

# Board of Behavioral Health and Developmental Disabilities

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**BE D·B·H·D·D**

Georgia Department of Behavioral Health & Developmental Disabilities

February 9, 2023



# Agenda

Roll Call / Call to Order

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Introduction of Recovery

Speaker

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Introduction of New Board

Members

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Action Items

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Commissioner's Report

- Hospital Update
- Legislative Update

- IDD Waiver Rates
  - Certified Community Behavioral Health Clinics
- 

Chair's Report

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Public Comment

# Roll Call

David Sofferin

*Director, Office of Public Affairs*

# Call to Order

David Glass

*Chair*

# Introduction of Speaker

David Sofferin

*Director, Office of Public Affairs*

# Action Items:

- Board Meeting Minutes – December 16, 2022
- Request to Surplus Approximately 0.65 Acres of Parking Lot at Central State Hospital Adjacent to The Kidd Building

# Commissioner's Report

Kevin Tanner  
*Commissioner*

# Workforce Update in DBHDD Hospitals

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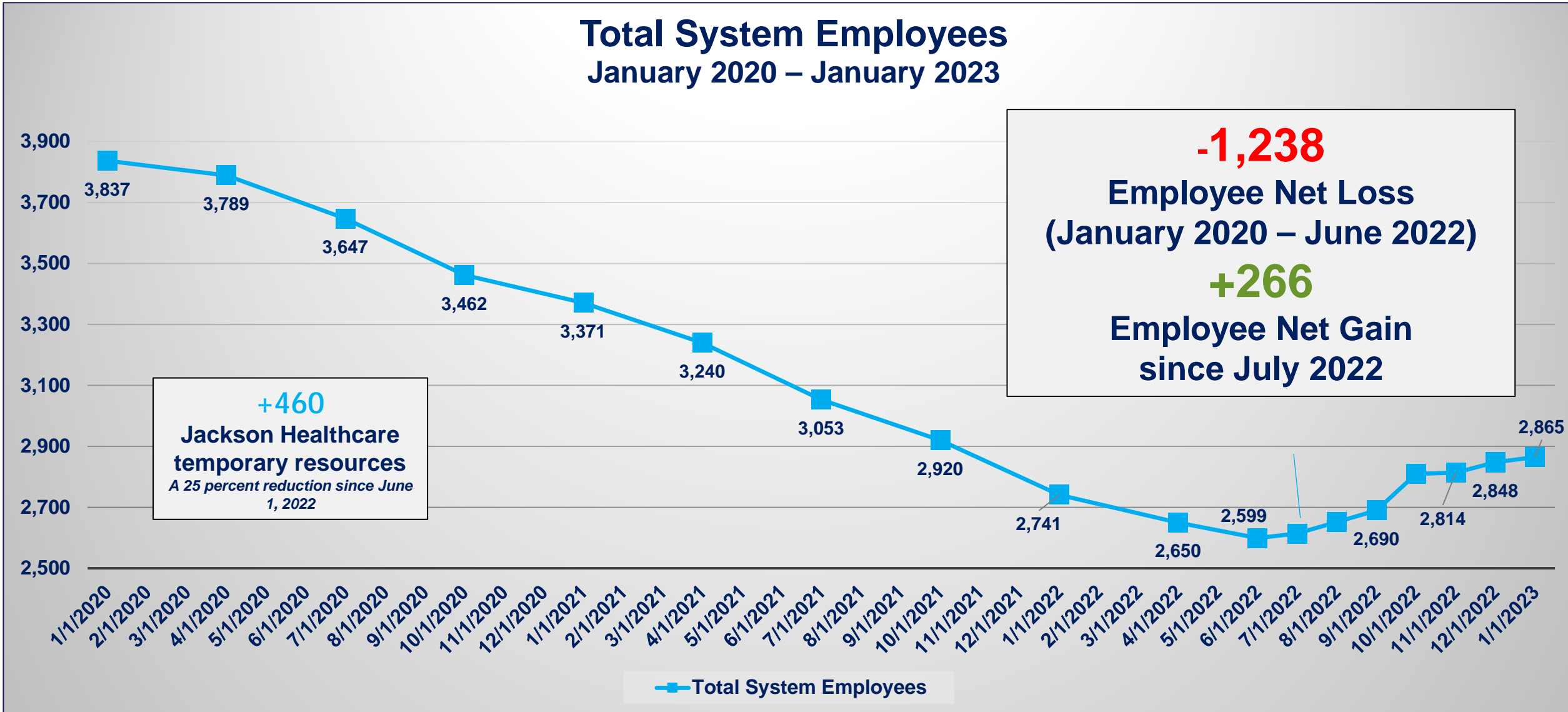
Emile Risby, MD  
*Medical Director*  
*Division of Hospital Services*





# Hospital Workforce: *Change Over Time*

**Total System Employees**  
January 2020 – January 2023



June 01, 2022 – January 11, 2023

A few select  
categories of  
net staff  
increases  
between  
6/1/22 &  
1/11/23

RN's	35
NCDC	208
SW	7
Food Service	24
House Keeping	23

# Forensic Psychology Vacancies

Forensic Psychologist	% positions vacant
Community	30 % vacancy rate
Hospital	40% vacancy rate*

\* Some of the hospital vacancies are filled by contractors

# Workforce Good News

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- Slowly building our workforce
- Approx  $\frac{1}{4}$  of recent hires are past DBHDD employees
- Pay package has helped retention
- Less reliance on agency staff
- Able to open more beds

# Workplace Violence in DBHDD Hospitals

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Georgia Department of Behavioral Health & Developmental Disabilities

Emile Risby, MD  
*Medical Director*  
*Division of Hospital Services*



# TJC Requirements

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LD.03.01.01: Leaders create and maintain a culture of safety and quality throughout the hospital.

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Standard HR.01.05.03: Staff participate in ongoing education and training

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Standard EC.04.01.01: The hospital collects information to monitor conditions in the environment.

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Standard EC.02.01.01: The hospital manages safety and security risks.

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# Definition of Workplace Violence (WPV)

“An act or threat occurring at the workplace that can include any of the following: verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of concern directed at staff or visitors.”

