



# **Welcome DD Provider Open Enrollment Forum**

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

**June 2013**



# Presenters

**Judy Feimster, Director**

**Provider Network Management**

**Joe Coleman, Director**

**DD Transitions**

**Clint Trusty, Director**

**Behavior Supports**

**Genevieve McConico, Director**

**DD Provider Enrollment**

**Robert Dorr, Director**

**Internal Audits**

# Agenda Overview

- Opening
- DD Quality Transition Outcomes
- Behavioral Consultation Services
- DBHDD and Agency Obligations
- Steps to Success
- Process Review
- Residential Providers: Risk Management

# Department Obligations

**The Department needs a Provider Network with these characteristics:**

- **Strong business partners**
- **Experienced staff**
- **Experienced in delivering person centered supports**



# Agency Obligations

## Established Business Practices

- **Medicaid requirements for documentation and billing**
- **Infrastructure to meet these requirements and avoid fraud**

# Agency Obligations

## Capacity to serve

- Complex individuals
- Medically fragile individuals

## Safety systems to

- Recognize
- Monitor
- Provide quality services

# Agency Obligations

## Financial Capacity

- Accreditation
- Delayed reimbursement

# SUCCESS

**Does your agency have  
the elements necessary  
for SUCCESS?**



# Success

## 3 Absolute Components

- Strong Clinical Services and Supports
- Operational Management Processes
- Financial and Accounting Systems



# What does this mean?

## ***Clinical Services and Supports***

- **Who is your DDP?**
- **Who is your Director?**
- **Who is your Nurse?**
- **Are their functions and role defined?**

## ***Operational Management Processes***

- **What is your business plan?**
- **What is your organizational structure?**
- **Have you defined the job descriptions and roles of all staff including direct support?**

## **Operations.....**

- **Do you have policies and procedures?**
- **Who will manage the day to day operations and reporting?**
- **What is the agency's internal Quality Management process**

# **Financial and Accounting Systems**

- **What is your financial plan?**
- **Have you identified all of your assets and income as well as expenses?**
- **What are your goals for 1 year, 5 years, etc?**

# ***Financial and Accounting.....***

- **What are your marketing strategies?**
- **Does your agency have the financial depth for unexpected events?**

# ***Financial and Accounting.....***

- **Who is responsible for managing your business processes (income statements, balance sheets, reports)?**
- **Have you made provisions to manage your billing?**
- **How will you manage your payroll?**



# Questions and Comments





# Recruitment and Application to Become a Provider of DD Services

Georgia Department of Behavioral Health & Developmental Disabilities

<http://www.dbhdd.georgia.gov/>

June 13, 2013

# Overview

- **DD Enrollment and Application Policy**
  - **Open Enrollment**
  - **Pre Qualifiers: Letter of Intent**
  - **Timeline**
  - **HFR License Requirement**
  - **Application Process**
  - **Questions and Answers**

# Recruitment Cycles

- July 1-31
- January 1-31



# Pre-qualifiers for Potential Agency Providers

## Attachment A



# Cover Checklist

- All Required Letter of Intent (LOI) Pre-qualifiers
  - All items must be Submitted
  - Each Item must be Initialed

**NOTE: LOI is Closed if All Items Are Not Submitted**

# Agency Pre-qualifiers - Director

- **A bachelor's degree in a human service field**
- **Social work, psychology, education, nursing or closely related field**
- **Five years of service delivery experience to persons with developmental disabilities**
- **At least two of these years in a supervisory capacity; or**



# Agency Pre-qualifiers - Director

- **An associate degree**
- **Nursing, education or a related field**
- **Six years of service delivery experience to persons with developmental disabilities**
- **At least two of these years in a supervisory capacity.**





# Agency Pre-qualifiers - DDP

## DDP Designations

### FY 2013 Provider Manual

for

**Community Developmental Disabilities  
Providers, Part II, Section I, Community  
Service Standards for DD Providers**

[www.dbhdd.georgia.gov](http://www.dbhdd.georgia.gov)



# DDP Requirements

- Same individual may serve as agency director, nurse and/or DDP
- Employed by or under professional contract
- Oversees services and supports to Individuals
- Supervises formulation of Individual's plan
- Conducts functional assessments
- Supervises high intensity services

**Must sign DDP Attestation**

# Agency Pre-qualifiers - RN

- **Current license to practice as a Registered Nurse (RN) in the State of Georgia**
- **All agencies of residential services Required to contract or employ**

**Must sign Agency Nurse Attestation**

# Agency Pre-qualifiers

- Current Secretary of State registration
- Valid Business License or Permit for Site
- Organizational Chart (New requirement)

