



D·B·H·D·D

Georgia Department
of Behavioral Health
& Developmental
Disabilities

BE D·B·H·D·D
BE COMPASSIONATE
BE PREPARED
BE RESPECTFUL
BE PROFESSIONAL
BE CARING
BE EXCEPTIONAL
BE INSPIRED
BE ENGAGED
BE ACCOUNTABLE
BE INFORMED
BE FLEXIBLE
BE HOPEFUL
BE CONNECTED
BE D·B·H·D·D

IDD ALL- STATE PROVIDER MEETING

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Presented by DBHDD, Division of IDD

August 12, 2021

9:00am - 12:30pm



AGENDA:

Topic	Time	Presenter
Opening Welcome and Updates	9:00 am-9:15 am	Ronald Wakefield, Division Director IDD
Electronic Visit Verification (EVV)	9:15 am-9:45 am	Brian Dowd, DCH Deputy Executive Director of Policy, Compliance and Operations Office Medical Assistance Plans
American Rescue Plan Act (ARPA) Updates	9:45 am-9:50 am	Ashleigh Caseman, Director of Waiver Services
Field Office Updates	9:50 am-10:15 am	Allen Morgan, Office of Field Operations Director
Office of Health and Wellness Updates – HRST, etc..	10:15am-10:30am	Dana Scott, Office of Health and Wellness Director
Healthcare Plan and Risk Mitigation Policies 02-266 and 02-807	10:30 am-10: 45am	Dana Scott, Office of Health and Wellness Director & Ashleigh Caseman, Director of Waiver Services
Human Rights Committee	10:45 am-10:50 am	Ashleigh Caseman, Director of Waiver Services
GCAL and Mobile Crisis Services and Expectations	10:50am-11:15am	BHL and Benchmark
Employment & Day Services Outcome Information System	11:15am-11:45 am	John Butterworth, SELN
State Funded Contract Updates	11:45am - 12:00 pm	Amy Riedesel, Director of Community Services and Barbara Hall, Family Support Manager/Statewide Participant-direction Manager
Question and Answers	12:00pm-12:30pm	All



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Department of Community Health

Electronic Visit Verification (EVV)



Presented to: DBHDD IDD State Providers

Presented by: Policy and Provider Services
Division of Medicaid



Presentation Points

- EVV Timeline Updates
- Self Direction Updates
- Communication Resources
- Questions and Answer

Provider Timeline Updates

July 23rd, 2021

Required:

Provider Netsmart
(Tellus) registration

August 31st, 2021

Required:

1. Employees input into chosen EVV solution
2. One claim successfully submitted

October 1st, 2021

Required:

1. All EVV-related claims to include EVV information
2. And submitted via the State EVV solution

To successfully submit a claim, aides and caregivers will have to use and capture visit data using EVV.



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OF COMMUNITY HEALTH

Alternate EVV Vendor Update

If your vendor is NOT on this list, please contact Netsmart at evvintegrations@ntst.com

Initial Contact Established	Contracting	In Development	Testing In Progress	In Pilot	In Production
<ul style="list-style-type: none"> • Greenline Business Solution • Treasures Docs • Vertex Systems 	<ul style="list-style-type: none"> • PCG Public Partnerships • Qualifacts / Carelogic • Sestra Solutions 	<ul style="list-style-type: none"> • Assuricare (August Systems) • Bayada • BrightStar Care • Complia Health (ContinuLink) • CubHub Systems - CellTrak • HHAeXchange • Maxim • MCM Solutions (Stopwatch Technology) • Neurosoftware (Adacare) • SETWorks • Spectrum TeleTrack Voice Technologies • Vypersoft 	<ul style="list-style-type: none"> • Alora Healthcare Systems • Aveanna Healthcare • Billiyo Health • BrightSpring Health Services • Carecenta • CareVoyant • CellTrak Technologies • Integrated Database Systems (Generations) • Kaleida Systems (eRSP) • MedFlyt • MedSide Healthcare • MEDsys • Netsmart • Sandata 	<ul style="list-style-type: none"> • AlayaCare USA • Ankota • Axxess • CareSmartz • CareTime • Direct Care Innovations • HomeNurse, Inc • Information Age Technologies (Copilot Pro 21) • MatrixCare • My EVV • SMARTcare • Therap Services 	<ul style="list-style-type: none"> • AxisCare • Caryfy • ClearCare • GeoH Software • Rosemark / Shoshana • SwyftOps • Webauthor
<p>Declined Integration Aymira Healthcare Technologies First Visit Software King David Community Center of Atlanta, Inc Nemicare PointClickCare Residex</p>					

Self-Directed Updates

- Fiscal intermediaries (FI) may require implementation or usage deadlines that do not align to traditional provider deadlines.
- As noted in the next slide, each FI has a different EVV vendor and therefore a different process and set of information.
- For Medicaid members who need a smartphone, Lifeline Services is a Federal program which provides phones and services free of charge. Please see the link below for the application. This is not a DCH-managed service.
<https://galifeline.com/>



Self-Directed Updates

Acumen

EVV System: DCI

Point(s) of Contact for EVV questions:

