



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

Meeting:**DBHDD IDD Provider Meetings****Dates/Locations:****October 21st** -UGA Tifton Campus Conf Center - 15 R D C Rd, Tifton, GA 31794**October 22nd**-Anderson Conference Center - 5171 Eisenhower Pkwy. Ste. D, Macon, GA 31206**October 23rd** – Sonesta Gwinnett Place Atlanta – 1775 Pleasant Hill Rd, Duluth, GA 30096

Topic	Time	Presenter
Opening Welcome	9:00 am- 9:15 am	Ron Wakefield, IDD Division Director- DBHDD
CAG	9:15 am- 9:45 am	Robert Bell and Ron Singleton -DBHDD
Transformational Change	9:45 am- 10:30 am	Michelle Schwartz and Katie Bailey-Sangha Unity Network (SUN)
Therap	10:30 am- 11:00 am	Heather Daily and Dr. Ishya “Shae” Dotson-Therap
Office of Health and Wellness (OHW) updates	11:00 am- 11:20 am	Shannon Smith and Karen Cawthon-DBHDD
Background Check updates	11:20 am- 11:35 am	Dr. Keisha Davis and Matthew Sartin-DBHDD
Corrective Action Plan (CAP) Process	11:35 am- 11:55 am	Toya Thomas and Krystal Kirkland-DBHDD
Georgia Uplift	11:55 am- 12:05 pm	Michelle Maxwell-Tifton location Andrea Cooke-Macon location Ryan Whitmire-Duluth location
Person Centered Training and Services	12:05 pm- 12:15 pm	Johnathon Crumley-IntellectAbility
All Audience Provider Q/A	12:15 pm- 12:30 pm	All DBHDD staff – responding to written questions from audience



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Georgia Department
of Behavioral Health
& Developmental
Disabilities

Opening Welcome & Updates
Ron Wakefield,
IDD Division Director
DBHDD

Community Access Services Updates

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities



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Robert Bell and Ron Singleton

Community Access General Service Definition



Community Access Non-Covered Services

Activities, training, or services provided in the individual's home or family home, or host home/life sharing arrangement, foster home, personal care home, community living arrangement, group home, or any other residential setting.
(COMP 2006.2; NOW 1706.2)



Community Access services must not duplicate or be provided at the same time of the same day as Community Living Support, Supported Employment, Prevocational Services or Transportation Services.
(COMP 2006.7; NOW 1706.7)

Community Access Group-Facility Based

CAG services may be provided in a facility or a community as appropriate for the skill being taught or specific activity supported. Facility-based services occur at a fixed, non-residential site that is provider owned, controlled, or operated, and provides limited opportunities for individuals to interact with people who do not have a disability other than paid staff.

The direct care staff to individual ratio for facility-based services cannot exceed one (1) to ten (10).

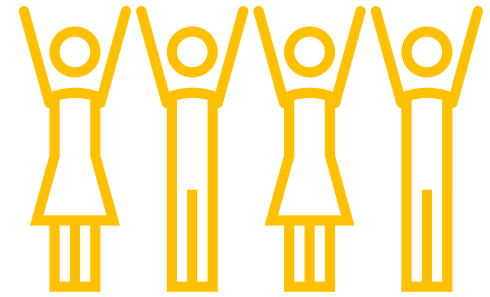
Community Access Group-Community Based

Community-based services occur in settings that are not facility-based and include opportunities for individuals to interact with people who do not have a disability.

The direct care staff to individual ratio for community-based services cannot exceed one (1) to five (5)

Staffing Requirements

- Maximum ratios by setting
 - 1:10 for facility-based services*
 - 1:5 for community-based services, although Category 2-4 rate models fund more intensive supports (ranging from 1:4 to 1:2)
- Programs may have more intensive staffing than the maximum permitted (just as most providers currently deliver more intensive supports than 1:10)



Upcoming Provider Training on New CAG Services

Coming in 2026

Georgia DBHDD Provider Training
& Technical Assistance from UGA
Ralston Center for Behavioral
Health and Developmental
Disabilities, NASDDDS and
Institute for Community Inclusion
U Mass.

Georgia DBHDD Provider Transformation

REGIONAL ENGAGEMENT

Co-host with DBHDD workshops in the six Georgia health regions with providers, individuals, and families. The workshops will frame the vision for I/DD employment first and community access, gain system partner input on current challenges, and identify opportunities for improvement & training.

Proposed Lead: UGA

PROVIDER WEBINAR SERIES

Cohost with DBHDD 10 web-based training sessions for the full DBHDD network of employment and community access providers. Each session features didactic presentations of key concepts, data driven information, emerging national best practice, and Georgia-specific provider experience.

Proposed Lead: ICI

SELF-ADVOCATE & FAMILY ENGAGEMENT

Cohost with DBHDD 6 web-based training sessions for individuals and families, addressing topic identified during the regional engagement workshops. Each session features a training component to impart emerging practice and a listening component to hear policy considerations.

Proposed Lead: UGA



PROVIDER INTENSIVE TA

An 18-month engagement with 6 providers to receive intensive individualized and peer TA. This includes primary onsite consultation and assessment, priority setting and action planning, training, technical support, peer learning, and improvement implementation guidance. Selected providers mentors are key partners in the peer learning.

Proposed Lead: ICI

DBHDD REGIONAL TEAM CAPACITY BUILDING

1 15-month engagement with the 6 DBHDD regions to receive intensive individualized and peer TA. This includes primary onsite consultation and assessment, priority setting and action planning, training, technical support, peer learning, and improvement implementation guidance.

Proposed Lead: NASDDDS

PROJECT CONTINUOUS QUALITY IMPROVEMENT

A 2-pronged evaluation approach to a) monitor provider transformation progress using outcome and qualitative data; and b) assess the satisfaction with TA supports.

Proposed Lead: UGA

How Do I Stay Informed?



If you have any questions,
please reach out to our Provider Information network:

<https://dbhdd.georgia.gov/be-connected>

Contact Information

Robert Bell

Director of Community Services

Robert.Bell@dbhdd.ga.gov

Community Access Group

Individual Service Plan & Prior Authorization
Development



Current Criteria for Levels and Rate Categories


CAG- Community Rate Category	Level	Supports Intensity Scale		
		Support Needs Index	Section 1A (Medical)	Section 1B (Behavioral)
Category 1	1	86 or Less	Less Than 5	Less Than 5
Category 2	2	87 to 102	Less Than 5	Less Than 5
Category 3	3	102 or Less	5 to 6 in Either Section or Verified Supplemental Questions (SQ)	
	4	103 to 115	Less Than 7	Less Than 7
Category 4	5	116 or Greater	Less Than 7	Less Than 7
	6	Any	7 or Greater or Verified SQs	Less Than 7
	7	Any	Any	7 or Greater or Verified SQs

Individual Service Plan (ISP) Development – Current State





- The current ISP will be manually updated to include an additional service line for Community Based CAG. The 'Community Access – Group' service line will serve as CAG – Facility Based.

Service Summary

[Refresh](#)  

Status: Assessment Level: Modified Date: Date Completed: 

	<input type="checkbox"/>	Service Description	PA Approved	Detailed Service Description	
1	<input type="checkbox"/>	<input type="text" value="Community Access"/>		<input type="text" value="Community Access - Group"/>	
2	<input type="checkbox"/>	<input type="text" value="Community Access"/>		<input type="text" value="CAG – Community – Category 4"/>	

Navigation:   1  

Minimum FTF Visit Frequency:

Prior Authorization (PA) Development – Current State

- Each Prior Authorization (PA) will have two billable service lines with one Procedure Code for each service line.

Detailed Service Description ↕	Procedure Code	Units ↕	Start Date	End Date
Community Access - Group	T2025-HQ	2080	09/01/2025 📅	08/31/2026 📅
CAG - Community - Category 4	T2025-HQ-U4-U7	2080	09/01/2025 📅	08/31/2026 📅

Service Description	PROC CODE	MOD 1	MOD 2	MOD 3	Unit of Service	Rate	Annual Unit Maximum	
COMMUNITY ACCESS - GROUP								
COMMUNITY ACCESS - GROUP (FACILITY)	T2025	HQ			15 min	\$3.65	6000	
COMMUNITY ACCESS - GROUP - CATEGORY 4								
CAG - COMMUNITY- CATEGORY 4	T2025	HQ	U4	U7	15 min	\$7.42		

Individual Service Plan (ISP) Development – Future State (Concept)

- Community Access Group services will be approved in the ISP as a single service based on the waiver participant's Assessment Level/Category.

Service Summary Refresh Download Print

Status: Assessment Level: Modified Date: Date Completed:

	<input type="checkbox"/>	Service Description	PA Approved	Detailed Service Description	
1	<input type="checkbox"/>	<input type="text" value="Community Access"/>		<input type="text" value="Community Access – Group – Category 4"/>	

Minimum FTF Visit Frequency:

Prior Authorization (PA) Development – Future State (Concept)

- Each Prior Authorization (PA) will have one billable service line with two Procedure Codes, one for each service description.
 - **Community Access – Group – Category 4** (CAG Facility and CAG Community Based)

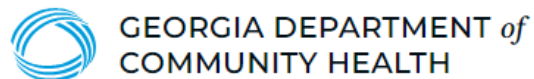
Detailed Service Description ↕	Procedure Code	Units ↕	Start Date	End Date
Community Access - Group Category 4	T2025-HQ-U4-U6, T2025-HQ-U4-U7	2080	09/01/2025	08/31/2026

Service Description	PROC CODE	MOD 1	MOD 2	MOD 3	Unit of Service	Rate	Annual Unit Maximum
COMMUNITY ACCESS - GROUP - CATEGORY 4							
CAG - FACILITY - CATEGORY 4	T2025	HQ	U4	U6	15 min	\$3.65	6000
CAG - COMMUNITY- CATEGORY 4	T2025	HQ	U4	U7	15 min	\$7.42	

Guidance and Troubleshooting for Billing & Claims

If you have any questions regarding the billing process or experience billing difficulties with NOW and/or COMP services, please be sure to reach out to your Gainwell Representative for assistance. Information and guidance for contact information can be found at:

<https://www.mmis.georgia.gov>



Gainwell Technologies is the fiscal agent for Georgia Medicaid and PeachCare for Kids®.

Contact Information

Ron Singleton

DD Budget Manager

Ronald.Singleton@dbhdd.ga.gov

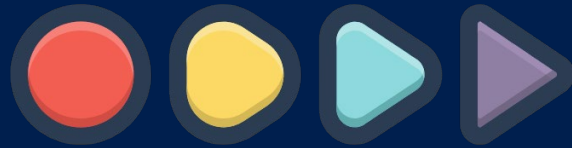


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The Power of Transformational Change




Using Person-Centered Practices in Meeting the HCBS Settings Rule



Katie Bailey, LCSW

Michelle Schwartz, M.Ed. CCC-Sp





If we are going
somewhere different,
let's go there
differently.

Nora Bateson



What is the HCBS Setting

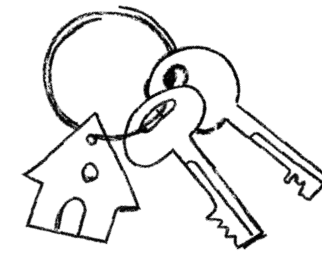
In 2014, the Centers for Medicare and Medicaid Services (CMS) at the Department of Health and Human Services issued the **HCBS Settings Rule** to require that every state ensure that services delivered to seniors and people with disabilities living in the community – outside of institutions – meet minimum **standards for integration, access to community life, choice, autonomy, and other important protections.**



U.S. Department of
Health and Human Services

Enhancing the health and well-being of all Americans

Key Pieces of HCBS Settings Rule



Individual Rights



Individual Initiative, Autonomy,
and Independence



Provider Owned or Operated
Settings Requirements



Full Access and Integration:
Community Life, Employment



Person-Centeredness &
Person-Centered Planning

Dignity of Risk

the right of every person, including those with a disability, to make informed choices and take reasonable risks to learn, grow, and have a better quality of life.

