



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

| | |
|-------------------------|---|
| Meeting: | DBHDD IDD Provider Meetings |
| Dates/Locations: | <p>Aug 13th - <i>UGA Tifton Campus Conf Center - 15 R D C Rd, Tifton, GA 31794</i></p> <p>Aug 14th- <i>Anderson Conference Center - 5171 Eisenhower Pkwy. Ste. D, Macon, GA 31206</i></p> <p>Aug 15th - <i>Virtual</i></p> |

| Topic | Time | Presenter |
|---|---------------------|--|
| Opening Welcome | 9:00 am- 9:20 am | Ron Wakefield, Division Director, DBHDD |
| HCBS Settings Rule / HCBS Access Rule | 9:20am- 9:50am | Maxine Elliott, Deputy Executive Director, DCH |
| OHW Training and Application Updates | 9:50am- 10:00am | Karen Cawthorn, OHW Project Manager, Office of Health and Wellness, DBHDD |
| Billing Updates / HH / CRA - Waiver and Rate Study Updates | 10:00am- 10:30am | Ronald Singleton, Budget Manager, DBHDD |
| Quality Review Process | 10:30am- 10:45am | Nancy Overs-Ikard, GA Project Director, Qlarant |
| Deaf Services and Policy Implementation of 15-115 | 10:45am- 11:15am | Kelly Sterling, Director of Deaf Services, DBHDD |
| Provider Issue Management System (PIMS) | 11:15am- 11:30am | Sharon Pyles, Office of Provider Relations & ASO Coordination, ASO |
| Regional Field Office Breakouts | 11:30am- 12:00pm | Lead by relevant Regional Field Office |
| All Audience Provider Q/A | 12:00pm- 12:30pm | All DBHDD staff – responding to written questions from audience |



D·B·H·D·D

Georgia Department
of Behavioral Health
& Developmental
Disabilities

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



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

UNDERSTANDING THE HCBS SETTINGS RULE

Maxine Elliott
Deputy Executive Director
Medical Assistance Plans/DCH

Date:





GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Our Purpose

Shaping the future of *A Healthy Georgia* by improving access and ensuring quality to strengthen the communities we serve.

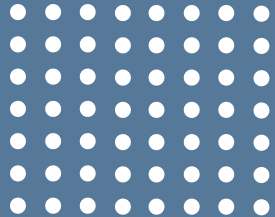




Overview of the HCBS Settings Rule



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**





- **Definition and Purpose of the HCBS Settings Rule**
 - Established by Centers for Medicare & Medicaid Services (CMS)
 - Implemented and Monitored by DCH
- **Key Objectives of the Rule**
 - Full access to the benefits of community living
 - Provided services in the most integrated settings
 - Avoid isolation
 - Promote involvement and integration
 - Engagement in community life
 - Control personal resources
 - Receive services with same access as non-Medicaid HCBS citizens



Georgia Department of Community Health
Division of Medicaid
Home and Community-Based Services
Statewide Transition Plan

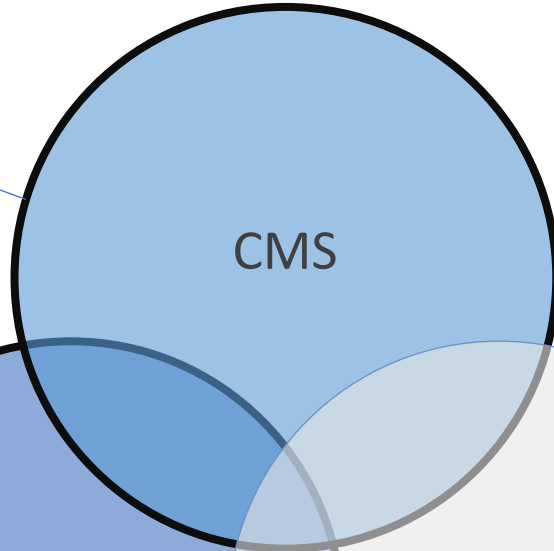




REGULATORY AND POLICY DRIVERS

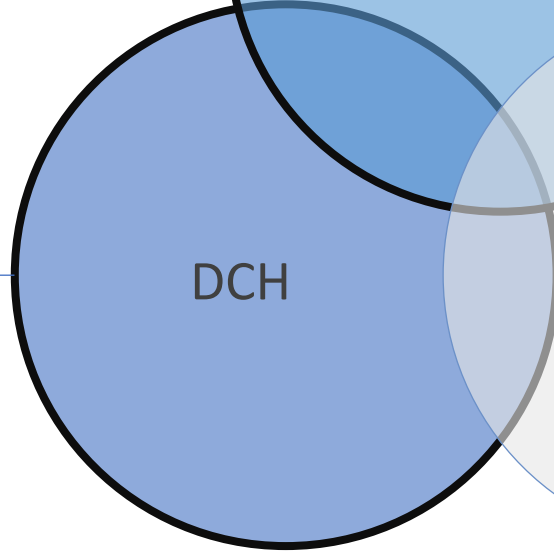


FEDERAL REGULATIONS
42 CFR s 441.301
HCBS Requirements
Full Community Integration



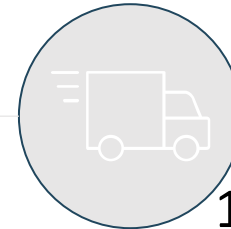
CMS

STATE MEDICAID
AGENCY
Sole Oversight
Responsibility
All Waiver Programs
STP Implementation
Policies & Guidance
Final Settings Rule



DCH

DBHDD – State
Operating
Agency



100% COMPLIANCE
ACROSS ALL HCBS
SETTINGS WITHIN ALL
MEDICAID HCBS
WAIVER PROGRAMS



- Responsibilities of DCH
- Responsibilities of DBHDD
- Collaboration between DCH and DBHDD

DCH

- State Medicaid Agency
- Oversight and Authority
- State Policy & Guidance – Providers
- Operationalize the Final Settings Rule
- 100% Compliance

DBHDD

- State Operating Agency
- Behavioral Health
- Developmental Disabilities
- Programs & Services
- Support & Guidance to Providers



Key Components HCBS Settings Rule



**GEORGIA DEPARTMENT
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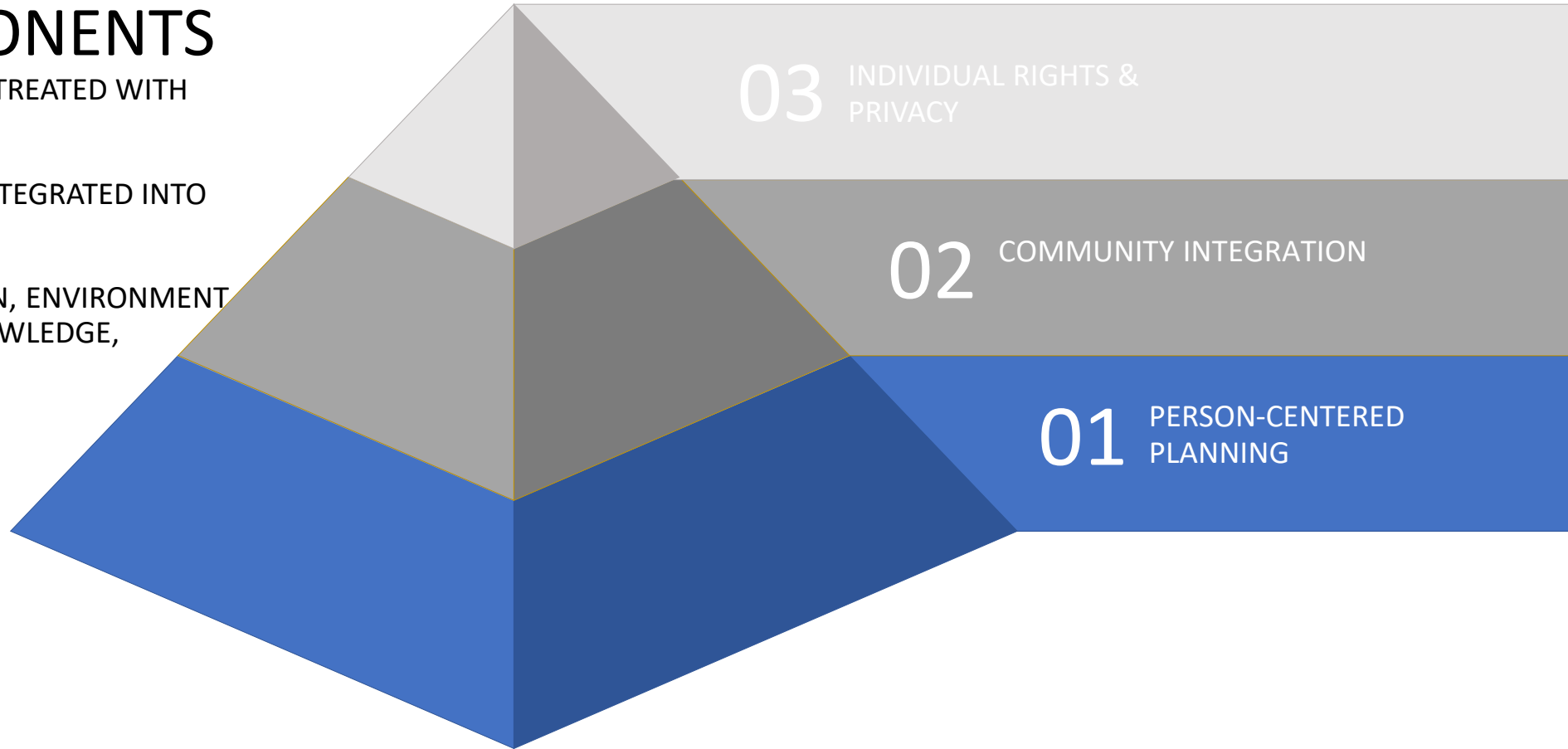


3 MAIN COMPONENTS

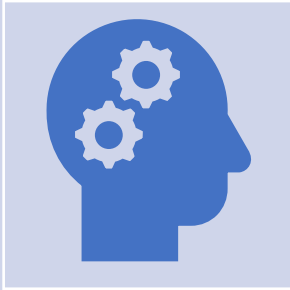
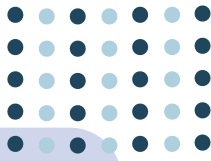
INDIVIDUALS RECEIVING HCBS – TREATED WITH DIGNITY AND EQUALITY

EACH COMPONENTS MUST BE INTEGRATED INTO EACH SERVICE SETTING

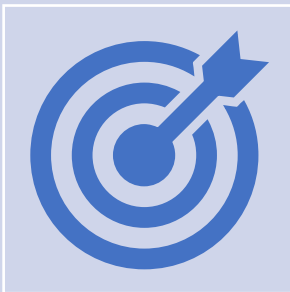
COMPLIANCE – DOCUMENTATION, ENVIRONMENT ACCESS, STAFF AWARENESS, KNOWLEDGE, TRAINING, MEMBER EXPERIENCE



COMPLIANCE IS MANDATORY



Definition and Importance



Steps for Implementing Person-Centered Planning

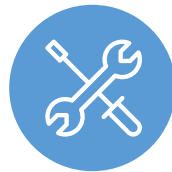


A COORDINATED EFFORT



CASE MANAGERS

- ISP Development and Updates
- Initial Assessment
- Care Plan reflects Individuals Needs, Goals and Preferences



CARE COORDINATORS

- Facilitate Communication and Collaboration
- Ensure Consistency and Quality of Services



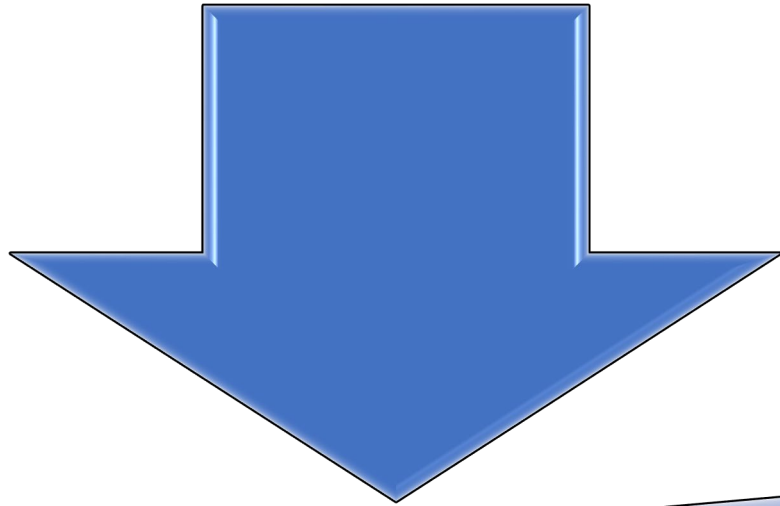
PROVIDERS

- Delivering Services
- Environment meets HCBS Standards

HCBS SETTINGS RULE



COMPLIANCE = A COORDINATED EFFORT



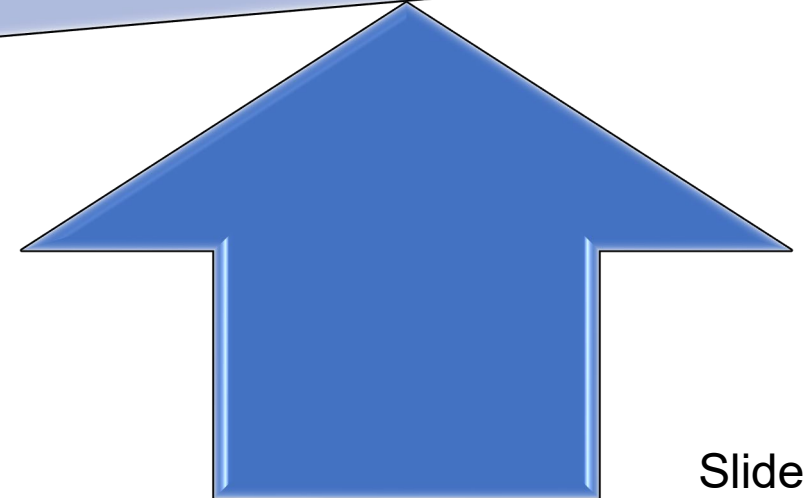
INDIVIDUAL'S GOALS, CHOICES & PREFERENCES

- EXPLORED
- EVALUATED
- UPDATED

DOCUMENTED IN ISP



ACCESS TO SERVICES
 TRANSPORTATION TO ACTIVITIES
 REGULAR EVALUATIONS AND UPDATES – ISP
 ISP REFLECTS EVOLVING NEEDS & PREFERENCES
 PLAN INCLUDES GOALS

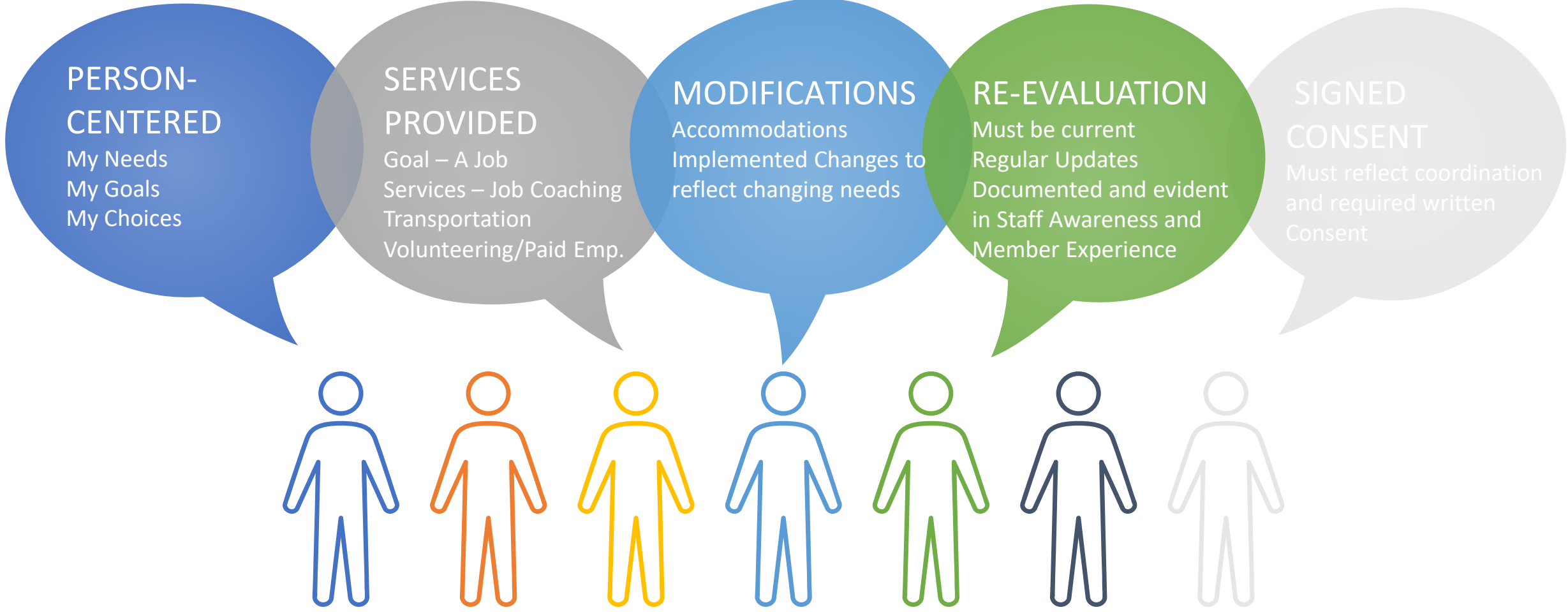




MAINTAINING A COMPLIANT CARE PLAN



A DOUMENTED COORDINATED EFFORT BY ALL





- Assessment of needs and preferences
- Specific goals and outcomes
- Detailed service provisions
- Regular reviews and updates



- Individual: Maria, a 28-year-old woman with intellectual and developmental disabilities (IDD) enrolled in the NOW waiver:

Assessment of Needs and Preferences:

- Maria prefers activities that allow her to socialize and engage with her community
- Maria enjoys cooking and wants to develop her cooking skills further
- Maria requires assistance with daily living activities, such as bathing and dressing
- She has expressed a desire to find part-time employment in a local community center

Goals and Outcomes:

- Develop Social Skills
 - Goal: Maria will participate in community events and social activities at least three times a week
 - Outcome: Enhanced social interactions and community integration
- Enhancing Cooking Skills
 - Goal: Maria will attend a cooking class once a week
 - Outcome: Increased independence in meal preparation
- Achieve Part-Time Employment:
 - Goal: Maria will work with a job coach to find and secure part-time employment within six months
 - Outcome: Gainful employment and increased self-esteem



- Individual: Maria, a 28-year-old woman with intellectual and developmental disabilities (IDD) enrolled in the NOW waiver:

Goals and Outcomes Cont.:

- Daily Living Activities:
 - Goal: Maria will receive daily support from a direct support professional (DSP) for bathing, dressing and meal preparation
 - Outcome: Ensured personal hygiene and nutrition

Service Provisions:

- Community Activities: DSP will accompany Maria to community events three times a week.
- Cooking Classes: DSP will assist Maria in attending a weekly cooking class at a local community center.
- Job Coaching: A job coach will work with Maria bi-weekly to develop job skills and find employment opportunities
- Daily Living Support: DSP will provide daily assistance with personal care activities



- Individual: Maria, a 28-year-old woman with intellectual and developmental disabilities (IDD) enrolled in the NOW waiver:

Regular Review and Updates:

- The care plan will be reviewed every six months or whenever there is a significant change in Maria's circumstances or needs.
- Regular monthly meetings will be held with Maria, her DSP, case manager, care coordinator, and job coach to discuss progress and make necessary adjustments.