Katrina Simisnean
Katrinasi@acumen2.net

Nicki Cline
Nickicl@acumen2.net

Contact Number: (877) 211-3738

Townhall Recording Link:
[Click Here](#)

Continuum

EVV System: Tellus

Point of Contact for EVV questions:

Shanay Bostick
shanay@continuumfs.com

Contact Number: (678) 974-7942
EXT 102

Townhall Recording Link:
[Click Here](#)

Public Partnerships

EVV System: Time4Care™

Point of Contact for EVV questions:

Chantielle Tally
ctally@pcgus.com

Townhall Recording Link:
[Click Here](#)



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

DCH Communication Resources

Communication Tools:

- <https://medicaid.georgia.gov/georgia-electronic-visit-verification>
- evv.medicaid@dch.ga.gov (email address for EVV inquiries)
- Published Power Point Presentations (PPTs)
- Flyers & Announcements (emailed / mailed)
- Member & Provider Readiness Surveys
- Frequently Asked Questions (FAQs)
- Townhall Materials and Recordings
- More coming soon!

Programs
Adults
Elderly
Disabled
Families and Children
All Medicaid Members

EVV Service Providers

The Department of Community Health (DCH) has created a variety of material that members and service providers can review, download, and share within the Medicaid service provider community. In order to ensure a smooth transition to EVV, DCH requests that service providers and case managers inform members and their family of the upcoming EVV system implementation during their regularly scheduled outreach and interactions with members. We will be adding new information throughout our implementation. Check back often for updates!

Medicaid Service Providers:

Webinars and Townhall Materials

[DCH EVV Implementation Townhall Presentation #1](#) (2:51 MB)
[EVV Townhall Recording #1](#) - 11/03/20
 = Introduction
[EVV Townhall Recording #1](#) - 11/05/20
 = Introduction
[EVV Townhall Recording #1](#) - 11/06/20
 = Introduction
[DCH EVV Implementation Townhall Presentation #2](#) (1:25 MB)
[EVV Townhall Recording #2](#) - 12/08/20
 = Mobile App Demo
[EVV Townhall Recording #2](#) - 12/09/20
 = Mobile App Demo

Webinars and Townhall Materials

[DCH EVV Implementation Townhall Presentation #1](#) (2:51 MB)
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 = Introduction
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 = Introduction
[DCH EVV Implementation Townhall Presentation #2](#) (1:25 MB)
[EVV Townhall Recording #2](#) - 12/08/20
 = Mobile App Demo
[EVV Townhall Recording #2](#) - 12/09/20
 = Mobile App Demo

[DCH EVV Implementation Townhall Presentation #2](#) (1:00:72 KB)
[EVV Townhall Recording #3](#) - 01/07/21
 = Admin Portal Demo
[EVV Townhall Recording #3](#) - 01/08/21
 = Admin Portal Demo
[DCH EVV Implementation Townhall Presentation #4](#) (1:03 MB)
[EVV Townhall Recording #4](#) - 02/04/21
 = Claims Portal Demo
[EVV Townhall Recording #4](#) - 02/05/21
 = Claims Portal Demo

Webinars and Townhall Materials

[DCH EVV Implementation Townhall Presentation #2](#) (1:00:72 KB)
[EVV Townhall Recording #3](#) - 01/07/21
 = Admin Portal Demo
[EVV Townhall Recording #3](#) - 01/08/21
 = Admin Portal Demo
[DCH EVV Implementation Townhall Presentation #4](#) (1:03 MB)
[EVV Townhall Recording #4](#) - 02/04/21
 = Claims Portal Demo
[EVV Townhall Recording #4](#) - 02/05/21
 = Claims Portal Demo

Providers Related Links

[Independent Care Waiver Services Provider Manual](#)
[NIST Special Publication 800-56: Appendix D - Security Rule Standards and Imple...](#) (115.67 KB)
[NIST Special Publication 800-53: Revision 4 - Security and Privacy Controls for...](#) (4.98 MB)
[NIST Special Publication 800-18: Guide for Developing Security Plans for Federal...](#) (567.6 KB)

Need support?

DCH has a Georgia EVV Call Center to contact for technical support and issues while using the Tellus EVV system. As listed below, there's phone, email, or chat options available during normal business hours.

Phone: 833-701-0012

Email: GAEVVSupport@Conduent.com

Website for Chat: <https://www.GAEVV.com>



Question and Answer (Q&A)

**Please type your questions in
the chat box!**

**Our moderators will read your
question aloud.**

**If we are unable to answer your question
today, please email us at**

evv.medicaid@dch.ga.gov



American Rescue Plan Act (ARPA) Proposed Initial Spending Plan

Ashleigh Caseman

Director of Waiver Services



Georgia
Department of
Behavioral Health
& Developmental
Disabilities

American Rescue Plan Act- Initial Spending Plan Proposal*

The American Rescue Plan Act (ARP) was signed into law on March 11, 2021. It is the sixth COVID-19 relief bill enacted and provides approximately \$1.9 trillion in assistance [federally]. It includes fiscal relief funding for state and local governments, education, housing, food assistance, and additional grant programs. The State of Georgia, through the Department of Community Health (DCH), submitted an Initial Spending Plan Projection and Narrative to enhance, expand, and strengthen home and community based services (HCBS) under the Medicaid program using funds associated with the increased Federal Medicaid Assistance Percentage (FMAP) pursuant to Section 9817 of the American Rescue Plan Act of 2021.

