

ISP Service Description Guidelines



DBHDD

DIVISION OF DEVELOPMENTAL DISABILITIES

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

APRIL/MAY 2017

Impact of COMP Waiver Renewal

ISP Budget Template is no longer accurate.

- Some services have changes in rates, frequencies, maximum billable units/dollar amounts, etc.
- CRA rate is based on Assessment Level and Residence Capacity – SC's don't have access
- CLS unit usage variances
- Changes to Respite rates and usage

Elimination of the ISP Budget Template

- **As of May 1, 2017, SC/ISC's will no longer submit ISP Budget Templates and the Field Offices will no longer expect to receive them.**
- **LOC's/OA's may reject ISP's for which services are not adequately described according to the directives in this presentation.**

Budgets to Comprehensive Descriptions

In lieu of the ISP Budget Template, comprehensive waiver service descriptions are now required within the second box of the Meeting Minutes section of the ISP, that indicates:

“Describe discussion around continuing current services or choosing new waiver options, including participant-directed.”

This section should provide a brief synopsis of information discussed during the meeting, including information described in the personal profile section, current service summary and any assessments completed. It should include a brief discussion around HRST considerations and any risk protection concerns, as well as a review of the health and safety section.

B U Paragraph

Describe discussion around continuing current services or choosing new waiver options including participant directed.

Since there has been no changes in support needs or health risks, participant will continue to receive same services ordered in prior ISP.

CRA - Bailey's Residential Services - 344 units

CAG - North Fulton Training Center - 4 days a week, 192 days a year

B U Paragraph

Support Coordination monitoring responsibilities
(Include number and type of contacts per month or quarter)
(Read Only for old ISPs - Use Service Frequency selection below.)

Save

| Service | Frequency | |
|----------------------|----------------------|-----|
| <input type="text"/> | <input type="text"/> | Add |

Preface for PLA's

Introduce the justification for services that will be initiated at the start of the ISP.

Based on assessed needs, _____ will receive the services listed below through the NOW/COMP Waiver/ State Funds (select one). The descriptions of service utilization provided below are approximates and may vary slightly throughout the plan year based on the individual's clinically assessed needs and choices. However, the billable units cannot exceed the maximum allocated per service.

Preface for SC/ISC/SSC's

Introduce the justification for continuation of current services for anyone who will have no changes to the services delivered from one ISP to the next.

Due to no changes in support needs, health risks or circumstances, _____ will continue current services. _____ will receive the services listed below through the NOW/COMP Waiver/State Funds (select one). The descriptions of service utilization provided below are approximates and may vary slightly throughout the plan year based on the participant's clinically assessed needs and choices. However, the billable units cannot exceed the maximum allocated per service.

Format

Preface -----

- (Enter service description 1)
- (Enter service description 2)
- (Enter service description 3)

** A template cannot be built into CIS at this time.*

COMPREHENSIVE SERVICE DESCRIPTIONS WILL BE REQUIRED

Every waiver service must be described including the following:

- ***Provider*** of the service and **site location**, if applicable
- ***Annualized maximum*** units/hours/days per service (whichever is most appropriate based on usage)
- ***Typical frequency*** of service to be delivered

COMPREHENSIVE SERVICE DESCRIPTIONS WILL BE REQUIRED

- The service description examples provided apply to the ***most common*** service usage styles and should be used for those represented.
- They ***do not*** represent ***all*** possible ways to accurately describe services.
- Descriptions ***will vary*** based on the specific needs of the individual.

CRA Annual Allocation Adjustments

- CRA allocations will be adjusted automatically based on Assessment Level and Residence Capacity
 - Included in modifiers of billing codes
- SC's/PLA's do not need to indicate \$ for CRA in ISP.
- Must include CRA provider and site address.
- Include maximum billable days per year (344).

