



D·B·H·D·D

Georgia Department
of Behavioral Health
& Developmental
Disabilities

- BE D·B·H·D·D**
- BE COMPASSIONATE**
- BE PREPARED**
- BE RESPECTFUL**
- BE PROFESSIONAL**
- BE CARING**
- BE EXCEPTIONAL**
- BE INSPIRED**
- BE ENGAGED**
- BE ACCOUNTABLE**
- BE INFORMED**
- BE FLEXIBLE**
- BE HOPEFUL**
- BE CONNECTED**
- BE D·B·H·D·D**

IDD ALL- STATE PROVIDER MEETING

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Presented by DBHDD, Division of IDD
February 4, 2021 9:00am - 12:30pm



Vision

Easy access to high-quality care that leads to a life of recovery and independence for the people we serve

Mission

Leading an accountable and effective continuum of care to support Georgians with behavioral health challenges, and intellectual and developmental disabilities in a dynamic health care environment

TODAYS AGENDA

Topic	Time- (End)	Presenter
Welcome and Updates	9:00am-9:15am	Ron Wakefield, IDD Division Director; Lori Campbell IDD Assistant Division Director
NOW& COMP Appendix K & COMP Waiver Application Updates	9:15 am-9:30am	Ashleigh Caseman, Director of Waiver Services
ADA Overview	9:30am- 9:45am	Tracy Altman, Staff Attorney, Office of Legal Services & Robert Bell, Director of Community Supports
Supported Employment Updates	9:45am- 10:00am	Amy Riedesel, Director of Community Services
Aging and Disability Resource Specialists	10:00am-10:15am	Barbara Hall, Family Support Manager/Statewide Participant-direction Manager
COVID-19 Updates and Healthcare Plan updates	10:15am-10:30am	Dana Scott, Director of the Office of Health and Wellness
Billing Technical Assistance-CLS and Behavior Supports	10:30am-11:00am	Ronald Singleton, IDD <u>Program Manager</u>
Regional Field Office Updates	11:00am-11:30am	Allen Morgan, Director of Field Operations; Dr. Jeff Thompson, Statewide Admissions Manager
Questions and Answers	11:30am-12:30pm	All

ANNOUNCEMENT

**American
Association on
Intellectual and
Developmental
Disabilities (AAIDD)
Positive Behavior
Support (PBS)
Training Curriculum-
3rd Edition
Dr. Dennis H. Reid,
Marsha Parsons, and
Dr. David Rotholz**

- Designed for training direct support professionals & supervisors in the principles and practices of positive behavior supports
- Maximum class size for train the trainer is 10
- Curriculum consists of 25 modules
- Competency based requiring participants to demonstrate a mastery of knowledge and skills
- Required training days of participation = 5
- *An agency may register up to 3 staff to become trainers*

VIRTUAL TRAINING DATES

March 15-17, 2021 and March 24-25, 2021

April 5-7, 2021 and April 14-15, 2021

May 10-12, 2021 and May 19-20, 2021

June 7-9, 2021 and June 15-16, 2021

****LOOK OUT FOR PROVIDER NOTIFICATION FOR
REGISTRATION FROM THE OFFICE OF LEARNING SOON!**

COMP Waiver Application Updates NOW & COMP Appendix K

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Georgia Department of Behavioral Health & Developmental Disabilities

Ashleigh Caseman, Director of Waiver Services



Current Waiver Services and Supports



These services are set to continue in future applications pending approval by CMS



- Occupational Therapy
- Physical Therapy
- Speech and Language Therapy
- Behavioral Support Services
- Community Access
- Community Living Supports (with modifications)
- Community Residential Alternative (COMP only)
- In Home and Out of Home Respite
- Environmental Accessibility Adaptation
- Additional Staffing (with modifications)
- Prevocational Services
- Specialized Medical Equipment and Supplies
- Intensive Support Coordination and Support Coordination
- Supported Employment
- Transportation
- Vehicle Adaptation
- Skilled Nursing Services (with modifications)
- Nutrition Services
- Interpreter Services
- Individual Directed Goods and Services
- Financial Support Services

Telehealth Allowances in the 2021 COMP Renewal/NOW Amendment

Telehealth option for Adult Speech and Language Therapy (some exceptions)

Telehealth option for Adult Occupational Therapy

Telehealth option for Adult Physical Therapy

Telehealth option for Nutrition Services

Telehealth option for Behavior Support Services (some exceptions)

Telehealth option for Interpreter Services

Telehealth option for Supported Employment Services (some exceptions)

Note: These are proposed changes by DBHDD that require approval by CMS

New Proposed Service- Assistive Technology

Assistive technology* consists of any technology, whether acquired commercially, modified, or customized, that is used to maintain or improve functional capabilities of Individuals with disabilities by augmenting the Individual's strengths and/or providing an alternative mode of performing a task.

**Note this service definition is a proposal pending CMS approval and is subject to change*



Service Modifications

Community Living Support Services

- Community Living Support services are individually tailored supportive tasks that facilitate an individual's independence and promote integration into the community.
- Community Living Support services is available for individuals who spend periods of time throughout the day with unpaid unsupervised supports and services.

Additional Staffing Services* & Nursing Services in CLS Settings

- Modifications to Additional Staffing* in CLS setting – proposing daily limits of up to 6 hours daily of Additional Staffing services in CLS Settings.
- Modifications to Skilled Nursing Services – proposing daily limits of up to 16 hours daily in CLS Settings.

*Additional Staffing is a separate service line from CLS

Pending CMS approval

Service Modifications Continued- Participant Directed

PD Supported Employment

Supported Employment remains a service available to individuals on either waiver, but individuals will no longer be able to participant direct this service.

PD Behavioral Support Services

Behavioral Support Services remains a service available to individuals on either waiver, but individuals will no longer be able to self-direct this service.

This service must be provided by licensed and certified staff

Pending CMS approval

Appendix K- Response to COVID-19 Pandemic

Appendix K is an important mechanism for ensuring people with disabilities have access to the home and community-based services they need to stay safely at home in their own community of choice.



APPENDIX K RENEWAL- DBHDD PROPOSAL

- Provisions proposed to be re-authorized in the Appendix K renewal:
 - Telehealth allowances- OT, SLT, PT, Behavior Supports, RN, Community Access, Supported Employment, Prevocational Services, Support Coordination/Intensive Support Coordination
 - Family Caregiver hire for all settings currently authorized
 - Alternative Settings- Community Living Services, Additional Staffing Services, Community Access, and Out of Home Respite
 - Temporary modification of provider qualifications- training requirements, background checks, staffing ratios, etc...
 - Rate increase- Support Coordination, LPN and Fiscal Intermediary

Proposal Pending CMS Approval



APPENDIX K RENEWAL- DBHDD PROPOSAL

Provisions proposed for removal in the Appendix K renewal:

- Retainer payments
- Allowance for service limitations to be exceeded for Community Access Individual
- Temporarily suspension of level of care evaluations – DMA 7

Proposal Pending CMS Approval



APPENDIX K RENEWAL- DBHDD PROPOSAL

New Proposed provisions in the Appendix K renewal:

- Rate increase for Community Access Group and Community Access Individual
- Rate increase for Community Residential Alternative- 5 person, 4 person, 3 person capacity only
- Rate increase for Community Living Support Services (all established procedural codes with the exception of the PAR)

A close-up photograph of a hand holding a blue pen, poised to write on a spiral-bound notebook. The notebook is open, and the pen is positioned over a blank page. The background is a soft, out-of-focus brown surface.

BE INFORMED

The ADA and Effective Communication for Individuals Who are Deaf or Hard of Hearing

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Tracy S. Altman, Esq.
DBHDD Office of Legal Services



Disclaimer: This presentation is made as a resource for providers, but DBHDD makes no representation or warranty that compliance in the matters presented will ensure a provider's compliance with all applicable laws and regulations, or protect a provider from civil liability. DBHDD cannot provide legal advice to providers. Providers should seek their own legal counsel regarding compliance with laws and regulations on the subject matter of this presentation, and regarding questions of civil or criminal liability.

