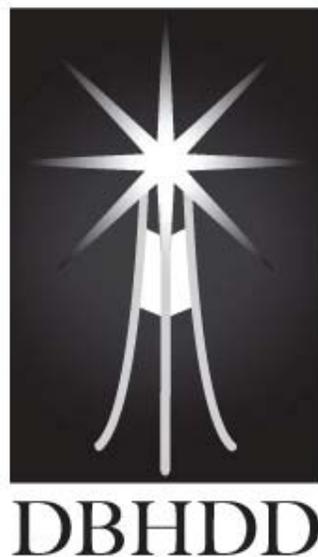


**GEORGIA DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES**

APPLICATION USER'S GUIDELINE

**APPLICATION TO BECOME A PROVIDER OF MENTAL RETARDATION AND
DEVELOPMENTAL DISABILITIES HOME AND COMMUNITY BASED WAIVER
SERVICES FOR**

EXISTING DBHDD DEVELOPMENTAL DISABILITIES PROVIDERS



OVERVIEW

The purpose of this user's guide is to provide instructions on completing the Existing Provider application for Developmental Disabilities services.

How to Complete Medicaid Application:

As an existing provider, you may need to submit the DCH Georgia Department of Community Health (DCH), Division of Medical Assistance (DMA) **Additional Location Application** (3-pages). Click the following link, [Medicaid Additional Location Application](#) print and complete, if applicable. Please note that each residential site (Community Residential Alternative) needs a site specific application. There can be no other service added to a Community Residential Alternatives service provider number. If you are adding other services to an existing provider number please submit the existing number which you will like to have the services added to.

The website for more details regarding Medicaid provider requirements is www.ghp.georgia.gov. Click on the "Provider Information" tab and the link to "Medicaid Provider Manuals", particular attention should be given to the following links:

- [Part I Policies and Procedures / Billing Manual](#)
- [Part II- Policies and Procedures for NEW OPTIONS WAIVER PROGRAM \(NOW\) formerly Mental Retardation Waiver Program Services General Manual](#)
- [Part III- Policies and Procedures for NEW OPTIONS WAIVER PROGRAM \(NOW\) formerly Mental Retardation Waiver Program Services](#)
- [Part II- Policies and Procedures for COMPREHENSIVE SUPPORTS WAIVER PROGRAM \(COMP\) formerly Community Habitation Support Services General Manual](#)
- [Part III- Policies and Procedures for COMPREHENSIVE SUPPORTS WAIVER PROGRAM \(COMP\) formerly Community Habitation Support Services](#)
- [Rules and Regulations of Department of Behavioral Health and Developmental Disabilities - Client's Rights \(Chapter 290-4-9\)](#)

Submission Requirements:

- One hard copy of each of the completed applications (DBHDD and DCH) must be sent to the address listed below via US Postal Service or other recognized mail carrier such as UPS, FedEx, DHL, etc.:

**Provider Enrollment Unit
Office of Provider Network Management
Department of Behavioral Health and Developmental Disabilities
2 Peachtree Street, 23rd Floor
Atlanta, Georgia 30303**

- Once the Department receives the complete application, a tracking number will be assigned.
- Application receipt confirmation and the tracking number will be submitted to the organization via email within two business days. This email will be from MHDDAD-serviceapps@dhr.state.ga.us. **Please be sure to add this email address to your electronic address book.**
- **Any questions regarding your application must be submitted via email to the following address: MHDDAD-serviceapps@dhr.state.ga.us.** This includes all communications, updates; requests for additional information and must reference this tracking number.

HOW TO COMPLETE EACH SECTION OF YOUR APPLICATION:

Section I – Primary Georgia Site

All fields are required for a complete application.

1. Legal Name: Indicate the legal name of your agency.

2. Tax Identification Number: This is the number assigned by the Internal Revenue Service and should match the number provided on the W-9
3. National Provider Identification (NPI) number: Please complete if applicable. This is obtained through Medicaid. Please visit the following website for more information and application.
<http://www.cms.hhs.gov/NationalProvIdentStand/>
4. Address: Indicate the legal address for the Georgia Primary Site.
5. Mailing Address: Indicate the mailing address if different from the street address.
6. CEO / Owner: Indicate the name of the CEO or Owner for the agency.
7. Telephone: This is the telephone number for the CEO or Owner listed.
8. Fax: Indicate the fax number for the CEO or Owner listed.
9. Email: Enter the email address for the CEO or Owner listed.
10. Contact Name: Provide the name of the Contact person for this application. The person identified, as the contact should be easily accessible via email for providing additional information should it be required.
11. Telephone: This is the telephone number for the Contact listed.
12. Fax: Indicate the fax number for the Contact listed.
13. Email: Enter the email address for the Contact listed.
14. Provide Website address if, applicable

Section II – Application Type

Please select the applicable box. Please note that both children and adults cannot receive Community Residential Alternative services at the same location.

