical therapist and by order of a physician. These services may be provided in an individual's own or family home, the Physical Therapist's office, outpatient clinics, facilities in which Community Access or Prevocational Services are provided, Supported Employment work sites, or other community settings specific to community-based therapy goals specified in the Individual Service Plan. Adult Physical Therapy Services may not be provided to individuals receiving Community Residential Alternative Services in the Comprehensive Supports Waiver.

Adult Speech and Language Therapy Services cover evaluation and therapeutic services that are not otherwise covered by Medicaid State Plan services. These services address the speech and language therapy needs of the adult individual that result from his or her developmental disability. Adult Speech and Language Therapy Services include the evaluation of speech language, voice, and language communication, auditory processing, and/or aural rehabilitation status. Adult Speech

and Language Therapy Services also consist of individual/family education, speech language therapy, and therapeutic services for the use of speech-generating devices, including programming and modification. Adult Speech and Language Therapy Services are provided by a Georgia licensed speech and language pathologist and by order of a physician. These services may be provided in an individual's own or family home, the Speech and Language Pathologist's office, outpatient clinics, facilities in which Community Access or Prevocational Services are provided, Supported Employment work sites, or other community settings specific to community-based therapy goals specified in the Individual Service Plan. Adult Speech and Language Therapy Services may not be provided to individuals receiving Community Residential Alternative Services in the Comprehensive Supports Waiver.

ADDITIONAL SERVICE INFORMATION:

1. Services must be provided by a Georgia licensed individual in the specific therapy discipline.
2. Provider agencies must have available a sufficient number of employees or professionals under contract that are Georgia licensed individuals in the specific therapy discipline.

Support Coordination NOW & COMP Waiver					
HIPAA Transaction Code	Code	Mod1	Mod2	Mod3	Mod4
Support Coordination	T2022				

Definition of Service:

Support Coordination services are a set of interrelated activities for identifying, coordinating, and reviewing the delivery of appropriate services for individuals. Support Coordination services include the following:

- Assessment and Periodic Reassessment
- Development and Periodic Revision of the Individual Service Plan
- Referral and Related Activities
- Monitoring and Follow-up Activities

Support Coordination services assist individuals in coordinating all services, whether Medicaid reimbursed services or services provided by other funding sources. These services include completing the Individual Service Plan (ISP) document and any revisions, and monitoring the implementation of the ISP and the health and welfare of individuals. The frequency of Support Coordination services is based on the individual needs of the individual and as required to address any identified health and safety risks or service provider issues.

Support Coordination services are provided by agencies that employ a sufficient number of Support Coordinators to meet the Support Coordination services needs of individuals served by the agency. Support Coordinators assure the completion of the written ISP document and any revisions. Support Coordinators are also responsible for monitoring the implementation of the ISP, the health and welfare of individuals, and the quality and outcome of services. Monitoring includes direct observation, review of documents, and follow up to ensure that services plans have the intended effect and that approaches to address challenging behaviors, medical and health needs, and skill acquisition are coordinated in their approach and anticipated outcome. Support Coordinators are also responsible for the ongoing evaluation of the satisfaction of individuals and their families with the ISP and its implementation. Support Coordinators assist individuals and their families or representatives in making informed decisions about the participant-direction option and assist those who opt for participant-direction with enrollment in this option.

ADDITIONAL SERVICE INFORMATION:

1. Support Coordination is provided by Support Coordination Agencies only.
2. Provider agencies rendering Support Coordination services must:
 - Have at minimum five (5) years experience in providing case management services for individuals with MR/DD, and demonstrate success in supporting individuals in community inclusion and person centered planning;
 - Have established working relationships with local advocacy groups, experience advocating for individuals in the community, and preparing individuals for self advocacy;
 - Have experience and demonstrated success with person centered outcome based planning, and developing plans based on the individual's choices and support needs identified in the Supports Intensity Scale;
 - Have experience with measuring quality of services and satisfaction with services, ensuring that the services that are provided are consistent with quality measures and expectations of the individual;
 - Demonstrate experience in serving diverse cultural and socioeconomic populations.

Transportation Services NOW & COMP Waiver					
HIPAA Transaction Code	Code	Mod1	Mod2	Mod3	Mod4
Transportation – Trip	T2003				
Transportation – Trip – Self Directed	T 2003	UC			
Transportation – Trip – Co-Employer	T 2003	UA			
Transportation Commercial Carrier, Multi Pass	T 2004				
Transportation Commercial Carrier, Multi Pass Self Directed	T 2004	UC			

Definition of Service: Individuals may choose the participant-direction or co-employer options with Transportation Services.

Transportation Services enable waiver individuals to access non-medical services, activities, resources, and organizations typically utilized by the general population. These services are only provided as independent, stand-alone waiver services when transportation is not otherwise included as an element of another waiver service. Transportation services are not intended to replace available formal or informal transit options for individuals. Whenever possible, family, neighbors, friends or community agencies, which can provide this service, without charge, are to be utilized. The need for Transportation Services and the unavailability of other resources for transportation must be documented in the Individual Service Plan (ISP).

Transportation Services provide transportation for the individual to waiver services and other community services, activities, resources, and organizations typically utilized by the general population. These services include:

One-way or round trips provided by Georgia licensed drivers and/or DD Service Agencies; and

Transit by commercial carrier available to the community at large.

Transportation Services must not be available under the Medicaid Non-Emergency Transportation Program, State Plan, Individual with Disabilities Education Act (IDEA), or the Rehabilitation Act. These services do not include transit provided through Medicaid non-emergency transportation. Transportation Services are not available to transport an individual to school (through 12th grade). These services do not include transportation that is included as an element of another waiver service as follows:

- Community Living Support Services
- Prevocational Services
- Supported Employment Group Services
- Community Access Group or Individual Services, which entail activities and settings primarily utilized by people with disabilities, such as transportation to and from a Mental Retardation Service Center or other day center.

Transportation Services are only for individuals who do not have formal or informal transit options available. The type and amount of Transportation Services provided are specific to the individual and detailed in his or her Individual Service Plan.

ADDITIONAL SERVICE INFORMATION:

1. Individual Providers rendering Transportation Services must hold a valid Class C license as defined by the Georgia Department of Driver Services (or any allowable other state license per Department of Community Health, Division of Medical Assistance policy).
2. DD Service Provider Agency driver staff providing Transportation Services must hold the class of license appropriate to the vehicle operated as defined by the Georgia Department of Driver Services (or any allowable other state license per Department of Community Health, Division of Medical Assistance policy).

PART II

Standards for Developmental Disabilities Service Providers

Provider Manual

For

Community Developmental Disabilities Providers

- Section 1:** Community Service Standards for Developmental Disabilities Providers
- Section 2:** Operational and Clinical Standards for Georgia Crisis Response System (GCRS-DD)
- Section 3:** Operational Standards for Host Home/Life Sharing
- Section 4:** Request for Conversion Form



DBHDD

**Georgia Department of Behavioral Health
and Developmental Disabilities**

April 2014

Part II

Section 1

Community Service Standards for Developmental Disabilities Providers

VISION: A SATISFYING, INDEPENDENT LIFE WITH DIGNITY AND RESPECT

It is the vision of the Department of Behavioral Health and Developmental Disabilities (DBHDD) that every person who participates in our services leads a satisfying, independent life with dignity and respect.

DEVELOPMENTAL DISABILITY SERVICES

DBHDD believes it is critical that services, supports, treatment and care respect the vision of the individual. Each agency or organization must incorporate this belief and practice into its service delivery to support individuals with intellectual and developmental disabilities in living a meaningful life in the community. Specifically, the provider must ensure:

- Person-centered service planning and delivery that address the balance of what is important to and for individuals
- Capacity and capabilities, including qualified and competent providers and staff
- Participant safeguards
- Satisfactory participant outcomes
- Systems of care that have the infrastructure necessary to provide coordinated services, supports, treatment and care
- Participants rights and responsibilities
- Participant access

The Standards that follow are applicable to the organizations that provide Developmental Disability services to individuals that are financially supported in whole or in part by funds authorized through DBHDD, regardless of the age or disability of the individual served.

Participant self-determination includes freedom, authority and responsibility and is considered key to achieving the vision of *a satisfying, independent life with dignity and respect for everyone*.

ORGANIZATIONAL PRACTICES

A. PROGRAM STRUCTURE

1. The organization has a description of its services that includes a description of:
 - a. The population served;
 - b. How the organization plans to strategically address the needs and desires of those served;
 - c. The services available to potential and current individuals; and
 - d. A detailed expectation and outcomes for services offered.
2. The organization has internal structures that support good business practices such as:
 - a. Clearly stated current policies and procedures for all aspects of the operation of the organization;
 - b. Policies and corresponding procedures that direct the practice of the organization;
 - c. Staff trained in organization policies and procedures;
 - d. Providing services according to benchmarked practices;

- e. The level and intensity of services offered is within the organization's scope of services;
 - f. The identified services are offered timely as required by individual need; and
 - g. Administrative and clinical structures are clear and promote unambiguous relationships and responsibilities to support individual care.
3. The program description identifies the minimum staff to individual served ratios for each service offered. In addition, the program description needs to address the following considerations:
 - a. Ratios reflect the needs of individuals supported, implementation of behavioral procedures, best practice guidelines and safety considerations.
 - b. Ratios reflect considerations such as licensure waivers and special (exceptional) rates reflecting unique individual care needs, etc.
 4. Applicable statutory requirements, rules, regulations, licensing, accreditation, and contractual/agreement requirements are evident in organizational policies, procedures and practices.
 - a. Appropriate licenses are obtained for residential services, if applicable;
 - b. Licensure and other permits, when applicable, must be available at the agency or by the individual provider and open to view by the public;
 - c. Accreditation/compliance with community standards requirements meet contractual requirements;
 - d. All DD Providers must have current general liability insurance in the amount of \$1 million per occurrence and \$3 million aggregate; and
 - e. The Provider must demonstrate full cooperation in allowing full and complete access by the Department and its agents and state and federal agencies to conduct reviews to evaluate and improve quality of service delivery, administrative performance and/or individual complaints.
 5. There is a written budget which includes expenses and revenue that serves as a plan for managing resources. Utilization of fiscal resources is assessed in Quality Improvement Processes and/or by the Board of Directors.
 6. The organization policy must state explicitly in writing whether or not research is conducted on individuals served by the organization.
 - a. If the organization wishes to conduct research involving individuals, a research design shall be developed and must be approved by:
 - i. The agency's governing authority; and
 - ii. The Assistant Commissioner of Division of Developmental Disabilities; and
 - iii. The Institutional Review Board operated by the Department of Public Health (DPH) and its policies regarding the Protection of Human Subjects found in DBHDD directive herein (DBHDD Policy 25-101).
 - b. The Research design shall include:
 - i. A statement of rationale;
 - ii. A plan to disclose benefits and risks of research to the participating individual;
 - iii. A commitment to obtain written consent of the individuals participating; and
 - iv. A plan to acquire documentation that the individual is informed that they can withdraw from the research process at any time.
 - c. The organization using unusual medication and investigational experimental drugs shall be considered to be doing research.
 - i. Policies and procedures governing the use of unusual medications and unusual investigational and experimental drugs shall be in place;
 - ii. Policies, procedures, and guidelines for research promulgated by the DCH Institutional Review Board shall be followed;
 - iii. The research design shall be approved and supervised by a physician;
 - iv. Information on the drugs used that shall be maintained include:
 - a) Drug dosage forms;
 - b) Dosage range;

- c) Storage requirements;
- d) Adverse reactions; and
- e) Usage and contraindications.
- v. Pharmacological training about the drug(s) shall be provided to nurses who administer the medications; and
- vi. Drugs utilized shall be properly labeled.
- d. If research is conducted, there is evidence that involved individuals are:
 - i. Fully aware of the risks and benefits of the research;
 - ii. Have documented their willingness to participate through full informed consent; and
 - iii. Can verbalize **their choice to** participate in the research. If the individual is unable to verbalize or otherwise communicate this information, there is evidence that a legal representative, guardian or guardian ad litem has received this information and consented accordingly.
- 7. Organizations that provide developmental disabilities services must participate in the Georgia Developmental Disabilities Provider information website. The address is www.georgiaddproviders.org.
- 8. **Children eighteen and younger may not be served** with adults in residential programs. Situations representing exceptions to this standard must have written documentation from the DBHDD Regional Office such as:
 - a. Exceptions must demonstrate that it would be disruptive to the living configuration and relationships to disturb the 'family' make-up of those living together.
 - b. Emancipated minors and juveniles who are age 17 years may be served with adults when their life circumstances demonstrate they are more appropriately served in an adult environment.

B. OVERSIGHT OF CONTRACTED/SUBCONTRACTED PROVIDERS/PROFESSIONALS BY THE ORGANIZATION

1. The organization is responsible for the Contracted/Subcontracted Provider/Professional compliance with:
 - a. Contract/Agreement requirements, documented and maintained for review;
 - b. Standards of practice and specified requirements in the Provider manual for the Department of BHDD, including *Community Standards for All Providers*;
 - c. Licensure requirements;
 - d. Accreditation or Community Service Standards Quality Review requirements; and
 - e. Quality improvement and risk reduction activities.
2. There is documented evidence of active oversight of the Contracted/Subcontracted Provider/Professional capacity and compliance to provide quality care to include monitoring of:
 - a. Financial oversight and management of individual funds;
 - b. Staff competency and training;
 - c. Mechanisms that assure care is provided according to the plan of care for each individual served; and
 - d. The requirement for a Host Home Study when contracting with a Host Home provider.
3. A report shall be made quarterly to the agency's Board of Directors regarding:
 - a. Services provided by Contracted/Subcontracted Provider/Professional ; and
 - b. Quality of performance of the Contracted/Subcontracted Provider/Professional.
4. A report shall be made to the DBHDD Regional Office prior to the end of the first quarter and third quarter of the fiscal year that includes:
 - a. Name and contact information of all contracted providers;
 - b. The specific services provided by each contracted provider;
 - c. The number and location of individual supported by each contracted provider; and

- d. Annualized amount paid to each contracted provider.

C. QUALITY IMPROVEMENT AND RISK MANAGEMENT

1. There is a well-defined quality improvement plan for assessing and improving organizational quality. The QI plan addresses:
 - a. Processes for how issues are identified;
 - b. What solutions are implemented;
 - c. Any new or additional issues are identified and managed on an ongoing basis;
 - d. The internal structures minimize risks for individuals and staff;
 - e. The processes used for assessing and improving organizational quality are identified; and
 - f. The quality improvement plan is reviewed and updated at a minimum annually and this review is documented.
2. Areas of risk to persons served and to the organization are identified based on services, supports, treatment or care offered including, but not limited to:
 - a. Incidents:
 - i. There is evidence that incidents are reported to the DBHDD Office of Incident Management and Investigation as required by DBHDD Policy, ***Reporting and Investigating Deaths and Critical Incidents in Community Services***;
 - b. Accidents;
 - c. Complaints;
 - d. Grievances;
 - e. Individual Rights Violations;
 - i. There is documented evidence that any restrictive interventions utilized must be reviewed by the organization's Rights Committee;
 - f. Practices that limit freedom of choice or movement;
 - g. Medication Management;
 - h. Infection Control;
 - i. Positive Behavior Support Plan tracking and monitoring;
 - j. Breaches of Confidentiality; and
 - k. Health and Human Rights of persons with developmental disabilities.
3. Indicators of performance are in place for assessing and improving organizational quality. The organization is able to demonstrate:
 - a. The indicators of performance established for each issue:
 - i. The method of routine data collection;
 - ii. The method of routine measurement;
 - iii. The method of routine evaluation; and
 - iv. Target goals/expectations for each indicator;
 - b. Outcome Measurements determined and reviewed for each indicator on a quarterly basis;
 - c. The inclusion of cultural diversity competency practices is evident by:
 - i. Staff articulating an understanding of the social, cultural, religious and other needs and differences unique to the individual;
 - ii. Staff honoring these differences and preferences (such as worship or dietary preferences in supporting the individuals daily; and
 - iii. The inclusion of cultural competency in Quality Improvement Processes.
 - d. Distribution of Quality Improvement findings on a quarterly basis to:
 - i. Individuals served or their representatives as indicated in the plan;
 - ii. Organizational staff;
 - iii. The governing body; and
 - iv. Other stakeholders as determined by the governing body.

4. At least four individual records or the records of five percent (5%) of the total number of individuals served (whichever number is greater) are reviewed each quarter and the reviews are kept for a period of at least two years. Records of individuals who are “at risk” are included. Reviews include these determinations:
 - a. That the record is organized; complete, accurate and timely;
 - b. Whether services are based on assessment and need;
 - c. That individuals have choices;
 - d. Documentation of service delivery including individuals’ responses to services and progress toward ISP goals;
 - e. Documentation of health service delivery;
 - f. Medication management and delivery, including the use of PRN and over the counter PRN medications; and their effectiveness;
 - g. That approaches implemented for individuals with challenging behaviors are addressed as specified in the *Guidelines for Supporting Adults with Challenging Behaviors in Community Settings*. When a behavioral support plan is necessary, providers of developmental disabilities services develop these plans in accordance with the *Best Practice Standards for Behavioral Support Service* (www.dbhdd.georgia.gov); and
5. Appropriate utilization of human resources is assessed, including but not limited to:
 - a. Competency;
 - b. Qualifications;
 - c. Numbers and type of staff, for example, a behavior specialist, required based on the services, supports, treatment and care needs of persons served; and
 - d. Staff to individual ratios.
6. The organization has an advisory board made up of citizens, local business providers, individuals and family members. The Board:
 - a. Meets at least semi-annually;
 - b. Reviews items such as but not limited to:
 - i. Policies;
 - ii. Risk management reports; and
 - iii. Assess budget and utilization of fiscal resources.
 - c. Provides objective guidance to the organization.

D. MEDICATION AND HEALTHCARE MANAGEMENT (CRITICAL)

1. A copy of the physician(s) order or current prescription dated and signed within the past year is placed in the individual’s record for every medication administered or self-administered with supervision. These include:
 - a. Regular, on-going medications;
 - b. Controlled substances;
 - c. PRN (as needed) Over-the-counter (OTC) medications;
 - d. PRN medications (does not include standing orders for psychotropic medications for symptom management of behavior); or
 - e. Discontinuance order.
2. Anti-psychotic medications must be prescribed by a psychiatrist or psychiatric nurse practitioner unless the medication is prescribed for epilepsy or dementia and there is documentation that include:
 - a. Informed consent for the medication is obtained and a signed copy is maintained in the clinical record. It is the responsibility of the physician/designee to complete the informed consent;
 - b. The treating psychiatrist or psychiatric nurse personally examines the individual to determine whether this person has the capacity to understand to consent for herself or himself;

- c. If the individual does not have the capacity to consent for herself or himself, an appropriate substitute decision maker is identified based on the Order of Priority outlined in Georgia Medical Consent Law;
 - d. The risks/benefits is explained in language the individual can understand;
 - e. Medication education provided by the organization's staff should be documented in the clinical record; and
 - f. Education regarding the risks and benefits of the medication is documented.
3. The organization has written policies, procedures, and practices for all aspects of medication management including, but not limited to:
- a. Prescribing:
 - i. The physician's order or current prescription is defined as a prescription signed by one authorized to prescribe in Georgia; and
 - ii. Electronic prescriptions (E-scripts and Sure scripts), if practiced
 - b. Authenticating orders: Describes the required time frame for obtaining the actual or faxed physician's signature for telephone or verbal orders accepted by a licensed nurse.
 - c. Ordering and Procuring medication and refills: Procuring initial prescription medication and over-the-counter drugs within twenty-four hours of prescription receipt, and refills before twenty-four hours of the exhaustion of current drug supply.
 - d. Medication Labeling: Describes that all medications must have a label affixed by a licensed professional with the authority to do so. This includes sample medications.
 - e. Storing: Includes prescribed medications, floor stock drugs, refrigerated drugs, and controlled substances.
 - f. Security: Requires safe storage of medication as required by law including single and double locks, shift counting of the medications, individual dose sign-out recording, documented planned destruction, and refrigeration and daily temperature logs. All controlled substances are double locked and there is documented accountability of controlled substances at all stages of possession.
 - g. Dispensing: Describes the process allowed for pharmacists and/or physicians only. Includes the verification of the individual's medications from other agencies and provides a documentation log with the pharmacist's or physician's signature and date when the drug was verified. Only physicians or pharmacists may re-package or dispense medications:
 - i. This includes the re-packaging of medications into containers such as "day minders" and medications that are sent with the individual when the individual is away from his residence.
 - ii. Note that an individual capable of independent self-administration of medication may be coached in setting up their personal "day minder".
 - h. Supervision of individual self-administration: Includes all steps in the process from verifying the physician's medication order to documentation and observation of the individual for the medication's effects each time supervision of individual self-administration occurs. Makes clear that staff members may not administer medications unless licensed to do so, and the methods staff members may use to supervise or assist, such as via hand-over-hand technique, when an individual self-administers his/her medications. Where medications are self-administered, protocols are defined for training to support individual self-administration of medication.
 - i. Administration of medications: Administration of medications may be done only by those who are licensed in this state to do so.
 - j. Recording: Includes the guidelines for documentation of all aspects of medication management. This includes adding and discontinuing medication, charting scheduled and as needed medications, observations regarding the effects of drugs, refused and missing doses, making corrections, and a legend for recording. The legend includes initials, signature and title of staff member.
 - k. Disposal of discontinued or out-of-date medication: Includes via an environmentally friendly method of disposal by pharmacy.

- l. Education to the individual and family (as approved by the individual) regarding all medications prescribed and documentation of the education provided in the clinical record.
 - m. All PRN or “as needed” medications will be accessible for each individual as per his/her prescriber(s) order(s) and as defined in the individual’s ISP. Additionally, the organization must have written protocols and documented practice that ensures safe and timely accessibility that includes, at a minimum, how medication will be stored, secured or refrigerated when transported to different programs and home visits.
4. Organizational policy, procedures and documented practices stipulate that:
- a. If “health maintenance activities” are elected by an individual/guardian to be provided by Proxy Caregivers, the Licensed DD provider agencies, including co-employer agencies must:
 - i. Have a written informed consent in the individual’s record that designate the selected proxy caregiver to receive training to provide the health care activities outlined in the physician’s written order working under a nurse protocol agreement or job description;
 - ii. Demonstrate knowledge and skills to perform the health maintenance activities in the written plan;
 - iii. Health maintenance activities to be implemented by the proxy caregiver are clearly defined in the written care plan and provided to the proxy caregiver; and
 - iv. The organization’s policy, procedures, and documented practices clearly define what health maintenance activities can or cannot be provided by the proxy caregiver and that delivery of such activities are specified for each individual. (Refer to Rules & Regulations for Proxy Caregivers for complete details of practice).
 - b. There are safeguards utilized for medications known to have substantial risk or undesirable effects, to include:
 - i. Obtaining and maintaining copies of appropriate lab testing and assessment tools that accompany the use of the medications prescribed from the individual’s physician for the individual’s clinical record, or at a minimum, documenting in the clinical record the requests for the copies of these tests and assessments, and follow-up appointments with the individual’s physician for any further actions needed;
 - ii. For individual in residential services, there is documentation of a review of polypharmacy usage in order to ensure that intra-class and inter-class polypharmacy use for psychiatric reasons are justifiable, if applicable, using the following monitoring criteria:
 - a) Intra-class Polypharmacy monitoring reports includes individuals who are on more than one psychotropic medication in the same single class of medications (2 or more antipsychotics, antidepressants, mood stabilizers). E.g., The use of 2 anti-depressants to treat depression.
 - b) Inter-class Polypharmacy monitoring reports includes individuals who are on 3 or more different classes of medications (antipsychotics, antidepressants, mood stabilizers). E.g., The use of an antipsychotic, an antidepressant and mood stabilizer to treat someone with Schizoaffective Disorder.
 - c. There are protocols for the handling of licit and illicit drugs brought into the service setting. This includes confiscating, reporting, documenting, educating, and appropriate discarding of the substances.
 - d. The organization defines requirements for timely notification to the prescribing professional regarding:
 - i. Medication errors;
 - ii. Medication problems;
 - iii. Drug reactions; and
 - iv. Refusal of medication by the individual.
 - e. There are practices for regular and ongoing physician review of prescribed medications including, but not limited to:

- i. Appropriateness of the medication;
 - ii. Documented need for continued use of the medication;
 - iii. Monitoring the presence of side effects. (Individuals on medications likely to cause tardive dyskinesia are monitored at prescribed intervals using an Abnormal Involuntary Movement Scale (AIMS) testing.);
 - iv. Monitoring of therapeutic blood levels, if required by the medication such as Blood Glucose testing, Dilantin blood levels and Depakote blood levels.
 - v. Ordering specific monitoring and treatment protocols for Diabetic, hypertensive, seizure disorder, and cardiac individuals, especially related to medications prescribed and required vital sign parameters for administration;
 - vi. Maintain medication protocols for specific individuals in:
 - a) Epinephrine for anaphylactic reaction;
 - b) Insulin required for diabetes;
 - c) Suppositories for ameliorating serious seizure activity; and
 - d) Medications through a nebulizer.
 - vii. Monitoring of other associated laboratory studies.
- f. For organizations that secure their medications from retail pharmacies, there is a biennial assessment of agency practice of management of medications at all sites housing medications. An independent licensed pharmacist or licensed registered nurse conducts the assessment. The report shall include, but may not be limited to:
- i. A written report of findings, including corrections required;
 - ii. A photocopy of the pharmacist's license or a photocopy of the license of the Registered Nurse; and
 - iii. A statement of attestation from the independent licensed pharmacist or licensed Registered Nurse that all issues have been corrected.
5. The "Eight Rights" for medication administration are defined with detailed guidelines for staff to implement within the organization to verify that right:
- a. Right person: Check the name on the order and the individual and include the use of at least two identifiers.
 - b. Right medication: Check the medication label against the order.
 - c. Right time: Check the frequency and time to be given of the ordered medication and double check that the ordered dose is given at the correct time. Confirm when last dose was given.
 - d. Right dose: includes verification of the physician's medication order of dosage amount of the medication; with the label on the prescription drug container and the Medication Administration Record document to ensure all are the same.
 - e. Right route: Check the order and appropriateness of route ordered and confirm that the individual can take or receive the medication by the ordered route.
 - f. Right position: The correct anatomical position for the medication method or route to ensure its proper effect, instillation and retention. If needed, individual should be assisted to assume the correct position.
 - g. Right Documentation: Document the administration/supervision after the ordered medication is given on the MAR; and
 - h. Right to Refuse Medication: includes staff responsibilities to encourage compliance, document the refusal, and report the refusal to the administration, nurse administrator, and physician.
6. A Medication Administration Record is in place for each calendar month that an individual takes or receives medication(s):
- a. Documentation of routine, ongoing medications occur in one discreet portion of the MAR and include but may not be limited to:
 - i. Documentation by calendar month that is sequential according to the days of the month;

