

# Support Coordination Services Performance Report

# FY24



**D·B·H·D·D**

GEORGIA DEPARTMENT of

BEHAVIORAL HEALTH and DEVELOPMENTAL DISABILITIES

June 2025

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## EXECUTIVE SUMMARY

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The Department of Behavioral Health and Developmental Disabilities (DBHDD) seeks to review performance data regarding support coordination, which includes two distinct waiver services entitled support coordination and intensive support coordination. This is the eighth annual report assessing the performance of support coordinators, their agencies, and Medicaid waiver support coordination service provision. Performance review of support coordination occurs on an ongoing basis, and performance metrics are examined regularly (e.g., monthly or quarterly).

DBHDD provided support coordination services to over thirteen thousand individuals receiving waiver services. At a minimum, all individuals receiving waiver services received at least a quarterly support coordination face-to-face contact. Individuals receiving traditional support coordination services received more than the required number of one face-to-face contact per quarter over the year. Individuals receiving intensive support coordination services received on average more than the required number of one face-to-face contact per month.

As part of a face-to-face visit, support coordinators are required to complete an Individual Quality Outcome Measures Review (IQOMR). An IQOMR may result in one or more resolution activities either via coachings or a referral. DBHDD initiated and followed up on 18,783 combined coachings and referrals to improve the services, supports, and outcomes of individuals they serve. When referrals are generated, a targeted close date is generated. 46.25% percent of referrals were closed by their intended close date.<sup>1</sup>

The scope of this annual report is performance of support coordination services rendered during Georgia's fiscal year (FY) July 1, 2023, through June 30, 2024 (FY24).

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<sup>1</sup> A performance standard has not been set for this metric.

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## SUPPORT COORDINATION SERVICES

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Support coordination services are a set of interrelated activities for identifying, coordinating, and overseeing the delivery of services to enhance the health, safety, and general wellbeing of waiver participants within the context of the person's goals toward maximum independence. Support coordination services cover two distinct waiver services known as support coordination (SC) and intensive support coordination (ISC).

During FY24, support coordination services were provided by seven agencies contracted by DBHDD and tasked with employing support coordinators to meet the support coordination service needs of individuals. Support coordinators are responsible for developing individual service plans (ISPs), monitoring the implementation of the ISP, assisting in the coordination of ISP revisions, assisting the individual or representative in locating a service provider, direct observation of individuals in service, review of documents, and follow-up to ensure that service plans have the intended effect. Support coordinators are also responsible for the ongoing evaluation of the satisfaction of individuals and their families with the ISP and delivery of waiver services utilizing a person-centered philosophy. ISC includes all the activities of SC, with additional activities that reflect specialized coordination of waiver, medical, and behavioral support services on behalf of individuals with complex medical and behavioral needs.

Since this is a support coordination services performance report, the content of this report is from the perspective of analyzing and reporting performance findings about the support coordination services system and its providers. DBHDD acknowledges that it may be more accurate to indicate that the performance of support coordination services and agencies, as well as the outcomes individuals experience, are dependent upon an entire system of DBHDD programs, administration, and providers of supports and services.

## ANALYSIS OF SUPPORT COORDINATION SERVICES

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The following sections contain analyses on the performance of support coordination services. Outcomes may be evaluated between time periods (e.g., quarterly) when appropriate. DBHDD evaluates performance of support coordination services using performance standards, such as classifying acceptable performance to be at least 86 percent. As such, this report compares performance to those performance standards (and in some places comparisons between quarters within the same year). This report does not make performance comparisons across years, as it is appropriate to evaluate performance against performance standards, where they exist. Not including cross-year comparisons simplifies the presentation of information and draws attention to performance evaluation of support coordination services against performance standards. Comparisons across years may be requested in consideration of quality improvement and other performance improvement initiatives.

## SUPPORT COORDINATION AND INTENSIVE SUPPORT COORDINATION

### Georgia's Support Coordination Service Agencies

Benchmark

CareStar

Creative Consulting Services (Creative)

Columbus Community Services (Columbus)

