



# **Welcome DD Provider Open Enrollment Forum**

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

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

**June 2, 2014**



# **DD Provider Open Enrollment Forum June 2, 2014 9AM to 3 PM**

- **Welcome** Judy Feimster
- **Overview** Dan Howell
- **DBHDD and Agency Obligations** Judy Feimster
- **Steps to Success** Judy Feimster
- **Standards for All Providers** Sara Case
- **NOW/COMP Services Overview** Catherine Ivy
- **Risk Management** Robert Dorr
- **Letter of Intent and Application Process** Genevieve McConico
- **Residential Providers: Risk and Budgeting** Robert Dorr

# Department's Expectations

The Department expects a Provider Network with these characteristics:

- **Easy Access for Consumers to Receive Services**
- **Experience and Skills to Provide High Quality Services**
- **Strong Organizational Structure**
- **Financial Stability**

# Department's Obligations

**The Department will support the Provider Network by:**

- **Providing Policies, Guidelines, Training and Technical Assistance**
- **Monitor Provider Performance for Safety, Quality, and Services Outcomes**
- **Provide Support to Providers to resolve Service Delivery Issues**

# Agency Obligations

## Established Business Practices

- **Meet Medicaid Requirements for Documentation and Billing**
- **Understand the Billing Processes and Rates**
- **Maintain the Infrastructure to meet these requirements and avoid fraud**

# Agency Obligations

## Capacity to serve

- **Individuals who have complex needs**
- **Individuals who are medically fragile**
- **Individuals who have behavioral challenges**

# Agency Obligations

## Operating Systems that:

- **Monitors Services for**
  - **Appropriateness**
  - **Compliance with Standards and Requirements**
  - **Adherence to Service Plans**
  - **Quality**
- **Recognizes and Manages Change**

# Agency Obligations

## Financial Capacity to Support

- **Accreditation**
- **Delayed reimbursement**
- **Anticipated and Unexpected Expenses**



# SUCCESS

Does your agency have the  
elements necessary for  
SUCCESS?

# Success

## 4 Absolute Components

- Internal Drive and Mission to do the “Right Thing for People
- Strong Clinical Services and Supports
- Operational Management Policies and Processes
- Financial and Accounting Systems
- Mechanisms and Commitment to Quality Management

# What does this mean?

## To Do the “Right Thing”

- **What is your Mission?**
- **What are your Values?**
- **How is this conveyed to Staff?**
- **What is your Commitment to Management ?**

## ***Clinical Services and Supports***

- **Who is your DDP?**
- **Who is your Director?**
- **Who is your Nurse?**
- **Are their functions and roles defined?**

# **Operational Management Processes**

- **What is your business plan?**
- **What is your organizational structure?**
- **Have you defined the job descriptions, expectations and roles of all staff including direct support?**
- **What is your staff orientation and training plan?**

## **Operations.....**

- **Do you have policies and procedures?**
- **Who will manage the day to day operations and reporting?**
- **What is the agency's internal Quality Management process?**

# **Financial and Accounting Systems**

- **What is your financial plan?**
- **Have you identified all of your assets and income as well as expenses?**
- **What are your goals for 1 year, 5 years, etc.?**



# ***Financial and Accounting.....***

- **What are your marketing strategies?**
- **Does your agency have the financial depth for unexpected events?**

# ***Financial and Accounting.....***

- **Who is responsible for managing your business processes (income statements, balance sheets, reports)?**
- **Have you made provisions to manage your billing?**
- **How will you manage your payroll?**

# Questions and Comments





# **Recruitment and Application to Become a Provider of DD Services**

# Overview

- **DD Enrollment and Application Policy**
  - **Open Enrollment**
  - **Pre Qualifiers: Letter of Intent**
  - **Timeline**
  - **HFR License Requirement**
  - **Application Process**
  - **Questions and Answers**

