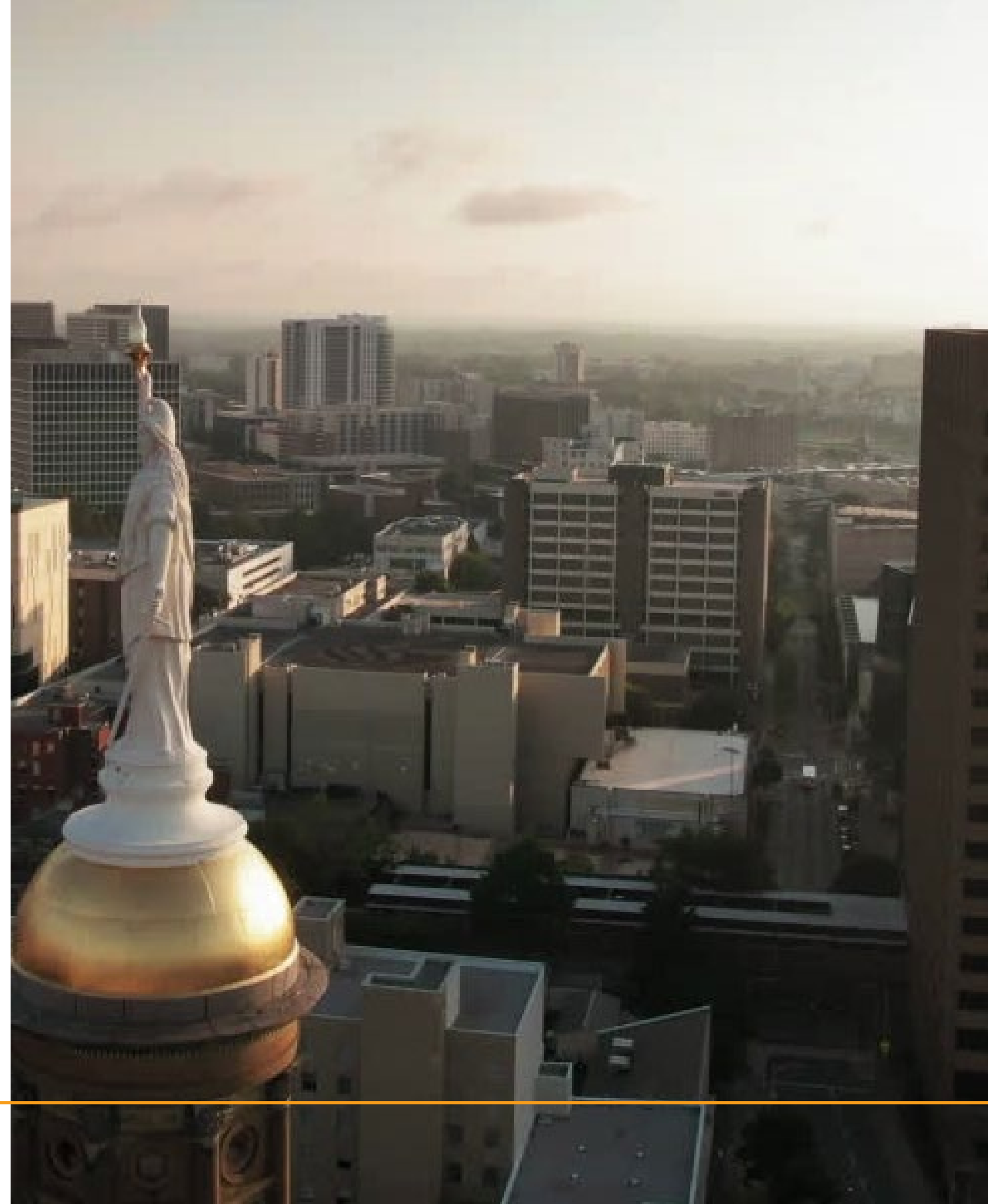




D·B·H·D·D

IDD Provider Meeting

March 24th, 25th, and 26th, 2026



Agenda



Meeting:	DBHDD IDD Provider Meetings
Dates/Locations:	<p>March 24, 2026 -UGA Tifton Campus Conf Center - 15 R D C Rd, Tifton, GA 31794</p> <p>March 25, 2026 -Middle GA State University, Robert F. Hatcher Conference Center, Banquet Hall-100 University Pkwy Macon, GA 31206</p> <p>March 26, 2026 -Douglasville Conference Center, 6700 Church St, Douglasville, GA 30134</p>

Topic	Time	Presenter
Opening Welcome	9:00 am – 9:10 am	Ron Wakefield, IDD Division Director, DBHDD
Licensure changes-Incident Reporting and Surveys for CLAs	9:10 am – 9:40 am	Jennifer Rybak-Gibbons, Director, Office of Incident Management and Compliance, DBHDD
Supported Employment (SE) service expectations & CAG TA project	9:40 am – 9:50 am	Christine Gudgin, Community Life Engagement Manager, DBHDD
CSDC Outpatient Clinic Services	9:50 am – 10:05 am	Dr. Jonathan Smith, Director of the Center for IDD Care, Mercer University School of Medicine
Therap	10:05 am– 10:35 am	Heather Daily and Dr. Ishya “Shae” Dotson
Supported Decision Making-	10:35 am -11:35 am	Dana Lloyd, Program Director, (Georgia Advocacy Office GAO)
Guardians and Other Surrogates Policy	11:35 am – 12:05 pm	Tracy Altman, Deputy General Counsel for Programs, DBHDD
All Audience Provider Q/A	12:05 pm – 12:30 pm	All DBHDD staff – responding to written questions from audience



Ron Wakefield, IDD Division Director DBHDD



D·B·H·D·D

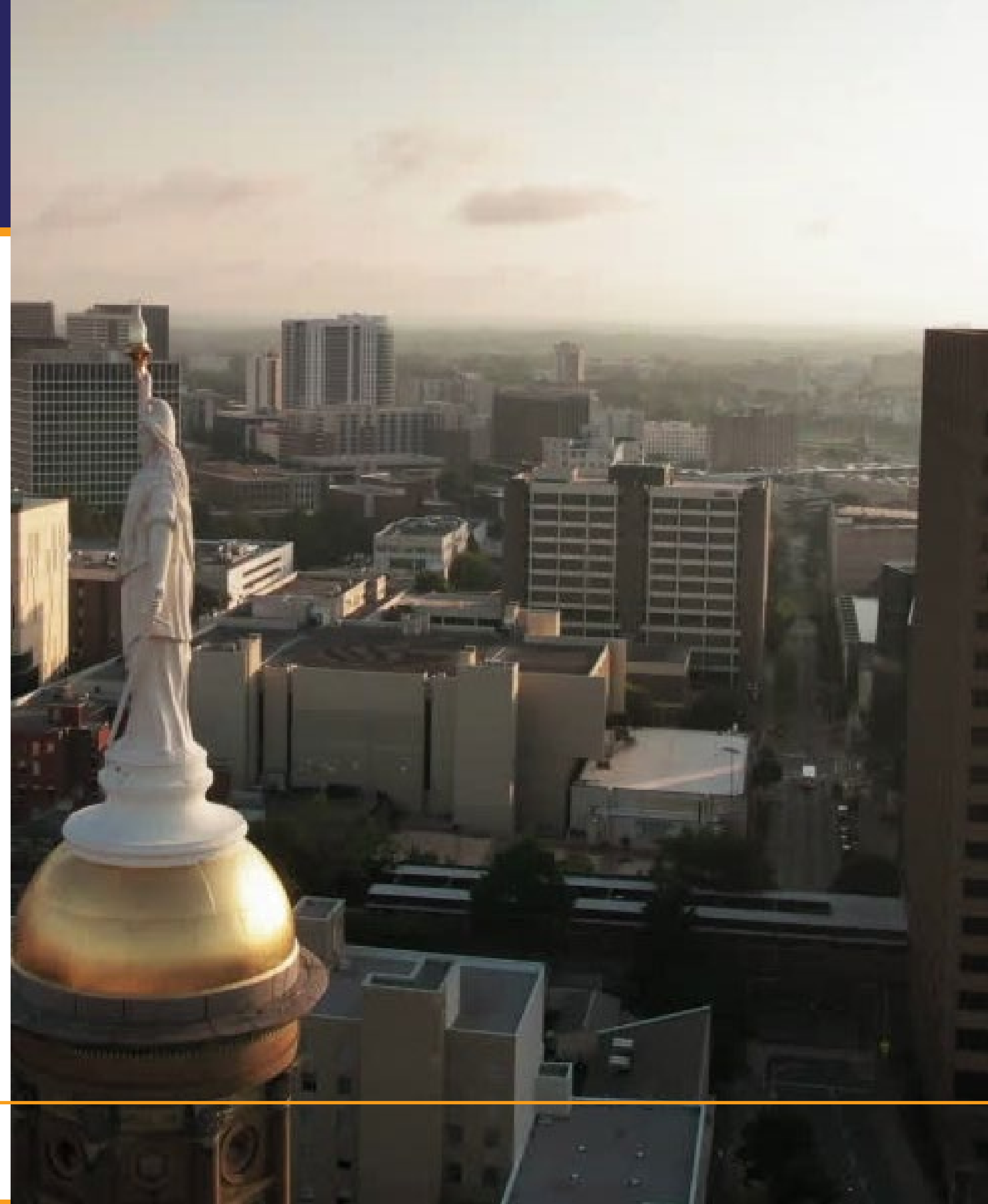
Licensure Update

Jennifer Rybak -Gibbons

Director, Office of Incident Management and Compliance

Dr. Keisha Davis

Assistant Director, Office of Incident Management and Compliance



Legislative Foundation



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- GA House Bill 584 transferred licensing and oversight to DBHDD 1/1/26 for four programs
- Community Living Arrangements (BH and IDD)
- Drug Abuse Treatment Programs (DATEP) - Facilities providing substance use disorder treatment in residential and outpatient settings
- Narcotic Treatment Programs (NTP) - Specialized programs administering medication-assisted treatment for opioid use disorder
- Adult Residential Mental Health Programs - Short-term intensive residential treatment programs for adults with mental illness

Core Oversight Functions



DBHDD will assume three primary oversight functions to ensure facility compliance and quality of care. These integrated functions work together to maintain high standards across all licensed facilities while supporting providers in delivering excellent services.

Licensing

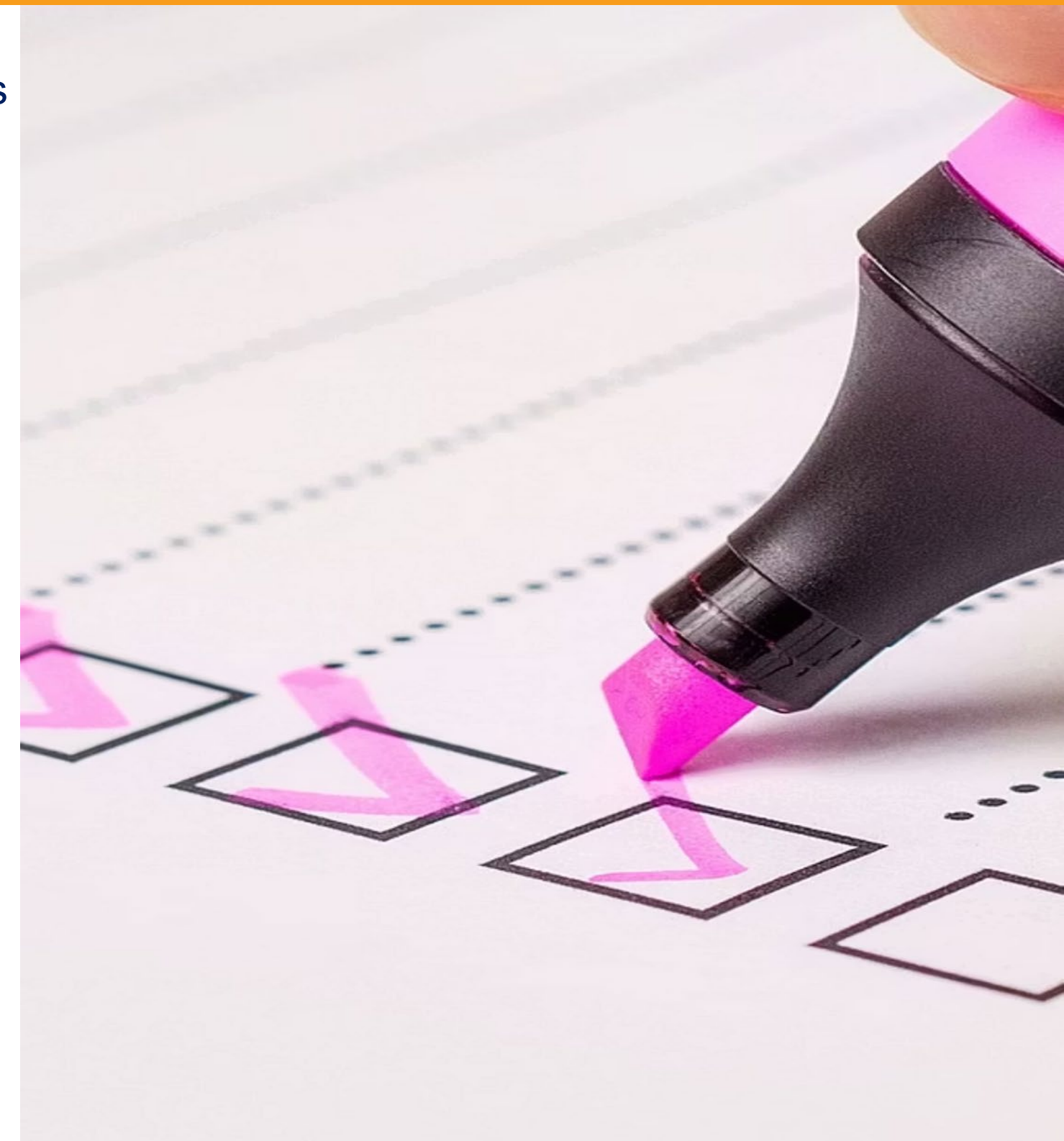
- Application review and evaluation
- Background checks for owners and key personnel
- Initial inspection to verify compliance
- Award of license upon meeting all requirements

Monitoring

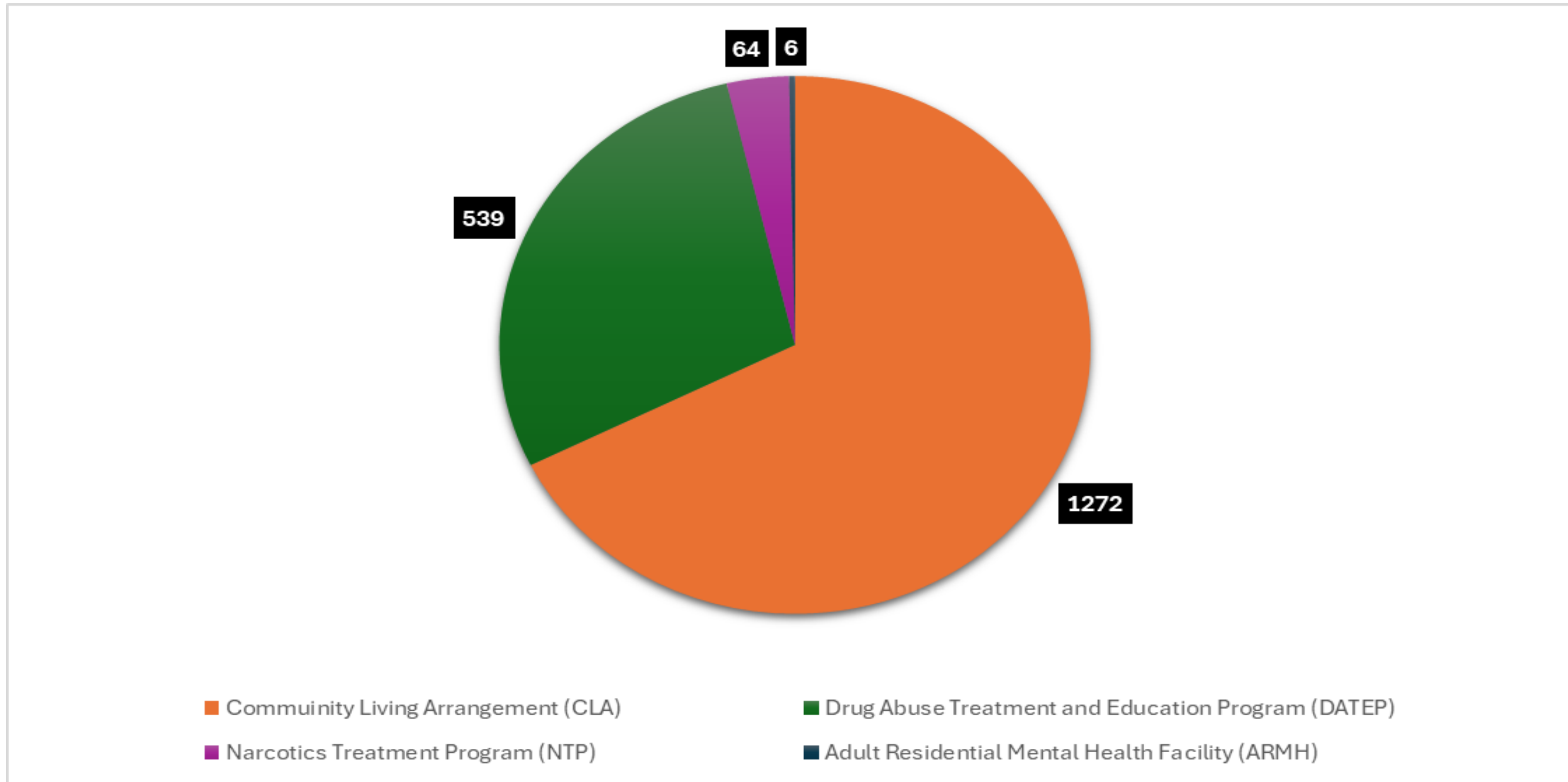
- Routine inspections on scheduled intervals
- Complaint triage and follow-up
- Incident triage and systematic investigations
- Corrective actions and validation of compliance

Enforcement

- Sanctions and fines for serious violations
- Appeals process and administrative hearings



Scope of Oversight Responsibility



DBHDD will oversee nearly 2000 facilities across Georgia. Community Living Arrangements comprise the majority at 1,272 sites.

