

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**

DBHDD IDD Provider Meeting Agenda

Topic	Time	Presenter
Opening Welcome and Updates	9:00 am- 9:10 am	Ronald Wakefield, IDD Division Director
Sunsetting the Appendix K NOW and COMP Policy Updates Human Rights Council (HRC)	9:10 am- 9:20 am	Ashleigh Caseman, Director of Waiver Services Lydia Whitehead, Waiver Services Specialist
Regional Field Office Updates Family Caregiver Hire- Traditional	9:20 am-9:30 am	Allen Morgan, Director of Field Operations
2% Rate Increase Updates	9:30 am-9:45 am	Ron Singleton, IDD Budget Manager
ISP Expectations Support Coordination Updates Belton Updates	9:45 am- 9:55 am	Robert Bell, Director of Community Supports
Office of Health and Wellness-Trainings and HRST Updates	9:55 am-10:05 am	Karen Cawthon, Office of Health and Wellness, Project Manager
Person-Centered Module in HRST	10:05 am-10:30 am	Johnathon Crumbley, Chief Operations Officer IntellectAbility
IDD Service Definitions	10:30 am- 10:55 am	Valona Baldwin, Region 6 Regional Services Administrator Christine Gudgin, Supported Employment Manager
Crisis Transition Updates	10:55 am-11:00 am	Beth Shaw, Director of the Office of Crisis and Transition Services
Regional Break Outs	11:00 am-11:45 am	Regional “Break Out” Sessions will be led by your local RSA
All Audience Provider Q/A	11:45 am-12:30 pm	All DBHDD staff

Opening Welcome & Updates from
Ron Wakefield, Division Director IDD,
DBHDD

Leadership Attendees for Division of IDD

Name	Title
Lori Campbell	Assistant Director
Allen Morgan	Director of Field Operations
Ashleigh Caseman	Director of Waiver Services
Dr. Beth Foster-Malone	Assistant Manager of Statewide Behavioral Services
Dr. Jeffrey Thompson	Director of Community Services
Ron Singleton	DD Division Budget Manager
Shannon Smith	Professional Development Nurse Liaison

Office of Waiver Services-Updates

Ashleigh Caseman, Director
Office of Waiver Services



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NOW and COMP Waivers- Updates

COMP Renewal

- Approved July 2022
- Includes telehealth options for the following services
 - OT, PT, SLT
 - Behavior Support Services BSS (specific tasks)
 - Supported Employment SE (specific tasks)
- Sunset Natural Supports Training, Community Guide, PD options for BSS and SE

Note: In addition, there was a COMP Amendment approved June 2023 to make the 7% rate increases permanent

NOW Renewal

- Approved June 2023
- Includes telehealth options for the following services
 - OT, PT, SLT
 - Behavior Support Services BSS (specific tasks)
 - Supported Employment SE (specific tasks)
- Makes the 7% rate increases permanent
- Did not sunset Natural Supports Training, Community Guide, PD options for BSS and SE

*These renewals have been incorporated into DCH Medicaid Manuals Part II and COMP Part III and NOW Part III which can be accessed here: **NOW and COMP Waivers for Community Developmental Disability Services, 02-1202***

Recent DBHDD Policy Updates

June 20th

Registered Nursing Oversight
in I/DD Community Settings,
02-808

June 13th

Human Rights Council for
Developmental Disability
Services, 02-1101

July 28th

Criminal History Record
Check for DBHDD Network
Provider Applicants, 04-104

May 5th

Recruitment and Application
to Become a Provider of
Developmental Disability
Services, 02-701

April 28th

DBHDD Abbreviations and
Acronyms, 04-112

July 28th

Criminal History Record
Check for Individual Provider
Applicants, 04-111

July 25th

Supervision and Protection of
Personal Funds and
Belongings in Intellectual and
Developmental Disability CRA
Services, 02-702

All DBHDD policies can be found at <https://gadbhdd.policystat.com/>

Recent DCH Policy Updates JULY 2023

JULY 1 2023 NOW/COMP Manuals

Part II NOW/COMP

- Added family caregiver hire for extenuating circumstances for traditional providers
- Added NCI data requirement (CRA, CA, SE providers w/ min 10 individuals)

Part III COMP and Part III NOW

- Added Co-payment towards other insurance sources as a noncovered payment PT/OT/SLP
- Added allowance for CLS to be provided in individual or family owned home when the employee is a family caregiver hire as established in Chapter 900 and 1200 Part II NOW/COMP
- Added a minimum of two (2) monthly contacts for Supported Employment Group and Supported Employment Individual services
- Updated Personal Assistance Retainer Billing

The DCH Manuals can be found here: [Viewing NOW and COMP Waivers for Community Developmental Disability Services, 02-1202 \(policystat.com\)](https://policystat.com)

Sunsetting the Appendix K- Updates

Maintained post K

- Appropriations Increase (5% FY22 and 2% FY23)
- Telehealth for specific services
 - Adult Therapies (OT,PT/SLP, Nutrition)
 - Interpreter Services
 - Behavior Supports Services (some tasks)
 - Supported Employment Group and Individual (some tasks)

Sunset Post K

- All temporary rate enhancements that were not tied to a state appropriation
 - 3/1/20 Support Coordination, Fiscal Intermediary, LPN
 - 3/1/21 Community Residential Alternative, Community Living Supports, Community Access group and individual
- Alternate Settings
- Telehealth for RN, SC/ISC, Community Access
- Family Caregiver Hire- with the exception of extenuating circumstances (pre PHE)
- Staffing patterns flexibilities
- All other items as distinguished in the Appendix K and Operational Guidelines

Sunsetting the Appendix K- Updates



BREAKING NEWS!

On August 2, 2023, CMS released memo which allows states to extend Appendix Ks beyond its original term date of November 11th 2023.

DBHDD is currently collaborating with DCH to pursue a request for an extension for specific Appendix K provisions.

Please be on the lookout for additional information as it becomes available.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-26-12
Baltimore, Maryland 21244-1850



SMD# 23-004

RE: Extension of 1915(c) Home and Community-Based Services Waiver Appendix K Expiration Dates

August 2, 2023

Dear State Medicaid Director:

The Centers for Medicare & Medicaid Services (CMS) is issuing the following guidance to states as they take actions to return to normal operations after the end of the flexibilities available to support states and beneficiaries during the COVID-19 Public Health Emergency (PHE). Specifically, this guidance announces an update to CMS's policy regarding the end date for flexibilities approved in states' section 1915(c) Home and Community-Based Services (HCBS) waiver Appendix K amendments. Under our prior policy, these flexibilities were set to expire six months after the expiration of the COVID-19 PHE. However, as described below, these flexibilities may remain in effect for a longer period of time.

States have relied extensively throughout the PHE on flexibilities permitted under Appendix K to authorize actions in their home and community-based services programs such as the use of telehealth or remote service provision, increased payment rates, expansion of self-direction service delivery models, addition or expansion of services, and expansion of provider networks to include family members and legally responsible individuals. In prior guidance¹, CMS indicated that the Appendix K authority for COVID-19 provisions would expire no later than six months after the expiration of the PHE. Given the end of the PHE on May 11, 2023, Appendix K authority would expire on November 11, 2023.