Documentation Requirements:

- Detailed notes of all services provided, including dates, activities, and any changes in Maria's needs or preferences.
- Signed consent forms from Maria and her legal guardian for participation in community activities and employment.
- Monthly reports from the job coach on progress towards employment goals.
- Records of attendance and progress in cooking classes.



- Non-compliance Example 1: **Outdated care plan**
- Non-compliance Example 2: **Inadequate documentation**
- Remediation Strategies





- Requirements for Community Integration
 - Same Opportunities to participate in community life as others
 - Access to Employment
 - Access to Education
 - Access to Recreational/Social Activities
- Examples of integrated settings
 - Workplaces
 - Community Centers
 - Social Clubs





- Overview of individual rights under the HCBS Settings Rule
- Privacy requirements
- Frequently Asked Questions (FAQs)





Q1: Can we restrict access to food for individuals with IDD to manage their dietary needs?

Q2: Are we allowed to lock the doors to individual rooms for safety reasons?

Q3: How do we handle situations where an individual wants to choose their roommate?

Q4: Can we implement a curfew for individuals in our residential setting?



Q5: What should we do if an individual with IDD requests privacy during personal care activities?

Q6: How can we support individuals in making informed choices about their services and supports?

Q7: Can we modify the additional conditions for certain individuals based on assessed needs?

Q8: What measures should we take to ensure privacy in shared living units.

Q9: How should we handle situations where individuals want to date and have their date/ visit their bedrooms?



- Specific requirements for residential settings
 1. Legally enforceable agreement/lease
 2. Privacy and Security
 3. Personalization of Living Space
 4. Access and Control
 5. Visitation Rights
- Examples and best practices
 - Establish clear policies
 - Involve individuals in decisions
 - Regular reviews and updates





- Requirements for non-residential settings
- Best practices for community access and inclusion





- Opportunities for competitive integrated employment
- Engagement in community activities





- Managing personal finances
- Ensuring access to personal funds



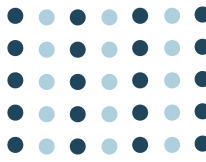


- Ensuring dignity and respect in service delivery
- Avoiding coercion and restraint



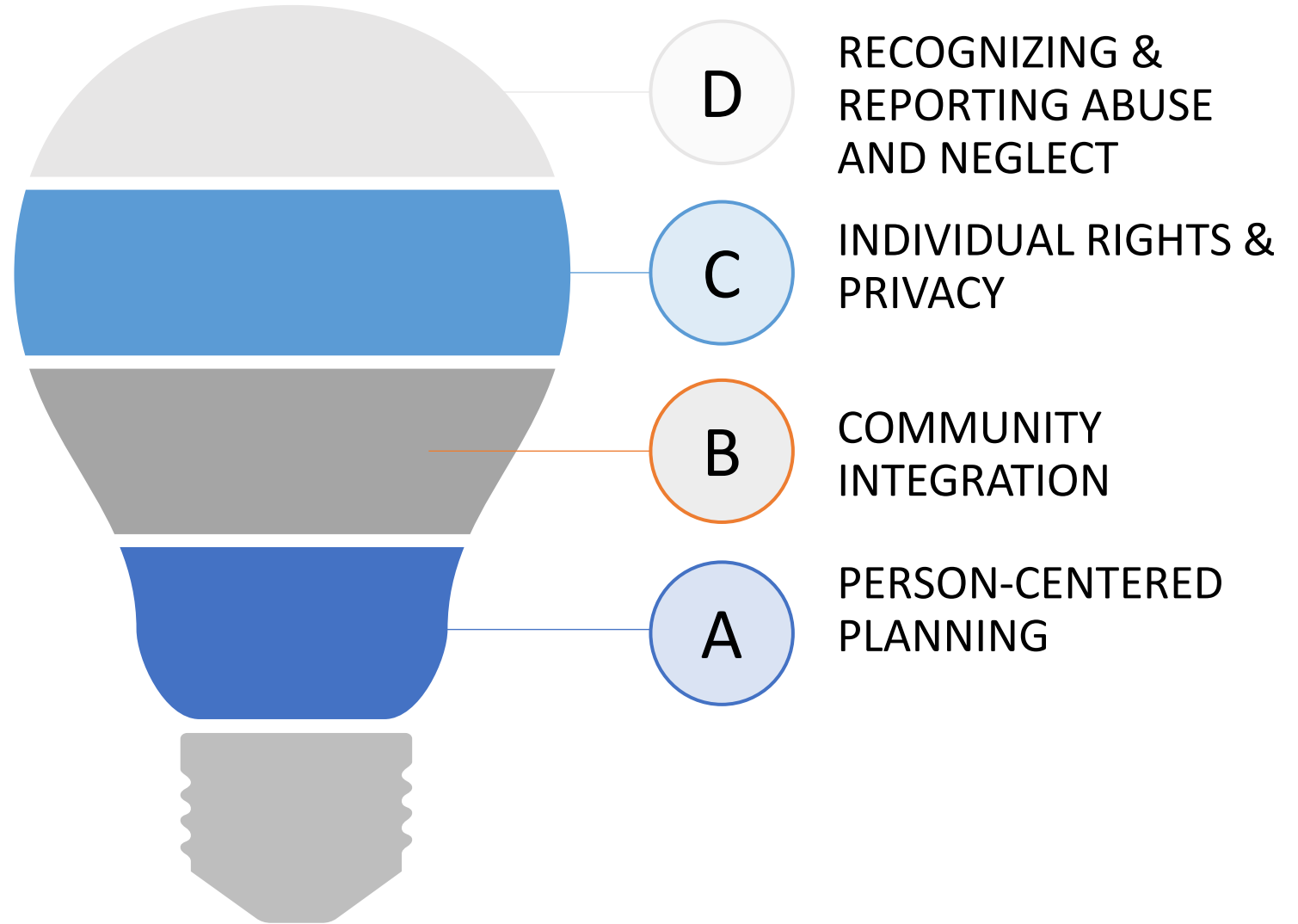


TRAINING REQUIREMENTS - PROVIDERS



Training must be conducted regularly, at least annually, when changes to regulation and policy need to be operationalized.

Providers must maintain accurate and current documentation of all required training policies, training schedules and completed trainings.





- Monitoring mechanisms for compliance
 - Regular audits and reviews
 - Provider self-assessments
 - Desktop reviews
 - On-Site Visits
 - Member surveys
- Consequences of non-compliance
 - Penalties
 - Loss of Funding
 - Disenrollment



- Onsite visits
 - Randomly selected
 - Non-compliance with requests for Provider Assessments
 - Announced
- Surveys and provider assessments
- Desktop reviews



- Real life examples of compliance
 - Right to Privacy, dignity and Respect
 - Full Community Integration
- Best practices from successful providers



- Real life examples of compliance
- Best practices from successful providers
 - Encouraging Community Integration
 - Enhancing Privacy and Personalization
 - Supporting Autonomy and Choice
 - Promoting Employment and Volunteering
 - Facilitating Personal Relationships



- Available resources for providers

- DBHDD
 - Statewide Transition Plan
 - Provider Training and Technical Assistance
 - Direct Consultation Services for Providers with Questions
- DCH
 - Approved Statewide Transition Plan
 - Final Settings Rule Provider Guidance
- CMS
 - HCBS Settings Compliance Toolkits
 - Webinars and Training
 - Technical Assistance



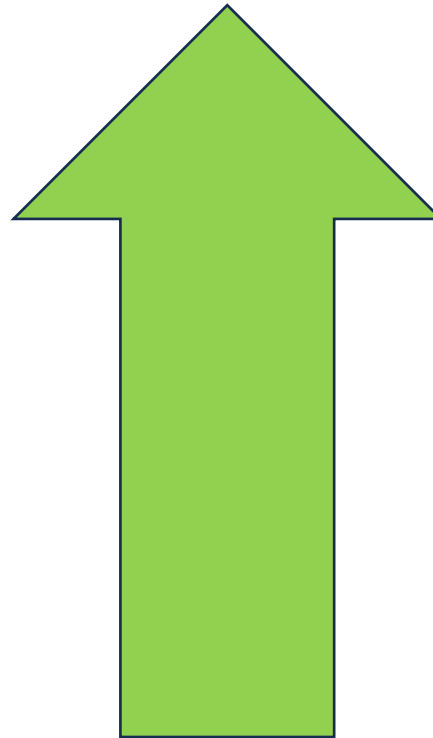


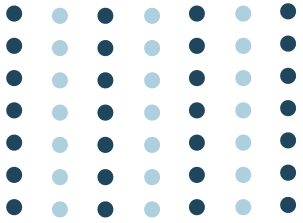
- Non-Compliance Example 1: Restricting access to food
- Non-Compliance Example 2: Lack of privacy in personal care





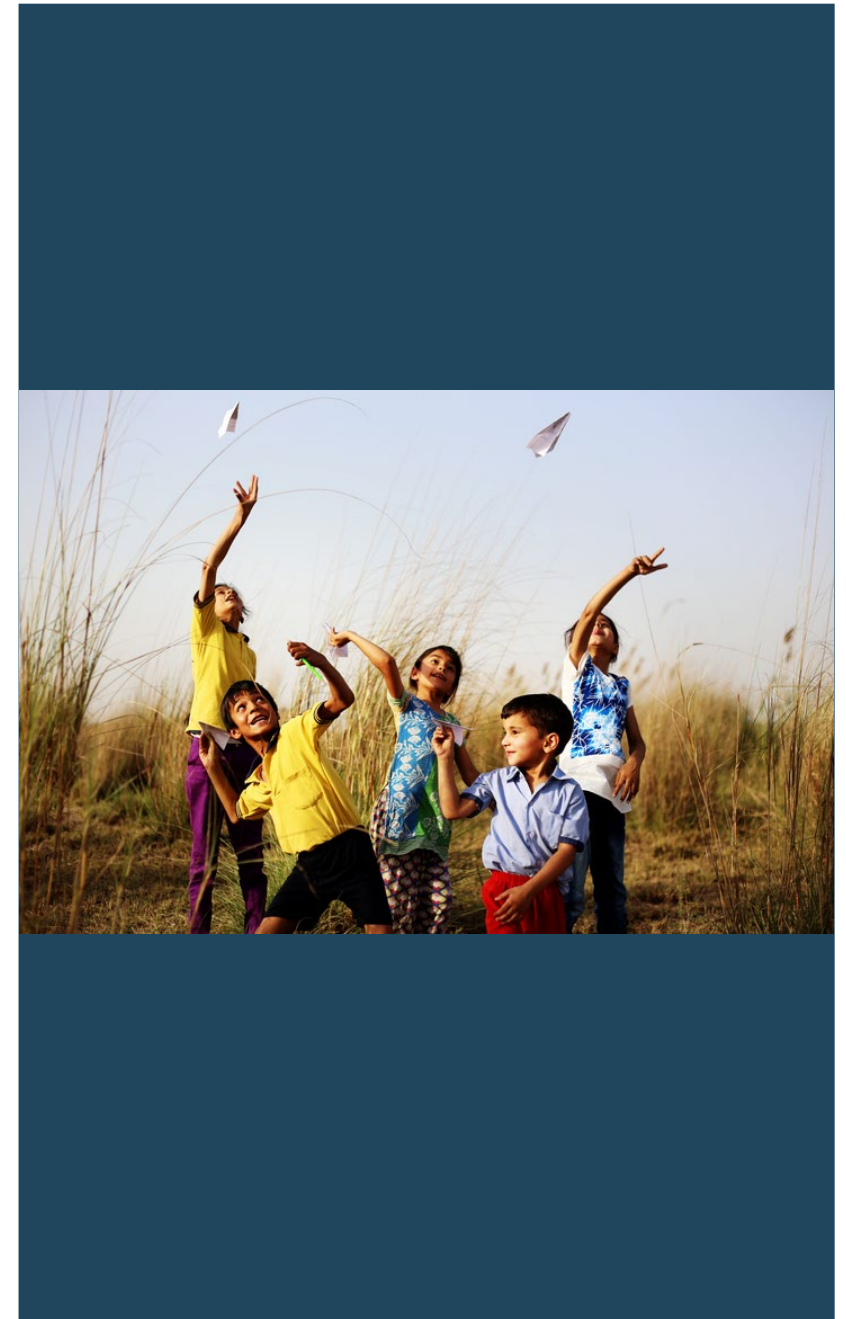
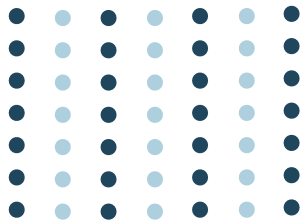
- Remediation Example 1: Ensuring access to food at all times
- Remediation Example 2: Providing private spaces for personal care





GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

THANK YOU!
QUESTIONS /
COMMENTS?



OHW Updates

Karen Cawthon, Project Manager

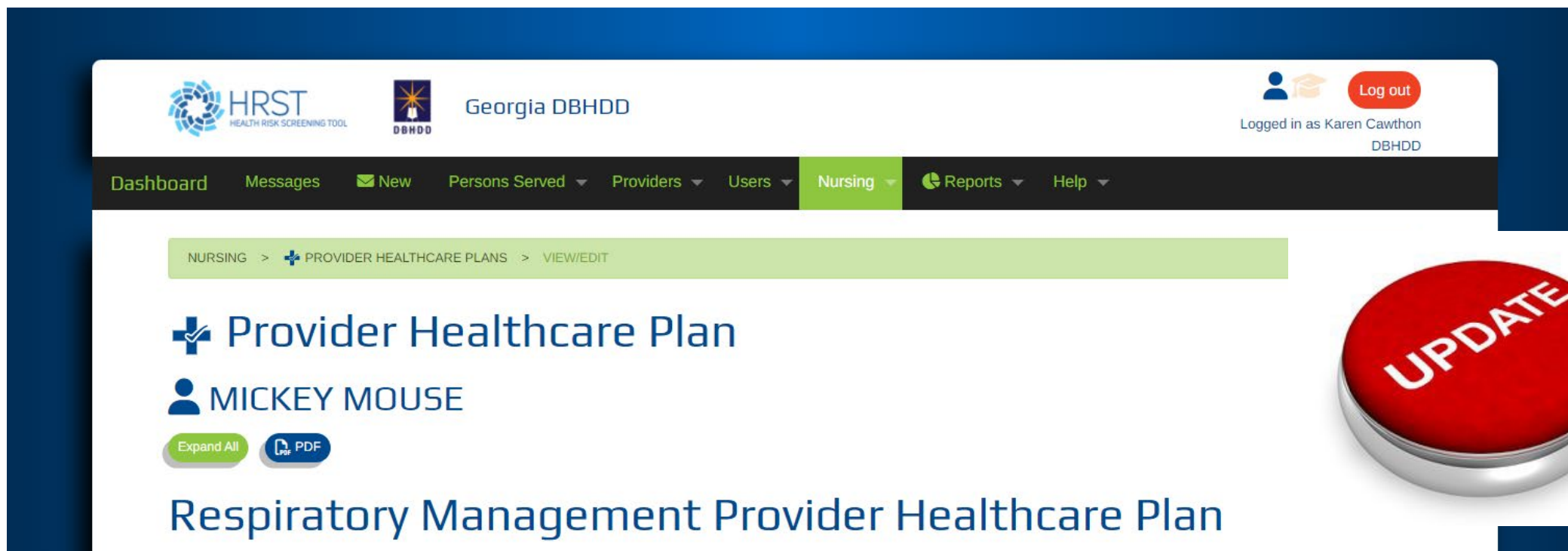
Office of Health & Wellness, Division of Disabilities



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Georgia
Department of
Behavioral Health
& Developmental
Disabilities

HRST Provider Healthcare Plans > Enhancements



The screenshot displays the HRST (Health Risk Screening Tool) interface for Georgia DBHDD. The top navigation bar includes the HRST logo, the Georgia DBHDD logo, and a user profile for Karen Cawthon with a 'Log out' button. The main navigation menu contains 'Dashboard', 'Messages', 'New', 'Persons Served', 'Providers', 'Users', 'Nursing' (highlighted), 'Reports', and 'Help'. The breadcrumb trail shows 'NURSING > + PROVIDER HEALTHCARE PLANS > VIEW/EDIT'. The main content area features a '+ Provider Healthcare Plan' section for 'MICKEY MOUSE', with 'Expand All' and 'PDF' options. The specific plan title is 'Respiratory Management Provider Healthcare Plan'. A large red 3D-style button with the word 'UPDATE' is overlaid on the right side of the screenshot.

