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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

November 4, 2021

9:00am – 12:00pm



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AGENDA

Welcome everyone to the
November 4th 2021 IDD All-State
Provider Meeting!

Topic	Time	Presenter
Opening Welcome and Updates	9:00 am-9:15 am	Ronald Wakefield, Division Director IDD, DBHDD
Electronic Visit Verification (EVV) Updates	9:15 am-9:30 am	Brian Dowd, Deputy Executive Director Policy, Compliance and Operations Office, DCH
American Rescue Plan Updates Appendix K Updates	9:30 am-9:55 am	Ashleigh Caseman, Director of the Office of Waiver Services
Specialized Medical Supplies	9:55 am-10:00 am	Cordelia Bridgewater, RN, Clinical Validation Coordinator, Office of Waiver Services
Lifeline Wireless Program-Resource	10:00 am-10:30 am	Ali Levorsen, Chief Customer Officer, Pulsewrx & Kristen McCalla Director of Marketing for Pulsewrx
Division of Compliance Updates	10:30 am-10:45 am	Terri Kight, Director of the Office of Investigations & Jennifer Rybak, Director of the Office of Incident Management and Compliance
Office of Health and Wellness - HRST - Dangerous Mealtime Practices - Curriculum in IDD Healthcare eLearn course- IntellectAbility - Emory Courses- Updates for 2022	10:45 am-11:15 am	Dana Scott, RN, Director of the Office of Health and Wellness
Regional Field Office Updates	11:15 am-11:30 am	Allen Morgan, Director of Field Operations
Question and Answers	11:30 am-12:00 pm	All

Opening Welcome and Updates
from Ronald Wakefield, Division
Director IDD, DBHDD



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Department of Community Health

Electronic Visit Verification (EVV)



Presented to: NOW/COMP Provider Meeting

Presented by: Policy and Provider Services
Division of Medicaid



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Mission

The Georgia Department of Community Health

We will provide Georgians with access to affordable, quality health care through effective planning, purchasing and oversight.

We are dedicated to A Healthy Georgia.

Presentation Points



- EVV Member Updates
- EVV Project Updates
- Common Issues or Questions
- Third-Party EVV Vendor Update
- Question and Answer (Q&A)

Electronic Visit Verification

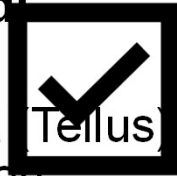


**EVV Project
Updates**

Status Updates and Timeline

July 23rd, 2021

Required:
Provider
Netsmart (Tellus)
registration



August 31st, 2021

Required:
1. Employees
input into chosen
EVV solution
2. One claim
successfully
submitted per
Medicaid ID



November 1st, 2021

Required:
1. All EVV-related
claims to include
EVV information
2. And submitted
via the State EVV
solution

Date
Change

To successfully submit a claim, aides and caregivers will have to use and capture visit data using EVV.

Providers who are non-compliant at any of these dates will be placed on pre-payment review.



Status Updates and Timeline

DCH acknowledges provider feedback requesting additional time to address the following items:

- 1) Missing Prior Authorizations-In Production
- 2) Updated Rounding Rules-In Production
- 3) New Rate Adjustments

We expect missing prior authorizations and rounding rules to be resolved at the end of September and the new rate adjustments to be implemented in early October.

This additional month is to allow providers an opportunity to familiarize themselves with the solution and the recent updates.

Case Management Update

Case Management EVV functionality is delayed. More communications will be available as soon as possible.

- It was previously communicated that case management / support coordination functionality would be available as of 9/16. That has been delayed. A new release date has not been determined.
- Case management related guides, training, and checklists will be available upon the functionality release.

Electronic Visit Verification



Common Issues and Questions

Common Issues or Questions

Rounding Rules:

As a quick Electronic Visit Verification (EVV) update, rounding rules are being implemented within the State EVV solution, Netsmart, to match the Center for Medicare and Medicaid Services (CMS) standard Medicaid rounding rules. Up to seven (7) minutes of completed services will be rounded down. Eight (8) minutes of completed services will be rounded up to a 15-minute unit. For those Personal Support Services (PSS) billed hourly, less than 30 minutes rounds down to the next whole unit. Thirty (30) minutes will round up to the next whole unit.

For example, checking in at 6pm and checking out at 6:37pm will result in two (2) 15-minute units or one (1) 60-minute unit depending on the applied services. Checking in at 6pm and checking out at 6:38pm will result in three (3) 15-minute units or one (1) 60-minute unit depending on the applied services.



Common Issues or Questions

Users (employees) Invitation Statuses:

If an administrator is unable to schedule a user (employee) because their name does not appear, please check the invitation status of the user (employee). Administrators are only able to schedule with users (employees) who have an invitation status of “Accepted.” If the user (employee) has a status of “Invited”, the user (employee) has not completed log in and activation and will likely need a password reset to complete log in.

There is a short, supplemental training video to outline this process and all the steps to add in users (employees).

Common Issues or Questions

Duplicate Claims Editing:

There is an “overlapping error” providers may receive when submitting claims through the Netsmart solution. When receiving this notification, the corresponding claim will be suspended. This occurs most often when an aide / caregiver has an open claim for another Medicaid member at a different provider agency for same date and same time. This is not an issue related to servicing two members in the same household or location at the same time.

If this occurs to your agency, the issue needs to be reported to DCH at the EVV mailbox evv.medicaid@dch.ga.gov . When reporting be sure to include who the aide / caregiver is, who the Medicaid member is who was receiving service associated with that claim, the claim number, and the ICN number.