If Application Type selected is:

1. **Current Department of Behavioral Health and Developmental Disabilities (DBHDD) Developmental Disabilities Provider, Applying for New Service at a New Site.** You must indicate the existing provider number (s) for that site that the new service should be added to.
2. **Current DBHDD MRDD Provider, Applying for New Service at a Currently Established Site.** You must submit a DCH Additional Location Application for each location.

Please include the following documents if they have been updated, issued or renewed since they were originally submitted to the Office of Provider Network Management:

- **Copy of your agency's Accreditation or Certification certificate**
- **Copy of Commercial General Liability Insurance certificate**

Section III – Service Delivery Location

Complete a Service Delivery Site form for each service for which you are applying. In addition please provide the following information for this site. If applying for multiple services or sites please submit a separate form for each.

1. Select the appropriate waiver Category of Service (COS), both Categories may be selected, if applicable.
2. Waiver Service: Indicate the appropriate name of the service for which you are applying. *See Appendix A.*

3. HIPAA Code: Indicate the code that corresponds with the waiver service for which you are applying. *See Appendix A.*
4. Site Name: Name of the home or site of the service for which you are applying. For example, ABC Personal Care Home or XYZ Service Center.
5. Site Address: Enter the actual address where the proposed site or service will be provided. For community services enter the office address.
6. DBHDD Region: Indicate which Region (1-5) your proposed site or service is located. *See Appendix B*
7. Site Manager: This is the name of the agency's manager designated for the proposed site. It should be the Administrator /Director listed with the Health Facility Regulations office for licensed residential sites.
8. Telephone and Fax Number: Enter the telephone and fax number for the site to which calls and correspondence will be sent.
9. Developmental Disabilities Professional (DDP): Indicate the person who is the DDP assigned to this site. Please list the degree and if applicable the license. Include a current copy of the resume and license if not on file with the Office of Provider Network Management.
10. DDP's email address: Enter the email address of the agency's DDP assigned to this site.
11. Indicate which population this site will serve: Children only, Adults only or Both children and adults.
12. If applicable, for the service indicate the type of Healthcare Facility Regulation (HFR) license / permit for this site or service and include a copy.
13. Host Home: If the site is a host home complete this section. Include a copy of the Host Home Self Study
14. Staffing Schedule: Enter ALL staff assigned to proposed site or service. Enter the name of the staff, position title and employment status of fulltime, part-time, or PRN.

Supporting documents for the Host Home study include the following:

- A general health examination of each member living in the potential Host Home
- Evidence of screening for tuberculosis and communicable disease for each member living in the potential Host Home
- Criminal records check/clearance
- A minimum of three (3) character references
- Proof of homeowner's, renters insurance or personal property insurance
- Statement as to whether or nor there are firearms in the home
- 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.
- The home study shall 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).
- Signed statement from potential Host Home provider indicating the receipt and review of the Host Home Policy and Procedures and the Policy for Enrolling, Matching and Monitoring Host Homes for DBHDD Community Providers.

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

- Person centered values, principles and approaches
- Human Rights and responsibilities
- Recognizing and Reporting Critical Incident

- Individual Service Plan
- Confidentiality of individual information, both written and spoken
- Fire Safety
- Emergency and disaster plans and procedures
- Techniques of standard precautions
- Basis cardiac life support (BCLS)
- First aid and safety
- Medication Administration and Management/Supervision of Self-Medication

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

Please review the Host Home Life Sharing Guidelines found on the department's website for detailed information.

NOTE:

- The DDP listed for each Agency must be primarily employed by the agency submitting application. While contract staff, and consultants are allowed, NOW and COMP Provider Manual Part II and Part III state that numbers of staff must be present in numbers to provide services and supports to participants as required. A DDP consulting with multiple agencies on a contract basis may be required to provide evidence that (s)he is available as required, based on the services and support needs of the individuals served.
- Co-employer option is a service delivery option where the participant and/or family functions as the managing employer (co-employer) of workers who provide services. Please complete only if you are applying to provide Co-Employer Services. Select the Co-Employer service and submit the documents requested. Please be sure to complete the Authorized Agent information.