**TJC  
Glossary**

# Workplace Violence in DBHDD Hospitals

Each Hospital has a Workplace Violence Prevention Program according to 03-115

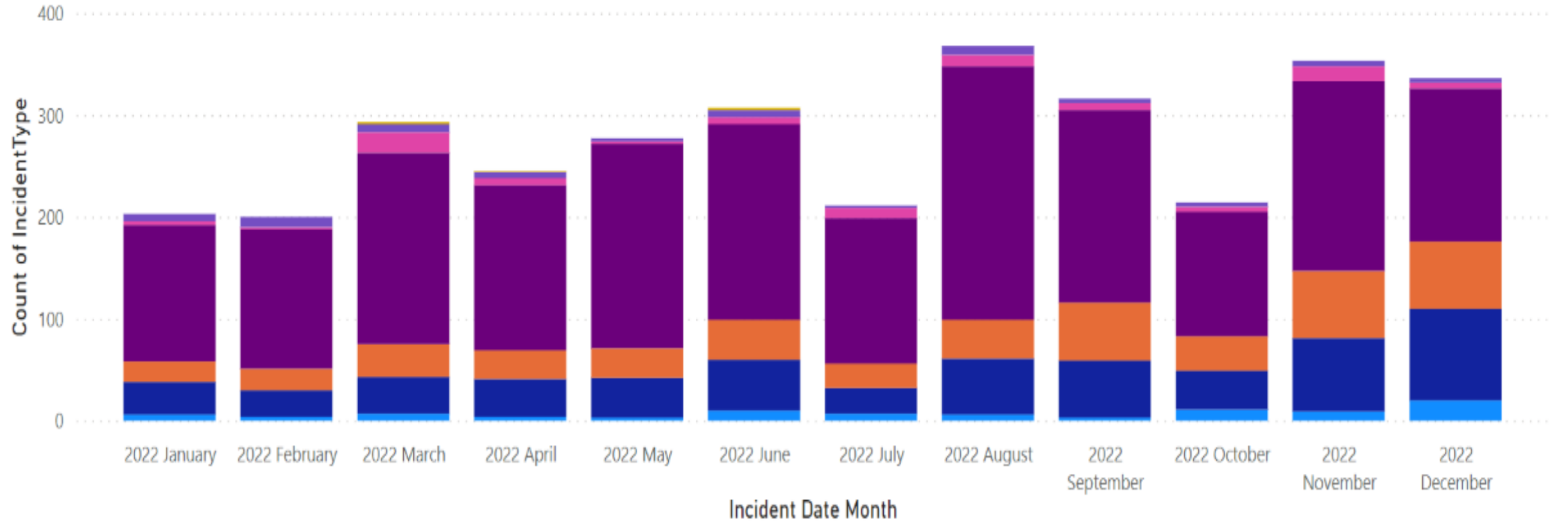
- 1 Develops a process of follow-up and support to victims and witnesses affected by workplace violence, including resources available to staff.
- 2 Performs periodic evaluations of workplace violence incidents.  
Conducts annual analysis of the physical work site.
- 3 Conducts annual analysis of the program's procedures, training, and education.
- 4 Takes action to mitigate or resolve workplace violence safety and security risks based upon findings from the analysis.
- 5 Maintain documentation to support the activities listed above.



# January – December 2022 WPV Data

Count of IncidentType and Count of CIRNumber by Year, Month and IncidentType

**IncidentType** ● W01: Bullying ● W02: Verbal Aggression ● W03: Threat ● W04: Physical Aggression Ind/Staff ● W05: Sexual Harassment ● W06: Sexual Aggression ● W07: Sexual Assault by Ind/...



# WPV Data

## WPV Codes

- W01 – Bullying
- W02 – Verbal Aggression
- W03 – Threat
- W04 – Physical Aggression Ind to Staff
- W05 – Sexual Harassment Ind to Staff
- W06 – Sexual Aggression Ind to Staff
- W07 – Sexual Assault by Ind to Staff

## Notes about Data

- Workman's Compensation data are kept by Human Resources
- OQRI collects data for incidents of WPV by individuals to staff
- Physical Aggression accounts for over 60% of the WPV Incidents in 2022
- Data from 2022 will serve as a baseline going forward

# January – December 2022 Worker's Comp Claims

The data below show the number of Worker's Comp Claims as a result of being struck by an Individual or by a coworker.

Worker Comp Injuries by source: Fellow Worker													
Count by Hospital	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
ECRH	2			1						1			4
GRHA	1	1											2
GRHS		2	1	1									4
WCGRH			1	1									2
<b>Fellow Worker Total</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>3</b>						<b>1</b>			<b>12</b>

Worker Comp Injuries by source: Constituent (Individual)													
Count by Hospital	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
CSH		2	1	1	3		4	1				2	14
ECRH	1	1	2		1			2	1		1	2	11
GRHA	3	1		2	5	2	2	3	2	3	3	3	29
GRHS	2	3	1		4	1	2			1		1	15
WCGRH	1	1	1	2	1	2			1	1	1		11
<b>Constituent Total</b>	<b>7</b>	<b>8</b>	<b>5</b>	<b>5</b>	<b>14</b>	<b>5</b>	<b>8</b>	<b>6</b>	<b>4</b>	<b>5</b>	<b>5</b>	<b>8</b>	<b>80</b>

# January – December 2022 Worker's Comp Costs

The data below show the total paid for worker's comp claims where the source of the injury was being struck by a Fellow Worker or a Constituent (Individual).

<b>Worker Comp Injuries Total Paid by source: Struck by Fellow Worker &amp; Constituent</b>			
<b>Cost by Hospital</b>	<b>Fellow Worker</b>	<b>Constituent (Individual)</b>	<b>Combined Total</b>
<b>CSH</b>		\$30,323	<b>\$30,323</b>
<b>ECRH</b>	\$3,393	\$12,577	<b>\$15,969</b>
<b>GRHA</b>	\$188	\$140,103	<b>\$140,291</b>
<b>GRHS</b>	\$64,318	\$84,865	<b>\$149,182</b>
<b>WCGRH</b>	\$40,870	\$38,877	<b>\$79,746</b>
<b>System Total</b>	<b>\$108,769</b>	<b>\$306,743</b>	<b>\$415,511.78</b>

# Initial Response to Data

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Reemphasize to treatment teams the importance of the Violence Risk Assessment and updating as appropriate

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Encourage staff to use SDI skills to address conflicts with peers and/or involve leadership/HR early in conflicts

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In 2023, the definition of Physical Aggression will be modified to capture incidents that include a staff perception of WPV

