

# SC & ISC Training: IDD Connects Session 3

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**BE D·B·H·D·D**

Georgia Department of Behavioral Health & Developmental Disabilities

Division of Developmental Disabilities  
May 5, 2021



# Today's Topics

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- **Community Living Supports (CLS) Overview**

- Medicaid Policy
- Community Living Supports' Current Structure: The History
- Distinct Categories for Community Living Supports
- ISP Service Summary Development
- Prior Authorization (PA) Development

- **Provider Changes**

- Medicaid Policy
- ISP & Service Summary Development
- PA Development

# Community Living Supports

# Community Living Supports - Defined

Community Living Support (CLS) Services are individually designed to support the acquisition, retention, or improvement of life skills to facilitate residence in a waiver individual's own or family home. Personal care/assistance may be a component part of CLS services, but the focus of personal assistance should be teaching the skills related to activities of daily living and instrumental activities of daily living. CLS services are offered to individuals who live in their own or family homes.

These services are available in the Comprehensive Supports Waiver Program (COMP) and the New Options Waiver Program (NOW).

# Community Living Supports

## Medicaid Policy

# Community Living Supports - Policy

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Comprehensive Supports Waiver Program (COMP)  
Part III, Chapter 2200

New Options Waiver Program (NOW)  
Part III, Chapter 1900

Reimbursement Rates  
Appendix A (COMP & NOW)

# Community Living Supports

Community Living Supports' Current  
Structure: The History

# Community Living Supports' Current Structure

## The History

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

Click on: 'Comp Waiver Cost Study Phase 1 Public Comments...'

Go to: Page 26 - Community Living Support (CLS), Comments 67-79

### **COMMUNITY LIVING SUPPORT (CLS)**

***67. Several commenters expressed concern that the proposed rates are not adequate to support members in their homes. Two commenters suggested that the rates for members sharing supports in a residence not owned or controlled by an agency should be equivalent to the Group Home rates.***

DBHDD believes that the CLS rates, which are more than 15 percent greater than the existing rates, are reasonable and sufficient. As discussed in the response to comment 68, however, the service is not intended to be provided on a one-to-one basis 24 hours per day, 365 days per year. CLS is also not intended to be equivalent to a group home. The CLS rates reflect the requirements of this service while the Group Home rates reflect the different requirements and staffing expectations of that service.



# Community Living Supports

Distinct Categories

# Community Living Supports (CLS)

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CLS services are reimbursed in 15-Minute unit increments using three distinct categories:

- Basic** Community Living Support
- Extended** Community Living Support
- Shared** Community Living Support

# Community Living Supports (CLS) Continued

## Distinct Categories Defined

- **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.
- **Extended CLS** is billed for visits of more than 12 units (3.00 hours) per visit.
- **Shared CLS** reimbursement includes two-person and three-person group rates. Shared CLS is designed to accommodate voluntary home sharing of waiver individuals, allowing one staff person to provide CLS services to groups of two or three waiver individuals.

# Community Living Supports

ISP Service Summary Development

# Community Living Supports (CLS) – ISP Service Summary Development

**CLS services are not approved by distinct categories.**


**Service Summary**

Refresh Download Print

Status: In-Progress Date Completed:

<input type="checkbox"/>	Service Description	Detailed Service Description
<input type="checkbox"/>	Community Living Supports	Community Living Supports Basic
<input type="checkbox"/>	Community Living Supports	Community Living Supports Extended
<input type="checkbox"/>	Community Living Supports	Community Living Supports Shared



1 10




# Community Living Supports (CLS) – ISP Service Summary Development

**CLS is approved as a single service.**





### Service Summary

[Refresh](#)  

Status:  

Date Completed:

<input type="checkbox"/>	Service Description	Detailed Service Description
<input type="checkbox"/>	<input type="text" value="Community Living Supports"/>	<input type="text" value="Community Living Supports"/>

  1  


Minimum FTF Visit Frequency:

