

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
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Opening Welcome & Updates from Lori Campbell, Assistant Division Director IDD, DBHDD

OHW Updates

Shannon Smith, RN, MS Director, Office of Health and Wellness

Karen Cawthon, Project Manager

Office of Health & Wellness, Division of Disabilities



Georgia Department of Behavioral Health & Developmental Disabilities

OHW Announcements:



OHW welcomes Jennifer Niece as our OHW Manager of Clinical Nursing Practice, effective 10-16-2023.

Jennifer Niece: Jennifer.Niece@dbhdd.ga.gov

OHW welcomes Sally Cohran as our OHW Professional Development Nurse Liaison, effective 11-1-2023.

Sally Cohran: <u>Sally.Cohran@dbhdd.ga.gov</u>



Statewide Clinical Oversight

- Statewide Clinical Oversight (SCO) is the process by which DBHDD confirms a timely and appropriate systemic response to indicators of heightened risk for Individuals in receipt of Home and Community-Based Services (HCBS) funded through state dollars and the Medicaid waivers-COMP/NOW.
- Statewide Clinical Oversight is available in all regions to minimize risks to individuals with I/DD in the community who face a heightened level of risk due to the complexity of their medical or behavioral needs.
- Statewide Clinical Oversight is a formal oversight function assigned to the Office of Health and Wellness.

Who can notify OHW for Statewide Clinical Oversight?

Individuals/Family/Guardian/Caretakers

DBHDD Community Service Providers

Clinical Providers (contracted/community-based)

Intensive/Support Coordination Agencies

Regional Field Office/Central State Office

Stakeholders with a vested interest in overall DD Individual wellbeing

Notification of Statewide Clinical Oversight Need

Email:

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



Phone:

- Centralized and continuously monitored hotline: 1-833-206-7960
- This line is available to those without internet access.

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

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



Office of Health & Wellness Provider Announcements

1



Need Help? HRST Client Documents

board Messages 🖾 New Persons Served 🗸 Providers 👻 Users 👻 Nursing 👻	Reports - Help -
	Support Site
Documents	View Knowledgebase
Download All	🏦 Transaction Logs
GA HRST Protocol	Client Documents
GA HRST protocol. This protocol includes information related to the use of the HRST in GA	A.
Download	
GA Dashboard User Guide	
The following user guide is for the HRST dashboard. The Dashboard is a set of information data directly to you for at-a-glance review, allowing you to quickly take action on the tasks	

Contact Support Knowledgebase Client Documents Corporate Site

Home



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Log Out

In-App Training Dashboard Card is now titled Incomplete Trainings



Enhancement to HRST Available Courses Table

Top 3 most requested courses are listed now at the top of the Available Course Table:

- Rater Training
- Advanced Rater Training
- Clinical Reviewer
 Training RN Course



In-App Clinical Reviewer's Quick Reference Guide for Georgia

Now Available – Clinical Reviewer Quick Reference Guide

Link available below to view, download, and share

Clinical Reviewer's Quick Reference Guide

HRST Account Confirmation User Guide

Link available to view, download, and share in Client Documents

New Feature - Account Claim & Confirmation

Nutrition Intake Information On About Me Page

Nutrition Intake Fields are being added to HRST About Me Page

The goal of the new fields on About Me Page is to capture information related to different avenues of Nutrition Intake for Person Served during the HRST Rating process.

Nutrition Intake Data collected on About Me Page will allow Providers and DBHDD to pull a report related to Nutrition for all Persons Served



Nutrition Intake Fields On About Me Page

Capabilities

BMI Data

Vision Status	Date Measured		
Sighted •			Please note: if updating this see make sure the ratings in areas
Hearing Status	Weight	Height	Nutrition, and Q. Professional H are updated as well.
Hearing •		ft. in.	
			By Mouth Allowed
Able to Use Phone	BMI		Select
Select •			
Verbal			By Tube
	Vitals		Nere
Yes v			None
Communication Preference	Date Measured	Temperature	Yes
			G-Tube
Communicates verbally (regardless of prc v			C Tube
Primary Language	Pulse Rate	Respiratory Rate	
Select v			J-Tube
	Blood Pressure	Blood Pressure	
	(Systolic)	(Diastolic)	
			GJ-Tube
	Pulse Oximetry		NO Take
			NG-Tube
	Update Vitals		TPN

ction, please also A. Eating, P.