For the entire memo visit <https://www.medicaid.gov/federal-policy-guidance/index.html>

ARPA Initiative Update- Workforce Workgroup

- DBHDD is partnering with UGA's IHDD (Institute on Human Development and Disability), and GA Provider partners (UCP and Riveredge) to pilot credentialing pathways- the purpose of the pilots is to support a future funded DSP career path.
- This project consists of 3 pilots.
 - Dept. of Labor (DOL) approved Apprenticeship (Riveredge) – godell@river-edge.org
 - National Association of Direct Service Professionals (NADSP) E-Badge Academy (UCP) - dwilush@ucpga.org
 - DSP Training and Assessment Program (IHDD) - cblaws@uga.edu
- Project Information:
 - The Pilots will kick off in February, 2024 and run until February 2025
 - Goal- 200 unique DSPs per pilot
 - There are no out-of-pocket costs to providers
 - There is a maximum \$2000 DSP incentive/stipend upon successful completion of the credential/certification pilot

More information/registration forthcoming at the November Provider Meetings

DBHDD Provider Relations

Stay up to date with DBHDD latest information ...



Publication	Monthly Cadence	Purpose
Network News	1 st Business Day	To inform of new information, announcements, and updates.
Learning Corner	Business Day closest to 15th	Presents any findings and information based on trends seen by DBHDD.
Special Bulletins	As needed	Information that requires immediate attention.

Email DBHDD.Provider@dbhdd.ga.gov to be added to the distribution list for Provider Relations communications

The Human Rights Council for Developmental Disability Services

Lydia Whitehead, WSS / HRC Coordinator
Office of Waiver Services

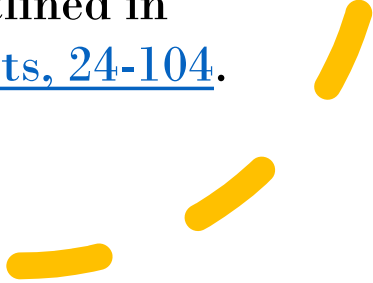


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What is the Human Rights Council Policy?

HRC Policy 02-1101

PURPOSE

- ❖ The purpose of the Human Rights Council policy is to promote the protection of human rights of individuals with I/DD served through DBHDD.
 - ❖ This policy exists to ensure practices of DBHDD service providers follow Georgia Rules & Regulations, and DBHDD Policies regarding alleged human rights violations.
 - ❖ Examples of human rights are outlined in Attachment A of [Individuals' Rights, 24-104](#).
- 

Highlights of the HRC Policy



1. Human Rights Council Requirements:

- The Human Rights Coordinator or designee chooses a minimum of five (5) DBHDD employees. The makeup of council is determined by the nature of the complaint
- All decisions of the HRC are made by a quorum (A quorum is half the members plus one making final decisions by majority vote via telephone, conference call, or virtual meeting)

2. Responsibilities of Human Rights Council Members:

- The HRC convenes as needed and as determined by a council quorum
- Staff members involved in the complaint shall not be involved in the processing of that complaint

3. Issues Submitted to the HRC:

- At the time of receiving a human rights complaint, the HRC will convene and render a decision within the timeframe of ten (10) working days

4. Referred Cases Found Not Directly Impacting Human Rights:

- If the case does not fall into the purview of HRC, the Human Rights Coordinator refers the complaint to the appropriate entity and notify the person who initiated the complaint

5. Case Review and Final Recommendations:

- All HRC activities shall remain confidential

How do I File an HRC Complaint?

Georgia Division of Developmental Disabilities Human Rights Council External Referral Form

- DBHDD Providers complete an HRC External Referral Form
- The Referral Form is located in <https://gadbhdd.PolicyStat.com> as an attachment to Policy 02-1101
- Send the Referral Form to the DBHDD Human Rights mailbox at DBHDDHumanRights@dbhdd.ga.gov
- The HRC Coordinator will respond to your complaint within 48 hours

The HRC External Referral Form

- It is the policy of DBHDD to ensure that individuals with (I/DD), their representatives or guardians, or agencies involved with the provision of that individual's services may file and have reviewed human rights issues through a Human Rights Council (HRC).
- The Human Rights Council, as an advisory and review body, shall determine whether the human rights of an individual receiving I/DD services are protected by reviewing allegations of individual human rights violations. In addition, the HRC provides recommendations concerning overall health and human rights related practices.
- Providers and/or individuals with I/DD, representatives, guardians, associations, or agencies involved with the delivery or receipt of DBHDD services refer cases for review to the HRC in the manner prescribed in these procedures. If the case does not fall into the purview of HRC, the HRC Coordinator will refer the complaint to the appropriate entity and notify the person who initiated the complaint.

How is the complaint resolved?

The HRC Resolution Form

- ✓ After the HRC council members meet to discuss the complaint or request, an HRC Resolution form is generated to explain the nature of the complaint/ request, members in attendance (for quorum), details of the discussion, and the resolution (results of the request).
- ✓ If no follow-up is needed, or if the request is not an actual complaint, the resolution form with the results is sent to the provider of which the request originated via email within 10 business days to explain the request/complaint will be forwarded to the appropriate entity or division.
- ✓ If follow-up or further investigation is needed, the provider will be notified via email within the same time frame

Field Office Update

Allen Morgan, M.A., Director
Office of IDD Field Operations



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Letters of Agreement

- Letters sent every year
- These letters must be returned for you to remain a provider in good standing
- If you have not received the letter, you may need to update your contact information or make sure that you are not sending DBHDD emails to a spam folder
- Update your contact information at www.georgiacollaborative.com ; select Provider tab, Forms, Staff Update

Georgia Collaborative ASO Staff Update Form

GEORGIA COLLABORATIVE ASO STAFF UPDATE FORM

To be completed by approved DBHDD providers requesting a Staff Update

This form is used to make modifications to provider information maintained by the Georgia Collaborative ASO (Collaborative) for the Department of Behavioral Health and Developmental Disabilities (DBHDD) provider network. This form must be submitted along with the additional documentation listed below:

1. **Clinical Director:** current resume and copy of professional license
2. **Developmental Disabilities Director (DD):** current resume and [IDD Director Attestation](#) form which can be found on the GA Collaborative ASO website at www.georgiacollaborative.com under forms.
3. **Developmental Disabilities Professional (DDP):** current resume and [IDD Professional Attestation](#) form which can be found on the GA Collaborative ASO website at www.georgiacollaborative.com under forms.
4. **Behavioral Support Staff (BSS):** current resume, evidence of specialized training/education and professional license/certificate
5. **Chief Executive Officer (Not applicable to CSB's and LLC's):** copy of Secretary of State (SOS) registration that indicates current CEO name.
6. **Clinical Services Supervisor:** copy of professional license for the relevant allied health field

This form must be signed and dated by an authorized representative of the agency attesting to and authorizing the requested changes. Return this form and any applicable documentation via email to GAEnrollment@Carelon.com or mail to:

GA Collaborative Enrollment
740 West Peachtree Street NW
Atlanta, Georgia 30308

Provider Information (Required)			
Agency/Individual Legal Name:			
Tax ID#:		ASO Provider ID:	GAC
Add/Delete Staff (Select One; Duplicate this page as needed)			
<input type="checkbox"/> Chief Executive Officer	<input type="checkbox"/> Georgia Owner	<input type="checkbox"/> Corporate Owner	<input type="checkbox"/> Clinical Director (BH)
<input type="checkbox"/> Clinical Services Supervisor	<input type="checkbox"/> Developmental Disabilities Director	<input type="checkbox"/> Developmental Disabilities Professional	<input type="checkbox"/> Agency Contact Person
<input type="checkbox"/> Behavioral Support Staff <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2			
Action			
<input type="checkbox"/> Delete Staff		<input type="checkbox"/> Add Staff	
Previous Staff Name:		New Staff Name:	
Phone Number:		Phone Number:	
Email Address:		Email Address:	
<input type="checkbox"/> Update Existing Staff Contact Information			
Staff Name:			
Previous Phone Number:		New Phone Number:	
Previous Email Address:		New Email Address:	
Attestation Statement (Required)			
I certify that I have examined the above information and that it is true, accurate and complete. I understand that any misrepresentation or concealment of material information may subject me to liability under civil and criminal law.			
Authorized Representative's Name (print):		Title:	
Authorized Representative's Signature:		Date:	
Phone Number:		Email Address:	

Host Home Alternate Care

Individuals living in Host Homes must have an alternate care location or care giver identified in the event of an emergency at the host home or with the host home provider.

