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Georgia Department of Behavioral Health & Developmental Disabilities

PROVIDER MANUAL

FOR

COMMUNITY DEVELOPMENTAL DISABILITY PROVIDERS

OF

STATE-FUNDED DEVELOPMENTAL DISABILITY SERVICES

FISCAL YEAR 2025

Effective Date: *January 1, 2025* (Posted: *December 19, 2024*)

DBHDD publishes its expectations, requirements, and standards for Community Developmental Disability Providers via policies and the State-Funded Provider Manual. This manual is updated quarterly throughout each fiscal year and is posted one month prior to the effective date. Provider Manuals from previous fiscal years and quarters are archived on DBHDD's website at: <http://dbhdd.georgia.gov/provider-manuals-archive>".

INTRODUCTION

This Provider Manual has been designed as an addendum to your contract/agreement with DBHDD.

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SUMMARY OF CHANGES TABLE

UPDATED FOR JANUARY 1, 2025

As a courtesy for Providers, this Summary of Changes is designed to guide the review of new and revised content contained in this updated version of the Provider Manual. The responsibility for thorough review of the Provider Manual content remains with the Provider.

Item #	Topic	Location	Summary of Changes
1.	Effective Date Change from October 1, 2024, to January 1, 2025, and Quarter changed from 2nd to 3rd	Page 1 et. seq	N/A
2.	Reimbursement, Reporting and Records of State-Funded Services	Chapter 5, Sections A-D, Pages 57-60	Removed language regarding CMS approval, removed previous rates, added CAG reimbursement table

ALL POLICIES ARE POSTED IN DBHDD **POLICYPSTAT LOCATED AT <http://gadbhdd.policystat.com>**

Details are provided in the policy titled [Access to DBHDD Policies for Community Providers, 04-100.](#)

The [DBHDD PolicyStat INDEX](#) helps to identify policies applicable for Community Providers.

The New and Updated policies are listed below. For 90 days after the date of revision, users can see the track changes version of a policy by scrolling to 'New and Recently Revised Policies' on the PolicyStat Home Page.

Questions or issues related to policy and service delivery should be directed to your Provider Relations team:

[https://dbhddapps.dbhdd.ga.gov/DBHDDPIMS/\(S\(kdypqqpyeeoiou1tmt44kfgiz\)\)/Home_Ext.aspx](https://dbhddapps.dbhdd.ga.gov/DBHDDPIMS/(S(kdypqqpyeeoiou1tmt44kfgiz))/Home_Ext.aspx)

Questions related to the Georgia Collaborative ASO functions such as those listed below can be directed to GACollaborativePR@carelon.com

- Provider Enrollment

- ASO Quality Reviews

- Behavioral Health Registrations, Authorizations, and Billing for State Funded Services

Item#	Topic	Location	Summary of Changes
1.	Provider Manual for Community Developmental Disability Providers, 02-1201	gadbhdd.policystat.com	REVISED: https://gadbhdd.policystat.com/policy/14254341/latest
2.	Accreditation and Compliance Review Requirements for Providers of Developmental Disability Services, 02-703	gadbhdd.policystat.com	REVISED: https://gadbhdd.policystat.com/policy/16376392/latest
3.	Expedited Fair Housing Requests, 02-1205	gadbhdd.policystat.com	NEW: https://gadbhdd.policystat.com/policy/16895420/latest
4.	Recruitment and Application to Become a Provider of Developmental Disability Services, 02-701-Attachment A	gadbhdd.policystat.com	REVISED: https://gadbhdd.policystat.com/policy/15080781/latest
5.	Guardians and Other Surrogates in Community-Based Services. 04-103	gadbhdd.policystat.com	REVISED: https://gadbhdd.policystat.com/policy/17050105/latest

INTRODUCTION

Welcome

Thank you for your participation as a provider in the Georgia system of services and supports for individuals with Intellectual and/or Developmental Disabilities (I/DD). A network of providers with the ability to deliver quality state-funded services and supports is a primary asset in ensuring the ability to maintain the health, safety, welfare and quality of life for individuals with I/DD residing in the communities across the state of Georgia. The Georgia Department of Behavioral Health and Developmental Disabilities, Division of Developmental Disabilities is glad that your agency has made the choice to participate as a provider of state-funded services and supports. We look forward to working with your agency to assist individuals with I/DD in having a successful experience with community life.

Development/Update and Posting of the Provider Manual for Community Providers of State-Funded Developmental Disability Services

Development: This manual was developed by the staff of the Division of Developmental Disabilities in the Department of Behavioral Health and Developmental Disabilities (DBHDD) to assist community providers of state-funded developmental disability services. The FY 2025 Provider Manual for Community Providers of State-Funded Developmental Disability Services has been designed as an addendum to the provider's contract with DBHDD to provide each provider with the structure for supporting and serving individuals with I/DD residing in the state of Georgia. Members of the DD Advisory Council and other stakeholders, including providers, individuals with I/DD, family members and advocacy organizations, were involved in review of this manual. We extend our sincere thanks for their patience and willingness to devote time and energy to the completion of the Provider Manual for Community Providers of State-Funded Developmental Disability Services. If any conflict is found to exist between requirements found in this manual and requirements found in applicable state or federal law and rules and regulations, the requirement found in law and rules and regulations will prevail until resolution of the conflict is achieved.

Updates: Any updates will be made quarterly to the Provider Manual for Community Providers of State-Funded Developmental Disability Services. Primary responsibility for assuring updates to this provider manual rests with the DBHDD, Division of Developmental Disabilities. Ongoing input from the DD Advisory Council and other stakeholders is welcome in recommending updates to this provider manual.

Posting of Provider Manual:

Purpose of the Provider Manual

Basic Purpose: The purpose of this manual is to outline the basic principles and requirements for delivery of quality state-funded services and supports to individuals with I/DD. State-funded services are intended to be temporary and/or transitional and not a permanent source of funding for individuals eligible for Medicaid waiver funding. For other individuals eligible for state-funded services and receiving these services, continued receipt of services is dependent upon available funding and continued need by the individual for the services. All community providers who participate in state-funded service delivery must have an executed DBHDD contract which requires compliance with this manual. The chapters of the manual provide the requirements for state-funded developmental disability services other than those in the Family Support Program.

Family Support Services: DBHDD policies for the Family Support Program are indexed in [Family Supports for Developmental Disability Services – All Procedures, 02-401](http://gadbhdd.policystat.com/) which is located at <http://gadbhdd.policystat.com/>.

Provider Resources: There is information throughout the manual which references additional provider resources such as best practice guidelines; state and federal statutes, rules and regulations; other tools and manuals; and websites. These types of materials are available to assist providers in the development of policies and practices that meet the requirements specified in this manual and promote a good system of service delivery.

Relationships with Individuals Receiving State-Funded DD Services: The individual receiving state-funded DD services is the most important participant in the state-funded system. It is essential that providers have the ability to develop and maintain effective working relationships with individuals, their families, their legal representatives and advocates who may assist them in exercising their rights. Information in the manual outlines requirements and resources intended to promote respectful, effective relationships between individuals (and those assisting or representing them) and the providers delivering the state-funded services and supports.

Relationships with Other Providers of Services and Supports: Information included in the manual is intended to assist providers in developing relationships with other types of providers and in accessing/maximizing resources available through other programs available within the state. This information is intended to promote the ideal that individuals who participate in different programs must be treated in a holistic manner. In other words, the services and supports described in this manual will not meet all the social and healthcare needs of people with developmental disabilities. It is essential that providers develop an understanding of how the state-funded DD services fit within the broader system of state healthcare, educational and social programs. Effective integration of state-funded DD services described in this manual with external services and natural supports is a goal that the state will continue to work toward.

Vision, Mission and Values

Vision: Easy access to high-quality care that leads to a life of recovery and independence for the people we serve.

Mission: Leading an accountable and effective continuum of care to support Georgians with behavioral health challenges, and intellectual and developmental disabilities in a dynamic health care environment.

The expectations and requirements that follow are applicable to any community provider of state-funded DD services that are financially supported in whole or in part by funds authorized through DBHDD, regardless of the age or disability of the individual served. Individual self-determination includes freedom, authority and responsibility and is considered key to achieving the vision of *a satisfying, independent life with dignity and respect for everyone.*

CHAPTER 1

ELIGIBILITY, ENROLLMENT AND DISENROLLMENT OF STATE-FUNDED SERVICES

1. INTRODUCTION

This manual provides the requirements for state-funded developmental disability services other than those in the Family Support Program. This chapter covers requirements for eligibility, enrollment, and disenrollment for state-funded developmental disability services.

The standards that follow are applicable to DBHDD or organizations that provide services to individuals that are financially supported in whole or in part by funds authorized through DBHDD, regardless of the age or disability of the individual served.

1.1 ELIGIBILITY FOR STATE-FUNDED DEVELOPMENTAL DISABILITY SERVICES

This section provides the standards for the eligibility of individuals for Developmental Disability State-Funded Services.

A. **Individual Eligibility and Priority for Developmental Disability State-Funded**

Services: If a service is funded with only state funds, access to services is not guaranteed. The amount of money available for state-funded services is limited. The ability of DBHDD to offer state funded services is dependent upon available funding and the current priorities set for these funds. Current priorities for state-funded services for individuals with I/DD, in order of priority, are:

1. Bridge for individuals on the planning list for DD Waiver services; and
2. Eligible individuals with urgent, complex support needs and documented absence of other supports.

The Regional Field Office admissions staff in conjunction with the State Office determines the individual's priority for state-funded services in accordance with the above priorities.

- ##### B. **State-Funded DD Services and Waiver Eligibility:** Individuals who meet the eligibility criteria for Developmental Disabilities (DD) Home and Community Based Waiver services are eligible to receive state funded developmental disability services. DD waiver eligibility criteria are specified in the Department of

Community Health, New Options Waiver (NOW) Program and Comprehensive Supports Waiver (COMP) Program, Part II Policies and Procedures, Chapter 700. The NOW and COMP policies and procedures are available on the Georgia Medicaid Web Portal, which is located at <https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/18/Default.aspx>.

- C. **Eligibility Criteria for State-Funded DD Services:** Individuals who do not meet the developmental disability waiver criteria or found eligible for state funded Family Support Services may receive state funded developmental disability services depending upon the availability of funding, if the following criteria are met:

1. **Most in Need: As determined by the current prioritization process.**

The meeting of the Most in Need criteria must be supported and documented as part of the eligibility determination by the Regional Field Office admissions staff.

AND

2. **Diagnosis or Sufficient Evidence of a Developmental Disability:** The individual has an established developmental disability diagnosis or determination of sufficient evidence of a developmental disability, as assessed by a professional licensed to make the diagnosis or determination, with origin prior to the age of 22 years that resulted in substantial impairments in general intellectual functioning or adaptive behavior.

- D. **Eligibility for Family Support Services:** The eligibility for Family Support Services is specified in Chapter 1 of this manual and in [Family Support Services for Developmental Disability Services - All Procedures, 02-401](#).

- E. **Lawful Presence:** Verification of lawful presence in United States is required for adults seeking DD Services from community providers of DD services. In accordance with Georgia law, all programs and services receiving funding from DBHDD or other state, federal or local funds are required to verify that adults who receive DD Services other than DD Emergency Services are lawfully present in the United States. Refer to [Verification of Lawful Presence in United States for Individuals Seeking Services and Related Discharge Procedures, 24-109](#).

1.2 **STATE-FUNDED DEVELOPMENTAL DISABILITY SERVICE ENROLLMENT**

This section provides standards for the application and enrollment for Developmental Disability State-Funded Services.

- A. **Application for Services:** An individual or his/her representative applies for state-funded DD services by completing an application for I/DD that is available online on the DBHDD website (dbhdd.georgia.gov) or by mail or electronically (fax or email)

from a DBHDD Regional Field Office (see Appendix A for Regional Field Office contact information). Applications may be completed in several ways:

1. Applicants may complete and submit the application independently. Applications can be submitted via the case management system at <https://idd.georgiacollaborative.com/IDDIndividualPortal/>, and by mail or fax. See Appendix A.
2. Applicants can complete the application over the phone with the assistance of a Regional Field Office Intake and Evaluation representative.
3. Applicants can make arrangements to complete the application at the Regional Field Office with the assistance of a Regional Field Office Intake and Evaluation representative.

If an individual or his/her representative contacts a provider of DD services, providers will provide the individual/representative with the contact information for the Regional Field Intake and Evaluation (I&E) Office. The provider informs the individual/representative that the application process is completed through the DBHDD Regional Field Intake and Evaluation Office.

A Regional Field Intake and Evaluation Office representative provides the individual or his/her representative with an application packet upon request or will direct them to the case management system, <https://idd.georgiacollaborative.com/IDDIndividualPortal/>. All application packets include a blank Authorization for Release of Information, a checklist of what to return with a complete application, and a Region by County Identification Sheet. Complete application packets contains at least the following:

- The filled-out application
- a psychological evaluation
- a medical history
- a signed Authorization for Release of Information

Once a complete application is received by the Regional Field Intake and Evaluation Office, a DD waiver eligibility determination is made by the Intake and Evaluation psychologist. These individuals are placed on the planning list, and as indicated above, a current priority for state-funded DD services is a bridge for individuals on the planning list for DD services (see [Planning Lists for Developmental Disability Services for Individuals Living in the Community, 02-101](#)). Any individual determined not to be eligible for the DD waiver services is informed of fair hearing rights as indicated in the Department of Community Health, New Options Waiver (NOW) Program and Comprehensive Supports Waiver (COMP) Program, Part II Policies and Procedures, Chapter 700, which are available on the Georgia Medicaid Web Portal (<https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/18/Default.aspx>)

Additional review by the Regional Field Office admissions staff of an application for

state-funded eligibility is dependent upon the following:

- Application packet includes evidence of a developmental disability and documentation supportive of most in need criteria; and
- Individual presents with urgent, complex support needs and documented absence of other supports.

The Regional Field Admissions staff or designee notifies the individual or his/her representative of the determination of available funding for the individual who meets eligibility for state-funded DD services. Situations arise where an individual's need for services becomes so severe and urgent that action must be taken immediately to address significant risks to health and safety. When the Regional Field Office learns of an individual's circumstances for which an immediate system response is required, the Admissions staff and Regional Services Administrator coordinate the response. This response includes coordination with the Division of Developmental Disabilities and other agencies as applicable to the individual's situation.

B. Review Process for Ineligibility Determination for State-Funded Developmental Disability: Individuals who apply for DD waiver services and are determined to be ineligible for DD waiver services are informed in writing of their fair hearing rights as specified in NOW and COMP Part II, Chapter 700 policies, which are available on the Georgia Medicaid Web Portal

(<https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/18/Default.aspx>). Fair hearing rights are only applicable to ineligibility determination for DD waiver services. Individuals who apply for state-funded developmental disability services and are determined to be ineligible for the DD state-funded services may request a review of this ineligibility determination in writing to the DBHDD Regional Services Administrator for Developmental Disabilities (RSA-DD). The RSA-DD or designee coordinates a review of the ineligibility determination with DBHDD Division of DD State Office staff. The findings of the review of the ineligibility determination are provided in writing by the Regional Field Office to the individual/representative. The decision of the review will be final.

C. DD Waiver Eligibility and State-Funded Services: State-funded services are provided to individuals who are eligible for the DD Medicaid Waiver Programs, the New Options Wavier Program (NOW) or the Comprehensive Supports Waiver Program (COMP), as follows:

1. Individuals on the Planning List: Available state funds may be used as a bridge for individuals on the planning list for NOW/COMP Waiver Services. The receipt of state-funded DD service is dependent upon available funding, assessed priority, and DBHDD Regional Field Office approval.
2. Individuals Receiving NOW or COMP Services: Individuals receiving NOW or COMP services are not eligible for state-funded services. These individuals are eligible to receive state-funded home and community based crisis services and state-funded respite services in emergency situations. State-funded home and

community-based crisis services are accessed by calling the single point of entry for the (GCAL) Georgia Crisis Response System for Individuals with I/DD (1-800-715-4225).

- D. **State-Funded Services for Other Individuals:** Other individuals with I/DD may not be eligible for Medicaid but may be eligible for state-funded services. Individuals who do not meet the DD waiver criteria may receive state-funded developmental disability services depending upon the availability of funding, priority of need, and meeting the Eligibility Criteria for State-Funded DD Services for individuals not eligible for NOW/COMP services listed in Item C of Section 1.1 of this chapter. The Regional Field Office Intake and Evaluation staff in conjunction with the State Office determines the individual's priority for state-funded services in accordance with the priorities listed in Item A of Section 1.1 of this chapter.
- E. **Referral to Planning List Administrator or State Services Coordinator:** If the individual is approved by the Regional Field Office for state-funded services as a bridge to waiver services, a referral will be made to the Planning List Administrator. If the individual will remain in long term state funded services a referral is made to a State Service Coordinator. The initial contact is made following [Planning Lists for Developmental Disability Services for Individuals Living in the Community, 02-101](#). Responsibilities of Planning List Administrators and State Services Coordinators are described in Chapter 4 of this manual.
- F. **Approval Process for Enrollment into State-Funded Services:** All individuals served by the provider are authorized by the Regional Field Office through the Intake and Evaluation process. Individuals authorized through the Intake and Evaluation process are provided state-funded services dependent upon available of funding and the current priorities set for these funds as listed in Section 1.1 of this chapter. With the identification of available funding for enrollment of state-funded developmental disability services, the individual/family is informed by the Regional Field Office of services approved. The Regional Field Office sends the individual/representative a list of providers servicing the area which also includes surrounding counties. The provider list must state the specific service(s) of the provider.
- G. **Initial Individual Service Plan (IISP):** An Initial Individual Service Plan (IISP, formerly called the Temporary Individual Action Plan or TIAP) is developed prior to an individual receiving state-funded services, if services begin prior to a State Service Coordinator completing a full ISP. The IISP is developed by the provider with the required participation of the assigned Planning List Administrator or State Service Coordinator to provide short- term guidelines for state-funded services planned for the individual until a comprehensive ISP is developed. The intention is to expedite the enrollment process so that the individual will receive state-funded services immediately. Comprehensive Individual Service Plan (ISP) development is described in Chapter 4 of this manual. As indicated in Chapter 4, a comprehensive ISP should be developed 90 days after the Initial ISP for

individuals who will receive ongoing state-funded services.

- H. **Referral to Providers:** The Regional Field Office obtains confirmation from the individual/representative of the choice of provider(s). Based upon individual/representative choice of provider, the Regional Field Office makes a referral to provider(s) and notifies the provider(s) of the approved state-funded service(s) authorized for the individual by Intake and Evaluation staff. Each provider evaluates referrals to determine the ability to meet the needs of the individuals. When able to provide services and meet the needs of the individual, the provider confirms the start date of services to the Planning List Administrator or State Services Coordinator. The Regional Field Office reviews the documentation submitted by the provider and informs the provider in writing the results of the review. Any concerns by the Regional Field Office about the provider's stated reasons for refusal to serve an individual are included in the written findings of the review.

1.3 STATE-FUNDED SERVICES REDUCTION, DISCONTINUANCE, AND DISENROLLMENT

This section provides the standards for reduction, discontinuance, and disenrollment for Developmental Disability State-Funded Services.

- A. **Reporting of Referred Individual Receiving NOW/COMP Waiver Services:** The provider must report to the Regional Field Office of knowledge of an individual referred to Developmental Disability State-Funded Services who also receives NOW/COMP Medicaid Waiver funded services.
- B. **Provider Notification of Disenrollment of Individual from State-Funded DD Services:** The Provider Agency for State-Funded Services is responsible for notifying the Regional Field Office in writing of any disenrollment of an individual from state-funded services no less than 30 days prior to the disenrollment. The written notification provides the reason for disenrollment (e.g., movement to another state, death, family decision, etc.). The Regional Field Office is responsible for recording the disenrollment in the data information management system and following up on any needed contract amendment.
- C. **Disenrollment from State-funded Services Due to NOW/COMP Waiver Enrollment:** The Regional Field Office notifies the provider(s) of state-funded services in writing when an individual is enrolling into the NOW or COMP waiver. The Regional Field Office facilitates the individual's disenrollment from state-funded services. The provider works with the Regional Field Office in converting individuals who are eligible for the NOW/COMP Waiver from state-funded services to Waiver services.

- D. **Review Process for DBHDD Regional Field Office Discontinuation or Reduction of State-Funded Developmental Disability Services:** If the individual/representative requests a review of the discontinuation or reduction of state-funded developmental disability services, the request for the review is sent in writing to the Regional Field Office for a review by the Regional Services Administrator for Developmental Disabilities (RSA-DD) or designee. The decision of the review may be based on, but not limited to, a change in available funding for state developmental disability services, changes in individual priority of need, or NOW/COMP waiver enrollment. The RSA-DD will confer with DBHDD Division of DD State Office staff before providing a decision on the review. The decision of the review will be final.

CHAPTER 2

STATE-FUNDED DEVELOPMENTAL DISABILITY SERVICES

2. INTRODUCTION

There are a variety of state-funded services and supports for individuals with I/DD who meet eligibility for these services and are approved for these services as outlined in Chapter 1 of this manual. This chapter provides an overview of state-funded developmental disability services.

2.1 STATE-FUNDED SERVICES

State-funded services may be provided to an individual with a developmental disability determined eligible for these services and depending upon the availability of funding and the current priorities for these funds in accordance with Section 1.1 of Chapter 1 of this manual. Providers under contract with DBHDD provide state-funded services in accordance with the requirements of this manual and as specified in their contract. State-funded services are provided to authorized individuals who meet the DBHDD's criteria for state-funded developmental disability services and who have no other means of payment of these services, including State Medicaid Plan services for those receiving Medicaid. All individuals receiving state-funded services must be authorized by the Regional Field Office through the Intake and Evaluation process.

The following is a list of the state-funded services provided in accordance with the Individual Service Plans (ISPs) for individuals served:

- A. **Community Access Services – The State Funded Community Access services have the same service descriptions and standards as the Community Access services described in Chapter 2000 of the Comprehensive Supports Waiver program manuals maintained by the Department of Community Health. See COMPREHENSIVE SUPPORTS WAIVER PROGRAM PART III - CHAPTER 2000, SPECIFIC PROGRAM REQUIREMENTS FOR COMMUNITY ACCESS SERVICES SCOPE OF SERVICES found on GAMMIS at <https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/18/Default.aspx> for service delivery descriptions.**

NOTE: Community Access Participant-Directed is not a mode of service delivery for State Funded Individuals, and the Chapter 2000 provisions that are specifically for participant-directed services do not apply to State Funded services.

These services will otherwise continue to be governed by the provisions of this

DBHDD Provider Manual for Community Developmental Disability Providers of State-Funded Developmental Disability Services, including but not limited to the provisions of Chapters 1, 3, 4, and 5. Where there is a clear conflict between the provisions of this manual and the provisions of the Part III Comprehensive Supports manual, the provisions of this DBHDD manual shall control.