- ii. A listing of all medications taken or administered during that month including a full replication of information in the physician's order for each medication:
 - a) Name of the medication;
 - b) Dose as ordered;
 - c) Route as ordered;
 - d) Time of day as ordered; and
 - e) Special instructions accompanying the order, if any, such as but not limited to:
 - 1. Must be taken with meals;
 - 2. Must be taken with fruit juice;
 - 3. May not be taken with milk or milk products.
 - iii. If the individual is to take or receive the medication more than one time during one calendar day:
 - a) Each time of day must have a corresponding line that permits as many entries as there are days in the month;
 - iv. All lines representing days and times preceding the beginning or ending of an order for medications shall be marked through with a single line;
 - v. When a physician discontinues (D/C) a medication order, that discontinuation is reflected by the entry of "D/C" at the date and time representing discontinuation; followed by a mark through of all lines representing days and times that were discontinued.
- b. Documentation of medications that are taken or received on a periodic basis, including over the counter medications, occur in a separate discreet portion of the MAR and include but may not be limited to:
- i. Documentation by calendar month that is sequential according to the days of the month;
 - ii. A listing of each medication taken or received on a periodic basis during that month including a full replication of information in the physician's order for each medication:
 - a) Name of medication;
 - b) Dose as ordered;
 - c) Route as ordered;
 - d) Purpose of the medication; and
 - e) Frequency that the medication may be taken.
 - iii. The date and time the medication is taken or received is documented for each use.
 - iv. When 'PRN' or 'as needed' medication is used, the PRN medications shall be documented on the same MAR after the routine medications and clearly marked as "PRN" and the effectiveness is documented.
- c. Each MAR shall include the legend that clarifies:
- i. The identity of the authorized staff's initials using full signature and title;
 - ii. The reasons that a medication may not be given, is held or otherwise note received by the individual, such as but not limited to:
 - "H" = Hospital
 - "R" = Refused
 - "NPO" = Nothing by mouth
 - "HM" = Home Visit
 - "DS" = Day Service

E. ADEQUATE AND COMPETENT STAFF (CRITICAL)

- 1. Unless otherwise specified by DBHDD Policy or within the contract/agreement with the Department, one or more professionals in the field must be attached to the organization as employees of the organization or as consultants on contract. The professional(s) attached to the organization have

- experience in the field of expertise best suited to address the needs of the individual(s) served. (Refer to Professional Designation Section).
2. When medical and/or psychiatric services involving medication are provided, the organization receives direction for that service from a professional with experience in the field, such as medical director, physician consultant, or psychiatrist.
 3. DDP services must be rendered by a qualified individual DDP employed by or under contract with the agency. At least one agency employee or professional under contract with the agency must be a DDP. The DDP personnel file must include the following:
 - a. A signed DDP job functions that meet the DDP requirements;
 - b. A specified schedule for each site and sufficient contract hours per week (not a PRN staff) to meet the individual's needs of the assigned caseload must be maintained on site;
 - c. There is documentation of attestation by the DDP that the scheduled or contracted hours do not conflict with his/her work with another provider agency;
 - d. There is documentation to verify the DDP's face to face visits of specified scheduled and contact hours in the individual's record;
 - e. At a minimum, the DDP for residential services must document on a monthly basis, a review of each individual's health, safety, ISP goals progress and any recommendations identified. Where applicable, the adequacy of high intensity services should be included;
 - f. For services other than residential such as Community Living Support Services and Community Access Services, DDP visit are documented as indicated in ISP; and
 - g. For individuals on exceptional rate, there is documentation of additional direct service provision and oversight by the DDP, if applicable.
 4. Organizational policy and practice demonstrates that appropriate professional staff shall conduct the following services, supports, care and treatment, including but not limited to:
 - a. Overseeing the services, supports, care and treatment provided to individuals;
 - b. Supervising the formulation of the individual service plan or individual recovery plan;
 - c. Conducting diagnostic, behavioral, functional and educational assessments;
 - d. Designing and writing behavior support plans;
 - e. Implementing assessment, care and treatment activities as defined in professional practice acts; and
 - f. Supervising high intensity services such as screening or evaluation, assessment, and residential behavior support services.
 5. Providers must ensure an adequate staffing pattern to provide access to services in accordance with service guidelines and professional designations. Refer to Service Guidelines in this Provider Manual for specific staffing requirements.
 6. The type and number of professional staff and all other staff attached to the organization are:
 - a. Properly trained, licensed or credentialed in the professional field as required;
 - b. Present in numbers to provide adequate supervision to staff;
 - c. Present in numbers to provide services, supports, care and treatment to individuals as required;
 - d. In 24 hour or residential care settings, at least one staff trained in Basic Cardiac Life Support (BCLS) and first aid is on duty at all times on each shift;
 - e. DD providers using Proxy Caregivers must receive training that includes knowledge and skills to perform any identified specialized health maintenance activity. Additional information regarding Proxy Caregivers can be found in Section V of this document; and
 - f. Experienced and competent to provide services, supports, care and treatment and/or supervision as required.
 7. The organization must have procedures and practices for verifying licenses, credentials, experience and competence of staff:
 - a. There is documentation of implementation of these procedures for all staff attached to the organization; and

- b. Licenses and credentials are current as required by the field.
- 8. Federal law, state law, professional practice acts and in-field certification requirements are followed regarding:
 - a. Professional or non-professional licenses and qualifications **are** required to provide the services offered. If it is determined that a service requiring licensure or certification by State Law is being provided by an unlicensed staff, it is the responsibility of the organization to comply with DBHDD Policy regarding Licensing and Certification Requirements and the Reporting of Practice Act Violations.
 - b. Laws governing hours of work such as but not limited to the Fair Labor Standards Act.
- 9. Job descriptions are in place for all personnel that include:
 - a. Qualifications for the job;
 - b. Duties and responsibilities;
 - c. Competencies required;
 - d. Expectations regarding quality and quantity of work; and
 - e. Documentation that the individual staff has reviewed, understands, and is working under a job description specific to the work performed within the organization.
- 10. a. There is evidence that a national criminal records check (NCIC) is completed for all employees, to include contractors/subcontractors and their employees and volunteers who work directly with the individuals, who provide services, supports, care and treatment to individuals served within the organization. **The applicant should submit fingerprints prior to employment or if circumstances justify delay, within 10 business days of the employee's start date.** DBHDD Policy 04-104, *Criminal History Records Check for Contractors* is followed and fingerprints are obtained by electronic fingerprint submission through Cogent Systems. See www.ga.cogentid.com;
- b. There is mandatory disqualification from providing services for DBHDD for a minimum of five (5) years from the date of conviction, a plea of nolo contendere, or release from incarceration or probation, whichever is later. Refer to DBHDD Policy 04-104, *Criminal History Records Checks for Contractors* for a list of crimes that restricts employment as a DBHDD contractor or contractor's employee.
- 11. The organization has policies, procedures and documentation practices detailing all human resources practices, including but not limited to:
 - a. Processes for determining staff qualifications including:
 - i. License or certification status;
 - ii. Training;
 - iii. Experience; and
 - iv. Competence.
 - b. Processes for managing personnel information and records which should include but not be limited to:
 - i. Criminal records checks (including process for reporting CRC status change);
 - ii. Drivers license checks; and
 - iii. Annual TB testing (for all staff providing direct support).
 - c. Provisions for and documentation of:
 - i. Timely orientation of personnel;
 - ii. Periodic assessment and development of training needs;
 - a) Development of activities responding to those needs; and
 - iii. Annual work performance evaluations.
 - d. Provisions for sanctioning and removal of staff when:
 - i. Staff are determined to have deficits in required competencies;
 - ii. Staff is accused of abuse, neglect or exploitation.
 - e. Administration of personnel policies without discrimination.

12. All staff, direct support volunteers, and direct support consultants shall be trained and show evidence of competence in the following:
 - a. Orientation requirements are specified for all staff and are provided **prior to direct contact with individuals** and are as follows:
 - i. The purpose, scope of services, supports, care and treatment offered including related policies and procedures;
 - ii. HIPAA and Confidentiality of individual information, both written and spoken;
 - iii. Rights and Responsibilities of individuals;
 - iv. Requirements for recognizing and mandatory reporting suspected abuse, neglect or exploitation of any individual:
 - a) To the DBHDD;
 - b) Within the organization;
 - c) To appropriate licensing agencies (Healthcare Facility Regulation) and for in home services (Adult Protective Services); and
 - d) To law enforcement agencies.
 - b. Within the first sixty (60) days from date of hire, all staff having direct contact with individuals shall receive training in the following which shall include, but not be limited to:
 - i. Person centered values, principles and approaches;
 - ii. A Holistic approach for providing care, supports and services for the individual;
 - iii. Medical, physical, behavioral and social needs and characteristics of the individuals served;
 - iv. Human Rights and Responsibilities (*);
 - v. Promoting positive, appropriate and responsive relationships with persons served, their families and stakeholders;
 - vi. The utilization of:
 - a) Communication Skills (*);
 - b) Behavioral Support and Crisis Intervention techniques to de-escalate challenging and unsafe behaviors (*);
 - c) Nationally benchmarked techniques for safe utilization of emergency interventions of last resort (if such techniques are permitted in the purview of the organization) (*); and
 - d) The Georgia Crisis Response System (GCRS).
 - vii. Ethnics, cultural preferences and awareness;
 - viii. Fire safety (*);
 - ix. Emergency and disaster plans and procedures (*);
 - x. Techniques of Standard Precautions, including:
 - a) Preventative measures to minimize risk of HIV;
 - b) Current information as published by the Centers for Disease Control (CDC); and
 - c) Approaches to individual education.
 - xi. First aid and safety;
 - xii. BCLS including both written and hands on competency training is required;
 - xiii. Specific individual medications and their side effects (*);
 - xiv. Suicide Prevention Skills Training (such as AIM, QPRP); and
 - xv. Ethics and Corporate Compliance training is evident.
 - c. A minimum of 16 hours of training must be completed annually to include the trainings noted by an asterisk (*) in 11.b. (iv, vi, viii, ix, x, xiii).
13. The organization details in policy by job classification:
 - a. Training that must be refreshed annually;
 - b. Additional training required for professional level staff; and
 - c. Additional training/recertification (if applicable) required for all other staff.
14. Regular review and evaluation of the performance of all staff is documented and conducted:

- a. The evaluation should at a minimum occur annually;
 - b. Managers who are clinically, administratively and experientially qualified conduct evaluations.
15. It is evident that the organization demonstrates administration of personnel policies without discrimination.

OUTCOMES FOR PERSONS SERVED

A. INDIVIDUAL RIGHTS, RESPONSIBILITIES, PROTECTIONS (CRITICAL)

1. There is evidence of the individual or legal guardian's signature on notification that all individuals are informed about their rights and responsibilities:
 - a. At the onset of services, supports, care and treatment;
 - b. At least annually during care;
 - c. Through written information that is well prepared in a language/format understandable by the individual; and
 - d. How confidentiality will be addressed including but not limited to who they wish to be informed about their services, supports, care and treatment.
2. The organization has policies and promotes practices that:
 - a. Do not discriminate;
 - b. Promote receiving equitable supports from the organization;
 - c. Provide services, supports, care and treatment in the least restrictive environment possible;
 - d. Emphasize the use of teaching functional communication, functional adaptive skills to increase independence, and using least restrictive interventions that are likely to be effective;
 - e. Incorporate Clients Rights and the Human Rights Council policy found at www.dbhdd.ga.gov, as applicable to the organization; and
 - f. Delineates the rights and responsibilities of persons served.
3. In policy and practice, the organization makes it clear that under no circumstances will the following occur:
 - a. Threats of harm or mistreatment (overt or implied);
 - b. Corporal punishment;
 - c. Fear-eliciting procedures;
 - d. Abuse or neglect of any kind;
 - e. Withholding basic nutrition or nutritional care; or
 - f. Withholding of any basic necessity such as clothing, shelter, rest or sleep.
4. Federal and state law and rules are evident in policy and practice including, but not limited to:
 - a. For **all community based programs**, practices promulgated by DBHDD or the Rules or Regulations for Clients Rights, Chapter 290-4-9 are incorporated into the care of individuals served. Issues addressed include but are not limited to:
 - i. Care in the least restrictive environment;
 - ii. Humane treatment or habilitation that affords protection from harm, exploitation or coercion; and
 - iii. Unless adjudicated incompetent by a court of law, be considered legally competent for any purpose without due process of law, including to maintain:
 - a) Civil;
 - b) Political;
 - c) Personal; and
 - d) Property rights.
 - b. For **all DD Crisis programs service adults, children or youth**, practices promulgated by DBHDD, the Rules and Regulations for Clients Rights, Chapter 290-4-9 and Operational and Clinical Standards for Georgia Crisis Response System (GCRS-DD) are incorporated into the treatment of adults, children and youth served in the crisis programs.

5. There are no barriers in accessing the services, supports, care and treatment offered by the organization, including but not limited to:
 - a. Geographic;
 - b. Architectural;
 - c. Communication;
 - i. Language access is provided to individuals with limited English proficiency or who are sensory impaired;
 - ii. All applicable DBHDD policies regarding Limited English Proficiency and Sensory Impairment are followed.
 - d. Attitudinal;
 - e. Procedural; and
 - f. Organizational scheduling and availability.
6. There is evidence of organizational person-centered planning and service delivery that demonstrates:
 - a. Sensitivity to individual differences (including disabilities) and preferences;
 - b. Practices and activities that reduce stigma; and
 - c. Interactions that are respectful, positive and supportive.
7. The organization must have written policies and procedures regarding the visitation rights of individuals, including a requirement that any reasonable restrictions must be based on the seriousness of the individual's mental or physical condition as ordered in writing by the attending physician. Such orders shall state the type and extent of the restriction. The order shall be reviewed for changes as needed and renewed at least annually. Additional orders shall follow the same procedure. The organization must meet the following requirements:
 - a. Inform each individual (or guardian, or parent or custodian of a minor, as applicable) of his or her visitation rights, including any clinical restriction of such rights, when he or she is informed of his or her other rights under this section;
 - b. Inform each individual (or guardian, or parent or custodian of a minor, as applicable) of the right, subject to his or her consent, to receive visitors whom he or she designates, including, but not limited to, a spouse, a domestic partner (including a same sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time. However, the parent, guardian or custodian of a minor may restrict his or her visitation rights;
 - c. Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identify, sexual orientation or disability;
 - d. Ensure that all visitors enjoy full and equal visitation privileges consistent with the preferences of the individual;
 - e. Not restrict visitation by an individual's attorney or personal physician on the basis of the individual's physical or mental condition;
 - f. Visitors/guardians are also expected to adhere to any reasonable restrictions as ordered in writing by the attending physician in the area of diet; and
 - g. If visitation facilitates/results in problematic behaviors, reasonable restrictions may be ordered and incorporated into the Safety Plan.
8. Access to appropriate services, supports, care and treatment is available regardless of:
 - a. Age;
 - b. Race, National Origin, Ethnicity;
 - c. Gender;
 - d. Religion;
 - e. Social status;
 - f. Physical disability;
 - g. Mental disability;
 - h. Gender identity; or
 - i. Sexual orientation.

B. BEHAVIORAL SUPPORT PRACTICES (CRITICAL)

1. In policies, procedures and practices, the organization outlines and defines the adaptive, supportive, medical protection devices and the restrictive interventions that are implemented or prohibited by the organization and licensure requirements. These devices include but are not limited to:
 - a. Use of adaptive supportive devices or medical protective devices (devices which restrain movement but are applied for the protection of accidental injury, required for medical treatment or for corrective/supportive needs):
 - i. May be used in any service, support, care and treatment environment;
 - ii. Use is defined by a physician's order (order not to exceed twelve calendar months);
 - iii. Written order to include rationale and instructions for the use of the device;
 - iv. Authorized in the individual service plan (ISP); and
 - v. Are used for medical and/or protection against injury and not for treatment of challenging behavior(s).
 - b. Time out (also known as withdrawal to a quiet area):
 - i. Under no circumstance is egress physically or manually restricted;
 - ii. Time out periods must be brief, not to exceed 15 minutes;
 - iii. Procedure for time out utilization is incorporated in the behavior support plan; and
 - iv. The justification for use and implementation details for time out utilization is documented.
 - c. Manual Hold/Restraint(also known as Personal Restraints): The application of physical force, without the use of any device, for the purpose of restricting the free movement of a person's body:
 - i. May be used in all community settings except residential settings licensed as Personal Care Homes;
 - ii. Circumstances of use must represent an emergency safety intervention of last resort affecting the safety of the individual or of others;
 - iii. Brief handholding (less than 10 seconds) support for the purpose of providing safe crossing, safety or stabilization does not constitute a personal hold;
 - iv. If permitted, Manual/Personal Restraint (ten seconds or more), shall not exceed five (5) minutes and use of personal restraint is documented;
 - v. Use of manual/personal restraints must be outlined as an approved intervention in his/her safety plan; and
 - vi. If manual/personal restraints are implemented more than three (3) times in a six (6) month period, there must be corresponding procedures to teach the individual skills that will decrease/eliminate the use of personal restraints.
 - d. Mechanical Restraint (also known as Physical Restraints): A device attached or adjacent to the individual's body that one cannot easily remove and that restricts freedom of movement or normal access to one's body or body parts. Mechanical/Physical restraints are prohibited in community settings.
 - e. Seclusion: The involuntary confinement of an individual alone in a room or in any area of a room where the individual is prevented from leaving, regardless of the purpose of the confinement. The practice of "restrictive time-out" (RTO) is seclusion and may not be utilized except in compliance with the requirement related to seclusion. The phrase "prevented from leaving" includes not only the use of a locked door, but also the use of physical control or verbal threats to prevent the individual from leaving. Seclusion is not permitted in developmental disabilities services.
 - f. **Chemical restraint may never be used under any circumstance.** Chemical restraint is defined as a medication or drug that is:
 - i. Not a standard treatment for the individual's medical or psychiatric condition;
 - ii. Used to control behavior; and
 - iii. Used to restrict the individual's freedom of movement.

Examples of chemical restraint are the following:

- i. The use of over the counter medications such as Benadryl for the purpose of decreasing an individual's activity level during regular waking hours;
 - ii. The use of an antipsychotic medication for a person who is not psychotic but simply 'pacing' or agitated.
 - g. PRN anti-psychotic medications for behavior control are not permitted. See Part II, Section 1; Appendix 1 for list of medications.
2. The approach to developing a positive behavior support plan (including a safety plan) and treatment for individuals demonstrating challenging behaviors should be consistent with the definitions and protocols in the *Guidelines for Supporting Adults with Challenging Behaviors in Community Settings* and *Best Practice Standards for Behavioral Support Services* found in the provider manual. Behavior Support activities outlined in the PBSP is guided by an overall emphasis on not only decreasing target behaviors but also concurrently increasing skills in appropriate areas.
 3. The PBSP and Safety Plan for challenging behaviors should be a collaborative effort among each provider providing services for the individual. The providers must work to develop and implement one plan that includes any modification for implementation for each service site and the modification must be addressed and approved prior to finalizing the plan. The final approved PBSP is incorporated by reference into the ISP. A copy of the individual's PBSP must be available at all service sites for implementation.
 4. a) A positive behavior support plan should be developed and implemented for individuals with developmental disabilities who receive psychotropic medications for symptom management of challenging behavior that continues to pose a significant risk to the individual, others, or the environment (e.g., self-injury, physical aggression, property destruction) and is not specifically related to mental illness or epilepsy requiring treatment with psychotropic medications. The positive behavior support plan must minimally include:
 - 1) An operationally defined behavior(s) for which the drug is intended to affect;
 - 2) Measuring target behaviors which shall constitute the basis on which medication adjustments will be made; and
 - 3) A focus on teaching replacement behaviors in an effort to replace the use of medication with behavioral programming.b) A positive behavior support plan is not required for individuals receiving psychotropic medication to treat mental illness (e.g., schizophrenia, bi-polar disorder) or epilepsy when the record documents that the medication addresses the symptoms of the mental illness or epilepsy.
 5. When positive behavior support plan is used to reduce challenging behaviors there must evidence that the following issues have been addressed. The plan is:
 - a. Individualized;
 - b. Based on a functional assessment;
 - c. One that has addressed potential medical causes;
 - d. Developed and overseen by a qualified professional (Refer to the *Community Service Standards for All DD Providers* for definitions related to in-field professions);
 - e. Inclusive of methods outlined to teach alternative appropriate behaviors that will achieve the same results as the challenging behavior(s);
 - f. Inclusive of rationale for the following:
 - i. Use of identified approaches;
 - ii. The time of their use;
 - iii. An assessment of the impact on personal choice of the individual;
 - iv. The targeted behavior; and
 - v. How the targeted behavior will be recognized for success.

- g. Implemented by trained and competent staff as documented by individual who developed the PBSP/Safety Plan and trained the staff.
 - h. Has monitoring plans for review, analyzing trends, and summarizing the effectiveness of the plan and termination criteria;
 - i. Consent provided by the individual and his or her legal guardian;
 - j. Discussed with the individual and family/natural supports (as permitted by the individual); and
 - k. Developed in accordance with *Best Practice Standards for Behavioral Support Services for Providers of Developmental Disabilities Services* (www.dbhdd.ga.gov).
6. Intrusive or restrictive procedures must be clearly justified through documentation of less restrictive procedures ineffectiveness and/or the need for more intrusive procedures due to the safety or health risks presented by the targeted behaviors. These procedures are authorized, incorporated into the PBSP and/Safety Plan, approved by ISP interdisciplinary team, reviewed by organization's Rights Committee and supervised by qualified professional(s) and may not be in conflict with Federal or State Laws, Rules and Regulations, Clients Rights or Department standards to include but not limited to the document *Guidelines for Supporting Adults with Challenging Behaviors in Community Settings* and the *Best Practice Standards for Behavioral Support* when developing a positive behavior support/safety plan.
7. Providers must have processes in place to implement crisis intervention as needed. The staff must be trained to respond to a crisis situation that occurs at the service site and have an agency's crisis plan, that at a minimum addresses:
- a. Approved interventions to be utilized by staff;
 - b. Availability of additional resources to assist in diffusing the crisis;
 - c. If the acute crisis presents a substantial risk of imminent harm to self and others, that community based crisis services to include the Georgia Crisis Response System(GCRS) serves as an alternative to emergency room care, calling 911, institutional placement, and/or law enforcement involvement (including incarceration) is implemented;
 - d. Protocols to access community-based crisis services to include the Georgia Crisis Response System must be included in agency's policy and procedures with staff trained to implement this protocol; and
 - e. Notification process by Direct Support Staff that includes informing the designated on-call management staff and /or Director.
8. All organizations must have the capacity to address individual's behavioral needs. If the cause of the challenging behavior cannot be determined or satisfactorily addressed by the provider, there should be evidence of consultation with an outside professional who is licensed or qualified through education, supervised training and experience to address the behavior needs of the Individual. Those authoring such plans should minimally meet professional criteria as a Psychologist, Behavioral Specialist or a Board Certified Behavior Analyst (Refer to Professional Designations, Section G. for qualifications).
9. If the need for behavior supports is identified, the individual or guardian is given a choice to select the qualified person to develop the PBSP and /or Safety plan.

C.I. RESPECTFUL SERVICE ENVIRONMENT (CRITICAL) {to include Host Homes and Day Service Sites}:

- 1. Services, supports, care or treatment approaches support the individual in:
 - a. Living in the most integrated community setting appropriate to the individual's requirement, preferences and level of independence;
 - b. Exercising meaningful choices about living environments, providers of services received, the types of supports, and the manner by which services are provided;
 - c. Obtaining quality services in a manner as consistent as possible with community living preferences and priorities; and

- d. Inclusion and active community integration is supported and evident in documentation.
2. Services are provided in an appropriate environment that is respectful of individuals supported or served. (For Host Homes and Community Access Services Sites refer to Operational Standards for Host Homes/Life Sharing and Physical Environment NOW/COMP Chapter for Community Access Services). The environment is:
 - a. Clean;
 - b. Age appropriate;
 - c. Accessible (individuals who need assistance with ambulation shall be provided bedrooms that have access to a ground level exit to the outside or have access to exits with easily negotiable ramps or accessible lifts. The home shall provide at least two (2) exits, remote from each other that are accessible to the individuals served);
 - d. Individual's rooms are personalized;
 - e. Adequately lighted, ventilated, and temperature controlled;
 - f. There is sufficient space, equipment and privacy to accommodate;
 - g. An area/room for visitation; and
 - h. Telephone use for incoming and outgoing calls that is accessible and maintained in working order for persons served or supported.
3. The environment is safe:
 - a. All local and state ordinances are addressed:
 - i. Copies of inspection reports are available;
 - ii. Licenses or certificates are current and available as required by the site or the service;
 - iii. An automatic extinguishing system (sprinkler) shall be installed per city/county requirements for residential settings excluding host homes not governed by other federal, state and county rules and regulations, if applicable; and
 - iv. Approved smoke alarm shall be installed in all sleeping rooms, hallways and in all normally occupied areas on all levels of the residences per safety code. Smoke alarms especially in the bedrooms shall be tested monthly and practice documented. The facility shall be inspected annually to meet fire safety code and copies of inspection maintained.
 - b. Installation of Fire alarm system and inspection of equipment meets safety code.
 - c. Fire drills are conducted for individuals and staff:
 - i. Once a month at alternative times; including
 - ii. Twice a year during sleeping hours if residential services;
 - iii. All fire drills shall be documented with staffing involved;
 - iv. DBHDD maintains the right to require an immediate demonstration of a fire drill during any on-site visit.
4. When food service is utilized, required certifications related to health, safety and sanitation are available. A three day supply of non-perishable emergency food and water is available for all individuals supported in residences. A residence shall arrange for and serve special diets as prescribed.
5. Policies, plans and procedures are in place that addresses Emergency Evacuation, Relocation, Preparedness and Disaster Response. Supplies needed for emergency evacuation are maintained in a readily accessible manner, including individuals' information, family contact information and current copies of physician's orders for all individual's medications.
 - a. Plans include detailed information regarding evacuating, transporting and relocating individuals that coordinate with the local Emergency Management Agency and at a minimum address:
 - i. Medical emergencies;
 - ii. Missing persons;
 - a) Georgia's Mattie's Call Act provides for an alert system when an individual with developmental disabilities, dementia, or other cognitive impairment is missing.

Law requires residences licensed as Personal Care Homes to notify law enforcement within 30 minutes of discovering a missing individual.