This information should be updated or confirmed at least annually.

This should be a serious review with consideration of the ability and willingness of the alternate care setting or person to provide the needed supports.

Failing to do this has resulted in avoidable placement crises in recent months.

Host Home- Home Studies

- Host Homes Studies are submitted prior to approval of a new host home.
- The Host Home Study should be updated whenever there is a substantial change in the make up of the home or structure of the home.
- Host Home Studies should also be reviewed at least annually to be sure all information remains current. These should remain on file at the home.

2% Rate Increase Update

Ron Singleton, IDD Budget Manager



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Today's Topics

- **NOW & COMP Prior Authorization Updates**
- **Medicaid Payment Methodology Overview**
 - Pay Authorized Rate Method (Prior Authorization)
 - Pay System Price Method (Medicaid System [GAMMIS])
- **Medicaid Provider Fee Schedule (Rate Table) Overview**
- **Medicaid Billing Edits & Audits Overview**
- **DCH Mass Reprocessing of Claims Update**
- **State Funded Services Update**
 - 2% Rate Increase & Mass Reprocessing of Claims
- **Medicaid & State Funded Billing & Claims Troubleshooting**
 - Gainwell Technologies & Georgia Collaborative ASO

NOW & COMP Prior Authorization (PA) Updates

All NOW and COMP PA were updated to ensure full payment of the 'Authorized Amount'. Services with a unit rate of \$1.00 were also increased by 2% (Units/Authorized Amount).

Prior Authorization Service

Service Name	Units	Start Date	End Date	Authorized Amount	Rate	Line Status	Changed Date
CRA - Category 4 - 3 Person	344	2/1/2023	1/31/2024	\$110,231.36	\$320.44	Approved	1/20/2023
CRA - Category 4 - 3 Person	344	2/1/2023	1/31/2024	\$112,436.40	\$326.85	Approved	4/1/2023

Service Name	Units	Start Date	End Date	Authorized Amount	Rate	Line Status	Changed Date
Specialized Medical Supplies	3296	2/1/2023	1/31/2024	\$3,296.00	\$1.00	Approved	1/20/2023
Specialized Medical Supplies	3361	2/1/2023	1/31/2024	\$3,361.00	\$1.00	Approved	4/1/2023

Medicaid Payment Methodology

Pay Authorized Rate
(Prior Authorization)



Payment based on elements listed the Prior Authorization such as the service/procedure code and the authorized rate
(Inactive)

Pay System Price
(GAMMIS)



Payment based on elements of the Fee Schedule (Rate Table) such as the service/procedure code and rate within the Medicaid system **(Active)**

Medicaid Provider Fee Schedule (Rate Table)

Provider Fee Schedules (Rate Tables) are Medicaid provider number specific and contains the service(s) approved for the associated agency/individual.

Example Provider Name: Services “R” Us

SERVICE: COMMUNITY RESIDENTIAL ALTERNATIVE - HOST HOME								
Provider Rates - Procedure Pricing (111222333CC)								
Proc Code <input type="text"/> [Search]								
Procedure	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Rate	Rate Type	Effective Date	End Date
T2017	U1				\$160.06	681 - COS 681	07/01/2022	12/31/2299
T2017	U2				\$198.40	681 - COS 681	07/01/2022	12/31/2299

SERVICE: COMMUNITY ACCESS								
Provider Rates - Procedure Pricing (111222333DD)								
Proc Code <input type="text"/> [Search]								
Procedure	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Rate	Rate Type	Effective Date	End Date
T2025	HQ				\$3.65	680 - COS 680	07/01/2022	12/31/2299
T2025	UB				\$8.73	680 - COS 680	07/01/2022	12/31/2299

Medicaid Provider Fee Schedule (Rate Table)

Billing Scenario #1

Prior Authorization Service Line

Service Name	Procedure Code	Effective Date	End Date	Provider	Provider Medicaid ID	Rate
CRA - Category 1 - 3 Person	T2033-U1-UP	1/29/2022	1/28/2023	Services "R" Us	111222333CC	\$196.38

SERVICE: COMMUNITY RESIDENTIAL ALTERNATIVE - HOST HOME

Provider Rates - Procedure Pricing (111222333CC)

Proc Code [Search]

Procedure	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Rate	Rate Type	Effective Date	End Date
T2017	U1				\$160.06	681 - COS 681	07/01/2022	12/31/2299
T2017	U2				\$198.40	681 - COS 681	07/01/2022	12/31/2299

Claim Result: Suspended (NO PROVIDER RATE FOR DATE OF SERVICE - 2615)

Medicaid Provider Fee Schedule (Rate Table)

Billing Scenario #2

Prior Authorization Service Line

Service Name	Procedure Code	Effective Date	End Date	Provider	Provider Medicaid ID	Rate
Community Access - Group	T2025-HQ	1/29/2022	1/28/2023	Services "R" Us	111222333DD	\$3.65

SERVICE: COMMUNITY ACCESS								
Provider Rates - Procedure Pricing (111222333DD)								
Proc Code	<input type="text"/> [Search]							
Procedure	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Rate	Rate Type	Effective Date	End Date
T2025					\$3.65	680 - COS 680	07/01/2022	12/31/2299
T2025	UB				\$8.73	680 - COS 680	07/01/2022	12/31/2299

Claim Result: Suspended (NO PROVIDER RATE FOR DATE OF SERVICE - 2615)

Medicaid Provider Fee Schedule (Rate Table)

Billing Scenario #3

Prior Authorization Service Line

Service Name	Procedure	Effective Date	End Date	Provider	Provider Medicaid ID	Rate
Community Access - Individual	T2025-UB	1/29/2022	1/28/2023	Services "R" Us	111222333DD	\$8.73

SERVICE: COMMUNITY ACCESS								
Provider Rates - Procedure Pricing (111222333DD)								
Proc Code	[Search]							
Procedure	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Rate	Rate Type	Effective Date	End Date
T2025	HQ				\$3.65	680 - COS 680	07/01/2022	12/31/2299
T2025	UB				\$7.41	680 - COS 680	07/01/2022	12/31/2299

Claim Result: Paid with a reimbursement rate of \$7.41 instead of \$8.73.

