

# SC & ISC Training: IDD Connects Session 2

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**BE D·B·H·D·D**

Georgia Department of Behavioral Health & Developmental Disabilities

Division of Developmental Disabilities  
April 21, 2021



# Today's Topics

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- **Community Residential Alternative Overview**
  - Policy
  - Categories & Rates
  - Level of Need
  - Capacity
  - ISP Service Summary Development

# Community Residential Alternative

# Community Residential Alternative - Defined

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These services are targeted for people who require intense levels of residential support in small group settings of four or less, foster homes, or host home/life sharing arrangements and include 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.

These services are only available in the Comprehensive Supports Waiver Program (COMP).

# Community Residential Alternative Policy

# Community Residential Alternative - Policy

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## Comprehensive Supports Waiver Program (COMP) Part III, Chapter 2300

### Reimbursement Rates

- Chapter 2300, Section 2308
- Appendix A

# Community Residential Alternative

## Categories & Rates

# Community Residential Alternative – Categories & Rates

| Residential Setting | Residential Capacity | Category                      | Rate     |
|---------------------|----------------------|-------------------------------|----------|
| Group Home          | 5-Person             | N/A                           | \$158.67 |
| Group Home          | 4-Person             | Category 1 (Level 1)          | \$154.74 |
| Group Home          | 4-Person             | Category 2 (Level 2)          | \$214.80 |
| Group Home          | 4-Person             | Category 3 (Level 3, 4)       | \$239.73 |
| Group Home          | 4-Person             | Category 4 (Level 5, 6, 7)    | \$254.36 |
| Group Home          | 3-Person             | Category 1 (Level 1)          | \$178.53 |
| Group Home          | 3-Person             | Category 2 (Level 2)          | \$235.05 |
| Group Home          | 3-Person             | Category 3 (Level 3, 4)       | \$261.48 |
| Group Home          | 3-Person             | Category 4 (Level 5, 6, 7)    | \$277.44 |
| Host Home           | 1-2 Person           | Category 1 (Level 1, 2, 3, 4) | \$149.45 |
| Host Home           | 1-2 Person           | Category 2 (Level 5, 6, 7)    | \$185.25 |