January 1, 2026 Transition

At this time, no action is required from facilities to transition licensure.

Phases of Implementation



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Initial Launch

DBHDD and DCH are coordinating the transition of any in-process activities to ensure seamless continuity. This collaborative approach minimizes burden on providers while maintaining regulatory integrity.

Adjustments

**Process improvements
Focused training
Partnership approach
Resource allocation
Rule revisions**

Transformation

**Reimagined process
Technology solutions
Ongoing refinements
Streamline licensure and enrollment where possible**

Applications: Office of Provider Enrollment



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Initial Launch

Applications in process as of December 31, 2025 will be completed by HFRD. This ensures applicants receive timely decisions without disruption from the agency transition.

Adjustments

Incorporate the existing application processes into DBHDD including:

- Initial
- Change of Ownership
- Change in Bed Capacity
- Etc.

Transformation

Use of technology to streamline the application process to decrease redundancy and ensure new applications are approved timely.

New Email Address:

Licensure.Application@dbhdd.ga.gov

Initial Surveys: Office of Incident Management and Compliance



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Disabilities

Initial Launch

DBHDD will assume responsibility for initial surveys effective January 1, 2026.

Permits will be issued by the agency that performed the site visit.

Adjustments

Initial surveys that are:

- **Prioritized**
- **Announced in advance**
- **Records requested in advance**

DBHDD is addressing the backlog.

Transformation

Use of technology to streamline the process to decrease redundancy within DBHDD for quick, accurate initial licensure.

New Email Address:

Licensure_Surveys@dbhdd.ga.gov

Routine Surveys: Office of Incident Management and Compliance



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Initial Launch

DBHDD will assume responsibility routine surveys effective January 1, 2026.

Adjustments

DBHDD is adjusting resource allocation to accommodate new processes.

Routine surveys that are:

- Prioritized
- Announced in advance
- Records requested in advance

Transformation

Use of technology to streamline the process to decrease redundancy within DBHDD for quick, accurate routine surveys.

New Email Address:

Licensure_Surveys@dbhdd.ga.gov



Initial Launch

DBHDD will assume responsibility for the receipt of complaints from the public effective January 1, 2026, which includes those submitted since December 1, 2025.

Adjustments

Complaints are:

- Prioritized
- Determined not to be a reportable incident
- Referred as appropriate within DBHDD (Office of Constituent Services, Regional Field Office, etc.)

Transformation

Complaint process that ensures timely resolution by the appropriate DBHDD staff.

New Email Address:

Licensure.Complaints@dbhdd.ga.gov

Initial Launch

DBHDD will assume responsibility for the investigations in process as of December 31, 2025.

Adjustments

Investigations are:

- **Prioritized**
- **Conducted by the appropriate level of investigator (clinical vs. non-clinical)**
- **Timely**

Transformation

Timely investigation findings to ensure prompt correction of any deficiencies identified.

New Email Address:

DBHDD.LicenseINV@dbhdd.ga.gov

Plans of Correction



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Initial Launch

DBHDD will assume responsibility for collection of Plans of Correction (Corrective Action Plans) for surveys and investigations.

Adjustments

Plans of Corrections submitted to the appropriate reviewing office:

Surveys – Office of Incident Management and Compliance

Investigations – Office of Investigation Services

Transformation

Prompt correction of any deficiencies identified in a survey or investigation.

New Email Address:

Survey Plans of Corrections -

Licensure_Survey@dbhdd.ga.gov

Investigation Plans of Corrections -

DBHDD.LicenseINV@dbhdd.ga.gov

Rules and Regulations



Facilities will remain subject to existing HFRD rules for the time being, ensuring regulatory continuity and consistent standards during the transition.



Board Presentation

Drafted rules are presented to the DBHDD Board starting the formal rule-making process



Public Comment Period

A public comment period allows for stakeholder input and potential revisions.



Final Adoption

Final adoption occurs at a subsequent board meeting, incorporating public comments

DBHDD will update rules on a staggered basis, with proposed sequencing detailed in upcoming slides, allowing for thoughtful revision.

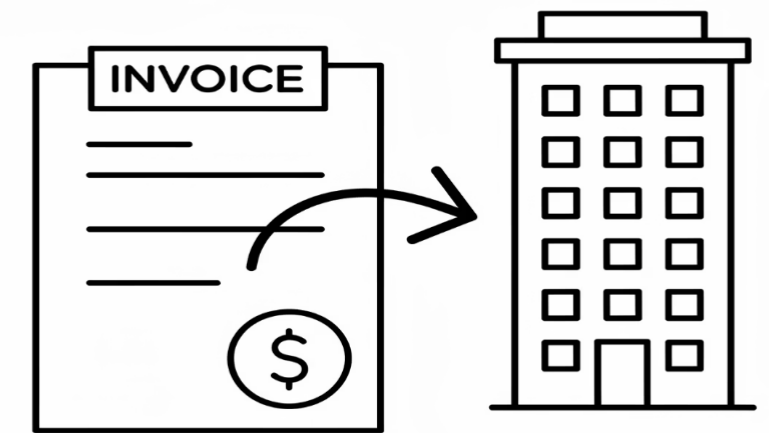
It is expected that CLA Rules will begin this process in April 2026.

Licensure Fees



Inter-Agency Coordination

DBHDD and DCH have established processes to track and coordinate fee payments during the transition. Facilities will receive confirmation of payment receipt and licensure renewal as usual.



DBHDD and DCH will coordinate fees until further notice, ensuring proper accounting and no disruption to licensure status, presuming fees are paid in a timely manner.

Fees will continue to be assessed and paid in the same way as they have been with HFRD.

DBHDD will send follow-up communication for any outstanding fees.

DBHDD is authorized to impose fines for non-compliance with regulatory requirements. This authority ensures that DBHDD has the full range of enforcement tools necessary to protect the health and safety of individuals receiving services. The enforcement structure is not changing, including fine amounts.

Fiscal Year 2026 Approach

Although this authority remains in place, DBHDD does not expect to issue fines during fiscal year 2026 (through June 30, 2026). This period recognizes the transition adjustment period and allows facilities to become familiar with DBHDD oversight processes.

Future Implementation

DBHDD will initiate fine-based enforcement at a future date, with advance notice given to the provider community. This approach balances accountability with support during the transition period.

Provider To Do List:



Submit new applications and other applications using the existing processes.

Submit all required documents at the time of application, request, survey, investigation, etc.

Be ready for the initial survey.

Continue to process enrollment applications per usual.

Watch for communication through DBHDD Provider Communications emails.

Offer grace.

Contact Us



If you have additional questions about the licensure program, please submit inquiries to:

- Licensure Applications: Licensure.Application@dbhdd.ga.gov
- Licensure Surveys & related CAPs: Licensure_Survey@dbhdd.ga.gov
- Complaints or Incidents: Licensure.Complaints@dbhdd.ga.gov
- Investigations: DBHDD.LicenseINV@dbhdd.ga.gov
- Investigation CAPs: LicenseCAP.Request@dbhdd.ga.gov
- Hearing Requests: Licensure.hearingrequests@dbhdd.ga.gov

If unsure of the right place or have a general question, please request support from Provider Inquiry Management System Plus (PIMS+) for the correct routing of your request at: <https://dbhddpims.zendesk.com>

INCIDENT MANAGEMENT UPDATES

Jennifer Bryant
Incident Manager

Policy 04-106 Attachment A Updates: New Incident Codes



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341 – CLA Only

Non-Accidental Injury Requiring Medical Treatment – Any serious injury requiring emergency medical evaluation, intervention, or treatment by medical personnel at an urgent care facility, emergency room, or medical facility that is non-accidental.

421 – CLA Only

**Physical Battery/Assault:
Physical battery or assault to an individual receiving CLA services.**

***For physical abuse allegations against staff, please use code 200.**

930 – CLA Only

**External Disaster or Emergency:
An external disaster or other emergency situation that effects the continued safe operation of the residence.**

Policy 04-106 Attachment A Updates: Existing Incident Code Updates



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Code 221

Alleged Financial Exploitation Staff/Individual: Updated to include misuse of an individual's funds by a governing body. Examples updated to include misuse of an individual's funds associated with a will, trust, or life insurance policy, etc.

Code 420

Aggressive Physical Act Ind/Ind with injury severity level 3+: Now excludes CLAs. Refer to code 421 for CLAs. Injury severity 3+ is no longer required for the incident to be reportable.

Codes 440 & 450

The incident descriptions for Codes 440 and 450 have not changed. These incidents now have the ability to be referred to OIS for investigation for CLAs only.

Image Incident List



000 - Incident Not Reportable	310 - Choking	500 - Law Enforcement
100 - Death - Expected	320 - Med Error	501 - Criminal Act
101 - Death - Unexpected	330 - Hospital - Medical	600 - Rights Violation
102 - Suicide	331 - Hospital - Psych	800 - Crisis/Respite Place
103 - Death - Other	340 - Accident - Injury 3+	801 - Environ. Threat
104 - Homicide	341 - CLA ONLY Non-Accidental injury requiring medical attention	802 - Transition
200 - Abuse - Physical	400 - Sexual Assault (Ind)	803 - Support Loss
201 - Abuse - Sexual	411 - Alleged Financial Exploitation - Ind/Ind	804 - Equip Needed
202 - Abuse - Psychological	420 - EXCLUDES CLA Aggressive Physical Act Ind/Ind with an Injury Severity Rating of 3+	805 - New Serious Six
203 - Abuse - Verbal	421 - CLA ONLY Physical battery or assault to an individual receiving CLA services. For physical abuse allegations against staff, please use 200.	806 - Planned Hosp
210 - Neglect	424 - Aggressive act resulting in death - Ind/Non-Ind	807 - Emerg Room
220 - Exploit (St/In)	425 - Aggression (In/Other) – Injury 3+	808 - Urgent Care
221 - Financial Exploit (St/In)	430 - Suicide Attempt	900 - Media Alert
222 - Financial Mismanagement	440 - SecI/Restraint - Injury 3+	910 - Non-Compliance
230 - Inappropriate Intervention	441 - SecI/Restraint - CSU	930 - CLA ONLY External disaster or emergency
300 - Falls - Injury 3+	450 - Elopement	

Policy 04-106 Attachment B Update



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- The requirement for CLAs to report abuse or exploitation incidents to the Healthcare Facilities Regulation Division (HFRD) was removed.
- All CLA incidents are now only reported to DBHDD via Image.
- Personal Care Homes are still required to report incidents to HFRD.
- See **Attachment B** for more information about reporting to other agencies in addition to DBHDD.

How to Contact the Incident Management Team

DBHDDincidents@dbhdd.ga.gov

BACKGROUND CHECK UPDATES

Matthew Sartin
Compliance Coordination Manager
Pennsylvania Department of Behavioral Health and Developmental Disabilities

Community Living Arrangement Providers

CURRENT CLAs

Background checks for CLA employees will continue to be processed in CheckPT.

NEW CLAs

Please follow the background check instructions listed in the CLA Licensure Application.

GCHEXS vs CheckPT



GCHEXS is DCH's background check system

CheckPT is DBHDD's background check system

- DBHDD Policy 04-104 provides an exception to prevent duplicated background checks for employees who work in DBHDD funded settings **AND** a PCH or PHC (CLS) setting
 - If your staff meets these criteria, a DCH/GCHEXS background check from DCH is sufficient for DBHDD as well
 - If your staff **ONLY** works in PCH or PHC, they need a DCH/GCHEXS check only
- All other staff members need to be background checked through DBHDD

CHECKPT UPDATES



Applicants who have a status of Waiting or Undetermined are now getting automated reminders to submit required paperwork.

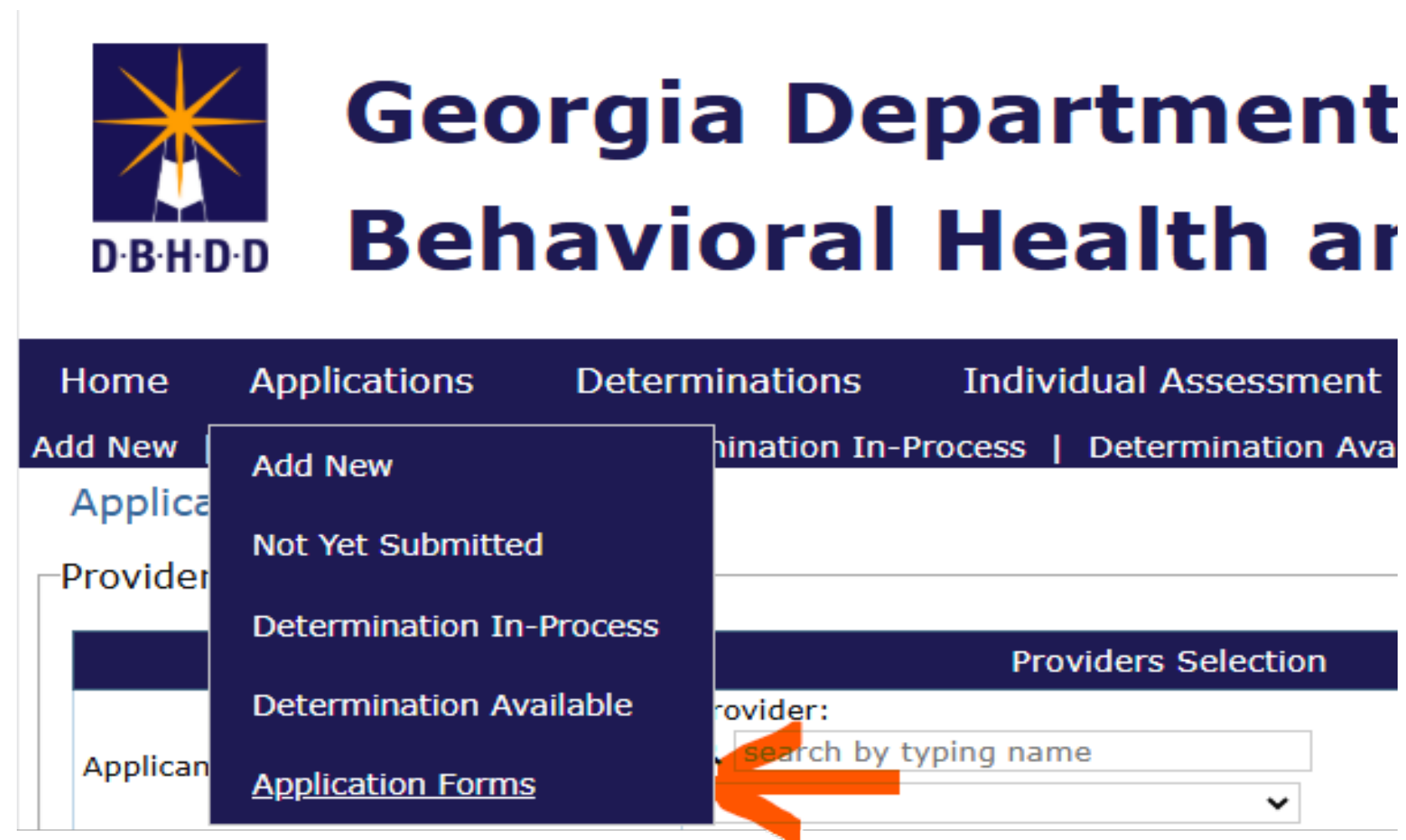
Reminder:

- What does the status of "**Waiting**" mean?
 - We have requested clarification for something in the individual's history
 - The individual has 30 days to produce the requested documents
 - They can request a one time 15-day extension to produce the documents
 - Please refer to DBHDD Policy 04-104
- What does the status of "**Undetermined**" mean?
 - This is similar to a waiting status. We have requested additional information from the applicant.

CHECKPT UPDATES



- Applicant Letter Updated - Please Download a Fresh Copy
 - We have updated the instructions for clarity and included the email address they should search for in their email for fingerprint scheduling (no-reply-ue@us.idemia.com)
 - Reminder that your letter can be accessed by clicking Applications>Application Forms.
 - Type in your agency name, select your agency from the pull down and choose applicant pay or provider pay.



CheckPT Provider Administrators

First

The person who initiates a CheckPT account will be the agency's first Provider Administrator

Second

The ideal provider administrator is the staff person who has continuity with the agency and will continue in that role (e.g., HR staff)

Third

- CheckPT administrators can:
- Create logins for provider users and administrators.
 - Reset applicant passwords
 - Please ensure applicants use the paycode on your agency's CheckPT instruction.