- North Dakota Health and Human Services



“Dignity of risk is the idea that self-determination and the right to take reasonable risks are essential for dignity and self-esteem, therefore should not be impeded by caregivers, concerned about their responsibility to ensure health and welfare.”

Dignity of Risk Guiding Principles

1. Treat people fairly. People with disabilities have the same rights as everyone.
2. Be an advocate for promoting people to exercise their rights to the full extent possible.
3. Support the person's preferences and values, rather than your own. Avoid placing your personal values and expectations on the person.
4. Provide supports for health and safety by using least restrictive methods. Support people to exercise their rights responsibly while promoting dignity of risk.
5. Be realistic with expectations. Allow flexibility and do not hold people with disabilities to a higher standard than what we would expect for ourselves.

Self-Determination: Dignity of Risk



Dignity of Risk, Self-Determination

<https://www.youtube.com/watch?v=RJ1aYsFTDS4&feature=youtu.be>

“Overprotection may appear on the surface to be kind, but it can be really evil. An oversupply can smother people emotionally, squeeze the life out of their hopes and expectations, and strip them of their dignity. Overprotection can keep people from becoming all they could become. Many of our best achievements came the hard way: We took risks, fell flat, suffered, picked ourselves up, and tried again.”

- Robert Perske, 1972



Learning new skills requires taking risks.

We all need the chance to try, sometimes fail, and adjust

Taking risks increases one's sense of self-worth whether they succeed or fail




Moving supports/services away from these common experiences of people with disabilities

Isolation, seclusion, and separation by location, activities, and schedule

Rejection, loneliness, always on the outside, ignored

Old stories, negative reputation labels; negative self-fulfilling prophecies

Limited voice, restriction, lack of representation, no power, Unproductive, severely ignored, undeveloped; no resources, low expectations



Do our services and supports reinforce old patterns of isolation, rejection, powerlessness, and poor reputations?





PERSON-CENTEREDNESS

Person-Centered Thinking

A way of thinking that helps create opportunities and resources for a person to live a life of contribution and value based on their hopes, dreams, gifts, and preferences.

Person-Centered Planning

A way to assist people to determine how they want to use their services and create their life of meaning and contribution.

Person-Centered Practice

How we align services and resources to support people to live in community, based on their goals in life. Person-Centered Practices incorporate person-centered thinking and planning.



PERSON-CENTERED PRACTICES

Person Centered Practices...

Are developed and supported within organizations in a culture rooted in principles of partnership, respect, and dignity of the individual.

Ensure that services and outcomes focus on the person.

Ensure that the person is at the center of their life.

Ensure that the person using services will be heard, valued, and better able to attain the hopes and dreams that they seek at home, work and as a citizen in their community.

Person-Centered Practice is a clear framework for supporting people with I/DD that is focused on understanding and believing people have the right to choose, contribute, & develop a variety of valued social roles while actively participating in the community. It is an ongoing and fluid practice and is NOT a once-a-year-plan or a form completed prior to one's annual ISP meeting.



PERSON-CENTERED PLANNING

WHAT MORE IS POSSIBLE?

Planning is not a checklist or a formal process. It involves on-going, daily conversations with the person and those they are in relationship with (allies & supporters). This helps create opportunities for the person to have a life of meaning.

Person-centered planning shifts support from planning around deficits to assisting the person to become as independent as possible by learning new skills and experiencing new opportunities.

DISCOVERY AND PLANNING ARE ON-GOING & FLUID





PERSON-CENTERED PLANNING

Key Foundational Values

Person-Centered Planning...

Is built on the strengths, skills, gifts and contributions of the person.

Supports meaningful options, informed choices, and personal empowerment.

Supports opportunities for creating community connections and natural supports based on the persons interests.

Provides a framework for how services are provided so that life choices are honored.

“At its heart, person-centered planning is a quality of relationship, a quality of listening that focuses attention on living a good life in community: a life of belonging and contribution.”

-John O'Brien

Credo for Support by Uniting for Change

<https://www.youtube.com/watch?v=iDaTv6AqkbA>

The greatest source of courage is to realize that if we don't act, nothing will change for the better.

Reality doesn't change itself.

~Margaret Wheatley





DBHDD / Therap Overview

**Provider Meetings
October 21-23 2025**



Disclaimer

Any information, support services or advice related to functionality of Therap Services' products is for general guidance only. Care providers are expected to know the procedures, practices and terminology required to provide care for the individuals they serve.

Using Therap should neither circumvent nor take precedence over required care, nor should it impede the human intervention of care providers in a manner that would have a negative impact on any individual's well being.

Seek professional advice on specific issues and their impact regarding any individual or entity. No liability can be accepted for any errors or omissions or for any person acting or refraining from acting on the information provided in these materials and/or presentations.

Any discussion of future functionality is intended for informational purposes only. It is not a commitment to deliver any material, code, or functionality, nor should it be relied upon in making purchasing decisions. The development, release, and timing of any features or functionality described is at the sole discretion of Therap.

Retention of Rights

Therap Services, LLC (hereinafter “Therap”), through the expenditure of great effort and financial resources over a period of many years, has developed and continues to expand and improve its unique services and expertise in the field of data management systems for individuals served in HCBS and LTSS services. Therap hereby gives notice that it retains its exclusive rights and ownership over all of its proprietary know-how and information, whether patentable or unpatentable and whether already developed or only proposed, and in any other trade secrets or nonpublic technological or business information (whether or not reduced to writing or other tangible form).

More particularly, by way of example and not by way of limitation, Therap retains its proprietary rights in all of its know-how, computer programs, source code, object code, models, research and development, and other information of a similar nature, and confidential commercial information including, but not limited to, business plans, concepts, ideas and proposals, business names, lists of proposed or existing clients or customers, advertising, data, documentation, diagrams, flow charts, processes, procedures, new products, new services, prototypes, marketing techniques, research materials, timetables and strategies, suppliers, and other information related to clients, customers, suppliers or personnel, pricing and pricing policies and financial information.

Therap Team Members



Dr. Ishya "Shae" Dotson
Assistant Director of Support,
State Team



Heather Daily
Business Development
Territory Manager

Therap's Leadership Team for Georgia



Justin M. Brockie
Chief Operating Officer



Jeff Case
National Director of Business Development



Sazzad Rafique
Chief Information Officer



Jeff Covington
Director of Support, State Team

Therap's Project Team for Georgia



Jason Laws
Director of Quality &
Data Initiatives



Heather Daily
Business Development
Territory Manager



Gloria Caballero
Project Manager, State Team

Therap's Technical Team for Georgia



Khandker Raska Urzoshi
Deputy Director of EVV & QA



Sarah Papenhausen
Senior Business Analyst



Nadine Finch
Director of Billing and EVV



Fahmida Asir
Deputy Director of Billing & QA

Therap's Support Team for Georgia



Dr. Ishya "Shae" Dotson
Assistant Director of Support,
Person Centered Practices



Tarin Tripp
Senior Support Specialist II,
State Team



Toni-Ann Larnaitis
Senior Support Specialist II, State Team Billing

Last update: 02/25

Therap Functionality



Continuous Innovation

Cutting-Edge Technology built on 20+ Years of Experience.

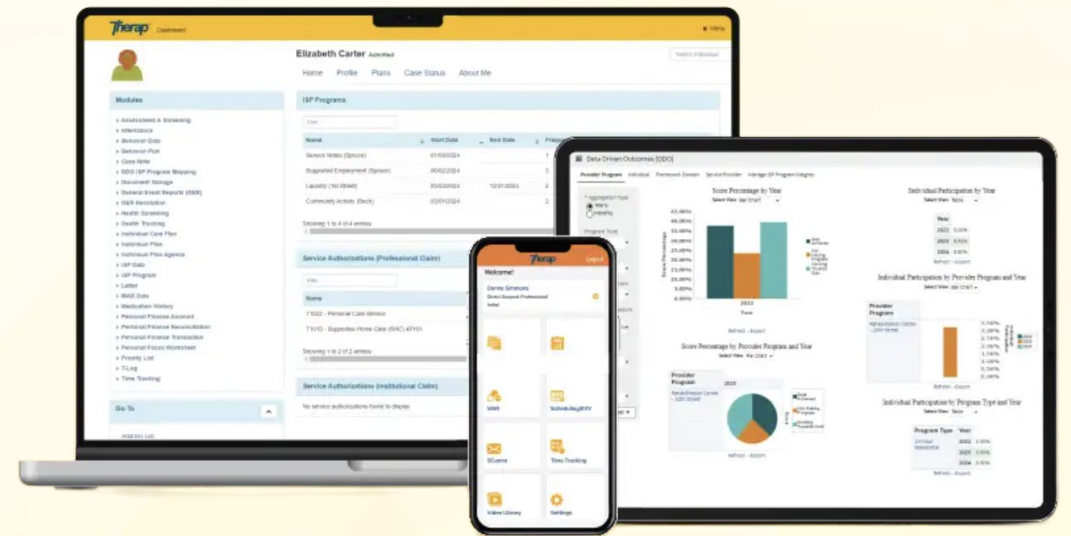
We are committed to innovation that is designed for Service Providers.



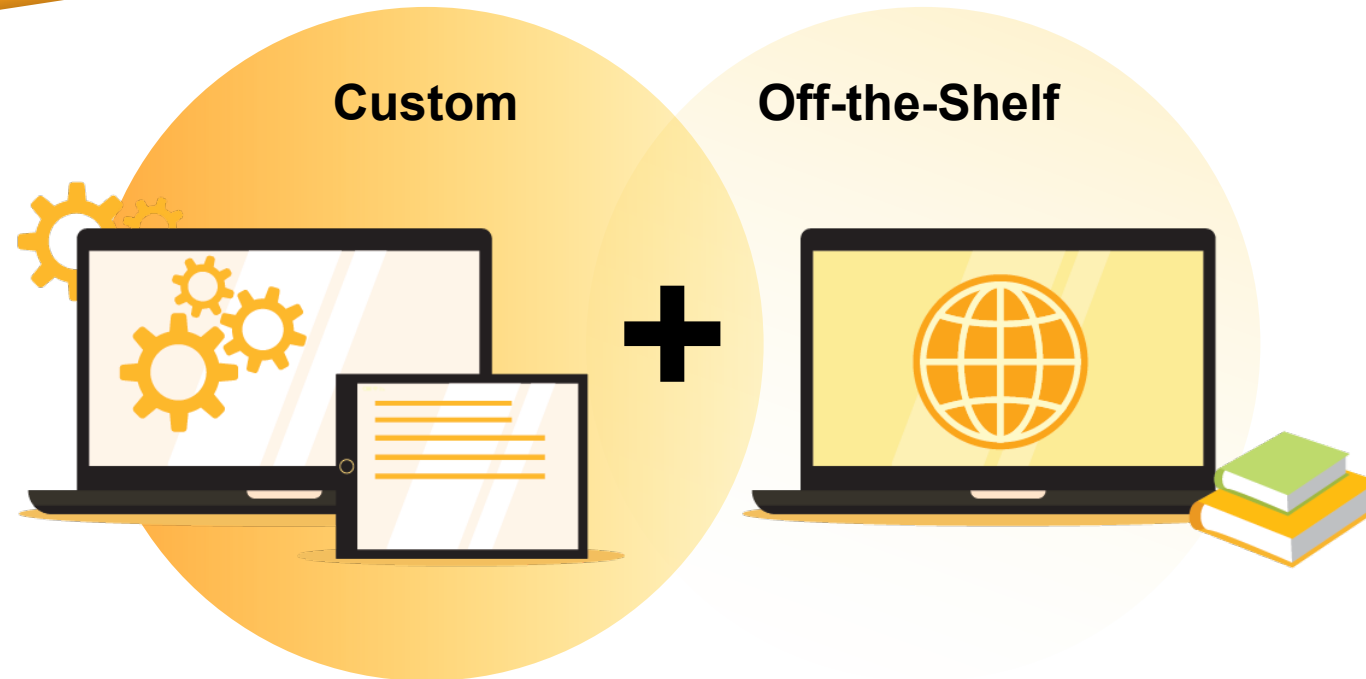
About Therap

Therap's HIPAA-Compliant web-based, SaaS, COTs documentation system has been helping providers since **2003**.