\*2-Person Group Home Residents Are Authorized With 3-Person Group Home Rates



# Community Residential Alternative

Level of Need

# Community Residential Alternative – Level of Need

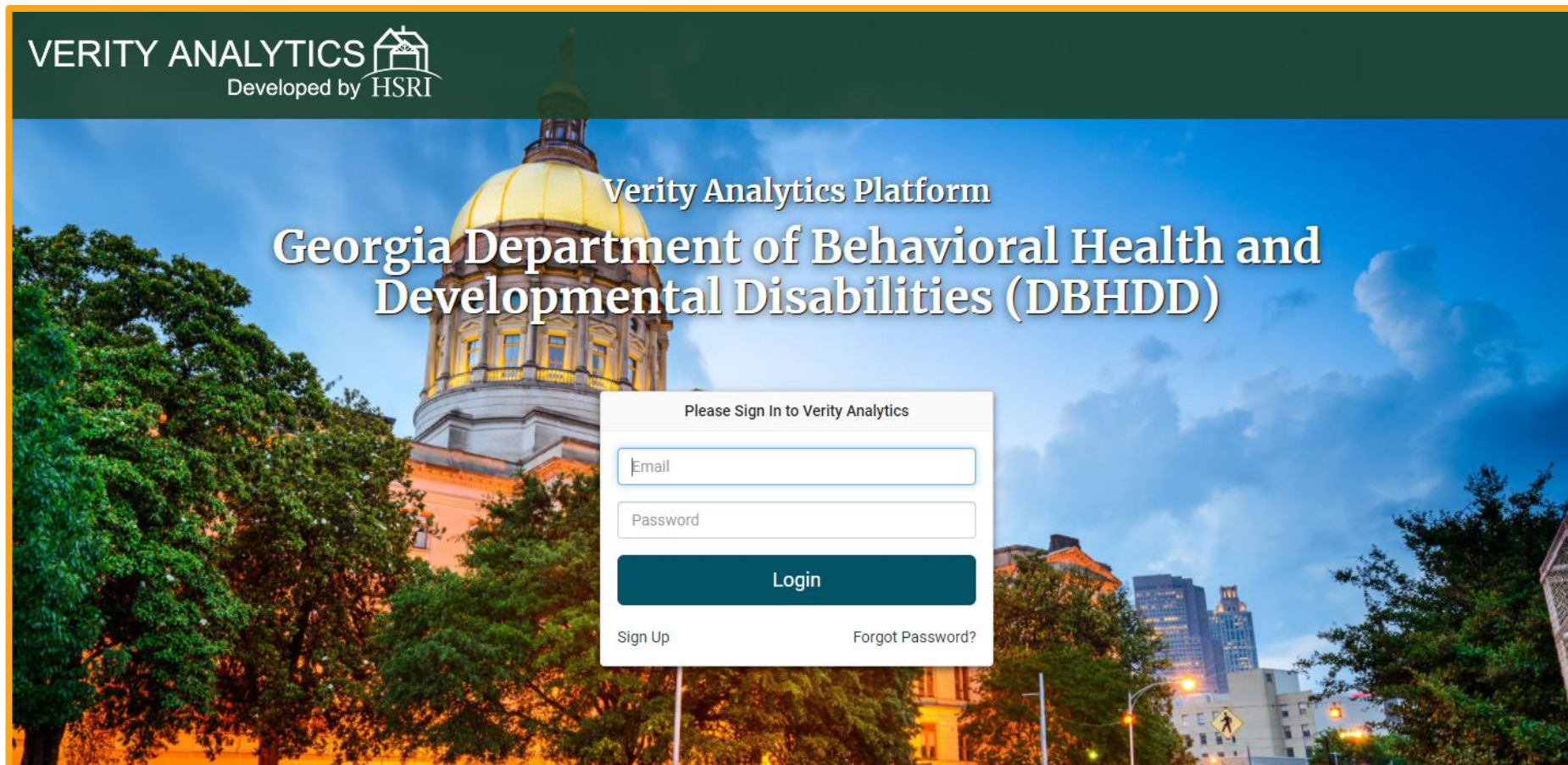
## Special Eligibility Condition for Community Residential Alternative

Supports are designed commensurate with each waiver individual's **level of need** as determined by the Health Risk Screening Tool and the Supports Intensity Scale along with other specialized assessments or evaluations. Categories of need are determined using the level 1 – 4 with Category 1 waiver individuals requiring comparatively mild support needs and Category 4 having much more complex needs, particularly in the areas of exceptional medical and/or behavioral needs. Detailed description of the assessed levels and correlation to need categories can be reviewed at:  
<https://dbhdd.georgia.gov/residential-and-respite-cost-study>

COMP - Part III, Chapter 2300, Section 2303, Letter 'D'

# Community Residential Alternative – Level of Need Continued

An individual's Level of Need (Support Level) is determined by DBHDD using a web-based system developed by the Human Services Research Institute (HSRI).



# Community Residential Alternative – Level of Need Continued

Verity Analytics, a system developed by the Human Services Research Institute (HSRI) and accessible only by the staff of DBHDD.

The screenshot displays the Verity Analytics dashboard. At the top left, the logo reads "VERITY ANALYTICS" with a house icon and "Developed by HSRI" below it. At the top right, it says "Welcome, Ronald.Singleton@dbhdd.ga.gov" with a user profile icon. A left-hand navigation menu includes: Home, Roster Management (with sub-items: Manage Roster, Manage Participant Groups), Assessment Management (with sub-items: Manage SIS, Manage HRST), and Support Level Management (with sub-items: View Support Levels, Complete Verifications, Complete Confirmations). The main content area features a "Welcome!" header and five colored cards representing key metrics:

| Metric                                | Value |
|---------------------------------------|-------|
| Participants Served                   | 7311  |
| Participants without SIS Assessments  | 169   |
| Participants without HRST Assessments | 123   |
| Participants Awaiting Verification    | 41    |
| Participants Awaiting Confirmation    | 29    |