** Note the spending plan is pending approval from the Centers for Medicare and Medicaid Services and is subject to change*

American Rescue Plan Act- Initial Spending Plan Proposal*

DCH conducted stakeholder engagement activities to identify key areas for enhancement and improvement in HCBS:

The result was an understanding of four major focus areas for HCBS improvement:

- 1) Enhancement and expansion of the HCBS infrastructure;
- 2) Expansion of HCBS services which includes implementing new services and expanding the use of technology;
- 3) Strengthening HCBS services by engaging in workforce development and training, implementing enhanced provider payments, conducting a rate study for 1915(c) waivers; and
- 4) Targeted evaluations and studies to support 1915(c) waivers.

** Note the spending plan is pending approval from the Centers for Medicare and Medicaid Services and is subject to change*

American Rescue Plan Act- Initial Spending Plan Proposal*

<i>DBHDD Initiative</i>	HCBS Provider Payment Rate Enhancements and Rate Study for 1915(c) Waivers.	IDD workforce 1915(c) HCBS services (Temporary Payment Enhancements) To further strengthen HCBS services, ARPA funds will be utilized to perform a rate study related to Georgia's current 1915(c) waivers. The study aims to enhance the overall quality of HCBS 1915(c) waiver services and will include market research and a national scan
<i>DBHDD Initiative</i>	Assess Current State of HCBS Workforce Retention, Recruitment, and Development	Conduct an assessment of current HCBS workforce strengths and opportunities for improvement with a focus on direct service provider retention, recruitment, and career development. Additionally, funds may be used to implement select recommendations developed as part of the assessment process.
<i>DBHDD Initiative</i>	Supported Employment Pilot	Provide support to individuals on the planning list for supported employment to transition from school to Competitive Integrated Employment.
<i>DBHDD Initiative</i>	Workforce Development and Training Description	Additional HCBS training and workforce development programs will be developed to expand provider capacity, improve the quality of care and service delivery, and improve member satisfaction

** Note the spending plan is pending approval from the Centers for Medicare and Medicaid Services and is subject to change*

American Rescue Plan Act- Initial Spending Plan Proposal*

Resources:

To review the entire initial spending plan visit:

<https://dch.georgia.gov/programs/hcbs>

To review CMS Issued Guidance on ARP funding visit:

<https://www.medicaid.gov/federal-policy-guidance/downloads/smd21003.pdf>



Stay tuned for more information on ARPA funding!

Regional Field Office Updates

Allen Morgan

Director of Field Operations



Georgia
Department of
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Disabilities

OHW COVID Update

Dana Scott, MSN, RN

Director Office of Health &
Wellness, Division of
Disabilities



Georgia
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Disabilities

COVID Update

- 1 Surveillance Numbers to Date
- 2 What do we know about the Delta variant
- 3 Breakthrough Cases
- 4 Risk to Vulnerable Population
- 5 Vaccine Protection

More About Vaccines and Other Safety Measures

- 5a Safe and Effective in preventing COVID disease
- 5b Reduces Spread
- 5c The Risk of Breakthrough infection cannot be completely eliminated
- 5d <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-disabilities.html> Discuss medication informed consent and involuntary consent when using psychotropic medications

Healthcare Plans for Individuals w/ IDD in Community Residential Alternative Services and Community Living Support Services with Skilled Nursing Services, 02-266

Applicability

- All Intellectual/Developmental Disability (I/DD) Providers- in Community Residential Alternative Services and Community Living Support Services Providers who are authorized to provide Skilled Nursing Services.

What has changed?

- Applicability
- Revised Definitions of Individual and Provider
- Procedures- HCP development from all settings to specific settings
- HCP Requirements- Improved outline format; Added: DBHDD Nursing Assessments include a comprehensive list of HCPs and any additional clinical documentation establishing new medical diagnoses as applicable.

Dates/Policy

- Publication Date: August 1, 2021
- Full Implementation Date: November 1, 2021
- Visit Policy Stat to review the entire policy
<https://gadbhdd.policystat.com/>

Elements of a Healthcare Plan

Elements
Demographic Information
Effective Date
Diagnosis
Description of Symptoms of Exacerbation of Condition
Nursing Diagnoses
Goals and Objectives (Standards of Care)
Interventions
Documentation and Location
Evaluation of Progress
Signature of RN

Risk Mitigation of Health Conditions or Vulnerabilities in IDD Services, 02-807

Applicability

- All Intellectual/Developmental Disability (I/DD) Community Service Providers with the exception of Community Residential Alternative Service Providers and Community Living Support Service Providers providing services to individuals who have authorized Skilled Nursing Services.

What has changed?

- Applicability
- Policy-this section revised to include specific settings
- Added Definitions: At Risk Conditions, Risk Mitigation Document, and Vulnerabilities
- Procedures: Added elements, timeframes of updates and reviews, training of staff, and list of documents to use as a source when developing risk mitigation document.