Beware of roster billing!!



Electronic Visit Verification



**Third-Party EVV
Vendor Update**

Compliant Alternate EVV Vendors

Vendors who are or will be compliant with the 21st Century Cures Act compliant in Georgia by October 1, 2021	
AlayaCare USA	HomeNurse, Inc
Ankota	Information Age Technologies (Copilot Pro 21)
Aveanna Healthcare	Integrated Database Systems (Generations)
AxisCare	Kaleida Systems (eRSP)
Axxess	MatrixCare
Billiyo Health	Maxim
BrightSpring Health Services (formerly ResCare)	MedSide Healthcare
CareSmartz	MEDsys
CareTime	My EVV
CareVoyant	Netsmart (myUnity EHR/Legacy EVV)
Caryfy	Rosemark / Shoshana
CellTrak Technologies	SMARTcare
ClearCare	SwyftOps
Direct Care Innovations (DCI)	Therap Services
GeoH Software	Webauthor

Non-Compliant Alternate EVV Vendors

Vendors who will be in the process of integrating beyond October 1, 2021	
Alora Healthcare Systems	MCM Solutions (Stopwatch Technology)
BrightStar Care	MedFlyt
Carecenta	Neurosoftware (Adacare)
CubHub Systems/CellTrak	Qualifacts / Carelogic
Greenline Business Solution	Treasures Docs
Home Care IT (eCaring)	Vertex Systems

Non-Compliant Alternate EVV Vendors

Vendors who are NOT integrating and will NOT be 21st Century Cures Act compliant in Georgia	
Aymira Healthcare Technologies	PointClickCare
Bayada	Residex
First Visit Software	Sestra Solutions
King David Community Center of Atlanta, Inc	Total Systems Design
Nemicare	Vypersoft
PCG Public Partnerships (PPPL)	

Vendors who do not have clients providing services required through the 21st Century Cures Act	
Assuricare (August Systems)	MITC Software
Complia Health (ContinuLink)	Sandata
HHAeXchange	SETWorks
InMyTeam Corp.	Spectrum TeleTrack Voice Technologies
Kanrad Technologies (KanTime)	

Question and Answer (Q&A)

Please type your questions in the chat box!

Our moderators will read your question aloud.

If you have specific or technical questions, please reach out to the Georgia EVV Call Center at:

(833) 701-0012

GAEVVsupport@conduent.com



ARPA, COMP Renewal & Appendix K Updates

Ashleigh Caseman

Director of Waiver Services

Office of Waiver Services



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American Rescue Plan Act - Initial Spending Plan Proposal*

The American Rescue Plan Act (ARPA) was signed into law on March 11, 2021. It is the sixth COVID-19 relief bill enacted and provides approximately \$1.9 trillion in assistance [federally]. 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 (FMAP) pursuant to Section 9817 of the American Rescue Plan Act of 2021.

** Note the spending plan is pending full approval from the Centers for Medicare and Medicaid Services and is subject to change*

Two Actions related to ARPA funding

While Georgia's Initial Spending Proposal has several initiatives, two related to DBHDD to highlight today are:

Temporary Rate Enhancements for specific services *(aka the quick strike)*

- Community Residential Alternative 4/3 HH1, HH2
- Community Living Support Services 1/2/3
- Skilled Nursing Services- RN
- Community Access Individual
- Supported Employment

Rate Study *(aka the long game)*

- Intensive/Support Coordination
- Community Living Support Services
- Community Residential Alternative (refresh)
- Fiscal Intermediary
- Supported Employment
- Community Access

In addition, DBHDD is exploring options for several workforce initiatives (e.g. professionalizing and incentivizing the DSP) and values any ongoing feedback from stakeholders!

Note: Georgia's initial spending plan has received partial approval and is pending full approval from the CMS, information is subject to change.

American Rescue Plan Act- Initial Spending Plan Proposal*

Resources:

To review the entire initial spending plan visit:

<https://dch.georgia.gov/programs/hcbs>

To review CMS Issued Guidance on ARPA funding visit:

<https://www.medicaid.gov/federal-policy-guidance/downloads/smd21003.pdf>



Stay tuned for more information on ARPA funding!

Appendix K and COMP Renewal Updates

Appendix K

- The Appendix K continues to be in effect.
- Currently there is no known end date aside from up to 6 months post PHE, however providers should have a plan of action to unwind any temporary provisions
- Please note HHS extended the federal PHE until mid-January 2022

COMP Waiver Renewal

- As of 11/2/21, Pending CMS approval
- Provider network, individuals, families and other stakeholders will continue to be provided updates when available

5% State Budget Appropriations

- 5% is set to be placed in future COMP and NOW amendments, can not be placed into waivers until after COMP has been approved (nota bene: COMP renewal was submitted prior to 5% state appropriation)

Specialized Medical Supplies (SMS)

Cordelia Bridgewater, RN
Clinical Validation Coordinator
Office of Waiver Services



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Understanding SMS

What are Specialized Medical Supplies (SMS)?

- These supplies covered under NOW and COMP waivers and consist of food supplements, special clothing, diapers, bed wetting protective chucks, and other authorized supplies.
- SMS is specified in the ISP and other supporting documentation.