Page 6 of this guide is a checklist offered to assist agencies in submitting all the necessary elements of the application

CHECK LIST: FOR EXISTING PROVIDER ADDING NEW SERVICE(S) OR SITE(S)

APPLICATION ITEMS:	
1. Section I - Page 1	
2. Section II - Page 1	
3. Section III - Page 2	
4. If applicable, copy of: Child Placing Agency license Community Living Arrangement License Personal Care Home Permit Private Home Care License Home Health Agency	
5. Host Home Self Study, if applicable. The following items must be included in each self study for each Host Home application: i. A general health examination of each member living in the potential Host Home. ii. Evidence of screening for tuberculosis and communicable disease for each member living in the potential Host Home. iii. Criminal records check/clearance. iv. A minimum of three (3) character references. v. Proof of homeowner's, renters insurance or personal property insurance. vi. Statement as to whether or nor there are firearms in the home. vii. Documentation of home ownership (e.g. current mortgage statement) or renter's lease. Document(s) must be in the name of the potential Host Home provider. viii. The home study shall 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). ix. Signed statement from potential Host Home provider indicating the receipt and review of the Host Home Policy and Procedures and the Policy for Enrolling, Matching and Monitoring Host Homes for DBHDD Community Providers. x. Evidence of the type of training, content, dates, length of training, and/or copies of certificates for each potential host home provider. xi. Signed attestation between the agency and the potential host home provider, which indicates the receipt of trainings, must also be submitted.	
6. Section IV – Page 5 - Co- Employer Services, if applicable	
7. Resume of Developmental Disabilities Professional (DDP), if not on file with DBHDD	
8. Copy of Accreditation or Certification if new or recertified since the last time your agency submitted an application.	
9. Copy of Commercial or Comprehensive Liability Insurance, if renewed since the last time your agency submitted an application.	
10. Department of Community Health Application, Division of Medical Assistance (Medicaid)	
o Additional Location Form for each location, if applicable (MUST INCLUDE THE PROVIDER PAYEE NUMBER)	
Please Mail Application to: Provider Enrollment Unit Office of Provider Network Management Division of MHDDAD 2 Peachtree Street, 23rd Floor Atlanta, Georgia 30303	
Any questions regarding your application must be submitted via email to the following address: MHDDAD-serviceapps@dhr.state.ga.us.	

Service Information

Appendix A

Waiver Service	Category of Service (COS)	HIPAA Code	Specialty Codes	Required License / Credentials	Type of Applicant (Individual or Agency)
Behavioral Support Consultation	680 and 681	H2019	289	If applicable: Psychologist; Licensed Professional Counselor; Licensed Clinical Social Worker; Psychiatrist	Individual Only
Community Access Group Services	680 and 681	T2025 HQ	412	None	Agency or Individual
Community Access Group Services Co-Employer	680 and 681	T2025 HQ/UA	414	None	Agency Only
Community Access Individual Services	680 and 681	T2025 UB	412	None	Agency or Individual
Community Access Services Individual Co-Employer	680 and 681	T2025 UB/UA	414	None	Agency Only
Community Guide Co-Employer *	680 and 681	H2015 UA	417	None	Agency Only
Community Living Support Services - 15 minutes	680 and 681	T2025 U5	418	Private Home Care (Agency) None (Individual)	Agency or Individual
Community Living Support Co-Employer -15 minutes	680 and 681	T2025 U5/UA	420	Private Home Care	Agency Only
Community Living Support Services - Daily	681 ONLY	T2025 U6	418	Private Home Care (Agency) None (Individual)	Agency or Individual
Community Living Support Co-Employer Daily	681 ONLY	T2025 U6/UA	420	Private Home Care	Agency Only
Community Living Support RN	680 and 681	T1002 U1	249	Private Home Care for agency and Georgia RN License for staff/contractors (Agency) Georgia RN License (Individual)	Agency or Individual
Community Living Support LPN	680 and 681	T1003 U1	249	Private Home Care for agency and Georgia LPN License for staff/contractors (Agency) Georgia LPN License (Individual)	Agency or Individual
Community Residential Alternative	681 ONLY	T2033	272	CLA or PCH or CPA None if Host Home (unless providing services to participants under the age of 19, in which case a CPA is required)	Agency Only
Community Residential Alternative - RN	681 ONLY	T1002 U2	415	CLA or Private Home Care for agency and Georgia RN License for staff/contractors	Agency Only
Community Residential Alternative - LPN	681 ONLY	T1003 U2	415	CLA or Private Home Care for agency and Georgia LPN License for staff/contractors	Agency Only