Medicaid Billing Edits & Audits Overview

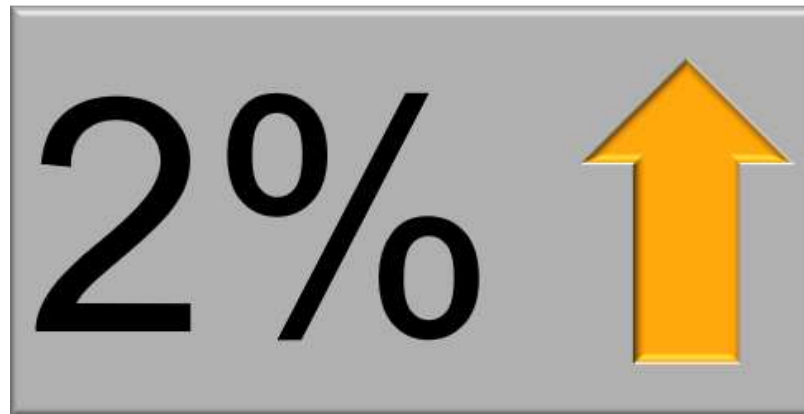
The Medicaid billing system, GAMMIS, contains numerous edits/audits that are designed to “prevent improper payment” of NOW and COMP claims. Several are linked to an annualized limit of units or funding. When submitted claims exceed these annual limits, they will partially pay or deny. For the service below, the claim error code will be 6116.

Communit Living Support Services - Annual Limit Audit - COMP		
Rule	Effective/End Dates	Money Limit
5000111	March 1, 2017 - February 28, 2021	\$51,300.00
5000222	March 1, 2021 - June 30, 2021	\$56,430.00
5000333	July 1, 2021 - June 30, 2022	\$59,251.00
5000444	July 1, 2022 - December 31, 2299	\$60,436.00

Error Code	Description
6116	COMM LIVING SUPPORT SVCS MAX UNITS REACHED

DCH Mass Reprocessing of Claims Update

All NOW & COMP claims, with an effective date of July 1, 2022, will be reprocessed with the 2% increase by the Department of Community Health (DCH). The volume of claims may require multiple reprocessing cycles. Specific dates for each reprocessing cycle will be provided by the DCH via a banner message.



2% Rate Increase Project Checklist

- Prior Authorization Update
- Provider Fee Schedule (Rate Table) Update
- Medicaid Edit/Audit Table Update
- Mass Adjustment/Reprocessing of Claims

State Funded Services: 2% Rate Increase Update

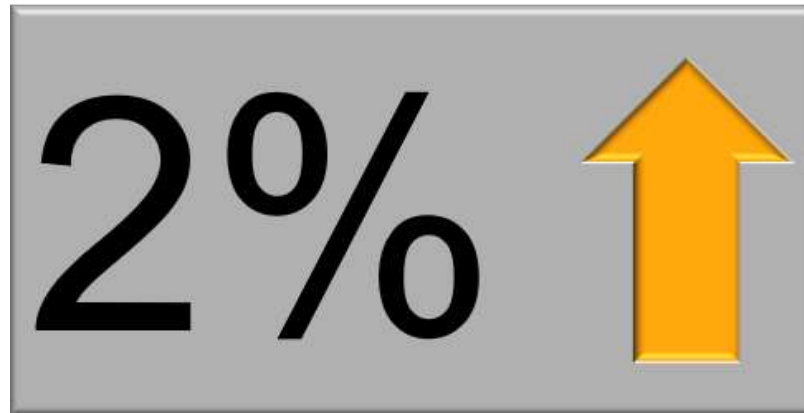
State Funded Prior Authorizations and Fee Schedules (Rate Tables) in IDD Connects and the Carelon Behavioral Health (ASO) claims system have been updated to include the 2% rate increase funded through legislative initiative during the 2022 session of the General Assembly.

Reimbursement for the 2% rates will require the 'Charge Amount' entered reflects the rate increase.

Community Residential Alternative – State Funded		
\$163.34	1	\$166.61
5%	or	5% + 2%
\$163.34		\$166.61

State Funded Mass Reprocessing of Claims Update

All State Funded claims, with an effective date of July 1, 2022, will be reprocessed with the 2% increase by the Carelon Behavioral Health (ASO).



Medicaid Billing: Helpful Tips from Gainwell Technologies

Claim Status

Once a claim has been processed, its status could be:

- **Paid:** Some or all of the claim was reimbursable.
- **Denied:** No part of the claim was found to be reimbursable.
- **Suspended:** Further processing is needed. The final determination may be dependent upon further review or receipt of additional information.



PAID

Medicaid Billing: Helpful Tips from Gainwell Technologies



Working Your Denied Claims



Claims Management Tips

Reviewing, correcting, and re-submitting denied claims is central to your **revenue management**.

- Assign dedicated staff person to denials if possible.
- Document receipt of denials, reasons for denied payment and deadline for resubmission.
- Always review denial reasons (read twice, act once.)
- Make corrections involving missing or inaccurate info.
- Review clinical reasons for denial (service, diagnosis, etc.) with treating provider.
- Make any corrections possible.
- Re-submit claims in a timely manner.



*****Denials = revenue delay, revenue loss.*****



Troubleshooting for Billing & Claims

If you experience billing difficulties with NOW and/or COMP services, please be sure to reach out to your Gainwell Representative for assistance. Information and guidance for contact information can be found at: <https://www.mmis.georgia.gov>

For questions and assistance regarding State Funded billing and claims, please contact **The Georgia Collaborative ASO Custom Service** line below:

Monday-Friday, 8:00am-5:00pm ET

P: 855.606.2725

For general questions about the recent rate increases, please contact the DBHDD Provider Issue Management System (PIMS) at:

[Provider Issue Management System \(PIMS\)](#)

ISP Expectations

Support Coordination Updates

Belton Updates

Robert Bell, Director
Community Support



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A close-up photograph of a hand holding a blue pen, writing on a spiral-bound notebook. The notebook is open, and the pen is positioned over a line of text. The background is blurred, focusing attention on the writing process.

BE INFORMED

ISP Participation Expectations

The Expectation

“Who needs to participate in a waiver participant’s ISP”

Policy Considerations for ISP Provider Participation

- NOW/COMP Manual Part II
 - 705.1 states, in part "An individualized service plan is developed with participation from the individual/representative, service providers and others, as requested by the individual/representative"

Policy Considerations for ISP Provider Participation

- Policy 02-438 - The Service Planning Process and Individual Service Plan Development, states

Planning Team Membership -The membership of the planning team varies depending upon the needs and wishes of the individual. The planning team includes at a minimum:

- a. The individual,
- b. The Support Coordinator or Intensive Support Coordinator,
- c. The individual's legal guardian, if applicable,
- d. The individual's family or other natural supports, as requested by the individual,
- e. A representative from each service provider who is involved in the implementation of the ISP, and
- f. Any additional person(s), approved by the individual.