How to Request SMS

- Requests are sent to Regional Field Office for review.
- The provider must itemize items completed on an Excel sheet including labeled categories (e.g., item name, quantity, and cost, etc.)
- Items over \$3800 are sent to Central Office for review of Enhanced Supports

NOW/COMP waivers are Payor of Last Resort

- The provider must show documentation the service coverage has been exhausted in ALL other potential healthcare funding sources which include the State Plan Medicaid, Medicare and commercial 3rd party insurance.



How to Submit a Request for SMS:

The provider submits a packet to the Regional Field Office when supplies exceed \$3800.

<https://dbhdd.georgia.gov/provider-toolkit-0>

If the supply request are under \$3800 the provider will discuss it with their Support Coordinator.

The ISC/SC will review and have it processed through their OA.

Checking Covered items State Medicaid Plan

Access through GAMMIS website

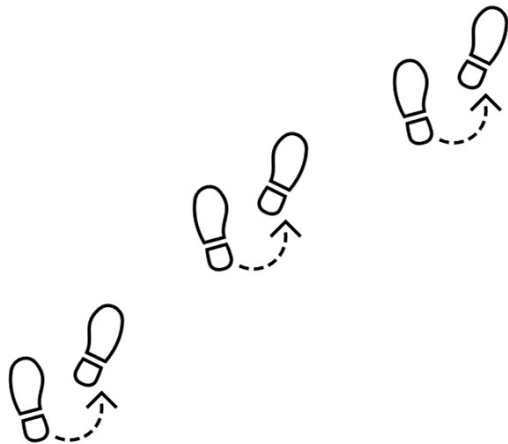
Click on provider information, Provider Manual

Toggle down to Durable Medical Equipment (DME) Manual

Chose Fee schedule

There you will find a list of items payable through Medicaid

Either in PDF or Excel



GAMMIS- DME Manual

Refresh session | You have approximately 18 minutes until your session will expire. Friday, October 22, 2021

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
 Web Portal Training Provider Education

★GAMMIS:Provider Manuals <- Bookmarkable Link 🚩 Click here for help and information about bookmarks

User Information ? ↕

Login/Manage Account [Login](#)

PDF Reader Required

NOTE: If you don't have a PDF reader already installed, Adobe Acrobat Reader is required to view these documents. [Click here](#) to obtain the latest version of the free Adobe Reader.

File Download Issues

Some users may have difficulty downloading files. Often this is caused by pop-up windows being blocked or by security settings in the browser. [Click here](#) for help with download issues.

ALL CATEGORIES

Provider Manuals (more than 150 available)

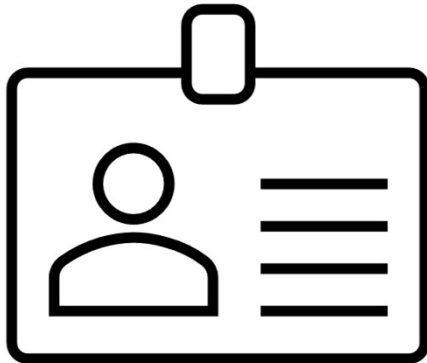
Title	File Type	Category	Size (KB)	Release Date
Adult Protective Services Targeted Case Management	PDF	CURRENT POLICY MANUALS	764.8	10/01/2021
Adults with Aids Targeted Case Management	PDF	CURRENT POLICY MANUALS	610.6	10/01/2021
Advanced Nurse Practitioner Services	PDF	CURRENT POLICY MANUALS	2196.5	10/01/2021
Ambulatory Surgical and Birthing Center Services	PDF	CURRENT POLICY MANUALS	858.8	10/01/2021
At Risk of Incarceration Targeted Case Management	PDF	CURRENT POLICY MANUALS	540.4	10/01/2021
Autism Spectrum Disorder Services	PDF	CURRENT POLICY MANUALS	1260.9	10/01/2021
Childbirth Education Program	PDF	CURRENT POLICY MANUALS	942	10/01/2021
Children's Intervention School Services	PDF	CURRENT POLICY MANUALS	1168.9	10/01/2021
Children's Intervention Services	PDF	CURRENT POLICY MANUALS	2837.7	10/01/2021
Community Based Alternatives for Youth	PDF	CURRENT POLICY MANUALS	790.6	10/01/2020
Community Behavioral Health Rehabilitation Services	PDF	CURRENT POLICY MANUALS	2406.8	10/01/2021
Comprehensive Supports Waiver Program and New Options Waiver Program	PDF	CURRENT POLICY MANUALS	2455.3	10/01/2021
Comprehensive Supports Waiver Program Chapters 1300-3600	PDF	CURRENT POLICY MANUALS	1400.8	10/01/2021
Dental Services	PDF	CURRENT POLICY MANUALS	906.6	10/01/2021
Diagnostic Screening and Preventive Services	PDF	CURRENT POLICY MANUALS	863.1	10/01/2021
Dialysis Services	PDF	CURRENT POLICY MANUALS	1267	10/01/2021
Durable Medical Equipment	PDF	CURRENT POLICY MANUALS	3858.9	10/01/2021
Early Intervention Case Management	PDF	CURRENT POLICY MANUALS	798.6	10/01/2021
EDWP - CCSP and SOURCE Adult Day Health Services	PDF	CURRENT POLICY MANUALS	613.4	10/01/2021
EDWP - CCSP and SOURCE Alternative Living Services	PDF	CURRENT POLICY MANUALS	794.3	10/01/2021

[LINK](#)

[Provider Manuals \(georgia.gov\)](#)



Contact Information



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Lifeline Wireless Program Resource

