

SUMMARY OF COVID-19 POLICY MODIFICATIONS

PERIOD COVERED - MARCH 26, 2020 TO JUNE 2, 2020

This summary of modifications is designed to guide the review of new and revised content published at <https://gadhbdd.policystat.com> as it relates to each iteration of the **COVID-19 2020: DBHDD Community Behavioral Health Services Policy Modifications** policy. This policy was instated during the COVID-19 coronavirus pandemic, while the State of Georgia declared a Public Health Emergency.

The responsibility for thorough review of the policy content remains with the Provider.

Policy Date	Policy Item #	Original Policy Impacted by the Modification	Summary of Modification
3/26/2020	1.	Criminal History Record Check for Individual Provider Applicants, 04-111	Partial suspension of fingerprinting requirements, including a one-page attestation – Attachment A.
	2.	Criminal History Record Check for Individual Provider Applicants, 04-111	Partial suspension of fingerprinting requirements, including a one-page attestation – Attachment B.
	3.	Payment by Individuals for Community Behavioral Health Services, 01-107	Partial suspension of the income verification requirements.
4/2/2020	1.	Criminal History Record Check for DBHDD Network Provider Applicants, 04-104	Additional language added to Section 1 items c and d, and new two page Attachment A added.
	2.	Criminal History Record Check for Individual Provider Applicants, 04-111	Additional language added to Section 2 items c and d, and new two-page Attachment B added.
4/8/2020	1.	Recruitment and Application to become a Provider of Behavioral Health Services, 01-111	Temporary suspension of the site visit requirement for behavioral health provider enrollment, Section 1 items a and b. Notification of the impact of non-attendance at Applicant Forum, Section 1 item c.
4/23/2020	2.	Criminal History Record Check for DBHDD Network Provider Applicants, 04-104	Period of time allowed for fingerprinting increased from 30 days to 60 days. Revised Attachment A.
	3.	Criminal History Record Check for Individual Provider Applicants, 04-111	Removal of this policy reference because it is not applicable to BH providers.

4/29/2020	1.	<p>Comprehensive Community Provider (CCP) Standards for Georgia's Tier 1 Behavioral Health Safety Net, 01-200</p> <p>Community Medicaid Provider (CMP) Standards for Georgia's Tier 2 Behavioral Health Services, 01-230</p> <p>Process for Reporting Compliance with Standards for Tier 1 Comprehensive Community Providers (CCPs), 01-225</p> <p>Process for Reporting Compliance with Standards for Tier 2 Community Medicaid Providers (CMPs), 01-249</p> <p>Process for Reporting Compliance with Standards for Tier 2 Community Medicaid Providers (CMP+), 01-249a</p> <p>Standards and Key Performance Indicators for Providers of Community Crisis Services, 01-270</p>	<p>The report due dates were extended to October 1, 2020 for safety net providers.</p> <p><i>*All attachments to the policy remain the same as the 4/23/2020 version.</i></p>
6/2/2020	3.	<p>Criminal History Record Check for DBHDD Network Provider Applicants, 04-104</p>	<p>This version reflects the continuation of delayed fingerprinting, if fingerprinting services are not available in the provider's area.</p>



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**Georgia Department
of Behavioral Health
& Developmental
Disabilities**

VERSION 1

**COVID-19 2020: DBHDD Community Behavioral Health Services
Policy Modifications**

EFFECTIVE 3/26/2020



Current Status: *Old*

PolicyStat ID: 7845537



Georgia Department
of Behavioral Health
& Developmental
Disabilities

Creation:	3/26/2020
Effective:	3/26/2020
Last Reviewed:	3/26/2020
Last Revision:	3/26/2020
Next Review:	9/22/2020

Owner: *Monica Johnson, MA, LPC:
Director, Division of Behavioral
Health*

Chapter: *Admin Issues for BH & DD
Services*

Sections:

COVID-19 2020: DBHDD Community Behavioral Health Services Policy Modifications - 3/26/2020

EFFECTIVE IMMEDIATELY

APPLICABILITY

DBHDD Providers of Community Behavioral Health Services

POLICY

In response to the continued transmission of COVID-19, where necessary new measures are in effect to minimize community spread of the virus, and to assist in the continued delivery of community behavioral health services.

Modifications as described in this policy refers to the restriction, enhancement, relaxation, and partial or full suspension of existing policies in PolicyStat, as applicable to the service. This policy includes full details of the alternate requirement(s) or procedures.

The following temporary modifications to the policies listed below are pertinent to community behavioral health services, effective immediately. Please refer to the full policy via the hyperlink, noting the alternate requirements applicable until further notice.

This policy will be updated as necessary. This policy remains in effect until the Governor of the State of Georgia lifts the Emergency Declaration.

1. A **partial suspension** of the fingerprinting requirement described in [Criminal History Record Check for DBHDD Network Provider Applicants, 04-104](#) as follows:
 - a. DBHDD's Provider Network must have each person subject to Policy 04-104 complete the "Network Provider Applicant Attestation," Attachment A to this policy, instead of completing the fingerprint based background check stipulated in Policy 04-104.
 - b. Within thirty (30) days of cessation of the Public Health Emergency, all persons who signed the Network Provider Applicant Attestation instead of completing the fingerprint

based background check must complete a fingerprint based background check as required by Policy 04-104. The provider is responsible for sending any person who signed the Network Provider Applicant Attestation for a fingerprint based background check.

- c. The provider is also responsible for sending to DBHDD's Criminal History Background Check (CHBC) Section each signed Network Provider Applicant Attestation, while retaining a copy in the applicant's personnel file. The Individual Assessment process set forth in section D of Policy 04-104 does not apply to persons who sign the Network Provider Applicant Attestation.