Dates/Policy

- Publication Date: August 1, 2021
- Full Implementation Date: November 1, 2021
- Visit Policy Stat to review the entire policy

<https://gadbhdd.policystat.com/>

Elements of a Risk Mitigation Document

**Date of
creation**

**Date of any
applicable
updates to the
document**

**Individualized
demographic
information**

**Allergies or No
Known
Allergies
(NKA)**

**Statement and
description of
known
condition, risks,
and diagnoses**

**Any applicable
individualized
action steps to
be taken when
needed**

**Communication
Plan**

**Contact details
for primary
caregiver and
responsible
parties**

Office of Health & Wellness Provider Training Announcements

Bowel Management Policy

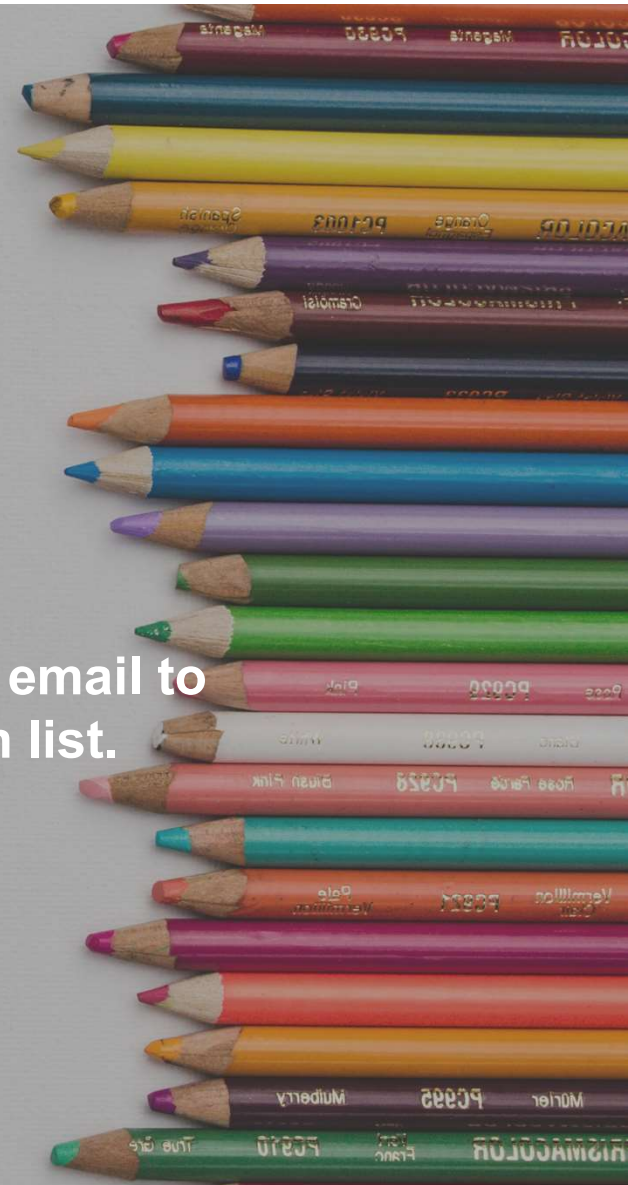
Web Based Interactive Training available through mLevel.
See Flyer for registration details.

OHW Emory Curriculum Part 1 for RN Staff

Web Based Training Series available through Emory. Send email to
shannon.l.smith@dbhdd.ga.gov to be added to registration list.
CEU Credits are available.

Dangerous Mealtime Practices

Web Based Interactive Training available through Relias.
See Flyer for registration details.



Office of Health & Wellness Provider Training Announcements

COMING SOON

Curriculum in IDD Healthcare eLearn course by IntellectAbility

- Training available through Relias for Physicians, NP, and Nurses
- Physicians, Nurse Practitioners, and Nurses earn 5 CME/6 CEU Credits
- See Flyer for registration details



Human Rights Committee (HRC) Policy 02-1101 Updates

Ashleigh Caseman

Director of Waiver Services



Georgia
Department of
Behavioral Health
& Developmental
Disabilities

Human Rights Committee Updates (HRC), 02-1101

- 1 DBHDD HRC Policy Refresh- Published March 2021
- 2 Purpose of this policy exists to ensure practices of DBHDD service providers follow Georgia Rules & Regulations
- 3 Examples of human rights are outlined in policy and in accordance with GA Comp. R & Reg regs 290-4-9-02.
- 4 Please continue to submit all grievances and complaints through Complaints and Grievances Regarding Community Services, 19-101 and all incidents through Reporting Deaths and Other Incidents in Community Services, 04-106

For more information regarding the policy and external referral form, please review 02-1101 at <https://gadbhdd.policystat.com/policy/9162357/latest/>