Interpreting the Policy for ISP Provider Participation

- Community Residential Alternatives Services
- Community Living Support
- Community Access Services
- Supported Employment Services
- Prevocational Services

Support Coordination

Updates



Support Coordination Information

- Important Policy Updates
- 02-435: Outcome Evaluation: “Recognize, Refer, and Act” (June 2023)

Outcome Resolution Coordinators

- Identify Service Provision Concerns
- Empower SCs to communicate issues with the providers
- Importance of Advocacy by SC Agencies

Supporting Deaf Participants



Office of Deaf Services & Division of Intellectual/Developmental Disabilities

- Deaf Participants who communicate in sign language did not have equivalent access to services as their hearing peers.
- Communication Assessments to identify the communication preference of the participants and to identify provider supports needed.
- Working to provide participants reasonable access to information presented at the ISP meetings
- Working to support staff in their ability to communicate with deaf participants at the same level they can communicate with hearing participants

Providers Hiring ASL Fluent Staff

- Director Wakefield Memorandum of October 2020:
- Hiring staff who can sign or hiring Deaf Staff
- Individual Service Planning instruction provided in manner consistent with communication access needs
- Environmental accommodations in provider settings

GCDHH ASL Training Contract

- Georgia Center of the Deaf and Hard of Hearing is the approved trainer
- Requires Providers to sign a Memorandum of Understanding (MOU)
- Expects providers to identify the staff who are assigned to work directly with the individual
- SLPI only for those who are assigned to work directly with the individual

Belton Updates – Regional Interpreters

- DBHDD Deaf Services Regional Staff
- *Serving ALL counties within the assigned region*

- Region 1 (Cumming)
- **Interpreter: VACANT- Erin Salmon Interim**
- Phone: 404-450-6736
- Email: Erin.Salmon@dbhdd.ga.gov
-
-
-
- Region 3 (Atlanta-metro)
- **Interpreter: Persis Bristol**
- 404-998-9541(V/Text)
- Persis.bristol@dbhdd.ga.gov
-
- Region 5 (Savannah)
- **Interpreter: VACANT Jasmine Lowe Interim**
- Phone: 470-464-1786 (V/Text)
- Email: Jasmine.Lowe@dbhdd.ga.gov
-

Region 2 (Augusta)
Interpreter: Erin Salmon
404-450-6736 (V/Text)
Erin.salmon@dbhdd.ga.gov

Region 4 (Thomasville)
Interpreter: Kelly Spell
470-630-9293 (V/Text)
Email: Kelly.spell@dbhdd.ga.gov

Region 6 (Columbus)
Interpreter: Jasmine Lowe
470-464-0786 (V/Text)
Jasmine.Lowe@dbhdd.ga.gov

Regional Interpreters

- DBHDD is shifting to a model in which DBHDD-employed QMHs are dedicated to specific DBHDD service regions
- This enables QMHs to establish relationships and rapport with providers and individuals in the Region
- QMHs have benefitted I/DD services in the following areas:
 - Support Coordination visits/ISP meetings
 - Behavior Support Plan meetings
 - Crisis Homes support
- QMHs also continue to support BH services

OHW Updates

Karen Cawthon, Project Manager

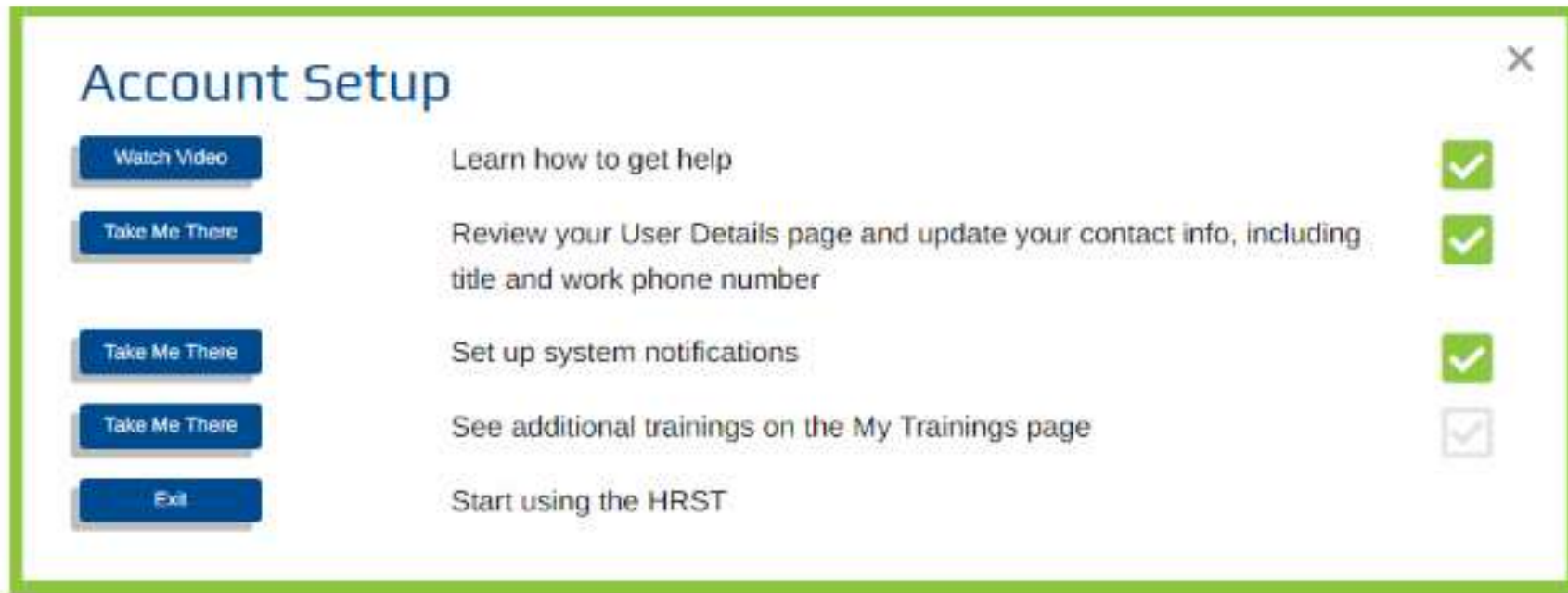
Office of Health & Wellness, Division of Disabilities



D·B·H·D·D

Georgia
Department of
Behavioral Health
& Developmental
Disabilities

What is the HRST Account Setup Wizard?



Update your Title and Work Phone Number at a minimum on the user details page

HRST User Account Deactivation

The new parameters are as follows: *Inactivity Period = 90 days*

Warning Period (Email notification prompting login) = 60 days.

Warning Frequency = You will be notified via email every 10 days reminding you to log in before your account is fully deactivated.

This logic will automatically disable your HRST account if you have been inactive or have not logged in within the set amount of time (90 days). Once you successfully log in, you will no longer receive any emails.

To reactivate your account, please contact gasupport@replacingrisk.com

Office of Health & Wellness Provider Training Announcements



In-App Clinical Reviewer Training for Georgia HRST Users GO LIVE DATE - August 15, 2023

What is In-app Clinical Reviewer Training?

IntellectAbility has converted the current webinar-based Clinical Reviewer Training into an in-app eLearn course.

What criteria must a nurse meet to take the new in-app Clinical Reviewer Training?

GA nurses eligible to be trained as a Clinical Reviewer must meet the following criteria:

- **successfully complete HRST Online Rater Training.**
- **successfully complete HRST Advanced Rater Training.**
- **be an RN.**
- **have an active nurse license at the time the training is requested.**



Dangerous Mealtime Practices Train The Trainer

Focused on how people swallow and what happens when someone has challenges with swallowing safely

**Presented By: Cyndi Berenguer,
OHW ICST Registered Dietitian/Nutritionist**

To request 2023 In Person Train-the Trainer Course presented by DBHDD ICST Registered Dietician/Nutritionist please email Karen Cawthon: karen.cawthon@dbhdd.ga.gov

Notification of Statewide Clinical Oversight Need

Email:

E-mail Notifications to the following Mailbox:
Statewide.ClinicalOversight@dbhdd.ga.gov



Phone:

Centralized and continuously monitored hotline: 1-833-206-7960

This line is available to those without internet access.

