





Intellectual & Developmental Disabilities Open Enrollment Forum

November 15, 2016

Agenda



- Welcome and Introductions
- **Provider Operations**
- **Overview of Now and Comp Wavier**
- **Overview of Behavioral Supports**
- Recruitment and Application to Become a Provider of IDD Services
- Pre-Qualifiers for Potential Providers
- RISKS
- Certificates
- Q & A

Introductions

- Department of Behavioral Health and Developmental Disabilities
 - Camille Richins, Director of Provider Enrollment
 - Catherine Ivy, DD Community Services
- Georgia Collaborative ASO
 - Mona Allen, Director of Quality Management
 - Jessica Willhite, Provider Relations Manager/Trainer
 - Jenny DeLoach, Provider Relations Manager/Trainer



Overview of NOW and COMP Waiver Services

New Options Waiver Program Comprehensive Supports Waiver Program

- Collaboratively administered by the Georgia Department of Community Health (Medicaid) and the Georgia Department of Behavioral Health and Developmental Disabilities
- GA DBHDD serves as the Operating Agency for the two waiver programs
- Provides 22 distinct services with self-directed options

Community Access Services: What does this Mean?

- Designed to assist with activities outside the home
- Can be delivered 1 1 or in small groups
- Requires a license: No

Community Living Support Services: What does this Mean?

- Delivered in the person's home
- Can involve personal care, nursing care, or teaching daily living skills
- Requires a license: Yes Private Home Care

Community Residential Services: What does this Mean?

- Only provided through the COMP Program
- Provides support in a residential setting
- Settings can include Community Living Arrangements or Host Homes (1-2 individuals) managed by a residential provider
- Requires a license: Yes Community Living Arrangement
 No Host Home

Prevocational Services: What does this Mean?

- Prepares someone for work in an "integrated setting"
- Involves teaching those skills necessary for work
- Requires a license: No

Supported Employment: What does this Mean?

 Supports individuals in finding and/or creating a job that matches individual needs

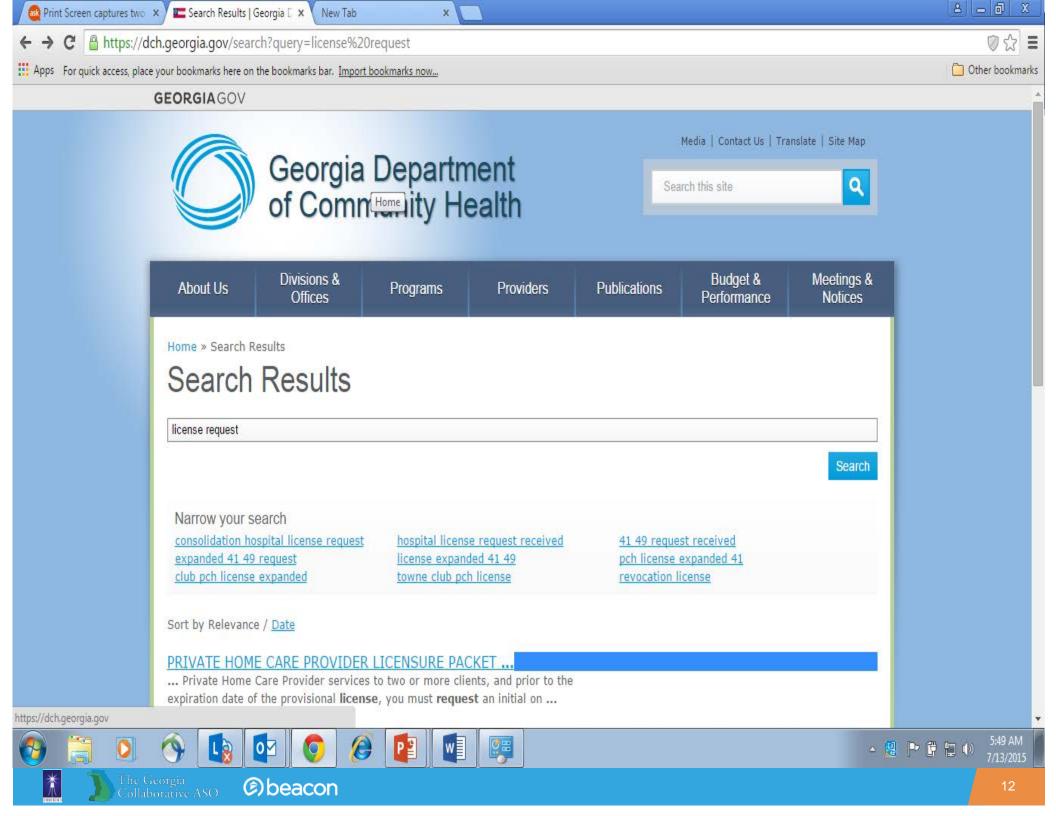
- Provides on site coaching on the job site
- Can be provided 1 1 or in small groups
- Requires a license: No