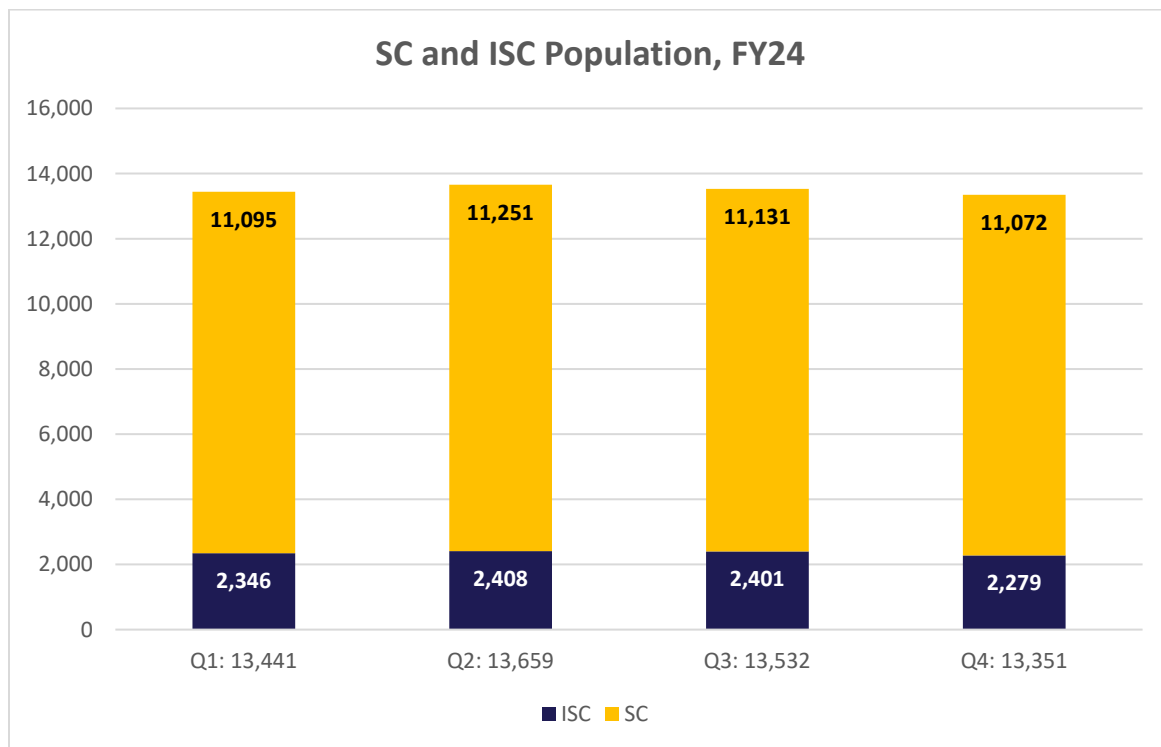
Compass Coordination (Compass)

Georgia Support Services (Georgia Support)

Professional Case Management Services of America (PCSA)

Seven support coordination agencies served 13,351 individuals receiving SC (11,072) and ISC (2,279) as of June 30, 2024.

Figure 1



## REGIONAL MAPPING

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Georgia is made up of mostly low-density population areas which challenges support coordinators in achieving caseload size and mix compliance. In densely populated areas, support coordinators can more easily achieve caseload compliance. In some instances, ISC individuals in rural areas reside more than 100 miles from ISC services. Additionally, in one county, no one receives SC services of any kind; in more than 20 counties, no one receives ISC services. The preference is for caseloads to be all SC or all ISC. However, due to sparse populations throughout much of Georgia, a caseload mix where a qualified support coordinator provides both SC and ISC services, may be required to address geographic and travel concerns. In areas with less dense SC and ISC recipients, then caseload compliance is more likely to vary from precise caseload compliance ratios specified in policy.