Nutrition Intake

ealthcare Services

Select	Ŧ	

Updates to Healthcare Plans Templates



HRST User Account Deactivation

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

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

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

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

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

Dangerous Mealtime Practices Train The Trainer

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

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

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

DBHDD Relias Library

BED·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities



DBHDD sets training requirements in the DD provider manual, and because training is a requirement, we provide you a way to fulfill this obligation.

The DBHDD Relias library is available to any DBHDD associated agency.

Over the years, we have added more that just our required courses:

- DBHDD generated courses
- Relias courses
- Fatal Five courses

And we have used the platform to push out other training:

- Deaf Services
- Person Centered Thinking
- Curriculum in IDD Healthcare for Physicians and Nurses

The DBHDD Relias library will allow you to:

- Create/Edit users for your agency
- Assign training to your users
- Maintain user transcripts for your group
- Run reports on training information

To allow us to have licenses available for new users, users are inactivated after 90 days of no use.

Users are never deleted. They remain in the inactive list and can be reactivated for recurring training or accessed for transcripts and reports.

To access the library:

Email a request to: <u>Relias.admin@dbhdd.ga.gov</u>

You will need to assign a Training Contact. They will be the main contact of the library and will receive the permissions to make/edit users, assign training, etc.

Final Thought

Have access issues or questions?

Email: Relias.admin@dbhdd.ga.gov

Community Living Support Services: Overview & Billing Guidance

Ron Singleton, IDD Budget Manager Division of IDD



Georgia Department of Behavioral Health & Developmental Disabilities

Community Living Support (CLS)

CLS services are reimbursed in **15-minute** unit increments using three distinct categories:

- Basic Community Living Support
- Extended Community Living Support
- Shared Community Living Support



Center for Medicare and Medicaid Services (CMS) standard Medicaid rounding rules: Up to seven (7) minutes of completed services will be rounded down. Eight (8) minutes of completed services will be rounded up to a 15-minute unit.

Community Living Support (CLS)

CLS categories defined:

- Basic CLS service delivered during visits of 11 or fewer units (2.75 hours) of service per visit. Note: CLS service delivered in two or more distinct visits per day may be billed under Basic CLS to accommodate travel required between visits.
- > Extended CLS billed for visits of more than 12 units (3.00 hours) per visit.
- Shared CLS reimbursement includes two and three person group rates. Shared CLS is designed to accommodate voluntary home-sharing of waiver individuals, allowing one staff person to provide CLS services to groups of two or three waiver individuals.

Community Living Support (CLS) PAR

CLS Personal Assistance Retainer (PAR):

- Designed to allow continued payment for Community Living Support services while an individual is hospitalized or otherwise away from the home.
- □ Staff may not provide services in a hospital or nursing home setting but are retained in order to ensure stability of staff upon the individual's return home.
- Allows continued payment to direct support caregivers for up to thirty (30) days per calendar year for absences of individual from his or her home.

Note: Please review Appendix C in Part III of the NOW and COMP Waiver manual for additional billing guidance prior to using the Personal Assistance Retainer.