The ADA: History and Overview

- Signed into law on July 26, 1990—has been Federal law for over 30 years
- Modeled after the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color, religion, sex, or national origin
- The ADA protects any person who:
 - has a physical or mental impairment that substantially limits one or more major life activities (including hearing and communicating);
 - has a record of such an impairment; or
 - is regarded as having such an impairment. (42 U.S.C.A. § 12102)
- The ADA protects these individuals from discrimination in employment, access to public services, and access to public accommodations and services operated by private entities/agencies

The ADA: Titles II and III

In thinking about how the ADA applies to I/DD services to individuals, I'll look primarily to Titles II and III:

- Title II: Applies to “public entities” —
 - State and local governments
 - any department, agency, special purpose district, or other instrumentality of a State or States or local government
(42 U.S.C.A. § 12131)
- Title III: Applies to “public accommodations” —
 - Offered by private entities
 - 42 U.S.C.A. § 12181 includes a long list of things that are considered “public accommodations;” the list includes health care providers, places of lodging, day care centers, senior citizen centers, social service center establishments, hospitals, and “other service establishments”
- Where a public accommodation offers services for a public entity, Titles II and III may both apply

Discrimination

Title II (42 U.S.C.A. § 12132)

“[N]o qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity.”

Title III (42 U.S.C.A. § 12182)

- “No individual shall be discriminated against on the basis of disability in the full and equal enjoyment of the . . . services . . . of any place of public accommodation . . .”
- Discrimination includes—
 - **denial** of opportunity to participate
 - opportunity to participate that is **not equal** to the opportunity of other individuals
 - service that is **different/separate** from that provided to other individuals, unless that’s necessary to make the service equally effective

Effective Communication Requirements

- Service providers “shall furnish appropriate **auxiliary aids and services** where necessary to ensure **effective communication** with individuals with disabilities.” 28 C.F.R. § 36.303(c)(1) (see also 28 C.F.R. 35.160(a)(1) for Title II)
- “This includes an obligation to provide **effective communication** to **companions** who are individuals with disabilities.” (*id.*) **Companions** include:
 - family members, friends, or associates of the individual, IF they are people with whom it’s appropriate for the provider to communicate (28 C.F.R. § 36.303(c)(1)(i)).
 - So the ADA requires providers to communicate effectively with companions of deaf/deafblind/hard of hearing individuals, but does NOT create an exemption under HIPAA, Georgia privacy laws, etc.
- The provider “may not impose a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the costs of measures, such as the provision of auxiliary aids . . .” 28 C.F.R. § 36.301(c)

An “auxiliary aid or service” is something that effectively makes “aurally delivered information available to individuals who are deaf or hard of hearing” (as suggested by 28 C.F.R. § 36.303(b)(1)).

The purpose is to provide “effective communication” so that an individual who is deaf or hard of hearing has an opportunity to participate in services that is equal to the opportunity of hearing individuals.

Providers should consider that, for communication in *direct service provision*, staff who can communicate fluently with individuals in (*non-aural*) signed communication might be far more effective—and far more economical—than the use of auxiliary aids and services. (Sign-fluent staff may also be required by DBHDD policy if recommended in an individual’s Communication Assessment Report.)

Even with the presence of sign-fluent staff, auxiliary aids and services may be necessary when the individual needs to interact with persons who are not sign-fluent.

Auxiliary Aids and Services (28 C.F.R. § 36.303(b))

Examples of auxiliary aids and services listed in the ADA regulations include (among other things):

- 1 Qualified interpreters (in-person or through VRI—but specific requirements for VRI)
- 2 Real-time computer-aided transcription (CART) services
- 3 Voice, text, and video-based telecommunications products and systems, including text telephones (TTYs), videophones, and captioned telephones

Note: while written notes and written materials are listed among auxiliary aids and services within the ADA regs, they may not be accessible for many individuals whose preferred language is American Sign Language and whose proficiency in written English (or other written languages) may be limited. This will vary from individual to individual and cannot be assumed.

Auxiliary Aids and Services: Which One?

Providers “should consult with individuals with disabilities whenever possible to determine what type of auxiliary aid is needed to ensure effective communication . . . In order to be effective, auxiliary aids and services must be provided in **accessible formats**, in a **timely manner**, and in such a way as to **protect the privacy and independence** of the individual with a disability.”
28 C.F.R. § 36.303(c)(1)(ii)

“ Qualified interpreter means an interpreter who, via a video remote interpreting (VRI) service or an on-site appearance, is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. ”

~ 28 C.F.R. § 36.104

Interpreting: PROHIBITED Practices

- A provider “shall not require an individual with a disability to bring another individual to interpret for him or her.” 28 C.F.R. § 36.303(c)(2)
- A provider “shall not rely on an adult accompanying an individual with a disability to interpret or facilitate communication” (28 C.F.R. § 36.303(c)(3)), except:
 - in an emergency involving an **imminent threat** to the **safety or welfare** of an **individual or the public** where there is **no interpreter available**; OR
 - where the individual with a disability **specifically requests** that the accompanying adult interpret or facilitate communication, the **accompanying adult agrees** to provide such assistance, and reliance on that adult for such assistance is **appropriate under the circumstances**.
 - Note: while the ADA allows that second exception, professional ethics/standards *may* say that it’s not “appropriate under the circumstances.” (For example, should a parent/spouse be interpreting during an individual’s behavioral supports consultation? Perhaps not.)
- A provider “shall not rely on a minor child to interpret or facilitate communication” (28 C.F.R. § 36.303(c)(4)), except:
 - in an emergency involving an **imminent threat** to the **safety or welfare** of an **individual or the public** where there is **no interpreter available**.
 - [Note that **THERE IS NO EXCEPTION FOR INDIVIDUAL REQUEST.**]

Interpreters and VRI

- The ADA allows the use of interpreters via video remote interpreting (VRI), but requires (at 28 C.F.R. § 36.303(f)):
 - Real-time, full-motion video and audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection that delivers high-quality video images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication;
 - A sharply delineated image that is large enough to display the interpreter's face, arms, hands, and fingers, and the participating individual's face, arms, hands, and fingers, regardless of his or her body position;
 - A clear, audible transmission of voices; and
 - Adequate training to users of the technology and other involved individuals so that they may quickly and efficiently set up and operate the VRI.
- Note that even if it meets ADA requirements, VRI is not always *effective* for some individuals. Individual needs and preferences must be considered.

Enforcement of the ADA (Title III Healthcare Providers)

Private Lawsuit

28 C.F.R. § 36.501

- Anyone subjected to discrimination in violation of ADA can file suit
- Suit can ask for injunctive relief, restraining order, etc. to stop the discriminatory acts
- Court can allow the U.S. Attorney General (DOJ) to intervene if the case is of general public importance
- Court can also appoint an attorney to represent the individual if they can't afford their own

U.S. Department of Justice Actions

28 C.F.R. §§ 36.502 – 36.504

- DOJ can investigate alleged violations and initiate an ADA compliance review of the provider
- If a pattern or practice of discrimination is found, or if an instance of discrimination is of general public importance, DOJ can file suit
- Damages can include:
 - \$\$ to the aggrieved individuals;
 - injunctive relief; and
 - fine of up to (currently) **\$96,384** for first violation, **\$192,768** for subsequent violation

ADA enforcement actions: Barrier-Free Healthcare Initiative

The [Barrier-Free Healthcare Initiative](#) is a joint initiative by the DOJ's Civil Rights Division and U.S. Attorneys' offices around the country, begun in 2012. It seeks to enforce ADA requirements for healthcare providers on behalf of individuals who are deaf or have hearing loss (effective communication), who have mobility impairments (physical access), or who have HIV/AIDS (equal access to treatment). Here are just a few notable settlement agreements involving individuals who are deaf and hard of hearing:

[Good Neighbor Homes, Inc.](#) (10/27/2020):