Our users include Human Service Providers, States, Counties, MCOs and other organizations / entities.

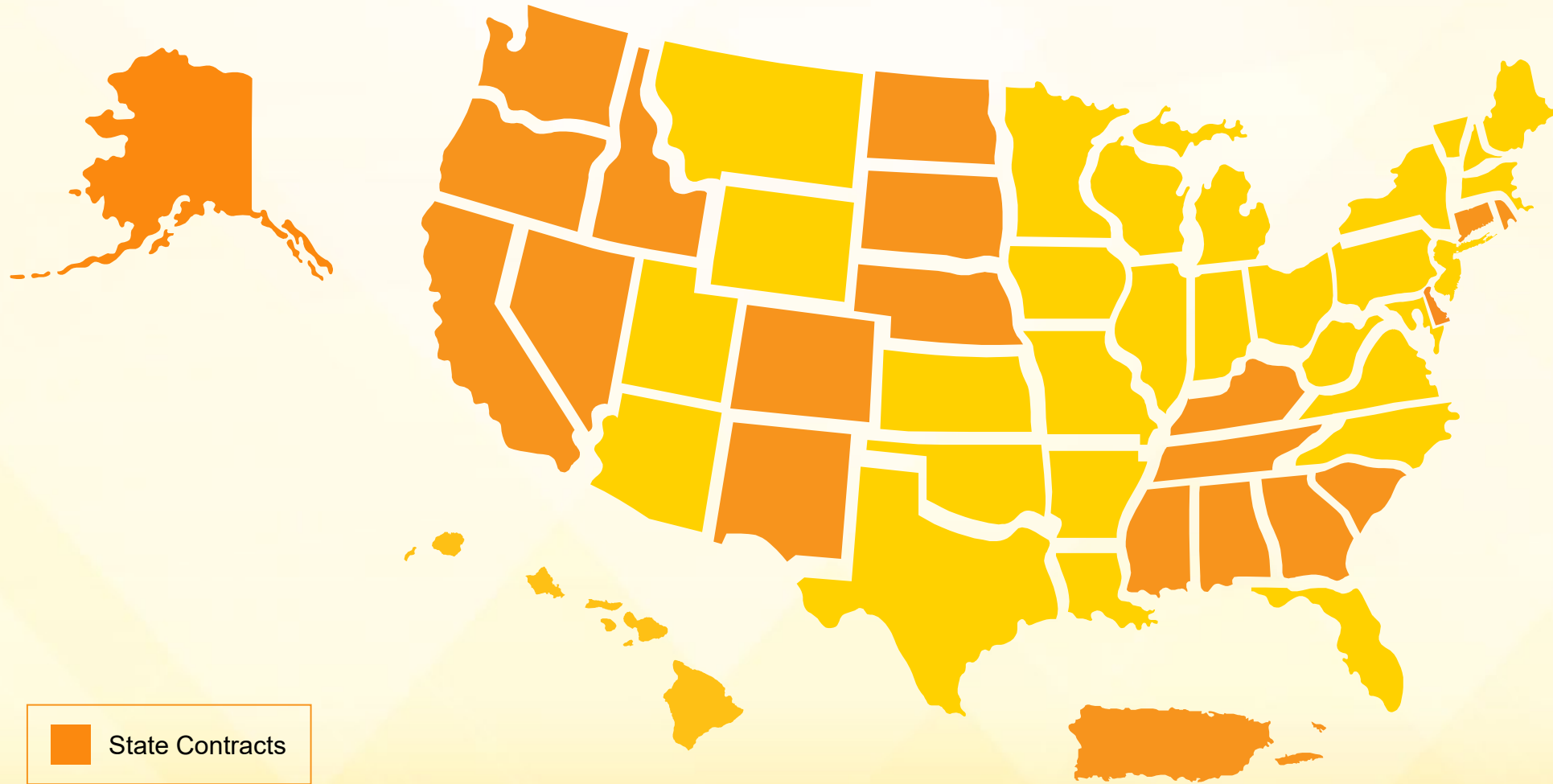


Customization vs. Configuration



Therap Services has benefits of customized and off-the-shelf products; the best of both worlds

We have users in all 50 states and **20+** state contracts



New Partnership with Georgia

**Georgia Department of
Behavioral Health *and* Developmental
Disabilities**



Data Security

- State-of-the-art system monitored 24/7, 365 days a year
- Multiple data centers to prevent interruption of service and loss of data
- SOC 2 compliant
- MARS-E compliant



Therap Data Centers



Core Principles



**Person-Centered
Data-Driven**

Therap Comprehensive Solution

QUALITY ASSURANCE & REPORTING

- Business Intelligence
- Data Transparency
- External Data Feeds
- Access for Surveyors & Families

INTAKE ASSESSMENT

Assessments:
Eligibility
Level of Care
Level of Need

Therap[®]

Person-Centered. Data-Driven.

SERVICE PLANNING & CASE MANAGEMENT

- Person Centered Planning
- Authorizations
- Document Storage

BILLING & CLAIMING

- Based on Service Documentation
- Direct to GAMMIS
- Utilization/Reconciliation

SERVICE PROVISION

- Goal & Outcome Tracking
- Incident Management
- Health Tracking and Care Plans
- Behavior Plans and Tracking

State Connected Functionality

- Connection
- Collaboration
- Coordination
- Efficiency



Therap Account Types for Providers

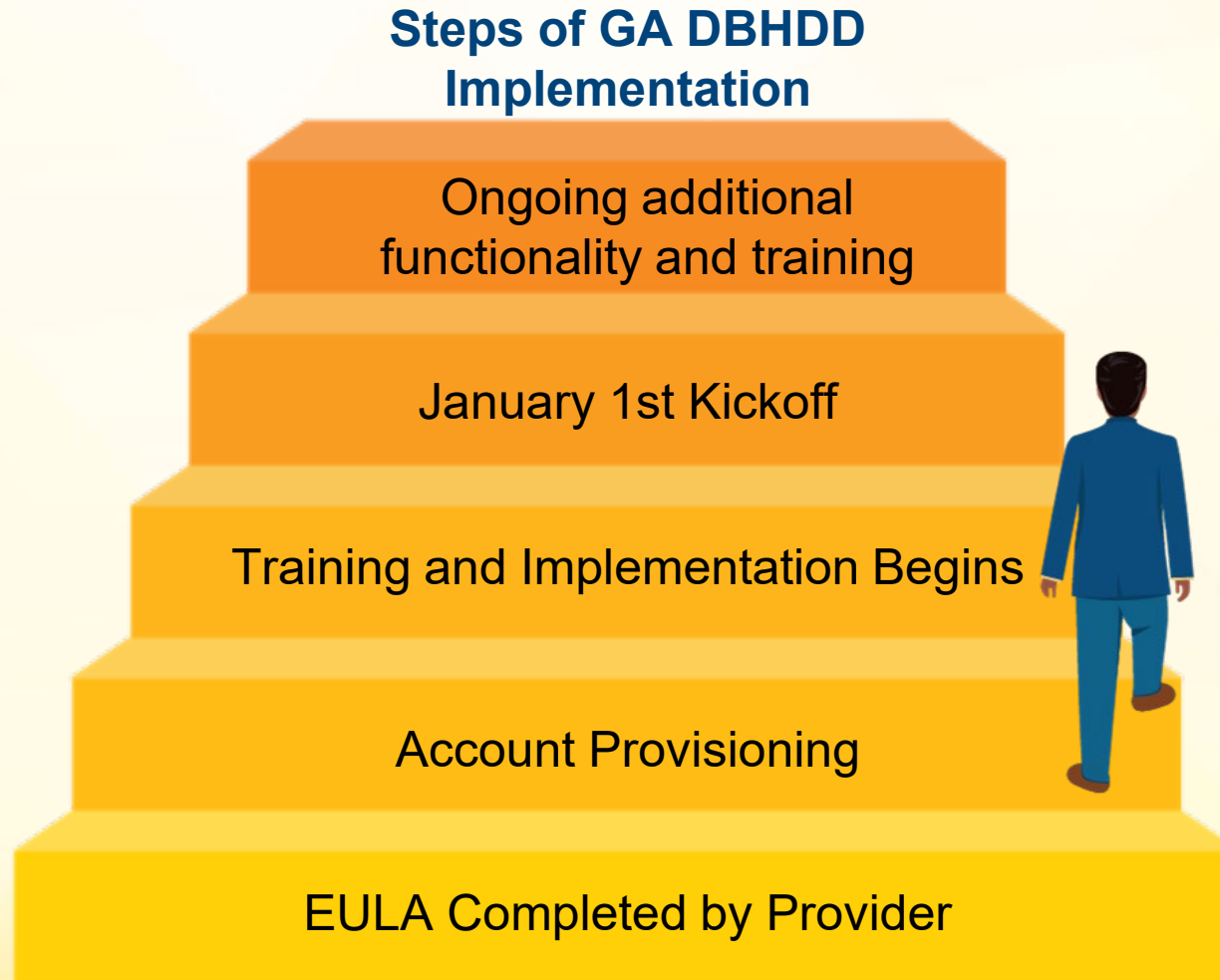
- **State Provided Functionality**
- **Linked Accounts (Incentivised Option)**



Quick Tips

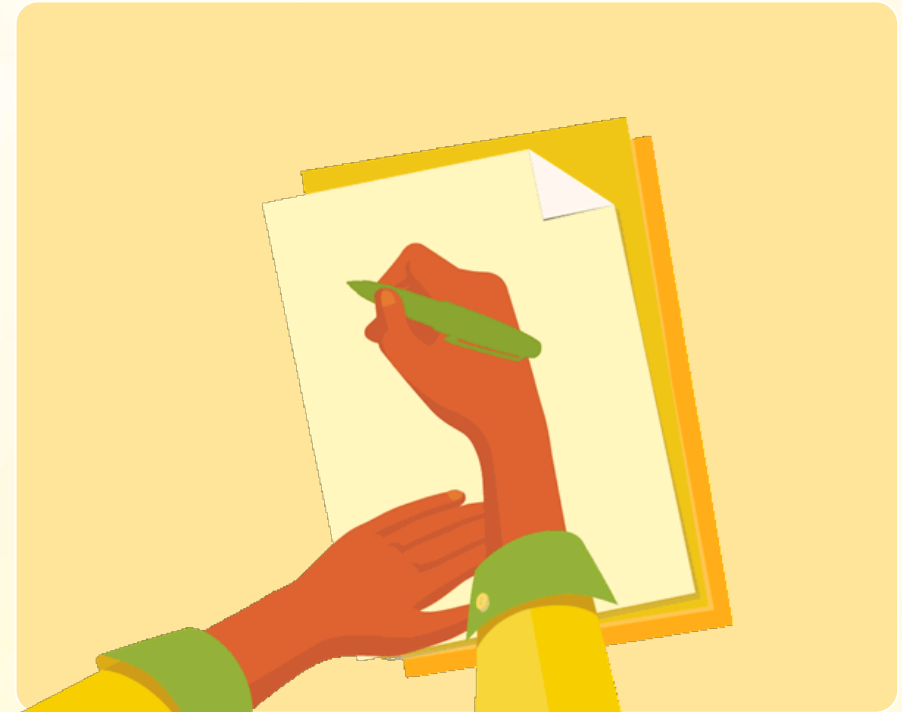
The next few slides outline any expectations based on the account type you chose. If you did not make a choice you will be assigned a State Provided Functionality Account.