# Agency Pre-qualifiers

- Current applicable licenses or permits as required
  - Private Home Care license
  - Community Living Arrangement permit
  - RN/ LPN license
  - Specific Therapist license



# Letters of Reference

All Agency's must submit 3 Letters of Reference

- Signed
- Professional Letterhead
- One must be from an Entity that:
  - Confirms 1 year Experience
  - Confirms Same or Similar Type Services



# Letters of Reference

- Out-of-State providers
  - Submit a professional letter of reference from the State Director of Developmental Disabilities in their operating State(s)



# Fully Executed Contract

- Contract is with a Qualified Entity
- Identifies the Specific Services Delivered
- Specifies Numbers of Individuals Served
- Specifies Reimbursement Rate(s)
- Specifies Payment Method





# ENTITY

An entity is an organization (such as a business or governmental unit) that has an identity separate from those of its members. **Contracts with private individuals do not meet this definition of entity.**



# **Financial Requirements For ALL Agencies**

# Agency Pre-qualifiers - DD Financial Requirements – Non Profit

- Internal Revenue Service exempt status determination letters
- Internal Revenue Service exempt organization information returns (IRS Form 990)



# Pro-Forma Budget

- Required for all Agencies and All Services
- Must be Twelve-Month Projection
- Must Include All Revenues and Expenses
- Submitted as a Spreadsheet with an Annual Total for Each Line



# A 12-month pro-forma budget

## Expenses

- Employee salaries and benefit costs
- Facility costs - Rent and Utilities, etc.
- Food costs
- Transportation
- Other Administrative costs, etc.



# **A 12-month pro-forma budget**

## **Revenues**

- **Type(s) of Services**
- **Reimbursement Rates for service(s)**
- **Reflective of Number of Individuals Requested**
- **Individual Income if Applicable to Service**



# CRA Budget Requirements

- **Reflect the Number of Direct Support Staff**
- **Reflect the Number of Hours of Coverage per Month**
- **Include a Separate Monthly Staffing Schedule**
  - **Each staff schedule**
  - **Some hours of double coverage**



## Monthly Staff Schedule

Provider:

Site:

Month:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 A: B: C: D: E:	2 A: B: C: D: E:	3 A: B: C: D: E:	4 A: B: C: D: E:	5 A: B: C: D: E:	6 A: B: C: D: E:	7 A: B: C: D: E:
8 A: B: C: D: E:	9 A: B: C: D: E:	10 A: B: C: D: E:	11 A: B: C: D: E:	12 A: B: C: D: E:	13 A: B: C: D: E:	14 A: B: C: D: E:
15 A: B: C: D: E:	16 A: B: C: D: E:	17 A: B: C: D: E:	18 A: B: C: D: E:	19 A: B: C: D: E:	20 A: B: C: D: E:	21 A: B: C: D: E:
22 A: B: C: D: E:	23 A: B: C: D: E:	24 A: B: C: D: E:	25 A: B: C: D: E:	26 A: B: C: D: E:	27 A: B: C: D: E:	28 A: B: C: D: E:
29 A: B: C: D: E:	30 A: B: C: D: E:	31 A: B: C: D: E:				

**SAMPLE ONLY: Staff Totals NOTE THAT THE TOTALS MAY DIFFER**



# Agency Pre-qualifiers - DD Financial Requirements – **CRA ONLY**

- **Line of Credit**
- **Provided by a state or federally chartered lending institution**
- **Equivalent to 3 months of projected expenditures per the pro forma budget**
- **In the name of the Agency**

# Agency Pre-qualifiers - DD Financial Requirements – **CRA ONLY**

- **Line of Credit Submission**  
**AFTER**
- **Successful completion of the Letter of Intent and Pre-Qualifiers**

# Agency Pre-qualifiers - DD Financial Requirements – **CRA ONLY**

- **This Line of Credit maintained at all times**
  - **During the qualification process**
  - **During provision of services**
  - **Can be verified by DBHDD at any time**

# Agency Pre-qualifiers

The Department reserves the right to request any additional information deemed relevant to the qualification process.