Figure 2

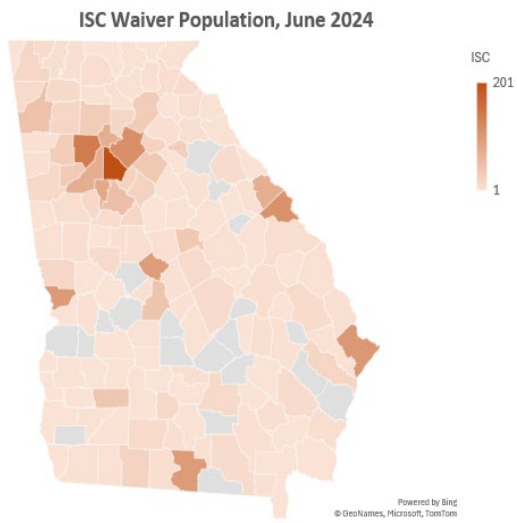


Figure 3

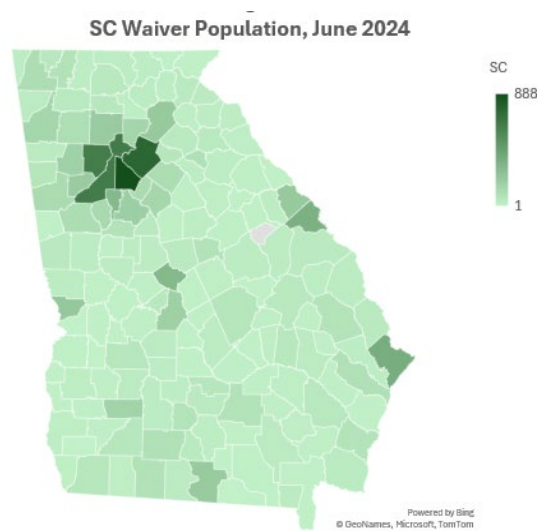
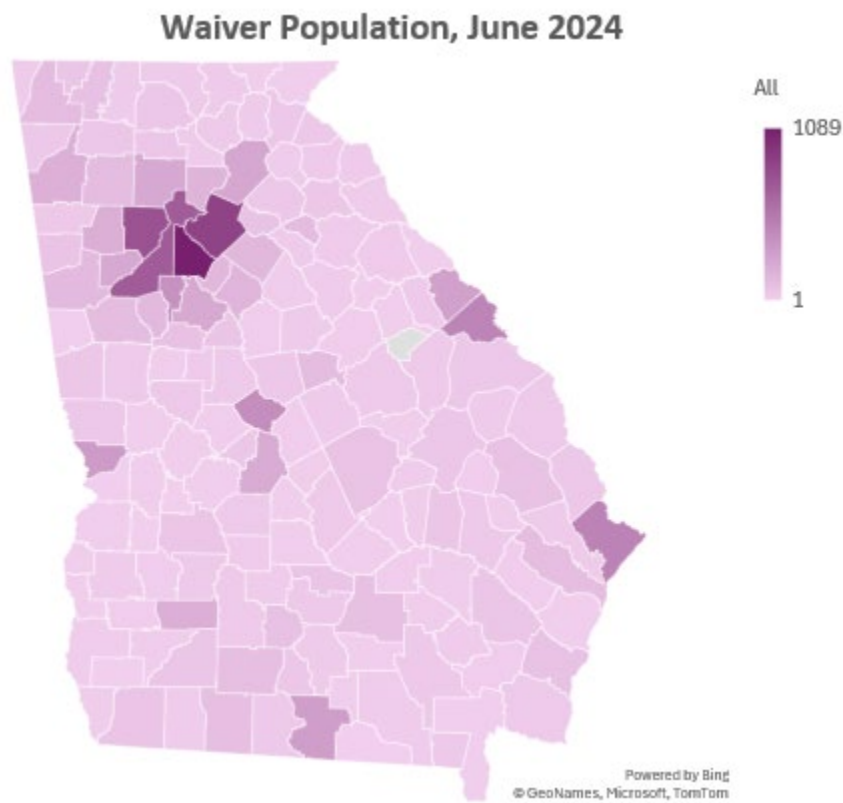


Figure 4



## REQUIRED CONTACTS AND INDIVIDUAL QUALITY OUTCOME MEASURE REVIEWS

### SUPPORT COORDINATION AND INTENSIVE SUPPORT COORDINATION

At a minimum, all individuals receiving waiver services receive a quarterly contact whereby the SC or ISC completes an Individual Quality Outcome Measures Review (IQOMR). The dashed line in Figure 5 represents the minimum number of contacts required for individuals by support coordinators. Individuals receiving SC services are to receive at least one contact per quarter. Figure 5 illustrates that, on average, individuals receiving SC services received more than the required number of contacts over the year. Individuals receiving ISC services are to receive at least one contact per month. Individuals receiving ISC services received on average more than the required number of contacts over the year as illustrated in Figure 6. Therefore, from a compliance perspective, SC and ISC recipients are receiving the required number of contacts.