Next Steps and Expectations



End user Legal Agreements

- Every provider will be required to sign an End User Legal Agreement for the GA DBHDD provider accounts even if you did not choose the incentive
- If you completed the provider decision form before the October 15th deadline the End User Legal Agreement will be emailed to the person indicated on the form.
- If you did not fill out the decision form the End User Legal Agreement will go to the provider representative on file with DBHDD that was provided to Therap Services.



Training and Implementation



- Therap Utilizes a train the trainer model
- Therap offers a variety of training tools and resources on our website (fully viewable once you have an account login)
- Therap will provide a combination of in person, virtual, agency specific, group, and asynchronous trainings
- You can access resources at: <https://help.therapservices.net/s/>

Quick
Tips

Start thinking about who your provider administrators are and who will be at the table for training and implementation.

January 1, 2026 Expectations Linked Accounts

- Providers will be expected to access authorizations, individual plans, and general demographic information in their linked account.
- DBHDD and Support Coordinators will have the view-only access to clinical information in the provider's linked account



Within Therap Clinical Information in a linked account is as Follows:

- Individual Home:
 - Individual Home Page
- Individual Demographics:
 - IDF View Only
- Individual Medical Information:
 - Medical Information View Only
- Health Tracking:
 - HT View Only
- Medication History/MAR:
 - Medication History/MAR Data View Only
- Care Plans:
 - Care Plan View Only
- Behavior Plans:
 - Behavior Plan/Data View Only

January 1, 2026 Expectations

State Functionality Only Accounts



On 1/1/2026, Providers will be expected to access the following information from the state provided account:

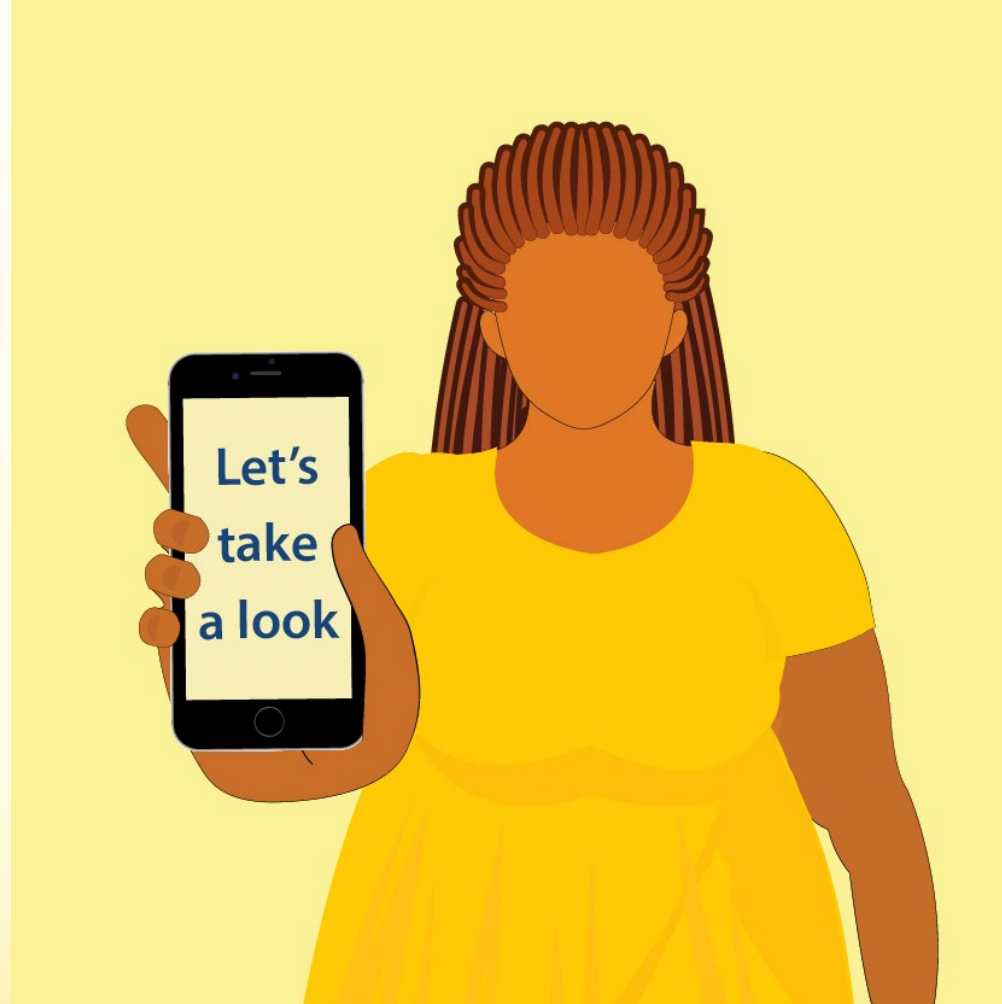
- Individual Plans
- Service Authorizations
- Demographic Information

DBHDD and Support Coordination Access to Provider Data State Provided Functionality Accounts



Providers who have elected not to opt-in to the state incentive functionality will be contractually obligated to either manually enter or manually extract data from their records and upload the required data into your state connected Therap account via a HIPAA compliant portal as per DBHDD guidance.

Therap Training Resources



Georgia

Therap is proud to announce a new partnership with The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD). This brand new collaboration will allow the state to take a bold step forward toward modernizing the system of care and providing greater coordination of care, significant efficiencies, and enhanced communication. The Therap system will tie together a full range of state and provider processes to create a simplified, integrated structure to facilitate quality service delivery and positive outcomes for individuals.



October 15, 2025: Decisions are required from DBHDD IDD Providers

[Click to schedule an appointment](#) >

Georgia Department of Behavioral Health & Developmental Disabilities

Therap[®] Person-Centered. Data-Driven.[®]

Webinar on:
Georgia DBHDD -
Introduction to Therap

[Click here](#) to explore the incentive options for GA providers
For more information, contact: gasupport@therapservices.net



Reach out:

gasupport@therapservices.net

heather.daily@therapservices.net

Website Page for GA

<https://help.therapservices.net/s/georgia>

OHW Updates

Shannon Smith, RN, MS

Director, Office of Health and Wellness

Karen Cawthon, Project Manager

Office of Health & Wellness, Division of Disabilities



D·B·H·D·D

Georgia
Department of
Behavioral Health
& Developmental
Disabilities

OHW Nursing Service Orientation Training

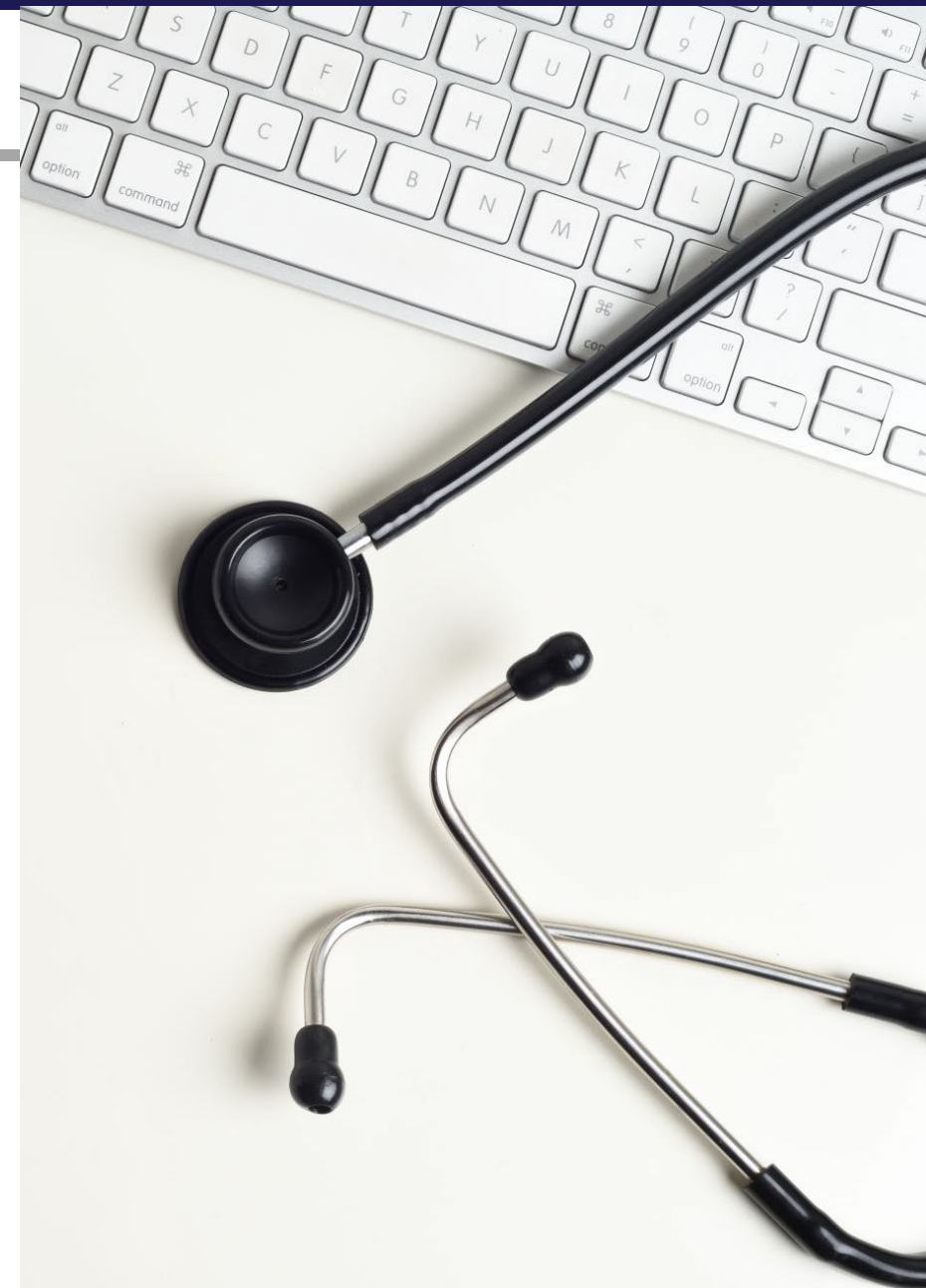
This training is offered to new nursing service providers. OHW will reach out to the new nursing service providers to schedule these trainings.

Topics will include but not limited to the following:

- Nursing Chapter in NOW/COMP Waiver Manuals
- DBHDD Policies:
 - RN Oversight
 - Healthcare Plan Policy
 - Bowel, Aspiration/choking, and Seizure Policies
- Provider Manual: D. Medication Management
- Referrals and Billing

Nursing Chapter in COMP/NOW

- Individual Provider:
 - Registered Nurse (RN)- Nursing Services are provided by a Registered Nurse who has a current license to practice in the State of Georgia.
 - Licensed Practical Nurse (LPN)- Nursing Services are provided by a Licensed Practical Nurse who has a current license to practice in the State of Georgia.
 - The RN and LPN services must be documented and billed separately.
 - Individual providers may not subcontract nursing services.



Nursing Chapter in COMP/NOW: Documentation

All Nursing Service Providers, both individual and agency, must document at minimum on a continuous basis the following in the record of each individual receiving Nursing Services:

- The specific services (tasks) performed according to the physicians' orders and the healthcare plan.
- Date, beginning and ending time when the service was delivered.
- Location where the service was delivered.
- Progress toward individual's goal(s), desired outcomes in the individual's service plan.
- Attestation of service delivery through signature and legible, printed first and last name, including the license of the person providing the service.

Original Nursing Services notes remain on site.



Creation 5/31/2018
Last Reviewed 8/14/2025
Effective 8/14/2025
Next Review 8/14/2027

Owner Wakefield, Ron:
Director,
Division of
Developmental
Disabilities
Chapter DD Community
Services

Registered Nursing Oversight in I/DD Community Settings, 02-808

APPLICABILITY

Intellectual/Developmental Disabilities (I/DD) Nursing Services Registered Nurse (RN) Providers serving Individuals who are authorized to receive Skilled Nursing Services that are financially supported in whole or in part by funds authorized by DBHDD.