Any Provider which downloaded the HCP templates v1 previously from HRST should begin to utilize the in-app HCP v2 in the next 12 months based on the individual's birthdate.

Updated HRST Provider Healthcare Plans eLearn Course

The screenshot displays the HRST (Health Risk Screening Tool) interface. At the top left, there are logos for HRST and DBHDD, along with the text 'GA TEST'. On the top right, a user profile is shown as 'Logged in as Karen State DBHDD' with a 'Log out' button. A navigation menu below includes 'Dashboard', 'Messages', 'New', 'Persons Served', 'Providers', 'Users', 'Case Management', 'Nursing', 'Reports', and 'Help'. The main content area is titled 'User Details for Karen State' and features tabs for 'Details', 'Notifications', 'Trainings', and 'Roles'. The 'Trainings' tab is active, showing a list of 'Available Courses'. A red arrow points to the 'Log out' button. Another red arrow points to the 'Provider Healthcare Plan Training' course in the list. A large red 'UPDATE' stamp is overlaid on the right side of the page. A tooltip indicates to click the green plus sign to see the course description.

| Course Name | Duration | Role | Action |
|-----------------------------------|----------|--------------------------|---------|
| Person Centered Thinking | 03:11:17 | DD HH Nurse Care Manager | Request |
| Provider Healthcare Plan Training | 00:22:19 | HCP Editor | Request |

RN Users can request the Healthcare Plan Training under Training Tab by clicking on Page 2.



HRST Client Documents > Enhancements

The screenshot shows the HRST Georgia DBHDD dashboard interface. At the top left is the HRST logo (Health Risk Screening Tool) and the text 'Georgia DBHDD'. On the top right, there is a user profile icon, a 'Log out' button, and the text 'Logged in as Example User DBHDD'. A navigation bar contains several menu items: Dashboard, Messages, New (with an envelope icon), Persons Served, Providers, Users, Nursing, Reports, and Help. The 'Help' menu is open, showing options: Support Site (with an envelope icon), View Knowledgebase (with an information icon), and Client Documents. A red arrow points to the 'Client Documents' option, which is also enclosed in a red rectangular box. Below the navigation bar, the main dashboard area features three large white cards with green borders. The first card displays '51 Messages waiting'. The second card displays 'Message of the Day' with a small red box containing the number '0'. The third card displays 'Health Care Level Increases Last 3 Months'.

Easier Search, Filter, Preview, and Document Downloads of Georgia's HRST Application Guides, Important Messages Of The Day, and more.

NEW Enteral Nutrition Training Course

This course is about supporting individuals with enteral tube feeding and nutrition.

**Presented By: Cyndi Berenguer,
OHW ICST Registered Dietitian/Nutritionist &
Bobbie Davidson, OHW RN Consultant**

**To request 2024 Training Information please email Karen Cawthon:
karen.cawthon@dbhdd.ga.gov**

Curriculum in IDD Healthcare Course Located in Relias



ATTENTION RN AND LPN PROVIDER STAFF:

- All New Provider RNs and LPNs are required to complete Curriculum in IDD Healthcare at a minimum of six (6) hours of CEUs as orientation training. Applies to Providers approved 1/1/24 forward.
- All RNs/LPNs who were hired prior to January 1, 2024, are required to take Curriculums in IDD Healthcare on or prior to December 31, 2024.

Requirements were published in DBHDD Provider Manual Update Effective 4/1/24 located on Page 24, 13. d. as part of Continuing Education. No cost for this course. CME and CEU credits are available.

Please send an email to martha.thweatt@dbhdd.ga.gov for instructions on accessing the course.

Community Residential Alternative & Rate Study Updates

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Ron Singleton
DD Budget Manager
Division of Intellectual & Developmental Disabilities
August 2024



DBHDD News Release: July 11, 2024

<https://dbhdd.georgia.gov/press-releases/2024-07-11/historic-medicaid-provider-rate-increase>

JULY 11, 2024

DBHDD, DCH Announce Approval of Historic Medicaid Provider Rate Increases Under NOW & COMP Waiver Amendments

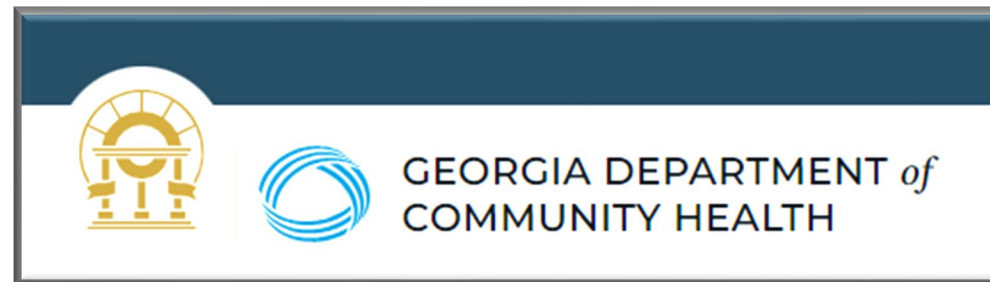
“The rate increases will be retroactive to July 1, 2024...”, DBHDD Press Release

NOW & COMP Rate Increase

Implementation Overview

Rate Increase Implementation

Implementing the increases will require system updates by both the Department of Community Health (DCH) and the Georgia Collaborative ASO (Carelon Behavioral Health). Guidance and support for all rate increase information will be provided by DBHDD staff.



DCH System Update – GAMMIS Web Portal – Part 1

GAMMIS – Georgia Medicaid Management Information System

Every approved Medicaid provider number for the NOW and COMP has an associated Fee Schedule (Rate Table) within the Medicaid system. The Fee Schedule (Rate Table) contains the billable procedure codes, applicable modifiers, associated rates, the category of service (rate type) and an effective and end date.

| Provider Rates - Procedure Pricing | | | | | | | | |
|------------------------------------|------------|----------------------|------------|------------|----------|---------------|----------------|------------|
| Proc Code | | <input type="text"/> | [Search] | | | | | |
| Procedure | Modifier 1 | Modifier 2 | Modifier 3 | Modifier 4 | Rate | Rate Type | Effective Date | End Date |
| T2022 | | | | | \$209.97 | 681 - COS 681 | 07/01/2024 | 12/31/2299 |
| T2022 | | | | | \$187.43 | 681 - COS 681 | 07/01/2022 | 06/30/2024 |

Fee Schedule (Rate Table) - Support Coordination – T2022

DCH System Update – GAMMIS Web Portal – Part 2

The Medicaid system has several service audits that are in place to ensure compliance with authorized and/or annualized waiver service limitations. Each impacted audit will need to be adjusted by DCH such as the example below.

| Community Living Support - COMP | | | | |
|--|----------------------------|--------------------|--------------------------------|---|
| Audit Error Code 6116 - COMMUNITY LIVING SUPPORTS SVCS MAX UNITS (AMOUNT) REACHED | | | | |
| Rule | Effective/End Dates | Money Limit | Time Unit | DBHDD Note |
| 5000111 | 03/01/2017 - 02/28/2021 | \$51,300.00 | Member Rolling Birthday Period | Pre-Pandemic Maximum |
| 5000222 | 03/01/2021 - 06/30/2021 | \$56,430.00 | Member Rolling Birthday Period | 10% Increase - March 1, 2021 |
| 5000333 | 07/01/2021 - 06/30/2022 | \$59,251.50 | Member Rolling Birthday Period | 5% Increase - July 1, 2021 |
| 5000444 | 07/01/2022 - 06/30/2024 | \$60,436.53 | Member Rolling Birthday Period | 2% Increase - July 1, 2022 |
| 5000555 | 07/01/2024 - 12/31/2299 | \$83,520.00 | Member Rolling Birthday Period | Rate Study Increase - July 1, 2024 |

IDD Connects System Update (ISP) – Carelon

Carelon will make IDD Connects updates in two areas of the system which includes the ISP Service Summary.

The screenshot shows the 'Service Summary' form. At the top right, there are icons for 'Refresh', 'Download', and 'Print'. Below these are four input fields: 'Status' (In-Progress), 'Assessment Level' (4), 'Modified Date' (09/27/2022), and 'Date Completed' (empty). Below the input fields is a table with three columns: 'Detailed Service Description', 'Recommendation From/Date', and 'Amount'. The table contains one row with the following data: 'CRA - Category 1 - 3 Person', an empty 'Recommendation From/Date' field, and '344.00'. Below the table is a pagination bar with a '1' in a circle and a '10' in a box. At the bottom left, there are two buttons: 'Remove Service' and 'Add New Service'. At the bottom right, there is a 'Minimum FTF Visit Frequency' dropdown menu set to 'Monthly'.

| Detailed Service Description | Recommendation From/Date | Amount |
|------------------------------|--------------------------|--------|
| CRA - Category 1 - 3 Person | | 344.00 |


Note: Service rates are not visible to viewers. However, the rates are updated within the system and includes an increase the annual maximums (dollars) for selected services as noted in Appendix 'A' part III the NOW & COMP policy manuals.

IDD Connects System Update (PA) – Carelon

For the upcoming implementation, Carelon will split the existing PA service line. The original service line will remain in place and will have an end date, one day prior, to the rate increase effective date. The new line will start on the rate increase effective date.

| PRE-UPDATE | | | | | | |
|-----------------------------|-------|------------|------------|-------------------|----------|-------------|
| Service Name | Units | Start Date | End Date | Authorized Amount | Rate | Line Number |
| CRA - Category 1 - 3 Person | 344 | 1/1/2024 | 12/31/2024 | \$72,350.08 | \$210.32 | 1 |

| POST-UPDATE | | | | | | |
|-----------------------------|-------|------------|------------|-------------------|----------|-------------|
| Service Name | Units | Start Date | End Date | Authorized Amount | Rate | Line Number |
| CRA - Category 1 - 3 Person | 181 | 1/1/2024 | 6/30/2024 | \$38,067.92 | \$210.32 | 1 |
| CRA - Category 1 - 3 Person | 163 | 7/1/2024 | 12/31/2024 | \$47,948.08 | \$294.16 | 2 |

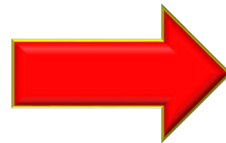


Note: The service line updates will be visible in the GAMMIS web portal including the rates. Carelon will use paid claims and/or unique percent based on a date range to determine the number of units to remain on the original line. The balance of the authorized units will be placed on the new line.

PA Transmission – IDD Connect to GAMMIS

Carelon will transmit (send) the updated prior authorizations to Medicaid (GAMMIS) for processing.

The Medicaid system currently accepts a limited number of prior authorizations each day for processing (2,000). Over 13,000 prior authorizations currently exists. Prior authorization processing occurs Monday-Friday.



Claims Reprocessing – DCH & Gainwell

Upon approval of the prior authorizations within the Medicaid system, DCH will be notified. Shortly after, all paid claims for the impacted services with an effective date July 1, 2024, or after will be reprocessed systematically by DCH. No actions will be needed from the approved billing providers.

Below is an example of a July 1, 2024, claim for Community Residential Alternative Services (Category 1 – 3 Person). The original paid amount of the claim, based on one unit (day), was \$210.32. The claim will be reprocessed based on a rate of \$294.16 per unit (day). Providers will receive the difference of the paid amounts as shown below.

| ORIGINAL CLAIM | | | | |
|---|----------------|------------|--------------|-------------|
| Service Name | Procedure Code | Units Paid | Service Date | Amount Paid |
| Community Residential Alternative - Category 1 - 3 Person | T2033-U1-UP | 1 | 07/01/2024 | \$210.32 |

| REPROCESSED CLAIM | | | | |
|---|----------------|------------|--------------|-------------|
| Service Name | Procedure Code | Units Paid | Service Date | Amount Paid |
| Community Residential Alternative - Category 1 - 3 Person | T2033-U1-UP | 1 | 07/01/2024 | \$294.16 |

| | |
|------------|----------------|
| Difference | \$83.84 |
|------------|----------------|

State-Funded Rate Increase

Implementation Overview

Rate Increase Implementation

The rates and/or maximum annual payments for **State-Funded Services** will be equivalent to the rates and/or maximum annual payments in the NOW and COMP Services upon approval by the Centers for Medicare and Medicaid Services (CMS) except for **Supported Employment Services** and with an effective date of July 1, 2024.

Implementing the increases will require system updates by the Georgia Collaborative ASO (Carelon Behavioral Health). Guidance and support for all rate increase information will be provided by DBHDD staff.

Upon updates of the prior authorizations within IDD Connects, all paid claims for the impacted services with an effective date July 1, 2024, or after will be reprocessed systematically by Carelon. No actions will be needed from the approved billing providers.

Community Residential Alternative

Policy Locations

Community Residential Alternative – Waiver Policy

www.mmis.georgia.gov

Comprehensive Supports Waiver Program (COMP) Part III, Chapter 2300

Reimbursement Rates

- Chapter 2300, Section 2308
- Appendix A (CMS Approved Rates Coming 10.1.2024)

Community Residential Alternative – State-Funded Policy

<http://dbhdd.org/files/Provider-Manual-DD-State-Funded-Services.pdf>

State-Funded Developmental Disability Services

Reimbursement of State-Funded Development Disability Services

- Chapter 5, Section 5.1, D2 & D3
- Updated rate information coming 10.1.2024.

Community Residential Alternative: Key Points to Know

- Each individual Community Residential Alternative site must be individually enrolled (site specific).
- An individual must not be relocated without documented prior approval from the DBHDD Field office, a minimum of thirty (30) days prior to the move except in documented and regionally approved emergencies, and with subsequent adjustments to the ISP and Prior authorization (PA) prior to relocation except with confirmed regional approval.
- 2-Person Group Home residents are authorized with 3-Person Group Home rates.

Community Residential Alternative: Key Points to Know

- Tiers/Categories (Group Home & Host Home) and Home Capacity (Group Home) will apply to State-Funded Community Residential Alternative Services for dates of services, July 1, 2024, and after.
- The annual maximum number of units is 344 daily per year.
- For billing, please enter the current effective rate (charge) for full reimbursement.

Note: Individuals currently receiving Community Residential Alternative – Host Home State-Funded will remain at a rate of \$166.61 (Tier/Category 1). Individuals with a Tier or Category of 1 who move into a State-Funded Host Home will receive a rate of \$163.33.

Community Residential Alternative

Categories & Rates

Community Residential Alternative – Categories & Rates

| Residential Setting | Residential Capacity | Category | Rate |
|----------------------------|-----------------------------|--------------------------|-------------|
| Group Home | 3-Person | Category 1 (Level 1) | \$210.32 |
| Group Home | 3-Person | Category 2 (Level 2) | \$276.92 |
| Group Home | 3-Person | Category 3 (Level 3,4) | \$308.05 |
| Group Home | 3-Person | Category 4 (Level 5,6,7) | \$326.85 |
| Group Home | 4-Person | Category 1 (Level 1) | \$182.29 |
| Group Home | 4-Person | Category 2 (Level 2) | \$253.05 |
| Group Home | 4-Person | Category 3 (Level 3,4) | \$282.43 |
| Group Home | 4-Person | Category 4 (Level 5,6,7) | \$299.67 |
| Group Home | 5-Person | N/A | \$186.94 |
| Host Home | 1-2 Person | Category 1 (Level 1) | \$160.06 |
| Host Home | 1-2 Person | Category 2 (Level 2) | \$198.40 |

Note: Rates above reflect COMP Appendix A rates as of July 1, 2024.

Community Residential Alternative Assessment Levels

Community Residential Alternative – Level of Need

Community Residential Alternative Services are delivered according to **level of need**, or Assessment Level, which correspond to rate categories, or ‘tiers’, which reflect the fact that individuals with more significant needs require more intensive supports. Each waiver individual’s **level of need** is determined by the Health Risk Screening Tool and the Supports Intensity Scale. Detailed description of the assessed levels and correlation to need categories can be reviewed at:

<https://dbhdd.georgia.gov/residential-and-respite-cost-study>

Crosswalk of Assessment Levels to Rate Categories

| Figure 5: Crosswalk of Assessment Levels to Rate Categories | | | |
|--|---------------------------------|--------------------------------|--|
| Assessment Level | Group Home Rate Category | Host Home Rate Category | Respite - Overnight Rate Category |
| 1 | Category 1 | Category 1 | Category 1 |
| 2 | Category 2 | | |
| 3 | Category 3 | | |
| 4 | | | |
| 5 | Category 4 | Category 2 | Category 2 |
| 6 | | | |
| 7 | | | |

Assessment Level: History (Evaluation Tab)

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

View legacy I&E Screening information

Assessment Level History

| Last Update | Update Reason | Assessment Level | Modified On | Level Changed | Status Details | Status | SIS ID | SIS Assessment Date | HRST Assessment Date | HCL |
|-------------|---------------|------------------|-------------|---------------|----------------|-----------|---------|---------------------|----------------------|-----|
| 08/19/2023 | NEW HRST | 4 | 08/19/2023 | N | Final Level | FINALIZED | 1725907 | 04/18/2023 | 08/19/2023 | 4 |
| 04/18/2023 | NEW SIS | 4 | 02/14/2023 | Y | Final Level | FINALIZED | 1725907 | 04/18/2023 | 02/14/2023 | 4 |
| 04/18/2023 | NEW SIS | 4 | 02/14/2023 | Y | Final Level | FINALIZED | 1725907 | 04/18/2023 | 02/14/2023 | 4 |
| 04/18/2023 | NEW SIS | 4 | 02/14/2023 | Y | Final Level | FINALIZED | 1725907 | 04/18/2023 | 02/14/2023 | 4 |
| 04/18/2023 | NEW SIS | 4 | 02/14/2023 | Y | Final Level | FINALIZED | 1725907 | 04/18/2023 | 02/14/2023 | 4 |
| 04/18/2023 | NEW SIS | 4 | 02/14/2023 | Y | Final Level | FINALIZED | 1725907 | 04/18/2023 | 02/14/2023 | 4 |
| 04/18/2023 | NEW SIS | 4 | 02/14/2023 | Y | Final Level | FINALIZED | 1725907 | 04/18/2023 | 02/14/2023 | 4 |
| 04/18/2023 | NEW SIS | 4 | 02/14/2023 | Y | Final Level | FINALIZED | 1725907 | 04/18/2023 | 02/14/2023 | 4 |
| 04/18/2023 | NEW SIS | 4 | 02/14/2023 | Y | Final Level | FINALIZED | 1725907 | 04/18/2023 | 02/14/2023 | 4 |
| 04/18/2023 | NEW SIS | 4 | 02/14/2023 | Y | Final Level | FINALIZED | 1725907 | 04/18/2023 | 02/14/2023 | 4 |

1 2 3 4 5 10

Community Residential Alternative

Capacity (Group Homes)

Community Residential Alternative – Capacity (Group Homes)

Group Home rates are based on the licensed **Capacity** of the home rather than occupancy. Healthcare Facility Regulation Division (HFRD), a division of the Department of Community Health (DCH), is responsible for licensing facilities in Georgia.