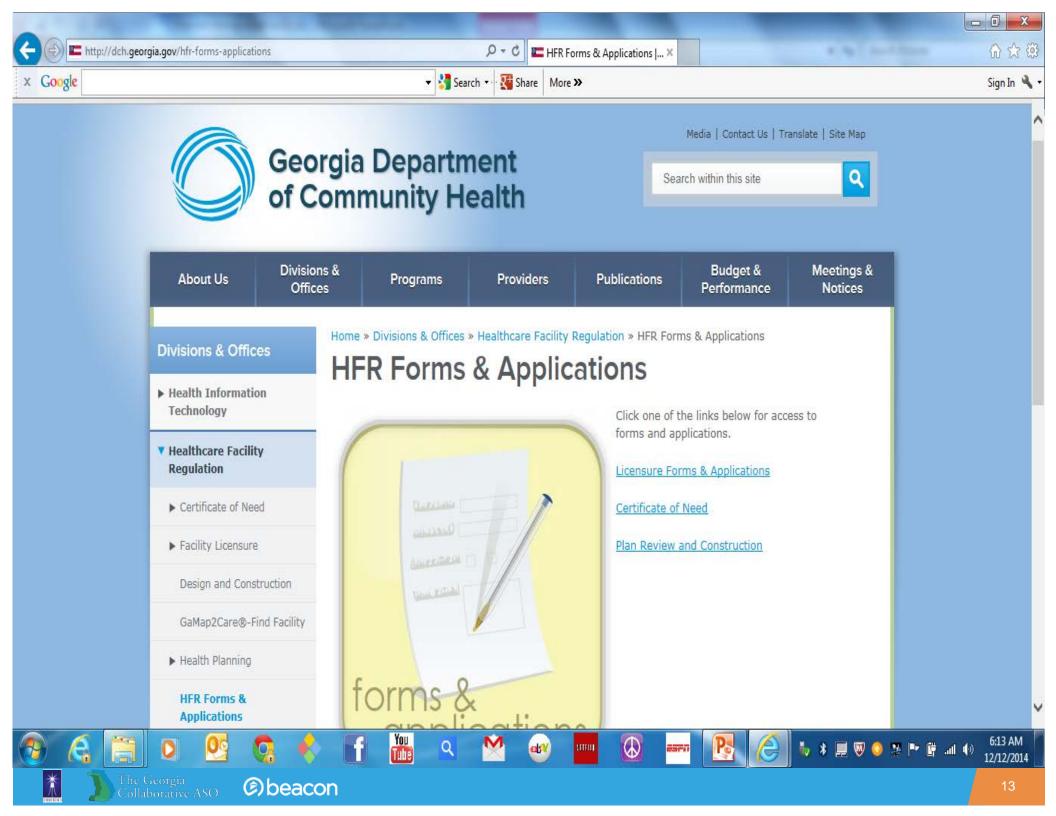
How do I apply for a license?