Figure 5

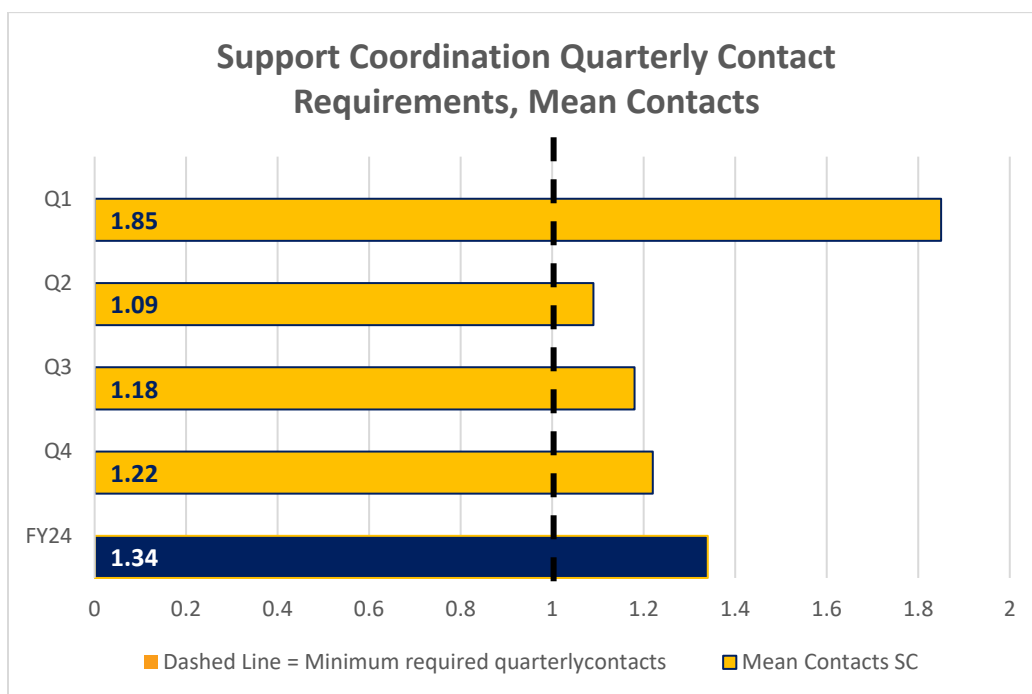
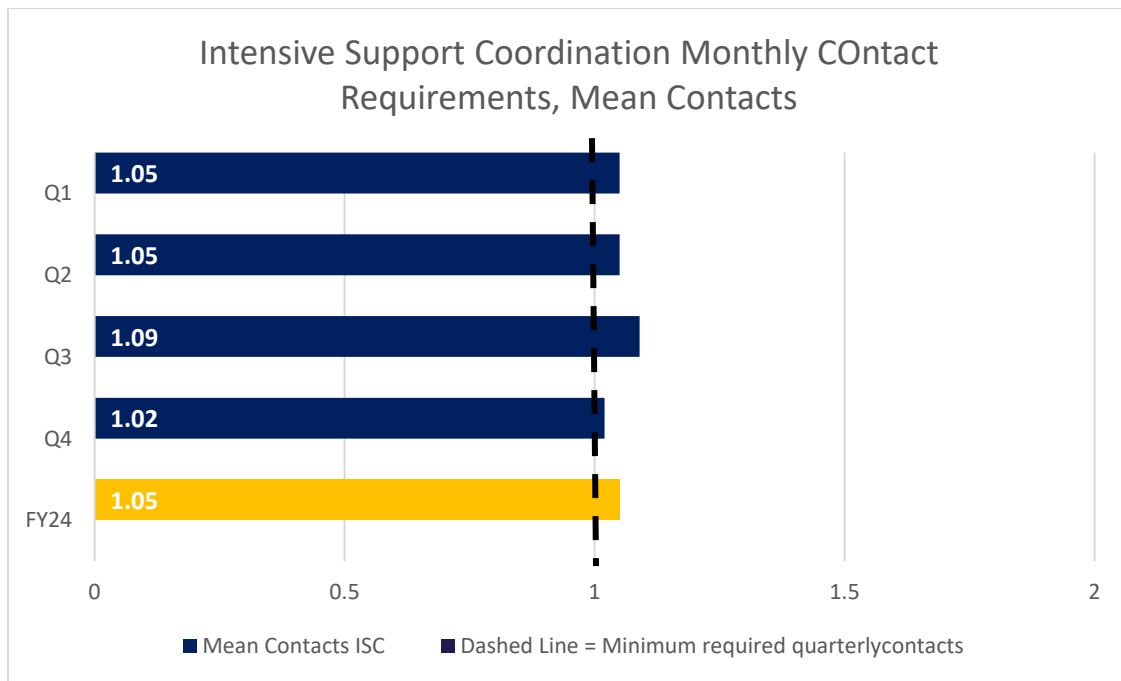




Figure 6



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## INDIVIDUAL QUALITY OUTCOME MEASURES REVIEW (IQOMR)

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The IQOMR tool, comprised of fifty-five questions, is divided into seven focus outcome areas (FOAs) which include:

- Environmental;
- Appearance/Health;
- Supports and Services;
- Behavioral and Emotional;
- Home/Community Opportunities
- Financial; and
- Satisfaction.

The individual quality outcome measures review (IQOMR) is the services and support evaluation tool used for support coordination services. Each focus area contains one or more questions that guide the support coordinator to do the following:

- Observe and interact with the participant as it relates to the elements of the item reviewed;
- Observe the setting for evidence pertaining to the item reviewed;
- Review any pertinent documentation relating to the item reviewed;
- Engage in discussion with staff members or natural supports who may have information on the item reviewed; and
- Observe staffs' or natural supports' interaction with the individual as it relates to the item reviewed.

