

Division of Developmental Disabilities

New Options Waiver (NOW) Program Ready Reference Provider Guide



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FORWARD

The ***New Options Waiver Program*** is a (federal) Medicaid Home and Community-Based Services (HCBS) waiver program authorized in Section (§) 1915(c) of the Social Security Act. The Centers for Medicare & Medicaid Services (CMS), a federal agency, approved and provides oversight of NOW. The State of Georgia, Department of Behavioral Health and Developmental Disabilities (DBHDD), Division of Developmental Disabilities (DDD) implements the NOW Program as approved by CMS.

By design, Home and Community-Based Services waivers, particularly the NOW, provide an array of services and supports that enable persons with developmental disabilities to live in the community and in their own/family home. These services and supports address the needs of the individual and, as intended, complement and/or supplement the services available to participants through the Medicaid State plan and other federal, state and local public programs.

The ***New Options Waiver Program*** includes a variety of service delivery options from which individuals and families can choose the most appropriate method to meet their respective needs. Detailed information relative to service specifications, provider types and qualifications, covered and non-covered services, and basis for reimbursements under the NOW can be found on the Department of Community Health's (State Medicaid Agency) website: www.ghp.georgia.gov under the 'Provider Information' tab.

I NTRODUCTION

The Medicaid Home and Community-Based Services (HCBS) waiver program is authorized in §1915(c) Social Security Act. The program allows the State of Georgia (through its qualified providers) to deliver an array of home and community-based services. The services provided make it easier for Medicaid beneficiaries to live in their community. The State has broad discretion to design its waiver program to address the needs of the waiver's target population. Waiver benefits complement and/or supplement the services available to participants through the Medicaid State plan and other federal, state and local public programs. The waiver also benefits the supports that families and communities provide.

The Centers for Medicare & Medicaid Services (CMS) recognize that the design and operational features of a waiver program will vary depending on the specific needs of the target population, the resources available to the state, service delivery system structure, state goals and objectives, and other factors. A state has the latitude to design a waiver program that is cost-effective and employs a variety of service delivery approaches, including participant direction of services.

The purpose of this ready reference guide is to serve as a collaborative and supportive guide to the New Options Waiver policy manual. The ready reference guide is intended to be a reference tool providing concise information, quick answers to broad questions, and commonly used resource information to current service providers. The guide includes a definition of the waiver, how the waiver is implemented, and a summary of services and specifications. The guide also includes a useful provider crosswalk comparing the new, different, and expanded services of the new NOW waiver, to the old waiver services formerly known as MRWP (Mental Retardation Waiver Program services).

The information is being provided in this format to assist you in understanding the complexities of the waiver policy manual. However, please note, this ready reference is not a replacement for the manual. For more detailed information, you are encouraged to reference the policy manual, or contact your Department of Human Resource representative for more detailed information and clarification.

WHAT IS THE NEW OPTIONS WAIVER (NOW)?

The New Options Waiver (NOW) Program represents Georgia's continuous commitment to improve home and community-based services for persons with developmental disabilities. Individuals eligible for NOW services and supports live with family members or in their own home.

The New Options Waiver provides:

- ✓ Services and supports for individuals with less intense and urgent needs than out-of-home residential treatment to live safely in the community.
- ✓ Supports for community connection building and participant direction
- ✓ Significant support coordination services to participants and their families.
- ✓ A participant-centered assessment process to determine individual support needs
- ✓ An Individual Service Plan to address the needs of the individual and their family
- ✓ An individual budget and a simplified individual budget process that increases flexibility in service delivery to meet individual needs, including a process for interim modifications to the budget
- ✓ Significant safeguards for participants and families to ensure the delivery of quality services and supports; and the use of qualified service providers

Service Delivery Methods: All NOW program participants have two options for receiving services. Participants may choose the provider managed (traditional) service delivery option, or opt to self direct allowable waiver services under the Participant-Direction Option. Both of these methods give the participant and the family member's flexibility, choice and control over the delivery of NOW waiver services.

Implementation: The Department of Behavioral Health and Developmental Disabilities (BHDD), Division of Developmental Disabilities implements the waiver and oversees day-to-day operations of the waiver. The Department of Community Health (DCH) is the State Medicaid Agency and has oversight of the waiver.

DBHDD, the operating agency, is responsible for participant/individual needs assessments, level of care (LOC) determinations, Intake and Evaluation of current and potential waiver recipients, and the assignment of support coordination services and support. The Department also manages provider enrollment, certification and approvals, in conjunction with DCH, the State Medicaid Agency.

DCH is responsible for the reimbursement of all Medicaid providers. All waiver participant services require prior approval (PA) by MHDDAD. The PA must be entered into the Medicaid Management Information System. All claims pay according to what is on the waiver participant's approved PA. Edits are programmed into the system to control the amount and frequency a provider can be reimbursed for a specified service.

HOW DOES ONE BECOME A MEDICAID AND/OR DD PROVIDER?

The State Medicaid Agency (DCH) reviews and approves all providers authorized to render services under the NOW Program. . DBHDD is responsible for the initial screening and site visit when required for providers submitting an application. In addition, BHDD verifies that the applicant meets all criteria according to Medicaid policies and procedures and submits to the DCH (Department of Community Health) Medicaid Program Specialist, a copy of all applications, other required documents, and a recommendation to approve or deny the application.

Upon Medicaid approval, the DCH Medicaid Program Specialist authorizes the assignment of a Medicaid provider number and rates for services. Denied applications may be returned to BHDD for further review or Medicaid will send a letter of denial to the applicant with rights to appeal if in agreement with DHR's decision to deny provider enrollment. Medicaid provides the right of appeal to all denied applicants.

Medicaid monitors the care and safety of the consumers. BHDD must contact the Medicaid agency within 24 hours of any incident of abuse, neglect or death. BHDD must submit any report or suspected report of abuse or neglect to the Medicaid agency and provide an investigation report, the results of the investigation and any corrective action plans as needed. Medicaid's Program Integrity (PI) Unit is also notified and will investigate depending on the severity of the abuse or neglect and /or if law enforcement is involved. Copies of all final investigations are also provided to Medicaid and BHDD. Medicaid, in conjunction with BHDD, reviews the PI reports and follows up with BHDD on the status of all corrective action plans. Medicaid's Program Integrity Unit can be requested to conduct further investigations when needed. BHDD provides DCH a quarterly report that includes a list of all consumer deaths. The report includes the date of the death, member identifying information, and cause of death.

Medicaid is responsible for the reimbursement of all Medicaid providers. All participant services require prior approval (PA) by BHDD. The PA must be entered into the Medicaid MIS. All claims pay according to what is on the participant's approved PA. Edits are programmed into the system to control the amount and frequency a provider can be reimbursed for a specified service.

GENERAL PROVIDER REQUIREMENTS

The State operates continuous, open enrollment for all willing and qualified providers. The following information is continuously available via the internet, at the website, www.mhddad.dhr.georgia.gov, to facilitate ready access for potential providers:

- (1) Requirements
- (2) Qualifying procedures
- (3) Enrollment instructions
- (4) Application forms
- (5) Established timeframes for provider qualification and enrollment
- (6) Schedules of orientation training for new providers
- (7) Instructions for submitting a provider application
- (8) Criminal history background check

All providers receive annual verification through the Department of Behavioral Health and Developmental Disabilities. All providers must meet specific requirements for the particular service to be rendered as specified in each service definition. Additionally, providers must meet the following requirements:

1. Meet all applicable DBHDD standards for a public or private provider agency
2. Meet accreditation standards by a national organization
 - CARF: Commission on Accreditation of Rehabilitation Facilities
 - JCAHO: Joint Commission on Accreditation of Healthcare Organizations
 - COL: The Council on Quality and Leadership
 - COA: Council on Accreditation
 - or certification by the DBHDD
3. Meet all DCH and DBHDD enrollment criteria for a public or private provider agency
4. DCH/DMA Policies and Procedures
5. DBHDD provider requirements as specified either through DBHDD contract with the Medicaid enrolled provider or a Letter of Agreement between the Medicaid enrolled provider and DBHDD.

PROVIDER ACCREDITATION AND CERTIFICATION

Accreditation refers to a review process conducted by a nationally recognized and approved accrediting body of a person or agency that is a direct service provider for people with mental illness, developmental disabilities or addictive diseases, focusing on prescribed standards as they relate to services and supports for those individuals.

Certification refers to a review process conducted by the certification unit of the department of a person or agency that is a direct service provider for people with mental illness, developmental disabilities or addictive diseases, focusing on standards found in the “Core Requirements for Providers.”