IDEMIA/Agency Management Portal Reminders

1. If you are seeing applicants stuck in "Fingerprints Sent to GBI" status you may have an expired method of payment on file.
2. Please also make sure your primary point of contact is updated! Notifications are sent from no-reply-ue@ps-idemia.com for each declined transaction

Q. Can you tell me why the individual is on a waiting reason?

A. No, we cannot. Criminal Justice History is just as protected as PHI.

Q. Can you help me make a fingerprint appointment?

A. We cannot. Once applicant information is sent to Identogo, all booking must happen through their website.

Q. Can you assist me with resetting my Idemia or AMP portal account?

A. We cannot. Idemia is a contractor for the GBI, we do not have access to their systems.

REMINDERS



- We will be decommissioning the CHRIS platform soon
 - Please download all letters from CHRIS for future audits/CARF

- Shared email addresses are not allowed in CheckPT
 - Please create unique accounts for each user using an email address that features their name or initials
 - Provider administrator privileges make this easy!

Do you have ideas to improve CheckPT?

If you have a specific suggestion or feature, you'd like to see integrated into CheckPT, please write it down on your blue sheet separate from your questions.

How to contact the Background Check Team

Dbhdd.reg@dbhdd.ga.gov



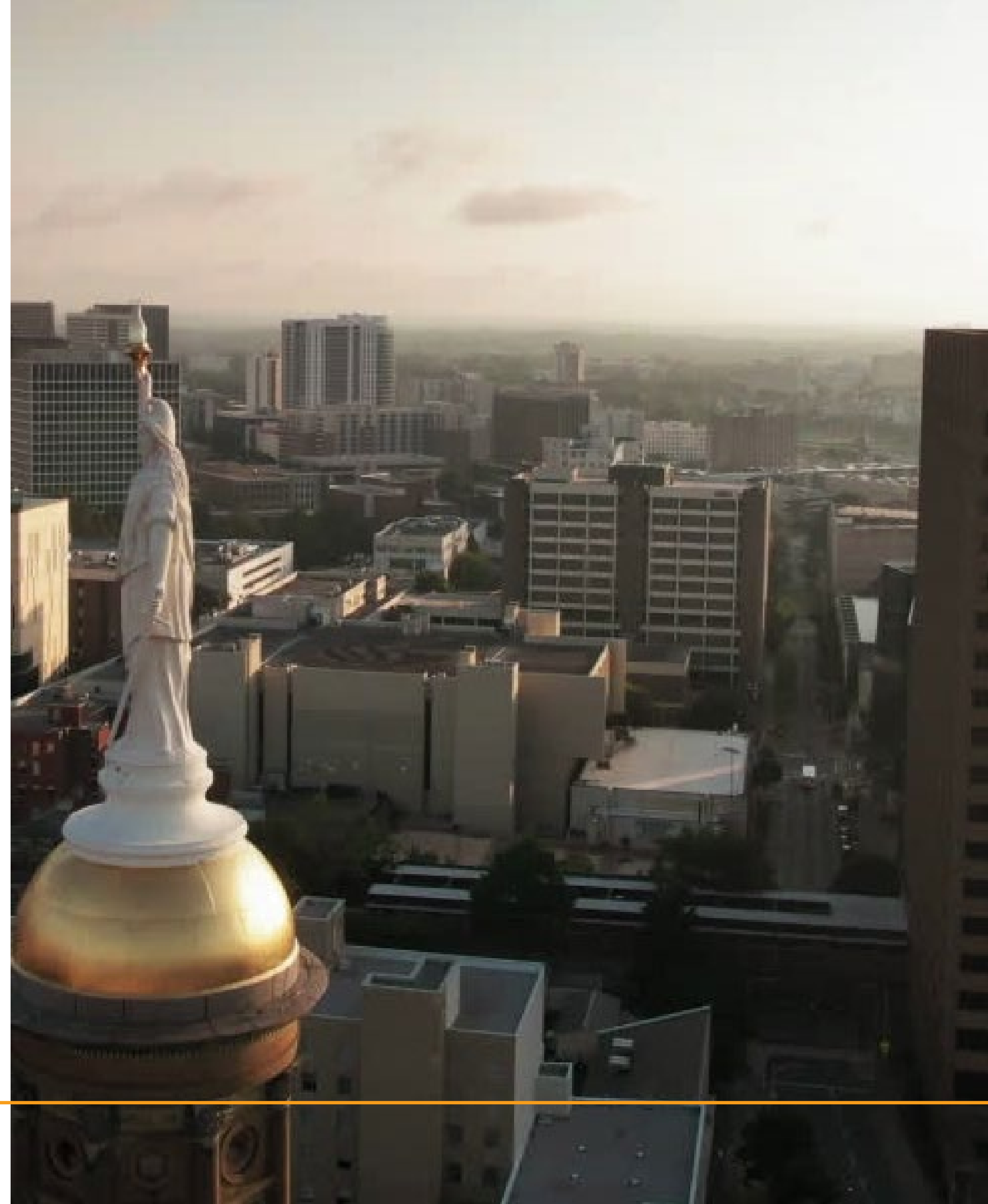
D·B·H·D·D

Community Facilitated Services

SE, Pre-Voc, CA Service Reminders/Updates

Christine Gudgin

Community Life Engagement Manager



SUPPORTED EMPLOYMENT SERVICES



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- Rates are developed to compensate for all services/supports described in policy.
 - SE service providers are responsible for personal care supports in conjunction with employment. DSP's can be hired and billed under Supported Employment services. (COMP 3402.2.3/NOW 3002.2.1.9)
- Supported Employment is a **“ready as you are service”**
 - Work evaluations/training are **not** covered under Supported Employment services at either GVRA or DBHDD
- Goals should be specific and person-centered.
- Individuals have a right to their records.
 - Be sure all identified Supported Decision-Making supports have appropriate ROIs in place for communication and support purposes.
- Minimums are **not** Maximums!

Updates to Prevocational Services Policy as of Jan 1, 2026

- Clarified definitions and commonly asked questions
 - Update time-limited to two (2) year time limit starting with 2026 ISP cycle (COMP 3002.8/NOW 2502.8)
 - Updated outcome expectation to align with WIOA 2014 Competitive Integrated Employment definition
 - Defines which services/funding sources that can be used with Prevocational Services
 - Updated wage expectations to align with the Dignity and Pay Act of 2025 (ending subminimum wage with a 14c Certificate in Georgia by July 1, 2027)
- Maintains annual justification for Prevocational Services requirement
 - This has been a part of policy since 2009 (COMP 3002.8/NOW 2502.8)

- Rates are developed to compensate for all services/supports described in policy.
 - 2005.1.9. Other related, individual-specific assistance, such as **assistance with personal care** and **self-administration of medication**, and **nursing services and health maintenance activities** as indicated in the approved Individual Service Plan.

CAG-Technical Assistance Opportunity Technical Assistance Partners

- Ralston Center for Behavioral Health and Developmental Disabilities: University of GA (Lead)
- Institute for Community Inclusion (ICI): University of Mass Boston
- National Association of State Directors of Developmental Disabilities Services (NASDDDS)

Project Highlights:

- Kick-off Town Hall Session in each DBHDD Region (All)
 - Facilitation of fears and concerns
 - Expression of what DBHDD's vision for services
 - General information concerning policy, implementation, rates, etc
 - Break out groups to identify tangible training needs
 - Sessions start date late April-May 2026
- Series of training webinars covering requested topics and concerns (ICI)
- Quarterly Parent/Self Advocate Training (virtual) (UGA)

Project Highlights:

- Intensive Provider development for 6-8 providers (virtual/in-person) (ICI)
 - Technical Assistance partners would help to guide transformation by identifying the selected programs strengths, areas of support, policy (both state and federal), and make sure interventions align with evidence-based and best practices.
 - Selected transformational providers would receive support from Mentor Providers in Georgia on how to deliver high quality organic community engagement services
 - There will be an application process for this level of support; at least one provider per DBHDD region
 - Time frame: Application starts in May 2026, and support will run through December 2027.



MERCER

UNIVERSITY

SCHOOL OF MEDICINE

Center for IDD Care

Overview

- The Mercer Center for IDD Care is a specialized outpatient facility for adults with intellectual and developmental disabilities (IDD)
- Designed to provide personalized, coordinated, and accessible healthcare
- Focuses on dignity, safety, whole person care

MERCER
UNIVERSITY

SCHOOL OF MEDICINE
Center for IDD Care



Location & Opening

- Address: 750 Hazel Street, Macon, GA 31201
- Opened in 2025 to serve individuals with IDD
- Co-located with River Edge crisis services

Key Partners

- The Mercer Center for IDD Care utilizes a collaborative model to support patients across the continuum of care.
 - Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD)
 - River Edge Behavioral Health
 - Dental College of Georgia



Mission/ Vision

Mission

- Provide compassionate, high-quality care tailored to individuals with IDD
- Create an environment where every patient feels respected and valued

Vision

- Transform healthcare delivery for adults with IDD across Georgia



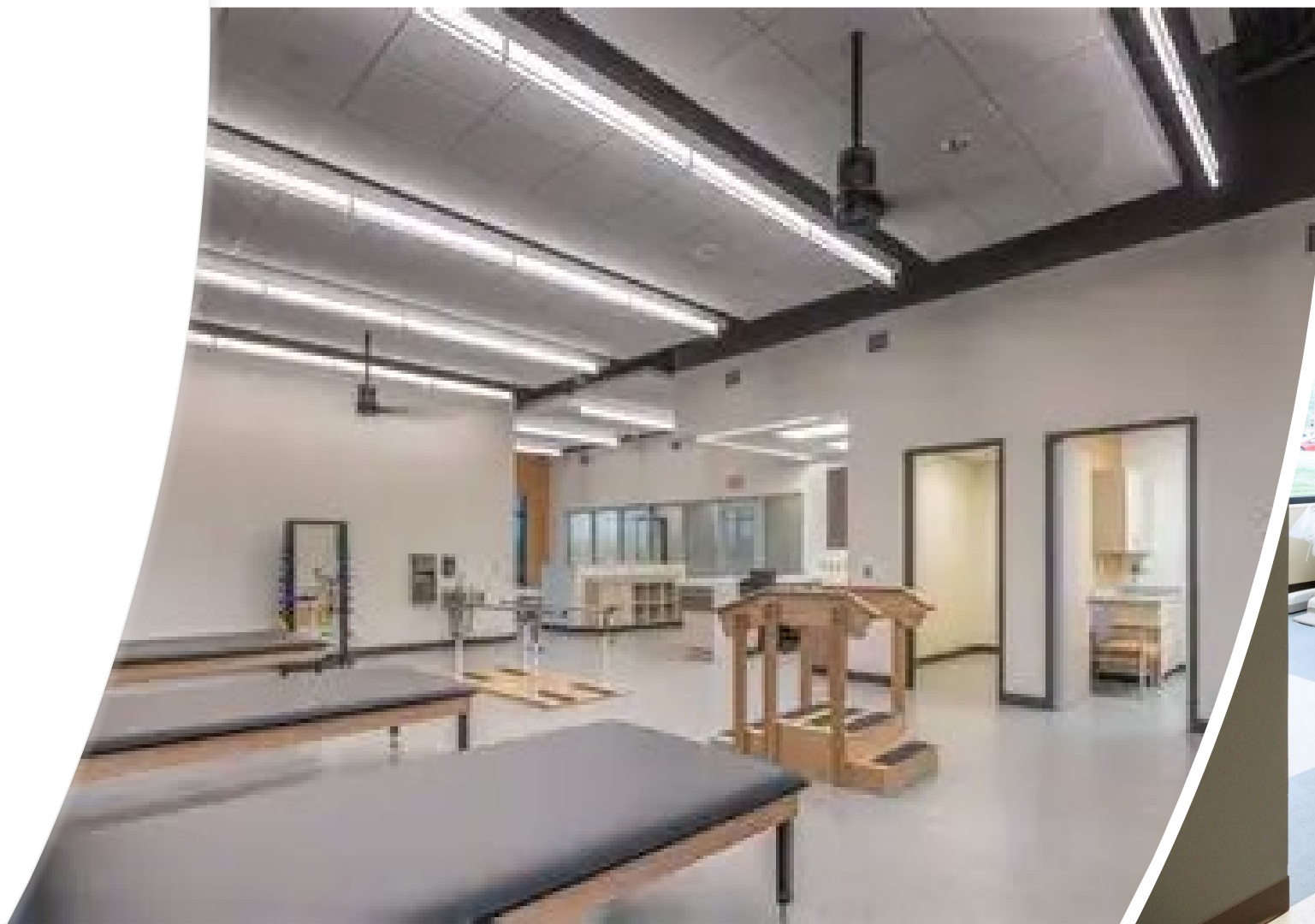


Leadership Team

- Dr. Jonathan Smith, MD, FACP, FAAP, MBA – Medical Director
- Kimberly Pitts, RN, BSN, MBA – Nurse Manager
- Chelsea Brown, MHA – Practice Manager

Services

- The center provides comprehensive outpatient care:
 - Primary Care
 - Dental Care
 - Audiology
 - Imaging (X-ray, Mammography)
 - Physical Therapy
 - Occupational Therapy
 - Speech Language Pathology
 - Pharmacy Services





Sensory Friendly & Adaptive Exam Rooms

Purpose

- Reduce anxiety and sensory overload
- Promote patient comfort and cooperation
- Support trauma informed, patient-centered care
- Enable more accurate assessments and better outcomes

Primary Care Focus

- Management of complex medical conditions
- Preventive care and screenings
- Coordination with caregivers
- Behavioral health considerations
- Individualized care planning



Impact on Patients

- Expected Benefits
 - Improved access to specialized care
 - Earlier detection of health issues
 - Better communication support
 - Increased independence
 - Reduced healthcare disparities



2026 Georgia Provider Meetings



Disclaimer

Any information, support services or advice related to functionality of Therap Services' products is for general guidance only. Care providers are expected to know the procedures, practices and terminology required to provide care for the individuals they serve.

Using Therap should neither circumvent nor take precedence over required care, nor should it impede the human intervention of care providers in a manner that would have a negative impact on any individual's well being.

Seek professional advice on specific issues and their impact regarding any individual or entity. No liability can be accepted for any errors or omissions or for any person acting or refraining from acting on the information provided in these materials and/or presentations.

Any discussion of future functionality is intended for informational purposes only. It is not a commitment to deliver any material, code, or functionality, nor should it be relied upon in making purchasing decisions. The development, release, and timing of any features or functionality described is at the sole discretion of Therap.

Retention of Rights

Therap Services, LLC (hereinafter “Therap”), through the expenditure of great effort and financial resources over a period of many years, has developed and continues to expand and improve its unique services and expertise in the field of data management systems for individuals served in HCBS and LTSS services. Therap hereby gives notice that it retains its exclusive rights and ownership over all of its proprietary know-how and information, whether patentable or unpatentable and whether already developed or only proposed, and in any other trade secrets or nonpublic technological or business information (whether or not reduced to writing or other tangible form).

More particularly, by way of example and not by way of limitation, Therap retains its proprietary rights in all of its know-how, computer programs, source code, object code, models, research and development, and other information of a similar nature, and confidential commercial information including, but not limited to, business plans, concepts, ideas and proposals, business names, lists of proposed or existing clients or customers, advertising, data, documentation, diagrams, flow charts, processes, procedures, new products, new services, prototypes, marketing techniques, research materials, timetables and strategies, suppliers, and other information related to clients, customers, suppliers or personnel, pricing and pricing policies and financial information.