GCAL and Mobile Crisis Services & Expectations

Presenters: Eric Eason & George Harris



Georgia
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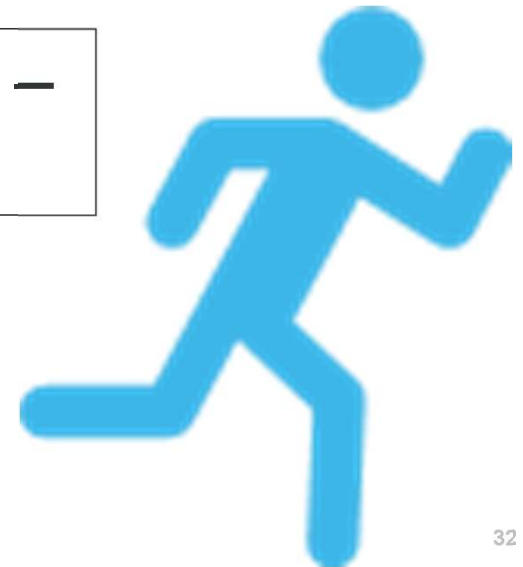


GCAL and Mobile Crisis



Someone to Call – GCAL

Someone to Go See Them –
Mobile Crisis



Inbound Calls

- GCAL – single point of entry for accessing DBHDD's blended mobile crisis dispatch services (BMCRS)
- 20,000 calls monthly – any one of these may result in a dispatch of a mobile team
- GCAL dispatches BMCRS 1,400 – 2,000 per month



Where will BMCRS go?

Teams dispatched to:

- 70% - Residences
- 30% - Hospitals
- 10% - Schools, social services agencies, motels, businesses, parks, streets
- 7% - Jails



Information obtained differs depending on setting

Residences/Non-Secure Settings – Safety

Determining level of risk associated with the situation

- Suicidal Desire, Capability and Intent
- Substance Use
- Psychosis
- History when applicable
- Current Behaviors
- Who is on scene
- Description of the individual

Safety Questions

Before Dispatching Mobile to Community Setting – Safety Questions

- Recent OD or attempted asphyxiation?
- Any weapons in the home? Accessible on the property?
- Paranoia or bizarre behaviors?
- Unsecured animals?
- History or recent violence?
- Police on scene recently?
- Individual high or drunk with potential for aggression or possible withdrawals?

Acuity Drives Level of Response – Emergent Acuity

Presenting Conditions/Circumstances:

- Medical Emergency – overdose, asphyxiation, uncontrolled bleeding
- Suicidal and/or Homicidal intent
- Active withdrawal with history of seizures, DT's and/or medical co-morbidities increase the risk
- Hallucinations/Psychosis that may result in harm to self/others
- Unable to care for self
- IDD behaviors that cannot be safely managed

Possible Responses/Linkage:

- Medical Emergency – 911
- SI/HI means and intent – 911/Police
- Active Withdrawal – 911 or if supports are available, drive to ER
- If safety can be maintained (C&A) – **Mobile Crisis**

Urgent Acuity

Presenting Conditions/Circumstances:

- SI/HI and some combination of plan, desire, capability, intent means may be present, but supports/resiliency lessen risk
- Hopeless, helpless, sense of burdensomeness, disconnection or anger
- May develop intent without immediate help
- Distress/Impairments compromise functioning, judgement, impulse control
- Withdrawal that is not life threatening
- Problematic IDD behaviors can be safely managed until Mobile arrives

Possible Responses/Linkage:

- **Mobile Crisis**
- BHCC (Behavioral Health Crisis Center) if transportation is available and can be safely managed
- Urgent Appointment/Open Access
- If caller declines linkage at time of call, urged to call back if conditions worsen



Someone to go see Them – Dispatch Mobile Crisis

Considerations for GCAL When Dispatching Mobile Crisis

- Mobile is a voluntary service – individuals can choose to not participate.
- Mobile can be dispatched without the consent of the individual in crisis
- The preference is always for the interaction to be one of collaboration and respect for the rights of all involved
- Must be a mental health or problematic IDD behavior component to the crisis
- The presence of Autism or other IDD diagnosis impacts the composition of the team

BMCRS Dispatch levels

- GCAL determines Dispatch Level
- Mobile can increase, but not decrease the assigned level
- Information obtained by GCAL is available to Mobile via Dispatch Monitor
- Teams are called by dispatchers to alert of a dispatch for which they are responsible

Level 1	<p>Law Enforcement Leads (with Mobile Crisis Team Accompanying or Following Behind)</p> <p>The team must heed police instructions and respond as the scene is deemed safe for entry.</p>	<p>This level indicates situations that are too dangerous to deploy without the environment first being secured by law enforcement. It is also key in these situations to have a response within the shortest time possible.</p> <p>The Georgia Crisis & Access Line initiates Rescue Protocol and does not dispatch the Mobile Crisis Team as sole responder if the caller is in imminent danger to self and/or others (as evidenced by any of the following):</p> <ul style="list-style-type: none"> ▪ "Likely" or "Very Likely" intent for suicide attempt (more than desire/ideations and capability alone) ▪ "Likely" or "Very Likely" intent for homicide attempt ▪ Threat to staff ▪ Possession of weapon
Level 2	<p>Mobile Crisis Team Leads (with Law Enforcement in the Background or Following Behind but on the Scene)</p>	<p>Caller reports any of one of the following:</p> <ul style="list-style-type: none"> ▪ History of aggression ▪ Recent acts of aggression ▪ Self-Injury <p>This level indicates situations where BHL staff enters into the environment first but law enforcement is immediately available if needed.</p>
Level 3	<p>Mobile Crisis Team Lifeline (Law Enforcement on Standby by Phone)</p>	<p>All "Emergent" cases and certain "Urgent" cases (where clinical judgment suggests that a call to apprise law enforcement of the situation is prudent)</p>
Level 4	<p>Mobile Crisis Team Alone (With no Law Enforcement)</p>	<p>"Urgent" cases in which the absence of clinical intervention suggests the advancement to greater risk or other cases where children or adolescents are being referred to the state hospital or LOC</p>
Level 5	<p>Secure Location (Hospital, Jail, Social Service Agency Etc...)</p>	<p>These cases are in a location where professional peers are present and available to support a safe environment. Calls to residences (apartments, homes etc.) are not "safe sites."</p>