- iii. Natural and man-made disasters;
 - iv. Power failures;
 - v. Continuity of medical care as required;
 - vi. Notifications to families or designees; and
 - vii. Continuity of Operation Planning (COOP) to include identifying locations and providing a signed agreement where individuals will be relocated temporarily in case of damage to the site where services are provided. COOP must also include plans for sheltering in place (for more information go to:
<http://www.georgiadisaster.info/PersonsWithDisabilities/disasterpreparedness.html> ;
<http://www.fema.gov/about/org/ncp/coop/templates.shtm>).
- b. Emergency preparedness notice and plans are:
- i. Reviewed annually;
 - ii. Tested at least quarterly for emergencies that occur locally on a less frequent basis such as, but not limited to flood, tornado or hurricane; and
 - iii. Drilled with more frequency if there is a greater potential for the emergency.
6. Residential living support service options:
- a. Are integrated and established within residential neighborhoods;
 - b. Are single family dwellings;
 - c. Have space for informal gatherings;
 - d. Have personal space and privacy for persons supported; and
 - e. **Are understood to be the “home” of the person supported or served.**
7. Video cameras **may not be used** in the following instances:
- a. In an individual’s personal residence;
 - b. In lieu of staff presence; or
 - c. In the bedroom of individuals, as it is an invasion of privacy and is strictly prohibited.
8. There are policies, procedures, and practices for transportation of persons supported or served in residential services and in programs that require movement of persons served from place to place:
- a. Policies and procedures apply to all vehicles used, including:
 - i. Those owned or leased by the organization;
 - ii. Those owned or lease by subcontractors; and
 - iii. Use of personal vehicles of staff.
 - b. Policies and procedures include, but are not limited to:
 - i. Authenticating licenses of drivers;
 - ii. Proof of insurance;
 - iii. Routine maintenance;
 - iv. Requirements for evidence of driver training;
 - v. Safe transport of persons served;
 - vi. Requirements for maintaining an attendance log of persons while in vehicles;
 - vii. Safe use of lift;
 - viii. Availability of first aid kits;
 - ix. Fire suppression equipment; and
 - x. Emergency preparedness.

C II. Infection Control Practices are Evident in Service Settings:

1. The organization, at a minimum, has a basic Infection Control Plan which is reviewed bi-annually for effectiveness and revision, if needed. The Plan addresses:
 - a. Standard Precautions;

- b. Hand Washing Guidelines;
 - c. Proper storage of Personal Hygiene items; and
 - d. Specific common illnesses/infectious diseases likely to be emergent in the particular service setting.
2. The organization has policies, procedures and practices for controlling and preventing infections in the service setting. There is evidence of:
 - a. Guidelines for environmental cleaning and sanitizing;
 - b. Guidelines for safe food handling and storage;
 - c. Guidelines for laundry; and
 - d. Guidelines for food preparation.
 3. Procedures for the prevention of infestation by insects, rodents or pests shall be maintained and conducted continually to protect the health of individuals served.
 4. No vicious/dangerous animals shall be kept. Any pets living in the service setting must be healthy and not pose a health risk to the individual supported. All pets must meet the local, state, and federal requirements to include the following:
 - a. All animals that require rabies vaccinations annually must have current documentation of the rabies inoculation;
 - b. Exotic animals must be obtained from federally approved sources; and
 - c. Parrots and Psittacine family birds must be USDA inspected and banded.

D. A HOLISTIC PERSON-CENTERED APPROACH TO CARE, SUPPORT AND SERVICES

I. Assessments:

1. Individualized services, supports, care and treatment determinations are made on the basis of an assessment of needs with the individual. The purpose of the assessment is to determine the individual's hopes, dreams or vision for their life and to determine how best to assist the individual in reaching those hopes, dreams or vision, including determining appropriate staff to deliver these services. Assessments should include, but are not limited to, the following:
 - a. The individual's:
 - i. Hopes and dreams, or personal life goals;
 - ii. Perception of the issue(s) of concern;
 - iii. Strengths;
 - iv. Needs;
 - v. Abilities; and
 - vi. Preferences.
 - b. Medical history;
 - c. A current health status report or examination in cases where:
 - i. Medications or other ongoing health interventions are required;
 - ii. Chronic or confounding health factors are present;
 - iii. Medication prescribed as part of DBHDD services has research indicating necessary surveillance of the emergence of diabetes, hypertension, and/or cardiovascular disease;
 - iv. Allergies or adverse reactions to medications have occurred; or
 - v. Withdrawal from a substance is an issue.
 - d. Appropriate diagnostic tools such as impairment indices, psychological testing, or laboratory tests;
 - e. Social history;
 - f. Family history;
 - g. School records (for school age individuals);
 - h. Collateral history from family or persons significant to the individual, if available:

- i. NOTE: When collateral history is taken, information about the individual **may not be shared** with the person giving the collateral history unless the individual has given specific written consent; and
 - i. Review of legal concerns including:
 - i. Advance directives;
 - ii. Legal competence;
 - iii. Legal involvement of the courts; and
 - iv. Legal status as adjudicated by a court.
- 2. Additional assessments should be performed or obtained by the provider if required to fully inform the services, supports, care and treatment provided. These may include but are not limited to:
 - a. Assessment of trauma or abuse;
 - b. Suicide risk assessment;
 - c. Functional assessment;
 - d. Cognitive assessment;
 - e. Behavioral assessments;
 - f. Spiritual assessment;
 - g. Assessment of independent living skills;
 - h. Cultural assessment;
 - i. Recreational assessment;
 - j. Educational assessment;
 - k. Vocational assessment; and
 - l. Nutritional assessment.
- 3. Policies, procedures and practice describe processes or referral of the individual based on ongoing assessment of individual need:
 - a. Internally to different programs or staff; or
 - b. Externally to services, supports, care and treatment not available within the organization, including but not limited to:
 - i. Health care for:
 - a) Routine assessment such as annual physical examinations;
 - b) Chronic medical issues;
 - c) Ongoing psychiatric issues;
 - d) Acute and emergent needs:
 - 1. Medical
 - 2. Psychiatric
 - ii. Diagnostic testing such as psychological testing or labs; and
 - iii. Dental services.

II. Individual Service Plan (ISP)

- 1. An individualized service plan is developed by a Support Coordinator, a State Services Coordinator or a Planning List Administrator with input from the individual/representative, service providers and others, as applicable.
 - a. Be driven by the individual and focused on outcomes the individual desires to achieve;
 - b. Fully explained to the individual using language/communication he or she can understand and agreed to by individual;
 - c. Identify and prioritize the needs of the individual and include a page for signatures of the individual or guardian or other members to indicate who participated in the planning of services. Subsequent addendums must also document individual/guardian's signature; and
 - d. Others assisting in the development of the individualized service plan are persons who:
 - i. Are significant in the life of the individual;
 - ii. Have a historical perspective of the desires of the individual;

- iii. The individual gives consent to have input from family and friends, if desired; and
 - iv. Will deliver the specific services, supports, care and treatment identified in the plan:
 - a) For individuals with coexisting, complex and confounding needs, cross disciplinary approaches to planning should be used;
 - b) Planning should be facilitated by professional(s) qualified to plan or provide services to persons with this level of complexity; and
 - c) Representatives of other agencies outside of DBHDD or providers affecting the daily life of the individual should be present and participating.
 - e. A page for signature, title and date by participants (including the individual and professionals) that is attached to the plan, to indicate all participants presence and involvement in the plan that provides services, supports, care and treatment to the individual.
2. Statement of goals or objectives of the individual are:
- a. Each goal/objective is specific to the services provided:
 - i. **Specific** to the desired outcomes;
 - ii. **Measurable** for progress;
 - iii. **Achievable** skills;
 - iv. **Relevant** to service provision;
 - v. **Realistic** to service provision; and
 - vi. **Time-limited** with specified target dates.
 - b. The frequency or intensity that the specific service, support, care and treatment will be given or provided;
 - c. Identification of staff responsible to deliver or provide the specific service, support, care and treatment;
 - d. Clear authorization of the plan:
 - i. Refer to definitions of service included in this Provider Manual to determine who must authorize the plan:
 - a) Part I, Section II: *DD Consumer Eligibility, Access and Planning List, Service Definitions and Service Guidelines.*
 - ii. A physician must authorize the plan when it includes medical care and treatment or as required by Georgia Department of Community Health Division of Medical Assistance, part II Policies and Procedures for Comprehensive Support Waiver Program (COMP) and New Option Waiver Program (NOW). *Protocol for Physician Signature is in waiver manual.*
 - iii. When more than one physician is involved in individual care, there is evidence that an RN or MD has reviewed all in-field information to assure there are no contradictions or inadvertent contraindications within the care and treatment orders or plan.
3. Documents to be incorporated by reference into an individual service plan include, but are not limited to:
- a. Medical updates as indicated by physician orders or notes;
 - b. Addenda as required when a portion of the plan requires reassessment;
 - c. A personal crisis plan which directs in advance the individual's desires/wishes/plans/ objectives in the event of a crisis; and
 - d. A behavior support plan and/or a safety plan for individuals demonstrating challenging behaviors; and
 - e. A PBSP and safety plan for individuals who received psychotropic meds for symptom management.
4. Wellness of individuals is facilitated through:
- a. Advocacy;
 - b. Individual care practices;
 - c. Education;
 - d. Sensitivity to issues affecting wellness including, but not limited to:
 - i. Gender;

- ii. Culture; and
 - iii. Age.
- e. Incorporation of wellness goals within the individual plan.
- f. The intent of the development of the ISP is a process that focuses on the individual's hopes, dreams and visions of a "life well-lived." Information included within this individualized plan should be presented as a single plan that addresses residential and all other paid supports that the individual receives. The Support networks should work closely together to identify issues of risk and needed supports to address those risks while never losing sight that the individual is at the center of the planning process and included in all discussions. If the individual receives residential services, the residential provider has the primary responsibility in conjunction with the support coordinator or state services coordinator to assure a holistic (i.e. integrated) support plan for all services identified as a need for the individual.
- 5. There is evidence that the person's data from tracking sheets and learning logs have been reviewed, analyzed for trends, and summarized to determine the progress toward goals **at least quarterly**.
- 6. Individualized plans or portions of the plan must be reassessed as indicated by the following:
 - a. Changing needs, circumstances and responses of the individual, including but not limited to:
 - i. Any life change;
 - ii. Change in provider;
 - iii. Change of address;
 - iv. Change in frequency of service; and
 - v. Change in medical, behavioral, cognitive or physical status.
 - b. As requested by the individual;
 - c. As required by re-authorization;
 - d. At least annually; and
 - e. When goals are not being met.

III. Documentation

1. The individual record is a legal document, information in the record should be:
 - a. Organized;
 - b. Complete;
 - c. Current;
 - d. Meaningful;
 - e. Succinct; and
 - f. Essential to:
 - i. Provide adequate and accurate services, supports, care and treatment;
 - ii. Tell an accurate story of services, supports, care and treatment rendered and the individual's response;
 - iii. Protect the individual; their rights; and
 - iv. Comply with legal regulation.
 - g. Dated, timed, and authenticated with the authors identified by name, credential and by title:
 - i. Notes entered retroactively into the record after an event or a shift must be identified as a "late entry";
 - ii. Documentation is to be done each shift or service contact by staff providing the service;
 - iii. If notes are voice recorded and typed or a computer is used to write notes that are printed, each entry must be dated and the physical documentation must be signed and dated by the staff writing the note. Notes should then be placed in the individual's record; and
 - iv. If handwritten notes are transcribed electronically at a later date, the former should be kept to demonstrate that documentation occurred on the day billed.
 - h. Written in black or blue ink;
 - i. Red ink may be used to denote allergies or special precautions;

- j. Corrected as legally prescribed by:
 - i. Drawing a single line through the error;
 - ii. Labeling the change with the word “error”;
 - iii. Inserting the corrected information; and
 - iv. Initialing and dating the correction.
2. At a minimum, the individual’s information shall include:
- a. The name of the individual, precautions, allergies (or no known allergies – NKA) and “volume #x of #y” on the front of the record;
 - i. Note that the individual’s name, allergies and precautions must be flagged on the medication administration record.
 - b. Individual’s identification and emergency contact information;
 - c. Financial information;
 - d. Rights, consent and legal information including but not limited to:
 - i. Consent for service;
 - ii. Release of information documentation;
 - iii. Any psychiatric or other advanced directive;
 - iv. Legal documentation establishing guardianship;
 - v. Evidence that individual rights are reviewed at least one time a year; and
 - vi. Evidence that individual responsibilities are reviewed at least one time a year.
 - e. Pertinent medical information;
 - f. Screening information and assessments, including but not limited to:
 - i. Functional, psychological and diagnostic assessments.
 - g. Individual service plan, including:
 - i. Identified outcomes or goals (in measurable terms);
 - ii. Interventions or activities occurring to achieve the goals;
 - iii. The individual’s response to the interventions or activities (progress notes, tracking sheets, learning logs or data);
 - iv. A projected plan to modify or decrease the intensity of services, supports, care and treatment as goals are achieved; and
 - v. Discharge planning is begun at the time of admission that includes specific objectives to be met prior to decreasing the intensity of service or discharge.
 - h. Discharge summary information provided to the individual and new service provider, if applicable, at the time of discharge includes:
 - i. Strengths, needs, preferences and abilities of the individual;
 - ii. Services, supports, care and treatment provided;
 - iii. Achievements;
 - iv. Necessary plans for referral; and
 - v. A dictated or hand-written summary of the course of services, supports, care and treatment incorporating the discharge summary information provided to the individual and new service provider, if applicable, must be placed in the record within 30 days of discharge.
 - i. The organization must have policy, procedures and practices for Discharge/Transfer/ immediate transfer due to medical or behavioral needs of individuals in all cases. Agency employees, subcontractors and their employees and volunteers who abandon an individual are subject to administrative review by the contracting Regional Office(s) representing DBHDD to evaluate increasing new admission capacity further or continuing the relationship with the provider agency.
 - j. All relocation/discharge of individuals within or outside the agency must have prior approval from the contracting Regional Office representing DBHDD. A copy of the approval must be maintained in the individual record.
 - k. Progress notes or Learning Logs (for DD individuals) describing progress toward goals, including:

- i. Implementation of interventions specified in the plan;
 - ii. The individual's response to the intervention or activity based on data; and
 - iii. Date and the beginning and ending time when the service was provided.
 - l. Event notes documenting:
 - i. Issues, situations or events occurring in the life of the individual;
 - ii. The individual's response to the issues, situations or events;
 - iii. Relationships and interactions with family and friends, if applicable;
 - iv. Missed appointments including:
 - a) Findings of follow-up; and
 - b) Strategies to avoid future missed appointments.
 - m. Records or reports from previous or other current providers; and
 - n. Correspondence.
3. The individual's response to the services, supports, care and treatment is a consistent theme in documentation.
 - a. Frequency and style of documentation are appropriate to the frequency and intensity of services, supports, care and treatment; and
 - b. Documentation includes record of contacts with persons involved in other aspects of the individual's care, including but not limited to internal or external referrals.
 4. Community integration and inclusion into the larger natural community is supported and evident. Terms "Integration and Inclusion" mean:
 - a. Use of community resources that are available to other citizens;
 - b. Providing the opportunity to actively participate in community activities and types of employment as citizens without disabilities;
 - c. The organization has community partnerships for capacity building and advocacy of activities to achieve this goal of integration;
 - d. The organization must provide supports and inclusion activities that show respect for the individual's dignity, personal preference and cultural differences; and
 - e. There is documentation of individualized preferences, person-centered integration and inclusion in the community;
 - f. Building of community relationships (natural/paid/unpaid); and
 - g. Supporting individual's choice as measured by the amount of control an individual has over his/her life.
 5. There is a process for ongoing communication between staff members working with the same individuals in different programs, activities, schedules or shifts.

IV. Information Management SYSTEM THAT PROTECTS INDIVIDUAL INFORMATION AND IS SECURE, ORGANIZED AND CONFIDENTIAL:

1. The organization has clear policies, procedures and practices that support secure, organized and confidential management of information, to include electronic individual records, if applicable.
2. Maintenance and transfer of both written and spoken information is addressed:
 - a. Personal individual information;
 - b. Billing information; and
 - c. All service related information.
3. The organization has a Confidentiality and HIPAA Privacy Policy that clearly addresses state and federal confidentiality laws and regulations, including but not limited to federal regulations on "Confidentiality of Alcohol and Drug Abuse Patient Records" at 42 C.F.R. Part 2 (as applicable) and state laws at O.C.G.A. §§ 37-3-166 (MH), 37-4-125 (DD) and 37-7-166 (AD) as applicable. The organization has a Notice of Privacy Practices that gives the individual adequate notice of the organization's policies and practices regarding use and disclosure of their Protected Health Information (PHI). The notice should contain mandatory elements required by the Health Insurance

Portability and Accountability Act of 1996 (HIPAA, Title II). In addition, the organization should address:

- a. HIPAA Privacy and Security Rules, as outlined at 45 CFR Parts 160 and 164 are specifically reviewed with staff and individuals;
 - b. Appointment of the Privacy Officer;
 - c. Training to be provided to all staff;
 - d. Posting of the Notice of Privacy Practices in a prominent place; and
 - e. Maintenance of the individual's signed acknowledgement of receipt of Privacy Notice in their record;
 - f. Provision of the rights of individuals regarding their PHI as defined in federal and state laws and in HIPAA, including but not limited to:
 - i. Right to access to one's own record.
 - ii. Right to request an amendment.
 - iii. Right to request communications by alternative means.
 - iv. Right to request restriction of access by others.
 - g. Identification of its Business Associates, and obtaining Business Associate agreements with Business Associates, in compliance with HIPAA requirements.
 - h. Identification of violations of confidentiality or HIPAA and follow up to include compliance with all requirements of HIPAA at 45 C.F.R. sections 164.400 through 164.414:
 - i. Reporting of violations to the Privacy Officer.
 - ii. Risk assessment of the violation as required by HIPAA provisions.
 - iii. Determination of whether the violation constitutes a "breach" as defined by HIPAA.
 - iv. Notifications of breaches to the individual(s) affected, to the Secretary of Health and Human Services, and if necessary to the media, in compliance with HIPAA requirements.
 - i. Corrective Actions for sanctions of employee(s) as necessary, mitigation of harm to any individual and preventing risks to PHI
4. A record of all disclosures of Protected Health Information (PHI) should be kept in the medical record, so that the organization can provide an accounting of disclosures to the individual for 6 years from the current date. The record must include:
- a. Date of disclosure;
 - b. Name of entity or person who received the Protected Health Information;
 - c. A brief description of the Protected Health Information disclosed;
 - d. A copy of any written request for disclosure; and
 - e. Written authorization from the individual or legal guardian to disclose PHI, where applicable.
5. Authorization for release of information is obtained when Protected Health Information of an individual is to be released or shared between organizations or with others outside the organization. All applicable DBHDD policies and procedures and HIPAA Privacy Rules (45 CFR parts 160 and 164) related to disclosure and authorization of Protected Health Information are followed. Information contained in each release of information must include:
- a. Specific information to be released or obtained;
 - b. The purpose for the authorization for release of information;
 - c. To whom the information may be released or given;
 - d. The time period that the release authorization remains in effect (reasonable based on the topic of information, generally not to exceed a year); and
 - e. A statement that authorization may be revoked at any time by the individual, to the extent that the organization has not already acted upon the authorization.
6. Exceptions to use of an authorization for release of information are clear in policy:
- a. Disclosure may be made if required or permitted by law;
 - b. Disclosure is authorized as a valid exception to the law;

- c. A valid court order or subpoena are required for mental health or developmental disabilities records;
 - d. A valid court order and subpoena are required for alcohol or drug abuse records;
 - e. When required to share individual information with the DBHDD or any provider of treatment or services for the individual under contract or LOA with the DBHDD; or
 - f. In the case of an emergency treatment situation as determined by the individual's physician, the chief clinical officer can release Protected Health Information to the treating physician or psychologist.
7. The organization has written operational procedures, consistent with legal requirements governing the retention, maintenance and purging of records.
 - a. Records are safely secured, maintained, and retained for a minimum of six (6) years from the date of their creation or the date when last in effect (whichever is later);
 - b. Protocols for all records to be returned to or disposed of as directed by the contracting regions after specified retention period or termination of contract/agreement; and
 - c. Compliance with HIPAA Security Rule provisions to the degree mandated by or appropriate under the Security Rule to protect the security, integrity and availability of records.
 8. The organization has written policy, protocols and documented practice of how information in the record is transferred when an individual is relocated or discharged from service to include but not be limited to:
 - a. A complete certified copy of the record to the Department or the provider who will assume service provision, that includes individual's Protected Health Information, billing information, service related information such as current medical orders, medications, behavior plans as deemed necessary for the purposes of the individual's continuity of care and treatment;
 - b. Unused Special Medical Supplies (SMS), funds, personal belongings, burial accounts; and
 - c. The time frames by which transfer of documents and personal belongings will be completed.
 9. Assessments, ISPs, and documentation required by Medicaid are to be retained in the individual's records for six years.

E. MANAGEMENT OF INDIVIDUAL'S PERSONAL FUNDS

1. The organization must have written policies, procedures and practices for the management/supervision and safeguarding of funds, possessions, and valuables, of individuals served by the organization. All policies and procedures must be in compliance with DBHDD policy, guidelines of the Social Security Administration associated with the management and protection of the funds of individuals served, and any other federal and state laws or regulations.

The Management of Funds Policy and Procedures must provide for the following:

- a. A procedure to inventory an individual's possessions and valuables at admission and updated as needed but at a minimum annually.
- b. Individuals have the right to manage their own funds. However, the residential provider organization is responsible for the management/supervision of any individual valuables or funds regardless of the payee status of the provider.
- c. The individual's ability to manage their funds is documented in their Individual Service Plan. Upon admission, each individual's capacity for money management is assessed and documented in Attachment A – Money Management Tool.
- d. When an individual is unable to manage funds, and have no other person in their life to assist, there must be **documented** effort to secure an independent party to manage those valuables and/or funds. The effort to secure an independent party will be documented in the ISP **annually**.
- e. Special care to assure that the funds are not mismanaged or exploited. Procedures define the checks and balances to ensure agency accountability and the ability to demonstrate evidence of

working towards the goal of participative management of the funds of the individuals served. Checks and balances to be included in the Policy and Procedures:

- i. Funds may not be pooled or co-mingled in any organizational account or other combined accounts, or with other individual's funds. Collective accounts, as defined, require the permission of the Social Security Administration. The collective account, with a sub-account for each beneficiary, must show that the funds belong to the beneficiaries and not the payee. Documentation in current record keeping clearly indicates the amount of each beneficiary's share and proper procedures must be followed, that clearly shows the individual's amount for deposits, withdrawals, and interest earned for each beneficiary.
 - ii. A procedure or set of procedures to assure that at least two people, other than those having authorization to **receive** and **disburse** funds on behalf of any individual, independently **reconcile the bank** and/or account records of any individual served by the organization on a monthly basis.
 - iii. When providers are selected and become the payee of individuals' checks, they must maintain records of each individual's personal funds and all other records pertaining to personal needs accounts (including bank statements and bank books). Documentation of personal spending is accounted for on the Division of DD approved Personal Spending Account Record (Attachment B), or a payee created document that contains all of the same elements as Attachment B. Only the current month's Personal Spending Account Record must be kept at the individual's place of residence, for immediate inspection, as applicable. All previous month's Personal Spending Account Records may be kept off site at the agency business office, but is to be available to the person served, his or her family, the Support Coordinators, the Regional Office, and any other legally authorized representative for inspection and copying upon request, or within one to two business days of request.
- f. Day to Day Living Expenses:
- i. The representative payee of individuals served determines and document the current needs of day to day living and use his/her payments to meet those needs (e.g., Day to Day living expenses including housing that is equitably distributed among all individuals supported in the home based on specific residence cost or average cost of similar homes in a geographic area; food where preferences and dietary needs are honored; medical/dental if not covered by Medicare, Medicaid and/or private insurance to the extent that SSI benefits and Social Security are available and Personal items and clothing specified in Social Security Guidelines).
 - g. Keep written records of at least two years of all payments from the Social Security Administration (SSA), bank statements, and cancelled checks, receipts or cancelled checks for rent, utilities, and major purchases.
 - h. A strict prohibition, punishable by termination, for any employee, agency or representative of the organization to be listed or designated, either directly or indirectly, as a beneficiary, payee or other member of any funds of the individual, including but not limited to, any insurance, burial or trust benefits.
 - i. Monitoring and reporting on the use of personal funds are incorporated into the organization's QI program. Individual financial records are subject to audits by the Social Security Office and DBHDD.
 - j. Copies of each-day-to-day living expense agreement are maintained in the individual's record. Day to Day living expenses agreement must be signed by the CRA provider agency (and Host Home Provider or sub-contractor provided, if applicable) at admission and thereafter annually and submitted to the Division of DD or when there is a change of provider and/or Host Home provider serving the individual.

2. A procedure in accordance with the guidelines listed below to ensure the timely deposit and account of all individual funds (e.g., trust, work-related income, Social Security, disability, benefits, gifts, etc.) in an account in the individual name of each individual receiving any such funds:
 - a. Funds not needed for ordinary use by the individual on a daily basis shall be deposited in an account insured by agencies of or corporations chartered by the state or federal government. The account will be in a form which clearly indicates that the organization has only a fiduciary interest in the funds.
 - b. Funds received from an individual or on his/her behalf may be deposited in an interest bearing account; provided, however, that any interest earned on such account shall accrue to the individual.
 - c. To the extent that certain funds are properly due to the organization for services, goods, or donations, said funds must first be deposited to the individual's account and then subsequently disbursed in accordance with these requirements and the written policies of the organization.
 - d. A requirement that individual funds may only be disbursed upon request or authorization of the individual and/or his/her family, if appropriate, and in the case where the organization serves as the designee to receive and disburse funds on behalf of the individual, members or organizational representatives is needed.
3. Providers are encouraged to utilize persons outside the organization to serve as "representative payee" such as, but not limited to:
 - a. Family;
 - b. Other person of significance to the individual; and
 - c. Other persons in the community not associated with the agency.
4. If individual's funds are not personally managed by the individual, a mechanism is in place for the review of funds by the individual and his or her representative:
 - a. At least once a quarter;
 - b. To include a review of the bank statement of funds received including date of deposit, fund source), funds spent (date and source with receipt) and balance of funds available;
 - c. Documentation of individual review shall be maintained; and
 - d. Review and update of other financial assets such as annuity accounts, personal belongings and burial funds.

F. FAITH OR DENOMINATIONALLY BASED ORGANIZATIONS WHO RECEIVE FEDERAL OR STATE MONIES ADDRESS ISSUES SPECIFIC TO BEING A FAITH OR DENOMINATIONALLY BASED ORGANIZATION IN THEIR POLICIES AND PRACTICE

1. Individuals or recipients of services are informed about the following issues relative to faith or denominationally based organizations:
 - a. Its religious character;
 - b. The individual's freedom not to engage in religious activities;
 - c. Their right to receive services from an alternative provider;
 - i. The organization shall, within a reasonable time after the date of such objection, refer the individual to an alternative provider.
2. If the organization provides employment that is associated with religious criteria, the individual must be informed.
3. In no case may federal or state funds be used to support any inherently religious activities, such as but not limited to:
 - a. Inherently religious activities;
 - b. Religious instruction; or
 - c. Proselytizing.
4. Organizations may use space in their facilities to provide services, supports, care and treatment without removing religious art, icons, scriptures or other symbols.

5. In all cases, rules found at 42 CFR Parts 54, 54a and 45 CFR Parts 96, 260 and 1050 *Charitable Choice Provisions and Regulations: Final Rules* shall apply.