Georgia Therap Support Team



Tarin Tripp

Senior Support Specialist II,
State Team



Dr. Ishya "Shae" Dotson

Assistant Director of Support,
State Team



Jason Laws

Director of Quality
& Data Initiatives



Heather Daily

Business Development
Territory Manager



Therap's Leadership Team for Georgia



Justin M. Brockie
Chief Operating Officer



Jeff Case
National Director of Business Development



Sazzad Rafique
Chief Information Officer



Jeff Covington
Director of Support, State Team

Therap's Project Team for Georgia



Jason Laws
Director of Quality &
Data Initiatives



Heather Daily
Business Development
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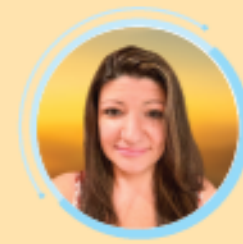


Gloria Caballero
Project Manager, State Team

Therap's Technical Team for Georgia



Khandker Raska Urzoshi
Deputy Director of EVV & QA



Sarah Papenhausen
Senior Business Analyst



Nadine Finch
Director of Billing and EVV



Fahmida Asir
Deputy Director of Billing & QA

Therap's Support Team for Georgia



Dr. Ishya "Shae" Dotson
Assistant Director of Support,
Person Centered Practices



Tarin Tripp
Senior Support Specialist II,
State Team



Toni-Ann Larnaitis
Senior Support Specialist II, State Team Billing

Last update: 02/25

Agenda

- ❑ **Therap: Who we are**
- ❑ **Account Access**
- ❑ **Project Overview**
 - ❑ **Phase I:**
 - ❑ EULA/Account Setup
 - ❑ Individual Plan + Pre Service Auth
 - ❑ Document Storage
- ❑ **Training and Resources**

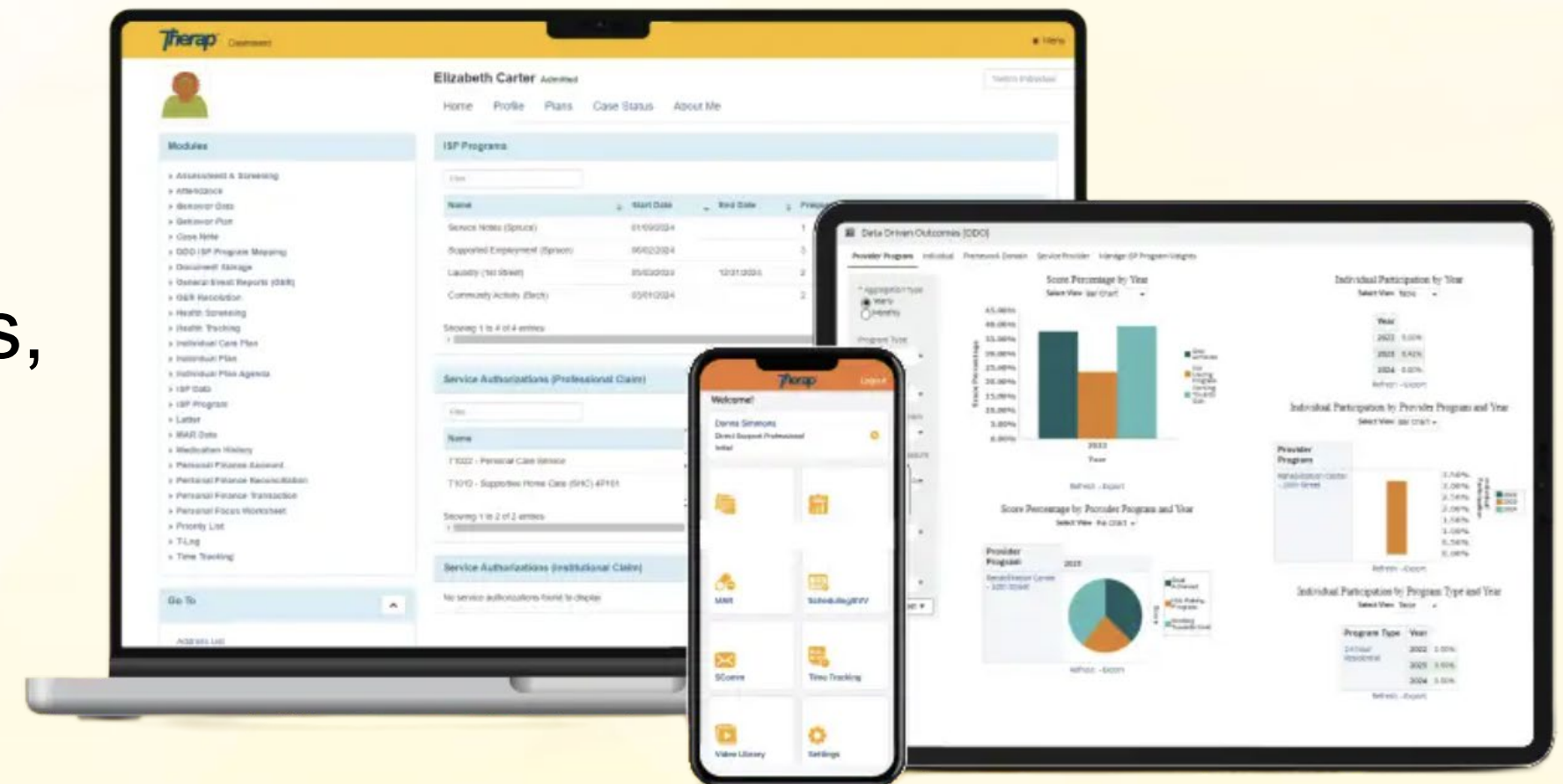


Therap: Who we are

Therap's HIPAA-Compliant web-based, SaaS, COTs documentation system has been helping providers since **2003**.

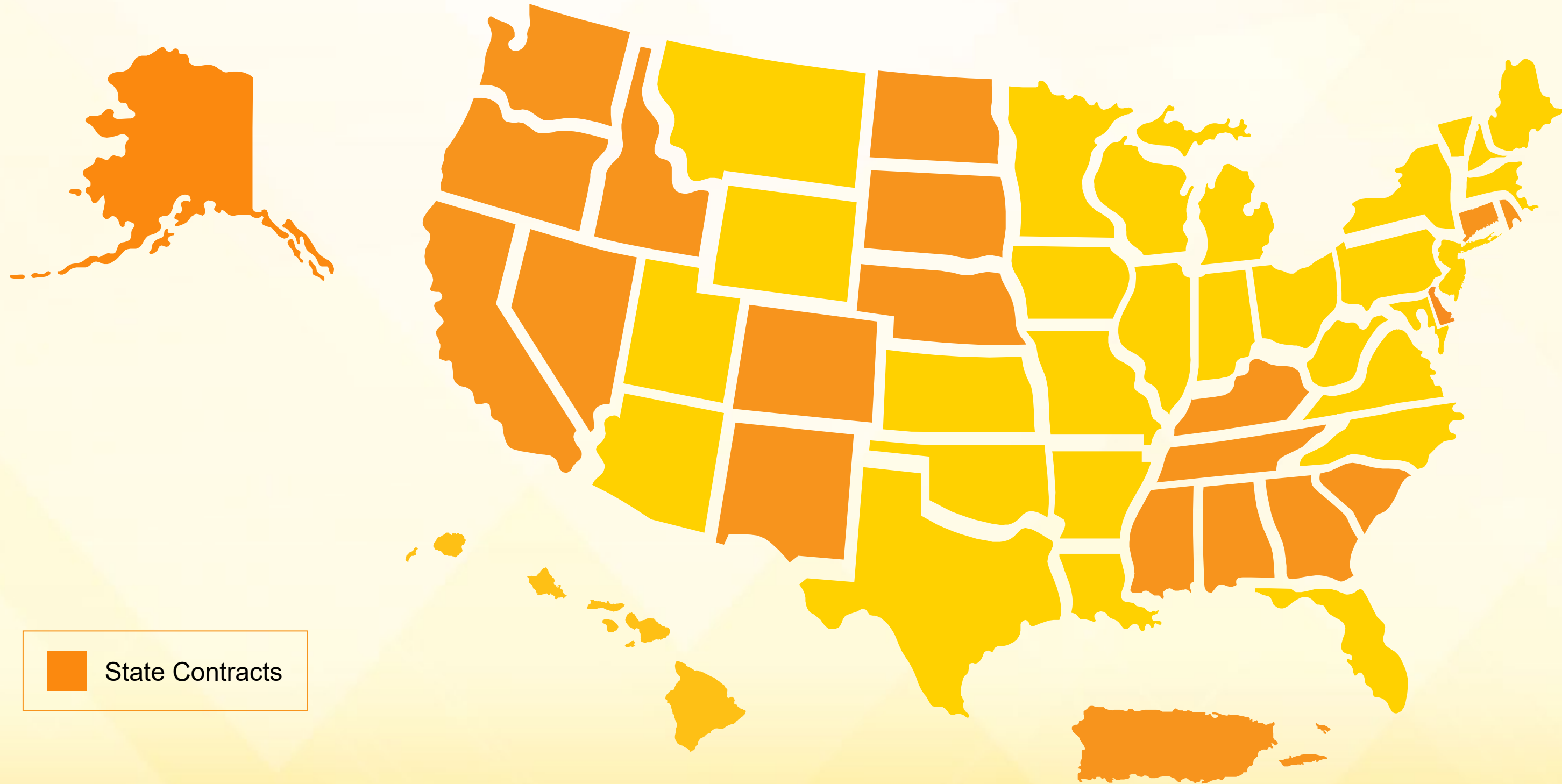
Our users include Human Service Providers, States, Counties, MCOs and other organizations / entities.

Therap is built by and for human service providers with a data driven approach to person-centeredness and overall quality assurance

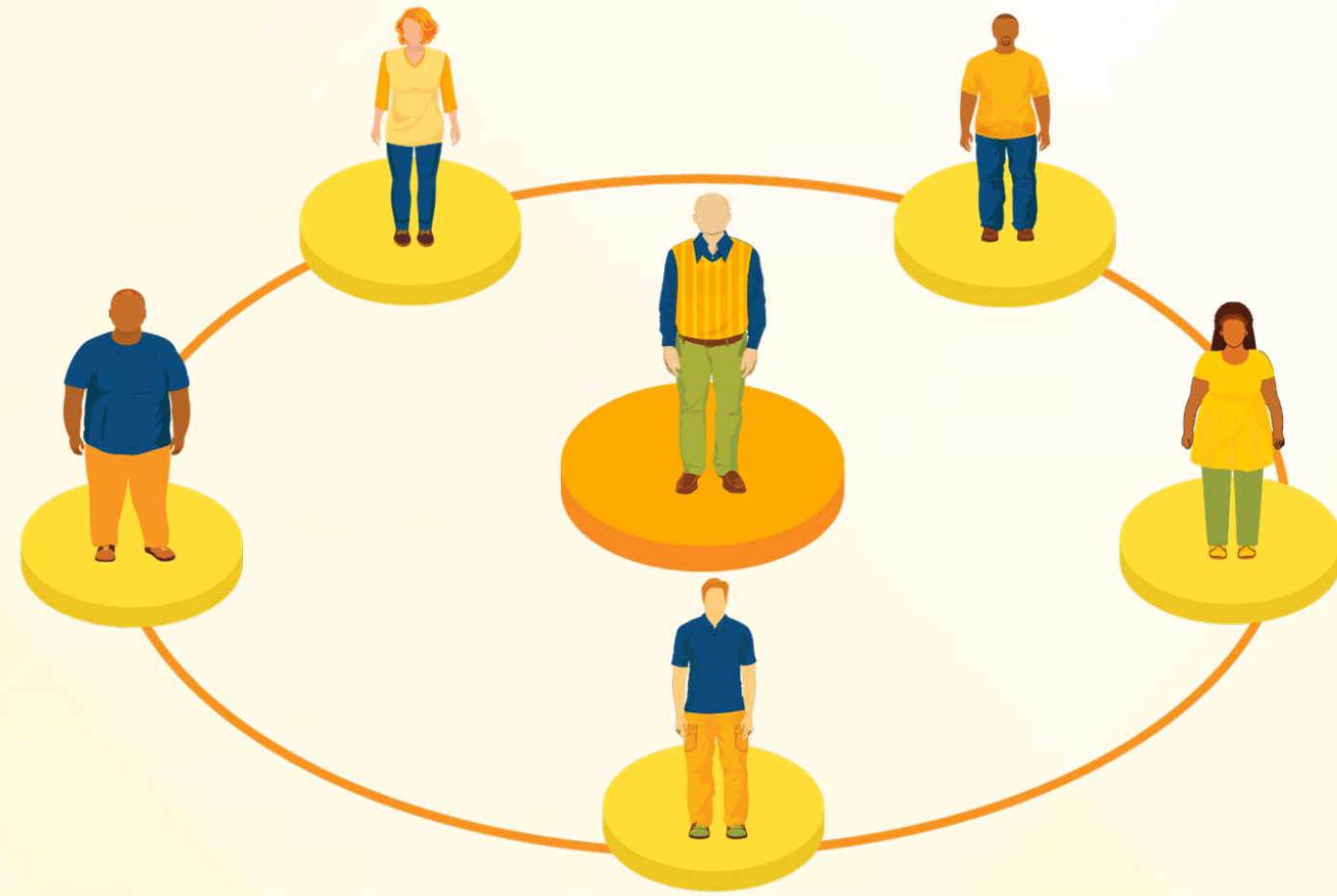


Therap: Who we are

We have users in all 50 states and **20+** state contracts



Therap: Who we are



+



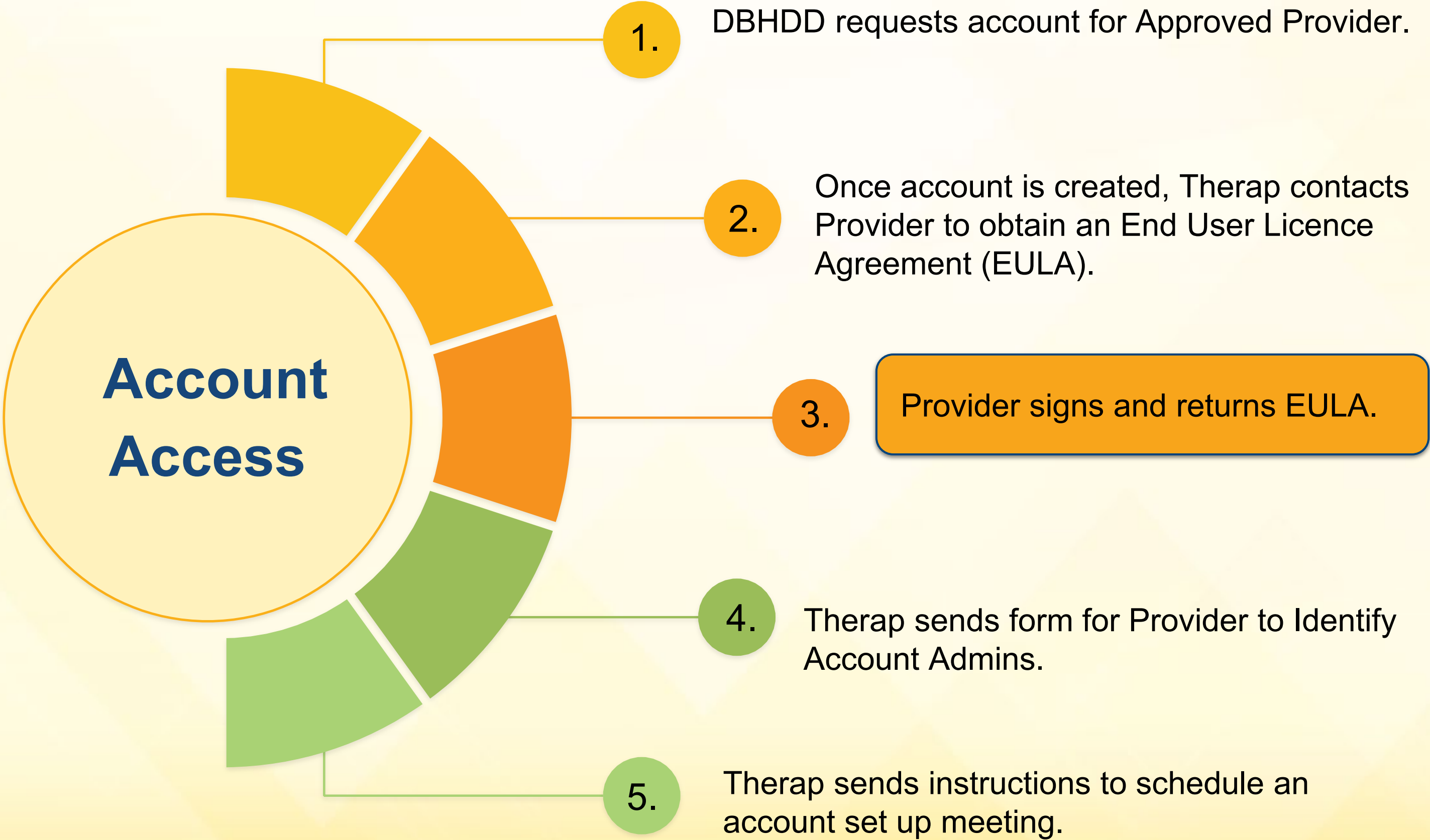
Person-Centered. Data-Driven.

An illustration of a wooden easel with a yellow board. The word "Therap" is written in blue on the board. The easel is positioned on a yellow, rounded rectangular base.

Therap[®]

Account Access

Therap Account Access



Plan Options

	State Provided Functionality	GA State Bundle with Incentive
Activity Tracking/Audit Trails	✓	✓
Attendance/Billing	✓	✓
Behavior Plan/Behavior Data SLE (Behavior Tracking)	✓	✓
Billing Plus	✓	✓
Charting the LifeCourse (Person Centered Planning)	✓	✓
Demographics (Census Report)	✓	✓
Document Storage (2 GB)	✓	✓
General Event Reports, Management/Event Summaries (Critical and Non Critical Incident Reporting)	✓	✓
Individual Demographic Forms	✓	✓
Individual Plan (Individual Support Plan (ISP))	✓	✓
Letter Module	✓	✓
Secure Document Signing	✓	✓
SSO	✓	✓
Case Notes (Nursing Notes/Assessments/Clinical Notes/PT/OT/ST Notes)	—	✓
Global ISP Template Library	—	✓
Goal Tracking	—	✓
Health Plus (Health Care Plans included)	—	✓
Health Tracking (Bowel Tracking Included)	—	✓
MAR Plus	—	✓
Priority List	—	✓
Secure Communications	—	✓
T-Logs (Shift Notes/Daily Summary)	—	✓
GA State Team Training & Support	✓	✓

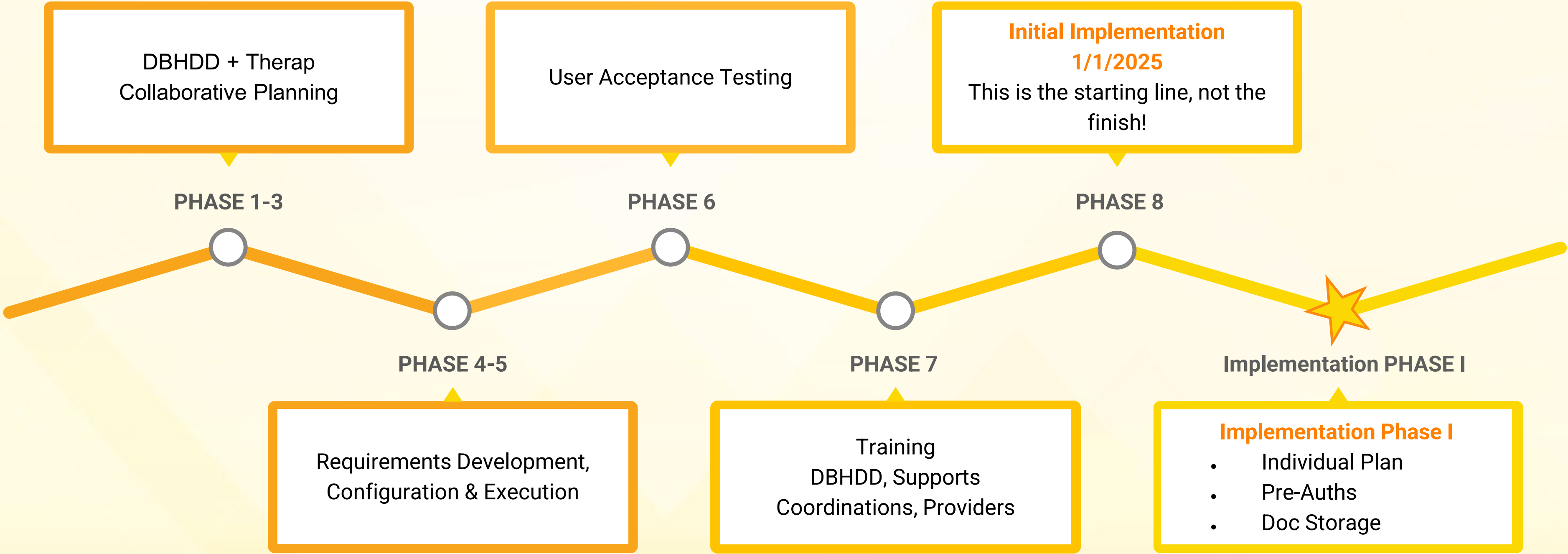
Valid through September 5, 2025

An illustration of a wooden easel with a yellow sign attached. The sign features the word 'Therap' in a blue, stylized font with a registered trademark symbol. The easel is positioned on a light yellow, rounded rectangular base.