<https://dch.georgia.gov/divisionsoffices/healthcare-facility-regulation>

Licensed Group Home settings (2) are as follows (per waiver policy):

Community Living Arrangement (CLA)

- Provider-operated residence with license capacity approval of four or fewer residents.

Personal Care Home (PCH)

- Provider-operated residence with license capacity approval of four or fewer residents.

*DBHDD recognizes several Group Homes throughout the state that are licensed for five or more residents.

Community Residential Alternative – Capacity Verification

Licensed **Capacity** verification can be done using either of the three methods below:

1. Healthcare Facility Regulation's (HFRD) Find a Facility website:
 - <https://forms.dch.georgia.gov/HFRD/GaMap2Care.html>
2. A copy of the provider's HFRD license/permit
3. GA Collaborative and DBHDD Office of Provider Enrollment


Community Residential Alternative – HFRD Website

<https://forms.dch.georgia.gov/HFRD/GaMap2Care.html>



| Name | Facility Type | Address | City | State | Zip | County | Bed Capacity | Telephone | Effective Date of License |
|----------------------|------------------------------|--------------------|---------|-------|-------|--------|--------------|------------|---------------------------|
| CENTRAL LOCATION CLA | COMMUNITY LIVING ARRANGEMENT | 1234 ANYWHERE LANE | ATLANTA | GA | 30000 | FULTON | 4 | 5555555555 | 05/31/2024 |
| Name | Facility Type | Address | City | State | Zip | County | Bed Capacity | Telephone | Effective Date of License |

Community Residential Alternative – HFRD License/Permit

 **GEORGIA DEPARTMENT of
COMMUNITY HEALTH**

STATE OF GEORGIA

COMMUNITY LIVING ARRANGEMENT PERMIT

This is to certify that a permit is hereby granted to

_____ **RESIDENTIAL SERVICES 'R' US** _____ to maintain and operate a
(Name of Governing Body)

Community Living Arrangement named _____ **CENTRAL LOCATION CLA** _____ for _____ **4** _____ residents.
(Name of Residence) (number served)

Said residence and premises are located at _____ **1234 ANYWHERE LANE** _____
(Street)

In _____ **ATLANTA** _____ **30000** _____ County of _____ **FULTON** _____, Georgia.
(City or Town) (Zip Code)

Permit effective date is _____ **Friday, May 31, 2024** _____ and remains in effect unless revoked or suspended.

"This permit is granted pursuant to the authority vested in the Department of Community Health pursuant to O.C.G.A... and signifies that its facilities and operations comply with the Rules and Regulations of the Department of Community... permit was issued."

THIS PERMIT IS NOT TRANSFERABLE PERMIT NO. _____ **CLA000000** _____

In Witness Whereof, we have hereunto set our hand this _____ **2ND** _____ day of _____ **JUNE** _____, _____ **2024** _____

GEORGIA DEPARTMENT OF COMMUNITY HEALTH HEALTHCARE FACILITY REGULATION DIVISION

John E. Doe

John E. Doe, Division Chief

Community Residential Alternative – GA Collaborative/DBHDD



COMPLETION LETTER

June 12, 2024

John Smith, CEO
Residential Services 'R' Us
1234 Anywhere Lane
Atlanta, GA 30000

ASO Change of Information Tracking Number: 0101010
ASO Change of Information Inquiry Number: 00000000-5555555
Effective Date: 06/12/2024

Dear Provider:

The GA Collaborative and DBHDD Office of Provider Enrollment has completed and approved your Agency's request for the changes listed below. This correspondence is your only notification from The GA Collaborative and DBHDD for this approval.

| | Current Information | New Information |
|-----------------------------------|---------------------|---|
| Service Location Physical Address | CLA TO HH | Jane Smith Host Home 1234 Anywhere Lane Atlanta, GA 30000 |
| Service Location Mailing Address | N/A | N/A |
| Medicaid Provider Number | 000111222ZZ | |
| Vendor Id | | GA000000 |

Community Residential Alternative – Current Rates (Group Homes)

Bed Capacity: 2 & 3



Bed Capacity: 4



Bed Capacity: 5+



| Capacity | Procedure Code | Rate |
|----------|----------------|----------|
| 3 PERSON | T2033-U1-UP | \$210.32 |
| | T2033-U2-UP | \$276.92 |
| | T2033-U3-UP | \$308.05 |
| | T2033-U4-UP | \$326.85 |

| Capacity | Procedure Code | Rate |
|----------|----------------|----------|
| 4 PERSON | T2033-U1-UQ | \$182.29 |
| | T2033-U2-UQ | \$253.05 |
| | T2033-U3-UQ | \$282.43 |
| | T2033-U4-UQ | \$299.67 |

| Capacity | Procedure Code | Rate |
|----------|----------------|----------|
| 5 PERSON | T2033-U5-UR | \$186.94 |

Group Home rates are based on the licensed **Capacity** of the home rather than occupancy.

Community Residential Alternative – Group Home Rate Scenario

Bed Capacity: 5+



All three residents living in a Group Home licensed for 5 will all receive the rate associated with a **5 Person** home.



3 Residents

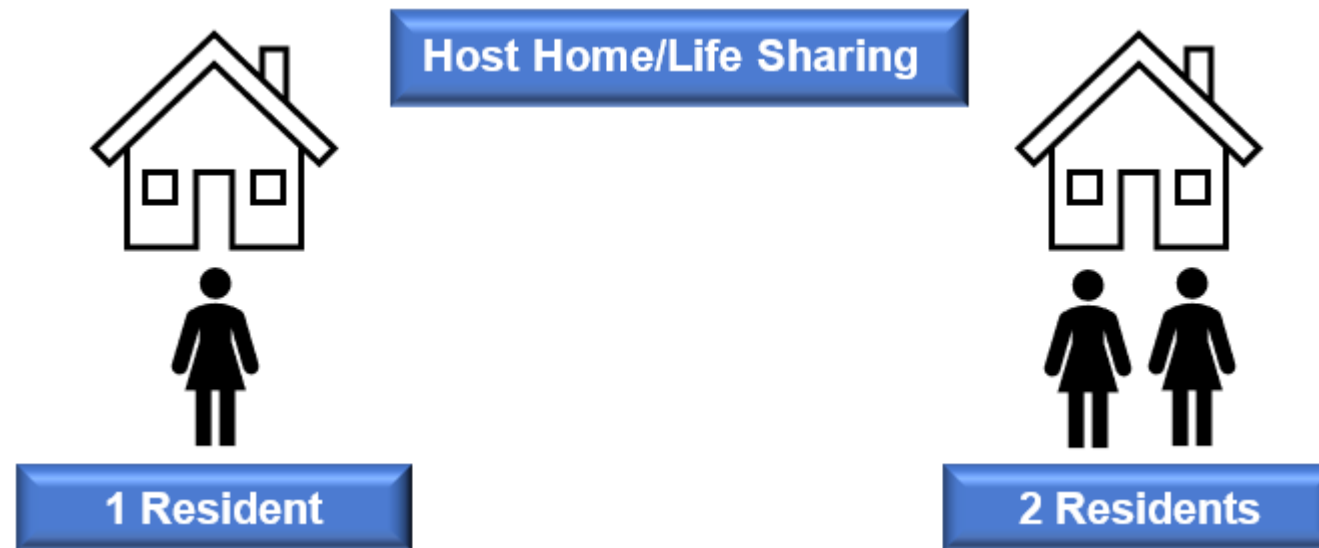
Rate per resident: \$186.94

Community Residential Alternative

Host Home/Life Sharing Site

Community Residential Alternative – Host Home/Life Sharing

Host Home/Life Sharing sites are not required to be licensed. Host Home/Life Sharing service rates are based on the category or tier of each resident. The overview of this process can be found in the **'Assessment Levels Overview – Revised'** document on the DBHDD Residential and Respite Cost page located on this site: <https://dbhdd.georgia.gov/residential-and-respite-cost-study>.



| Category | Procedure Code | Rate |
|------------|----------------|----------|
| CATEGORY 1 | T2017-U1 | \$160.06 |
| CATEGORY 2 | T2017-U2 | \$198.40 |

Community Residential Alternative – Medicaid Rate Table

Every approved Medicaid provider number for the NOW and COMP has an associated Fee Schedule (Rate Table) within the Medicaid system. The Fee Schedule (Rate Table) contains the billable procedure codes, applicable modifiers, associated rates, the category of service (rate type) and an effective and end date.

| Provider Rates - Procedure Pricing | | | | | | | | |
|---|------------|------------|------------|------------|----------|---------------|----------------|------------|
| 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 |

Fee Schedule (Rate Table) Example – Host Home (Category 1 & 2)

Community Residential Alternative – Medicaid Rate Table

Billing Scenario

Prior Authorization Service Line

| Service Name | Procedure Code | Start Date | End Date | Provider Name | Provider Medicaid ID | Rate |
|-----------------------------|--------------------|------------|-----------|-----------------------------|----------------------|----------|
| CRA - Category 1 - 3 Person | T2033-U1-UP | 7/1/2024 | 6/30/2024 | RESIDENTIAL SERVICES 'R' US | 000111222ZZ | \$210.32 |

Provider Rates - Procedure Pricing (000111222ZZ)

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)

Community Residential Alternative

Alternate Care

Community Residential Alternative – Alternate Care

Provisions for Host/Life-Sharing Homes

Operational Standards for Host Home/Life Sharing

- Policy 02-704: <https://gadbhdd.policystat.com/policy/15061789/latest/>

Operational Standards for Host Home/Life-Sharing

For

Developmental Disability Community Services Providers

Community Residential Alternative – Alternate Care

Alternate care must be offered to the Host Home/Life-Sharing family through other Host Homes managed by the SAME agency. Alternate care is to be offered to each Host Home/Life-Sharing family annually, not to exceed 30 units of CRA services.

The alternate care Host Home/Life-Sharing setting will meet all and the Standards for Host Home/Life-Sharing. Each CRA agency administering one or more Host Home/Life-Sharing residential settings must have, at minimum, of one (1) vacancy available at all times for alternate care.

Community Residential Alternative – Alternate Care

Only one (1) Alternate Care home may be used and identified for each individual accessing this provision.

The ISP must identify the following:

1. The need for Alternate Care.
2. The Alternate Care home physical location and contact information.
The Alternate Care home must be site specific.
3. The allotted number of days for the use of the Alternate Care home (not to exceed 30 units of CRA services annually).

Community Residential Alternative – Alternate Care

If Alternate Care provisions are utilized, the individual's Prior Authorization (PA) must indicate:

1. The primary Host Home/Life-Sharing site
2. The amount of CRA units
3. Alternate Care site and
4. The amount of CRA units

For example, there might be 314 units at Host Home site, and 30 units at Alternate Care Site. In cases where the maximum of 30 units of Alternate Care will not be utilized, a PA change is required to add the units back to the main Host Home/Life-Sharing site.

The annual maximum number of units for CRA services per year must **NOT** be exceeded.

Community Residential Alternative

Individual Service Plans & Prior Authorizations

Individual Service Plan Review Policy (Policy Stat)

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

<https://gadbhdd.policystat.com/policy/11222352/latest>

C. Responsibilities of Each Team Member



3. Responsibilities of other planning team members include the following tasks:

- c. Service providers are required to review each annual ISP, within the online case management system, within five (5) business days following draft approval, and contact the SC or ISC with any concerns about service delivery,

Community Residential Alternative – ISP Service Summary

Please review the 'Detailed Service Description' to ensure the correct Group Home Capacity or Host Home/Life setting is listed. This information will be captured on the prior authorization for billing.

Service Summary

[Refresh](#)  

Status: Assessment Level: Modified Date: Completed:

| | <input type="checkbox"/> | Service Description | PA Approved | Detailed Service Description |
|---|--------------------------|-----------------------------------|-------------|------------------------------|
| 1 | <input type="checkbox"/> | Community Residential Alternative | | CRA - Category 1 - 3 Person |
| 2 | <input type="checkbox"/> | Community Residential Alternative | | CRA - Category 1 - 4 Person |
| 3 | <input type="checkbox"/> | Community Residential Alternative | | CRA - Group Home - 5 Person |
| 4 | <input type="checkbox"/> | Community Residential Alternative | | CRA - Category 1 - Host Home |

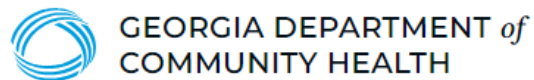
1 10

Minimum FTF Visit Frequency:

Guidance and Troubleshooting for Billing & Claims

If you have any questions regarding the billing process or 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>



Gainwell Technologies is the fiscal agent for Georgia Medicaid and PeachCare for Kids®.

State-Funded
Community Residential Alternative
Individual Service Plans & Prior Authorizations

Individual Service Plan Review Policy (Policy Stat)

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

<https://gadbhdd.policystat.com/policy/11222352/latest>

C. Responsibilities of Each Team Member

3. Responsibilities of other planning team members include the following tasks:

- c. Service providers are required to review each annual ISP, within the online case management system, within five (5) business days following draft approval, and contact the SC or ISC with any concerns about service delivery,

Community Residential Alternative – State-Funded ISP Service Summary

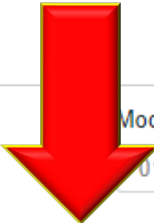
Please review the 'Detailed Service Description' to ensure the correct setting; Community Residential Alternative – State Funded (Group Home) and Community Residential Alternative – Host Home – State Funded (Host Home) is listed. This information will be captured on the prior authorization for billing.

Service Summary

| | | |
|-------------|------------------|---------------|
| Status | Assessment Level | Modified Date |
| In-Progress | 1 | 01/19/2022 |

| | <input type="checkbox"/> | Service Description | PA Approved | Detailed Service Description |
|---|--------------------------|-----------------------------------|-------------|---|
| 1 | <input type="checkbox"/> | Community Residential Alternative | | Community Residential Alternative - State Funded |
| 2 | <input type="checkbox"/> | Community Residential Alternative | | Community Residential Alternative - Host Home - State F |

1 10



Troubleshooting for Billing & Claims

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

Thank You!

Ronald.Singleton@dbhdd.ga.gov

Contact Number: 404-293-7594





Intellectual Developmental and Disabilities (IDD) Quality Reviews

Nancy Overs-Ikard

GA Project Director, Qlarant

Quality Reviews

The Goal of Quality reviews is to monitor and evaluate quality across IDD services provided by Georgia's Department of Behavioral Health and Developmental Disabilities (DBHDD) network of providers.

