D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

BE D·B·H·D·D
BE COMPASSIONATE
BE PREPARED
BE RESPECTFUL
BE PROFESSIONAL
BE CARING
BE EXCEPTIONAL
BE INSPIRED
BE ENGAGED
BE ACCOUNTABLE
BE INFORMED
BE FLEXIBLE
BE HOPEFUL
BE CONNECTED
BE D·B·H·D·D

IDD ALL- STATE PROVIDER MEETING

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Presented by DBHDD, Division of IDD
May 12, 2022 9:00am - 12:30pm

Vision

Easy access to high-quality care that leads to a life of recovery and independence for the people we serve

Mission

Leading an accountable and effective continuum of care to support Georgians with behavioral health challenges, and intellectual and developmental disabilities in a dynamic health care environment

TODAYS AGENDA

Topic	Time	Presenter
Opening Welcome and Updates	9:00 am-9:15 am	Ronald Wakefield, Division Director IDD, DBHDD
Field Office Updates • Host Home transition process • Immediate and Critical requests and follow-up date submissions • Hospitalizations	9:15 am-9:30 am	Allen Morgan, Office of Field Operations Director
Office of Waiver Services Updates • American Rescue Plan Act • Appendix K, COMP & NOW Renewals • DCH and DBHDD policy updates • Legislation Updates	9:30 am-10:00 am	Ashleigh Caseman, Director of the Office of Waiver Services
Special Circumstances and Waiver of Requirements, 04-107 Overview	10:00 am-10:15 am	Dr. Michelle Ford, Manager of Statewide Behavioral Services & Ashleigh Caseman
Reactivating and Deactivating Provider Numbers	10:15 am-10:30 am	Genevieve McConico, Director of IDD Provider Enrollment
OHW Updates and Training Announcements	10:30 am-10:45 am	Dana Scott, Director of the Office of Health and Wellness & Karen Cawthon, OHW Project Manager
Image and Incident Reporting Updates	10:45 am- 11:00 am	Keisha Davis (FKA Blackwell), Incident Manager, Office of Incident Management and Compliance
NCI Staff Stability Survey	11:00 am-11:05 am	Latonya Williams, Waiver Operations Analyst, Office of Waiver Services
Relias Updates	11:05 am- 11:15 am	Christopher Woods Director of Learning Development; Christi Ritter, Relias Coordinator
Question and Answers	11:15 am -12:30 pm	All

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

Field Office Updates

Allen Morgan, M.S.
Director of Field Operations
Division of IDD

Georgia
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& Developmental
Disabilities

Personnel Changes

- Tawanda Scales, MMFT, LMFT, is the Assistant Director of Field Operations
- Carol Love, MS, LMFT, is now the Regional Services Administrator in Region 2
- Lakeischa Murphy, BBA, is Region 1 Office Manager and supports the Director and Assistant Director of Field Operations
- Patricia Speight-oney, MS, is the I&E Manager is Region 5

Host Home Transitions - Policy 02-704

Individuals Have the Choice to Terminate Relationships

When a waiver participant/individual indicates a desire to terminate services from either a Host Home provider or a DBHDD provider agency, a neutral party interviews the individual to determine if the individual's choice is independent of coercion from any party.

The individual's Support Coordinator and a DBHDD staff (Field or State Office) interview the individual, the individual's legal guardian (if any) and/or any representative who has been formally or informally designated by the individual.

Host Home Transitions - Policy 02-704

Transference of Host Home/Life-Sharing Sites

The DBHDD provider agency and Host Home/Life-Sharing provider cooperate as requested by DBHDD to effectuate the smooth and reasonable transition of the care and services for individuals as directed by DBHDD. This includes, but is not limited to, the transfer of the individual records, personal belongings, and funds of all individuals as directed by DBHDD.

Host Home Transitions - Policy 02-704

DBHDD reserves the right under all Host Home/Life-Sharing agreements to transfer a Host Home/Life-Sharing site to another DBHDD provider agency on the following grounds:

DBHDD termination of the contract/letter of agreement, or agreement with the DBHDD provider agency.

DBHDD provider agency termination of the contract/letter of agreement.

The Individual or Family/Representative's termination of the relationship with an identified contracting provider agency

Host Home Transitions - Policy 02-704

The Host Home/Life-Sharing provider must agree to contract with another DBHDD provider agency if they want to serve the same individual(s).

Prior approval for the transfer of the Host Home/Life-Sharing site to an alternative DBHDD provider agency is required by the Regional Services Administrator and Director of Field Operations.

Process flow

Individual, HHP, Provider, or Family desire a change

SC and Region review the situation to ensure the individual's choice is respected

Identification of new supervising provider agency

Application for new site-specific number to Georgia collaborative

Original provider CONTINUES to supervise and bill

A transition date is identified AT the time of approval by DCH/DBHDD

Services and billing move to new agency without interruption

Immediate and Critical Request – Policy 02-443

Individual has need for immediate service change need for critical health and safety issue

Provider or SC calls the RSA or I&E Manager to explain and justify the request

If the region approves, the change is made to the prior authorization and services are added

Immediate and Critical Request – Data Submission

For any service to continue past the approved 30-90 days, clinical justification is required.

An RCR for updated assessments and/or submission of an Additional Staffing (AS) packet is REQUIRED.

If AS was added and a submission is not made by day 45 of the approval, the Adverse Action will begin.

Immediate and Critical Request – Data Submission

Delay in or failure to submit required information after I&C approval may impact future approvals for an agency.

Individuals in Hospitals

In the last several months, a sharp increase in the number of people with IDD waivers stranded in community hospitals has occurred.

DBHDD is aware that providers are facing unprecedented staffing challenges that impact the ability of providers to maintain the usual levels of support; it is critical that providers continue supporting individuals and seek assistance from Regional Field Offices when challenges arise.

5% Provider Rate Increase Updates

Ron Singleton
IDD Division Budget Manager
Division of Developmental Disabilities

Georgia
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5% Provider Rate Increase Updates

Prior authorizations with active dates from 7/1/2021 will be updated with a 5% rate increase to the current approve rates. This would include those service rates currently reflecting the 10% rate increase from Appendix K.

In the same manner as the Appendix K funding increase in March 2020 and the Appendix K rate increase in March 2021, prior authorizations will be systematically updated by the Beacon Health Options.

5% Provider Rate Increase Updates

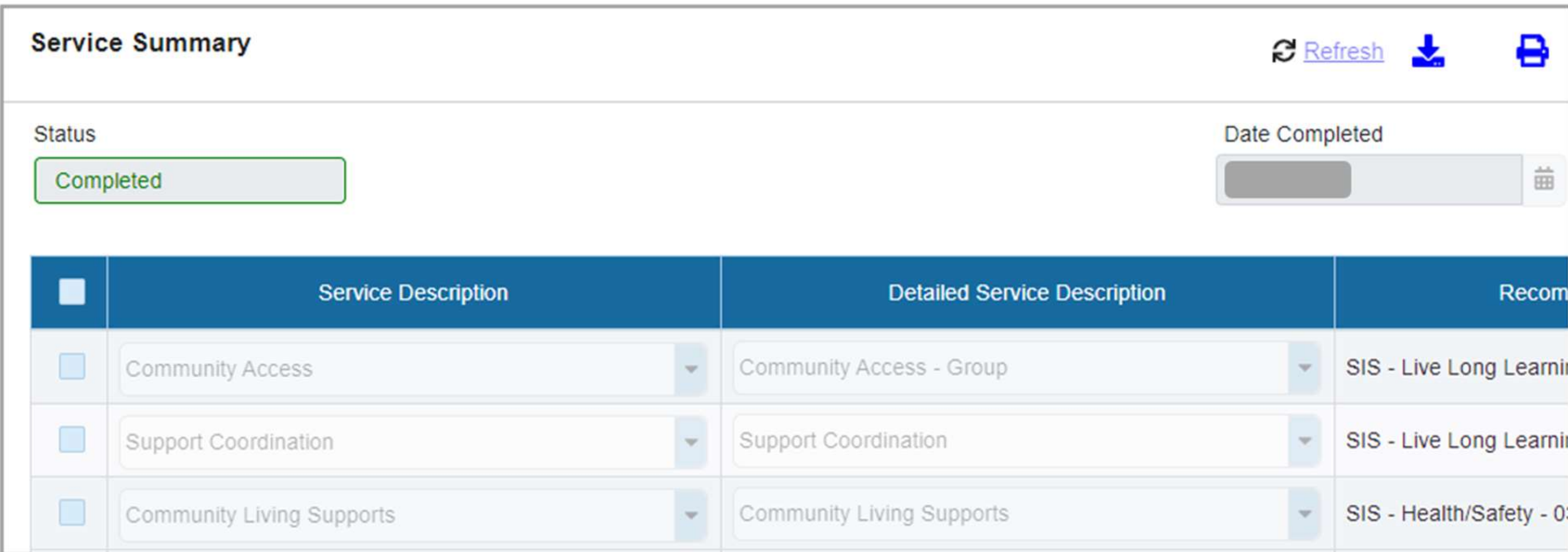
As of May 9th, there are 26,689 NOW, COMP and State Funded prior authorizations which includes 111,873 service lines that will be updated.

Example: 1 Prior Authorization & 3 Service Lines

Client Auth #	Line #	Service Code	Detailed Service Description	Procedure Code
9000	1	CAG	Community Access - Group	T2025-HQ
9000	4	SUP	Support Coordination	T2022
9000	2	CL1	Community Living Supports	T2025-U4,T2025-U5,T2025-U4-UN,T2025-U5-UN,T2025-U4-UP,T2025-U5-UP,T2025-U5-CG

5% Provider Rate Increase Updates

In addition to adjusting each prior authorization and service line, the corresponding ISP must also be updated.



5% Provider Rate Increase Updates

In the same manner as the Appendix K funding increase in March 2020 and rate increase in March 2021, a considerable amount of programming will need occur in order to up update all prior authorizations (PA) and ISPs.

These updates will be tested to ensure accuracy before they are submitted to the Georgia Medicaid Management Information System (GAMMIS) for billing.

GAMMIS currently accepts a limited number of prior authorizations per day for processing (2,000).

5% Provider Rate Increase Updates

It is the expectation that the Department of Community Health (DCH) will mass adjust and reprocess all claims back to July 1, 2021. A banner message is expected to the posted with details related to this information.

Search

[Refresh session] You have approximately 13 minutes until your session will expire.

Monday, April 25, 2022

Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy | HFRD

Home *Provider Notices* *Provider Manuals* *Provider Messages* *Fee Schedules* *Forms for Providers* *Reports for Public Access* *FAQ for Providers*

NOW/COMP Renewals, Legislation and ARPA Updates

Ashleigh Caseman

Director of Waiver Services

Office of Waiver Services

Georgia
Department of
Behavioral Health
& Developmental
Disabilities

NOW and COMP Waiver Renewal- Status Update

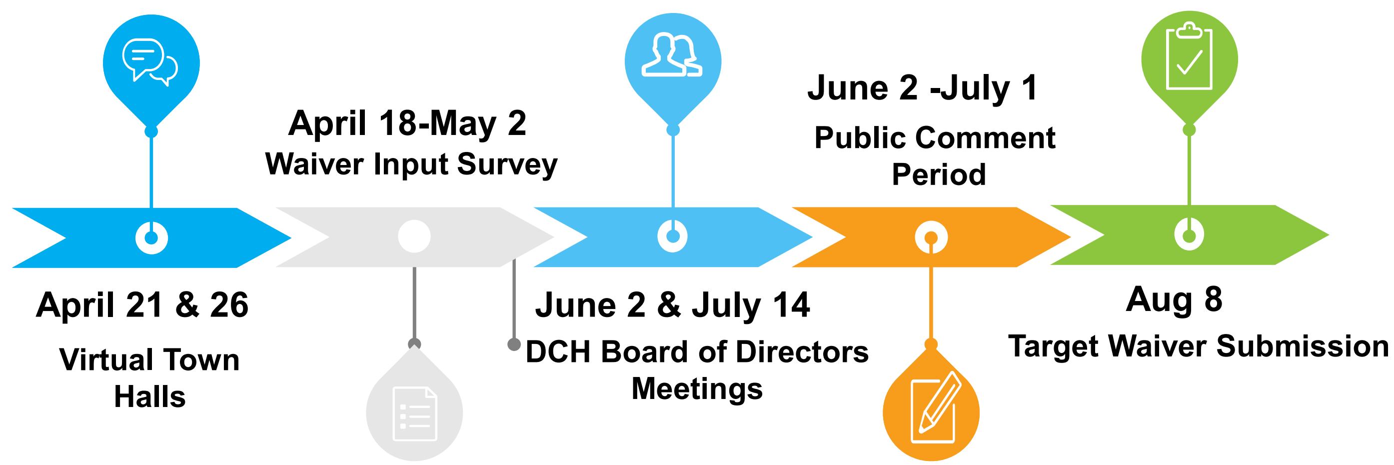
COMP Renewal

- Pending CMS approval
- Since initial application, DCH/DBHDD has removed proposed caps on Additional Staffing Services and Skilled Nursing Services in CLS

NOW Renewal

- Virtual Town halls- April 2022
- Present to DCH board initial and final adoption and will then be submitted to CMS for approval
- Tentatively NOW renewal intends to align with many components recommended in COMP renewal

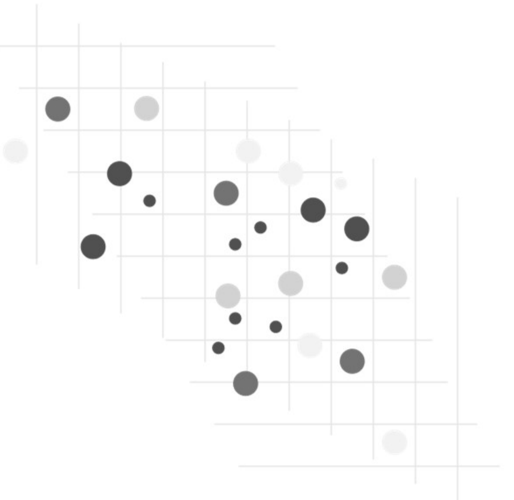
Timeline – 2022 NOW Waiver Renewal



NOW RENEWAL- Comment Submission

Comments can be submitted through May 1, 2022, **online** at:

https://medicaid.georgia.gov/programs/all-programs/waiver-programs



2022 COMP& NOW RENEWAL- Telehealth Proposed Changes*

Telehealth Option for Adult Speech & Language Therapy (some exceptions)

Telehealth Option for Adult Occupational Therapy

Telehealth Option for Adult Physical Therapy

Telehealth Option for Nutrition Services

Telehealth Option for Behavior Support Services (some exceptions)

Telehealth Option for Interpreter Services

Telehealth Option for Supported Employment Services (some exceptions)

*Note: These proposed changes are pending CMS approval and subject to change

COMP and NOW Renewal- Assistive Technology

Assistive technology* consists of any technology, whether acquired commercially, modified, or customized, that is used to maintain or improve functional capabilities of Individuals with disabilities by augmenting the Individual's strengths and/or providing an alternative mode of performing a task.

- The need for Assistive Technology must be an identifiable assessed need in the ISP and directly related to the disability.
- The need for adaptive equipment and assistive technology must be identified in the Individual Service Plan and approved by a qualified rehabilitation technician or engineer, occupational therapist, physical therapist, augmented communication therapist or other qualified professional whose signature indicates approval.

**Note this service definition is a proposal pending CMS approval and is subject to change*

Legislation Update- SB 610 (Rate Study)

Beginning Fiscal Year 2024 and at least every 4 years thereafter, the state will conduct a comprehensive review of provider reimbursement rates for HCBS waiver programs including but not limited to NOW and COMP waiver programs:

- A rate study that will receive input from the public, service providers, and other stakeholders
- Result in proposed rate models and estimated fiscal impact

Legislation Update- SR 770 (IDD Study Committee)

Creates a Senate Study Committee for people with Intellectual and Developmental Disabilities to:

- Evaluate the impact of the growing population in Georgia which results in an increasing demand for services for Georgians with IDD;
- Address the need to understand and address shortfalls in the DSP workforce;
- Develop a flow of capital investment resources targeted at the development of a comprehensive service structure, to include adequately trained workers; and
- Capital investments for the development of new housing and facilities, outside the Georgia Housing Voucher Program

Legislation Update- FY22 and FY23 Appropriations

- HB 81- FY 2022 Appropriations Bill
  - Increase funds for a 5% rate increase for intellectual and developmental disability providers with approval by the Centers for Medicare and Medicaid Services.
    - This 5% rate increase was temporarily authorized by way of an Appendix K amendment; however, the Appendix K is short term and 5% will need be permanently placed in future NOW and COMP renewal/amendments
    - 513 waivers
- HB 911 FY2023 Appropriations Bill
  - Increase funds for a 2% rate increase for intellectual and developmental disability providers with approval by the Centers for Medicare and Medicaid Services
    - The 2% rate increase will need to be requested by way of NOW and COMP renewal/amendments

Upcoming Policy Updates- NOW and COMP

TOFHLA (Test of Functional Health Literacy in Adults)-Adding TOFHLA guidelines to Direct Staff requirements as additional Literacy option for Several NOW/COMP waiver services:

- Additional Staffing
- Community Access Group/ Community Access Individual
- Community Living Support (CLS) Services
- Community Residential Alternative (CRA) Services
- Prevocational Services
- Respite Services
- Supported Employment Individual/ Supported Employment Group (SEG/SEI)

Tuberculous Screening- Updating TB testing requirement from an annual requirement to prior to hire and when there is a known exposure.

Lookout for these changes in 7.1.22 DBHDD policy!

American Rescue Plan Act- Initial Spending Plan Proposal*

The American Rescue Plan Act was signed into law on March 11, 2021. It is the sixth COVID-19 relief bill enacted and provides approximately $1.9 trillion in federal assistance. It includes fiscal relief funding for state and local governments, education, housing, food assistance, and additional grant programs. The State of Georgia, through the Department of Community Health (DCH), submitted an Initial Spending Plan Projection and narrative to enhance, expand, and strengthen home and community-based services (HCBS) under the Medicaid program using funds associated with the increased Federal Medicaid Assistance Percentage.

DBHDD IDD Initiatives related to ARPA funding

While Georgia's Initial Spending Proposal has several initiatives, two main focuses related to DBHDD I/DD include:

Temporary Rate Enhancements for specific services:

- Community Residential Alternative (including Host Home)
- Community Living Support Services
- Skilled Nursing Services
- Community Access Individual
- Supported Employment Individual
- Update: Behavior Support Services

Rate Study - All NOW and COMP waiver services including but not limited to:

- Community Residential Refresh
- Community Living Support Services
- Skilled Nursing
- Community Access & Supported Employment
- Respite
- Adult Therapies
- Medical Equipment, Supplies

…And more!

Note: Georgia's initial spending plan has received conditional approval from CMS on February 14, 2022. Per the conditional approval the temp rate enhancements will require waiver amendments

DBHDD I/DD Initiatives re: ARPA funding Cont.

In addition to the temporary rate enhancements and the rate study, DBHDD/IDD is also focusing on the following areas:

Addressing Workforce Challenges:

- Supporting Direct Support Professionals (DSPs) by way of certification, credentialing and/or training programs
- Engaging the broader Georgia workforce system to find solutions to DSP crisis by using community colleges and job centers to develop and invest in career training and credentialing for DSPs

Launch Supported Employment Pilot:

- Provide support to individuals on the planning list for supported employment to transition from school to competitive integrated employment.

Note: Georgia's initial spending plan has received conditional approval from CMS on February 14, 2022

Intellectual/Developmental Disability Rate Study

01

02

03

!