# Community Residential Alternative – Level of Need Continued

## Certain Assessment Levels Require Review

**Verification:** reviews additional information provided by SIS supplemental questions about behavioral needs.

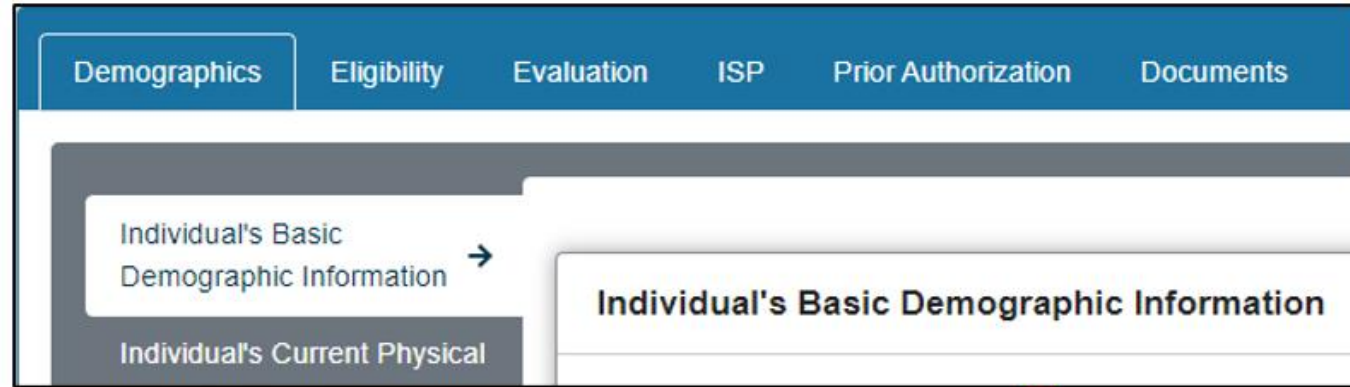
- Purpose: to determine most appropriate rate tier based on additional information collected through the SIS supplemental questions.

**Confirmation:** reviews HRST changes from baseline that change the individual assessment level.

- Purpose: to review clinical information affecting individual need.

# Community Residential Alternative – Level of Need Continued

## IDD Connects: Assessment Level Location



Initial Waiver Entry Origin:

Waiver Re-entry Origin:

Level:

Is the individual lawfully present in United States? \*

Yes  No  N/A (for consumers under 18)

Is the individual a veteran? \*

Yes  No  Unknown/Refused

Is/are the individual's parent(s) living? \*

The Level dropdown menu is open, showing a list of options: 1, 2, 3.1, 3.2, 4, 5, 6, 7.



# Community Residential Alternative - Level of Need - Example

A provider update of the HRST resulting in an increase (or decrease) of the HCL score must be 'Confirmed' by DBHDD prior to any ISP/PA update.

**Figure 4: Assessment Levels Criteria**

| Assessment Level | Supports Intensity Scale        |                         | Health Risk Screening Tool     |
|------------------|---------------------------------|-------------------------|--------------------------------|
|                  | Sum of Sections 1A, 1B, and 1E* | Section 3B (Behavioral) |                                |
| 1                | 8 to 24                         | Less Than 7             | Low Risk (HCL 1-2)             |
| 2                | 25 to 30                        | Less Than 7             | Low Risk (HCL 1-2)             |
| 3.1              | 0 to 30                         | 7 to 10                 | Low Risk (HCL 1-2)             |
| 3.2              | 0 to 30                         | Less Than 11            | Moderate Risk (HCL 3-4)        |
|                  | 31 to 36                        | Less Than 11            | Low or Moderate Risk (HCL 1-4) |
|                  | 37 to 52                        | Less Than 11            | Low or Moderate RISK (HCL 1-4) |
| 6                | Any                             | Less Than 11            | High Risk (HCL 5-6)            |
| 7                | Any                             | 11 to 26                | Any                            |

\*Section 1A relates to Home Support Needs, 1B to Community Support Needs, and 1E to Health and Safety Needs

**Increase in Assessment Level**

**Increase in HCL Level**

# Community Residential Alternative - Level of Need - Example

The previous slide indicated an update of the HRST resulting in an increase of the HCL score. This increase resulted in a higher **Assessment Level, Category and Rate**. The appropriate **Rate** will be based on **Category** and the **Capacity** of the licensed home.