# Community Living Supports (CLS) – ISP Service Summary Development

## The ISP Frequency and Calculated Units

97.09 Hours **X** 52 Weeks **=** 5048.68 Hours **X** 4 (Units)

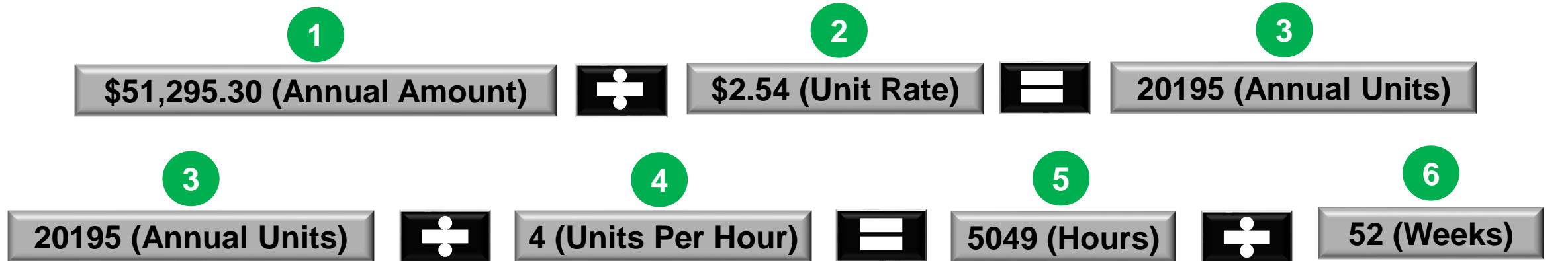
Amount	Unit	Frequency	Duration of Service	Calculated Units
97.09	Hour(s)	Weekly	For 12 Months	20195



**The Calculated Units amount will migrate to the prior authorization.**

# Community Living Supports (CLS) – ISP Service Summary Development

## The ISP Frequency and Calculated Units Continued



Amount	Unit	Frequency	Duration of Service	Calculated Units
97.09	Hour(s)	Weekly	For 12 Months	20195

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# Community Living Supports

PA Development

# Community Living Supports (CLS) – PA Development

**The CLS service approved in the ISP will be authorized on the prior authorization with 7 distinct procedure codes.**

Service Code ↕	Detailed Service Description ↕	Procedure Code
CL1	Community Living Supports	T2025-U4,T2025-U5,T2025-U4-UN,T2025-U5-UN,T2025-U4-UP,T2025-U5-UP,T2025-U5-CG
	◀	

# Community Living Supports (CLS) – ISP/PA Frequency & Funding

## The PA Units and Authorized Amount

<b>Units</b> ⬆	<b>Authorized Amount</b> ⬆
20195	\$ 51295.3

Units **X** \$2.54 **=** Authorized Amount

# Provider Changes

## Medicaid Policy

# Provider Changes – Medicaid Policy

## Comprehensive Supports Waiver Program (COMP) & New Options Waiver Program (NOW) General Manual Part II, Chapter 1100, Section 1102

**G. ISP Annual Review and Version Changes:** Circumstances warranting more frequent reviews would include, but are not limited to, significant changes in individual functioning, increases or decreases in services, **change of provider(s)**, changes in medical, social or behavioral statuses, family crisis, and reduction in funding.

# Provider Changes – Medicaid Policy Continued

## Comprehensive Supports Waiver Program (COMP) & New Options Waiver Program (NOW) General Manual Part II, Chapter 1100, Section 1102

**D. ISP and Individual 360** - The Individual Service Plan (ISP) and Individual 360 are based on what is important to/for the individual and includes the following:

f. The provider responsible for each service **or the name of the service element** and type of professional staff that is responsible for service (e.g., Registered Nurse);

# Provider Changes

ISP & Service Summary Development

# Provider Changes – ISP Development (Goals)

Although including the provider's name(s) is acceptable by Medicaid standards, it is recommended to list only the service(s) if written within the ISP as shown below. Medicaid provider numbers should never be written within the ISP document.

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

John Doe will receive Community Access Group services from provider agency, 'Test 1 IDD Go Live'.

**ACCEPTABLE**

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

John Doe will receive Community Access Group services.

**RECOMMENDED**



# Provider Changes – ISP Development (Service Summary & PA)

A service previously approved in the Service Summary should never be removed. If a new provider is identified to provide an existing service, the PA list will list the provider agency and effective dates. If a new provider is identified to provide a new service(s), the service(s) will be added to the Service Summary.

Service Description	Detailed Service Description
Community Access	Community Access - Group

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Service Code	Units	Start Date	End Date	Provider
CAG	1760	01/01/2021	03/31/2021	TEST 1 IDD GO LIVE
CAG	4000	04/01/2021	12/31/2021	TEST 2 IDD GO LIVE









# Provider Changes









PA Development

# Provider Changes – PA Development

Creating a second line on a PA for an existing service will require to user to copy the existing service line.

- (1) Click on the icon beneath 'Copy'.
- (2) Enter the effective dates and new provider.
- (3) Alert the Field Office for review and submission to Medicaid (GAMMIS).

Copy	Client Auth #	Line #	Service Code ↕	Start Date	End Date	Provider ↕
 ← <b>CLICK HERE</b>			CAG	01/01/2021 	12/31/2021 	TEST 1 IDD GO LIVE 
			CAG	<input type="text"/> 	<input type="text"/> 	<input type="text"/>  <a href="#">Search</a>

Copy	Client Auth #	Line #	Service Code ↕	Start Date	End Date	Provider ↕
			CAG	01/01/2021 	03/31/2021 	TEST 1 IDD GO LIVE 
			CAG	04/01/2021 	12/31/2021 	TEST 2 IDD GO LIVE 

# Questions

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