

# **FAMILY SUPPORT SERVICES**

## Annual Provider Meeting

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**BE D·B·H·D·D**

Georgia Department of Behavioral Health & Developmental Disabilities

**Friday, June 25, 2021**

**11:30 am – 12:30 pm**

Amy Riedesel, Director of Community Services  
Barbara (Babs) J. Hall, Family Support Manager



# Agenda

Welcome & Introduction

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Closing-out FY2021

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Contracts for FY2022

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Review of Billing in  
Beacon ProviderConnect

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Quarterly FSS Reporting

Requesting  
Technical Assistance

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Future Programmatic  
Changes

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Resources

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Questions

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The purpose of state-funded Family Support Services (FSS) is to assist individuals with a diagnosed intellectual and/or developmental disability to maintain a cohesive family unit while living at home in a community setting.

***DBHDD Policy 02-401***

***<https://gadbhdd.policystat.com>***

# Family Support Services – DBHDD Policy 02-401

State funds paid to organizations are a benefit for those individuals who meet the diagnostic and additional eligibility criteria established by DBHDD.

DBHDD establishes the annual support service limit for individuals who meet DBHDD criteria and qualify for services they are eligible to receive.

**DBHDD  
is the  
payor of  
last resort.**



Providers vigorously pursue payment for services from all payor sources so that state funds can be maximized to meet the needs of individuals that have been determined eligible for Family Support Services.

Providers cannot provide services or goods that are listed on the Non-Covered Goods and Services List.

# FY2021 End-of-Year Close-out for FSS

## FSS End-on-Year Close-out – FY2021

The last date to provide billable FSS services for FY2021 was **Wednesday, June 30, 2021.**

All claims for FSS in FY2021 must be submitted in Beacon ProviderConnect no later than **Tuesday, September 28, 2021.**

Unused funds from your FY2021 budget **will not** roll over to your FY2022 budget.

# FSS Contracts for FY2022

## FSS Contracts for FY2022

- Contracts will continue to be sent to FSS Providers in the coming weeks for review and signatures.
- FSS Provider can begin providing FY2022 services on July 1<sup>st</sup>.
  - Funds for FY2022 will be pre-loaded and available in Beacon ProviderConnect.
  - Your budget accumulator will not be accurate as of July 1<sup>st</sup>.
- Each provider is strongly encouraged to review the counties that their organization is approved to serve for FSS and Autism FSS.
  - Changes to counties served must be managed through the GA ASO Collaborative.