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Other incidents of physical contact will still be captured through the incident management process

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# Legislative Update

Michael Polacek

*Director, Office of Legislative Affairs*

Christopher Hamilton

*Chief Financial Officer*

# Leadership Update

## House

- **Speaker of the House - Representative Jon Burns (R- Newington)**
- **Speaker Pro-Tempore - Representative Jan Jones (R- Milton)**
- **Majority Leader - Representative Chuck Efstration (R- Dacula)**
- **Minority Leader - Representative James Beverly (D- Macon)**

## Senate

- **Lieutenant Governor – Burt Jones (R)**
- **President Pro-Tempore - Senator John Kennedy (R- Macon)**
- **Majority Leader - Senator Steve Gooch (R- Dahlonega)**
- **Minority Leader - Senator Gloria Butler (D- Stone Mountain)**



# Committee Update

## House

- **Appropriations Chairman - Matt Hatchett (R-Dublin)**
- **Appropriations: Human Resources Subcommittee Chairman - Katie Dempsey (R-Rome)**
- **Health Chairman - Lee Hawkins (R-Gainesville)**
- **Public Health Chairman - Sharon Cooper (R-Marietta)**
- **Special Committee on Healthcare – Butch Parrish (R-Swainsboro)**

- **Appropriations Chairman- Blake Tillery (R-Vidalia)**
- **Appropriations: Health and Human Development Subcommittee Chairman - Ben Watson (R-Savannah)**
- **Health and Human Services Chairman - Ben Watson (R-Savannah)**
- **Children and Families Chairman - Kay Kirkpatrick (R-Marietta)**



# Legislative Office - Update

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- **Key Dates**

- Crossover Day – March 6, 2023
- SINE DIE – March 29, 2023

- **Agency Legislation/Priorities**

- Code Revision
- Workforce
- 9-8-8

- **Intellectual and Developmental Disability Reform and Innovation Commission**

# DBHDD Budget Update

## AFY 2023 and FY 2024

Christopher Hamilton  
*Chief Financial Officer*



# DBHDD Budget Update

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- **AFY2023 budget details are based on the House Tracking Sheet**
- **FY2024 budget details are based on the Governor's Budget Report**
- **This was done to provide the most current information possible for each fiscal year**
- **There will appear to be some inconsistencies as a result of using these different reports**

# Statewide & Agencywide Changes

<b>STATE FUNDS CHANGES</b>	<b>AFY2023</b>	<b>FY2024</b>
<b>\$2,000 Cost of Living Adjustment</b>	-	\$ 30,941,430
<b>Merit System Assessment Billings</b>	-	\$ 78,024
<b>DOAS Insurance Premiums</b>	-	\$ (824)
<b>TeamWorks Billing Adjustment</b>	-	\$ 89,994
<b>FMAP Rate Change</b>	-	\$ 2,956,826

# Budget Request: DBHDD Priorities

<b>STATE FUNDS CHANGES</b>	<b>AFY2023</b>	<b>FY2024</b>
<b>Adult Developmental Disabilities:</b> Annualize Funds for 513 Waivers		\$ 10,178,507
<b>Adult Developmental Disabilities:</b> 250 Additional NOW/COMP Waivers		\$ 4,199,684
<b>Adult Developmental Disabilities:</b> Consolidate Respite Services	\$ 500,000	\$ (1,600,000)
<b>Adult Developmental Disabilities – Special Project:</b> Consolidate Respite Services	\$ (\$500,000)	\$ 1,600,000
<b>Adult Forensic Services:</b> 11 FPM Positions Not Hired on 1/1/2023	\$ (430,833)	-

# Budget Request: DBHDD Priorities

<b>STATE FUNDS CHANGES</b>	<b>AFY2023</b>	<b>FY2024</b>
<b>Adult Mental Health:</b> State Contracted Beds	\$ 2,016,527	-
<b>Adult Mental Health:</b> Homeless Outreach Coordination	\$ 825,000	-
<b>Adult Mental Health:</b> Mobile Crisis Response Teams	-	\$ 6,288,973
<b>Adult Mental Health:</b> Annualize Funds for BHCC (Augusta)		\$ 1,985,803
<b>Adult Mental Health:</b> Provide funds for BHCC (Fulton County)		\$ 5,688,919

# Budget Request: DBHDD Priorities

<b>STATE FUNDS CHANGES</b>	<b>AFY2023</b>	<b>FY2024</b>
<b>Adult Mental Health:</b> Convert CSU to a BHCC (Dublin)		\$ 5,413,476
<b>Adult Mental Health:</b> Remove One-Time Funds for BH Rate Study		\$ (932,324)
<b>C&amp;A Mental Health:</b> Delayed Contract Implementation	\$ (100,000)	-
<b>C&amp;A Mental Health:</b> PRTF Funding Gap	\$ 600,000	-
<b>Departmental Administration:</b> Remove Funds for HB1321	\$ (261,823)	\$ (261,823)

# Budget Request: DBHDD Priorities

<b>STATE FUNDS CHANGES</b>	<b>AFY2023</b>	<b>FY2024</b>
<b>Departmental Administration:</b> Support for the Opioid Settlement	<b>\$300,000</b>	<b>-</b>
<b>Direct Care &amp; Support Services:</b> Offline Beds at GRHA	<b>-</b>	<b>-</b>
<b>Direct Care &amp; Support Services:</b> Kitchen at GRHA	<b>\$ 9,905,000</b>	<b>-</b>
<b>Direct Care &amp; Support Services:</b> Treatment Mall at ECRH	<b>\$ 4,000,000</b>	<b>-</b>
<b>Direct Care &amp; Support Services:</b> Capital Maintenance & Repairs	<b>-</b>	<b>\$ 2,000,000</b>



# IDD Rate Study NOW/COMP Waivers

**Ashleigh Caseman**

Director of Waiver Services  
Office of Waivers Services



**D·B·H·D·D**

Georgia  
Department of  
Behavioral Health  
& Developmental  
Disabilities

# NOW & COMP 1915(c) Waiver Programs

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- Collaboratively administered by the Georgia Department of Community Health (DCH) and DBHDD
  - DBHDD serves as the Operating Agency for the two waiver programs.
  - DCH serves as the State Medicaid Authority
- DBHDD manages a network of approximately 440 IDD providers.
- Approximately 13,400 Georgians receive NOW and COMP waiver services.