2. A **partial suspension** of the fingerprinting requirement described in [Criminal History Record Check for Individual Provider Applicants, 04-111](#) is permitted as follows:

- a. All applicants who are subject to Policy 04-111 must complete the "Individual Provider Attestation," Attachment B to this policy, instead of completing the fingerprint based background check documented in Policy 04-111.
- b. Within thirty (30) days of cessation of the Public Health Emergency, all applicants who signed the Individual Provider Attestation instead of completing the fingerprint based background check must complete a fingerprint based background check as required by Policy 04-111.
- c. DBHDD Provider Enrollment is responsible for sending to DBHDD's Criminal History Background Check (CHBC) Section all signed Individual Provider Attestations. The Individual Assessment process set forth in Part D of Policy 04-111 does not apply to applicants who sign the Individual Provider Attestation.

3. A **partial suspension** of the income verification requirements using tax returns, pay check stubs, verification of benefits from other federal or state agencies as stipulated in Sections B.3 and F.2 of [Payment by Individuals for Community Behavioral Health Services, 01-107](#) has been made as follows:

- a. For the period of the Public Health Emergency related to COVID-19, DBHDD waives the requirement for income verification to access state funded behavioral health services.
- b. Provider agencies are required to request attestation of income from individuals served and verify authenticity to the best of their ability.
 - i. If verification is unavailable due to resource constraints related to COVID-19, providers are required to note this in the record. At the end of the public health emergency, providers will be required to verify individuals income status within 90 days.

DBHDD sincerely appreciates your compliance with these measures throughout this Public Health Emergency.

Attachments

- [A - COVID-19 2020 - Attestation of Absence of Barrier Crimes Data.docx](#)
- [B - COVID-19 2020 - Attestation of Absence of Barrier Crimes Data.docx](#)

Approval Signatures

Approver	Date
Anne Akili, Psy.D.: Director, Policy Management	3/26/2020
Monica Johnson, MA, LPC: Director, Division of Behavioral Health	3/26/2020
Anne Akili, Psy.D.: Director, Policy Management	3/26/2020

OLD



Georgia Department of Behavioral Health & Developmental Disabilities

Judy Fitzgerald, Commissioner

Office of Enterprise Compliance

Two Peachtree Street, NW • 1st Floor • Atlanta, Georgia 30303-3142 • Telephone: 404-463-2507 • Fax: 770-359-5473

I, _____
Last Name First Name Middle Initial
Social Security No. Height Weight Eye color Hair Color
Date of Birth Sex Race
Street Address City State Zip

attest that I have not been convicted of nor have pending charges for any crime listed on Barrier Record Data (Attachment D of Criminal History Record Check for DBHDD Network Provider Applicants, 04-104, a copy of which has been provided to me).

I also attest that:

- 1. I am not currently on probation as a First Offender for a crime listed on Barrier Record Data (Attachment D);
2. I am not awaiting final disposition on charges for any crime referenced on the Barrier Record Data (Attachment D);
3. I do not knowingly have an outstanding warrant for any crime referenced on the Barrier Record Data (Attachment D);
4. I do not have a finding of guilty but mentally ill (GBMI) for any crime referenced on the Barrier Record Data (Attachment D);
5. I do not have a finding of guilty with intellectual disability (GWID) for any crime referenced on the Barrier Record Data (Attachment D); and
6. I do not have a finding of not guilty by reason of insanity (NGRI) for any crime referenced on the Barrier Record Data (Attachment D).
7. I do not have any convictions within the last 12 months.

This form serves as a contingency for employment. Within 30 days of the termination of the Public Health State of Emergency, I understand that I will be required to complete a fingerprint based background check and if any information stated hereon is found to be falsified or untrue, I could be deemed ineligible for continued employment by a DBHDD network provider. I also understand that prior to being fingerprinted, if any information stated hereon is discovered to have been falsified or is found to be untrue, I could be deemed ineligible for continued employment.

Signature

Date



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Signature

Date



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**Georgia Department
of Behavioral Health
& Developmental
Disabilities**

VERSION 2

**COVID-19 2020: DBHDD Community Behavioral Health Services
Policy Modifications**

EFFECTIVE 4/2/2020



Current Status: *Old*

PolicyStat ID: 7872870



Georgia Department
of Behavioral Health
& Developmental
Disabilities

Creation:	3/26/2020
Effective:	4/2/2020
Last Reviewed:	4/2/2020
Last Revision:	4/2/2020
Next Review:	9/29/2020

Owner: *Monica Johnson, MA, LPC:
Director, Division of Behavioral
Health*

Chapter: *Admin Issues for BH & DD
Services*

Sections:

COVID-19 2020: DBHDD Community Behavioral Health Services Policy Modifications - 4/2/2020

EFFECTIVE IMMEDIATELY

APPLICABILITY

DBHDD Providers of Community Behavioral Health Services

POLICY

In response to the continued transmission of COVID-19, where necessary new measures are in effect to minimize community spread of the virus, and to assist in the continued delivery of community behavioral health services.

Modifications as described in this policy refers to the restriction, enhancement, relaxation, and partial or full suspension of existing policies in PolicyStat, as applicable to the service. This policy includes full details of the alternate requirement(s) or procedures.

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This policy will be updated as necessary. This policy remains in effect until the Governor of the State of Georgia lifts the Emergency Declaration.