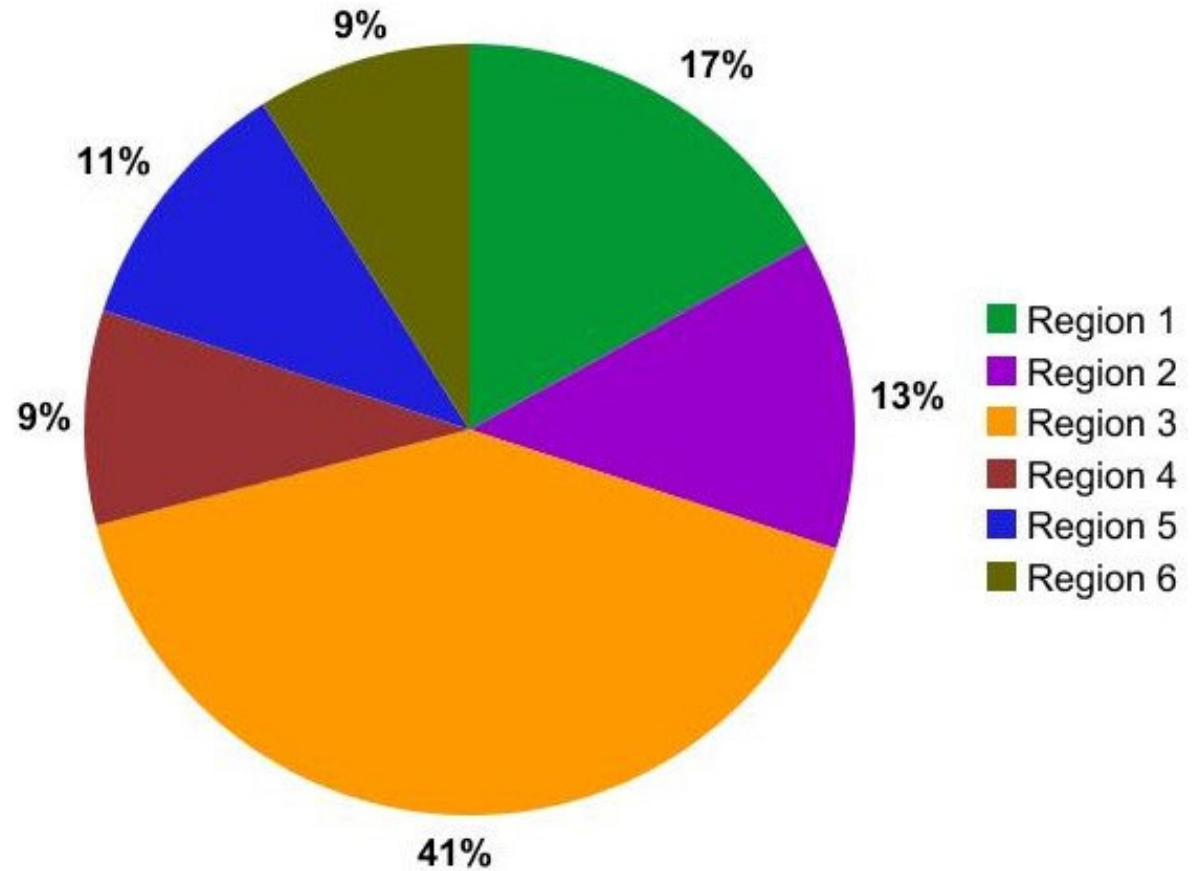


# Restoration of FSS Funding in FY2022

- Legislature approved the restoration of \$4.7 million to FSS for FY2022
- The funds were allocated to providers as follows:
  - Region 1 FSS Providers – 15% increase
  - Region 2 FSS Providers – 15% increase
  - Region 3 FSS Providers – 25% increase
  - Region 4 FSS Providers – 15% increase
  - Region 5 FSS Providers – 15% increase
  - Region 6 FSS Providers – 15% increase
- The additional 10% allocated to Region 3 is based on the higher percentage of individuals on the Planning List in Region 3.

# Restoration of FSS Funding in FY2022

Percentage of  
Individuals on the  
Planning List for  
NOW & COMP  
Waivers by Region



# Contract Expectations

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- It is DBHDD's expectation that providers offer the complete menu of services available through the FSS program, either as direct or brokered services.
- We are receiving feedback from the field that families are requesting to change providers because some providers are not consistently offering the full menu of services as outlined in policy.
- Please review DBHDD Policy 02-409 for a listing of the complete menu of services.

# Review of Billing for FSS in Beacon ProviderConnect

# Application Fees for FSS

## Initial Fee

- CPT Code – T1999
  - Modifier 1 – DD
  - Modifier 2 – F1
- Billable Admin Fee – \$250
- Supporting Documentation:
  - Initial application for FSS

**OR**

  - Individual Family Support Plan (IFSP)

## Annual Fee

- CPT Code – T1999
  - Modifier 1 – DD
  - Modifier 2 – F2
- Billable Admin Fee – \$150
- Supporting Documentation:
  - Renewal application for FSS

**OR**

  - Annual Individual Family Support Plan (IFSP)

# Administrative Fees for FSS

## Direct Service

- CPT Code – T1999
  - Modifier 1 – DD
  - Modifier 2 – F3
- Billable Admin Fee – \$50
- Supporting Documentation:
  - Invoice from FSS Provider
    - Must include the name of the individual receiving services

## Brokered Service

- CPT Code – T1999
  - Modifier 1 – DD
  - Modifier 2 – F4
- Billable Admin Fee – \$25
- Supporting Documentation:
  - Invoice from the company that provided the service
    - Must include the name of the individual receiving services

# Rules for FSS Administrative Fees

- 1 Providers can bill one direct admin fee and one brokered admin fee total per calendar month per individual.
- 2 A provider can bill one **direct** service admin fee per month in the amount of \$50 if a direct service is delivered during the month. If the provider provides more than one direct service during the month, they can still only bill one \$50 admin fee per month.
- 3 A provider can bill one **brokered** service admin fee per month in the amount of \$25 if a brokered service is delivered during the month. If the provider provides more than one brokered service, they can still only bill one \$25 admin fee per month.
- 4 If no service is provided during the calendar month, the provider cannot bill any admin fee.