Based on the support coordinator's completion of the above steps, each focus area question is evaluated based on the following standards:

- Acceptable standards are reached when elements of the focus area question have been fully evaluated by the support coordinator and there are no concerns to report. All elements of the focus area question have been met satisfactorily, and services/supports are being provided in an adequate manner; or
- Coaching is required when a concern, issue, or deficit is discovered in an element of a focus area question and, in the support coordinator's professional judgment, (s)he determines that the concern/issue/deficit can be resolved in collaboration with the staff members or natural supports without intervention by the field office or clinical staff; or
- Referrals are made to DBHDD or clinical staff to address serious concerns or untimely responses to coaching in the areas of the IQOMR.

In this section, DBHDD analyzed IQOMR response data and activity related to coachings and referrals. Figures 7 and 8 compare support coordination IQOMR positive answer performance for the first two quarters (July through December) and third and fourth quarters (January through June) of FY24. The dotted line indicates the 86 percent performance benchmark set by DBHDD.

ISC and SC services recipients sustained at well over 86 percent positive outcomes in all seven of the IQOMR focus areas.

Figure 7

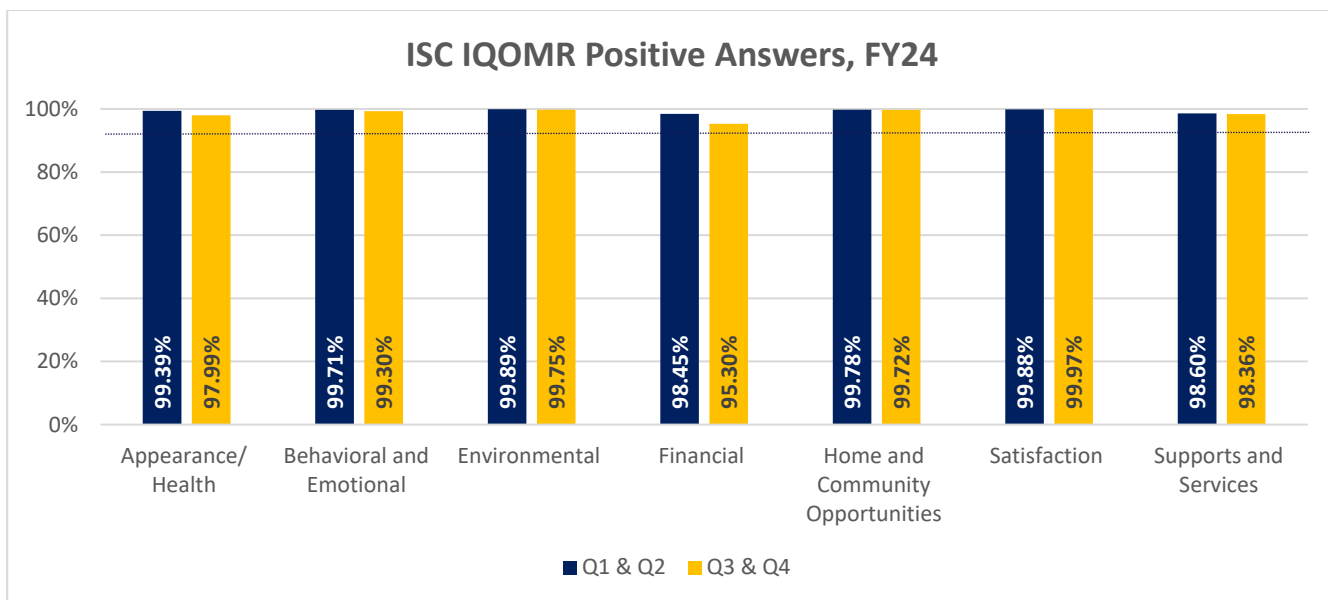
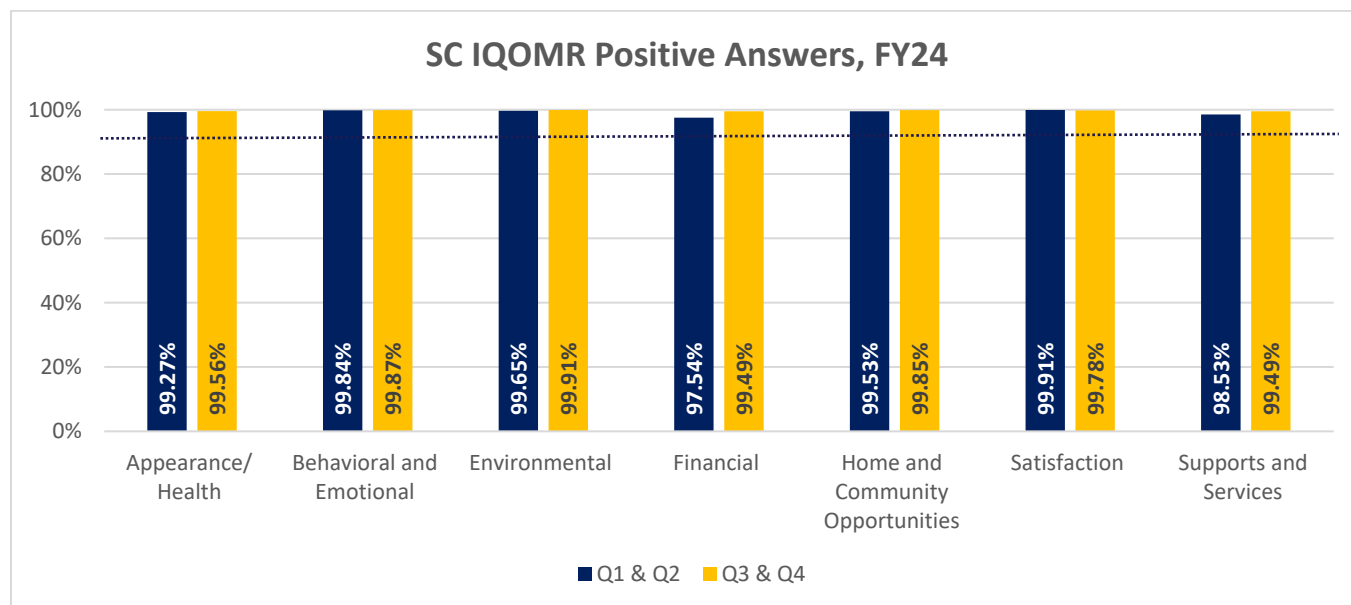