- Provider of group homes for individuals with I/DD in Virginia
- **\$265,000** in compensation to 2 complainants (the individual and her sister, who was often asked to interpret)
- **\$50,000** penalty
- 3-year settlement agreement for reporting and compliance reviews

[DeKalb Regional Crisis Center](#) (8/11/2015):

- Crisis mental health provider in Decatur, Georgia
- **\$60,000** in compensation to 1 complainant
- 3-year settlement agreement for reporting and compliance reviews

[Commonwealth Health & Rehab Center](#) (3/24/2014):

- Skilled nursing facility in Virginia
- **\$160,000** in compensation to 3 complainants
- **\$2,500** penalty
- 3-year settlement agreement for reporting and compliance reviews



BE ACCOUNTABLE

Office of Community Services Supported Employment

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Amy R. Riedesel, Director of Community Services



Supported Employment (SE)

- State Level Collaboration
 - Established 32-member state-level leadership team
- SE Provider Level Collaboration
 - Leadership Cohort: 25 SE Provider agencies
 - Job Developers Cohort: 111 provider staff participation
- Capacity Building
 - 6 SE Regional Gardens of Change
 - 11 COVID-19 Virtual Strategy Sessions
- Competitive Integrated Employment (CIE) State Funds
 - Policy
 - Representation on Employment First Council

Waiver and Supported Employment

Applicability: For an individual who is working in the community in Competitive Integrated Employment, receiving NOW/COMP Waiver funded extended Supported Employment supports. SEG is being used in such case to designate **job maintenance** or follow along supports.

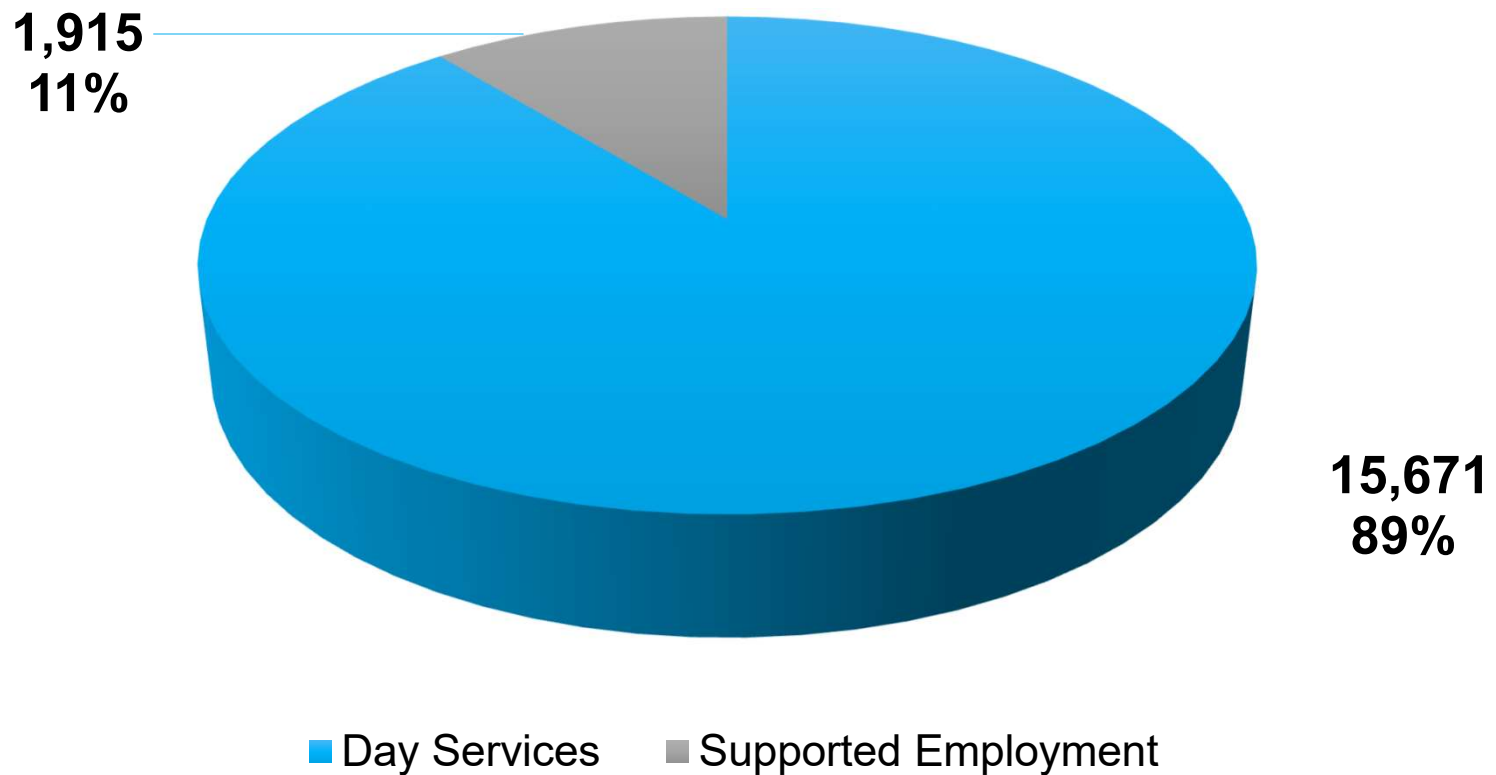
*** Individuals who are in SEG as part of enclave work or group employment*
• *DO NOT fit into this category***

Resolution: Add two (2) months of **SEI units to an ISP with SEG - if SEG relating to job maintenance is the normal service for the individual.** This will allow the provider to bill SEI for the month(s) when the individual work hours fall below 60 hours.

- This is specific to SEG job maintenance only. The person is employed (not in a group) and meets the working criteria of 60-80 hours per month for the provider to bill the waiver. Both SEI and SEG cannot be billed in the same month.

**Number of Individuals Served in SFY 21 Based on Allocations
July 1, 2020 - June 30, 2021**

(*note - combined funding sources. Individuals may be duplicated in services)



Supported Employment (SE)

Success Story

Erik works in Competitive Integrated Employment and receives Supported Employment services through Rocket Science HR.

<https://www.dropbox.com/s/gp5eagyr5nei9ey/employee%20of%20the%20year.mp4?dl=0>

WISE

- Facilitating Executive Leadership Roundtable sessions with State Leaders and Executive Directors/Managers of SE Provider agencies
- Preparing to launch training for System Navigators regarding the who, what, when, and how of Competitive Integrated Employment.
- OnDemand Learning Library with free access to recorded training
- Virtual Strategy Sessions with Regional Gardens every other Tuesday
– Next is February 9th
- Contact Beth McKenney with Wise @ Beth@gowise.org

Aging and Disability Resource Connection (ADRC) Specialists

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Georgia Department of Behavioral Health & Developmental Disabilities

Barbara (Babs) J. Hall

Family Support Manager/Statewide PD Manager



Aging and Disability Resource Connection (ADRC)



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Department of Human Services
Division of Aging Services



— GEORGIA'S —
AGING & DISABILITY
R E S O U R C E C O N N E C T I O N

ADRC: Focus and Goals

AWARENESS

**INFORMATION
&
ASSISTANCE**

ACCESS

ADRC Specialist Team



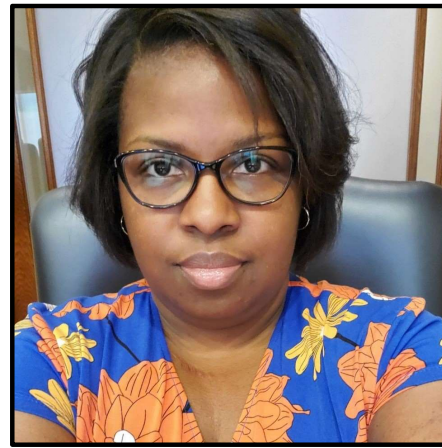
**Linda
Blackwell**

Regions 1 & 3



**Lee
Walker**

Region 2



**Natalie
Prater**

Regions 4 & 6



**Victoria
Windsor Foisy**

Region 5

ADRC Specialist Team

“How can I connect with
the ADRC Specialist
that serves my region?”