Waiver Service	Category of Service (COS)	HIPAA Code	Specialty Codes	Required License / Credentials	Type of Applicant (Individual or Agency)
Environmental Accessibility Adaptation	680 and 681	S5165	067	Environmental Accessibility Adaptations are made by building, plumbing or electrical contractors with applicable Georgia license (OCGA 43-14-2 or 43-41-2) or individual builders, plumbers or electricians with applicable Georgia business license as required by the local, city or county government in which the services are provided.	Agency Individual Builder, Plumber, or Electrician
Natural Support Training Service	680 ONLY	T2025 UD	423	License if applicable for Developmental Disability Professional staff/contractors (Agency) License if applicable for Developmental Disability Professional (Individual)	Agency or Individual
Prevocational Services	680 and 681	T2015	421	None	Agency Only
Respite - 15 minutes	680 ONLY	S5150	243	Provider agencies that render Respite Services in the participant's own or family home must have a Private Home Care Provider License. Provider agencies that render out-of-home Respite Services in a Personal Care Home must have a Personal Care Home Provider License	Agency or Individual
Respite Services Co-Employer - 15 minutes	680 ONLY	S5150 UA	426	Private Home Care Licensure	Agency Only
Respite - Overnight	680 ONLY	S5151	244	Private Home Care Licensure (Agency)	Agency or Individual
Respite Services - Overnight Co-Employer	680 ONLY	S5151UA	428	Private Home Care Licensure	Agency Only
Specialized Medical Supplies	680 and 681	T2028	273	None	Agency or Individual Vendor/Dealer
Specialized Medical Equipment	680 and 681	T2029	058	None	Agency or Individual Vendor/Dealer
Support Coordination *	680 and 681	T2022	030	None	Agency Only
Supported Employment Group Services	680 and 681	T2019 HQ	259	None	Agency or Individual
Supported Employment Group Services Co-Employer	680 and 681	T2019 HQ/UA	430	None	Agency Only
Supported Employment Individual Services	680 and 681	T2019 UB	259	None	Agency or Individual

Waiver Service	Category of Service (COS)	HIPAA Code	Specialty Codes	Required License / Credentials	Type of Applicant (Individual or Agency)
Supported Employment Individual Services Co-Employer	680 and 681	T2019 UB/UA	430	None	Agency Only
Transportation Encounter / Trip	680 and 681	T2003	400	Individual Providers rendering Transportation Services must hold a valid Class C license DD Service Provider Agency driver staff providing Transportation Services must hold the class of license appropriate to the vehicle operated	Agency or Individual
Transportation Encounter / Trip Co-Employer	680 and 681	T2003 UA	402	Individuals providing Transportation Co-Employer Services must hold the class of license appropriate to the vehicle operated	Agency Only
Transportation Commercial Carrier, Multi-Pass	680 and 681	T2004	403	None	Agency Only
Vehicle Adaptations	680 and 681	T2039	275	Vehicle Adaptations are made by vendors with the applicable Georgia business license	Agency or Individual Vendor

*** PROVIDERS APPLYING FOR THIS SERVICE MAY NOT APPLY TO DELIVER ANY OTHER NOW OR COMP SERVICE**

SERVICE INFORMATION – ADULT THERAPY SERVICES

Waiver Service	Category of Service (COS)	HIPAA Code	Specialty Codes	Required License / Credentials	Type of Applicant (Individual or Agency)
OT Evaluation	680 and 681	97003	151	Georgia Licensed Occupational Therapist as staff/contractor (DD service agency) Home Health Agency License (home health agency) Georgia Licensed Occupational Therapist (Individual)	Agency or individual
OT Therapeutic Activities	680 and 681	97530 GO	151	Georgia Licensed Occupational Therapist as staff/contractor (DD service agency) Home Health Agency License (home health agency) Georgia Licensed Occupational Therapist (Individual)	Agency or Individual
OT Sensory Integrative Techniques	680 and 681	97533 GO	151	Georgia Licensed Occupational Therapist as staff/contractor (DD service agency) Home Health Agency License (home health agency) Georgia Licensed Occupational Therapist (Individual)	Agency or Individual
PT Evaluation	680 and 681	97001	201	Georgia Licensed Physical Therapist as staff/contractor (DD service agency) Home Health Agency License (home health agency) Georgia Licensed Physical Therapist (Individual)	Agency or Individual
PT Therapeutic Procedure	680 and 681	97110	201	Georgia Licensed Physical Therapist as staff/contractor (DD service agency) Home Health Agency License (home health agency) Georgia Licensed Physical Therapist (Individual)	Agency or Individual
Speech Language Evaluation	680 and 681	92506	251	Georgia Licensed Speech and Language Pathologist as staff/contractor (DD service agency) Home Health Agency License (home health agency) Georgia Licensed Speech and	Agency or Individual

Waiver Service	Category of Service (COS)	HIPAA Code	Specialty Codes	Required License / Credentials	Type of Applicant (Individual or Agency)
				Language Pathologist (Individual)	
Speech Language Therapy	680 and 681	92507 GN	251	Georgia Licensed Speech and Language Pathologist as staff/contractor (DD service agency) Home Health Agency License (home health agency) Georgia Licensed Speech and Language Pathologist (Individual)	Agency or Individual
Speech-Generating Device Therapy	680 and 681	92609	251	Georgia Licensed Speech and Language Pathologist as staff/contractor (DD service agency) Home Health Agency License (home health agency) Georgia Licensed Speech and Language Pathologist (Individual)	Agency or Individual