http://dch.georgia.gov/healthcare-facility-regulation

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| Healthcare Faci Regulation | lity ti | Office at http://rules.sos.state.ga.us/ . All files posted in Adobe Acrobat PDF format. Please note that where PDF versions of the rules are provided on this web site, they are unofficial copies of the rules that have been reformatted and compiled for the convenience of the public by Department of Community Health. More PDF copies of the rules will be posted at a later date. | | | | | |
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| GaMap2Care® | -Find Facility | Ambulatory Surgical | | | | | |
| HFR Forms & A | pplications | Anatomical Gifts, Cha | - | | 1 9 62 Updated 10/ | 20/12 | |
| HFR Laws & F | Regulations | Assisted Living Comn Birthing Centers | nunicies (25 or more i | <u>esidents</u> , chapter 11 | 1-8-03 - Opualeu 10/. | 29/13 | |
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| https://dch.georgia.gov/divisionsoffices | | <u>Community Living Ar</u> | rangements | | | | - |
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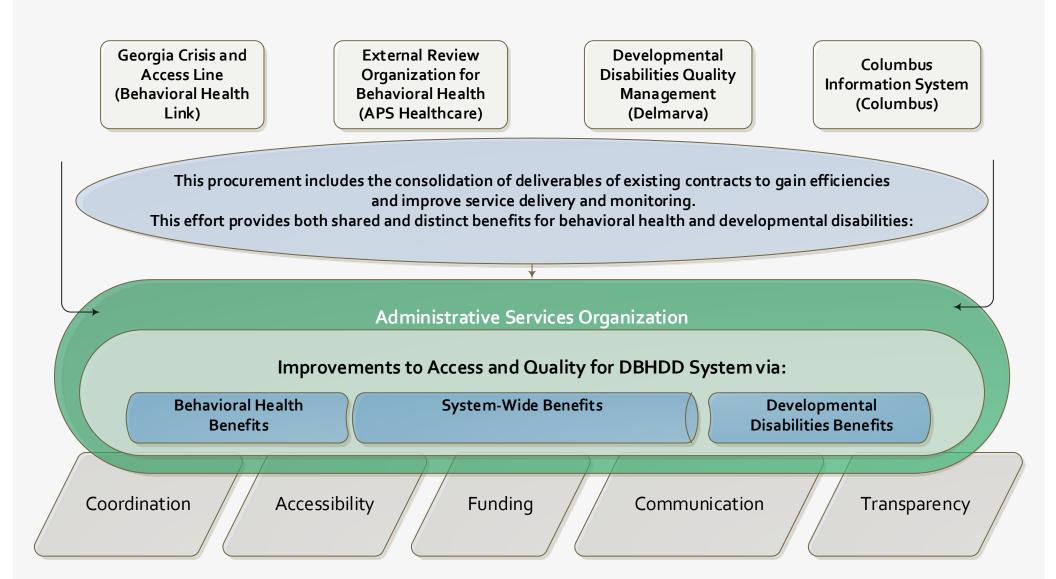


- Waiver Amendments approved 12/11/14
- Changes to the service network:
 - Adds two services
 - Allows three services to be provided as stand-alone, discrete options:
 - Nursing services RN and LPN -new policy available 10/1/15 at www.mmis.georgia.gov
 - Behavioral Supports Consultation Services policy edits available 7/1/15 at www.mmis.georgia.gov
 - Behavioral Supports Services new policy available 7/1/15 at www.mmis.georgia.gov



The Georgia Collaborative ASO

The Georgia Collaborative ASO



The Georgia Collaborative ASO



- The right service
- In the right amount
- For the right individuals
- At the right time

"Providing Easy Access to High Quality Care That Leads to a Life of Recovery and Independence"

- Support recovery, resiliency and independence in community based service system
- Leverage technology through an integrated, customizable platform allowing all core functions to "communicate" (The CONNECTS platform)
- Coordination of previously disparate systems
- Improve state wide and provider specific outcomes and provider performance

High Level Overview of Letter of Intent (LOI) and Application

Policy 02-701: <u>https://gadbhdd.policystat.com/policy/1198761/latest/</u>

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DBHDD recruits providers who have the required clinical knowledge, financial stability and successful experiences in serving individuals with intellectual/developmental disabilities as outlined in policy <u>02-701</u>. The review process is accomplished through the use of a prequalification process and an application process. The Georgia Collaborative, on behalf of DBHDD, is responsible for these reviews.