Community Residential Alternative

- *On (Date), (Name) will be moving into a (Provider) CLA/PCH/Host Home where (#) other residents presently reside at (Address), (City), GA. (Provider) may bill for a maximum of 344 days for 365 days of CRA services per ISP year.*
- *(Name) continues to reside in a (Provider) CLA/PCH/Host Home with (#) other residents at (Address), (City), GA. (Provider) may bill for a maximum of 344 days for 365 days of CRA services per ISP year.*

CLS Annual Allocation Adjustments

- All COMP CLS allocations will increase by 7.21% up to max of \$51,300
- Each CLS allocation will be calculated by the OA based on CLS ordered on prior ISP or approved ISP addendum
- Participant-Directed COMP CLS unit maximums will be adjusted based on a 7.21% increase to their existing total allocation
- An approved STAR is needed for **ANY** increase in CLS units within the ISP year

COMP - Community Living Support

Can now be delivered flexibly, as needed:

- ❖ Basic – less than 11 units (≤ 2.75 hours)
- ❖ Extended – 12 or more units (≥ 3 hours)
- ❖ Shared with 1 person
- ❖ Shared with 2 people

COMP - Community Living Support

- Unit usage will not be preliminarily prescribed on ISP
- Typical usage frequency will be indicated by SC
- OA will calculate the maximum CLS authorization amount and units based on the total CLS allocation divided by the rate for CLS-Basic, **but** provider can bill CLS-Extended or CLS-Shared without an ISP Addendum or PA change. This can extend the unit usage within the existing allocation.

COMP - Community Living Support

If current CLS maximum allows for enough units to meet support needs, indicate typical usage in hours/day or hours/month (with acknowledgement that CLS can be used flexibly as needs present)

“CLS will be provided by _____ up to a maximum authorized, to be delivered through a combination of shared, basic and extended units. CLS will typically be provided ___ hours/day, ___ days/week.”

COMP - Shared CLS

If it is likely that the individual will share CLS during the ISP year, include typical usage:

“CLS will be provided by _____ up to the maximum authorized, to be delivered through a combination of shared, basic and extended units. CLS will typically be provided 1:1, ___ hours/ day, ___ days/week and _____ hours will typically be used in a shared context on weekends.”

COMP - Previous CLS Daily Rate

If current CLS maximum does *not* accommodate support needs due to daily rate previously being used for over 6.12 hours per day/365 days per year, indicate as follows:

“CLS will be provided by _____, delivered up to the maximum units authorized. CLS will typically be used 8 hours/day, 5 days/week. Support previously provided on weekends through CLS may now be provided through daily respite, at a maximum of 30 days/year (or the equivalent respite delivered at the 15-minute unit rate) and/or CAI _____ hours per year.”

“CLS will be provided by _____ 7 days per week up, delivered up to the maximum units authorized. CLS will typically be used individually 6 hours per day and shared with one other person 2 hours per day.”

Needs Exceeding CLS Maximum

- SC is to work with participant/family to identify if any of the CLS hours can be shared with another participant.
- Explore a more holistic view of service needs and determine if other service options can meet the needs of the participant.
 - CAG
 - CAI
 - Respite
 - Other services
- Submit a STAR for review/approval of any needed service additions as a result of elimination of CLS-Daily (*change in circumstance*).

CLS - Additional Residential Staffing

ARS is not available in family homes or participants' own homes unless authorized for temporary stabilization purposes in response to crisis or institutional transition.

- Only allowed when CAG, CAI, Respite and other services are already maximized.
- Only allowed if it is the only way to ameliorate a short-term need relating to unavailability of a family member/natural support with no other support options (i.e. accommodate post-surgical needs of caregiver)

CLS - Additional Residential Staffing

- If permissible circumstances exist, guide the CLS provider to submit a request for ARS.
- If the participant does not meet the criteria for ARS and there is no pathway to resolve the need for additional CLS, submit a STAR to the Field Office for Technical Assistance.

COMP - Participant-Directed CLS

“CLS will be provided by participant-directed staff up to the maximum units authorized. CLS will typically be used ___ hours/day, Monday-Friday with ___ hours/month to be used on weekends.”

***ARS not available through Participant-Directed CLS**

NOW – Community Living Support

There have been NO changes to NOW CLS as a result of the COMP Renewal. Include annual maximum dollar amount, based on hours that have historically been approved by the Field Office.

“CLS will be provided by _____, who may bill for services provided up to a maximum of \$_____ annually. CLS will typically be provided ___ hours/day, ___ days/week.”

NOW – Participant-Directed CLS

There have been NO changes to NOW CLS as a result of the COMP Renewal. Include annual maximum dollar amount, based on hours that have historically been approved by the Field Office.