Ali Levenson

Chief Customer Officer
Pulsewrx, Inc

Kristen McCalla

Director of Marketing
Pulsewrx, Inc



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Georgia Lifeline Wireless Program: DBHDD Provider Meeting

November 2021

Presented by  pulsewrx

Agenda

Introducing the Georgia Lifeline Program

Improving Accessibility to the Lifeline Program

The Process: Member Enrollment

Lifeline Program & EVV Mandate

The Georgia Lifeline Program





- Who We Are:
 - We've built a purposeful collaboration to improve accessibility and connectivity among Georgia's Medicaid population via the Lifeline Program.
- The Lifeline Program:
 - The Lifeline Program is a long-standing initiative to bring phone connectivity and broadband access to low-income populations, including all Medicaid members.
- Our Approach:
 - For the first time, our grassroots approach leverages trusted, local sources to deliver an accessible enrollment process with a premier broadband offering.
- Importance of this Program:
 - Today, lack of access to the internet and digital technologies equates to lack of access to health care and health information.
 - The COVID-19 pandemic has exacerbated the need for connectivity.
- What We've Learned To-Date:
 - An institutional process is key for successful enrollment; challenges are too high for member self-enrollment without support.







Improved Process for Ease of Enrollment

The combination of our streamlined enrollment process and your support in generating awareness and understanding of the Lifeline program during in-person visits with Medicaid members will eliminate historical barriers to entry.

Historical Barriers

-  Intermittent access to technology for Lifeline enrollment or inaccessibility of visiting a wireless store
-  Mismatch of information in Medicaid member's file and National Verifier
-  Confusion around required documentation/document upload
-  Unacceptable Lifeline plans (talk, text, and data)

Our Grassroots Approach

-  Awareness of/enrollment in program during in-person Medicaid visits
-  Interaction only with trusted Medicaid contacts
-  No need to upload documentation
-  Provider/Case Manager has Medicaid file to confirm members' PII during enrollment

Step 1: A Grassroots Introduction

Step 1: Introducing the Benefit

When: During any member touchpoint

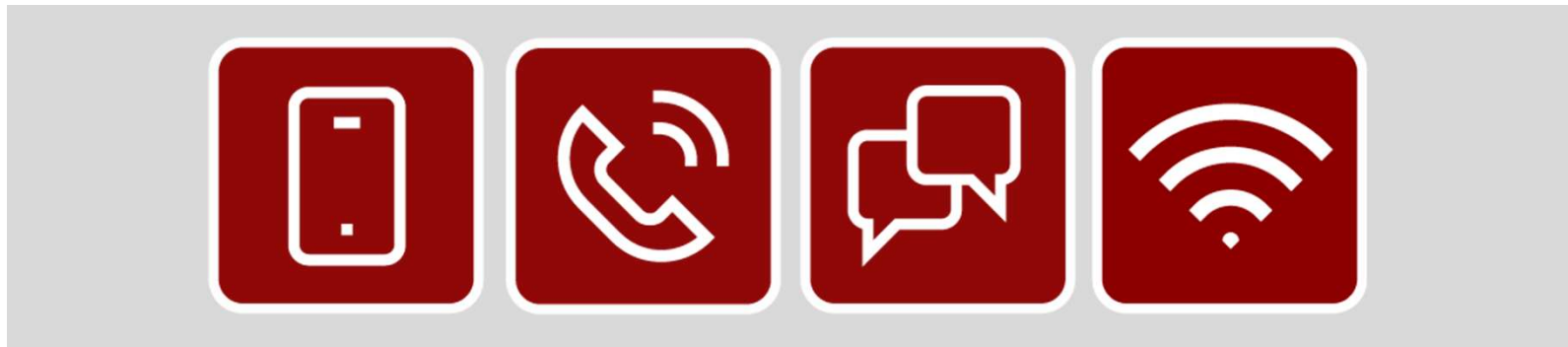
Where: Wherever the in-person visit takes place

How: Asking the Medicaid member the following sample questions:

- Are you or anyone in your family enrolled in the Lifeline Assistance Wireless Program?
- Are you aware you qualify for this FREE Federal benefit that provides you with a free smartphone which includes unlimited talk, text, and a data plan?
- Did you know you can switch to this plan even if you have a smartphone for uninterrupted connectivity without worrying about missed payments?

Step 1 (Cont.): Premier Lifeline Offering

Our unique Lifeline offering gives members a comprehensive plan that enables long-term connectivity with family & friends, health care, access to governmental resources and more.



Members will receive a *free* smartphone, including *unlimited* minutes and text, and data plan*.

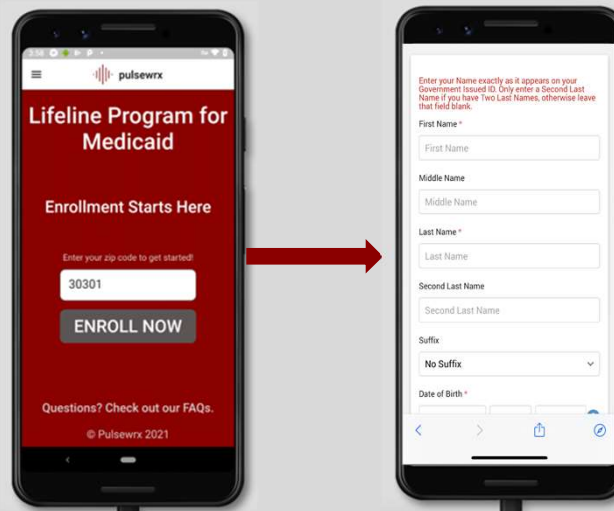
Step 2: Two Enrollment Options

1. Online Enrollment at GALifeline.com



The screenshot shows the Georgia Lifeline website's sign-up page. On the left, a banner reads "Georgia Medicaid Recipients Qualify for a Free Smartphone and Monthly Service" with a "SIGN UP TODAY!" button. Below this, a form asks for a "Zip Code" and a "START APPLICATION" button. On the right, a "Personal Info" form is shown with fields for First Name, Middle Name, Last Name, Second Last Name, Suffix, State of Birth, Social Security Number, Contact Phone Number, and Residence Address. A red arrow points from the sign-up banner to the personal info form.