**\*Host Homes are not required to be licensed. Capacity does not apply to these settings.**

| ASSESSMENT LEVEL | GROUP HOME RATE CATEGORY | GROUP HOME CAPACITY | GROUP HOME RATE | HOST HOME RATE CATEGORY | HOST HOME RATE |
|------------------|--------------------------|---------------------|-----------------|-------------------------|----------------|
| 3.2              | Category 3               | 4                   | \$239.73        | Category 1              | \$149.45       |
| 3.2              | Category 3               | 3                   | \$261.48        |                         |                |
| 6                | Category 4               | 4                   | \$254.36        | Category 2              | \$185.25       |
| 6                | Category 4               | 3                   | \$277.44        |                         |                |



Community Residential Alternative

Capacity

# Community Residential Alternative – Capacity (Group Homes)

Group Home rates are based on the licensed **Capacity** of the home rather than occupancy. Healthcare Facility Regulation (HFR), a division of the Department of Community Health (DCH), is responsible for licensing facilities in Georgia.

<https://dch.georgia.gov/divisionsoffices/healthcare-facility-regulation>

## **Licensed Group Home settings (2) are as follows:**

### **Community Living Arrangement (CLA)**

- Provider-operated residence with license capacity approval of four or fewer residents.

### **Personal Care Home (PCH)**

- Provider-operated residence with license capacity approval of four or fewer residents.

DBHDD recognizes several Group Homes throughout Georgia that are licensed for five or more residents. New group homes with more than five beds have not been permitted for several years, but existing homes have been permitted to continue operating. If one or more vacancies occur such that there are three or four members in the home, the provider may seek to limit the home's licensed capacity to three or four members. However, the provider will not be able to later seek to place more than four members in that home. The rate for members in homes with more than four residents is \$158.67 per unit.

# Community Residential Alternative – Capacity Verification

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Licensed **Capacity** verification can be done using either of the two methods below:

1. Healthcare Facility Regulation's (HFR) Find a Facility website:
  - <https://forms.dch.georgia.gov/HFRD/GaMap2Care.html>
2. A copy of the provider's HFR license/permit


# Community Residential Alternative – HFR Website

<https://forms.dch.georgia.gov/HFRD/GaMap2Care.html>



|   | Name ↑↓  | Facility Type ↑↓             | Address ↑↓              | City ↑↓  | State ↑↓ | Zip ↑↓ | County ↑↓ | Bed Capacity ↑↓ | Telephone ↑↓ | Effective Date of License ↑↓ |
|---|--|------------------------------|-------------------------|----------|----------|--------|-----------|-----------------|--------------|------------------------------|
| + |  | COMMUNITY LIVING ARRANGEMENT | 5723 SAINT THOMAS DRIVE | LITHONIA | GA       | 30058  | DEKALB    | 3               | 7709121055   | 02/12/2016                   |
|   | Name   | Facility Type                | Address                 | City     | State    | Zip    | County    | Bed Capacity    | Telephone    | Effective Date of License    |

# Community Residential Alternative – HFR License/Permit

 **GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH**

**STATE OF GEORGIA**  
**COMMUNITY LIVING ARRANGEMENT PERMIT**  
This is to certify that a permit is hereby granted to

\_\_\_\_\_ to maintain and operate a  
(Name of Governing Body)

Community Living Arrangement named as \_\_\_\_\_ for 4 residents.  
(Name of Residence) (number served)

Said residence and premises are located at \_\_\_\_\_  
(Street)

in MARTINEZ 30907 County of COLUMBIA, Georgia.  
(City or Town) (Zip Code)

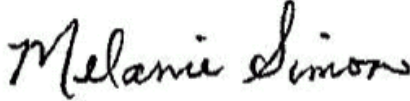
Permit effective date is Wednesday, August 19, 2020 and remains in effect unless revoked or suspended.