1. A **partial suspension** of the fingerprinting requirement described in [Criminal History Record Check for DBHDD Network Provider Applicants, 04-104](#) as follows:
 - a. DBHDD's Provider Network must have each person subject to Policy 04-104 complete the "Network Provider Applicant Attestation," Attachment A to this policy, instead of completing the fingerprint based background check stipulated in Policy 04-104.
 - b. Within thirty (30) days of cessation of the Public Health Emergency, all persons who signed the Network Provider Applicant Attestation instead of completing the fingerprint

based background check must complete a fingerprint based background check as required by Policy 04-104. The provider is responsible for sending any person who signed the Network Provider Applicant Attestation for a fingerprint based background check.

- c. The provider is also responsible for sending to DBHDD's Criminal History Background Check (CHBC) section each signed Network Provider Applicant Attestation, while retaining a copy in the applicant's personnel file. The provider must send the signed and dated Attestation to CHBC, and acknowledge receipt of an email from CHBC confirming acceptance of the Attestation, before the applicant begins working. The Individual Assessment process set forth in section D of Policy 04-104 does not apply to persons who sign the Network Provider Applicant Attestation.
- d. The Attestation cannot be used by Network Provider Applicants who were fingerprinted for a fingerprint- based background check within 30 days prior to the declaration of the Public Health Emergency.

2. A **partial suspension** of the fingerprinting requirement described in [Criminal History Record Check for Individual Provider Applicants, 04-111](#) is permitted as follows:

- a. All applicants who are subject to Policy 04-111 must complete the "Individual Provider Attestation," Attachment B to this policy, instead of completing the fingerprint based background check documented in Policy 04-111.
- b. Within thirty (30) days of cessation of the Public Health Emergency, all applicants who signed the Individual Provider Attestation instead of completing the fingerprint based background check must complete a fingerprint based background check as required by Policy 04-111.
- c. DBHDD Provider Enrollment is responsible for sending to DBHDD's Criminal History Background Check (CHBC) section all signed Individual Provider Attestations and for acknowledging receipt of an email from CHBC confirming acceptance of the Attestation, before the Individual Provider Applicant can be considered eligible. The Individual Assessment process set forth in Part D of Policy 04-111 does not apply to applicants who sign the Individual Provider Attestation.
- d. The Attestation cannot be used by Individual Provider Applicants who were fingerprinted for a fingerprint based background check within 30 days prior to the declaration of the Public Health Emergency.

3. A **partial suspension** of the income verification requirements using tax returns, pay check stubs, verification of benefits from other federal or state agencies as stipulated in Sections B.3 and F.2 of [Payment by Individuals for Community Behavioral Health Services, 01-107](#) has been made as follows:

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emergency, providers will be required to verify individuals income status within 90 days.

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Attachments

[A - COVID-19 2020 - Attestation of Absence of Barrier Crimes Data & Cover Letter.docx](#)

[B - COVID-19 2020 - Attestation of Absence of Barrier Crimes Data & Cover Letter.docx](#)

Approval Signatures

Approver	Date
Anne Akili, Psy.D.: Director, Policy Management	4/2/2020
Monica Johnson, MA, LPC: Director, Division of Behavioral Health	4/2/2020
Anne Akili, Psy.D.: Director, Policy Management	4/2/2020

OLD



Georgia Department of Behavioral Health & Developmental Disabilities

Judy Fitzgerald, Commissioner

Office of Enterprise Compliance

Two Peachtree Street, NW • 1st Floor • Atlanta, Georgia 30303-3142 • Telephone: 404-463-2507 • Fax: 770-359-5473

I, _____

_____	_____	_____	_____	_____
Last Name	First Name	Middle Initial		
_____	_____	_____	_____	_____
Social Security No.	Height	Weight	Eye color	Hair Color
_____	_____	_____	_____	_____
Date of Birth	Sex	Race		
_____	_____	_____	_____	_____
Street Address	City	State	Zip	

attest that I have not been convicted of nor have pending charges for any crime listed on Barrier Record Data (Attachment D of [Criminal History Record Check for DBHDD Network Provider Applicants, 04-104](#), a copy of which has been provided to me).

I also attest that:

1. I am not currently on probation as a First Offender for a crime listed on Barrier Record Data (Attachment D);
2. I am not awaiting final disposition on charges for any crime referenced on the Barrier Record Data (Attachment D);
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Signature

Date



Georgia Department of Behavioral Health & Developmental Disabilities

Judy Fitzgerald, Commissioner

Office of Enterprise Compliance

Two Peachtree Street, NW • 1st Floor • Atlanta, Georgia 30303-3142 • Telephone: 404-463-2507 • Fax: 770-359-5473

TO: DBHDD Provider Network
FROM: DBHDD Office of Enterprise Compliance
Criminal History Background Checks Section
RE: Policy No. 04-104 Attestation

Immediately after a person subject to Policy No. 04-104, as modified during the Public Health State of Emergency, completes the Attestation required under the modified policy, send the Attestation to CHBC by facsimile to (770) 359-1622, or via email at DBHDD-CRS@DBHDD.GA.GOV. with this Cover Sheet after completing the information required below:

Provider Name	_____
Name of Direct Contact	_____
Contact Phone Number	_____
Email address	_____

If you have questions, please contact our office at 404-463-2507 or 404-232-1641.



Georgia Department of Behavioral Health & Developmental Disabilities

Judy Fitzgerald, Commissioner

Office of Enterprise Compliance

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Last Name First Name Middle Initial
Social Security No. Height Weight Eye color Hair Color
Date of Birth Sex Race
Street Address City State Zip

attest that I have not been convicted of nor have pending charges for any crime listed on Barrier Record Data (Attachment D to DBHDD Policy 04-111, a copy of which has been provided to me).