2. Mobile App to Website Browser



The image shows two smartphone screens. The left screen displays the "Lifeline Program for Medicaid" app interface with a red background. It says "Enrollment Starts Here" and asks for a "zip code to get started!" with a text input field containing "30301" and an "ENROLL NOW" button. The right screen shows a white form with fields for "First Name", "Middle Name", "Last Name", "Second Last Name", "Suffix", and "Date of Birth". A red arrow points from the app screen to the browser form.

Unlike other Lifeline Wireless Program applications, Georgia members will *not* need to upload proof of eligibility unless they are not found in the National Verifier site (which most members are).

Confirming PII: National Verifier Profiles

Verify or create member profiles with the National Verifier

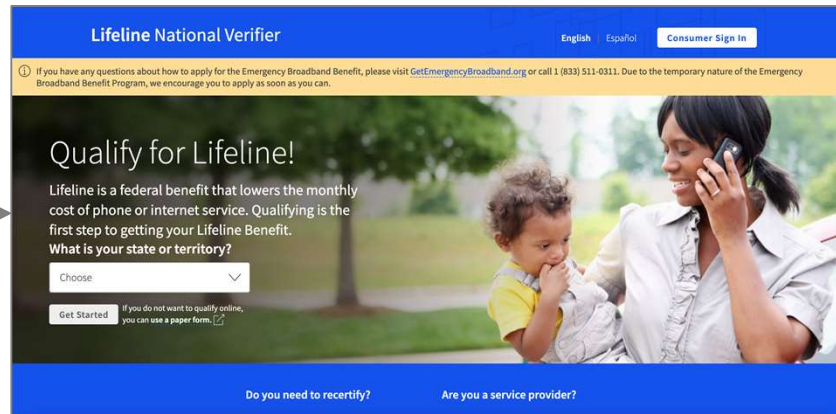
STEP 1: CONFIRM YOUR ELIGIBILITY



START HERE TO GET YOUR FREE PHONE!

Start by confirming your eligibility and personal information on the Lifeline National Verifier to get approved for the Lifeline Wireless Program. Then, return to step 2 to complete the application.

START HERE



The screenshot shows the Lifeline National Verifier website interface. At the top, there is a blue header with the text "Lifeline National Verifier" and navigation links for "English", "Español", and "Consumer Sign In". Below the header is a yellow banner with a warning icon and text: "If you have any questions about how to apply for the Emergency Broadband Benefit, please visit [GetEmergencyBroadband.org](https://www.fcc.gov/emergency-broadband-benefit) or call 1 (833) 511-0311. Due to the temporary nature of the Emergency Broadband Benefit Program, we encourage you to apply as soon as you can." The main content area has a dark background with the heading "Qualify for Lifeline!". Below this, there is a paragraph: "Lifeline is a federal benefit that lowers the monthly cost of phone or internet service. Qualifying is the first step to getting your Lifeline Benefit." This is followed by a form field labeled "What is your state or territory?" with a dropdown menu currently set to "Choose". Below the dropdown is a "Get Started" button with a small icon and text: "If you do not want to qualify online, you can use a paper form." At the bottom of the page, there are two questions: "Do you need to recertify?" and "Are you a service provider?".

Step 3: Critical Enrollment Tips

Enrollment approval is dependent upon the member's application information (name, address, etc.) **exactly** matching the member's information in the Medicaid database and National Verifier. **Providers should offer to confirm the PII in the member's Medicaid file with the information they enter in the application.**

Enter your Name exactly as it appears on your Government Issued ID. Only enter a Second Last Name if you have Two Last Names, otherwise leave that field blank.

First Name *

Middle Name

Last Name *

Second Last Name

Suffix

No Suffix

Date of Birth *

Must match residence address in Medicaid ID file (generally address used when applying for Medicaid)

Member should leave blank unless member has two last names.