P PROVIDER ENROLLMENT

Enrollment Process

Individuals or agencies seeking to become a provider of services under the NOW must submit two (2) provider applications: one (1) for becoming a Medicaid provider under the DCH; and one (1) for becoming a DBHDD provider. Both applications can be accessed on the DBHDD website at www.dbhdd.georgia.gov. Two copies of each application are to be submitted for reviewing of the basic qualifying information and (agency) infrastructure. A site visit is made to review the organization and its programs, and any technical assistance that is needed will be given by the department. The application is then approved or denied. If approved, the application is forwarded to DCH, the State Medicaid Agency. DCH assigns a provider number and notifies the provider of the approval and its assigned Medicaid provider number. If the application is denied, the provider has the right to appeal the decision.

It is the policy of the department that providers contracting with the DBHDD or receiving funding through authorization from the department in an amount less than \$25,000 per year must be certified. Providers receiving \$250,000 or more per year must be accredited by an approved accrediting body.

New or interested providers must submit the following information:

1. Completed provider application
2. Copy of current Georgia provider agency or professional license, if applicable
3. Copy of degree or diploma indicating major field, or copy of official transcript, if applicable
4. Current resume or organizational chart and staffing information
5. Reference contact information for verification of experience
6. Documentation of training (college transcripts, copies of training certificates, if applicable)
7. Copy of a criminal records check completed during the last twelve (12) months, if applying as an individual provider
8. Copy of General Liability Insurance
9. Organizational Policies and Procedures (Agency Provider: Management of Community Linkages, Continuous Quality Improvement (CQI), Clinical Records Management, Safety and Disaster Plan, including environmental emergencies; Individual Provider: Clinical Records Management, Serious and Critical Incident Reporting, and Transportation)

Note: Financial Support Services has a separate set of provider qualification, and applications to become a provider of these services are submitted to the Department of Community Health.

Providers are encouraged to reference the DCH NOW Policies and Procedures Manuals or contact your DBHDD, DD representative for more information and guidance.

What's new in the waivers?

The new waiver contains new and different services which provide new and enhanced services. The following provider crosswalk details the new services and enhancements.

FROM Mental Retardation Waiver Program (MRWP)	TO New Options Waiver Program (NOW)
Personal Support Services	Community Living Support Services
Day Habilitation	Community Access Group Services Community Access Individual Services Prevocational Services
Day Support	Community Access Group Services Community Access Individual Services Prevocational Services Supported Employment Group Services Supported Employment Individual Services
Supported Employment	Supported Employment Group Services Supported Employment Individual Services
Respite Care Services	Respite Services- 15 minutes Respite Services- Overnight
Specialized Medical Equipment	Specialized Medical Equipment
Specialized Medical Supplies	Specialized Medical Supplies
Vehicle Adaptation	Vehicle Adaptation
Environmental Modifications	Environmental Accessibility Adaptation
Natural Support Enhancement Services	Community Living Support Services-15 minutes Community Access Group Services Community Access Individual Services Respite Services-15 minutes Respite Services-Overnight Natural Support Training Services

PARTICIPANT DIRECTION CO-EMPLOYER OPTION

All waiver participants (or the participant's representative) have the opportunity to self-direct most of their approved waiver services. Generally, when families elect to self-direct their services, the family assumes the role of employer with all related responsibilities for recruiting, interviewing, hiring and supervising employees. In addition, the participant/family handles and processes all payroll and other financial management responsibilities.

The NOW provides for a model of self-direction that allows participants/families to share the employer responsibilities with a provider agency of its choosing. This model of Participant-Direction is called Co-Employer Model. Under the Co-Employer Model:

- The participant (or representative) functions as the co-employer (managing employer) of workers who provide services
- An agency is the common law employer of participant-selected/recruited staff
- The Co-Employer Agency performs necessary payroll and human resource functions for participant-selected/recruited staff

All providers (agencies) must apply to become a co-employer of services. Enrolled Co-Employer providers can serve in this capacity for the following NOW services, only:

- Community Access
- Community Guide
- Community Living Support
- Respite
- Supported Employment
- Transportation

SUMMARY OF SERVICES

The New Options Waiver Program provides the following services to participants.

Adult Dental Services: Adult Dental Services cover diagnostic and preventive dental treatments and procedures not covered by Medicaid State Plan services.

Adult Occupational Therapy Services: These services promote fine motor skill development, coordination, sensory integration, and facilitate the use of adaptive equipment or technology.

Adult Physical Therapy Services: These services address the participant's physical therapy needs resulting from the developmental disability. These services promote gross and fine motor skills, and facilitate independent functioning.

Adult Speech and Language Therapy Services: These services address the adult participant's speech and language therapy needs. The services preserve the participant's speech communication capacity and function.

Behavioral Supports Consultation: Behavioral Supports Consultation services assist the participant with challenging behaviors that interfere with daily living, work and social interaction.

Community Access: Community Access services are not provided at the participant's residence. These services are designed to assist the participant in acquiring, retaining, and improving life skills.

Community Guide Services: Community Guide services are designed to empower participants to self-define and self-direct services and supports. Services include direct assistance to participants in obtaining community resources, problem solving, decision-making, and developing supportive relationships.

Community Living Support (CLS) Services: CLS services are individually tailored services that assist with the acquisition, retention or improvement in skills that help an individual to continue living in the family home.

Environmental Accessibility Adaptations: Environmental Accessibility Adaptations services allow for the participant to reduce physical support from others. Physical adaptations are designed to accommodate the participants mobility at the family home i.e. ramps, grab-bars, doorway widening, bathroom modifications, and installation of electric and plumbing systems.

Financial Support Services: Financial support services are provided to assure that participant directed funds are managed and distributed as intended.

Individual Directed Goods and Services: Individual directed goods and services are services, equipment, or supplies identified by the participant addressing a need in the Individual Service Plan.

Natural Support Training: NST services provide training and education to individuals who provide unpaid support, training, companionship, or supervision.

Prevocational Services: Prevocational Services are services that prepare participants for paid and unpaid employment. Services include teaching such concepts as compliance, attendance task completion, problem solving, safety, social interaction skills, and personal care.

Respite Services: Respite services are intended to provide caretakers, family members, and individuals with disabilities brief periods of support or relief.

Specialized Medical Equipment: Specialized medical equipment consists of devices, controls, or appliances specified in the Individual Service Plan, which allow the participant to increase their ability to perform daily living activities and to interact independently with the environment.

Specialized Medical Supplies: Specialized medical supplies allow the participant to interact independently with the environment. The Individual Service Plan specifies supplies that may include food supplements, clothing, diapers, bed wetting protective coverings, and other ancillary supplies.

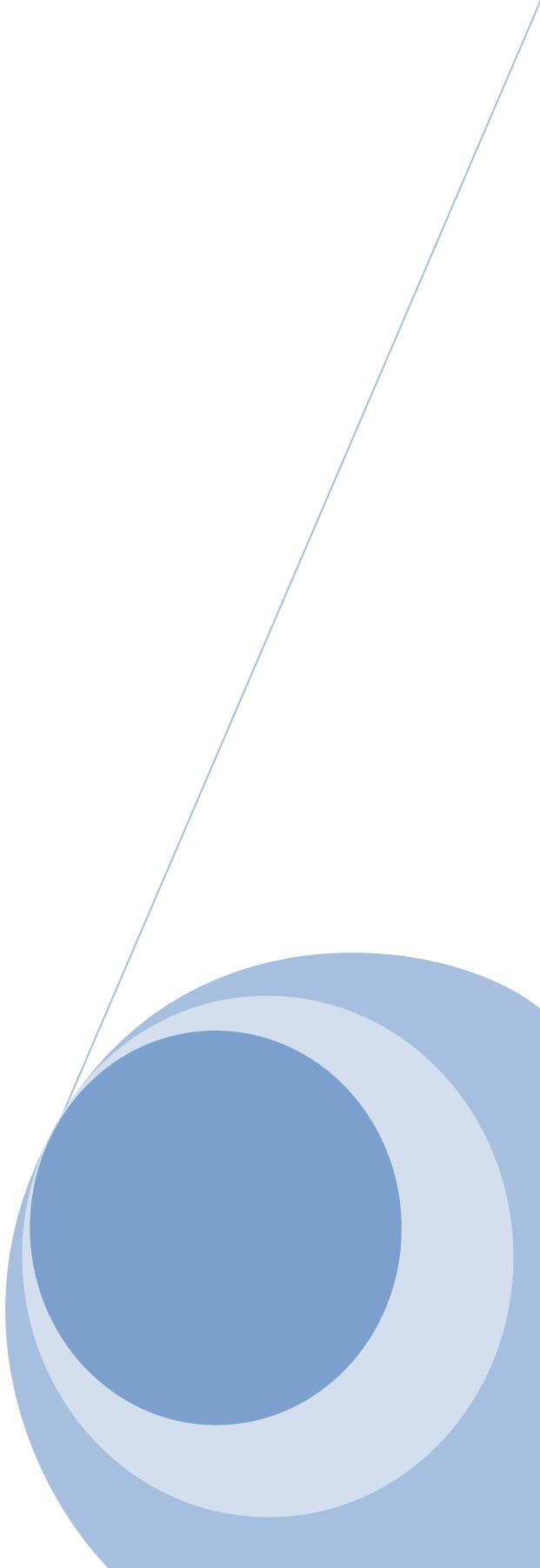
Support Coordination: A set of interrelated activities for identifying, coordinating, and reviewing the delivery of appropriate services with the objective of protecting the health and safety of participants.