Community Living Support (CLS)

CLS Rates: Effective July 1, 2022

Service	Unit	Rate	Notes	
Basic T2025-U5	15-minute	\$7.49	2.75 hours or fewer/visit	
Extended T2025-U4	15-minute	\$6.76	3 hours or more/visit	
2 Person - Basic T2025-U5-UN	15-minute	\$4.11	Allows waiver participants to share one employee/staff	
2 Person - Extended T2025-U4-UN	15-minute	\$3.72		
3 Person - Basic T2025-U5-UP	15-minute	\$2.99		
3 Person - Extended T2025-U4-UP	15-minute	\$2.71		
Personal Assistance Retainer T2025-U5-CG	15-minute	\$6.76	Please review Appendix C in Part III of the NOW and COMP	

Community Living Support (CLS)

CLS Additional Information

- COMP Annual Medicaid Maximum
 ▶ \$60,436.53
- NOW Annual Medicaid Maximum
 ▶ \$47,122.83
- No Daily Medicaid Maximum (Hours/Units)
- No Monthly Medicaid Maximum (Hours/Units)

Community Living Support (CLS) – ISP Development

CLS services are not approved by distinct categories.



Community Living Support (CLS) – ISP Development

CLS is approved as a single service.

Service S	ummary		Sefresh 📩 🔒
Status Complete	Assessment Level	Modified [Date Completed
	Service Description	PA Approved	Detailed Service Description
1	Community Living Supports		Community Living Supports
•	H + H) IN N 10	·

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

The ISP 'Frequency' and 'Calculated Units'



The 'Calculated Units' will migrate to the prior authorization.
Community Living Support (CLS) – ISP/PA Frequency & Funding

Calculated Units, Unit Rate and Authorized Amount



IDD Connects uses the unit rate of **\$2.99** and the approved units (ISP) to calculate the authorized amount.

Community Living Support (CLS) – PA Development

The CLS service approved in the ISP will be authorized on the prior authorization with 7 distinct procedure codes.

Detailed Service Description +	Procedure Code
Community Living Supports	T2025-U4,T2025-U5,T2025-U4-UN,T2025- U5-UN,T2025-U4-UP,T2025-U5-UP,T2025- U5-CG

All procedure codes are sent to Medicaid (GAMMIS).

Community Living Support (CLS) – PA Development

Medicaid/GAMMIS State View (DBHDD, Gainwell, DCH)

Line Item												
		Requested	Requested	Authorized	Authorized	Category of	of Rendering					
Line Item	WIS Line Num	Units	Dollars	Units	Dollars	Service	Provider ID		Diagnosis	ICD Version	Status	Status Date
01		20212	\$0.00	20212	\$60,433.88	681	000111222A	MCD			APPROVED	11/14/2023
-Procedure	Codes-											
Procedure	e Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	NDC						
T2025		U4 🛑	GAMMIS WEB PC	ORTAL PROCEDUR	RE CODE - PROVID	ER VIEW						
T2025		U4	UN 🗍									
T2025		U4	UP									
T2025		U5	CG	10017							DODTAL	
T2025		U5	ſ	ADDIT	ONAL PROCE	DURE CO	DES FOR BILLI	NG - NC	DI VISIBLE IN	I THE WEB	PORTAL	
T2025		U5	UN									_
T2025		U5	UP 🤳									

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

Community Living Support (CLS) – PA Development

Medicaid/GAMMIS Provider View (Web Portal)

Line Items					
PA Line Item	1	Status	APPROVED	Rendering Provider	ACME HOME CARE, LLC
		COS Code	681	Category of Service	CHSS/COMP
From DOS	11/14/2023			Tooth	
Through DOS	11/13/2024			Quadrant	
Most Recent DOS Paid				Surface	
Units Allowed	20212	Amount Allowed	\$60,433.88		
Units Used	0.000	Amount Used	\$0.00		
Max Monthly Units	0	Max Monthly Amount	\$0.00		
Max Daily Units	0	Authorized Rate	\$7.49		

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

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

Community Living Support (CLS) – Medicaid Rate Table

Medicaid Rate Table (Fee Schedule)