1. **Transportation and Community Access Services** – Individuals who have State-Funded Community Residential Alternative (CRA) services receive transportation from their State-Funded CRA providers, in accordance with the provisions of this manual and **Chapter 1700 of the Comprehensive Supports Waiver program manuals maintained by the Department of Community Health. For individuals who have State-Funded Community Access services but not State-Funded CRA services**, transportation requirements are as follows:
 - a. Transportation to and from activities and settings primarily utilized by people with disabilities is included in Community Access services. This transportation is provided through Community Residential Alternative services for individuals receiving these services.
 - b. Transportation provided through Community Access services is included in the cost of doing business and incorporated in the administrative overhead cost.
 - c. The individual’s family or representative may choose to transport an individual to a Community Access facility.
 - d. Transportation is required between point of origin and activities in settings primary utilized by people with disabilities (a reasonable amount of transportation, defined as up to one hour per day, is billable). Point of origin is defined as any location that individuals are available for pick-up that is safe and appropriate for the individual based on the approved Individual Service Plan (ISP).

- B. **Supported Employment Services** – Supported Employment services are ongoing supports that enable individuals, for whom competitive employment at or above the minimum wage is unlikely, absent the provision of supports, and who, because of their disabilities, need supports to work in an integrated work setting. Supported Employment services are distinct from and do not occur at the same time of day as Community Access.

The planned outcomes of Supported Employment services are to increase the hours worked by each individual toward the goal of full-time employment (i.e., the goal of forty (40) hours per week) and to increase the wages of each individual toward the goal of increased financial independence.

Supported Employment services are based on the individual's needs, preferences, and employment interests. These services allow for flexibility in the amount of support an individual receives over time and as needed in various work sites.

State-Funded Supported Employment Services include the following based on the assessed need of the individual and as specified in the approved ISP:

1. State Funded Supported Employment services are designed to provide extended supports for supported employees with IDD who meet specific eligibility criteria, and to support them to maintain a job and career development.
2. Adaptations, supervision, and training required by individuals receiving Supported Employment services as a result of their disabilities, when these services are provided in a work site where persons without disabilities are employed.

C. Community Living Support Services (CLS) – The State Funded CLS services have the same service descriptions and standards as the CLS services described in Chapter 2200 of the Comprehensive Supports Waiver program manuals maintained by the Department of Community Health. See COMPREHENSIVE SUPPORTS WAIVER PROGRAM PART III - CHAPTER 2200 SPECIFIC PROGRAM REQUIREMENTS FOR COMMUNITY LIVING SUPPORT (CLS) SERVICES SCOPE OF SERVICES found on GAMMIS at <https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/18/Default.aspx> for service delivery descriptions.

NOTE: Community Living Support as a Participant-Directed is not a mode of service delivery for State Funded individuals, and the Chapter 2200 provisions that are specifically for participant-directed services do not apply to State Funded services.

These services will otherwise continue to be governed by the provisions of this *DBHDD Provider Manual for Community Developmental Disability Providers of State-Funded Developmental Disability Services*, including but not limited to the provisions of Chapters 1, 3, 4, and 5. Where there is a clear conflict between the provisions of this manual and the provisions of the Part III Comprehensive Supports manual, the provisions of this DBHDD manual shall control.

D. Community Residential Alternative Services (CRA) – The State Funded CRA services have the same service descriptions and standards as the CRA services described in Chapter 1700 of the Comprehensive Supports Waiver program manuals maintained by the Department of Community Health. See COMPREHENSIVE SUPPORTS WAIVER PROGRAM PART III - CHAPTER 1700 SPECIFIC PROGRAM REQUIREMENTS FOR

ADDITIONAL STAFFING SERVICES SCOPE OF SERVICES found on GAMMIS at <https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/18/Default.aspx>

These services will otherwise continue to be governed by the provisions of this *DBHDD Provider Manual for Community Developmental Disability Providers of State-Funded Developmental Disability Services*, including but not limited to the provisions of Chapters 1, 3, 4, and 5. Where there is a clear conflict between the provisions of this manual and the provisions of the Part III Comprehensive Supports manual, the provisions of this DBHDD manual shall control.

E. Respite Services – The State Funded Respite services have the same service descriptions and standards as the Respite services described in Chapter 3100 of the Comprehensive Supports Waiver program manuals maintained by the Department of Community Health, and also have the additional requirements set forth below. See COMPREHENSIVE SUPPORTS WAIVER PROGRAM PART III - CHAPTER 3100 SPECIFIC PROGRAM REQUIREMENTS FOR RESPITE SERVICES SCOPE OF SERVICES found on GAMMIS at <https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/18/Default.aspx>

These services will otherwise continue to be governed by the provisions of this *DBHDD Provider Manual for Community Developmental Disability Providers of State-Funded Developmental Disability Services*, including but not limited to the provisions of Chapters 1, 3, 4, and 5. Where there is a clear conflict between the provisions of this manual and the provisions of the Part III Comprehensive Supports manual, the provisions of this DBHDD manual shall control.

Additional Requirements for State-Funded Respite Services: Each Regional Field Office maintains a list of DBHDD contracted Respite provider agencies with which the region contracts for the provision of Respite. The contracted Respite provider agency has the following responsibilities:

- a. Ensures that Respite Services are provided only in approved Respite sites that meet the specified physical standards and other requirements to provide state- funded Respite in this manual and in [State Funded Respite for Individuals with Developmental Disabilities, 02-102](#).
- b. Maintains a list of Approved Respite Sites and Persons Approved to Provide Respite (including addresses and contact information); and
- c. Adds a site or approved person to the list **only** after having documentation on hand that the site or approved person meets all requirements to provide

state- funded Respite Services.

Note: State funds cannot be used to purchase or reimburse Respite Services provided by any person who is not included on the List of Persons Approved to Provide Respite.

- F. **Behavioral Supports Services** – These professional consultation services assist the individual with significant, intensive challenging behaviors that interfere with activities of daily living, social interaction, work or similar situations.

The intended outcome of Behavioral Supports Services is to increase individual skills and decrease the need to engage in challenging behaviors. The services emphasize a systems approach to behavioral interventions with an emphasis placed on early identification of problem behaviors. Specialized interventions are designed with a function-based approach that eliminates challenging behaviors and replaces them with alternative pro-social skills.

State-Funded Behavioral Supports Services include the following based on the assessed need of the individual and as specified in the approved ISP:

1. Functional assessment of behavior and other diagnostic assessment of behavior.
2. Development, training, and monitoring of Behavioral Support plans with specific criteria for the acquisition and maintenance of appropriate behaviors for community living and behavioral intervention for the reduction of maladaptive behaviors.
3. Intervention modalities related to the identified behavioral needs of the individual.
4. Individual-specific skills or replacement behavior acquisition training.
5. Family education and training on Behavioral Supports.

- G. **Community-Based Crisis Services** – The Georgia Crisis Response System (GCRS) provides community-based crisis services that support individuals with I/DD in their communities as an alternative to institutional placement, emergency room care, and/or law enforcement involvement, including incarceration. By design, these services, hereinafter referred to as “intensive in-home” and “intensive out-of-home,” are a measure of last resort and provided on a time-limited basis to ameliorate the presenting crisis. As an intended outcome of these services, the interventions should enhance the family and/or caregiver’s ability to meet the needs of the individual and minimize the need for the individual to leave his/her home in order to resolve the presenting crisis.

1. **Eligibility Community-Based Crisis Services** – GCRS serves children and adults with developmental disabilities aged 4 years and above who meet eligibility criteria as defined below. A person with developmental disabilities in need of crisis services is an individual who:
 - a. Has documented evidence of a diagnosis of an intellectual disability prior to age 18 years or other closely related developmental disability prior to age 22 years, for individuals currently on the planning list or in DD services; screening indicative of a developmental disability for other individuals; **AND**
 - b. Presents a substantial risk of imminent harm to self or others; **AND**
 - c. Is in need of immediate care, evaluation, stabilization or treatment due to the substantial risk; **AND**
 - d. Is someone for whom there currently exists no available, appropriate community supports to meet the needs of the person.

2. **Components of the Georgia Crisis Response System** – This system includes intake, dispatch, referral, and crisis services components. An essential part of this system is the assessment of the individual situation to determine the appropriate response to the crisis.
 - a. **Intake:** Entry into the system takes place through the Single Point of Entry (SPOE) system, the Georgia Crisis & Access Line (GCAL). Intake personnel determine if an individual meets the requirements for entry into the system.
 - b. **Dispatch or Referral:** The SPOE initiates the appropriate dispatch or referral option. If a Blended Mobile Crisis Team is dispatched to the crisis location, this team assesses the need for a referral or crisis services.
 - c. **Crisis Services:** Crisis services occur through intensive on-site or off-site supports. These crisis supports are provided on a time-limited basis to ameliorate the crisis. Intensive in-home serves individuals ages 4 and older, while intensive out-of-home is available only to adults ages 19 and older and children ages 10 through 18.

Note: For additional information on the requirements of the GCRS-DD, see the Operational and Clinical Standards for Georgia Crisis Response System (GCRS-DD) in the Provider Manual for Community Developmental Disability Providers located on the DBHDD website (<https://dbhdd.georgia.gov/>, Providers tab, Community Provider tab).

3. **GCRS-DD Services** include the following:
- a. **Blended Mobile Crisis Response** – Refer to [Provider Manual for Community Behavioral Health Providers, 01-112](#) for definition and service requirements of Blended Mobile Crisis Response.
 - b. **Intensive In-Home Support** – Intensive In-Home Support services include, but are not limited to, the following: Implementation of behavioral intervention strategies provided under the recommendations of the intensive in-home provider, safety plans, or behavioral support plans already established for the individual; provision of one-to-one support, as necessary, to address the crisis; modeling of interventions with family and/or provider staff; assistance with simple environmental adaptations as necessary to maintain safety; and when necessary accompanying the individual to appointments related to the crisis response. The provision of a staffing pattern up to 24 hours per day, 7 days per week, with the intensity of the Intensive In-Home Support services decreasing over 7 calendar days. Maintenance of stakeholder’s involvement in the response to the crisis, in order to restore the individual to pre-crisis supports and/or provider services. Assurance of appropriate training to support crisis stabilization and the return of the individual to pre-crisis services and supports, to include:
 - i. Demonstration of interventions to the family/caregiver and/or existing DD service provider (if applicable); **AND**
 - ii. Implementation of these interventions by the family/caregiver and/or existing DD service provider (if applicable).
 - c. **Intensive Out-of-Home Support** – A home that serves up to four (4) individuals who are experiencing an emotional/behavioral change and/or distress that leads to a disruption of essential functions. Individuals under the age of 19 years cannot be served in an Adult DD Crisis Support Home. There is currently no required licensure for the DD Adult Crisis Support Homes. However, A DBHDD compliance initial review and certificate is required to operate the DD crisis site.
 - d. **Intensive Out-of-Home Support for Children and Adolescent (C&A)** – A C&A Home serve no more than four children and adolescent between ages 10 thru 18 years of age, who are diagnosed with a developmental disability and are undergoing an acute crisis that presents a substantial risk of imminent harm to self or others. Placement in a C&A home is to only occur as a last resort and after a clinical determination for this level of placement has occurred. The C&A out- of -home site must receive an initial compliance review and certificate is required to operate the C&A crisis site.

- e. **Case Management by Crisis Provider** – Once the initial crisis has established, individuals receiving on site in-home and /or off site out -of-home crisis supports shall also receive case management provided by the crisis provider. This case management is a time-limited service that connects the individual in crisis to the necessary services and supports to ameliorate the crisis situation, coordinates with stakeholders to assure the development of a discharge plan from crisis support services that meets the needs of the individual and ensures follow up on recommended services.
Note: Individuals receiving intensive out-of-home services are automatically eligible for Intensive Support Coordination during their admission and for at least 30 days post-transition.

Note: For additional information on definitions and service criteria of intensive in-home, intensive out-of-home, and case management, see the Operational and Clinical Standards for Georgia Crisis Response System (GCRS-DD) in the Provider Manual for Community Developmental Disability Providers located on the DBHDD website (<https://dbhdd.georgia.gov/>, Providers tab, Community Provider tab).

2.2 PROVIDER EXPECTATIONS RELATED TO STATE-FUNDED SERVICES

The following are provider expectations related to State-Funded Developmental Disability Services:

- A. Ensures that State-Funded Services are delivered to individuals referred to the provider in accordance with Chapter 4 of this manual;
- B. Accesses the Georgia Crisis Response Systems as a last resort and only if existing crisis procedures as part of the safety plans have been implemented unsuccessfully and/or the individual is an imminent harm to self or others and the current supports cannot maintain safety, and/or the individual is in need of immediate care, evaluation, stabilization or treatment due to risk, and the individual has no available, appropriate community supports to meet his or her needs;
- C. Permits and assists as requested in a random sampling of individual records by DBHDD or an authorized designee to verify the eligibility of persons served, the appropriateness of State-Funded DD Services provided, and the quality of State- Funded DD Services provided;
- D. Attends all Regional Field Office Provider Meetings for the regions in which services are provided;
- E. Ensures that all individuals receiving State-Funded DD Services have been identified eligible and referred for service by the Regional Field Office, Intake and Evaluation;

- F. Acknowledges that the failure to follow the Regional Field Office process could result in denial of reimbursement or request for payback of received funds;
- G. Works with the Regional Field Office in converting individuals who are eligible for DD waiver from state funded services to Waiver services;
- H. Maximizes the utilization of all capacity to serve individuals;
- I. Meets quarterly with the Regional Field Office at a meeting called by the Regional Field Office to review utilization and address the issues related to unutilized capacity; and
- J. Cooperates with DBHDD's Quality Improvement Organization (QIO) in its implementation of DBHDD's Developmental Disability Quality Management System.

CHAPTER 3

RESOURCE ALLOCATION AND INDIVIDUALIZED SERVICE PLANNING OF STATE-FUNDED SERVICES

3. INTRODUCTION

If a service is funded with only state funds, access to services is not guaranteed. The state legislature must make funding available in the state budget to initiate and ensure continuation of state-funded services. The DBHDD, Division of Developmental Disabilities is responsible for determination of funding needs, setting priorities, and contracting and allocation of the limited state funds for services for individuals with I/DD. The Division of DD is committed to carrying out these functions in concert with providers, advocacy groups, and individuals and their families. Current priorities for state-funded services for individuals with I/DD are:

1. Bridge for individuals on the planning list for DD Waiver services;
2. Eligible individuals with urgent, complex support needs and documented absence of other supports.

Individuals with I/DD may receive state-funded services depending on availability of funding and priority of need. State-funded emergency respite services address urgent needs for services as approved by the Regional Field Office.

3.1 RESOURCE ALLOCATION OF STATE SERVICES FUNDS

This section provides standards for the resource allocation of state services funds by DBHDD Regional Field Offices.

A. **Regional Field Office Resource Allocation of State Services Funds** – Regional Field Office resource allocation of state funds for developmental disability services occurs as follows:

1. **Review of Utilization Management Data:** The Regional Field Offices conduct ongoing review of utilization management data on state-funded services for individuals with I/DD. The Regional Field Offices currently use data from required provider reporting specified in Chapter 6 of this manual for their utilization management of state-funded services.
2. **Re-distribution of State Services Resources:** Utilization management data provide the basis for decisions on the re-distribution of state services resources in accordance with the state priorities for these resources and to assure efficient

use of these limited resources. State services resources also may be re-distributed due to the inability of a provider to meet contract deliverables. The Regional Field Offices provide the State Office of Division of Developmental Disabilities with summary reports of their utilization management reviews and findings on provider contract deliverables. The Division of Developmental Disabilities reviews the Regional Field Office summary reports prior to the development of annual provider contracts for state-funded services.

3. **Contract Amendment or Termination:** The Division of Developmental Disabilities reserves the right to amend contracts during a state fiscal year based on utilization management data, contract deliverable reports, and/or the availability of funding. If a provider does not meet the stated service outcome expectations listed in DBHDD's contract, the provider will be notified and may be required or permitted to develop a plan of correction. Continued underperformance may result in contract modification or other contract action, including termination of the contract.

B. **Regional Field Office Referrals** – Regional Field Offices make referral to providers as follows:

1. The Regional Field Office makes a referral to a provider based upon the individual/representative choice of provider.
2. The Regional Field Office's referral notifies the provider of the approved service(s) authorized by Admissions staff.

C. **Provider Screening of Referrals**– The provider receiving a referral from a Field Office. Office conducts a screening of the referral as follows:

1. Providers will screen all referrals to determine if the individual's needs can be met within the program.
2. The provider evaluates referrals to determine what area of services they can provide to meet the needs of the individuals.
3. When able to provide services and meet the needs of the individual, the provider confirms the start date of services to the Planning List Administrator or State Services Coordinator as indicated in Chapter 1 of this manual.
4. The Regional Field Office reviews the documentation submitted by the provider and informs the provider in writing the results of the review. Any concerns by the Regional Field Office about the provider's stated reasons for refusal to serve an individual are included in the written findings of the review.

- D. **Subcontracting Limitations for Community Residential Alternative Services** – The evaluation by a provider of the capacity to serve an individual includes consideration of the following subcontracting limitations:
1. Subcontracting of Community Residential Alternative services is limited to Host Home Providers only.
 2. The provider shall hold the Community Living Arrangement License or Personal Care Home Permit licensed by Healthcare Facility Regulations (HFR) for Community Residential Alternative services for all residential sites housing individuals with I/DD.
 3. Only one provider agency may provide services in any home or residential site established to provide Community Residential Alternative for individuals with I/DD and Related Conditions.
- E. **Maximization of Provider Capacity** – The provider is expected to maximize the utilization of all capacity to serve individuals.
1. The provider conducts self-assessments of capacity to serve individuals and assists/cooperates with Regional Field Office and state assessments of provider capacity.
 2. The Regional Field Office and the provider meet quarterly at a meeting called by the Regional Field Office to review the utilization and address the issues related to unutilized capacity.
 3. Changes may be made to adjust fund and service allocations to meet the needs of individuals based on the agreement by both parties.

3.2 **INDIVIDUAL SERVICE PLANNING**

This section provides standards for Individual Service Planning for state-funded intellectual/developmental disability (I/DD) services.

- A. **Individual Service Planning Process** – Individual Service Planning for state-funded I/DD services is the process through which the needs, goals, desires, and preferences of an individual are identified and strategies are developed to address those needs, goals, desires, and preferences.
1. The process for the development of the Individual Service Plan allows the individual to exercise choice and control over services and supports and assures assessment and planning for any issues of risks as applicable for the state-funded services provided;
 2. Individual Service Planning maximizes the resources and supports present in the individual's life and community;

3. The planning process should enable and support the individual, and as appropriate, his or her family/representative, to fully engage in and direct the process to the extent he or she chooses;
4. Individual Service Planning assures that the individual, and as appropriate, his family/representative, has choice about how needs are met;
5. The planning process produces an organized statement of proposed services to guide the provider(s) and the individual throughout the duration of state-funded service;
6. Providers of state-funded developmental disability services are required to deliver services as specified in the Initial Individual Service Plan (IISP) or the Comprehensive Individual Service Plan (ISP). Compensation for services is based on the delivery of authorized services specified in the IISP or ISP.

B. Individual Service Plan – The organized statement, or Individual Service Plan (ISP), is the product of the Individual Service Planning.

1. The ISP is based on what is important to and for the individual; it includes the individual's hopes, dreams, and desires as well as what works and does not work for the individual;
2. The ISP captures, from the individual's point of view, decisions and choices that are being made by the individual as well as decisions with which he/she needs support and assistance.

C. Initial Individual Service Plan – The intention of an initial ISP is to expedite the enrollment process so that the individual will receive state funded services immediately. The standards for the Initial Individual Service Plan (IISP) are as follows:

1. An initial ISP should be developed before an individual receives state-funded services;
2. The initial ISP is developed by the provider with the required participation of the assigned Planning List Administrator to provide short-term guidelines for state-funded services planned for the individual until a comprehensive ISP is developed.

D. Comprehensive Individual Service Plan – The standards for the Comprehensive Individual Service Plan (ISP) are as follows:

1. A comprehensive ISP should be developed 90 days after the initial ISP for

individuals who will receive ongoing state-funded services (the completion of the comprehensive ISP within 90 days is the responsibility of the Planning List Administrator or the State Services Coordinator as indicated below);

2. The ISP is developed by the Regional Field Office Planning List Administrator or State Service Coordinator along with the provider(s) and the individual and/or family/representative;
3. The ISP must be person centered to maximize the individual's potential to achieve independence, community integration, and a meaningful life;
4. The goals/objectives established in the ISP must be tailored to the individual's desire and needs. Services in the ISP must reflect the individual's choices.

E. Responsibilities of Planning List Administrators and State Services Coordinators – The standards for the responsibilities of Planning List Administrators and State Services Coordinators are as follows:

1. The initial contact is made by the Planning List Administrator or State Services Coordinator within 10 business days of notification that an individual has been approved to receive state services.
2. The Planning List Administrator or State Services Coordinator is responsible for the development of the comprehensive ISP 90 days after the initial ISP for individuals who will receive ongoing state-funded services.
3. Individualized Service Planning Responsibilities of the Planning List Administrator or State Services Coordinator: These responsibilities include the following:
 - a. Scheduling and facilitating the development of the written, comprehensive Individual Service Plan (ISP);
 - b. Ensuring the state-funded services are person centered and addressing what is important to and for the person;
 - c. Meeting overall quality management standards for the ISP to include, but not be limited to, the specification of the desired outcomes of state-funded services (goals);
 - d. Identifying the state-funded services and supports, including the frequency and amount, that are appropriate to meet the needs of the individual;
 - e. Reviewing any identified risks and addressing those risks in the ISP;

- f. The Planning List Administrator or State Services Coordinator submits the comprehensive ISP for approval to designated Regional Field Office staff within 10 days of the ISP meeting via the web based system.
4. ISP Review Responsibilities of the Planning List Administrator or State Services Coordinator: These responsibilities include the following:
 - a. Conducts review of ISP for state-funded developmental disability services consistent with timelines required for that plan, but no less than once annually following the initial plan development date and more often if needed;
 - b. Informs the Planning List Administrator Supervisor for Developmental Disabilities or designee of any urgent needs for additional services, such as Emergency Respite;
 - c. Provides information on changes in need and additional services requested to the Planning List Administrator Supervisor and Admissions Manager to review requests for additional services based on availability of funding and priority of need and with communicated understanding to individual/family and provider that state funded I/DD services are not an entitlement;
 - d. Amends the comprehensive ISP when a increase or reduction in services is indicated due to change in the individual's needs;
 - e. Schedules the meeting for the annual ISP review no later than 45 days prior to the expiration date and facilitates the development of the written, comprehensive ISP;
 - f. Ensures services are person centered and address what is important to and for the person;
 - g. Reviews services and supports and revises as appropriate to meet current, individual needs;
 - h. Assures written, comprehensive ISP meets overall quality management standards to include, but not be limited to, the specification of the desired outcomes of state-funded services (goals);
 - i. Submits annual ISP for approval to designated Regional Field Office staff within 10 business days of meeting via web-based system.
5. Planning List Administrators and State Services Coordinators establish a working relationship with and knowledge of local community resources to support individuals with I/DD and their families.