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Project Overview

Project overview: Phased Approach



Project Overview: Roles

➤ State

➤ Therap

➤ Planning List Administrators

➤ Regional Field Office Staff

➤ Providers

➤ Supports Coordinators



Individuals Supported



Project Overview: DBHDD + Therap

QUALITY ASSURANCE & REPORTING

- Business Intelligence
- Data Transparency
- External Data Feeds
- Access for Surveyors & Families

INTAKE ASSESSMENT

Assessments:

- Eligibility
- Level of Care
- Level of Need



SERVICE PLANNING & CASE MANAGEMENT

- Person Centered Planning
- Authorizations
- Document Storage

BILLING & CLAIMING

- Based on Service Documentation
- Direct to GAMMIS
- Utilization/Reconciliation

SERVICE PROVISION

- Goal & Outcome Tracking
- Incident Management
- Health Tracking and Care Plans
- Behavior Plans and Tracking

An illustration of a wooden easel with a yellow sign attached. The sign features the word 'Therap' in a blue, stylized font with a registered trademark symbol. The easel is positioned on a light yellow, rounded rectangular base.

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How it works

Therap: How it works

Person Centered Logic
Built on:

- Provider Type
- Role
- Permissions
- Caseload



DBHDD



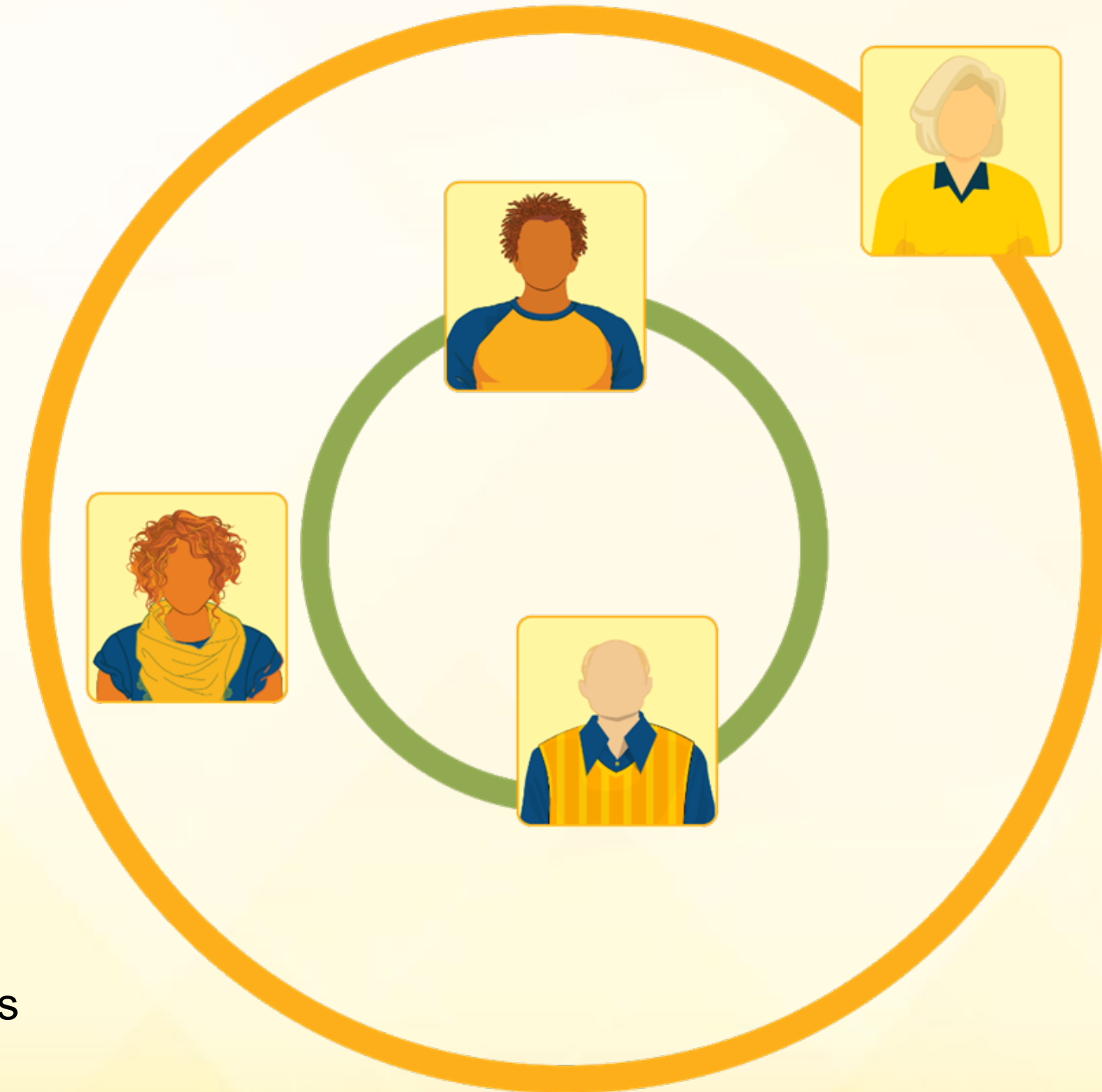
Support
Coordinator



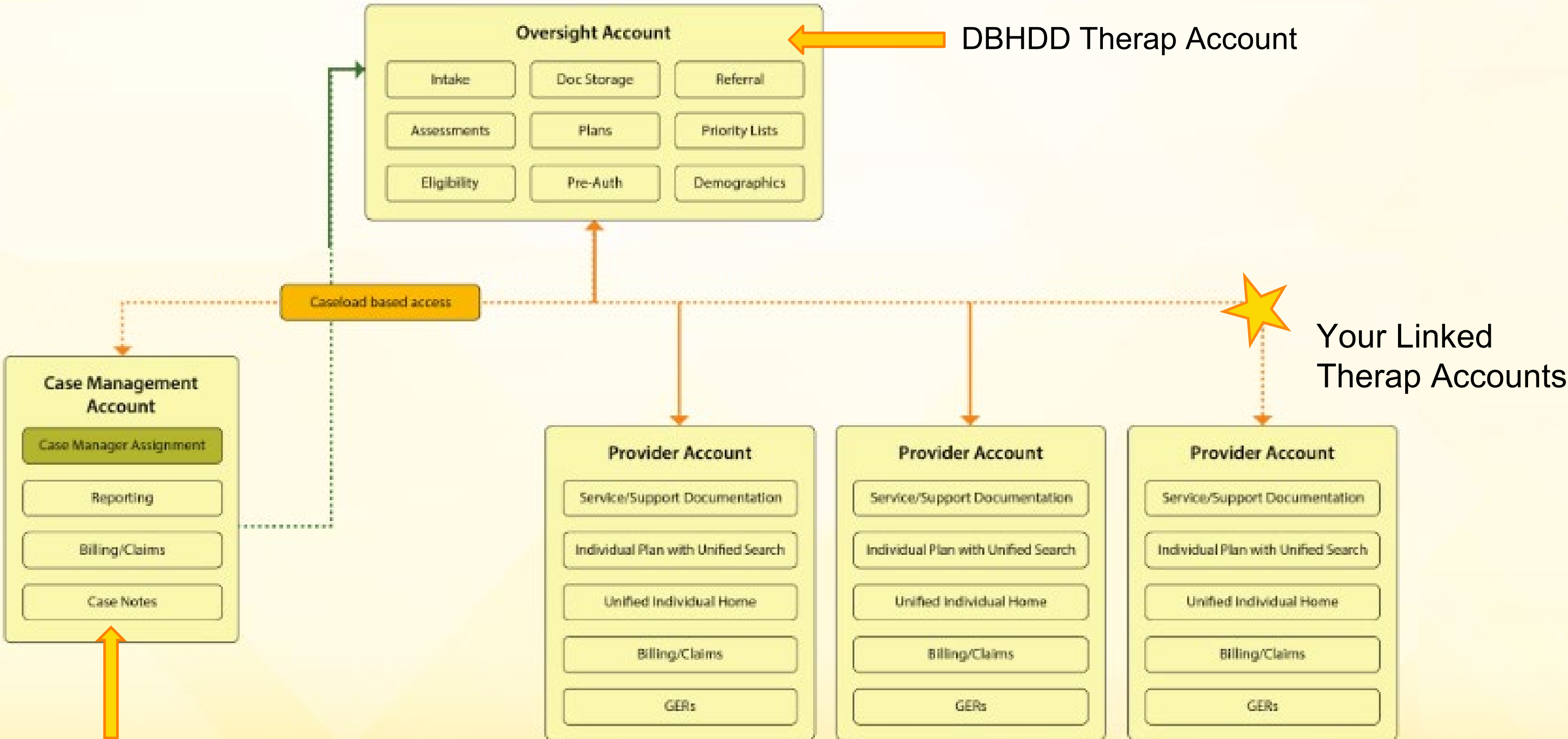
Providers



Individuals +
Family members



Therap: How it works



SC Therap Accounts



An illustration of a wooden easel with a yellow sign attached. The sign features the word 'Therap' in a blue, stylized font with a registered trademark symbol. The easel is positioned on a light yellow, rounded rectangular base.

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Implementation: Phase I

Phase I Modules

Individual Plan

WHO:

Anyone Individual on their Caseload
and
ISP Plan View super role

WHAT:

- Read Plan
- Acknowledge

Pre-Auth

WHO:

Anyone Individual on their Caseload
and
Service Auth View and/or Acknowledge Super Role

WHAT:

- View and/or
- Acknowledge Auth
for the Agency

Document Storage

WHO:

Anyone Individual on their Caseload
and
Doc Storage Super roles or Admin privileges

WHAT:

- View Documents uploaded by DBHDD
- Store your own Individual Documents

SComm

WHO:

Based on type of SComm permissions assigned

WHAT:

- SComm within provider
- **Multi Provider SComm** (Based on permission)

To Do Tab

The screenshot shows the Therap web application interface. At the top, there is a navigation bar with the Therap logo, 'HomePage', a search bar, a user profile icon, and a 'Logout' button. On the left, a sidebar contains a 'Tabs' menu with options: 'To Do' (highlighted), 'Individual Home Page', 'Individual', 'Reporting', 'Health', 'Employment', and 'Billing'. The main content area is titled 'Modules' and features a table with columns for 'High', 'Medium', and 'Low' priority. The table lists two modules: 'Individual Plan - New | Search' with 7 items in the 'High' priority column, and 'Pre Auth Service Authorization' with 1 item in the 'Low' priority column. A callout bubble with an orange border and a starburst shape points to the 'High' priority bar of the first module, containing the text: 'Items are still searchable once they "fall off" your to do tab'. On the right side, there are three panels: 'Today' (Tue, 3 Mar 2026), 'HomePage' (with 'Configure Favorites' and 'Collapse Sections' options), and 'Issue Tracking' (with 'New' and 'My Issues' options).

Modules	High	Medium	Low
Individual Plan - New Search	Acknowledge 7		
Pre Auth Service Authorization			Pending Acknowledgement 1

Individual Plan: Acknowledge

The screenshot shows the Therap web application interface. At the top, there is a navigation bar with the Therap logo, 'HomePage', a search bar, and user information for 'Megan (DEMO-MA)' with a 'Logout' button. On the left, a sidebar contains navigation options: 'To Do', 'Favorites', 'Individual Home Page', 'Individual', 'Reporting', 'Health', and 'Employment'. The main content area is titled 'Modules' and features a table with columns for 'High', 'Medium', and 'Low' priority counts. A hand cursor is pointing to the 'Acknowledge' row in the 'Individual Plan - New | Search' section, which shows 3 items in the 'Medium' column. Other sections include 'Individual Plan Agenda - New | Search' with 'Pending Meeting Minutes' (1), 'T-Log - New | Search' with 'View' (5), and 'General Event Reports (GER) - New | Search' with 'Review' (1, 2, -), 'Approve' (1, 2, -), and 'Followup' (-, 1, 1). On the right, there are panels for 'Today' (Tue, 3 Mar 2026), 'HomePage' (QA), and 'Issue Tracking' (New, My Issues).

Modules	High	Medium	Low
Individual Plan Agenda - New Search			
Pending Meeting Minutes		1	
Individual Plan - New Search			
Worklist		2	
Approve		1	
Acknowledge		3	
T-Log - New Search			
View	-	-	5
General Event Reports (GER) - New Search			
Review	1	2	-
Approve	1	2	-
Followup	-	1	1

All users with the individual on their caseload **and** 'ISP Plan View' on their Super Role can Acknowledge the Plan

https://secure.therapservices.net/ma/ip/planAggregatedAckLister?title=label.ip.list&countNames=otacIsplanAcknowledgeList&listType=LT_OTAC_ISP_ACKNOWLEDGE



Individual Plan: Unified Search

Individual Plans ^

Personal Focus Worksheet	New Search
Individual Plan Agenda	New Search
Health Assessment	New Search Expiration Report
Individual Support Plan	New Search Expiration Report
Intake Assessment	New Search Expiration Report
Supported Employment	New Search Expiration Report
Individual Plan	Acknowledge Search Unified Search

Pre-Auth: Acknowledge

	High	Medium	Low
Pre Auth Service Authorization			
Pending Update Acknowledgement		1	
Pending Acknowledgement		1	
Shared Comments		1	

Notifications of Auth updates on To Do tab

Pre Auth Service Authorization

Service Authorization

search Pre-Auths from the billing tab

Pre-Auth: Components

Service Authorization Pending Acknowledgement ⓘ

Demographic

Individual Name	Abigail Scott ⓘ	Oversight ID	12345
DOB	06/25/1962	Age	62 years
Medicaid No.	001-23-4567-G	Gender	Male
Residential Address	123 Main St., Anytown, CT 12345, USA		
Residential Phone	123-456-7890		

Service Authorization

Program	COMP - Comprehensive Support Waiver Program	Service	CAG - Community Access - Group - Facility
Service From Date	01/31/2026	Service To Date	05/24/2026
Service Provider		Rate Amount	
Total Units	2400.00	Total Amount	\$8760.00
Service Amount	8760.00	Unit of Measure	Hour
Frequency	Weekly	Prior Auth Number	1234567890
Diagnosis Code	F71		
Description			



Pre-Auth: Components

The screenshot shows a web interface for 'Shared Comments'. At the top is a light blue header with the text 'Shared Comments'. Below this is a table with five columns: 'Comments', 'Commented By', 'Comment Date', 'Acknowledged By', and 'Action'. The table body contains a single row with the text 'No comments have been added'. To the right of the table is a button labeled 'Add Shared Comments'. Below the table is a 'Print PDF' link with a document icon. At the bottom of the interface is a light blue footer containing three buttons: 'Back', 'Cancel', and 'Acknowledge'. Two orange starburst callouts with arrows point to the 'Add Shared Comments' button and the 'Acknowledge' button.

Use Shared Comments to communicate issues with Auth

Acknowledge Auth to indicate it is received and accurate



Doc Storage:Search

The screenshot displays the 'Care' section of the Therap software interface. On the left, there is a sidebar with 'Tabs' and 'Sections'. The 'Individual' tab is selected. The main content area shows a list of care items:

Care Item	Actions
Behavior Data	New Search Report Search Report
Behavior Plan	New Search
Case Note	New Search Bulk PDF Dashboard
Consent and Authorization	New Search
Document Storage	New Search

An orange arrow points to the 'Search' link in the 'Document Storage' row. An inset window on the right shows the 'Modules' dropdown menu with the following items:

- Case Note
- Document Storage
 - New
 - List
 - Search
- General Event Reports (GER)
- GER Resolution
- Health Screening
- Health Tracking
- Individual Care Plan
- ISP Data
- ISP Program
- MAR Data
- T-Log
- Time Tracking

Search Documents from the Individual tab or the Individual Home Page

Doc Storage: Search

Document Search

Please select any of the following fields - Received Date From or Upload Date From or Form ID or Individual.