Supported Employment: Supported Employment services enable participants for whom competitive employment at or above the minimum wage is unlikely, and because of their disability, need support to work in a regular job setting.

Transportation: Transportation services enable participants to gain access to community services, activities, resources and organizations typically used by the general population but do not include transportation available through Medicaid non-emergency transportation or as an element of another waiver service.

Vehicle Adaptations Services: Vehicle adaptations services allow the participant to function independently, thus reducing the reliance on physical support from others. The adaptations are limited to those of the participant's private and family owned vehicle. The adaptations may include lifts, ramps, special seats and other interior vehicle modifications.

Service Specifications



Adult Dental Services

(NOTE: Adult Dental Services is an approved service in the NOW but is **not** currently available for enrollment by any participants or providers.)

Adult Dental Services cover dental treatments and procedures that are not otherwise covered by Medicaid State Plan services. Services are not available until the waiver participant's 21st birthday.

Covered Services: Services include

- Semiannual diagnostic
- Preventive services
- Limited restorative treatment
- Periodontal procedures.

Non-covered Services:

- Emergency and related dental services for adults covered under the regular Medicaid State Plan.
- Services are authorized only to the extent that they are not available through another third party source.
- Services must be authorized prior to treatment.

Limits on the amount, frequency, and duration of service

- Adult Dental Services do not exceed \$500 annual maximum.
- Rates cannot exceed established Medicaid rates.

Provider Category:

- Dentist

Provider Qualifications:

- Current, valid state licensed dentist
- Services provided by a licensed dentist or by a salaried dental hygienist under the dentist's direct supervision.
- Dental hygienists must be state licensed

References:
 Policies and Procedures
 Manual, Part III,
 Chapter 1300
 NOW Provider Manual,
 Appendix C-3

Adult Occupational Therapy Services

Adult Occupational Therapy Services cover evaluation and therapeutic services. These services address the occupational therapy needs of the adult participant that results from his or her developmental disability.

- Services promote fine motor skills, coordination, and sensory integration development; and/or facilitate the use of adaptive equipment and technology.
- Services are not available until the participant's 21st birthday.
- Services may be provided in or out of the participant's home.
- Services are provided by a licensed occupational therapist, by order of a physician.

Specify the limits on the amount, frequency, and duration of service, if any:

- Limit: \$1,800.00 annual maximum for all adult therapy waiver services (including Physical Therapy, Occupational Therapy, Speech and Language Therapy).

Covered services:

- Occupational therapy evaluation
- Therapeutic services
- Sensory integration techniques
- Participant family education

Non-covered services:

- Duplication of family education or training through Natural Support Training
- Services occurring simultaneously or on same day as Natural Support Training
- In home services for treatment of illness or injury
- Transportation
- Group therapy
- Conditions not related to developmental disability diagnosis
- Services in a hospital

Provider Category:

- Individual- Occupational Therapist
- Agency- Accredited or Certified Developmental Disability Service Agency
- Agency- Home Health Agency

Provider Qualifications: Individual. Occupational Therapist

- State Licensed Occupational Therapist

Example: Marla identified a licensed Occupational Therapist to assist her in identifying and constructing adaptive tools that would better allow her to operate independently around her home and neighborhood. They mounted a grab bar w/ a light touch contracting mechanism so she could reach switches and pick-up dropped objects.

Reference:
Policies and Procedures
Manual, Part III, Chapter
1300
NOW Provider Manual,
Appendix C-3

Adult Physical Therapy Services

Adult Physical Therapy Services cover evaluation and therapeutic services. These services address the physical therapy needs of the adult participant resulting from the developmental disability.

- Services promote gross/fine motor skills, facilitate independent functioning and/or prevent progressive disabilities.
- Services are not available until the participant's 21st birthday.
- Services may be provided in or out of the participant's home.
- Services are provided by a licensed physical therapist and by order of a physician.
- Participants cannot receive services if receiving Community Residential Alternatives through the Comprehensive Supports Waiver.
- Services must be authorized prior to service delivery.

Limits on the amount, frequency, and duration of service

- Limit: \$1,800.00 annual maximum, reimbursement rate

Covered services:

- Physical therapy evaluation
- Therapeutic procedures
- Participant and family education
- Exercises to develop strength, endurance, and range of motion
- Programs to develop muscle strengthening, neuromuscular facilitation, sitting and standing balance, endurance and increased range of motion.
- Muscle strengthening and endurance to facilitate transfer from wheelchair, and use of other equipment

Non-covered services:

- Duplication of family education or training through Natural Support Training
- Services occurring simultaneously or on same day as Natural Support Training
- Transportation
- Group therapy
- Conditions not related to developmental disability diagnosis
- Services in a hospital

Provider Category:

- Individual, Physical Therapist
- Agency, Accredited or Certified Developmental Disability Service Agency
- Agency, Home Health Agency

Provider Qualifications: All

- State licensed physical therapist

Example: John's doctors have long advised her to get aerobic exercise in order to protect her heart from the weakness caused by her disability but she's never managed to do so because of the complexity of her physical situation. Now, a physical therapist has assisted in developing a weekly swim routine that allows John to get her heart rate up safely and effectively.

Adult Speech and Language Therapy Services

Adult Occupational Therapy Services cover evaluation and therapeutic services. These services address the occupational therapy needs of the adult participant that result from his or her developmental disability.

- Services preserve abilities for independent function in communication, facilitate oral motor and oral functions, facilitate use of technology and/or prevent progressive disabilities.
- Services are not available until the participant's 21st birthday.
- Services may be provided in or out of the participant's home.
- Services must be authorized prior to service delivery by the operating agency at least annually in conjunction with the Individual Service Plan development and with any ISP revisions

Limits on the amount, frequency, and duration of service

- Limit: \$1,800.00 annual maximum for all adult therapy waiver services (including Physical Therapy, Occupational Therapy, and Speech and Language Therapy).

Covered services:

- Evaluation of speech language, voice and language communication, auditory processing and/or aural rehabilitation.
- Individual treatment of speech, language, voice communication and or auditory processing
- Services for the use of speech-generating device
- Participant and family education

Non-covered services:

- Duplication of family education or training through Natural Support Training
- Services occurring simultaneously or on same day as Natural Support Training
- Transportation
- Group therapy
- Conditions not related to developmental disability diagnosis
- Services in a hospital

Provider Category:

- Individual, Speech and Language Pathologist
- Agency, Home Health Agency

Provider Qualifications: All categories

- State licensed Speech and Language Pathologist

Example: Saul has long had a soft and somewhat hard to understand speaking voice. Now that he is living with his big sister, she wants to support him in growing his communication ability in all ways possible. He'll use Speech and Language services to fund weekly sessions with a speech therapist so long as it seems to improving his voicing abilities.

References:
Policies and Procedures
Manual, Part III,
Chapter 1500
NOW Provider Manual,
Appendix C-3

Behavioral Support Consultation

Behavioral Support Consultation services are those that assist the waiver participant with

Significant intensive challenging behaviors that interfere with activities of daily living, social interaction, work or similar situations. Services include:

- Assisting the participant with significant, intensive challenging behaviors that interfere with daily living activities, social interaction, work or similar situations.
- Providing for the development of Behavioral Supports plans for the acquisition or maintenance of appropriate behaviors for community living and behavioral intervention for the reduction of maladaptive behaviors.
- Intervention modalities described in plans must relate to the identified behavioral needs of the participant, and specific criteria for behavior remediation must be established and specified in the plan.
- Qualified individuals provide services, with expertise in behavioral supports evaluation and services for people with developmental disabilities.