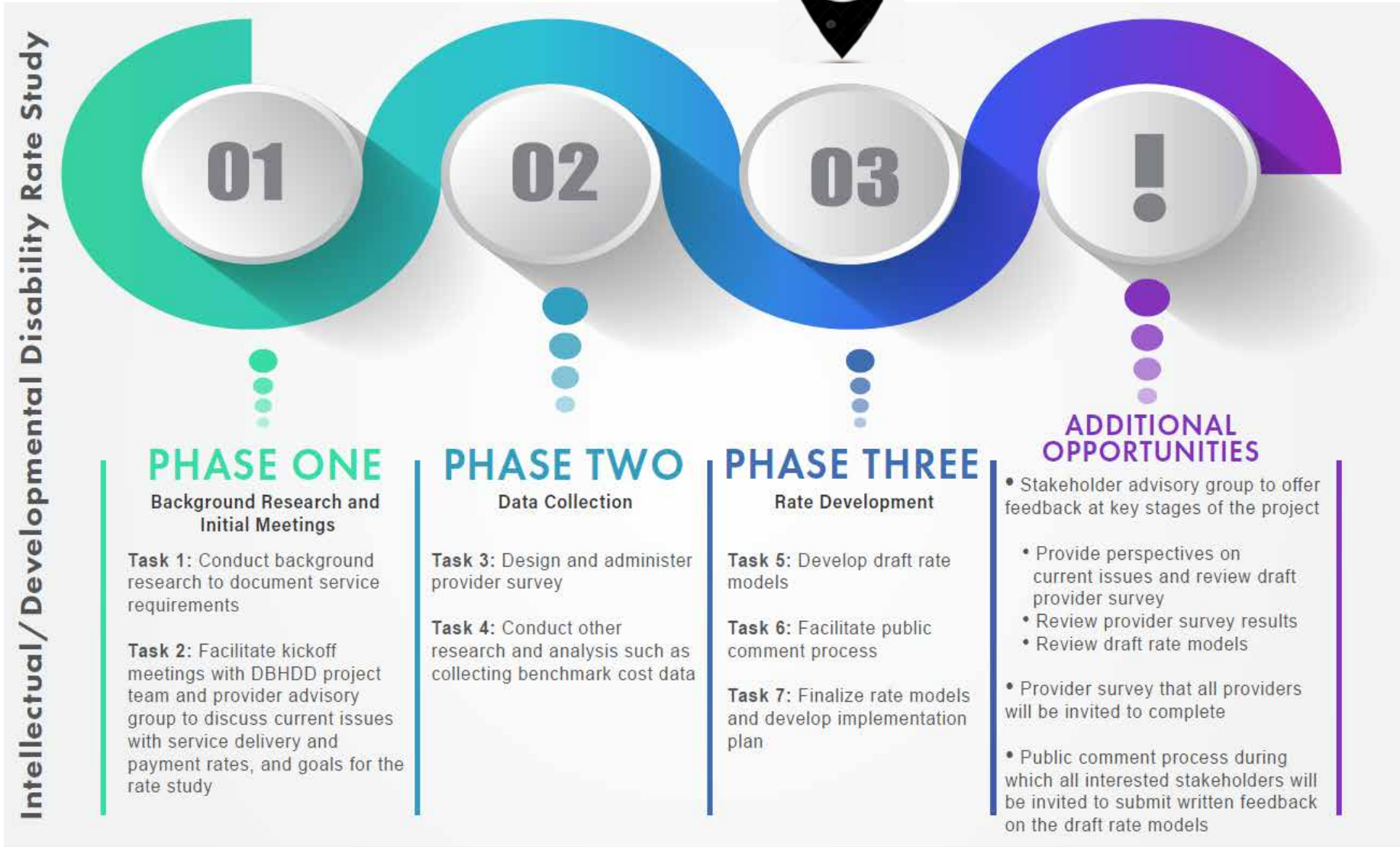
# What is a Rate Study?

- A rate study is a comprehensive review of provider payment rates and billing policies.
  - The rate study considers policy goals, provider costs and operations, and cost data from other reliable sources.
  - Rate models are developed based on assumed costs for key factors such as wages and benefits for direct support professionals, agency administration, and other program expenses.
  - States are required to use and explain to CMS valid rate methodologies that are employed to establish provider payment rates for waiver services when a state requests a waiver amendment/renewal
- DBHDD has contracted with Burns & Associates, a division of Health Management Associates (HMA-Burns), to assist with the rate study

# Why is DBHDD Completing a Rate Study?

- The rate study is part of the state's federally approved ARPA spending plan—Georgia committed to conducting a rate study as a condition of receipt of hundreds of millions of dollars of additional HCBS funding authorized by the ARPA through CMS.
- CMS requires state to demonstrate valid provider payment rates for waiver services as part of the application approval process- which includes having current rate setting.
- In the FY2023 budget, the General Assembly directed DBHDD to conduct the rate study for all NOW and COMP waiver services
- It has been over a decade since a comprehensive rate study has been conducted. Payment rates for a few services (group homes, host homes, community living supports, and respite) were reviewed in 2015 and updated in 2017. The rates for most other services have not been reviewed for more than 10 years.

# Rate Study- Timeline



# Goals of the Independent Rate Model Approach

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Rate models should reflect the reasonable costs providers incur to deliver services consistent with the state's requirements and individuals' service plans.

The study considers data from multiple sources rather than depending on any single source

- **Policies, rules, and standards**
- **Provider and stakeholder input** (e.g., provider survey, public comments)
- **Published sources** (e.g., federal wage data and mileage reimbursement rates)
- **Special studies** (e.g., benchmarking rates to other states' programs)

**Rate models are developed independent of budgetary considerations**

- Cost impact will be considered as part of implementation planning

# Highlights of the DRAFT Rate Study

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The DRAFT rates would increase provider revenues by 40 percent overall

Specific changes vary by service

The DRAFT recommendations include rate reductions to a small group of services.