PHASE ONE

Background Research and Initial Meetings (May-June)

Task 1: Conduct background research to document service requirements

Task 2: Facilitate kickoff meetings with DBHDD project team and provider advisory group to discuss current issues with service delivery and payment rates, and goals for the rate study

PHASE TWO

Data Collection (June-August)

Task 3: Design and administer provider survey

Task 4: Conduct other research and analysis such as collecting benchmark cost data

PHASE THREE

Rate Development (September-December)

Task 5: Develop draft rate models

Task 6: Facilitate public comment process

Task 7: Finalize rate models and develop implementation plan

ADDITIONAL OPPORTUNITIES

- Stakeholder advisory group to offer feedback at key stages of the project
  - Provide perspectives on current issues and review draft provider survey
  - Review provider survey results
  - Review draft rate models
- Provider survey that all providers will be invited to complete
- Public comment process during which all interested stakeholders will be invited to submit written feedback on the draft rate models

Special Circumstances and Waiver of Service Requirements – Policy 04-107

Michelle E. Ford, Ph.D.
Manager of Statewide Behavioral Services

Ashleigh Caseman
Director of Waiver Services

Georgia
Department of
Behavioral Health
& Developmental
Disabilities

Waiver of Service Requirements Policy

04-107

- DBHDD has a standard process for review and approval of requests for waivers of DBHDD requirements contained in either the
  - Provider Manual for Community Developmental Disability Provider
  - State-Funded Community Developmental Disability Providers
  - Policy Stat Policies

LIMITATIONS REGARDING WAIVER OF DBHDD REQUIREMENTS

- When the enforcement of one or more DBHDD requirement creates an undue hardship or barrier for individuals to access a needed service, DBHDD reviews the requirement and situation in order to determine whether a waiver of the requisite requirement(s) for a limited period of time is warranted. The waiver request and review process assures a continuing commitment to an **individual's health and safety**, compliance with requirements of external funding, regulatory entities, and accreditation or certification requirements.
- This policy **DOES NOT** waive licensure (HFRD) or policy set forth in Medicaid manuals of any kind.

REQUESTING WAIVER OF STANDARDS REQUIREMENTS

Waiver requests are submitted electronically to the DBHDD State Office Director of Waiver Services or designee, via the DBHDD Waiver of Service Requirement Form.

1. The request includes the following information:
   a. Justification of the reason for a waiver of requirement due to an undue hardship or barrier for individuals to access a needed service;
   b. Plan for improvement or changes needed in order for services to be available in accordance with the governing provider manual;
   c. A recommendation and affirmation of identified need for a waiver signed by the Director of the provider organization.

REQUESTING SPECIAL CIRCUMSTANCES REVIEW

1. A service provider is required to submit a Request for Special Circumstance Review when a restrictive device is applied for the protection of injury and harm to an individual due to challenging behaviors.

   a. Applying a device that restricts freedom of movement or normal access to a portion of one's own body is considered a restraint.

   b. Restrictive devices and procedures for their use are included in Behavior Support Plans to address behavior that does not immediately result in harm, but due to the chronic or long-term nature of the behavior (i.e., hand mouthing, head banging, removing or picking post-operative sutures or skin, etc.), will result in harm.

2. Waiver requests are submitted electronically to the DBHDD State Office of Health and Wellness Behavioral Services Manager or designee, via the DBHDD Special Circumstances Form.

   The request includes the following information:

   a. Justification of the reason for a waiver of requirement
   b. Physician or MD Order **(attachment required to accept request)**
   c. Behavior Support Plan, Data Summaries, Graphing, Fading Procedures (as applicable)
   d. Recommendation and affirmation of identified need for a waiver signed by the Agency Director and Clinical Director of the provider organization **(both e-Signatures Required).**

WAIVER OF SERVICE REQUIREMENTS OR SPECIAL CIRCUMSTANCES REVIEW SUBMISSIONS

Providers are required to submit all new Waiver of Service Requirement OR Special Circumstances Review Requests to the State Office at least forty-five (45) days prior to projected start date.

Providers are required to submit renewal requests to the State Office at least sixty (60) days prior to the expiration date.

If additional information is needed after the packet has been submitted, the State Office will contact the provider. The service provider has ten (10) business days to add the required additional information.

Requests for waiver of requirements are reviewed by the DBHDD State Office Director of Waiver Services or designee. Within ten (10) business days after receiving a waiver request, the DBHDD State Office Director of Waiver Services or designee submits the request, along with his or her recommendations.

The Review Reports conducted by the Office of Health and Wellness forwarded to the Regional Services Administer (I/DD RSA), service provider, support coordination, and to the Behavior Support Service provider (if applicable).

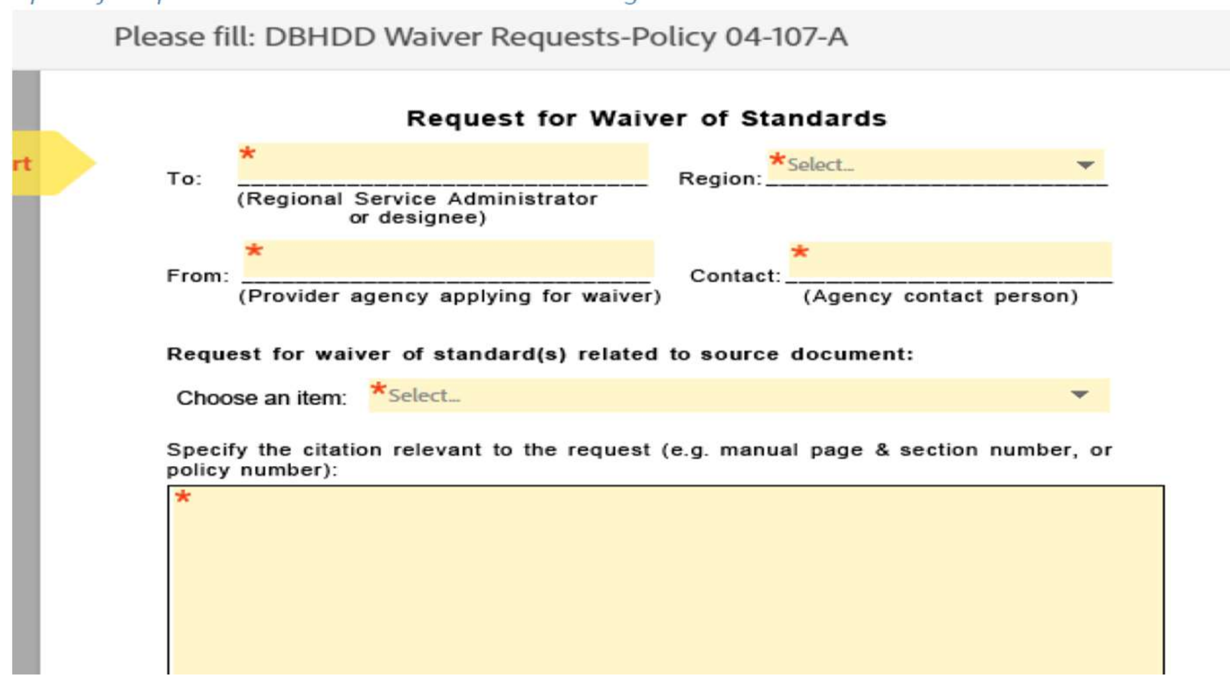
The Division of I/DD approves or denies the requested waiver within thirty (30) calendar days

Approvals will not exceed twelve (12) calendar months for Special Circumstances.

User Guide Completing Web Request

Request for Special Circumstance Review Policy 04-107

- Click on the link Policystat, 04-107 to complete the request.
- Providers must complete all the required fields on the web form for submission to DBHDD
- *Request for Special Circumstance Review Form Page 1*



Please fill: DBHDD Waiver Requests-Policy 04-107-A

Request for Waiver of Standards

To: * ______________________________ (Regional Service Administrator or designee)

Region: *Select... ______________________

From: * ______________________________ (Provider agency applying for waiver)

Contact: * ______________________ (Agency contact person)

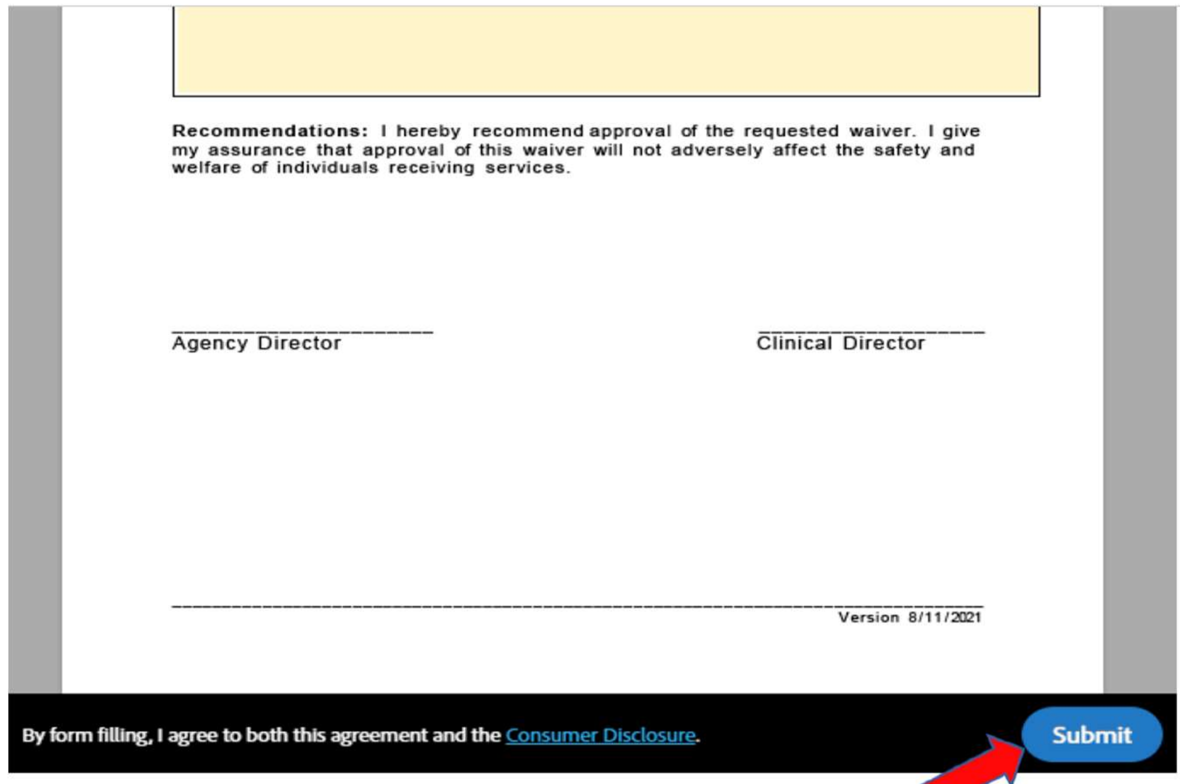
Request for waiver of standard(s) related to source document:

Choose an item: *Select...

Specify the citation relevant to the request (e.g. manual page & section number, or policy number):

*

User Guide Completing Web Request


Recommendations: I hereby recommend approval of the requested waiver. I give my assurance that approval of this waiver will not adversely affect the safety and welfare of individuals receiving services.

Agency Director

Clinical Director

Version 8/11/2021

By form filling, I agree to both this agreement and the Consumer Disclosure.

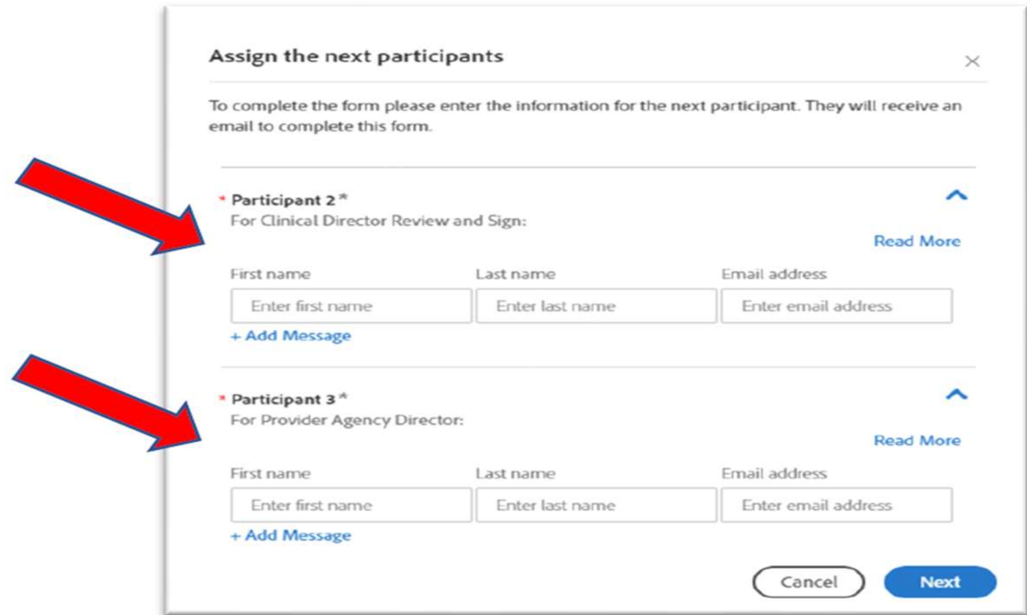
Once all required field are completed, user selects submit to identify Agency Director and Clinical Director for eSignature.

User Guide Completing Web Request

E-Signatures

User is prompted to provide First name, Last name and Email addresses of the Clinical Director and Agency Director. The directors will receive an email to review and sign the Request For Special Circumstance Review.

Agency and Clinical Director identification

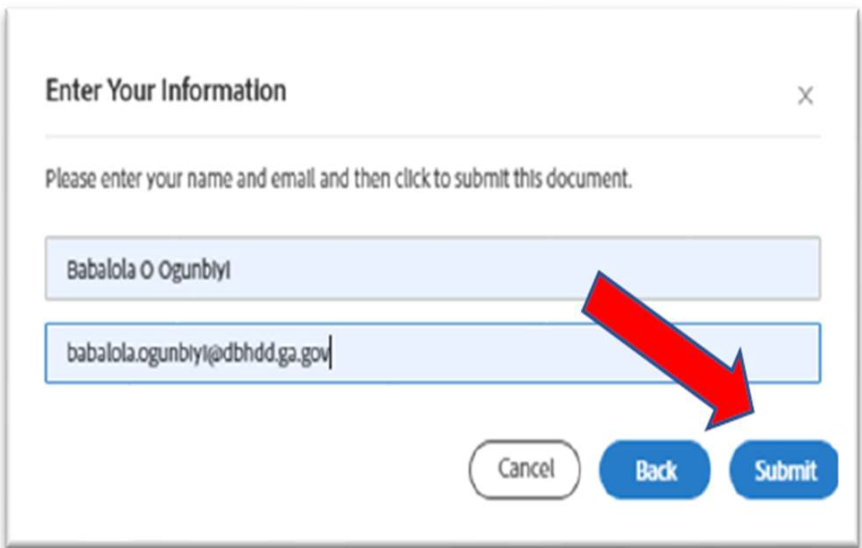


User Guide Completing Web Request

3. Email Confirmation

Select next to enter your name and email address to receive an email confirmation. Please click submit to proceed.

User confirmation



User Guide Completing Web Request

4. Signature Confirmation and Validation

The user will receive an email requesting validation. Select "Confirm my email address" and the form will be sent to Agency director and Clinical director for review and eSignature.

Email message validation and eSignature

Just one more step

We just emailed you a link to make sure it's you. It'll only take a few seconds, and we can't accept your input on "DBHDD Waiver Requests-Policy 04-107-A" until you've confirmed.

Note: The web form is not fully submitted until the user, Agency director and Clinical director have validated their signatures via the email links received.

DBHDD will be automatically notified of your form submission. The agency will review your request and an email notification will be sent with the agency's decision.

REQUEST FOR WAIVERS OF SERVICE REQUIREMENTS CONTAINED IN DBHDD PROVIDER MANUALS Policy 04-107

Request for Waivers of Service Requirements Contained in DBHDD Provider Manuals: 04-107

https://gadbhdd.policystat.com/policy/10742410/latest

User Guides to Complete Web Requests Link:

20b7af47-e6eb-4eec-829e-11b89129d538.pdf (constantcontact.com)

xpansion of Services for Existing Providers

Georgia Department of Behavioral Health & Developmental Disabilities

Genevieve McConico
Office of Provider Enrollment, Procurement and Contracts
DD Enrollment Director

May 12, 2022

Purpose & Objectives

Purpose:

To provide training regarding provider expansion

- Adding new services/sites
- Adding services to existing sites

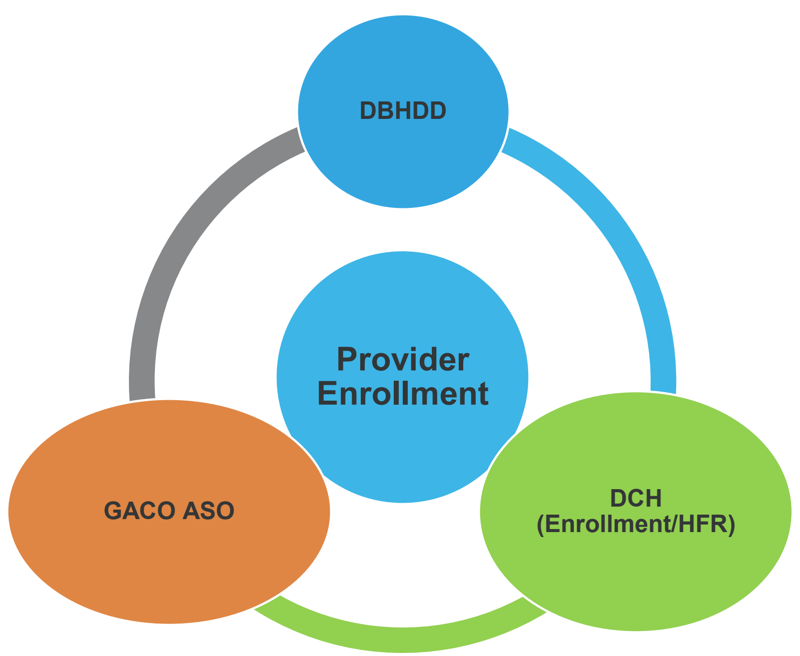
To provide information regarding Deactivation/Reactivation submissions

Objectives:

- Discuss where to find the Existing Provider Agency application
- Discuss the components of the existing provider application
- Discuss the required information to send
- Discuss when to submit the Deactivation/Reactivation forms

Who's Involved?