Office of Community Services

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 ● 22nd Floor, Suite 22-402 ● Atlanta, GA 30303

Email: barbara.hall@dbhdd.ga.gov Telephone: 404-463-2114

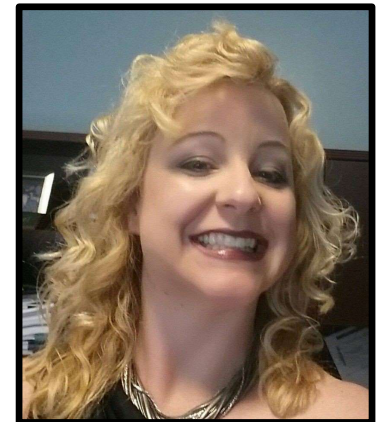


Amy Riedesel

Director of Community Services

Georgia Department of Behavioral Health and Developmental Disabilities
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2 Peachtree Street Northwest ● 22nd Floor ● Atlanta, GA 30303

Email: amy.riedesel@dbhdd.ga.gov Telephone: 404-657-7858



A person wearing a white lab coat is holding a clipboard with a pen, ready to write. The background is a warm, blurred indoor setting. The text "BE COMPASSIONATE" is overlaid in large, bold letters, with "BE" in orange and "COMPASSIONATE" in white with a black outline.

BE COMPASSIONATE

Office of Health and Wellness Updates

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Dana Scott, Director of the Office of Health and Wellness



OHW Updates

Emory Curriculum

Healthcare/Risk Mitigation
Plans Policies

Provider Training RN
Assessment

Hospitalization Follow-up OHW

Emory Class

Next Class in the Spring, March 2021

- Expanded Class
 - Approximately 20 Participants
- Combination of field office nurses and RN provider participants
- Begun a waiting list for the next class



EMORY
UNIVERSITY

Then: OHW Emory Curriculum – 12 modules

- 1. Introduction: DD History, DD Special Considerations, DD Causes**
- 2. Skilled Body Assessment, Dental Care, Communication Alterations**
- 3. Developmental Assessment: Birth to Golden Years & Autism**
- 4. Skin and Ostomy Care & Genetics Overview**
- 5. Specific Conditions and Associated Medical Conditions**
- 6. Respiratory Issues & Cardiac/Stroke/Lipids**
- 7. Laboratory Monitoring and Evaluation & Urinary/GI Issues**
- 8. Neuro Issues: Seizure Evaluation and Management & Degenerative Disorders**
- 9. School and Learning Issues & Mental Health Issues**
- 10. Autoimmune Disorders & Infectious Disease**
- 11. Palliative Care and Pain Management & Endocrine Issues**
- 12. Legal Issues & Self Care**



OHW Emory Course-21 Modules

1. Introduction: DD History, DD Special Considerations, DD Causes
2. Autism Pt 1
3. Genetics Pt 1
4. Skin Pt 1
5. Skin Pt
6. Respiratory problems
7. Medical issues persons w/ IDD
8. Infectious Disease and IC
9. Neurological Diseases Pt
10. Traumatic Brain Injury
11. Depression and Anxiety
12. Lab Values
13. Evaluation of Dehydration
14. Obesity
15. Alternate Nutrition
16. Case Management
17. School, Learning, focus, impulsivity
18. Palliative Care, hospice, grief
19. Respiratory Emergencies
20. Legal Issues
21. Sexuality

HCP and Risk Mitigation Policies

Under Review and Revision

- **Clarifying Applicability**
- **Visual Tools**
- **Confirmation of Responsible Disciplines**
- **Working with internal stakeholders to ensure unified understanding of applicability**

Provider Nursing Assessment Training

- Provider Relations Network News
- DBHDD Learning Training Announcement through Email
- DBHDD Website @
<https://dbhdd.georgia.gov/training/developmental-disabilities-training-announcements>

OHW to Provide Outreach Regarding Hospitalized Individuals

- 1. If indicated, development and update of indicated HCP's**
- 2. If indicated, update of HRST to reflect (to include, but not limited to) hospitalizations, diagnosis and medication changes.**
- 3. Compliance with discharge recommendation and follow-up**
- 4. If indicated requests for regional assessment if the individual experienced a change in level of care that warrant skilled nursing or behavioral supports.**

BE CARING



Community Living Support & Behavioral Supports Services

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Georgia Department of Behavioral Health & Developmental Disabilities

Ronald Singleton, IDD Program Manager



Today's Topics

- Distinct Categories for Community Living Support (CLS)
- Individual Service Plan Development for Community Living Support (CLS)
- Prior Authorization Development for Community Living Support (CLS)
- Service Delivery for Community Living Support (CLS)
- Individual Service Plan Development for Behavioral Services
- Prior Authorization Development for Behavioral Services
- Service Delivery for Behavioral Services

Community Living Support

Community Living Support (CLS)

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 Support (CLS)

Service	Unit	Rate	Notes
Basic T2025-U5	15-Minute	\$6.35	2.75 hours or fewer/visit
Extended T2025-U4	15-Minute	\$5.74	3 hours or more/visit
2 Person - Basic T2025-U5-UN	15-Minute	\$3.49	Allows waiver participants to share one employee/staff
2 Person - Extended T2025-U4-UN	15-Minute	\$3.16	
3 Person - Basic T2025-U5-UP	15-Minute	\$2.54	
3 Person - Extended T2025-U4-UP	15-Minute	\$2.30	

Community Living Support (CLS)

Service	Unit	Rate	Notes
Personal Assistance Retainer T2025-U5-CG	15-Minute	\$5.74	<p>The personal assistance retainer is designed to allow continued payment for Community Living Support services while a individual is hospitalized or otherwise away from the home.</p> <p>Staff may not provide services in a hospital or nursing home setting but are retained in order to ensure stability of staff upon the individual's return home.</p> <p>The retainer allows continued payment to direct support caregivers for up to thirty (30) days per calendar year for absences of individual from his or her home.</p>
<p>Please review Appendix C in Part III of the NOW or COMP Waiver manual prior to using the Personal Assistance Retainer.</p>			

Community Living Support (CLS)

Additional Information


- COMP Annual Medicaid Maximum
 - \$51,300
- NOW Annual Medicaid Maximum
 - \$39,999
- No Daily Medicaid Maximum
- No Monthly Medicaid Maximum
- Participant (Self) Directed
 - 1 Unit = \$1.00 (Example: 5000 Units = \$5,000)

Community Living Support (CLS) – ISP Development

CLS services are not approved by distinct categories.

Service Summary Refresh Download Print

Status: Date Completed:



	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 Support (CLS) – ISP Development

CLS is approved as a single service.

Service Summary Refresh Download Print

Status: ✓ Date Completed:

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

Remove Service Add New Service Minimum FTF Visit Frequency:

Community Living Support (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 Support (CLS) – PA Development

Medicaid/GAMMIS State View

Line Item											
Line Item	WIS Line Num	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Category of Service	Rendering Provider ID	Diagnosis	ICD Version	Status	Status Date
01		20195	\$0.00	20195	\$51,295.30	681	000111222A	MCD		APPROVED	12/16/2020
-Procedure Codes-											
Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	NDC						
T2025	U4					GAMMIS WEB PORTAL PROCEDURE CODE - PROVIDER VIEW					
T2025	U4	UN				ADDITIONAL PROCEDURE CODES FOR BILLING - NOT VISIBLE IN THE WEB PORTAL					
T2025	U4	UP									
T2025	U5	CG									
T2025	U5										
T2025	U5	UN									
T2025	U5	UP									

All 7 procedure codes visible to State users (GAMMIS).