POLICY

Registered Nurses are licensed clinicians with specialized skill set training that gives them the ability and the authority to monitor and supervise the healthcare of the individuals receiving authorized nursing services. RNs have the expertise to evaluate and assess the individual's needs and then to identify and assign the appropriate staff to provide support needed. RNs develop a written Healthcare Plan(s) (HCP) to provide structure and quality healthcare interventions for the staff supporting the individual. The RN's supervision of clinical functions includes the oversight of healthcare activities, training, direct observation, and providing follow up to Licensed Practical Nurse (LPN) and/or to direct support staff. RNs complete documentation for the nursing services they provide.

DBHDD verifies that individuals with an intellectual or developmental disability (I/DD) receiving nursing care from a community provider, funded in whole or in part by DBHDD, receive treatment from licensed nurses, or from direct support staff who receive oversight from Registered Nurses. Community providers adhere to the requirements of this policy, which is based on statute, law, and professional standards of nursing practice, in order to fully address the individual's wellness and integrated health needs.

RN Oversight in I/DD Community Settings, 02-808

Completing Assessments

Review of Medication Administration

Continuity and Coordination of Care Services

Development of Healthcare Plan

Health Status Monitoring

Health Liaison and Educator

Supervision, Direction, and Training

Availability of Clinical Consultation

Documentation Requirements



Creation 11/27/2018
Last Reviewed 8/25/2025
Effective 8/25/2025
Next Review 8/25/2027

Owner Wakefield, Ron:
Director,
Division of
Developmental
Disabilities
Chapter DD Community
Services

Healthcare Plans for Individuals with Intellectual/Developmental Disabilities (I/DD) Authorized to Receive Skilled Nursing Services, 02-266

APPLICABILITY

Intellectual/Developmental Disabilities (I/DD) Nursing Service Registered Nurse (RN) providers, that are financially supported in whole or in part by funds authorized by DBHDD, serving individuals who are authorized to receive Skilled Nursing Services.

POLICY

DBHDD requires that individuals with intellectual and/or developmental disabilities (I/DD) receive interventions and services that promote emotional, mental, physical health, prevent illness and restore health, and alleviate suffering to enable individuals to function at their optimum potential. The Nursing Service RN providers are obligated to develop a Healthcare Plans (HCP), which is a written plan designed to assist in the delivery of quality healthcare for individuals with I/DD. Basic information and recommendations for HCPs are included in the Georgia DBHDD State Nursing Assessment.

HCPs provide a centralized document of the individual's active medical diagnosis(es), health goals, interventions, and measure the individual's progress. HCPs are structured to document information required to provide care and support for the individual. HCPs facilitate the provider's ability to train and direct staff to manage and support individuals. HCPs integrate multidisciplinary activities and interventions and direct monitoring and assessments.

Elements of a Healthcare Plan:

Elements
Identifying Health Problems
Individual's Symptoms of Exacerbation of Condition
Goals and Health Outcomes
Interventions
Evaluation of Progress
Date and Signature of RN

Risk Mitigation of Health Conditions in Intellectual and/or Developmental Disability (I/DD) Services, 02-807

APPLICABILITY

Intellectual/Developmental Disability (I/DD) Community Service Providers

POLICY

The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) has established policies to promote the health and safety for individuals receiving I/DD services. For individuals identified with high-risk conditions, providers are required to mitigate risk and protect individuals from health complications and injury. In the event of a crisis, DBHDD providers are required to take immediate action to seek medical attention for individuals, including but not limited to calling 911 emergency services.

Service providers who are not required to employ or contract with licensed skilled nurses, have a responsibility to mitigate risk and implement safeguards to promote the health and safety of individuals. Providers are required to identify At Risk Conditions and develop individualized interventions to minimize the severity of complications and injury to individuals with I/DD utilizing risk mitigation document(s). Providers are obligated to educate and train all staff having direct contact with the individual on reducing, mitigating, and eliminating identified risk(s) for individuals with I/DD.

The following table shows when risk mitigation plans are required and when healthcare plans are required per [Healthcare Plans for Individuals with Intellectual/Developmental Disabilities \(I/DD\) Authorized to Receive Skilled Nursing Services, 02-266](#).

	CRA/Respite	CLS	CAG	All Other Services
At-Risk Conditions NOT Authorized for Skilled Nursing	Risk Mitigation Plan	Risk Mitigation Plan	Risk Mitigation Plan	Risk Mitigation Plan
At-Risk Conditions Authorized for Skilled Nursing	Healthcare Plan	Healthcare Plan	Risk Mitigation Plan UNLESS authorized nursing services are provided to the individual in the CAG, in which case a Healthcare Plan is required.	Risk Mitigation Plan

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 Announcements



HRST Gatekeepers for Agency Providers

- Applicable to Agency Providers only
- Gatekeeper Identification Request Sent to CEO, Oct. 6th
- HRST Message Of The Day posted October 8th
- Deadline for Submission of Gatekeeper Information Nov. 6th
- New Account Creation Method Begins Dec. 3rd
- Current User Accounts will remain as they are in the system today and no additional action is needed on December 3rd

Questions can be sent to gasupport@replacingrisk.com and/or karen.cawthon@dbhdd.ga.gov

Integrated Clinical Support Team (ICST) Updates

Policy 02-436 Support Coordinator Responsibility for Assessments, Evaluations, and Healthcare Plans, or Behavioral Plans, and Risk Mitigation Documents Updated Effective 9/24/25

ICST is only available for evaluation and limited services to address discrete clinical needs, such as Durable Medical Equipment (DME) and training. ICST clinicians cannot provide ongoing direct treatment.

Specific to Therapy Services: Physical Therapy, Occupational Therapy, Speech Language Pathologist, or Nutritionist is indicated with a physician-assessed need, order for a therapist assessment and when there is an absence of the recommended clinical professional accessible to the individual.

Updated ICST Attachments:

- B- Integrated Clinical Support Team – Clinical Referral Request**
- C- Integrated Clinical Support Team Staff Composition & Roles**

CheckPT for Background Checks

Implementation Highlights

Matthew Sartin, Compliance Coordination Manager

Keisha Davis, Assistant Director, Office of Incident Management and Compliance



D·B·H·D·D

Georgia
Department of
Behavioral Health
& Developmental
Disabilities

Agenda

- Why we moved to CheckPT
- Reminder of the Background Check process
- Update on numbers and metrics
- FAQ
- Reminders

Proposed Benefits of CheckPT

No Registration Forms

Faster approvals for applicant to be fingerprinted

Improved status visibility

Simplified system

Ability to create and manage own user accounts

Roster of current employees

Automatic notifications

CheckPT Big Picture Numbers February 1, 2025 – September 30, 2025

Applications Reviewed: **16,840**

Applicants Eligible for Hire: **15,090**

Applicants Hired: **12,970**

Applicants who required an in-depth look at their history: **~7,750**

Individualized Assessment (IA) Details:

- Applicants who initiated an IA: **74**
- Applicants who completed the IA process: **46**
- IA Participants who were eligible for hire: **38**

Background Check Process - Overview

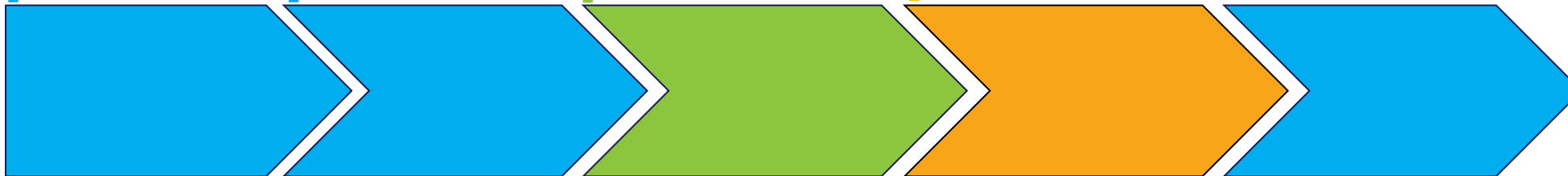
Applicant Submits through Portal, Provider Approves in CheckPT