*Even if the final recommendations include rate decreases, ARPA prevents implementation of any rate reduction before 2025*

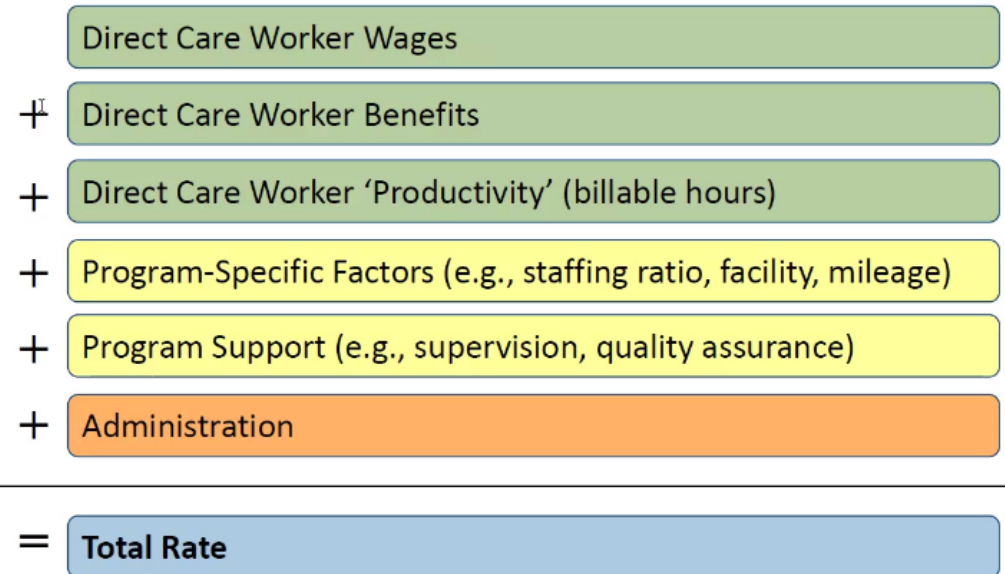
- The total estimated anticipated cost for funding the rate study- \$266,752,757
  - **State portion: \$90,642,586** [state match percentage 33.98%]

# Highlights of the DRAFT Rate Study (cont.)

Rate study aims to improve compensation for Direct Service Professionals (DSPs)

- Rate models assume an average DSP wage which is inclusive of the following:
  - **\$15.18 per hour**
  - **Comprehensive benefits**
  - **25 days paid leave**
  - **Access to health insurance**

## Draft Rate Model Structure



- Stakeholders called for additional increases in public comment.



# Highlights of the DRAFT Rate Study (cont.)

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The Rate Study aims to encourage employment and community-based supports (versus facility-based services).

- The Rate Study recommends changes to payments for **Supported Employment and Community Access** (day programming) to increase payments for individuals who need more support.
- The Rate Study proposes higher rates for **Community Access** services provided in the community compared to facility-based services.
  - Currently a single rate regardless of the setting or the person's support needs.

# Highlights of the DRAFT Rate Study (cont.)

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The Rate Study aims to improve the quality of support for individuals with more significant needs

- 2015 rate study established 'tiered' rates for group homes and host homes
  - Higher rates paid to providers serving individuals with greater assessed needs
- The Rate Study proposes a similar approach for Community Access-Group and Supported Employment-Individual services
  - Current rates pay providers the same regardless of individuals' needs, potentially limiting options for those who require more intensive supports
- The Rate Study also proposes higher rates for providers employing staff conversant in American Sign Language to serve individuals who are deaf or hard of hearing

## Highlights of the DRAFT Rate Study (cont.)

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The Rate Study proposes an upper limit on wages for participant-directed staff

- Goal is to ensure compliance with federal requirements that payments be “economic” and “efficient” and to prevent individuals from spending through their budgets too quickly
- Hourly wage limits would be about \$26 for Community Living Support, \$27 for Community Access, and \$22 for Respite

The Rate Study also proposes to eliminate personal assistance retainer

## Highlights of the DRAFT Rate Study (cont.)

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The Rate Study proposes to increase budget limits for several supports

- Assistive Technology – increase from \$1,195 to \$2,000
- Environmental Modifications – increase from \$10,400 once per lifetime to \$15,000 every five years
- Vehicle Modifications – increase from \$6,420 once per lifetime to \$15,000 every five years

# Issues of Special Importance

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## DSP wages

- It is important to consider total compensation, including benefits.
- In addition to wages, the rate study includes a comprehensive benefits package, including the assumption that all staff have access to health insurance and receive 25 days of annual paid leave.
- These benefit assumptions are significantly higher than reported in the provider survey.
- The proposed rate offers the flexibility that, generally, providers are able to provide higher wages and adjust benefits and/or annual days paid leave
- Many of the comparisons that are cited (e.g., food service) may pay similar wages, but do not include such comprehensive benefits packages.

# Issues of Special Importance (cont.)

## **Personal Assistance Retainer & Self Direction Caps**

### Personal Assistance Retainer:

Billed by few agencies and for only five percent of participants, representing less than one percent of CLS spending. Used by almost 15 percent of individuals who self-directed, but still represents less than one percent of self-directed CLS spending.

### Self Direction (PD):

It is more common for states to have caps on PD billing than DBHDD's current infrastructure, which allows individuals to spend through their budget too quickly, causing staffing complications, disruptions in service and erroneous billing.

## **Community Access and Supported Employment Model Proposed Changes**

The rate study proposes to lower maximum allowable group sizes to ensure the safety of individuals and to support the development of more individualized options.

Current standards allow providers to deliver services at ratios as high as 10 individuals per staff person, which is very high compared with typical ratios across the country

# Fiscal Impact Estimates

- HMA-Burns has developed a service-level fiscal impact analysis to estimate the cost to the state to fully implement the draft rate models
- The total estimated anticipated cost for funding the rate study- \$266,752,757 total funding
- State portion: \$90,642,586 [state match percentage 33.98%]

**NOW and COMP Waiver Rate Study**  
**Fiscal Impact Analysis<sup>1</sup>**  
 prepared for Georgia Department of Behavioral Health and Developmental Disabilities

FY2021 Claims			Current Permanent Rates <sup>2</sup>		Draft Rates				
Units	Actual Cost	Avg. Cost/ Unit	Published Cost/ Unit	Cost at Published Rates	Units	Avg. Cost/ Unit	Cost at Draft Rates	Increase/ (Decrease) Compared to Current Permanent Rates	% Inc./ (Dec.)
	\$630,047,216			\$704,177,272			\$970,930,029	\$266,752,757	37.9%

