

Service Change/Technical Assistance Requests (STARs)

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Georgia Department of Behavioral Health & Developmental Disabilities

Division of Developmental Disabilities

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NOW/COMP waiver services must be ordered based on assessed need and the Individual Service Plan must be responsive to changes in condition and circumstances.

Role of the Support Coordinator

- Continually evaluate and Identify any unmet needs of the individual
- If the individual experiences a change in condition or change in circumstances, the SC/ISC responds by collaborating with the individual's support team to determine if:
 - Needs can continue to be met with the current supports in place,
 - Additional unpaid supports can be engaged to support the person, or
 - There are unmet needs for which additional waiver services are required.
- Continually evaluate the quality and outcome of services

Service Change/Technical Assistance Requests

Change in Condition

- New diagnosis resulting in change in support needs
- Hospitalization resulting in change in support needs
- Increase in behavioral support needs
- Decline in functional status

Change in Circumstances

- Move to a new setting
- Loss of unpaid caregiver
- Health/functional decline of unpaid caregiver
- Change in availability of unpaid caregiver
- Involvement of law enforcement

Requesting Additional Waiver Services

- SC/ISC describes the change in condition or circumstances and why the need cannot be met by current supports/services in place on the STAR form
- SC/ISC submits the form to the DBHDD Field Office for review and disposition.
- If there are any changes in support needs or services that result from a change in condition or circumstances, the SC/ISC amends the Individual Service Plan to ensure that it aligns with the individual's most current support and service needs.

Requesting Technical Assistance

- If SC/ISC is aware of a change in condition or circumstances, but is uncertain how the change should impact their services/supports, the SC/ISC may request TA from a Field Office clinician to evaluate the person and make recommendations about the best course of action.
- SC/ISC describes the reason for the request on the STAR form and submits the request to the DBHDD Field Office for review and assignment of a clinician to complete TA assessment.
- If assessment results in needed changes to the ISP, SC/ISC amends the Individual Service Plan to ensure that it aligns with the individual's most current support and service needs.

Not ALL service change requests require a STAR

Increase in
SMS funds
needed

Changes to
service
categories
within “day
services” not
requiring
additional
funds

Services
recommended
by a
completed
clinical
assessment

Additional
Residential
Staffing
Extraordinary
Staffing for
CAG
SMS above
\$3800

*All services requested must fall within NOW/COMP waiver maximum billable units

Increases in Funding for Specialized Medical Supplies

- If needed SMS exceeds \$1868.00 for COMP or \$1734 for NOW, but needs are \$3800 or less, a STAR is not needed.
- SC must verify physician's orders for additional needed supplies. Additional funds will not be approved for any supplies for which there is no physician's order (other than incontinence products). However, not ALL supplies ordered by a physician can be funded by NOW/COMP.
- SC must verify that the supplies are covered by NOW/COMP, as opposed to Medicaid State Plan (and note any non-covered supply items).
- SC submits an ISP addendum that provides an itemized list of all NOW/COMP allowable supplies, the amount needed and the cost of each item. Field Office will review and approve.

Reallocation of Current Funds to Other Services

- A STAR is not needed to reallocate funds within the category of “day services” (CAG, CAI, PV, SEG, SEI). ISP Addendum only.
- A STAR is needed to reallocate funds from one service to another between service categories (need for the other service has not been assessed and approved)
 - Day service to CLS, CLS to a Day service
 - CRA to CLS or CLS to CRA
 - Any service to SMS or vice versa
 - Day service to Respite or vice versa
 - CLS to IDGS or vice versa

Services Recommended in Clinical Assessment

- A STAR is not needed if a DBHDD clinician has completed an assessment and the service is included in the recommendations, as long as the amount of the service was specified.
 - SC requested TAC previously
 - Assessment completed based on criteria met for update
 - Request from another source
- SC submits ISP addendum citing the uploaded assessment.

** Most often occurs in the case of CABS completed for BSC/BSS*

ARS, Extraordinary Staffing or SMS Units Exceeding Max

- STAR's are NOT accepted by the Field Office for needs exceeding current maximums indicated in waiver policy.
 - Extraordinary staffing needs within CRA or CLS settings
 - Extraordinary staffing needs within CAG setting
 - SMS/SME units exceeding maximum
- Providers are responsible for submitting request packet to the Field Office. Approved requests generate a PA with a date retroactive to the date of the request.

ARS, Extraordinary Staffing or SMS Units Exceeding Max

- If request has been submitted and provider has been awaiting notice of approval/denial, the SC may e-mail the Field Office Community Case Expeditor to request an update on the status of the request.
- If the request for ARS/ES is URGENT, SC or provider may e-mail/call the CCE (copy the RSA) describing the nature of the urgency of the request.
- For true emergencies, Field Office may elect to complete a STAR internally for temporary approval of ARS/ES, while awaiting disposition by the Division.