Community Living Support (CLS) – PA Development

Medicaid/GAMMIS Web Portal Provider View

Line Items						
PA Line Item	1	Status	APPROVED	Rendering Provider	ACME HOME CARE, LLC	
		COS Code	681	Category of Service	CHSS/COMP	
From DOS	12/16/2020			Tooth		
Through DOS	12/15/2021			Quadrant		
Most Recent DOS Paid				Surface	COMMUNITY LIVING SUPPORT	
Units Allowed	20195	Amount Allowed	\$51,295.30			
Units Used	0.000	Amount Used	\$0.00			
Max Monthly Units	0	Max Monthly Amount	\$0.00			
Max Daily Units	0	Authorized Rate	\$6.35			

Procedures								
PA	(Procedure	Description)	(Modifier 1 Description)	(Modifier 2 Description)	(Modifier 3 Description)	(Modifier 3 Description)	NDC	
01	T2025	WAIVER SERVICE, NOS	U4	M/CAID CARE LEV 4 STATE DEF				COMMUNITY LIVING SUPPORT

Only 1 of 7 procedure codes visible to providers (T2025-U4).

Community Living Support (CLS) – PA Development

Medicaid/GAMMIS Web Portal Provider View Continued

Line Items					
PA Line Item	1	Status	APPROVED	Rendering Provider	ACME HOME CARE, LLC
		COS Code	681	Category of Service	CHSS/COMP
From DOS	12/16/2020			Tooth	
Through DOS	12/15/2021			Quadrant	
Most Recent DOS Paid				Surface	COMMUNITY LIVING SUPPORT
Units Allowed	20195	Amount Allowed	\$51,295.30		
Units Used	0.000	Amount Used	\$0.00		
Max Monthly Units	0	Max Monthly Amount	\$0.00		
Max Daily Units	0	Authorized Rate	\$6.35		

Authorized Rate

An authorized rate of \$6.35 will be listed in the web portal for all CLS prior authorizations. Please use this rate when billing only for CLS Basic Services. Please use the rate associated with the service category rendered.

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

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 Support (CLS) – ISP/PA Frequency & Funding

The PA Units and Authorized Amount

Units ⬆	Authorized Amount ⬆
20195	\$ 51295.3

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

Community Living Support (CLS) – Billing

Unit Rates and Billable Units

Authorized Amount	Unit Rate	Billable Units	Balance of Units
\$51,295.30	\$6.35	8078	12117
\$51,295.30	\$5.74	8936	11259
\$51,295.30	\$2.54	20195	0

Providers may not be able to bill for all the units authorized. A large number of units are authorized to ensure an amount necessary for the billing of the authorized amount of funding approved.

Community Living Support (CLS) – Billing

Unit Rates and Billable Units: Example #1

Line Items			
PA Line Item	1	Status	APPROVED
		COS Code	681
From DOS	12/16/2020		
Through DOS	12/15/2021		
Most Recent DOS Paid			
Units Allowed	20195	Amount Allowed	\$51,295.30
Units Used	8078.000	Amount Used	\$51,295.30
Max Monthly Units	0	Max Monthly Amount	\$0.00
Max Daily Units	0	Authorized Rate	\$6.35

The provider bills exclusively for CLS Basic using a rate of \$6.35. The authorized amount of \$51,295.30 will be exhausted after billing for 8078 units. A total of 12117 units will remain but will be unbillable due to the 'Amount Used'.

Community Living Support (CLS) – Billing

Unit Rates and Billable Units: Example #2

Line Items			
PA Line Item	1	Status	APPROVED
		COS Code	681
From DOS	12/16/2020		
Through DOS	12/15/2021		
Most Recent DOS Paid			
Units Allowed	20195	Amount Allowed	\$51,295.30
Units Used	8936.000	Amount Used	\$51,295.30
Max Monthly Units	0	Max Monthly Amount	\$0.00
Max Daily Units	0	Authorized Rate	\$6.35

The provider bills exclusively for CLS Extended using a rate of \$5.74. The authorized amount of \$51,295.30 will be exhausted after billing for 8936 units. A total of 11259 units will remain but will be unbillable due to the 'Amount Used'.

Community Living Support (CLS) – Billing

Unit Rates and Billable Units: Example #3

Line Items			
PA Line Item	1	Status	APPROVED
		COS Code	681
From DOS	12/16/2020		
Through DOS	12/15/2021		
Most Recent DOS Paid			
Units Allowed	20195	Amount Allowed	\$51,295.30
Units Used	20195.000	Amount Used	\$51,295.30
Max Monthly Units	0	Max Monthly Amount	\$0.00
Max Daily Units	0	Authorized Rate	\$6.35

The provider bills exclusively for CLS 3 Person - Basic using a rate of \$2.54. The authorized amount of \$51,295.30 will be exhausted after billing for 20195 units with no remaining units.

Community Living Support (CLS)

Service Delivery: Example #1

Hours Rendered	Service Rendered	Rate	Units Billed
6 Hours	Extended (T2025-U4)	\$5.74	24
3:00 P.M. - 9:00 P.M.			

For 1 visit, 6 consecutive hours are rendered. The service, CLS Extended, will be billed at rate of \$5.74 per unit for 24 units.

Community Living Support (CLS)

Service Delivery: Example #2

Hours Rendered	Service Rendered	Rate	Units Billed
2 Hours	Basic (T2025-U5)	\$6.35	8
6:00 A.M. - 8:00 A.M.			
6 Hours	Extended (T2025-U4)	\$5.74	24
3:00 P.M. - 9:00 P.M.			

Multiple visits can occur within a day. Multiple services and rates can be billed for a day of service. The number of hours per visit will determine the service and rate to be billed.

Community Living Support (CLS)

Service Delivery: Example #3

Hours Rendered	Service Rendered	Rate	Units Billed
2 Hours	Basic (T2025-U5)	\$6.35	8
6:00 A.M. - 8:00 A.M.			
3 Hours	Extended (T2025-U4)	\$5.74	12
3:00 P.M. - 6:00 P.M.			
3 Hours	Personal Assistance Retainer (T2025-U5-CG)	\$5.74	12
6:00 P.M. - 9:00 P.M.			

Please review Appendix C in Part III of the NOW or COMP Waiver manual prior to using the Personal Assistance Retainer.

Community Living Support (CLS) – Additional Information

For additional information such as requirements for enrollment and documentation, please Part III of the NOW and COMP Waiver Manuals.

<https://www.mmis.georgia.gov>

Under ‘Provider Information’, selection ‘Provider Manuals’ for the list of manuals.

- **Comprehensive Supports Waiver Program Chapters 1300-3600**
 - Chapter 2200
- **New Options Waiver Program**
 - Chapter 1900

Behavioral Supports Services Level 1 & Level 2

Behavioral Supports Services (BSS)

Behavioral Supports Services will be reimbursed in 15-Minute unit increments using two distinct levels:

Behavioral Supports Services Level 2

Behavioral Supports Services Level 1

Behavioral Supports Services (BSS)

Service	Unit	Rate	Notes
Behavioral Supports Services Level 2 H2019-UB	15-Minute	\$23.56	A professional approved at Level 2 meets the specialized skill training and experience to perform assessments and develop BSPs. The Level 2 professional can also perform the level 1 tasks, and supervises those approved at a Level 1 skill level.