IDD Quality Reviews

The quality reviews focus on person-centered practices and provider performance. The purpose of these reviews is to determine adherence to DBHDD standards and to assess the quality of the service delivery system through various sources including:

Record reviews,

Staff (personnel/training) records,

Administrative review component, Informal observations of services provided, when appropriate, and

Interviews with individuals receiving services through the National Core Indicator survey (NCI)

IDD Quality Key Processes

Quality Enhancement Provider Review
(QEPR)

Quality Technical Assistance Consultation
(QTAC)

Training and Education



Quality Enhancement Provider (QEPR)

Quality Review – QEPR Hybrid Process

The entrance conference will be conducted remotely via video conferencing

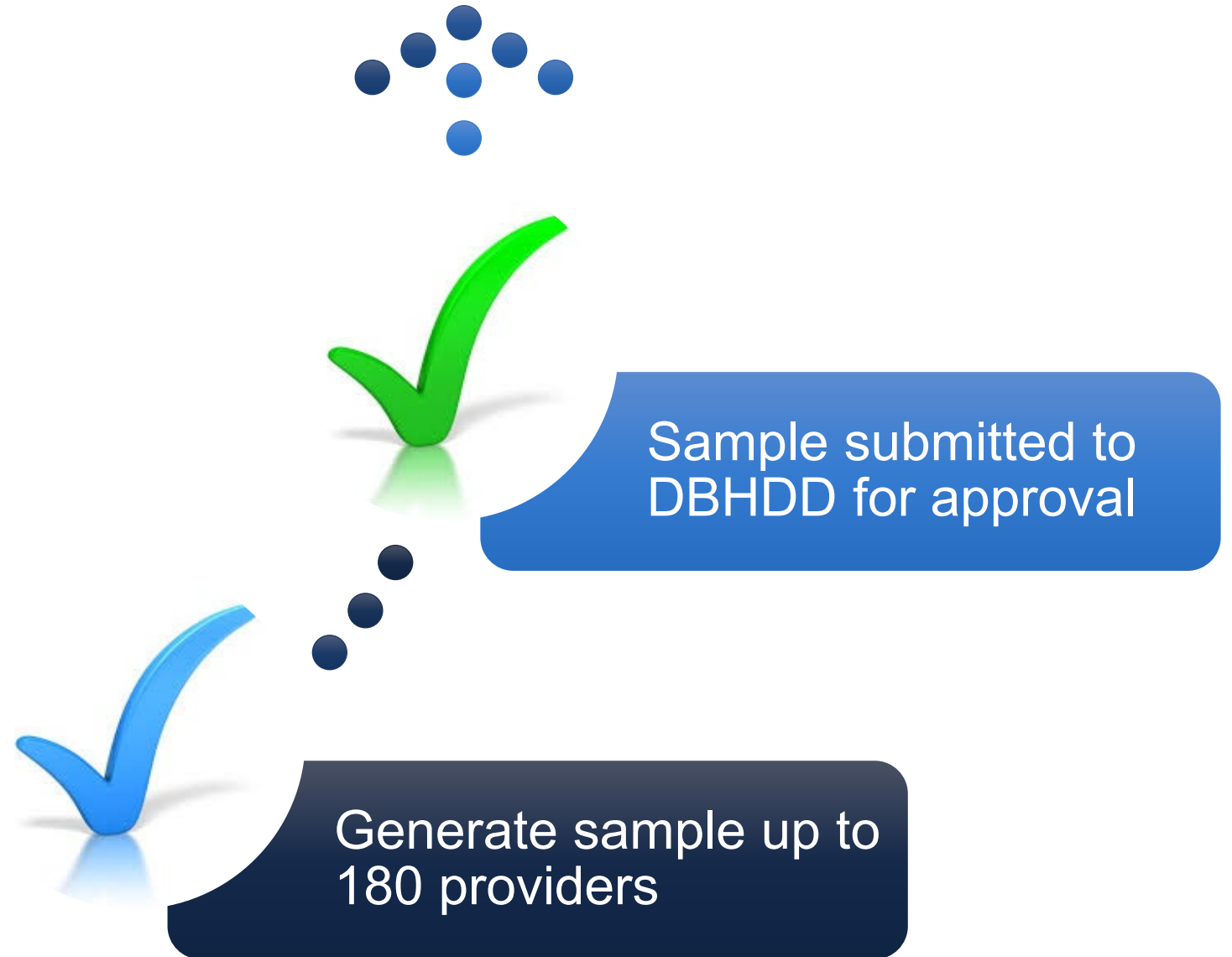
Fewer quality assessors will be onsite depending on the type of record keeping system

The exit conference has the option to be conducted onsite or remotely via video conference

QEPR Sample

Sample includes:

- New providers
- Traditional service providers
- Specialty service providers (i.e., Behavior services, Therapy services, Nursing, Crisis services,)
- Support Coordination (reviewed annually)



Record Review Sample

Record review samples are selected based upon 3-6 months of paid claims (waiver and state funded)

| Provider Size | Caseload | QEPR Sample Size |
|---------------|--------------------------|------------------|
| Small | Caseload: 1 to 30 | 1 to 8 records |
| Medium | Caseload: 31 to 99 | 8 to 15 records |
| Large | Caseload: 100 and higher | 15 to 30 records |

Staff Qualifications & Training Sample



Staff from all services provided: Developmental Disability Professional, Direct Support Professionals, Certified/Licensed Professionals, Support Coordination, Intensive Support Coordination, Supervisors, and Managers



IDD Quality Review (FY 24 Preliminary Results)

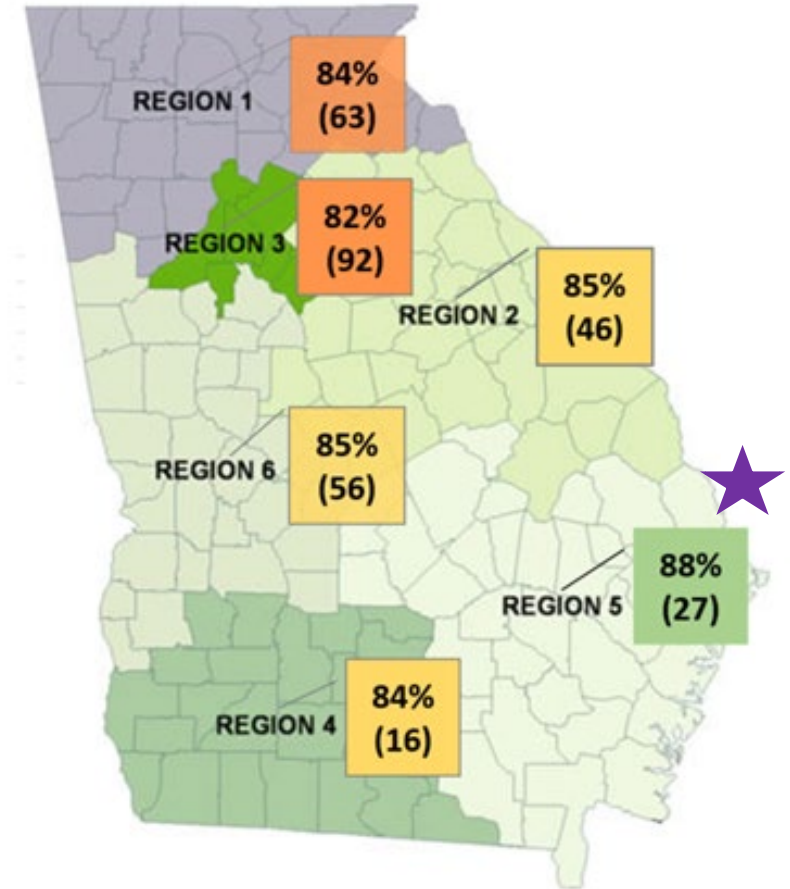
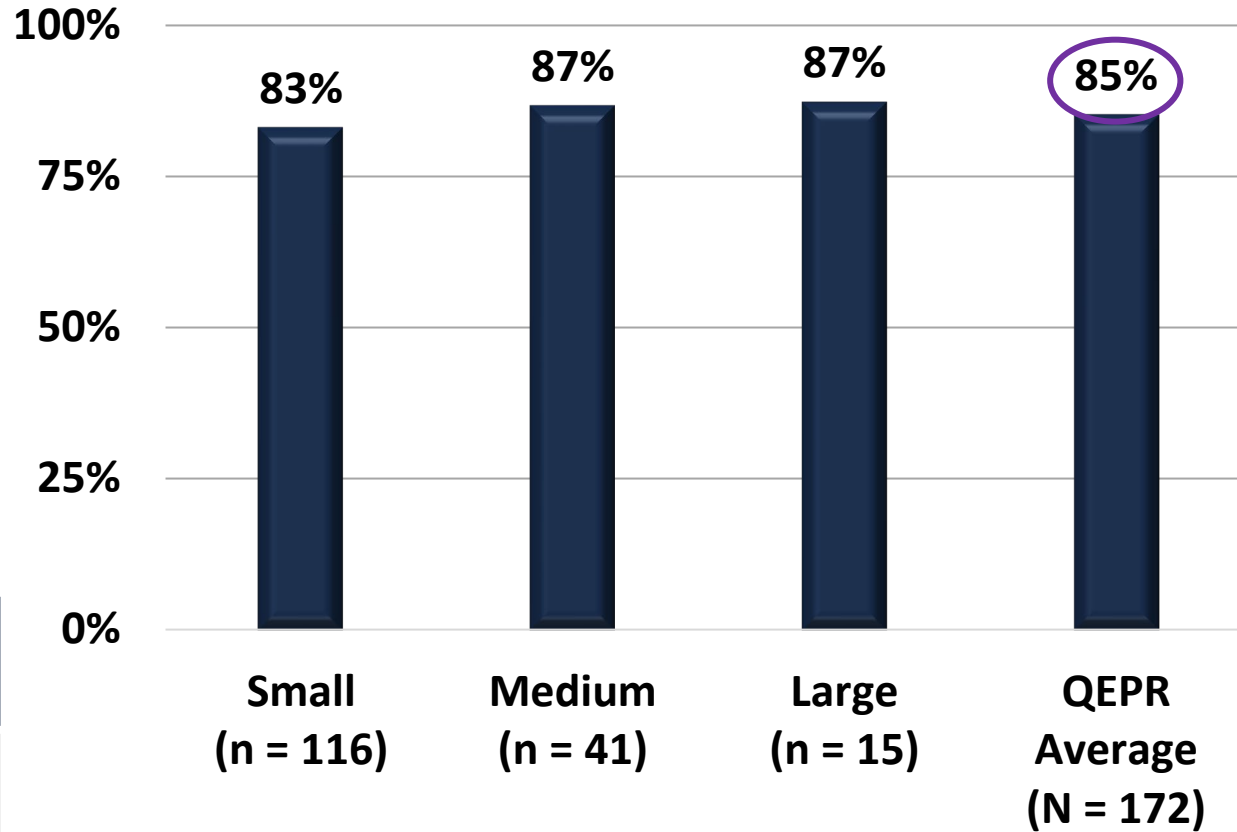
July 2023 – June 2024



172 QEPRs¹

Average QEPR Scores by Provider Size and Region²

Jul 2023 –
Jun 2024



People Served

Small: ≤ 30
Medium: 31-99
Large: ≥ 100



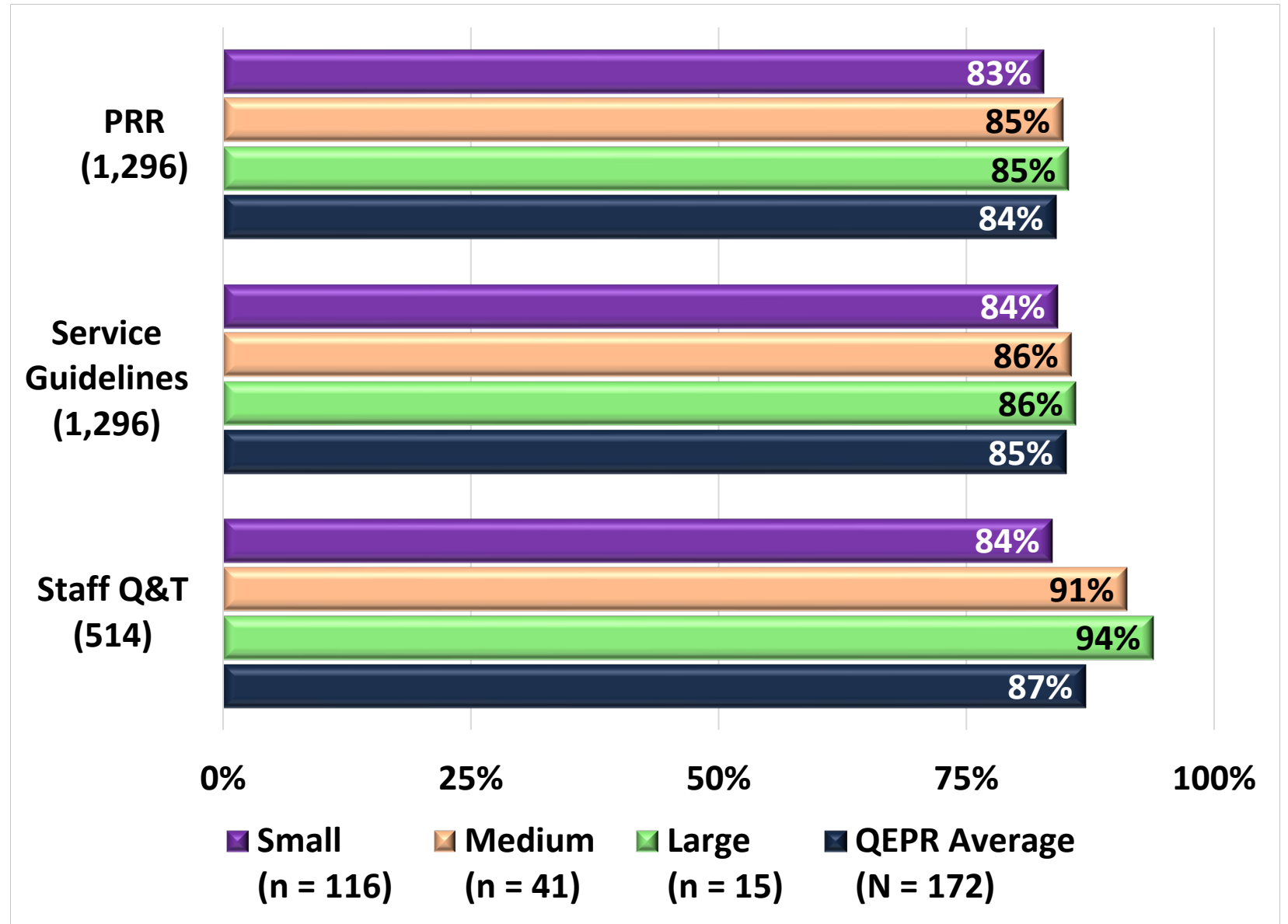
1. This total does not include QEPRs completed for Crisis Services (n = 2) or SC Agencies (n = 7).
2. The region results have some providers who serve people in multiple regions. In these cases, their QEPR score is included in the average score for all regions in which they serve.

% Met by Review Component and Provider Size

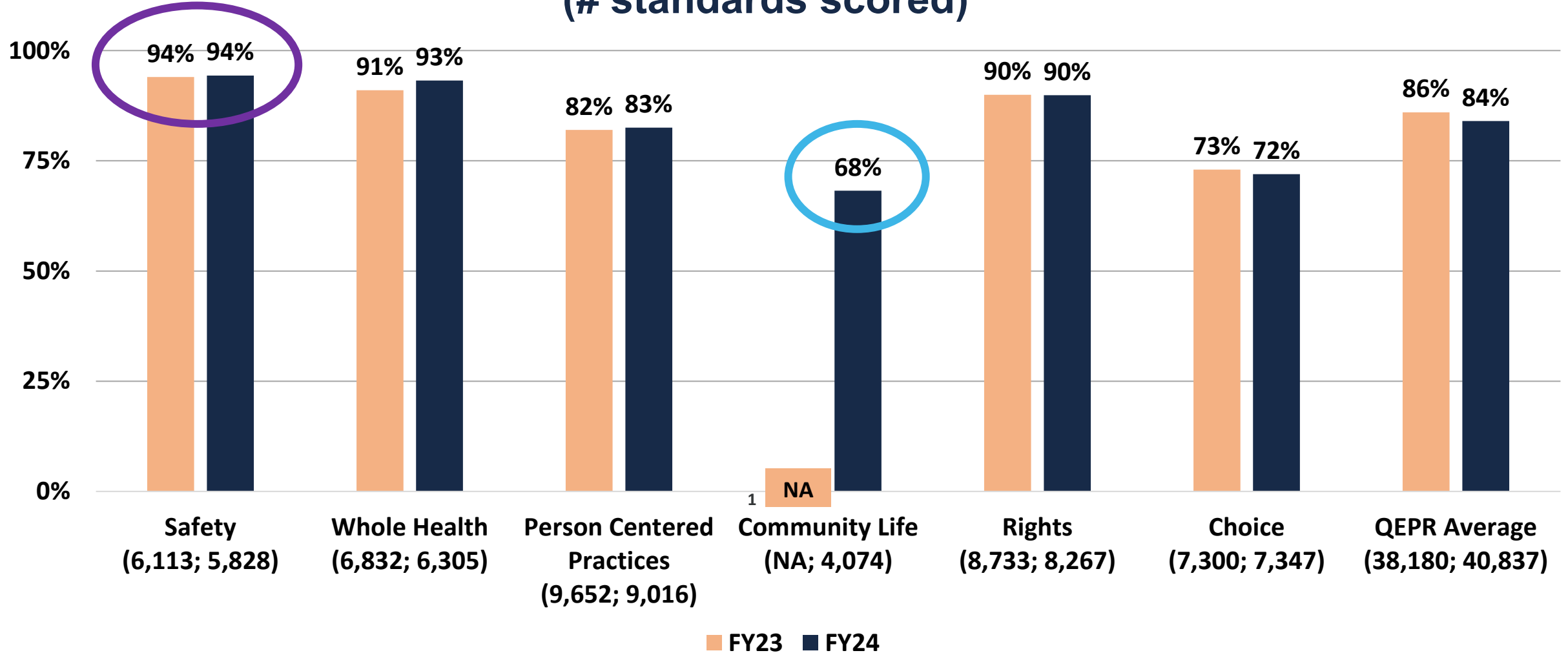
| # of Records Reviewed by Review Component | | | |
|---|--------------|--------------|------------|
| Review Component | PRR | SG | Q&T |
| Small | 563 | 563 | 296 |
| Medium | 424 | 424 | 151 |
| Large | 309 | 309 | 67 |
| Total | 1,296 | 1,296 | 514 |

Total People Served

Small: ≤ 30
 Medium: 31-99
 Large: ≥ 100



PRR: % Met by FY and Focused Outcome Area (# standards scored)



1. In response to the COVID-19 pandemic, the Community Life FOA was excluded from QEPR scores for providers reviewed between October 2020 and December 2023. Per DBHDD's guidance, this FOA became active again in 106 January 2024; therefore, it was only scored for providers between January and June 2024 (n = 69).

QEPR Scoring Methodology

| Review Components | | Percent Met | Score Weight ¹ | Weighted Score |
|------------------------|---------------------------------|-------------|---------------------------|----------------|
| Provider Record Review | Safety | 96% | 0.20 | 19% |
| | Whole Health | 100% | 0.15 | 15% |
| | Person Centered Practices | 85% | 0.15 | 13% |
| | Community Life | 84% | 0.12 | 10% |
| | Rights | 100% | 0.12 | 12% |
| | Choice | 84% | 0.10 | 8% |
| | Staff Qualifications & Training | 98% | 0.10 | 10% |
| Service Guidelines | 94% | 0.06 | 6% | |
| Overall Score | | | | 93% |

Community Life was included in the QEPR scoring methodology effective January 1, 2024.