Individual

Entered By

Form ID

File name/Description

Type

Received Date From

To

Upload Date From

To

Status

- GDCF Determination (DBHDD-GA)
- Guardianship Document (DBHDD-GA)
- Health and Safety Protocol (DBHDD-GA)
- Home Medication Verification (DBHDD-GA)
- HRST (DBHDD-GA)
- Human Rights (DBHDD-GA)

- Review search criteria carefully.
- May need to remove auto populated date
- Document Types from DBHDD will be indicated by: (DBHDD-GA)



Doc Storage: Search

Document Search

Filter 15 Records

Form ID	Individual	Status	Description	Upload Date	Updated Date	Type	Received Date	Valid From	Valid To	Entered By	File Size	Provider Code	Time Zone	Document
DOC-DEMO-P4B4M9EZZLMS8	Johnson, Isabella	Active	This document contains details of the recent lab tests results of Isabella Johnson.	02/01/2025	02/01/2025	Lab Result	02/01/2025	02/01/2025	02/28/2025	Cole, Mia	5.62 MB	DEMO-TH	US/Eastern	Lab tests results of Isabella Johnson.docx

Showing 1 to 1 of 1 entries < 1 >

[New Search](#)
[Export to Excel](#)

[Cancel](#) [Back](#)

Provider Code will indicate if it came from DBHDD



Secure Communications (SComm)

The screenshot displays the Therap user interface. At the top, there is a yellow header with the Therap logo, a 'HomePage' link, a search bar, and user information for 'Megan (DEMO-MA)' with a 'Logout' button. On the left, a 'Tabs' sidebar lists various navigation options: 'To Do', 'Favorites', 'Individual Home Page' (which is highlighted), 'Individual', 'Reporting', 'Health', 'Employment', and 'Billing'. The main content area is a grid of user profile cards. Each card shows a name and a profile picture. The names visible are Kathleen Hughes, Brian Lewis, Brittany Adams, Ava Martinez, Amari Choi, and Brandon (Brandon Jackson). On the right side, there are three panels: 'Issue Tracking' with 'New' and 'My Issues' links; 'SComm' with 'Inbox (25)', 'Sent Items', 'Compose', 'Drafts', and 'Custom User Group' links; and 'Classes' with 'Overdue' and 'Due' links, and a 'Back to Top' button. An orange starburst graphic with the text 'HIPPA Secure Communications' and an arrow points to the SComm section.

Secure Communications (SComm)

The screenshot displays the SComm interface. On the left, the 'Message Type(s)' window shows two options: 'General' (Message NOT specific to an individual) and 'Individual Care' (Message containing individual specific information). The 'General' option is selected, and the 'Cross Provider SComm?' checkbox is checked. The 'Oversight(s)' dropdown is set to 'Therap Oversight Demonstration Provider (DEMO-...)'. An orange callout bubble with an arrow points to the 'General' option, containing the text 'Communicate with SCs and DBHDD'. On the right, the 'Select Recipient(s)' window shows a list of recipients with columns for Last Name, First Name, Title, and Provider Name. A dropdown menu is open over the 'Title' column, listing various roles such as 'All', 'Direct Support Professional', 'Program Manager', 'Provider Admin', 'Provider Administrator', 'Super Admin', 'System Administrator', and 'Therap Administrator'. The list shows 10 entries, with a total of 94 entries available. A pagination bar at the bottom indicates 'Showing 1 to 10 of 94 entries' and includes a page navigation control.

Message Type(s)

General
Message NOT specific to an individual

Cross Provider SComm?

Oversight(s) Therap Oversight Demonstration Provider (DEMO-...)

Individual Care
Message containing individual specific information

Communicate with SCs and DBHDD

Select Recipient(s)

Common Program Custom User Group Limited Access User

Filter To Select All Recipients [Click Here](#) 10 Records


<input type="checkbox"/>	Last Name	First Name	Title	Provider Name
<input type="checkbox"/>	Allen	Charles	Direct Support Professional	Therap Demonstration Provider
<input type="checkbox"/>	Ada	Mays	Program Manager	Therap Demonstration Provider
<input type="checkbox"/>	Anderson	Jacob	Provider Admin	Therap Demonstration Provider
<input type="checkbox"/>	Brian	Harris	Provider Administrator	Therap Demonstration Provider
<input type="checkbox"/>	Barnes	Tracy	Super Admin	Therap Demonstration Provider
<input type="checkbox"/>	Cole	Mia	System Administrator	Therap Demonstration Provider
<input type="checkbox"/>	Gibson	Megan	Therap Administrator	Therap Demonstration Provider
<input type="checkbox"/>	Hall	Steven	Program Manager	Therap Demonstration Provider
<input type="checkbox"/>	Jenkins	Charles	Direct Support Professional	Therap Demonstration Provider
<input type="checkbox"/>	Sanders	John	Direct Support Professional	Therap Demonstration Provider


Showing 1 to 10 of 94 entries



Add Recipient(s)

SComm












Compose

*** Recipient(s)** Search 

Henderson, Karen / Registered Nurse (Therap Demonstration Provider) 

*** H/M/L** Medium  

*** Subject** Medical Schedules

B I U       12pt     

Hi,

Please find the medications and their schedules attached.

John

HRST Alerts

UI navigation elements including a 'Tabs' menu, a 'To Do' list icon, and a 'Modules' section with filters for 'High', 'Medium', and 'Low'. An 'Alert' section shows 'Open' with a count of '1'.

Table with 11 columns: Form ID, Oversight ID, Individual, Alert Name, Reference Form ID, Status, Action, Summary, Create Date, Resolve Date, Time Zone. One entry is shown for 'Person Provider Association Update'.

Form ID	Oversight ID	Individual	Alert Name	Reference Form ID	Status	Action	Summary	Create Date	Resolve Date	Time Zone
ARR-DEMO-PDT32JQ52MULL	OSID12345 (DEMO-OS)	Johnson, Isabella	Person Provider Association Update		Open	Updated	HRST Provider information Updated	12/05/2025 11:15 AM		US/Eastern

Showing 1 to 1 of 1 entries



HRST Alerts

Alert [open](#) ⓘ

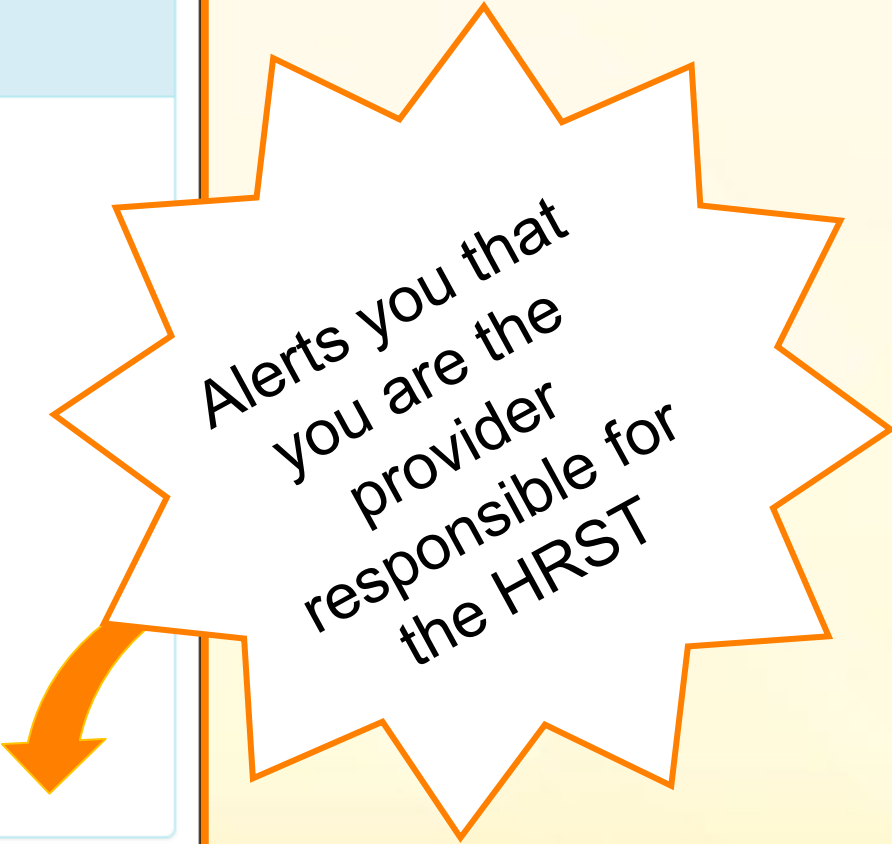
Demographic

Individual Name	Isabella Johnson	Oversight ID	OSID12345 (DEMO-OS)
DOB	09/01/1997	Age	28 years 2 months
Medicaid No.	000-01-1111-J		

Alert

Reference Form ID

Alert Name	Person Provider Association Update
Action	Updated
Summary	HRST Provider information Updated
Description	Service Provider :: GA016988 - Therap Demonstration Provider Service :: CL1 - Community Living Supports Date :: 10/01/2025 - 12/25/2025



An illustration of a wooden easel with a yellow board. The word "Therap" is written on the board in a blue, stylized font with a registered trademark symbol.

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Training & Resources

Training & Resources

GA Specific Support Page

GA Specific Support inbox:
GAsupport@therapservices.net

Live Help

- Live agent general quick questions

Issue Tracker

- HIPAA compliant investigation



Therap Person-Centered. Data-Driven.® Support Home States Overviews Training Events Q Login

Georgia | State Contract

Therap is proud to announce a new partnership with The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD). This brand new collaboration will allow the state to take a bold step forward toward modernizing the system of care and providing greater coordination of care, significant efficiencies, and enhanced communication. The Therap system will tie together a full range of state and provider processes to create a simplified, integrated structure to facilitate quality service delivery and positive outcomes for individuals.

Therap for States 2026.2.1 Released > GA Specific Guidance >

Training & Resources

This is the Start, not the finish.

Ongoing GA Training

- Webinars
- Guides
- Short Videos



Thank you!

Therap[®]
Person-Centered. Data-Driven.[®]

Tools for Autonomy:

ACHIEVING PERSON-CENTERED OUTCOMES USING
THE HCBS SETTINGS RULE AND SUPPORTED
DECISION-MAKING

DANA LLOYD
PROGRAM DIRECTOR
GEORGIA ADVOCACY OFFICE
www.thegao.org
404.885.1234

Who We Are

- GAO is the Independent, Federally Mandated Protection and Advocacy Program for People with Disabilities in Georgia.
- GAO envisions a Georgia where all people have value, visibility, and voice; where even the most difficult and long-lasting challenges are addressed by ordinary citizens acting voluntarily on behalf of each other; and where the perception of disability is replaced by the recognition of ability.

What We Do

- Protection from Abuse and Neglect
- Investigations
- Nursing Facility Transition to the Community
- Assistive Technology
- Housing
- Supporting Self-Advocacy
- Voting
- Employment
- Information and Referral

Historical Overview and Research

UNDERSTANDING WHAT YOU ARE UP AGAINST

Mindsets Built the Model

Throughout history

- Criminal → Prisons
- Sick → Hospitals
- Childlike → Residential Schools

Always away Always apart Always controlled

Gracewood

CUSTODY WITHOUT CHOICE

- 1880: Opened as a “farm” in Augusta
Thousands lived there for life
- Daily life decisions were made by staff:
 - When to wake
 - What to eat
 - Who to see
 - What medical care to receive
- **No choice. No control. No exit.**

Shifting Mindsets

- 1973 Rehabilitation Act
- 1975 IDEA
- **1977** Section 504 Regulations Issued
- **1990**: Americans with Disabilities Act
- **1999**: Olmstead v. LC & EW
- **2010**: US v. GA Settlement & Extension Agreement

Civil Rights Progress, But...

After decades of social change people with disabilities:

- live longer
- have more community access, and
- receive less “specialized” care in segregated facilities

However, adults with disabilities still are:

- less likely to have a PCP or specialist when needed
- Likely to have more than three times as many unmet health care needs as their non-disabled counterparts

The Reality Is

Life Expectancy of People With Learning Disabilities

- Men died **13 years** earlier than the general population
- Women died **20 years** earlier than the general population

The most frequent reasons for premature deaths were:

- Delays or problems with diagnosis or treatment
- Problems with identifying needs
- Difficulty providing appropriate care in response to changing needs.

Olmstead v. L.C.

Community Living Became a Civil Right

- Two women in Georgia
Cleared for community living
- Still kept in institution
- Supreme Court ruling (1999):
Unnecessary institutionalization is discrimination
- Transformed disability policy in America.

If the problem isn't
location,
then what is it?

““

**"Institutionalization is
administrative control over
people's lives."**

””

Ivanova Smith
Disability Civil Rights Advocate

Are our services
reinforcing old patterns
of isolation, rejection, powerlessness,
and poor reputations?

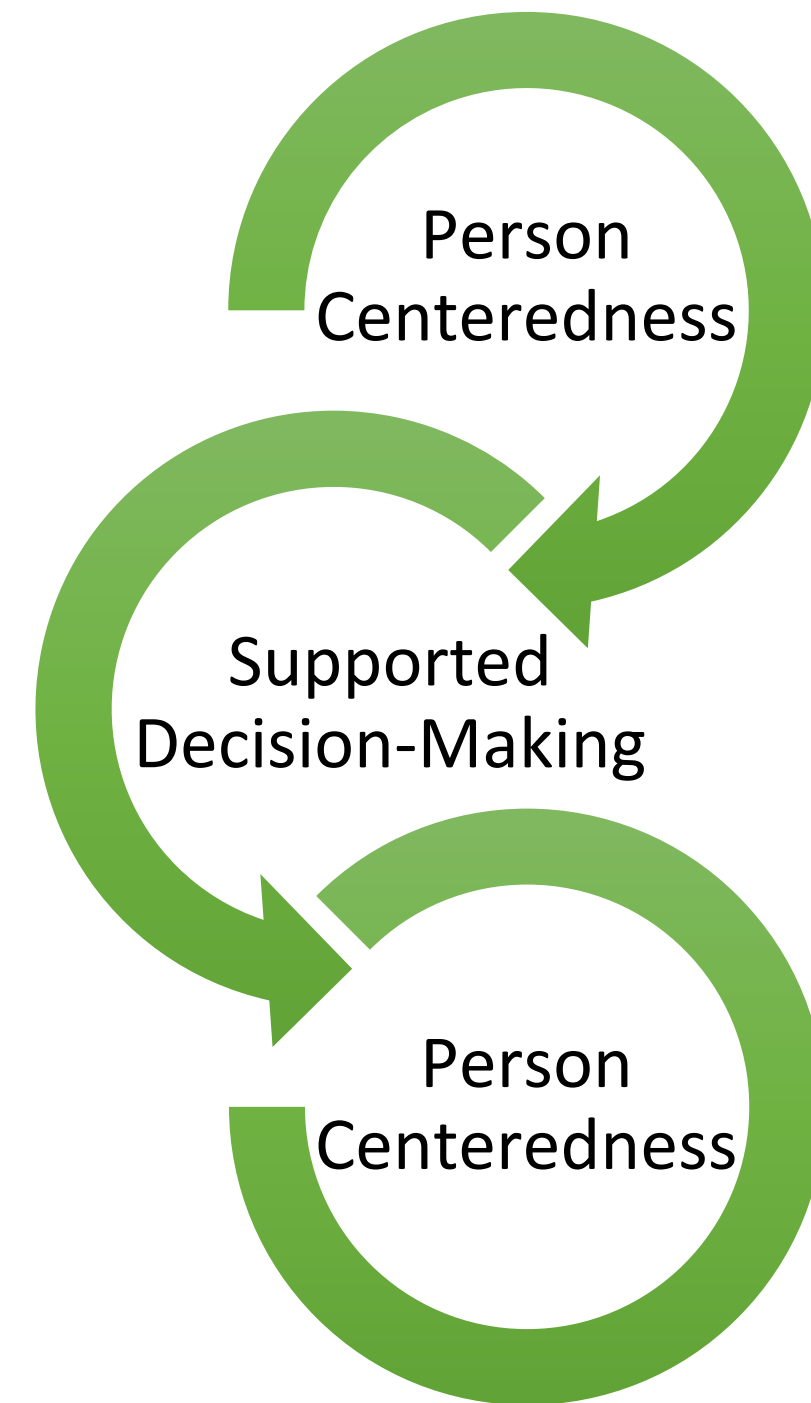
What Is the HCBS Settings Rule?

