

SC & ISC Training: IDD Connects Community Residential Alternative

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Division of Developmental Disabilities
October 20, 2021



Today's Topics

- **Community Residential Alternative Overview**
 - Policy
 - Categories & Rates
 - Level of Need
 - Capacity
 - ISP Service Summary Development
- **ISP Service Summary Recommendations from Evaluations**
 - Service Line Removal Procedures

Community Residential Alternative

Community Residential Alternative - Defined

These services are targeted for people who require intense levels of residential support in small group settings of four or less, foster homes, or host home/life sharing arrangements and include a range of interventions with a particular focus on training and support in one or more of the following areas: eating and drinking, toileting, personal grooming and health care, dressing, communication, interpersonal relationships, mobility, home management, and use of leisure time.

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

Community Residential Alternative Policy

Community Residential Alternative - Policy

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

Reimbursement Rates

- Chapter 2300, Section 2308
- Appendix A

Community Residential Alternative

Categories & Rates

Community Residential Alternative – Categories & Rates

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

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

Community Residential Alternative

Level of Need

Community Residential Alternative – Level of Need

Special Eligibility Condition for Community Residential Alternative

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

<https://dbhdd.georgia.gov/residential-and-respite-cost-study>

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

Community Residential Alternative – Level of Need Continued

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



Community Residential Alternative – Level of Need Continued

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

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

Metric	Count
Participants Served	7311
Participants without SIS Assessments	169
Participants without HRST Assessments	123
Participants Awaiting Verification	41
Participants Awaiting Confirmation	29

Community Residential Alternative – Level of Need Continued

Certain Assessment Levels Require Review

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

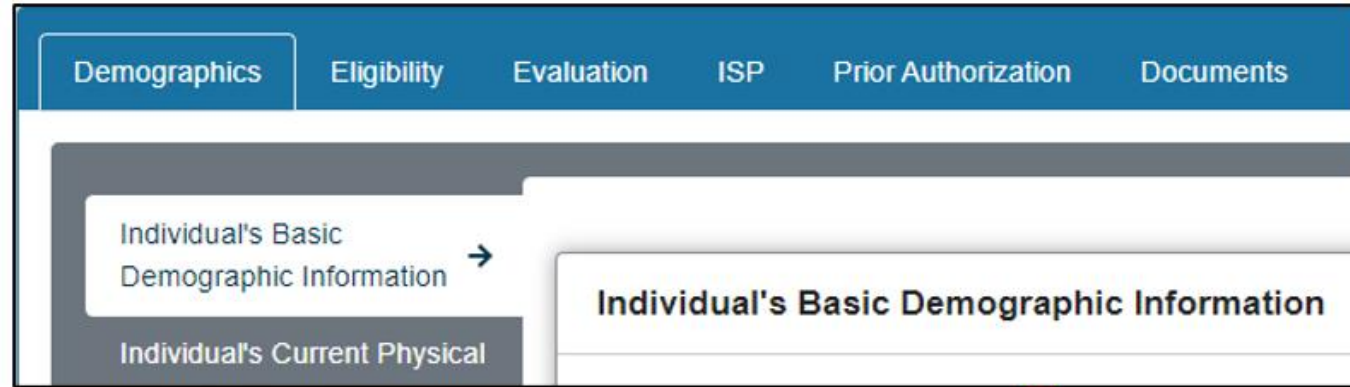
- Purpose: to determine most appropriate rate tier based on additional information collected through the SIS supplemental questions.

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

- Purpose: to review clinical information affecting individual need.

Community Residential Alternative – Level of Need Continued

IDD Connects: Assessment Level Location



Initial Waiver Entry Origin:

Waiver Re-entry Origin:

Level:

Is the individual lawfully present in United States? *

Yes No N/A (for consumers under 18)

Is the individual a veteran? *

Yes No Unknown/Refused

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

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

Community Residential Alternative - Level of Need - Example

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

Figure 4: Assessment Levels Criteria

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

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

Increase in Assessment Level

Increase in HCL Level

Community Residential Alternative - Level of Need - Example

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

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

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

Community Residential Alternative

Capacity

Community Residential Alternative – Capacity (Group Homes)

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

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

Licensed Group Home settings (2) are as follows:

Community Living Arrangement (CLA)

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

Personal Care Home (PCH)

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

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

Community Residential Alternative – Capacity Verification


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

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


Community Residential Alternative – HFR Website

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



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

Community Residential Alternative – HFR License/Permit

 **GEORGIA DEPARTMENT OF
COMMUNITY HEALTH**

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

_____ to maintain and operate a
(Name of Governing Body)

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

Said residence and premises are located at _____
(Street)

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

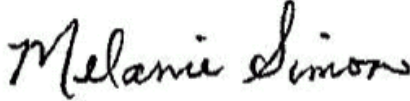
Permit effective date is Wednesday, August 19, 2020 and remains in effect unless revoked or suspended.