# Recruitment Cycles

- July 1-31
- January 1-31

# Pre-qualifiers for Potential Agency Providers

## Attachment A

# LOI Pre-Qualifiers

- All items must be submitted
- Each Item on the checklist must be initialed
- Contract must contain contents outlined in Recruitment Policy 02-701

**NOTE: LOI is Closed Upon Receipt if All Items Are Not Submitted or if Items Are Incomplete**



# Agency Pre-qualifiers - Director

- **A bachelor's degree in a human service field, social work, psychology, education, nursing or closely related field**
- **Five years of service delivery experience to persons with developmental disabilities**
- **At least two of these years in a supervisory capacity – Managing community services for persons with DD/ID;**

**OR**

# Agency Pre-qualifiers - Director

- **An associate degree in Nursing, education or a related field**
- **Six years of service delivery experience to persons with developmental disabilities**
- **At least two of these years in a supervisory capacity – managing community services for persons with DD/ID.**



# Agency Pre-qualifiers - DDP

## DDP Designations

### FY 2014 Provider Manual

for

**Community Developmental Disabilities  
Providers, Part II, Section I, Community  
Service Standards for DD Providers**

[www.dbhdd.georgia.gov](http://www.dbhdd.georgia.gov)

# DDP Requirements

- Same individual may serve as agency director, nurse and/or DDP
- Employed by or under professional contract (Contract Option only if serving as the Nurse or DDP)
- Oversees services and support to Individuals

# DDP Requirements

- Supervises formulation of Individual's Service Plan
- Conducts functional assessments
- Supervises high intensity services
- Must sign DDP Attestation

# Agency Pre-qualifiers - RN

- Current license to practice as a Registered Nurse (RN) in the State of Georgia
- Residential services Providers are Required to contract or employ a RN
- Must sign Agency Nurse Attestation

# Agency Pre-qualifiers

- Current Secretary of State registration
- Valid Business License or Permit for Site
- Organizational Chart
- Explanation for any “Yes” responses on Professional General Liability form

# Agency Pre-qualifiers

Current applicable licenses or permits as required:

- Private Home Care license
- Personal Care Home (applicable only for Respite services)\*
- Community Living Arrangement permit
- RN/ LPN license
- Specific Therapist license

**\* Applications for Respite services are currently not being accepted**



# Letters of Reference

Agency must submit 3 Letters of Reference that must be:

- On Professional Letterhead
- Dated
- Original Signature

# Letters of Reference

One Reference letter must be from an entity that:

- Confirms the agency provided 1 year service through contract through their entity,

**And**

- Confirms the agency delivered the same or similar type services being requested

# Letters of Reference

## NOTE:

Support Coordination Services requires at least two years experience providing Home and Community Based Case Management services for individuals with developmental disabilities or the aging population.

# Letters of Reference

Out-of-State providers must:

- Submit a professional letter of reference from the State Director of Developmental Disabilities or the designated State Authority in their operating State(s)

# All Agencies Must Submit a Copy of a Fully Executed Contract

- Contract is with a Qualified Entity
- Confirms 1 year of Service during the most recent 12 months
- Identifies the Specific Services Being Purchased
- Specifies Number (or range) of Individuals Served
- Specifies Reimbursement Rate(s)
- Specifies Payment Method

# ENTITY

An entity is an organization (such as a business or governmental unit) that has an identity separate from those of its members. **Contracts with private individuals do not meet this definition of entity.**



# **Financial Requirements For ALL Agencies**

# Agency Pre-qualifiers - DD Financial Requirements – Non Profit

- Internal Revenue Service exempt status determination letter
- Internal Revenue Service exempt organization information returns (IRS Form 990)



# Pro-Forma Budget

- Required for all Agencies and all Services
- Must be 12-Month Projection
- Must Include all Revenues and Expenses
- Submitted as a Spreadsheet with an annual total for each line item

# A 12-month pro-forma budget

## Expenses

- **Employee salaries and benefit costs**
  - **Volunteers cannot cover shifts**
- **Facility costs – Rent, Utilities, etc.**
- **Food costs**
- **Transportation**
- **Other Administrative costs, etc.**

