

## When to Submit a STAR:

*Using the STAR to communicate need for mid-year changes to the ISP and PA*

Category	Circumstance	Examples	STAR Needed	Action
<b>Service Change or Service Addition Resulting in Allocation Increase</b>	Change in circumstances of natural supports or the individual New service or increase in services is not urgent, but needed.	Natural support: Illness with gradual decline; return to work Individual: completes school or wishes to engage in a new community activity with support	Yes	Clearly describe the change in circumstance, including what the team has attempted to meet the need prior to requesting additional waiver funds. Indicate anticipated time span of need, e.g. temporary for 2 months, ongoing, etc.
	Significant change in health, behavior or abrupt loss of natural support. New service or increase in services is urgent to prevent jeopardy to health and safety.	Natural support: Acute or abrupt illness; unavailability to continue support Individual: Sudden increase in challenging behavior; abrupt decline in physical status <i>Note: ensure that individual is receiving evaluation of medical and/or health status</i>	Yes, Urgent	Clearly describe, in measurable terms, the change in health, behavior or urgent circumstance. Document what other sources of support were explored prior to requesting additional waiver funds.  Indicate anticipated time span of need, e.g. temporary for 2 months, ongoing, etc.

Category	Circumstance	Examples	STAR Needed	Action
<b>Service Change – No Additional Funds Needed</b>	Participant/Representative wants to reallocate funds from one service to another within the category of “day services”	<ul style="list-style-type: none"> <li>• CAG to PV</li> <li>• CAI to CAG</li> <li>• PV to SEI</li> <li>• SEG to PV</li> <li>• SEI to CAI</li> </ul>	No	<p>If the change is mid-year, SC submits an ISP Addendum that describes the reason for the change, it can be approved by the Field Office per policy.</p> <p>If the change occurs in conjunction with the annual ISP, the newly selected service is added to the ISP in the service descriptions.</p>
	Participant/representative wants to reallocate funds from one service to another between service categories  <b>Includes any service category to another where the need for the service has not been assessed and approved.</b>	<ul style="list-style-type: none"> <li>• Day service to CLS</li> <li>• CLS to a Day service</li> <li>• CRA to CLS or CLS to CRA</li> <li>• Any service to SMS or vice versa</li> <li>• Day service to Respite or vice versa</li> <li>• CLS to IDGS or vice versa</li> </ul>	Yes	<p>All services must be ordered based on assessed need directly relieved by the service requested.</p> <p>Submit STAR and include the reason why the participant/ representative wants to change services.</p> <p>*For IDGS related requests, SC must itemize what the needs are for which IDGS funds will be utilized.</p>
<b>Policy Change Resulting in Service Limit Increase</b>	SMS needs exceed \$1868.00 (COMP) or \$1734 (NOW). The person did not previously have an ER for SMS	Family/ provider was privately paying supply needs in excess of prior COMP/NOW limit (\$1868/\$1734).	No	<p>SC must verify physician’s order for additional needed supplies (other than incontinence products). SC submits an ISP addendum that provides an itemized list of all supply needs, the amount needed and the cost of each item. LOC will review and approve.</p>