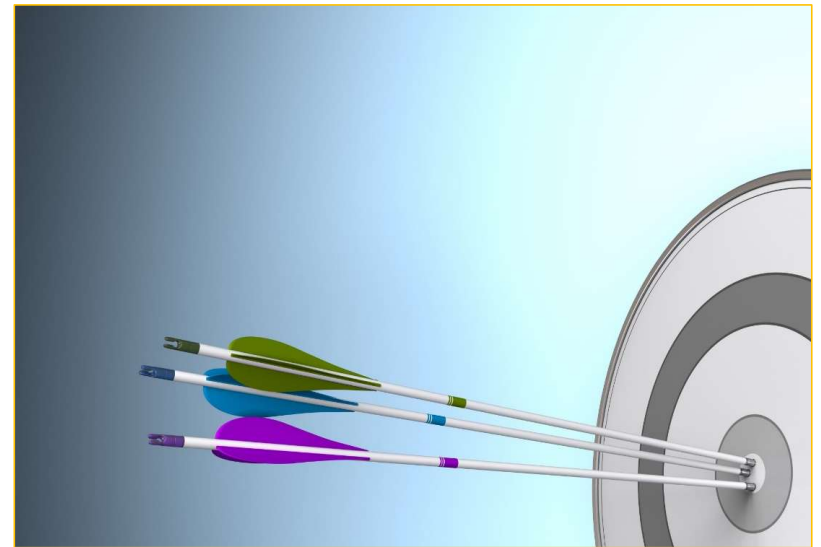




Blended Mobile Crisis Response Services

BMCRS Goals

Increase	Timely access to most appropriate services close to home
Decrease	Unnecessary involvement of law enforcement/probate courts and involuntary treatment
Reduce	Out-of-home placements for individuals experiencing BH and IDD crises
Support	Safety and direct linkage to services when indicated
Avoid	Emergent services (EMS, ER) whenever it is safe to do so and clinically indicated



Team Approach



All teams have a minimum of two staff members.



Teams may consist of clinicians, BCBAs, paraprofessionals, certified peer specialists, behavior specialists, and other support staff.



BCBAs (Board-Certified Behavior Analysts) and supervisors are also available for video or telephonic consultation if the on-site team needs additional support.



A team approach and collaboration is critical to successful outcomes.

Training

- CPR, First Aid, & CPI
- Safety in the Community
- LOCUS
- CALM
- C-SSRS
- Safety Planning
- Specialized training in Substance Use Disorders, Intellectual/Developmental Disabilities (to include Autism Spectrum Disorder), Trauma Informed Care & Telehealth



BMCRS Outcomes

1. Resolved onsite with existing resources
2. Outpatient Referral (Routine or Urgent)
3. Intensive In-Home Support
4. Intensive Out-of-Home Support
5. Referral for Evaluation/Inpatient



Follow-Up

- Customer Service Survey to gauge satisfaction and perceived effectiveness
- Review of Safety/Behavior Plan Intervention
- Confirmation of appointment and other linkage details
- Discussion of any barriers (financial, transportation, etc.) and problem-solving
- Opportunity to determine if crisis persists or has escalated (may re-dispatch Mobile)
- Follow-up may continue as an interim limited support until IND declines further calls or until linkage is confirmed (following attendance at appointment, for instance)

Challenges

- Expectations of Hospitals, Jails, External Agencies who may not understand the IDD system and its limitations
- No-Contact Policy
- Agencies/hospitals calling explicitly to request 1013
- Transportation
- Inpatient/IOH Bed Space
- Coordination among many agencies
- Obtaining accurate history and information regarding the IND
- Access to current BSP
- Limited Resources for those with Dual Diagnoses and/or medical complications
- Staffing Shortages
- Complicated nature of IDD clinical presentation and/or co-morbid psychiatric/IDD presentations

Service Expectations

- Teams to respond as quickly as possible; target is a 59 minute *average* or less
- Collaboration among team as well as caregivers and other care providers, including support coordination, DBHDD, outpatient providers, and residential operators
- Clear recommendations for caregivers and Individual upon completion of the interaction
- Follow-up efforts beginning within 24 hours of encounter

Employment and Day Services: OUTCOME INFORMATION SYSTEM

John Butterworth

State Employment Leadership
Network (SELN)