G. PROFESSIONAL DESIGNATIONS. When the requirement for a degree in a course of study is referenced, the degree must be from an accredited college or university.

a) Developmental Disability Professional (DDP) requirements:

DDP services rendered by a provider agency must be provided by a qualified individual DDP, employed by or under professional contract with the provider agency.

At least one agency employee or professional under contract with the agency must:

- Be a Developmental Disability Professional (DDP)
- Have responsibility for overseeing the delivery of waiver and/state services to participants.

The same individual may serve as the agency director, nurse and/or DDP, provided the employee meets the qualification and/or designation of each position. However, the duties of shared roles for each position must be separately delivered and documented. A change in approved and designated DDP must be reported by the agency to the Department of Behavioral Health and Development Disabilities via the DBHDD Provider Network Management Office. Information to be reported must include:

- Updated and current Resume
- Name of individual
- Name of provider agency and contact name of person requesting change of information
- Hours of work, or contract with DDP

The Developmental Disability Professional will deliver their services utilizing a Person-Centered Focus.

- b) Each Developmental Disability Professional (DDP) has a specified schedule or contract with sufficient hours per week to meet the duties of the DDP and level of need for individuals receiving services, which includes but are not limited to:
 1. Overseeing the services and supports provided to individuals that include:
 - a. The agency DDP monitors and/or participates in the implementation and delivery of the Individual Service Plan (ISP).
 - b. The agency DDP supervises the delivery of service and ensures that strategies reflect the goals and objectives of the ISP.
 - c. The agency DDP monitors the progress toward achievement of goals in the ISP, and makes recommendations for modification to the ISP, as appropriate.
 2. Supervising the formulation of the individual's plan for delivery of all waiver services provided to the individual by the provider, on an annual basis subsequent to ISP development and after any ISP addendum that includes, but is not limited to:
 - a. Ensuring the implementation strategies reflect the ISP and the needs of the individual.
 - b. The agency DDP participates in the development of the ISP.
 3. Conducting functional assessments to support formulation of the individual's plan for delivery of all waiver services that include:
 - a. The Health Risk Screening Tool;
 - b. The Supports Intensity Scale;

- c. Functional Behavioral Analysis, if qualified;
 - d. And others as needed or required, if qualified.
4. Supervising high intensity services that address health and safety risks for the individuals that include:
- a. The agency DDP is involved in reviewing and/or writing, and the implementation and effectiveness of the Behavior Support Plan.
 - b. The agency DDP is involved in reviewing and/or writing, and the implementation and effectiveness of the Crisis Plan.
 - c. The agency DDP is involved in identifying ongoing supports as needed (medical and/or behavioral) in collaboration with appropriate personnel.

The provider will be responsible for monitoring and ensuring the DDP meets his/her above assigned responsibilities utilizing the below performance indicators.

- c) **Performance Indicators of the responsibilities listed above (1-4) are as follows:**
- a. Active participation in the planning meeting documented in either the meeting minutes/notes and/or progress notes prior to ISP meeting.
 - b. Documented contact with the SC prior to the ISP date.
 - c. Consulted with, supervised, and provided guidance to direct support staff regarding implementation of the services.
 - d. The DDP will complete documentation in any individual's record for any of the above responsibilities. This documentation should include the signature, title/credentials, timed (start and end time of delivery of service) and date.
 - e. The DDP will complete, or assure the completion of required agency assessments, included, but not limited to, HRST and SIS, within the given time frame.

For additional details regarding documentation requirements, refer to New Options or Comprehensive (NOW/COMP) Medicaid manual(s) Part II, Chapter 1100.

Hours scheduled and worked must be sufficient to meet the individual needs of each individual served by the provider. The provision of DDP oversight and service provision must be documented in the individual's record. **A DDP is not scheduled to work only on a PRN basis.**

NOTE: DDP direct service provision and oversight for an individual with an approved exceptional rate is in addition to the above requirements and as specified in the letter of approval for the exceptional rate.

d) **Required Trainings for All Developmental Disabilities Professionals**

All Developmental Disabilities Professionals must be trained in all required trainings identified in the Community Service Standards for All DD Providers.

Other required trainings for DDPs in their first year of employment include:

- Individual Service Planning
- Supports Intensity Scale overview
- Health Risk Screening Tool on line training.

The provider agency must also document the participation of each DDP in a minimum of 8 hours per year of additional DBHDD sponsored or other training in the area of developmental disabilities, not listed above or included in the Community Standards for All Providers.

The following professionals qualify to be a Developmental Disability Professional:

- i. **Advanced Practice Nurse:** A registered professional nurse licensed in the State of Georgia, who meets those educational, practice, certification requirements, OR any combination of such requirements, as specified by the Georgia Board of nursing AND includes certified nurse midwives, nurse practitioners, certified registered nurse anesthetists, clinical nurse specialists in psychiatric/mental health, AND others recognized by the board AND who have one year experience in treating persons with intellectual/developmental disabilities in a medical setting or a community based setting for delivery of nursing services.
- ii. **Behavior Specialist:** A behavior specialist who has completed a Master's degree in psychology, school psychology, counseling, vocational rehabilitation or a related field which included one course in psychometric testing and two courses in any combination of the following: behavior analysis or modification, therapeutic intervention, counseling, or psychosocial assessment, AND one year of individualized treatment programming, monitoring and observing behavior; collecting and recording behavioral observations in a treatment setting and developing and implementing behavior management plans for individuals with intellectual disabilities OR developmental disabilities OR completion of a Bachelor's degree in psychology, counseling, OR a related field which included one course in psychometric testing AND two courses in any combination of the following: behavior analysis or modification, counseling, learning theory or psychology of adjustment AND two years of individualized treatment programming, monitoring and observing behavior; collecting and recording behavioral observations in a treatment setting and developing and implementing behavior management plans for individuals with intellectual/developmental disabilities.
- iii. **Board Certified Behavior Analysis (BCBA):** A BCBA who has completed a Master's degree, with 225 hours of approved graduate coursework, AND 1500 hours of experience in the field with 5% of those hours being supervised by a BCBA, AND has received a passing score on the Behavior Analysis Certification Board Exam, AND maintains a prescribed number of continuing education units annually, AND has specialized training in developmental disabilities as evidenced by college coursework or practicum/internship experience OR one year of experience in providing services to individuals with intellectual/developmental disabilities.
- iv. **Educator:** An educator with a degree in education from an accredited program that includes a concentration in Special Education in college coursework OR teaching certificate in Special Education, AND one year of classroom experience in teaching individuals with intellectual/developmental disabilities.
- v. **Human Services Professional:** A human services professional with a bachelor's degree in social work OR a bachelor's degree in human services field other than social work (including the study of human behavior, human development or basic human care needs) AND with specialized training OR one year of experience in providing human services to individuals with intellectual/developmental disabilities.
- vi. **Master's or Doctoral Degree Holders:** A person with a Master's or Doctoral degree in one of the behavioral OR social sciences AND with specialized training in developmental disabilities as evidenced by college coursework OR practicum/internship experience OR one year of experience in providing services to individuals with intellectual/developmental disabilities.
- vii. **Physical or Occupational Therapist:** A physical or occupational therapist licensed in the State of Georgia, who has specialized training in developmental disabilities as evidenced by college

coursework OR practicum/internship experience OR one year of experience in treating individuals with intellectual/developmental disabilities.

- viii. **Physician:** A physician licensed in the State of Georgia to practice medicine or osteopathy AND with specialized training in developmental disabilities OR one year of experience in treating individuals with intellectual/developmental disabilities.
- ix. **Physician's Assistant:** A skilled person qualified by academic and practical training to provide patients' services not necessarily within the physical presence but under the personal direction or supervision of a physician, AND who has one year experience in treating individuals with intellectual/developmental disabilities.
- x. **Psychologist:** A holder of a Doctoral degree from an accredited university or college, AND who is licensed in the State of Georgia AND who has specialized training in developmental disabilities OR one year of experience in evaluating or providing psychological services to individuals with intellectual/developmental disabilities.
- xi. **Registered Nurse (Associate Degree or Diploma):** A registered nurse who is authorized by a license to practice nursing as a registered professional nurse, who holds an associate or diploma degree in nursing, AND who has three years of experience, two of which are in treating individuals with intellectual/developmental disabilities in a medical setting or a community-based setting for delivery of nursing services.
- xii. **Registered Nurse (Bachelor's Degree):** A registered nurse who is authorized by license to practice nursing as a registered professional nurse AND who holds a Bachelor's degree in nursing with one year experience in treating individuals with intellectual/developmental disabilities in a medical setting or a community-based setting for delivery of nursing services.
- xiii. **Speech Pathologist or Audiologist:** A speech pathologist or audiologist licensed in the State of Georgia, who has specialized training in developmental disabilities as evidenced by college coursework or practicum/internship OR one year of experience in treating individuals with intellectual/developmental disabilities.
- xiv. **Therapeutic Recreation Specialist:** A therapeutic recreation specialist who graduated from an accredited program AND who has specialized training in developmental disabilities as evidence by college coursework OR practicum/internship experience OR one year experience in providing therapeutic recreational services to individuals with intellectual/developmental disabilities.

H. WAIVERS TO STANDARDS

The organization may not exempt itself from any of these standards or any portion of the provider manual. All requests for waivers of these standards must be done in accordance with [Policy 04-107 - Requests for Waivers of Standards for DBHDD Services](#).

For DD providers utilizing Proxy Caregivers and Health Maintenance Activities:

Licensed provider agencies, including co-employer agencies, must abide by the Rules and Regulations for Proxy Caregivers used in Licensed Healthcare Facilities, Chapter 111-8-100 (Go to www.dch.georgia.gov/hfr-laws-regulations). The policies and procedures specified below are applicable to all providers:

Health Maintenance Activities Definition: Health maintenance activities, which are limited to those activities that, but for a disability, a person could reasonably be expected to do for himself or herself. Such activities are typically taught by a registered professional nurse, but may be taught by an attending physician, advanced practice registered nurse, physician assistant, or directly to a person and are part of ongoing care. Health maintenance activities are those activities that do not include complex care such as administration of intravenous medications, central line maintenance (i.e., daily management of a central line, which is intravenous tubing inserted for continuous access to a central vein for administering fluids and medicine and for obtaining diagnostic information), and complex wound care; do not require complex observations or critical decisions; can be safely performed and have reasonably precise, unchanging directions; and have outcomes or results that are reasonably predictable. Any activity that requires nursing judgment is not a health maintenance activity. Health maintenance activities are specified for an individual participant in written orders of the attending physician, advanced practice registered nurse, or physician assistant.

1. **Written Plan of Care Requirements:** Health maintenance activities are as defined in the written plan of care that implements the written orders of the attending physician, advanced practice registered nurse, or physician assistant and specifies the frequency of training and evaluation requirements for the proxy caregiver, including additional training when changes in the written plan of care necessitate added duties for which such proxy caregiver had not previously been trained. The written plan of care is established by a registered professional nurse, or by an attending physician, advanced practice registered nurse, or physician assistant. This written plan of care for health maintenance activities must be maintained in the individual's record and available for the proxy caregiver.
2. **Written Informed Consent:** A participant or individual legally authorized to act on behalf of the individual must complete a written informed consent designating a proxy caregiver and delegating responsibility to such proxy caregiver to receive training and to provide health maintenance activities to the individual pursuant to the written orders of an attending physician, an advanced practice registered nurse or physician assistant working under a nurse protocol agreement or job description.
3. **Requirements for Individuals Providing Health Maintenance Activities:** Individuals who provide health maintenance activities in accordance with the above conditions must meet the following:
 - a. Be selected by the individual or a person legally authorized to act on behalf of the individual to serve as the individual's proxy caregiver.
 - b. Receive training by an attending physician, advanced practice registered nurse, physician assistant, or registered nurse that teaches the proxy caregiver the necessary knowledge and skills to perform the health maintenance activities documented in the individual's written plan of care as defined above. The training must include the knowledge and skills to perform any identified specialized procedures for the individual.
 - c. Demonstrate to the training (i.e., attending physician, advanced practice registered nurse, physician assistant, or registered nurse) the necessary knowledge and skills to perform the health maintenance activities documented in the individual's written plan of care as defined above. The training must include the knowledge and skills to perform any identified specialized procedures for the individual.
4. **Non-Covered Health Maintenance Activities:** Health maintenance activities that meet any of the following are non-covered:

- a. Complex care such as administration of intravenous medications, central line maintenance and complex wound care.
- b. Provided by an individual without written informed consent designating that individual as a proxy caregiver and delegating responsibility to such proxy caregiver to receive training.
- c. Provided without the written orders of an attending physician, advanced practice registered nurse, or physician assistant working under a nurse protocol agreement or job description, respectively, pursuant to Georgia Code Section 43-34-25 or 43-34-23.
- d. Provided without written plan of care as defined above. Provided by individuals who do not meet the requirements specified above.

Appendix I:

<i>Antipsychotic Medications</i>	
Generic	Trade
Aripiprazole	Abilify
Chlorpromazine	Thorazine
Chlorprothixene	Taractan
Clozapine	Clozaril
Fluphenazine	Permitil, Prolixin*
Haloperidol	Haldol*
Loxapine	Serentil
Mesoridazine	Lidone, Moban
Molindone	Zyprexa
Olanzapine	Invega*
Paliperidone	Trilafon
Perphenazine	Orap
Pimozide (for Tourette's)	Seroquel
Quetiapine	Risperdal*
Risperidone	Mellaril
Thioridazine	Navane
Thiothixene	Stelazine
Trifluoperazine	Vesprin
Trifluopromazine	Geodon
Ziprasidone	
<i>Mood Stabilizer Medications</i>	
Generic	Trade
Lithium Carbonate	Eskalith or Lithonate
Divalproex Sodium	Depakote
Tiagabine	Bagatril
Levetiracetam	Keppra
Lamotrigine	Lamitcal
Gabapentin	Neurontin
Carbamazepine	Tegretol
Oxcarbazepine	Trileptal
Topiramate	Topomax
Zonisamide	Zonegran

Verapamil Clonidine Propranolol Mexiletine Guanfacine	Calan Catapres Inderal Mexitil Tenex
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***Also has a sustained release injectable form**

PART II

Section 2

Operational and Clinical Standards for Georgia Crisis Response System (GCRS-DD)

Provider Manual

For

Community Developmental Disabilities Providers

Fiscal Year 2014



DBHDD

**Georgia Department of Behavioral Health
and Developmental Disabilities**

April 2014

Part II

Section 2

Operational and Clinical Standards for Georgia Crisis Response System (GCRS-DD)

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DESCRIPTION

The goal of this system is to provide time-limited home and community based crisis services that support individuals with developmental disabilities in the community, and provide alternatives to institutional placement, emergency room care, and/or law enforcement involvement (including incarceration). These community based crisis services and homes are provided on a time-limited basis to ameliorate the presenting crisis. The system is to be utilized as a measure of last resort for an individual undergoing an acute crisis that presents a substantial risk of imminent harm to self or others.

The Georgia Crisis Response System includes intake, dispatch, referral, and crisis services components. An essential part of this system is the assessment of the individual situation to determine the appropriate response to the crisis. Entry into the system takes place through the Single Point of Entry (SPOE) system. Intake personnel determine if an individual meets the requirements for entry into the system and initiate the appropriate dispatch or referral option. If a Developmental Disability (DD) Mobile Crisis Team is dispatched to the crisis location, this team assesses the need for a referral or crisis services. Crisis services occur through intensive on-site or off-site supports. These crisis supports are provided on a time-limited to ameliorate the crisis.

A. GENERAL REQUIREMENTS

In addition to the Georgia Crisis Response System Standards, Developmental Disabilities (DD) crisis service providers must comply with the **Community Service Standards for Developmental Disabilities Providers found in the Georgia Department of Behavioral Health and Developmental Disabilities Provider Manual for Community Developmental Disabilities Providers as applicable to crisis supports services.** The following standards are applicable to DBHDD or organizations that provide crisis response services to individuals, family members, care-givers, and/or DD waiver service provider agencies that activate the Georgia Crisis Response System.

1. The system is to be utilized as a measure of last resort for an individual undergoing an acute crisis that presents a substantial risk of imminent harm to self or others. The preference is not to transfer an individual to an out-of-home setting, but to provide additional supports in the home.
2. Crisis Response System staff are to coordinate with provider agencies of individuals currently receiving services, who access the Crisis Response System, on a case by case basis to assess and recommend needed changes in services.
3. Training records are to be maintained, which document that all Crisis Response System staff have participated in training and passed an examination demonstrating their competence in all crisis protocols and relevant applicable trainings as listed below:
 - a. Single Point of Entry (SPOE) staff
 - i. Mobile crisis dispatch criteria
 - ii. Telephonic crisis intervention
 - b. Mobile team members and intensive support staff
 - i. Assessing the crisis
 - ii. Onsite operations
 - iii. Referral decision criteria
 - iv. Required crisis intervention curriculum
 1. Crisis Prevention Institute (CPI) www.crisisprevention.com
 2. Handle with Care Behavior Management System, Inc. www.handlewithcare.com
 3. Mindset www.mindsetconsulting.net
 4. Safe Crisis Management www.jkmtraining.com
 5. Human Empowerment Leadership Principles (HELP) www.capscanhelp.com
 6. Professional Crisis Management (PCM) www.pcma.com
 7. Safety- Care (QBS, Inc) www.qbscompanies.com
 - v. Cardiopulmonary Resuscitation (CPR)
 - vi. First aid

vii. Documentation standards and expectations

4. Clinical intervention decisions are made to ensure the least restrictive interventions and placements likely to be successful are utilized as evidenced by assessments that justify the need for any restrictive interventions and/or placements (including intensive in-home supports or intensive out-of-home supports).
5. Plans intended to modify behavior over time (not including crisis plans) are not developed unless appropriate behavioral assessments are completed, and the personnel who develop the plans are able to provide follow-up activities.
6. Discharge Planning should begin at intake and continue throughout utilization of the Crisis Response System. The discharge planning process should include collaboration with all applicable parties, family members/care-givers, providers, Support Coordination Agency, Planning List Administrator, Regional Intake and Evaluation (I & E) Teams. The social work staff in the Crisis Response System must coordinate this process with the oversight of the LCSW assigned to the Mobile Crisis Team.
7. Transportation must be provided by DD Mobile Crisis Teams, in-home support, and/or out-of-home support staff for an individual, who needs to be transported to the crisis homes, emergency facilities, and/or back to their place of residence once discharged from this Crisis Response System level of care.
8. The Georgia Crisis Response System serves children and adults with developmental disabilities aged 5 years and above who meet eligibility criteria as defined in Section B.

B. Intake Requirements

The Georgia Crisis Response System is designed for individuals with developmental disabilities in need of Behavioral Health and Developmental Disabilities (BHDD) crisis services. A person with developmental disabilities in need of BHDD crisis services is an individual who:

- Has documented evidence of a diagnosis of an intellectual disability prior to age 18 years or other closely related developmental disability prior to age 22 years, for individuals currently on the planning list or in DD services; screening indicative of a developmental disability for other individuals; AND
- Presents a substantial risk of imminent harm to self or others; AND
- Is in need of immediate care, evaluation, stabilization or treatment due to the substantial risk; AND
- Is someone for whom there currently exists no available, appropriate community supports to meet the needs of the person.

The following are requirements for the Single Point of Entry (SPOE) and Crisis Providers' Interaction with SPOE:

1. The dispatch operator for the SPOE should attempt to ameliorate the crisis situation through telephonic crisis intervention.
 - a. When successful in resolving the crisis:
 - i. For individuals without a waiver, state funds or planning list services, within 24 hours the SPOE is to make a referral to the Regional I&E Team for review.
 - ii. For individuals with a waiver, state funds or planning list services, within 24 hours the SPOE is to notify the Regional Office and DD service provider, if applicable. If the call originates from a DD service provider, the SPOE is to engage that provider during the resolution of the crisis.
 - b. When unsuccessful in resolving the crisis and face-to-face intervention is needed, the SPOE must provide documentation to support the need for the dispatch of the DD Mobile Crisis Team. The SPOE is to contact immediately the Regional Office, the support coordination agency, and the DD service provider if applicable.
2. When the DD Mobile Crisis Team is dispatched, the SPOE must provide the team pertinent clinical information including but not limited to:

- a. Demographics
- b. Crisis location
- c. Crisis description
- d. Current medical status
- e. Status in Case Management Information System (CIS) (if applicable)
 - i. Support coordination contact information
 - ii. Planning List Administrator (PLA) contact information
 - iii. Summary of progress notes for the last 30 days
 - iv. New Options Waiver (NOW)/Comprehensive (COMP) waiver status
 - v. Current behavioral interventions

All information provided to the DD Mobile Crisis Team by SPOE must be sufficient to allow the team to ensure that appropriate staff members are dispatched to the crisis.

3. All DD Mobile Crisis Teams must follow the direction of SPOE concerning dispatch. If SPOE through its assessment process has determined that the individual meets the requirements for crisis supports, and DD Mobile Crisis Team is dispatched, the MCT must follow the directions of SPOE.
4. Once the SPOE (Behavioral Health Line) contacts the appropriate crisis provider within a specific region, and it is determined that the crisis provider is unable to immediately dispatch a Mobile Crisis Team, all resources available to that provider must be utilized to remedy the crisis situation within the required 1.5 hours; including the use of in-home crisis supports team.
 - a. If that crisis provider is not able to appropriately address the crisis in 1.5 hours, they are to inform the SPOE at the time of the initial contact and include the reason for not being able to meet the 1.5 hour response requirement. Upon receipt of this information, the SPOE must contact the nearest crisis provider for dispatch.
 - b. Crisis Provider must supply SPOE its estimated time of arrival at the time of the initial contact with SPOE.
5. When a Crisis provider is dispatched across Regional lines
 - a. The newly dispatched crisis provider may be located within the same region or across regional lines. If the mobile crisis response is provided by an out-of-area team, **and** either in-home or out-of-home supports are required after the initial crisis has been supported, the individual is to be transitioned to the in-area crisis provider for ongoing supports.
 - b. When an individual experiences a crisis outside their region of residence, the SPOE must dispatch the Mobile Crisis Team for the region where the crisis is occurring.
 - c. The Mobile Crisis Team for that region is to assess the situation to determine if additional in-home or out-of-home supports are required, subsequent to the initial stabilization.
 - d. If additional in-home or out- of- home supports are required, subsequent to the initial stabilization, the initial Mobile Crisis Team is to work in conjunction with the crisis provider within the region of residence, to insure that the individual receives the supports in their home region.
6. The DD Mobile Crisis Team is to request of the regional office immediate access to the Consumer Information System (CIS) for the individual in crisis. The regional office is to respond, by providing CIS information for all individuals in crisis and who are listed in the CIS.

C. DD Mobile Crisis Team Requirements

1. A minimum of three team members, including one Licensed Clinical Social Worker (LCSW), a behavior specialist, and a direct support staff will respond to each dispatch of the DD Mobile Crisis Team. Other possible team members may include a registered nurse, an additional social worker (MSW), safety officer, or additional direct support staff. In addition, a physician will be available for consultation if needed.
2. All licensed or certified team members are required to comply with the DBHDD Policy, *Professional Licensing and Certification Requirements of Practice Act*, maintaining valid/current license or certification.
3. The LCSW on the DD Mobile Crisis Team is to provide at a minimum, oversight to the operation of the team and is responsible for ensuring that the appropriate team members are dispatched or are available for consultation based on the clinical data provided by the SPOE.
4. The DD Mobile Crisis Team is required to:
 - a. Dispatch whenever SPOE directs them to do so.
 - b. Respond and arrive on site within 1 ½ hours of the SPOE dispatch.
 - c. Address the crisis situation to mitigate any risk to health and safety of the individual and/or others.
 - d. Rule out any medical causes, through consultation with available medical professionals, which might be contributing to the crisis prior to recommending any intensive crisis supports involving behavioral interventions.
 - e. Notify SPOE either through email or phone of the team's arrival time at crisis location
5. The DD Mobile Crisis Team members are responsible for completing comprehensive assessment(s) of the current crisis situation. This assessment process must include interviews with the individual, care providers and/or family members, observation of the current environment, and review of behavior and individual support plans. The LCSW on the team is responsible for ensuring that the assessment is thorough, complete, and uploaded into CIS within 24 hours of discharge from the GCRS-DD..
6. Reasonable and relatively simple environmental modifications that do not require continuing programmatic efforts are considered before intensive crisis supports and/or a behavior plan is recommended or implemented.
7. When the DD Mobile Crisis Team makes a disposition, the LCSW communicates all recommendations within 24 hours to all applicable parties (Families/Caregivers, Support Coordination Agencies, Provider Agencies, and/or Regional Office I & E Teams).
8. When the DD Mobile Crisis Team completes services, the LCSW or a designated social worker (MSW) on the team completes a written discharge plan that must:
 - a. Minimally include:
 - i. Summary of precipitating events
 - ii. Clinical interventions
 - iii. Response to clinical interventions
 - iv. Recommendations for continued interventions
 - v. Referral for additional supports (if applicable).
 - b. Be documented and uploaded to CIS within a 24-hour period after discharge from the GCRS-DD.
9. Crisis Response System providers must develop and maintain DD Mobile Crisis Team protocols for On-Site Operations. The protocols must include detailed description of its processes that include at a minimum:
 - a. On-Site Stabilization, including intensive in-home supports and professional consultation
 - b. Referral and/or transport to intensive out-of-home crisis supports
 - c. Referral to hospital emergency department

D. Intensive Case Management

1. Intensive Case Management is a time-limited service that connects the individual in crisis to the necessary services and supports to ameliorate the crisis situation, coordinates with stakeholders to assure the development of a discharge plan from crisis support services, and ensures follow up on recommended supports/services.
2. Intensive case management services are provided by the crisis provider with the assistance of designated support coordinators or planning list administrators (if applicable), for assessment/evaluation for additional needs and supports, with follow-up to ensure implementation of recommended supports/services.
3. Intensive case management services are provided throughout the continuum of the crisis response system (on-site, in-home, and out-of-home) and should be terminated after the applicable discharge plan follow-up has been completed.

E. Intensive Crisis Support Services Requirements

Intensive Crisis Supports are specialized services that provide time-limited care and intervention to an individual due to his or her need for support and protection of other(s) living with him or her. These supports provide specific intervention and case management strategies directed towards enabling the recipient to remain in the community. The outcome of these services should enhance the current family member's or provider's ability to meet the needs of the recipient.