Provider Rates - Procedure Pricing								
Proc Code		[Search]						
Procedure	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Rate	Rate Type	Effective Date	End Date
T2025	U5				\$7.49	681 - COS 681	07/01/2022	12/31/2299
T2025	U4				\$6.76	681 - COS 681	07/01/2022	12/31/2299
T2025	U5	UN			\$4.11	681 - COS 681	07/01/2022	12/31/2299
T2025	U4	UN			\$3.72	681 - COS 681	07/01/2022	12/31/2299
T2025	U5	UP			\$2.99	681 - COS 681	07/01/2022	12/31/2299
T2025	U4	UP			\$2.71	681 - COS 681	07/01/2022	12/31/2299
T2025	U5	CG			\$6.76	681 - COS 681	07/01/2022	12/31/2299

Note: Reimbursement based on fee schedule rate, not PA rate.

Medicaid Payment Methodology – NOW & COMP

Pay Authorized Rate (Prior Authorization)

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

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

Community Living Support (CLS) – Billable Units

Billable Units Per Service

Authorized Amount	Authorized Units	Service	Rate	Billable Units	Unit Balance
\$60,433.88	20212	Basic T2025-U5	\$7.49	8068	12144
\$60,433.88	20212	Extended T2025-U4	\$6.76	8939	11273
\$60,433.88	20212	2 Person - Basic T2025-U5-UN	\$4.11	14704	5508
\$60,433.88	20212	2 Person - Extended T2025-U4-UN	\$3.72	16245	3967
\$60,433.88	20212	3 Person - Basic T2025-U5-UP	\$2.99	20212	0
\$60,433.88	20212	3 Person - Extended T2025-U4-UP	\$2.71	22300	2088

Note: A balance of units does not equate to additional dollars.

Community Living Support (CLS) – Daily Units

CLS: Based on 365 days.

Authorized Amount	Authorized Units	Service	Rate	Billable Units	Units Per Day	Hours Per Day
\$60,433.88	20212	Basic T2025-U5	\$7.49	8068	22	5.53
\$60,433.88	20212	Extended T2025-U4	\$6.76	8939	24	6.12
\$60,433.88	20212	2 Person - Basic T2025-U5-UN	\$4.11	14704	40	10.07
\$60,433.88	20212	2 Person - Extended T2025-U4-UN	\$3.72	16245	45	11.13
\$60,433.88	20212	3 Person - Basic T2025-U5-UP	\$2.99	20212	55	13.84
\$60,433.88	20212	3 Person - Extended T2025-U4-UP	\$2.71	22300	61	15.27

Note: Medicaid doesn't have a Daily or Monthly limit for CLS hours or units.

Daily Service Delivery: Scenario #1

Hours Rendered	Service Rendered	Rate	Units Billed
6 Hours	Extended (T2025-U4)	¢c 7c	24
3:00 P.M 9:00 P.M.	Extended (12025-04)	\$6.76	24

For 1 visit, 6 consecutive hours are rendered. The service, CLS Extended, will be billed at rate of \$6.76 per unit for 24 units.

Daily Service Delivery: Scenario #2

Hours Rendered	Service Rendered	Rate	Units Billed
2.5 Hours (1st) 6:30 A.M 9:00 A.M.	Basic (T2025-U5)	\$7.49	20
2.5 Hours (2nd) 5:30 P.M 8:00 P.M.	Basic (T2025-U5)	\$7.49	20

2 visits are rendered for 2.5 hours each for a total of 5 hours. The service, CLS Basic, will be billed at rate of \$7.49 per unit for 20 units.

Daily Service Delivery: Scenario #3

Hours Rendered	Service Rendered	Rate	Units Billed
2 Hours (1st) 6:00 A.M 8:00 A.M.	Basic (T2025-U5)	\$7.49	8
6 Hours (2nd) 3:00 P.M 9:00 P.M.	Extended (T2025-U4)	\$6.76	24

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

Daily Service Delivery: Scenario #4

Hours Rendered	Service Rendered	Rate	Units Billed
2 Hours (1st) 6:00 A.M 8:00 A.M.	Basic (T2025-U5)	\$7.49	8
3 Hours (2nd) 3:00 P.M 6:00 P.M.	Extended (T2025-U4)	\$6.76	12
3 Hours (2nd*) 6:00 P.M 9:00 P.M.	Personal Assistance Retainer (T2025-U5-CG)	\$6.76	12

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

Community Living Support (CLS) Billing: Electronic Visit Verification (EVV)

Department of Community Health (DCH): EVV Guidance & Support

Contacting the EVV Call Center

Contact the Georgia EVV Call Center for technical issues or questions, via phone, email, or website for chat.