# Pre-qualifiers for Potential Individual Providers



# Cover Checklist

Consists of all required LOI document Pre-qualifiers for  
Individuals

All applicable items on check list must be received

**LOI closed if all items not submitted**

# Individual Pre-qualifiers

- Individual Résumé
- Current Applicable License or Certification based on service(s)
- Transcripts of required hours of training or education
- Signed Attestation
- Explanation for any “Yes” responses on Professional General Liability form

# Individual Pre-qualifiers

**If not a licensed service, Individual providers must**

- provide the waiver service for at least one year through self-direction
- provide evidence of satisfactory performance of self-direction
- complete a national criminal background check, if successful, with LOI submission



# Individual Pre-qualifiers

See DBHDD policy

Criminal History Records Checks for  
Contractors, 04-104, available at

<https://gadbhdd.policystat.com/policy/201763/latest/>

# LOI and Pre-qualifiers

Submission of Pre-Qualifiers and  
LOI

# Important Dates and Postmarking

The Pre-qualifiers must

- Be date stamped, submitted and received within 31 calendar days of each recruitment cycle
- Arrive in hardcopy format in a notebook
- Be organized with each pre-qualifier section tabbed



# Important Dates and Postmarking

- Handwritten documents will NOT be accepted
- Pre-qualifiers not submitted as required will not be processed



DBHDD

# Important Dates and Postmarking

**LOI Information must be submitted to:**

**Office of Provider Network Management  
Department of Behavioral Health and  
Developmental Disabilities**

**2 Peachtree St., NW, Suite 23-247**

**Atlanta, GA 30303**



# Important Dates and Postmarking

All LOI information should be submitted  
via

US Postal Service certified

FedEx, or

UPS delivery

**NOTE: Hand delivered information will not be accepted.**

# Response to Pre Qualifiers and LOI

- Within 2 business days of receipt of the Pre-Qualifiers
  - PNM submits Notification of Receipt via Email
- Within 30 calendar days of receipt of the Pre-Qualifiers
  - PNM Responds:
    - Status report - or -
    - Notice of Closure



# Response to Pre Qualifiers and LOI

## If Deficiencies Exist

- PNM Submits a Status Report
- Agency Allowed 1 Opportunity for Corrections
- Agency Required to Respond within 5 Business Days



# Response to Pre Qualifiers and LOI

**Email is the Department's Main form of Communication**

**Applicants are Responsible for:**

- **Submitting a valid email address**
- **Routinely checking account**
- **Ensure that emails from DBHDD are not directed to the "Spam" account**
- **Upon receipt of email to confirm response**

# Response to Pre Qualifiers and LOI

- **Within 15 business days of receipt of these additional documents, PNM will inform the applicant of the status of their information.**



# Response to Pre Qualifiers and LOI

- **If the Pre-Qualifiers are complete, the provider will receive an Invitation Letter to apply**
- **If the pre-qualifiers are not complete, the applicant will be informed the LOI is closed**



# Response to Pre Qualifiers and LOI

Providers that are extended an Invitation Letter, will include the following:

- DBHDD Application
- DBHDD Application User's Guide
- DCH (Medicaid) Application packet
- **DD Services New Site Inspection Checklist (Attachment C)**

# Application Submission

The DBHDD Application and Medicaid Application packet must be submitted within 30 calendar days of the Invitation Letter date.

Applications, for both licensed and non-licensed services, will be reviewed but will not be completed until all required licenses are submitted.

# Application Submission

Applicants requesting a licensed service will be allowed 6 months from the date of LOI Completion to submit the license, if not previously submitted. *Applications must be submitted within 30 days.*

Applications received postmarked after this specified time will not be processed.



# Application Submission

- Completed Applications must be submitted to:

Office of Provider Network Management  
Department of Behavioral Health &  
Developmental Disabilities  
Suite 23-247  
2 Peachtree Street. NW  
Atlanta, Georgia 30303

# DBHDD's Response to Application

- Within 2 business days of receipt of the application
  - PNM sends email notification to contact
  - assigned tracking number



# DBHDD's Response to Application

- Within 15 business days of receipt of application
- PNM sends email notification to contact
- Status Report of all deficiencies

# Applicant's Response

- Within 5 business days from the date of the Status Report
  - Applicant must to submit the corrections  
via
    - US Postal Service certified return receipt mail
    - FedEx
    - UPS

# DBHDD's Response to Application

- Within 5 business days of receipt of the corrections
  - PNM will submit notification via email
  - Notifying the agency of the completion of the review
  - Simultaneously, PNM will forward the DCH application to DCH for their final review and recommendation

# DBHDD's Response to Application

- Incomplete applications  
and
- Those not received within the correction period
- Are Closed
- Notification sent to the Department of Community Health



# DCH's Response to Application

- DCH submits formal notification
  - Outlines decision and next steps
- If approved:
  - A Provider Number is Issued
  - If Denied, Next steps are advised

# DBHDD's Response to Application

## Upon Approval Notification

PNM notifies the DBHDD Office of Financial Services (Contracts) requesting the generation of a Letter of Agreement.