1. With the oversight of the LCSW, the DD Mobile Crisis Team determines and documents the existing level of crisis that requires the initiation of Intensive Crisis Supports.
 - a. The criteria to receive Intensive In-Home Supports include:
 - i. The DD Mobile Crisis Team is not able to mitigate the crisis in a reasonable amount of time OR
 - ii. The crisis was resolved but environmental variables and/or the individual's lack of adaptive behavioral responses make another crisis imminent AND
 - iii. The caregiver or DD service provider is not capable of providing necessary intervention and protection for the individual or others living with the individual AND
 - iv. The Intensive Crisis Supports will enable the individual to avoid institutional placement (such as a placement in a behavioral health hospital, nursing home, jail or correctional facility).
 - b. The criteria to receive Intensive Out-Of-Home Supports include:
 - i. All of the intensive in-home supports criteria AND
 - ii. The safety of others living in the home with the individual or others living in the community cannot be maintained through the use of Intensive In-Home Supports with written justification based on clinical observation and/or assessment OR
 - iii. Extensive physical environmental modifications are needed as a result of the crisis and the individual cannot safely reside in the home with Intensive In-Home Supports while modifications are completed.
2. When behavioral interventions are necessary, Crisis Response personnel follow applicable *Best Practice Standards for Behavioral Support Services* and the **Community Service Standards for Developmental Disabilities Providers found in the Georgia Department of Behavioral Health and Developmental Disabilities Provider Manual for Community Developmental Disabilities Providers as applicable to crisis supports services**. For adults, *The Guidelines for Supporting Adults with Challenging Behavior in Community Settings* provides additional information to consider when conducting behavioral assessments (The standards and guidelines are found at www.dbhdd.ga.gov Provider Information: Provider Toolkit).
3. The Crisis Response System provider must maintain and develop protocols that describe processes for the provision of both In-Home and Out-of-Home Intensive Crisis Supports. The description must include the following processes at a minimum:
 - a. Accessing Intensive Crisis Supports;
 - b. Types of Intensive Crisis Supports it plans to provide;

- c. Procedures for utilizing Intensive Crisis Supports both in and out of the individual's home.
4. When the individual meets the following criteria, he/she must be discharged from Intensive Crisis Support Services and the Crisis Response System service provider will complete a written discharge plan indicating at a minimum that:
- a. The crisis has been resolved, and a plan has been developed that prevents future crises or allows current caregivers or staff to maintain safety should future crises arise AND
 - b. Family and/or provider have been trained and can implement all components of the plan AND
 - c. The individual has met the discharge criteria and the plan of discharge was developed with and reviewed with family, care-giver, and/or DD service provider OR
 - d. The individual exhibits medical conditions requiring more intensive medical care that cannot be provided through Intensive Crisis Supports.

F. Intensive In-Home Support Requirements

1. Intensive In-Home Support services include, but are not limited to the following:
 - a. Implementation of behavioral intervention strategies provided under the recommendations of the DD Mobile Crisis Team, safety plans, or behavioral support plans already established for the individual; provision of one-to-one support, as necessary, to address the crisis; modeling of interventions with family and/or provider staff; assistance with simple environmental adaptations as necessary to maintain safety;

and when necessary accompanying the individual to appointments related to the crisis response.
 - b. The provision of a staffing pattern up to 24 hours per day, 7 days per week, with the intensity of the Intensive In-Home Support services decreasing over 7 calendar days.
 - c. Maintenance of stakeholder's involvement in the response to the crisis, in order to restore the individual to pre-crisis supports and/or provider services.
 - d. Assurance of appropriate training to support crisis stabilization and the return of the individual to pre-crisis services and supports, to include:
 - i. Demonstration of interventions to the family/caregiver and/or existing DD service provider (if applicable) AND
 - ii. Implementation of these interventions by the family/caregiver and/or existing DD service provider (if applicable).
2. Documentation of Intensive In-Home Support services is to:
 - a. Occur on a daily basis;
 - b. Include a description of the behavioral interventions utilized;
 - c. Indicate the training process and identity of the trained caregiver or staff that will support the individual upon termination of crisis supports.
3. As a time-limited response, Intensive In-Home Supports are not to exceed 7 calendar days. Extensions beyond 7 calendar days are the exception and are not typical. However, clinical follow-up by the behavior specialist or social worker is allowed for up to 14 days when the need is justified and documented appropriately.
 - a. Exceptions to this timeframe are to be based on extraordinary circumstances assessed daily by the crisis service provider, and the support coordinator or planning list administrator if applicable.
 - b. Extensions beyond the 7calendar days are to be approved by the Regional Operations Director for Developmental Disabilities (ROD) for the applicable region. Extensions are only approved when discharge criteria noted in Section D 4a-4d have not been met as evident by observations, with assessment of outcomes related to clinical interventions documented on a daily basis.

Note: As soon as the need is indicated by the GCRSS-DD staff, the ROD engages and reviews all necessary information for an individual's whose circumstances determine the need for an exception.

G. INTENSIVE OUT-OF-HOME SUPPORT REQUIREMENTS FOR CRISIS SUPPORT HOMES

The intent of Intensive Out-of-Home Supports is to stabilize the individual through nursing and behavioral supports, on a time-limited basis. Intensive Out-of-Home Supports are to be provided by Crisis Support Homes, which are to serve no more than four adult individuals simultaneously. Individuals under the age of 18 years must not be served in a Crisis Support Home. There is currently no required licensure of Crisis Support Homes. However, each Crisis Support Home must receive Standards Compliance Review by DBHDD prior to operation.

G-1. CRISIS SUPPORT HOME PROTOCOL FOR OPERATIONS

Crisis System Response service providers must develop and maintain protocols for the Crisis Support Homes that include but are not be limited to:

- Criteria for determining when and if a referral to a Crisis Support Home is necessary
- Staffing plan to include the minimum staffing of a registered nurse, a licensed professional nurse, day, evening and night staff, a behavior specialist, and a psychologist
- Transportation plan to and from home(s)
- The availability of a licensed clinical social worker to assist crisis support home staff with case management and discharge planning services, to ensure that appropriate referrals and/or coordination of services are part of the transition back to the home environment.

In addition the protocols must meet the following:

1. As a time-limited response, Intensive Out-of-Home Supports are not to exceed a 7 calendar days. Extensions beyond 7 calendar days are the exception and are not typical.
 - a. Exceptions to this timeframe are to be based on extraordinary circumstances assessed daily by the crisis service provider and the support coordinator or planning list administrator if applicable.
 - b. Extensions beyond 7 calendar days are to be approved by the Developmental Disabilities Regional Operations Director (ROD) for the applicable region. The following criteria must be met for consideration for an extension of the individual's length of stay:
 - i. Discharge criteria noted in Section D 4a-4d have not been met as evidenced by observations, with assessment of outcomes related to clinical interventions documented on a daily basis AND
 - ii. Environmental conditions (due to safety concerns) within the home preclude immediate discharge, AND/OR
 - iii. Extraordinary circumstances regarding the caregiver/provider that negate their ability to provide care for the individual upon discharge as determined by the DD ROD
2. The development of a discharge plan is to be person-centered, beginning at intake and noting:
 - a. An evaluation of additional supports and services by the support coordinator for individuals with waiver services.
 - b. An evaluation of additional supports and services by the planning list administrator for individuals on the planning list.
 - c. Referral for intake and evaluation by the region I & E Team, to determine eligibility and most in need of services, for individuals not in waiver services.
 - d. Intensive Out-of -Home support staff have trained the personnel in post-crisis services placement and/or family members regarding any interventions utilized in the out-of-home crisis placement that will be needed upon transition back home.
3. Upon discharge from the Crisis Support Homes, the individuals may:
 - a. Return to his/her family home or provider placement;
 - b. Experience a permanent change in provider location. For individuals in waiver services, a permanent change in provider location will require an assessment evaluation as a result of an approved Individual Service Plan (ISP) addendum based upon the long term interests of the individual and in accordance with DBHDD policies.

4. Out-of-Home Support services and discharge planning case management are to be documented daily by appropriate personnel.
5. Records of pre-service and annual training of Crisis Support Home staff, including names of persons trained, the training source, content, dates, length of training, and copies of certificates received and persons attending must be kept and be readily available.

G-2. CRISIS SUPPORT HOME MINIMUM FLOOR PLAN REQUIREMENTS

1. A residence must be constructed, arranged, and maintained so as to provide adequately for the health, safety, access, and well-being of the individual.
2. A Crisis Support Home must provide for common living space and private sleeping areas.
 - a. The living and sleeping areas for an individual must be within the same building.
 - b. Windows used for ventilation to the outside and exterior doors used for ventilation must be screened and in good repair.
 - c. Supportive devices must be installed as necessary to enable the individual to achieve a greater degree of mobility and safety from falling.
3. All Crisis Support Homes must provide an area that affords privacy for the individual and visitors. There must be common spaces, such as living and dining rooms, for use by the individual without restriction.
4. Common areas of the residence must be large enough to accommodate the individual without crowding. The areas must be comfortably furnished.
5. Upon request, the residence must provide a means of locked storage for the valuables or personal belongings of the individual.
6. The residence must provide laundering facilities on the premises for individual's personal laundry.
7. The following minimum standards for bedrooms must be met:
 - a. Bedrooms must have sufficient space to accommodate without crowding the individual, the individual's belongings, and the minimum furniture of a bed and dresser;
 - b. The individual's bedroom must have at least one window and a closet. The windows may be textured to provide privacy without the use of curtains or blinds;
 - c. Bedrooms for individuals must be separated from halls, corridors, and other rooms by floor to ceiling walls. Hallways must not be used for sleeping;
 - d. The floor plan must be such that no person other than the occupant of that bedroom must pass through a bedroom in order to reach another room;
 - e. The bedroom occupied by the individual must have doors that can be closed. For bedrooms that have locks on doors, both the occupant and staff must be provided with keys to ensure easy entry. Double-cylinder locks (locks requiring a key on both sides) may not be used on the bedroom of an individual. Doors shall not be locked from within and shall be capable of swinging outward;
 - f. A room must not be used as a bedroom where more than one half of the room height is below ground level. Bedrooms which are partially below ground level should have adequate natural light and ventilation and be provided with two useful means of egress; and
 - g. When an individual is discharged, the room and its contents must be adequately cleaned.
 - h. Light switches and electrical outlets shall be secured with non-tamper type screws;
 - i. Beds and other heavy furniture capable of use to barricade a door shall be secured to the floor or wall.
8. The following minimum standards apply to bathroom facilities:
 - a. At least one functional toilet, lavatory, and bathing or showering facility must be provided for every four individuals residing in a Crisis Support Home;
 - b. At least one fully handicap accessible bathroom must be available;

- c. Grab bars and non-skid surfacing or strips must be installed in all showers and bath areas;
 - d. Bathrooms and toilet facilities must have a window that can be opened or must have forced ventilation;
 - e. Toilets, bathtubs, and showers must provide for individual privacy;
 - f. Shower fixtures in bathrooms must be flush-mounted in the wall; and
- g. All plumbing and bathroom fixtures must be maintained in good working order at all times and must present a clean and sanitary appearance.
9. All stairways and ramps must have sturdy handrails, securely fastened not less than 30 inches nor more than 34 inches above the center of the tread. Exterior stairways, decks, and porches must have handrails on the open sides unless the surface of the deck or porch is so close to ground level that it does not pose a significant risk of injury to the individual to fall from the deck or porch.
10. Floor coverings must be intact, safely secured, and free of any hazard that may cause tripping.
11. All areas including hallways and stairs must be lighted sufficiently.
12. The following exterior conditions must be maintained:
- a. Entrances and exits, sidewalks, and escape routes must be maintained free of any obstructions that would impede leaving the residence quickly in the case of fire or other emergency. All such entrances and exits, sidewalks, and escape routes must be kept free of any hazards such as ice, snow, or debris;
 - b. The yard area, if applicable, must be kept free of all hazards, nuisances, refuse, and litter; AND
 - c. The residence must have its house number displayed so as to be easily visible from the street.

G-3. CRISIS SUPPORT HOME FURNISHINGS AND FIXTURES

1. Furnishings of the individual in the living room, bedroom, and dining room, including furnishings provided by the individual, must be maintained in good condition, intact, and functional.
2. Furnishings and housekeeping standards must be such that a residence presents a clean and orderly appearance. The Crisis Support Home must provide the following bedroom furnishings based on safety:
 - a. An adequate closet or wardrobe;
 - b. Lighting fixtures sufficient for reading and other activities;
 - c. A bureau, dresser, or the equivalent;
 - d. Mirrors shall not be common glass. A polycarbonate mirror, fully secured and flat mounted to the wall is required. Polished metal mirror shall not be permitted
 - e. A standard, non-portable bed measuring at least 36 inches wide and 72 inches long with comfortable springs and a clean mattress. The mattress must be not less than 5 inches thick or 4 inches of a synthetic construction. The use of beds with springs, cranks, rails or wheels including hospital beds, rollaway beds, cots, bunk beds, stacked, hide a beds and day beds is prohibited;
 - f. The furnishings shall be of durable materials not capable of breakage into pieces that could be used as weapons and must not present a hanging risk;
3. The Crisis Support Home must provide to each individual clean towels and washcloths at least twice weekly and more often if soiled.
4. The Crisis Support Home must provide bedding for each individual including two sheets, a pillow, a pillow case, and a minimum of one blanket and bedspread. The Crisis Support Home must maintain a linen supply for not less than twice the bed capacity.

G-4. CRISIS SUPPORT HOME PHYSICAL PLANT, HEALTH, AND SAFETY STANDARDS

1. Each Crisis Support Home must provide a safe and healthy environment for its individuals, and where subject to fire and safety standards promulgated by Office of the Safety Fire Commissioner, such Crisis Support Home must be in compliance with those standards.
2. Each Crisis Support Home must comply and remain in compliance with any and all state and local ordinances for fire safety in residences of that size and function. In the absence of or in addition to any such local ordinances, the following requirements must be met:
 - a. Wall-mounted electric outlets and lamps or light fixtures must be maintained in a safe and operational condition;
 - b. Cooking appliances must be suitably installed in accordance with approved safety practices;
 - c. Space heaters must not be used;
 - d. Fire screens and protective devices must be used with fireplaces, stoves, heaters, and air-conditioning units;
 - e. Sufficient AC powered smoke detectors, with battery backup, must be in place and, when activated, must initiate an alarm that is audible in the sleeping rooms. Strobe alarms must be used when required by the needs of individuals (e.g. for hearing impaired persons). NOTE: Strobe alarms should have the ability to be disarmed for individuals who have epilepsy/seizure disorders that are exacerbated by strobe lighting.
 - f. If natural gas or heating oil is used to heat the residence, or if a wood-burning fireplace is in the residence, the residence must be protected with carbon monoxide detectors;
 - g. Each residence must have at least one charged, 5 lb. multipurpose ABC fire extinguisher on each occupied floor and in the basement that must be readily accessible. These extinguishers must be checked annually by a fire safety technician and monthly by the staff of the Crisis Support Home to ensure they are charged and in operable condition; and Sufficient AC powered smoke detectors with battery backup must be in place and, when activated, must initiate an alarm that is audible in the sleeping rooms.
 - h. Exterior doors must be equipped with locks that do not require keys to open the door from the inside.
 - i. An automatic extinguishing system (sprinkler) shall be install per city/county requirement for residential settings not governed by other federal, state and county rules and regulations, if applicable; and
 - j. An approved smoke alarm shall be installed in all sleeping rooms, hallways and in all normally occupied areas on all levels of the residences per safety code. Smoke alarms especially in the bedrooms shall be tested monthly and practice documented. The facility shall be inspected annually to meet fire safety code and copies of inspection maintained.
3. Water and sewage systems must meet applicable federal, state, and local standards and regulations.
4. Floors, walls, and ceilings must be kept clean and in good repair.
5. Kitchen and bathroom areas must be cleaned with disinfectant and maintained to ensure cleanliness and sanitation.
6. The storage and disposal of biomedical wastes and hazardous wastes must comply with applicable federal and state rules and standards.
7. The storage and disposal of garbage, trash, and waste must be accomplished in a manner that will not permit the transmission of disease, create a nuisance, or provide a breeding place for insects or rodents. Waste must be removed from the kitchen as necessary and from the premises at least weekly.
8. No animals must be kept at the residence;

9. Poisons, caustics, and other dangerous materials must be stored in clearly labeled and appropriate containers, safeguarded in an area away from medication storage areas and from food preparation and storage areas and secured as required by the capacity of the individuals.
10. The Crisis Support Home must be equipped and maintained so as to provide a sufficient amount of hot water for the use of the individuals. Heated water provided for use by individuals must not exceed 120 degrees Fahrenheit at the hot water fixture, unless a cooler temperature is required by the needs of the individual. A water temperature monitor or a scald valve must be installed where necessary to ensure the safety of the individuals.
11. There must be clearly accessible route(s) for emergencies throughout the residence.
12. The temperature throughout the residence must be maintained by a central heating system or its equivalent at ranges that are consistent with individual's health needs. No individual must be in any area of the residence that falls below 65 degrees or that exceeds 82 degrees Fahrenheit.
13. There must be a supply of first-aid materials available with a minimum of the following: bandages, antiseptic, gauze, tape, thermometer, and gloves.

G-5. CRISIS SUPPORT HOME SERVICES

1. Each Crisis Support Home must provide room, meals, and crisis services that are commensurate with the needs of the individuals. Services must be provided by appropriately qualified staff members.
2. Personal hygiene assistance must be given to those individuals who are unable to keep themselves neat and clean.
3. The Crisis Support Home administrator or his or her designee must teach each individual the techniques of "Standard Precautions," as appropriate to the individual's ability, or must support each individual in the performance of the techniques of "Standard Precautions," including washing his or her hands thoroughly after toileting, sneezing, or any other activity during which the individual's hands may become contaminated.
4. The routine of the residence must be such that an individual may spend the majority of his or her non-sleeping hours out of the bedroom if he or she so chooses.
5. The Crisis Support Home administrator or his or her designee must be available to any person within the Crisis Support Home, including each individual served.

G-6. CRISIS SUPPORT HOME RECORD MANAGEMENT

All records must be kept in accordance with requirements of the Community Service Standards for Developmental Disabilities Providers found in the *Georgia Department of Behavioral Health and Developmental Disabilities Provider Manual for Community Developmental Disabilities Providers as applicable to crisis supports services*.

G-7. CRISIS SUPPORT HOME DOCUMENTATION OF SERVICES

Providers must document the following in the record of each individual based on the plan to support the individual as determined by the assessment team. The following must be on file for each individual:

1. Dates (beginning and ending) of service
2. Completed intake/evaluation documents (Medical and/or Behavioral Assessment)
3. Determined model of support
4. Discharge plan

Additionally documentation of Intensive Out-Of-Home Support services is to:

5. Occur on a daily basis;
6. Include a description of the behavioral interventions utilized;

7. Indicate the training process and identity of the trained caregiver or staff that will support the individual upon termination of crisis supports.

G-8. CRISIS SUPPORT HOME INDIVIDUAL FILES AND INFORMATION

All individual files and information must be kept in accordance with requirements of the Department of Behavioral Health and Developmental Disabilities current Provider Manual, Part II, Section I, Community Standards for All Providers.

G-9. INDIVIDUAL RIGHTS IN A CRISIS SUPPORT HOME

All services delivered should be in accordance with Client's Rights Chapter 290- 4-9 and DBHDD Policy 02-1101: Human Rights Council for Developmental Disabilities

G-10. ABUSE IN A CRISIS SUPPORT HOME

It is expressly prohibited to Mistreat, Abuse, Neglect, Exploit, and Seclude or Restrain any person(s) service in a Crisis Support Home. These include but are not limited to:

1. Physical Abuse- includes but is not limited to such actions as striking, pulling, pushing, twisting body parts, or inflicting any physical injury to an individual by any means. Physical abuse includes directing one individual to physically abuse another individual.
2. Sexual Abuse- includes but is not limited to sexual assault, rape, fondling, sexual exploitation or any sexual interaction.
3. Mental Abuse- includes but is not limited to any action, which creates mental anguish for the individual. These actions include but are not limited to discriminatory remarks, belittlement, derogatory name-calling, teasing, and unreasonable exclusion from conversation or activities and verbal abuse.
4. Neglect- includes but is not limited to the denial of meals, medication, habilitation and other necessities.
5. Exploitation- includes but is not limited to any illegal or improper action affecting a person or use of the person's resources for another person's profit or advantage.
6. Seclusion, is defined as placing an individual in a locked room, is prohibited. A locked room includes a room with any type of door locking device, such as a key lock, spring lock, bolt lock, foot pressure lock or physically holding the door shut.
7. Physical restraints (i.e., mechanical restraints) - are not used as punishment, for staff convenience, or through a behavioral support plan or behavioral management intervention for purposes of restricting a participant's movement. Those devices which restrain movement, but are applied for protection of accidental injury (such as a helmet for protection of fall due to frequent, severe seizures but not for purposeful head banging or other self-injurious behavior) or required for medical treatment of the physical condition of the participant (such as protection for healing of an open wound) or for supportive or corrective needs of the participant (such as physical therapy devices) are not considered physical restraints.

Refer to the Department of Behavioral Health and Developmental Disabilities current Provider Manual, Part II, Section I, Standards for all Providers for additional details.

G-11. REPORTING AND INVESTIGATION OF DEATHS AND CRITICAL INCIDENTS IN A CRISIS SUPPORT HOME

Death and/or critical incidents of individuals in service must be reported to the Department of Behavioral Health and Developmental Disabilities according to the policy found in the Department of Behavioral Health and Developmental Disabilities current Provider Manual. This policy can be located at the website:

<http://dbhdd.georgia.gov/portal/site/DBHDD> (click on *Provider Information*, and the *Provider Tool Kit* for the current *Provider Manual, Policy: Reporting and Investigation of Individual Deaths and Critical Incidents for Community*).

G-12. NUTRITION SERVICES IN A CRISIS SUPPORT HOME

1. A minimum of three regularly scheduled, well-balanced meals must be available seven days a week. Meals must be served in the early morning, at midday, and the evening, with the last meal taking place no earlier than 5:00 P.M. Meals must meet the general requirements for nutrition found in the recommended Daily Diet Allowances, Food and Nutrition Board, National Academy of Sciences or a diet established by a registered dietitian. Meals must be of sufficient and proper quantity, form, consistency, and temperature. Food for at least one nutritious snack must be available and offered mid-afternoon and evening. All food groups must be available within the residence and represented on the daily menu.
2. All foods, while being stored, prepared, or served, must be protected against contamination and be safe for human consumption in accordance with accepted standards for food safety.
3. Food received or used in a Crisis Support Home must be clean, wholesome, free from spoilage, adulteration, and mislabeling, and safe for human consumption.
4. A Crisis Support Home must have a properly equipped kitchen to prepare regularly scheduled, well-balanced meals unless it arranges for meals to be provided by a permitted food service establishment. In such case, a copy of required certification related-health, safety, sanitation is available.
5. A Crisis Support Home must maintain a three-day supply of non-perishable foods and water for emergency needs for all individuals receiving services in the Crisis Support Home and staff assigned.
6. A Crisis Support Home must arrange for and serve special diets as prescribed.
7. The Crisis Support Home shows evidence of individual choice and participation in the planning of meals, as appropriate.

G-13. MEDICATION MANAGEMENT IN A CRISIS SUPPORT HOME

All medication must be kept and administered in accordance with requirements of the Community Service Standards for Developmental Disabilities Providers found in the *Georgia Department of Behavioral Health and Developmental Disabilities Provider Manual for Community Developmental Disabilities Providers as applicable to crisis supports services*.

G-14. STANDARDS COMPLIANCE REVIEW OF A CRISIS SUPPORT HOME

Each DD Crisis Support Home delivering out-of-home intensive supports must receive Community Service Standards Quality Review by the Provider Performance Unit prior to operation. Each DD Crisis Support Home is subject to periodic review by Division and Regional staff and the Standards Compliance Unit.

Outcomes of those reviews may include but not be limited to a corrective action being required of provider or a moratorium on use of home for out-of-home intensive supports.

G-15. Emergency Evacuation Plan for Crisis Support Home in case of Natural Disaster

In the case of a natural disaster (i.e. tornado, flood, hurricane, etc) that requires emergency evacuation of the DD Crisis Home, individuals currently receiving in the home will be transported by the Crisis Provider to the nearest and safest DD Crisis Home. This home does not have to be located within the same Region of the original home.

H. Intensive Out-of-Home Support Requirements for Temporary and Immediate Support Homes

The intent of Intensive Out-of-Home Supports is to stabilize the individual through nursing and behavioral supports on a time-limited basis. Individuals between ages 10-17 years needing this level of care must be served in a Temporary and Immediate Support (TIS) Home. The TIS Home provider must be a Licensed Child Placing Agency. The TIS Home provider must comply with the Community Service Standards for Developmental Disabilities Providers found in the *Georgia Department of Behavioral Health and Developmental Disabilities Provider Manual for*

Community Developmental Disabilities Providers as applicable to crisis supports services. TIS Home supports will be available twenty-four hours a day, seven days a week. It is critical that children and youth remain in their family home environment and thus extraordinary circumstances must exist in order to place children and youth in this level of support.

H-1. TIS HOME PROTOCOL FOR OPERATION

TIS providers must develop and maintain protocols that include but are not be limited to:

- Criteria for determining when and if a referral to a TIS Home is necessary
- Staffing plan to include the minimum staffing of an RN, behavior specialist, TIS coordinator, TIS staff, and a psychiatrist.
- Transportation plan to and from home(s)

In addition, the protocols must meet the following:

1. As a time-limited response, Intensive Out-of-Home Supports are not to exceed 7 calendar days. Extensions beyond 7 calendar days are the exception and are not typical.
 - a. Exceptions to this timeframe are to be based on extraordinary circumstances assessed daily by the support coordinator or planning list administrator.
 - b. Extensions beyond 7 calendar days are to be approved by the Developmental Disabilities Regional Operations Director for the applicable region. The following criteria must be met for consideration for an extension of the individual's length of stay:
 - i. Discharge criteria noted in Section D 4a-4d have not been met as evidenced by observations, with assessment of outcomes related to clinical interventions documented on a daily basis AND
 - ii. Environmental conditions (due to safety concerns) within the home preclude immediate discharge, AND/OR
 - iii. Extraordinary circumstances regarding the care-giver/provider that negate their ability to provide care for the individual upon discharge as determined by the DD RSA.
2. The development of a discharge plan is to be person-centered, beginning at intake and noting:
 - a. An evaluation of additional supports and services by the support coordinator for individuals with waiver services.
 - b. An evaluation of additional supports and services by the planning list administrator for individuals on the planning list.
 - c. Referral for intake and evaluation by the Regional I & E Team, to determine eligibility and most in need of services, for individuals not in waiver services.
 - d. Intensive Out-of -Home support staff have trained the personnel in post-crisis services placement and/or family members regarding all interventions utilized in the out-of-home crisis placement.
 - e. Coordination with the family and/or DD service provider on a plan for return to school/educational activities.
3. Upon discharge from the TIS Home, the individual may:
 - a. Return to his/her family home or provider placement;
 - b. Experience a permanent change in provider location. For individuals in waiver services, a permanent change in provider location will require an assessment evaluation as a result of an approved Individual Service Plan (ISP) addendum based upon the long term interests of the individual and in accordance with DBHDD policies.
4. Out-of-Home Support services and discharge planning case management are to be documented daily by appropriate personnel.