*Note: Communicated information will be sent to the SCO mailbox.
Follow-Up will occur within 24 business hours.*

**Statewide Clinical Oversight Protocol Training Course
to be available in Relias for Providers in 2023!**



Person – Centered Module in HRST

Johnathon Crumbly, Chief Operations Officer



Ensuring Person-Centered Approaches

A Path Forward Using the Electronic Person-Centered Description (ePCD) and One-Page Description (1PD)

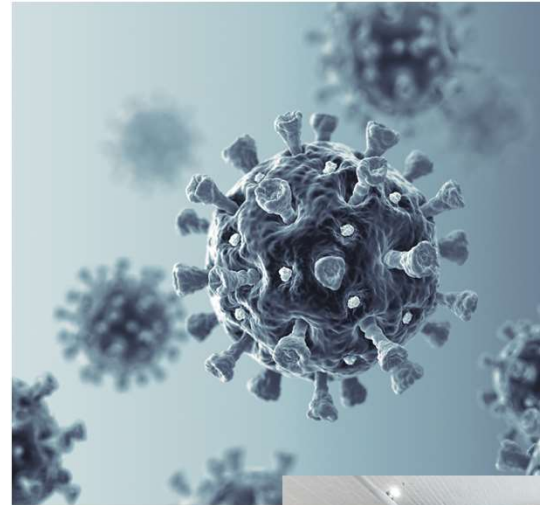


The Issue at Hand

Minimizing the Impacts COVID-19 and Staff Shortages

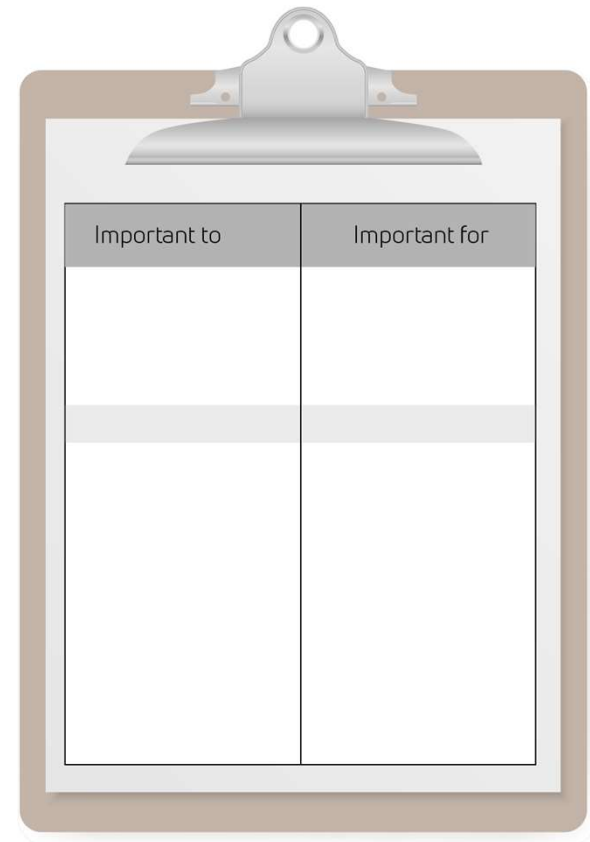
Two main areas were impacted:

1. Oversight and response to health and safety
2. Efforts to initiate or maintain person-centered approaches



Additional Dynamics to Address

- Overall, there is no real effort or location to document person-centered information about the person
- Person-centered learning easily gets lost and not carried forward
- Too much reliance on paper that cannot be shared
- Too little transparency and access to person-centered information among the entire support team



Shifting Toward A Solution

Provide Person-Centered Thinking training to SC/ISC and community providers

Launch the ePCD and 1PD to house person-centered information as it is learned so that it can be utilized by the support team and included in annual ISPs



Definitions

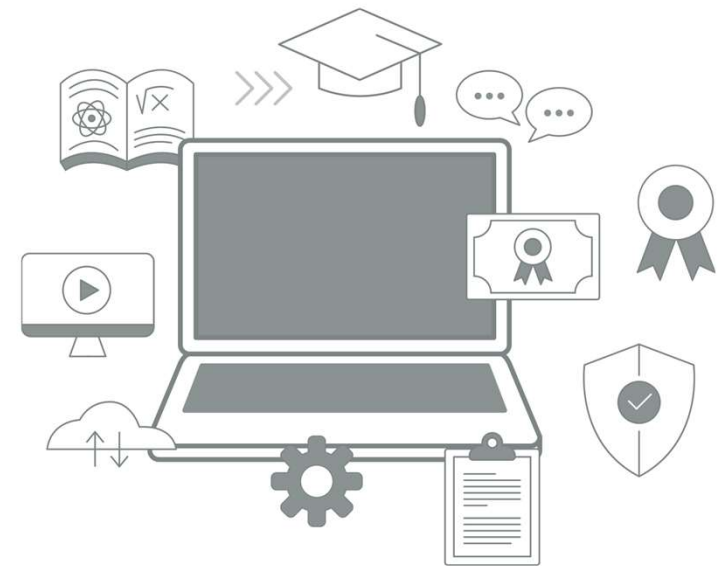
Defining the Electronic Person-Centered Description (ePCD) and the One-Page Description (1PD)

ePCD

A brief online document that provides person-centered information in a common language. Contains person-centered skills that help reveal things Important TO the person.

1PD:

A one-page online document that contains information from the ePCD. 1PDs are used to quickly introduce the person to others (i.e., new doctor, matching roommates, matching staff, etc.)



A Note About ePCDs

- ePCDs are meant to capture learning as it occurs from using PCT skills and supporting the person.
- ePCDs **do not** operate like ISPs in that they need only be updated once per year.
- ePCDs are living documents.
- SC/ISC and your staff should regularly use PCT skills to discover information about the person so that this information can be captured in the ePCD.
- This information should:
 - Inform the ISP
 - Impact day-to-day service delivery
 - Help ensure the person has positive control in the areas of life that are meaningful to the person



Training

Training for SC/ISC



- To create/edit ePCD/1PD the following training is required by the SC/ISC:
 - Successful completion of the 6 module, 3 hr Person-Centered Thinking eLearn course in Relias entitled, “A Course on Person Centered Thinking”, *followed by*
 - Successful completion of a one-day live, virtual Person-Centered Thinking training
- Afterward, the ePCD/1PD Editor Role is activated