Select if residence address has changed

Contact Phone Number

Phone Number

Residence Address *

APT/Floor/Other

City *

State

Georgia

Zip Code *

30301

My residential address is: *

Temporary


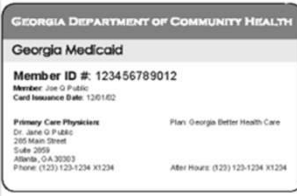


Permanent

Use another Shipping Address

Please, select a state or federal program you participate in: *

Step 3 (Cont.): Enrollment Tips

Please, select a state or federal program you participate in: *

 <p>Supplemental Nutrition Assistance Program</p> <p>Supplemental Nutrition Assistance Program (SNAP/Food Stamps/Food Assistance)</p> <p>SELECT</p>	 <p>Georgia Medicaid</p> <p>Member ID #: 123456789012</p> <p>Member: Joe Q Public Card Issuance Date: 12/01/02</p> <p>Primary Care Physicians: Plan: Georgia Better Health Care Dr. Jane Q Public 205 Main Street State 3050 Atlanta, GA 30303 Phone: (123) 123-1234 X1234 After Hours: (123) 123-1234 X1234</p> <p>Georgia Better Healthcare (Medicaid)</p> <p>SELECT</p>	 <p>Supplemental Security Income (SSI)</p> <p>SELECT</p>	 <p>SECTION 8 HOUSING</p> <p>Federal Public Housing Assistance (FPHA) or Section 8</p> <p>SELECT</p>
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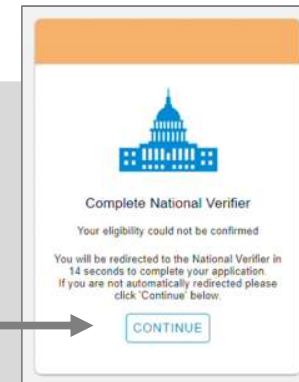
↓ [Click here for more programs.](#)

Member should select the Georgia Better Healthcare (Medicaid) Eligibility

The Process: Step 4

Step 4: Attestation & Confirmation

- Members must complete the National Verifier, attesting to final disclosures*
*This is in addition to the carrier terms & conditions
- Upon enrollment approval, members can expect their phones to arrive in 3-5 business days.
- Remind members to use their Lifeline phone at least once per month to keep the line active.



Lifeline Supports the Federal EVV Mandate

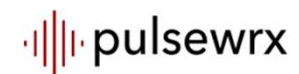
- This Lifeline benefit provides a reliable form of daily connectivity for Medicaid members, while also ensuring there is a modern cellphone with a cellular data plan in the household to transmit EVV data.
- Any data usage associated with the EVV application does not count toward members' monthly data allotment. By enrolling members in the Lifeline benefit, employees can easily verify visits, which ensures members continue to receive services.

Questions?



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Reach our team at
contact@pulsewrx.com



Incidents and Investigations Updates

Jennifer Rybak, MA, HLB

Director, Office of Incident
Management and Compliance

Terri Knight, RN, BSN, MPA

Director, Office of Investigations



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Incident Management and Investigations Workflow

Incidents reported in Image are reviewed by OIMC (HSRR/clinical review)

Referrals may be made to Region, SCA, IDD SMEs, etc.

