

# Service Change/Technical Assistance Requests (STARs)

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**BE D·B·H·D·D**

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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