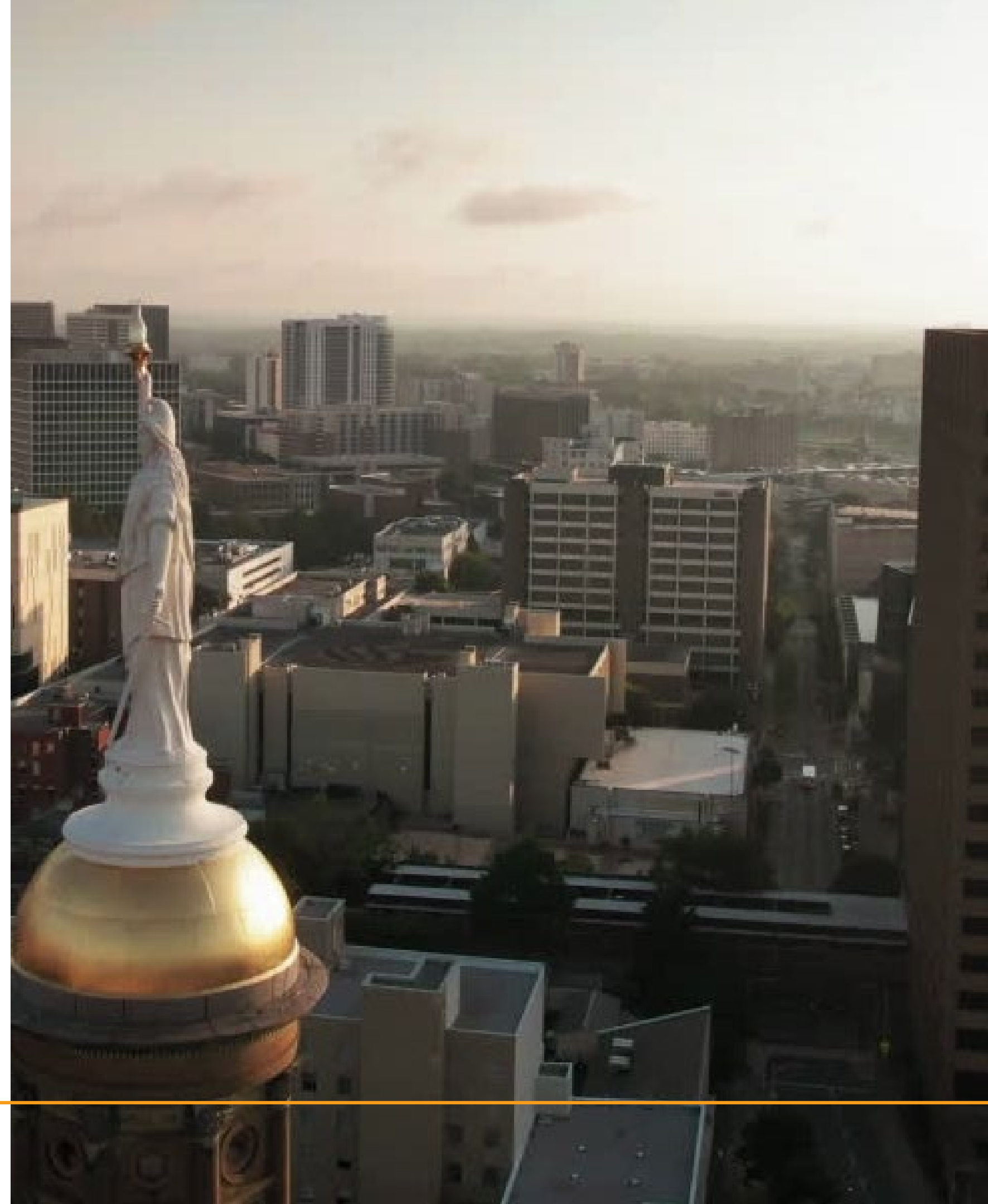




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DBHDD Decentralization and Empowering Support Coordination



Decentralization Goals

- Ensuring that accountability is managed where the services are delivered by all providers including SC Agencies.
- Shift from a collaboration-heavy model to one of SCA Authority, the DBHDD must leverage the "Recognize, Refer, and Act" model. By empowering Support Coordination Agencies (SCAs) to lead the resolution timeline based on policy, we ensure that services are not merely compliant, but truly person-centered, enhancing the health, safety, and self-direction of every waiver individual.
- Utilizing Regional Field Office operations as the regulatory influence the state will ensure that health, safety, and service deficiencies are resolved with verifiable documentation. The Central Office role will focus on policy development and interpretation, and training.

WHY?

Move SC Management to the Regions

Process Shift for SC Monitoring Service delivery

DBHDD Role

The Need for Change



Moving from Observational Monitoring to Authorized Leadership

- *The "Unverified Operational Blind Spot"*: Identifying unaddressed or undocumented service gaps.
- *Current Challenge*: SCs often identify deficiencies but lack the perceived authority to mandate a "fix."
- **Goal**: Shift from a collaboration-heavy model to one of SCA authority for resolution by the provider.

A Balanced Management Approach

- **6 Regional Field Offices:** Primary operational management with the SCAs. Direct partners for day-to-day guidance and local provider accountability.
- **Central Office:** Strategic hub for Policy Development, Statewide Training, and compliance for DOJ Settlement Agreement Extension, DCH and CMS reporting and compliance.



Defining the Intervention Hierarchy

Level 1 (Acceptable): No deficiencies.

Level 2 (Directive Coaching): SC provides specific instructions for provider correction.

Level 3 (Corrective Authority): Mandatory timelines for physical or safety threats.

Level 4 (Emergency Authority): Immediate risk; SC remains on-site.