# Fiscal Impact- Additional information

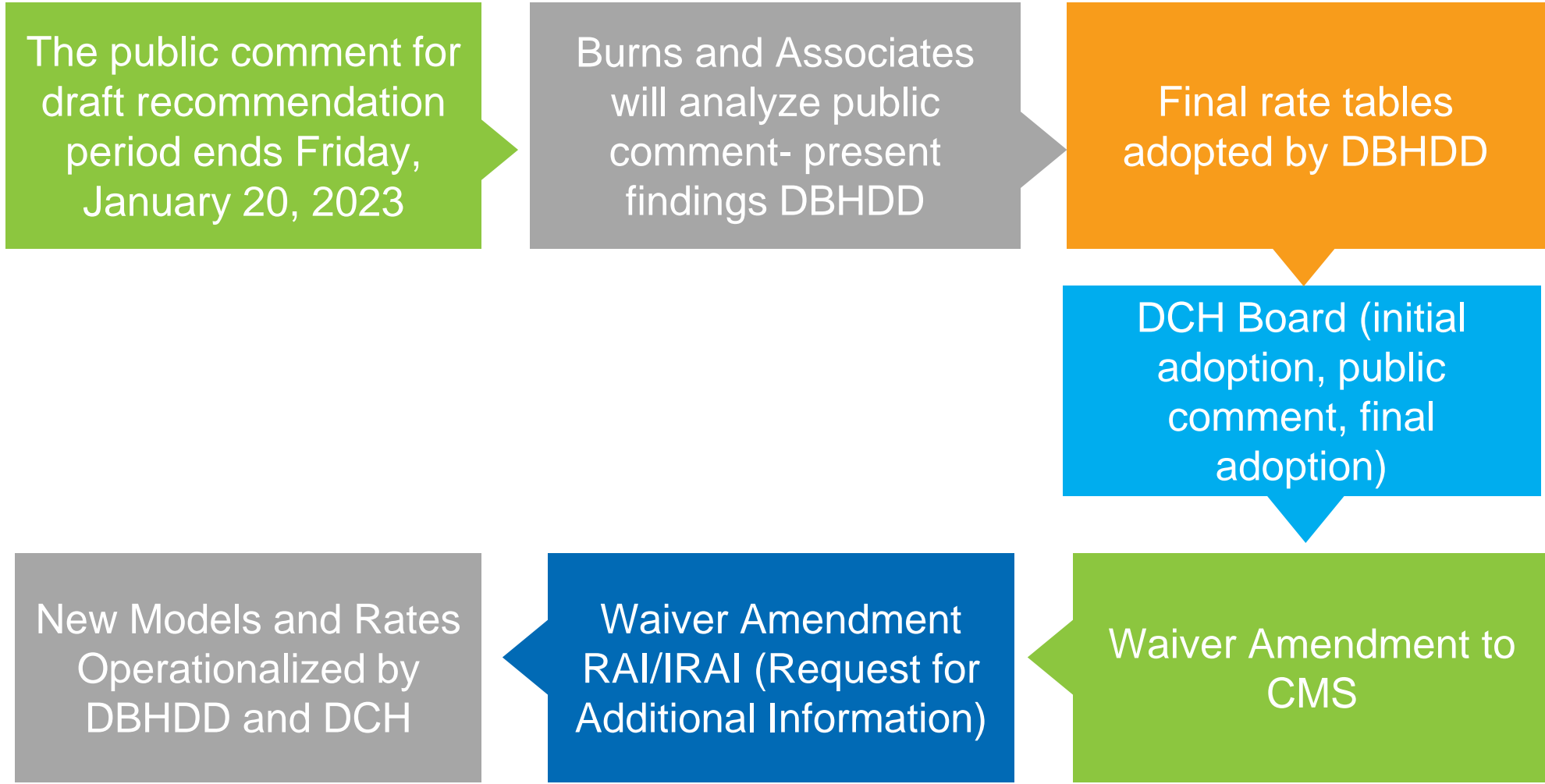
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At full implementation, the draft rates represent an overall rate increase of about 38 percent, which would increase total funds costs by \$267 million annually

- Baseline cost estimates are based on permanently authorized rates and exclude temporary rate adjustments
- The estimate represents state payments to providers; it does not attempt to quantify impacts to individual providers' costs or margins
- For services for which there are no changes to billing policies, the analysis simply compares the current and draft rates; for services for which the rate study recommended changes to billing policies, assumptions are detailed in the notes that accompany the estimates)



# Process Flow- Next Steps



# References

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To review the materials posted to the Burns and Associates website go to [www.burnshealthpolicy.com/GeorgiaWaiverRates/](http://www.burnshealthpolicy.com/GeorgiaWaiverRates/)

For any questions concerning the rate study please contact [ashleigh.caseman@dbhdd.ga.gov](mailto:ashleigh.caseman@dbhdd.ga.gov) or 470.352.2571

**CCBHC**  
**GEORGIA**

Supported by



DBHDD

# **Certified Community Behavioral Health Clinics in Georgia: An Overview**

## Overview:

**Certified Community Behavioral Health Clinics, commonly referred to as CCBHCs, are a new provider type in Medicaid being offered across Georgia.**

This new model of care addresses health comprehensively has federal and bipartisan support as it expands access, and improves outcomes, as treatment is tailored to needs and funding is based on cost. CCBHCs in Georgia are helping evolve and advance traditional Community Service Boards (CSBs) into a more robust and more effective model.

## Overview:

**A CCBHC is a specially designated clinic that receives flexible funding to expand the scope of mental health and substance use services in the community.**

They are tasked with providing a whole-patient approach: combining mental health and substance use evaluation and treatment with screening and monitoring for physical health.

## Overview:

**In return, CCBHCs receive an enhanced Medicaid reimbursement rate based on their costs to deliver services that meet the needs of the people in the community.**

Rigorous measurement of outcomes informs continuous service delivery improvement. Much like the evolutions happening around physical health in the U.S., CCBHCs improve access, outcomes, and performance rather than focusing solely on supplying services.

## Overview:

**CCBHCs are nonprofit organizations or units of a local government behavioral health authority.**

They must directly provide *(or contract with partner organizations to provide)* nine types of services with an emphasis on the provision of 24-hour crisis care, evidence-based practices, care coordination with local primary care and hospital partners, and integration with physical health care.