| IDD Provider Forum | IDD Open Enrollment |
|--------------------|-----------------------|
| November 15, 2016 | December 1 – 31, 2016 |
| March 15, 2017 | April 1-30, 2017 |

- Moving forward Developmental Disabilities (DD) Services will be referred to as Intellectual and Developmental Disabilities (IDD) Services.
- The Georgia Collaborative will host 3 IDD forums each fiscal year, followed by an open enrollment period.
- Attendance of the enrollment forum is required for NEW providers. A certificate of attendance will be emailed to providers following forum, which must be submitted with LOI to enrollment services for processing.

Process Timeline Based on Process Flow

| Milestones | Turn around time (Days) | Notes | Deficiencies |
|---|---------------------------------|---|--|
| Letter of Intent Notification of Receipt | 5-7 business days once assigned | Email sent to provider for receipt of LOI | N/A |
| ASO Internal review of LOI | 30 business days | | 1 opportunity to correct; must respond within 5 business days. |
| ASO Internal Review of Corrections Submitted | 15 business days | | |
| If LOI Approved, Application Submission by Provider | Within 30 days | Provider has 30 calendar days to submit the application | |
| ASO Review of Application** | 30 business days | | |
| Regional Field Office Scheduling of Site Visit | 30 Calendar Days | Regional Field Office has 30 days to schedule site visit | |
| Provider submits DCH Application | Approximately 4 – 6 weeks | From online submission to DCH. DCH application will terminate after 45 days | |
| ASO Orientation Training | 30 Calendar Days | GA Collaborative via Webinar | |
| DBHDD issues Letter of Agreement (LOA | | | |

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Letter of Intent (LOI)

Letter of Intent

- All items on the checklist must be submitted
- All fields must be completed
- Handwritten Documents will be rejected
- Contract must contain contents outlined in Recruitment Policy 02-701
- Right to request additional information



LOI Submission

Letter of Intent and supporting documents must be mailed to

GA Collaborative Enrollment 240 Corporate Blvd, Suite 100 Norfolk, VA 23502

Pre – Qualification Elements Examples

| Agency | Individual |
|--|---|
| LOI | LOI |
| Resume of Director or DDP | Individual Resume |
| Resume RN, applicable to CRA or nursing services* | Current Applicable License or Certification |
| Signed attestations – Director, DDP, and RN (if applicable) | Transcripts or evidence of continuing education (Behavior Support Consultation Services Only) |
| Copy of current Georgia Secretary of State registration | If not professionally licensed, waiver services should be provided for one – year through self direction. |
| Evidence that applicant has provided community based DD service for a minimum of 1 year. | |
| 2 years of Tax returns or audited financials | |
| Three professional references | |
| Copy of current applicable license(RN, PHC, CLA, therapist) | |
| Projected Staffing Schedule | |
| IRS exempt Status, if applicable | |

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Agency and Director Pre-qualifiers & Requirements

| | Option 1 | Option 2 | |
|------------------------|---|---|--|
| Director Degree | Bachelor degree – related field | Associate degree – related field | |
| Director Experience | Five yrs. of service delivery experience to persons with IDD At least two of yrs. in an IDD community services supervisory capacity | Six yrs. of service delivery experience to persons with IDD At least two of these yrs. in an IDD community services supervisory capacity | |
| DDP/RN Requirements | Yes – See Section I of Community Service Standards for IDD Providers: <u>http://dbhdd.org/files/Provider-Manual-DD.pdf</u> Same individual may serve as agency director, nurse, and/or DDP Required to employ or contract licensed RN Professional contract if serving as the Nurse or DDP Attestations * Nursing and residential services | | |
| Agency | Secretary of State registration Valid County /City Business License for Site Explanation for any "Yes" responses on Professional General Liability form Current applicable HFR licenses or permits | | |

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Financial Requirements

The following documents must be in the name of the agency and not the individual owner:

- Most recent 2 years of tax returns or audited financials
- Most recent 6 months of bank statements
- \$50,000 credit line per Community Residential Alternative (CRA) site*

*Agency Applicants Only

Staffing Requirements

- Schedule must reflect times of day staff will work
- For CRA services schedule should reflect number of direct support staff to cover 24/7needs
- All sites serving 3 or more individuals will schedule more than one staff to work during critical times (this may include mornings, afternoons, and weekends)

Additional coverage allows the provider to support individual choice and other best practices!