Applicant is fingerprinted

GBI completes Background Check

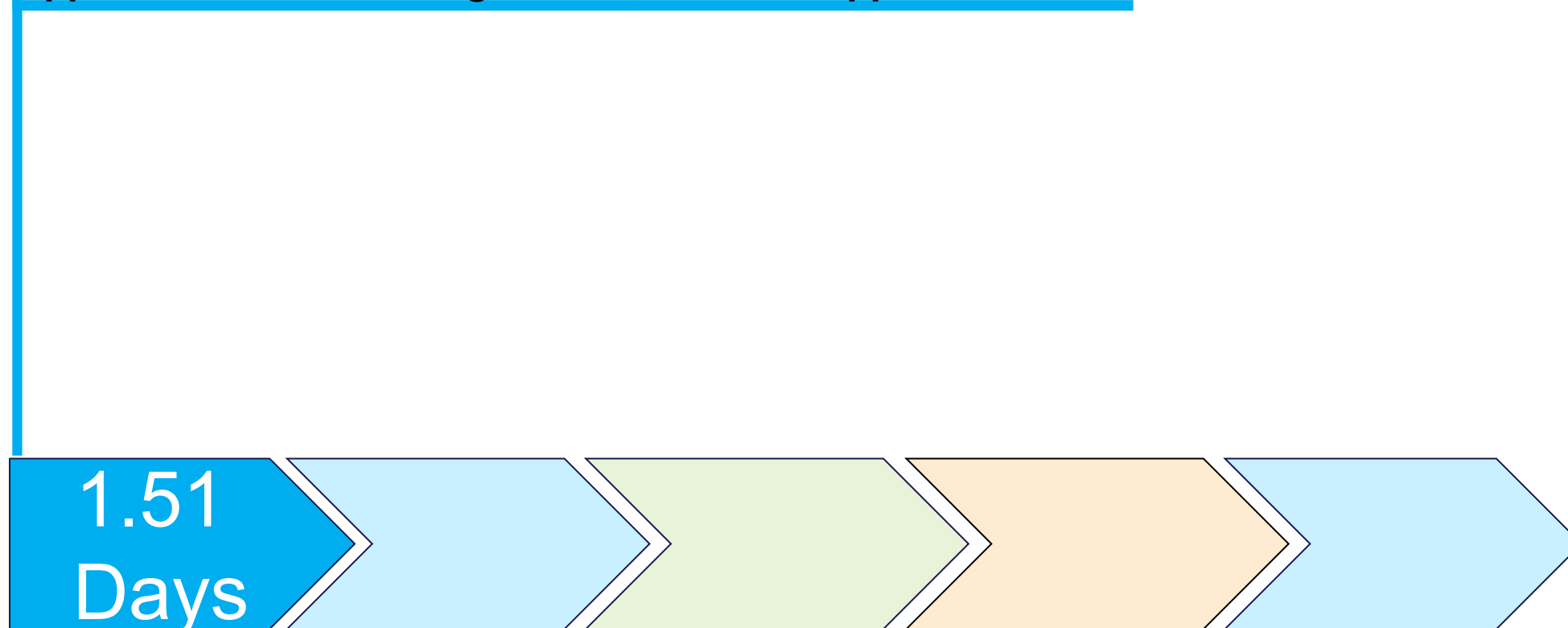
DBHDD Makes Eligibility Determination

Provider Makes Final Hiring Determination



Average Number of Days, Applicant Submit to Provider Approval

Applicant Submits through Portal, Provider Approves in CheckPT

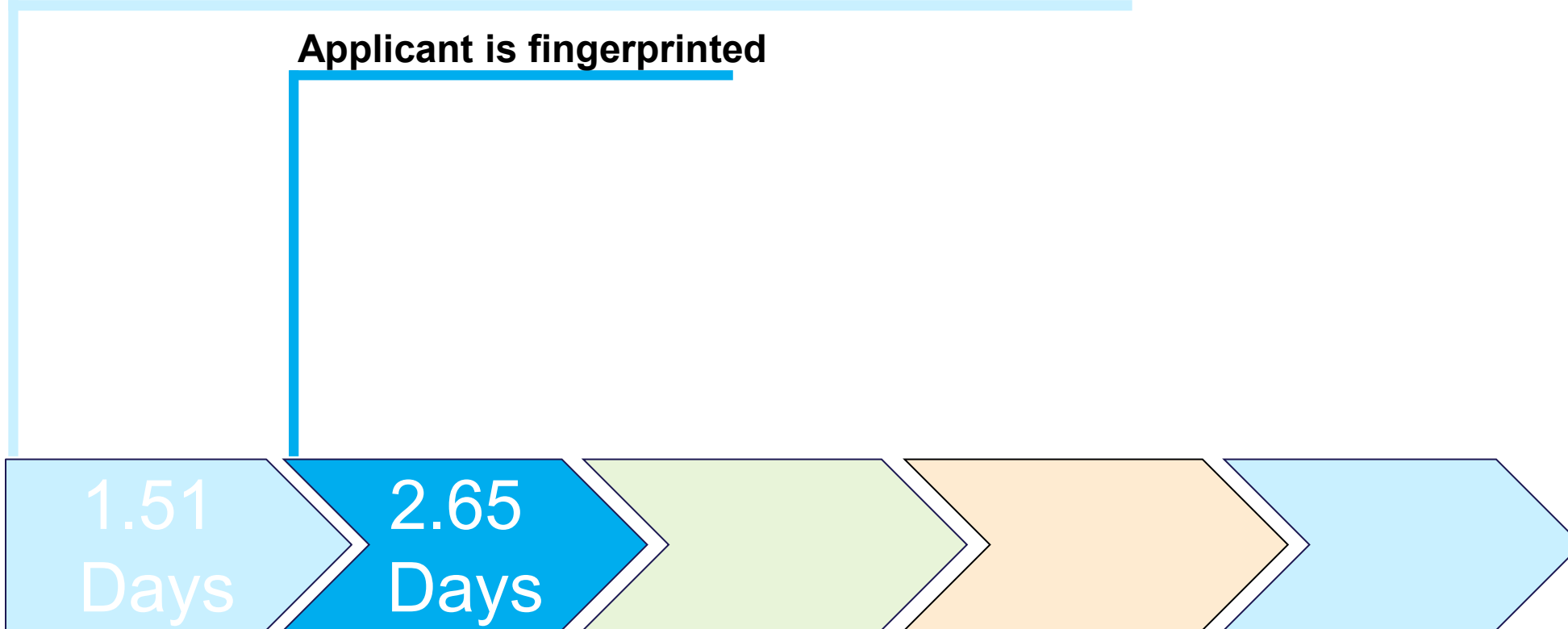


*All averages are calendar days including weekends and holidays

**Averages based on individuals who were found eligible for hire N=15,090

Average Number of Days – Provide Approval to Fingerprints Complete

Applicant Submits through Portal, Provider Approves in CheckPT



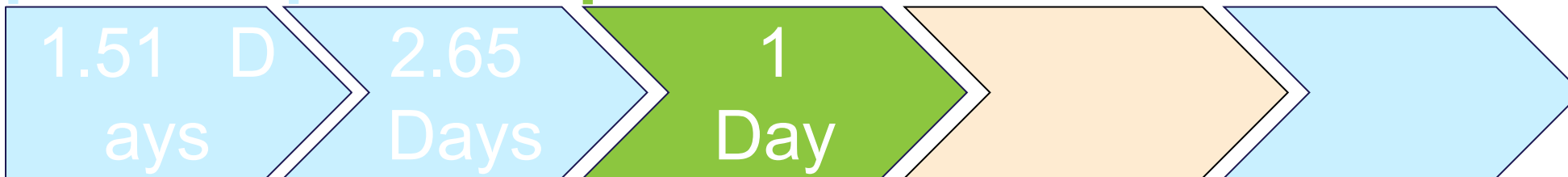
*All Days Shown in Calendar Days

Average Number of Days – GBI Background Check

Applicant Submits through Portal, Provider Approves in CheckPT

Applicant is fingerprinted

GBI completes Background Check



*All Days Shown in Calendar Days

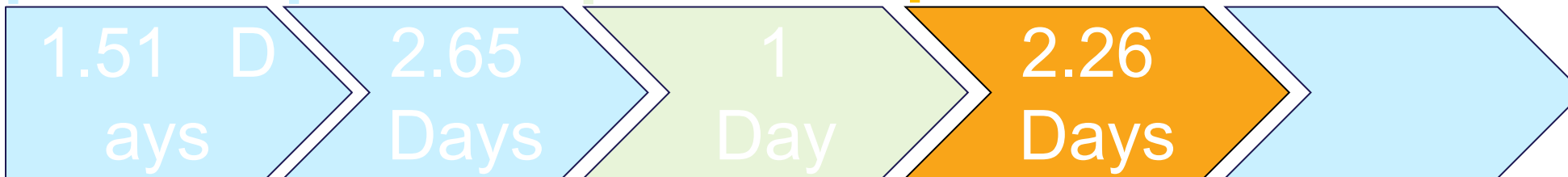
Background Check Process - Overview

Applicant Submits through Portal, Provider Approves in CheckPT

Applicant is fingerprinted

GBI completes Background Check

DBHDD Makes Eligibility Determination



*All Days Shown in Calendar Days

Average Number of Days – Eligibility to Hire Date

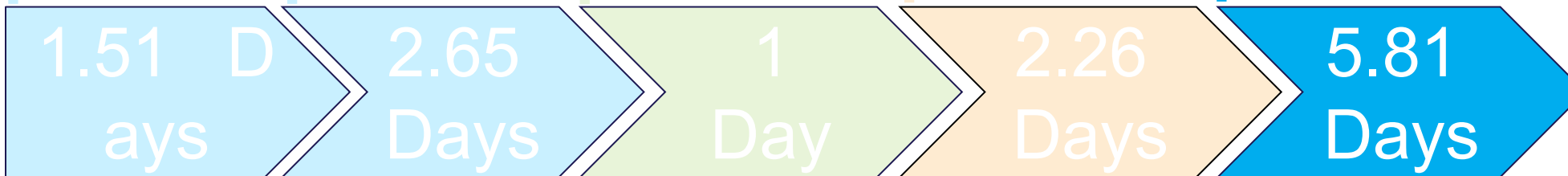
Applicant Submits through Portal, Provider Approves in CheckPT

Applicant is fingerprinted

GBI completes Background Check

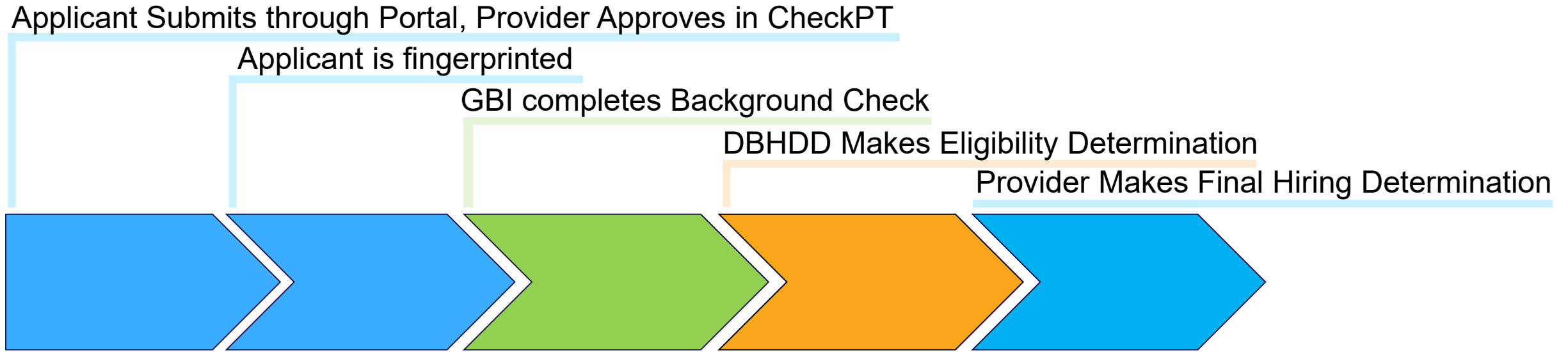
DBHDD Makes Eligibility Determination

Provider Makes Final Hiring Determination



*All Days Shown in Calendar Days

Average Number of Days – Full Process



The average number of days for moving from application submitted to hire date:

14.34 days

*All Days Shown in Calendar Days

In Summary

Due to the successful implementation of CheckPT:

- Improved timeframes at all stages in the process, this includes IA
 - The process from application to eligibility determination was 30 days or more using Fieldprint.
 - The average in CheckPT is now just **8 days**.
- Communication with applicants and providers has improved
- Access and visibility of information and application status has also improved
- Automated notifications have just started to roll out with the Not Yet Submitted notification- stay tuned for more
- Roster management is in place and includes features like batch printing of eligibility letters

FAQs

- What does the status of "Waiting" mean?
 - We have requested clarification for something in the individual's history
 - The individual has 30 days to produce the requested documents
 - They can request a one time 15-day extension to produce the documents
 - Please refer to DBHDD Policy 04-104
- What does the status of "Undetermined" mean?
 - This is similar to a waiting status. We have requested additional information from the applicant.
- Can you tell me why the individual is on a waiting reason?
 - No we cannot. Criminal Justice History is just as protected as PHI!
- Can you help me make a fingerprint appointment?
 - We cannot. Once applicant information is sent to Identogo, all booking must happen through their website.

Reminders

- We will be decommissioning the CHRIS platform soon
 - Please download all letters from CHRIS for future audits/CARF
- CheckPT provider administrators can “enable” accounts and send resets for user passwords.
 - The applicant must have created their account and used your provider code. If you can see them, you can reset them!
- Shared email addresses are not allowed in CheckPT
 - Please create unique accounts for each user

Contacting the Background Checks Team

- Dbhdd.reg@dbhdd.ga.gov

Corrective Action Plan (CAP) Process: CLET TO EACC

**Krystal Kirkland, MPH, CI,
CACTS**

Compliance Analysts III, STP,
Office of Investigations

**Toya Thomas, MPA, MPH,
CHC, CI, CACTS**

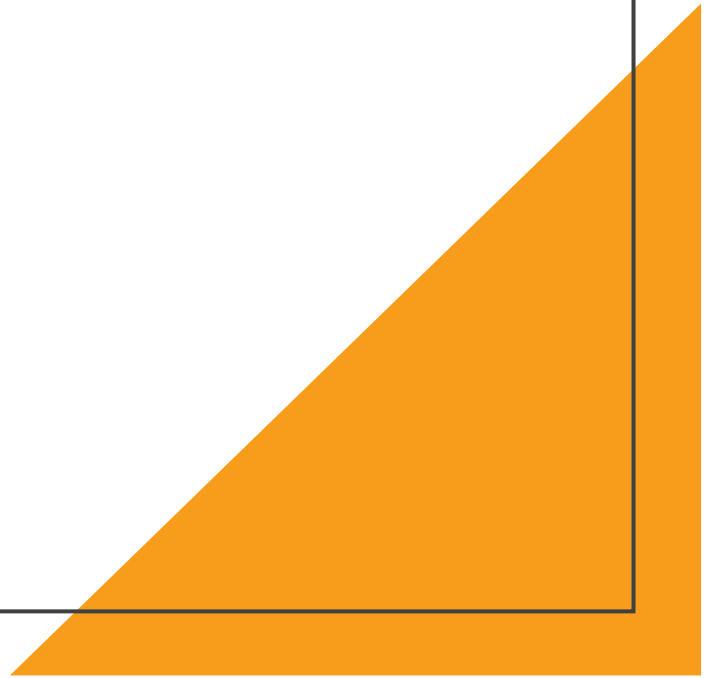
Compliance Analysts III, STP,
Office of Investigations