To receive faster service, you will need the following information to create your support ticket:

- Your agency name
- Your agency Medicaid ID
- Your agency National Provider Identification (NPI) number
- Your agency Employee Identification Number (EIN) or tax identification number
- Contact email address
- Call back number

Primary Number: (833) 701-0012 Email: GAEVVSupport@Conduent.com Website for Chat: www.gaevv.com



GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Questions



IDD Provider Workforce: *Direct Support Professional (DSP) Certification Pilot Projects and New AT Service*

Lydia Whitehead

Waiver Services Office of Waiver Services Division of DD



Georgia Department of Behavioral Health & Developmental Disabilities

Direct Support Professional (DSP) Pilots

DBHDD is partnering with UGA, UCP and River Edge CSB to pilot three credentialing pathways. The purpose of the pilots is to support a future funded DSP career path. This project consists of three pilots:

- Department of Labor (DOL) approved Apprenticeship (River Edge) <u>DOLpilot@river-edge.org</u>
- National Association of Direct Service Professionals (NADSP) E-Badge Academy (UCP) UCPNADSP@ucpga.org
- DSP Training and Assessment Program (IHDD) (Institute on Human Development and Disability) <u>DSPWorkforce@uga.edu</u>

DSP Project Information:

- All three programs will kickoff starting February 2024, and will continue until January 31, 2025
- Goal 200 unique DSPs per pilot (total of 600 DSPs)
- Learners must be 18 years of age or older at the point of hire
- There are no out-of-pocket costs to providers and participation is voluntary
- There is a \$5000 DSP incentive/stipend/bonus upon successful completion of the credential/certification pilot
- Supporting Learners to engage in online learning on the clock is highly recommended, but NOT required
- Upon successful completion of the assessment required in the program, DSPs earn one-time bonus payments

Bonus/Stipend for Certified DSPs

- ~ Certified DSP Entry Level **DSP I** \$5000 bonus
- ~ Certified DSP Emerging Level DSP II \$1000 (DOL pilot only)
- ~ Certified DSP Advanced Level DSP III \$1000 (DOL pilot only)

Highlights - DSP Pilots

Pilot 1 - Certified DSP Apprenticeship - River Edge:

- Administered by River Edge Behavioral Health
- Individuals must be registered as an apprentice and work a minimum of 2,000 hours
- > Every apprentice will complete 159 virtual training hours through Relias

Pilot 2 - NADSP E-Badge Academy – United Cerebral Palsy (UCP):

- Administered by United Cerebral Palsy
- DSPs who are currently employed by provider organizations
- DSP must complete 50 hours of online learning through Relias or the College of Direct Support and apply the learning in practice

Pilot 3 - DSP TAP - University of Georgia/IHDD:

- Led by the Institute on Human Development and Disability (IHDD/UCEDD) at UGA
- This online credentialing option is open to learners who are already employed by support providers, those in self-direction, or those who are interested in working with adults with I/DD
- Learners must complete self-paced online competencybased training (approximately 50 hours)







The initial pilots will operate from February 1, 2024 – January 31, 2025

NEW Assistive Technology Service

Looking to Expand Your Service Array?

The Division of Developmental Disabilities (IDD) would like to remind all current IDD NOW/COMP Medicaid Waiver Providers of the new IDD Assistive Technology service with DBHDD. We are in the final phases of service implementation for Assistive Technology with the aim of starting the service beginning in the 2024 calendar year.