Services may not be provided without a Executed Letter of Agreement. All services must receive Prior Authorization (PA) from the Regional Offices.

Regional Offices hold Provider meeting each month and it is expected that providers will attend regularly.

# Additional Services and/or Sites

- Provider agency may not add additional services or sites after the initial approval until they have completed the following:
  - Provided a minimum of twelve (12) months of services approved in their initial application,
  - AND**
  - Have successfully achieved complete compliance with the Community Standards Quality Review or Accreditation.



# Know Your Resources



# Websites

- [www.dbhdd.georgia.gov](http://www.dbhdd.georgia.gov)
- [www.mmis.georgia.gov](http://www.mmis.georgia.gov)
- [www.dch.georgia.gov](http://www.dch.georgia.gov)







# Regional Offices



# Regional Contacts

## **Region 1**

RC – **Charles Fetner**  
RSA – **Ronald Wakefield**  
705 North Division Street  
Rome, Georgia 30165  
Phone – (706) 802-5272

## **Region 2**

RC – **Audrey Sumner**  
RSA – **Karla Brown**  
3405 Mike Padgett Highway, Building 3  
Augusta, GA 30906  
Phone – (706) 792-7733

## **Region 3**

RC – **Lynn Copeland**  
RSA – **Lorraine Brooks**  
100 Crescent Centre Parkway, Suite 900  
Tucker, GA 30084  
Phone – (770) 414-3052

## **Region 4**

RC – **Ken Brandon**  
RSA – **Michael Bee**  
400 S. Pinetree Boulevard  
Thomasville, GA 31792  
Phone – (229) 225-5099

## **Region 5**

RC – **Charles Ringling**  
Acting RSA – **Stephanie Stewart**  
1915 Eisenhower Drive, Building 2  
Savannah, GA 31406  
Phone – (912) 303-1670

## **Region 6**

RC – **Leland Johnson**  
Acting RSA – **Valona Baldwin**  
3000 Schatulga Road  
Columbus, Georgia 31907-2435  
Phone – (706) 565-7835

# Reference Materials

- Department of Behavioral Health and Developmental Disabilities – Provider Information – Provider Toolkit
  - [www.dbhdd.georgia.gov](http://www.dbhdd.georgia.gov)
- Georgia Department of Community Health/Georgia Health Partnership – Georgia Web Portal
  - [www.mmis.georgia.gov](http://www.mmis.georgia.gov)
- Healthcare Facility Regulation – Licensing Body
  - [www.dch.georgia.gov](http://www.dch.georgia.gov)
- Small Business Administration
  - [www.sba.gov/localresources/district/ga/index.html](http://www.sba.gov/localresources/district/ga/index.html)
- Score/Small Business Mentoring and Training
  - [www.score.org/index.html](http://www.score.org/index.html)



# Contact Information

Provider Enrollment Unit:

[mhddad-serviceapps@dbhdd.ga.gov](mailto:mhddad-serviceapps@dbhdd.ga.gov)

# Questions and Comments





# RISKS





# Budget

## Identify Fixed Costs

- Rent / Mortgage
- Insurance
- Utilities
- Licenses / Permits
- Equipment / Furnishings
- Supplies
- Other?

# Budget

Identify Variable Costs

***Across possible # of consumers served***  
(Generally 1-4)

Staffing Expense – Detail

- Show wages and fringes
- Training costs
- Insurance / Bonding
- Other ?



# Budget

Identify Variable Costs

***Across possible # of consumers served***  
(Generally 1-4)

For-Profit

- Taxes
- Owner's Draw

Not-For-Profit

- Salaries / Taxes



# Budget

Identify Variable Costs

***Across possible # of consumers served***

Other Expenses

- Food and supplies
- Transportation
- Consumer spending
- Other ?



# Budget

Identify Variable Costs

***Across possible # of consumers served***

Show **ALL** expected revenues

- Social Security
- Medicaid
- Wages, pensions, family support
- Other ?



- Has this applicant demonstrated an awareness of the financial risks involved in becoming a Provider?
- Has this applicant demonstrated an understanding of the full costs involved in becoming a Provider?
- Has the applicant submitted a budget which appears to be adequate to support the expected levels of care?



- Has this applicant demonstrated that they have planned adequately for contingencies?
- Does the overall financial presentation reflect a reasonably robust fiscal outcome to suggest ongoing viability at the required service / care level ?
- Does the overall financial presentation suggest adequate management skill and experience?