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Georgia
Department of
Behavioral Health
& Developmental
Disabilities

Meet the CAP Team



CAP Team Analysts

Rosalyn Burke

Darletha Charleston

Krystal Kirkland

Toya Thomas

Lisa Whitaker

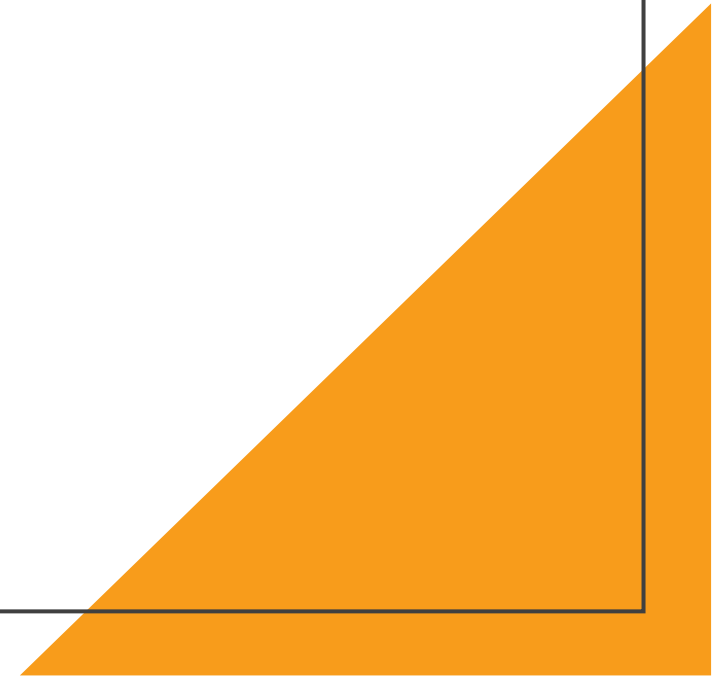




CAP Team Management

- Office of Investigations Director – Terri Kight
- CAP Manager – Allison Cottew
- Team Lead- Tyra Bass

Common Deficient Practices



DPs cited against Providers

**Failure to obtain
DBHDD Background
eligibility letter prior
to working with the
individuals**

**Failure to
complete
required initial
and annual
trainings**

**Failure to
complete DDP
oversight and
Face-to Face
Visits**

**Failure to
provide
supervision and
protection of
personal funds**

**Failure to develop
HCPs that have
the required
elements and
mitigate risks
(DBHDD Policy 02-
266)**

**Failure to
update HRST
and/or
complete
clinical review**

**Failure to
follow
physician's
orders**

**Failure to
maintain
adequate
staffing**

Continued.....Deficient Practices Cited Against Providers

Failure to notify the individual's physician or call 911 for a change in condition

Failure to ensure Informed Consent and Written Plan of Care list the HMAs

Failure to complete RN Oversight (DBHDD Policy 02-808)

Failure to complete the proxy documentation/ training

Failure to document accurate information in progress notes

Failure accurately document on MARs and PRNs

Failure to ensure tracking is being complete as HCPs indicate

Failure to provide individual specific training to direct care staff prior to them working with individuals

Deficient Practices cited against Support Coordination

Failure to follow Failure to follow DBHDD policy 04-106:

Reporting Deaths and other incidents in community services

Failure to follow DBHDD policy 02-807:

Risk mitigation of Health Conditions

Failure to follow DBHDD Policy 02-433:

SC Contact Frequency Requirements

Failure to follow DBHDD Policy 02-434:

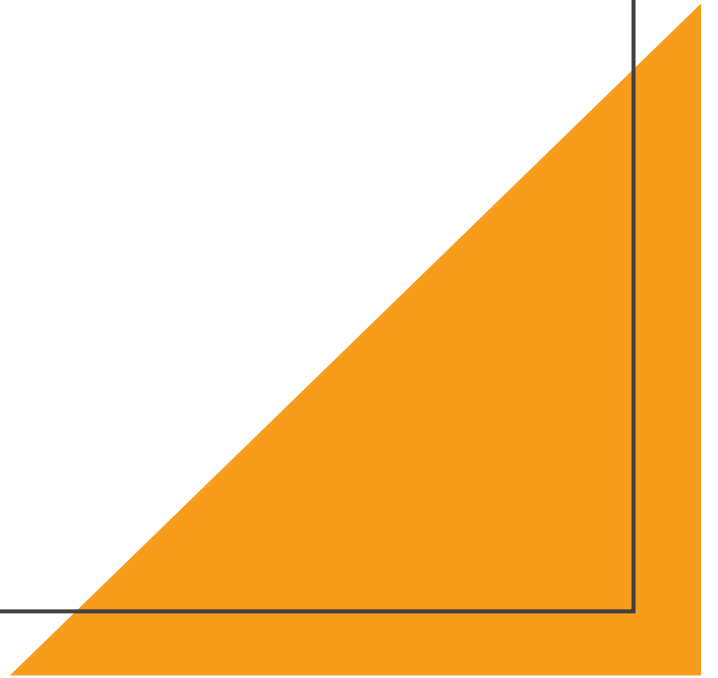
SC Documentation

Failure to Ensure provider has updated HRST :

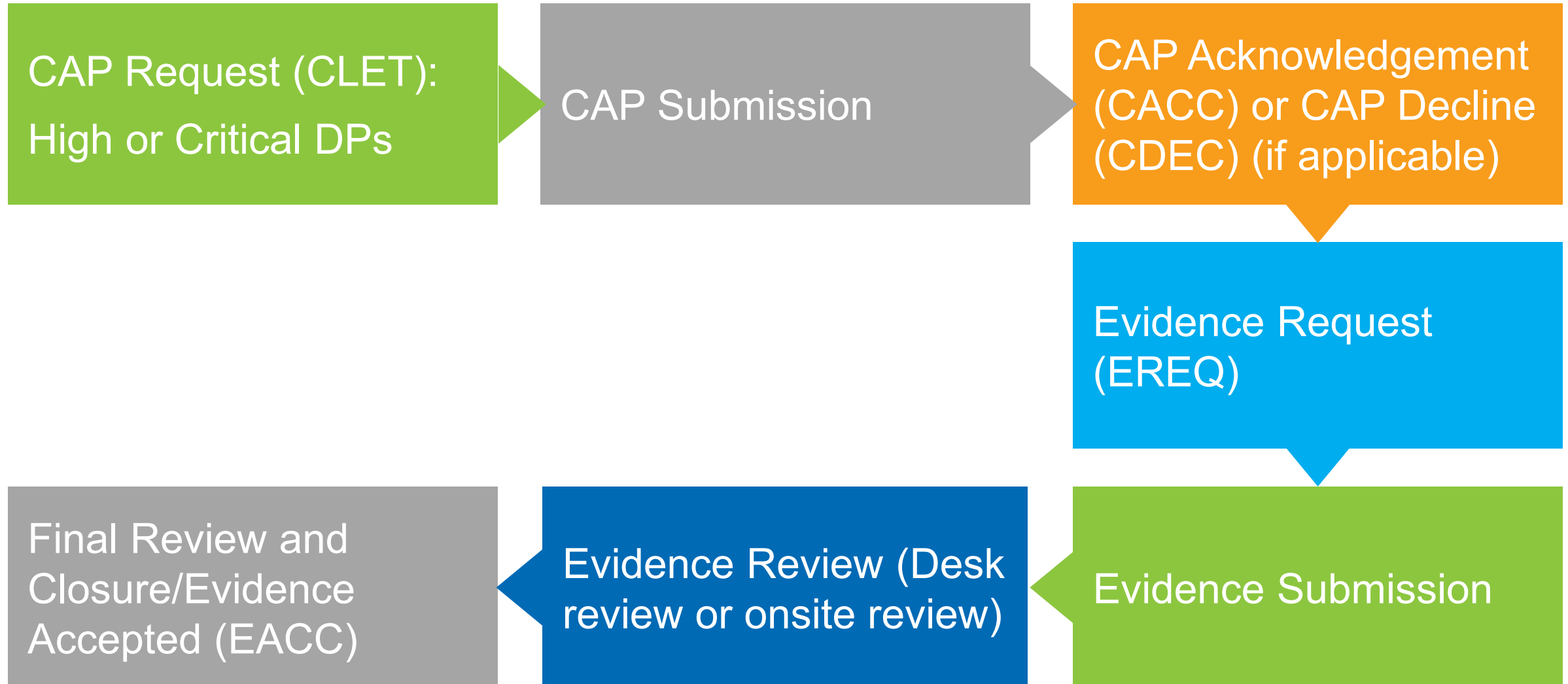
Failure to follow DBHDD policy 02-440:

SC and Incident Process

CAP Process Overview



Overview of the CAP Lifecycle



How to Get to an Acknowledged CAP (CACCC)?

What is oversight?

How to measure compliance?

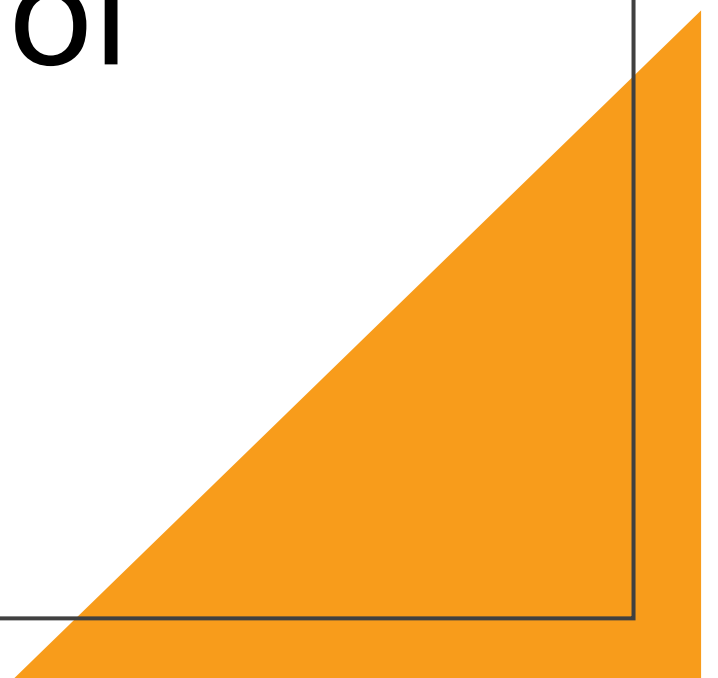
What is a S.M.A.R.T CAP?

Where to submit CAPs and evidence?

What is ADC/ ATC?

Anticipation Date/Time of Completion

The forecasted date/time when a task (i.e., training, home visits) is expected to be finished.



Evidence Review



How to get an Evidence Acceptance (EACC)?

Timely
Submissions/
request of
extensions

Only submit
requested
evidence

Correct
naming
conventions
for evidence
submitted

Remember:
We are here
to help. We
are a TEAM

How do we know what evidence will be requested for each DP?

What evidence did the investigator review to determine the issue?

Does the evidence align with the corrective action plan?

Does the evidence show the issue has been fixed?

Evidence Needed Example



Deficient Practice:
Anonymous Health
failed to develop and
implement healthcare
plans to mitigate risk
to the individual.