I also attest that:

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Signature

Date



Georgia Department of Behavioral Health & Developmental Disabilities

Judy Fitzgerald, Commissioner

Office of Enterprise Compliance

Two Peachtree Street, NW • 1st Floor • Atlanta, Georgia 30303-3142 • Telephone: 404-463-2507 • Fax: 770-359-5473

TO: DBHDD Provider Network

FROM: DBHDD Office of Enterprise Compliance
Criminal History Background Checks Section

RE: Policy No. 04-104 Attestation

Immediately after a person subject to Policy No. 04-104, as modified during the Public Health State of Emergency, completes the Attestation required under the modified policy, send the Attestation to CHBC by facsimile to (770) 359-1622, or via email at DBHDD-CRS@DBHDD.GA.GOV, with this Cover Sheet after completing the information required below:

Provider Name

Name of Direct Contact

Contact Phone Number

Email address

If have questions, please contact our office at 404-463-2507 or 404-232-1641.



D·B·H·D·D

**Georgia Department
of Behavioral Health
& Developmental
Disabilities**

VERSION 3

**COVID-19 2020: DBHDD Community Behavioral Health Services
Policy Modifications**

EFFECTIVE 4/8/2020



Current Status: *Old*

PolicyStat ID: 7895302



Georgia Department
of Behavioral Health
& Developmental
Disabilities

Creation:	3/26/2020
Effective:	4/8/2020
Last Reviewed:	4/8/2020
Last Revision:	4/8/2020
Next Review:	10/5/2020

Owner: *Monica Johnson, MA, LPC:
Director, Division of Behavioral
Health*

Chapter: *Admin Issues for BH & DD
Services*

Sections:

COVID-19 2020: DBHDD Community Behavioral Health Services Policy Modifications - 4/8/2020

EFFECTIVE IMMEDIATELY

APPLICABILITY

DBHDD Providers of Community Behavioral Health Services

POLICY

In response to the continued transmission of COVID-19, where necessary new measures are in effect to minimize community spread of the virus, and to assist in the continued delivery of community behavioral health services.

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This policy will be updated as necessary. This policy remains in effect until the Governor of the State of Georgia lifts the Emergency Declaration.

1. **Temporary suspension** of the site visit requirement for behavioral health provider enrollment, per [Recruitment and Application to become a Provider of Behavioral Health Services, 01-111](#) are permitted as follows:
 - a. New Applicants
 - i. Site visits are currently suspended for new providers. Applications for new providers will remain in a pending status until site visits resume.
 - b. Existing Providers
 - i. Site visits for new sites are suspended. Site visits will be waived for existing

DBHDD approved providers applying for services at an existing approved site or a site that is currently licensed by Healthcare Facility Regulation (HFR). Pending applications that require a site visit and do not meet these criteria will remain in pending status until site visits resume.

c. Applicant Forum

- i. Applicants must have attended one of the two most recent BH Provider Enrollment Forums (held August 14, 2019 and December 11, 2019) to be eligible to submit a Letter of Intent (LOI) during this enrollment cycle. LOIs must be submitted to the Georgia Collaborative via email at GA_Enrollment@Beaconhealthoptions.com. LOIs submitted before May 1 or after May 31 will not be accepted or processed. LOIs submitted via USPS mail may experience delays in processing. It is highly recommended to submit LOIs via email.

2. A **partial suspension** of the fingerprinting requirement described in [Criminal History Record Check for DBHDD Network Provider Applicants, 04-104](#) as follows:

- a. DBHDD's Provider Network must have each person subject to Policy 04-104 complete the "Network Provider Applicant Attestation," Attachment A to this policy, instead of completing the fingerprint based background check stipulated in Policy 04-104.
- b. Within thirty (30) days of cessation of the Public Health Emergency, all persons who signed the Network Provider Applicant Attestation instead of completing the fingerprint based background check must complete a fingerprint based background check as required by Policy 04-104. The provider is responsible for sending any person who signed the Network Provider Applicant Attestation for a fingerprint based background check.
- c. The provider is also responsible for sending to DBHDD's Criminal History Background Check (CHBC) section each signed Network Provider Applicant Attestation, while retaining a copy in the applicant's personnel file. The provider must send the signed and dated Attestation to CHBC, and acknowledge receipt of an email from CHBC confirming acceptance of the Attestation, before the applicant begins working. The Individual Assessment process set forth in section D of Policy 04-104 does not apply to persons who sign the Network Provider Applicant Attestation.
- d. The Attestation cannot be used by Network Provider Applicants who were fingerprinted for a fingerprint- based background check within 30 days prior to the declaration of the Public Health Emergency.

3. A **partial suspension** of the fingerprinting requirement described in [Criminal History Record Check for Individual Provider Applicants, 04-111](#) is permitted as follows:

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Background Check (CHBC) section all signed Individual Provider Attestations and for acknowledging receipt of an email from CHBC confirming acceptance of the Attestation, before the Individual Provider Applicant can be considered eligible. The Individual Assessment process set forth in Part D of Policy 04-111 does not apply to applicants who sign the Individual Provider Attestation.