5. Records of pre-service and annual training of TIS Home staff, including names of persons trained, the training source, content, dates, length of training, and copies of certificates received and persons attending must be kept and be readily available.
6. The applicable Regional Office is to be immediately notified of the child/youth's admission into the TIS home.
7. The TIS provider is to collaborate with to all applicable parties (Families/Caregivers, Support Coordination Agencies, Provider Agencies, and/or Regional Office I & E Teams) in order to establish a comprehensive discharge plan. A discharge plan may include "step downs" to a TIS host home model and then back to family or provider with scheduled maintenance respite in place. The TIS host home provider will be required to follow DBHDD and agency policies and procedures. Host Home provider will be required to follow plan of support determined by the assessment team. Additional support will be provided if authorized.

H-2. TIS HOME RECORD MANAGEMENT

All records must be kept in accordance with requirements of the Community Service Standards for Developmental Disabilities Providers found in the *Georgia Department of Behavioral Health and Developmental Disabilities Provider Manual for Community Developmental Disabilities Providers as applicable to crisis supports services*.

H-3. TIS HOME DOCUMENTATION OF SERVICES

Providers must document the following in the record of each individual based on the plan to support the individual as determined by the assessment team. The following must be on file for each individual:

1. Dates (beginning and ending) of service
2. Completed intake/evaluation documents (Psychiatrist, Medical and/or Behavioral Assessment)
3. Determined model of support
4. Discharge plan

Additionally documentation of Intensive Out-Of-Home Support services is to:

5. Occur on a daily basis;
6. Include a description of the behavioral interventions utilized;
7. Indicate the training process and identity of the trained caregiver or staff that will support the individual upon termination of crisis supports.

H-4. TIS HOME INDIVIDUAL FILES AND INFORMATION

All individual files and information must be kept in accordance with requirements of the Community Service Standards for Developmental Disabilities Providers found in the *Georgia Department of Behavioral Health and Developmental Disabilities Provider Manual for Community Developmental Disabilities Providers as applicable to crisis supports services*.

H-5. INDIVIDUAL RIGHTS IN A TIS HOME

All services delivered should be in accordance with Client's Rights Chapter 290- 4-9

H-6. ABUSE IN A TIS HOME

It is expressly prohibited to Mistreat, Abuse, Neglect, Exploit, and Seclude or Restrain any person(s) service in a Crisis Support Home. These include but are not limited to:

1. Physical Abuse- includes but is not limited to such actions as striking, pulling, pushing, twisting body parts, or inflicting any physical injury to an individual by any means. Physical abuse includes directing one individual to physically abuse another individual.
2. Sexual Abuse- includes but is not limited to sexual assault, rape, fondling, sexual exploitation or any sexual interaction.

3. Mental Abuse- includes but is not limited to any action, which creates mental anguish for the individual. These actions include but are not limited to discriminatory remarks, belittlement, derogatory name-calling, teasing, and unreasonable exclusion from conversation or activities and verbal abuse.
4. Neglect- includes but is not limited to the denial of meals, medication, habilitation and other necessities.
5. Exploitation- includes but is not limited to any illegal or improper action affecting a person or use of the person's resources for another person's profit or advantage.
6. Seclusion, is defined as placing an individual in a locked room, is prohibited. A locked room includes a room with any type of door locking device, such as a key lock, spring lock, bolt lock, foot pressure lock or physically holding the door shut.
7. Physical restraints (i.e., mechanical restraints) – are not used as punishment, for staff convenience, or through a behavioral support plan or behavioral management intervention for purposes of restricting a participant's movement. Those devices which restrain movement, but are applied for protection of accidental injury (such as a helmet for protection of fall due to frequent, severe seizures but not for purposeful head banging or other self-injurious behavior) or required for medical treatment of the physical condition of the participant (such as protection for healing of an open wound) or for supportive or corrective needs of the participant (such as physical therapy devices) are not considered physical restraints.

Refer to the Community Service Standards for Developmental Disabilities Providers found in the *Georgia Department of Behavioral Health and Developmental Disabilities Provider Manual for Community Developmental Disabilities Providers*.

H-7. REPORTING AND INVESTIGATION OF DEATHS AND CRITICAL INCIDENTS IN A TIS HOME

Death and/or critical incidents of individuals in service must be reported to the Department of Behavioral Health and Developmental Disabilities according to current fiscal year Provider Manual Part VI Policies Reporting Consumer Deaths and Critical Incidents and Investigating Consumer Deaths and Critical Incidents.

H-8. NUTRITION SERVICES IN A TIS HOME

1. A minimum of three regularly scheduled, well-balanced meals must be available seven days a week. Meals must be served in the early morning, at midday, and the evening, with the last meal taking place no earlier than 5:00 P.M. Meals must meet the general requirements for nutrition found in the recommended Daily Diet Allowances, Food and Nutrition Board, National Academy of Sciences or a diet established by a registered dietitian. Meals must be of sufficient and proper quantity, form, consistency, and temperature. Food for at least one nutritious snack must be available and offered mid-afternoon and evening. All food groups must be available within the residence and represented on the daily menu.
2. All foods, while being stored, prepared, or served, must be protected against contamination and be safe for human consumption in accordance with accepted standards for food safety.
3. Food received or used in a TIS Home must be clean, wholesome, free from spoilage, adulteration, and mislabeling, and safe for human consumption.
4. A TIS Home must have a properly equipped kitchen to prepare regularly scheduled, well-balanced meals unless it arranges for meals to be provided by a permitted food service establishment. In such case, a copy of required certification related-health, safety, sanitation is available.
5. A TIS Home must maintain a three-day supply of non-perishable foods and water for emergency needs for all individuals receiving services in the Crisis Support Home and staff assigned.
6. A TIS Home must arrange for and serve special diets as prescribed.

7. The TIS Home shows evidence of individual choice and participation in the planning of meals, as appropriate.

H-9. MEDICATION MANAGEMENT IN A TIS HOME

All medication must be kept and administered in accordance with requirements of the Community Service Standards for Developmental Disabilities Providers found in the *Georgia Department of Behavioral Health and Developmental Disabilities Provider Manual for Community Developmental Disabilities Providers as applicable to crisis supports services*.

I. Quality Assurance and Standard Compliance Requirements

In conjunction with DBHDD, the Providers of the DD Crisis Response System should develop performance indicators and outcome measures for each stage of the Georgia Crisis Response System. Once baseline data has been collected, DBHDD will develop specific performance indicators and outcome goals for the system. These indicators and outcomes will allow DBHDD to monitor the crisis response system and make quality improvement decisions based on data collected.

1. Providers of the DD Crisis System must develop a quality assurance system that will generate monthly reports to include, but not limited to, the following:
 - a. Reason for crisis call
 - b. Site of crisis (including DBHDD Region)
 - c. Demographic information of the individual in crisis (including Medicaid status)
 - d. Provider (include a category of none)
 - e. Family Involvement
 - f. Final outcome of crisis incident
 - g. Dispatch team response time
 - h. Services received (include a category of none, behavioral health services)
 - i. Waiver or planning list status (if yes on planning list, include level of planning list: if yes on waiver, indicate which waiver, including NOW, COMP, ICWP, SOURCE, CCSP, Unknown)
 - j. Support coordination agency, if applicable
 - k. Incidences of mobile crisis team dispatch to emergency rooms
 - l. Incidences of intensive in-home and out-of-home crisis supports
 - m. Number of days of use of intensive in-home and out-of-home crisis supports
 - n. Recidivism of individuals and providers in relation to utilization of Georgia Crisis Response System
 - o. Referrals by crisis service providers to Child Protection Services and Adult Protection Services
2. The Crisis Response System service provider must participate in data collection and generate monthly quality assurance reports for submission to DBHDD- Division of Developmental Disabilities, Outcomes and Quality Assurance Office.

J. STAFFING REQUIREMENTS

Qualifications and Standards of Crisis Response System provider professional staff:

1. Qualifications of Professional Social Worker (as defined for the purposes of the Georgia Crisis Response System must meet the following standards):
 - a. Clinical social work licensure (LCSW) issued by the State of Georgia that is current and unrestricted AND
 - b. Advanced skill in crisis intervention, conducting assessments and/or evaluations, and developing interventions using accepted standards of care AND
 - c. Knowledge of federal, state, and local programs that have been developed for people with developmental disabilities including eligibility criteria and how to access these services AND
 - d. Advocacy experience and knowledge of the Individuals with Disabilities Education Act (IDEA), and the Americans with Disabilities (ADA) Act and their legal mandates as they relate to special education programs and the rights of people with disabilities.

2. Professional Social Worker Standards:
 - a. Social workers must adhere to the values and ethics of the social work profession, utilizing the National Association of Social Workers (NASW) Code of Ethics as a guide to ethical decision making.
 - b. Social workers must adhere to clinical practice guidelines outlined in the NASW Standards for Clinical Social Work in Social Work Practice.
 - c. In accordance with the NASW Standard for Continuing Professional Education and the Georgia State Composite Board's licensure requirements for Continuing Education Units, clinical social workers should obtain any applicable certifications for crisis intervention curricula approved by DBHDD.
3. Qualifications of Registered Nurse (as defined for the purposes of the Georgia Crisis Response System must meet the following standards):
 - a. Must be a Registered Nurse with an unrestricted license to practice nursing in the state of Georgia AND
 - b. Have experience in caring for individuals with developmental disabilities who are in crisis.
4. Professional Registered Nurse Standards:
 - a. The Registered Nurse is committed to promoting health through assessment, nursing diagnosing, planning, intervention, evaluation and treatment of human responses when faced with a crisis. The Registered Nurse employs a purposeful use of self as its art and a wide range of nursing, psychosocial and neurobiological theories and research evidence as its science.
 - b. The Registered Nurse will adapt the American Nurses Association Code of Nursing standards and use these standards as comprehensive holistic assessment prior to engaging in any plan to resolve a crisis. The Registered Nurse will be directly involved in all aspect of crisis intervention by utilizing the nursing process.
5. Qualifications of Licensed Practical Nurse (as defined for the purposes of the Georgia Crisis Response System must meet the following standards):
 - a. Must be a Practical Nurse with an unrestricted license to practice nursing in the state of Georgia under the supervision of a Registered Nurse AND
 - b. Have experience in caring for individuals with developmental disabilities who are in crisis.
6. Professional of Licensed Practical Nurse Standards:
 - a. The Licensed Practical Nurse must accept the responsibilities as an accountable member of the health care team AND
 - b. Shall function within the limits of educational preparation and experience as related to assigned duties AND
 - c. Function with other members of the health care team in promoting and maintaining health, preventing diseases and disabilities in order to obtain optimal health, utilizing the nursing process under the supervision of the Registered Nurse.
7. Qualifications of Behavioral Specialist (as defined for the purposes of the Georgia Crisis Response System must meet the following standards):
 - a. Possess a minimum of a Masters degree in psychology, behavior analysis, education, social work or a related field AND
 - b. Possess specialized training and education in behavioral analysis and positive behavioral supports for people with developmental disabilities by provision of evidence of a minimum of thirty-five (35) hours of training and education in behavior analysis and behavioral supports for individuals with developmental disabilities, which may include college transcripts and/or copies of training certificates or evidence of national certification as a Board Certified Behavior Analyst through documentation of a certificate from the Behavior Analyst Certification Board AND
 - c. Have at least two years experience in behavioral supports evaluation and services for people with developmental disabilities.

8. Behavior Specialist Standards: Behavior Specialists are to adhere to the *Best Practice Standards for Behavioral Support Services*
9. Qualifications of Physician:
 - a. Graduate of medical or osteopathic college; AND
 - b. Licensed by the Georgia Composite Board of Medical Examiners

K. Definitions

1. Crisis Services: Occur through intensive on-site or off-site supports. This system will be an alternative to emergency room care, law enforcement involvement, and/or institutional placement. Crisis services are time-limited and present-focused in order to address the immediate crisis and develop appropriate links to alternate services.
2. Crisis Support Home: A home that serves up to four (4) individuals who are experiencing an emotional/behavioral change and/or distress that leads to a disruption of essential functions, which have not responded to Intensive-In-Home Support services.
3. Developmental Disability: An individual is determined to have developmental disability by a professional licensed to make this determination. The developmental disability is attributable to a significant intellectual disability, or any combination of a significant intellectual disability and physical impairments. The developmental disability manifests before the individual attains age 22 years and is likely to continue indefinitely.
4. Intensive Case Management: is a time-limited service that connects the individual in crisis to the necessary services and supports to ameliorate the crisis situation, coordinates with stakeholders to assure the development of a discharge plan from crisis support services, and ensures follow up on recommended supports/services.
5. Mobile Crisis Team: The mobile crisis team is composed of personnel with differing levels of expertise and training. Depending on the crisis, different team compositions may be dispatched. A minimum of three team members, including a behavior specialist, licensed clinical social worker, and a direct support staff, will respond to each mobile dispatch.
6. Safety Officer: An individual who provides support related to safety issues during the provision of GCRS-DD service. This individual is to have safety related training and dressed in a safety related uniform. A GRCS-DD safety officer must not carry any form of a weapon (such as a gun, any form of a “billy club”, baton”, hand cuffs, taser gun),
7. Temporary Intermediate Support (TIS) Home: A TIS Home is to serve no more than four children ages 10 thru 17 years of age, who are diagnosed with a developmental disability and are undergoing an acute crisis that presents a substantial risk of imminent harm to self or others. Placement in a TIS home is to only occur as a last result and after a clinical determination for this level of placement has occurred.

Part II

Section 3

Operational Standards for Host Home/Life Sharing

Provider Manual

For

Community Developmental Disabilities Providers

Fiscal Year 2014



**Georgia Department of Behavioral Health
and Developmental Disabilities**

April 2014

Section 3

Operational Standards for Host Home/Life Sharing

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GENERAL PROVISIONS

Introduction

Host /Life-Sharing means living with and sharing life experiences with supportive persons who form a caring household. A Host Home /Life-Sharing residential setting is recognized as being both a close personal relationship and a place to live.

Host Home/Life-Sharing is based on the importance of enduring and permanent relationships as the foundation for learning life skills, developing self-esteem and learning to exist in interdependence with others. The Host Home/Life- Sharing experience provides an opportunity for each individual with intellectual/developmental disability to grow and develop to his or her greatest potential and to participate in everyday community life. This is an important feature of a Host Home/Life-Sharing arrangement. Host Home/Life- Sharing also provides individualized attention based on the needs of the individual with intellectual/developmental disabilities.

Life-Sharing is a process. A key to successful Life-Sharing is finding a family or person who is willing to share their lives with an individual with intellectual/developmental disabilities. The matching process between people who want to Life-Share is critical to predicting future success of the relationship.

Purpose

The purpose of these Standards is for the protection, health, safety and well being of individuals with intellectual/developmental disabilities, through the formation, implementation and enforcement of minimum requirements for Host Home/Life-Sharing as a residential service option.

Applicability

These Standards apply to Host Home /Life Sharing for adults with developmental disabilities.

These Standards contain the minimum requirements that are to be met to receive funding for individuals approved to receive community residential services by the Division of Developmental Disabilities (DD), of the Department of Behavioral Health and Developmental Disabilities (DBHDD).

These Standards apply to profit, nonprofit and publicly funded agencies approved as developmental disability residential providers offering Host Home/Life-Sharing service option.

The Department of Behavioral Health and Developmental Disabilities (DBHDD) is to enroll and approve each Community Residential Alternative (CRA) agency administering one or more Host Home /Life-sharing residential setting as part of the waiver provider enrollment process. The Support Coordination Agency or DBHDD designee for any individual choosing this residential option is to inspect the home using the Division of Developmental Disabilities approved Site Inspection tool prior to an individual with intellectual/developmental disability living or receiving Host Home/Life-Sharing care in this setting.

Exemptions

These rules do not apply to the following facilities:

1. Private homes of persons providing care to a relative with developmental disability.
2. A community home licensed by Georgia Healthcare Facility Regulations (HFR) as a Community Living Arrangement.
3. Approved Foster Homes for Children operating under a Child Placement Agency licensed by Georgia Office of Residential Child Care.
4. A home operating under permit by the Georgia Healthcare Facility Regulations (HFR) as a Personal Care home exclusively serving people with mental illness, addictive diseases, or domiciliary care residents.
5. Residences in which a person lives with his or her family.
6. Boarding homes or rooming homes that provide personal services other than lodging and meals.
7. Facilities offering temporary or emergency shelter, such as those for the homeless or victims of family violence.
8. Respite homes
9. Emergency receiving, evaluation, and treatment facilities that provide medical and nursing services that are approved by the state and regulates under the more specific authorities.
10. Facilities providing residential services for federal, state or local correctional institutions under the jurisdiction for the criminal justice system.
11. Hospice that serve terminally ill persons.
12. Therapeutic substance abuse treatment facilities and residence that are not intended to be an individual's permanent residence.
13. Group residences organized by or for persons who choose to live independently and manage their own care and who share the cost of service including but not limited to attendant care, transportation, rent utilities and food preparation.
14. Charitable organizations providing shelter and other services without charging any fee to the resident and without billing other agencies for service provided.
15. A single person residence owned and operated by an agency.

16. Residences in which a person lives under his or her own lease or warranty deed, in which the agency providing services do not manage the person's residence and the resident, is not required to move when the agency providing services changes.
17. Apartments or other clustered residential arrangements where staff is available that are developed as permanent housing for adult with mental illness, in which an individual lives within his or her residential arrangement with immediate support of staff.

Definitions

The following words and terms, when used in these Standards, have the following meanings, unless the content clearly indicates otherwise:

Agency – A legally constituted organization administering one or more Host Home /Life-Sharing residential settings.

Alternate care – Temporary Host Home/Life-Sharer care not to exceed 30 days for an individual in their Individual plan year.

Community Residential Alternative (CRA) – Services which are targeted for individuals who require intense levels of residential supports in small group setting of four or less, foster homes, or Host Homes and include range of interventions with particular focus on training and support in one or more of the following areas: eating, drinking, toileting, personal grooming and health care, dressing, communication, interpersonal relationships, mobility, home management and use of leisure time.

DBHDD – The Department of Behavioral Health and Developmental Disabilities

DCH – The Department of Community Health

Developmental Disability – A disability that is present in early life and prior to age 22 with related conditions similar to the limitations in everyday life functions present for someone with developmental disabilities.

Host Home – The private home of an individual or a family, whether owned or leased, in which residential supports are provided to one or two adult individuals, defined as 19 years of age and above with developmental disability. The home owner or lessee is not to be an employee of the same DBHDD approved provider agency, which provides the Host Home services. Individuals are not to be related to the occupant owner or lessee by blood or marriage. The occupant owner or lessee is not to be the guardian of any person served on their property nor the agent in such person's advance directive for health care.

The term does not include a home if there are more than two individuals, including individuals receiving alternate care or respite care, living in the home at any one time, who are not family members, relatives or non-relatives of the family member. The total number of family members,

relatives and non-relatives living in the home at any given time may not exceed six. This number does not include the individual(s) being served.

Individual – A person with developmental disability who resides, or receives residential care, in a Host Home/Life-Sharing residential setting and who is not a relative of the owner or the family members. The term does not include family members.

ISP – Individual Service Plan

Life-Sharing – Living with and sharing life experiences with supportive persons who form a caring household. A Host Home/Life-Sharing residential setting is recognized as being both a close personal relationship and a place to live.

Regional Office – Regional offices are the field operations offices of the Department of Behavioral Health and Developmental Disabilities.

Relative – A parent, child, stepparent, stepchild, grandparent, grandchild, brother, sister, half-brother, half-sister, aunt, uncle, niece or nephew

GENERAL REQUIRMENTS

Waivers

A waiver of a specific section, subsection or paragraph of these subsections may be requested by writing to the Regional Office of Behavioral Health and Developmental Disabilities in accordance with Division Policy: *Request for Waiver of the Standards* at the website:

<http://dbhdd.georgia.gov/portal/site/DBHDD> (click on *Provider Information* and *Provider Tool Kit* for the current *Provider Manual*).

A waiver will be considered if all of the following criteria are met:

1. The waiver does not jeopardize the health, safety or well-being of any of the individuals in the home.
2. The waiver is based on the best interests and needs of the individuals.
3. Noncompliance with the guideline is of greater benefit to the individual than compliance with the Operational Procedures.
4. There is not an alternative method to meet the intent of the Operational Procedures.
5. There are special circumstances that make the home different from other homes complying with the Operational Procedures.
6. The waiver does not violate any other State regulation or statute.
7. There is only one provider per Host Home/ Life-Sharing environment.

Maximum capacity

No more than two (2) individuals with intellectual/developmental disabilities served may live in the household.

Responsibility for Compliance

If the agency is the legal entity approved as a Developmental Disabilities Provider to provide Host Home/ Life-Sharing, the agency is responsible for compliance to the following:

1. Host Home/Life-sharing Standards located at the website: **<http://dbhdd.georgia.gov/portal/site/DBHDD>** (click on *Provider Information*, then the *Provider Tool Kit*).
2. *COMP Supports Waiver Program, Part II and Part III, and Part I Policies and Procedures for Medicaid Peach Care for Kids*, located at website: **www.mmis.georgia.gov**
3. The current *Provider Manual, Part II, Section I, Standards for all Providers* located at the website: **<http://dbhdd.georgia.gov/portal/site/DBHDD>** (click on *Provider Information*, then the *Provider Tool Kit*).

Self-Assessment of the Host Home/Life-Sharing Residential Setting

The agency is to complete a self-assessment of each Host Home site annually, to measure and record compliance with the Host Home/Life Sharing Standards.

To measure and record compliance, the agency is to utilize the Host Home/Life Sharing Standards, located at the website: **<http://dbhdd.georgia.gov/portal/site/DBHDD>** (click on *Provider Information*, then the *Provider Tool Kit*, for the current *Provider Manual, Part II, Section I, Standards for all Providers*).

A copy of the agency self-assessment results and a written summary of corrections made are to be kept in the Host Home/Life –Sharing residential setting for at least one (1) calendar year.

Home Study Requirements

The agency is to make a thorough evaluation of each prospective Host Home family (or current Host Home/Life-Sharing Residential Setting). The evaluation is to be documented in the study report, which is to be updated as changes in the required home study information occur, and include at least the following:

1. Full legal name of applicant, date of assessment, the family address and telephone number.
2. Description of the home and community, including, but are not limited to:
 - Type of home (i.e. ranch, 2 stories)
 - Rooms in the home (Include basement and attic)

- Number of steps to the front and back door if applicable
 - Handicap Accessibility Features if any
 - Sleeping arrangements for the potential placement(s)
 - Description of the neighborhood. List accessible community services and activities (Include access to hospitals/urgent care facilities, churches, schools, Physicians, YMCA etc.)
 - Public Transportation (Document distance from home to public transportation)
 - Physical Standards of the home, including:
 - a. Fire extinguishers (Note type, number and location)
 - b. Smoke and/or carbon monoxide detectors (Note functionality, number and location)
 - c. Is there a swimming pool? Is it secured by fence or gate?
 - d. Is there a locked box/space (note where medications will be locked and hazardous chemicals will be kept)
 - e. Do you have pets? Type and how many?
3. A description of family members/individuals living in the home, including:
- Date and Place of birth
 - Physical description
 - Family background and history
 - Current relationships with immediate and extended family members or other persons residing in the home
 - Educational background
 - Relationship to applicant(s)
4. A statement as to whether or not there are firearms kept in the home and if so, all firearms owned and in the home are unloaded, secured and locked in a cabinet with ammunition stored in a separate locked cabinet. If firearms are stored in an official gun cabinet, ammunition may also be stored in the same gun cabinet; however, the ammunition must be kept in a locked container or locked in a separate compartment of the gun cabinet.
5. Availability of Supervision:
- Describe the work schedule of all members of the household
 - Current relationship with extended family members
 - Support network in place for the Life-Sharing family
 - Willingness to cooperate with the DBHDD approved agency
6. Family Dynamics:
- Interest and Hobbies (include clubs, groups, associations etc.)
 - Personality of each member of the household
 - Interaction and relationship with neighbors
 - Examples of ways each person in household tend to interact with others in the home
 - Examples of ways each family member react to stress and coping strategies used

- Family meal-time interaction (include what meals family eat together if applicable)
 - Family activities after work/school to bedtime
 - Description of a typical Saturday, Sunday, Holiday and vacations
 - Church or other religious relationship
 - Acceptance of an individual(s) of another culture/ethnicity. (Include response to various cultural issues i.e. religious practices, eating habits, holiday traditions)
 - Attitudes on potential placement(s) dating
 - Alcohol or drug use in the family (Include history and where alcohol is stored)
 - Anticipated adjustment of each Life-Sharing member to a potential placement
7. Experience and Expectations:
- The motivation for Life-Sharing including but not limited to attitudes towards an individual with developmental disability
 - Document the following:
 - a. Whether or not the potential Life-Sharing family worked for another provider (in or out of state)
 - b. Whether or not the potential Life-Sharing family ever been denied
 - c. Whether or not the potential Life-Sharing family been investigated for any serious reportable incident
 - Knowledge of intellectual/developmental disabilities, attitudes and skills
 - Methods of discipline used by applicant if applicable
 - Discuss training and compliance requirements (Include Host Home/ Life-Sharing Operating Procedures, DBHDD Provider Manual, DCH Waiver Manual and Agency Policy and Procedures)
 - Attitudes towards family involvement of the potential placement
 - Description of experience with working with individuals with MRDD, if applicable
8. A description of the type of individual desired by the prospective Life-Sharer
9. A general health examination of each member living in the prospective Host Home/Life-Sharing residential setting
10. Screening for tuberculosis and communicable disease, and a general statement from a licensed practitioner identifying any communicable diseases, for each member living in the prospective Host Home/Life-Sharing residential setting
11. Criminal Records Check/Clearance
12. Who will be transporting the individual(s) and how would transportation be provided
13. A minimum of three (3) character references;

At least one reference is to be from an extended family member not residing with the prospective Host Home/Life-Sharing family,

And

If any member of the potential Host Home/ Life-Sharing family has either served previously as a provider for another agency, and/or been employed within the past five (5) years in a job involving the care of individuals with DD, at least one reference must be from the former agency or employer. In addition, documentation must be provided if any member of the potential Host Home/Life-Sharing family has been terminated as a provider/agency and any adverse actions taken by DBHDD or another state entity.

14. Proof of homeowner's, renter's insurance or personal property insurance
Note: Insurance must be kept current.
15. Proof of potential Life-Sharer's home ownership (ex. mortgage statement) or current lease
16. Signed statement from the potential Life-Sharer (s) indicating the receipt and review of the Host Home/ Life-Sharing Standards and the Policy: *Enrolling, Matching and Monitoring Host Homes for Community Providers Serving Individuals with Developmental Disabilities.*
17. The home study is to be completed, reviewed, signed with designated title, and dated by a designated employee of the agency or professional under contract with the agency and reviewed, signed and dated by the Agency Director/Program Director or Developmental Disabilities Professional (DDP).
18. Documentation of any recommendation regarding approval as a prospective Life-Sharer, including description of identified training or resources needed, and that the prospective Life sharers possess the capacity to provide room, board and watchful oversight
19. Notification of Approval. Prospective Host Home/Life-Sharer(s) will be notified in writing as to whether or not they have been approved by the agency

INSPECTION OF HOMES

The agency will complete a site inspection of each home the agency has approved to operate.