Limits on the amount, frequency, and duration of service

- Unit of service is 15 minutes
- Limits: 104 fifteen-minute units per year, or \$2,450.24 annual maximum, reimbursement rate

Covered services:

- Functional analysis of behavior
- Assessment of behavior
- Development of behavior support plans
- Interventions related to identified behavioral needs
- Participant specific skills
- Replacement behavior acquisition training
- Participant family education

Non-covered services:

- Duplication of family education and training
- Services occurring simultaneously or on the same day as Natural Support Training
- Services to participants receiving community residential alternative services under COMP
- Services in a hospital
- Restrictive behavioral interventions
- Transportation

Provider Category:

- Individual. Positive Behavioral Supports Specialist

Provider Qualifications:

- Psychologist or Psychiatrist
- Licensed Professional Counselor or Clinical Social Worker
- All licensed professionals must meet the following standards:
 1. Masters Degree in psychology, education, social work or a related field.
 2. Specialized training and education in behavioral analysis and positive behavioral supports for people with developmental disabilities.
 3. At least two years experience in behavioral supports evaluation and services for people with developmental disabilities.

Example: Johnny regularly engages in aggressive behaviors that result in property destruction and sometimes harm to others. These behaviors prevent him from being able to participate in many community activities that he would like to be involved with. Johnny will use the behavior support consultation service to employ the services of a behavior analyst to help develop a behavior support plan that will eliminate his aggression.

References:
Policies and
Procedures Manual,
Part III, Chapter
1600
NOW Provider
Manual, Appendix
C-3

Community Access Services

Community Access Services are designed to assist the participant in acquiring, retaining, or improving self-help, socialization, and adaptive skills required for active community participation and independent functioning outside the participant’s home or family home.

- Services are individually planned to meet the participant’s needs and preferences.
- Services include activity and environment designs required for active community participation and independent functioning as indicated in the Individual Service Plan.
- Group services are provided to groups with a staff/participant ratio of 1:1 or 2:1.
- Group services staff/participant ratio cannot exceed 1:10.
- Individual services are provided to an individual, with a staff/participant ratio of 1:1.

Limits on the amount, frequency, and duration of service

- Unit of service: 15 minutes.
- Community Access Group Limits:
 - 24 fifteen-minute units per day.
 - 504 fifteen-minute units per month.
 - 5760 fifteen-minute units per year.
- Community Access Individual Limits:
 - 40 fifteen-minute units per day.
 - 1440 fifteen-minute units per year.

Covered services:

- Transportation to/from activities and settings primarily used by people with disabilities.
- Assistance in acquiring, retaining, or improving access to and use of community resources that increases participation in integrated community activities, such as training and active support to use public transportation, banks, automated tellers, and restaurants.
- Implementation of behavioral support plans.
- Participant-specific assistance, training and active support for social, emotional, physical, and intellectual development.
- Separate payment for transportation only occurs when the NOW’s transportation services are authorized.
- Services provided outside the participant family home.

Non-covered services:

- Services to participants in home
- Admission fees
- Memberships
- Subscriptions
- Donations

- Registration fees
- Out of state camps
- Cannot duplicate or be provided at the same time as Supported Employment, Prevocational Services, or Transportation services

Provider Category:

- Individual. Direct Support Professional
- Agency: Accredited or Certified Developmental Disability Service Agency

Provider Qualifications: Individual. Direct Support Professional

- 18 years of age or older
- CPR and Basic First Aid certifications
- Experience, training, education or skills necessary as demonstrated by Direct Support Professional Certification or comparable training, education, or skills

Example: Susan loves playing pool but never knows exactly where to go to play. She's not yet made pool playing friends because when she lived at home her parents were scared for her to go out at night with her school friends. She now will be able to hire an agency to provide community access services for the social-bridge work she'll need to become a member of the pool league in her community so that she can feel safe going around to competitions alone in the future.

References:
Policies and Procedures
Manual, Part III,
Chapter 1700
NOW Provider Manual,
Appendix C-3

Community Guide Services

Community Guide Services are designed to empower participants to define and direct their services and supports. These services are only for participants choosing participant-direction.

Limits on the amount, frequency, and duration of service

- Unit of service: 15 minutes
- Limit: 32 fifteen-minute units per day
224 units per year
\$2000.32 annually, reimbursement rate

Covered services:

- Brokering community resources
- Information and assistance in problem solving
- Developing and managing the individual budget
- Recruiting, hiring, training, managing employees
- Training participant to be effective employer of support workers

Non-covered services:

- Direct support coordination services
- Payment directly or indirectly to a participants family, except where approved

Provider Category:

- Individual, support broker
- Agency, support broker agency

Provider Qualifications: Support Broker

- 18 years of age or older
- Bachelor's degree in human service field
- Experience providing direct assistance to individuals with disabilities
- Combination of training, education, and skills
- Criminal background check
- Knowledgeable about community resources
- Demonstrated community contacts
- Communication skills necessary to work with persons (and their families) with developmental disabilities

Example: To find the individuals she could hire to provide these services and for help in figuring out the self-direction puzzle of funding it all within her allocated waiver budget, Karen hired a Community Guide. This Guide knew how to broker the services and support Karen in supervising her new employees. The Guide also spent a lot of one-on-one time with Karen up front in order to understand how she wanted her life to look.

References:
Policies and Procedures
Manual, Part III,
Chapter 1800
NOW Provider
Manual, Appendix C-3

Community Living Support Services (CLS)

Community Living Support services are designed to provide supports to participants who live in their own or family home. Community Living Support services are individually tailored to assist with the acquisition, retention, or improvement in skills related to a participant’s continued residence in his or her own or family home.

Limits on the amount, frequency, and duration of service

- Unit of service: 15 minutes.
- Limit: 6032 fifteen-minute units per year.
- Total amount of fifteen-minute units billed per day cannot exceed \$138.09.

Covered services:

- Social, adaptive, and leisure skill development
- Personal care and protective oversight
- Medically related services
- Implementation of behavioral support plan
- Transportation of participant to facilitate personal care

Non-covered services:

- May not be delivered to person living in home leased or owned by a service delivery agency
- May not be delivered in foster, host, personal care, or community living homes
- Educational services for children
- CLS services that are duplicate or provided at same time of Community Access or Supported Employment services
- Payments to family members
- Medical services

Provider Category:

- Individual, Direct Support Professional
- Agency, Accredited or Certified Developmental Disability Service Agency

Provider Qualifications: Individual, Direct Support Professional

- 18 years of age or older
- Current CPR and Basic First Aid certifications
- Experience, training, education or skills as demonstrated by Direct Support Professional Certification or comparable training, education, or skills;
- Evidence of annual health examination

Provider Qualifications:

Agency--- Accredited or Certified Developmental Disability Service Agency
Private Home Care License if providing covered services as required by the Office of
Regulatory Services

Example: Jim has lived with his family his whole life, 43 years now. His parents are aging and he finds his interest in a life outside this family unit growing as his need for outside support also grows. Jim uses Community Living Supports to have assistance getting a shower in the morning and with cooking meals.

References:
Policies and Procedures
Manual, Part III,
Chapter 1900
NOW Provider
Manual, Appendix C-3

Community Residential Alternatives (CRA)

Community Residential Alternatives services are targeted for people who require intense levels of support. The services provided include a range of interventions with focus on training and support in one or more of the following areas: eating and drinking; toileting, personal grooming and health care, dressing, communication, interpersonal relationships, mobility, home management, and use of leisure time.

Limits on the amount, frequency, and duration of service

- Unit of service: Daily
- Limit: 27 daily units per month. 324 daily units per year.

Covered services:

- Personal care training
- Accompanying participants on daily living activities
- Household care training
- Assisting with therapeutic exercises and other personal health care activities
- Social, emotional, physical and special intellectual development training to reduce inappropriate and maladaptive behaviors.
- Transportation to services specified in the Individual Service Plan

Non-covered services:

- Community Residential Alternative Services may not be provided to persons living in their own or family homes.
- Waiver participants receiving Community Residential Alternative services cannot receive Behavioral Supports Consultation Services, Professional Therapeutic Services, Environmental Accessibility Adaptation, Vehicle Adaptation, or and Transportation.

Provider Category:

- Agency

Provider Qualifications:

- Personal Care Home Permit
- Community Living Arrangement
- Child Placing Agencies License

Example: Jane lives with two roommates in an ORS licensed group home owned by Independence Inc. The 24 hour staff in her home assist her with daily living tasks and also transport her to her place of employment and her other social activities throughout the week.