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4. A **partial suspension** of the income verification requirements using tax returns, pay check stubs, verification of benefits from other federal or state agencies as stipulated in Sections B.3 and F.2 of [Payment by Individuals for Community Behavioral Health Services, 01-107](#) has been made as follows:

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Approval Signatures

Approver	Date
Anne Akili, Psy.D.: Director, Policy Management	4/8/2020
Monica Johnson, MA, LPC: Director, Division of Behavioral Health	4/8/2020
Anne Akili, Psy.D.: Director, Policy Management	4/7/2020



Georgia Department of Behavioral Health & Developmental Disabilities

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Office of Enterprise Compliance

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Two Peachtree Street, NW • 1st Floor • Atlanta, Georgia 30303-3142 • Telephone: 404-463-2507 • Fax: 770-359-5473

TO: DBHDD Provider Network
FROM: DBHDD Office of Enterprise Compliance
Criminal History Background Checks Section
RE: Policy No. 04-104 Attestation

Immediately after a person subject to Policy No. 04-104, as modified during the Public Health State of Emergency, completes the Attestation required under the modified policy, send the Attestation to CHBC by facsimile to (770) 359-1622, or via email at DBHDD-CRS@DBHDD.GA.GOV. with this Cover Sheet after completing the information required below:

Provider Name	_____
Name of Direct Contact	_____
Contact Phone Number	_____
Email address	_____

If you have questions, please contact our office at 404-463-2507 or 404-232-1641.



Georgia Department of Behavioral Health & Developmental Disabilities

Judy Fitzgerald, Commissioner

Office of Enterprise Compliance

Two Peachtree Street, NW • 1st Floor • Atlanta, Georgia 30303-3142 • Telephone: 404-463-2507 • Fax: 770-359-5473

I, _____
Last Name First Name Middle Initial
Social Security No. Height Weight Eye color Hair Color
Date of Birth Sex Race
Street Address City State Zip

attest that I have not been convicted of nor have pending charges for any crime listed on Barrier Record Data (Attachment D to DBHDD Policy 04-111, a copy of which has been provided to me).

I also attest that:

- 1. I am not currently on probation as a First Offender for a crime listed on Barrier Record Data (Attachment D);
2. I am not awaiting final disposition on charges for any crime referenced on the Barrier Record Data (Attachment D);
3. I do not knowingly have an outstanding warrant for any crime referenced on the Barrier Record Data (Attachment D);
4. I do not have a finding of guilty but mentally ill (GBMI) for any crime referenced on the Barrier Record Data (Attachment D);
5. I do not have a finding of guilty with intellectual disability (GWID) for any crime referenced on the Barrier Record Data (Attachment D); and
6. I do not have a finding of not guilty by reason of insanity (NGRI) for any crime referenced on the Barrier Record Data (Attachment D).
7. I do not have any convictions within the last 12 months.

This form serves as a contingency for employment. Within 30 days of the termination of the Public Health State of Emergency, I understand that I will be required to complete a fingerprint based background check and if any information stated hereon is found to be falsified or untrue, I could be deemed ineligible to be an individual provider. I also understand that prior to that time if it is discovered that information stated hereon is falsified or found to be untrue, I could be deemed ineligible to be an individual provider.

Signature

Date



Georgia Department of Behavioral Health & Developmental Disabilities

Judy Fitzgerald, Commissioner

Office of Enterprise Compliance

Two Peachtree Street, NW • 1st Floor • Atlanta, Georgia 30303-3142 • Telephone: 404-463-2507 • Fax: 770-359-5473

TO: DBHDD Provider Network

FROM: DBHDD Office of Enterprise Compliance
Criminal History Background Checks Section

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D·B·H·D·D

**Georgia Department
of Behavioral Health
& Developmental
Disabilities**

VERSION 4

**COVID-19 2020: DBHDD Community Behavioral Health Services
Policy Modifications**

EFFECTIVE 4/23/2020



Current Status: *Old*

PolicyStat ID: 7969896



Georgia Department
of Behavioral Health
& Developmental
Disabilities

Creation:	3/26/2020
Effective:	4/23/2020
Last Reviewed:	4/23/2020
Last Revision:	4/23/2020
Next Review:	10/20/2020

Owner: *Monica Johnson, MA, LPC:
Director, Division of Behavioral
Health*

Chapter: *Admin Issues for BH & DD
Services*

Sections:

COVID-19 2020: DBHDD Community Behavioral Health Services Policy Modifications - 4/23/2020

EFFECTIVE IMMEDIATELY

APPLICABILITY

DBHDD Providers of Community Behavioral Health Services

POLICY

In response to the continued transmission of COVID-19, where necessary new measures are in effect to minimize community spread of the virus, and to assist in the continued delivery of community behavioral health services.

Modifications as described in this policy refers to the restriction, enhancement, relaxation, and partial or full suspension of existing policies in PolicyStat, as applicable to the service. This policy includes full details of the alternate requirement(s) or procedures.

The following temporary modifications to the policies listed below are pertinent to community behavioral health services, effective immediately. Please refer to the full policy via the hyperlink, noting the alternate requirements applicable until further notice.

This policy will be updated as necessary. This policy remains in effect until the Governor of the State of Georgia lifts the Emergency Declaration.

1. **Temporary suspension** of the site visit requirement for behavioral health provider enrollment, per [Recruitment and Application to become a Provider of Behavioral Health Services, 01-111](#) are permitted as follows:
 - a. New Applicants
 - i. Site visits are currently suspended for new providers. Applications for new providers will remain in a pending status until site visits resume.
 - b. Existing Providers
 - i. Site visits for new sites are suspended. Site visits will be waived for existing

DBHDD approved providers applying for services at an existing approved site or a site that is currently licensed by Healthcare Facility Regulation (HFR). Pending applications that require a site visit and do not meet these criteria will remain in pending status until site visits resume.

c. Applicant Forum

- i. Applicants must have attended one of the two most recent BH Provider Enrollment Forums (held August 14, 2019 and December 11, 2019) to be eligible to submit a Letter of Intent (LOI) during this enrollment cycle. LOIs must be submitted to the Georgia Collaborative via email at GA_Enrollment@Beaconhealthoptions.com. LOIs submitted before May 1 or after May 31 will not be accepted or processed. LOIs submitted via USPS mail may experience delays in processing. It is highly recommended to submit LOIs via email.