# Sample FSS Invoice for Administrative Fees

Here is an example of an invoice template that providers can use to attach to FSS claims when billing Administrative Fees



**INSERT PROVIDER LETTERHEAD**  
(or similar heading indicating Provider details)



**FAMILY SUPPORT SERVICES**  
*Administrative Fees Invoice*

**Client Name:** Jane Doe  
**Month for Claim:** August 2020



- 
- Initial Fee (\$250) – supporting documentation attached
- Annual Fee (\$150) – supporting documentation attached
- 



- Direct Fee (\$50)
- Brokered Fee (\$25)



# Direct Services vs. Brokered Services

## **Direct Service:**

the FSS provider is physically delivering (or “doing”) the service

**VS.**

## **Brokered Service:**

the FSS provider is paying someone else to deliver (or “do”) the service

# Examples of Direct Services vs. Brokered Services

## Direct Service:

FSS Provider A is transporting John to his appointment.

VS.

## Brokered Service:

FSS Provider A is paying the cost for Provider B to transport John to his appointment.

### Required Supporting Documentation:

Invoice from Provider A which includes John's name and date of transportation.

### Required Supporting Documentation:

Invoice from Provider B which includes John's name and date of transportation service paid by Provider A.

## Examples of Direct Services vs. Brokered Services

**Are supplies billable as  
a direct service  
or a brokered service?**

## Examples of Direct Services vs. Brokered Services

**Are supplies billable as  
a direct service  
or a brokered service?**

**Brokered  
Service  
\$25**

**Supporting  
Documentation:**

**Invoice for  
Supplies**

## Examples of Direct Services vs. Brokered Services

Is “**Community Support & Resource Connection**” billable as a direct service or a brokered service?

## Examples of Direct Services vs. Brokered Services

Is “**Community Support & Resource Connection**” billable as a direct service or a brokered service?

Direct  
Service  
\$50

Supporting  
Documentation:  
Attachment B  
(Policy 02-409)

# FSS Claim Submission Reminders

Individuals receiving FSS must be registered in Beacon ProviderConnect.

- Registration is only valid for 365 days.
- Registration can occur at any time.
- Select the correct funding source: **FSST** or **FSAU**

FSS claims should be submitted within 90 days of the date of service delivery.

- Providers are encouraged to develop an internal plan for timely claim submissions.
- Providers are encouraged to monitor total budgets closely.

FSS claims are paid weekly.

- Providers are encouraged to utilize the reports available in ProviderConnect to monitor claims submissions, payments, denials, and overall budget expenditures on a regular basis.

# Common Errors in FSS Claims Submissions

No supporting documentation attached to the claim

Supporting documentation does not include the name of the individual receiving services

Supporting documentation attached to the claim is not for the correct individual

Supporting documentation attached to the claim has a dollar amount that does not match the claim

Individual does not have an approved IDD diagnosis entered on the claim

Individual's registration in ProviderConnect has expired

Individual is not registered in ProviderConnect for the correct funding source

Date of service on the supporting documentation does not match the date of services on the attached claim.