6. The Planning List Administrator or State Services Coordinator provides information to the individual/family on local community resources during the comprehensive ISP development process and ongoing as indicated by the changing needs of the individual.
7. The State Services Coordinator and Planning List Administrator jointly assure that individuals on the planning list and their families access available State Medicaid Plan Services while waiting for waiver services and receiving bridge state-funded services.
8. Planning List Administrators and State Services Coordinators provide the monitoring for individuals receiving state funded I/DD services; additional information on monitoring is provided in Chapter 5 of this manual.

F. State-Funded Developmental Disability Provider Responsibilities for Individualized Service Planning – The provider has the following responsibilities related to the individualized service planning for persons served:

1. Ensures that direct support staff and other staff participate fully in the development of Individual Service Plans in partnership with individuals and families, and the State Services Coordinator;
2. Plans and provides services that are person centered and geared to give individuals real and meaningful choices about service options;
3. Completes an HRST at least 90 days prior to the annual ISP, updates the HRST when a person experiences significant change in health and/or function, uses recommendations to provide education and training if a person’s level is 3 or greater, and assures that the provider’s nurse reviews and approves by signature the HRST.
4. Refers unmet individual needs to the State Services Coordinator as indicated and/or requested by the individual served.

G. Planning Requirements for Individuals with Identified Recurring Challenging Behavior – When an individual has an identified recurring challenging behavior reflected in his or her Individual Service Plan (ISP) in the Health and Safety Section, a Behavioral Support Plan (BSP) that reflects positive and proactive supports must be in place to resolve the challenging behavior(s). Funding for individuals receiving State Funded Behavior Supports Consultation Services is included or added to the contract based on a Regional Field Office approved comprehensive ISP indicating the need for a BSP.

H. Planning Requirements for Individuals with Identified Challenging Behavior and Health and Safety Risks – For an individual with identified challenging behaviors that pose health and safety risks as reflected in his or her Individual

Service Plan (ISP) in the Health and Safety Section, a safety plan involving crisis procedures must be in place that identifies how behavioral crisis related to the challenging behavior(s) will be safely managed. Use of 911 should not be a primary intervention in the safety plan and should only be used if crisis procedures do not ameliorate the risks. However, 911 may be necessary when high risk situations occur that cannot be safely ameliorated by use of crisis procedures such as when the individual is wielding a deadly weapon, or in the occurrence of an injury requiring emergency medical intervention.

CHAPTER 4

QUALITY MANAGEMENT OF STATE-FUNDED SERVICES

4. PURPOSE

The purpose of a Quality Management Program is to monitor and evaluate state contracted services in order to continuously improve the quality of care for all individuals served through a state-funded contract.

It is the intention of DBHDD to provide guidance to state-funded service provider agencies in developing a comprehensive and continuous quality management (QM) process to improve the quality of services for individuals with I/DD. No two organizations are identical; they provide different services to different populations in different geographical areas and have different stakeholders and different organizational cultures. Providers considers these differences when including outcomes and performance indicators in your Quality Management Plan (QMP), when deciding on data collection, and when including goals and objectives in your Quality Improvement Plan. Provider agencies are free to develop a QM plan that best serves their agency, but all QM plans address the quality requirements found in the most recent DBHDD *Community Service Standards for Developmental Disability Providers*.

4.1 WHAT IS QUALITY AND QUALITY MANAGEMENT?

The Department of Behavioral Health and Developmental Disabilities (DBHDD) defines “quality” as the degree to which a health or social service meets or exceeds established professional standards and the needs and expectations of the individuals we serve.

Quality management is a dynamic system of processes or steps which gauge the effectiveness and functionality of program design and pinpoints where attention should be devoted to secure improved outcomes.

Quality management encompasses three functions:

- Discovery: Collecting data and direct individual experiences in order to assess the ongoing implementation of the program, identifying strengths and opportunities for improvement.
- Remediation: Taking action to remedy specific problems or concerns that arise.
- Continuous Improvement: Utilizing data and quality information to engage in actions that lead to continuous improvement in state-funded developmental disability services.

A. **Beginning**

The first step toward developing your organization's Quality Management Strategy is developing or reviewing your organization's vision and mission. Your organization should be clear about what it does, how it expects to improve, and the desired outcomes. Your organization may also develop a statement of values or guiding principles. Additionally, effective QMPs include establishment of an infrastructure within the organization which will support your quality enhancement efforts and stakeholder input either from your Board of Directors or through focus groups, individual interviews, or a Quality Improvement Council.

B. **Quality Improvement Council**

A Quality Improvement Council is a mandatory, external advisory group whose role is to assist your organization in developing meaningful outcomes and performance indicators and setting priorities for quality improvement.

Ideally, the membership of your Quality Improvement Council will be composed of stakeholder representatives. You should strive to include people to whom your organization provides services, their families, representatives from advocacy organizations, and community leaders. The exact composition is determined by the population you serve, advocacy groups that are active in your geographic area, and the interest and commitment that you can obtain from local leaders in government, business, religious, and community organizations.

The Quality Council will help you to better support people with developmental disabilities and better serve your community by assisting your organization to:

1. Identify quality outcomes and performance indicators;
2. Assess performance;
3. Prioritize quality enhancement goals and objectives; and
4. Evaluate implementation and effectiveness of your quality enhancement plan.

C. **Quality Improvement Committee**

Quality is every employee's responsibility, but each agency designates some **internal** staff to be responsible for quality management activities and assisting other staff to fulfill their quality responsibilities. This group of staff can be referred to as an agency's "Quality Improvement Committee." The size of the committee would depend on the size of the organization. In a small organization, the

committee may be one or two persons. In a large organization, there may be an entire unit or section devoted to coordinating quality management activities.

The functions of the Quality Improvement Committee will vary somewhat from organization to organization, but typical functions include:

1. Development of various discovery methods which allow an agency to collect information and data related to the quality of its services;
2. Working with information technology staff in the development system to support the collection of information and so that data may be aggregated and analyzed for trends and patterns;
3. Analyzing data and creating reports which summarize trends and patterns that emerge;
4. Facilitating the review of quality data by internal and external groups which provide recommendations to executive management;
5. Partnering with staff who have responsibility for implementing quality improvement efforts;
6. Evaluation of the implementation of quality improvement efforts;
7. Gathering data to evaluate effectiveness of quality efforts; and
8. Providing training, technical assistance, and support to all staff on the organization's Quality Management Plan.

4.2 QUALITY OUTCOMES AND DEVELOPING PERFORMANCE INDICATORS

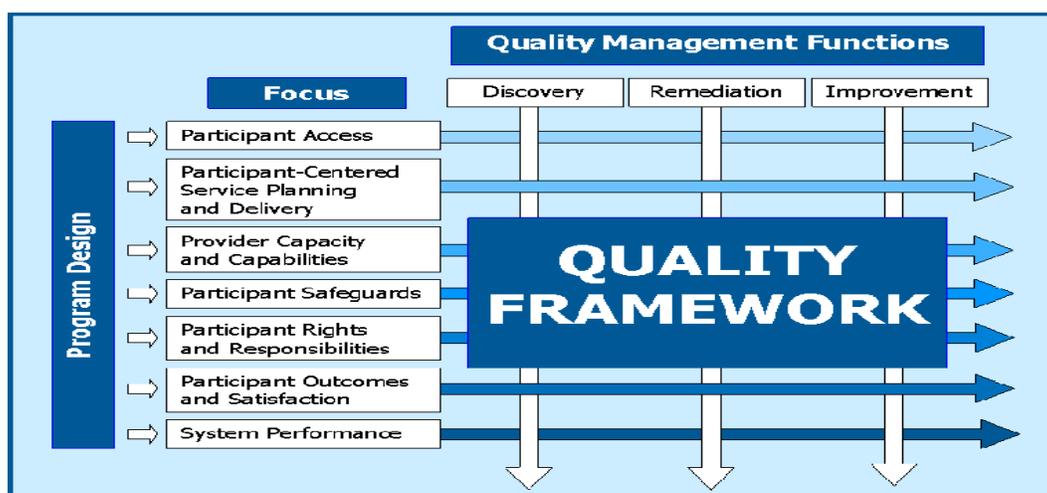
An important part of your Quality Management Plan is the identification of quality outcomes and performance indicators. A good place to start in this identification would be a review of the seven (7) focus areas of the Centers for Medicare and Medicaid Services (CMS) Quality Framework. Your organization develops a quality outcome specific to your organization but which also addresses each focus area.

A. CMS Quality Framework

The CMS Quality Framework's seven (7) focus areas are:

1. Participant Access: Are the preferred services of the people that you support available to them; how quickly can they be obtained?
2. Participant-Centered Service Planning and Delivery: Do the individualized support plans of the people that you support reflect their needs and preferences; are these services delivered?

3. Provider Capacity and Capabilities: Does your organization have the capacity and capabilities to meet the needs and preferences of the people you support; does your agency meet the requirements of all applicable federal and state regulations?
4. Participant Safeguards: Are the people you support free from abuse, neglect, exploitation, and extortion; are potential risks identified and strategies developed to mitigate risks taking into account the preferences of the person receiving supports; do the people you support receive needed medications and health services?
5. Participant Rights and Responsibilities: Are the people you support informed of their rights and responsibilities; are they supported to exercise their civil rights; are all restrictions reviewed and approved by a human rights committee before implementation?
6. Participant Outcomes and Satisfaction: How satisfied are people with the services that your organization provides; are the people that you support achieving their short-term personal goals and long-term dreams; how do the people that you support fare on quality of life indicators?
7. System Performance: How efficient and effective are your services; how well does your performance align with your vision, mission, values, and guiding principles; do you keep abreast of proven and promising practices and update your practices, as appropriate?



B. Quality Outcomes

Quality outcomes are the results of program operations or activities and may be direct or indirect, for example, improved health vs. changed attitudes or beliefs.

Performance indicators are designed to measure the extent to which performance objectives are being achieved on an ongoing basis. One outcome may be that “people

have the best possible health.” Performance indicators to measure how well your organization is supporting people to have the best possible health might include: number of emergency room visits, number of major illnesses or accidents, percentage of people who have a physical exam each year, percentage of people who have breast or colon cancer screenings, mortality rates, etc.

C. **Strategies for Quality Outcomes and Performance Indicators**

The following strategies will help your organization to develop quality outcomes and performance indicators:

1. Review your mission, vision, values, and guiding principles;
2. Obtain input from your Quality Improvement Council, your Board of Directors, your staff, and other stakeholders;
3. Review information about what individuals and families want from the services that your organization provides, such as results from surveys or focus groups;
4. Review requirements that you must follow, such as licensing regulations and contract requirements;
5. Determine the quality outcomes that you and your stakeholders would like to see for the individuals your agency supports and for your agency as a whole;
6. Review the seven (7) focus areas to see if you have identified quality outcomes in each area;
7. For each quality outcome, determine what your performance indicators will be; that is how you will measure how well you are doing.

D. **Other Considerations in Development of Measures**

Other considerations as you develop your measures include:

1. **Reliability:** Is your measure reliable; does it measure something consistently?
2. **Validity:** Is your measure valid; does it measure what it is supposed to measure?
3. **Sampling:** Is your sample size large enough to generalize your results within a desired confidence level, and is your sample representative of the population that your organization wants to measure?

4.3 **DATA COLLECTION AND ANALYSIS (DISCOVERY)**

There is a tendency for organizations to collect many various types of information and data. However, an agency should ask itself, “What am I doing with this data?” or “What is the data really telling me?” Problems arise when they do not use this information and data to learn about the quality of their services or to drive their quality enhancement efforts. The proper collection and use of data can help you build a plan and focus resources on the things that need attention.

A. Identifying Data

Identifying data is a two-step process:

1. Identifying existing data.
2. Identifying data that are needed.

B. Identification of Data Sources

After you have developed your quality outcomes and performance indicators for each outcome, your next step is to identify data sources for the performance indicators. You may already be collecting the needed data for certain indicators, but you may need to identify potential data sources and collections methods as well.

Some typical types of existing information and data may include:

1. **Satisfaction Surveys:** These may include both customer and staff satisfaction.
2. **Regulatory Reviews:** These may include licensing results or any other external monitoring that was conducted such as accreditation, standards compliance, etc.
3. **Critical Incident Reports:** These include all incidents that are required to be reported both internally and externally, including abuse, neglect, or exploitation reports.
4. **Complaints and Grievances Reports:** These include all complaints made about your services and their resolution.
5. **Internal Reviews:** These may include any assessment completed by your organization to determine how well your organization is adhering to internal policies or external regulations, e.g., chart reviews, timeline adherence, turnover information, etc.

C. Organization of Your Data

A list is compiled of the data that you have currently at your disposal. The Quality

Improvement Committee reviews the data to determine:

1. What is it telling you?
2. Is it useful to determine the quality of your services?
3. How often is it collected?
4. Who collects the data and who submits it?
5. Where does it go?
6. Is the data aggregated and if so how often?
7. Is the data analyzed to determine patterns and trends, and if so, how often?

D. Identification of Needed Data

Your performance indicators, management, and policies and procedures will determine the information you need to collect. DBHDD and licensing standards and requirements will also determine what you collect within your organization.

E. What Data Is Missing?

After you determine what data you have, make a list of what information and data you need. You can then compare the list of needed data with the list of currently collected data, and determine what data is missing.

F. Filling in the Gaps

Once you have identified the additional data that needs to be collected, your next step is to decide:

1. How will this information be collected?
2. How will this information be stored (a database or other format) that supports analysis?
3. How will the data be used?

G. Collecting Data

Once you have identified the data that is currently available, identified the data you need (the gaps), and how to fill the gaps, you have the beginnings of a data management plan.

You should regularly and frequently review your data management plan to determine if you need to make:

1. Any changes in the frequency of collection;
2. Any changes in how you collect the data;
3. Any changes in what data is to be collected; and
4. Any revisions to your data sources.

H. **Data Aggregation and Analysis**

The definition of “aggregate” is to gather together in a mass constituting a whole. By aggregating data, you can more easily identify areas that are not distinctive but more generally affect the quality of your services. For example, when you look at individual data (e.g., one critical incident report for a person), you respond to the immediate safety issue and initiate strategies to reduce the chance of a similar incident occurring in the future for that person. If several similar types of critical incidents are occurring for several of the people you support (a trend), you will need to take a more comprehensive approach, i.e., developing staff training programs or changing policies and procedures to prevent or reduce these types of critical incidents from reoccurring. Data analysis means to process information or data that has been collected in an effort to draw valid conclusions. It is a systemic way of applying statistical techniques to describe, summarize, and compare data using narratives, charts, graphs, and/or tables. Analyses often involve looking for trends and patterns.

I. **Trends and Patterns in Data**

Trending means examining data over a period of time to identify general tendencies for increases or decreases in the data. An example would be analyzing mortality rates to see if mortality rates have been decreasing or increasing over the past several years. Patterns, on the other hand, signify relationships. For example, are people reporting less satisfaction with availability of respite services in the rural areas that you serve as compared to the urban areas? Another example would be staffing patterns and the difference in the satisfaction with services that are being delivered.

4.4 **ASSESSING THE QUALITY OF YOUR SERVICES (REMEDIATION)**

You have determined what data is needed, collected what you could, and have analyzed your findings. Now you should be able to identify the things that your organization does well (what’s working) and those things that need improvement (what’s not working).

A. **Making a List of What is Working and What is Not Working**

Following the process for organizing our data, make a list of what is working and what is not working. Compare the lists to determine if there are conflicts between the lists. If there is a conflict, continue drilling down in the data to figure out why. Some reasons for conflicts may be:

1. The way data is collected or reported;
2. The reliability or validity of one or more of the measures; or
3. The sample selection methodology for one or more of the measures.

Once you determine the cause of the conflict, revise your data collection methodology and start over with the process.

B. Prioritizing Areas Needing Improvement

Now it's time to prioritize the areas you have found needing improvement. You should prioritize according to the:

1. Mission and vision of your organization;
2. Safety and well-being of the people in services; and
3. Expectations and desires of your stakeholders (which include individual, DBHDD, licensure requirements, and others).

C. Other Considerations in Prioritizing Areas Needing Improvement

While you are prioritizing, you should also consider:

1. Availability of resources to improve performance in each area;
2. Time it will take to realize improved performance; and
3. Benefits to your organization and to the people that you support.

4.5 DEVELOPING A QUALITY IMPROVEMENT PLAN (IMPROVEMENT)

In the preceding sections, you learned about your current data system and you prioritized your opportunities for improvement. Your next step is to develop your Quality Improvement Plan (QIP).

A. QIP Development

Your QIP should:

1. Provide a systematic, organized way to focus your efforts on improvement;

2. Specify desired outcomes, both at the individual level and the organizational level;
3. Assist staff in identifying and concentrating on actions needed for improvement; and
4. Provide a mechanism to communicate service delivery expectations.

B. Questions Answered By QIP

Your QIP should also answer the following questions. As an organization:

1. Where are we now?
2. Where do we want to be?
3. How are we going to get there?
4. When will we get there?

C. QIP Components

Your QIP should include the following components:

1. Goals.
2. Objectives.
3. Activities/Action Plans.
4. Benchmarks.

4.6 WRITING GOALS, OBJECTIVES, ACTION PLANS, AND BENCHMARKS

A. Goals

Goals are related to the mission and vision statements and be based on the services and supports that your organization provides. Goals are written in broad, general term, and project an “ideal.” Goals are not specific or measurable. Goals are not the continuation of what already exists, but rather express what the organization hopes to bring about through its quality enhancement activities. An example of a goal would be, “Our individuals will be safe and healthy.”

B. Objectives

Objectives are the stepping stones that assist you in realizing your goals. Objectives are how you achieve your goals. Objectives are written in an active

tense and use verbs such as “plan,” “write,” “conduct,” “produce,” as opposed to “learn,” “understand,” “feel.” Objectives should be realistic targets for the organization and should always answer the following question, “Who is going to do what, when, why, and to what standard?” An objective for the goal above might be, “By June 20xx, organization XYZ will have a 10% reduction in the number of hospitalizations for preventable conditions.

A tool that is very helpful in writing objectives is the acronym *SMART*. *SMART* encompasses five important elements to develop valid and meaningful objectives.

1. Specific – What exactly are you going to do and for whom?
The organization states a specific outcome, or a precise, clearly defined objective to be accomplished. The outcome are stated in numbers, percentages, frequency, reach, scientific outcome, etc.
2. Measurable – Is the objective measurable and can you measure it?
The objective can be measurable and the measurement source must be identified. If the objective cannot be measured, the question of the cost of non-measurable activities must be addressed. All activities are measurable at some level.
4. Achievable – Can you get reach the objective in the proposed timeframe?
The objective or expectation of what will be accomplished must be realistic given your organization’s capacity, time period, resources, etc.
5. Relevant – Will the objective lead to the desired results?
The outcome or results of the objective directly supports the outcomes of the organization’s plans or goals.
5. Time-framed – When will you accomplish the objective?
The target date for achieving the objective is clearly be stated. This target date will give you the capability to organize your quality activities and efforts around process improvement.

4.7 ACTIVITIES/ACTION PLANS

A. Development of Activities and Action Plans

After you have identified your objectives to achieve your goals, identify one or more activities (and action plans for each activity) to address each objective. Activities and action plans explain exactly how you are going to achieve your objective. For example, to reduce hospitalizations for preventable conditions, you might have several activities, such as developing protocols, training staff, developing tracking mechanisms, etc. The action plans for each activity will identify who does what and in what sequence.

Activities and action plans should:

1. Tell how the objective will be achieved;
2. Be specific and detailed;
3. List exactly what work needs to be done;
4. Include targeted completion dates; and
5. Identify the person(s) responsible for each action step

listed. B. **Status Reports on Implementation**

The person identified as responsible for each activity on the plan is required to periodically provide a regularly occurring status report on implementation of the various steps. These status reports is provided to management and communicated to all stakeholders as appropriate, so that they may be kept abreast of the implementation of the various quality improvement activities.

4.8 BENCHMARKS

Benchmarks enable you to compare progress toward achieving your benchmark (where you want to be) as compared to a baseline (where you are now). Benchmarks is utilized to evaluate the effectiveness of your actions. Evaluation of the achievement of your objectives is critical to the success of your Quality Improvement Plan.

4.9 QUALITY IMPROVEMENT PLAN (QIP)

A. Identifying Opportunities for Improvement

Your QIP provides your organization with a well thought out process to systematically identify opportunities for improvement and to resolve problems. It also provide means to detect small or developing problems and fix them before they get out-of-hand and to detect potential problems and institute actions to prevent them from occurring at all.

B. Implementing the QIP

Even more important than having a Quality Improvement Plan is the implementation of that plan. A plan is just a piece of paper unless the activities and action steps on the plan are actually implemented. Implementation serves two purposes: to improve current or create new processes which will result in improved performance on quality outcomes; and to maintain a culture of quality improvement in your organization.

Each quality improvement step you take should show that quality enhancement works, how it works, why it works, and what benefits are achieved through quality improvement.

C. Evaluating QIP Implementation

An integral part of your Quality Management Strategy is evaluating implementation fidelity (Are you doing what your plan said you would do?) and plan effectiveness (Are you achieving your desired results?).

As implementation begins, the strategic planning for quality management and improvement has been completed. To make sure of this, ask yourself these questions:

1. Has quality been defined by all stakeholders?
2. Have outcomes been prioritized?
3. Have goals, objectives, activities and action steps, and benchmarks been developed?
4. Have valid, measurable performance indicators been selected?
5. Is my data collection process complete?

If you can answer “yes” to these questions, then implementation can begin.

4.10 EVALUATION

A. Monitoring and Evaluating the QIP

1. Evaluation involves monitoring the implementation of your QIP and determining its effectiveness. Evaluating the fidelity of your plan is just a fancy way of determining if you are doing what you said you would do. Are the activities and actions occurring according to your plan? Are you meeting your timelines? Are you collecting data so that you can measure your progress toward meeting the goals and objectives that you have established?
2. By evaluating or monitoring your plan and your data you can ascertain if you are doing better since implementing the improvement steps. Bar charts, graphs, or other statistical processes can be used to analyze data collected. Your data will help you determine your progress in achieving your objectives which will lead to meeting your goals, which ultimately will result in increased quality of the services and supports you provide.

B. Revising the OIP

Your plan should never be set in stone. If your evaluation shows that the activities and action steps within your QIP are not feasible or that they are not achieving the result that you expected, you will need to revise your QIP. All parts of your QIP are subject to revision.