Amy Riedesel

Director of Community Services



D·B·H·D·D

Georgia
Department of
Behavioral Health
& Developmental
Disabilities

Georgia Employment & Day Services Outcome Information System

August 12, 2021



2019 Supported Employment Forum at Callaway Gardens

Create and maintain a comprehensive data collection and reporting system

Goals

- Support communication across stakeholders about employment definitions and goals
- Improve the effectiveness of the case management process as it relates to employment
- Inform strategic and resource planning and the state employment first initiative

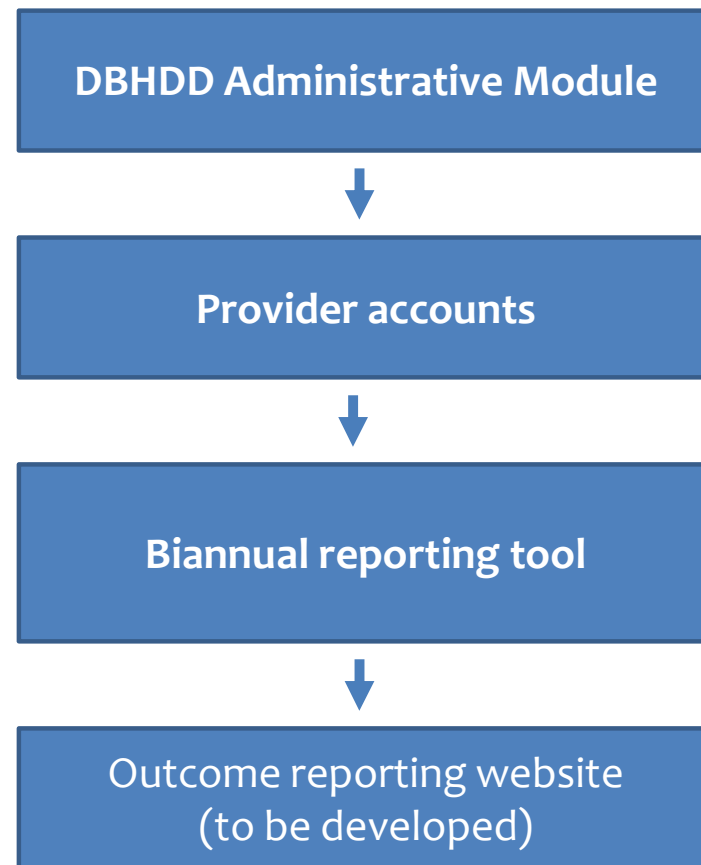


Principles

- Simple
- Outcome focused
- Collected at individual level



Components



- ❖ **Who:** All individuals who receive a day or employment service
- ❖ **When:** Two times per year
Fall and Spring
- ❖ **How:** Two week point in time reporting interval

Activities

- Individual community job
- Group supported job
- Self employment
- Facility based/sheltered work
- Community based non-work
- Facility based non-work



Georgia DBHDD Employment Outcome Information System

Thank you for using the employment outcomes data collection tool for the Georgia DBHDD. Please report information on employment participation and related activities for each individual in your program for the two-week reporting period given below. You will find instructions for entering data as you navigate through the pages of this site. If at any time you need technical assistance or have a data-reporting question, please contact State Data staff (admin@dds.statedata.info).

[Log out](#)

***GEORGIA TEST

Semi-annual reporting period: Monday, March 1, 2021 to Wednesday, March 31, 2021

Reporting due date: **Friday, April 30, 2021**

[Follow this link to enter individual data](#)

Navigate to the list of individuals we have on file for your program, agency, or organization. From this page, you will have the ability to add and delete individuals, edit individuals' information and employment data, and view summary tables of all your individuals' data.

Submit your data:

There are some individuals that are not complete. Please complete them before submitting your data.

View your program summary

[Summary of individual outcomes for the current reporting period.](#)

Download data

[Download an Excel spreadsheet with all your individual data.](#)

Note: Information in this spreadsheet may not be accurate for individuals whose data is not "Complete."

Help using this site:

[CLICK HERE FOR INSTRUCTIONS](#)



[Add new individual](#)[Back to main page](#)[View summary](#)[Log out](#)

Return to the main page and submit your data when all individuals are complete.

***GEORGIA TEST

Reporting due date: Friday, April 30, 2021

Semi-annual reporting period: Monday, March 1, 2021 to Wednesday, March 31, 2021

Items per page

20

Apply

Last name ^	First name	Date of birth	County	Operations	Individual complete?
Rubble	Barney	07/11/1959	Douglas	enter data edit individual delete individual	⚠
SATTERFIELD	BEN	04/22/1999	Gwinnett	enter data edit individual delete individual	✓
Wilma	Flintstone	12/01/1899	Tattnall	enter data edit individual delete individual	⚠

Return to the main page and submit your data when all individuals are complete.