We are in need of both new providers as well as existing providers to expand services to include Assistive Technology. To begin the process of expanding your current IDD services with DBHDD to add Assistive Technology, refer to policy 02-701 in Policystat for instructions <u>Recruitment and Application to Become a Provider of</u> <u>Developmental Disability Services, 02-701</u>.

For more information regarding Assistive Technology, please review Chapter 3500 of the NOW Part III manual and Chapter 3700 of the COMP Part III manual located at **Provider Manuals for Community Developmental Disability Providers**, 02-1202.

For more questions regarding Assistive Technology services please contact <u>Lydia.Whitehead@dbhdd.ga.gov</u>.

Assistive Technology (AT) Service - Highlights

- AT service are providers of Goods and Services
- AT must be included on the PA of the individual's ISP
- There is a specific list of what is reimbursable and covered in the manual
- There must be a clinically assessed need
- Any AT request over \$300 requires a clinical assessment
- AT requests under \$300 does not require an assessment
- There are individual yearly and lifetime maximum
- The waiver is the payor of last resort
- AT Good providers must be agency providers and registered with the Secretary of State
- AT Good providers must demonstrate one year of experience
- AT Service providers can be both an individual AND agency provider
- AT Service providers are specialized providers (OT, PT, SLT, Audiologist, ATP, etc.)
- For AT, the annual max is \$1279.80 per individual, and a lifetime max of \$18,000



DSP PILOTS

DSP Enrollment opens in January 2024!

To Participate and Register Learners:

- DSP Apprenticeship:
 DOLpilot@river-edge.org
- NADSP E-Badge Academy: <u>UCPNADSP@ucpga.org</u>

DSP-TAP:
 DSPWorkforce@uga.edu

DBHDD Toolkit - https://dbhdd.georgia.gov/providertoolkit-0

ASSISTIVE TECHNOLOGY

Assistive Technology services will start with the new calendar year of January 2024!

 Contact Lydia.Whitehead@dbhdd.ga.gov for more information on AT service



Thanks!!!

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities



The Georgia Medicaid Fraud Division Office of the Attorney General

[Date]

Agenda



- Introduction
- Common Schemes
- Investigation Overview
- Laws and Regulations
- Case Examples

INTRODUCTION TO THE MEDICAID FRAUD DIVISION

Medicaid Fraud Control Unit



Who We Are



- Medicaid Fraud Control Unit
- Mission
- Funding



- Support You
- You are Our Eyes and Ears on the Ground
- Referrals

Key Acronyms

STORMET GREAT

- DBHDD
- DCH
- FFS
- CMO





- Goods/Services Not Rendered
- Double Billing
- Upcoding
- Medically unnecessary goods/services
- Kickbacks



- Referrals from government agencies
 - Data analysis
 - Provider audits
- Whistleblowers
- Hotline Complaints

How We Investigate

- Gather Data
- Investigative Interviews
- Document collection
 - Onsite inspections
 - Subpoenas
 - Search Warrants
- Medical/File Review



Laws and Regulations



- Criminal Medicaid Fraud Statute
- Georgia False Medicaid Claims Act ("GFMCA")
- Anti-Kickback Statute ("AKS")



"It is unlawful for any person to obtain or attempt to obtain...payments...to which the person is not entitled, or in an amount greater than that to which the person is entitled...by...

- (A) Knowingly and willfully making a false statement or false representation
- (B) Deliberate concealment of any material fact; or
- (C) any fraudulent scheme or device."



"[A]ny person who:

(1) knowingly presents or causes to be presented to the Georgia Medicaid program a **false or fraudulent claim** for payment or approval;

(2) knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim;

(3) conspires to commit a violation of subparagraph (1), (2), . . . or (7);

* * *

(7) knowingly makes, uses, or causes to be made or used, a false record or statement material to an obligation to pay or transmit money or property to the Georgia Medicaid Program, or knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to the Georgia Medicaid Program,

shall be liable to the State of Georgia for a civil penalty of not less than \$5,500.00 and not more than \$11,000.00 for each false or fraudulent claim, plus three times the amount of damages which the Georgia Medicaid program sustains because of the act of such person.