# Approved FSS IDD Diagnosis Codes

ICD-10 Dx Code	ICD-10 Description
F70	Mild intellectual disabilities
F71	Moderate intellectual disabilities
F72	Severe intellectual disabilities
F73	Profound intellectual disabilities
F78	Other intellectual disabilities
F79	Unspecified intellectual disabilities
F84.0	Autistic disorder

# Approved FSS Procedure Codes

Fee/Service Type	CPT Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Service Description	Billing Unit	Rate
<b>FAMILY SUPPORTS</b>								
ADMIN	T1999	DD	F1			APPLICATION FEE - INITIAL	1 unit	250.00
ADMIN	T1999	DD	F2			APPLICATION FEE - ANNUAL RENEWAL	1 unit	150.00
ADMIN	T1999	DD	F3			ADMIN FEE - DIRECT SERVICE	1 unit	50.00
ADMIN	T1999	DD	F4			ADMIN FEE - BROKERED SERVICE	1 unit	25.00
DIRECT	T2025	DD				COMMUNITY ACCESS	1 unit	@Cost
DIRECT	T2025	HW				COMMUNITY LIVING SUPPORTS	1 unit	@Cost
DIRECT	S5150	DD				RESPITE	1 unit	@Cost
DIRECT	T2019	DD				SUPPORTED EMPLOYMENT	1 unit	@Cost
DIRECT	H2015	DD				COMMUNITY SUPPORT / RESOURCE CONNECTION	1 unit	@Cost
BROKERED	D0100					DENTAL SERVICES	1 unit	@Cost
BROKERED	M1000					MEDICAL SERVICES	1 unit	@Cost
BROKERED	V2799					VISION	1 unit	@Cost
BROKERED	N1000					SPECIALIZED NUTRITION SERVICES	1 unit	@Cost
BROKERED	H0004	DD				COUNSELING SERVICES	1 unit	@Cost
BROKERED	T0100					THERAPEUTIC SERVICES (OT/PT/ST)	1 unit	@Cost

## LOCATION CODES:

Office  
**15**

Other Place of Service  
**99**

# Approved FSS Procedure Codes *(continued)*

Fee/ Service Type	CPT Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Service Description	Billing Unit	Rate
<b>FAMILY SUPPORTS</b>								
BROKERED	H0031	DD				SPECIALIZED DIAGNOSTIC SERVICES	1 unit	@Cost
BROKERED	H2019	DD				BEHAVIORAL CONSULTATION / SUPPORT	1 unit	@Cost
BROKERED	A4466					SPECIALIZED CLOTHING	1 unit	@Cost
BROKERED	A4520					INCONTINENCE SUPPLIES	1 unit	@Cost
BROKERED	T2029	DD				SPECIALIZED EQUIPMENT	1 unit	@Cost
BROKERED	T2029	DD	HW			ASSISTIVE TECHNOLOGY	1 unit	@Cost
BROKERED	T2028	DD				SPECIALIZED MEDICAL SUPPLIES	1 unit	@Cost
BROKERED	S5165	DD				ENVIRONMENTAL MODIFICAITONS	1 unit	@Cost
BROKERED	T2039	HW				VEHICLE ADAPTATIONS	1 unit	@Cost
BROKERED	T2025	GD				EXCEPTIONAL DISABILITY COSTS	1 unit	@Cost
BROKERED	R1000					RECREATION / SOCIAL INTEGRATION ACTIVITIES	1 unit	@Cost
BROKERED	H2014	DD				PARENT / FAMILY TRAINING	1 unit	@Cost
BROKERED	T1009	DD				CHILD CARE / AFTER SCHOOL SERVICES	1 unit	@Cost
BROKERED	T2004	DD				COMMUNITY TRANSPORTATION	1 unit	@Cost
BROKERED	A0090					FAMILY TRANSPORTATION	1 unit	@Cost
BROKERED	T2040	DD				FINANCIAL / LIFE PLANNING	1 unit	@Cost
BROKERED	T1999	DD	X1			OTHER	1 unit	@Cost

## LOCATION CODES:

Office  
**15**

Other  
Place of  
Service  
**99**

# Submission of FSS Quarterly Reports

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Reports are submitted quarterly.

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Reports must be completed in their **entirety** prior to submission.

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Completed reports are submitted through DBHDD FSS Reporting SharePoint.

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If you are unable to access SharePoint, reports can be submitted via encrypted email ([Barbara.Hall@dbhdd.ga.gov](mailto:Barbara.Hall@dbhdd.ga.gov)).