Provider enrollment is accomplished through the coordinated effort of 3 agencies:



Criteria for Expansion

Providers must meet the following criteria to add new services and/or service locations:

- Be an approved DBHDD IDD Provider for at least one (1) year

AND

- Be accredited by a national accrediting body accepted by DBHDD;

OR

- Certified by DBHDD Office of Provider Certification and Services Integrity

Note: Accreditation/Certification applies to Agency Providers Only

Supporting Documents Required for Expansion

Supporting Documents for All Applicants
Existing Provider Application
Current Resume of I/DD Director, DDP, Clinical Services Supervisor (if applicable)
Employment Attestations for the I/DD Director, DDP, Clinical Services Supervisor (if applicable)
Current Certificate of Commercial or General Liability Insurance
Current Accreditation Certificate and/or DBHDD Certificate of Compliance
Business License *Not applicable for Individuals and sites licensed by HFR (CLA, PHC)*

Providers of Community Residential Alternative (CRA) in a Host Home Setting
Host Home Study
Supporting Documentation as outline on pages 10 – 12 of the Existing Provider Application

Providers of Community Living Supports and Respite – In Home Services
Private Home Care (PHC) Permit
HFR License Letter

Providers of Community Residential Alternative (CRA) and Respite – Out of Home Services
Community Living Arrangement (CLA) Permit *CRA and Respite – Out of Home Services cannot be provided at the same location

Providers of Therapy Services (RN, LPN, Occupational Therapy, Speech/Language Therapy, Physical Therapy, Nutrition, Interpreter Services
Copy of each individual practitioner's state license/certificate based upon services requested

Private Home Care (PHC) Permit

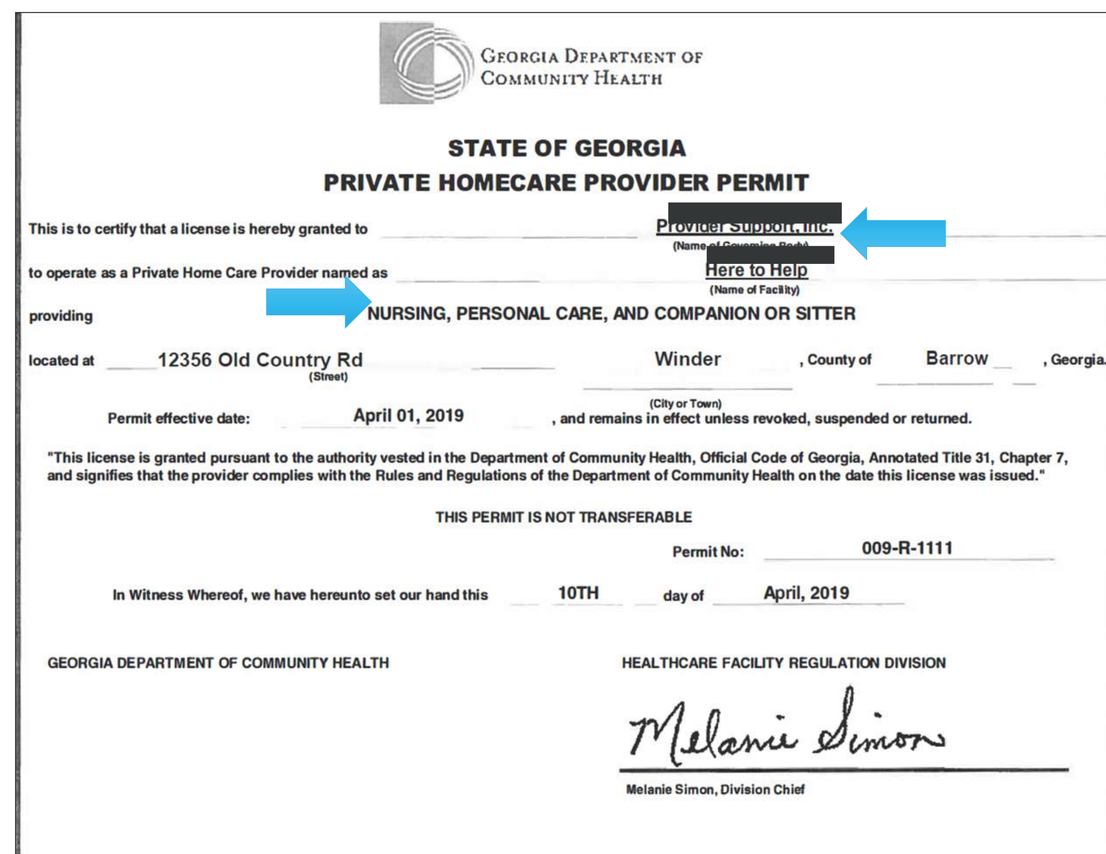
A PHC Permit must be submitted for the provision of the following services:

- Community Living Supports (CLS)
- Respite – In Home
- Nursing – RN/LPN (non-CRA site)

The name of the Governing Body on the permit must be the Legal Name of the agency – not a DBA or site name.

If requesting Nursing Services at a site licensed by HFR as a PHC, "Nursing" must be listed on the permit to provide this service

Note: A Provisional Permit will not be accepted.



GEORGIA DEPARTMENT OF COMMUNITY HEALTH

STATE OF GEORGIA
PRIVATE HOMECARE PROVIDER PERMIT

This is to certify that a license is hereby granted to Provider Support, Inc. (Name of Governing Body)

to operate as a Private Home Care Provider named as Here to Help (Name of Facility)

providing NURSING, PERSONAL CARE, AND COMPANION OR SITTER

located at 12356 Old Country Rd (Street) Winder (City or Town), County of Barrow, Georgia.

Permit effective date: April 01, 2019, and remains in effect unless revoked, suspended or returned.

"This license is granted pursuant to the authority vested in the Department of Community Health, Official Code of Georgia, Annotated Title 31, Chapter 7, and signifies that the provider complies with the Rules and Regulations of the Department of Community Health on the date this license was issued."

THIS PERMIT IS NOT TRANSFERABLE

Permit No: 009-R-1111

In Witness Whereof, we have hereunto set our hand this 10TH day of April, 2019

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

HEALTHCARE FACILITY REGULATION DIVISION

Melanie Simon

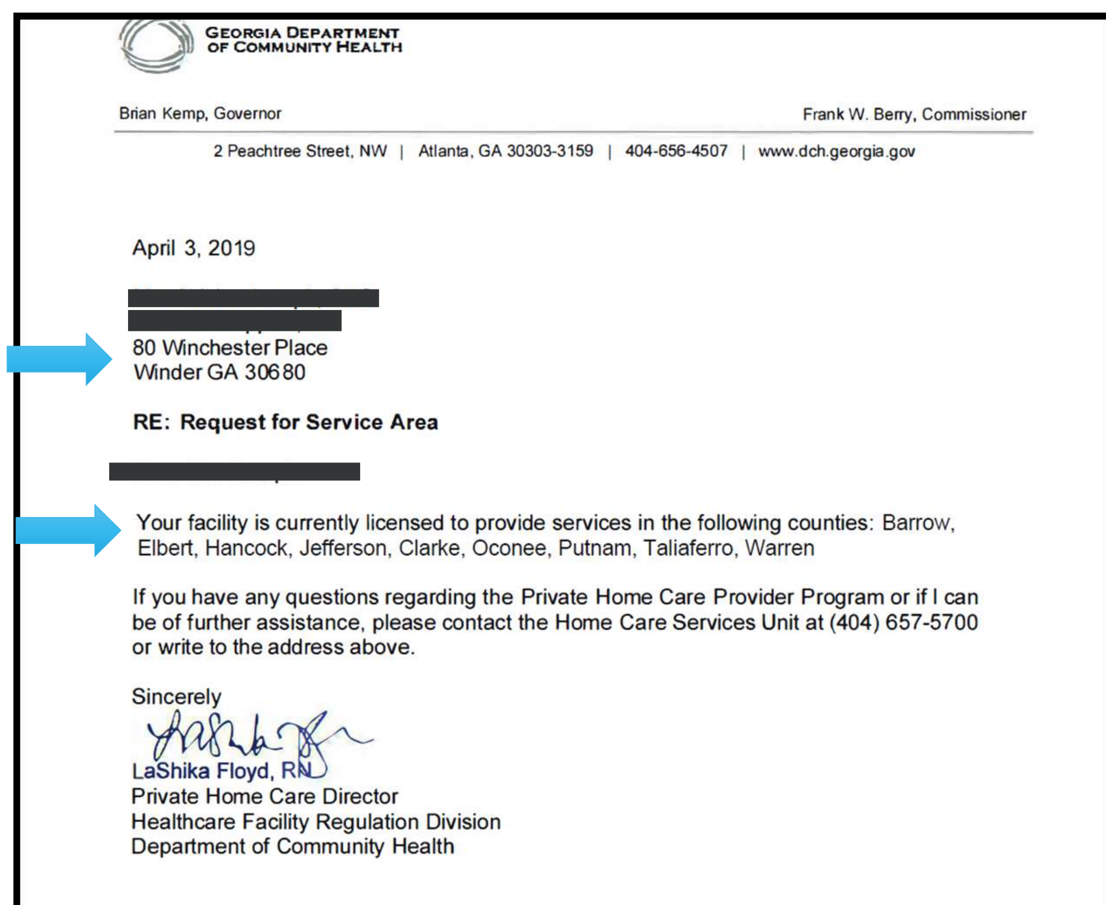
Melanie Simon, Division Chief

Private Home Care (PHC) Permit Cont'd

Healthcare Facility Regulation (HFR) Letter
When submitting the PHC permit, the Healthcare Facilities Regulation (HFR) letter that lists the counties to be served from this site must also be included. The following must be listed on the letter submitted:

- Agency Name
- Address
- Counties to be served

Note: If the address on the letter does not correspond with the service site, then the license number must be included in the letter.


GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Brian Kemp, Governor — Frank W. Berry, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

April 3, 2019

80 Winchester Place
Winder GA 30680

RE: Request for Service Area

Your facility is currently licensed to provide services in the following counties: Barrow, Elbert, Hancock, Jefferson, Clarke, Oconee, Putnam, Taliaferro, Warren

If you have any questions regarding the Private Home Care Provider Program or if I can be of further assistance, please contact the Home Care Services Unit at (404) 657-5700 or write to the address above.

Sincerely

LaShika Floyd, RN
Private Home Care Director
Healthcare Facility Regulation Division
Department of Community Health

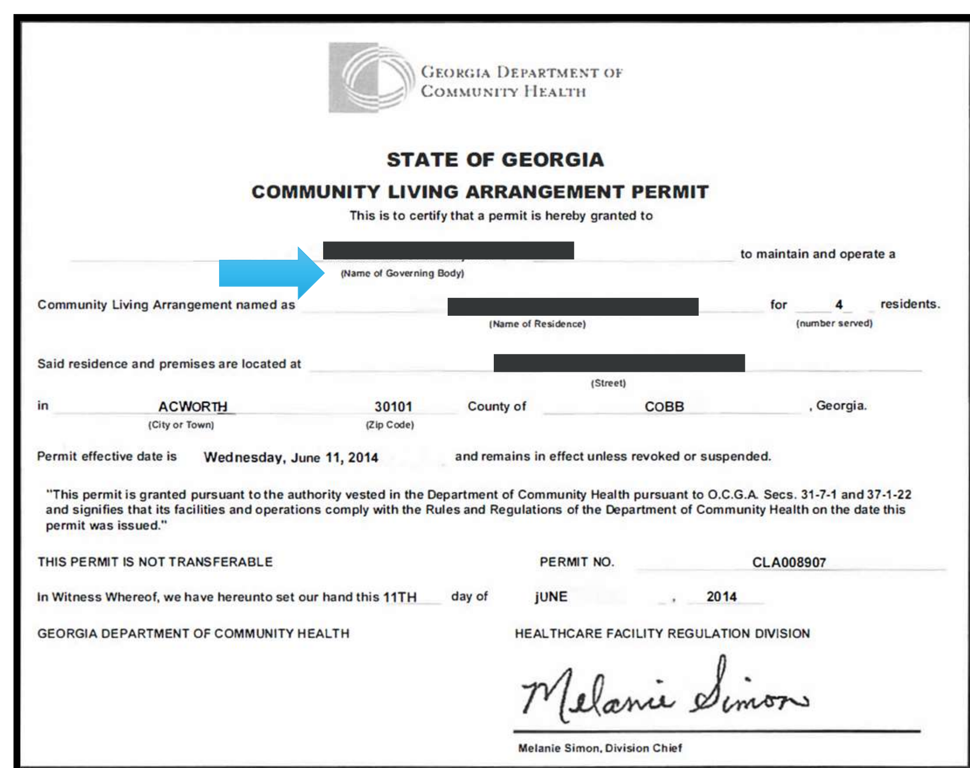
Community Living Arrangement (CLA) Permit

A CLA Permit must be submitted for the provision of the following services:

- Community Residential Alternative (CRA)
- Nursing (at a residential site)
- Respite – Out of Home
  - (must be approved to provide CRA services)

The name of the Governing Body on the permit must be the Legal Name of the agency – not a DBA or site name.

*Provisional Permit will not be accepted.



GEORGIA DEPARTMENT OF COMMUNITY HEALTH

STATE OF GEORGIA

COMMUNITY LIVING ARRANGEMENT PERMIT

This is to certify that a permit is hereby granted to

[redacted] (Name of Governing Body) to maintain and operate a

Community Living Arrangement named as [redacted] (Name of Residence) for 4 (number served) residents.

Said residence and premises are located at [redacted] (Street)

in ACWORTH (City or Town) 30101 (Zip Code) County of COBB, Georgia.

Permit effective date is Wednesday, June 11, 2014 and remains in effect unless revoked or suspended.

"This permit is granted pursuant to the authority vested in the Department of Community Health pursuant to O.C.G.A. Secs. 31-7-1 and 37-1-22 and signifies that its facilities and operations comply with the Rules and Regulations of the Department of Community Health on the date this permit was issued."

THIS PERMIT IS NOT TRANSFERABLE PERMIT NO. CLA008907

In Witness Whereof, we have hereunto set our hand this 11TH day of JUNE, 2014

GEORGIA DEPARTMENT OF COMMUNITY HEALTH HEALTHCARE FACILITY REGULATION DIVISION

Melanie Simon, Division Chief

Licensing Tips/Reminders

Licenses are issued by Healthcare Facility Regulations (HFR)

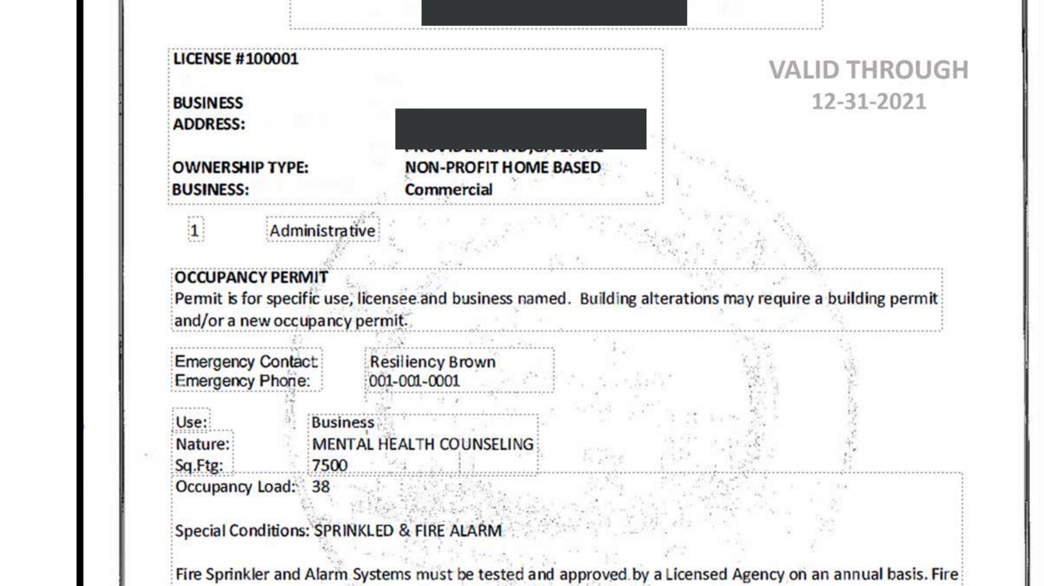
Current licenses are required

Governing Body on licenses must be in the legal name of the Agency

Only CLA licenses are accepted for Community Residential Alternative (CRA) services

Business License

- A current City/County business license or permit must be submitted for each service location
  Note: This requirement does not apply to Private Home Care (PHC) or Community Living Arrangement (CLA) licensed sites.
- The Business License should include the following:
  - Business/Agency name
  - Physical Address of the location (including suite number, *if applicable*)
  - Business Type/Description
  - Expiration Date
- All information must correspond to information listed on the application
- Applicants must provide documentation of exemption if a business license/permit is NOT required by the municipality



DISPLAY IN CONSPICUOUS PLACE – RENEWAL DEADLINE APRIL 1st OF NEXT YEAR

PROVIDER COUNTY
NOT TRANSFERABLE
PO BOX 000
PROVIDER LAND, GA 10001
BUSINESS LICENSE

Provider County

LICENSE #100001

VALID THROUGH
12-31-2021

BUSINESS ADDRESS:

OWNERSHIP TYPE: NON-PROFIT HOME BASED
BUSINESS: Commercial

1 Administrative

OCCUPANCY PERMIT
Permit is for specific use, licensee and business named. Building alterations may require a building permit and/or a new occupancy permit.

Emergency Contact: Resiliency Brown
Emergency Phone: 001-001-0001

Use: Business
Nature: MENTAL HEALTH COUNSELING
Sq.Ftg: 7500
Occupancy Load: 38

Special Conditions: SPRINKLED & FIRE ALARM

Fire Sprinkler and Alarm Systems must be tested and approved by a Licensed Agency on an annual basis. Fire exits must remain marked and unblocked

Current Resume

- A current resume should be submitted for the current I\DD Director, DDP, and Clinical Services Supervisor (if applicable), per services requested.
- The resume submitted should include the following:
  - Name
  - Education
  - Places of Employment
  - Dates of Employment
  - Description of job duties

EDUCATION
University of Phoenix, Phoenix, AZ
Master of Science in Psychology, February 2009; Cumulative G.P.A. 3.5
Rutgers University, Rutgers College, New Brunswick, NJ
Bachelor of Arts in Psychology, Minor in Sociology, May 2007
Cumulative G.P.A. 3.89; Major G.P.A. 4.0

HONORS Psi Chi, The National Honor Society in Psychology
National Society of Collegiate Scholars
Dean's List, Fall 2003, 2004, & 2005, Spring 2004, 2005, 2006, & 2007

CERTIFICATION Board Certified Behavior Analyst;
Crisis Prevention Intervention Certified Instructor

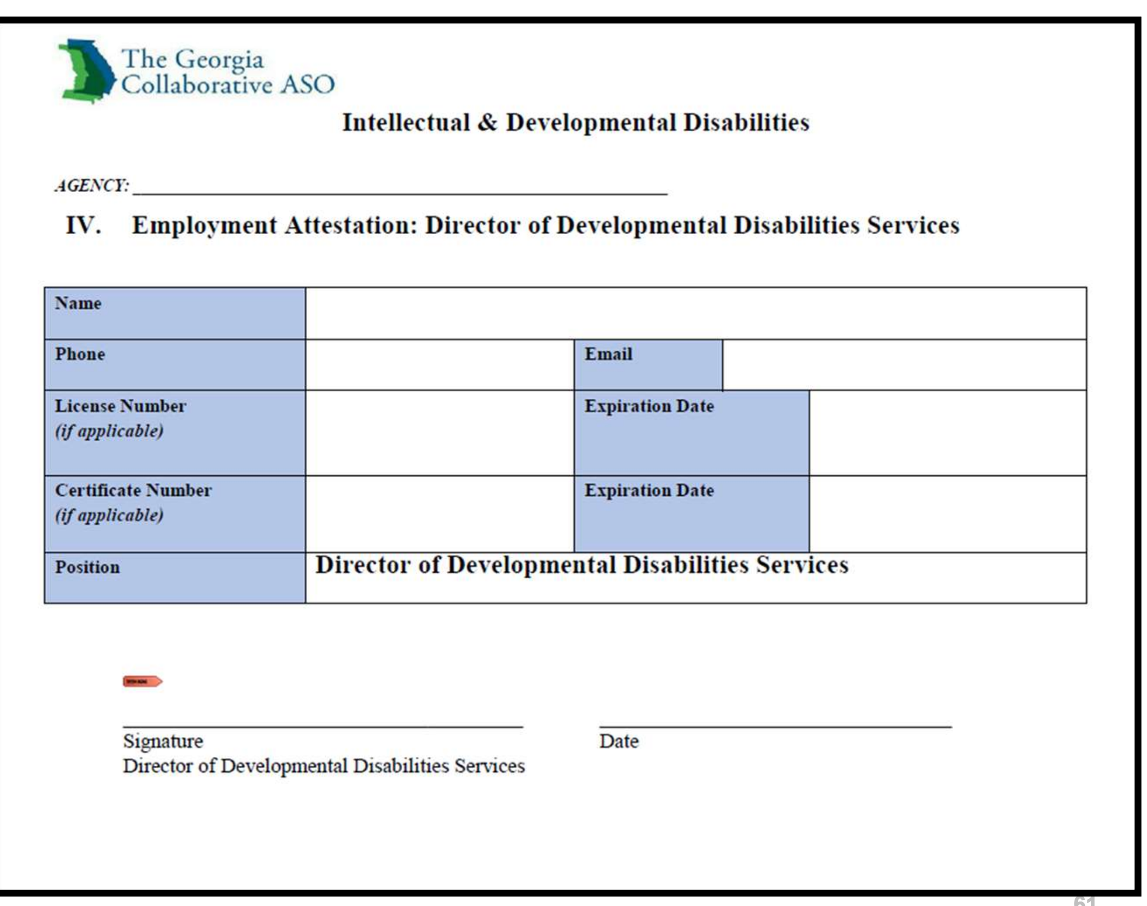
EXPERIENCE
August 2014 to Present: Contracted and Independent Provider of BCBA/ABA services
Behavior Analyst
- Development, implementation, and ongoing updates to behavior support plans and strategies for individuals with dual diagnoses across Region 5, GA.
- Train parents, caregivers, and paid staff in the implementation of behavior supports and data collection.
- Ongoing analysis and graphing of all collected data.
- Oversight of behavioral management of many cases, simultaneously, to ensure continued fidelity and relevance in meeting the needs of the individuals served.