- Federal Medicaid Regulation
- Defines that community living must include:
 - Choice
 - Privacy
 - Control
 - Independence
 - Community integration

Making the Rule Reality

SUPPORTED DECISION-MAKING AS A TOOL FOR CHOICE,
CONTROL. AUTONOMY AND INDEPENDENCE

Supported Decision-Making
is both a result of AND a
tool to promote greater
Person-centeredness

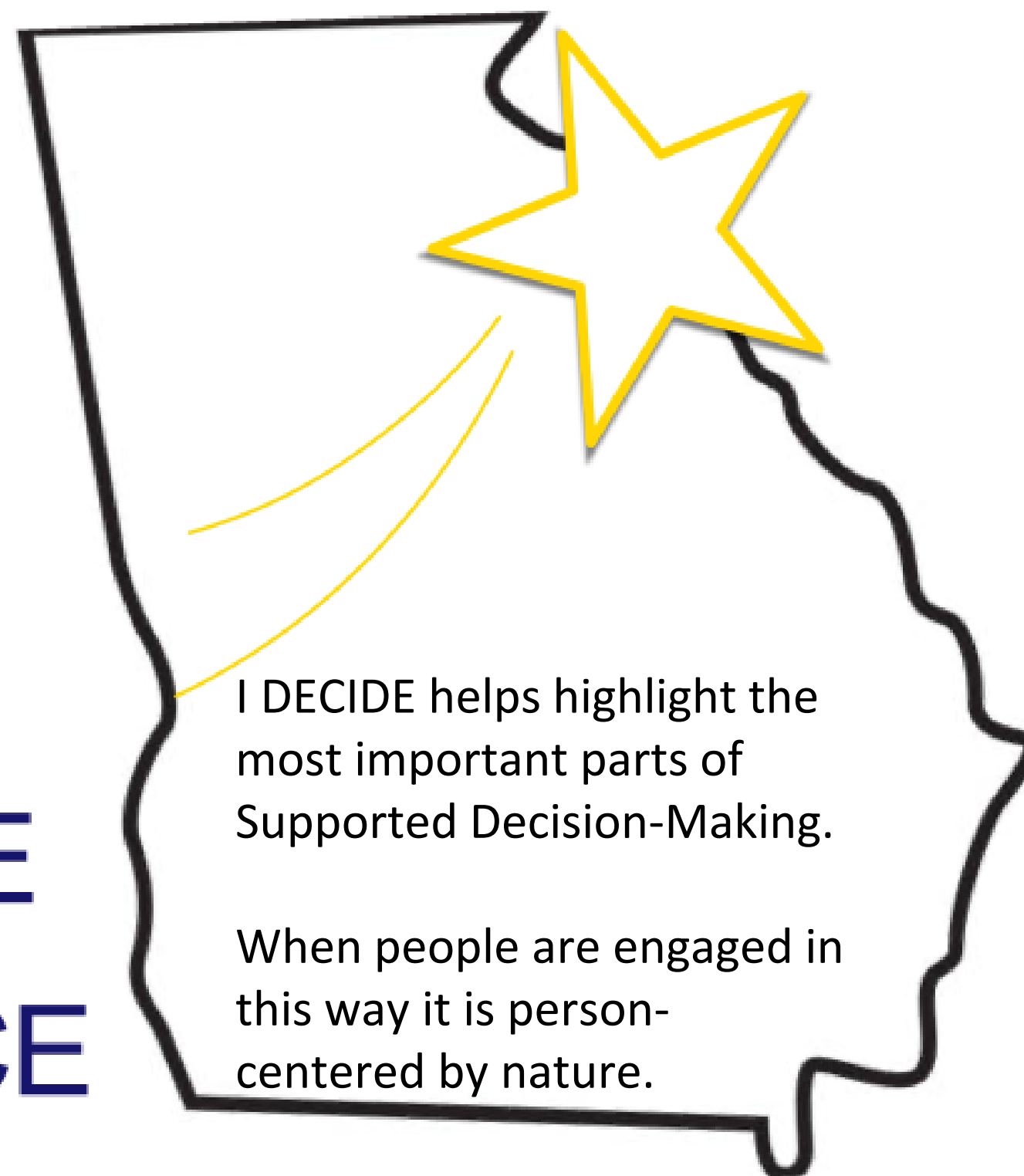


Supported Decision-Making

Person Centeredness

I
DECIDE
E

DIRECT
LIST
CHOOSE
INFORM
DETERMINE
EXPERIENCE



I DECIDE helps highlight the most important parts of Supported Decision-Making.

When people are engaged in this way it is person-centered by nature.

Supported Decision-Making

- Ensures the person with a disability makes their own decisions.
- Is a combination of relationships, practices, arrangements, and agreements designed to assist an individual with a disability to make decisions about their life and communicate decisions to others.

Decision-Making is a Skill

- Taught over time in multiple ways
- People need many varied opportunities for practice
- Learning gets enhanced through mistakes
- Can seem invisible, automatic



When We Ask a Different Question...

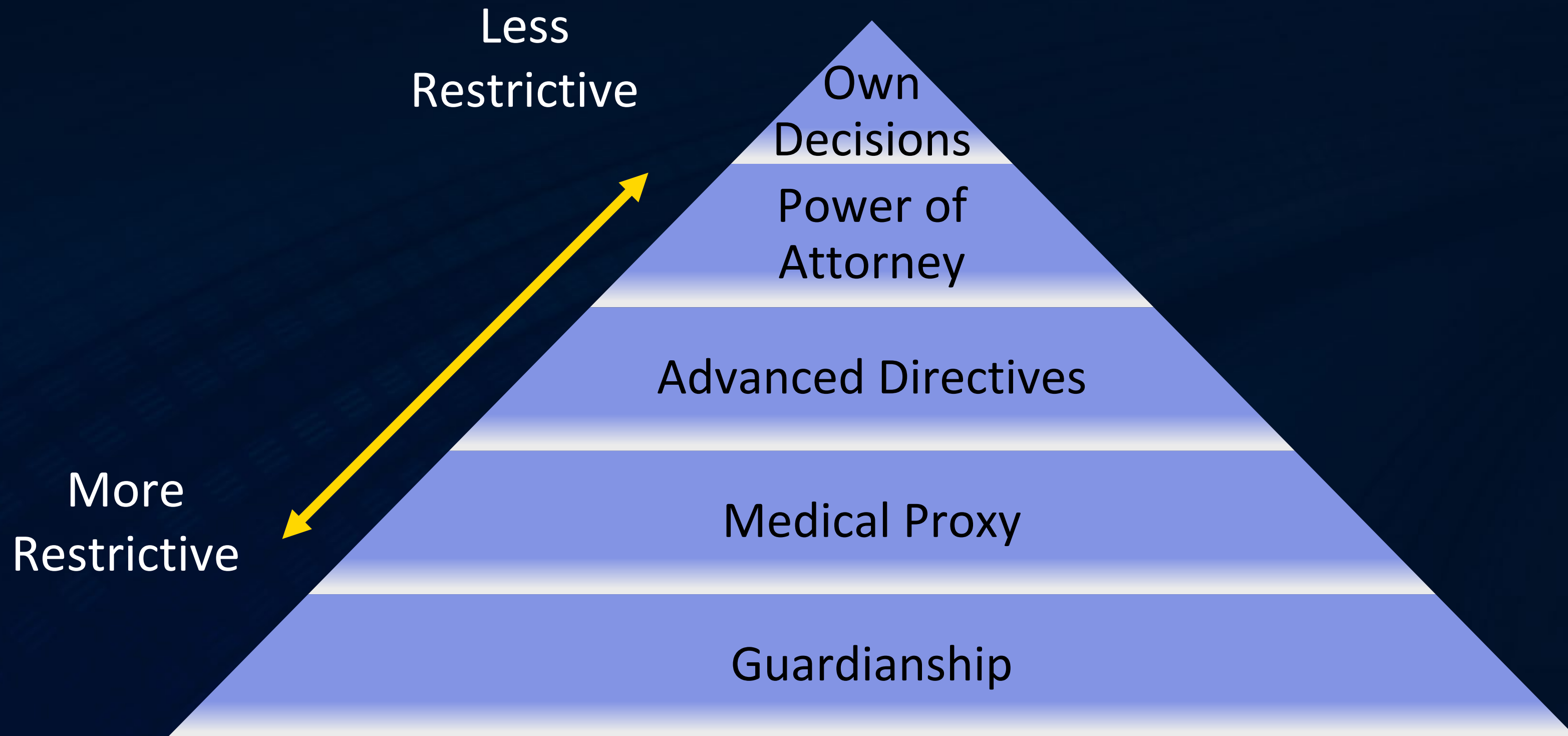


Supported Decision-Making asks the Question:

*What would it take for a person to be **supported** in their **decision-making**, what support might they need to have **more choice** and **control** and **autonomy** in their life?*

Supported Decision-Making
=
Human Decision-Making

Decision Making Options



GUARDIANSHIP AS A LAST RESORT

O.C.G.A. 29-4-1(4)(f): All guardianships ordered pursuant to this chapter shall be designed to encourage the development of **maximum self-reliance** and **independence** in the adult and shall be ordered only to the **extent necessitated** by the adult's **actual** and **adaptive limitations** after a **determination** that **less restrictive alternatives** to the guardianship are **not available** or **appropriate**.

It's all about the IMPACT

People with greater self-determination are:

- More independent
- More integrated into their communities
- **Healthier**
- Better able to recognize and resist abuse

(Powers *et al.*, 2012; Shogren, Wehmeyer, Palmer, Rifenbark, & Little 2014; Wehmeyer & Schwartz, 1997 & 1998; Wehmeyer & Palmer, 2003; Khemka, Hickson & Reynolds 2005; Wehmeyer, Kelchner, & Reynolds 1996)

Without Self-Determination . . .

- **When denied self-determination, people can:**
 - “[F]eel **helpless, hopeless, and self-critical**” (Deci, 1975, p. 208).
 - Experience “**low self-esteem, passivity, and feelings of inadequacy and incompetency,**” decreasing their ability to function (Winick 1995, p. 21).

Decreased Life Outcomes

- Overbroad or undue guardianship can cause a “significant **negative impact** on . . . physical and mental health, longevity, ability to function, and reports of subjective well-being” (Wright, 2010, p. 354)



Institutional Mindsets Can Still Exist in Community Settings

- Person lives in 'the community'
- Goes to medical appointment
 - Did the person choose this doctor?
 - Did the person choose the appt time?
- Doctor speaks to staff
- Staff answers questions
- The person is physically present—but were they meaningfully included in the decision?

FREEDOM



Self-Determination “opens up zones of personal freedom. It facilitates uncoerced interactions.

[...We are] entirely right to focus on issues like opening and maintaining a bank account, going to the doctor without hassle, buying and selling in the open market, renting accommodations, etc.

This is how we positively express our freedom.”

- GERARD QUINN

The Role of the Provider

POSITIVE OUTCOMES ARE OFTEN A DIRECT RESULT OF PROVIDERS ACTING AS A DETERMINED ADVOCATE

Be Proactive

- Communication Strategies
- Ask Questions
- Make a Plan
- Write it down
- Who else needs to know

Questions That Lead to Answers

- Help set goals or identify a change they want to see
 - What goals do you have? What do you want to learn?
 - What's important to you in your life? What could be better? What don't you like about your life?
- If needed break big goal down into steps, that remains meaningful to the person
- Debrief what's working not working going well needs to change
- Create space for independence and safe failing

Some Things to Remember...

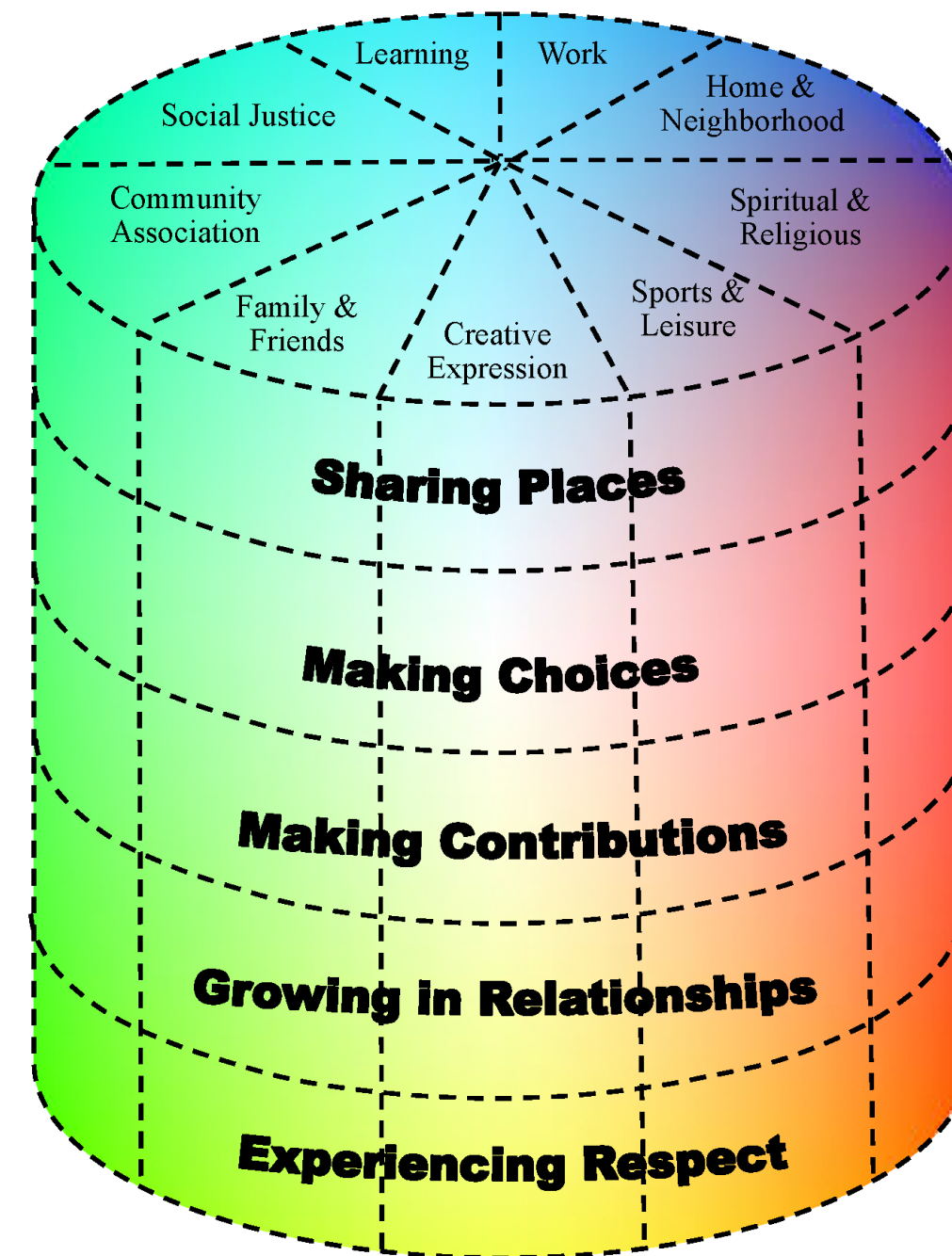
- Independence is not "all or nothing." We increase our independence with a skill as we practice it and experience the natural consequences. If an individual is not currently performing a skill, it does not mean they cannot grow in that area.
- Needing support is a **natural** for all people. Interdependence is the real goal.
- Don't avoid learning opportunities because of failures in other areas or the difficulty of a task.
- Remember this process is an opportunity to practice self-determination.
- Discuss how to increase opportunities to learn and practice skills that promote independence.

Community Life & Valued Experiences

Typical People

Typical Places

Typical Times



*Adapted from John O'Brien's "Five Valued Experiences" and "8 Sectors of Community Life"

Opportunities for Practice

- Doctor's appts
- Daily/Weekly/Monthly Schedule
- Money management/budgeting
- Hosting an event (game/movie night, cookout)
- Attending local clubs/civic meetings
- Grocery Shopping
- Planning a Vacation

What I want, what I wish was different:

written by self-advocates

I
get it
wants to
be able to
eat out, go
do things out
side of
Day Program

Self Advocate:
• going where I want
• Making New Friend
• rights - to vote
-to go where
I want
• right to open my
own Mail

To be heard
make my own
decisions.
To live my life
for "me"

learn
How
TO
work
Computer

Tear the
roof off
of my
sheltered
life

Learn a Leader
Learn How to
Budgeting.
Learn to
Marketing.
Decision making
Pay my own
Bills

Budgeting
my
finances

• To be able to
go to college.
• To be able to
live on my own.

It make me
feel important
That I am
important, I
been equally.

CONNECT A
RELATION SHIP
WITH DISABLED
People
DON'T
SEGREGATE US

Practicing SDM in Healthcare



Direct: Do you like this doctor?

Enlist: Who do you want to involve?

Choose: Location
Days Times

Inform: POA, SDM
Plan in EMR

Determine: Did you feel respected/heard?

Experience: How do you feel if you don't follow the doctor's orders?