Subset of ANE and Deaths are sent forward for investigation

OIS conducts investigations and identifies findings, if applicable

OIS conducts CAP Follow-up reviews

Deaths may be reviewed by CMRC

Providers asked to complete CAP Process

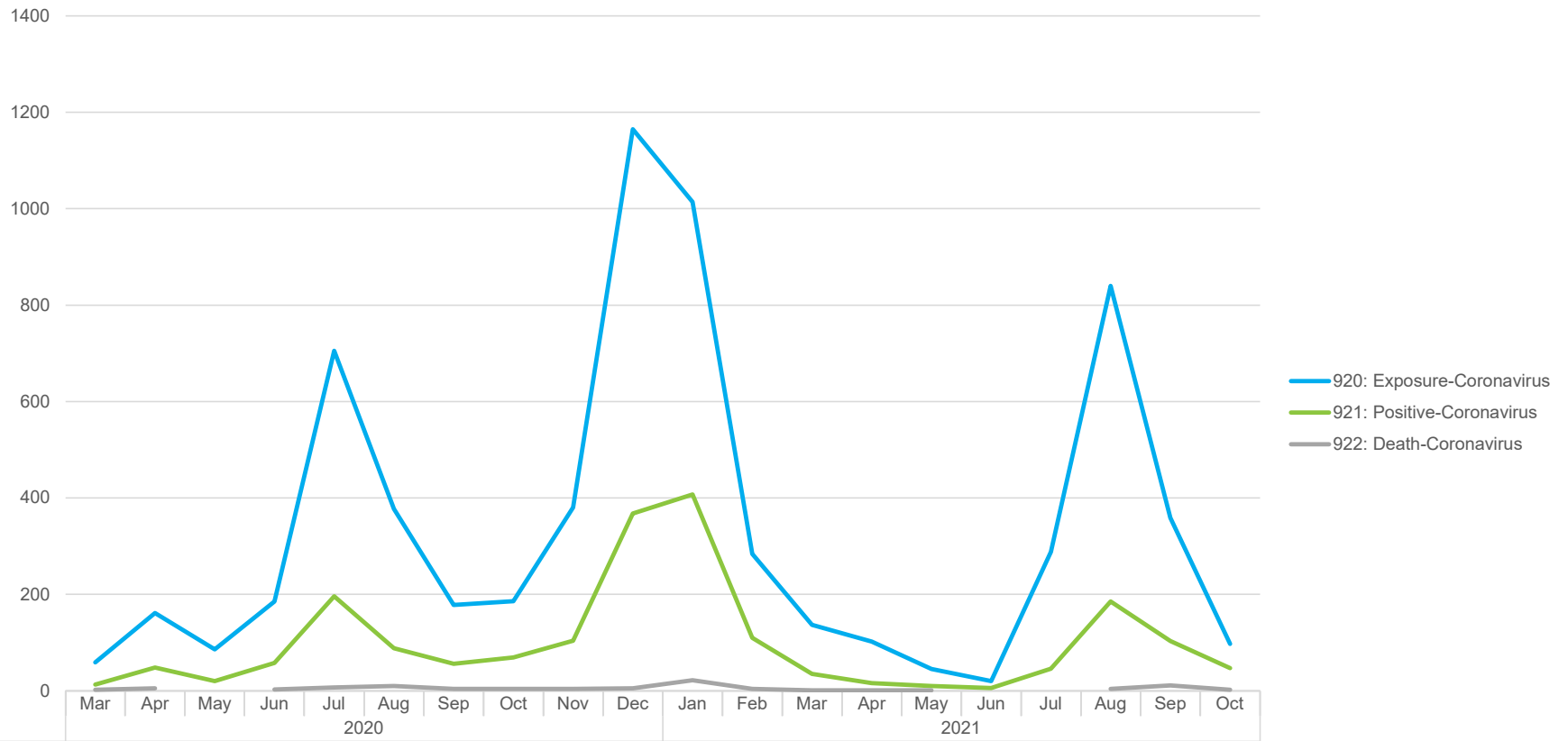
Definition of an Incident

“Any event that involves an immediate threat to the care, health or safety of any individual 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.”

COVID

- Report Exposures, Positives, and Deaths for all IDD individuals served
- Report staff Positives and Deaths for all staff, regardless of whether they work directly with individuals. Use Jane/John Doe and DOB to protect PHI.
- If you have reported someone as Exposed and you get the test results back from that exposure as Positive, email us (dbhddincidents@dbhdd.ga.gov or your IMA) and give us the IR number and person who tested positive and we will update the IR rather than have to start a new one

COVID Trends



	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
	2020										2021									
920: Exposure-Coronavirus	59	161	86	185	705	377	178	186	380	1165	1014	284	137	102	45	20	288	840	359	97
921: Positive-Coronavirus	13	48	20	58	196	88	56	69	104	368	407	110	35	16	10	6	46	185	103	47
922: Death-Coronavirus	2	5		3	7	10	4	4	4	5	22	4	1	1	1			4	11	2

Reminders

- 1 Incident Type Definitions can be found as Attachment A to Policy 04-106
- 2 Including all the relevant information in the IR helps things move faster and reduces back and forth between our office and your team
- 3 Remember to redact names of individuals and family. Staff names do not need to be redacted
- 4 Check the Provider Relations Learning Corner Newsletter for helpful information from the Office of Incident Management and Compliance and the Office of Investigations

Investigations Trends

Proxy Caregiving

When using proxy caregivers, three things are needed:

- ✓ Informed Consent
- ✓ Plan of Care
- ✓ Training (skills checklist)

Refer to HFRD Rules:

<https://dch.georgia.gov/division/offices/healthcare-facility-regulation/hfr-laws-regulations>

Healthcare Plans

Needs to be:

- ✓ Developed / Revised
- ✓ Implemented (followed)
- ✓ Trained
- ✓ Documented for any required tracking

Refer to DBHDD Policy 02-266

HRST

The HRST must be kept up-to-date by the designated provider as needed throughout the year, as outlined in the **Criteria for HRST Completion**.

Refer to DBHDD Policy 02-803

Investigations Trends

Medications

- ✓ Need copy of current prescription for medications
- ✓ Get medications from the pharmacy on time (within 24 hrs of receipt of the prescription or 24 hrs before a refill is needed)
- ✓ Follow the 8 Rights
- ✓ Use proxy caregivers when required

Refer to HFRD Rules:

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

Bowel Tracking

Use a form that includes all of the required elements

Follow any HCP in place

Refer to DBHDD Policy 02-266



Helpful Information

Check the Provider Relations Learning Corner Newsletter for helpful information about incidents, investigations, corrective action plans, and certification reviews.

OHW COVID Updates

Dana Scott, MSN, RN

Director Office of Health & Wellness,
Division of Disabilities



D·B·H·D·D

Georgia
Department of
Behavioral Health
& Developmental
Disabilities

New HRST Vaccinations Tab Launch 11/8/21

Dashboard Messages New Persons Served Ziggy Adams Providers Users Nursing Reports Help

About Me My Contacts Diagnoses Medications Vaccinations Ratings Support Team

Health Tracker Nursing Health Passport

My Vaccinations

Expand All Excel PDF

Show entries

Vaccine Name	Manufacturer	Date Administered	Complete
Coronavirus (COVID-19)...	Pfizer-BioNTech	06/01/2021	N
Influenza [Afluria Quadri...	Seqirus	08/03/2021	Y

Showing 1 to 2 of 2 entries Previous Next

New HRST Support Team Provider Assignment

The screenshot displays a user interface for a healthcare provider's support team. At the top, there is a navigation bar with several tabs: 'About Me', 'My Contacts', 'Diagnoses', 'Medications', 'Vaccinations', 'Ratings', and 'Support Team' (which is highlighted in green). Below this, there are three more tabs: 'Health Tracker', 'Nursing', and 'Health Passport'. The main heading is 'My Support Team', with sub-tabs for 'My Providers' (highlighted) and 'My Caseworkers'. Underneath, the section is titled 'Provider Agencies'. There are three filter buttons: 'All', 'Current', and 'Past'. A 'Show' dropdown is set to '10 entries'. At the bottom, a table header is visible with columns: 'Provider Name', 'Service', 'Start Date', and 'End Date'.

Navigation tabs: About Me, My Contacts, Diagnoses, Medications, Vaccinations, Ratings, Support Team

Secondary navigation: Health Tracker, Nursing, Health Passport

My Support Team

My Providers | My Caseworkers

Provider Agencies

Show: All | Current | Past

Show 10 entries

Provider Name	Service	Start Date	End Date
---------------	---------	------------	----------

The Provider highest in the HRST Hierarchy on the Prior Authorization will continue to be assigned from IDD Connects.