2. A **partial suspension** of the fingerprinting requirement described in [Criminal History Record Check for DBHDD Network Provider Applicants, 04-104](#) as follows:

- a. DBHDD's Provider Network must have each person subject to Policy 04-104 complete the "Network Provider Applicant Attestation," **Attachment A** to this policy, instead of completing the fingerprint based background check stipulated in Policy 04-104.
- b. Within sixty (60) days of cessation of the Public Health Emergency, all persons who signed the Network Provider Applicant Attestation instead of completing the fingerprint based background check must complete a fingerprint based background check as required by Policy 04-104. The provider is responsible for sending any person who signed the Network Provider Applicant Attestation for a fingerprint based background check.
- c. The provider is also responsible for sending to DBHDD's Criminal History Background Check (CHBC) section each signed Network Provider Applicant Attestation, while retaining a copy in the applicant's personnel file. The provider must send the signed and dated Attestation to CHBC, and acknowledge receipt of an email from CHBC confirming acceptance of the Attestation, before the applicant begins working. The Individual Assessment process set forth in section D of Policy 04-104 does not apply to persons who sign the Network Provider Applicant Attestation.
- d. The Attestation cannot be used by Network Provider Applicants who were fingerprinted for a fingerprint- based background check within sixty (60) days prior to the declaration of the Public Health Emergency.

3. A **partial suspension** of the income verification requirements using tax returns, pay check stubs, verification of benefits from other federal or state agencies as stipulated in Sections B.3 and F.2 of [Payment by Individuals for Community Behavioral Health Services, 01-107](#) has been made as follows:

- a. For the period of the Public Health Emergency related to COVID-19, DBHDD waives the requirement for income verification to access state funded behavioral health services.
- b. Provider agencies are required to request attestation of income from individuals served and verify authenticity to the best of their ability.
 - i. If verification is unavailable due to resource constraints related to COVID-19,

providers are required to note this in the record. At the end of the public health emergency, providers will be required to verify individuals income status within 90 days.

DBHDD sincerely appreciates your compliance with these measures throughout this Public Health Emergency.

Attachments

[A - COVID-19 2020 - Attestation of Absence of Barrier Crimes Data & Cover Letter 4/23/2020.docx](#)

Approval Signatures

Approver	Date
Anne Akili, Psy.D.: Director, Policy Management	4/23/2020
Monica Johnson, MA, LPC: Director, Division of Behavioral Health	4/23/2020
Anne Akili, Psy.D.: Director, Policy Management	4/23/2020

OLD



Georgia Department of Behavioral Health & Developmental Disabilities

Judy Fitzgerald, Commissioner

Office of Enterprise Compliance

Two Peachtree Street, NW • 1st Floor • Atlanta, Georgia 30303-3142 • Telephone: 404-463-2507 • Fax: 770-359-5473

I, _____

_____	_____	_____	_____	_____
Last Name	First Name	Middle Initial		
_____	_____	_____	_____	_____
Social Security No.	Height	Weight	Eye color	Hair Color
_____	_____	_____	_____	_____
Date of Birth	Sex	Race		
_____	_____	_____	_____	_____
Street Address	City	State	Zip	

attest that I have not been convicted of nor have pending charges for any crime listed on Barrier Record Data (Attachment D of [Criminal History Record Check for DBHDD Network Provider Applicants, 04-104](#), a copy of which has been provided to me).

I also attest that:

1. I am not currently on probation as a First Offender for a crime listed on Barrier Record Data (Attachment D);
2. I am not awaiting final disposition on charges for any crime referenced on the Barrier Record Data (Attachment D);
3. I do not knowingly have an outstanding warrant for any crime referenced on the Barrier Record Data (Attachment D);
4. I do not have a finding of guilty but mentally ill (GBMI) for any crime referenced on the Barrier Record Data (Attachment D);
5. I do not have a finding of guilty with intellectual disability (GWID) for any crime referenced on the Barrier Record Data (Attachment D); and
6. I do not have a finding of not guilty by reason of insanity (NGRI) for any crime referenced on the Barrier Record Data (Attachment D).
7. I do not have any convictions within the last 12 months.

This form serves as a contingency for employment. Within sixty (60) days of the termination of the Public Health State of Emergency, I understand that I will be required to complete a fingerprint based background check and if any information stated hereon is found to be falsified or untrue, I could be deemed ineligible for continued employment by a DBHDD network provider. I also understand that prior to being fingerprinted, if any information stated hereon is discovered to have been falsified or is found to be untrue, I could be deemed ineligible for continued employment.

Signature

Date



Georgia Department of Behavioral Health & Developmental Disabilities

Judy Fitzgerald, Commissioner

Office of Enterprise Compliance

Two Peachtree Street, NW • 1st Floor • Atlanta, Georgia 30303-3142 • Telephone: 404-463-2507 • Fax: 770-359-5473

TO: DBHDD Provider Network

FROM: DBHDD Office of Enterprise Compliance
Criminal History Background Checks Section

RE: Policy No. 04-104 Attestation

Immediately after a person subject to Policy No. 04-104, as modified during the Public Health State of Emergency, completes the Attestation required under the modified policy, send the Attestation to CHBC by facsimile to (770) 359-1622, or via email at DBHDD-CRS@DBHDD.GA.GOV. with this Cover Sheet after completing the information required below:

Provider Name _____

Name of Direct Contact _____

Contact Phone Number _____

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If you have questions, please contact our office at 404-463-2507 or 404-232-1641.