4.11 REVIEWING AND UPDATING YOUR QUALITY IMPROVEMENT PLAN

An organization's quality management and improvement strategies must be dynamic. Goals, objectives, improvement strategies, and data must be continuously reviewed and updated. Your Quality Enhancement Plan will not be an "annual" plan in the sense that it is only reviewed once a year. Each quality improvement activity remains in your plan for as long as it takes to implement the activity and to assure the effectiveness of the activity in improving performance; this may be for several months or just a few weeks. Details of the plan (e.g., specific action plans, target dates, etc.) are revised as needed. Steps that prove to be ineffective are reconsidered. New goals, objectives, and activities are added, as appropriate.

When reviewing and updating your plan, ask yourself:

- A. Do we need to revisit our Outcomes and Performance Indicators?
- B. Is our Quality Council working for us? Do we need to modify its functions, change membership, or alter frequency of meetings?
- C. Is our quality infrastructure effective? Do we need to make any changes to better support staff in their various responsibilities related to the provision of quality services to the elderly and people with disabilities?
- D. Are our discovery methods effective in providing us with the information we need to manage our organization and provide quality services?
- E. Do our information technology systems meet our needs or do we need to update our systems?
- F. Do we need to make any changes in the data reporting, analysis, and review processes?
- G. Are our remediation and quality enhancement processes effective? Do we need to change anything? These reviews and revisions of your Quality Improvement Plan and Quality Management Strategy will enable your quality efforts to evolve over time so that your organization will be prepared to meet new challenges and opportunities as they arise.

CHAPTER 5

REIMBURSEMENT, REPORTING AND RECORDS OF STATE-FUNDED SERVICES

5. **INTRODUCTION**

The provider of state-funded developmental disability services must have an executed, signed contract for those services with DBHDD prior to reimbursement for services rendered. Providers of state-funded developmental disability render services in accordance with the applicable *Community Service Standards for Developmental Disability Providers* established by DBHDD as defined in the most current version of the DBHDD [Provider Manual for Community Developmental Disability Service Providers, 02-1201](#).

Providers of state-funded developmental disability services are required to deliver services as specified in the Initial Individual Service Plan (IISP) or Comprehensive Individual Service Plan (ISP). Compensation for services is based on the delivery of authorized services specified in the IISP or ISP.

This chapter specifies the procedures for reimbursement for state-funded developmental disability services and specific reporting and record requirements for these services in addition to the applicable standards in the most current provider manual.

5.1 **REIMBURSEMENT OF STATE-FUNDED DEVELOPMENTAL DISABILITY SERVICES**

The provider submits billing through Carelon Provider Connects, the statewide billing system for State Funded claims. Billing is based on what is approved in each person's ISP. A tutorial for the billing process can be found at <https://www.georgiacollaborative.com/providers/archive/#webinars>. Additional information on reporting by the provider is in the section on billing and associated reporting in this chapter.

Reimbursement for state-funded developmental disability services is by category as follows:

A. **Community Access Group Services (CAG) (UAS Expense Code 401)**

1. **Payment Stipulations:**

- a. DBHDD's contract with the provider of Community Access Group Services stipulates that the contractor will provide authorized services to individuals

who meet the Department’s criteria for state supported developmental disability services and have no other means of payment for this service. Eligibility criteria for state-funded developmental disability services are outlined in Chapter 1 of this manuals.

- b. The provider agrees to render services based on the frequency and duration specified in the Individual Service Plan for each authorized individual.
- c. On an exceptional basis, for individuals receiving Community Access Group Service, the planned provision and utilization of services may be less frequent but must be so indicated in the individual’s ISP and approved by the Regional Field Office.
- d. Payment requests for Community Access Group Services provided to any one individual shall not exceed an annual amount of \$21,900.00 without prior review and authorization by the Regional Field Office. The provider can bill by the unit rate of \$14.60 per hour.
- e. All individuals served by the provider are authorized by the Regional Field Office through the admissions process.

2. Payment Terms:

The provider shall be paid an hourly rate of \$14.60 per hour for direct services, or the provision of documented indirect Intervention Services specifically on behalf of the individual as prescribed in the ISP, up to the authorized amount for Community Access Group Services for each individual. Indirect Intervention Services consist of design and development of activities in any location outside the individual’s own or family home or any other residential setting that assist the individual to learn, use, and/or maintain adaptive skills required for active community participation and independent functioning, which includes services provided on behalf of a specific individual.

The total annual payment for **Community Access Group** is specified in DBHDD’s contract with the provider. The table below indicates reimbursement rates for CAG Services based on Category/Tiers:

Service Description	Unit Rate	Unit of Service	Payment Not to Exceed Annually Per Individual
Community Access Group Services	\$3.65	15 min	\$21,900.00
Community Access Group Services – Category 1 - Facility	\$3.65	15 min	\$21,900.00

Community Access Group Services – Category 1 - Community	\$3.65	15 min	\$21,900.00
Community Access Group Services – Category 2 - Facility	\$3.65	15 min	\$21,900.00
Community Access Group Services – Category 2 - Community	\$4.18	15 min	\$25,080.00
Community Access Group Services – Category 3 - Facility	\$3.65	15 min	\$21,900.00
Community Access Group Services – Category 3 - Community	\$5.23	15 min	\$31,380.00
Community Access Group Services – Category 4 - Facility	\$3.65	15 min	\$21,900.00
Community Access Group Services – Category 4 - Community	\$7.42	15 min	\$44,520.00

B. Community Individual Services (UAS Budget Code – 442):

1. Community Access Individual (UAS Expense Code 402):

DBHDD’s contract with the provider of Community Access Individual (CAI) Services specifies the number of individuals to receive CAI Services from the provider during the contract year and the annual amount of funding. These individuals must meet the eligibility criteria for state-funded developmental disability outlined in Chapter 1 of this manual and have no other means of payment for these services.

For the provision of Community Access Individual Services, the provider is reimbursed an hourly rate of \$42.20 per hour up to \$15,192.00 per annual ISP.

C. Supported Employment (UAS Budget Code – 443):

1. Supported Employment Services (UAS Expense Code 407)

DBHDD’s contract with the provider of Supported Employment Services specifies the number of individuals to receive Supported Employment Services from the provider during the contract year and the annual amount of funding. These individuals must meet the eligibility criteria for state-funded developmental disability outlined in Chapter 1 of this manual and have no other means of payment for these services.

For the provision of Supported Employment Services, the provider is reimbursed \$616.90 per month for each individual receiving a minimum of two face-to-face contacts for job coaching and/or job development during the month. Reimbursement for individuals receiving Supported Employment services shall not exceed the annual amount of \$7,402.80.

D. Residential Services (UAS Budget Code – 444):

1. Community Living Supports (CLS) Services (UAS Expense Code 412):

DBHDD’s contract with the provider of Community Living Supports (CLS) Services specifies the number of individuals to receive CLS Services from the provider per month either through direct services, or the provision of documented indirect intervention services specifically on behalf of the individual as prescribed in the ISP. These individuals must meet the eligibility criteria for state-funded developmental disability outlined in Chapter 1 of this manual and have no other means of payment for these services during the calendar month. The contract also specifies the annual amount of funding. CLS services are reimbursed in 15-minute unit increments using three distinct categories: basic, extended, and shared CLS defined as follows:

- a. Basic CLS is defined as service delivered during visits of 11 or fewer units (2.75 hours) of service per visit. Note: CLS service delivered in two or more distinct visits per day may be billed under Basic CLS to accommodate travel required between visits.
- b. Extended CLS is billed for visits of more than 12 units (3.00 hours) per visit.
- c. Shared CLS reimbursement includes two- and three-person group rates. Shared CLS is designed to accommodate voluntary home sharing of individuals, allowing one staff person to provide CLS services to groups of two or three individuals. The table below indicates reimbursement rates.

Service Description	Unit Rate	Unit of Service	Payment
			Not to Exceed
CLS – 1 Person (Basic)	\$9.98	Per 15 Minutes	\$83,520.00
CLS – 1 Person (Extended)	\$9.28	Per 15 Minutes	\$83,520.00
CLS – 2 Person (Basic)	\$5.49	Per 15 Minutes/Per Individual	\$83,520.00
CLS – 2 Person (Extended)	\$5.10	Per 15 Minutes/Per Individual	\$83,520.00
CLS – 3 Person (Basic)	\$3.99	Per 15 Minutes/Per Individual	\$83,520.00
(CLS – 3 Person (Extended)	\$3.71	Per 15 Minutes/Per Individual	\$83,520.00

2. Community Residential Alternative Service (CRA) (UAS Expense Code 411)

DBHDD’s contract with the provider of Community Residential Alternative Services (CRA) specifies the number of individuals to receive CRA Services from the provider during the contract year and the annual amount of funding. These individuals must meet the eligibility criteria for state-funded developmental disability outlined in Chapter 1 of this manual and have no other means of payment for these services during the calendar month. CRA services are as indicated in the ISP.

The provider is reimbursed the daily rate noted below for provision of CRA Services for each individual being served per month with the monthly amount not to exceed amount noted below. Reimbursement for Community Residential Alternative Services shall not exceed an annual maximum amount noted below per individual:

Service Description	Unit Rate	Unit of Service	Payment Not to Exceed per Month	Payment Not to Exceed Annually Per Individual
Community Residential Alternative Services – Host Home, Category 1	\$163.33	1 Day	N/A	\$56,185.52
Community Residential Alternative Services – Host Home, Category 2	\$220.11	1 Day	N/A	\$75,717.84
Community Residential Alternative Services – 3-Person Residence, Category 1	\$294.16	1 Day	N/A	\$101,191.04
Community Residential Alternative Services – 3-Person Residence, Category 2	\$323.26	1 Day	N/A	\$111,201.44
Community Residential Alternative Services – 3-Person Residence, Category 3	\$382.32	1 Day	N/A	\$131,518.08
Community Residential Alternative Services – 3-Person Residence, Category 4	\$507.05	1 Day	N/A	\$174,425.20
Community Residential Alternative Services – 4-Person Residence, Category 1	\$248.35	1 Day	N/A	\$85,432.40
Community Residential Alternative Services – 4-Person Residence, Category 2	\$292.42	1 Day	N/A	\$100,592.48
Community Residential Alternative Services – 4-Person Residence, Category 3	\$341.79	1 Day	N/A	\$117,575.76
Community Residential Alternative Services – 4-Person Residence, Category 4	\$447.57	1 Day	N/A	\$153,964.08
Community Residential Alternative Services – 5-Person Residence, All Categories	\$186.94	1 Day	N/A	\$64,307.36

3. CRA Host Home Payment:

a. Administrative Cost and Payment to Host Home Provider.

The following are requirements for administrative costs of the Community Residential Alternative (CRA) provider agency and the agency’s payment to the Host Home provider:

- i. Host Home Budget and Payment Details:
 - The budget and agreed payment details to the Host Home provider for each individual in each Host Home enrolled by the DBHDD provider agency must support the amount of payment to the Host Home Provider, which allows for the provision of the CRA services specified in the ISP of the individual and ensures the health and safety of the individual in the Host Home arrangement.
 - A copy of the budget and agreed payment of the Host Home provider must be submitted and approved as part of pre-placement package to the Regional Field Office staff prior to any individual moving into a Host Home. Budget and payment details must be revised and re-submitted to the Regional Field Office staff whenever there is an enhancement or decrease in the individual's residential allocation as well as on an annual basis. A copy is maintained in the individual's record.
 - Individual budget details submitted must include but is not limited to the individual's name and Medicaid number (if applicable), address and contact information of the Host Home.
- ii. CRA Provider agencies and Host Home Providers must comply with [Supervision and Protection of Personal Funds and Belongings in Intellectual and Developmental Disability Residential Services, 02-702.](#) Management of Day to Day living expenses shall include but is not limited to:
 - The CRA Provider provides individuals who reside in agency operated Host Homes with an agreement regarding day-to-day living expenses upon admission, annually, or as needed. This agreement shall be reviewed at the annual ISP and shall include a statement of all associated housing and food costs; and any estimated medical, dental, and clothing fees or charges assessed to the individual, to the extent that those funds are available. See the Day to Day Living Expenses Budget Agreement (Attachment C) for an example of a day to day living expense agreement. Providers are encouraged to use this form, but a provider may also develop their own form so long as the form is substantially similar to Attachment C.
 - CRA Provider shall notify the individual and Host Home Provider, in writing, 60 days prior to changes in charges. Copies of the day-to-day living expenses agreement are maintained in the record of the individual served.
 - Day-to-day living expenses agreement must be signed by the individual/authorized representative, provider agency and agency

operated host home provider serving the individual. The signed copy is maintained in the individual's record.

E. Support Services (UAS Budget Code 445): Reimbursement for the category of Behavioral Supports Services occurs under Support Services as follows:

1. Behavioral Supports Services (UAS Expense Code 421):

a. Behavior Supports Services Level 2

- i. Contractor will provide Behavior Support Services to authorized individuals during the contract year who meet the Department's criteria for state supported I/DD services, and who have no other means of payment for these services.
- ii. For the provision of Behavior Support Services Level 2, the Contractor shall be paid a rate of \$36.68 per 15 minutes per individual. This funding covers development of behavior support plans and services.

b. Behavior Supports Services Level 1

- i. Contractor will provide Behavioral Support Services to authorized individuals during the contract year who meet the Department's criteria for state supported I/DD services, and who have no other means of payment for these services. Behavior Support Services Level 1 Contractor must be supervised by an approved Behavior Supports Services Level 2 Contractor to render services.
- ii. For the provision of Behavior Support Services, Level 1, the Contractor shall be paid a rate of \$24.36 per 15 minutes per individual. This funding covers delivery of components of data collection and monitoring of behavior support services.

F. Respite Services (UAS Budget Code 446):

DBHDD's contract with the provider of Respite Services Indicates that the provider shall be paid a monthly reimbursement of expenses for the provision of Respite Services not to exceed a specified annual amount. In addition, DBHDD's contract with the provider includes the following:

1. Scheduled Respite

DBHDD's contract with the provider of Respite Services stipulates that the contractor will provide authorized services to individuals who meet the Department's criteria for state supported developmental disability services outlined in Chapter 1 of this manual and have no other means of payment for these services. The provider agrees to render services based on the

frequency and duration specified in the Individual Service Plan for each authorized individual.

2. **Unscheduled Respite**

DBHDD's contract with the provider of Respite Services stipulates that the contractor will provide authorized services to individuals who meet the Department's criteria for state supported developmental disability services outlined in Chapter 1 of this manual and have no other means of payment for these services. The provider agrees to render services based on the frequency and duration specified in the Individual Service Plan for each authorized individual.

The Unscheduled Respite Service is intended to be short term for an individual experiencing a crisis who requires a period of structured support and/or programming. Unscheduled Respite may also be necessitated by unavoidable circumstances, such as death of a caregiver or loss of residential placement. Unscheduled Respite may be provided In-Home or Out-Of-Home. The Regional Field Office approves Unscheduled Respite Services only when the current support or residential placement is unstable or unavailable, and no other formal or informal supports are available to the individual. A specific plan to transition the individual back to his or her permanent home is presented at the time of admission. The plan is developed and implemented by the Planning List Administrator (PLA), State Services Coordinator, Support Coordinator (SC), or Regional Field Office designee when applicable. Individuals will NOT be placed (except in extreme emergency) without a specific plan for discharge (including date, location and responsible party).

G. **Other Services:**

DBHDD's contract with the provider of other services (e.g., crisis services and special projects) specifies the reimbursement procedures for these services. These contracts define the other services and any specific expectations for the delivery of these services beyond the general expectations for all state-funded developmental disability services.

5.2 **STATE-FUNDED DEVELOPMENTAL DISABILITY BILLING AND ASSOCIATED REPORTING REQUIREMENTS**

- A. The billing and associated reporting requirements for state-funded DD services are as follows:
 - 1. The provider submits billing through Carelon Provider Connects. Billing is based on what is approved in each person's ISP. A tutorial for the billing process can be found at <https://www.georgiacollaborative.com/providers/archive/#webinars>.

2. The provider submits the original MIER (Monthly Income and Expense Report) to DBHDD’s contract person by the 10th of the month via secure email for individuals who do not have a Prior Authorization in the case management system, IDDC.
3. Supported Employment providers submit monthly programmatic reports by the 10th day of the month. Reports is submitted via secure email to the following address: supportedemployment@dbhdd.ga.gov.

B. Reimbursement Issues for State-Funded Developmental Disability Services: The provider of state-funded developmental disability notifies the Regional Field Office of any issues with reimbursement of state-funded developmental disability. The Regional Field Office works with the provider to assess and rectify, as indicated, issues in the reimbursement for state-funded developmental disability services.

C. Reimbursement Adjustments: Failure to follow standards for state-funded services in this manual may result in reimbursement adjustments.

5.3 STATE-FUNDED DEVELOPMENTAL DISABILITY SERVICES REPORTING

The provider of state-funded DD services submits reports as required and requested by the Regional Field Office. These reports may include an annual report that provides a statistical summary of expenditures, and individual service and outcome data. Monthly reporting and other requirements of the contract between the provider and the State of Georgia, Department of Behavioral Health and Developmental Disabilities must be met.

A. Quality Improvement Reporting – The provider maintains a well-defined approach for assessing and improving quality as defined in Chapter 4 of this manual. An organizational quality management program should be in place to measure performance, identify deficiencies, and improve quality systematically. The provider shall have established indicators for safety, outcomes and quality of services, and individual satisfaction. The provider generates quarterly quality management reports, including measurement of quality indicators, trend analysis, and quality improvement activities. All QM plans, QIPs, and quarterly QM reports must be maintained by the provider and readily available for DBHDD quality assurance purposes. The quarterly reports must be generated following the schedule below:

Quarter Due	FY 24	Report
1 st Quarter	July 1 - September 30	October 16
2 nd Quarter	October 1 - December 31	January 17
3 rd Quarter	January 1 - March 31	April 17
4 th Quarter	April 1 - June 30	July 17

- B. **Services Records** – The provider is responsible for maintaining records in accordance with the applicable standards established by DBHDD as defined in the most current version of [Provider Manuals for Community Developmental Disability Providers, 02-1201](#). Records are to be maintained in an easily accessible place for monitoring/auditing purposes.
- C. **Regional Field Office Updates** – In addition to reporting requirements as specified in DBHDD policy, the Stated Funded DD Service Provider/Agency must:
1. Notify the Regional Services Administrator for Developmental Disabilities (RSA-DD) within two (2) hours of any deaths and/or high-visibility incidents (as defined in [Reporting Deaths and Other Incidents in Community Services, 04-106](#)) for all individuals receiving state-funded services to the Regional Service Administrators-DD or designee and to the Individual's Planning List Administrator or State Services Coordinator. This notification is in addition to reporting requirements specified in the DBHDD policy.
 2. Submit to the Regional Field Office, DBHDD Contracts Office, and the DBHDD Provider Network Office updated agency and/or contact information.
 3. Enter accurate and/or update current required provider information in the Georgia Developmental Disabilities Provider Information website. The address of this website is as follows: www.georgiacollaborative.com.

CHAPTER 6
OPERATIONAL AND CLINICAL STANDARDS FOR GEORGIA
CRISIS RESPONSE SYSTEM (GCRS-DD)

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PROGRAM DESCRIPTION

The Georgia Crisis Response System (GCRS) provides community-based crisis services that support individuals with I/DD in their communities as an alternative to institutional placement, emergency room care, and/or law enforcement involvement, including incarceration. By design, these services, hereinafter referred to as “intensive in-home” and “intensive out-of-home,” are a measure of last resort and provided on a time-limited basis to ameliorate the presenting crisis. As an intended outcome of these services, the interventions should enhance the family and/or caregiver’s ability to meet the needs of the individual and minimize the need for the individual to leave his/her home in order to resolve the presenting crisis.

The individual’s assessment, completed by Mobile Crisis, is an essential part of this service delivery system in that it determines the appropriate response for the presenting crisis. Entry into this system takes place through the Georgia Crisis and Access Line, available toll-free 24/7. Intake staff determine if an individual meets the criteria for Mobile Crisis dispatch.

A. GENERAL REQUIREMENTS

1. All intensive in-home and intensive out-of-home providers must comply with the Community Service Standards for Developmental Disabilities Providers found in the *DBHDD Provider Manual for Community Developmental Disabilities Providers* as applicable for crisis services, as well as the Operational and Clinical Standards for GCRS.
 - a. Prior to operation, a compliance review of the GCRS, to include intensive in-home and intensive out-of-home, should be conducted.
 - b. When the provider is found in compliance with the aforementioned standards, a one-year certificate is provided to operate these services. The certificate is non-transferrable and for each specific site. Note: At any time, DBHDD may request a special compliance review to assess the provider’s compliance with these standards. In addition, individuals receiving intensive out-of-home services shall receive additional clinical oversight to ensure that their medical and behavioral needs are met.
2. The following requirements are applicable to organizations that provide crisis support services to individuals, family members, caregivers, and/or DD waiver provider agencies that access the Georgia Crisis Response System. This system should be utilized for an acute crisis that may present with a substantial risk of imminent harm to self or others or behavior with seriously negative consequences. As a result, the situation may require interventions/actions beyond those outlined in the individual’s Behavior Support Plan/Safety Plan, if applicable. To support individuals in the most integrated, inclusive settings, it is preferred that intensive in-home is rendered, if clinically indicated, prior to referring an individual to intensive out-of-home. Intensive out-of-home is not to be used as respite or to address housing instability absent a behavioral crisis as assessed by Mobile Crisis.
 - a. Intensive in-home and intensive out-of-home staff will coordinate with the individual’s current provider(s), when applicable, for assessment and to

recommend any changes in services. Mobile Crisis assesses individuals ages 4 and older who meet eligibility criteria for dispatch. Intensive in-home serves individuals ages 4 and older, while intensive out-of-home is available only to adults ages 18 and older and children ages 10 through 18. Decisions regarding interventions are based on an assessment to ensure that the least restrictive interventions likely to be successful are utilized and to justify the need for any restrictive interventions and/or or placements, i.e. referrals to intensive out-of-home supports, Crisis Stabilization Units, or other recommended care that meets the needs of the individual.

- b. Plans intended to modify behavior over time (not including agency's crisis plans) will not be developed unless appropriate behavioral assessments are completed, the individual and caregiver are willing to accept this support, and the staff who develop the plans are able to provide follow-up support, replacement activities and training.
- c. Discharge planning should begin at intake and continue throughout utilization of intensive crisis supports. The discharge planning process should include collaboration with all applicable parties, family members/provider(s), Support Coordination, and Regional Field Office staff, including the Planning List Administration and Intake and Evaluation (I&E) teams. The social work staff in the Crisis Response System must coordinate this process with the oversight of a Licensed Clinical Social Worker (LCSW) or Licensed Professional Counselor (LPC). The discharge process from intensive out-of-home is governed by an established transition process with clearly defined responsibilities of all involved stakeholders.
- d. If an individual is referred to the intensive out-of-home support, the Mobile Crisis Provider is responsible for arranging transportation for the individual to the intensive out-of-home site. Upon discharge from this service, the crisis provider is responsible for arranging transportation or transporting the individual to their place of residence or new provider, if applicable.
 - i. In addition to current reporting requirements, DD crisis providers must send an email to the DD Crisis Manager Director of DD Field Operations, and both the Regional Services Administrators of the individual's region of origin and the region of the intensive out-of-home site within 24 hours of admission or discharge. In addition, information for the current or potential provider to be included such as the providers/agency's name, contact information and address. Documented evidence of notification will be maintained by the intensive out-of-home provider. This provider is also required to input the individual's information in the I/DD Crisis Beds Inventory Status Board on BHL Web within 24 hours of admission. The same requirements apply at discharge.