October 2011 to Present: Benchmark Human Services, Ambrose, GA
Behavior Analyst for Mobile Crisis Team B
- On-site assessment of crisis situations for individuals widely varying in the severity of their dual diagnoses (Mental Health and Developmental Disability) across a variety of settings.
- Develop and implement behavior support plans and strategies for individuals with dual diagnoses.
- Train direct care professionals from the Crisis Stabilization Home and Mobile Crisis Team in Crisis Prevention Intervention, to work with behavioral support plans, and to understand various disabilities.
- Supervise and assist in implementation of in-home supports for individuals receiving Benchmark services in their own homes.

Employment Attestation

A current Employment Attestation should be submitted for the current I\DD Director, DDP, and Clinical Services Supervisor (if applicable), per services requested.

All applicable fields should be completed, and the form should be signed by the staff member holding the position, dated within one month of submission.



The Georgia Collaborative ASO

Intellectual & Developmental Disabilities

AGENCY: ______________________________

IV. Employment Attestation: Director of Developmental Disabilities Services

Name			
Phone		**Email**	
License Number *(if applicable)*		**Expiration Date**	
Certificate Number *(if applicable)*		**Expiration Date**	
Position	**Director of Developmental Disabilities Services**		

______________________________ ______________________________

Signature
Director of Developmental Disabilities Services

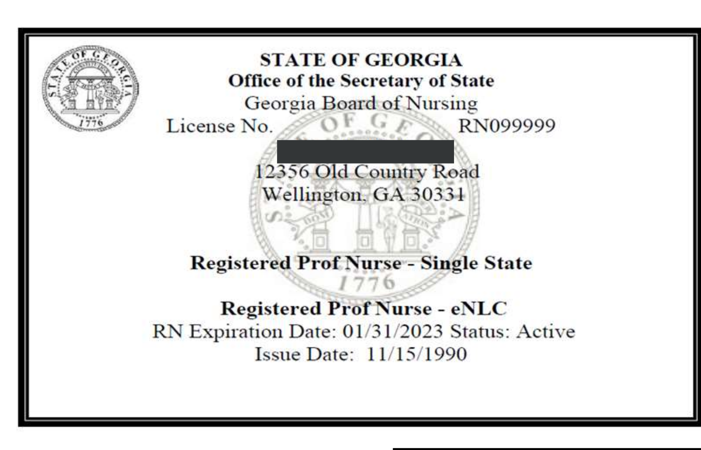
Date

Practitioner License/Certification

A Professional License from the Georgia Secretary of State is required for the following:

- ❖ Nutrition
- ❖ Occupational Therapy
- ❖ Physical Therapy
- ❖ Speech/Language Therapy
- ❖ Registered Nurse
- ❖ Licensed Practical Nurse

A copy of the pocket license must be submitted. This cannot be an SOS print-out


STATE OF GEORGIA
Office of the Secretary of State
Georgia Board of Nursing
License No. RN099999

12356 Old Country Road
Wellington, GA 30331

Registered Prof Nurse - Single State

Registered Prof Nurse - eNLC
RN Expiration Date: 01/31/2023 Status: Active
Issue Date: 11/15/1990

PROFESSIONAL LICENSING
GEORGIA SECRETARY OF STATE BRAD RAFFENSPERGER
CORPORATIONS • ELECTIONS • LICENSING • CHARITIES

Licensee Details

Licensee Information

Name:
Address:
Buford GA 30518

Primary Source License Information

Lic #:		Profession:	Occupational Therapy	Type:	Occupational Therapist
Secondary:	All Modalities	Method:	Application	Status:	Active
Issued:	11/19/1999	Expires:	3/31/2022	Last Renewal Date:	3/10/2020

Associated Licenses

No Prerequisite Information

Public Board Orders

Please see Documents section below for any Public Board Orders

Other Documents

No Other Documents

Data current as of: March 13, 2022 19:55:14

This website is to be used as a primary source verification for licenses issued by the Professional Licensing Boards. Paper verifications are available for a fee. Please contact the Professional Licensing Boards at 844-753-7825.

Close Window

Certificate of Insurance

Current insurance must be submitted to ensure the most recent version of the insurance declaration is on file

The Insurance Declaration should include the following:

- **Business/Agency name**
- **Effective/Expiration Date**
- **Commercial/General Liability Insurance limits**
  - $1 Million Each Occurrence
  - $3 Million General Aggregate
- **Workman's Comp insurance, if applicable**
- **Auto Liability insurance, if applicable**
- **The address of each non-host home site in the description of operations section or separate attachment from Insurance Carrier**
- **The certificate holder listed on the insurance certificate must be:**

The State of Georgia
Department of Behavioral Health & Developmental Disabilities
Office of Provider Enrollment
2 Peachtree Street NW, Suite 23-247
Atlanta, GA 30303

ACORD — **CERTIFICATE OF LIABILITY INSURANCE**

GEORG23 — OP ID: EH — DATE (MM/DD/YYYY): 07/03/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: Hutchinson Traylor Columbus, 6310 Bradley Park Drive, Columbus, GA 31904, John Knop — 706-323-3613

CONTACT NAME: Jackie Mims — PHONE: 706-323-3613 — FAX: 706-322-1650 — E-MAIL: Jackie.Mims@hutchinsontraylor.com

INSURED: Provider Support, Inc., 60 Wayne Carter Blvd, Winder GA 30680

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A	Seneca Specialty Ins Co	10729
INSURER B	Michigan Commercial Ins Mutual	
INSURER C	Axis Surplus Insurance Company	
INSURER D	National Indemnity Company	20087
INSURER E	Auto-Owners Ins Co	18988
INSURER F		

COVERAGES — CERTIFICATE NUMBER: — REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS	
C	X COMMERCIAL GENERAL LIABILITY; CLAIMS-MADE / X OCCUR	ECH624123012017	12/01/2021	11/30/2022	EACH OCCURRENCE	$ 1,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
					MED EXP (Any one person)	$ 5,000
C	X Professional	ECH624123012017	12/01/2021	11/30/2022	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PRO-JECT / LOC; OTHER:				GENERAL AGGREGATE	$ 3,000,000
					PRODUCTS - COMP/OP AGG	$ 3,000,000
					Profess	$ 1mil/3 mil
D	AUTOMOBILE LIABILITY; ANY AUTO; X OWNED AUTOS ONLY; X SCHEDULED AUTOS; X HIRED AUTOS ONLY; X NON-OWNED AUTOS ONLY; X Phys Dam	70APB001931	12/01/2021	11/30/2022	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
					BODILY INJURY (Per person)	$
					BODILY INJURY (Per accident)	$
					PROPERTY DAMAGE (Per accident)	$
					Comp/Coll	$ 2500 ded
C	X UMBRELLA LIAB / X OCCUR; EXCESS LIAB / CLAIMS-MADE; DED / X RETENTION $ 10,000	ECH624125012017	12/01/2021	11/30/2022	EACH OCCURRENCE	$ 1,000,000
					AGGREGATE	$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY; ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N/A; If yes, describe under DESCRIPTION OF OPERATIONS below	WC1000016850-2016A	12/01/2021	11/30/2022	X PER STATUTE / OTH-ER	
					E.L. EACH ACCIDENT	$ 1,000,000
					E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
					E.L. DISEASE - POLICY LIMIT	$ 1,000,000
E	Crime-Fidelity	80285083	12/01/2021	11/30/2022	Employee	400,000
					Dishonest	2500 ded

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

12356 Old Country Rd
Winder GA 30680

CERTIFICATE HOLDER — GEORGIK

The State of Georgia
Department of Behavioral Health and Developmental Disabilities
Office of Provider Network Management
2 Peachtree St NW Ste 23-247
Atlanta GA 30303

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE: Emily Hollis

Insurance Tips/Reminders

Providers are required to maintain insurance coverage throughout their enrollment. The following is required:

1. General liability insurance in the amounts of $1,000,000 per occurrence and $3,000,000 general aggregate

2. Automobile Liability if applicable – (Note that Automobile liability insurance is required if an agency owns or not own or hires a vehicle that is used for transportation regarding the services being provided.)

3. Workers Compensation if applicable – Note that Workers Compensation is required if the agency has 3 or more employees, however it is not required if an agency has fewer than 3 employees and most of their work is done by professionals who are independent contractors.)

4. Must include all the agency approved site locations under the Description section of Declaration page unless the site is a Host Home(HH) as HH sites do not have to be included.

5. DBHDD The State of Georgia (DBHDD) must be listed as the Certificate Holder unless the agency is a CSB and insured by the State of GA

The State of Georgia
Department of Behavioral Health & Developmental Disabilities
Office of Provider Enrollment
2 Peachtree Street NW, Suite 23-247
Atlanta, GA 30303

Accreditation/Certification

Accreditation letter/certificate should include the following:

- Business/Agency name
- Effective/Expiration Date
- Services covered by Accreditation

carf INTERNATIONAL

November 1, 2021

Akisha Joseph, MPH, CPH
Provider Support, Inc.
80 Winchester Place
Winder GA 30680

Dear Ms. Joseph:

It is my pleasure to inform you that Provider Support, Inc. has been issued CARF accreditation based on its recent survey. The Three-Year Accreditation applies to the following program(s):

Community Housing: Mental Health (Adults)
Community Integration: Integrated DD/Mental Health (Adults)
Community Integration: Mental Health (Adults)
Crisis Intervention: Alcohol and Other Drugs/Addictions (Adults)
Crisis Intervention: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Crisis Intervention: Mental Health (Adults)
Crisis Intervention: Mental Health (Children and Adolescents)
Crisis Stabilization: Mental Health (Adults)
Intensive Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)
Residential Treatment: Alcohol and Other Drugs/Addictions (Adults)
Community Employment Services: Employment Supports
Community Employment Services: Job Development
Organizational Employment Services

This accreditation will extend through October 31, 2024. This achievement is an indication of your organization's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of conformance to standards.

Accreditation Tips/Reminders

Accreditation is required if an agency provider exceeds $250,000 annually in revenue for the services being provided in the COMP and NOW waivers. It is the responsibility of the Provider to select an accrediting agency from the Accrediting bodies accepted by DBHDD and apply for accreditation.

- Commission on Accreditation of Rehabilitation Facilities (CARF)
- The Joint Commission (JC)
- The Council on Quality and Leadership (CQL)
- Council on Accreditation of Services for Families and Children (COA)
- Accreditation Commission for Health Care (ACHC) - DD Nursing Services Only
- Community Health Accreditation Partner (CHAP) - DD Nursing Services Only

Accreditation must occur within 30 days after the Provider has crossed the threshold and is authorized to receive funding in an amount more than $250,000 per year, regardless of expiration date of existing standards compliance certificate.

Accreditation Tips/Reminders

- The Provider is responsible for paying accreditation fees and providing a copy of the Accrediting body's letter confirming the date of the survey.
- The Provider must be accredited within 12 months of approval.
- The provider must submit to DBHDD/GA Collaborative the results of accrediting body visit within seven (7) working days of receipt.
- The provider is expected to ensure that the specific services approved by DBHDD are properly accredited. If DBHDD approves the Provider to offer new service, the Provider must have these services added at their next re-accreditation period.
- It should be noted that it is always the agency's responsibility to maintain their accreditation , seeking re-accreditation in a timely manner so that their current accreditation doesn't expire. Additionally, if at any time you are applying for additional services and your accreditation has expired, documentation is required from the previous accrediting body that the agency remains accredited until their re-accrediting survey has been completed.

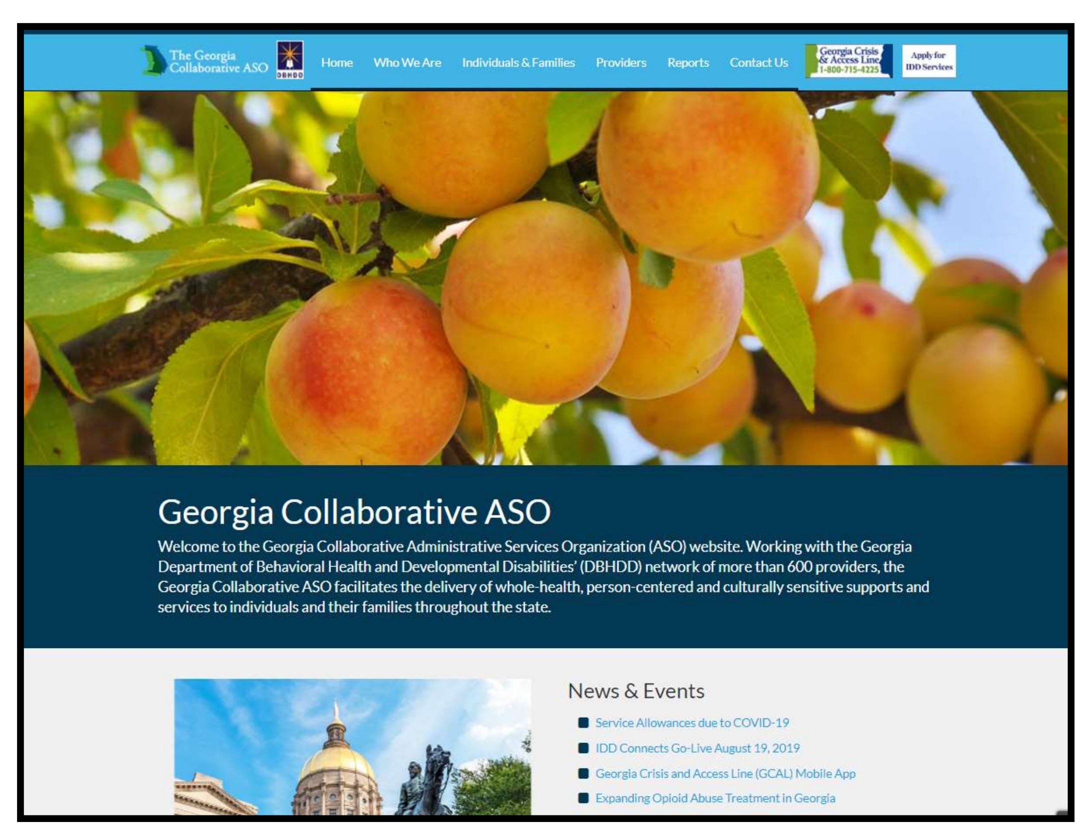
DBHDD Certification/Reminder

- Agencies are required to be certified by DBHDD a year after being approved to provide services.
- Agencies will only be reviewed by DBHDD Standard Review Compliance section if the agency funding amount is under $250,000 annually
- It is up to the agency to contact DBHDD to schedule initial or re-certification review. An email may be sent to Provider.Certification@dbhdd.ga.gov.
- You must maintain DBHDD certification if applicable by contacting DBHDD in a timely manner to schedule before your current certification expires. We recommend at least contacting the Certification unit 4 – 6 months before current certification or before your year of providing services is out if 1st certification.

Accessing the Existing Provider Application

To access the Existing Provider Application, go to: www.Georgiacollaborative.com

Click: Providers > Provider Enrollment > Intellectual & Developmental Disabilities Services > Provider Enrollment Forms > IDD Agency Existing Provider Application



Reminder: Forms are routinely revised. Be sure you are utilizing the most recent version by accessing directly from the Georgia Collaborative website.

DBHDD/ASO Existing Agency Provider Application Review

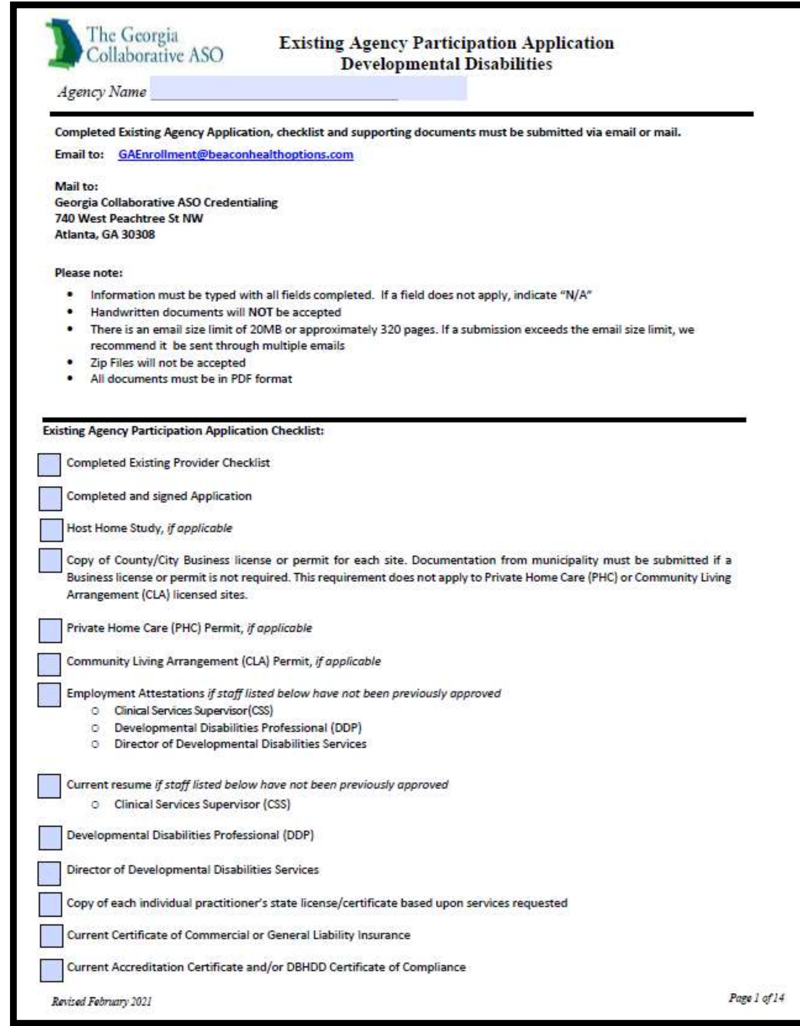
Application Checklist:

All applicable requirements should be checked and submitted based on the services being requested in the application.