D·B·H·D·D

**Georgia Department
of Behavioral Health
& Developmental
Disabilities**

VERSION 5

**COVID-19 2020: DBHDD Community Behavioral Health Services
Policy Modifications**

EFFECTIVE 4/29/2020



Current Status: *Old*

PolicyStat ID: 7986889



Georgia Department
of Behavioral Health
& Developmental
Disabilities

Creation: 3/26/2020
Effective: 4/29/2020
Last Reviewed: 4/29/2020
Last Revision: 4/29/2020
Next Review: 10/26/2020

Owner: *Monica Johnson, MA, LPC:
Director, Division of Behavioral
Health*
Chapter: *Admin Issues for BH & DD
Services*

Sections:

COVID-19 2020: DBHDD Community Behavioral Health Services Policy Modifications - 4/29/2020

EFFECTIVE IMMEDIATELY

APPLICABILITY

DBHDD Providers of Community Behavioral Health Services

POLICY

In response to the continued transmission of COVID-19, where necessary new measures are in effect to minimize community spread of the virus, and to assist in the continued delivery of community behavioral health services.

Modifications as described in this policy refers to the restriction, enhancement, relaxation, and partial or full suspension of existing policies in PolicyStat, as applicable to the service. This policy includes full details of the alternate requirement(s) or procedures.

The following temporary modifications to the policies listed below are pertinent to community behavioral health services, effective immediately. Please refer to the full policy via the hyperlink, noting the alternate requirements applicable until further notice.

This policy will be updated as necessary. This policy remains in effect until the Governor of the State of Georgia lifts the Emergency Declaration.

1. Behavioral Health Providers categorized as Tier 1 or Tier 2 are required to adhere to standards and key performance indicators as outlined in [Comprehensive Community Provider \(CCP\) Standards for Georgia's Tier 1 Behavioral Health Safety Net, 01-200](#) and [Community Medicaid Provider \(CMP\) Standards for Georgia's Tier 2 Behavioral Health Services, 01-230](#). Due to the impact of the COVID-19 pandemic, DBHDD has delayed the reporting requirements outlined in [Process for Reporting Compliance with Standards for Tier 1 Comprehensive Community Providers \(CCPs\), 01-225](#), [Process for Reporting Compliance with Standards for Tier 2 Community Medicaid Providers \(CMPs\), 01-249](#), [Process for Reporting Compliance with Standards for Tier 2 Community Medicaid Providers](#)

[\(CMP+\), 01-249a](#), and [Standards and Key Performance Indicators for Providers of Community Crisis Services, 01-270](#). A **temporary relaxation** of the report due dates is permitted as follows:

a. Tier 1, Tier 2, Tier 2+, and Community Crisis Services

The reporting due date for the "Performance Monitoring Report" (PMR) has been extended to October 1, 2020. The reporting period will remain the same (July 1, 2019 – June 30, 2020). The PMR portal will open for providers September 1, 2020.

b. Tier 1

Activities related to community stakeholder surveys will be delayed and not initiated until the summer.

c. In the following reporting year the reporting schedule outlined in [01-225](#), [01-249](#), [01-249a](#), and [01-270](#) will resume.

2. **Temporary suspension** of the site visit requirement for behavioral health provider enrollment, per [Recruitment and Application to become a Provider of Behavioral Health Services, 01-111](#) are permitted as follows:

a. New Applicants

- i. Site visits are currently suspended for new providers. Applications for new providers will remain in a pending status until site visits resume.

b. Existing Providers

- i. Site visits for new sites are suspended. Site visits will be waived for existing DBHDD approved providers applying for services at an existing approved site or a site that is currently licensed by Healthcare Facility Regulation (HFR). Pending applications that require a site visit and do not meet these criteria will remain in pending status until site visits resume.

c. Applicant Forum

- i. Applicants must have attended one of the two most recent BH Provider Enrollment Forums (held August 14, 2019 and December 11, 2019) to be eligible to submit a Letter of Intent (LOI) during this enrollment cycle. LOIs must be submitted to the Georgia Collaborative via email at GA_Enrollment@Beaconhealthoptions.com. LOIs submitted before May 1 or after May 31 will not be accepted or processed. LOIs submitted via USPS mail may experience delays in processing. It is highly recommended to submit LOIs via email.

3. A **partial suspension** of the fingerprinting requirement described in [Criminal History Record Check for DBHDD Network Provider Applicants, 04-104](#) as follows:

- a. DBHDD's Provider Network must have each person subject to Policy 04-104 complete the "Network Provider Applicant Attestation," **Attachment A** to this policy, instead of completing the fingerprint based background check stipulated in Policy 04-104.
- b. Within sixty (60) days of cessation of the Public Health Emergency, all persons who signed the Network Provider Applicant Attestation instead of completing the fingerprint based background check must complete a fingerprint based background check as required by Policy 04-104. The provider is responsible for sending any person who signed the Network Provider Applicant Attestation for a fingerprint based background

check.