B. Intake Requirements

1. Refer to [Provider Manual for Community Behavioral Health Providers, 01-112](#) for definition of Mobile Crisis.

C. Intensive In-Home and Out-of-Home Staffing Requirements

1. The crisis provider will have sufficient staff at all times to provide intensive in-home and out-of-home services simultaneously.
 - a. Staffing composition must include, at minimum, an LCSW/LPC, behavior specialist, RN, and sufficient direct support staff. The crisis provider may supplement this staff with additional direct support staff, MSW, RN, LPN, and Safety Officers. A psychiatrist should remain available for consultation.
 - b. The use of proxy care in intensive out-of-home services is strictly prohibited.
 - c. The crisis provider is required to notify the DD Crisis Manager staff vacancies that impact service delivery and may be required to submit an interim staffing plan.
2. All licensed or certified team members are required to comply with [Professional Licensing or Certification Requirements and the Reporting of Practice Act Violations, 04-101](#) maintaining valid/current license or certification.
3. The LCSW/LPC provides clinical oversight of service provision and ensures that all documentation is completed in compliance with these standards and related policies.
4. All applicable DBHDD policies regarding Limited English Proficiency and Sensory Impairment are followed (i.e. [Nondiscrimination and Accessibility for Individuals with Disabilities and Individuals with Limited English Proficiency, 15-100](#), and [DBHDD Field Office Access Coordinators, 15-103](#)). In addition, crisis providers must consult with the Office of Deaf Services, in accordance with policy, for additional evaluation and support, if needed.

D. Case Management by Crisis Provider

1. Once the presenting crisis has been stabilized, individuals receiving intensive in-home or intensive out-of-home support shall also receive case management provided by the provider. Case management continues until the individual is safely transitioned. Individuals receiving intensive out-of-home services are automatically eligible for Intensive Support Coordination during their admission and for at least 30 days post-transition.
2. Case management is a time-limited service that connects the individual in crisis to the necessary services and supports to ameliorate the crisis situation, collaborate with the individual, Intensive Support Coordination, provider/family, behavioral health providers, behavior support providers, and other community-based providers for the development of a discharge plan.

E. Intensive Crisis Support Services Requirements

1. The Crisis Provider must maintain and develop protocols that describe processes for the provision of intensive crisis supports. At a minimum, the description must include the following processes:
 - a. Accessing Intensive Crisis Supports;
 - b. Types of Intensive Crisis Supports it plans to provide;
 - c. Procedures for utilizing Intensive Crisis Supports both in and out of the individual's home; and
 - d. Follow-up recommendations for on-going individual care that includes Family and/or Provider supports, linkages and training.

2. When behavioral interventions are necessary, Crisis Response staff follow applicable *Best Practice Standards for Behavioral Support Services* and the Community Service Standards for Developmental Disability Providers found in the *Georgia Department of Behavioral Health and Developmental Disabilities Provider Manual for Community Developmental Disabilities Providers as applicable to crisis supports services. The Guidelines for Supporting Adults with Challenging Behavior in Community Settings* provides additional information to consider when developing intervention strategies. (The standards and guidelines are found at [Provider Information: Provider Toolkit](#).)
3. With the oversight of a licensed clinician, the Mobile Crisis Team determines and documents the existing level of crisis that requires the initiation of intensive crisis supports. Referrals to intensive crisis supports are initiated through Mobile Crisis. Please note, the individual must have evidence of a DD diagnosis in order to access these services.
 - a. The criteria to receive intensive in-home include:
 - i. The Mobile Crisis Team is not able to mitigate the crisis in a reasonable amount of time OR
 - ii. The crisis was resolved but environmental variables and/or the individual's lack of adaptive behavioral responses make another crisis imminent AND
 - iii. The caregiver or DD service provider is not capable of providing necessary intervention and protection for the individual or others living with the individual AND
 - iv. The intensive in home crisis supports will enable the individual to avoid institutional placement (such as a placement in a behavioral health hospital, nursing home, jail or correctional facility).
 - b. The criteria to receive intensive out-of-home include:
 - i. All of the intensive in-home supports criteria AND
 - ii. The safety of others living in the home with the individual or others living in the community cannot be maintained through the use of Intensive In-Home Supports with written justification based on clinical observation and/or assessment OR
 - iii. Extensive physical environmental modifications are needed because of the crisis and the individual cannot safely reside in the home with Intensive In-Home Supports while modifications are completed.
 - iv. May not be used as respite or to address housing instability absent a behavioral crisis as assessed by the Mobile Crisis Team. In addition, this service will not be used to address allegations of abuse, neglect, or exploitation in which funding from Child/Adult Protective Services or other state agencies is available.
4. When the individual meets the following criteria, he/she must be discharged from the service with an accompanying written discharge plan indicating at a minimum that:
 - a. The crisis has been resolved and a plan has been developed that identifies early interventions to prevent future crisis or allows current caregivers, family or staff to maintain safety should future crises arise AND
 - b. Family and/or all providers providing direct supports have been trained and can implement all components of the plan AND

- c. The individual has met the discharge criteria and the plan of discharge was developed in collaboration with and reviewed with family, Support Coordination, Regional Field Office staff and/or DD service provider(s) OR
 - d. The individual exhibits medical conditions requiring more intensive medical care that cannot be provided through intensive crisis supports.
5. Prior to admission, the crisis provider will review the rules and procedures of this service as part of the consent for treatment. If the individual's family, caregivers, friends, or other visitors do not comply with the rules such that it causes, or has the potential to cause, a significant disruption to the milieu and/or safety risk to the individuals and staff, the crisis provider reserves the right to restrict and/or prohibit visits. In the event this occurs, the crisis provider should provide education about the rules and establish a plan to resume visits, provided it is safe and therapeutically beneficial for the individual.
 6. In addition, individuals who spend more than 48 consecutive hours, planned or unplanned, in the care of natural or paid caregivers without the assessed need by the out-of-home provider to return to this service for further stabilization or additional opportunities for transition preparedness, will be discharged from this service. Exceptions will apply to those individuals who must have routine trial visits in preparation for transition.
 7. If the individual will be admitted from an inpatient or acute care setting (i.e., ER), the individual must be free from the administration of chemical restraint (i.e., PRN psychotropic, anxiolytic, sedative medication) and the application of physical restraint (i.e., 2-point and 4-point restraints) for at least 24 consecutive hours prior to admission. Intensive out-of-home is not an environment or service that should be used for psychiatric stabilization.

F. Intensive In-Home Support Requirements

1. Intensive In-Home Support services include, but are not limited to the following:
 - a. Implementation of behavioral intervention strategies, under the direction of the crisis provider behavior specialist/clinician and, when applicable, in collaboration with behavior service providers already working with the individual, to include any effective interventions outlined in the individual's current behavioral support and/or safety plan. Other in-home supports include the provision of one-to-one support to address the crisis; modeling of interventions with family and/or provider staff; identification of needed supports for individuals dually diagnosed, assistance with simple environmental adaptations as necessary to maintain safety; and, when necessary, accompanying the individual to appointments related to the crisis supports.
 - b. The provision of a staffing pattern up to 24 hours per day, seven (7) days per week, with the intensity of the staff supports decreasing over seven (7) calendar days. When an individual is in the care of paid caregivers, intensive in-home should only be provided when the residential/CLS provider confirms the staffing ratio required by the individual's ISP. In-home services are not to be used for staffing coverage.
 - c. Maintenance of stakeholder's involvement in the response to the crisis, in order to restore the individual to pre-crisis supports and/or provider services.

- d. Training provided by qualified professionals, including behavioral specialists to support crisis stabilization and the return of the individual to pre-crisis services and supports, to include:
 - i. Demonstration of interventions to the family/caregiver and/or existing DD service provider (if applicable);
 - ii. Implementation of these interventions by the family/caregiver and/or existing DD service provider (if applicable); and
 - iii. Decrease dependence on restrictive services such as hospital emergency rooms and jails and to focus on effective crisis plans that are more proactive than reactive and to prevent or manage crisis with as little a change in their day-to-day community life.
- 2. Documentation of Intensive In-Home Support services is to:
 - a. Occur on a daily basis;
 - b. Include a description of the behavioral interventions utilized; and
 - c. Indicate the training process and identity of the trained caregiver or staff that will support the individual upon termination of crisis supports.
- 3. As a time-limited response, intensive in-home services should not exceed seven (7) calendar days. Extensions beyond seven (7) calendar days are the exception and are not typical. However, clinical follow-up by the behavior specialist or clinician is allowed for up to fourteen (14) days when the need is justified and documented appropriately.
 - a. Exceptions to this timeframe are to be based on extraordinary circumstances assessed daily by the provider.
 - b. Extensions beyond 7 calendar days are to be approved by the DD Crisis Manager or designee. Note: As soon as the crisis provider's staff indicates the need, the DD Crisis Manager or designee engages and reviews all necessary information for an individual whose circumstances determine the need for this exception.
- 4. Intensive In-Home providers must develop and maintain operational protocols for the service. At a minimum, protocols must include detailed descriptions of processes that address:
 - a. Stabilization interventions that emphasize positive approaches and protect the health and safety of the individuals, and include the utilization of professional consultation; training available to individuals, family members, and providers; utilization of existing positive behavior support plan and safety plans; ongoing assessment of health and safety needs by qualified professionals; and the role of direct support professionals when working in an individual's home;
 - b. Referral and/or transport to intensive out-of-home crisis supports. Note: Justification for why out-of-home crisis supports is recommended needs to be included in the referral;
 - c. Referral to hospital emergency department to include justification for the referral.
- 5. Training Requirements: Training records are to be maintained, which document that all Crisis Response System staff (in-home and out of home) have participated in training (that includes applicable DBHDD Community Services Standards required trainings) and there is documentation to demonstrate their competence in all crisis protocols and relevant applicable trainings that includes but is not limited to:
 - a. Single Point of Entry (SPOE):
 - i. Mobile crisis dispatch criteria
 - ii. Telephonic crisis intervention

- b. Mobile team members and intensive support staff are trained in protocols for:
 - i. Assessing the crisis (specific I/DD training in treating and diagnosing problems)
 - ii. Onsite service operations determination for any risks
 - iii. Referral decision criteria
 - iv. Required crisis intervention curriculum
 - Crisis Prevention Institute (CPI) www.crisisprevention.com
 - Handle with Care Behavior Management System, Inc. www.handlewithcare.com
 - Mindset <http://interventionsupportservice.com/>
 - Safe Crisis Management www.jkmtraining.com
 - Safety- Care (QBS, Inc.) www.qbscompanies.com
 - v. Cardiopulmonary Resuscitation (CPR)
 - vi. First Aid
 - vii. Documentation standards and expectations
 - viii. Person Centered Planning
 - ix. Training in working with I/DD population with dual/co-occurring diagnosis, and
 - x. Training in Trauma Informed Care for individuals with I/DD.

G. INTENSIVE OUT-OF-HOME SUPPORT REQUIREMENTS FOR CRISIS SUPPORT HOMES

The intent of Intensive Out-of-Home Supports is to stabilize the individual through nursing and behavioral supports, on a time-limited basis. Intensive Out-of-Home Supports are to be provided in the DD Crisis Support Homes, which may provide crisis supports to no more than four individuals simultaneously. Individuals under the age of 18 years cannot be served in an Adult DD Crisis Support Home. There is currently no required licensure for the DD Adult Crisis Support Homes. However, each DD Crisis Support Home (both Adult and Child & Adolescent) must receive an initial DBHDD compliance review, which is valid for six months, and approximately, after six months of serving individuals, a full compliance review will be conducted. Provider will adhere to [Accreditation and Compliance Review Requirements for Providers of Developmental Disability Services, 02-703](#). Referrals to this service are initiated by Mobile Crisis and reviewed/approved by the DD Crisis Manager or designee.

G1. DD CRISIS SUPPORT HOME PROTOCOL FOR OPERATIONS

1. Intensive out-of-home providers must develop and maintain protocols for the DD Crisis Support Homes that include but are not be limited to:
 - a. Criteria for determining when and if a referral to an out-of-home crisis support is necessary;
 - b. Staffing plan to include the minimum staffing of a registered nurse, a licensed professional nurse, day, evening and night staff, a behavior specialist, and a psychologist;
 - c. Transportation plan to and from home(s);

- d. The availability of a licensed clinical social worker to assist crisis support home staff with case management and discharge planning services, to ensure that appropriate referrals and/or coordination of services are part of the transition back to the home environment.
 - e. Accessing emergency health services;
 - f. Medication Management;
 - g. Utilization of an individual's health care plan and protocols;
 - h. Utilization/development/revision of an individual's behavior support plan and/or safety plan, when applicable;
 - i. Identification of needed BH/DD supports for individuals with dual diagnosis; and
 - j. Coordination with an individual's family, support coordinators, residential providers, behavioral support professionals, Regional Field Office, and health care providers, as applicable. The focus of the collaboration is to enable the individual to return home or to the previous placement as appropriate.
2. In addition, the protocols must meet the following:
 - a. For anyone not currently receiving I/DD services, provider must contact the Regional Field Office within 24 hours of admission to initiate eligibility determination.
 - b. Intensive out-of-home support should be used a time-limited, goal directed service and never viewed as a residential option.
 - c. Discharge is determined by the individual's behavioral stability and availability of community-based supports identified to appropriately address the individual's assessed needs. Although admission is not intended to be greater than 30 days, the Division acknowledges that stability is an individual construct and, as a result, some individuals may require longer – or shorter – lengths of stay.
 - d. DD Crisis Manager reviews the status of all transitions at least biweekly and monitors progress as reflected in the crisis transitions process. The DD Crisis Manager addresses transition barriers with the Intensive Support Coordinator and crisis provider.
 3. The development of a discharge plan is to be person-centered, beginning at intake and noting:
 - a. An evaluation of additional supports and services by Intensive Support Coordinator
 - b. Intensive support team has trained the staff in post-crisis services placement and/or family members regarding any interventions utilized in the out-of-home crisis placement that will be needed upon transition back home.
 4. Upon discharge from this service, the individual may:
 - a. Return to his/her family home or provider placement;
 - b. Experience a permanent change in provider location. For individuals in waiver services, a permanent change in provider location will require an assessment evaluation as a result of an approved Individual Service Plan (ISP) version change based upon the long-term interests of the individual and in accordance with DBHDD policies.
 5. Support services and discharge planning case management are to be documented daily by appropriate staff.
 6. Records of pre-service and annual training of Crisis Support Home staff, including names of persons trained, the training source, content, dates, length of training, and

copies of certificates received and persons attending must be kept and be readily available.

7. Intensive out-of-home services are voluntary. As such, an individual and/or his/her legal guardian has the right to request discharge at any time. In this event, the crisis provider should adhere to the following escalation protocol:

Presents with <u>no</u> plan or access to supports¹	Presents with <u>a</u> plan and access to supports²
<ol style="list-style-type: none"> 1. Clinical/supervisory staff will meet with the individual to explore reasons for wanting to leave the crisis home. 2. Clinical/supervisory staff will ask the individual what supports are needed in order to feel safe/supported in the crisis home and will implement supports, within reason. 3. Clinical/supervisory staff will review replacement behaviors and/or coping skills with the individual and use de-escalation strategies to address the situation. 4. Clinical/supervisory staff will discuss options and related consequences if the individual (a) decides to remain in the crisis home and (b) decides to voluntarily discharge from this service. 5. Clinical/supervisory staff will document the individual's response to all interventions. 	<ol style="list-style-type: none"> 1. Clinical/supervisory staff will meet with the individual to explore options as identified by the individual. 2. Clinical/supervisory staff will support the individual in informed decision-making, contemplating consequences of (a) remaining in the crisis home and (b) discharging from the crisis home. 3. If individual maintains his/her decision to discharge, clinical/supervisory staff will engage the individual in thoughtful planning and will confirm individual's residence post-discharge. <ol style="list-style-type: none"> a. Crisis provider should offer intensive in-home for a period post-discharge if the environment allows for such intervention. 4. Clinical/supervisory staff will document the individual's response to all interventions.
Required communication from the crisis provider:	
<ol style="list-style-type: none"> 1. Clinical/supervisory staff will call and email the I/DD Crisis Manager and Intensive Support Coordinator (a) within 2 hours if de-escalation strategies are proving to be ineffective or (b) within 4 hours if de-escalation strategies are proving to be effective, with the latter serving as notification of the individual's actions. Clinical/supervisory staff will provide hourly updates to the I/DD Crisis Manager via email or phone call, based on their judgment, until the situation is resolved. <ol style="list-style-type: none"> a. If an individual requests discharge to a homeless shelter, the I/DD Crisis Manager should be notified within an hour of this request. 2. In turn, the I/DD Crisis Manager will notify RSA (region of origin), Regional Field Operations Director, Office of Transitions, and Intensive Support Coordinator via email (or phone call, depending on the situation) for further consultation and planning. 	

G-2. DD CRISIS HOME PHYSICAL ENVIRONMENT REQUIREMENTS:

1. A residence must be constructed, arranged, and maintained so as to provide adequately for the health, safety, access, and well-being of the individual and meet ADA requirements for accessibility and safety.
2. A Crisis Support Home must provide for common living space, dining and private sleeping areas;
 - a. The living and sleeping areas for an individual must be within the same building;
 - b. Supportive devices must be installed as necessary to enable the individual to achieve a greater degree of mobility and safety from falling;

¹ Expresses a *desire* to leave the crisis home, displays behaviors that indicate a desire to discharge (i.e., elopement attempts) but has no actionable plan

² Expresses a *plan* to discharge, with access to resources, money, and/or supports

- c. The general floor plan of the home provides for optimal line of sight observations throughout the home. Blind spots shall be addressed through use of unbreakable convex viewing mirrors that allow visual access by staff;
 - d. All DD Crisis Support Homes must provide an area that affords privacy for the individual and visitors. There must be common spaces, such as living and dining rooms, for use by the individual without restriction;
 - e. Common areas of the residence must be large enough to accommodate the individual without crowding. The areas must be comfortably furnished;
 - f. Upon request, the residence must provide a means of locked storage for the valuables or personal belongings of the individual;
 - g. The residence must provide laundering facilities on the premises for individual's personal laundry;
 - h. All stairways and ramps must have sturdy handrails, securely fastened not less than 30 inches nor more than 34 inches above the center of the tread. Exterior stairways, decks, and porches must have handrails on the open sides unless the surface of the deck or porch is so close to ground level that it does not pose a significant risk of injury to the individual to fall from the deck or porch. If railings include balusters, the spacing should not allow for an individual to put their head through them.
 - i. Floor coverings must be intact, safely secured, and free of any hazard that may cause tripping;
 - j. All areas including hallways and stairs must be lighted sufficiently. Lights shall have flush mounted lighting fixtures that are tamper proof with Lexan or other strong translucent materials. Light switches and electrical outlets shall be secured with non-tamper type screws.
 - k. The following exterior conditions must be maintained;
 - i. Entrances and exits, sidewalks, and escape routes must be maintained free of any obstructions that would impede leaving the residence quickly in the case of fire or other emergency. All such entrances and exits, sidewalks, and escape routes must be kept free of any hazards such as ice, snow, or debris,
 - ii. The yard area, if applicable, must be kept free of all hazards, nuisances, refuse, and litter, and
 - iii. The residence must have its house number displayed, to be easily visible from the street.
 - iv. The home must provide for an outside area where individuals may have access to fresh air and exercise. The area must provide privacy from public view and be constructed/designed to minimize elopement from the area.
3. The following minimum standards for bedrooms must be met:
- a. Bedrooms must have sufficient space to accommodate, without crowding, the individual, the individual's belongings, and the minimum furniture of a bed and dresser;
 - b. The individual's bedroom must have at least one window (screened and in good repair for ventilation) and a closet. In addition, all windows shall be protected with a safety film preferably textured for privacy (so curtains/drapes will not be required) to protect against glass breakage, hold glass pieces in place in an impact

- situation or prevent dangerous flying glass pieces. For newer house construction or replacement of windows, the use of Tempered glass/Lexan/Plexiglass is required.
- c. Bedrooms for individuals must be separated from halls, corridors, and other rooms by floor to ceiling walls. Hallways must not be used for sleeping;
 - d. The floor plan must be such that no person other than the occupant of that bedroom must pass through a bedroom in order to reach another room;
 - e. The bedroom occupied by the individual must have doors that can be closed. For bedrooms that have locks on doors, both the occupant and staff must be provided with keys to ensure easy entry. Double-cylinder locks (locks requiring a key on both sides) may not be used on the bedroom of an individual. Doors shall not be locked from within and shall be capable of swinging outward or be mounted so that the door can be removed from outside if the door is barricaded from the inside;
 - f. A room must not be used as a bedroom where more than one-half of the room height is below ground level. Bedrooms which are partially below ground level should have adequate natural light and ventilation and be provided with two useful means of egress;
 - g. When an individual is discharged, the room and its contents must be adequately cleaned;
 - h. Each bedroom must contain a standard, non-portable bed measuring at least 36 inches wide and 72 inches long with comfortable springs and a clean mattress. The mattress must be not less than five (5) inches thick or four (4) inches of a synthetic construction. The use of beds with springs, cranks, rails or wheels including hospital beds, rollaway beds, cots, bunk beds, stacked, hide a beds and day beds is prohibited; and
4. Beds and other furniture capable of being used to barricade a door shall be secured to the floor or wall. The following minimum standards apply to bathroom facilities:
- a. At least one functional toilet, lavatory, and bathing or showering facility must be provided for every four individuals residing in a Crisis Support Home;
 - b. At least one fully handicap accessible bathroom must be available;
 - c. Flush mounted safety grab bars must be installed in all showers and area near the toilet;
 - d. Non-skid surfacing or strips must be installed in all showers, tubs and bathing areas;
 - e. Bathrooms and toilet facilities must have a window that can be opened or must have forced ventilation;
 - f. Toilets, bathtubs, and showers must provide for individual privacy;
 - g. Shower head fixture in bathrooms shall be recessed or have a smooth curve from which items cannot be hung and/or bear weight;
 - h. There shall be no overhead metal rods, fixtures, privacy stalls supports or protrusions capable of carrying more than a thirty (30) pound load;
 - i. Mirrors shall not be common glass. A polycarbonate mirror, fully secured and flat mounted to the wall is required. Polished metal mirrors shall not be permitted;
 - j. The toilet shall be a flushometer-type, not residential with water tank and cover; and
 - k. Access to a bathroom shall not be through another individual's bedroom.