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

THIS PERMIT IS NOT TRANSFERABLE PERMIT NO. _____

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH HEALTHCARE FACILITY REGULATION DIVISION



Melanie Simon, Division Chief

Community Residential Alternative

Service Summary Development

Community Residential Alternative – Service Summary – Example #1

Initial ISP Service Summary

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

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

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Community Residential Alternative – Service Summary – Example #1

Updated ISP Service Summary

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

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

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Community Residential Alternative – Service Summary – Example #2

Initial ISP Service Summary

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

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

Navigation: 1 / 10



Community Residential Alternative – Service Summary – Example #2

Updated ISP Service Summary

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

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

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ISP Service Summary Refresh
for Clinical Evaluations/Recommendations

ISP Service Summary Refresh


When creating a New ISP or New ISP Version, please click on the 'Refresh' icon to pull in potential service recommendations from a completed Discipline Specific Assessment.

Service Summary

Status:

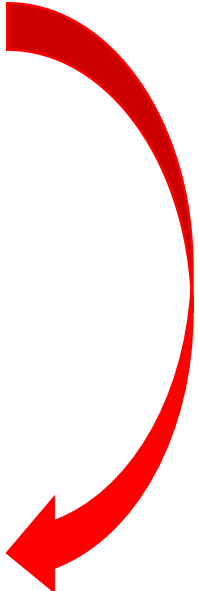
Date Completed:

	Service Description	Detailed Service Description	Recom
<input type="checkbox"/>	<input type="text" value="Support Coordination"/>	<input type="text" value="Support Coordination"/>	



Discipline Specific Assessments

Evaluation Type	Date Assigned	Date Completed	Reason for Update	Evaluation Update Date	Completed By	Status
Social Work	04/06/2021	04/06/2021	RCR	04/06/2021	Ronald Singleton	Completed



ISP Service Summary Refresh Continued

In the example below, a refreshed ISP Service Summary resulted in an additional service line for Community Living Supports – Self Directed with an increase in funding.

Detailed Service Description	Recommendation From/Date	Amount	Unit
Support Coordination		1.00	Unit(s)
Community Living Supports - Self-Directed		40000.00	Dollar(s)
Financial Support Services - Self-Directed		1.00	Unit(s)
Community Living Supports - Self-Directed	EVAL - Social Work - 04/06/2021	51300.00	Dollar(s)


Clinical Evaluations/Recommendations Service Removals

Clinical Recommendations can be removed by selecting the service(s) and clicking on the 'Remove Service' button.

<input type="checkbox"/>	Service Description	Detailed Service Description	Recommendation From/Date
<input type="checkbox"/>	Support Coordination	Support Coordination	
<input type="checkbox"/>	Community Living Supports	Community Living Supports - Self-Directed	
<input type="checkbox"/>	Financial Support Services	Financial Support Services - Self-Directed	
<input checked="" type="checkbox"/>	Community Living Supports	Community Living Supports - Self-Directed	EVAL - Social Work - 04/06/2021

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Minimum FTF Visit Frequency: Monthly



Clinical Evaluations/Recommendations Service Removals Continued

The individual, living in a non-Community Residential Alternative (CRA) setting, and/or the individual's family/legal guardian declines the recommended service(s) prior to the approval of the ISP.

1. Document the individual and/or the individual's family/legal guardian's decision in the last goal box of the ISP.

Include team discussion around justification for final selection of action plans and decision about number of action plans for this ISP :

(Named service/s) was/were recommended by an assessing clinician or other DBHDD staff to address and/or mitigate risks of identified/diagnosed conditions. The decision to decline the recommended services reflects your understanding of the inherent risks of declining recommended supports.