All inspections and investigations by DBHDD may be unannounced and without prior notice. The Host Home/Life-Sharing provider or any adult living in the home (excluding the individual(s) served) must be present during any inspection of the home. The inspector must have access and authority to examine quality of care and services delivery, the individual's records, physical premises, including the condition of the home, grounds and equipment, food, water supply, sanitation, maintenance, housekeeping practices and any other areas necessary to determine compliance with these Standards.

The inspector has the authority to interview the host home provider, any adults living in the home, the individual and the individual's family. Interviews with the individual will be confidential and conducted privately unless otherwise specified by the individual.

M.A.N.E.

It is expressly prohibited to Mistreat, Abuse, and Neglect or Exploit any person(s) receiving host/life sharing service. Mistreatment, abuse, neglect and exploitation is defined as, but not limited to:

Physical Abuse- includes but is not limited to such actions as striking, pulling, pushing, twisting body parts, or inflicting any physical injury to an individual by any means. Physical abuse includes directing one individual to physically abuse another individual.

Sexual Abuse- includes but is not limited to sexual assault, rape, fondling, sexual exploitation or any sexual interaction.

Mental Abuse- includes but is not limited to any action, which creates mental anguish for the individual. These actions include but are not limited to discriminatory remarks, belittlement, derogatory name calling, teasing, unreasonable exclusion from conversation or activities and verbal abuse.

Neglect- includes but is not limited to the denial of meals, medication, habilitation and other necessities.

Exploitation- includes but is not limited to any illegal or improper action affecting a person or use of the person's resources for another person's profit or advantage.

Reporting and Investigation of Deaths and Critical Incidents

DBHDD requires a standardized process for reporting and investigating deaths and other sentinel/critical incidents involving individuals receiving all community-based services. Providers shall be familiar and comply with policy as defined in 04-106 Reporting and Investigating Deaths and Critical Incidents in Community Services. This policy can be found in DBHDD Policy Stat at <https://gadbhdd.policystat.com/policy/149306/latest>.

Criminal History Check/Clearance

National Crime Information Center criminal records check (NCIC) and Georgia Crime Information Center (GCIC) state criminal history record check/clearance documentation is required for all Host Home contractors and any adults living in the home temporary or permanently.

The requirements apply to any person seventeen (17) years of age or older who moves into the home and any person who reaches the age of eighteen (18) years, after the individual lives in the home.

Any person who is a visitor in the home is not required to have a criminal records check/clearance but must not have unsupervised contact with the individual(s) receiving services.

Only Cogent/GAPS or DHS-DFCS Offices will be used to obtain GCIC/NCIC fingerprint results. For more information regarding GAPS enrollment, registration, print and locations go to Cogent's website www.ga.cogentid.com

Criminal history record check/clearance is to have been completed no more than one (1) year prior to an individual living or receiving alternate care in the home.

A copy of the final criminal history reports is to be kept in the provider agency record. The agency must have a policy and procedure for ongoing criminal history monitoring. *Refer to the Provider Manual, Part II, Section I, Standards for all Providers* at the website.

<http://dbhdd.georgia.gov/portal/site/DBHDD>

(click on *Provider Information*; and *Provider Tool Kit* for the current *Provider Manual*).

Individuals that are served are excluded from criminal background check/clearance.

Character References

A minimum of three (3) character references are required.

At least one reference is to be from an extended family member not residing with the prospective Host Home/ Life-Sharing family; and if the prospective Host Home/Life-Sharing family has either served previously as a provider for another agency, and/or been employed within the past five (5) years in a job involving the care of individuals with MRDD, at least one (1) reference must be from the former agency or employer.

Individual Funds and Property

The provider agency is to have a written policy that establishes procedures for the protection and adequate accounting of individual funds and property, and for advising the individual concerning the use of the funds and property.

The policy may not prohibit or interfere with the individual's right to manage her or his own finances.

An individual's personal funds include but are not limited to savings/checking account and other investment accounts, earned income and the remaining portion from SSI payment for day-to-day living expenses. An individual's funds and property are to be used for the individual's benefit.

An up-to-date financial and property record is to be kept for each individual. This record is to include the following:

1. Personal possessions and funds received by or deposited with the family or agency.
2. Disbursements made to and for the individual.

If the agency or Host Home/Life-Sharing family assumes the responsibility for an individual's financial resources, the following is to be maintained for each individual:

1. A separate record of financial resources including the dates and amounts of deposits and withdrawals.
2. For a withdrawal when the individual is given the money directly, the record will indicate that the funds were given directly to the individual.
3. Documentation, by the actual receipt or expense record, of each single purchase made on behalf of the individual carried out by the family member or agency staff.

There may not be commingling of the individual's personal funds with agency or household funds.

There may not be borrowing of the individual's personal funds by family members or agency staff.

Driver License and other Access to Transportation

For providers transporting individuals in their personal vehicles, at least one adult member of the Host Home/Life-Sharing household will have a valid Georgia Driver's License and access to a properly operating vehicle covered under Georgia Vehicle Insurance requirements.

A *Driving History Report (MVR)* is required for any member of the household responsible for transporting the individual. There must be no more than two chargeable accidents, moving violations or DUI's in a three (3) year period, within the last five (5) years of the seven (7) year Motor Vehicle (MVR) period.

Providers residing near public transportation and who are currently using this mode of transportation are required to submit documentation verifying that the home has access to public transportation within a one-fourth ($\frac{1}{4}$) mile walking distance from the Host Home/Life-Sharing residence.

ENROLLING HOST HOMES

Current and New DBHDD providers must meet the following requirements prior to enrolling a Host Home as a CRA service option:

1. DBHDD provider must be a provider of DD Community Residential Alternative (CRA) services
AND
2. DBHDD provider must be in business for twelve (12) months delivering Developmental Disabilities (DD) Community Residential Alternative services
AND

3. DBHDD providers cannot enroll any Host Home/Life-Sharing residence until the CRA service/site in the initial provider application 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.

DBHDD provider agencies are required to make a thorough evaluation of each prospective Host Home family/individual, and document this evaluation in a Host Home study report. This will be completed and/or updated as changes in the required home study information occur or when there is a vacancy to be filled.

Note:

- 1. Only one (1) DBHDD approved CRA provider agency may enroll and provide CRA services at any Host Home site.**
- 2. Host Home providers cannot be the owner of a Personal Care Home (PCH) or Community Living Arrangement (CLA), either of which provide services to COMP waiver participants.**

Based on the Host Home study report and any supporting documents, the DBHDD provider agency will notify the potential Host Home provider in writing as to whether or not the Host Home provider has been deemed appropriate to work with their organization.

Each Host Home must have a site specific Medicaid Provider (CRA) number assigned by the Department of Community Health (DCH) before placement of any person into that particular Host Home.

DBHDD provider agencies must submit the Host Home study, all supporting documentation, and Host Home provider's evidence of required competency-based training, along with the DBHDD and DCH application for a site specific number to DBHDD Office of Provider Network Management for review.

Supporting documents for the Host Home study include the following:

1. A general health examination of each member living in the potential Host Home
2. Evidence of screening for tuberculosis and communicable disease, and a general statement from a licensed practitioner identifying any communicable diseases, for each member living in the potential Host Home
3. National Criminal records check/clearance
4. A minimum of three (3) character references
5. Proof of homeowner's, renters insurance or personal property insurance
6. Statement as to whether or not there are firearms in the home
7. Documentation of home ownership (ex. current mortgage statement) or renter's lease. Document(s) must be in the name of the potential Host Home provider.
8. The home study will be completed, signed and dated by a designated employee of the agency or professional under contract with the agency and reviewed, signed and dated by the Agency Director or Developmental Disabilities Professional (DDP).

9. Signed statement from potential Host Home provider indicating the receipt and review of the Host Home/ Life-Sharing Standards.

The adult family member who will have primary responsibility to the individual and for providing services to the individual will have at least the following training **prior** to the DBHDD provider agency submission of an application for a site specific Medicaid provider number:

1. Person-Centered Values, Principles And Approaches
2. Human Rights and Responsibilities
3. Recognizing and Reporting Critical Incident
4. Individual Service Plan
5. Confidentiality Of Individual Information, Both Written And Spoken
6. Fire Safety
7. Emergency and Disaster Plans and Procedures
8. Techniques Of Standard Precautions
9. Basic Cardiac Life Support (BCLS)
10. First Aid and Safety
11. Medication Administration and Management/Supervision Of Self-Medication
12. Agency Policy And Procedures

The DBHDD provider agency must submit evidence of the type of training, content, dates, length of training, and/or copies of certificates. A signed attestation between the agency and the potential host home provider, which indicates the receipt of trainings, must also be submitted.

Host Home applications must not be submitted for any location that is currently licensed as a PCH or CLA. Licensed PCH or CLA providers must relinquish their license prior to making application to become a Host Home. A Host Home study must be submitted, along with documentation of the surrender of the perspective license and the required trainings (by evidence of training certificate or signed attestation indicating receipt of training), to DBHDD Office of Provider Network Management.

PROCEDURE FOR MATCHING INDIVIDUAL AND HOST HOME PROVIDER

When an individual is identified for potential placement in a Host Home, provider agencies must forward a summary of the Host Home study report to Support Coordination or the Planning List Administrator. A summary of the Host Home study may include, but is not limited to: the address and access to local services' the current living arrangement; names and ages of the family/individuals residing in the home; family/individuals' previous work history, education and religious affiliation, membership or participation in community organizations; the DBHDD provider recommendations.

DBHDD provider agencies will discuss the prospective placement with the Host Home family/individual, and prepare the family/individual for the placement of a particular person with developmental disabilities by anticipating the adjustments and problems that may arise during placement, and providing any specialized training and support.

The Host Home study report must be reviewed by all stakeholders involved in placement planning to ensure an appropriate match between the individual and the Host Home provider.

Submission of Information to the Division of Developmental Disabilities

The DBHDD provider agency must submit specified information to the Division of Developmental Disabilities pertaining to administrative cost and payment to the Host Home /Life-Sharing Provider

The requirements for administrative costs of the CRA provider agency and the agency's payment to the Host Home/Life-Sharing provider are as follows:

1. The budget and payment to the Host Home/Life-Sharing provider for each individual in each Host Home/Life-Sharing services enrolled by the DBHDD provider agency must support the amount of payment to the Host Home/Life-Sharing provider that allows for the provision of the CRA services specified in the ISP of the individual, and ensures the health and safety of the individual in the Host Home/Life-Sharing arrangement.
2. The budget and agreed payment of the Host Home/Life-Sharing provider must be submitted to the Division of DD prior to any individual moving into a Host Home/Life-Sharing residential setting, whenever there is an enhancement or decrease in the individual's residential allocation, and on an annual basis (by June 30). Host Home/Life-Sharing providers of individuals with exceptional rates receive a higher payment based on enhanced services provided by the Host Home/Life-Sharing provider.
3. Each individual's budget submitted to the Division of DD must include, but is not limited to the individual's name and Medicaid number, address and contact information of the Host Home/Life-Sharing.

Provider agencies must comply with Division of Developmental Disabilities Policy: *Management/Supervision/Safeguarding of Possessions, Valuables, Personal Funds and Day-To-Day Living Expenses in Developmental Disabilities Residential Services* in the current Provider Manual at the website <http://dbhdd.georgia.gov/portal/site/DBHDD/> (click Provider Information and Provider Tool Kit).

1. The CRA Provider is to make available to individuals, who reside in agency operated Host Homes /Life-Sharing residence a day-to-day living expenses agreement upon admission, annually, or as needed. The day-to-day living expenses agreement is reviewed at the annual ISP. The day-to-day living expenses agreement includes a statement of all associated housing and food costs; and any estimated medical, dental, and clothing fees or charges assessed to the individual, to the extent that those funds are available. Any changes in charges for day-to-day living expenses are provided to the individual served and the agency operated Host Home/Life-Sharing Provider, in writing, 60 days prior to changes in charges. Copies of each day-to-day living expenses agreement are maintained in the record of the person served.
2. Day-to-day living expenses agreement must be signed by the CRA Provider agency and Host Home/Life Sharing Provider and submitted to the Division of Developmental Disabilities annually (by June 30th) or whenever there is a change of the Host

Home/Life-Sharing Provider serving the individual, or prior to any individual moving into the home.

3. Day-to-day living agreements are to be mailed to:
Division of Developmental Disabilities
Attn: Administrative Operational Manager
2 Peachtree Street, Suite 22-413
Atlanta, GA 30303

PROCEDURE FOR MONITORING HOST HOMES

DBHDD provider agencies will ensure compliance with the Host Home/ Life-Sharing Standards, DCH COMP Waiver and current Fiscal Year (FY) DBHDD Provider Manual.

DBHDD provider agency will complete an initial Site Inspection of each Host Home/Life-sharing residential setting the agency has approved to operate. The Support Coordinator or DBHDD Regional Office designee will conduct a follow-up site inspection.

Support Coordinator and/or the Planning List Administrator will conduct home visits, at least on a monthly basis, to monitor the person's progress in the specific Host Home/Life-Sharing setting, and to ensure that Host Home/Life-Sharing services is delivering the supports in accordance with the individual's ISP.

DBHDD provider agency will conduct home visits at least monthly, in order to verify that the Host Home is delivering care, room and watchful oversight in a safe and healthy environment. The DBHDD provider agency is to evaluate and document the following during each visit:

1. Available services, supports, care and treatment. This includes, but is not limited to the service needs addressed in the ISP.
2. Human and Civil Rights are maintained.
3. Oversight of Self-Administering of Medication Administration (if applicable) or that the administering of medication follows federal and state laws, rules and regulations.
4. Person Centered Focus is Evident in Documentation.
5. Information and documentation management is protected, secure, organized and confidential.
6. The host home environment demonstrates respect for the individual(s) served and is appropriate to the supports provided. This includes, but is not limited to, the physical environment, review of disaster and fire safety plan, required training, community inclusion, personal funds, and vehicle transportation requirement.

This evaluation is to be shared with the Host Home family/individual and made available for review by the Support Coordinator or DBHDD staff as evidenced by the signature of the Host Home family/individual and the DBHDD provider agency. A copy of each monthly visit and written summary of corrections are to be kept in the Host Home.

The DBHDD provider agency will complete an annual summary of each monthly home visit. The summary is to include, but is not limited to all items identified in the above sections 1-6. A copy of the annual summary and a written summary of corrections are to be kept in the home for each fiscal year (FY).

DBHDD Regional Offices and designated staff from the Division of DD are to provide technical assistance to DBHDD provider agencies enrolling host homes, as needed.

The Division of DD will conduct quarterly Quality Assurance reviews of provider agencies some of which will be contracting host homes. Reviews may include, but are not limited to, Support Coordinator ratings of 3's and 4's, external quality reviews, and critical incidents. Based on these reviews, the Division of DD will recommend and/or implement the following, which includes, but is not limited to, provision of technical assistance to the provider and/or host home, the movement of the individuals from the host home, full standards compliance review, and/or moratorium on the enrollment of host homes for a specific DBHDD provider agency.

TERMINATION OF CONTRACT BETWEEN THE HOST HOME AND CRA PROVIDER AGENCY

When a Host Home provider no longer wants to provide services to the individual and/or wants to end its subcontract with the DBHDD provider agency, they must give at least thirty (30) days written notice to:

1. The individual(s) served
2. The DBHDD provider agency under contract

When a Host Home provider initiates termination and end its subcontract with the provider agency, the following applies:

1. The Host Home provider must relinquish CRA service provision for the individual(s) supported to the contracted DBHDD provider agency and assist the DBHDD provider agency with the movement of the individual(s).
2. The Host Home provider must not serve the same individuals they previously served when contracting with another DBHDD provider agency.

The Host Home provider will be expected to continue working for thirty (30) days unless otherwise determined by the DBHDD provider agency or DBHDD.

If an emergency occurs and services must be terminated immediately, the Host Home provider must give immediate notice to all parties listed above.

The DBHDD provider must submit both DBHDD and DCH Change of Information forms to DBHDD Office of Provider Network Management to deactivate the Host Home provider number.

TRANSFERENCE OF A HOST HOME(S)

The DBHDD provider agency and Host Home provider must cooperate as requested by DBHDD to effectuate the smooth and reasonable transition of the care and services for individuals as directed

by DBHDD. This includes, but is not limited to, the transfer of the individual records, personal belongings, and funds of all individuals as directed by DBHDD.

DBHDD reserves the right under all Host Home agreements to transfer a Host Home to another DBHDD provider agency on the following grounds:

1. DBHDD termination of the contract/letter of agreement, or agreement with the DBHDD provider agency.
2. DBHDD provider agency termination of the contract/letter of agreement.
3. The Individual or Family/Representative terminates the relationship with the contracting provider agency and the contracting provider agency is willing to terminate the site number.

In either case above, the Host Home provider must be in agreement to contract with another DBHDD provider agency if they want to serve the same individual(s).

Prior approval for the transfer of the Host Home to an alternative DBHDD provider agency must be given by the designated DBHDD, Regional Services Administrator for DD.

INDIVIDUAL RIGHTS

Informing and Encouraging Exercise of Rights

Each individual, or the individual's parent, guardian or advocate (if appropriate) is to be informed of the individual's rights upon admission and annually thereafter. Individuals are to receive this information through their primary form of communication.

A statement signed and dated by the individual, or the individual's parent, guardian or advocate if appropriate, acknowledging receipt of the information on individual rights upon admission and annually thereafter, will be kept.

Each individual is to be encouraged to exercise his or her individual rights.

Rights

An individual may not be deprived of rights.

Rights of the Individual

1. An individual may not be neglected, abused, mistreated or subjected to corporal punishment.
2. An individual may not be required to participate in research projects.
3. An individual has the right to manage his or her personal financial affairs.

4. An individual has the right to participate in program planning that affects him or her.
5. An individual has the right to privacy in bedrooms, bathrooms and during personal care.
6. An individual has the right to receive, purchase, have and use personal property.
7. An individual has the right to receive scheduled and unscheduled visitors, communicate, associate and meet privately with their family and persons of the individual's choice.
8. An individual has the right to reasonable access to a telephone and the opportunity to receive and make private calls, with assistance when necessary.
9. An individual has the right to unrestricted mail privileges.
10. An individual who is of voting age will be informed of the right to vote and will be assisted to register and vote in elections.
11. An individual has the right to practice the religion or faith of the individual's choice.
12. An individual has the right to be free from excessive medication.
13. An individual may not be required to work at the home except for the typical upkeep of the individual's bedroom and in the upkeep of family areas and yard. For example: Repair of a clogged drain, seeding of lawns, etc., would not be considered typical upkeep.

Civil Rights

An individual may not be discriminated against because of race, color, religious creed, disability, handicap, ancestry, national origin, age or sex.

Civil Rights policies and procedures are to be developed and implemented in accordance to all State and Federal legislation. Civil rights policies and procedures are to include the following:

1. Nondiscrimination in the provision of services, admissions, placement, referrals and communication with non-English speaking and nonverbal individuals.
2. Physical accessibility and accommodation for individuals with physical disabilities.
3. The opportunity to lodge civil rights complaints.

4. Informing individuals of their rights to register civil rights complaints.

STAFFING

Staffing Qualifications and Responsibilities

Provider agencies rendering Community Residential Alternative Services (CRA) must have staffing that meets the following requirements, in addition to any applicable licensure requirements:

1. A designated agency director who must:

- Have either a bachelor's degree in a human service field (such as social work, psychology, education, nursing, or closely related field) or business management and two years of experience in service delivery to persons with developmental disabilities, with at least one year in a supervisory capacity; or
- Have an associate degree in nursing, education or a related field and four (4) years of experience in service delivery to persons with developmental disabilities, with at least one year in supervisory capacity

Duties of the Agency Director include, but are not limited to:

- Overseeing the day-to-day operation of the agency;
 - Managing the use of agency funds;
 - Ensuring the development and updating of required policies of the agency;
 - Managing the employment of staff and professional contracts for the agency;
 - Designating another agency staff member to oversee the agency, in his or her absence.
2. At least one agency employee or professional under contract with the agency, who must:
- Have the responsibility for overseeing the delivery of Community Residential Alternative Services to participants.
3. At least one agency employee or professional under contract with the agency who must:

Be a Developmental Disability Professional (DDP) (for definition, see the COMP Manual at the website: www.mmis.georgia.gov).

Duties of the DDP include, but are not limited to:

- Overseeing the services and supports provided to participants;
- Supervising the formulation of the participant's plan for delivery of Community Residential Alternative Services;

- Conducting functional assessments; and
- Supervising high intensity services.

Note: The same individual may serve as both the agency director and the Developmental Disability Professional.

4. Direct Care Staff must:

- Be 18 years or older
- If transporting an individual served or family, have a valid Class C license as defined by the Georgia Department of Driver's Services and no major or multiple traffic violations if transporting participants (s);
- Be provided with a basic orientation prior to direct contact with individuals and show competence in:
 - a. The purpose and scope of CRA services, including related Host Home/Life-Sharing Standards;
 - b. Confidentiality of individual information, both written and spoken;
 - c. Rights and responsibilities of individuals;
 - d. Requirements for recognizing and reporting suspected abuse, neglect, or exploitation of any individual:
 - i. To BHDD
 - ii. Within the organization
 - iii. To appropriate regulatory or licensing agencies; and
 - iv. To law enforcement agencies

5. For any additional requirements refer to:

- *COMP Supports Waiver Program, Part II and Part III, and Part I Policies and Procedures for Medicaid Peach Care for Kids*, located at website: www.mmis.georgia.gov

And

- The current *Provider Manual, Part II, Section I, Community Service Standards for DD Providers*, at the website: <http://dbhdd.georgia.gov/portal/site/DBHDD/> (click Provider Information and Provider Tool Kit).

Direct Care and/or Professional Staffing

The adult family member in the Host Home/Life-Sharing is responsible for the 24-hour care of the individual(s) served.

Direct care and/or professional staff may be utilized to provide *intermittent or brief* support to the Host/Life-Sharing family. Intermittent or brief staffing should be within the maximum Community Residential Alternative (CRA) rate and would not qualify for an Exceptional Rate.

The provider is to submit Exceptional Rate Requests to the Regional Service Administrator for Developmental Disabilities under the following circumstances:

- 1) The individual has significant medical and /or behavior problems, which are assessed as barriers, and threatens the individual's stability in a Host Home/ Life-Sharing community setting; **And**
- 2) The significant medical and /or behavior problems demand the availability of continued enhanced direct care and/or professional staffing, to support the individual's stability in a community setting.

The Exceptional Rate Requests for enhanced direct care and/or professional staffing, must document a clear demonstration of enhanced intensity and the type of service beyond what a Host Home/ Life-Sharing family could provide with training.

Note: A Waiver of Standards Request is not to be submitted for Exceptional Rate Requests pertaining to the need for continued enhanced direct care and/or professional staffing, which address the above parameters.

TRAINING

Pre Service/Annual Training

Prior to the DBHDD provider agency's submission of an application for a site specific Medicaid provider number, the adult family member who will have primary responsibility to the individual and for providing services to the individual is to have at least the following training:

1. Person-Centered Values, Principles And Approaches
2. Human Rights and Responsibilities
3. Recognizing and Reporting Critical Incidents
4. Individual Service Plan

5. Confidentiality Of Individual Information, Both Written And Spoken
6. Fire Safety
7. Emergency and Disaster Plans And Procedures
8. Techniques Of Standard Precautions
9. Basis Cardiac Life Support (BCLS)

10. First Aid and Safety
11. Medication Administration and Management/Supervision Of Self-Medication
12. Agency Policies And Procedures

Prior to direct contact with the individual, the adult family member who will have the primary responsibility to the individual and for providing services to the individual is to receive at least the following training:

1. The Purpose, Scope Of Services, Supports, Care And Treatment Offered, Including Related Policies And Procedures
2. Holistic Care Of The Individual
3. Promoting Positive, Appropriate And Responsive Relationships With Persons Served And Their Families
4. Medical, Physical, Behavioral And Social Needs, As Well As Characteristics Of Persons Served
5. The Utilization Of Positive Communication, Positive Behavioral Supports And Crisis Intervention Techniques
6. Ethics, Cultural Preference And Awareness
7. Service, Support, Care and Treatment Specific Appropriate To the Care of Person Served

All trainings specified above must also be provided to the Host Home/Life-Sharing adult family member on an annual basis.

Record of Training

Records of pre-service and annual training, including name of person trained, the training source, content, dates, length of training, and copies of certificates received and persons attending will be kept and be readily available.

PHYSICAL HOME SAFETY

All living quarters will be maintained and not threaten the health or safety of occupants.

Special Accommodations

A home serving an individual with a physical disability, blindness, a visual impairment, deafness or a hearing impairment will have accommodations to ensure the safety and reasonable accessibility for entrance to, movement within and exit from the home based upon each individual's needs.

Adaptive equipment will be provided if needed for the individual to move about and function in the home (i.e. wheelchairs, walkers, low shelves, cabinets, countertops, special doorbells and telephone devices for individuals who have a hearing impairment, and tactile guides for individuals who have visual impairment).

POISONS

Poisonous materials will be kept locked or made inaccessible to individuals if all individuals living in the home are unable to safely use or avoid poisonous materials

Poisonous materials may also be kept unlocked and accessible to individuals if all individuals living in the home are able to safely use or avoid poisonous materials.

Documentation of each individual's ability to safely use or avoid poisonous materials will be in each individual's ISP.

Poisonous materials will be stored in their original, labeled containers.

Poisonous materials will be kept separate from food, food preparation surfaces and dining surfaces.

HEAT SOURCES

Heat sources, such as hot water pipes, fixed space heaters, hot water heaters, radiators, wood and coal burning stoves and fireplaces, exceeding 120°F that are accessible to individuals, will be equipped with protective guards or insulation to prevent individuals from coming in contact with the heat source.

Heat sources do not require guards or insulation if all individuals living in the home understand the danger of heat sources. and have the ability to sense and move away from the heat source quickly. Documentation of each individual's understanding and ability will be in each individual's ISP.

Sanitation

Clean conditions will be maintained in all areas of the home.

There may not be evidence of infestation of insects or rodents in the home. Chemicals used in the control program must be selected, stored and used safely. The chemical must be selected on the basis of the pest involved and used only in the manner prescribed by the manufacturer.

Trash will be removed from the premises on a routine basis.

Ventilation

Living areas, dining areas, individual bedrooms, kitchens and bathrooms will be ventilated by at least one operable window or by mechanical ventilation. Exceptions are home theater rooms.

Lighting

Rooms, hallways, interior stairways, outside steps, outside doorways, porches, ramps and fire escapes, that are used by individuals will be lighted to assure safety and to avoid accidents.

Surfaces

Floors, walls, ceilings and other surfaces will be free of hazards, as determined by the needs of the individual resident.

Running Water

A home will have hot and cold running water under pressure.

Hot water temperatures in bathtubs and showers that are accessible to individuals must be within 10- 120 degree Fahrenheit.