References:
Policies and
Procedures Manual,
Part III, Chapter
1800
NOW Provider
Manual, Appendix
C-3

Environmental Accessibility Adaptations

Environmental Accessibility Adaptation Services consist of adaptations designed to enable individuals to interact more independently with their environment thus enhancing their quality of life and reducing their dependence on physical support from others.

Limits on the amount, frequency, and duration of service

- \$10,400 per member per lifetime

Covered services

- Physical adaptations to the participants or family's home necessary
- Adaptations may include:
 - installation of ramps and grab-bars
 - widening of doorways
 - modification of bathroom facilities
 - specialized electric and plumbing systems.

Non-covered services (List is not inclusive)

- PCH or CLA
- Carpeting
- Roof repair
- Central air conditioning
- Leased properties
- Security enhancements (alarm systems, burglar bars, security cameras)
- Chairlifts
- Elevators
- Emergency response systems
- Deadbolts
- Fences
- Hot tubs and Whirlpools
- Indoor ceiling lift systems
- Adaptations adding to the total square footage of the home are excluded except when necessary to complete an adaptation (e.g., for improvements to entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair).

Provider Category:

- Individual. Builders, Plumbers and Electricians
- Agency

Provider Qualifications: All

- Business license

Example: This year, Charlotte has budgeted for the installation of a ceiling mounted lift system so that her in-home personal care attendants, funded through Community Living Supports, needed lift her so often and spend so much time on cumbersome transfers.

References:
Policies and
Procedures
Manual, Part III,
Chapter 2000
NOW Provider
Manual, Appendix
C-3

Financial Support Services

Financial Support Services are provided to assure that participant directed funds outlined in the Individual Service Plan are managed and distributed as intended.

Limits on the amount, frequency, and duration of service

- One unit per month per member
- 75.00 per unit (rate per current negotiation)
- Actual rate may vary based on subsequent negotiations.

Covered services

- Conducts and pays for criminal background checks
- Receives and disburses payments
- Generates management and statistical reports each payroll cycle
- Provides startup training and technical assistance
- Processes and maintains all unemployment records

Provider Category:

- Agency: Fiscal Intermediary Agency

Provider Qualifications: Fiscal Intermediary Agency

- Georgia business license as required by a local, city, or county government.
- Approved by the IRS
- Understand laws and rules that regulate the expenditure of public resources
- Utilize accounting systems
- Make timely payments
- Develop, implement and maintain an effective payroll system
- Conduct and pay for criminal background checks
- Generate service management, and statistical information and reports during each payroll cycle
- Provide startup training and technical assistance
- Process and maintain all unemployment records
- Provide an electronic process for reporting, timesheets and expense reports
- 2 years of basic accounting and payroll experience
- Must have a surety bond equal to or greater than the monetary value of business accounts managed but not less than \$250,000
- Must not be enrolled to provide any other Medicaid services in the State of Georgia

Example: If Thomas wanted to self-direct some of his services he would pay the fiscal intermediary agency a Financial Support service fee out of his waiver money in order to have them pay employees and manage billing the state for those services.

References:
Policies and Procedures
Manual, Part III,
Chapter 2100
NOW Provider Manual,
Appendix C-3

Individual Directed Goods and Services

Individual Directed Goods and Services are services, equipment or supplies identified by the waiver participant/representative the Support Coordinator or interdisciplinary team.

- Services are not provided through the NOW but address a need in the Individual Service Plan that meets the following requirements:
 - the item or service would decrease the need for other Medicaid services
 - and/or promote inclusion in the community
 - and/or increase the participant's safety in the home
 - and, the participant does not have the funds to purchase the item or service or the item is not available through another source.
 - Individual Directed Goods and Services are purchased from the participant-directed budget.
 - Experimental or prohibited treatments are excluded.
- The specific goods and services provided under Individual Directed Goods and Services must be linked to a participant need as specified in the Individual Service Plan.

Limits on the amount, frequency, and duration of service

- Unit of service: 20 units per year
- Limit: \$1,500 annually.

Covered services:

- Services directly related to participants need and not provided for through NOW

Non-covered services:

- Services or goods not related to participant needs
- Experimental or prohibited treatments
- Cost for room and board
- Services provided for through NOW
- Items denied through Durable Medical Equipment
- Educational Services available through the IDEA
- Services available under the Rehabilitation Act of 1973
- Incentive payments, subsidies, or unrelated vocational training expenses
- Supervisory activities conducted as normal part of business day

Provider Category:

- Individual and agency

Provider Qualifications: Individual Vendor

- Business license
 - 18 years or older.
 - Minimum of a high school diploma or GED Equivalent.
 - Minimum two years of professional experience in purchasing or related experience.
- OR
- Have an applicable business license for goods provided.
 - Understands and agrees to comply with the participant-directed service and goods delivery requirements

Natural Support Training

Natural Support Training (NST) Services provide training and education to individuals who provide unpaid support, training, companionship or supervision to participants.

- Individual is defined as any person, family member, neighbor, friend, companion, or co-worker who provides uncompensated care, training, guidance, companionship or support
- Training includes instruction about treatment regimens and services included in the Individual Service Plan (ISP)
- Services include the costs of registration and training fees associated with formal instruction relevant to the individual participant’s needs due to his or her disability and as identified in the ISP.
- All training for individuals who provide unpaid support to the participant must be included in the participant’s ISP.

Limits on the amount, frequency, and duration of service

- Unit of service: 15-minutes.
- Limits: 86 units per year
 \$1,787.08 per year

Covered Services:

- Individualized, direct training of families and natural support networks for acquisition or enhancement of their ability to support the waiver participant.
- Training on the use of equipment specified in the ISP.
- Updates in training required to maintain the participant safely in the home.

Non-covered services:

- Service may not be provided in order to train paid caregivers
- Services do not include the costs of travel, meals and overnight lodging to attend a training event or conference.
- Services not related to individual service delivery

Provider Category:

- Developmental Disability Professional (DDP)
- Accredited or Certified Developmental Disability Service Agency

Provider Qualifications:

- Developmental Disability Professional (DDP)
- State professional license
- Meets definition of Developmental Disability Professional (DDP)
- Accredited or Certified Developmental Disability Service Agency
- Employees that meet the DBHDD standards for Developmental Disabilities

Prevocational Services

Prevocational Services are services that prepare a participant for paid or unpaid employment.

Covered Services:

- Transportation to and from the facility site
- Specified in Individual Service Plan
- Teaching job-readiness skills
- Occur in facility-based settings

Non-covered Services:

- Prevocational services are distinct from and do not occur at the same time of day as Community Access or Supported Employment series.
- May not be delivered in a participant’s own or family home or any residential site.

Limits on the amount, frequency, and duration of service

- Unit of service: 15 minutes
- Limit: 24 fifteen minute units per day
 504 fifteen minute units per month
 5760 fifteen minute units per year

Provider Category:

- Agency- accredited or certified Developmental Disability service agency

Example: Demetra did not initially plan to use any of her waiver dollars for Prevocational services as she figured she was ready to work and could learn whatever necessary on the job. Demetra is right but decides to go ahead and spend just a bit of time taking an interviewing workshop that meets weekly at the center her Prevocational services provider operates.

References:
Policies and
Procedures Manual,
Part III, Chapter
2400
NOW Provider
Manual, Appendix
C-3

Respite Services

Respite Services provide brief periods of support or relief for caregivers or individuals. Respite is provided for the following situations:

- When families or the usual caretakers are in need of additional support or relief
- When the participant needs relief or a break from the caregiver
- When the participant is experiencing a behavioral crisis and needs structured, short term support
- When relief from care giving is necessitated by unavoidable circumstances such as a family emergency

Covered Services:

- In home care
- Private residence of a respite service provider
- Licensed personal care home

Limits on the amount, frequency, and duration of service

- Unit of service: 15 minutes or overnight, dependent upon the needs of the waiver participant and as authorized.
- Limit: 1248 fifteen-minute units per year
24 fifteen-minute units per day
13 overnight units per year
- Each overnight billing decreases annual fifteen-minute unit maximum by 24 units. \$3744 per year

Provider Category:

- Direct Support Professional
- Accredited or Certified Developmental Disability Service Agency

Provider Qualifications: Direct Support Professional

Respite MHDDAD individual provider qualifications standards are:

- 18 years of age or older;
- Current CPR and Basic First Aid certifications
- Experience, training, education or skills as demonstrated by Direct Support Professional Certification or comparable training, education, or skills
- Evidence of annual health examination

Provider Qualifications: Accredited or Certified Developmental Disability Service Agency

- State licensed Private Home Care facility

Example: Julien and his father have been on their own since he was 10 years old and now, as his father ages their routine has become more taxing for them both. Julien will use Respite funding to go stay overnight in a Respite home a couple times a year so his Dad can catch-up on rest and sleep through the night.