# 9 types of services:



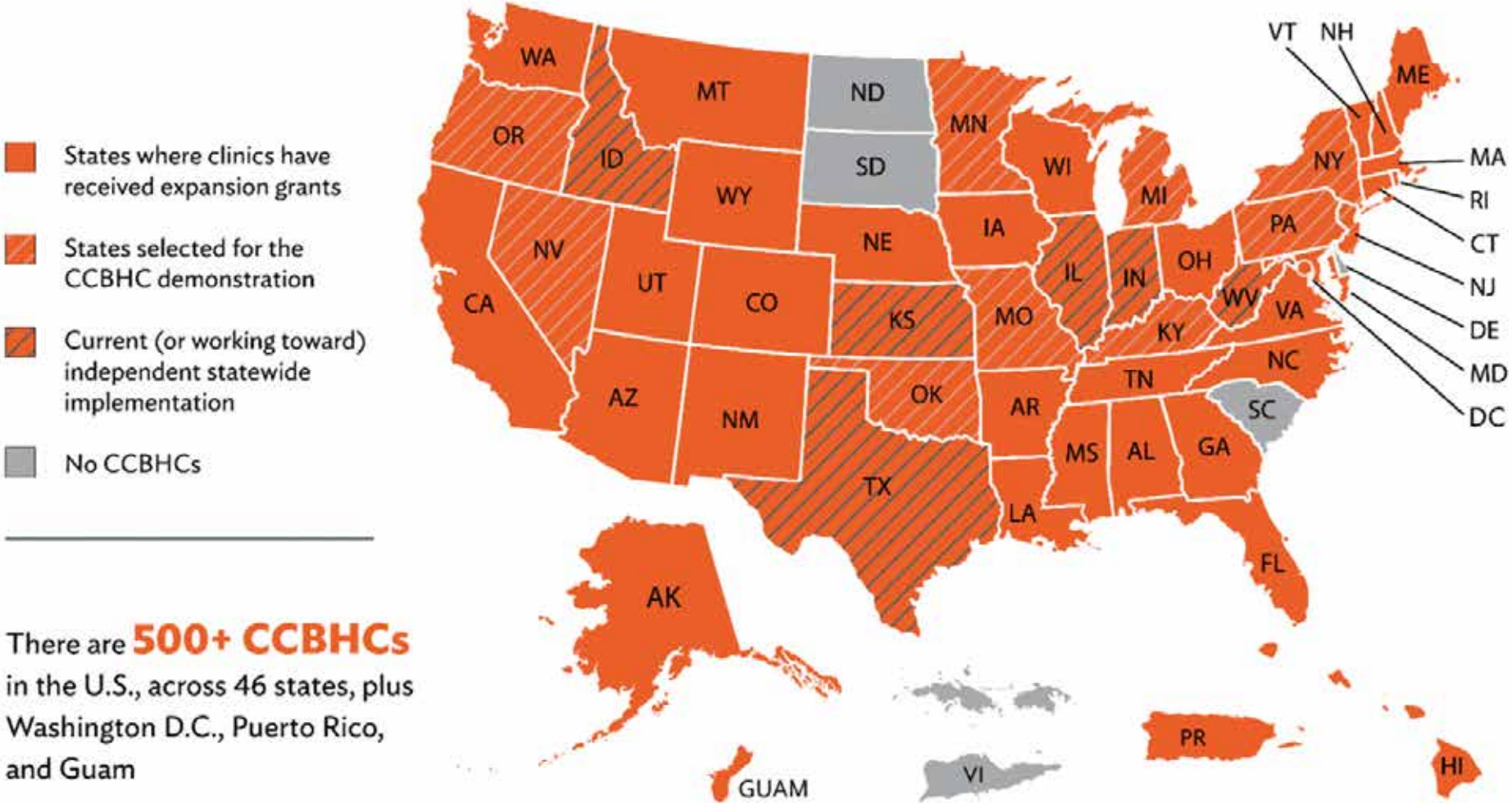


# Who is Served by CCBHCs?

**CCBHCs are designed to serve any individual age 4+ in need of care, including (but not limited to) people with serious mental illness, serious emotional disturbance, long-term chronic addiction, mild or moderate mental illness and substance use disorders, and complex health profiles.**

CCBHCs will provide care regardless of ability to pay, caring for those who are underserved, have low incomes, are insured, uninsured, or on Medicaid, and those who are active-duty military or veterans.

# CCBHC National Coverage Map



# Where will CCBHCs located in Georgia?

- **Advantage Behavioral Health Systems – Athens**
- **Pineland Behavioral Health and Developmental Disabilities – Statesboro**
- **River Edge Behavioral Health – Macon**
- **New Horizons Behavioral Health - Columbus**

Recently, the Substance Abuse and Mental Health Services Administration (SAMHSA) announced five new CCBHC planning and implementation expansion grants were awarded in Georgia:

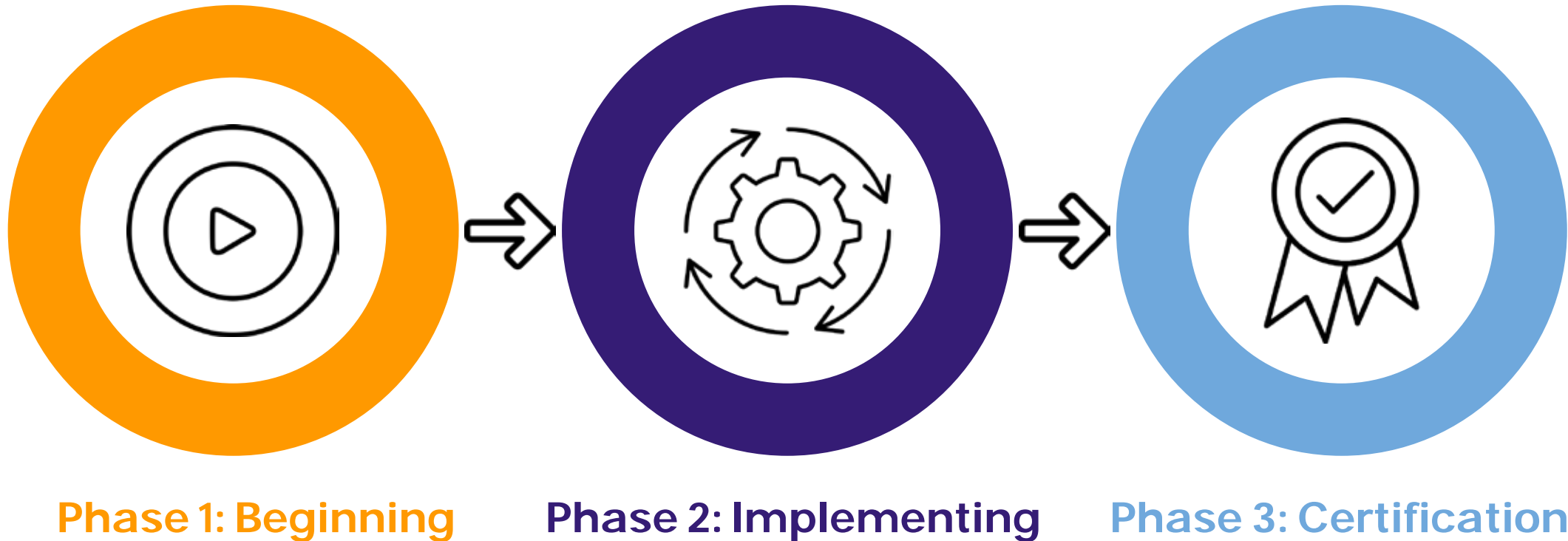
- Pathways Center – Newnan
- View Point Health – Lawrenceville
- DeKalb CSB - Decatur
- CSB of Middle Georgia – Dublin
- CHRIS 180 – Atlanta