The Tiered Authority Framework



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Level	Rating	Intervention Type	SCA Authority & Field Office Role
1	1	Acceptable	Person-Centered: Services meet all standards. No deficiencies identified; no guidance required.
2	2	Coaching	Instructional: SC identifies root causes (e.g., training gaps) and issues specific, written instructions for provider correction.
3	3	Clinical or NonClinical Referral (Unacceptable with Critical Deficiencies)	Mandatory Timelines: SC establishes non-negotiable deadlines for policy or safety fixes. Requires verifiable evidence or triggers Regional Escalation.
4	4	Clinical or NonClinical Referral (Unacceptable with Immediate Interventions)	Immediate Intervention: SC remains on-site for acute danger until the risk is mitigated or the individual is safely relocated.

Level 3 & 4: Mandatory Timelines



Driving Definitive Results

SCA-mandated timeframes: Providers no longer propose plans; they execute corrections.

Non-Negotiable Deadlines: SCAs establish the resolution date that is based Policy 02-435 and on the severity of the risk.

PPSV-Style Verification: Resolutions require physical evidence (photos/documentation) or in person verification rather than verbal reports.

Policy 02-435: Outcome Evaluation: “Recognize, Refer, and Act” Model

- **LEVEL 3: CORRECTIVE**
- **Critical Deficiency Referrals**
- Opened for physical or safety threats. The SC establishes non-negotiable resolution timelines and requires **PPSV-style verification** (photos/evidence) to confirm the deficiency is resolved based on Policy 02-435
- **LEVEL 4: Unacceptable with Immediate Interventions**
- **Immediate Deficiency Risks**
- Triggered for acute danger. The SC remains on-site until the issue is corrected, a new placement is identified, or RFO staff arrive. Regional Field Offices act as high-level enforcement partners.

Resolution Timeframe

Question from the Outcome Review	Can this evaluation point be elevated?	Level 3 - Referral (Unacceptable with Critical Deficiencies)	Resolution Timeframe
All physician/clinician recommendations are being followed.	Yes	Document in Therap	7 Days
All prescribed medications are being administered, as ordered, and documented accurately.	Yes	Document in Therap	3 Days
All required assessments/evaluations have been completed.	Yes	Document in Therap	60 Days

Provider Response Requirements: Level 3 & 4 Referrals

- **Adherence to Mandatory Timelines:**

- Providers must execute the "fix" within the specific resolution window established Policy 02-435.
- These timeframes are non-negotiable and are based on the risk level identified in the Rating Guidelines Guidance

- **Outcome Review (Attachment).**

- **Verification of Resolution (The "PPSV" Standard):**

- Providers must provide physical or documentary evidence that the deficiency is closed.
Examples: Photos of home repairs, completed Medication Administration Records (MAR), or training certificates.

- **Active Engagement:**

- Providers must respond to the SC's referral via the designated platform (Therap) or the standardized email template if a manual process is in place.

Escalation & Consequences of Non-Responsiveness

The Pathway to Regional Accountability

Failure to Meet Timelines: If a resolution deadline is missed, the SCA will escalate the issue to the **Regional Field Office** (HQM, DD-RSA, or designee).

Determination of Neglect: For Clinical Referrals involving health and safety, a failure to respond within the mandated timeframe may be referred for review under **Policy 04-106** to determine if the provider's inaction constitutes healthcare neglect

Formal Disciplinary Action: Ongoing failure to correct deficiencies can lead to a formal **Corrective Action Plan (CAP)** or further disciplinary action under **Policy 13-101**

The RSA Role: The DD-RSA acts as the enforcement arm, examining non-responsive providers to ensure the individual's needs are met. Ultimately a referral could be made to the **DBHDD PPMC** (*Provider Performance Management Committee*)

Provider Performance Management Committee (PPMC)

Provider Performance Management Committee - A committee, comprised of representatives from each of the divisions and offices within DBHDD which reviews providers with a trend of concerning performance to consider, vet, and oversee key courses of action to be taken by DBHDD, including adverse actions up to and including termination.

Regional Enforcement: The Administrative Mandate, Enforcement Arm



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Backing SCA Authority with Regulatory Weight

Escalation Path: If a provider fails to meet an SCA timeline based on Policy 02-435, the issue is raised to the Regional Office Staff (Health and Quality Manager, formerly Outcome Resolution Coordinator) up to and including the Regional Service Administrator (RSA).

Regional Resolution: The Field Office manages the formal resolution inquiry, regulatory fact-finding, and enforcement of non-responsive providers.

Outcome: SCs remain focused on individual advocacy while the Region addresses provider accountability.

Using Analytics to Eliminate Performance Gaps

- **Face-to-Face Compliance:** Real-time tracking of visit requirements.
- **Regional Reporting:** to HQMs to RSAs
- **Outcome Review Integrity:** Ensuring risks are identified accurately at the source.
- **Referral Lifecycle Analysis:** Monitoring provider closure rates to ensure timelines are met statewide
- **Additional Deliverables:** ISP Timeliness, DMA-7 Submissions

Timeline for Policy & System Integration

- **Policy 02-435:** Updating the "Recognize, Refer, and Act" language
- **Therap Enhancements:** Linking Coaching/Referrals to Prior Authorizations for provider tracking
- **Regional Staffing Communication:** March 2026 communication with the Regional Field Office Leadership
- **Regional Staffing Enhancement:** Move the Outcome Resolution Coordinator positions from the Central Office to the Regional Field Office and repurpose as Health and Quality Managers (HQMs)
- **SCA Communication:** April 2026
- **Provider notification in Provider Meeting:** May 2026
- **Implementation: June 1, 2026**

Conclusion & Q&A



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1

Strengthening the Network for people with NOW and COMP waivers

2

Empowering our SCAs to lead ensures that services are not just compliant, but truly person-centered.