Specialized Medical Equipment

Specialized Medical Equipment consists of devices, controls or appliances specified in the Individual Service Plan, which enable waiver participants to increase their abilities to perform activities of daily living and to interact more independently with their environment.

Covered Services:

- Payer of last resort for items covered through Durable Medical Equipment
- Assessment and training related to mobility or equipment operation
- Computers for operating electronic devices
- Customization of devices

Non-covered Services: (List is not inclusive)

- Environmental control equipment
- Institutional-type equipment
- Physical fitness equipment
- Equipment designed for a physician or trained medical personnel
- Home security items
- Elevators
- Experimental equipment or medical devices
- Child safety seats
- Blood pressure monitors
- Weight scales
- Computers
- Cell phones
- Hot tubs, spas, or whirlpool tubs
- Items that add to the value of property
- Education equipment
- Equipment or repair due to neglect, intentional misuse, or abuse

Limits on the amount, frequency, and duration of service

- Limit: \$13,474.76 per member per lifetime.
- Annual maximum is \$5,200, reimbursement rate

Provider Category:

- Vendors and Dealers in Adaptive/Medical Equipment
- Agency- accredited or certified Developmental Disability service agency

Provider Qualifications: Vendors and Dealers in Adaptive/Medical Equipment

- Business license as required by the local, city, or county government

Example: Harold has been walking more since he started his work as a golf caddy and is going to use SME to buy a wheeled walker that he can sit down on when he gets a chance. Medicaid State plan denied coverage of this equipment because they didn't deem his work-setting needs medically necessary, but the waiver knows his work is necessary for his life in the community.

References:
Policies and Procedures
Manual, Part III,
Chapter 2600
NOW Provider Manual,
Appendix C-3

Specialized Medical Supplies

Specialized Medical Supplies are various supplies, which enable individuals to interact more independently with their environment thus enhancing their quality of life and reducing their dependence on physical support from others.

Covered Services:

- Food supplements
- Special clothing
- Protective bed coverings
- Ancillary supplies

Non-covered Services: (List is not inclusive)

- Environmental control items
- Physical fitness items
- Experimental supplies
- Medicines
- Practices or treatments
- Infant and child car seats
- Blood pressure monitors
- Weight scales
- Computer supplies
- Cell phones
- Vitamins, herbs, and oils

Limits on the amount, frequency, and duration of service

- Limit: \$1,734.48 annual maximum, reimbursement rate

Provider Category:

- Vendors and Dealers in Medical Supplies
- Agency- accredited or certified Developmental Disability service agency

Provider Qualifications: Vendors and Dealers in Medical Supplies

- Business license as required by local, city or county government
- Have an applicable business license for goods provided

Example: So far, Jan hasn't budgeted for any Specialized Medical Supplies but might in the future consider taking the protein supplement her doctor recommended some time back.

References:
Policies and Procedures
Manual, Part III,
Chapter 2700
NOW Provider Manual,
Appendix C-3

Support Coordination

Support Coordination services are a set of interrelated activities for identifying, coordinating, and reviewing the delivery of appropriate services for participants. A primary purpose of Support Coordination services is to maximize the health and safety of participants by addressing any needs of the individual, reviewing and addressing any identified risks.

Covered Services:

- Assessment and periodic reassessment
- Development and periodic revision of the ISP
- Referral and related activities
- Monitoring and follow-up activities

Non-covered Services:

- Other direct waiver services including Community Guide services
- Payment is not made to family members, except as approved
- Services in nursing homes or prisons
- Counseling services
- Duplication of case management services

Limits on the amount, frequency, and duration of service

- Limit: one unit a month

Provider Category: Case Management Agency

Provider Qualifications:

- Sufficient number of Coordinators meeting the following State specific requirements:
 - a. 18 years of age
 - b. Bachelors degree in human service field
 - c. One year’s experience serving persons with developmental disabilities
 - d. Completion of orientation training
 - e. Annual mandatory DBHDD training in the area of Developmental Disabilities
- Sufficient number of supervisory and quality assurance staff
- Office with management staff
- On-site emergency contact available 24 hours a day, 7 days a week
- Coordination service meeting the cultural and socioeconomic characteristics of the region in which the agency is providing service
- Assures scheduled visits between coordinators and participants focus on quality-inherent activities such as:
 - a. open and respectful interaction
 - b. frequent and thoughtful communication
 - c. relationship building

Tracking of coordinated services includes:

- a. documentation of the effectiveness and efficiency of the delivery of services
 - b. follow-up on family and participant concerns
 - c. advocacy
 - d. increasing community participation
 - e. assisting the participant to achieve desired outcomes
- Provide training as prescribed by DBHDD, Division of DDD
 - Must have established working relationships with local advocacy groups
 - Must have at minimum five (5) years experience and demonstrated success in providing case management services
 - Must have experience and demonstrated success with outcome based planning
 - Must have experience evaluating and measuring services

Example: With a full and rich life using a multitude of individualized supports in the community and in her home Suzanne relies on her Support Coordinator to monitor the services she receives and help her find new provider agencies when she needs to.

References:
Policies and
Procedures
Manual, Part III,
Chapter 2800
NOW Provider
Manual,
Appendix C-3

Supported Employment

Supported Employment services are ongoing supports that enable participants, for whom competitive, and gainful, employment is unlikely, absent the provision of supports and who, because of their disabilities, need supports to perform in a regular work setting

Covered Services:

- Assistance to locate or develop a job
- Activities needed to sustain paid work
- Services and supports that assist in achieving self-employment through business ownership
- Adaptations, supervision, and training
- Transportation
- Services are conducted in a variety of settings, particularly in settings without persons with disabilities
- Supported Employment Group services are provided to groups of participants, with a staff to participant ratio of (1:2) one to two or more, not to exceed one to ten (1:10).
- Supported Employment Individual services are provided to an individual, with a one-to-one staff to participant ratio.

Non-covered Services:

- Incentive payments, subsidies, or unrelated vocational training expenses
- Supervisory activities
- Services covered by Community Access, Prevocational or Transportation services on the same day
- Services available under Rehabilitation Act or IDA
- Payments to family members

Specify the limits on the amount, frequency, and duration of service

- Unit of service: 15 minutes.
- Group Limits: 320 fifteen-minute units per month
 3840 fifteen-minute units per year
- Individual Limits: 40 fifteen-minute units per day
 1440 fifteen-minute units per year

Provider Category: Supported Employment Specialist
Accredited or Certified Developmental Disability Service Agency

Provider Qualifications: Supported Employment Specialist standards are:

- 18 years of age or older
- Current CPR and Basic First Aid certifications
- Experience, training, education or skills necessary as demonstrated by Direct Support Professional Certification

- OR comparable training, education, or skills AND experience and training in supported employment of individuals with disabilities
- Evidence of annual health

Provider Qualifications: Accredited or Certified DD Service Agency

- Employees must meet the Support Employment Specialist qualifications.

Example: Patricia has always wanted to work on a golf course. She watched golf on television and her dad played when she was growing up. She took up darts pool as an alternative hobby but has held out hope for a job at a golf course. Marla uses Supported Employment Individual services to for Discovery, Job Development & Negotiation and to provide on-the-job supports. Her Employment Specialist used to caddy over summers during school and knows his way around the local courses. The agency has also taught him to be good at observing and listening to Patricia as she describes her interests and strengths.

References:
Policies and
Procedures Manual,
Part III, Chapter
2900
NOW Provider
Manual, Appendix
C-3

Transportation

Transportation Services enable waiver participants to gain access to waiver and other community services, activities, resources, and organizations typically used by the general population. Family, neighbors, friends or community agencies, are encouraged to provide this service whenever possible.

Covered Services:

- Transportation to and from the facility site
- Transportation services are only provided as independent waiver services when transportation is not otherwise available as an element of another waiver service.
- Transportation services are not intended to replace available formal or informal transit options for participants.

Non-covered Services:

- Transportation for students through grade 12
- Transportation to and from Community Access Services
- Transportation provided through Medicaid non-emergency transportation

Limits on the amount, frequency, and duration of service

- Unit of service: encounter/one-way trip or commercial carrier/multipass.
- Limits: 203 units per year for encounter/one-way trip.
 - \$2,797.34 annual maximum.