Note:

- Information must be typed – Handwritten forms will **NOT** be accepted
- All fields must be completed – Enter N/A if a field does not apply

Tip: The Application Checklist should be used as a guide to ensure all applicable supporting documents are submitted.



The Georgia Collaborative ASO

Existing Agency Participation Application
Developmental Disabilities

Agency Name

Completed Existing Agency Application, checklist and supporting documents must be submitted via email or mail.

Email to: GAEnrollment@beaconhealthoptions.com

Mail to:
Georgia Collaborative ASO Credentialing
740 West Peachtree St NW
Atlanta, GA 30308

Please note:

- Information must be typed with all fields completed. If a field does not apply, indicate "N/A"
- Handwritten documents will NOT be accepted
- There is an email size limit of 20MB or approximately 320 pages. If a submission exceeds the email size limit, we recommend it be sent through multiple emails
- Zip Files will not be accepted
- All documents must be in PDF format

Existing Agency Participation Application Checklist:

- ☐ Completed Existing Provider Checklist
- ☐ Completed and signed Application
- ☐ Host Home Study, *if applicable*
- ☐ Copy of County/City Business license or permit for each site. Documentation from municipality must be submitted if a Business license or permit is not required. This requirement does not apply to Private Home Care (PHC) or Community Living Arrangement (CLA) licensed sites.
- ☐ Private Home Care (PHC) Permit, *if applicable*
- ☐ Community Living Arrangement (CLA) Permit, *if applicable*
- ☐ Employment Attestations *if staff listed below have not been previously approved*
  - Clinical Services Supervisor(CSS)
  - Developmental Disabilities Professional (DDP)
  - Director of Developmental Disabilities Services
- ☐ Current resume *if staff listed below have not been previously approved*
  - Clinical Services Supervisor (CSS)
- ☐ Developmental Disabilities Professional (DDP)
- ☐ Director of Developmental Disabilities Services
- ☐ Copy of each individual practitioner's state license/certificate based upon services requested
- ☐ Current Certificate of Commercial or General Liability Insurance
- ☐ Current Accreditation Certificate and/or DBHDD Certificate of Compliance

Revised February 2021 *Page 1 of 14*

DBHDD/ASO Application:
General Information

Page 3: The information here is specific to your agency's Main GA/Corporate, mailing and admin staff

Georgia Agency Information:

- The type of application request must be selected (New Site/Existing Site)
- The GA Agency Legal Name listed must be the Legal Name registered with the IRS and SOS
- A DBA should only be listed if the DBA is registered with the city/county municipality. Documentation must be submitted.
- The address listed in IA should be the GA address registered with the SOS
- The Tax ID listed should be the Tax ID used when the agency enrolled as a provider with DBHDD

The Georgia Collaborative ASO

Existing Agency Participation Application
Developmental Disabilities

Agency ______

Select the description(s) from the following list that best describes this request.

☐ Current DBHDD Developmental Disabilities Agency Provider applying for New Service at a New Site

☐ Current DBHDD Developmental Disabilities Agency Provider applying for New Service at a Currently Established Site

I. GENERAL INFORMATION

A. Georgia Agency Information:

Agency Legal Name: ______

DBA/Trade Name: ______

Address: ______

City: ______ County: ______ State: ______ Zip Code (9 Digits): ______

Phone Number: ______ TAX ID Number: ______

DUNS Number, if applicable: ______ Fiscal Year End: ______

Mailing Address (if different): ______

City: ______ County: ______ State: ______ Zip Code (9 Digits): ______

B. Executive Leadership/Management:

Chief Executive Officer: ______

Phone Number: ______ Email: ______

Agency Contact: ______

Phone Number: ______ Email: ______

Clinical Services Supervisor (if applicable): ______

Phone Number: ______ Email: ______

Developmental Disabilities Services Director (if applicable): ______

Phone Number: ______ Email: ______

Developmental Disabilities Professional (if applicable): ______

Phone Number: ______ Email: ______

Person completing this application / Title: ______

Phone Number: ______ Email: ______

Revised February 2021 *Page 3 of 14*

DBHDD/ASO Application:
Executive Leadership/Management

Executive Leadership/Management:

- The CEO listed should be the CEO registered with the SOS
- A Clinical Services Supervisor (CSS) is required for Providers of allied health services only
- An IDD Director and DDP are required for Providers of any IDD services
- The agency contact listed should be a staff member employed by your agency and not the agency consultant
- ***Resumes should be submitted for the IDD Director and DDP listed

The Georgia Collaborative ASO

Existing Agency Participation Application
Developmental Disabilities

Agency ______

Select the description(s) from the following list that best describes this request.

☐ Current DBHDD Developmental Disabilities Agency Provider applying for New Service at a New Site

☐ Current DBHDD Developmental Disabilities Agency Provider applying for New Service at a Currently Established Site

I. GENERAL INFORMATION

A. Georgia Agency Information:

Agency Legal Name: ______

DBA/Trade Name: ______

Address: ______

City: ______ County: ______ State: ______ Zip Code (9 Digits): ______

Phone Number: ______ TAX ID Number: ______

DUNS Number, if applicable: ______ Fiscal Year End: ______

Mailing Address (if different): ______

City: ______ County: ______ State: ______ Zip Code (9 Digits): ______

B. Executive Leadership/Management:

Chief Executive Officer: ______

Phone Number: ______ Email: ______

Agency Contact: ______

Phone Number: ______ Email: ______

Clinical Services Supervisor (if applicable): ______

Phone Number: ______ Email: ______

Developmental Disabilities Services Director (if applicable): ______

Phone Number: ______ Email: ______

Developmental Disabilities Professional (if applicable): ______

Phone Number: ______ Email: ______

Person completing this application / Title: ______

Phone Number: ______ Email: ______

Revised February 2021 *Page 3 of 14*

DBHDD/ASO Existing Provider Application: Page 4

C. Corporate Information:

- If the agency is not part of a corporate system, section C should be marked "N/A."

D. Business Classification:

- Select one option for each section - Ownership, Profit Status, and Business Type

E. Accreditation or Certification:

- Accreditation/DBHDD Certification cannot be left blank. Select an Accrediting Body and complete applicable information

F. Commercial General/Comprehensive Liability Insurance:

- Section F, Insurance, must list the most recent insurance information from the declaration. Also, a current copy of the insurance declaration must be submitted

The Georgia Collaborative ASO

Existing Agency Participation Application
Developmental Disabilities

Agency ______________________

C. Corporate Information:
Is this agency part of a corporate system or chain affiliated? ☐ YES *(complete information below)* ☐ NO

Corporate Name: ______________________ TAX ID#: ______________

Corporate Address: ______________________

City: ____________ County: ____________ State: ________ Zip Code (9 Digits): ________

Chief Executive Officer: ______________________

Phone Number: ______________________ Email: ______________________

Corporate Mailing Address: ______________________

City: ____________ County: ____________ State: ________ Zip Code (9 Digits): ________

D. Business Classification:
Please check only one box for each category; one box for Ownership, one for Profit-Status and one for Business Type.

Ownership:	☐ Private	☐ Public	☐ Government Program	
Profit Status:	☐ For-Profit	☐ Not-for-Profit		
Business Type:	☐ Authority	☐ College/University	☐ Community Service Board	☐ Corporation
	☐ County	☐ County Board of Health	☐ Limited Liability Company	☐ Municipality
	☐ Partnership	☐ Non-Profit Corporation	☐ School Board/School District	

E. Accreditation or Certification:

Accrediting Body	☐ Council on Accreditation of Rehabilitation Facilities (CARF) ☐ The Joint Commission (TJC) ☐ Council on Quality & Leadership (CQL) ☐ Council on Accreditation (COA) ☐ Accreditation Commission for Health Care (ACHC) (Nursing Only) ☐ Community Health Accreditation Partner (CHAP) (Nursing Only) ☐ DBHDD Certificate of Compliance	**Certificate No:** **Effective Date:** **Expiration Date:**	

F. Commercial General or Comprehensive Liability Insurance:

Carrier: ______________________

Policy No: ____________ Effective Date: ____________ Expiration Date: ____________

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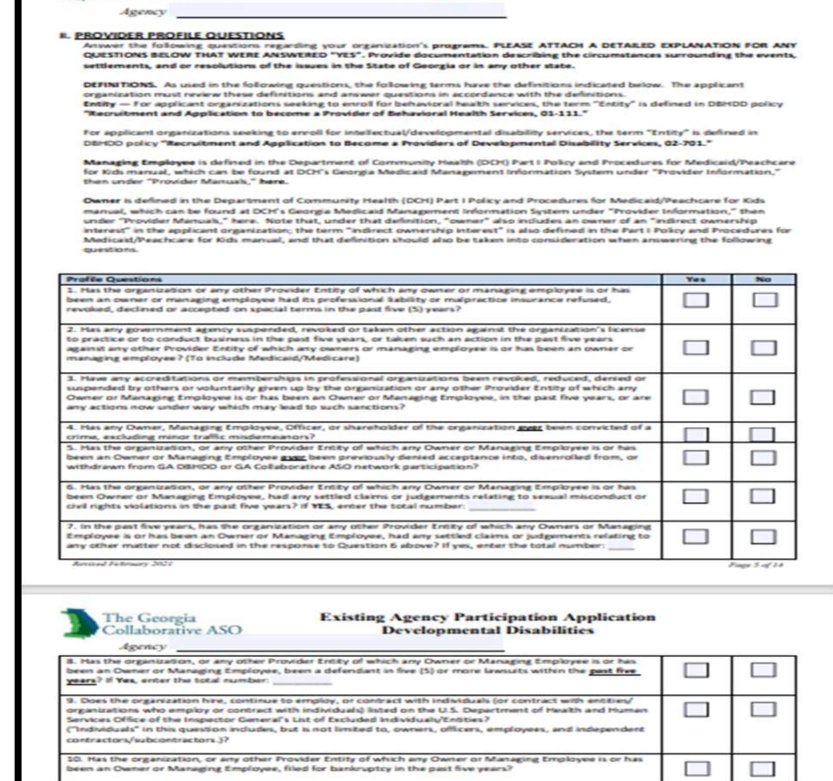
DBHDD/ASO Existing Provider Application: Provider Profile Questions

Provider Profile Questions:

- The information here requires a signed, written explanation of any “Yes” response
- A “Yes” response does not automatically disqualify the agency from adding services/sites



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II. PROVIDER PROFILE QUESTIONS

Answer the following questions regarding your organization's programs. **PLEASE ATTACH A DETAILED EXPLANATION FOR ANY QUESTIONS BELOW THAT WERE ANSWERED "YES". Provide documentation describing the circumstances surrounding the events, settlements, and or resolutions of the issues in the State of Georgia or in any other state.**

DEFINITIONS. As used in the following questions, the following terms have the definitions indicated below. The applicant organization must review these definitions and answer questions in accordance with the definitions.
Entity — For applicant organizations seeking to enroll for behavioral health services, the term "Entity" is defined in DBHDD policy **"Recruitment and Application to become a Provider of Behavioral Health Services, 01-111."**

For applicant organizations seeking to enroll for intellectual/developmental disability services, the term "Entity" is defined in DBHDD policy **"Recruitment and Application to Become a Providers of Developmental Disability Services, 02-701."**

Managing Employee is defined in the Department of Community Health (DCH) Part I Policy and Procedures for Medicaid/Peachcare for Kids manual, which can be found at DCH's Georgia Medicaid Management Information System under "Provider Information," then under "Provider Manuals," **here.**

Owner is defined in the Department of Community Health (DCH) Part I Policy and Procedures for Medicaid/Peachcare for Kids manual, which can be found at DCH's Georgia Medicaid Management Information System under "Provider Information," then under "Provider Manuals," here. Note that, under that definition, "owner" also includes an owner of an "indirect ownership interest" in the applicant organization; the term "indirect ownership interest" is also defined in the Part I Policy and Procedures for Medicaid/Peachcare for Kids manual, and that definition should also be taken into consideration when answering the following questions.

Profile Questions	Yes	No
1. Has the organization or any other Provider Entity of which any owner or managing employee is or has been an owner or managing employee had its professional liability or malpractice insurance refused, revoked, declined or accepted on special terms in the past five (5) years?	☐	☐
2. Has any government agency suspended, revoked or taken other action against the organization's license to practice or to conduct business in the past five years, or taken such an action in the past five years against any other Provider Entity of which any owners or managing employee is or has been an owner or managing employee? (To include Medicaid/Medicare)	☐	☐
3. Have any accreditations or memberships in professional organizations been revoked, reduced, denied or suspended by others or voluntarily given up by the organization or any other Provider Entity of which any Owner or Managing Employee is or has been an Owner or Managing Employee, in the past five years, or are any actions now under way which may lead to such sanctions?	☐	☐
4. Has any Owner, Managing Employee, Officer, or shareholder of the organization ever been convicted of a crime, excluding minor traffic misdemeanors?	☐	☐
5. Has the organization, or any other Provider Entity of which any Owner or Managing Employee is or has been an Owner or Managing Employee ever been previously denied acceptance into, disenrolled from, or withdrawn from GA DBHDD or GA Collaborative ASO network participation?	☐	☐
6. Has the organization, or any other Provider Entity of which any Owner or Managing Employee is or has been Owner or Managing Employee, had any settled claims or judgements relating to sexual misconduct or civil rights violations in the past five years? If **YES**, enter the total number: ______	☐	☐
7. In the past five years, has the organization or any other Provider Entity of which any Owners or Managing Employee is or has been an Owner or Managing Employee, had any settled claims or judgements relating to any other matter not disclosed in the response to Question 6 above? If yes, enter the total number: ____	☐	☐

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8. Has the organization, or any other Provider Entity of which any Owner or Managing Employee is or has been an Owner or Managing Employee, been a defendant in five (5) or more lawsuits within the past five years? If **Yes**, enter the total number: ______	☐	☐
9. Does the organization hire, continue to employ, or contract with individuals (or contract with entities/ organizations who employ or contract with individuals) listed on the U.S. Department of Health and Human Services Office of the Inspector General's List of Excluded Individuals/Entities? ("Individuals" in this question includes, but is not limited to, owners, officers, employees, and independent contractors/subcontractors.)?	☐	☐
10. Has the organization, or any other Provider Entity of which any Owner or Managing Employee is or has been an Owner or Managing Employee, filed for bankruptcy in the past five years?	☐	☐

DBHDD/ASO Existing Provider Application:
Service Location Addendum

A. Service Location:

- If the site is licensed by HFR, the "Site Name" listed should be the same as the "Name of Facility" on the HFR license
- The NOW/COMP number should only be listed if the site already has an active NOW/COMP number at the site being requested
- All fields should be completed, even if marking as "N/A"
- One (1) Service Location Addendum page must be submitted per site location being requested

Counties Requested

- CRA Services - only the county of the site address should be listed
- Private Home Care (PHC) site - the counties requested should be the same as the counties on the HFR letter issued with the PHC permit

III. SERVICE LOCATION

For additional site locations, complete one Service Location form per site (pages 2-6).

A. SERVICE LOCATION:

Site Name:

Address Line 1:

Address Line 2:

City: State: Zip Code:

Phone Number: NPI Number:

This location is:
☐ Yes ☐ No - Accessible by Public Transportation ☐ Yes ☐ No - Americans with Disabilities Act Compliant

Counties Requested:

Is this an Existing Approved site? ☐ Yes ☐ No
If Yes, list Medicaid Provider Number(s) below.

Medicaid Provider Number(s)	
COMP Waiver Medicaid Provider Number:	
NOW Waiver Medicaid Provider Number:	

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B. Healthcare Facility Regulation (HFR) Permits/Licenses

This site is licensed by Healthcare Facility Regulation (HFR) as a: (include a copy of the license)

☐ Child Placing Agency (CPA): Certificate: Effective Date: Expiration Date:

☐ Private Home Care (PHC): Permit: Effective Date: Expiration Date:

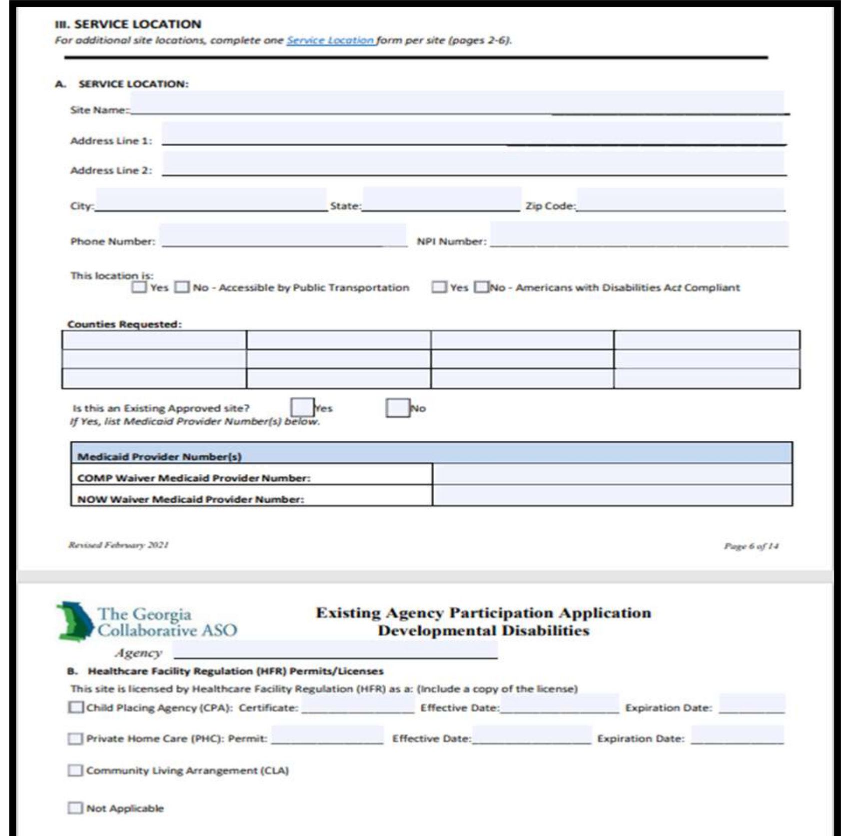
☐ Community Living Arrangement (CLA)

☐ Not Applicable

DBHDD/ASO Existing Provider Application: Service Location Addendum

B. Healthcare Facility Regulation (HFR) Permits/Licenses:

If the site is licensed by Healthcare Facilities Regulation (HFR), the type of license should be noted as well as the permit number, and effective date.



III. SERVICE LOCATION

For additional site locations, complete one Service Location form per site (pages 2-6).

A. SERVICE LOCATION:

Site Name: ____________________

Address Line 1: ____________________

Address Line 2: ____________________

City: __________ State: __________ Zip Code: __________

Phone Number: __________ NPI Number: __________

This location is:

☐ Yes ☐ No - Accessible by Public Transportation ☐ Yes ☐ No - Americans with Disabilities Act Compliant

Counties Requested:

Is this an Existing Approved site? ☐ Yes ☐ No

If Yes, list Medicaid Provider Number(s) below.