As used in this article, the term:

(1) "Claim" includes any request or demand, whether under a contract or otherwise, for money or property, whether or not the Georgia Medicaid program or this state has title to such money or property, which is made to the Georgia Medicaid program, to any officer, employee, fiscal intermediary, grantee, agent, or contractor of the Georgia Medicaid program, or to other persons or entities if it results in payments by the Georgia Medicaid **program**, if the Georgia Medicaid program provides, has provided, or will provide any portion of the money or property requested or demanded; if the Georgia Medicaid program will reimburse the contractor, grantee, or other recipient for any portion of the money or property requested or demanded; or if the money or property is to be spent or used on behalf of or to advance the Georgia Medicaid program. A claim includes a request or demand made orally, in writing, electronically, or magnetically. Each claim may be treated as a separate claim.

O.C.G.A. § 49-4-168: Definitions



As used in this article, the term:

(2) "Knowing" and "knowingly" require **no proof of specific intent to defraud** and mean that a person, with respect to information:

(A) Has actual knowledge of the information;

(B) Acts in deliberate ignorance of the truth or falsity of the information; or

(C) Acts in **reckless disregard** of the truth or falsity of the information.

"[I]n cases brought under the False Claims Act, . . . knowledge of an employee is imputed to the corporation when the employee acts for the benefit of the corporation and within the scope of his employment." *Grand Union Co. v. United States*, 696 F.2d 888, 891 (11th Cir. 1983)



It is <u>illegal</u> to knowingly and willfully offer or pay any remuneration to any person to induce such person to purchase, lease, order, or arrange for or recommend purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under a Federal health care program

- $\,\circ\,$ No specific intent is required.
- Government need only prove that "one purpose" of the remuneration is to induce referrals.
Interaction with DBHDD, DCH and CMOs



- What is DBHDD/DCH's history with this specific provider?
 - Provider Enrollment documentation
 - Prior Audits and Recoupments
 - Prior communications, education, corrective action
- Program Policy Manuals
 - What rules are typically audited?
 - What violations typically result in a recoupment?

SFORGLA

- Provider "ABC"
 - Core Provider (440 Category of Service)
 - \circ Whistleblower Complaint
 - $\,\circ\,$ Allegations
 - Lied about the skill level of the provider
 - Inflated the amount of time spent with clients
 - Documented phony face-to-face contact with clients
 - Misrepresented dates of service

ABC Compared to Peer Providers



75



Case Examples



- Jane Doe (Mom) and Mary Doe (Daughter)
 - Comp to Now Participant (COS 681- Community Habilitation and Support Services Waiver Program)
 - Medicaid recipient Authorized for T2025 T2040, T2022, T2019
 - Utilized Participant-Directed Services
 - \circ Allegations:
 - Jane Doe (mom) falsified timesheets for Mary Doe (daughter) stating that she was caring for her disabled son who is also Mary's brother.
 - 50% of the time Mary Doe was reimbursed for caring for her brothers, she was working with other agencies.
 - Investigation Uncovered:
 - Mary Doe was employed with other agencies and brother also had a limited form of employment, but Jane continued to falsely bill Medicaid.
 - Conclusion
 - Both parties pled guilty to one count of Medicaid fraud, sentenced to 10 years to serve on probation, excluded from the Medicaid program and ordered to pay restitution.