G-3. CRISIS SUPPORT HOME FURNISHINGS AND FIXTURES:

1. Furnishings in the living room, bedroom, and dining room, including furnishings provided by the individual, must be maintained in good condition, intact, and functional.
2. Furnishings and housekeeping standards must be such that a residence presents a clean and orderly appearance. The Crisis Support Home must provide the following bedroom furnishings based on safety:
 - a. An adequate closet or wardrobe;
 - b. Lighting fixtures sufficient for reading and other activities;
 - c. A bureau, bed, dresser, or the equivalent and preferably weighted throughout the home site; and
 - d. The furnishings shall be of durable materials not capable of breakage into pieces that could be used as weapons and must not present a hanging risk.
3. The Crisis Support Home must provide to each individual clean towels, washcloths at least twice weekly, and more often if soiled.
4. The Crisis Support Home must provide bedding for each individual including two sheets, a pillow, a pillowcase, and a minimum of one blanket and bedspread. The Crisis Support Home must maintain a linen supply for not less than twice the bed capacity and must adapt the supply to meet any special needs of an individual.

G-4. CRISIS SUPPORT HOME PHYSICAL PLANT, HEALTH, AND SAFETY STANDARDS

1. Each Crisis Support Home must provide a safe and healthy environment for its individuals, and where subject to fire and safety standards promulgated by Office of the Safety Fire Commissioner, such Crisis Support Home must comply with those standards.
2. Each Crisis Support Home must comply and remain in compliance with all state and local ordinances for fire safety in residences of that size and function. In the absence of or in addition to any such local ordinances, the following requirements must be met:
 - a. Wall-mounted electric outlets and lamps or light fixtures must be maintained in a safe and operational condition;
 - b. Cooking appliances must be suitably installed in accordance with approved safety practices;
 - c. Space heaters must not be used;
 - d. Fire screens and protective devices must be used with fireplaces, stoves, heaters, and air-conditioning units;
 - e. If natural gas or heating oil is used to heat the residence, or if a wood-burning fireplace is in the residence, the residence must be protected with carbon monoxide detectors;
 - f. Each residence must have at least one charged, 5 lb. multipurpose ABC fire extinguisher on each occupied floor and in the basement that must be readily accessible. These extinguishers must be checked annually by a fire safety technician and monthly by the staff of the Crisis Support Home to ensure they are charged and in operable condition;
 - g. Exterior doors must be equipped with locks that do not require keys to open the door from the inside;

- h. An automatic extinguishing system (sprinkler) shall be installed per city/county requirement for residential settings not governed by other federal, state and county rules and regulations, if applicable; and
 - i. An approved smoke alarm with battery backup shall be installed in all sleeping rooms, hallways and in all normally occupied areas on all levels of the residences per safety code. The smoke alarms when activated/tested must initiate an alarm that is audible in the sleeping rooms. All smoke alarms shall be tested monthly and practice documented. The facility shall be inspected annually to meet fire safety code and copies of inspection maintained. Note: For individuals with special needs such as hearing impairment or deep sleepers who have difficulty in waking to a typical smoke alarm, an alternate safety plan must be addressed in policy and implemented in their sleeping room such as using a Smart Strobe Light smoke alarm or an alarm designed to give reliable early warning of the present of smoke when both audible and visual alarms are required. Strobe type smoke alarms are not recommended for individuals who have epilepsy/seizure disorder.
3. Water and sewage systems must meet applicable federal, state, and local standards and regulations.
 4. Floors, walls, and ceilings must be kept clean and in good repair.
 5. Kitchen and bathroom areas must be cleaned with disinfectant and maintained to ensure cleanliness and sanitation.
 6. The storage and disposal of biomedical wastes and hazardous wastes must comply with applicable federal and state rules and standards.
 7. The storage and disposal of garbage, trash, and waste must be accomplished in a manner that will not permit the transmission of disease, create a nuisance, or provide a breeding place for insects or rodents. Waste must be removed from the kitchen as necessary and from the premises at least weekly.
 8. No animals/pets may be kept at the residence with the exception of a service animal;
 9. Poisons, caustics, and other dangerous materials must be stored in clearly labeled and appropriate containers, safeguarded in an area away from medication storage areas and from food preparation and storage areas and secured as required by the capacity of the individuals.
 10. The Crisis Support Home must be equipped and maintained so as to provide a sufficient amount of hot water for the use of the individuals. Heated water provided for use by individuals must not exceed 120 degrees Fahrenheit at the hot water fixture, unless a cooler temperature is required by the needs of the individual. **A water temperature monitor or a scald valve must be installed where necessary to ensure the safety of the individuals.**
 11. There must be clearly accessible route(s) for emergencies throughout the residence.
 12. The temperature throughout the residence must be maintained by a central heating system or its equivalent at ranges that are consistent with individual's health needs. No individual must be in any area of the residence that falls below 65 degrees or that exceeds 82 degrees Fahrenheit.
 13. There must be a supply of first-aid materials available with a minimum of the following: bandages, antiseptic, gauze, tape, thermometer, and gloves.
 14. No weapons shall be kept in the Crisis Support Home.

15. The Crisis Support Home staff shall have access to provide 24/7 non-emergency transportation as needed.

G-5. CRISIS SUPPORT HOME RECORD MANAGEMENT

1. All records must be kept in accordance with requirements of the Community Service Standards for Developmental Disability Providers found in the *Georgia Department of Behavioral Health and Developmental Disability Provider Manual for Community Developmental Disability Providers as applicable to crisis supports services*.

G-6. CRISIS SUPPORT HOME DOCUMENTATION OF SERVICES

1. Providers must document the following in the record of each individual based on the plan to support the individual as determined by the assessment team. The following must be on file for each individual:
 - a. Dates (beginning and ending) of service
 - b. Completed intake/evaluation documents (Medical and/or Behavioral Assessment)
 - c. Determined model of support
 - d. Discharge plan
2. Additionally, documentation of Intensive Out-Of-Home Support services is to:
3. Occur on a daily basis;
4. Include a description of the behavioral interventions utilized;
5. Indicate the training process and identity of the trained caregiver or staff that will support the individual upon termination of crisis supports.

G-7. CRISIS SUPPORT HOME INDIVIDUAL FILES AND INFORMATION

1. All individual files and information must be kept in accordance with requirements of the Department of Behavioral Health and Developmental Disabilities current Provider Manual, Section t, Section I, Community Standards for All Providers.

G-8. INDIVIDUAL RIGHTS IN A CRISIS SUPPORT HOME

1. All services delivered should be in accordance with Client's Rights Chapter 290- 4-9 and [Human Rights Council for Developmental Disability Services, 02-1101](#).

G-9. ABUSE IN A CRISIS SUPPORT HOME

1. It is expressly prohibited to mistreat; abuse; neglect; exploit; seclude; and apply physical restraint as punishment, for staff convenience, or to restrict movement to all youth in this service.
2. All staff must receive training on critical incident reporting as outlined in [Reporting Deaths and Other Incidents in Community Services, 04-106](#).
3. Provider will comply with the definitions of seclusion and physical restraint contained in this manual.
4. Refer to Part II, Section 1, in this manual for additional details.

G-10. REPORTING AND INVESTIGATION OF DEATHS AND CRITICAL INCIDENTS IN A CRISIS SUPPORT HOME

1. Death and/or critical incidents of individuals in service must be reported to the Department of Behavioral Health and Developmental Disabilities according to [Reporting Deaths and Other Incidents in Community Services, 04-106](#) found in the Georgia Department of Behavioral Health and Developmental Disabilities PolicyStat Webpage (<http://gadbhdd.policystat.com>).

G-11. CRISIS SUPPORT HOME SERVICES

1. Each Crisis Support Home must provide room, meals, and crisis services that are commensurate with the needs of the individuals to include special diets. Services must be provided by appropriately qualified staff members.
2. Personal hygiene assistance must be given to those individuals who are unable to keep themselves neat and clean.
3. The Crisis Support Home administrator or his or her designee must teach each individual the techniques of "Standard Precautions," as appropriate to the individual's ability, or must support each individual in the performance of the techniques of "Standard Precautions," including washing his or her hands thoroughly after toileting, sneezing, or any other activity during which the individual's hands may become contaminated.
4. The routine of the residence must be such that an individual may spend the majority of his or her non-sleeping hours out of the bedroom if he or she so chooses. Activities/positive coaching or modeling training must be provided to increase positive replacements behaviors according to each individual's plan of care as determined by the MCT.
5. The Crisis Support Home administrator or his or her designee must be available to any person within the Crisis Support Home, including each individual served.

G-12. NUTRITION SERVICES IN A CRISIS SUPPORT HOME

1. A minimum of three regularly scheduled, well-balanced meals must be available seven days a week. Meals must be served in the early morning (breakfast), at midday(lunch), and the evening(supper), with the last meal taking place no earlier than 5:00 P.M. Meals must meet the general requirements for nutrition found in the recommended Daily Diet Allowances, Food and Nutrition Board, National Academy of Sciences or a diet established by a registered dietitian. Meals must be of sufficient and proper quantity, form, consistency, and temperature. Food for at least two nutritious snacks must be available and offered mid-afternoon and evening. All food groups must be available within the residence and represented on the daily menu.
2. All foods, while being stored, prepared, or served, must be protected against contamination and be safe for human consumption in accordance with accepted standards for food safety.
3. Food received or used in a Crisis Support Home must be clean, wholesome, free from spoilage, adulteration, and mislabeling, and safe for human consumption.

4. A Crisis Support Home must have a properly equipped kitchen to prepare regularly scheduled, well-balanced meals unless it arranges for meals to be provided by a permitted food service establishment. In such case, a copy of required certification related-health, safety, sanitation is available.
5. A Crisis Support Home must maintain a three-day supply of non-perishable foods and water for emergency needs for all individuals receiving services in the Crisis Support Home and staff assigned. Items for individualized special diet included, if applicable.
6. A Crisis Support Home must arrange for and serve special diets as prescribed.
7. The Crisis Support Home shows evidence of individual choice and participation in the planning of meals, as appropriate.

G-13. MEDICATION MANAGEMENT IN A CRISIS SUPPORT HOME

1. All medication must be kept and administered in accordance with requirements of the Community Service Standards for Developmental Disability Providers found in the *Georgia Department of Behavioral Health and Developmental Disability Provider Manual for Community Developmental Disability Providers as applicable to crisis supports services*. **Note:** A Crisis Support Home shall not utilize staff in the Proxy Caregiver Role.

G-14. DISASTER PREPAREDNESS AND RESPONSE PLAN FOR CRISIS SUPPORT HOME:

1. In the case of a natural disaster (i.e. tornado, flood, hurricane etc.) the crisis provider must develop a plan in compliance with [Disaster Preparedness, Response, and Disaster Recovery Requirements for Community Providers, 04-102](#). Crisis providers must notify the DD Crisis Manager and Director of Field Operations of any need to evacuate a home.

H. Intensive Out-of-Home Support Requirements for Children and Adolescents (C&A)

1. Children and Adolescent between ages 10-18 years needing intensive out of home case management must be served in a Child & Adolescent (C&A) out-of-home site. The intent of this service is to provide nursing and behavioral support on a time-limited basis. The C&A out-of-home site must receive an initial DBHDD compliance review, which is valid for six months, and approximately, after six months of serving individuals, a full compliance review will be conducted. Providers will adhere to [Accreditation and Compliance Review Requirements for Providers of Developmental Disability Services, 02-703](#).
2. The C&A Home provider must comply with the Community Service Standards for Developmental Disability Providers found in the *Georgia Department of Behavioral Health and Developmental Disability Provider Manual for Community Developmental Disability Providers as applicable to crisis supports services*. C&A Home supports will be available twenty-four hours a day, seven days a week, and 365 days a year. It is critical that children and adolescents remain in their family home environment and thus extraordinary circumstances must exist in order to place children and adolescent in this level of support.

3. Referrals to this service are initiated by Mobile Crisis and reviewed and approved by the Autism and I/DD Crisis Services Manager or designee.

H-1. C&A HOME PROTOCOL FOR OPERATION

1. C&A providers must develop and maintain protocols that include but are not be limited to:
 - a. Criteria for determining when and if a referral to a C&A Home is necessary
 - b. Staffing plan to include the minimum staffing of an RN, Behavior Specialist, C&A coordinator, C&A staff, and a Psychiatrist.
 - c. Transportation plan to and from home(s).
2. In addition, the protocols must meet the following:
 - a. Intensive out-of-home support should be used a time-limited, goal directed service and never viewed as a residential option.
 - b. Discharge is determined by the individual's behavioral stability and availability of community-based supports identified to appropriately address the individual's assessed needs. Although admission is not intended to be greater than 30 days, the Division acknowledges that stability is an individual construct and, as a result, some individuals may require longer – or shorter – lengths of stay.
 - c. The DD Crisis Manager reviews the status of all transitions at least biweekly and monitors progress as reflected in the crisis transitions process. The DD Crisis Manager addresses transition barriers with the Intensive Support Coordinator and crisis provider.
3. The development of a discharge plan is to be person-centered, beginning at intake and noting:
 - a. An evaluation of additional supports and services by the Intensive Support Coordinator.
 - b. Referral for intake and evaluation by the Regional Field Office I & E Team, to determine eligibility and most in need of services, for individuals not in waiver services.
 - c. Intensive Out-of-Home support staff have trained the staff in post-crisis services placement and/or family members regarding all interventions utilized in the out-of-home crisis placement; coordination with the family and/or DD service provider on a plan for return to school/educational activities.
4. Upon discharge from the C&A Crisis Home, the individual may:
 - a. Return to his/her family home or provider placement;
 - b. Experience a permanent change in provider location. For individuals in waiver services, a permanent change in provider location will require an assessment evaluation as a result of an approved Individual Service Plan (ISP) version change based upon the long-term interests of the individual and in accordance with DBHDD policies.
5. Support services and discharge planning case management are to be documented daily by appropriate staff.

6. Records of pre-service and annual training of C&A Home staff, including names of persons trained, the training source, content, dates, length of training, and copies of certificates received and persons attending must be kept and be readily available.
7. The applicable Regional Field Office is to be immediately notified of the child/youth's admission into the C&A home.
8. The C&A provider is to collaborate with to all applicable parties (Families/Caregivers, Support Coordination Agencies, Provider Agencies, and/or Regional Field Office I & E Teams) in order to establish a comprehensive discharge plan. A discharge plan may include "step downs" to a host home model and then back to family or provider with scheduled maintenance respite in place. The C&A home provider will be required to follow DBHDD and agency policies and procedures. The Home Provider will be required to follow a plan of support determined by the assessment team. Additional support will be provided if authorized.

H-2. C&A HOME RECORD MANAGEMENT

1. All records must be kept in accordance with requirements of the Community Service Standards for Developmental Disability Providers found in the *Georgia Department of Behavioral Health and Developmental Disability Provider Manual for Community Developmental Disability Providers as applicable to crisis supports services*.

H-3. C&A HOME DOCUMENTATION OF SERVICES

1. Providers must document the following in the record of each individual based on the plan to support the individual as determined by the assessment team. The following must be on file for each individual:
 - a. Dates (beginning and ending) of service
 - b. Completed intake/evaluation documents (Psychiatrist, Medical and/or Behavioral Assessment)
 - c. Determined model of support
 - d. Discharge plan
2. Additionally, documentation of Intensive Out-Of-Home Support services is to:
 - a. Occur on a daily basis;
 - b. Include a description of the behavioral interventions utilized;
 - c. Indicate the training process and identity of the trained caregiver or staff that will support the individual upon termination of crisis supports.

H-4. C&A HOME INDIVIDUAL FILES AND INFORMATION

1. All individual files and information must be kept in accordance with requirements of the Community Service Standards for Developmental Disability Providers found in the *Georgia Department of Behavioral Health and Developmental Disabilities Provider Manual for Community Developmental Disability Providers as applicable to crisis supports services*.

H-5. INDIVIDUAL RIGHTS IN A C&A HOME

1. All services delivered should be in accordance with Client's Rights Chapter 290- 4-9.

H-6. ABUSE IN A C&A HOME

1. It is expressly prohibited to mistreat; abuse; neglect; exploit; seclude; or apply physical restraint as punishment, for staff convenience, or to restrict movement to all youth in this service.
2. All staff must receive training on critical incident reporting as outlined in [Reporting Deaths and Other Incidents in Community Services, 04-106](#).
3. Provider will comply with the definitions of seclusion and physical restraint contained in this manual.

H-7. REPORTING AND INVESTIGATION OF DEATHS AND CRITICAL INCIDENTS IN A C&A HOME

1. Death and/or critical incidents of individuals in service must be reported to the Department of Behavioral Health and Developmental Disabilities according to [Reporting Deaths and Other Incidents in Community Services, 04-106](#) found in the Georgia Department of Behavioral Health and Developmental Disabilities PolicyStat Webpage (<https://gadbhdd.policystat.com/>).

H-8. NUTRITION SERVICES IN A C&A HOME

1. A minimum of three regularly scheduled, well-balanced meals must be available seven days a week. Meals must be served in the early morning (breakfast), at midday (lunch), and the evening (supper), with the last meal taking place no earlier than 5:00 P.M. Meals must meet the general requirements for nutrition found in the recommended Daily Diet Allowances, Food and Nutrition Board, National Academy of Sciences or a diet established by a registered dietitian. Meals must be of sufficient and proper quantity, form, consistency, and temperature. Food for at least two nutritious snacks must be available and offered mid-afternoon and evening. All food groups must be available within the residence and represented on the daily menu.
2. All foods, while being stored, prepared, or served, must be protected against contamination and be safe for human consumption in accordance with accepted standards for food safety.
3. Food received or used in a C&A Home must be clean, wholesome, free from spoilage, adulteration, and mislabeling, and safe for human consumption.
4. A C&A Home must have a properly equipped kitchen to prepare regularly scheduled, well-balanced meals unless it arranges for meals to be provided by a permitted food service establishment. In such case, a copy of required certification related-health, safety, sanitation is available.
5. A C&A Home must maintain a three-day supply of non-perishable foods and water for emergency needs for all individuals receiving services in the Crisis Support Home and staff assigned.
6. A C&A Home must arrange for and serve special diets as prescribed.

7. The C&A Home shows evidence of individual choice and participation in the planning of meals, as appropriate.

H-9. MEDICATION MANAGEMENT IN A C&A HOME

1. All medication must be kept and administered in accordance with requirements of the Medication and Healthcare Management Section in the Community Service Standards for Developmental Disability Providers found in the *Georgia Department of Behavioral Health and Developmental Disabilities Provider Manual for Community Developmental Disability Providers as applicable to crisis supports services*.

I. Quality Assurance and Standard Compliance Requirements

1. The DD Crisis Providers of the Crisis System shall develop and maintain performance indicators and outcome data as part of their quality management system that will assist DBHDD and Georgia Crisis Access Line (GCAL) to monitor and generate monthly reports of the Georgia Crisis Response System (GCRS-DD) to make quality improvement decisions based on data collected.
2. The DD Crisis Providers' quality assurance data system shall at a minimum include the following performance indicators and outcomes:
 - a. **Intensive in-home:**
 - i. Names of individuals supported for in home supports
 - ii. Admit and discharge dates;
 - iii. Total # of hours of direct support provided by staff name and supporting documentation; and
 - iv. Plans developed for follow-up post discharge;
 - b. **Intensive out-of-home:**
 - i. Occupancy rate for each site;
 - ii. Individuals at each site on last day of month (admit date, LOS, discharge date, planned disposition, discharge activities documentation for the month and any barriers to discharge); and
 - iii. Individuals discharged for this month (admit date/discharge date, LOS, discharge disposition, date discharged, planned follow-up activities to support individual/family/provider post discharge and discharge plan uploaded to IDDC.
3. The DD Crisis Provider must participate in data collection and generate monthly quality assurance reports for the crisis services provided for submission to DBHDD. In addition to the monthly data reports, the DD Crisis Providers may be requested to provide additional data/ad hoc reports as needed.
4. DD Crisis Providers must develop an internal risk management system that addresses the QI standards areas found in the Community Service Standards for DD Providers under Section C. Quality Improvement and Risk Management (areas 2 a-j).