Nursing Services

- If **Skilled Nursing Services** (LPN/RN Oversight) have not previously been assessed as a need, but there is a **change in condition** such that they are needed, the Provider contacts SC/ISC to request STAR for Nursing Services or Technical Assistance Consultation (TAC) for Nursing.
- If **Skilled Nursing Services** have previously been ordered/received and the person's condition changes, resulting in a potential change in the Nursing Services being delivered, the Provider contacts SC/ISC to request STAR for Technical Assistance Consultation (TAC) for Nursing Services hours to be recalculated.

Nursing Services

- SC/ISC may NOT submit the STAR to the Field Office until PROVIDER:
 - Has updated the HRST with most current information
 - Has uploaded to CIS most current MAR
 - Has uploaded to CIS physician's orders relating to all treatment/medications that may require LPN or RN support/oversight
- SC/ISC submits STAR to designated box at Field Office. Subject Line includes Nursing, if applicable.

Nursing Services

- Field Office Clinical Reviewer logs request, reviews CIS to see if there is a current nursing assessment. If not, notification sent to assigned FO Nurse to complete assessment or TAC
- For Emergency Need: Nursing Assessment is not required immediately.
 - OHW reviews request with current information (including, at minimum updated HRST, MARs, and Physician Orders from Provider).
 - OHW can temporarily approve (30-90 days) until updated nursing assessment is received. OHW will contact provider directly for additional information if needed to expedite process.

Nursing Services

- Nurse completes assessment or TAC.
- Nurse completes Nursing Service Review/Checklist Template, if nursing recommended.
- OHW completes calculation of skilled nursing hours and adds to tracking log for all nursing requests.
 - If < 6 hours: OHW sends approved LPN and RN Hours to FO Clinical Reviewer on the SCTAR Form.
 - If > 6 hours: OHW Staff send calculator to Exceptional Rates box to request a 2nd review and notifies FO Clinical Reviewer and FO CE.

Nursing Services

- Clinical Reviewer sends the calculated Skilled Nursing Hours (LPN/RN) to OA to finalize the dollar amount of funding and sends to ISC/SC and uploads to CIS.
- SC/ISC notifies provider when ISP addendum has been submitted.
- OA approves ISP addendum and generates PA for Nursing Services.

******If a Provider submits an agency request for Nursing Oversight which includes more than one house of individuals, OHW will work directly with SC/ISC's and FO Clinical Reviewer to plan a strategy to process the request.***

This information will be posted to the DBHDD website under the DD Provider Toolkit and the Support Coordination webpage.

It will be included in the April 1, NOW/COMP Waiver Policy.



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When to Submit a STAR:

Using the STAR to communicate need for mid-year changes to the ISP and PA

Category	Circumstance	Examples	STAR Needed	Action
Service Change or Service Addition Resulting in Allocation Increase	Change in circumstances of natural supports or the individual New service or increase in services is not urgent, but needed.	Natural support: Illness with gradual decline; return to work Individual: completes school or wishes to engage in a new community activity with support	Yes	Clearly describe the change in circumstance, including what the team has attempted to meet the need prior to requesting additional waiver funds. Indicate anticipated time span of need, e.g. temporary for 2 months, ongoing, etc.
	Significant change in health, behavior or abrupt loss of natural support. New service or increase in services is urgent to prevent jeopardy to health and safety.	Natural support: Acute or abrupt illness; unavailability to continue support Individual: Sudden increase in challenging behavior; abrupt decline in physical status <i>Note: ensure that individual is receiving evaluation of medical and/or health status</i>	Yes, Urgent	Clearly describe, in measurable terms, the change in health, behavior or urgent circumstance. Document what other sources of support were explored prior to requesting additional waiver funds. Indicate anticipated time span of need, e.g. temporary for 2 months, ongoing, etc.