Figure 8



## COACHING AND REFERRAL ACTIVITIES

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Another important aspect of support coordination performance is engaging in resolution activities and documenting related coaching and referral actions. The coaching and referral activities indicate productivity and performance of support coordination agencies.

### Coaching

Required when a concern/issue/deficit is discovered in an element of a focus area question, and, in the support coordinator's professional judgment, (s)he determines that the concern/issue/deficit can be resolved in collaboration with the staff members or natural supports without intervention by the DBHDD field office or clinical staff.

### Referrals

Required for more serious risks than those addressed by coaching. Referrals are first addressed by the Support Coordinator/Intensive Support Coordinator along with the provider/natural supports attempting to resolve the concern. Unresolved referrals are made to the Division of DD or to clinical staff to address serious concerns in the areas of the IQOMR. Referrals can also be used to escalate the urgency of a coaching due to slow response or worsening circumstances.

Table 1 highlights coaching and referral activities across the seven IQOMR focus outcome areas. Support coordination agencies completed 13,170 coaching sessions during FY24. For each coaching session, at least one concern/issue/deficit was identified, and the individual benefitted because provider staff, natural supports, and the support coordinator collaborated to resolve the issue without involving others. Support coordination also made 5,613 referrals for more serious risks and situations. Referrals occur when individuals require additional resources to address or resolve an issue. Support coordination's referrals actuate additional staff (especially clinical staff) to assure the individuals' healthcare and ensure that other service needs are met. Combined, SCs and ISCs initiated and followed up on 18,783 coachings and referrals to improve the services, supports, and outcomes of individuals they serve. When referrals are generated, a targeted close date is generated. Forty-six-point-three percent of referrals were closed by their intended close date.<sup>2</sup> There are various reasons why a referral could remain open beyond its intended close date. One example would be a referral for the construction of a wheelchair access ramp at an individual's home. An initial close date would be set by the support coordinator; however, the

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<sup>2</sup> A performance standard has not been set for this metric.

time to obtain a contractor and complete construction of the ramp may take longer than expected.

These coachings and referrals are important because their primary goal is to encourage a collaborative relationship between the support coordinator, provider agency staff, natural supports and DBHDD staff. This collaboration serves as a pathway to effectively identify any unmet needs for the individual, working together to reduce or eliminate any associated risks, and ultimately achieve the best outcomes for the individual. Support Coordinators identify an intended close date for coaching and referrals based on the acuity of the concern or deficit as well as the ability to resolve it in an acceptable timeframe. When the identified deficit is addressed to meet the support needs of the individual, coachings and referrals are closed in the information management system. Should a referral not be resolved by the close date, the acuity is reviewed by the support coordinator. Based on the acuity, the provider/natural support may get an extension for addressing the concern if there is no immediate concern. If there is concern about the health and safety of the individual, the support coordination agency may contact DBHDD staff for intervention.