**DBHDD**  
**Policy 02-214**

# Submission of Quarterly FSS Reports

## QUARTER 1

Report is due:  
October 15,  
2021

## QUARTER 2

Report is due:  
January 15,  
2022

## QUARTER 3

Report is due:  
April 15,  
2022

## QUARTER 4

Report is due:  
July 15,  
2022

# FSS Quarterly Report – Page 1

**Family Support Quarterly Report Form**

Provider:       FY:       Quarter:

Completed By:       Date:

*Name and email*

Annual Budget:       Remaining Budget:

Family Support Budget Utilization					
DD		Autism		Totals	%
Direct Support	Administrative	Direct Support	Administrative		
\$ Spent during 1st Quarter				\$0.00	
\$ Committed in IFSP Plans				\$0.00	
				\$0.00	

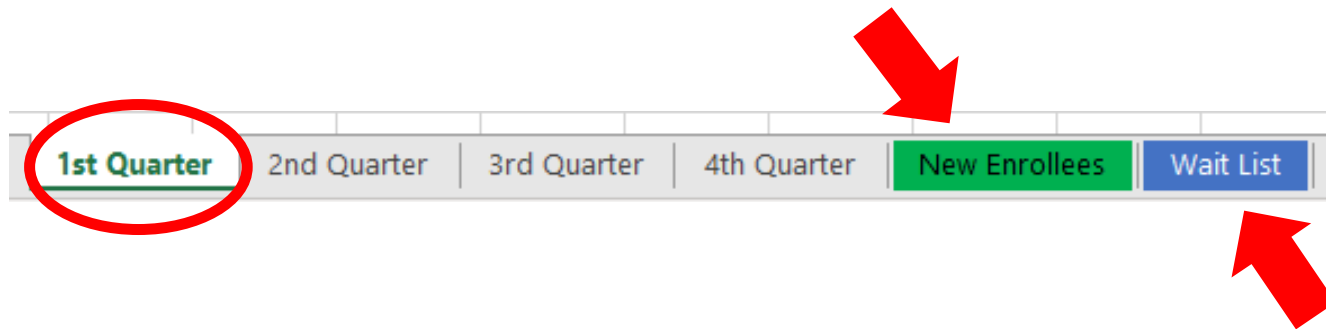
YTD

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	New Enrollees	Wait List
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# FSS Quarterly Report – Page 1

Contracted Number to Serve	<input type="text"/>	Newly Enrolled individuals	<input type="text"/>	<i>list names on green tab</i>		
		Individuals on Waiting List	<input type="text"/>	<i>list names on blue tab</i>		
Number Unduplicated Individuals Served 1st Quarter	Number Served				Total	%
	DD		Autism			
	Direct Support	Administrative	Direct Support	Administrative		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	
Number Unduplicated Individuals Enrolled, not served	<input type="text"/>	<input type="text"/>	<input type="text"/>	0		

<b>1st Quarter</b>	2nd Quarter	3rd Quarter	4th Quarter	New Enrollees	Wait List
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# FSS Quarterly Report – Page 1

		#
Number/Reason Discharges:	Moved out of service area	
	Extended hospitalization	
	Placement outside of family home	
	Loss of Eligibility	
	Non-compliance with IFSP	
	Failure to sign IFSP annually	
	Death	
	Enrolled in waiver	
	Family misconduct	
	<b>Total</b>	<b>0</b>

<b>1st Quarter</b>	2nd Quarter	3rd Quarter	4th Quarter	New Enrollees	Wait List
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# FSS Quarterly Report – Page 2

New Enrollees					
Enrollment Date	Last Name	First Name	DOB	SS#	On Planning List (Y/N)
1/1/2000	Duck	Donald	3/1/1958	011-12-3456	N



**To confirm Planning List status:**

1. Contact DBHDD Regional Field Office
2. Does the individual have an existing record in IDD Connects?

1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter | **New Enrollees** | Wait List