<b>Policy Change Resulting in Service Limit Increase</b>	Individual receives \$1868 (COMP) or \$1734 (NOW) of SMS and has no new documented supply needs, but is requesting an increase.		No	New or unmet needs must be justified and documented on an ISP addendum to access additional SMS funds.
	Individual received ER for SMS and expenses are under \$3,800.		No	Field Office will convert to standard SMS at expiration of ER.
	Individual received ER for SMS and expenses are over \$3,800.		No	SMS provider is to submit <i>Exceeding Maximum Units</i> request to Field Office prior to ER expiration.
	Individual has current authorization for Respite services. No new needs identified.		No	Division of DD will edit PA's to reflect the new Respite service rate.
	Individual receives Respite services at the max allocation AND higher skilled staff are needed to support the individual due to extensive medical or behavioral needs.		Yes.  *Category 2 maximum (\$6208) can be requested.	Clearly describe the nature of the extensive medical or behavioral support needs. Include justification of why natural supports, current staff or other services cannot meet needs. Submit a SIS Request Form to the Field Office, so the category can be determined.
	NOW Waiver Maximum Cost Cap increased to \$40,000	Individual is in COMP, does not live in a CRA and has service needs costing between \$25,001 and \$40,000.	No	Individual will NOT convert from COMP to NOW. They will be held harmless. All individuals new to services or who have new service needs such that their service costs increase up to \$40,000 will remain in the NOW Waiver. No STAR needed.
	Individual receives PD NOW services and has been privately paying for needed services costing between \$25,001 and \$40,000.	Parent has been paying privately for caregivers for needed support hours due to using allocation to fund other needed services	Depends	Submit STAR, only if there is an assessed need for additional services to offset the cost to the family.

<b>Policy Change Resulting in Service Limit Increase</b>	NOW: Supported Employment Individual maximum increase to \$17,856	Individual receives SEI at the previous maximum and the amount of services is not adequate to meet the person's support needs	No	Do NOT submit a STAR. Field Office I&E Social Workers will receive lists of individuals receiving SEI at the max who have needs for additional SEI hours, identified by SC. Reassessments will be completed in advance of the individual's annual ISP to validate need for additional SEI funds.
	Transportation separated from Supported Employment (Group and Individual)	Transportation for SE previously provided by SE provider or privately paid.	No	Do NOT submit a STAR. Submit an ISP addendum adding Transportation as a separate service and itemize the associated costs. Document that individual has no other options for transportation. Examples: public transportation, family transport, etc.
<b>Lapse in Service(s) due to reasons such as:</b> <ul style="list-style-type: none"> <li>Challenges finding a provider for that service after approval</li> <li>Termination from a service provider</li> <li>Unanticipated move without services coordinated</li> </ul>	Individual has urgent service needs and a lapse in services will result in negative consequences to health, safety, or family circumstances such as inability to work.	Unanticipated move and previous service providers cannot serve the area of new residence.	Yes, Urgent	STAR should indicate the service change requested to cue the Field Office that a PA change is needed.
	Individual wants to reallocate funds from one day service to another day service. For example:	<ul style="list-style-type: none"> <li>CAG/PV to CAI</li> <li>SEI/SEG to CAG/PV</li> <li>CAG/PV to SEI/SEG</li> </ul>	No	If the change is mid-year, SC submits an ISP Addendum that describes the reason for the change in service category to cue the Field Office that a PA change is needed.
	Individual wants to temporarily reallocate funds from one service category to another. The need is not urgent, as there are services/natural supports who can meet needs in the interim.	Individual moved to a new county/region with family and is now too far from the CAG program. Wants to use CAG fund for CAI and Respite until new provider is located.	Yes.	Submit STAR and include the reason why the participant/ representative wants to temporarily reallocate funds until providers for approved services can be located.

<b>Category</b>	<b>Circumstance</b>	<b>Examples/Notes</b>	<b>STAR Needed</b>	<b>Action</b>
<b>Nursing Services Needed</b>	Newly identified need for Nursing Services	Individual was discharged from the hospital and now has a G-tube or other need requiring nursing services.	Yes, Urgent	Provider MUST upload physician's order and most current MAR to CIS. Provider MUST update HRST. Review cannot occur without these items. STAR must outline the <i>SKILLED NURSING</i> tasks, for which the participant requires a LPN/RN.
	RN TAC completed based on request. Field Office RN recommended Nursing Services.	SC requested TAC previously or Field Office clinician completed assessment based on criteria met for update or a request from another source.	No	Submit ISP addendum citing the uploaded assessment (date) and recommended Nursing Services (including hours, if available).
<b>Behavioral Services Needed (BSC/BSS)</b>	CABS completed based on request. Field Office Behavior Specialist recommend BSC and/or BSS.	SC submitted STAR for TAC previously or Field Office clinician already completed an assessment based on criteria met for update or a request from another source.	No	Submit ISP addendum citing the uploaded assessment (date) and recommended BSC and/or BSS (including hours).
	BSC or BSS are indicated due to behavioral concerns that are increasing in frequency or severity.		Yes	Clearly describe the nature of the behavioral support needs in measurable terms, including frequency, severity and change over time. Include statement about why natural supports, current staff or other services are experiencing challenges with behavioral interventions.