Table 1

<b>Coaching and Referrals Outcome Area</b>	<b>Number of Coachings</b>	<b>Number of Referrals</b>	<b>Average Percent of Referrals Closed by Intended Close Date</b>
<b>Appearance/Health</b>	1,373	121	60.25%
<b>Behavioral and Emotional</b>	414	165	30.50%
<b>Environment</b>	1,360	251	23.00%
<b>Financial</b>	309	288	33.25%
<b>Home/Community Opportunities</b>	4,594	3,396	48.50%
<b>Satisfaction</b>	2,051	1,068	51.00%
<b>Supports and Services</b>	3,069	324	48.00%
<b>Total</b>	13,170	5,613	46.25%

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## KEY FINDINGS

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In FY24, support coordination provided supports to over thirteen thousand individuals receiving waiver services.

- The seven support coordination agencies provided services to 13,351 individuals receiving NOW or COMP waiver services.
- Contacts with individuals encompassed traditional face-to-face visits and telephone conversations. Individuals receiving traditional support coordination services received on average, more than the required number of contacts over the year. Individuals receiving intensive support coordination services received on average, more than the required number of contacts for each month.
- Though performance standards have not been set for the following indicators, support coordinators initiated and followed up on 18,783 combined coachings and referrals to improve the services, supports, and outcomes of individuals they serve, including the following:
  - Support coordinators delivered 13,170 coaching sessions;
  - Support coordinators provided 5,613 referrals;
  - Forty-six-point-three percent of referrals were closed by their intended close date.

## Appendix A: Support Coordination Services, Agency Data, FY24

### Proportion of SC to ISC, FY24

	Q1		
Agency	ISC	SC	Proportion ISC
Benchmark	436	460	48.66
CareStar	177	363	32.78
Columbus	613	3797	13.9
Compass	170	390	30.36
Creative	527	3113	14.48
GA Support	191	1271	13.06
PCSA	232	1701	12.00
Totals	2,346	11,095	17.45

	Q2		
Agency	ISC	SC	Proportion ISC
Benchmark	437	475	47.92
CareStar	185	392	32.06
Columbus	627	3,827	14.08
Compass	179	415	30.13
Creative	541	3,116	14.79
GA Support	200	1,280	13.51
PCSA	239	1,746	12.04
Totals	2,408	11,251	17.63

	Q3		
Agency	ISC	SC	Proportion ISC
Benchmark	438	491	47.15
CareStar	191	422	31.16
Columbus	625	3855	13.95
Compass	178	425	29.52
Creative	546	3084	15.04
GA Support	193	1254	13.34
PCSA	230	1600	12.57
Totals	2,401	11,131	17.74

	Q4		
Agency	ISC	SC	Proportion ISC
Benchmark	437	504	46.44
CareStar	193	447	30.16
Columbus	581	3837	13.15
Compass	171	425	28.69
Creative	506	3057	14.2
GA Support	188	1239	13.17
PCSA	203	1563	11.49
Totals	2,279	11,072	17.07

Face to Face Visits, SC and ISC, CY19

SC/ISC Agency	SC Percent Compliance				ISC Percent Compliance			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Benchmark	94.81%	91.29%	86.15%	91.72%	94.53%	94.04%	95.52%	92.00%
CareStar	86.27%	88.16%	92.89%	87.25%	87.27%	88.44%	91.10%	85.83%
Columbus	89.26%	89.21%	87.47%	89.74%	85.78%	85.21%	84.37%	86.72%
Compass	96.78%	96.46%	91.76%	95.78%	93.27%	93.97%	93.14%	93.38%
Creative	99.41%	98.98%	97.11%	99.18%	97.52%	98.24%	97.18%	98.42%
GA Support	97.93%	97.68%	96.01%	98.15%	96.04%	98.17%	98.63%	98.57%
PCSA	89.47%	85.79%	90.38%	93.32%	95.54%	94.25%	93.78%	94.14%
Totals	93.51%	97.15%	91.83%	94.02%	95.88%	93.21%	92.81%	92.60%



## Appendix B: IQOMR Tool

### Individual Quality Outcome Measures Review

Individuals Name:	<input type="text"/>	Date & Time of Visit:	<input type="text"/>
Physical Address:	<input type="text"/>	Location of Visit:	<input type="text"/>
ADA Population:	<input type="text"/>	Funding Source:	<input type="text"/>

For each focus area question the reviewer selects a response from the evaluation options list. The reviewer is able to add further detail through comments/actions needed.