Category	Circumstance	Examples	STAR Needed	Action
Service Change – No Additional Funds Needed	Participant/Representative wants to reallocate funds from one service to another within the category of “day services”	<ul style="list-style-type: none"> • CAG to PV • CAI to CAG • PV to SEI • SEG to PV • SEI to CAI 	No	<p>If the change is mid-year, SC submits an ISP Addendum that describes the reason for the change, it can be approved by the Field Office per policy.</p> <p>If the change occurs in conjunction with the annual ISP, the newly selected service is added to the ISP in the service descriptions.</p>
	Participant/representative wants to reallocate funds from one service to another between service categories Includes any service category to another where the need for the service has not been assessed and approved.	<ul style="list-style-type: none"> • Day service to CLS • CLS to a Day service • CRA to CLS or CLS to CRA • Any service to SMS or vice versa • Day service to Respite or vice versa • CLS to IDGS or vice versa 	Yes	<p>All services must be ordered based on assessed need directly relieved by the service requested.</p> <p>Submit STAR and include the reason why the participant/ representative wants to change services.</p> <p>*For IDGS related requests, SC must itemize what the needs are for which IDGS funds will be utilized.</p>
Policy Change Resulting in Service Limit Increase	SMS needs exceed \$1868.00 (COMP) or \$1734 (NOW). The person did not previously have an ER for SMS	Family/ provider was privately paying supply needs in excess of prior COMP/NOW limit (\$1868/\$1734).	No	<p>SC must verify physician’s order for additional needed supplies (other than incontinence products). SC submits an ISP addendum that provides an itemized list of all supply needs, the amount needed and the cost of each item. LOC will review and approve.</p>

Policy Change Resulting in Service Limit Increase	Individual receives \$1868 (COMP) or \$1734 (NOW) of SMS and has no new documented supply needs, but is requesting an increase.		No	New or unmet needs must be justified and documented on an ISP addendum to access additional SMS funds.
	Individual received ER for SMS and expenses are under \$3,800.		No	Field Office will convert to standard SMS at expiration of ER.
	Individual received ER for SMS and expenses are over \$3,800.		No	SMS provider is to submit <i>Exceeding Maximum Units</i> request to Field Office prior to ER expiration.
	Individual has current authorization for Respite services. No new needs identified.		No	Division of DD will edit PA's to reflect the new Respite service rate.
	Individual receives Respite services at the max allocation AND higher skilled staff are needed to support the individual due to extensive medical or behavioral needs.		Yes. *Category 2 maximum (\$6208) can be requested.	Clearly describe the nature of the extensive medical or behavioral support needs. Include justification of why natural supports, current staff or other services cannot meet needs. Submit a SIS Request Form to the Field Office, so the category can be determined.
	NOW Waiver Maximum Cost Cap increased to \$40,000	Individual is in COMP, does not live in a CRA and has service needs costing between \$25,001 and \$40,000.	No	Individual will NOT convert from COMP to NOW. They will be held harmless. All individuals new to services or who have new service needs such that their service costs increase up to \$40,000 will remain in the NOW Waiver. No STAR needed.
	Individual receives PD NOW services and has been privately paying for needed services costing between \$25,001 and \$40,000.	Parent has been paying privately for caregivers for needed support hours due to using allocation to fund other needed services	Depends	Submit STAR, only if there is an assessed need for additional services to offset the cost to the family.

Policy Change Resulting in Service Limit Increase	NOW: Supported Employment Individual maximum increase to \$17,856	Individual receives SEI at the previous maximum and the amount of services is not adequate to meet the person's support needs	No	Do NOT submit a STAR. Field Office I&E Social Workers will receive lists of individuals receiving SEI at the max who have needs for additional SEI hours, identified by SC. Reassessments will be completed in advance of the individual's annual ISP to validate need for additional SEI funds.
	Transportation separated from Supported Employment (Group and Individual)	Transportation for SE previously provided by SE provider or privately paid.	No	Do NOT submit a STAR. Submit an ISP addendum adding Transportation as a separate service and itemize the associated costs. Document that individual has no other options for transportation. Examples: public transportation, family transport, etc.
Lapse in Service(s) due to reasons such as: <ul style="list-style-type: none"> Challenges finding a provider for that service after approval Termination from a service provider Unanticipated move without services coordinated 	Individual has urgent service needs and a lapse in services will result in negative consequences to health, safety, or family circumstances such as inability to work.	Unanticipated move and previous service providers cannot serve the area of new residence.	Yes, Urgent	STAR should indicate the service change requested to cue the Field Office that a PA change is needed.
	Individual wants to reallocate funds from one day service to another day service. For example:	<ul style="list-style-type: none"> CAG/PV to CAI SEI/SEG to CAG/PV CAG/PV to SEI/SEG 	No	If the change is mid-year, SC submits an ISP Addendum that describes the reason for the change in service category to cue the Field Office that a PA change is needed.
	Individual wants to temporarily reallocate funds from one service category to another. The need is not urgent, as there are services/natural supports who can meet needs in the interim.	Individual moved to a new county/region with family and is now too far from the CAG program. Wants to use CAG fund for CAI and Respite until new provider is located.	Yes.	Submit STAR and include the reason why the participant/ representative wants to temporarily reallocate funds until providers for approved services can be located.