J. STAFFING REQUIREMENTS

1. Qualifications and Standards of intensive crisis supports professional staff:

2. Qualifications of Professional Social Worker (as defined for the purposes of the Georgia Crisis Response System must meet the following standards):
 - a. Clinical social work licensure (LCSW/LPC) issued by the State of Georgia that is current and unrestricted AND
 - b. Advanced skill in crisis intervention, conducting assessments and/or evaluations, and developing interventions using accepted standards of care AND
 - c. Knowledge of federal, state, and local programs that have been developed for people with developmental disabilities including eligibility criteria and how to access these services AND
 - d. Advocacy experience and knowledge of the Individuals with Disabilities Education Act (IDEA), and the Americans with Disabilities (ADA) Act and their legal mandates as they relate to special education programs and the rights of people with disabilities.
3. Professional Social Worker Standards:
 - a. Social workers must adhere to the values and ethics of the social work profession, utilizing the National Association of Social Workers (NASW) Code of Ethics as a guide to ethical decision making.
 - b. Social workers must adhere to clinical practice guidelines outlined in the NASW Standards for Clinical Social Work in Social Work Practice.
 - c. In accordance with the NASW Standard for Continuing Professional Education and the Georgia State Composite Board's licensure requirements for Continuing Education Units, clinical social workers should obtain any applicable certifications for crisis intervention curricula approved by DBHDD.
4. Qualifications of Registered Nurse (as defined for the purposes of the Georgia Crisis Response System must meet the following standards):
 - a. Must be a Registered Nurse with an unrestricted license to practice nursing in the state of Georgia AND
 - b. Have experience in caring for individuals with I/DD who are in crisis.
5. Professional Registered Nurse Standards:
 - a. The Registered Nurse is committed to promoting health through assessment, nursing diagnosing, planning, intervention, evaluation and treatment of human responses when faced with a crisis. The Registered Nurse employs a purposeful use of self as its art and a wide range of nursing, psychosocial and neurobiological theories and research evidence as its science.
 - b. The Registered Nurse will adapt the American Nurses Association Code of Nursing standards and use these standards as comprehensive holistic assessment prior to engaging in any plan to resolve a crisis. The Registered Nurse will be directly involved in all aspect of crisis intervention by utilizing the nursing process.
6. Qualifications of Licensed Practical Nurse (as defined for the purposes of the Georgia Crisis Response System must meet the following standards):
 - a. Must be a Practical Nurse with an unrestricted license to practice nursing in the state of Georgia under the supervision of a Registered Nurse; AND
 - b. Have experience in caring for individuals with I/DD who are in crisis.
7. Professional of Licensed Practical Nurse Standards:
 - a. The Licensed Practical Nurse must accept the responsibilities as an accountable member of the health care team; AND

- b. Shall function within the limits of educational preparation and experience as related to assigned duties; AND
- c. Function with other members of the health care team in promoting and maintaining health, preventing diseases and disabilities in order to obtain optimal health, utilizing the nursing process under the supervision of the Registered Nurse.
- 8. Qualifications of Behavioral Specialist (as defined for the purposes of the Georgia Crisis Response System must meet the following standards):
 - a. Possess a minimum of a Master's degree in psychology, behavior analysis, education, social work or a related field; AND
 - b. Possess specialized training and education in behavioral analysis and positive behavioral supports for people with developmental disabilities by provision of evidence of a minimum of thirty-five (35) hours of training and education in behavior analysis and behavioral supports for individuals with I/DD, which may include college transcripts and/or copies of training certificates or evidence of national certification as a Board Certified Behavior Analyst through documentation of a certificate from the Behavior Analyst Certification Board; AND
 - c. Have at least two years' experience in behavioral supports evaluation and services for people with developmental disabilities and/or dually diagnosed.
- 9. Behavior Specialist Standards: Behavior Specialists are to adhere to the *Best Practice Standards for Behavioral Support Services*.
- 10. Qualifications of Physician (M.D; D.O; etc.):
 - a. Graduate of medical or osteopathic college; AND
 - b. Licensed by the Georgia Composite Board of Medical Examiners
- 11. Qualifications of Psychiatrist (M.D; etc.):
 - a. Graduate of medical or osteopathic college and a resident in psychiatry approved by the American Board of Psychiatry and Neurology; AND
 - b. Licensed by the Georgia Composite Board of Medical Examiners

K. Definitions

1. Crisis Services: Occur through intensive on-site or off-site supports. This system is designed to be the measure of last resort for an individual with I/DD undergoing an acute crisis presenting substantial risk of imminent harm to self or others and serve as an alternative to emergency room care, law enforcement involvement, and/or institutional placement. Crisis services are time-limited and present-focused in order to address the immediate acute crisis and develop appropriate links to alternate services.
2. Crisis Support Home: A home that serves up to four (4) individuals who are experiencing an emotional/behavioral change and/or distress that leads to a disruption of essential functions, which have not responded to Intensive-In-Home Support services.
3. Developmental Disability: An individual is determined to have developmental disability by a professional licensed to make this determination. The developmental disability is attributable to a significant intellectual disability, or any combination of a significant intellectual disability and physical impairments. The developmental disability manifests before the individual attains age 22 years and is likely to continue indefinitely.
4. Case Management by Crisis Services: Is a time-limited service that connects the individual in crisis to the necessary services and supports to ameliorate the acute crisis

situation, coordinates with stakeholders to assure the development of a discharge plan from crisis support services and ensures follow up on recommended supports/services.

5. **Mobile Crisis:** Refer to [Provider Manual for Community Behavioral Health Providers, 01-112](#) for definition of Mobile Crisis.
6. **Safety Officer:** An individual who provides support related to safety issues during the provision of GCRS-DD service. This individual is to have safety related training and dressed in a safety related uniform. A GCRS-DD safety officer must not carry any form of a weapon (such as a gun, any form of a “Billy club”, baton”, hand cuffs, Taser gun).
7. **Child & Adolescent (C&A):** A C&A Home is to serve no more than four children ages 10 thru 18 years of age, who are diagnosed with a developmental disability and are undergoing an acute crisis that presents a substantial risk of imminent harm to self or others. Placement in a C&A home is to only occur as a last resort and after a clinical determination for this level of placement has occurred.

Chapter 7

OPERATIONAL AND CLINICAL STANDARDS FOR AUTISM SPECTRUM DISORDER CRISIS SUPPORT HOMES

SERVICE DESCRIPTION AND UTILIZATION CRITERIA

The Autism Spectrum Disorder Crisis Support Home (ASD CSH) is a service that provides stabilization support for up to three (3) children/youth who are experiencing a serious emotional/behavioral change or distress that leads to a disruption of essential functions, and/or which may compromise the child/youth's ability to remain in their home or community. The intent of this service is to stabilize the child/youth through the use of crisis intervention techniques and behavioral supports on a time-limited basis. A behavioral support plan related to the crisis episode must be created/updated and utilized while the child/youth resides in the ASD CSH.

The intended outcomes for this service are: 1) The crisis-related behavior is stabilized to the extent that the child/youth can safely return to his or her home/community; 2) The child/youth's caregiver has received training on behavioral interventions for use in the home/community and the support needed to use these interventions successfully; and 3) The child/youth and caregiver/family have received referrals and assistance with linkage to any services and supports needed to maintain the child/youth's progress and to increase the likelihood that the child/youth will be able to successfully remain in his or her own home/community.

A. TARGET POPULATION

1. A child or adolescent and emerging adult (hereinafter referred to as a "youth") between the ages of 10 through 21; **and**
2. For whom there is documented evidence of an ASD diagnosis made by a professional qualified to render diagnoses under Georgia law, or
3. Individualized Education Program (IEP) indicates eligibility of classification of ASD services.

B. ADMISSION CRITERIA

The youth must meet the following criteria in each of the primary categories (1-4) that follow:

1. HARM

Mobile Crisis has intervened but continues to have concern for safety and/or stabilization. However, the youth does not demonstrate the risk acuity to meet admission criteria for Crisis Stabilization Unit (CSU) level of care; and one or more of the following:

- a. Presents with a behavioral risk of harm to self or others ; **and/or**
- b. There has been at least one episode of a seriously problematic behavioral issue that, if continued and/or intensified, may compromise the youth's ability to remain in their home/community.

2. COPING/CRISIS MANAGEMENT

Youth needs temporary relief from their current environment/environmental stressors; **and** one or more of the following:

- a. Youth demonstrates insufficient resources or skills necessary to cope with current stress or crises; **and/or**
- b. Youth demonstrates lack of judgment and/or impulse control or cognitive/perceptual abilities to manage current stress or crises.

3. DISTRESS/DISRUPTION

Youth presents with an emotional/behavioral change or distress that is causing a major disruption to essential baseline youth and caregiver/family functioning such that the youth is at risk of longer-term out-of-home placement at a higher level of care.

4. CLINICAL/LEVEL OF NEED

Youth needs short-term, voluntary (not 1013), out-of-home care that includes crisis intervention, and for whom another level of care is not appropriate.

C. CONTINUING STAY CRITERIA

1. Youth continues to meet admission criteria as defined above; **and**

2. A behavioral support plan related to the crisis episode has been created/updated and implemented, but the crisis-related behavior has not stabilized to the extent that the youth can safely return to his or her home/community; **and**
3. A higher level of care is not indicated.

D. DISCHARGE CRITERIA

1. Youth no longer meets admission criteria, is stabilized, and an adequate discharge/continuing support/care plan has been established; **or**
2. The youth's legal guardian requests discharge; **or**
3. The youth's behavior has not stabilized and a higher level of care is indicated; **or**
4. The youth meets any of the Clinical Exclusion criteria post-admission and a higher level of care is indicated.

E. CLINICAL EXCLUSIONS

1. Youth has acute symptoms of a psychotic disorder; and/or suicidal thoughts/behavior with realistic means by which to carry out the behavior;
2. Youth has had episodes of wandering, bolting³, or other elopement behavior in the past 45 days that have placed the youth at imminent risk to self or others, or such behavior occurs post-admission to the CSH;
3. Youth has a known history of sexually inappropriate behavior that may place other residents at risk, or such behavior occurs post-admission to the CSH;
4. Youth has significant verified or suspected underlying medical issues that may require a higher level of care for the purpose of increased medical supervision/intervention, or such issues become known post-admission to the CSH;
5. Youth requires **total care** (i.e. total physical assistance) to complete all Activities

³ In this context, "bolting" differs from "wandering" as an elopement behavior, in that wandering is a slower or more meandering movement away from a place of safety, whereas bolting is a sudden and fast-paced movement (e.g. running/sprinting/darting), usually toward something of interest or away from something considered by the individual to be aversive (perhaps in nervousness, fear, or irritation/agitation). "Bolting behavior" is discussed often in the ASD literature and may be more common in youth with ASD versus other diagnoses. In the literature, bolting is discussed as a particular concern due to the higher likelihood of resultant accidents (e.g. bolting into traffic), stemming from the lower opportunity for a caregiver or others to observe and respond in a timely manner.

of Daily Living (ADLs); **and**

6. Youth's behavior must be the issue causing the crisis, not an issue emanating from the caregiver or environment.
7. In addition to the above, if the youth is admitted from an inpatient or acute care setting, (s)he must be free from the administration of chemical restraint (e.g., PRN psychotropic, anxiolytic, sedative medication) and the application of physical restraint (e.g. 2- and 4-point restraints) for at least 24 consecutive hours immediately prior to admission. It should not impede the ASD CSH from initiating the referral/admission process, with the understanding that admission cannot occur until this requirement is met.

F. SERVICE EXCLUSIONS

1. The following services may not be provided simultaneously with the ASD CSH service:
 - a. PRTF;
 - b. CSU;
 - c. Inpatient hospitalization;
 - d. Any other behavioral health (BH) residential or I/DD residential services.
2. Youth in formalized care settings (i.e. oversight provided by paid professional caregivers) may be admitted at the discretion of the Autism Project Manager, or designee, upon evaluation from the Mobile Crisis Team.

G. REQUIRED COMPONENTS

1. Referrals to this service will only be accepted from Mobile Crisis and, in special circumstances, as a request of the Division of Developmental Disabilities. Autism Project Manager, or designee, will review all referrals and notify the ASD CSH provider to proceed with admission accordingly. The ASD CSH provider will admit all youth approved for this service.
2. The provider is required to place new admissions on the I/DD Crisis Beds Inventory Status Board (BHL Web) within 24 hours of admission.
3. If youth has an I/DD waiver, the provider must work with the youth's Support Coordinator, Case Expeditor, and/or Planning List Administrator to ensure that an appropriate service and support array is available to the youth upon discharge.
4. Provider must develop and maintain policies and procedures for the ASD CSH.
5. Three (3) regularly scheduled/shift staff must be present in each ASD CSH at all times.

6. Telemedicine is allowed for a variety of supportive ASD CSH functions, specifically observation, consultation, plan development and caregiver training. All professionals must adhere to relevant regulatory requirements for service provision as set forth by their professional standards and Georgia law.
7. Provider must engage collaboratively with any community providers, including outpatient ASD service provider(s), currently serving the youth. The ASD CSH provider will obtain the guardian's authorization to communicate with these providers.
8. In collaboration with the guardian/caregiver – and Support Coordinator, Case Expeditor, and/or Planning List Administrator as needed – the ASD CSH provider will make a diligent effort to refer the youth to community services, including outpatient ASD service provider(s), to address ongoing support needs. The ASD CSH provider must document their efforts in the youth's record.
9. ASD CSH provider must contact the youth's school system within 48 hours of admission to plan for implementation of the youth's IEP and to arrange for needed/required educational services while the youth is in the ASD CSH.
10. Prior to admission, the ASD CSH provider must obtain a Consent to Treatment signed by the youth's legal guardian, which must include, but not be limited to the following elements:
 - a. Signed acknowledgement by the legal guardian that admission to, continued stay in, and discharge from in the ASD CSH are subject to medical necessity criteria that must be adhered to;
 - b. Signed acknowledgement by the legal guardian and caregiver if different that their involvement in the youth's treatment planning and interventions is required;
 - c. Signed acknowledgement by the legal guardian that they are expected to either directly provide or arrange for transportation of the youth from the ASD CSH upon discharge. The ASD CSH provider may assist the guardian with these arrangements, with the understanding that this provider is not responsible for providing transportation at discharge.

H. STAFFING REQUIREMENTS

1. The ASD CSH must use a team approach for staffing and service delivery. Minimum staffing for the team shall include:
 - a. A FTE Program Manager (minimum of a bachelor's level in a human services field), whose time may be split between the two homes. The Program Manager is responsible for functions involving daily operations

of the homes, such as ensuring adequate staffing coverage on each shift, ensuring that each home has the furnishings, equipment and supplies needed to operate, etc.;

- b. A registered nurse (RN) to supervise the administration of medication, complete health assessments, and provide oversight to LPNs, among other duties as consistent with O.C.G.A. 43-26-1 et seq., Georgia Nurse Practice Act;
- c. One (1) LPN per shift for the administration of medication and participation in the delivery of healthcare services and other specialized tasks under the supervision of an RN and in accordance with O.C.G.A. 43-26-1 et seq., Georgia Nurse Practice Act;
- d. One Registered Behavior Technician (RBT) per shift, resulting in 24 hour coverage;
- e. One or more Board Certified Behavior Analysts (BCBAs) to equal 1 FTE, whose time may be split between the two ASD CSHs;
- f. A FTE case manager (minimum of a bachelor's level in a human services field), whose time may be split between the two ASD CSHs. The case manager is responsible for functions involving the successful discharge and transition of each youth back to their home/community or to a more appropriate level of care, such as contacting/collaborating with existing providers of supports and services in the community, arranging for supports and services that may not have previously existed but that are necessary for successful discharge/transition, ensuring the parent/caregiver/family has the support needed for a successful transition, etc.;
- g. A consulting psychiatrist must be available for medical consultation, medication consultation/orders, and assessments as needed. These services may be provided via telemedicine;
- h. A referral arrangement with a licensed psychologist, as needed; and
- i. There must be a minimum of two (2) direct care staff on site at all times, but no less than a 1:1 staff to consumer ratio shall be maintained at all times.

- 2. The service fails to meet model-integrity in the absence of any key position. It is understood that there may be periodic vacancies of key clinical/programmatic

positions, specifically BCBA, case manager, program manager, nurse, RBT, and consulting psychiatrist/psychologist. In this event, the ASD CSH provider must submit written notification to the Autism Project Manager, IDD Crisis Stabilization Services Manager, and Director/Office of Crisis and Transition Services of any such turnover within 24 hours of the awareness of a staff vacancy. The provider must submit a written plan for the provision of immediate coverage (as accepted below) and recruitment with timeline.

3. The provider must arrange for continuation of the critical functions related to a key position via one of the following means:
 - a. Documentation that there is a temporary contract in place for the position with an external professional who fully meets the qualifications for that position; **or**
 - b. Documentation that there is another fully qualified professional who is typically employed elsewhere in the agency, but who is providing the position functions temporarily; **or**
 - c. Specific to the BCBA position, if the provider cannot comply with either item a or b above, a combination of one or more licensed psychologists, or a combination of one or more licensed psychologists and a BCaBA may be used to provide short-term coverage for the BCBA position's functions. This option may only be used as a last resort, and for this to be allowed, the agency must provide the following to the Autism Project Manager, IDD Crisis Stabilization Services Manager, and Director/Office of Crisis and Transition Services: documentation that recruitment is underway and other options were first exhausted. Aggressive recruitment shall be evidenced by documentation in administrative files of position advertising.
 - d. In the event that a position cannot be filled within 90 days OR in the event that there is no ability to provide the coverage articulated in items a-c, there shall be written notification to the State DBHDD Office (Division of DD Director, Assistant DD Director, Director/Office of Crisis and Transition Services, , and Autism Project Manager) and the associated Regional Field Office of the intent to cease billing for the service and begin transitioning currently admitted children/youth to other services that will be able to meet their needs.
4. All licensed or certified team members are required to comply with [Professional Licensing or Certification Requirements and the Reporting of Practice Act Violations, 04-101](#) and the Professional Licensing and Certification

Requirements of Practice Act, as well as maintenance of valid or current license or certification.

I. CLINICAL OPERATIONS

1. A BCBA must begin a behavioral assessment of each youth within 36 hours of admission to help inform the development of an individualized crisis plan and to initiate the process of developing a behavioral support plan.
2. A nurse must evaluate each youth within 12 hours of admission. The nurse shall also perform medication management functions and conduct other assessments/evaluations as needed within their scope of practice. An LPN must work under the supervision of a RN. Note: All treatment for youth in the ASD CSH provided by an LPN who receive oversight supervision from RNs must adhere to the requirements as outlined in [Registered Nursing Oversight in I/DD Community Settings, 02-808](#).
3. As part of the needs assessment, provider must work to identify needed BH and/or I/DD supports for youth with co-occurring diagnoses.
4. Crisis Management/Intervention:
 - a. Immediately upon admission, and until an individualized crisis plan has been developed, the provider must implement its internal policies and procedures/protocols for the management of crisis situations and for ensuring the health and safety of its staff and the youth served.
 - b. Within two (2) days of admission, an individualized crisis plan must be developed (or updated if one already exists) and implemented for each youth served.
 - c. Within five to seven (5-7) days of admission, the results of a preliminary behavioral assessment must be available to inform the development of an individualized behavioral support plan which is primarily focused on the crisis-related behavior.
 - d. Within seven to nine (7-9) days of admission, the preliminary draft of an individualized behavioral support plan must be developed or updated (with BCBA oversight) and finalized/implemented within ten to twelve (10-12) days of admission.
5. Upon admission, the provider must begin implementation of a new or revised individualized discharge plan. The case manager must assist each youth and

caregiver/family with identifying and accessing needed services/supports post-discharge and must update/coordinate with any existing supporting providers.

6. Provider must work with the youth's caregiver/family/support system (as applicable) to begin to evaluate and address needed training in behavioral and/or crisis de-escalation techniques/supports. Provider will work with the youth's community outpatient provider(s) to facilitate any needed continuation of this training post-discharge.
7. A daily activity schedule (per shift) must be posted in the ASD CSH and available to external reviewers. A significant portion of the daily schedule must consist of structured activities. These activities should be related to skills training and education (to enhance positive/functional behavior and reduce challenging behavior) and be consistent with each youth's needs as identified in his or her behavioral support/crisis plan.

J. DOCUMENTATION REQUIREMENTS

1. Provider will meet all requirements of the Administrative Services Organization (ASO).
2. Provider will adhere to any documentation requirements set forth in their contract related to quality management, utilization management, etc.
3. Youth receiving ASD CSH services shall be reported as a per diem encounter based upon occupancy at 11:59 PM. Youth entering and leaving the ASD CSH on the same day (prior to 11:59 PM) will not have a per diem encounter reported.
4. The notes for the program must have documentation to support the per diem, including admission/discharge time, shift notes, and specific consumer interactions.
5. Additionally, the provider must document the following in each youth's record:
 - a. Specific activity, training, or assistance provided daily, to include description of behavioral interventions;
 - b. Date and the start and end times when services were provided;
 - c. Verification of service delivery, including first and last names and titles (if applicable) of the staff providing the service/training;
 - d. Progress toward goals outlined in the behavioral support plan and/or care plan; and

- e. Description of outcomes specific to each target behavior and related interventions and goals training, including, but not limited to, behavioral changes, acquisition of replacement skills, ability to increase community integration, and other positive outcomes.

K. REPORTING AND BILLING REQUIREMENTS

1. Admission requires approval from the Autism Project Manager or designee. Utilization management will occur through the Division of Developmental Disabilities.
2. The provider will post all applicable information as required to the I/DD Crisis Beds Inventory Status board on BHL Web.
3. The provider must report information on all youth served.
4. The provider shall submit per diem encounters for all youth served.
5. Span claiming in the ASO system may occur for this service, meaning that the start and end date are not the same on a given service claim line. The span dates may cross months (start date and end date on a given service line may begin in one month and end in the next).

L. MEDICAID REQUIREMENTS

None. This is not a Medicaid billable service.

M. CERTIFICATION REQUIREMENTS

1. There is currently no licensure required for the operation of an ASD CSH. However, prior to operation, each ASD CSH must receive an initial DBHDD compliance review by the Office of Provider Certification & Services Integrity, Division of Accountability & Compliance. If the provider is found in compliance, OPCSI issues a six (6) month provisional certificate. At six (6) months, the provider receives a full certification visit conducted by OPCSI, at which time the provider may be issued a one (1) year certificate. At one (1) year, a certification visit is conducted; the provider may be issued a certificate for up to five (5) years if determined to be in substantial compliance. [Accreditation and Compliance Review Requirements for Providers of Developmental Disability Services, 02-703](#).
2. The certificate is non-transferrable and is for the specific site. Note: At any time, DBHDD may request a special compliance review to assess the provider's compliance with the applicable DBHDD community service standards and ASD standards referenced in this document.

N. ORGANIZATIONAL PRACTICES

1. The provider must have policies and procedures (P&P) that address, at minimum, the following:
 - a. Description of services for how ASD crisis services are provided, types of assessments, use of evaluation tools, management of crisis situations, development of behavioral/safety/crisis plans utilizing evidence-based practices;
 - b. Quality improvement processes for assessing and improving quality of supports;
 - c. Healthcare Plan that identifies and monitors risk issues on an ongoing basis; provider must adhere to <https://gadbhdd.policystat.com/policy/10543686/latest>
 - d. Admission and discharge process;
 - e. Staff P&P that outlines staffing qualification requirements, protocols for hiring practices, and competency and background checks. Note: Providers must adhere to [Criminal History Records Checks for DBHDD Network Provider Applicants, 04-104](#);
 - f. Utilization/development/revision of a youth's behavioral support plan and/or safety plan to include how behavioral needs are monitored daily to include data collection and efficacy of behavioral interventions and replacement behavioral training;
 - g. Monitoring and evaluation of services that demonstrate respect for the youth's rights, choices, and person-centered planning. The use of aversive techniques, such as denial of meals and sleep, is strictly prohibited and should be reflected in the provider's P&P; and
 - h. Transportation plan to appointments and community activities. Vehicle(s) must be operated only by provider staff who have received the required defensive driving training and possess a valid Georgia driver's license.
 - i. ASD CSH provider must maintain policies and procedures for all vehicles used in this service, as required by DBHDD Provider Manual for Community Developmental Disability Providers, to include:

- i. Authenticating licenses of drivers and MVR upon hire and annually;
- ii. Proof of current vehicle insurance (agency and staff, to include staff vehicle riders within agency policy, if applicable);
- iii. Routine maintenance schedule;
- iv. Requirements for evidence of driver training;
- v. Safe transport of youth served that includes documentation of boarding and exit time of youth with to and from location of planning trip and not leaving youth unattended in the vehicle;
- vi. Requirements for maintain an attendance log of persons while in vehicle;
- vii. Safe use of lift, seat belts, tie downs, and any other safety equipment if applicable;
- viii. Availability of first aid kits and seatbelt cutter;
- ix. Fire suppression equipment; and
- x. Emergency preparedness (availability of portable phone for emergency calls) to include process for handling and reporting an incident and accident.