#### Evaluation Options:

Acceptable  
 Clinical Referral - Immediate  
 Clinical Referral - Critical  
 Coaching  
 Non-clinical referral - Immediate  
 Non-clinical referral - Critical

#### Comments/Action Needed:

Concerns, Barriers, Successes

Focus Area: Environmental	
1	The home/site is accessible to the individual.
2	The individual has access to privacy for personal care.
3	The individual has a private place in the home to visit with friends or family.
4	The individual has access to privacy for phone discussions with friends or family.
5	The individual has access to receive and view their mail/email privately.
6	The individual is able to have private communications with family and friends through other means.
7	The home setting allows the individual the option to have a private bedroom.
8	All assistive technologies are being utilized as planned.
9	All assistive technologies are in good working order.
10	The individual has adequate clothing to accommodate his/her needs or preferences/choices.
11	The individual has adequate food and supplies to accommodate the individual's needs or preferences/choices.

<b>Focus Area: Environmental (cont.)</b>	
12	The Residential/Day setting is clean according to the individual's needs and preferences.
13	The Residential/Day setting is safe for the individual's needs.
14	The Residential/Day setting is appropriate for the individual's needs and preferences.
<b>Focus Area: Appearance/Health</b>	
15	The individual appears healthy. Describe any observations regarding health since the last review.
16	The individual appears safe. Describe any observed changes related to safety since the last review.
17	There have been no reported changes in health since the last review.
18	The HRST aligns with current health and safety needs.
19	The ISP is available to staff on site. If there have been ISP addendums, they are available to staff on site.
20	Staff are knowledgeable about all information contained within the individual's ISP.
21	Indicated healthcare plans are current and have been reviewed by a nurse within the past year.
22	Indicated healthcare plans are available to staff on site.
23	All staff are knowledgeable about all of the individual's healthcare plans.
24	Indicated healthcare plans are being implemented.
25	Documentation is present to indicate that skilled nursing hours are being provided as ordered.
26	All medical/therapeutic appointments have been scheduled and attended.
27	All follow-up appointments have been scheduled and attended.
28	All physician/clinician recommendations are being followed.
29	All prescribed medications are being administered, as ordered, and documented accurately.
30	All required assessments/evaluations have been completed.
31	Since the last review, the individual has been admitted to a hospital or has visited an emergency room or urgent care clinic.
32	If applicable, hospital/ED/urgent care discharge plan instructions have been followed.

<b>Focus Area: Supports and Services</b>	
33	The individual's paid staff appear to treat his/her with respect and dignity.
34	The individual's natural supports appear to treat this/her with respect and dignity.
35	Supports and services are being delivered to the individual as identified in the current ISP.
36	The individual is being supported to make progress in achieving their goals (both ISP goals and informally expressed goals). Indicate the status of the individual's progress toward achieving established goals.
37	There is no need for additional services/supports at this time.
<b>Focus Area: Behavioral and Emotional</b>	
38	Since the last visit, there are no emerging or continuing behavioral/emotional responses for the individual.
39	Current supports and behavioral interventions are adequate to prevent engaging external interventions.
40	If needed, the individual has a Behavioral Support Plan, Crisis Plan, and/or Safety Plan relating to behavioral interventions.
41	If applicable, the plan(s) is/are available on site for staff review.
42	There is evidence of implementation of the Behavioral Support Plan, Crisis Plan, and/or Safety Plan. Staff are knowledgeable about the plan(s) and able to describe how they are implementing the plan.
43	Since the last review, GCAL or the Mobile Crisis Response Team has been accessed in response to a behavioral emergency. If applicable, the BSP/Safety Plan/Crisis Plan has been adapted to reflect any new recommendations or interventions needed.
44	Since the last review, the individual has had contact with law enforcement. If applicable, the BSP/Safety Plan/Crisis Plan has been adapted to reflect any new recommendations or interventions needed.

<b>Focus Area: Home/Community Opportunities</b>	
45	The individual has unpaid community connections. If needed, describe steps being taken to further develop community connections.
46	The individual is receiving services in a setting where he/she has the opportunity to interact with people who do not have disabilities (other than paid staff).
47	The individual is being offered/provided documented opportunities to participate in activities of choice with non-paid community members.
48	The individual has the opportunity to participate in activities he/she enjoys in their home and community. Describe steps being taken to increase opportunities to meet this objective and allow choices to be offered while in services.
49	If desired, the individual is actively supported to seek and/or maintain employment in competitive and integrated settings and/or offered customized opportunities.
50	The individual has the necessary access to transportation for employment and community activities of his/her choice.
<b>Focus Area: Financial</b>	
51	The individual is able to access and spend his/her money as desired.
<b>Focus Area: Satisfaction</b>	
52	Overall, the individual is satisfied with his/her life activities since the last review.
53	Overall, the individual is satisfied with his/her service providers since the last review.
54	Overall, the individual is satisfied with the type of services received since the last review.
55	Overall, the individual is satisfied with his/her family relationships/natural supports since the last review.