Water and sewage systems will meet federal, state, and local standards and regulations.

Heating and Air Conditioning Systems

Heating and Air Conditioning Systems will be operational and maintained to provide adequate heat and air conditioning throughout the home.

Telephone

A home will have an operable telephone that is easily accessible. The individual must have adequate privacy while using the telephone.

Emergency Telephone Numbers

The telephone must be immediately available in case of emergency. Telephone numbers of the nearest hospital, police department, fire department, ambulance and poison control center will be readily accessible in the home.

Screens, Windows and Doors

Windows, including windows in doors, will be securely screened when windows or doors are open. Screens, windows and doors will be in good repair.

Handrails

An interior stairway exceeding two steps that is accessible to individuals, ramp and outside steps exceeding two steps, will have a well-secured handrail.

First Aid Materials

Each home will have antiseptic, an assortment of adhesive bandages, sterile gauze pads, tweezers, tape, and scissors.

Exterior Conditions

An outside walkway that is used by individuals will be free from ice, snow, obstructions and other hazards.

The yard and outside of the home will be well maintained and free from unsafe conditions.

Individual Bedrooms

An individual's bedroom may not be located in basements, attics, stairway, hall or any room commonly used for other than bedroom purposes.

A bedroom will have at least one exterior window that permits a view of the outside.

Bedroom windows will have clean and/or operable drapes, curtains, shades, blinds or shutters.

Bedrooms will have doors at all entrances for privacy.

In bedrooms, each individual will have the following:

1. A bed of size appropriate to the needs of the individual. Cots and portable beds are not permitted. Bunk beds are not permitted for individuals 18 years of age or older.
2. A clean, comfortable mattress and solid foundation.

Clean bedding; including a pillow, linens and blankets appropriate for the season.

1. A chest of drawers.
2. Closet or wardrobe space with clothing racks and shelves accessible.

An individual may not share a bedroom with anyone of an opposite sex in the home.

Bathrooms

There will be at least one toilet and one bathtub or shower in the home.

Privacy will be provided for toilets, showers and bathtubs by partitions or doors.

At least one bathroom area will have a sink, wall mirror, soap, toilet paper, individual clean paper or cloth towels and trash receptacle.

A clean washcloth, bath towel and operable toothbrush will be provided for each individual.

Kitchens

Each home will have a kitchen area with a clean and operable refrigerator, sink, cooking equipment and cabinets for storage.

Utensils used for eating, drinking and preparation of food or drink will be washed and rinsed after each use.

Laundry

Individual bed linens, towels, washcloths and clothing will be kept clean.

Swimming Pools

An in-ground swimming pool will be fenced with a gate that is locked when the pool is not in use.

An aboveground swimming pool will be made inaccessible to individuals when the pool is not in use.

Firearms

All firearms owned and in the home are unloaded, secured and locked in a cabinet with ammunition stored in a separate locked cabinet. If firearms are stored in an official gun cabinet, ammunition may also be stored in the same official gun cabinet. **However, the ammunition must be kept in a locked container or locked in a separate compartment of the gun cabinet.**

Yard

The yard surrounding the home must be safe and maintained.

FIRE SAFETY

Unobstructed Stairways, Halls, Doorways and Exits

Stairways, halls, doorways and exits from rooms and from the home will be unobstructed.

No interior locks, keyed locks or dead bolts in the Host Home/Life-Sharing residence will prohibit free access to exit from the home.

Flammable and Combustible Materials

Flammable and combustible supplies and equipment will be utilized safely and stored away from heat sources.

Furnaces

Furnaces filters will be cleaned or replaced at least annually. Written documentation of the cleaning or changing of filters will be kept.

Portable Space Heaters

Portable space heaters defined as heaters that are not permanently mounted or installed, may not be used while individuals are in the Host Home.

Wood and Coal Burning Stoves

The use of wood and coal burning stoves is permitted only if the stove is inspected and approved for safe installation by a licensed and/or bonded contractor specialized in this area. Written documentation of the inspection and approval is to be kept.

Wood and coal burning stoves, including chimneys and flues, will be cleaned at least every year. Written documentation of the cleaning will be kept.

If natural gas or heating oil is used to heat the residence, or if a wood-burning fireplace is in the residence, the residence will be protected with sufficient carbon monoxide detectors listed by Underwriters Laboratories, Inc. Information on Underwriters Laboratories, Inc. may be found at <http://www.ul.com/consumers/monoxide.html>

Fireplaces

Fireplaces will be securely screened and/or equipped with protective guards while in use.

Smoking

Smoking is a fire hazard. The Host Home/Life Sharing residence may choose to allow or not allow smoking. If the Host Home/Life-Sharing chooses to allow smoking it must reduce the risk of fire by:

1. Prohibiting smoking in any area where flammable liquid, gases or oxidizers are in use or stored;
2. Prohibiting residents from smoking in bed; **and**
3. Prohibiting unsupervised smoking of individuals unless unsupervised smoking is documented in the ISP.

Smoke Detectors

Each Host Home will be protected with sufficient smoke detectors listed by Underwriters Laboratories, Inc., which when activated will initiate an alarm, that is audible in sleeping rooms. Information on Underwriters Laboratories, Inc. may be found at http://www.ul.com/fallsafety/smoke_alarms.html

AN OPERABLE SMOKE DETECTOR MUST ALSO BE LOCATED IN THE ATTIC. (An area with pull down steps is considered an attic.)

EACH SMOKE DETECTOR WILL BE TESTED EACH MONTH TO DETERMINE IF THE DETECTOR IS OPERABLE.

FIRE EXTINGUISHERS

There must be at least one operable fire five pound (5lb.) multipurpose ABC fire extinguisher on each floor; including basements. All fire extinguishers must be located in accessible locations.

All fire extinguishers must be examined monthly to determine that:

1. Fire extinguishers are accessible and in a designated location;
2. Seals or tamper indicator are not broken;
3. The extinguishers have not been physically damaged; **and**
4. The extinguishers do not have any obvious defects.
- 5.

Disaster/Severe Weather Emergency and Fire Drills

The agency will have that support the Host Home /Life-Sharing residential setting's emergency notification and preparedness processes. This includes, but is not limited to a three-day supply of

non-perishable foods and water for emergency needs and supplies for an emergency preparedness kit for the household.

For information on creating an emergency preparedness kit visit the following website:

<http://www.gema.ga.gov> or <http://ready.ga.gov>

A written disaster/severe weather and fire safety plan will be developed for each household. The plan will be reviewed and updated annually or as needed. The plan will include general fire safety, evacuation procedures, responsibilities during drills or actual events, the designated meeting place outside the home, the use of fire extinguishers, notification of local fire and emergency response teams and if applicable, smoking safety procedures if an individual of household member smokes. A written record of the training will be kept readily available.

Fire drills will be conducted every month at alternate times. At least two drills per calendar year will be during sleeping hours. All fire drills will be documented and kept readily available.

The plan should also address medical emergencies, natural disasters (i.e. tornado), power failures, loss of heat or air conditioning, continuity in critical medical care needs of individuals supported, and notification of individuals' natural supports as soon as the situation renders this possible. Components of the plan will be maintained, tested, inspected, drilled and reviewed for risk reduction on a quarterly basis. Disaster and severe weather emergency drills are conducted at least once per quarter at various times throughout the year, including one drill during typical sleep hours of the household.

PROGRAM

Implementation of Individual Service Plan

The Host Home/Life-Sharing family will cooperatively participate with the individual's support team in the development and implementation of the individual's service plan.

The Host Home/Life-Sharing dynamics is enduring, offering dependability, consistency, trustworthiness and security. The Host Home/Life-Sharing family joins together in celebration of anniversaries, birthdays and in simple day-to-day interactions, joys and accomplishments. They also mourn together in their losses at times of illness and death. The Host Home/Life-Sharing family should encompass extended families and promote the individual's maturing relationship with his or her own natural birth family.

The Host Home /Life-Sharing individual(s) should be active participants in their community. Community integration could be facilitated by the contracting family's own friends, civic interests, neighbors, recreational and hobby activities, and religious affiliations. This expands and includes the individual's family, friends and special interests.

Record Management

All records will be kept in accordance with requirements of the Department of Behavioral Health and Developmental Disabilities current Provider Manual found at the website:

<http://dbhdd.georgia.gov/portal/site/DBHDD/> (click Provider Information and Provider Tool Kit).

A copy of the Individual Service Plan will be in the Host Home/ Life-Sharing residence along with case notes per direction in the Individual Service Plan along with DCH documentation requirements.

Providers must document the following in the record of each participant receiving Community Residential Alternative Services:

1. Specific activity, training, or assistance provided;
2. Date and the beginning and ending time when the service was provided;
3. Location where the service was delivered;
4. Verification of service delivery, including first and last name and title (if applicable) of the person providing the service and his or her signature;
5. Progress towards moving the participant towards independence by meeting the participant's ISP, which includes person-centered goals, desired outcomes in the participant's actions plan, and the amount/type of assistance/support in the Current Service Summary and the Health and Safety sections of the ISP.

Each Host Home/Life-Sharing residence provider is to retain a copy of the home study, including any updates, annual self-assessment of the home and required monthly meeting/quality assurance minutes for review by the state.

HEALTH

Individual Health Care Examinations

The individual served will have a health care examination within 12 months prior to living in the Host/Life-Sharing Home and annually thereafter.

The health exam will be completed and documented on the Annual Health Form found in the Provider Manual found at the website: <http://dbhdd.georgia.gov/portal/site/DBHDD/> (click on Provider information and the Provider Manual for the current year).

Refusal of Health Care

If an individual refuses routine health care examinations or treatment, the refusal and continued attempts to train the individual about the needs of health care will be documented in the individual's record.

If an individual has a serious medical condition, reasonable efforts will be made to obtain consent from the individual or substitute consent in accordance with applicable law.

Host Home/Life-Sharing Family Health Care Examinations

Family members and persons living in the Host Home / Life-Sharing residence will have a health care examination within 12 months prior to any individual in service living in the home and annually thereafter.

The health care examination documentation will be completed, signed and dated by a licensed physician, certified nurse practitioner or licensed physician assistant.

The general health care examination will include:

1. A general health care examination
2. Tuberculin skin testing by Mantoux method with negative results every 2 years for family members 1 year of age or older; or, if a tuberculin skin test is positive, an initial chest X-ray with results noted. Tuberculin skin testing may be completed and certified in writing by a registered nurse or licensed practical nurse instead of a licensed physician.
3. A signed statement that the person is free of communicable diseases or specific precautions to be taken if the person has a communicable disease.
4. Information of medical problems, which might interfere with the health of the individuals.

Communicable Diseases

If an individual or family member has a serious communicable disease (relating to specific identified reportable diseases, infections and conditions) and /or medical problems which might interfere with the health, safety or well-being of the individual(s), specific instructions and precautions to be taken for the protection of the individuals will be specified in writing by a licensed physician. If specific instructions/precautions are not ensured, then the individual will not be appropriate for placement in the identified Host Home/Life-Sharing residential setting.

The physician's written instructions and precautions will be followed.

MEDICATIONS

Storage of Medications

Prescriptions and nonprescription medications of individuals will be kept in their original containers, except for medications of individuals who self-administer medications and keep their medications in personal daily or weekly dispensing containers.

Prescription and potentially toxic nonprescription medications stored in a refrigerator will be kept in a separate locked container or made inaccessible to the individuals, unless it is documented in each individual's assessment that each individual in the home can safely use or avoid toxic materials.

Prescriptions and nonprescription medications of individuals will be locked and stored under proper conditions of sanitation, temperature, moisture and light.

Discontinued prescription medications of individuals will be disposed of in a safe manner. Documentation of the date and manner disposed will be recorded.

Labeling of Medications

The original container for prescription medication of individuals will be labeled with a pharmaceutical label that includes the individual's name, the name of the medication, the date the prescription was issued, the prescribed dose and the name of the prescribing physician.

Medication Training

Host Home /Life-Sharing Family members who assist with or supervise self-medication for individual(s) will receive training about the administration, side effects and contraindications of the specific medication in accordance with state laws and regulations

NUTRITION

Protection of Food

Food received or used in the home will be clean, wholesome, free from spoilage, adulteration, and misbranding, and safe for human consumption.

All foods, while being stored, prepared, or served, will be protected against contamination and be safe for human consumption in accordance with accepted standards for food safety.

Three Meals a Day

At least three meals a day will be available to the individuals and in accordance with any specific dietary needs identified in the individual's Individual Service Plan.

Quantity of Food

The quantity of food served for each individual will meet minimum daily requirements as recommended by the United States Department of Agriculture, unless otherwise recommended in writing by a licensed physician.

Food Groups

At least one meal each day will contain at least one item from the dairy, protein, fruits and vegetables and grain food groups, unless otherwise recommended in writing by a licensed physician for individuals.

BEHAVIOR MANAGEMENT GUIDELINES

Positive Behavior Supports are intended to provide guidelines for managing challenging behavior(s) of individuals with Developmental Disabilities residing in Host Home.

Policies developed within Host Home regarding positive behavior supports are expected to comply with guidelines set forth in the Guidelines for Supporting Adults with Challenging Behaviors in Community Settings applicable to all providers under contract or Letter of Agreement (LOA) with the Department of Behavioral Health and Developmental Disabilities.

These guidelines are available at the website: <http://dbhdd.georgia.gov/portal/site/DBHDD/> (click on Provider Information, then Provider Tool Kit)

Documentation of annual policy review for appropriate update and revisions will be readily available to all reviewers.

Behavior Support Plans should be incorporated in the Individual Service Plan (ISP) and every attempt will be made to anticipate and de-escalate the behavior using methods of intervention less intrusive than restrictive procedures.

Plans should be developed by appropriately qualified individuals with expertise in behavioral supports evaluation and services for people with developmental disabilities. The individual, Host Home/Life- Sharing family and other vested stakeholders will be involved in the development of the behavior support plan.

Replacement behavior acquisition training and/or family education training on Positive Behavior Supports are required to show the effectiveness of the plan.

Written documentation of person/staff trained will be kept and readily available. This documentation must include the date and signature of the trainer evidencing that the individual has competently completed the training.

Seclusion and Mechanical Restraint

Seclusion, defined as placing an individual in a locked room, is prohibited. A locked room includes a room with any type of door locking device, such as a key lock, spring lock, bolt lock, foot pressure lock or physically holding the door shut.

Physical restraints (i.e. mechanical restraints) **are not** used as punishment, for staff convenience, or through a behavioral support plan or behavioral management intervention for purposes of restricting a participant's movement. Those devices which restrain movement, but are applied for protection of accidental injury (such as a helmet for protection of fall due to frequent, severe seizures but not for purposeful head banging or other self-injurious behavior) or required for medical treatment of the physical condition of the participant (such as

protection for healing of an open wound) or for supportive or corrective needs of the participant (such as physical therapy devices) are not considered physical restraints.

ALTERNATE CARE

Provision for Host Home/Life-Sharing Setting

Alternate care must be offered to the Host Home/Life-Sharing family through other Host Homes managed by the **SAME** agency. Alternate care is to be offered to each Host Home/Life-Sharing family annually, not to exceed 30 units of CRA services.

The alternate care Host Home/Life-Sharing setting will meet all and the Standards for Host Home/Life-Sharing. Each CRA agency administering one or more Host Home/Life-Sharing residential settings must have, at minimum, of one (1) vacancy available at all times for alternate care.

Only one (1) Alternate Care home may be used and identified for each individual accessing this provision.

The ISP must identify the following:

1. The need for Alternate Care.
2. The Alternate Care home physical location and contact information. The Alternate Care home must be site specific.
3. The allotted number of days for the use of the Alternate Care home (not to exceed 30 units of CRA services annually).

If Alternate Care provisions are utilized, the individual's Prior Authorization (PA) must indicate:

1. The primary Host Home/Life-Sharing site
2. The amount of CRA units
3. Alternate Care site and
4. The amount of CRA units

For example, there might be 294 units at Host Home site, and 30 units at Alternate Care Site. In cases where the maximum of 30 units of Alternate Care will not be utilized, a PA change is required to add the units back to the main Host Home/Life Sharing site.

The annual maximum number of units for CRA services per year must **NOT** be exceeded.

VACATION

Vacation billing must not exceed thirty (30) days in a calendar year for individual (s) choosing to go on a vacation with the Host Home/Life- Sharing family.

Part II

Section 4

Request for Conversion (Appendix: A)

Provider Manual

For

Community Developmental Disabilities Providers

Fiscal Year 2014



**Georgia Department of Behavioral Health
and Developmental Disabilities**

April 2014

To obtain Request for Conversion Form, please go to:

<http://dbhdd.georgia.gov/developmental-disabilities-services>

PART III

Block Grant Funding Requirements

Title XX Social Services Block Grant for DD Services

Provider Manual

For

Community Developmental Disabilities Providers

Fiscal Year 2014



**Georgia Department of Behavioral Health
and Developmental Disabilities**

April 2014

DBHDD

PART III

Block Grant Funding Requirements

TITLE XX SOCIAL SERVICES BLOCK GRANT

Congress passed Public Law 93-647, or Title XX of the Social Security Act (SSA), in 1974 to make federal funds available for states to provide social services which address the needs of each individual state. Social Services Block Grant (SSBG) funds are used to provide a variety of services to Georgia's citizens, including vulnerable children and adults who need protection, persons with mental retardation, and the elderly.

The Department of Human Resources prepares an annual report to inform the Secretary of the U.S. Department of Health and Human Services and the people of Georgia of the intended use of the funds the State is to receive under provision of the Act. This annual report is called the Report on the Intended Use of Title XX Social Services Block Grant Funds. The following description of services to persons with mental retardation (I) and the statements on limitations/assurances on the use of the grants (II) are taken from the Report on Intended Use.

I. SERVICES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

Services for persons with developmental disabilities are services or activities to maximize the potential of persons with disabilities, help alleviate the effects of disabilities, and to enable persons served to live in the least restrictive environment possible. Component services or activities may include personal and family counseling, respite care, family support, recreation, transportation aid to assist with independent functioning in the community and training in mobility, communication skills, the use of special aides and appliances and self-sufficiency skills.

II. LIMITATION/ASSURANCES ON USE OF GRANTS

The Georgia Department of Human Resources gives assurance that Title XX Social Services Block Grant funds will **NOT** be used:

- 1) for the purchase or improvement of land, or the purchase, construction, or permanent improvement (other than minor remodeling) of any building or other facility, or
- 2) to provide cash payments for costs of subsistence or to provide room and board (other than cost of subsistence during rehabilitation, room and board provided for a short term as an integral but subordinate part of a social service, or temporary emergency shelter provided as a protective service);
or
- 3) for payment of the wages of any individual as a social service (other than payment of wages of welfare recipients employed in the provision of day care services); or
- 4) for the provision of medical care; or

- 5) for social services provided in and by employees of any hospital, skilled nursing facility, or prison, or to any individual living in such institution. The only exceptions to this limitation are services to an alcoholic or drug dependent individual or rehabilitation services; or
- 6) for the provision of any educational service which the state makes generally available to its residents without cost and without regard to their income; or
- 7) to provide child care services unless such services meet applicable standards of State and local law; or
- 8) for the provision of cash payments as a service.

III. APPLICATION FOR SERVICE

Each individual or family unit shall have the right to apply for Social Services Block Grant Services without delays in the application process. Application for services may be made by the applicant or by a relative, friend, neighbor or legal guardian acting responsibly on behalf of the person needing the service. The application should be made to Regional Office's designated point of entry.

IV. ELIGIBILITY

All recipients of Social Services Block Grant (SSBG) funded services must be physically located in the State of Georgia.

- **Non School Aged Adults** - SSBG funded services may be provided to non-school aged adults with a documented programmatic need and a current diagnosis of mental retardation/developmental disability.
- **School Aged Individuals** – School aged individuals may be provided non-education-related services with a documented programmatic need and a current diagnosis of mental retardation/developmental disability.
- **Pre-School Aged Individuals** - SSBG funded services may be provided to pre-school aged individuals with a documented programmatic need and a current diagnosis of mental retardation/developmental disability.

V. BEGINNING THE SERVICES

Once eligibility is determined, the service must be provided with reasonable promptness. Reasonable promptness is defined as within fifteen (15) calendar days. If the service is temporarily unavailable, the individual should be placed on a Planning List.

VI. PLANNING LIST (Waiting Lists)

Planning Lists will be maintained in accordance with Division Policy.

VII. SERVICES TO PERSONS RESIDING IN INSTITUTIONS

In most instances, services to persons residing in institutions are the responsibility of staff of the facility. Accordingly, Social Services Block Grant funds may not be used for the provision of social services that are the inherent responsibility of the institution. Those facilities which are Intermediate Care Facilities or Skilled Nursing Facilities and which receive funding under Title

XVIII (Medicare) and/or Title XIX (Medicaid) are required either to provide social services or arrange for them with qualified outside resources. In these facilities and in any other where an investigation indicates that

social services are an inherent responsibility of the institution, Social Service Block Grant Services to eligible persons are limited to assisting an individual and/or family to seek admission to the institution, and/or supporting or augmenting the discharge plan of the facility for the individual. If social services are not an inherent responsibility of the institution, Social Services Block Grant services may be delivered to eligible persons.

Number VIII is missing

IX. DOCUMENTATION OF SERVICE PROVISION

- Contractors are responsible for the documentation of service delivery in compliance with the terms of the provider contract.
- **Reporting of Services - Services delivered must be reported in compliance with the terms of the provider contract.**

X. NOTIFICATION OF THE CONSUMER OF SERVICE TERMINATION

- A. Notification to the consumer must follow a decision by the agency to terminate services. Form 5536, included below, shall be used.

(Note: Even though space is available on this Form, the Form should not be used to notify a consumer of eligibility for service. Form 5536 should only be used to notify a client of termination of service.)

In cases of termination of service, services must continue through the ten- (10) day notice period and the notification process must be (1) adequate and (2) timely.

1. **Adequate notice** is defined as a written communication (Form 5536) that includes a statement of the specific action the agency intends to take, the reason for the intended action, explanation of the individual's right to request a fair hearing and the circumstances under which services are continued if a hearing is requested.
2. **Timely notice** is defined as the notice being mailed or hand delivered to the consumer at least ten (10) calendar days before the date the action is to become effective. No action shall be taken to terminate services during the ten- (10) day notice period. If the consumer does not request a hearing before the expiration of the tenth (10th) day, the services shall be terminated after the tenth day has passed.

- B. **Waiver of Timely Notice** - The following are situations in which timely notice (10 calendar days) is not required but adequate (written) notice shall be given not later than the effective date of action:

1. The agency received a clearly written statement signed by consumer that he/she no longer wishes to receive services.
2. The whereabouts of the consumer are unknown and mail to him/her has been returned by the Post Office indicating no forwarding address. Returned mail should be filed in the service record.
3. The consumer moves to another State and the move is documented by the agency.

4. The consumer was informed in writing, at the time the services began, that the service would automatically terminate at the end of a specified period.
5. A change in either Federal/State law or policy requires automatic service adjustments for categories of service recipients.

XI. CONSUMER GRIEVANCES

Providers shall make a grievance and appeal process available to aggrieved consumers in compliance with Federal regulations governing the Social Service Block Grant, and policy and procedure promulgated by the Division and the State of Georgia.

**Georgia Department of Human Resources
NOTIFICATION FORM FOR TITLE XX SOCIAL SERVICES**

Agency Name: _____

DATE: _____

CASE ID: _____

Your application for social services has been given careful consideration. The following determination has been made

- I. A. INITIAL DETERMINATION: You have been determined eligible/ ineligible for the following Title xxx Social Services:

Reason (if ineligible)

- B. REDETERMINATION: You have been determined eligible/ineligible for the following Title xx Social Services effective _____. The following Title xx Social Services have been/will be terminated:

Reason if (ineligible)

- I. You are still eligible for these Title xx Social Services:

However, if the following services will be:

- A. Reduced effective:

Reason: _____

- B. Terminated effective:

Reason: _____

- III. LIMITED ELIGIBILITY

You have been determined eligible for the following Title xx services _____

You have been determined ineligible for the following Title xx services _____

If for any reason you disagree with this decision you may request a hearing. You may request a hearing orally or in contacting this agency within 10 days of the date given at the top of this form. This agency will be glad to furnish the form (s); help you in filing your appeal and in any way possible to prepare for the hearing.

The hearing will be held in your county by a hearing officer. You may be represented at the hearing by legal counsel or other spokesperson. If you would like an attorney, contact this agency which can provide information about legal services that may be available in your community at no cost to you.

Form 5536 (Rev. 05-00)

Signature of Agency Representative

**Georgia Department of Human Resources
Title XX Administration**

PART IV

General Policies and Procedures

Provider Manual

For

Community Developmental Disabilities Providers

Fiscal Year 2014

DBHDD PolicyStat enables community providers of mental health, developmental disabilities and/or addictive diseases services to have access to all DBHDD policies that are relevant for community services. DBHDD PolicyStat can be accessed online anytime at <http://gadbhdd.policystat.com>. Beginning in April 2012, the placement of policies in DBHDD PolicyStat replaces the policies previously included in the *Provider Manual for Community Mental Health, Developmental Disabilities and Addictive Diseases Providers for the Department of Behavioral Health and Developmental Disabilities*. By virtue of their contract or agreement with DBHDD, providers are required to comply with DBHDD policies relevant to their contracted services and/or according to the applicability as defined in the policy itself.

Additional information about how to utilize DBHDD PolicyStat is included in the following policy: **ACCESS TO DBHDD POLICIES FOR COMMUNITY PROVIDERS, 04-100** which is posted at <http://gadbhdd.policystat.com>



DBHDD

**Georgia Department of Behavioral Health
and Developmental Disabilities**

April 2014

PART V

Consumer Data Collection, Reporting and Management **For Community Developmental Disabilities Providers**

Provider Manual

For

Community Developmental Disabilities Providers

Fiscal Year 2014



**Georgia Department of Behavioral Health
and Developmental Disabilities**

April 2014

PART V

Consumer Data Collection, Reporting and Management

Consumer Data: Collection, Reporting and Management

The Division of DD is implementing a new comprehensive data collection and utilization management system titled the Multi-Purpose Information Consumer Profile (MICP). The MICP will be used to capture data regarding basic consumer demographics and service detail on all consumers served by the Division. This new form is being implemented in order to streamline and consolidate multiple data collection processes for registration, authorization, and reporting of publicly funded services. APS Healthcare is the Division's agent for managing this data collection. Please refer to their website at www.apsero.com for additional reporting details and updates as they occur.

The Division sponsors consumer satisfaction and perception of care surveys for all adult populations. These surveys generally require no direct action from service providers. However, providers are expected to make their facilities and consumers available to teams who gather the survey responses.

NOTE: This is meant to cover access to consumers and families for NCI Consumer Surveys (currently completed by the Support Coordination Agencies).

Providers of developmental disability services who serve ten or more waiver or state funded adults in residential, day or employment services (including subcontractors) are expected to complete – on an annual basis -- the National Core Indicators Provider Staff Turnover and Board Membership Survey. The survey instrument and instructions for completion will be sent directly to providers.