Provider Category:

- Licensed Driver
- Transportation Broker
- Agency

Provider Qualifications: Licensed Driver; Agency

- Valid, Class C license, with no major traffic violations
- At least 18 years of age
- Current mandatory insurance
- Training or skills necessary to meet the participant's needs as demonstrated by documented experience or training

Provider Qualifications: Transportation Broker

- Must provide commercial carrier services to the community at large

Example: The country club where Marla now is employed is on the Marta line but because Marla works a long shift she doesn't like to wait for the bus in the rain because she'd have to work the entire day soaked. So, her Supported Employment agency has agreed to transport her in their vehicle on the rare occasions during which it is wet outside. This trip rate covers the driver's time and Marla projects in her budget using this service only twice monthly.

Vehicle Adaptations Services

Vehicle Adaptation services enable individuals to interact more independently with their environment, thus enhancing their quality of life and reducing their dependence on physical support from others.

- Adaptations are limited to a participant's personal or family privately owned vehicle.
- Vehicle Adaptation must be documented in the Individual Service Plan.
- Vehicle Adaptation must be authorized prior to service delivery by the operating agency at least annually in conjunction with the Individual Service Plan development and with any ISP revisions.

Covered Services:

- Hydraulic lift
- Ramps
- Special seats and other interior modifications

Non-covered Services:

- Repair or replacement costs for vehicle adaptations of provider owned vehicles are not allowed.
- Replacement in less than three years except in extenuating circumstances and authorized by the Division of Medical Assistance.

Limits on the amount, frequency, and duration of service

- \$6,240.00 per member lifetime, reimbursement rate

Provider Category:

- Vehicle Adaptation Vendor
- Agency

Provider Qualifications: Vehicle Adaptation Vendor

- Business license for vehicle adaptation services

Example: It is the Vehicle Adaptation service that allowed Deborah to have the needed wheelchair lift installed in her mini-van.

QUALITY MANAGEMENT SYSTEM

Georgia's Quality Management System (GQMS) was developed in order to assist in the evaluation of the quality of supports and services rendered to individuals with developmental disabilities. Stakeholders will use this system to evaluate the quality of supports and services, create initiatives, and identify areas needing improvement for the State's service delivery system. The GQMS will address all of the outcomes identified in the CMS Quality Framework for the Home and Community Based Services. Specific strategies are developed to ensure quality of services for both developmental disability waivers.

The Quality Management Strategy for the NOW Program places an emphasis on assuring the health and safety of participants through effective monitoring of the program's intensive or around-the-clock, comprehensive services. The strategy also evaluates the effectiveness of waiver services in achieving desired outcomes. The Division of Developmental Disabilities, in partnership with the Offices of Certification and Incident Management, monitors for compliance with federal and state guidelines on a regular basis. Support Coordination also plays a role in quality management by identifying, coordinating, and reviewing the delivery of appropriate services for participants. A primary purpose of Support Coordination services is to maximize the health and safety of participants by addressing any needs of the individual, reviewing and addressing any identified risks.

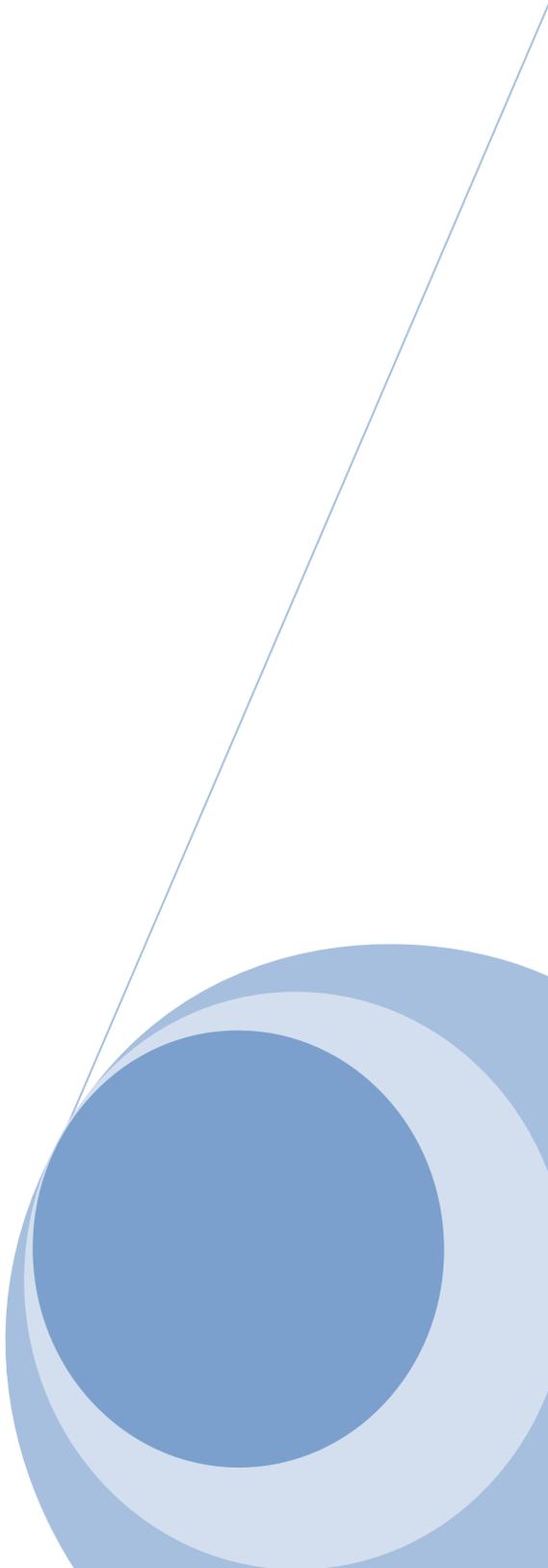
S TATEMENT ON HUMAN RIGHTS

The Department of Behavioral Health and Developmental Disabilities has determined that service quality could be enhanced and participants better protected through the establishment of a statewide network of approximately forty (40) Human Rights Councils (HRC's). All issues heard by the HRC are to receive follow-up with documentation of resolution.

The role of the councils is to provide independent oversight as a local intermediary structure in matters related to the rights of citizens with developmental disabilities who reside in the state of Georgia. Examples of types of issues or concerns to be reviewed by HRC's include: mistreatment, abuse, neglect, exploitation, misuse of medication, restrains and behavioral programs and interventions. Volunteer membership is to include medical professionals, pharmacists/medication experts, self advocates, other advocates, parents, other family members, law enforcement personnel, business people, and representatives of faith-based organizations.

All providers must follow the requirements of Department of Behavioral Health and Developmental Disabilities rules and regulations chapter 290-4-9: client rules. A copy of said chapter may be found on the Rules and Regulations by Georgia Secretary of State website: <http://rules.sos.state.ga.gov>.

Frequently Asked Questions



FREQUENTLY ASKED QUESTIONS

1. When did the NOW become effective?

The NOW became effective November 1, 2008.

2. What is the plan year for individuals receiving NOW services and supports?

The plan year for individuals receiving NOW waiver services is from the individual's birth date in one year to his or her birth date the following year.

3. Where are the waiver manuals?

The NOW Part II and Part III Policies and Procedures are located on the Georgia Health Partnership website (www.ghp.georgia.gov, Provider Information tab, Medicaid Provider Manuals tab).

4. What are the services in the NOW?

The list of services in the NOW is found in the NOW Part II Policies and Procedures, Chapter 900, Section 901. The NOW Part III Policies and Procedures provide the service requirements specific to the individual NOW service.

5. Are there annual maximums for NOW waiver services?

Annual maximum unit and dollar amounts for NOW waiver services are specified in the chapter for each NOW service in the NOW Part III Policies and Procedures. For a summary for all NOW services, see Appendix A to the NOW Part III manual.

6. What are the documentation requirements for NOW waiver services?

General documentation requirements for NOW services are in the NOW Part II manual, Chapter 1100. Requirements specific to individual NOW services are in the chapter for each NOW service in the NOW Part III manuals. Documentation requirements for participant-directed services are in the NOW Part II manual, Chapter 1200, Section 1216.

8. Can families pay for services and be reimbursed?

No. Families cannot be reimbursed for their payments for services and goods.

9. Can my son/daughter continue to receive Natural Support Enhancement Services?

No. The Natural Support Enhancement (NSE) service is no longer available. Former NSE services that are allowed under the new waiver are specified as NOW waiver services. Families should contact their Support Coordinator to discuss these changes.

10. Can participants receive Applied Behavior Analysis (ABA) services in the NOW waivers?

Yes. ABA services include assessment, planning, consultation, family training, and individual skills training. The professional level assessment and plan development are available through

Behavioral Supports Consultation services. Family training is also available through this service or through the NOW service, Natural Support Training. Skills training can be provided through Community Access and Community Living Support Services. Adults can also receive skills training through Prevocational and Supported Employment Services.