# A 12-month pro-forma budget

## Revenues

- **Type(s) of Services**
- **Reimbursement Rates for service(s)**
- **Reflective of Number of Individuals Requested**

# CRA Budget Requirements

- **Reflect the Number of Direct Support Staff**
- **Reflect the Number of Hours of Coverage per Month**
- **Include a Separate Monthly Staffing Schedule that reflects the budget and includes:**
  - **Each staff schedule**
  - **Some hours of double coverage**



**Monthly Staff Schedule**

**Provider:**

**Site:**

**Month:**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 A: B: C: D: E:	2 A: B: C: D: E:	3 A: B: C: D: E:	4 A: B: C: D: E:	5 A: B: C: D: E:	6 A: B: C: D: E:	7 A: B: C: D: E:
8 A: B: C: D: E:	9 A: B: C: D: E:	10 A: B: C: D: E:	11 A: B: C: D: E:	12 A: B: C: D: E:	13 A: B: C: D: E:	14 A: B: C: D: E:
15 A: B: C: D: E:	16 A: B: C: D: E:	17 A: B: C: D: E:	18 A: B: C: D: E:	19 A: B: C: D: E:	20 A: B: C: D: E:	21 A: B: C: D: E:
22 A: B: C: D: E:	23 A: B: C: D: E:	24 A: B: C: D: E:	25 A: B: C: D: E:	26 A: B: C: D: E:	27 A: B: C: D: E:	28 A: B: C: D: E:
29 A: B: C: D: E:	30 A: B: C: D: E:	31 A: B: C: D: E:				

**SAMPLE ONLY: Staff Totals NOTE THAT THE TOTALS MAY DIFFER**



# Agency Pre-qualifiers - DD Financial Requirements – **CRA ONLY**

## **Line of Credit**

- **Provided by a state or federally chartered lending institution**
- **Equivalent to 3 months of projected expenditures per the pro forma budget**
- **In the name of the Agency**

# Agency Pre-qualifiers - DD Financial Requirements – **CRA ONLY**

## **NOTE:**

**Line of Credit submission is required**

**AFTER**

**Successful completion of the Letter of  
Intent and Pre-Qualifiers**

# Agency Pre-qualifiers - DD Financial Requirements – **CRA ONLY**

- **This Line of Credit maintained at all times**
  - **During the qualification process**
  - **During provision of services**
  - **Must be Verifiable by DBHDD at any time**



# Agency Pre-qualifiers

**The Department reserves the right to request any additional information deemed relevant to the qualification process.**



# Pre-qualifiers for Potential Individual Providers

# Individual LOI Pre-Qualifiers

- Consists of all required LOI document Pre-qualifiers for Individual providers
- All applicable items on check list must be received

**NOTE: LOI is Closed Upon Receipt if All Items Are Not Submitted or if Items Are Incomplete**

# Individual Pre-qualifiers

- Individual Résumé
- Current Applicable License or Certification based on service(s)
- Transcripts of required hours of training or education
- Signed Attestation
- Explanation for any “Yes” responses on Professional General Liability form

# Individual Pre-Qualifiers

**If not a licensed service, Individual providers must:**

- Provide the waiver service for at least one year through self-direction
- Provide evidence of satisfactory performance of self-direction
- Complete a national criminal background check, if successful, with LOI submission

# Individual Pre-qualifiers

For more information, See DBHDD policy  
Criminal History Records Checks for  
Contractors, 04-104, available at:

<https://gadbhdd.policystat.com/policy/201763/latest/>

# LOI and Pre-qualifiers

Submission of Pre-Qualifiers and  
LOI

# Important Dates and Postmarking

The Pre-qualifiers must

- Be date stamped or received by July 31, 2014
- Arrive in hardcopy format in a notebook
- Be organized with each pre-qualifier section tabbed