Category	Circumstance	Examples/Notes	STAR Needed	Action
Nursing Services Needed	Newly identified need for Nursing Services	Individual was discharged from the hospital and now has a G-tube or other need requiring nursing services.	Yes, Urgent	Provider MUST upload physician's order and most current MAR to CIS. Provider MUST update HRST. Review cannot occur without these items. STAR must outline the <i>SKILLED NURSING</i> tasks, for which the participant requires a LPN/RN.
	RN TAC completed based on request. Field Office RN recommended Nursing Services.	SC requested TAC previously or Field Office clinician completed assessment based on criteria met for update or a request from another source.	No	Submit ISP addendum citing the uploaded assessment (date) and recommended Nursing Services (including hours, if available).
Behavioral Services Needed (BSC/BSS)	CABS completed based on request. Field Office Behavior Specialist recommend BSC and/or BSS.	SC submitted STAR for TAC previously or Field Office clinician already completed an assessment based on criteria met for update or a request from another source.	No	Submit ISP addendum citing the uploaded assessment (date) and recommended BSC and/or BSS (including hours).
	BSC or BSS are indicated due to behavioral concerns that are increasing in frequency or severity.		Yes	Clearly describe the nature of the behavioral support needs in measurable terms, including frequency, severity and change over time. Include statement about why natural supports, current staff or other services are experiencing challenges with behavioral interventions.

Category	Circumstance	Examples/Notes	STAR Needed	Action
Services Needed Above Current Service Maximum	Individual has staffing needs within CRA or CLS settings that exceed current service maximums.	<i>Note: Staffing needs represent continued need versus new need or one resulting from condition change</i>	No	SC prompts provider to submit <i>Additional Residential Staffing</i> request/template.
	Individual has staffing needs within CAG that exceed current service maximums.		No	SC prompts provider to submit <i>Extraordinary Staffing</i> request/template.
	Individual's needs for SMS or SME exceed current service maximums.		No	SC prompts provider to submit <i>Exceeding Maximum Units</i> request/template.
<p>A STAR is NOT accepted in these circumstances. Providers can find the corresponding request forms and templates in the Developmental Disabilities Provider Toolkit on the DBHDD website at: https://dbhdd.georgia.gov/provider-toolkit-0</p> <p>If a request was already submitted and the provider has not heard a disposition from the Division, the SC may contact the Field Office Community Case Expeditor to request and update on the status of the request. If the request for ARS/ES is URGENT, contact the CCE (and/or the RSA) describing the nature of the urgency of the request. For true emergencies, the Field Office may elect to complete a STAR internally for temporary approval of ARS/ES, while awaiting disposition by the Division.</p>				
Clinical Assessment Needed to Determine Recommended Services	Individual has had changes in circumstances or a condition change and the support team is not certain how the change should impact their services/supports.		Yes	Check " <i>Technical Assistance Only</i> ". Describe circumstance or condition change. Indicate options explored and what the SC hopes to gain from the clinical assessment. Field Office clinician will be assigned to evaluate the person and make recommendations about the best course of action.

Important Tips for Writing STARS

- Do NOT submit a STAR if there have been no mid-year changes in condition or circumstances that impact needed services. An individual's full array of ordered services can be discussed annually at the time of the ISP renewal to determine if there are any changes in service needs for the individual. A STAR is only to be submitted to communicate about necessary mid-year changes to services ordered.
- When you send a STAR, evaluate ALL needed services at the same time to determine if there are any other services that can be addressed with the same STAR, rather than separate STAR's for each new service needed.
- Be concise. Only include pertinent information that justifies the need for the service and usage frequency requested.
- Do NOT cut and paste information directly from the current ISP. Rather, summarize any essential information to the extent possible.
- The requests must take into consideration *Covered Services* and *Non-Covered Services* within waiver service descriptions and maximum billable units. Do not submit a request documenting needs that exceed the maximum billable units. Requests exceeding maximum billable units must be submitted directly from the provider to the Field Office.
- Requests for additional waiver funds must include a description of prior efforts made to identify non-waiver resources. NOW/COMP can only fund services/supplies not covered by any other funding source or unpaid support. If the Support Coordinator is uncertain about options for non-waiver resources, they should consult with their supervisor(s) prior to submitting a STAR. **Possible sources:** *Medicaid State Plan (Children's Intervention Services, EPSDT, home health care, durable medical equipment/supplies), Medicare, private health insurance, equipment lending organizations, educational systems, county recreational services, voluntary community groups, religious institutions/organizations, informal interest groups, etc.*
- Communicate with parents/participants/providers to inform them when a STAR has been submitted and follow-up with the Field Office, as needed, based on the urgency of the request.