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<b>Services Needed Above Current Service Maximum</b>	Individual has staffing needs within CRA or CLS settings that exceed current service maximums.	<i>Note: Staffing needs represent continued need versus new need or one resulting from condition change</i>	No	SC prompts provider to submit <i>Additional Residential Staffing</i> request/template.
	Individual has staffing needs within CAG that exceed current service maximums.		No	SC prompts provider to submit <i>Extraordinary Staffing</i> request/template.
	Individual's needs for SMS or SME exceed current service maximums.		No	SC prompts provider to submit <i>Exceeding Maximum Units</i> request/template.
<p>A STAR is NOT accepted in these circumstances. Providers can find the corresponding request forms and templates in the Developmental Disabilities Provider Toolkit on the DBHDD website at: <a href="https://dbhdd.georgia.gov/provider-toolkit-0">https://dbhdd.georgia.gov/provider-toolkit-0</a></p> <p>If a request was already submitted and the provider has not heard a disposition from the Division, the SC may contact the Field Office Community Case Expeditor to request and update on the status of the request. If the request for ARS/ES is URGENT, contact the CCE (and/or the RSA) describing the nature of the urgency of the request. For true emergencies, the Field Office may elect to complete a STAR internally for temporary approval of ARS/ES, while awaiting disposition by the Division.</p>				
<b>Clinical Assessment Needed to Determine Recommended Services</b>	Individual has had changes in circumstances or a condition change and the support team is not certain how the change should impact their services/supports.		Yes	Check " <i>Technical Assistance Only</i> ". Describe circumstance or condition change. Indicate options explored and what the SC hopes to gain from the clinical assessment. Field Office clinician will be assigned to evaluate the person and make recommendations about the best course of action.

## Important Tips for Writing STARS

- Do NOT submit a STAR if there have been no mid-year changes in condition or circumstances that impact needed services. An individual's full array of ordered services can be discussed annually at the time of the ISP renewal to determine if there are any changes in service needs for the individual. A STAR is only to be submitted to communicate about necessary mid-year changes to services ordered.
- When you send a STAR, evaluate ALL needed services at the same time to determine if there are any other services that can be addressed with the same STAR, rather than separate STAR's for each new service needed.
- Be concise. Only include pertinent information that justifies the need for the service and usage frequency requested.
- Do NOT cut and paste information directly from the current ISP. Rather, summarize any essential information to the extent possible.
- The requests must take into consideration *Covered Services* and *Non-Covered Services* within waiver service descriptions and maximum billable units. Do not submit a request documenting needs that exceed the maximum billable units. Requests exceeding maximum billable units must be submitted directly from the provider to the Field Office.
- Requests for additional waiver funds must include a description of prior efforts made to identify non-waiver resources. NOW/COMP can only fund services/supplies not covered by any other funding source or unpaid support. If the Support Coordinator is uncertain about options for non-waiver resources, they should consult with their supervisor(s) prior to submitting a STAR. **Possible sources:** *Medicaid State Plan (Children's Intervention Services, EPSDT, home health care, durable medical equipment/supplies), Medicare, private health insurance, equipment lending organizations, educational systems, county recreational services, voluntary community groups, religious institutions/organizations, informal interest groups, etc.*
- Communicate with parents/participants/providers to inform them when a STAR has been submitted and follow-up with the Field Office, as needed, based on the urgency of the request.