# Remember

- Handwritten documents will NOT be accepted
- All Pre-qualifiers must be submitted as required or they will not be processed
- LOI's are closed upon receipt if all items are not submitted or if items are incomplete

# Important Details

**LOI Information must be submitted to:**

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

# Important Details

All LOI information should be submitted via

**US Postal Service Certified**

**Return Receipt Mail,**

**FedEx, or**

**UPS delivery**

And

Date stamped by Midnight of the last date of enrollment,  
7/31/14

**NOTE:** Hand delivered information will not be  
accepted

# Important Details.....

**Email is the main form of communication regarding your LOI and Application**

**Applicants are Responsible for:**

- **Submitting a valid email address**
- **Routinely checking email account**
- **Ensure that emails from DBHDD are not directed to the “Spam” account**
- **Upon receipt of email to confirm response**

# Important Timelines

- Within 2 business days of receipt of the LOI and Pre-Qualifiers, PNM submits notification of Receipt via email
- Within 30 calendar days of receipt of the LOI and Pre-Qualifiers PNM responds with a:
  - Status report - or –
  - Notice of Closure

# Response to Pre Qualifiers and LOI

If Deficiencies Exist

(Not Applicable to Incomplete LOI's)

- PNM Submits a Status Report
- Agency Allowed 1 Opportunity for Corrections
- Agency Required to Respond within 5 Business Days

# Response to Additional Information

**Within 15 business days of receipt of these additional documents, PNM will inform the applicant of the status of their information.**

# Response to Additional Information

- **If the Pre-Qualifiers are complete, the provider will receive an Invitation Letter to apply**
- **If the pre-qualifiers are not complete, the provider will be informed the LOI is closed**



# Invitations to Apply

Providers that are extended an Invitation Letter to Apply, will be provided the following:

- DBHDD Application
- DBHDD Application User's Guide
- DCH (Medicaid) Application packet
- DD Services New Site Inspection Checklist (Attachment C)

# Application Submission

The DBHDD Application and Medicaid Application packet must be submitted within 30 calendar days of the Invitation Letter date.

Applications for sites that require a license, will be reviewed but will not be completed until all required licenses are submitted (within the required 6 month period).

# Application Submission

Applicants requesting a licensed service will be allowed 6 months from the date of LOI Completion to submit the license, if not previously submitted.

***Even if license is not yet available, the Application must be submitted within the required 30 days.***

Applications postmarked after this specified time will not be processed and the agency will be notified of the closure.



# Application Submission

Completed Applications must be submitted to:

**Office of Provider Network Management  
Department of Behavioral Health &  
Developmental Disabilities**

**Suite 23-247**

**2 Peachtree Street. NW**

**Atlanta, Georgia 30303**

# Important Details

All Application information should be submitted  
via

**US Postal Service Certified Return Receipt  
Mail, FedEx, or UPS delivery**

And

Date stamped by Midnight of the last date  
indicated on the Invitation Letter

**NOTE:** Hand delivered information will not  
be accepted

# Important Dates and Postmarking

The Application must be:

- Be date stamped or received within the timeline provided in the Invitation Letter
- Arrive in hardcopy format in a notebook
- Be organized with each section tabbed

# DBHDD's Response to Application

Within 2 business days of receipt of the application

- PNM sends email notification to contact person in application and includes the PNM assigned tracking number

# DBHDD's Response to Application

- Within 15 business days of receipt of application
- PNM sends Status Report of all deficiencies via email notification to contact



# Applicant's Response

- Within 5 business days from the date of the Status Report
- Applicant must submit the corrections  
via  
US Postal Service certified return receipt  
mail, FedEx, UPS

# DBHDD's Response to Application

Within 5 business days of receipt of the corrections

- PNM will submit notification via email notifying the agency of the completion of the review
- Simultaneously, PNM will forward the DCH application to DCH for their final review and recommendation

# DBHDD's Response to Application

Incomplete applications and those not received within the correction period are:

- Closed and notification submitted to the agency
- Notification sent to the Department of Community Health

# DCH's Response to Application

- DCH submits formal notification to provider
- and
- If Approved, a Provider Number is issued
- If Denied, next steps are advised

# **DBHDD's Response to Application Upon Approval Notification by DCH**

- PNM notifies the DBHDD Office of Financial Services (Contracts) requesting the generation of a Letter of Agreement.
- A Letter of Agreement is issued and sent to the provider for signature.