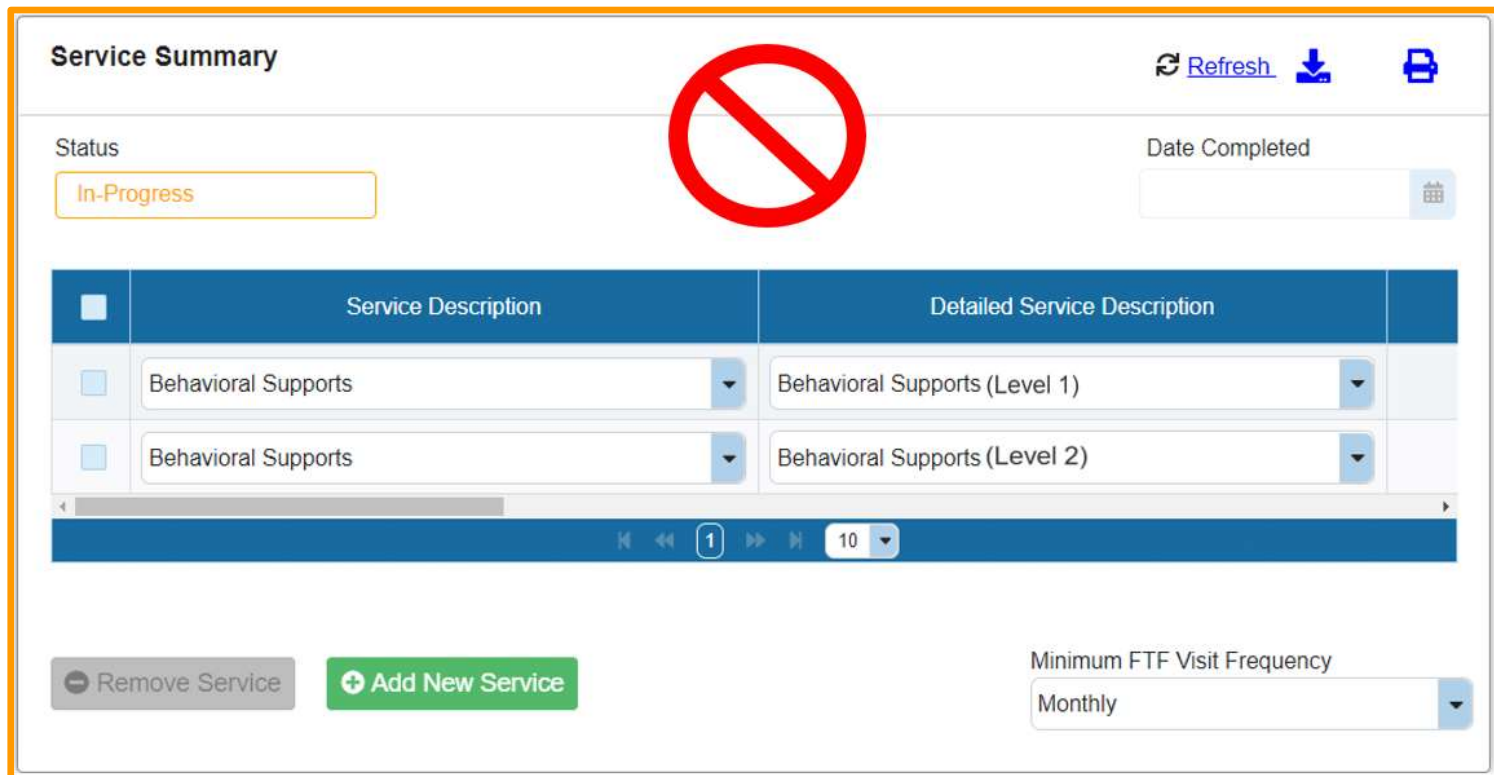
Service	Unit	Rate	Notes
Behavioral Supports Services Level 1 H2019-UA	15-Minute	\$18.75	A Level 1 approved BSS provider must be supervised by a Level 2 professional and is limited in the number of BSP tasks he/she can complete.

Participant (Self) Directed

➤ 1 Unit = \$1.00 (Example: 1800 Units = \$1,8000)

Behavioral Supports Services (BSS) – ISP Development

Behavioral Supports Services will not be approved by levels.





The screenshot shows a 'Service Summary' form. At the top, there are icons for 'Refresh', 'Download', and 'Print'. Below this, the 'Status' field is set to 'In-Progress' and is highlighted with a red prohibition sign. To the right, there is a 'Date Completed' field with a calendar icon. The main part of the form is a table with two columns: 'Service Description' and 'Detailed Service Description'. The table contains two rows, both with 'Behavioral Supports' in the first column and 'Behavioral Supports (Level 1)' and 'Behavioral Supports (Level 2)' in the second column. Below the table is a pagination bar showing '1' of 10 items. At the bottom, there are buttons for 'Remove Service' and 'Add New Service', and a 'Minimum FTF Visit Frequency' dropdown menu set to 'Monthly'.


	Service Description	Detailed Service Description
<input type="checkbox"/>	Behavioral Supports	Behavioral Supports (Level 1)
<input type="checkbox"/>	Behavioral Supports	Behavioral Supports (Level 2)


Behavioral Supports Services (BSS) – ISP Development

Behavioral Supports Services will be approved as a single service with multiple levels.


Service Summary

[Refresh](#)  

Status: 

Date Completed: 

<input type="checkbox"/>	Service Description	Detailed Service Description
<input type="checkbox"/>	Behavioral Supports	Behavioral Supports (Level 1 & 2)

 1 / 10

Minimum FTF Visit Frequency:

Behavioral Supports Services (BSS) – PA Development

Behavioral Supports Services approved in the ISP will be authorized on the prior authorization with 2 distinct procedure codes.

Service Code ↕	Detailed Service Description ↕	Procedure Code
B12	Behavioral Supports (Level 1 & 2)	H2019-UA,H2019-UB

Behavioral Supports Services (BSS) – PA Development

Medicaid/GAMMIS State View

Line Item								
Line Item	WIS Line Num	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Category of Service	Rendering Provider ID	
01		96	\$0.00	96	\$1,800.00	681	000111222A	MCD
-Procedure Codes-								
Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	NDC			
H2019	UA	← GAMMIS WEB PORTAL PROCEDURE CODE - PROVIDER VIEW						
H2019	UB	← ADDITIONAL PROCEDURE CODE FOR BILLING - NOT VISIBLE IN THE WEB PORTAL						

Procedure codes for Level 1 & Level 2 visible to State users (GAMMIS).

Behavioral Supports Services (BSS) – PA Development

Medicaid/GAMMIS Web Portal Provider View

Line Items					
PA Line Item	1	Status	APPROVED	Rendering Provider	ACME HOME CARE, LLC
		COS Code	681	Category of Service	CHSS/COMP
From DOS	12/16/2020			Tooth	
Through DOS	12/15/2021			Quadrant	
Most Recent DOS Paid				Surface	BEHAVIORAL SUPPORTS SERVICES
Units Allowed	96	Amount Allowed	\$1,800.00		
Units Used	0.000	Amount Used	\$0.00		
Max Monthly Units	0	Max Monthly Amount	\$0.00		
Max Daily Units	0	Authorized Rate	\$23.56		

Procedures							
PA	(Procedure	Description)	(Modifier 1 Description)	(Modifier 2 Description)	(Modifier 3 Description)	(Modifier 3 Description)	NDC
01	H2019	WAIVER SERVICE, NOS	UA	M/CAID CARE LEV 4 STATE DEF			
							BEHAVIORAL SUPPORTS SERVICES

Only 1 of 2 procedure codes visible to providers (H2019-UA).

Behavioral Supports Services (BSS) – PA Development

Medicaid/GAMMIS Web Portal Provider View Continued

Line Items					
PA Line Item	1	Status	APPROVED	Rendering Provider	ACME HOME CARE, LLC
		COS Code	681	Category of Service	CHSS/COMP
From DOS	12/16/2020			Tooth	
Through DOS	12/15/2021			Quadrant	
Most Recent DOS Paid				Surface	BEHAVIORAL SUPPORTS SERVICES
Units Allowed	96	Amount Allowed	\$1,800.00		
Units Used	0.000	Amount Used	\$0.00		
Max Monthly Units	0	Max Monthly Amount	\$0.00		
Max Daily Units	0	Authorized Rate	\$23.56		

Authorized Rate

An authorized rate of \$23.56 will be listed in the web portal for all Behavioral Support Services prior authorizations. Please use this rate when billing only for Level 2 services. Please use the rate of \$18.75 when billing for Level 1 services.