2. Person-centered planning for treatment and therapies that includes:

- a. Identification of known and possible behavior patterns that are exhibited during a crisis, as well as environmental stressors that will escalate to an acute crisis. The focus of plans should emphasize crisis prevention through the manipulation of antecedent strategies, proactive skill building, and prevention of acute crisis.
- b. Behavioral/crisis support plans are developed and based on a functional assessment to understand the causes maintaining the challenging behaviors, to include past trauma, so replacement behaviors can be identified in an effort to teach alternative behaviors that will achieve the same results as the challenging behaviors.
- c. Focus on the youth's strengths and attributes, with an assessment of past trauma and abuse, to guide the process for determining early interventions for how the youth would prefer to be approached if/when in crisis.
- d. An environment structured to meet the youth's needs for space, privacy, and safety to minimize incidents.
- e. Collaboration of integrated holistic care to establish an effective behavior/safety/crisis plan for continuity of care that services to compliment and provide for integrated supports across service settings once the youth is transitioned to the community.
- f. Plans for follow-up supports and maintenance of stakeholder's (treatment agencies, family, school system) involvement in the youth's

response to safety/crisis plan in order to provide continuity of care when discharged.

3. This service is time-limited and should not exceed thirty (30) days. Extensions beyond thirty (30) days are the exception and not typical. Requests for extensions in increments of seven (7) days will be submitted by ASD CSH provider to the Autism Project Manager or designee. The BCBA and/or Program Manager will submit the Service Extension Form to the Autism Project Manager or designee no later than 72 hours prior to the projected discharge date. Extensions are only approved when discharge criteria have not been met as evidenced by observations, with assessment of outcomes related to clinical interventions documented daily.
 - a. Note: As soon as the provider and staff indicate the need for extension and initiate the written extension request, the Autism Project Manager or designee reviews all necessary information on the youth whose circumstances determine the need for the extension and will schedule routine meetings with the provider to monitor the youth's progress and address barriers to transition. The Autism Project Manager or designee will approve or deny the extension within 24 hours of receipt with written notice (inclusive of clinical justification) to the ASD CSH provider and Autism Project Manager.
4. All applicable practices regarding Limited English Proficiency and Sensory Impairment must be followed in accordance with [Nondiscrimination and Accessibility for Individuals with Disabilities and Individuals with Limited English Proficiency, 15-100](#). In addition, the provider should consult with the Office of Deaf Services (ODS) for additional supports if needed and to refer youth with hearing loss to ODS.

O. EDUCATIONAL REQUIREMENTS

1. For a holistic approach to treatment and continuity of services while as the ASD CSH, the educational needs of youth must be addressed in the P&P that includes:
 - a. IEP developed by the school system should be an integral part of the behavioral treatment and programming at the ASD CSH when the youth is anticipated to be absent from school for a minimum of ten (10) consecutive school days.

- b. Collaboration will the school staff to implement educational supports that are outlined in the youth's current IEP, to include service goals training, within 48 hours of admission.
- c. Partnership with a school system located in the area for change of placement for educational supports, to include:
 - i. How the ASD CSH and school system plans to provide for the continuity of educational training as outlined in the youth's current IEP. (All trainings/supports provided must meet documentation requirements and be maintained in the youth's file).
 - ii. All activities and trainings must be individualized and reflect the youth's participation and choice. The IEP may need revisions to meet the evolving needs of the youth.

P. STAFF TRAINING REQUIREMENTS

1. Provider must maintain staff training records as documentation that all staff have participated in training, to include applicable Community Service Standards prior to direct contact with youth and trainings within first sixty (60) days of hire. Training records should include documentation as demonstration of their competence in all crisis protocols and relevant, applicable ASD trainings that include, but are not limited to:
 - a. Assessing the behavioral crisis (specific ASD training in treating and diagnosis problems);
 - b. Onsite service operations determination for any risk;
 - c. Completion of a nationally recognized crisis intervention curriculum approved by DBHDD and taught by a certified trainer in such program as Crisis Prevention Institute (CPI);
 - d. Cardiopulmonary Resuscitation (CPR) that includes both written and hands on competency training;
 - e. Instructions on how to monitor the breathing, verbal responsiveness, and motor control of a youth who is subject of an emergency safety intervention;
 - f. Training in working with youth with ASD to recognize their strengths and opportunities in thinking and learning;

- g. Person-centered planning;
- h. Trauma informed care;
- i. Techniques of Standard precautions, to include:
 - i. Preventative measures to minimize risk of infectious disease transmission;
 - ii. Use of Personal Protection Equipment (PPE);
 - iii. Sharps safety (with sharp containers disposed of according to state and local regulated medical waste rules);
 - iv. Environmental controls for cleaning and disinfecting work surfaces;
 - v. Skills guides for handwashing, cleaning up spills, gloves use, and what to do with contaminated supplies;
 - vi. Respiratory hygiene/cough etiquette for cough, congestion, runny nose, or increased production of respiratory secretions; and
 - vii. Approaches to individual education, to include incident reporting and follow-up.
- j. Documentation and retraining, if applicable, when implementation of emergency safety interventions results in a youth injury; and
- k. Annual training of staff, including names of persons trained, trainer, the training source, content, dates, length of training, and copies of certificates must be maintained in staff files and readily accessible.

Q. RECORD MANAGEMENT

All records must be kept in accordance with the requirements of the Community Service Standards found in the DBHDD Provider Manual for Community Developmental Disability Providers.

R. FILES AND INFORMATION

Providers abide by all applicable state and federal laws regarding record retention and confidentiality.

S. RIGHTS

All services delivered should be in accordance with Client's Rights Chapter 290-4-9 and [Human Rights Council for Developmental Disability Services, 02-1101](#). Providers should refer to this manual for additional information and instructions as to rights protections.

T. ABUSE

It is expressly prohibited to mistreat; abuse; neglect; exploit; seclude; and apply physical restraint as punishment, for staff convenience, or to restrict movement to all youth in this service.

1. Prior to service delivery, all staff must receive training on critical incident reporting as outlined in [Reporting Deaths and Other Incidents in Community Services, 04-106](#).
2. ASD CSH provider will comply with the definitions of seclusion and physical restraint contained in the DBHDD Provider Manual for Community Developmental Disability Providers.
3. The phone numbers for DFCS and the Long-Term Care Ombudsman Program must be readily available and accessible to all in the home.

U. REPORTING AND INVESTIGATIONS OF DEATHS AND CRITICAL INCIDENTS

Death and/or critical incidents involving youth served in an ASD CSH must be reported to DBHDD in accordance with [Reporting Deaths and Other Incidents in Community Services, 04-106](#) and [Investigating Deaths and Other Incidents in Community Services, 04-118](#).

V. MEDICATION MANAGEMENT

All medication must be kept and administered in accordance with the requirements of the DBHDD Provider Manual for Community Developmental Disability Providers. The use of proxy care in this service is expressly prohibited. Note: LPNs must be under the supervision of a licensed RN.

W. DISASTER PREPAREDNESS AND RESPONSE PLAN

In accordance with [Disaster Preparedness, Response, and Disaster Recovery Requirements for Community Providers, 04-102](#), the provider must develop a Continuity of Operations Plan (COOP) that addresses disaster preparedness, response, and recovery. At the time of disaster plan implementation, the providers should contact the State Office, in particular the Autism Crisis Service Coordinator and DD Crisis Manager, as well as the related Regional Field Office. The provider should refer to this manual for additional instructions.

X. PHYSICAL ENVIRONMENT REQUIREMENTS

The residence must be constructed, arranged, and maintained to provide adequately for the health, safety, accessibility, sensory needs, and well-being of the youth. The residence must meet ADA requirements for accessibility.

1. Must provide for common living space, dining, and private sleeping areas:
 - a. The living and sleeping areas must be within the same building;
 - b. Alarm systems should be applied to all windows and doors;
 - c. Supportive devices must be installed as necessary to enable the youth to achieve a greater degree of mobility and safety from falling;
 - d. The general floor plan of the home provides for optimal line of sight observations throughout the home. Blind spots shall be addressed through the use of unbreakable convex viewing mirrors that allow visual access by staff;
 - e. Must provide an area that affords privacy for the youth and visitors;
 - f. Common spaces, such as living and dining rooms, must be available for use by the youth and without restriction;
 - g. Common areas must be large enough to accommodate youth without crowding and should be comfortably furnished with sturdy furniture;
 - h. Must provide a means of locked storage for the valuables or personal belongings of the youth;
 - i. Must provide access to a working washer and dryer and staff must assist youth with laundry;
 - j. All stairways and ramps must have sturdy handrails, securely fastened not less than 30° nor more than 34° above the center of the tread. Exterior stairways, decks, and porches must have handrails on the open sides unless the surface of the deck or porch is so close to the ground that it does not pose a significant risk of injury to the youth to fall from the deck or porch. If railings include balusters, the space should not allow for a youth to put his or her head through them.
 - k. Floor coverings must be intact, safely secured, and free of any hazard that may cause tripping; and
 - l. All areas, including hallways and stairs, must be lighted sufficiently. Lighting fixtures shall be recessed and tamper proof with Lexan or other strong translucent materials. Light switches and electrical outlets shall be secured with non-tamper type screws. In consideration of the sensory needs of youth in this service, lighting should be fitted with dimmers.

2. The following exterior conditions must be maintained:
 - a. Entrances and exits, sidewalks, and escape routes must be maintained free of any obstructions that would impede leaving the residence quickly in the case of fire or other emergency and must be kept free of any hazards, such as ice, snow, or debris;
 - b. The yard, if applicable, must be free of all hazards (including poisonous plants), nuisances, refuse, and litter;
 - c. The residence must have its house number displayed, which should be easily visible from the street;
 - d. The residence must provide for an outside area where youth may have access to fresh air and exercise and should allow for privacy. It should be designed/constructed to minimize elopement from the area, preferably using a fence.
3. The following minimum standards for bedrooms must be met:
 - a. Bedrooms must have sufficient space to accommodate the youth, the youth's belongings, and, minimally, a bed and dresser without crowding. The single bedroom shall have at least 75 square feet of usable floor space that does not include a built-in closet;
 - b. The youth's bedroom must have at least one window (screened and in good repair for ventilation) and a closet;
 - c. All windows shall be protected with a safety film, preferably textured for privacy (such that curtains/drapes are not required), to protect against glass breakage, hold glass pieces in place in an impact situation, or prevent dangerous flying glass pieces. For newer construction or replacement of windows, the use of tempered glass, Lexan, or Plexiglas is required;
 - d. Bedrooms for youth must be separated from halls, corridors, and other rooms by floor to ceiling walls. Hallways cannot be used for sleeping;
 - e. The floor plan must be such that no person other than the occupant of that bedroom must pass through a bedroom to reach another room;
 - f. The bedroom must have doors that can be closed. For bedrooms that have locks on doors, both the occupant and staff must be provided with keys to ensure easy entry. Double-cylinder locks (locks requiring a key on both sides) may not be used on the bedroom of a youth. Doors shall not be locked from within and shall be capable of swinging outward or be mounted so that the door can be removed from outside if the door is barricaded from the inside;

- g. A room must not be used as a bedroom where more than one-half of the room's height is below ground level. Bedrooms which are partially below ground level should have adequate natural light and ventilation and be provided with two useful means of egress;
 - h. When the youth is discharged, the bedroom and its contents must be adequately cleaned;
 - i. Each bedroom must contain a standard, non-portable bed measuring at least 36" wide and 72" long. The mattress must be clean and not less than 5" thick or 4" of synthetic construction. The use of beds with springs, cranks, rails, or wheels including hospital beds, rollaway beds, cots, hide-a-beds, bunkbeds, stacked beds, and day beds is strictly prohibited; and
 - j. Beds or other furniture capable of being used to barricade a door shall be secured to the floor or wall.
4. The following minimum standards apply to bathrooms:
- a. At least one functional toilet, lavatory, and bathing or showering facility must be provided for every three (3) youth residing in the ASD CSH;
 - b. At least one fully handicap accessible bathroom must be available;
 - c. Flush mounted safety grab bars must be installed in all showers and area(s) near the toilet;
 - d. Floor drains should be installed to address spillage during bathing and, possibly, during water play;
 - e. Non-skid surfacing or strips must be installed in all showers, tubs, and bathing areas;
 - f. Bathrooms and toileting facilities must have a window that can be opened or must have forced ventilation;
 - g. Toilets, bathtubs, and showers must provide privacy;
 - h. Showerheads shall be recessed or have a smooth curve from which items cannot be hung and/or bear weight;
 - i. Use of overhead metal rods, fixtures, privacy stall supports, or protrusions capable of carrying more than a thirty (30) pound load is strictly prohibited;

- j. Mirrors shall not be common glass. A polycarbonate mirror, fully secured and flat mounted to the wall, is required. Polished metal mirrors shall not be permitted;
- k. Toilet shall be tankless/flushometer-type, not residential with water tank and cover;
- l. Access to a bathroom shall not be through another youth's bedroom; and
- m. Toilet paper must be available for use at each commode.

Y. FURNISHINGS AND FIXTURES

- 1. Furnishings in the living room, bedroom, and dining room, including furnishings provided by the youth, must be maintained in good condition, intact, and functional;
- 2. Furnishings and housekeeping standards must be such that the residence presents a clean and orderly appearance;
- 3. Must provide an adequate closet or wardrobe; lighting fixtures sufficient for reading and other activities; bureau, bed, dresser, or equivalent made of durable materials not capable of breakage into pieces that could be used as weapons and must not present a hanging risk;
- 4. Must provide each youth with clean towels, including washcloths, at least twice weekly and more frequently if soiled; and
- 5. Must provide bedding for each youth, including two sheets, one pillow, one pillowcase, and a minimum of one blanket and bedspread. In addition, the ASD CSH must maintain a linen supply for not less than twice the bed capacity and must adapt the supply to meet the special needs of the youth.

Z. PHYSICAL PLANT, HEALTH, AND SAFETY STANDARDS

- 1. Must provide a safety and healthy environment for its youth, and, where subject to fire and safety standards promulgated by the Office of the Safety Fire Commissioner, must comply with those standards;
- 2. Must comply and remain in compliance with all state and local ordinances for fire safety in residences of that size and function. In the absence of or in addition to any such local ordinances, the following requirements must be met:
 - a. Wall-mounted electrical outlets and lamps or light fixtures must be maintained in safe and operable condition;

- b. Cooking appliances must be suitably installed in accordance with approved safety practices;
 - c. Space heaters must not be used;
 - d. Fire screens and protective devices must be used with fireplaces, stoves, heaters, and air conditioning units;
 - e. If natural gas or heating oil is used to heat the residence, the residence must be protected with carbon monoxide detectors;
 - f. Active use of any fireplace is prohibited. Fireplaces should be deconditioned prior to occupancy;
 - g. Must have at least one readily accessible, charged, 5 lbs. multipurpose ABC fire extinguisher on each occupied floor and in the basement. Extinguishers must be checked annually by a fire safety technician and monthly by the staff of the ASD CSH to ensure they are charged and in operable condition;
 - h. Exterior doors must be equipped with locks that do not require keys to open the door from the inside;
 - i. An automatic extinguishing system (sprinkler) shall be installed per city/county requirements for residential settings not governed by other federal, state, and county rules and regulations if applicable; and
 - j. An approved smoke alarm with battery backup shall be installed properly in all sleeping areas, hallways, and all normally occupied areas on all levels of the residence per safety code. When activated, the smoke alarms must initiate an alarm that is audible in the bedrooms. All smoke alarms shall be tested monthly, with the documented outcome. The facility shall be inspected annually to meet fire safety code and copies of inspections should be maintained. Note: For youth with special support needs, such as hearing impairment or deep sleepers who have difficulty waking to a traditional alarm, an alternate safety plan must be addressed in policy and implemented in their bedrooms, such as the use of a Smart Strobe Light smoke alarm or an alarm designed to give reliable early warning of the presence of smoke when both audible and visual alarms are required. Strobe-type smoke alarms are not recommended for youth with seizure disorder/epilepsy.
3. Water and sewage systems must meet applicable federal, state, and local standards and regulations;
4. Floors, walls, and ceilings must be kept clean and in good repair, preferably constructed of non-absorbent materials;

5. Kitchen and bathrooms must be cleaned by ASD CSH staff with disinfectant and maintained to ensure cleanliness and sanitation;
6. The storage and disposal of biomedical and/or hazardous waste must comply with applicable federal and state rules and standards;
7. The storage and disposal of garbage, trash, and waste must be accomplished in a manner that will not permit the transmission of a disease, create a nuisance, or provide a breeding place for insects or rodents. Waste must be removed from the kitchen as necessary and from the premises at least once weekly;
8. Due to the nature of this service, no pets of any kind are allowed on the premises;
9. Poisons, caustics, and other dangerous materials must be stored in a clearly labeled and appropriate container; safeguarded in an area away from medication storage, food preparation, and other storage areas; and secured in locked storage. Youth are prohibited from handling any of these substances;
10. Must be equipped and maintained to provide sufficient hot water. Hot water provided for use by youth must not exceed 120° Fahrenheit at the fixture, unless a cooler temperature is required by the needs of the youth. A water temperature monitor or scald valve must be installed where necessary to ensure the safety of the youth;
11. Must have clearly accessible route(s) for emergencies throughout the residence;
12. Must establish procedures and mechanisms for alerting and caring for youth in case of emergencies and for evacuating them to safety. An evacuation plan with clear instructions shall be available and posted within each ASD CSH;
13. Youth who needs assistance with ambulation shall be provided bedrooms with access to ground-level exits to the outside;
14. Temperature throughout the residence must be maintained by a central heating system or its equivalent at ranges that are consistent with the youth's health needs. No youth must be in any area of the residence that falls below 65° Fahrenheit or exceeds 82° Fahrenheit;
15. Must possess a readily available supply of first aid materials including bandages, antiseptic, gauze, tape, thermometer, and gloves;
16. No weapons shall be kept in the ASD CSH. Kitchen utensils that could be used as a weapon, such as knives, should be kept in locked storage; and
17. Staff will have access to 24/7 transportation.

AA. SUPPORT SERVICES

1. Each ASD CSH must provide room, meals, and crisis services that are commensurate with the youth's needs, to include special diets. Services should be provided by appropriately qualified staff members;
2. Personal hygiene assistance must be given to youth who are unable to keep themselves neat and clean;
3. The Program Manager or designee must teach each youth the techniques of standard precautions, as appropriate to the youth's ability, or must support each youth in the performance of the techniques of standard precautions including washing hands after toileting, sneezing, or any other activity during which the youth's hands may become contaminated;
4. The routine of the ASD CSH must be such that the youth spends the majority of their time outside of sleeping hours in areas other than their bedrooms. Activities/positive coaching or modeling training must be provided to increase positive replacement behaviors according to each youth's plan or care and behavioral support program;
5. The Program Manager or designee must be available to any person within the ASD CSH, including each youth served;
6. ASD CSH provider will adhere to Community Service Standards in the creation of a basic Infection Control Plan, reviewed annually for effectiveness and revision, to address:
 - a. Standard precautions;
 - b. Handwashing guidelines;
 - c. Proper storage of personal hygiene items; and
 - d. Specific common illnesses/infectious diseases likely to be emergent in the particular service setting;
7. ASD CSH provider will also maintain policies, procedures, and practices for controlling and preventing infections in the service setting, as required by the Community Service Standards, through evidence of:
 - a. Guidelines for environmental cleaning and sanitizing;
 - b. Guidelines for safe food handling and storage;
 - c. Guidelines for the proper disposal of biohazardous materials and sharps;
 - d. Guidelines for laundry that include the collection, sorting, transporting, washing, and storage in a manner that prevents the spread of infection and contamination of the environment; and

e. Guidelines for food preparation.

BB. NUTRITIONAL SERVICES

1. A minimum of three (3) regularly scheduled, well-balanced meals must be available seven (7) days per week. Meals must be served in the early morning (breakfast), at midday (lunch), and in the evening (dinner), with the last meal served no earlier than 5:00 PM and no later than 7:00 PM;
2. ASD CSH shall provide each youth with meals and snacks of serving sizes dependent upon the nutritional guidelines established by the United States Department of Agriculture Childcare Program; recommended daily diet allowances, Food and Nutrition Board, National Academy of Sciences; or a diet established by a registered dietician. Meals must be of sufficient and proper quantity, form, consistency, and temperature. Food for at least two nutritious snacks must be available and offered mid-afternoon and evening. All food groups must be available within the residence and represented on the daily menu;
3. All foods, while being stored, prepared, or served, must be protected against contamination and be safe for human consumption in accordance with accepted standards for food safety;
4. Food received or used must be clean, wholesome, free from spillage, adulteration, and mislabeling, and safe for human consumption;
5. ASD CSH must have a properly equipped kitchen to prepare regularly scheduled, well-balanced meals unless it arranges for meals to be provided by a permitted food service establishment, which, in such case, a copy of required certification related to health, safety, and sanitation is available;
6. ASD CSH must maintain a three-day supply of non-perishable foods and water for emergency needs for all youth and staff, to include food for special diets when applicable;
7. ASD CSH must arrange for and serve special/modified diets based on medical or religious reasons as needed. Modifications due to medical reasons shall require a written physician's order with a copy maintained in the youth's record; and
8. Meal planning should demonstrate choice and participation of the youth, as safe and appropriate.

CC. QUALITY ASSURANCE AND STANDARDS COMPLIANCE

1. Provider will develop and maintain performance indicators and outcome measurement data as part of their performance management system that will assist DBHDD to monitor and generate monthly reports of the ASD CSH to make quality improvement decisions based on the collected data. The provider's

performance data system shall, at minimum, include the following performance indicators and outcomes:

- a. Names of youth supported in each ASD CSH;
 - b. Total number of youth at each ASD CSH on the last day of each month (“occupancy rate”);
 - c. Total number of new admissions and discharges each month (“admission and discharge data”);
 - d. Average length of stay in each ASD CSH;
 - e. Total number of hours of training provided to youth, families, and/or caregivers monthly;
 - f. Total number of hours of training provided to ASD CSH direct support staff monthly;
 - g. Total number of reportable critical incidents to DBHDD;
 - h. Staff vacancies and new hires each month;
 - i. Total number of hospitalizations (separated by medical vs. behavioral necessity); and
 - j. Total number of calls for law enforcement assistance monthly.
2. The provider must develop a well-defined performance improvement plan and an internal risk management system that addresses the performance areas found in the DBHDD Provider Manual for Community Developmental Disability Providers, Community Service Standards.
 3. The provider must participate in data collection and generate monthly performance reports for submission to the IDD Crisis Stabilization Services Manager and Autism Project Manager. In addition to monthly data reports, providers may be required to provide additional data/ad hoc reports as requested by DBHDD.

Appendix A

REGIONAL FIELD OFFICE OF DBHDD CONTACT LIST

DBHDD Region 1	DBHDD Region 2	DBHDD Region 3
Elise Beumer	Carol Love	Vivia Black
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Toll Free 1-877-217-4462	Toll Free 1-877-551-4897	FAX (770) 414-3048

DBHDD Region 4	DBHDD Region 5	DBHDD Region 6
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