- c. The provider is also responsible for sending to DBHDD's Criminal History Background Check (CHBC) section each signed Network Provider Applicant Attestation, while retaining a copy in the applicant's personnel file. The provider must send the signed and dated Attestation to CHBC, and acknowledge receipt of an email from CHBC confirming acceptance of the Attestation, before the applicant begins working. The Individual Assessment process set forth in section D of Policy 04-104 does not apply to persons who sign the Network Provider Applicant Attestation.
 - d. The Attestation cannot be used by Network Provider Applicants who were fingerprinted for a fingerprint- based background check within sixty (60) days prior to the declaration of the Public Health Emergency.
4. A **partial suspension** of the income verification requirements using tax returns, pay check stubs, verification of benefits from other federal or state agencies as stipulated in Sections B.3 and F.2 of [Payment by Individuals for Community Behavioral Health Services, 01-107](#) has been made as follows:
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 - i. If verification is unavailable due to resource constraints related to COVID-19, providers are required to note this in the record. At the end of the public health emergency, providers will be required to verify individuals income status within 90 days.

DBHDD sincerely appreciates your compliance with these measures throughout this Public Health Emergency.

Attachments

[A - COVID-19 2020 - Attestation of Absence of Barrier Crimes Data & Cover Letter 4/23/2020.docx](#)

Approval Signatures

Approver	Date
Anne Akili, Psy.D.: Director, Policy Management	4/29/2020
Monica Johnson, MA, LPC: Director, Division of Behavioral Health	4/29/2020
Anne Akili, Psy.D.: Director, Policy Management	4/28/2020



D·B·H·D·D

**Georgia Department
of Behavioral Health
& Developmental
Disabilities**

VERSION 6

**COVID-19 2020: DBHDD Community Behavioral Health Services
Policy Modifications**

EFFECTIVE 6/2/2020



Current Status: *Old*

PolicyStat ID: 8126951



Georgia Department
of Behavioral Health
& Developmental
Disabilities

Creation: 3/26/2020
Effective: 6/2/2020
Last Reviewed: 6/2/2020
Last Revision: 6/2/2020
Next Review: 11/29/2020

Owner: *Monica Johnson, MA, LPC:
Director, Division of Behavioral
Health*

Chapter: *Admin Issues for BH & DD
Services*

Sections:

COVID-19 2020: DBHDD Community Behavioral Health Services Policy Modifications - 6/2/2020

EFFECTIVE IMMEDIATELY

APPLICABILITY

DBHDD Providers of Community Behavioral Health Services

POLICY

In response to the continued transmission of COVID-19, where necessary new measures are in effect to minimize community spread of the virus, and to assist in the continued delivery of community behavioral health services.

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3. A **partial suspension** of the fingerprinting requirement described in [Criminal History Record Check for DBHDD Network Provider Applicants, 04-104](#) is permitted as described below **only if fingerprinting services are not available in your area**:

- a. DBHDD's Provider Network must have each person subject to Policy 04-104 complete the "Network Provider Applicant Attestation," **Attachment A** to this policy, instead of completing the fingerprint based background check stipulated in Policy 04-104.
- b. Within sixty (60) days of cessation of the Public Health Emergency, all persons who signed the Network Provider Applicant Attestation instead of completing the fingerprint based background check must complete a fingerprint based background check as required by Policy 04-104. The provider is responsible for sending any person who

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Attachments

[A - COVID-19 2020 - Attestation of Absence of Barrier Crimes Data & Cover Letter 4/23/2020.docx](#)

Approval Signatures

Approver	Date
Anné Akili, Psy.D.: Director, Policy Management	6/2/2020
Monica Johnson, MA, LPC: Director, Division of Behavioral Health	6/2/2020

Approver	Date
Anné Akili, Psy.D.: Director, Policy Management	6/2/2020

OLD



Georgia Department of Behavioral Health & Developmental Disabilities

Judy Fitzgerald, Commissioner

Office of Enterprise Compliance

Two Peachtree Street, NW • 1st Floor • Atlanta, Georgia 30303-3142 • Telephone: 404-463-2507 • Fax: 770-359-5473

I, _____
Last Name First Name Middle Initial
Social Security No. Height Weight Eye color Hair Color
Date of Birth Sex Race
Street Address City State Zip

attest that I have not been convicted of nor have pending charges for any crime listed on Barrier Record Data (Attachment D of Criminal History Record Check for DBHDD Network Provider Applicants, 04-104, a copy of which has been provided to me).

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Signature

Date



Georgia Department of Behavioral Health & Developmental Disabilities

Judy Fitzgerald, Commissioner

Office of Enterprise Compliance

Two Peachtree Street, NW • 1st Floor • Atlanta, Georgia 30303-3142 • Telephone: 404-463-2507 • Fax: 770-359-5473

TO: DBHDD Provider Network

FROM: DBHDD Office of Enterprise Compliance
Criminal History Background Checks Section

RE: Policy No. 04-104 Attestation

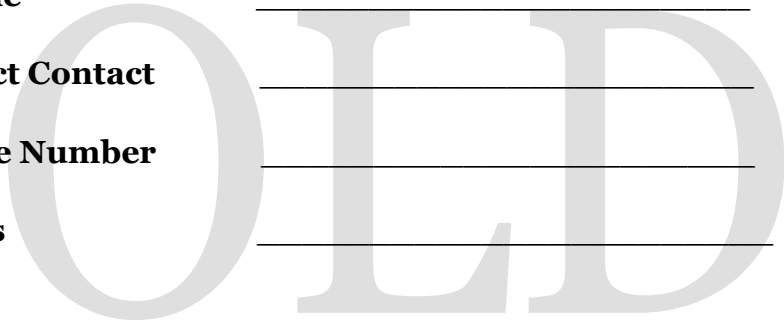
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