Training for Community Providers

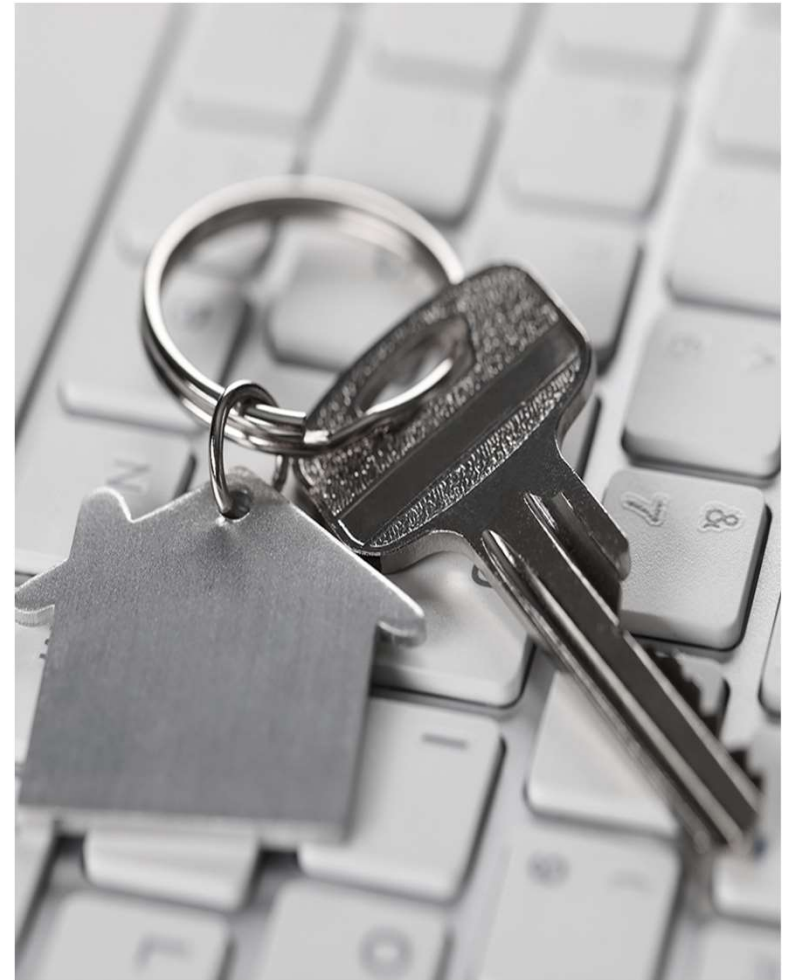
- Providers will:
 - Complete the 6 module, 3 hr Person-Centered Thinking eLearn course in Relias entitled, “A Course on Person Centered Thinking,” *followed by*
 - Successful completion of a one-day live, virtual Person-Centered Thinking training
- This will help ensure providers are effective contributors to the ePCD/1PD creation and updating
- Launch of an eLearn course specifically for community provider agencies in late 2023.
 - The focus will be on:
 - Taking information from the ePCD and changing HOW services are delivered to the person
 - How to shift the culture of the agency to one that is person-focused



Roles and Access

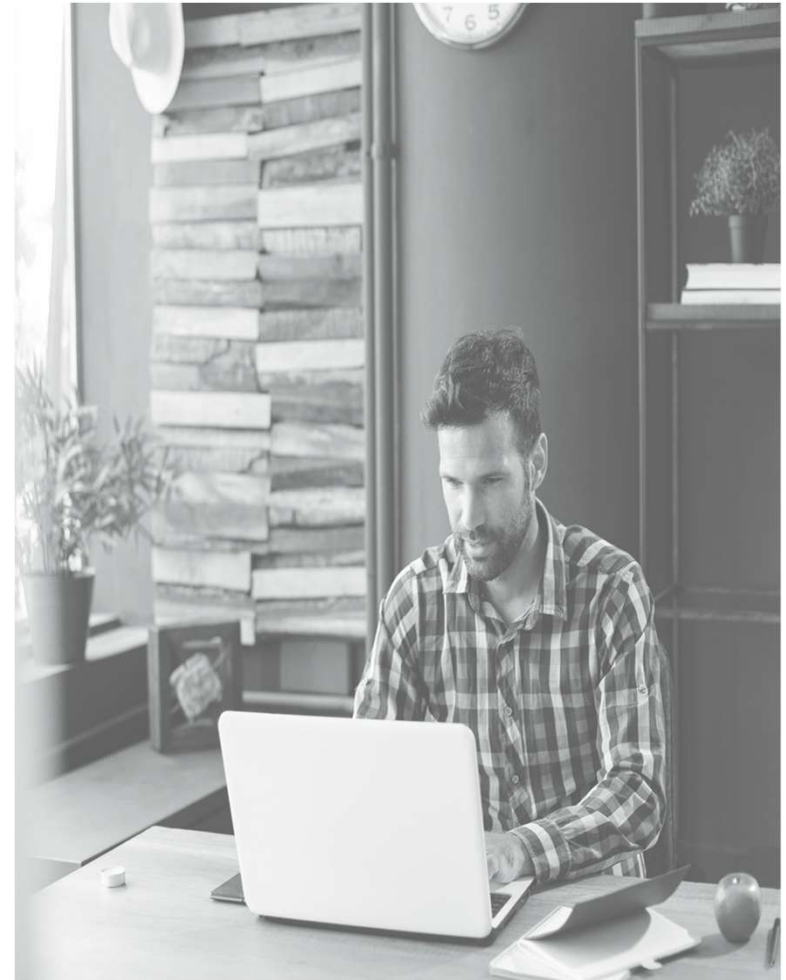
Application Capabilities

- SC/ISC will have Editor Role to both ePCDs and 1PDs – allowing them to view, create, and edit both for those you support.
- All other provider agencies can view and print either the ePCD/1PD, but they cannot make changes.



Access

- SC/ISC and providers with HRST Rater responsibility will access the ePCD/1PD via the HRST application.



Person Details for Wendy Adams

No photo uploaded yet.

Manage Photo

Healthcare Level Allergies



Last Change Info



- About Me
- My Contacts
- Diagnoses
- Medications
- Ratings
- Support Team
- Health Tracker
- Person Centered Description
- Health Passport
- One Page Description

About Me



Access



- Providers who do not have HRST Rater responsibility will access the ePCD/1PD via IDD Connects.
- This will allow them to view and download at any time the latest ePCD/1PD in PDF format.

CID: 400093518
Race: Unknown/Refused
ADA Status: Unknown/Refused

First Name: MICKEY
Region: Region3
Info As On: 07/26/2023 02:50 PM

Last Name: MOUSE
Funding Source: State Funds
Last Updated By: Karen Cawthon

DOB: 08/31/2000
Medicaid ID: N/A



Age: 22
Gender: Male
Address: 569 Sherwood Grn, Stone Mountain, Georgia, 30087

- Demographics
- Eligibility
- Evaluation
- ISP
- Prior Authorization
- Documents
- Outcomes & Support Notes
- Services
- Individual 360
- Appeals
- Letters

- Pre-Eligibility Recommendations
- Discipline Specific Assessments
- Diagnosis Summary
- Clinical Recommendations
- HRST/SIS →**
- Assessment Level History
- Clinical Mailbox

HRST [Refresh](#)

Filter ⌵

HRST Date From:  HRST Date To: 

HRST Level From: HRST Level To:

HRST Score From: HRST Score To:

[Reset](#) [Filter](#)

HRST Date	Review Type	Completed By	HRST Score	HRST Level	Status
06/03/2020	NA	Karen Cawthon	6	1	Completed
02/08/2021	Initial	Karen Cawthon	7	1	Completed

Rollout and Implementation

Implementation



- SC/ISC will have a full year from launch (**August 15, 2023**) to gradually work with the person and provider DDPs to input information into the ePCD.

The goal is to eventually have a completed ePCD developed so that it can impact service delivery and the ISP.

The Overall Process for Supporters

- Completion of the 6 module, 3 hr Person-Centered Thinking eLearn course in Relias entitled, “A Course on Person Centered Thinking”
- Completion of the virtual, one-day PCT training
- SC/ISC completes these two parts and receives Editor role to the ePCD/1PD
- SC/ISC begins working with the person and provider staff (DDPs) to complete ePCDs and 1PDs, updating as necessary
- Later in 2023, or early 2024, the two-part PCT training becomes available to community provider agencies.
- Later in 2023, providers can complete the additional PCT eLearn course specifically designed for them.
 - In the meantime, provider DDPs or other staff can work with SC/ISC agencies to help build out ePCDs and 1PD.