"This permit is granted pursuant to the authority vested in the Department of Community Health pursuant to O.C.G.A. Secs. 31-7-1 and 37-1-22 and signifies that its facilities and operations comply with the Rules and Regulations of the Department of Community Health on the date this permit was issued."

THIS PERMIT IS NOT TRANSFERABLE PERMIT NO. \_\_\_\_\_

In Witness Whereof, we have hereunto set our hand this 25TH day of AUGUST, 2020

GEORGIA DEPARTMENT OF COMMUNITY HEALTH HEALTHCARE FACILITY REGULATION DIVISION

  
\_\_\_\_\_  
Melanie Simon, Division Chief

Community Residential Alternative

Service Summary Development

# Community Residential Alternative – Service Summary – Example #1

## Initial ISP Service Summary

| ASSESSMENT LEVEL | GROUP HOME RATE CATEGORY | GROUP HOME CAPACITY | GROUP HOME RATE |
|------------------|--------------------------|---------------------|-----------------|
| 3.1              | Category 3               | 3                   | \$261.48        |
| 3.2              | Category 3               | 3                   | \$261.48        |
| 4                | Category 3               | 3                   | \$261.48        |

| <input type="checkbox"/> | Service Description               | Detailed Service Description |
|--------------------------|-----------------------------------|------------------------------|
| <input type="checkbox"/> | Support Coordination              | Support Coordination         |
| <input type="checkbox"/> | Community Residential Alternative | CRA - Category 3 - 3 Person  |

Navigation: 1 / 10



# Community Residential Alternative – Service Summary – Example #1

## Updated ISP Service Summary

| ASSESSMENT LEVEL | GROUP HOME RATE CATEGORY | GROUP HOME CAPACITY | GROUP HOME RATE |
|------------------|--------------------------|---------------------|-----------------|
| 6                | Category 4               | 3                   | \$277.44        |

| <input type="checkbox"/>            | Service Description               | Detailed Service Description                     |
|-------------------------------------|-----------------------------------|--|
| <input type="checkbox"/>            | Support Coordination              | Support Coordination                             |
| <input checked="" type="checkbox"/> | Community Residential Alternative | CRA - Category 3 - 3 Person <b>DO NOT REMOVE</b> |
| <input type="checkbox"/>            | Community Residential Alternative | CRA - Category 4 - 3 Person                      |

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# Community Residential Alternative – Service Summary – Example #2

## Initial ISP Service Summary

| ASSESSMENT LEVEL | GROUP HOME RATE CATEGORY | GROUP HOME CAPACITY | GROUP HOME RATE |
|------------------|--------------------------|---------------------|-----------------|
| 6                | Category 4               | 3                   | \$277.44        |

| <input type="checkbox"/> | Service Description               | Detailed Service Description |
|--------------------------|-----------------------------------|------------------------------|
| <input type="checkbox"/> | Support Coordination              | Support Coordination         |
| <input type="checkbox"/> | Community Residential Alternative | CRA - Category 4 - 3 Person  |

Navigation: 1 / 10



# Community Residential Alternative – Service Summary – Example #2

## Updated ISP Service Summary

| ASSESSMENT LEVEL | HOST HOME RATE CATEGORY | HOST HOME RATE |
|------------------|-------------------------|----------------|
| 6                | Category 2              | \$185.25       |

| <input type="checkbox"/>            | Service Description               | Detailed Service Description                     |
|-------------------------------------|-----------------------------------|--|
| <input type="checkbox"/>            | Support Coordination              | Support Coordination                             |
| <input checked="" type="checkbox"/> | Community Residential Alternative | CRA - Category 4 - 3 Person <b>DO NOT REMOVE</b> |
| <input type="checkbox"/>            | Community Residential Alternative | CRA - Category 2 - Host Home                     |

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# Questions

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