Low and High-scoring Community Life Indicators (PRR)

Community Life
68%

| Low-scoring Indicators (<50% met) | FY24 |
|--|------------------|
| Documentation demonstrates the provider is supporting the individual to learn about, explore, and experience the community. | 35% (n = 553) |
| Documentation shows how the provider supports the development or maintenance of social roles/natural supports that reflect the individual's interests. | 39% (n = 553) |
| High Scoring Indicators (>90% met): | FY24 |
| Services that should be in the community take place and are received in the community. | 96% (n = 554) |
| The individual is provided opportunities to actively participate in the same types of community activities as citizens without disabilities. | 95% (n = 556) |

Focus for Community Life indicators: Questions to consider when supporting people in the community:

- Are individuals having opportunities to actively participate in the same types of community activities as citizens without disabilities?
- Are services that should be offered in the community taking place?
- Do individuals feel they are being integrated in the larger natural community?
- Are individuals being supported to seek employment or work in competitive integrated settings?
- If desired, are individuals being supported to have responsibilities in the community?
- What community resources have individuals explored that are available to other citizens?
- How are we supporting individuals to develop and maintain social roles/natural supports that reflect their interests?
- How are we supporting individuals to learn about, explore, and experience their community?

Low and High-scoring Choice Indicators (PRR)

Choice
72%

| Low-scoring Indicators (<65% met) | FY23 | FY24 |
|---|--------------------|--------------------|
| Documentation indicates the individual is being provided with information to make meaningful choices (education, exploration, and experiences). | 22% (n = 1,347) | 16% (n = 1,281) |
| Documentation demonstrates the individual is making informed choices about community participation and social interaction. | NA | 62% (n = 560) |
| High Scoring Indicators (>90% met): | FY23 | FY24 |
| Services, supports or treatment approaches are rendered according to the individual's preference. | 92% (n = 1,388) | 93% (n = 1,296) |

New for FY2025: Revised Indicator (FOA- Choice 3E's)

Indicator #53

Not Met Reasons

Documentation demonstrates the individual is being provided with information to make meaningful choices (education, exploration, and experiences).

- Documentation does not demonstrate the individual is being provided with information to make meaningful choices (education, exploration, and experiences).
- Documentation does not include how the individual is provided with information to make meaningful choices. *(new in FY2025)*
- Documentation does not include how the individual is offered opportunities to explore new options. *(new in FY2025)*
- Documentation does not indicate the individual is provided opportunities to experience choices made. *(new in FY2025)*
- Documentation does not reflect the choices made or rejected by the individual. *(new in FY2025)*

The Three E's

Education

- What education was provided to the individual to make an informed choice?
- What information was present to the individual beyond what is already known?
- How was the education received?
- What options are being recorded or documented?

Exploration

- How was the individual provided opportunities for exposure to a variety of activities?
- How was the individual provided opportunities to explore those options?
- How were new options explored and then documented?

Experience

- How was the individual given the opportunity to experience a variety of activities?
- How was documentation reflective of individuals experiencing new options, identifying interests, and preferences?
- What was the individual's response or feedback from the experience?

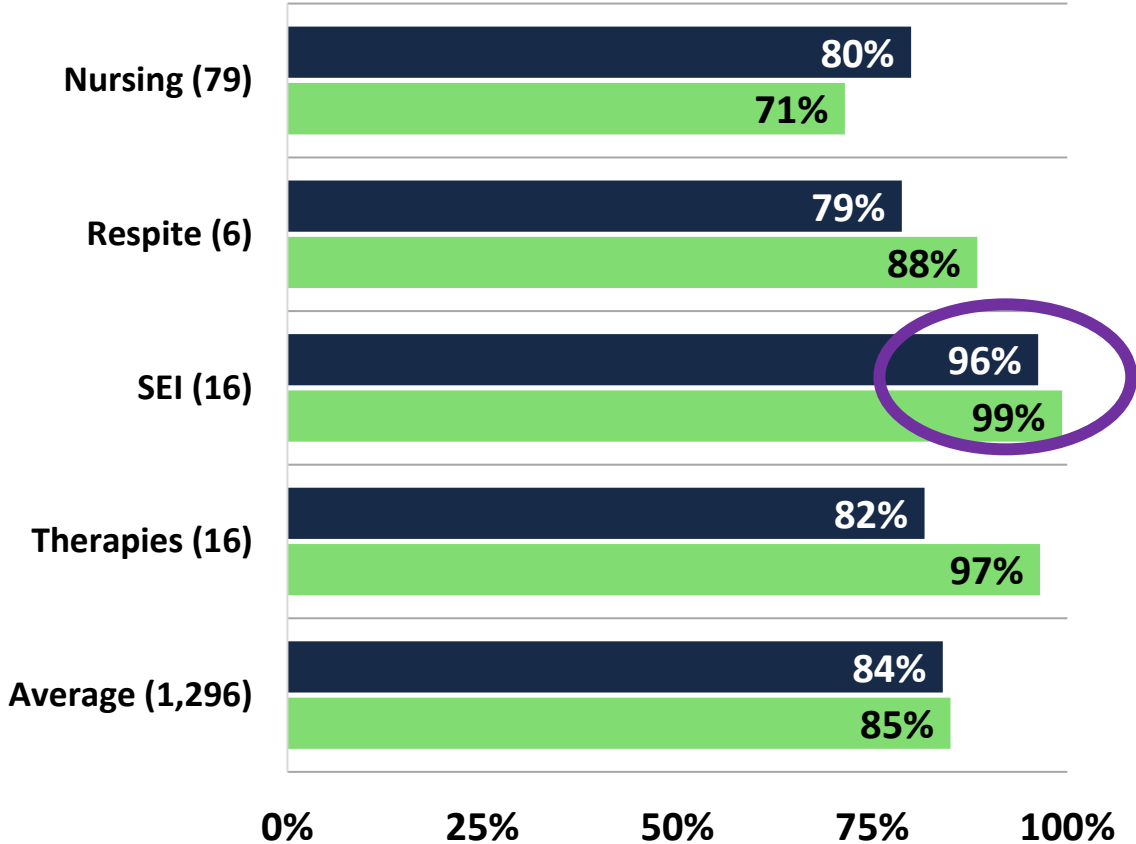
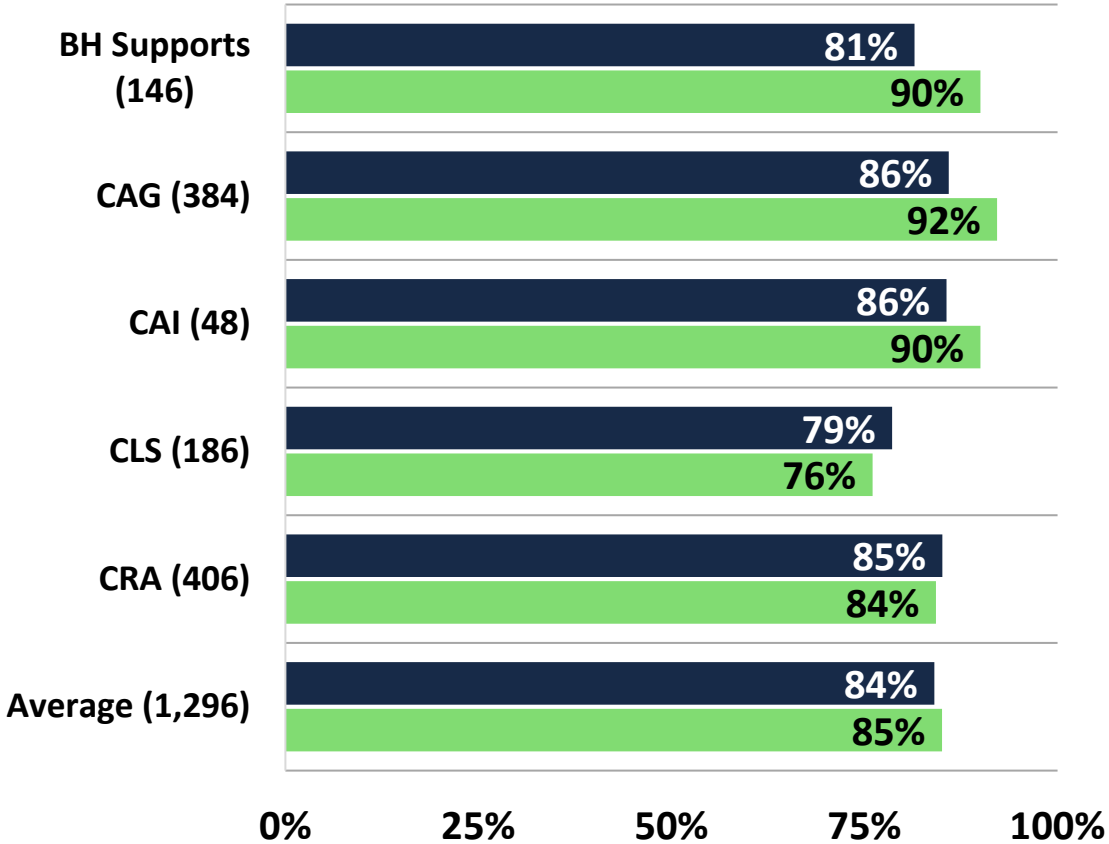
Lowest-scoring Indicator for Other FOAs

| FOA/Indicator | FY23 | FY24 |
|--|--------------------|--------------------|
| Safety: For the use of adaptive supportive devices or medical protective equipment, a written order by the physician including the rationale and instructions for the use of the device is evident in the documentation. | 60% (n = 203) | 53% (n = 258) |
| Whole Health: Education for all medications prescribed is provided to the individual and family (as approved by the individual). | 55% (n = 541) | 64% (n = 497) |
| Person Centered Practices: Documentation demonstrates evidence the individual's data from documentation has been reviewed, analyzed for trends, and summarized to determine the progress toward goal(s) at least quarterly. | 60% (n = 1,309) | 61% (n = 1,150) |
| Person Centered Practices: Documentation reflects the individual's hopes and dreams or personal life goal(s). | 61% (n = 1,347) | 63% (n = 1,295) |
| Rights: Documentation shows evidence of the legal guardian's signature verifying that information was provided about rights at least annually. | 75% (n = 332) | 74% (n = 332) |

PRR
84%

Average Scores by Service: PRR and Service Guidelines (SG)

SG
85%



Lowest-Scoring Service Guideline Standards

| Standards | FY23 | FY24 |
|--|--------------------|--------------------|
| Progress notes or Learning Logs include a description of the individual's progress toward goals. | 86% (n = 1,288) | 82% (n = 1,288) |
| Progress notes or Learning Logs include a description of the individual's response to the interventions or activities. | 83% (n = 1,388) | 84% (n = 1,102) |
| Progress notes or Learning Log entries indicate the date, location, beginning and ending time when the service was provided and staff signature and credentials/title. | 90% (n = 1,388) | 89% (n = 1,296) |
| Developmental Disability Professional (DDP) oversight of services and supports is evident in the documentation. | 87% (n = 1303) | 90% (n = 1,060) |

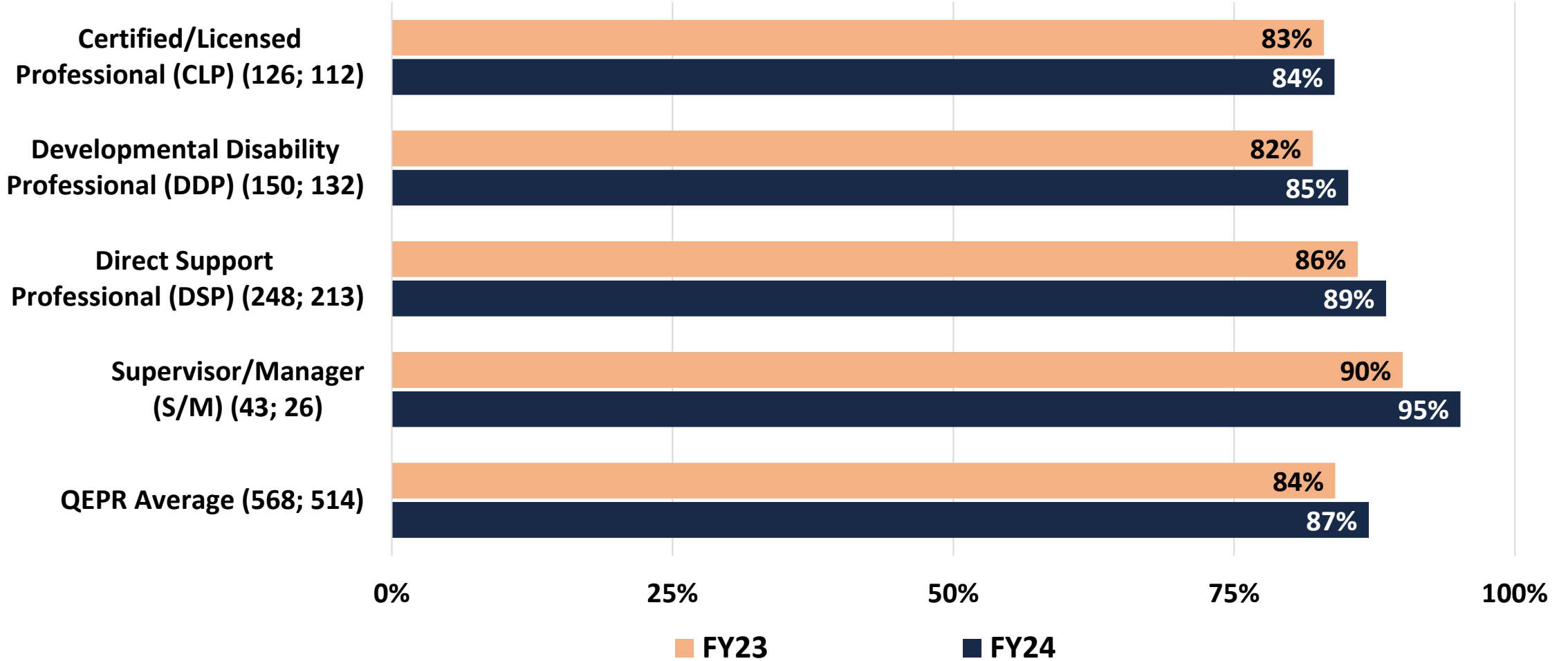
New for FY2025: New Indicator (Service Guidelines – Community Residential Alternative Services)

| Indicator #9 | Not Met Reasons |
|---|---|
| Documentation includes evidence of the individual’s visitation preferences. | <ul style="list-style-type: none"><li data-bbox="580 462 2321 586"><input type="checkbox"/> Documentation does not indicate the individual was informed of his/her visitation rights.<li data-bbox="580 586 2181 725"><input type="checkbox"/> Documentation does not indicate the individual exercising his/her preferences regarding visitations.<li data-bbox="580 725 2288 863"><input type="checkbox"/> If visitation restrictions are in place, documentation does not include a physician order that describes the type and extent of the restriction. |

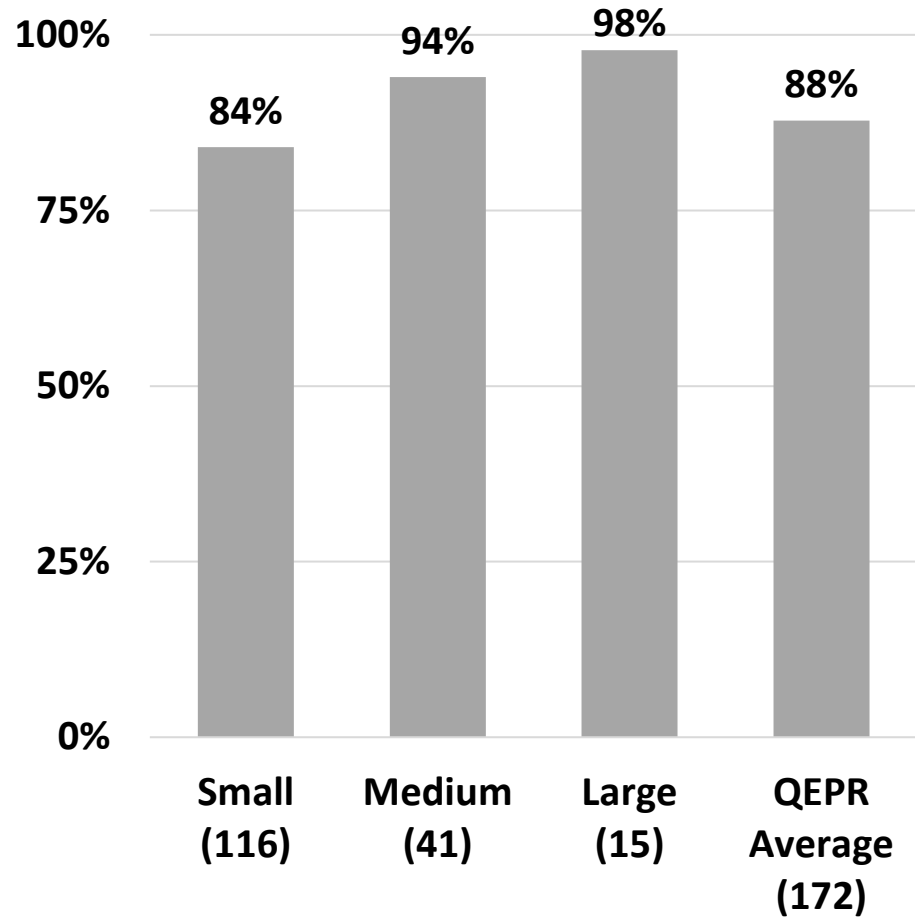
DBHDD Provider Manual Part II: Section 1 OUTCOMES FOR PERSONS SERVED A. INDIVIDUAL RIGHTS, RESPONSIBILITIES, PROTECTIONS (CRITICAL); #9 a-g

Staff
Q&T
87%

Staff Q&T Scores by Staff Title (# staff)



Administrative Reviews



| Indicator | % Met |
|---|------------|
| Areas of risk to individuals served and to the organization are identified and monitored based on services, supports, treatment, or care offered. | 91% |
| Developmental Disability Professional (DDP) services are rendered by a qualified DDP employed by or under contract with the provider. | 94% |
| Emergency preparedness process is evident in documentation. | 99% |
| The organization has a policy, by job classification, that describes the competency-based training procedures for orientation and annual trainings; additional trainings for professional level staff; and additional training/recertification (if applicable) required for all other staff. | 67% |
| The provider locations have a current Medicaid license. | 100% |
| There is a well-defined quality improvement plan for assessing and improving organizational quality. | 81% |
| There is documented evidence of active oversight of the contracted provider/professional's capacity and compliance to provide quality care. | 91% |

Note: The Administrative Review results are not included in the overall score.