“CLS will be provided by participant-directed staff up an annual maximum of \$_____. CLS will typically be used ___ hours/day, Monday-Friday with ___ hours/month to be used on weekends.”

Community Access Group/Prevocational Full Days

If full days (6 hour) are utilized, indicate number of days in service per year and typical frequency:

“_____ will receive 240 days per year of CAG provided by (provider/site location). CAG will typically be used 5 days per week, 6 hours per day.”

**specific CAG/PV site location must be indicated*

Waiver Policy on Prevocational Services

Continuation of Prevocational Services:

Any ISP for a participant who has received at least 12 months of Prevocational Services must document the following assessment of necessity and adequacy of the continuation of Prevocational Services for the participant:

- a. Consideration of the following by the SC and interdisciplinary team developing the ISP:
 - (1) Amount of time receiving Prevocational Services.
 - (2) Progress on any or all Prevocational Services goals in prior ISP.
 - (3) Interest of participant in working.
 - (4) Any prior receipt of Supported Employment Services.

- b. Determination by the support coordinator and interdisciplinary team of continuance or discontinuance Services for the participant bases on the above assessment.

This justification remains required when documenting Prevocational Services in the Meeting Minutes.

Community Access Group/Prevocational Partial Days

If partial days are typically utilized, indicate number of hours in service used per year. Calculate based on annual maximum of 1440 hours per year (5760 units).

“_____ will receive 432 hours of Prevocational Services per year, provided by provider/site location). This service will typically to be used 3 hours/day, 3 days per week.

Community Access Individual

Indicate total number of hours in service per year up to maximum of 360 hours annually (max 10 hours/day)

“_____ will receive 140 hours of CAI per year, provided by _____. This service will typically to be used 2 hours/day, 3 days per week”

Supported Employment Group

Maximum 960 hours/year (80 hours/month)

“_____ will receive 720 hours per year of SEG, provided by _____. This service will typically to be used 4 hours/day on days utilized.”

Supported Employment Individual

Maximum 360 hours/year (Max 10 hours/day)

“_____ will receive 240 hours per year of SEI, provided by _____. This service will typically to be used 2 hours/day on days utilized.”

SEG/SEI for Job Maintenance:

Waiver manual indicates that *Job Maintenance Activities* are a covered service of SEG to maintain a participant in 60 to 80 or more hours of work per month.

If there are months where the participant did not work 60 hours for any reason, SEI can be used.

SC's should be mindful of this as they are describing Supported Employment Services.

COMP - Respite

- **Provided in the following configurations which may be used interchangeably by family members based on need:**
 - In-Home -15-Minute Unit
(1 person - \$4.83, 2 people - \$2.66 or 3 people - \$1.93)
 - Daily/Overnight - Category 1 - \$153.61 (\$4,608 max)
 - Daily/Overnight - Category 2 - \$209.51 (\$6,285 max)
- **Assessment Levels (based on the SIS/HRST) are needed to determine whether someone is assigned to Category 1 or 2 for Respite. Some categories are not yet assigned, as SIS's are in the process of being completed by DBHDD.**

COMP - Respite

- Maximum 30 days/overnights per year or equivalent 15 minute units (900 units).
- If Respite is used 7.5 hours or more in one day (>30 units/day), daily/overnight rate must be billed.
- Once a participant uses the annual maximum of fifteen-minute units, no additional Respite Services are billable for that participant for the remainder of the individual's ISP year.
- Sharing Respite with another waiver participant allows each participant's allocation to stretch farther.

COMP - Respite

Example:

“_____ needs a minimum of ____ hours/days of respite services per year, provided by _____, to be used as needed up to the amount authorized.”

*** Continue to use previous respite allocation maximum until category assignment is available**

NOW - Respite

Not impacted by the COMP Renewal - Annual maximum remains \$3,744.00, through either 15 minute units or overnights.

“_____ will receive respite services provided by _____, up to a maximum of \$_____ per year. Respite will typically be needed ___ hours/overnights per month.

Behavior Support Consultation

Describe based on assessed need identified in last ISP or most current behavioral assessment.

“Based on the maladaptive behaviors identified, BSC will be provided 6 hours per quarter, by

_____.”

Behavior Support Services

Describe based on assessed need identified in last ISP or most current behavioral assessment.