Clinical Evaluations/Recommendations Service Removals Continued

The individual, living in a non-Community Residential Alternative (CRA) setting, and/or the individual's family/legal guardian declines the recommended service(s) prior to the approval of the ISP.

2. Remove the recommended service(s) from the service summary.

The screenshot displays a table with four columns: a selection column, 'Service Description', 'Detailed Service Description', and 'Recommendation From/Date'. The table contains four rows of service entries. The fourth row, 'Community Living Supports - Self-Directed', is highlighted in blue and has a checkmark in the selection column. A red double-headed arrow points from this row down to a 'Remove Service' button. Below the table is a pagination bar showing '1' of 10 items. To the right of the table is a 'Minimum FTF Visit Frequency' dropdown menu set to 'Monthly'.

<input type="checkbox"/>	Service Description	Detailed Service Description	Recommendation From/Date
<input type="checkbox"/>	Support Coordination	Support Coordination	
<input type="checkbox"/>	Community Living Supports	Community Living Supports - Self-Directed	
<input type="checkbox"/>	Financial Support Services	Financial Support Services - Self-Directed	
<input checked="" type="checkbox"/>	Community Living Supports	Community Living Supports - Self-Directed	EVAL - Social Work - 04/06/2021

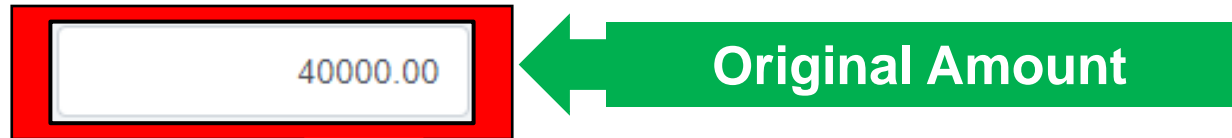
Remove Service Add New Service

Minimum FTF Visit Frequency
Monthly

Clinical Evaluations/Recommendations Service Removals Continued

The recommended service(s) currently exists as a result of a previously approved ISP.

1. If the recommendation results in an **increase** of units, hours, dollars, days, etc., review all history ISPs and Prior Authorizations for confirmation that the recommended service was previously approved.
2. If the information above is confirmed, then increase the 'Amount', 'Unit', 'Frequency' and/or 'Duration of Service' on the original service line to mirror the recommended service information.



Detailed Service Description	Recommendation From/Date	Amount	Unit	Frequency
Community Living Supports - Self-Directed		51300.00	Dollar(s)	Annually
Community Living Supports - Self-Directed	EVAL - Social Work - 04/06/2021	51300.00	Dollar(s)	Annually

Clinical Evaluations/Recommendations Service Removals Continued

The recommended service(s) currently exists as a result of a previously approved ISP continued.

3. Document the individual and/or the individual's family/legal guardian's decision in the last goal box of the ISP, particularly as it relates to the update to the original service line.
4. Remove the recommended service(s) from the ISP Service Summary.

Detailed Service Description	Recommendation From/Date	Amount	Unit
Community Living Supports - Self-Directed		51300.00	Dollar(s)

Navigation: 1 / 10

Quick Review:

ISP Service Summary Line Removal



Recommendations from Evaluations

Step 1: Identify the duplicate service line.

Detailed Service Description		Recommendation From/Date	Amount
Community Access - Group	APPROVED		5.00
Community Access - Group	DUPLICATE	EVAL - Behavioral - 05/18/2021	20.00

Navigation: 1 / 10



Step 2: Review and compare the 'Amount' for both lines.

Detailed Service Description		Recommendation From/Date	Amount
Community Access - Group	APPROVED		 5.00
Community Access - Group	DUPLICATE	EVAL - Behavioral - 05/18/2021	 20.00

Navigation: 1 / 10

Recommendations from Evaluations Continued

Step 3: Increase the amount on the approved line.

Detailed Service Description	Recommendation From/Date	Amount
Community Access - Group APPROVED		 20.00
Community Access - Group DUPLICATE	EVAL - Behavioral - 05/18/2021	 20.00

Navigation: 1 10

Step 4: Remove the duplicate line.

Detailed Service Description	Recommendation From/Date	Amount
Community Access - Group		20.00

Navigation: 1 10

Questions