Medicaid Provider Number(s)	
COMP Waiver Medicaid Provider Number:	
NOW Waiver Medicaid Provider Number:	

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B. Healthcare Facility Regulation (HFR) Permits/Licenses

This site is licensed by Healthcare Facility Regulation (HFR) as a: (Include a copy of the license)

☐ Child Placing Agency (CPA): Certificate: __________ Effective Date: __________ Expiration Date: __________

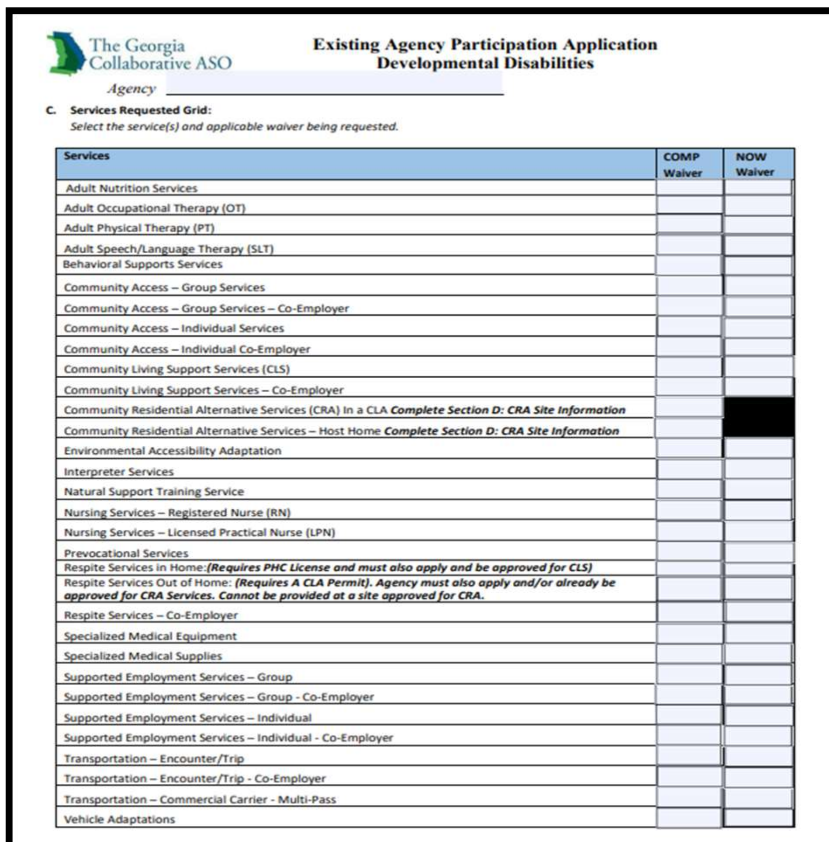
☐ Private Home Care (PHC): Permit: __________ Effective Date: __________ Expiration Date: __________

☐ Community Living Arrangement (CLA)

☐ Not Applicable

DBHDD/ASO Existing Provider Application: Services Requested Grid

- One (1) Services Requested Grid must be submitted for each site location being requested
- CRA services can only be provided at a CLA or HH site
- When applying for services, consider applying in both the NOW and COMP Category of Service
- Ensure that the agency has the applicable HFR and/or Professional license for the services being requested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C. Services Requested Grid:
Select the service(s) and applicable waiver being requested.

Services	COMP Waiver	NOW Waiver
Adult Nutrition Services		
Adult Occupational Therapy (OT)		
Adult Physical Therapy (PT)		
Adult Speech/Language Therapy (SLT)		
Behavioral Supports Services		
Community Access – Group Services		
Community Access – Group Services – Co-Employer		
Community Access – Individual Services		
Community Access – Individual Co-Employer		
Community Living Support Services (CLS)		
Community Living Support Services – Co-Employer		
Community Residential Alternative Services (CRA) In a CLA ***Complete Section D: CRA Site Information***		
Community Residential Alternative Services – Host Home ***Complete Section D: CRA Site Information***		
Environmental Accessibility Adaptation		
Interpreter Services		
Natural Support Training Service		
Nursing Services – Registered Nurse (RN)		
Nursing Services – Licensed Practical Nurse (LPN)		
Prevocational Services		
Respite Services in Home:***(Requires PHC License and must also apply and be approved for CLS)***		
Respite Services Out of Home: ***(Requires A CLA Permit). Agency must also apply and/or already be approved for CRA Services. Cannot be provided at a site approved for CRA.***		
Respite Services – Co-Employer		
Specialized Medical Equipment		
Specialized Medical Supplies		
Supported Employment Services – Group		
Supported Employment Services – Group - Co-Employer		
Supported Employment Services – Individual		
Supported Employment Services – Individual - Co-Employer		
Transportation – Encounter/Trip		
Transportation – Encounter/Trip - Co-Employer		
Transportation – Commercial Carrier - Multi-Pass		
Vehicle Adaptations		

DBHDD/ASO Existing Provider Application: Community Residential Alternative (CRA) Site Information

D. Community Residential Alternative (CRA) Site Information (if applicable):

- The "CLA Name" in Section D should correspond with the "Name of Residence" on the CLA HFR permit
- Consider naming the Host Home site the name of the Host Home Provider. Host Home should be listed after the whatever name you choose.
- If this is a Host Home transfer, the transfer should be coordinated with the agency and the Regional Field Office. Please make sure you include an effective date of service for the new Medicaid number to be assigned.

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D. Community Residential Alternative (CRA) Site Information:
Complete this section if requesting CRA services.

Select one and complete applicable information:

☐ Community Living Arrangement (CLA)

CLA Name on HFR Permit	Permit Number	CLA Capacity

OR:

☐ **Host Home** *(Complete Host Home Study, see Section IV)*

Host Home Provider Name: (Last, First)	Host Home Capacity (1 or 2 individuals)

Is this Host Home currently enrolled with another COMP approved agency? ☐ YES ☐ NO

If yes, please list agency name: ______________________

Note: Existing agency must submit Deactivation Request before approval of this request

DBHDD/ASO Existing Provider Application: Host Home Study

Host Home Study Details:

- **Experience and Expectation**
  - Of potential HH provider
- **Description of family members living in the home**
  - This should be submitted for any/all members of the home (all ages)
- **Availability of Supervision**
  - This should be submitted for any/all members of the home
  - School schedule can be listed for children
- **Family Dynamics**
  - This should be submitted for any/all members of the home
  - Items should be addressed individually and not generally

Existing Agency Participation Application
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IV. HOST HOME STUDY

Complete for each Host Home- Agency Staff member must complete HH Study and not the potential HH provider.

DBHDD Policy 01-704

The agency is to make a thorough evaluation of each prospective Host Home family (or current Host Home/Life- Sharing Residential Setting). The evaluation is to be documented in the study report, which is to be updated as changes in the required home study information occur, and include at least the following:

1. Full legal name of applicant, date of assessment, the family address and telephone number.
2. Description of the home and community, including, but are not limited to:
   - Type of home (i.e. ranch, 2stories)
   - Rooms in the home (include basement andattic)
   - Number of steps to the front and back door if applicable
   - Handicap Accessibility Features ifany
   - Sleeping arrangements for the potential placement(s)
   - Description of the neighborhood. List accessible community services and activities (Include access to hospitals/urgent care facilities, churches, schools, Physicians, YMCAetc.)
   - Public Transportation (Document distance from home to public transportation)
   - Physical Standards of the home,including:
     a. Fire extinguishers (Note type, number andlocation)
     b. Smoke and/or carbon monoxide detectors (Note functionality, number andlocation)
     c. Is there a swimming pool? Is it secured by fence or gate?
     d. Is there a locked box/space (note where medications will be locked and hazardous chemicals will be kept)
     e. Do you have pets? Type and howmany?
3. A description of family members/individuals living in the home, including:
   - Date and Place of birth
   - Physical description
   - Family background and history
   - Current relationships with immediate and extended family members or other persons residing in the home
   - Educational background
   - Relationship to applicant(s)
4. A statement as to whether or not there are firearms kept in the home and if so, all firearms owned and in the home are unloaded, secured and locked in a cabinet with ammunition stored in a separate locked cabinet. If firearms are stored in an official gun cabinet, ammunition may also be stored in the same gun cabinet; however, the ammunition must be kept in a locked container or locked in a separate compartment of the gun cabinet.
5. Availability of Supervision:
   - Describe the work schedule of all members of the household
   - Current relationship with extended familymembers
   - Support network in place for the Life-Sharingfamily
   - Willingness to cooperate with the DBHDD approvedagency
6. Family Dynamics:
   - Interest and Hobbies (include clubs, groups, associationsetc.)
   - Personality of each member of thehousehold
   - Interaction and relationshipwith neighbors

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DBHDD/ASO Existing Provider Application: Host Home Study cont.

Host Home Study Details:

- **Experience and Expectations**
  - If potential HH provider currently works for the agency submitting application, a letter of resignation will need to be submitted prior to approval of the site
  - Attitudes towards family involvement is in regards to the individual placement's family – not the potential HH provider's family
- **Description of the type of individual desired by the prospective Life-Sharer**
  - Ambulatory, non-verbal, etc.
- **Room, Board and Watchful Oversight**
  - This is a signed, dated statement from the agency that indicates the potential HH provider has the capacity to provide room, board and watchful oversight

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- Examples of ways each person in household tend to interact with others in the home
- Examples of ways each family member react to stress and coping strategies used
- Family meal-time interaction (include what meals family eat together if applicable)
- Family activities after work/school tobedtime
- Description of a typical Saturday, Sunday, Holiday and vacations
- Church or other religiousrelationship
- Acceptance of an individual(s) of another culture/ethnicity. (Include response to various cultural issues i.e. religious practices, eating habits, holiday traditions)
- Attitudes on potential placement(s) dating
- Alcohol or drug use in the family (Include history and where alcoholis stored)
- Anticipated adjustment of each Life-Sharing member to a potential placement

7. Experience and Expectations:
   - The motivation for Life-Sharing including but not limited to attitudes towards an individual with developmental disability
   - Document the following:
     a. Whether or not the potential Life-Sharing family worked for another provider (in or out of state)
     b. Whether or not the potential Life-Sharing family ever been denied
     c. Whether or not the potential Life-Sharing family been investigated for any serious reportable incident
   - Knowledge of intellectual/developmental disabilities, attitudes and skills
   - Methods of discipline used by applicant ifapplicable
   - Discuss training and compliance requirements (Include Host Home/Life- Sharing Operating Procedures, DBHDD Provider Manual, DCH Waiver Manual and Agency Policy and Procedures)
   - Attitudes towards family involvement of the potential placement
   - Description of experience with working with individuals with MRDD, if applicable
8. A description of the type of individual desired by the prospective Life-Sharer
9. Who will be transporting the individual(s) and how would transportation be provided
10. The home study is to be completed, reviewed, signed with designated title, and dated by a designated employee of the agency or professional under contract with the agency and reviewed, signed and dated by the Agency Director/Program Director or Developmental DisabilityProfessional (DDP).
11. Documentation of any recommendation regarding approval as a prospective Life-Sharer, including description of identified training or resources needed, and that the prospective Life sharers possess the capacity to provide room, board and watchfuloversight.
12. Notification of Approval. Prospective Host Home/Life-Sharer(s) will be notified in writing as to whether or not they have been approved by the agency

The following documents must be included along with the host home study for each Host Home application:

a. A general health examination of each member living in the potential Host Home.
b. b. Evidence of screening for tuberculosis and communicable disease and a general statement from a licensed practitioner identifying any communicable diseases for all adults and children **16 years** of age and older living in the potential Host Home.
c. Criminal History Records Check of all household members age seventeen (17) and above. Please note that this does not include individual receiving DD Waiver services. You may review the policy regarding Criminal History Records checks for Contractors, 04-104

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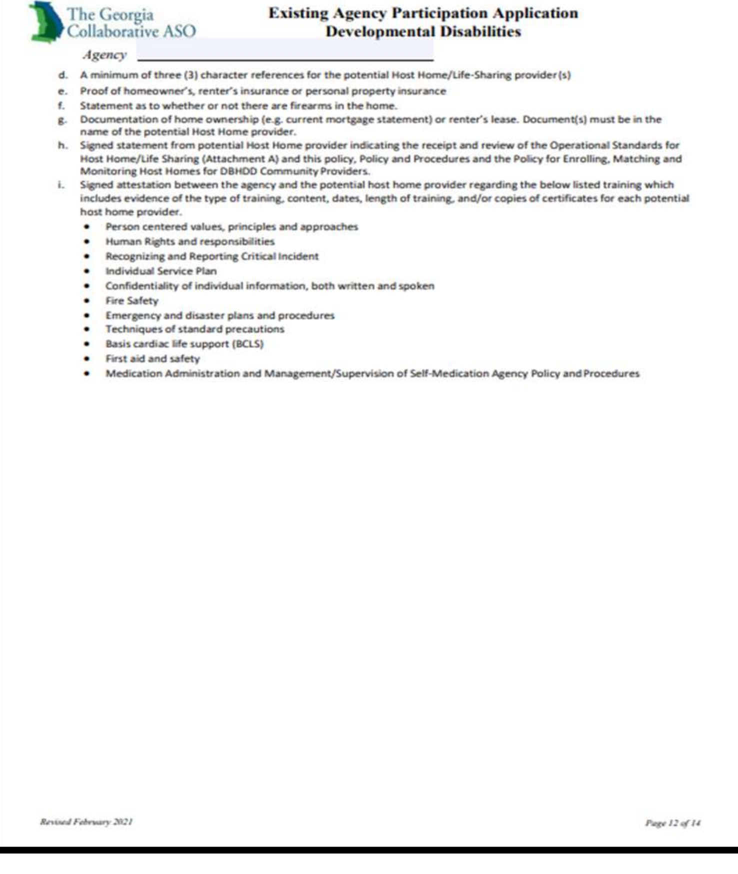
DBHDD/ASO Existing Provider Application: Host Home Study cont.

Host Home Supporting Documents:

- **Homeowner's, renter's insurance**
  - Current document within the most recent 2 months of submission
- **Mortgage statement/Lease agreement acceptable documents**
  - Fully executed lease outlining dates of occupancy
  - Bill for mortgage that includes site address and name of potential HH provider
  - Deed that includes site address and name of potential HH provider
  - Tax Bill that includes site address and name of potential HH provider



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d. A minimum of three (3) character references for the potential Host Home/Life-Sharing provider(s)
e. Proof of homeowner's, renter's insurance or personal property insurance
f. Statement as to whether or not there are firearms in the home.
g. Documentation of home ownership (e.g. current mortgage statement) or renter's lease. Document(s) must be in the name of the potential Host Home provider.
h. Signed statement from potential Host Home provider indicating the receipt and review of the Operational Standards for Host Home/Life Sharing (Attachment A) and this policy, Policy and Procedures and the Policy for Enrolling, Matching and Monitoring Host Homes for DBHDD Community Providers.
i. Signed attestation between the agency and the potential host home provider regarding the below listed training which includes evidence of the type of training, content, dates, length of training, and/or copies of certificates for each potential host home provider.
   - Person centered values, principles and approaches
   - Human Rights and responsibilities
   - Recognizing and Reporting Critical Incident
   - Individual Service Plan
   - Confidentiality of individual information, both written and spoken
   - Fire Safety
   - Emergency and disaster plans and procedures
   - Techniques of standard precautions
   - Basis cardiac life support (BCLS)
   - First aid and safety
   - Medication Administration and Management/Supervision of Self-Medication Agency Policy and Procedures

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Things to Consider for Host Homes

Before submitting the Host Home (HH) application and supporting documents; it is imperative that the following is reviewed by a member of your agency:

- **Are these documents submitted for the members of the home that will serve as the Primary Host Home provider(s)?**
  - A minimum of three (3) character references
    - Family Member
    - Agency where potential HH provider has worked with individuals with IDD (if applicable)
  - Signed statement indicating receipt and review of applicable policies within most recent 12 months
  - Signed attestation between agency and potential HH provider indicating that required training has been completed within most recent 12 months
  - Firearm statement within most recent 12 months

- **Are these documents submitted for each member of the home?**
  - Signed, dated general health exam within the most recent 12 months
  - TB Test within the most recent 2 years (16 years old and older)
  - Criminal Background Check within the most recent 12 months (17 years old and older)

Note: These documents are not required for the Individual(s) to be served.

Things to Consider for Host Homes cont.

- **Is the HH Study completed by a staff member of the agency submitting the application?**
  - **This should not be completed by the potential HH provider**
- **Is the HH Study signed by an authorized staff member of the agency submitting the application?**
  - **This should not be completed by the potential HH provider**
- **Does my agency have at least one (1) CLA licensed home with an active provider number?**

DBHDD/ASO Existing Provider Application: BSS Staffing Form

BSS Staffing Form:

- This page should only be completed if the agency is requesting Behavioral Supports Services initially. If adding additional BSS staff, a Staff Update form is required.
- The Site Address cannot be a residential address. In most cases, this address will be the agency’s Corporate Address and/or Day Program site.
- BSS services can be added to a PHC licensed site
- The Name, Phone Number and Email Address of the BSS Staff should be listed
- Be sure to provide a current resume, evidence of specialized training/education, and professional license or certificate (if applicable) for each staff listed

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V. BEHAVIORAL SUPPORTS SERVICES (BSS) STAFFING FORM

Please Note: An existing provider of BSS services adding new BSS staff does not need to submit an Existing Provider Application, a Staff Update form should be submitted.

Submit the following for each staff applying for BSS services:

This information will be reviewed by the DBHDD Division of Developmental Disabilities to determine eligibility.

1. Current Resume
2. Evidence of specialized training and education
3. Professional License or Certificate (if applicable)

BSS Level 2:
At least one staff must meet the Level 2 requirements

Name	Phone	Email

BSS Level 1:

Name	Phone	Email

DBHDD/ASO Existing Provider Application: Participation Statement

Participation Statement:

- This page must be signed/dated by an authorized staff member within your agency
- This page may be signed electronically or manually

VI. PARTICIPATION STATEMENT

The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) requires that services be provided according to the service guidelines and that the agency will operate in accordance with applicable standards, rules and regulations and policies.

By signing below, I hereby certify and attest that my staff, agents, contractors, subcontractors, billing agent(s) and I have reviewed and agree to comply with the terms and conditions set forth in the applicable DBHDD and Department of Community Health (DCH)/ Medicaid Provider manuals.

I understand and acknowledge that the policies and procedures manuals are amended (generally on a quarterly basis) when either Department finds it necessary or appropriate to do so, and that it is my responsibility to check periodically for any revisions pertaining to the delivery of or reimbursement for services rendered to eligible individuals.

I further understand that failure to abide by either Department's (DBHDD or DCH) policies and procedures will result in adverse actions including, but not limited to the denial of claims, monetary recoupment, termination, suspension of payments, and reduction of reimbursement.

I certify and attest that I have reviewed the entire contents of the completed application and that the information provided is accurate and complete. I understand that inaccurate, incomplete or omitted data may lead to sanctions against me.

Under applicable state and federal laws, I do hereby affirm that I am the authorized agent to complete this document and that the information contained herein this document is complete, true, and correct to the best of my knowledge. I understand that material misrepresentation and/or falsification of any information contained herein shall result in the immediate removal of further consideration for participation.