Quality Technical Assistance Consultation (QTAC) & Training and Education

QTAC Types

QEPR Follow-Up

- Occurs approximately 90 days after the QEPR exit conference
- Documented evidence of progress on implementing recommendations generated from the QEPR is reviewed

Quality of Care Concerns (QCC)

- Occurs within 30 days of the QEPR exit conference
- Reviews documented evidence of how the QCC was addressed
- If the QCC is not addressed successfully a QTAC follow-up will occur
- QTACs will be referred to DBHDD if the QCC is not resolved

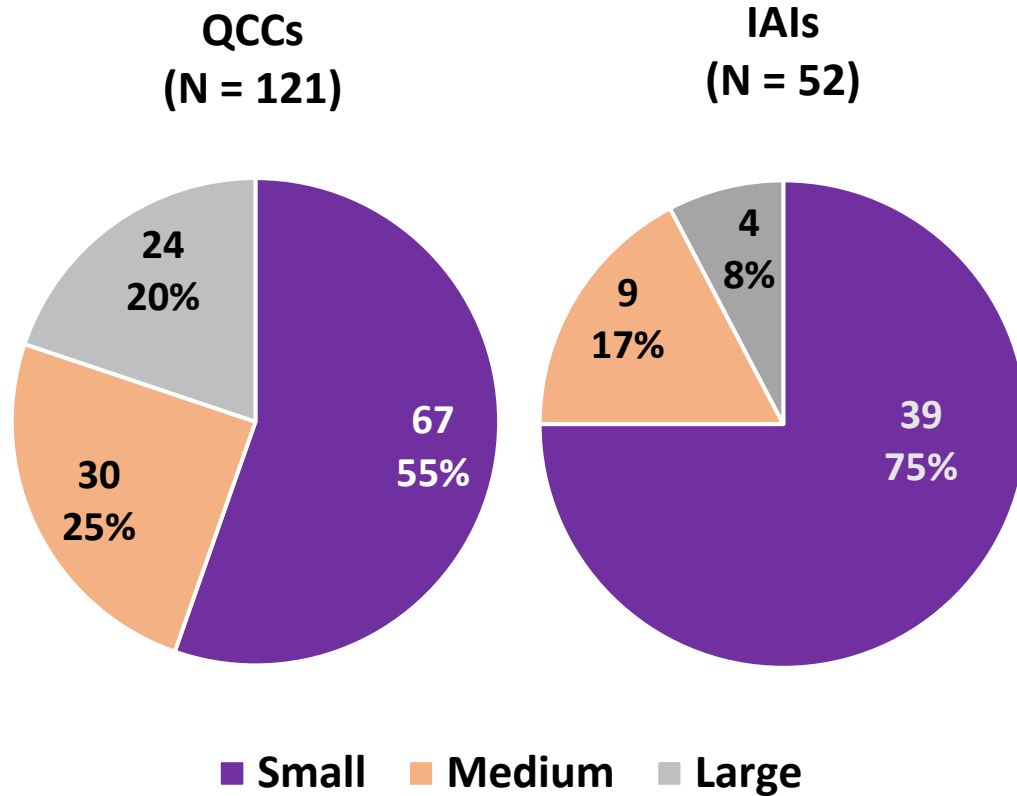
Training

- DBHDD may request a provider receive technical assistance or training
- Providers or support coordination (SC) agencies may request up to two QTACs for technical assistance or training after they have received a QEPR

QTAC Thresholds

| QEPR Scores | Outcome |
|---|---|
| <ul style="list-style-type: none">• Overall score of 85% or above; and 80% or above on the Health and Safety FOA.• Overall QEPR score of 84% or below; scores for Whole Health and Safety FOAs are 79% or below• Providers with identified Quality of Care Concern(s) or Immediate Action Item(s) related to health or safety | <ul style="list-style-type: none">• The provider will not be required to participate in a QEPR follow-up QTAC review.• However, the provider may request training as technical assistance through the QTAC process.• The provider will be required to participate in a QEPR follow-up QTAC review.• The follow-up will be scheduled within 90 days of the QEPR exit conference date.• The provider will be required to participate in a QCC QTAC review within 30 days from the QEPR exit conference, regardless of the QEPR overall score. |

Quality of Care Concerns (QCC) & Immediate Action Items (IAI) FY 2024 (July 2023 – June 2024)



| Most Common QCCs (N = 121) | | | |
|----------------------------|---|----|-----|
| Tool | Indicator | # | % |
| SG | The risk mitigation plan in place mitigates risk and implements safeguards to promote the health and safety of the individual receiving services. | 25 | 21% |
| Staff Q&T | The personnel record has evidence the provider follows DBHDD policy 04-104 (Criminal Records Checks for Contractors). | 23 | 19% |
| PRR | Documentation includes the correct procedure for identifying and reporting medication errors. | 18 | 16% |

| Most Common IAIs (N = 52) | | | |
|---------------------------|---|----|-----|
| Tool | Indicator | # | % |
| SG | Progress notes did not meet documentation requirements (date, location of service delivery, signature [title], and begin/end times). | 27 | 63% |
| Admin Review | The developmental disability professional's (DDP) information was not submitted to the Georgia Collaborative ASO for approval and registration. | 9 | 17% |



Georgia Collaborative ASO

Quality Management

Resources

ASO: Qlarant and IDD Quality Management

Quality Management

Providers

Batch Provider Resources

Bulletins & Memos

Clinical

Find a Provider

Forms

Georgia Crisis and Access Line
(GCAL)

IDD Connects

Policies & Procedures

Provider Enrollment

ProviderConnect

Quality Management

Training & Education

Quality Reviews – Resources

Behavioral Health Quality Reviews

Intellectual and Developmental Disabilities Quality Reviews

Quality Management Statewide Reports & Quality Improvement
Studies

Quality Management Training & Education

Access to:

- Quality Enhancement Provider Reviews (QEPR)
- Quality Management Training and Education

ASO:IDD Quality

Intellectual & Developmental Disabilities (IDD) Providers

Quality Management Contact List
Final Quality Assessment Reports
Quality Reviews - Resources

Quality Reviews – Resources

- Quality Management Provider Handbook Chapter 1-2023
- BHQR CSUQR Secure Email Instructions
- QEPR Secure Email Instructions
- CSUQR Programmatic Documentation Checklist
- BHQR Programmatic Documentation Checklist
- QEPR-Documentation-Checklist-1-2024
- BHQR Documentation Location Survey
- CSUQR Documentation Location Survey
- BHQR Staff Credentialing-Licensure Review Checklist

<https://www.georgiacollaborative.com/providers/intellectual-developmental-disabilities-providers/>

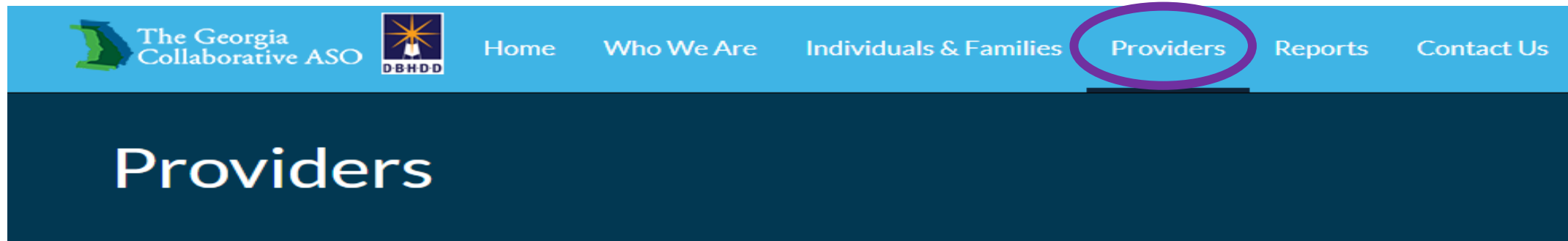
ASO: Qlarant and IDD Quality Management

Quality Management

- Providers
 - Batch Provider Resources
 - Bulletins & Memos
 - Clinical
 - Find a Provider
 - Forms
 - Georgia Crisis and Access Line (GCAL)
 - IDD Connects
 - Policies & Procedures
 - Provider Enrollment
 - ProviderConnect
 - Quality Management
 - Training & Education
- Quality Reviews – Resources
- Behavioral Health Quality Reviews
- Intellectual and Developmental Disabilities Quality Reviews
- Quality Management Statewide Reports & Quality Improvement Studies
- Quality Management Training & Education

ASO-IDD Training:
<https://www.georgiacollaborative.com/providers/training-education>

Links to the Georgia Collaborative ASO



The Georgia Collaborative ASO: <https://www.georgiacollaborative.com/providers/quality-management/>

Quality Management: <https://www.georgiacollaborative.com/providers/quality-management/>

Training & Education: <https://www.georgiacollaborative.com/providers/training-education/>

Forms: <https://www.georgiacollaborative.com/providers/forms/>

ProviderConnect: <https://www.georgiacollaborative.com/providers/providerconnect/>

Division of IDD Deaf Services Policy

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Robert Bell, Director of Community Supports
DBHDD

Kelly Sterling, Director of Deaf Services, DBHDD

August, 2024



DBHDD Policy

15-115

- **Accessibility of Community Intellectual and Developmental Disabilities Services for Individuals Who are Deaf and Hard of Hearing**

DBHDD Expectations and Provider Direction

Purpose

- This policy describes the process to arrange for Communication Assessments, and the process for arranging for ASL interpreters. A variety of interpreting services and other communication supports may be available, and the need for those services and supports is determined by the DBHDD Communications Assessment (completed by DBHDD's Office of Deaf Services) and described in the individual's Communications Assessment Report (CAR).

Expectations

- DBHDD strives to provide equal access to high-quality services to individuals with intellectual and developmental disabilities who are deaf, deaf-blind, and hard of hearing, by utilizing American Sign Language (ASL) during the application, intake/evaluation, and service delivery for waiver and state-funded individuals.
- This policy addresses two of the components of ensuring equal access for these individuals. Those components are:
 - Communication Assessments, which help to determine how the individual communicates, and make recommendations for how to make sure effective communication is occurring
 - ASL interpreters, which should be utilized when recommended

Applicability

- All NOW and COMP waiver services providers, Support Coordination/Intensive Support Coordination (SC/ISC), DBHDD Central Office and Regional Field Office Staff, IDD State-Funded providers with the exception of Family Support Services

Policy Procedures

Policy

- Therefore, if an employee/provider agency/SC/ISC observes any reason to believe that an individual is deaf, deaf-blind, or hard of hearing, then ODS must be notified so that a proper CA can be made (if no ODS Communication Assessment is available in IDD Connects)
- Notification of ODS is required even if the individual appears to communicate in spoken language, or if the individual's guardian, representative, or supports state that the individual communicates in spoken language and has no hearing loss.

Notification and Communication Assessments

- DBHDD-ODS must be notified within two (2) business days of the date of discovery
- Initiates the process for a communication assessment to occur so that providers are aware of accommodation expectation(s)
- Describes process to notify ODS via form completion and email

Communication Assessment

- Communication Assessment Scheduling
- Upon completion of the CA-the CAR will be uploaded into IDDC
- ODS Staff will be at the upcoming IEP or if the IEP was recently convened then a version change meeting will need to be scheduled to incorporate ASL training expectations and to specify environmental accommodations
- Accommodation criteria must be implemented within the timeframes indicated in the CAR

Declination/Waiver of Standard

- It is possible that an individual may not want a particular accommodation that has been listed on the CAR.
- Any refusal of a CAR specific accommodation criteria by an individual must meet ALL the following criteria:
 - Made by the individual/participant
 - Refusal must be clear and unambiguous
 - ODS communication specialist must explain the specific accommodation to the individual and why the specific accommodation is being made and the potential disadvantages if accommodation is not implemented
 - Refusal must be free and voluntary and uncoerced from any DBHDD employee, provider agency or SC/ISC/SSC to refuse the specific accommodation

Communication Access and Utilization of Regional Interpreters

- Overview of communication expectations between providers and individuals/participants who communicate in ASL
- When interpreters are to be utilized
- ODS Coordination of Interpreter Supports in DBHDD authorized I/DD services

When Should DBHDD-Provided ASL Interpreters Be Requested?

- If the individual has a CAR that recommends or indicates the need for an interpreter, then an interpreter must be requested as recommended by that CAR.
- If the individual requests an ASL interpreter be present in connection with a DBHDD-authorized service
- If an individual is in crisis services or new to services and there is a previously documented need for an interpreter as a communication support for the individual.

Division Supports Available

ASL Training Contract

- Time Limited (**funding will not be indefinite**)
- GCDHH 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

How to Begin Receiving Training

- Send an email to kelly.sterling@dbhdd.ga.gov titled “Provider ASL Training”
- A MOU will be sent to you. Complete the attached PDF and return PDF signed.
- Once this is completed, MOU will be sent for Division approval
- Once approved a representative from GCDHH will reach out to begin coordination of ASL instruction.
- ASL Training is focused to assist staff in meeting the sign fluency level identified on the Communication Assessment Report (CAR)

Provider Issue Management System (PIMS)

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Sharon Pyles

Senior Provider Relations Manager

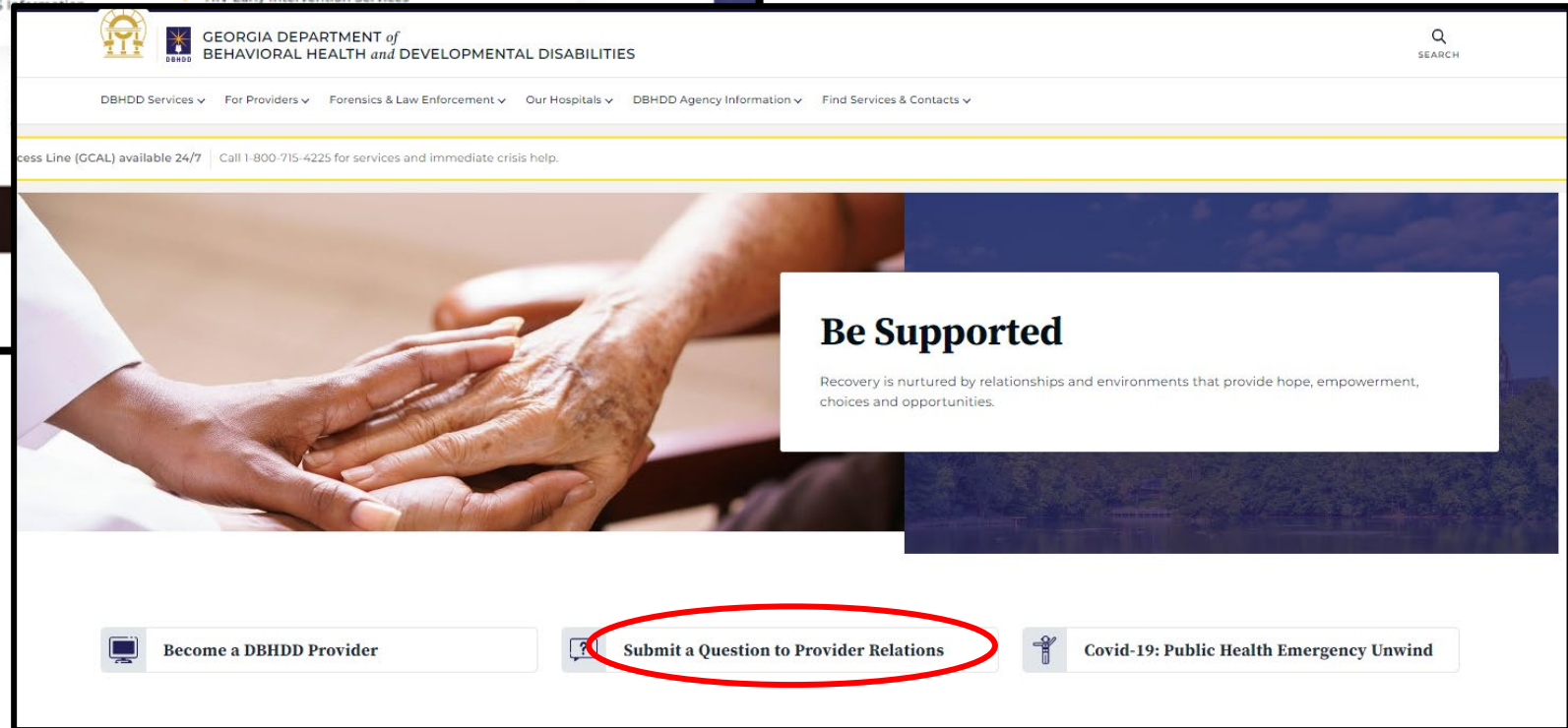
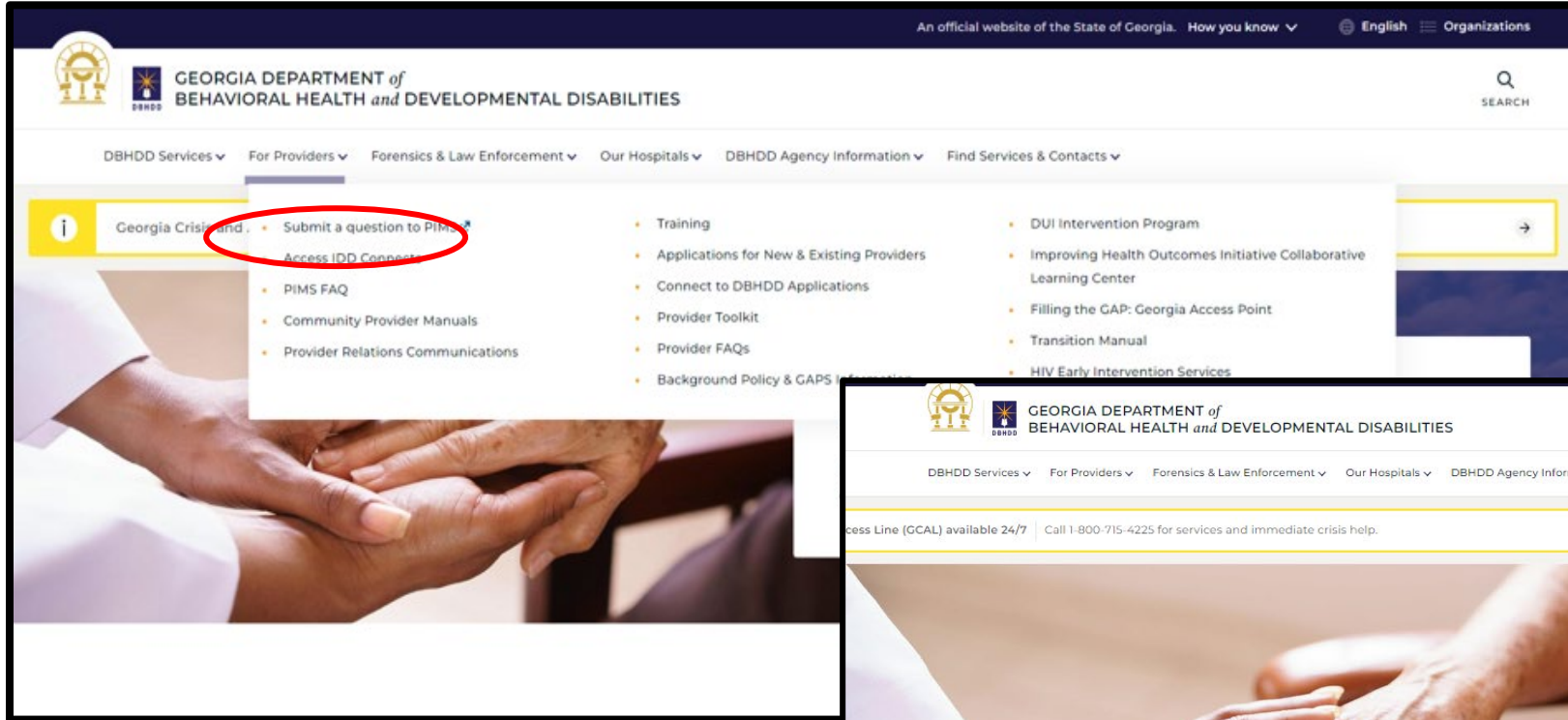
Office of Provider Relations & ASO Coordination