# FSS Quarterly Report – Page 3

## Wait List

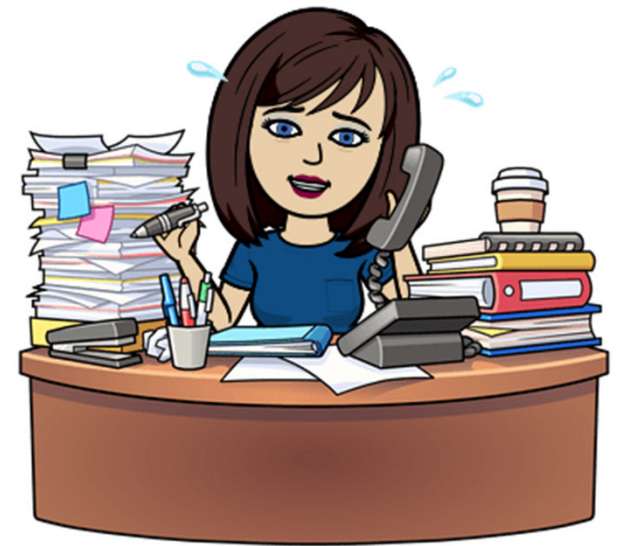
Date added to Wait List	Last Name	First Name	DOB	SS#	Parent/Legal Guardian Name	Contact phone number	On Planning List (Y/N)	Services Needed/Notes
1/1/2000	Mouse	Mickey	4/1/1958	222-34-5678	Walt Disney	(404) 000-0000	Y	needs ear swabs

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	New Enrollees	Wait List
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# Requests for Technical Assistance

# Requests for Technical Assistance

- ❑ Understanding & Applying Policy
- ❑ Challenges with Claims Submissions
- ❑ Managing Complex Cases
- ❑ Quarterly Reports and SharePoint



## **Barbara (Babs) Hall**

*Family Support Manager, Office of Community Services*

Georgia Department of Behavioral Health & Developmental Disabilities

[Barbara.Hall@dbhdd.ga.gov](mailto:Barbara.Hall@dbhdd.ga.gov)

## Frequently Asked Question – Fences

In addition to meeting the requirements in DBHDD FSS Policy 02-409 (Environmental Modifications), questions to ask include:

- Why is the fence needed? Is the individual at risk for elopement?
- Can you provide documentation from a licensed professional (medical doctor, physical therapist, occupational therapist, etc.) stating why the fence is recommended for the individual based on their intellectual/developmental disability?
- Is it possible to obtain photographs of the intended location of the fence?
- FSS is the payor of last resort. What other resources have been explored first?



# Reports in ProviderConnect

## Requests for Technical Assistance with Reports

### **John Quesenberry**

*Director, Office of Decision Support, Data & Information Management*  
Georgia Department of Behavioral Health & Developmental Disabilities  
[John.Quesenberry@dbhdd.ga.gov](mailto:John.Quesenberry@dbhdd.ga.gov)



# Future Programmatic Changes



# Feedback on Future FSS Programmatic Changes

**WE WANT  
YOUR FEEDBACK!**



All providers on the FSS email contact list will receive an online survey in the coming weeks requesting feedback related to future programmatic changes.

# Resources

# Resources for FSS Questions

## Barbara (Babs) J. Hall

*Family Support Manager / Statewide Participant-direction Manager*

Georgia Department of Behavioral Health and Developmental Disabilities

Office of Community Support Services, Division of Developmental Disabilities

2 Peachtree Street Northwest ● 22<sup>nd</sup> Floor, Suite 22-402 ● Atlanta, GA 30303

Email: [barbara.hall@dbhdd.ga.gov](mailto:barbara.hall@dbhdd.ga.gov)

Telephone: 404-463-2114



## Amy Riedesel

*Director of Community Services*

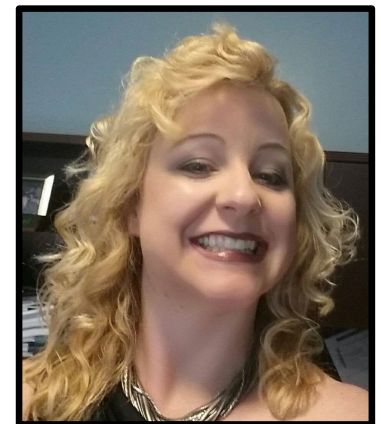
Georgia Department of Behavioral Health and Developmental Disabilities

Office of Community Support Services, Division of Developmental Disabilities

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# Questions



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