13. Where is there a list of approved providers for the NOW waivers?

Regional offices maintain the list of approved providers. The following website will allow you to locate your regional office and its contact information (www.mhddad.dhr.georgia.gov, click on Consumer Information).

14. How did Day Habilitation Services transition to the NOW waivers?

The federal government required the unbundling of Day Habilitation Services into two services: Community Access Group and Prevocational Services. Individuals who received Day Habilitation Services will receive one or both of these services in the NOW waivers.

15. How did Day Supports Services transition to the NOW waivers?

The federal government required the unbundling of Day Supports Services into five services: Community Access Group, Community Access Individual, Prevocational, Supported Employment Group, and Supported Employment Individual Services. Individuals who received Day Supports services will receive one or more of these services in the NOW waivers.

16. How did Supported Employment Services transition to the NOW waiver?

Supported Employment Services transitioned to Supported Employment Group Services. Individuals who received Supported Employment Services will receive Supported Employment Group Services until his or her birth date and the development of the NOW Individual Service Plan.

17. How did Personal Support transition to the NOW waivers?

If a person transitioned from Personal Support Services to the NOW, he or she transitioned to Community Living Support (15 Minutes) and Community Access Individual (15 Minutes) Services.

Appendices

- Website resources
- Commonly used abbreviations and acronyms
- DBHDD regional organizational structure and office locations
- Listing of Georgia counties by DBHDD region

WEBSITE RESOURCES

These web sites provide additional information and resources for current and new providers who serve and support persons with developmental disabilities in Georgia. All providers are encouraged to access these resources.

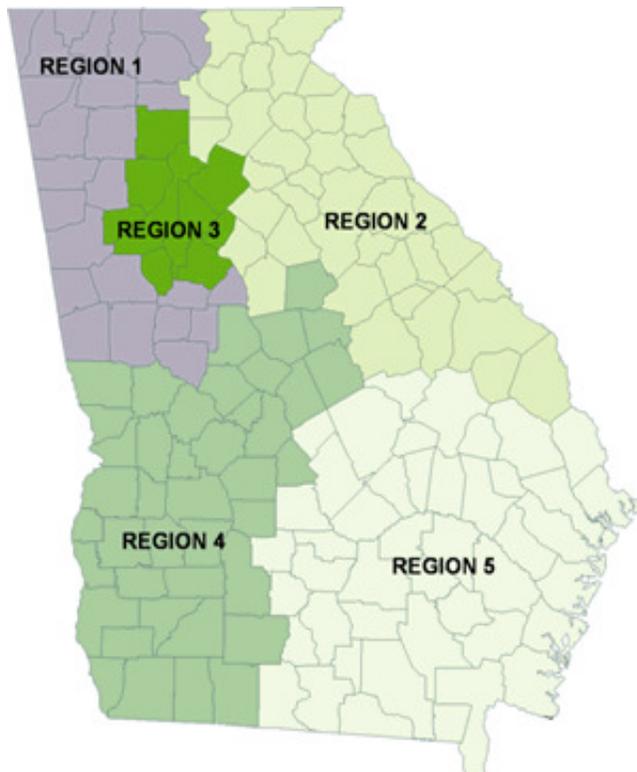
Centers for Medicare and Medicaid Services (CMS)	http://www.cms.hhs.gov/
Department of Community Health (DCH)	http://www.communityhealth.state.ga.us/
Georgia Health Partnership Waiver Policies and Procedures	www.ghp.georgia.gov/wps/portal Provider Information tab
Department of Behavioral Health and Developmental Disabilities	www.dbhdd.georgia.gov
Office of Regulatory Services (ORS)	http://ors.dhr.georgia.gov/portal/site/DHR-ORS/

L IST OF COMMONLY USED ACRONYMS AND ABBREVIATIONS

Acronym and Abbreviations	
CARF	Commission on Accreditation of Rehabilitation Facilities, a national program to assure quality in various rehabilitation organizations
COMP	Comprehensive Supports Waiver Services program, formerly known as Community Habitation Support Services
DBHDD	Department of Behavioral Health and Developmental Disabilities
DCH	Department of Community Health, a state agency which includes the divisions of Medical Assistance, State Health Planning and Employee Health Benefits. The state Medicaid agency.
DD	Developmental Disability, includes mental retardation and other neurologically disabling conditions, including epilepsy, cerebral palsy, and autism, which require treatment similar to that for individuals with mental retardation
DFACS	Division of Family and Children Services, Department of Human Resources (organized into local county Departments of Family and Children Services)
DHR	Department of Human Resources
DMA	Division of Medical Assistance, a division of the Department of Community Health
ISP	Individual Service Plan
JCAHO	Joint Commission on Accreditation of Healthcare Organizations, a national accreditation program to assure quality in hospitals and other health care organizations
MRWP	Mental Retardation Waiver Program services, currently known as the NOW- New Options Waiver program.
NOW	New Options Waiver program, formerly known as MRWP Mental Retardation Waiver Program services

O RGANIZATIONAL STRUCTURE

The Department of Behavioral Health and Developmental Disabilities performs statewide waiver operational and daily administrative functions. The five regional offices perform NOW functions at the regional level, including intake and evaluation, preauthorization of NOW services, utilization management, crisis resolution, and quality management. Individuals access the NOW Program through the regional offices. The regional offices are the contact points for services regarding mental illness, substance abuse, substance abuse prevention, and developmental disability support services.



Region One

705 North Division Street
Rome, Georgia 30165
Phone (706) 802-5272
Toll Free- 1-800-646-7721

Region Two

3405 Mike Padgett Highway, Building 3
Augusta, GA 30906
Phone (706) 792-7733
Fax (706) 792-7740
Toll Free – 1-866-380-4835

Region Three

100 Crescent Center Parkway, Suite 900
Tucker, GA 30084
Phone (770) 414-3052
Fax (770) 414-3048

Region Four

PO Box 1378
Thomasville, GA 31799-1378
Phone (229) 225-5099
Fax (229) 227-2918
Toll free-1-877-683-8557
Street Address:
400 S. Pinetree Boulevard
Thomasville, GA 31792

Region Five

1915 Eisenhower Drive, Building 2
Savannah, GA 31406
Phone (912) 303-1670
Fax (912) 303-1681
Toll Free- 1-800 348-3503

LISTING OF GEORGIA COUNTIES BY DBHDD REGIONS

Region One	Region Two	Region Three	Region Four	Region Five
Bartow	Banks	Clayton	Baldwin	Appling
Butts	Barrow	Cherokee	Baker	Atkinson
Carroll	Burke	Cobb	Bibb	Bacon
Catoosa	Clarke	DeKalb	Calhoun	Ben Hill
Chattooga	Columbia	Douglas	Chattahoochee	Berrien
Coweta	Dawson	Fayette	Clay	Bleckley
Dade	Elbert	Fulton	Colquitt	Brantley
Fannin	Hancock	Gwinnett	Crawford	Brooks
Floyd	Glascok	Henry	Crisp	Bryan
Gilmer	Greene	Rockdale	Decatur	Bulloch
Gordon	Forsyth		Dooly	Camden
Haralson	Franklin		Dougherty	Candler
Heard	Habersham		Early	Charlton
Lamar	Hall		Harris	Chatham
Meriwether	Hart		Houston	Clinch
Murray	Jackson		Grady	Coffee
Paulding	Jasper		Jones	Cook
Pickens	Jefferson		Lee	Dodge
Pike	Jenkins		Macon	Echols
Polk	Lincoln		Marion	Effingham
Spalding	Lumpkin		Miller	Emanuel
Troup	Madison		Muscogee	Evans
Upson	McDuffie		Mitchell	Glynn
Walker	Morgan		Monroe	Irwin
Whitfield	Newton		Peach	Jeff Davis
	Oconee		Pulaski	Johnson
	Oglethorpe		Putnam	Lanier
	Richmond		Quitman	Laurens
	Rabun		Randolph	Liberty
	Screven		Schley	Long
	Stephens		Seminole	Lowndes
	Taliaferro		Stewart	McIntosh
	Towns		Sumter	Montgomery
	Union		Talbot	Pierce
	Walton		Taylor	Tattnall
	Warren		Terrell	Telfair
	Washington		Twiggs	Tift
	White		Thomas	Toombs
	Wilkes		Webster	Treutlen
			Wilkinson	Turner
			Worth	Wheeler
				Wilcox
				Ware
				Wayne