# Things to Remember

- Services may not be provided without a Executed Letter of Agreement. All services must receive Prior Authorization (PA) from the Regional Offices.
- Regional Offices hold Provider meetings each month and it is expected that providers will attend regularly.

# Additional Services and/or Sites

- Provider's can request additional services and sites after:
  - Provided a minimum of twelve (12) months of services from their initial application,
  - AND**
  - Achieved a successful compliance review with the Community Standards Quality Review Unit or obtained Accreditation.

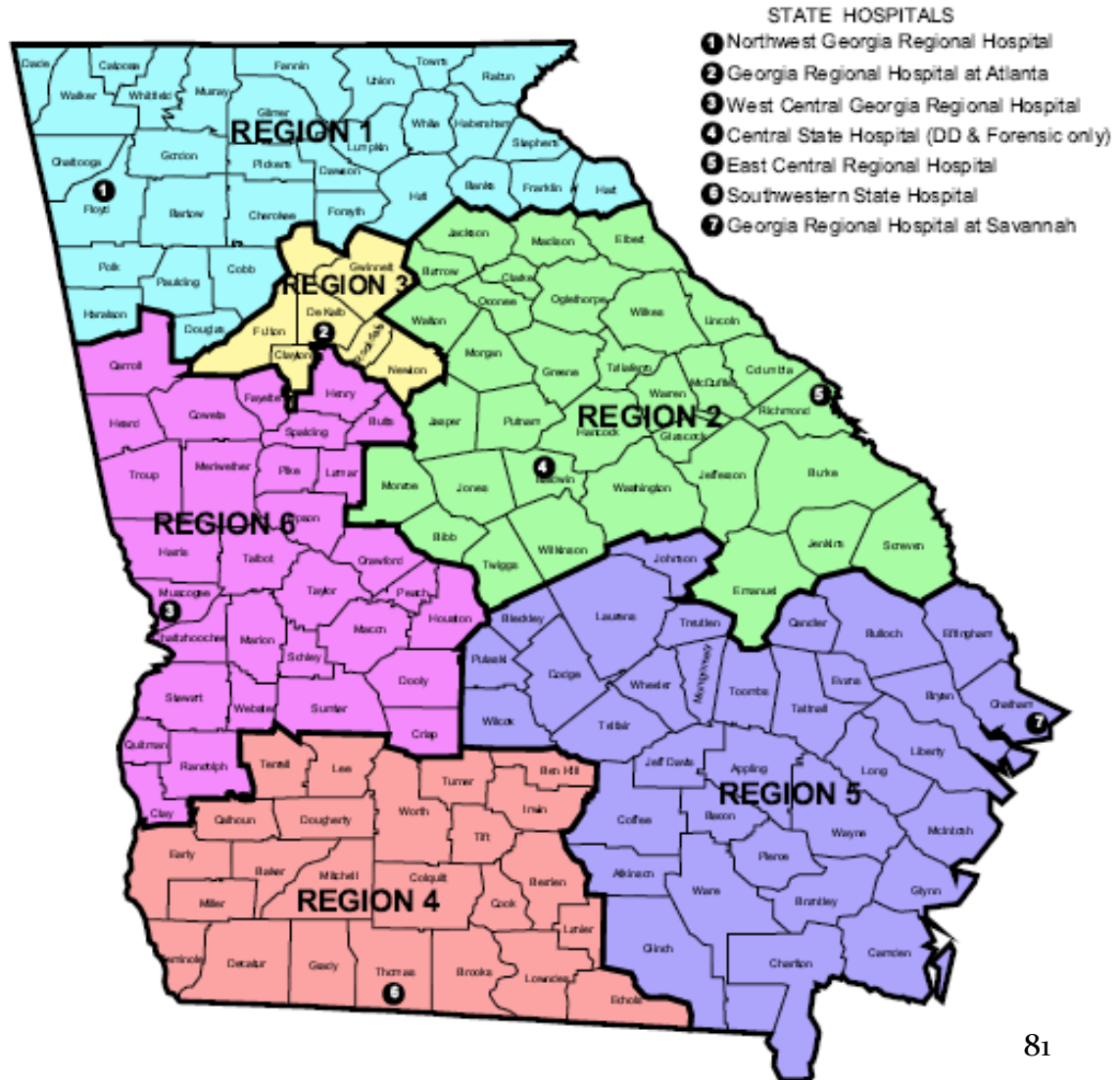


# Regional Offices



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

- Region 1
- Region 2
- Region 3
- Region 4
- Region 5
- Region 6





# Regional Contacts

## **Region 1**

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

## **Region 2**

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

## **Region 3**

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

## **Region 4**

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

## **Region 5**

RC – **Leland Johnson**  
RSA – Currently vacant  
1915 Eisenhower Drive, Building 2  
Savannah, GA 31406  
Phone – (912) 303-1670

## **Region 6**

RC – **Michael Link (Covering temporarily)**  
RSA – **Valona Baldwin**  
3000 Schatulga Road  
Columbus, Georgia 31907-2435  
Phone – (706) 565-7835



# Know Your Resources

# Reference Materials

- Department of Behavioral Health and Developmental Disabilities – Provider Information – Provider Toolkit
  - [www.dbhdd.georgia.gov](http://www.dbhdd.georgia.gov)
  - <http://gadbhdd.policystat.com>
- Georgia Department of Community Health/Georgia Health Partnership – Georgia Web Portal
  - [www.mmis.georgia.gov](http://www.mmis.georgia.gov)
- Healthcare Facility Regulation – Licensing Body