Practicing SDM in _____



Direct:

Enlist:

Choose:

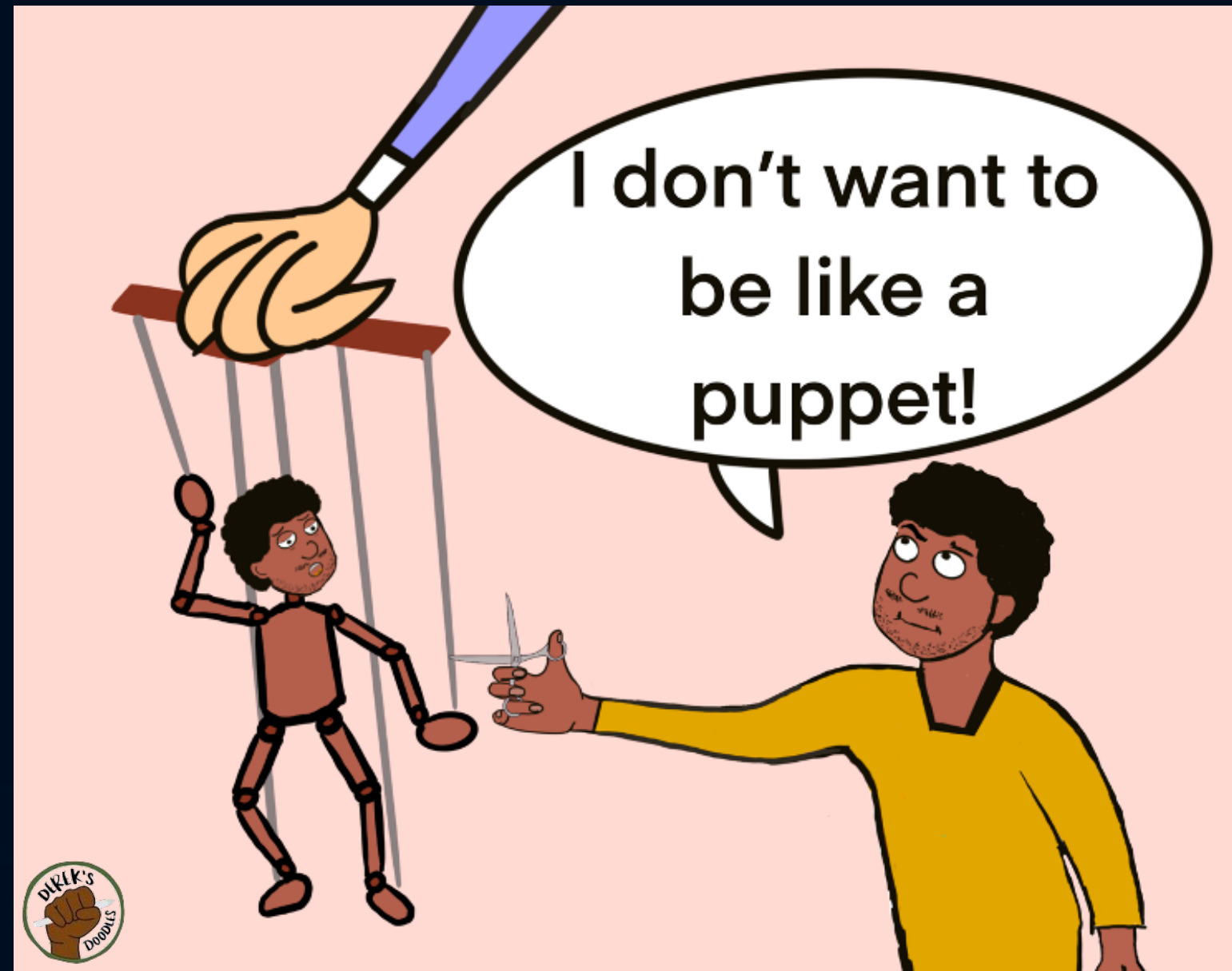
Inform:

Determine:

Experience:

Because to take away a man's freedom of choice, even his freedom to make the wrong choice, is to manipulate him as though he were a puppet and not a person.

Madeline L'Engle



What Can You Do Tomorrow

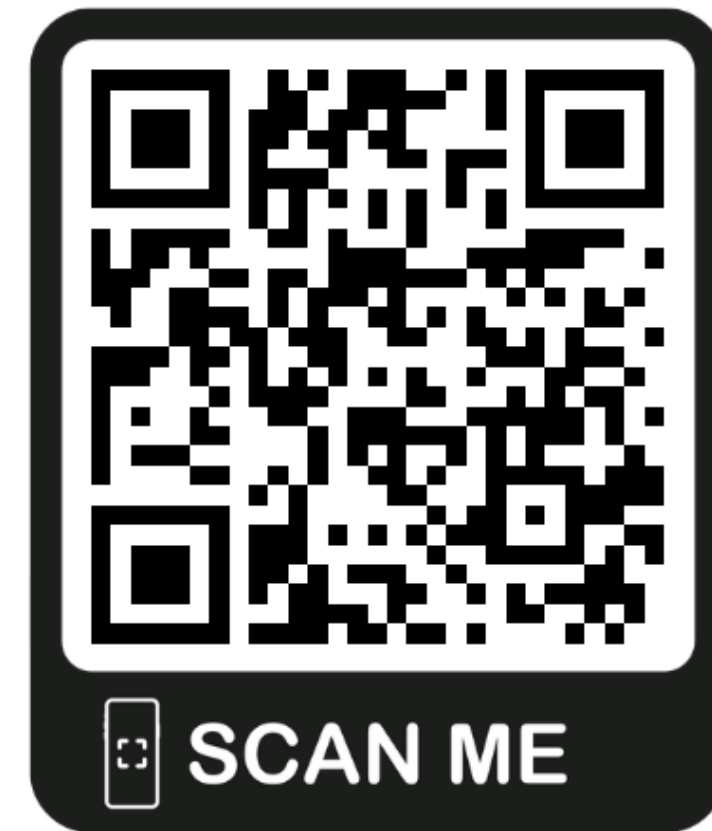
- Think of the people you support as the decision-maker
- Look for opportunities to increase choice and control
- Ask open ended questions, engage!
- Include people in every decision
- Support—don't replace—their decision-making
- Document SDM practices

Feedback & Data Collection Survey Supported Decision-Making Project



As part of our grant from the Georgia Council on Developmental Disabilities, we are asked to collect demographic data and survey responses from participants.

Please answer these 10 questions. We would love your feedback at the end so we can make improvements and adjustments



THANK YOU!

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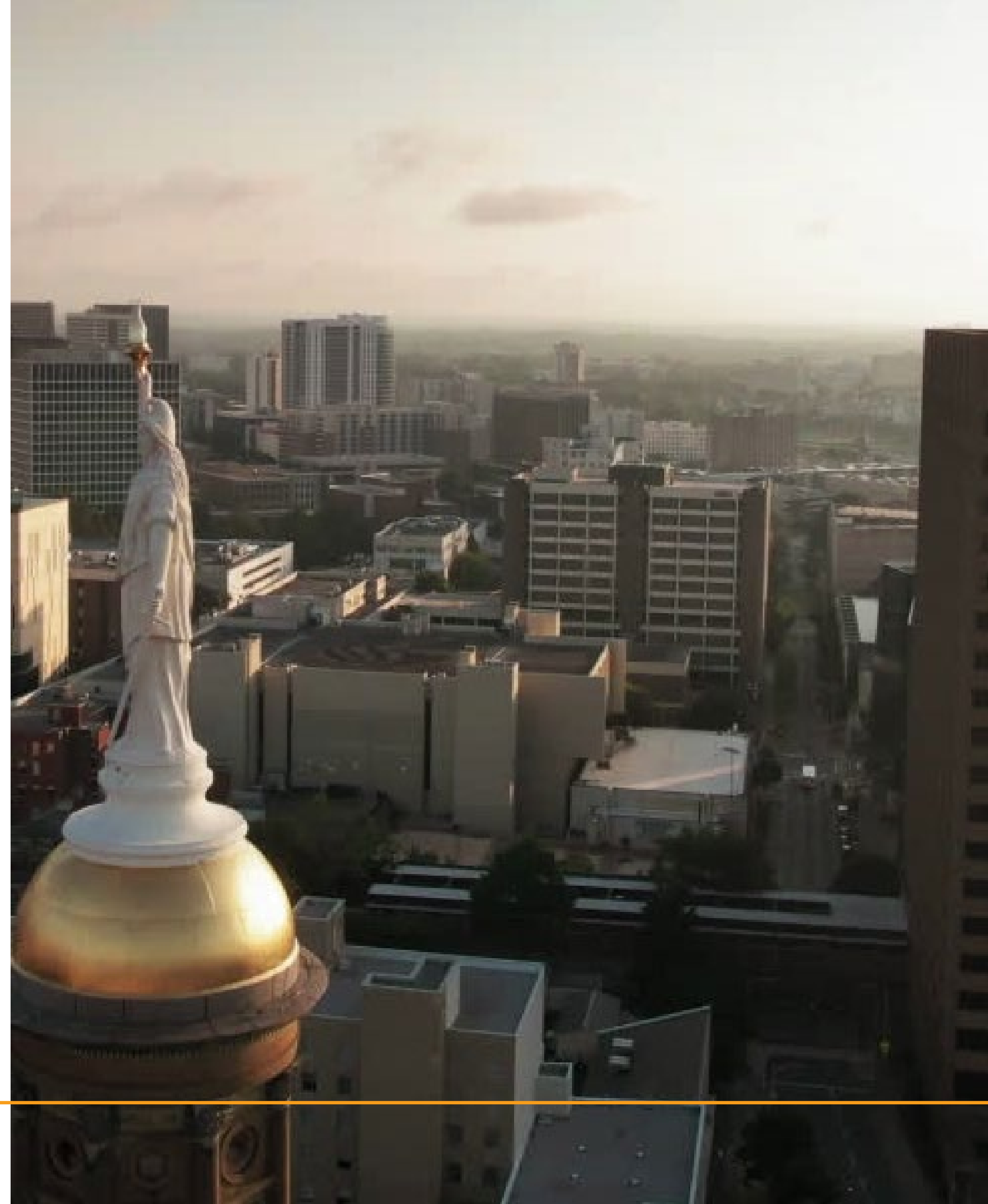
Policy 04-103: Guardians and Other Surrogates in Community-Based Services

Tracy S. Altman

Deputy General Counsel for Programs,
Office of the General Counsel

Statewide Provider Meetings

March 24-26, 2026



Agenda



- Quick overview of Georgia guardianships
- Policy 04-104: purpose and procedure
- A few caveats

Disclaimer: This presentation is made as a resource for providers, but DBHDD makes no representation or warranty that compliance in the matters presented will ensure a provider's compliance with all applicable laws and regulations or protect a provider from civil liability. Providers should seek their own legal counsel regarding compliance with laws and regulations on the subject matter of this presentation, and regarding questions of civil liability.

Quick
overview
of
Georgia
guardianships

What Is A Guardian?



- In this presentation, we will be looking only at guardians of adults.
- A guardian is someone appointed to exercise certain legal powers on behalf of another adult (the “ward”) after those legal powers have been removed from that other adult.
- A guardian is appointed by a Probate Court after a judicial process.
- It might be helpful to refer to guardians as “court-appointed guardians,” to help distinguish them from other persons who are sometimes referred to (or thought of) as “guardians.”

Guardians: What They Are Not



- A court-appointed guardian is not the same thing as
 - a natural guardian (such as a parent)
 - an agent/attorney-in-fact working under a Power of Attorney or Advance Directive
- The biggest difference: if there is a court-appointed guardian, the ward has had certain legal powers removed.
 - Wards might be no longer legally authorized to make certain binding decisions for themselves
 - Instead, those decisions or consents would have to come from the court-appointed guardian
- Also different from a guardian *ad litem*, who has no power to make decisions on another's behalf.

Notable quotes from Georgia guardianship law



Georgia
Department of
Behavioral Health
& Developmental
Disabilities

1

“The court may appoint a guardian for an adult only if the court finds the adult lacks sufficient capacity to make or communicate significant responsible decisions concerning his or her health or safety.” O.C.G.A. 29-4-1(a)

2

“An adult shall not be presumed to be in need of a guardian solely because of a finding of criminal insanity or incompetence to stand trial or a finding of a need for treatment or services pursuant to [Title 37].” O.C.G.A. 29-4-1(e)(2)

3

“All guardianships ordered pursuant to this chapter shall be designed to encourage the development of maximum self-reliance and independence in the adult and shall be ordered only to the extent necessitated by the adult's actual and adaptive limitations after a determination that less restrictive alternatives to the guardianship are not available or appropriate.” O.C.G.A. 29-4-1(f)

Some less restrictive alternatives



Supported
decision-
making
(no court
proceedings
required)

Georgia
Medical
Consent Law,
O.C.G.A.
31-9-2
(no court
proceedings
required)

Temporary
Medical
Consent
Guardian,
O.C.G.A. 29-4-
18
(appointed by
court)

Temporary
Healthcare
Placement
Decision
Maker,
O.C.G.A. 31-
36A-1 et seq.
(may have to be
appointed by court)

Guardianship: Pros and Cons



Pros

- Legal process helps ensure guardian has been vetted and is qualified
- If warranted, guardian can have relatively broad powers that are relatively permanent
- Individual may need certain legal powers removed for his or her own protection; guardianship proceedings can do that

Cons

- Removes some legal powers from individual, making it the most restrictive form of surrogate decision-making
- Costly—expensive process on the front end, ongoing annual filing
- Appointment process can be long (weeks, sometimes months), can become litigious
- Individual may still refuse medical treatment, even if guardian consents (more on this later)
- Absentee/negligent guardians can be a big problem



- Provides procedures to obtain authorization for any **surgical or medical treatment or procedures** for a person who cannot consent for himself or herself.
 - Duly licensed **physician** must suggest, recommend, prescribe, or direct the treatment/procedure
 - A physician must personally examine the person and determine that the adult
 - ***"lacks sufficient understanding or capacity to make significant responsible decisions"*** regarding his or her medical treatment, or
 - lacks the ***ability to communicate*** by any means such decisions.
 - Physician must document this determination in the medical record.



- The statute lists the people who can give consent on the person's behalf, in order of priority. Includes (not a complete list):
 - spouse
 - parent
 - adult child
 - brother or sister
 - grandparent or grandchild
 - niece, nephew, aunt, uncle
 - an “adult friend” who
 - has exhibited special care and concern for the patient
 - is generally familiar with the patient's health care views and desires
 - is willing and able to become involved in the patient's health care decisions and to act in the patient's best interest, and
 - will sign and date an acknowledgment form certifying that he or she meets such criteria.

P o l i c y 0 4 - 1 0 3 :

P u r p o s e

a n d

P r o c e d u r e

There are times when an individual needs medical treatments but the physicians recommending the treatment do not believe the individual has the capacity to consent to the treatment, and no one is available to provide substitute consent under the Georgia Medical Consent Law.

Policy 04-103 is designed to address those situations.



When Should You Use DBHDD Policy 04-103?

- DBHDD will consider filing a guardianship petition when:
 - the individual's treating physician has given a written opinion that the individual lacks capacity to consent to treatment
 - this can be the individual's primary care physician (after a capacity evaluation), or
 - a physician who is treating the individual and has recommended a non-emergency medical treatment/procedure
 - no adult friend/relative can be found to provide consent under the Georgia Medical Consent Law
 - the individual is receiving DBHDD-authorized community-based I/DD services and/or is expected to be discharged to such services

- Note: must be ALL of the above



What Do You Need to Do to Start the Process?

- **FIRST**: Complete Policy 04-103 Attachment A (“Request for Consideration”)
 - Section 1: Is an emergency guardianship needed?
 - requires an “immediate and substantial risk of death or serious physical injury, illness, or disease unless an emergency guardian is appointed”
 - Section 2: Have the policy criteria been met?
 - These are the criteria we covered in the last slide.
 - Include a copy of any written physician’s opinion about capacity.
 - Section 3: Have any previous guardianship petitions been filed?
 - Georgia law limits the number of petitions that can be filed.
 - Section 4: Has the checklist (Attachment B) been completed?
 - Section 5: Who will co-sign the guardianship petition on behalf of provider/SC agency?

What Do You Need to Do to Start the Process? (cont'd)



- SECOND: Complete Policy 04-103 Attachment B (“Checklist”)
 - Since there are no adult friends or family members available to provide consents for the individual, the only guardianship option is the Department of Human Services (DHS).
 - DHS needs to have the completed checklist in order to determine whether it can agree to the appointment of the guardian.
 - So—it’s vitally important that you work through the checklist and submit it to DBHDD, so that we can share it with DHS. Otherwise, the guardianship petition will be held up or delayed.

What Do You Need to Do to Start the Process? (cont'd)



- **THIRD**: Submit Attachments A and B to DBHDD
 - Send the fully completed forms to the Developmental Disabilities Administrator for the Region in which the individual receives services
 - DBHDD reviews internally and also consults with DHS
 - If appropriate, DBHDD then refers the case to a Special Assistant Attorney General (SAAG) who prepares a guardianship petition
 - The petition is signed by one DBHDD representative and one provider/SCA representative

- **Note** that the petition signers may have to testify at the probate court hearings on the petition

Caveats:
Things to
Bear
in Mind

Suppose a Guardianship Order is Issued. What Then?



- A DHS guardian will be appointed, so the guardian's ability to act will be governed by DHS public guardianship policy
 - Link to the section on medical consent: <https://pamms.dhs.ga.gov/das/public-guardianship-5800-manual/5053-medical-consent/>
 - Note that the current guidelines state: “The DHS, as guardian of an incapacitated adult, shall not authorize a ‘No Code,’ ‘DNR,’ or ‘Do Not Resuscitate’ order.”

- Additionally, DBHDD's petition will itself ask the court to limit the guardianship, granting only the powers to:
 - consent to medical treatment
 - establish a residence or dwelling place (if needed for ISPs)
 - change domicile (if needed for ISPs)

Suppose a Guardianship Order is Issued. What Then? (cont'd)

- Also, note that there is caselaw indicating that although a individual with a guardian no longer has the legal power to consent to medical treatment, the individual does retain a constitutional right to refuse medical treatment.
- So the appointment of a guardian might NOT help a situation in which an individual is expressing a refusal of treatment.
- If appointed, DHS guardians address these situations in accordance with DHS policy.

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and Development Disabilities





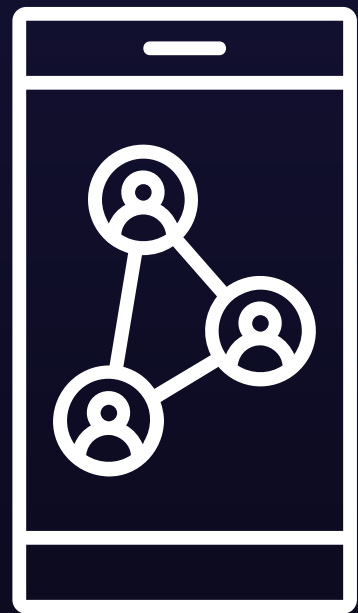
Questions?

13. Miltä kehittämistarpeita työryhmän toiminnan arvioinnin, to-
lapan kehittämistä omaa toimintaa liittyy?
Vastauksen malli: 2



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