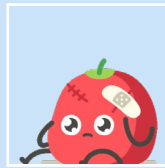
As Evidenced By:

1. The individuals Musculoskeletal HCP does not include a description of symptoms, nursing diagnoses, goals and objectives, or nursing interventions.
2. Under documentation, the individuals Musculoskeletal HCP states, staff failed to document, maintain all logs. There are no directives on what to document or where the documentation will be maintained.
3. Under evaluation of progress, the individuals Musculoskeletal HCP states, RN oversight with no details of how progress will be evaluated.
4. The individuals Musculoskeletal HCP does not provide instructions for staff on what to do if the individual falls.
5. Staff have not been trained on the individuals HCP.
6. Staff report fall log should be maintained via the General Event Report (GER); however, this log was not being documented.

Evidence Needed?



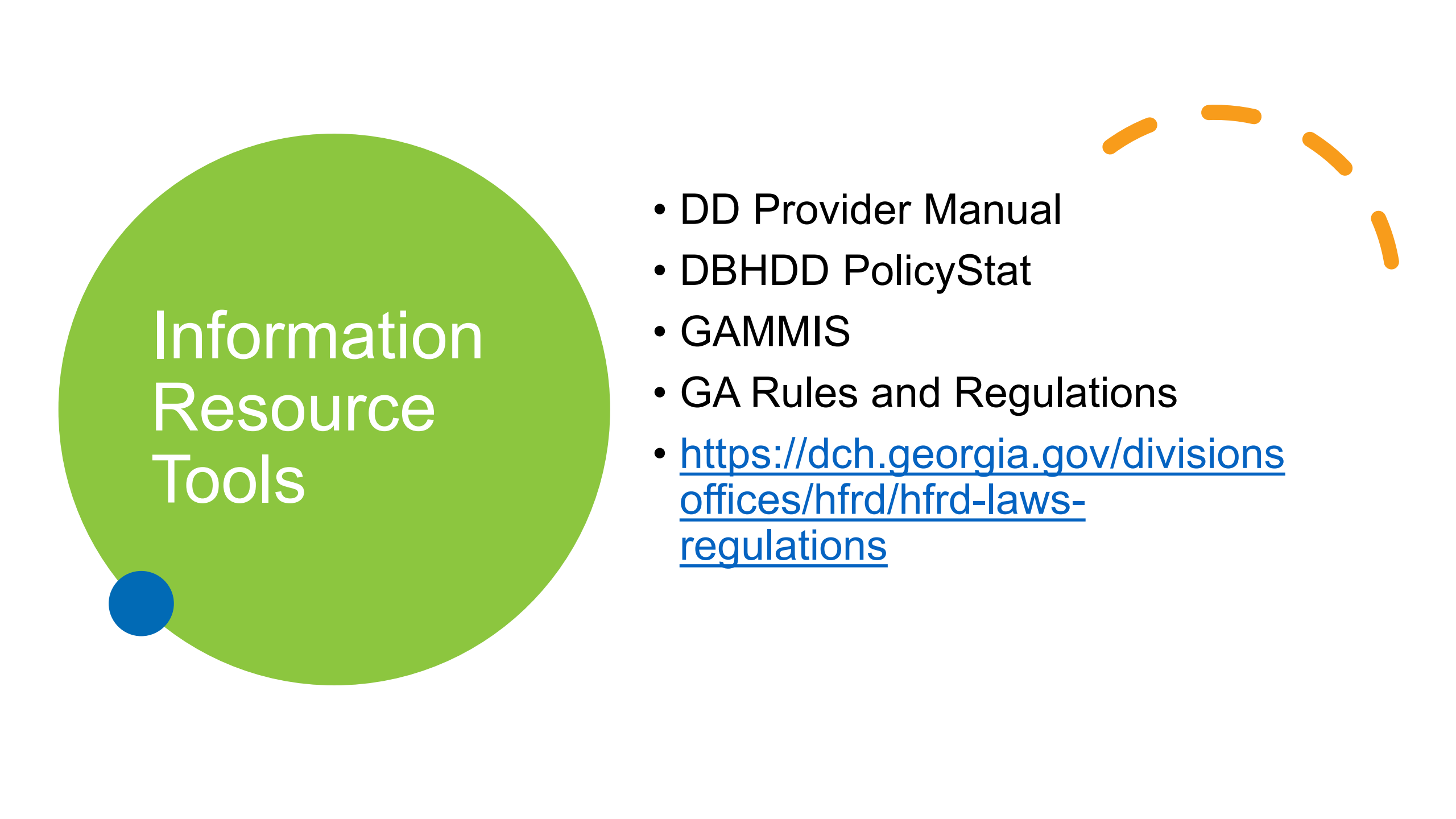
Healthcare plan (Musculoskeletal) with all required elements



Healthcare tracking (the specific document state where that the tracking will be captured on) GER report, skin, or fall log.

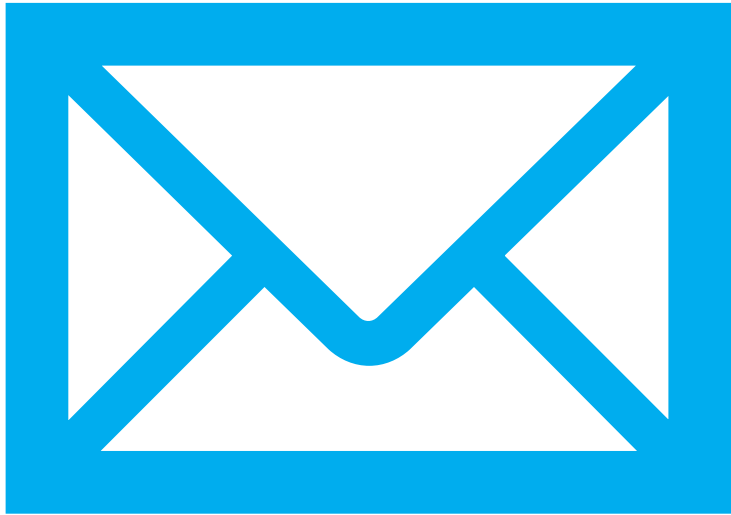


Musculoskeletal HCP staff training verification attestation/attendance log



Information Resource Tools

- DD Provider Manual
- DBHDD PolicyStat
- GAMMIS
- GA Rules and Regulations
- <https://dch.georgia.gov/divisions/offices/hfrd/hfrd-laws-regulations>



Questions?

Email-CAP.Request@dbhdd.ga.gov

INTRODUCING GEORGIA UPLIFT



Working Together Toward a More Stable DSP Workforce in Georgia

Empowering You Today = A Better Tomorrow



GEORGIA UPLIFT
helps you build on
the stability, support
and success you
want and deserve
for your life
and work.





MISSION

- A Path to Stability and Success for Direct Support Professionals
- A Stronger Workforce for Georgia's IDD Sector Organizations by increasing job retention

Your Georgia Uplift Success Coach is here to help you navigate everyday challenges so that you and your family experience greater **stability**, **support** and **success**.

OUR MISSION TOGETHER

GEORGIA UPLIFT INTRODUCTION



SUCCESS COACHES

Regions 2 and 6



Andrea Cooke

Regions 1 and 3



Cathy Cason

Regions 4 and 5



Michelle Maxwell



9 CATEGORIES

- 1 Child Needs
- 2 Family Needs
- 3 Finances
- 4 Food Assistance
- 5 Health
- 6 Housing
- 7 Transportation
- 8 Trauma
- 9 Education



Working Together Toward a More Stable DSP Workforce in Georgia

9 CATEGORIES OF SUPPORT

GEORGIA UPLIFT INTRODUCTION



RESULTS & IMPACT



Job Retention Among Completed Cases

GEORGIA UPLIFT BENEFICIARIES REMAINING IN THEIR POSITIONS THIS QUARTER

74 % 88.1

Georgia Uplift Lifetime Retention

189 % 91.3%

Job Retention for those DSPs who have benefitted from Georgia Uplift services was 88%. This compares with a 68% retention rate in Georgia as determined by the National Core Indicator's 2023 State of the Workforce Report.



Morale has gone up. **DSPs feel like they are backed up and supported** in areas they weren't supported in before. **Our services have improved** because of that support.



Miranda Melton
Sunny Dale Service Center
Ocilla, GA



HOW TO ENGAGE



1

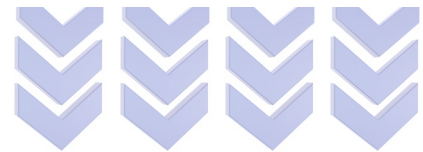
Referral Form on georgiauplift.org Website

2

Referral from Supervisor or Human Resources

3

Self-Referral by Direct Support Professionals



Request Communication Materials & Share with DSPs

Working Together Toward a More Stable DSP Workforce in Georgia

HOW TO ENGAGE

GEORGIA UPLIFT INTRODUCTION

QUESTIONS? THANK YOU



Working Together Toward a More Stable DSP Workforce in Georgia

Empowering You Today = A Better Tomorrow



GEORGIA UPLIFT
helps you build on
the stability, support
and success you
want and deserve
for your life
and work.





IntellectAbility[®]
REPLACING RISK WITH HEALTH AND WELLNESS



New Services and Supports For You!





IntellectAbility[®]

REPLACING RISK WITH HEALTH AND WELLNESS



HRST[®]
HEALTH RISK SCREENING TOOL



Academy
IDD SUPPORTER EDUCATION



Person
Centered Services
A SHIFT IN SUPPORTER PERSPECTIVE



Productions
CUSTOM COURSE DEVELOPMENT

Person-Centered Training and Services



Regional Person-Centered Coaches

Get help and feedback on your journey to offering supports and services that are truly focused on the person



Specially trained to offer front line support on the use and application of person-centered skills and approaches



Two in each regional office, and one at the state level



Get input from regional staff that have advanced training in the use and application of person-centered approaches

Get a Coach Trained for Your Agency!

- Work with IntellectAbility to train a Person-Centered Coach for your agency
- Have specially trained person-centered staff within your agency



Remember!

- Person-Centered Thinking (PCT) training is open for all provider staff!
- Two-part training:
 - **Part 1 (eLearn)** - A Course on Person-Centered Thinking (in Relias)
 - **Part 2 (virtual)** - One day virtual PCT training with a live trainer using Zoom[®]
- Refer to your handout for more information



New eLearn Training



Coming Soon!

Waiver Orientation Training For New Employees

(Regional Office, SC/ISC, and Provider staff)

- ✓ CRA
- ✓ CLS
- ✓ CAG/CAI
- ✓ Nursing Services
- ✓ SC/ISC
- ✓ SE
- ✓ Pre-Voc
- ✓ Beh Support Services

Coming Soon!

Regional Office Training

- ✓ Roles and Responsibilities
- ✓ Clarifying Waiver Practices

Coming Soon!

Support Coordination (SC/ISC)

- ✓ Roles and Responsibilities
- ✓ Clarifying Waiver Practices and Building Effective Skills

Coming Soon!

Provider Agency Admin Training

- ✓ Roles and Responsibilities
- ✓ Common Challenges

Direct Support Professionals

- ✓ Roles and Responsibilities
- ✓ Common Misunderstandings

Health and Safety Courses – Available NOW in Relias!

Courses include:

- ✓ Diet and Meal Planning For Provider Agency Staff
- ✓ Techniques in Proper Maintenance of Durable Medical Equipment (for providers and Support Coordination)
- ✓ Dangerous Mealtime Practices (for Support Coordination)
- ✓ Using Effective Communication when Supporting those with IDD
- ✓ Polypharmacy Dynamics for those with IDD
- ✓ Recognizing Pain in those with IDD



HRST



Let the HRST Help You Figure It Out!

You observe

Pica, chewing on cloth, pain after meals,
food refusal

Sudden onset of strange behaviors

Unexplained falls, unsteadiness

Shows aggression (self, others,
property)

Obsession with eating

GI upset (occasional or ongoing)

Refusal to go certain places

It could be

GERD

Return of seizure activity, pain

Vision problems, dementia

Pain, dental issues, seizures

Hormonal changes

Food allergies

Sensory issues

GAclinassist@ReplacingRisk.com

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General Session Q/A





BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities



D·B·H·D·D