Behavioral Supports Services (BSS) – ISP/PA Frequency & Funding

The ISP Frequency and Calculated Units

24 (Hours) X 4 (Units) = Calculated Units

Amount	Unit	Frequency	Duration of Service	Calculated Units
24.00	Hour(s)	Annually	For 12 Months	96

The Calculated Units amount will migrate to the prior authorization.

Behavioral Supports Services (BSS) – ISP/PA Frequency & Funding

The PA Units and Authorized Amount

Units ⇅	Authorized Amount ⇅
96	\$ 1800

$$\text{Units} \times \$18.75 = \text{Authorized Amount}$$

Behavioral Supports Services (BSS) – ISP/PA Frequency & Funding

Unit Rates and Billable Units

Authorized Amount	Unit Rate	Billable Units	Balance of Units
\$1,800.00	\$23.56	76	20
\$1,800.00	\$18.75	96	0

Providers may not be able to bill for all the units authorized for BSS Level 2 since all units are calculated using the BSS Level 1 rate of \$18.75.

Behavioral Supports Services (BSS) – Billing

Unit Rates and Billable Units: Example #1

Line Items			
PA Line Item	1	Status	APPROVED
		COS Code	681
From DOS	12/16/2020		
Through DOS	12/15/2021		
Most Recent DOS P.			
Units Allowed	96	Amount Allowed	\$1,800.00
Units Used	76.000	Amount Used	\$1,800.00
Max Monthly Units	0	Max Monthly Amou	\$0.00
Max Daily Units	0	Authorized Rate	\$23.56

The provider bills exclusively for BSS Level 2 using a rate of \$23.56. The authorized amount of \$1,800.00 will be exhausted after billing for 76 units. A total of 20 units will remain but will be unbillable due to the 'Amount Used'.

Behavioral Supports Services (BSS) – Billing

Unit Rates and Billable Units: Example #2

Line Items			
PA Line Item	1	Status	APPROVED
		COS Code	681
From DOS	12/16/2020		
Through DOS	12/15/2021		
Most Recent DOS P.			
Units Allowed	96	Amount Allowed	\$1,800.00
Units Used	96.000	Amount Used	\$1,800.00
Max Monthly Units	0	Max Monthly Amou	\$0.00
Max Daily Units	0	Authorized Rate	\$23.56

The provider bills exclusively for BSS Level 1 using a rate of \$18.75. The authorized amount of \$1,800.00 will be exhausted after billing for 96 units with no remaining units.

Behavioral Supports Services (BSS)

Service Delivery: Example #1

Hours Rendered	Service Rendered	Rate	Units Billed
2 Hours	BSS Level 1 (H2019-UA)	\$18.75	8

BSS Level 1 will be billed at a rate of \$18.75. The rate of \$23.56 will be visible in the web portal but this rate should only be used when billing for BSS Level 2.

Behavioral Supports Services (BSS)

Service Delivery: Example #2

Hours Rendered	Service Rendered	Rate	Units Billed
1 Hour	BSS Level 1 (H2019-UA)	\$18.75	4
2 Hours	BSS Level 2 (H2019-UB)	\$23.56	8

BSS Level 1 and BSS Level 2 can be billed on the same day. Although only one of the two procedures codes may be visible in the web portal, both procedures will be available for billing.

Behavioral Supports Services (BSS) – Additional Information

For additional information such as requirements for enrollment and documentation, please Part III of the NOW and COMP Waiver Manuals.

<https://www.mmis.georgia.gov>

Under ‘Provider Information’, selection ‘Provider Manuals’ for the list of manuals.

- **Comprehensive Supports Waiver Program Chapters 1300-3600**
 - Chapter 1800
- **New Options Waiver Program**
 - Chapter 1600

A close-up photograph of several hands of different skin tones clasped together in a circle, symbolizing unity, teamwork, and mutual support. The hands are positioned in the center of the frame, with the fingers interlaced. The background is softly blurred, showing what appears to be an indoor setting with warm lighting. The overall mood is positive and collaborative.

BE CAPABLE

Office of Field Operations Updates

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Allen Morgan

Director of Office of Field Operations

Jeffery Thompson, Ph.D.

Statewide Admission Services Manager
Division of Developmental Disabilities



D·B·H·D·D

Office of Field Operations - Host Home Changes

Transfers of Host Home Providers from one agency to another must be:

- Approved by the Regional Field Office in advance; and
- Coordinated between the providers involved AFTER regional approval to prevent service or payment disruption.
 - When the new agency submits the application for the HH provider to Georgia Collaborative an effective date of service is required. This date is the day the HH Provider will begin providing services under the new agency when individuals are already in services.
 - This date should be sufficiently far in the future to allow time for processing the change. Allow a minimum of 100 days after regional approval for this change. For billing purposes, the first of a month may be preferred.
 - The existing provider must submit a deactivation form for the HH provider who is leaving. This should be dated the day prior to the effective date of service for the new agency. Two agencies may not be enrolled at the same address.

Office of Field Operations - Information Changes

- Providers must report changes of address and/or agency name changes to Georgia Collaborative as they occur.
- The link to the Change of Information form is:

<https://s18637.pcdn.co/wp-content/uploads/sites/15/Georgia-Collaborative-Change-of-Information-Form-September-2018.pdf>

- Email this form to: GAEnrollment@beaconhealthoptions.com.

Office of Field Operations - Information Changes

- Providers *must* report changes of any Staff Update in their leadership team to the GA Collaborative on the GA Collaborative ASO Staff Update Form as they occur. The link to the Change of Information form is:

<https://s18637.pcdn.co/wp-content/uploads/sites/15/GEORGIA-COLLABORATIVE-ASO-STAFF-UPDATE-FORM-8.12.2019.pdf>

- Email this form to: GAEnrollment@beaconhealthoptions.com.

Office of Field Operations – Required Updates

- Providers must remember to submit their updated:
 - Insurance
 - Accreditation
 - Business License(s) and
 - Other compliance documents
- As these documents renew, send them to
GACollaborativePR@beaconhealthoptions.com

Office of Field Operations – Prohibitions

- Subcontracting of services is not allowed except for HH providers.
- Agency providers submitting Community Living Arrangement (CLA) permits for services must own or lease the residential sites and be listed as the governing body on the permit.
- Applications to provide CRA services in a Personal Care Home will not be accepted.

Office of Field Operations – Prohibitions

- Subcontracting of services is not allowed except for HH providers.
- Agency providers submitting Community Living Arrangement (CLA) permits for services must own or lease the residential sites and be listed as the governing body on the permit.
- Applications to provide CRA services in a Personal Care Home will not be accepted.
- CLA conversion requests are only for licensed CLAs changing to host homes or the few PCHs we still have converting to a Host Home

Office of Field Operations – Individual Moves

- The Regional Field Office must be notified in advance of any plan for an individual in residential services to relocate within a provider agency or move to a new provider.
- This notice should be done far enough in advance to allow completion of housemate matching, PPSVs, review of available services in the new location, etc.
- Matching of housemates, services and the home itself are not a formality.

Office of Field Operations – Individual Moves

- In an emergency, the Regional Services Administrator or Intake and Evaluation Manager should be notified as soon as possible after a relocation. This means HOURS NOT DAYS.
- Failure to complete the required notification will result in non-payment for services delivered in the unapproved location.