Authorized Signature			
AuthorizedRepresentative's Name		Title	
Authorized Representative's E-mail Address		Phone Number:	
Authorized Signature:			

Submitting the Existing Provider Application

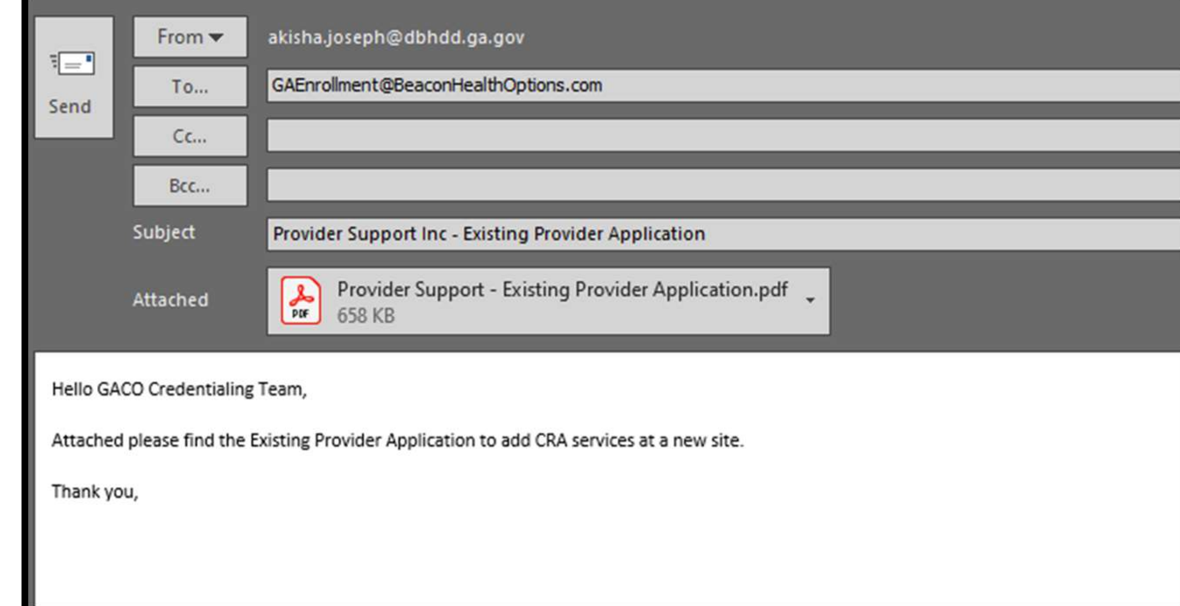
Completed applications and supporting documents should be sent via email to:

GAEnrollment@beaconhealthoptions.com

E-mail is the primary source of communication; Please ensure the email address listed on the application is correct

Requirements for Email Submission

- List the agency name and description of attachment in the Subject line and body of the email
- Documents must be attached in PDF format
- Do not embed attachments within the e-mail or use hyperlinks
- Email mailbox size limit of 20MB or approximately 320 pages
- Submissions may need to be sent through multiple emails if a submission exceeds the mailbox size limit
- Zip Files will not be accepted



Tip: If scanning documents, do not send to the Georgia Collaborative directly from the scanner. Instead, scan the document to yourself first, save to your computer and create and send an e-mail using the requirements outlined above.

Application Review Completed, What Now?

- If application is for CRA services in a host home, an SV is required and a request for the SV is sent to agency.

- The agency submitting the application must request the Site Visit by contacting the Regional Field Office within **two (2) weeks** of notification from the Georgia Collaborative.

- If no SV is required and/or if required, after SV approval from the Region, a request for completion of the DCH application along with instructions is sent to the provider.

- The provider **must** submit a copy of the completed online DCH application back to the Collaborative to GAEnrollment@beaconhealthoptions.com being sure to include your assigned GA Collaborative tracking and inquiry number.

❖ ***Note that a DCH application is not required if applying to add a service to an existing location (non CRA). The new service will be added to the existing Medicaid Provider number, if approved.***

Application Review Completed, What Now cont.?

- Upon receipt of an adequate and complete DCH application, an approval recommendation is forwarded to DBHDD Enrollment to include the DCH application and supporting documents.

- DBHDD will review the information submitted. If DBHDD agrees with the ASO's recommendation to approve, the packet is then forwarded to DCH. Note that additional information may be requested if DBHDD review determines it is needed before being processed by DCH Enrollment.

- If additional information is needed by DCH Enrollment after their review, the agency will be contacted by DCH through email with a Return to Provider (RTP) letter. The provider may also be contacted by DBHDD Enrollment to assist with this process.

- If no additional information is needed, DCH will review the application and supporting documents submitted and activate the Medicaid Provider ID Number(s) for the new services/site OR add services to the existing provider numbers at the already established location.

- **Note that the processing from DCH can take from 4-6 weeks. This is only an approximation as the actual time frame can be shorter or longer.**

Application Review Completed, What Now cont.?

Upon activation of new provider number(s) or adding of services to existing provider number(s), the agency will receive an approval from DCH as well as an approval letter from the DBHDD Office of Provider Enrollment.

If the agency receives DCH approval letter prior to receiving the DBHDD Approval Letter, please submit a copy of the letter from DCH to DBHDD's Office of Provider Enrollment via email at mhddad-serviceapps@dbhdd.ga.gov.

Remember to obtain a copy of the PIN Letter from DCH in order to register the Medicaid ID Number(s)

- ***Note that you may receive a Notification of Denial from DCH. If this is received, please submit the information requested by DCH and notify DBHDD Office of Provider Enrollment via email at mhddad-serviceapps@dbhdd.ga.gov so that we may assist with having DCH reopen and continue the processing of application.***

Termination/Deactivation Request

The following should be noted when submitting a Deactivation

(One form must be completed for each provider number)

- The Termination/Deactivation should be submitted if a provider is no longer providing services at a current approved site or if the current active provider number/site is being transferred or taken over by another provider. **(Note that the new provider will be assigned a new provider number, but the current provider must complete the termination/deactivation form as you can not have 2 active numbers at the same site by 2 different providers).**
- Number 1 on the right top of form, ***Medicaid ID Number*** is the provider number to be terminated/deactivated.
- Note that a provider will not be able to submit any additional billing after the effective date of termination listed, so please make sure this date corresponds with the last date you're billing.
- Completed form should be sent to the GA Collaborative to GAEnrollment@beaconhealthoptions.com

Georgia Medicaid Provider ID or Payee ID Termination Request Form

Doc Type	4119
1. Medicaid or Payee ID Number*	

ONLY ONE Medicaid or Payee ID per form.

Purpose of this form:
This form can be used to Terminate (Discontinue Participation) ONE Georgia Medicaid Rendering Provider ID or ONE Georgia Medicaid Payee ID.

Termination Request Form Instructions:

1. In the box at the top right-hand corner of the form under the Doc Type number (4119), print the Medicaid Provider ID or Payee ID, whichever is applicable for the Termination requested. Only enter ONE Medicaid or Payee ID per form. If you have multiple Medicaid IDs (i.e., 99999A, 99999B, etc.), a separate Form will be required for EACH ID. The Provider or Payee name entered in Step 2 below must match the record for the ID entered in the box above.
2. Enter the Rendering Provider OR Payee's information along with the Requested Effective Date of the Termination.
   a. ONLY if the Termination is for a Rendering Provider (Individual or Facility), Enter the Provider's Name in this field.
   b. ONLY if the Termination requested is for a Payee ID, Enter the Payee Name in this field. This is not required if the Provider's name is entered in field "a".
   c. NPI is ONLY required for Termination requests for a Rendering Provider ID. If information is not entered in field "a", NPI is not required.
   d. Tax ID is required for ALL termination requests.
3. Complete the contact information for the individual and/or organization making this request.
4. By signing this form, you are attesting that you are authorized to submit this request on the Provider or Payee's behalf. Forms that are not signed or incomplete will not be processed.

****Termination Requests for Contracts (440, 680, 681) need to be submitted DIRECTLY to DBHDD and Contract (590) terminations need to be submitted to (DHS) Department of Aging Services, not HP Provider Enrollment.****

MAIL the completed form to:

HP Enterprise Services
Attn: Provider Enrollment Unit
P.O. Box 105201
Tucker, GA. 30085-5201

OR

FAX the completed form to:

1-866-483-1044

To insure this document is routed correctly, fax each request separately and please,
DO NOT INCLUDE A COVER SHEET.

2. Provider or Payee ID Information		Requested Effective Date of Termination:*	
a. Provider's Name:*		c. NPI:*	
b. Payee Name:		d. Tax ID:*	

3. Contact Information-Person Requesting the Termination*							
Name of Person Submitting Request:*							
Facility/Organization/Practice Name:							
Mailing Address:*							
Suite #: (if Applicable):		City:*		St:*		Zip:*	
Contact Phone #:*				Contact Fax #:			
Contact E-Mail Address:							

4. Certification and Signature*			
Printed Name of Authorized Individual:*		Title:*	
Signature of Authorized Individual:*		Date:*	

All fields marked with "*" are REQUIRED.

REV: 5/2012

Reactivation Requests

The following should be noted when submitting a Reactivation (One form must be completed for each provider number)

- The Reactivation request can only be submitted if your provider number is in suspension mode. If the provider number is terminated, you will have to submit an existing provider agency application for a new provider number.
- Number 1 on the right top of form, ***Medicaid ID Number*** is the provider number to be reactivated
- The information under #2 is for the agency and not the site to be reactivated.
- Letter b, ***Contract to Reactivate*** is either 680 or 681 based on the provider number listed on top for reactivation.
- Completed form should be sent to the GA Collaborative to GAEnrollment@beaconhealthoptions.com

Georgia Medicaid Provider ID Reactivation Request Form

Doc Type	4119
1. Medicaid ID Number*	

ONLY ONE Medicaid ID per form.

Purpose of this form:
This form can be used to Reactivate Participation of ONE Suspended Georgia Medicaid Rendering Provider ID.
FIRST, go to www.mmis.georgia.gov and click on Provider Enrollment and then choose Provider Contract Status. Enter the Provider ID and click Search. You do not have to enter the ATN or Provider Name. Click anywhere in the Results field and the Contract Status will be shown. If the Provider ID is in a SUSPENDED status, this form may be used. If the Provider ID is TERMINATED, the Provider must reenroll. Instructions for reenrollment can be found at www.mmis.georgia.gov in the Provider Enrollment section.

Reactivation Request Form Instructions:
1. In the box at the top right-hand corner of the form under the Doc Type number (4119), enter the Medicaid Provider ID (including letter suffix) requested. Only enter ONE Medicaid ID per form. If you have multiple Medicaid IDs (i.e., 999999999A, 999999999B, etc.), a separate form will be required for EACH ID. The Provider name entered in Step 2 below must match the record for the ID entered in the box above.
2. Enter the Rendering Provider's information.
   a. Enter the Provider's Name in this field.
   b. Enter the GA Medicaid Contract(s) to reactivate for this request, i.e. 430, 300, etc.
   c. NPI is required for ALL Reactivation requests.
   d. Tax ID is required for ALL Reactivation requests.
3. Complete the contact information for the individual and/or organization making this request.
4. By signing this form, you are attesting that you are authorized to submit this request on the Provider's behalf. Forms that are not signed, invalid, or incomplete will not be processed.

****Reactivation Requests for Contracts (440, 680, 681) need to be submitted DIRECTLY to DBHDD and Contract (590) Reactivations need to be submitted to (DHS) Department of Aging Services, not HP Provider Enrollment.****

FAX the completed form to:
HP Enterprise Services
Attn: Provider Enrollment Unit
FAX#-1-866-483-1045

2. Provider ID Information			
a. Provider's Name:*		b. Contract(s) to Reactivate:	
c. NPI:*		d. Tax ID:*	
3. Contact Information-Person Requesting the Reactivation*			
Name of Person Submitting Request:*			
Facility/Organization/Practice Name:			
Mailing Address:*			
Suite #: (if Applicable):	City: *	St:*	Zip:*
Contact Phone #:*		Contact Fax #:	
Contact E-Mail Address:			
4. Certification and Signature*			
Printed Name of Authorized Individual:*		Title:*	
Signature of Authorized Individual:*		Date:*	

All fields marked with "*" are REQUIRED.

REV: 3/2015

Reference Materials/Resources

- Department of Behavioral Health and Developmental Disabilities – Provider Information – Provider Toolkit
  - www.dbhdd.georgia.gov
  - IDD Provider Manual
  - http://gadbhdd.policystat.com
- Georgia Collaborative
  - www.Georgiacollaborative.com
  - All Forms

Contact Information

For questions regarding the status of Applications, COIs, Staff Updates, etc.

please email:

GACollaborative@beaconhealthoptions.com

For the processing of initial submissions of Applications, COI, Staff Updates as well as requested corrections,

please email:

GAEnrollment@beaconhealthoptions.com

OHW Updates

Dana Scott, DNP, RN

Director Office of Health & Wellness, Division of Disabilities

Georgia Department of Behavioral Health & Developmental Disabilities

Statewide Clinical Oversight For Waivered Participants

Purpose

- Processes of Notification & Identification
- Applicable to parties responsible for support of (waivered) DD individuals
- Facing heightened level of risk to complexity of:
  - Medical needs risks
  - Behavioral needs/risks
  - Environmental needs/risks

How do I submit notifications?

Notification of the Office of Health & Wellness of individual need for Statewide Clinical Oversight is implemented by sending the following information to StatewideClinicalOversight@dbhdd.ga.gov

Who can notify OHW of an Individual’s Qualification for Statewide Clinical Oversight?

1. Individuals/Family/Guardian
2. Residential Providers
3. Clinical Provider (contracted/community-based)
4. Support Coordination entities/personnel
5. Field Office Personnel
6. Stakeholders with a vested interest in overall DD individual wellbeing

Statewide Clinical Oversight Qualifiers

1. Increase of HRST score
2. Recurring Serious Illness
3. Diagnosis of Fatal Five
4. Emergency Visit/Hospitalization
5. Outstanding Assessment (clinical)
6. Outstanding/Needed/Broken equipment or assistive devices
7. Life Threatening/Environment of Care Issue
8. Allegation of Abuse or Neglect

Notification is to include

1. Individual Name
2. Address (if applicable)/Region
3. Reporters relation to DD individual (include contact information)
4. Event/Incident warranting Statewide Clinical Oversight
    a. Date/Time of event/incident
    b. Supporting/contextual information regarding event/incident
    c. (Provider) Action implemented to resolve/stabilize/mitigate individual risk

(Continued) Notification is to include

4. Assigned Support Coordinator
   a. Support Coordinator Contact information
   b. Date and Time of Support Coordination Notification
   c. (Support Coordinator) Action Implemented to resolve/stabilize or mitigate individual risk
5. Assigned Field Office (include contact information)
   a. Date and Time of Field office Notification and parties notified
   b. (Field Office) Action Implemented to resolve/stabilize or mitigate individual risk

Office of Health & Wellness Provider Training Announcements

Office of Health & Wellness
2022 Virtual Nursing Education Series

Tuesday, May 17, 2022 – Friday, May 20, 2022

OHW Emory Curriculum 2022

- **Web Based Training Series available through Emory.**

- **Send email to shannon.l.smith@dbhdd.ga.gov**
- **to be added to registration list.**

- **CEU Credits are available.**

HRST Advanced Rater In-app Training is Launching May 16th!

Benefits to this online training are:

- More interactive training experience.
- Complete the training at your own pace.
- Engaging scenarios.
- Knowledge Checks to ensure Raters understand important concepts.
- Increased screening accuracy.
- Raters can take and re-take the training or portions of the training as often as they like.
- No more registering for a webinar or having to travel to on-site training locations

HRST Advanced Rater In-app Training

Existing Raters

- Any Rater who has an Online Rater Training completion date before May 16, 2022, will have a full year (May 16, 2023) to complete the now required (In-app) Advanced Rater Training.
- Your HRST Service Representatives, along with the new HRST Dashboard, will be regularly reminding Raters of the need to complete Advanced Rater Training on or prior to May 16, 2023, to avoid having their account placed in a "View Only" status.

Future Raters

- Any Rater who has an Online Rater Training completion date after May 16, 2022, will have (6) six months to complete Advanced Rater Training after completing Online Rater Training.
- Again, your HRST Service Representative and the new HRST Dashboard will help Raters remember this deadline to avoid having their account placed in "View Only" status.

HRST DASHBOARD IS NOW AVAILABLE!

- The Dashboard is a set of informational cards created with the purpose of bringing relevant HRST data directly to you for at-a-glance review, allowing you to quickly act on the tasks you came into the HRST to perform.
- As you may have already noticed, the Dashboard is now the default landing page when you log into the HRST.
- For more information on how best to utilize and customize your dashboard, please see the Dashboard User Guide.
- For a short video tutorial on how to utilize the Dashboard, please navigate to your user account, select the Trainings tab, and view the training titled "**Utilizing the HRST Dashboard**"
- Should you need further help with finding or configuring your dashboard, please contact support at GAsupport@replacingrisk.com

HRST Provider Admins to launch in May

DBHDD, in collaboration with IntellectAbility, is introducing new functionality within the HRST that will offer higher provider-level information to specified users in each provider agency.

Each provider agency is being asked to select at least two HRST users to be designated as a Provider Admin for their agency.

HRST Provider Admins

What is a Provider Admin?

A Provider Admin is an HRST user who has access to see data across their provider agency. This includes additional Dashboard cards and reports with information related to Persons Served screenings, User training progress, etc.

Who should I choose as my provider's admin?

It is recommended to specify a person who has oversight over your agency. Data offered to Provider Admins is intended to show the overall status of your HRST users and Persons Served.

The people you wish to designate as Provider Admins must have an active HRST account.

HRST Provider Admins – Call To Action

If you have not submitted Provider Admins to HRST (Please respond today)

How do I submit my provider's admins?

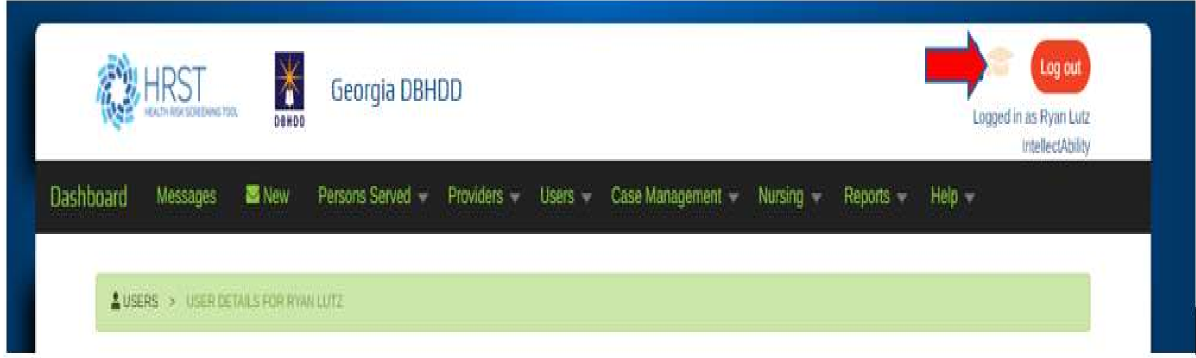
Initially, please fill out the following form with at least two users who will be Provider Admins: https://zfrmz.com/hGiT4FP0iFTuIviwH2fg

After the launch, any updates or additional users you wish to designate the Provider Admin role to can be submitted through the HRST Helpdesk at GASupport@ReplacingRisk.com

HRST User Requested Courses Launch in May 2022

New functionality is being introduced to allow users to request trainings to be added to their trainings tab from within the HRST. This design allows a user to request trainings for themselves only and not on behalf of any other user.

Click on the training cap icon in the top right corner of HRST to automatically navigate to the Training Tab



Available Courses

- You will see "Available Courses" which are the courses that can be requested and sent directly to IntellectAbility's support team for approval.
- Note – Only certain courses need to be requested, while other courses with no prerequisites can be added directly by a user without any approval needed.
- Under that you will see "My Assigned Courses", this will show you what courses you have currently assigned and any courses that were requested and approved.
- Simply navigate into this section of the HRST and request what courses you would like to add with the click of a button. If a course is approved or rejected, you will receive an email notification directly from GAsupport@replacingrisk.com notifying you the status and a statement on why.