[Add new individual](#)[Back to main page](#)[View summary](#)[Log out](#)

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✓ Save

Individual Community Job ✓

Group Supported Job ⚠

Self Employment ⚠

Facility Based/Sheltered Work ⚠

Community Based Non-Work ⚠

Facility Based Non-Work ⚠

Individual Community Job

An individual full or part time job in the typical labor market where the majority of persons employed are not persons with disabilities. The business is located within the community and is not owned or operated by the support organization. The person is on the payroll of the community business.

- Do not include individuals receiving SE services through CIE Funds (formerly Employment Express Funds (EEF). This information is captured using the CIE Funds Monthly Details Report.
- Information for individuals that are self-employed should be added under the Self Employment subsection.

☐ Did not participate in this activity

Total hours worked for this reporting period

10

Gross wages earned this reporting period including, if applicable, tips (dollar amount)

50

Calculated hourly wage:

\$5.00

How long (in months) has this person been employed in this job? If more than one job report the job with the longest tenure.

More than 60 months

Receives paid time off? Include paid vacation, sick, or holiday time.

Yes

Occupation

Grocery/retail

Primary funding source for employment support

Other



Individual Community Job ✓

Group Supported Job ⚠

Self Employment ⚠

Facility Based/Sheltered Work ⚠

Community Based Non-Work ⚠

Facility Based Non-Work ⚠

✓ Save

Be sure to Save before exiting this page or you will lose your work.

Log out



Group Supported Job

The individual works in a group of 2 to 8 individuals with disabilities in a community setting that includes meaningful interaction with individuals without disabilities. This would typically include work settings described as enclaves or mobile work crews.

☐ Did not participate in this activity

Hours worked for pay this reporting period

30

Gross wages earned this reporting period

10

Calculated hourly wage:

\$0.33

How long (in months) has this person been employed in this job? If more than one job report the job with the longest tenure.

Select from the list

Receives paid time off? Include paid vacation, sick, or holiday time.

Yes

Occupation

Grocery/retail

Primary funding source for employment support

Select from the list

Location of work

Other community locations (e.g. mobile work crew)



Individual Community Job ✓

Group Supported Job ⚠

Self Employment ⚠

Facility Based/Sheltered Work ⚠

Community Based Non-Work ⚠

Facility Based Non-Work ⚠

✓ Save

Be sure to Save before exiting this page or you will lose your work.

Log out



Self Employment

Includes self-employment or microenterprises owned by the individual. Does not include a business that is owned by the support organization.

Note that business income and expenses are reported over a 3 month period to capture fluctuations in business income.

☐ Did not participate in this activity

Hours worked in business this reporting period *for the two week reporting period only*

Gross business income *for the last three months*

Gross business expenses *for the last three months*

How long (in months) has this person been employed in this job? If more than one job report the job with the longest tenure.

Primary funding source for employment support

Occupation

Work!

Individual Community Job ✓

Group Supported Job ⚠

Self Employment ⚠

Facility Based/Sheltered Work ⚠

Community Based Non-Work ⚠

Facility Based Non-Work ⚠

✓ Save

Be sure to Save before exiting this page or you will lose your work.



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Facility Based/Sheltered Work

Individual works in a group of individuals with disabilities. This category would include any group larger than 8, and smaller group settings that involve little or no contact with workers without disabilities. Typically, the position is located in a facility or business owned or operated by the support organization, but may also occur in large groups in other settings such as a large enclave.

☐ Did not participate in this activity

Hours worked for pay this reporting period

Gross wages earned this reporting period

Receives paid time off? Include paid vacation, sick, or holiday time.

Select from the list



>> Next: Community based non work >>



Individual Community Job ✓

Group Supported Job ⚠

Self Employment ⚠

Facility Based/Sheltered Work ⚠

Community Based Non-Work ⚠

Facility Based Non-Work ⚠

✓ Save

Community Based Non-Work

Unpaid time spent in integrated, community settings; in a group of 4 people with disabilities or less, while having access to others without disabilities who are not paid staff or family members. Activities occur at locations available to and by members of the general community, and include interactions with members of the general community to the same extent as participants without disabilities.

☐ Did not participate in this activity

Hours spent in unpaid activities in an integrated community setting during this reporting period

Did person participate in a volunteer job during this reporting period?

Select from the list

>> Next: Facility based non work >>


Individual Community Job 

Group Supported Job 

Self Employment 

Facility Based/Sheltered Work 

Community Based Non-Work 

Facility Based Non-Work 

 Save

Be sure to Save before exiting
this page or you will lose your
work.



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Facility Based Non-Work

Individual spends time in unpaid activities in a program setting with a group of individuals with disabilities. This also includes larger group outings of 5 or more individuals with other people with disabilities as part of a non-work program.

☐ Did not participate in this activity

Did person participate in unpaid activities in a program setting during this reporting period?

Select from the list 

Hours spend in facility based non-work during this reporting period



Questions?

DBHDD

Gloria Jackson-McLean

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ICI

John Butterworth

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State Funded Contract Updates

Amy Riedesel

Director of Community Services



Georgia
Department of
Behavioral Health
& Developmental
Disabilities

Provider Meeting Q&A



A close-up, soft-focus photograph of several hands of different skin tones being held together in a supportive grip. The hands are positioned in the center-left of the frame, with fingers interlaced. The background is a warm, out-of-focus light beige.

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