What is PIMS?

“PIMS is a web-based application designed to capture, track, resolve and identify issues or common themes submitted by our network of providers”

How do you access PIMS?



How do you enter your question?



GEORGIA DBHDD

Provider Issue Management System

D·B·H·D·D

Welcome to the Office of Provider Relations' Provider Issue Management System (PIMS). This system was designed to capture, track, and resolve issues submitted by our network of providers in a timely manner. If you have a provider issue that is not related to an individual, please complete our [Provider Issue Resolution Form](#).

For assistance on how to use this system, please contact DBHDD.Provider@dbhdd.ga.gov.

If your issue is related to an individual, please complete our [Office of Constituent Service's Intake Form](#).

WARNING

This is a State of Georgia application. It is provided to conduct official State business and must be used appropriately. All individuals using this application must follow the appropriate use policy and procedures defined by their individual Agencies or as defined by Georgia Technology Authority's appropriate use policy. All information in the system belongs to the State of Georgia and may be read or monitored by authorized persons.

By logging into this application, you agree to abide by all established Enterprise, State and Federal policies governing the appropriate use of State of Georgia resources.

Complete Required Fields & "Submit"



GEORGIA DBHDD

Provider Issue Resolution Form

Contact Information:-

| | | | |
|--------------|-----------------|------------------|---|
| First Name * | Last Name * | Title/Position * | Preferred Method of Contact * --- Select --- |
| Phone * | Alternate Phone | Email * | |

Provider Information:-

Existing provider? * If not, select "No" from the dropdown menu and complete the form as required to submit your question.

| | | | | |
|---|--|---------------------------|-----------------|---------|
| --- Select --- | Provider Type * ... Select ... | | | |
| Address * | City * | State * ... Select ... | Zip Code * | |
| Region Served: * | <input type="checkbox"/> Region 1 <input type="checkbox"/> Region 2 <input type="checkbox"/> Region 3 <input type="checkbox"/> Region 4 <input type="checkbox"/> Region 5 <input type="checkbox"/> Region 6 <input type="checkbox"/> Statewide | | | |
| Primary Provider Contact - Use contact info from above section <input type="checkbox"/> | | | | |
| First Name * | Last Name * | Phone * | Alternate Phone | Email * |

Question / Concern / Issue:-

Enter Question/Concern/Comment Below (5000 character limit) *

First time issue has been submitted? *
--- Select ---

Issue previously discussed with DBHDD staff *
--- Select ---

Original Case # (if applicable)

Person(s) Contacted (if applicable)

Cancel

Submit

What happens after you submit your question?

Case number is assigned & auto reply email sent to Submitter

Provider Relations Manager (PRM) is assigned

PRM contacts Submitter no later than 2 business days

PIMS FY' 23 IDD Provider Utilization

Utilization

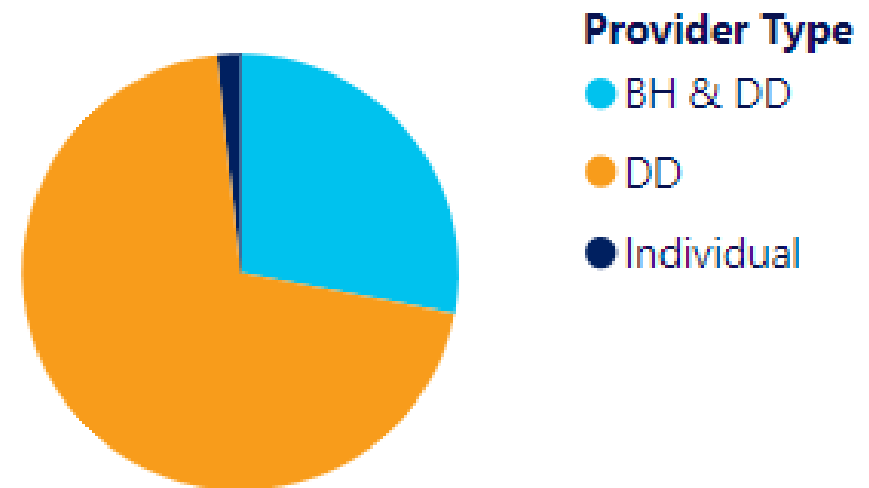
696

Completed Cases

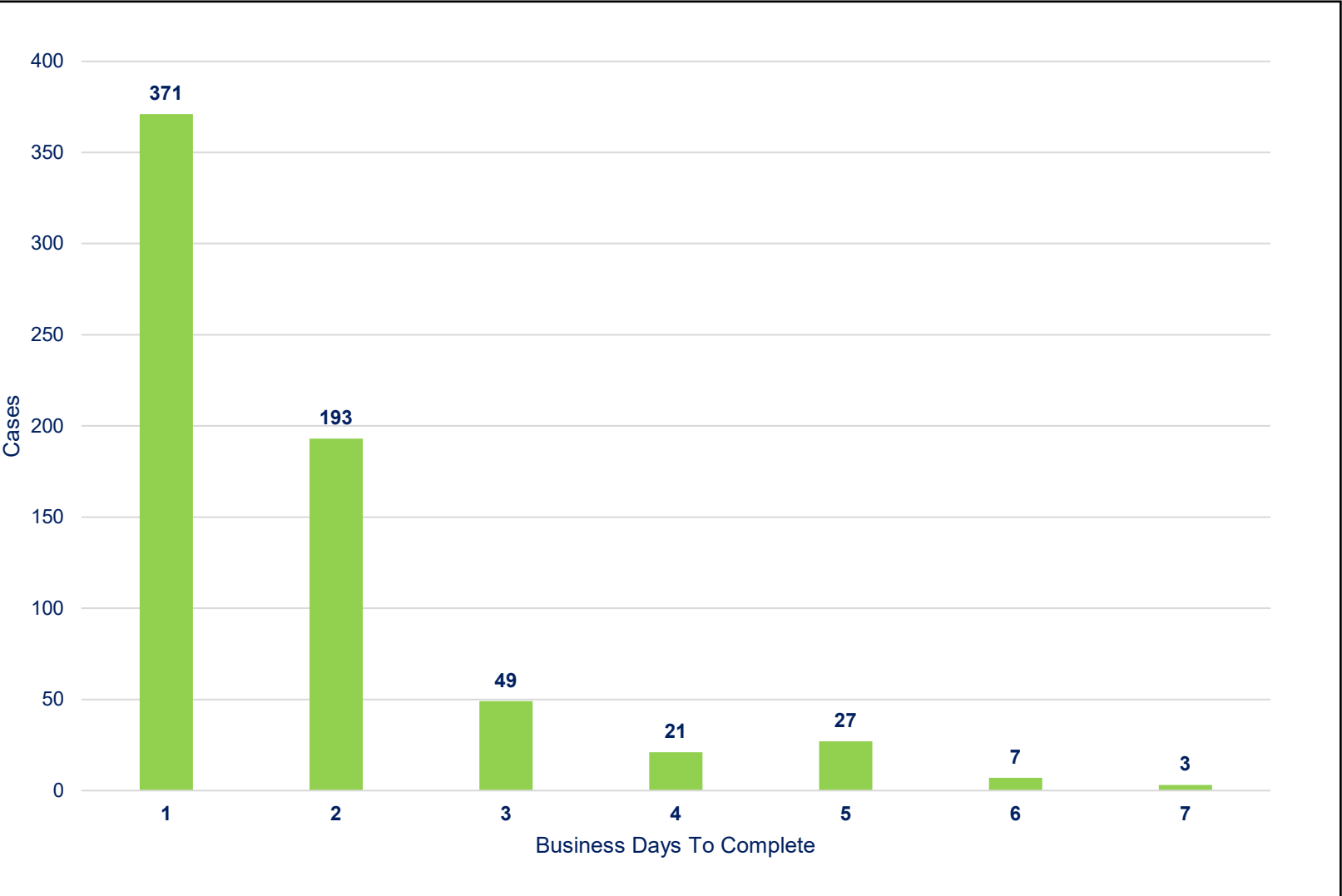
180

Unique Providers Served

Cases by Provider Type



How quickly is my question answered?



Of the 696 cases submitted in FY'23, 564 or 81% were resolved within the first 2 business days.

Cases Completed within 7 Business Days
96.4%

Average Business Days to Complete
2.4

Completed Same Day Submitted
53%

Frequently Asked Questions

IDD Connects
Access

DDP Training &
Documentation
Requirements

Risk Mitigation
Plans

Healthcare
Plans

Fingerprint
Background
Checks

TB Testing
Requirement for
Staff

Family
Caregiver

HRST Access &
Trainings

Benefit of Using PIMS

**Majority of
Questions
Answered on
Same Day**

PIMS Library

- Go-live date: 3/16/2018
- Contains all questions & resolutions
- Has created a knowledge base which has accurate, consistent, & reliable information
 - ❖ Guidance from Subject Matter Experts
 - ❖ Responses updated as policies change
- Allows for quick response times
- Ability to trend provider questions

Provider's Feedback on PIMS

“Absolutely pleased with the response time and the information provided. PIMS is such a wonderful tool that you all provide. Thank you so much.”

“There is always positive feedback with the appropriate detailed clarifications on inquiries. Thank you for all you do to support Providers!”

Office of Provider Relations Communications

Network News

- 1st business day of the Month
-

Learning Corner

- 15th business day of the month
-

Special Bulletins

- Periodically throughout the month
-

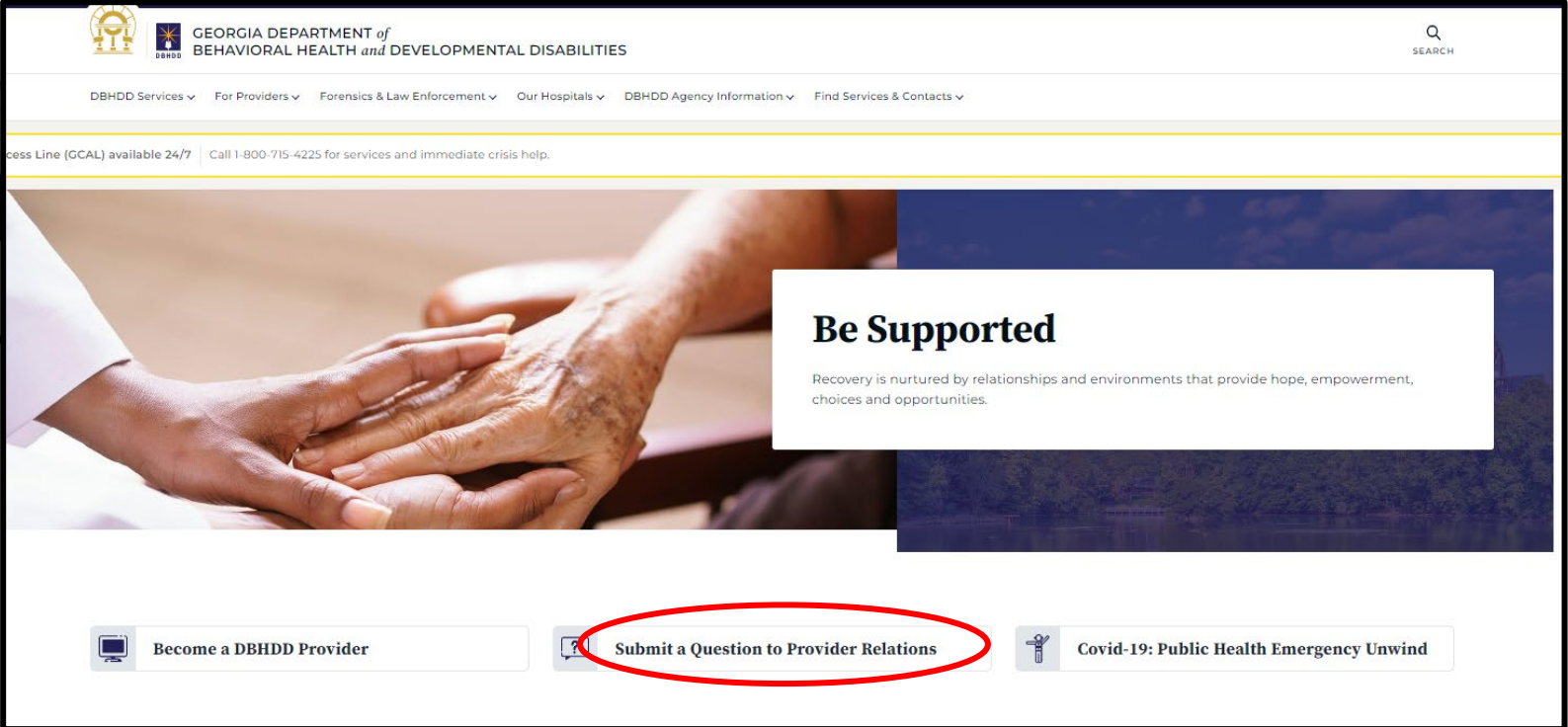
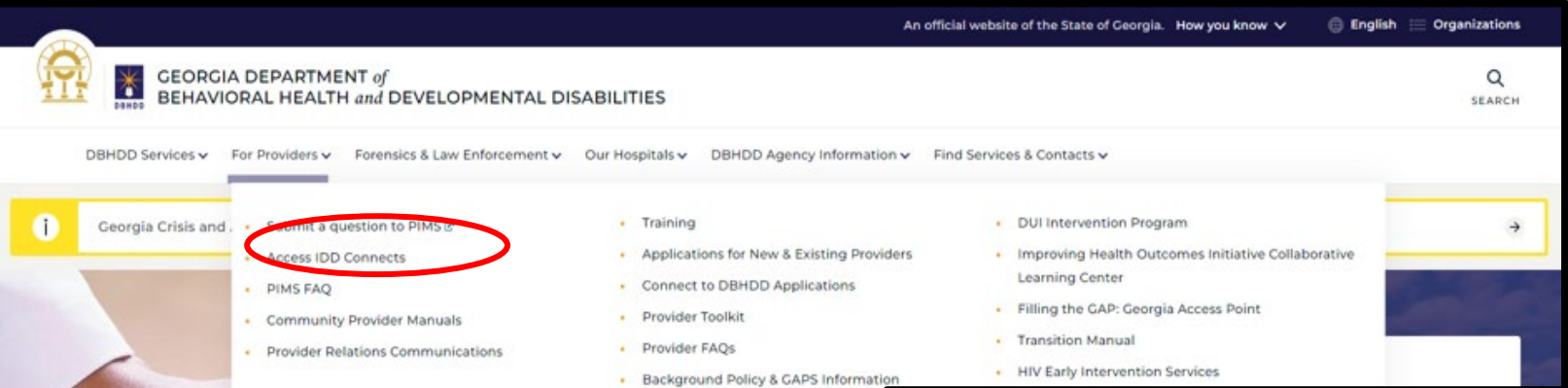
Contact Provider Relations at to be added to the distribution list at

DBHDD.Provider@dbhdd.ga.gov



Reminder: Two ways to access PIMS

Bookmark the link for quicker access!



Regional Break Outs

Regional “Break Out” Sessions will be led by your local RSA followed by general Q/A. Listen for the room location of your designated Regional Field Office

General Session Q/A





BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities



D·B·H·D·D