“To implement behavioral support strategies outlined in _____’s BSP, Behavioral Support Services will be provided 12 hours per quarter by _____.”

Nursing Services

Describe based on assessed need identified in last ISP or most current nursing assessment.

“_____ will receive 6 hours per day, 7 days per week of Nursing Services provided by _____ for the following nursing tasks: 4 g-tube feedings per day, medication administration 3 times per day, g-tube stoma care once daily.”

Nursing Services

- The SC will indicate the total nursing hours, if a specific number has been indicated within the current nursing assessment or prior ISP.
- If the nursing assessment or prior ISP does not contain a total number of hours, the SC will not indicate this on the ISP, but will indicate the skilled nursing tasks for which nursing services are needed. Field Office will need to determine hours based on description of skilled nursing tasks in the nursing assessment.
- New I&E Nursing Assessment template will be implemented soon (~ June 2017), which will calculate hours needed based on tasks/frequencies entered, so this will cease to be an issue

Specialized Medical Supplies

List supplies needed with quantity and delivery frequency (COMP maximum: \$3800 annually)

“_____ will continue to receive \$_____ of SMS provided by_____, to include adult incontinence briefs - 72/case (monthly); gloves - 150/box (quarterly), wipes - 520/box (quarterly), and bed chucks 150/case (quarterly). These supplies are not available for reimbursement through Medicaid State Plan.”

COMP - Specialized Medical Supplies

- No participant will receive an automatic increase in SMS funding based on the elevated COMP maximum
- If a family or provider has been privately paying for SMS above the previous maximum of \$1868, SC's may submit a STAR to request additional funds for SMS.
- Needs must be justified in the same manner as always

SMS Exceptional Rates

- If a participant was receiving an ER for SMS up to \$3800, that amount can be indicated on the next ISP. A STAR is not needed, as the assessed need was already validated by DBHDD.
- If a participant was receiving an ER for SMS above \$3800, the provider must submit a request for additional units through the new process upon ER expiration (*see Provider Toolkit on DBHDD website*).

NOW – Specialized Medical Supplies

The maximum for NOW participants remains \$1,734.48 annually.

“_____ will continue to receive \$_____ of SMS provided by_____, to include adult incontinence briefs - 72/case (monthly); gloves - 150/box (quarterly), wipes - 520/box (quarterly), and bed chucks 150/case (quarterly). These supplies are not available for reimbursement through Medicaid State Plan.”

Therapies (OT/PT/SLT)

Indicate frequency of therapies provided per week/month/year (COMP maximum: \$5400 total)

“_____ will receive 4 hours/month of physical therapy and 4 hours/month of occupational therapy provided by_____.”

- ***NOTE: Therapies for NOW participants remain capped at \$1800 annually.***

Fiscal Support Services

Identify provider and frequency of billing.

“Fiscal Support Services will be provided by _____, _____ months per year.”

Support Coordination

Identify provider only. It is implied that the service will be billed monthly for the duration of the ISP year.

“_____ will be the provider of Support Coordination/Intensive Support Coordination. Visits will be provided, at minimum, based on the frequency indicated in the table below.”

**Continue to include frequency in the table in CIS*

Other Services

No change in service description.

Indicate provider of the service in the description.

- SME
- Home Modifications
- Vehicle Adaptation
- Individual Goods & Services

Please Note

- **With each new ISP, SC's must start from what was funded on the previous ISP or approved addendum in terms of units/hours/days, etc.**
- **SC's cannot write ISPs that reflect new needs, if services to support those needs were not approved through a STAR.**
- **All services delivered must be based on clinically assessed needs, not team decisions at the ISP meeting, with the exception of rearranging utilization of CLS/CAG/CAI/PV/SE/Respite within a person's present allocation.**
- **Any service changes that result in an increase in total allocation must go through STAR approval by Field Office**

**This presentation was sent to all
Field Offices and
Support Coordination Agencies
to be used for staff training purposes**

**ITS ADDITION TO THE WEBSITE
IS INTENDED TO INFORM
PROVIDERS AND FAMILIES
OF THESE NEW DIRECTIVES
FOR SUPPORT COORDINATION
AND DBHDD FIELD OFFICES**