- <u>Report Medicaid fraud@law.ga.gov</u>
- 404-458-2878, ext. 664
- Presented by:



Ensuring Person-Centered Approaches

Bringing Person-Centered Training to GA IDD Community Providers











The Goal

- Provide access to Person-Centered Thinking training for both ISC/SC and community provider agencies
- Promote collaboration between ISC/SC and community provider agencies to gather, document, and use person-centered information
- Over time, to ensure each person has an accurate, up-to-date Person-Centered Description that is used in daily service delivery and in building ISPs





Training for SC/ISC/PLA/SSCs has Started



- Successful completion of the Person-Centered Thinking eLearn course, *followed by*
- Successful completion of a one-day live, virtual Person-Centered Thinking training
- Afterward, the ePCD/1PD Editor Role is activated
- We've trained over 100 SC/ISCs so far



Providers, You're Next!

- Starting in Dec 2023, providers can:
 - Complete the Person-Centered Thinking eLearn course and then register for
 - The one-day live, virtual Person-Centered Thinking training
- This will help ensure providers are effective contributors to the ePCD/1PD creation and updating





Who Should Be Trained

- 1. DDPs
- 2. Managers and Execs
- 3. DSPs

The goal is to have everyone within your agency trained.





Getting Access to Training

Have Already completed the PCT eLearn (*A Course on Person-Centered Thinking*) within Relias but need to complete the follow-up one-day virtual training:

- 1. Scan the QR code provided today to access the registration link
- 2. Email <u>PCSsupport@ReplacingRisk.com</u> to receive the link

Have <u>Not</u> completed the PCT eLearn (*A Course on Person-Centered Thinking*) within Relias:

- 1. Start by completing the course within Relias
- 2. At the end of the training, the learner can register to attend a one-day virtual training session





Important

- Learners must upload their eLearn certificate to register for the one-day, virtual training.
 - If a learner cannot locate their certificate, they will need to work with their agency training manager or Relias to get their certificate.
- The full PCT training consists of both the PCT eLearn (*A Course on Person-Centered Thinking*) in Relias AND the follow-up one-day, virtual training.





Things to Know



Application Capabilities

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





Access

• SC/ISCs and providers with HRST access for the person can access the ePCD/1PD via the HRST application.





Person Details for Wendy Adams







Access

• Providers who do not have HRST access can access the ePCD/1PD via IDD Connects.







Launching Soon!

- Launch of an additional eLearn course specifically for community provider agencies in late 2023.
 - The focus will be on:
 - Taking information from the ePCD and changing HOW services are delivered to the person
 - How to shift the culture of the agency to one that is person-focused







Questions? See me after the meeting!

Division of IDD Crisis Continuum

Mobile Crisis Team

Ψ

On Site-Stabilization Brief assessment and intervention by the mobile

crisis team at the location of the individual.

Intensive In-Home Support

Time limited behavior supports provided to the individual and their caregivers in their home.

Intensive Out of Home Support

Time limited behavior supports provided to the individual out of their home. This would include services provided within the limited crisis homes based upon clinical determination and availability.

IDENTIFIED AREA OF NEED

Service Need: Establishment of an IDD Crisis Stabilization and Diagnostic Center

Development of IDD Crisis System Continuum

FOCUS

Identify solutions for expediting discharge of Individual's with IDD from local community Emergency Departments.

Develop community-based supports to stabilize the person, while establishing permanent residential supports.

SOLUTION

Utilize 2 vacant homes located on state property in Augusta.

Contract with nationally recognized provider of crisis supports, AWRC, to provide 8 specialized transitional crisis beds.

Focus on development in Augusta area due to proximity to community clinical services, and IDD residential providers. • 3004 Hillcrest Drive, Augusta GA • 3013 Hillcrest Circle, Augusta GA







Upcoming Provider Meetings



February 6th 9am- 12:30pm

UGA Tifton Campus Conf Center - 15 R D C Rd, Tifton, GA 31794

February 7th 9am-12:30pm

Anderson Conference Center - 5171 Eisenhower Pkwy suite D, Macon, GA 31206

February 8th 9am-12:30pm

Douglasville Conference Center - 6700 Church St, Douglasville, GA 30134

Registration forthcoming

Please note there is no virtual option for the provider meetings. Provider attendance is mandatory per our Letter of Agreement

BED·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Q & A



BE HERE