  - [www.dch.georgia.gov](http://www.dch.georgia.gov)



# Contact Information

Provider Enrollment Unit:

[mhddad-serviceapps@dbhdd.ga.gov](mailto:mhddad-serviceapps@dbhdd.ga.gov)

# Questions and Comments



# RISKS

By

Robert Dorr, Director  
Office of Internal Audits

# Budget

## Identify Fixed Costs

- Rent / Mortgage
- Insurance
- Utilities
- Licenses / Permits
- Equipment / Furnishings
- Supplies
- Other ?



# Budget

Identify Variable Costs

***Across possible # of consumers served***  
(Generally 1-4)

Staffing Expense – Detail

- Show wages and fringes
- Training costs
- Insurance / Bonding
- Other ?

# Budget

Identify Variable Costs

***Across possible # of consumers served***  
(Generally 1-4)

For-Profit

- Taxes
- Owner's Draw

Not-For-Profit

- Salaries / Taxes

# Budget

Identify Variable Costs

***Across possible # of consumers served***

Other Expenses

- Food and supplies
- Transportation
- Consumer spending
- Other ?

# Budget

Identify Variable Costs

***Across possible # of consumers served***

Show **ALL** expected revenues

- Social Security
- Medicaid
- Wages, pensions, family support
- Other ?

- Has this applicant demonstrated an awareness of the financial risks involved in becoming a Provider?
- Has this applicant demonstrated an understanding of the full costs involved in becoming a Provider?
- Has the applicant submitted a budget which appears to be adequate to support the expected levels of care?

- Has this applicant demonstrated that they have planned adequately for contingencies?
- Does the overall financial presentation reflect a reasonably robust fiscal outcome to suggest ongoing viability at the required service / care level ?
- Does the overall financial presentation suggest adequate management skill and experience?



# Contact Information

Provider Enrollment Unit:

[mhddad-serviceapps@dbhdd.ga.gov](mailto:mhddad-serviceapps@dbhdd.ga.gov)