Provider Expectations

- When the training is available, put as many of your staff through the two-part PCT training as possible, especially your DDPs.
 - SC/ISCs will rely heavily on your DDPs and the person to gradually build out ePCDs.
- When the training is available, complete the additional person-centered course that teaches you how to get the most out of information placed in the ePCDs for those you support.
- Use ePCD information to help ensure service delivery is effective and meaningful for the person.



Questions?

A full explanation of everything we've covered today is included in the ePCD/1PD FAQs.

A Review of Community Facilitated Services: Community Access, Pre-Vocational, and Supported Employment

Valona Baldwin, R6 Regional Services Administrator

Christine Gudgin, Supported Employment Manager



D·B·H·D·D

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Disabilities

HCBS Settings Rule...a quick review*

- Under the rule, a setting that is truly home and community based is one that:
 - Is integrated in and supports full access to the greater community
 - Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources
 - Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid home and community-based services
 - Is selected by the individual from among setting options, including non-disability specific settings, and an option for a private unit in a residential setting
 - Person-centered service plans document the options based on the individual's needs, preferences; and for residential settings, the individual's resources for room & board
 - Ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint
 - Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices such as daily activities, physical environment, and with whom to interact
 - Facilitates individual choice regarding services and supports, and who provides them

*42 C.F.R. 441.301(c)(4)

Community Access (CA)

Community Access Services **ARE**:

- Person-centered with individualized plans
- Active community participation
- Socialization and self-advocacy
- Recreation and Health
- Independent community interaction skills
- Developing natural supports and community connections

Community Access Services are **NOT**:

- Provider lead or chosen
- Completely facility based
- Provided in individual's or family's home
- Disrespectful and forced
- Restricted to interactions with individuals with disabilities
- Interactions with paid staff only

CAI Considerations

Community Access Individual Services:

- All supports must take place in the community (not facility based)
- Transportation:
 - Transportation to and from activities and settings primarily utilized by people with disabilities is provided through CRA services for those receiving CRA
 - For those not receiving CRA, transportation is provided through CAI provider
- One-to-one staffing support ratio

Non-Covered Services under CA

NOW 1706(p60): COMP 2006 (p82)

2. Activities, training, or services provided in the individual's home or family home or family home, or host home/life sharing arrangement, foster home, personal care home, community living arrangement, group home, or any other residential setting.

7. Community Access services **must not duplicate** or be provided at the same time of the same day as Community Living Support, Supported Employment, Prevocational Services or Transportation Services.

Pre-Vocational Services

Pre-Vocational Services **ARE:**

- Optional (personal preference)
- Person-Centered with individualized plans
- Emphasis on habilitative (general skills) rather than explicit employment objectives
- **Time limited** services with re-evaluations
- Can be mobile crews or contracts with no specific job title
- **Training**
- General skill examples
 - Rule compliance
 - Attendance
 - Task completion
 - Problem solving
 - Endurance
 - Work speed
 - Work accuracy
 - Increased attention span
 - Safety
 - Appropriate social skills

Pre-Vocational Services

Pre-Vocational Services are **NOT**:

- A prerequisite
- Working/training job specific skills
- An endless service
- A job trial
- Employment

Non-Covered Services under Pre-Voc

NOW 2506 (p117): COMP 3006 (p171)

1. Prevocational Services are **distinct from** and do not occur at the same time of day as Community Access or Supported Employment services.

Supported Employment (SE)

The Service

Supported Employment services are **ongoing** supports that enables individuals, for whom **competitive employment at or above the minimum wage is unlikely absent the provision of supports**, and who, because of their disabilities, need supports, to perform in a regular work setting.

Supported Employment services assist individuals with intellectual and developmental disabilities (I/DD) to:

- Find and maintain **meaningful** work that **matches** their **individual** needs
- Receive **competitive** employment **at or above the minimum wage**
- Be **integrated** in their community

The Expectation

- Full-time or part-time work in an individual job, and can include self-employment
- The workplace is in the community
- **The workplace is not owned or managed by a service provider**
- **The person receiving supports works and interacts with co-workers who do not have disabilities at the same frequency and accessibility as any coworker**

SEI versus SEG

The **only** differences between SE Individual and SE Group are:

- in the support ratio, SEI 1:1 ratio; SEG 1: 2-10 ratio
- in transportation support, SEG transportation can be provided as part of service

**The service and outcome expectation
are the same.**

Non-Covered Services under SE

NOW 3006 (p154): COMP 3406 (p209)

1. Incentive payments, subsidies, or unrelated vocational training expenses such as the following:
 - a. Incentive payments made to an employer to encourage or subsidize the employer's participation in Supported Employment program;
 - b. Payments that are passed through to users of Supported Employment programs; or
 - c. Payments for training that is not directly related to an individual's Supported Employment program.

3. Supported Employment Services are distinct from and do not occur at the same time of the same day as Community Access, Prevocational or Transportation Services, with the exception of non-face-to-face Supported Employment job development. The exception for Supported Employment job development must be documented sufficiently to demonstrate no duplication of services for an individual and a service provided in preparation for transition of an individual to Supported Employment Services.

Volunteering (Non-Paid Work) Considerations

Department of Labor Fair Labor Standards Act defines distinctions between volunteering, internship, and unpaid work experiences.

Any experiences involving hands-on work, where an individual is practicing/training work behavior or skills while not being paid, would fall under the DOL FLSA definition of volunteering. In accordance with the Act:

- Volunteering can only take place at a non-profit. A person **cannot** “volunteer” at a for profit business or do a “working” interview without pay for an extended time frame.
- Even with in a non-profit, the position/duties performed **cannot** be one that is typically a paid position. Example: if there is a typically paid receptionist, a person cannot “volunteer” to answer phones, schedule, file, etc.
- If there are unpaid internships involved, then the individual must receive some sort of national accredited certification at the end of the internship, be a part of a Vocational Rehabilitation (GVRA) or Workforce Innovation and Opportunity Act (WIOA) program work ready training program or receive some sort of post-secondary education credit.
- <https://webapps.dol.gov/elaws/whd/flsa/docs/volunteers.asp>
- **This consideration applies to ALL services discussed today.**

Crisis Transition Updates

Beth Shaw, Director

Office of Crisis and Transition Services



D·B·H·D·D

Georgia
Department of
Behavioral Health
& Developmental
Disabilities

CONTACTS

- **Beth Shaw**

Director Office of Crisis and Transition Services

(404)759-1815

beth.shaw@dbhdd.ga.gov

- **Ansley Poythress**

Transition Services Manager

(478)457-7412

ansley.poythress@dbhdd.ga.gov

Upcoming Provider Meetings

August 25 2023 -HCBS Settings Rule Provider Meeting:



Hosted by DCH's Rebecca Dugger
10am-12pm (virtual)

November Provider Meetings:

November 14th 2023, Tifton, GA
November 15th 2023, Macon, GA
November 16th 2023, Douglasville, GA

Registration forthcoming via our Provider Relations Newsletters and Special Bulletins

Regional Break Outs

Regional “Break Out” Sessions will be led by your local RSA followed by general Q/A. Look for the table with your designated regional field office

General Session Q/A



BE HERE