***Additionally, Georgia is developing two CCBHCs with state-appropriated funds.***

- ***Aspire BH & DD - Albany***
- ***Highland Rivers BH - Rome***

# What is the Certification Process?

Potential CCBHCs must demonstrate competence to treat the individuals they serve through an extensive 3-phase certification process.



# Future CCHBC County Coverage Map

## Phase One Locations (Beginning ~Year 1)

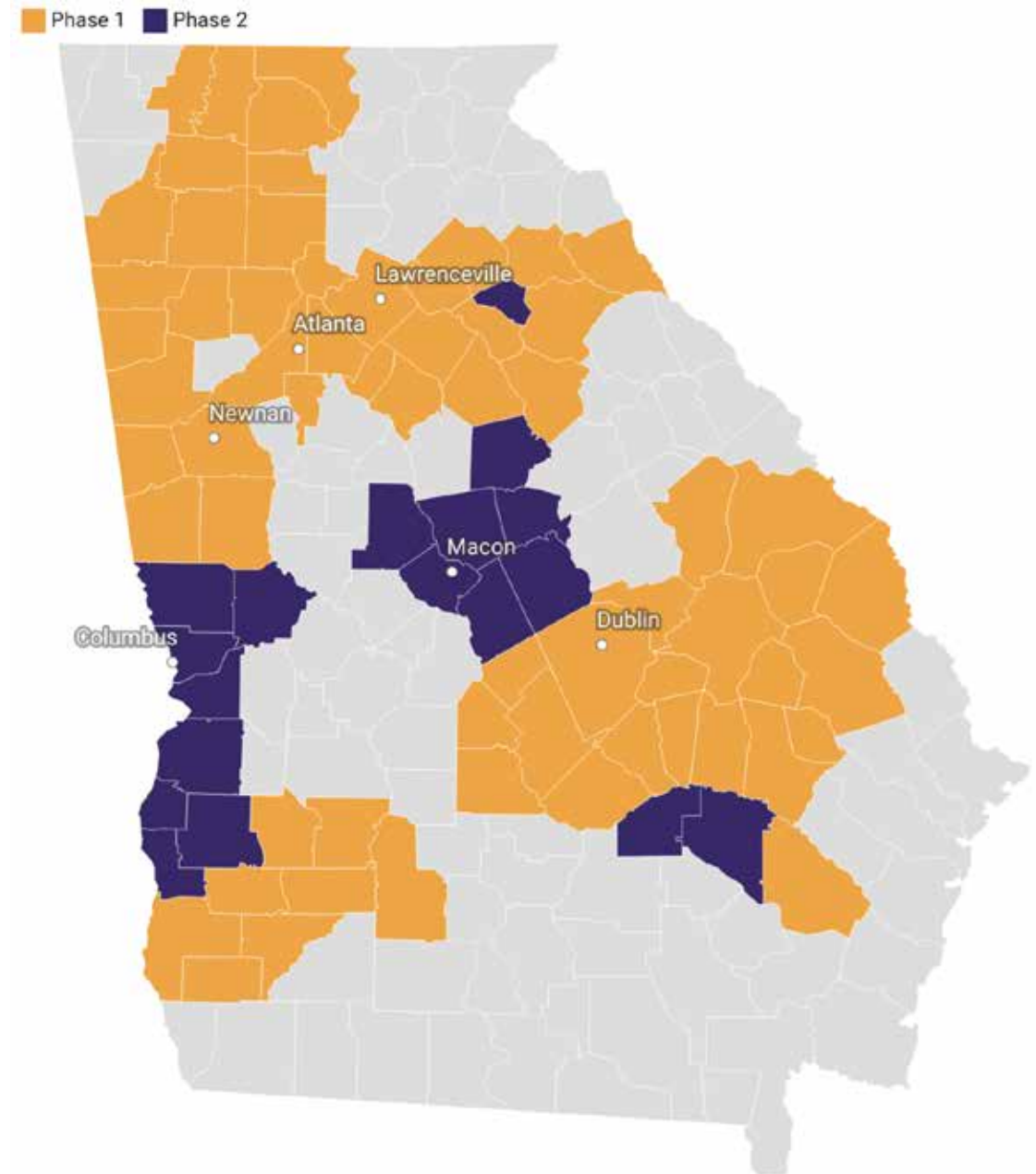
- Pathways Center – Newnan
- View Point Health – Lawrenceville
- DeKalb CSB - Decatur
- CSB of Middle Georgia – Dublin
- CHRIS 180 – Atlanta
- Aspire BH & DD – Albany
- Highland Rivers BH - Rome

## Phase Two Locations (Implementing ~Year 2)

- Advantage Behavioral Health Systems – Athens
- Pineland Behavioral Health and Developmental Disabilities – Statesboro
- River Edge Behavioral Health – Macon
- New Horizons Behavioral Health- Columbus

## Phase Three Locations (Certified ~Year 3-5)

- *To Be Determined*





# Certified Community Behavioral Health Clinics in Georgia

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[ccbhcgeorgia.org](http://ccbhcgeorgia.org)

# Chair's Report

David Glass

*Chair*



# Public Comment







# BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities



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