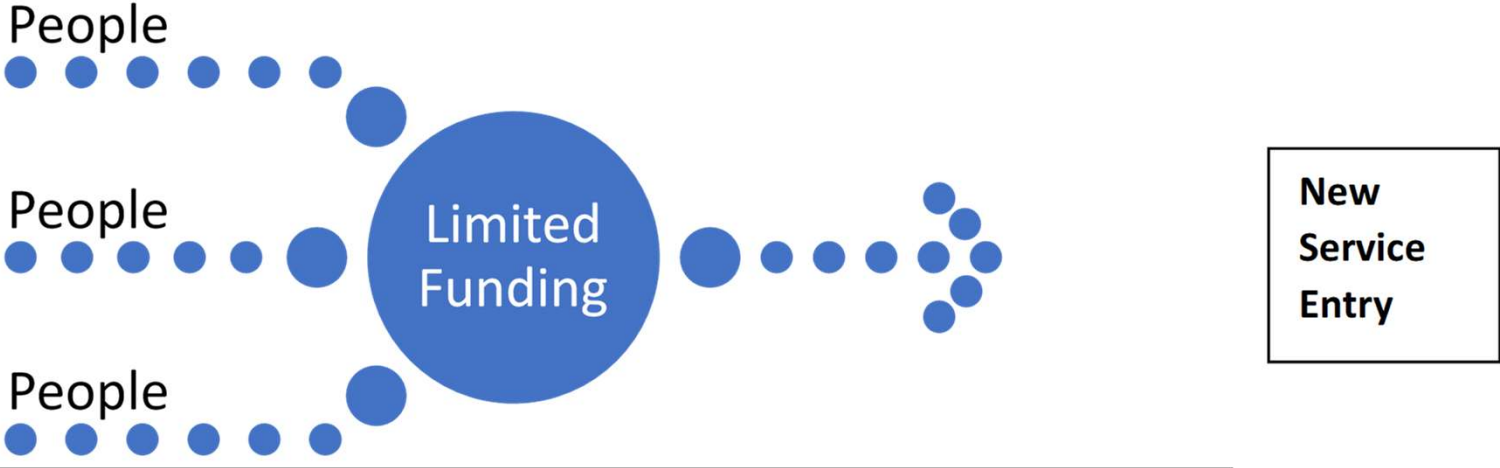
NOW/COMP Waiver Services

NOW/COMP Waivers: The NOW and COMP Waiver Programs provide services and support for people with intellectual or developmental disabilities. The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) provides day-to-day operations in these programs through six regional field offices. These programs offer an array of services designed specifically for the population such as supported employment, residential services, specialized medical equipment and supplies, vehicle adaptation and behavior support services.



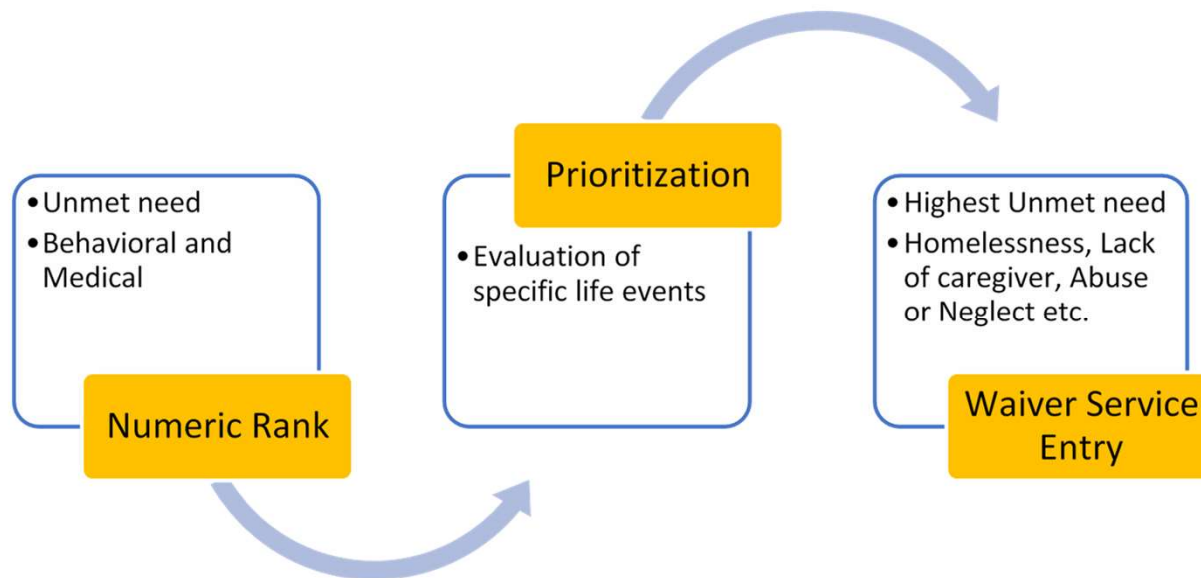
Fiscal Stewardship

Fiscal Stewardship Because resources are limited and the NOW/COMP waivers are a payor of last resort, DBHDD uses a prioritization process to ensure that those people with the highest level of unmet need receive services as funding permits. NOW/COMP Medicaid waivers cannot be used for services that should be provided through other funding sources like the education system, GAPP, DFCS, or the Autism State Benefit Plan.



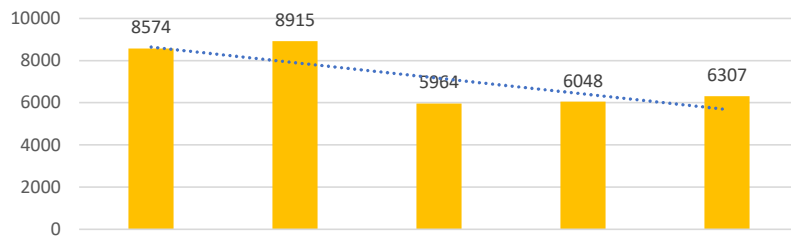
Planning List Prioritization

NOW/COMP Waivers Planning list prioritization Two key areas are considered in prioritizing individuals for new service entry to NOW/COMP Waiver Services: 1. Health and safety and 2. Caregiver and support system. To further prioritize the lists, the department has implemented use of an objective tool to capture individuals' level of need based on functional capacity and the existing support system available to meet those needs. Prioritization is based on need rather than length of time on the planning list.



Planning list Summary

DBHDD NOW/COMP Total Planning List

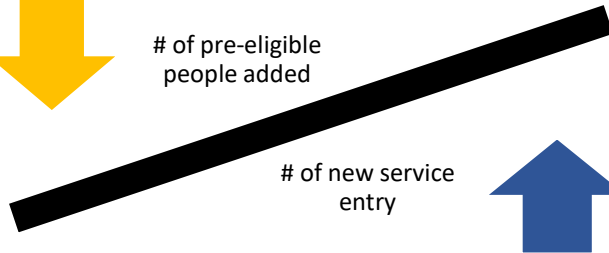


How do people get on the lists?

People with a documented I/DD who meet criteria, apply for services, complete the intake and evaluation process. Psychologist determines pre-eligibility.



of pre-eligible people added



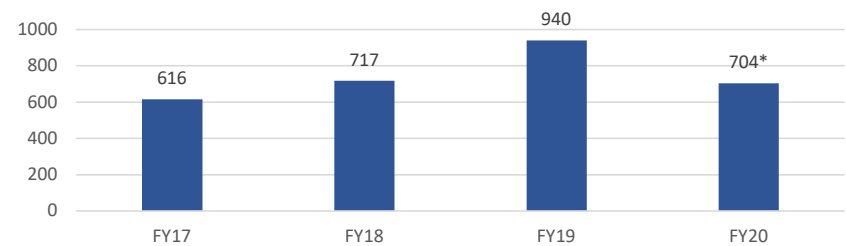
of new service entry



Prioritization for Waiver Service Entry

Needs Assessment can be updated whenever there is a change in condition. Completed at pre-eligibility and at least annually. Objective and consistent

NOW/COMP Waiver Service Entry



Georgia STABLE Accounts

As of December 28, 2020, 1361 Individuals in Georgia have a stable account.

Deposit up to \$15,000/year

Keep Your Public Benefits

One of the primary reasons that the federal ABL Act was passed was to protect individuals with disabilities from losing certain benefits such as SSI or Medicaid.

No Impact on Medicaid Benefits

The money in your STABLE Account will not affect your eligibility for Medicaid benefits.

Limited Impact on SSI Benefits

While we are teleworking, we are still able to answer your questions and can be reached by calling **1-800-439-1653** or email team@stableaccount.com.

<https://www.georgiastable.com>





BE HERE

Thank you!



BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Provider Q & A