OHW eLearn Courses

- **Healthcare Plan eLearn course for Provider RN Staff**

This 30-minute, self-paced course will teach you all the information you will need to easily create and update Healthcare Plans in the HRST. **clicking here will access flyer**

- **Provider Nursing Assessment eLearn course for RN Staff**

This 30-minute, self-paced course will teach you all the information you will need to easily create and update Provider Nursing Assessments in the HRST. **clicking here will access flyer**

The RN can request the course assignment directly in the HRST Application under Training Tab.

New eLearn Courses Available Now

All HRST Raters are encouraged to register for the following courses based on a review of Georgia HRST Data

Review of item O and its most common errors

Review of item P and its most common errors

Review of item T and its most common errors

Additional HRST Features Launched in 2022

Offline/Network Issue Detection

- New functionality has been introduced to display when a user inside the HRST has lost internet connectivity and/or is offline.
- The HRST will display a pop-up message if the browser detects a user has lost their connection or is offline.
- When the browser detects the user is connected again another message will be displayed, letting you know you can now proceed with using the HRST as normal.

Additional HRST Features Launched in 2022

HRST Last Update Information

- New functionality has been introduced to display update dates for various components in a person's record.
- On the Diagnoses, Medications, and Vaccinations tabs of a person's record, you will now see the last update information displayed in the top right corner of the page.
- You can still see the same information in a list by clicking on Last Change Info.
- On the Ratings tab, the date field has been relabeled to "Last Rating Update" to clarify that the corresponding date relates to the last time a rating change was made.

Curriculum in IDD Healthcare eLearn course by IntellectAbility

- **Training available through Relias and DBHDD University for Physicians, NP, and Nurses**

- **This course can be stopped and started at the convenience of the learner.**

- **There is no cost for this course and CME and CEU credits are available.**

If you are interested in registering, please send an email to martha.thweatt@dbhdd.ga.gov for instructions on accessing the course.

HRST Clinical Reviewer eLearn Course to launch later this year!

Incident Reporting for I/DD Providers

Jennifer Rybak, MA, HLB

Director, Office of Incident Management and Compliance

Keisha Davis, LMSW, MBA

Manager, Incident Management Unit

Georgia Department of Behavioral Health & Developmental Disabilities

Incident Reporting Steps

1. Refer to Policy 04-106 and Attachment A to determine reportable incidents
2. Enter incident into Image the same business day unless a death – deaths reported within 2 hours or as soon as practicable
3. Respond to requests for additional information from incident management staff within 24 hours
4. Implement any safety plan measures you've identified to prevent reoccurrence

Definition of a Reportable Incident

Any event that involves an immediate threat to the care, health or safety of any individual <u>in community residential services, in community crisis home services, while on site or in the care of a provider, in the company of a provider staff or contractor, or enrolled in participant-directed services</u>.

*****DEATHS HAVE ADDITIONAL REPORTING PARAMETERS**

Incident Reporting Reminders

- Person identifiers are only for individuals and family members. They are not needed for staff names.
- As required by law or regulation, it is a provider's responsibility to report to other parties (APS, LE, etc.)
  - Do add the notification in Stage 2, document in Stage 3's incident description when you have reported to other agencies and upload any documentation confirming your report.
- Log into Image within 45 days to prevent lock outs.
- DOBs are needed for deidentified staff (Jane/John Doe) in COVID Reports.
- It is okay to report multiple people in one COVID IR if they are associated with the same location/incident.

COVID Reporting

Corona Virus/COVID-19 Tracking in Image – Community Provider Version

Effective 3/24/2020

New COVID-19 Related Incident Types (applicable to staff and individuals):

- **920 Exposure - Corona Virus:** Being within approximately 6 feet of a laboratory-confirmed positive case of Corona Virus for a prolonged period; Having direct contact with infectious secretions of a positive case (e.g., being coughed on).
- **921 Positive - Corona Virus:** Laboratory-confirmed diagnosis of Corona Virus.
- **922 Death - Corona Virus:** Suspected or known to be related to Corona Virus. For individuals served, this also needs to be reported as a Death incident type (100-104).

FOR DD RELATED SERVICES:

Entries in Image for **920 – Exposure** are **ONLY REQUIRED FOR INDIVIDUALS**. Reporting of staff exposures is no longer required.

Entries in Image for **921 – Positive, and 922 – Death ARE STILL REQUIRED** for both staff and individuals.

Entries in Image for **923 – Recovery** will **no longer be required** for individuals or staff at any locations.

	920 Exposed	921 Positive	922 Death	923 Recovery
Staff	Not required	REQUIRED	REQUIRED	Not required
Individual	REQUIRED	REQUIRED	REQUIRED	Not required

DD Providers should continue to work with the DBHDD Office of Health and Wellness staff who will maintain follow-up activities on individuals who test positive until that individual is no longer identified as being positive for COVID 19 or in the event of death, reported as deceased. (Note: Resolution of positive will be based upon CDC Guidelines for designation of COVID 19 negative status.)

Common Incident Errors

Hospitalization – Medical
- Admitted?
- Residential?
- On site/with staff?

Elopement
- Out of site?
- Residential?
- On site/with staff?

Medication Error
- Adverse consequences?

ANE by non-staff
- Report to APS
- Report to Law Enforcement

Requires an Injury Severity of 3+
- Aggressive Physical act Ind/Ind
- Aggressive act Ind/Non-Ind
- Suicide Attempt

Psychiatric Hospitalization
- Residential?
- Admitted?

Expected and Unexpected Death Reporting Clarification

Expected Death

- Cause of Death from terminal disease greater than 30 days
- In residential/CLS services
- Occurred on site of provider or in presence of staff
- Person was discharged within 30 days of death

Unexpected Death

- Doesn’t meet definition of other death codes
- In residential/CLS services
- Occurred on site of provider or in presence of staff
- Person was discharged within 30 days of death

Email Contacts

Image Issues:
Image.App@dbhdd.ga.gov

Incident Reporting:
dbhddincidents@dbhdd.ga.gov

Investigations:
dbhdd.investigations@dbhdd.ga.gov

CAPS:
CAP.Request@dbhdd.ga.gov

Jennifer Rybak:
Jennifer.Rybak@dbhdd.ga.gov

Keisha Davis:
Keisha.Davis@dbhdd.ga.gov

NCI Staff Stability Survey 2021

Latonya Williams, MA

Waiver Operations Analyst,

Office of Waiver Services

Georgia
Department of
Behavioral Health
& Developmental
Disabilities

NCI Staff Stability Survey 2021

What is the National Core Indicators®-IDD (NCI®-IDD) Staff Stability Survey?

- The National Core Indicators (NCI) Staff Stability Survey for 2021 began April 1st for eligible Providers who employed Direct Support Professionals (DSPs) during the 2021 calendar year.
- This survey gathers information about employees providing direct “hands on” services and supports to adults, often referred to as Direct Support Professionals (DSPs).
- The data will help DBHDD, state policy-makers, and advocates learn how to improve the quality and stability of the DSP workforce in our state.

NCI Staff Stability Survey 2021

The survey will ask about the status of your agency's DSP workforce employed between January 1, 2021 and December 31, 2021. Provider agencies should have received emails with a unique link to the survey. The survey deadline is **June 30, 2022.**

The survey will ask about:

- **Demographics (region, county, city)**
- **Length of DSP employment**
- **Number of DSPs employed**
- **Vacant positions**
- **Wages**
- **Benefits**
- **Recruitment & Retention strategies**
- **Aspects of COVID-19**

NCI Staff Stability Survey 2021

1. Survey links are unique to the Provider contact's email address and cannot be forwarded to another individual. The survey should be completed by your Human Resources or Payroll offices and reflect Direct Support Professionals who were on payroll during any period between **January 1 – December 31,2021**.

2. Once you click on the survey link, you will have the opportunity to download a PDF of the survey tool for reference only. Surveys will not be accepted or counted if they are not entered into the online system. You can access the survey as many times as necessary to add responses, edit responses or complete the survey later.

3. **Survey due date is June 30th**. For any and all survey questions, please contact Latonya Williams latonya.e.williams@dbhdd.ga.gov

Relias Discussion
IDD Provider Meeting

Georgia Department of Behavioral Health & Developmental Disabilities

Theo Carter, Jr. - Sr. Director of Learning
Christi Ritter - Training & Development Specialist
Chris Wood – Director of Learning Development

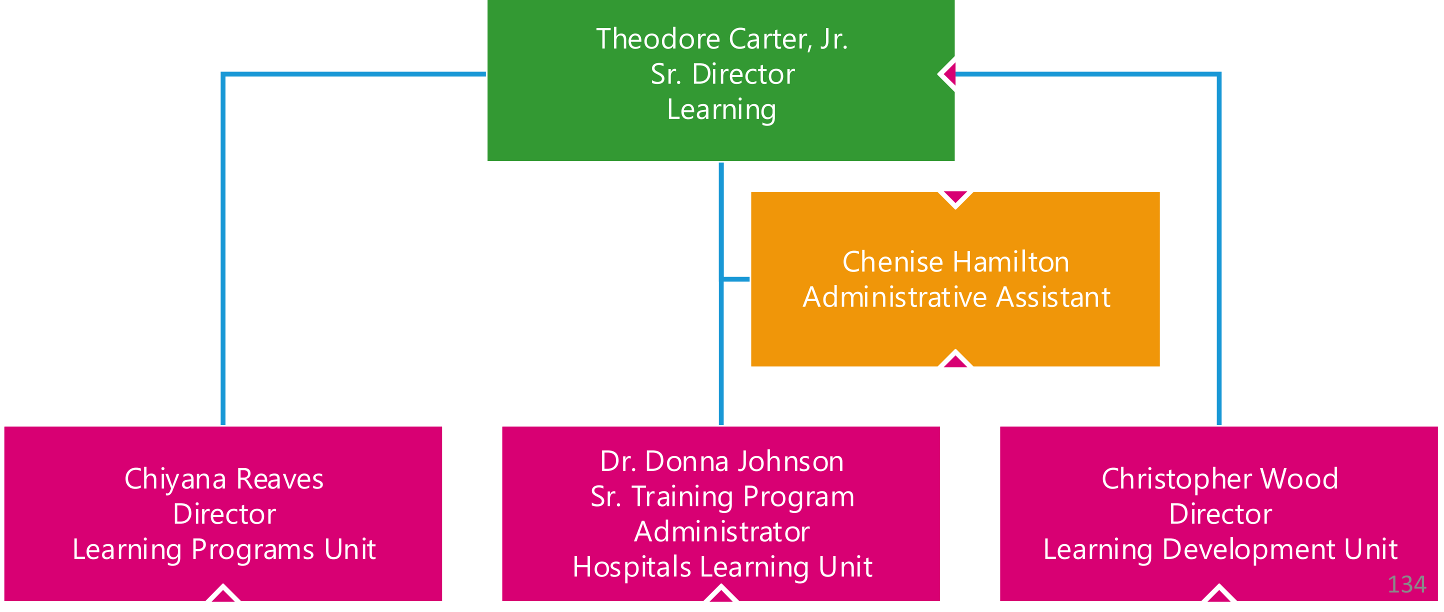
May 12, 2022

Learning and innovation go hand in hand. The arrogance of success is to think that what you did yesterday will be sufficient for tomorrow.

- William Pollard

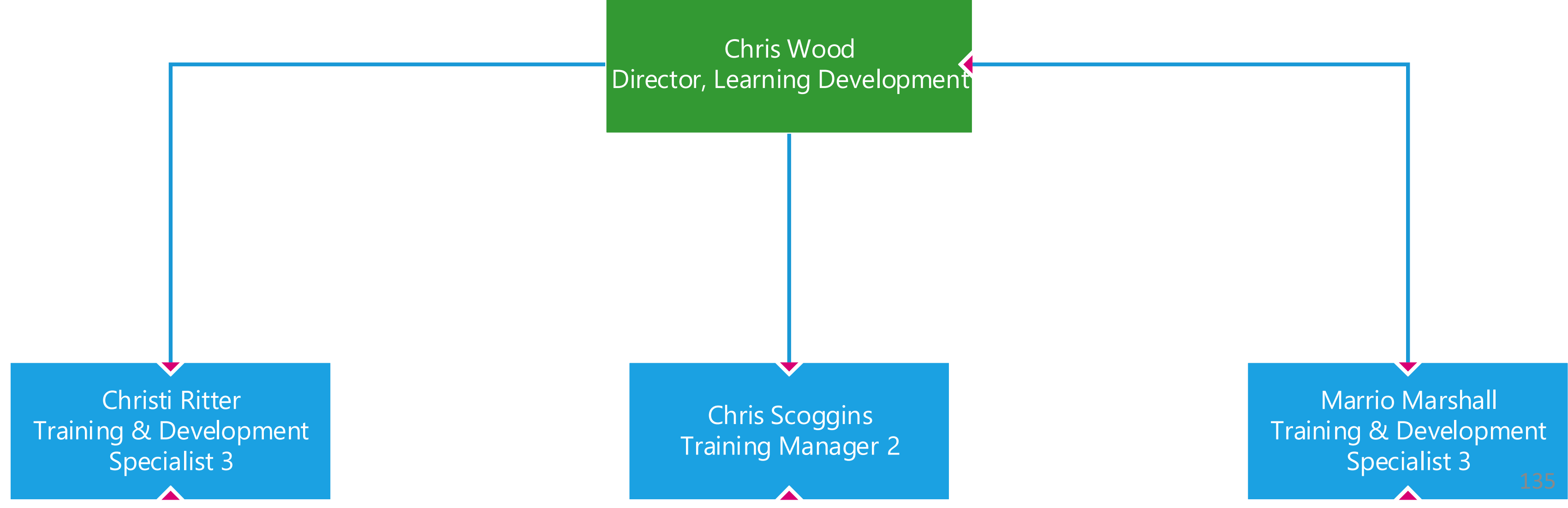
Office of Human Resources & Learning
Learning Leadership Team

January 2022

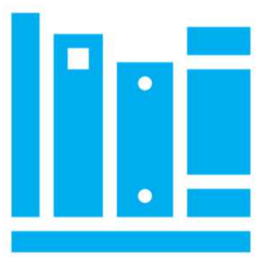


Office of Human Resources & Learning
Learning Development Unit

January 2022



DBHDD sets training requirements in the DD provider manual.



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

A Little Background

Library has grown beyond required courses

- DBHDD GENERATED COURSES
- RELIAS COURSES
- FATAL FIVE
- DEAF SERVICES
- PERSON CENTERED THINKING

Originally, the site was set up as a large pool of licenses with all Providers located in one site financially supported by DBHDD.

Pros

Access to modules

License flexibility

DBHDD Funded

Challenges

Inactivation of users after 90 days

Limited access to training plans and Relias support

Inability to coordinate recurring training

Providers restricted from accessing administrative control

DBHDD Relias Training Site Restructuring

- Each site's license count was based on your Data Utilization over the last 4 years.
- The review was based on courses that are the most used –
  - Abuse & Neglect of Individuals with IDD
  - Deaf Services
  - Emergency Prep for DD Providers
- We maintained the same number of total licenses from the previous two years.

All Providers that qualified have been presented their own Relias Site financially supported by the Department.

Pros

Access to modules

Providers have administrative rights to their training plans

Access to Relias support

DBHDD Funded

Challenges

Limited licenses

Elimination of automatic inactivation of user accounts

Next Steps:
Remove any active users from agency with new site from DBHDD Site
Fine Tune license counts

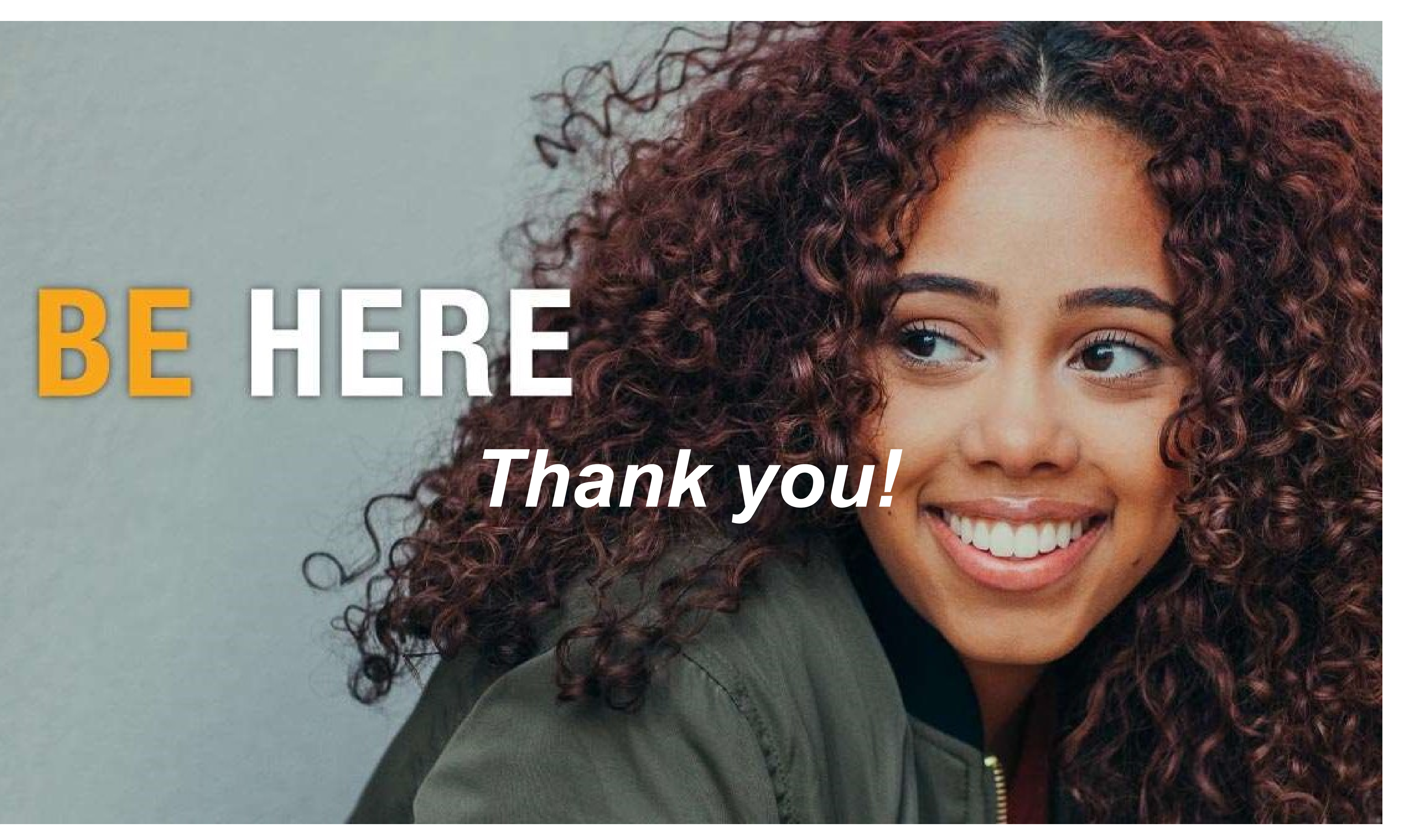
Final Thought

For Technical Assistance Contact:

Christi Ritter at Christi.ritter@dbhdd.ga.gov

Or

The DBHDD Relias Administrator at Relias.admin@dbhdd.ga.gov


BE HERE
Thank you!

Provider Q & A