A second provider can now be assigned within the HRST based on Prior Authorization End Date. This was built to primarily address the need to allow the Nursing Service Provider access along with the CRA or CLS Provider to the Individual's Support Team.

If you are a Nursing Service Provider and need access in HRST to a person you serve, send the list to gasupport@replacingrisk.com .

HRST will verify you are an approved provider on the Prior Authorization and send review to DBHDD before granting access.

Please email karen.cawthon@dbhdd.ga.gov if you have questions.

Office of Health & Wellness Provider Training Announcements



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.

Bowel Management Policy

DBHDD Office of Health and Wellness would like to highlight the free interactive learning module for providers offered through the DBHDD Learning Portal focusing on the Bowel Management Policy. Please consider making this training available to any staff involved in the support of individuals in recognizing early signs and symptoms of disturbances in bowel function to avoid possible constipation that can lead to a bowel obstruction or an acute abdomen.

mLevel

Dangerous Mealtime Practices

A training for safe support of individuals with any type of difficulty swallowing

ACCESSING THROUGH DBHDD SITE

- Enter dbhdd.georgia.gov in your browser's address bar.
- Click on 'For Providers' in the blue banner across the top of the page.
- From the menu that appears, click on 'Improving Health Outcomes Collaborative Learning Center.'

Scanning QR Code



OHW eLearn Courses

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

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.

Launch of HRST User Dashboard



Regional Field Office Updates

Allen Morgan

Director of Field Operations



D·B·H·D·D

Georgia
Department of
Behavioral Health
& Developmental
Disabilities

An open calendar is shown from a top-down perspective, lying flat on a wooden surface. The calendar pages are white with a grid layout. The numbers 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, and 29 are visible in red ink. The text is overlaid in the center of the calendar pages.

Submitting Enhanced Supports
Requests to the Regional
Enhanced Support Mailbox.

Initial Submissions

Initial Requests must be submitted 30 to 45 days prior to the expected start date. Earlier submissions are acceptable.

Initial submissions within 60 days of a new ISP may result in additional questions from the Regional Field Office regarding the change in circumstance and the reason the additional staffing request was not addressed in the ISP.

Immediate Needs

Immediate and Critical Needs due to Changes in Condition and/or Changes in Circumstances can be addressed through policy 02-443.

Review the policy closely before considering this approach.

Additional Staffing approved through the Immediate and Critical process is TEMPORARY unless an AS request is submitted.

Renewal Submission Deadlines

Renewal Requests must be submitted 90 to 120 days prior to the expiration of the current authorization.

Most AS approvals expire on the individual's birthday and go for the year. This allows the provider as much as 275 days to prepare and submit a timely request.

It is the responsibility of the provider to track AS renewals. Regardless of how many you have, it is less than the single Utilization Manager at the Regional Field Office has to process.

Delays

- The Office of Field Operations takes responsibility for many issues with the Additional Staffing process, even back to the Exceptional Rate process.
- When a delay is a Regional Field Office or clinician issue, we make every effort to prevent negative impact on providers. This will continue to improve in the coming months.

Sources of Delay: Initial Review of Requests

- All submissions, whether complete, incomplete, necessary or unnecessary, must be reviewed by a Regional Utilization Manager. This is a time intensive process for a handful of staff with an increasing number of requests.
- We must work together to bring the volume of request down to a manageable level. DBHDD wants to provide the necessary support for those we serve together, but it is critical to be familiar with what is provided by tiered funding.
- DBHDD needs the assistance of all providers to eliminate:
 - Requests for staff already provided by an individual's tiered funding
 - Requests for AS when an individual does not have the service for which AS is being requested (yes – it happens)
 - Requests with missing, incomplete or raw behavioral data

Improving the Process

- Regional Utilization Managers will log and return incomplete requests quickly and with clear indication of what is missing; provider names and submitting staff will be noted. We hope that rapid return of these requests will help providers clearly understand the expectation and stop incomplete submissions.
- Regional Utilization Managers will log and return requests that do not meet minimum requirements, those that ask for staff already covered by tiered funding, and those deemed unnecessary for any other reason.
- Providers who continue to send incomplete or unnecessary submissions will be asked to repeat training.
- RSAs will schedule meetings with leadership of providers who continue to miss submission deadlines for renewals; steps to correct this problem will be expected and results will be tracked.

Adverse Action Letters

Adverse Action letters are sent to individuals or guardians, with email copy to the provider, when a clinical assessment results in a service reduction.

Regions will not reduce Prior Authorizations for Additional Staffing until the appeal period has passed or the appeal process is complete.

Adverse Action Letters

Adverse Action letters will also be sent to individuals or guardians, with email copy to the provider, when a provider fails to submit a renewal request.

This letter will include a statement explaining that (name of provider) failed to submit documentation and/or data required by the Federal Centers for Medicare/Medicaid Services, the Georgia Department of Community Health and DBHDD.

Adverse Action Letters

DO NOT rely upon this appeal process as an extension of the time to submit requests.

Appeals of reductions should follow the process outlined in the Adverse Action Letter. Do not contact the DBHDD clinicians directly to ask for another review or bring up other information to ask the clinician to change their AS recommendations.

Provider Meeting Q&A



A close-up photograph of several hands of different skin tones being held together in a supportive grip. The hands are positioned in the center-left of the frame, with fingers interlaced. The background is a soft, out-of-focus light brown color.

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities



D·B·H·D·D