Response to Pre qualifiers and Letter of Intent

- Within 5 business days you will receive correspondence from enrollment with notification that your LOI was received.
- Within 30 business days of receipt of LOI and pre-qualifiers, the GA Collaborative will send correspondence to notify of any deficiencies of information.
- If the LOI is complete, then an Invitation to complete an application will be sent to the provider and will include:
 - Instructions on completing the Agency/Individual Application for New Providers
 - Instructions on completing the online application for a Medicaid ID number through DCH.

Rejection v. Deficiencies LOI

| Rejected/Closed | Deficient |
|---|--|
| Handwritten | License or other documents near expiration |
| Blank Spaces in body | Incomplete/Insufficient Documentation |
| Documentation not attached/Missing Documentation | |

- Applicants have 5 business days from the date of the initial outreach notifying them of deficiencies to submit the corrections. The information can be sent via US Postal Service certified return receipt of mail, FedEx, UPS Delivery or email <u>GA_Enrollment@beaconhealthoptions.com</u>
- Applicants have one opportunity to submit corrections!



Application Submission

Submission of Application

- Provider will complete the Georgia Collaborative ASO/DBHDD application within 30 days of notification of approval of LOI.
- Within 5 business days you will receive correspondence from enrollment, that your application was received.
- Within 30 business days of receipt of application, the GA Collaborative will send correspondence to notify of any deficient information. The provider has 5 days to make corrections.
- If application is complete, Regional Field Office staff will schedule site visit within 30 days of notification.
 - Provider invited to complete and submit DCH application online
- Individual providers will need to complete background checks during this phase. (Refer to DBHDD Policy 04-104).
- GA Collaborative will forward recommendations to DBHDD.

Response to Correction of Incomplete Application

- Once corrections are received and reviewed, the GA Collaborative will inform the applicant via email of recommendation to DBHDD.
- For all agency's /individuals that have not submitted required elements of application, they will be informed they must wait until next enrollment cycle to re-submit Letter of Intent.
- Any incomplete applications as well as those not received during correction period will result in closure of application and notification will be submitted to DCH that application is incomplete.
- If DCH denies the application, DCH will inform provider of next steps. Please note that per DCH policy, the provider must wait 1 year before submitting another application.

Submission of Application (cont.)

Completed applications can be sent via mail or email:

GA Collaborative Enrollment 240 Corporate Blvd, Suite 100 Norfolk, VA 23502

or

GA_Enrollment@beaconhealthoptions.com

Next Steps

Upon Approval by DCH

- Provider must register and attend a provider orientation session within 30 days.
- Orientation sessions will be held on a monthly basis. Details will be available at <u>www.gacollaborative.com</u>.
- Once the provider orientation is completed, a Letter of Agreement (LOA) will be issued by DBHDD.
- The LOA will be sent to the provider for signature via email.
- Provider must return the signed original LOA via mail to the Department within ten days.
- DBHDD notifies the Collaborative to add the provider to the Network.

Things to Remember

- Services may not be provided without a fully Executed LOA.
- All services must receive Prior Authorization (PA) from the DBHDD Regional Field Office designee.
- Notification of periodic Provider Meetings will be announced to providers who are expected to attend per LOA.
- Agencies should refer to DBHDD Policy 04-104 Criminal Record Check for Contracted Providers, before staff can work with any individuals.

Provider's can request additional services and sites after:

Agency has provided a minimum of twelve (12) months of services from the date of approval

AND

Achieved a successful compliance review with the Community Standards Quality Review Unit or obtained Accreditation

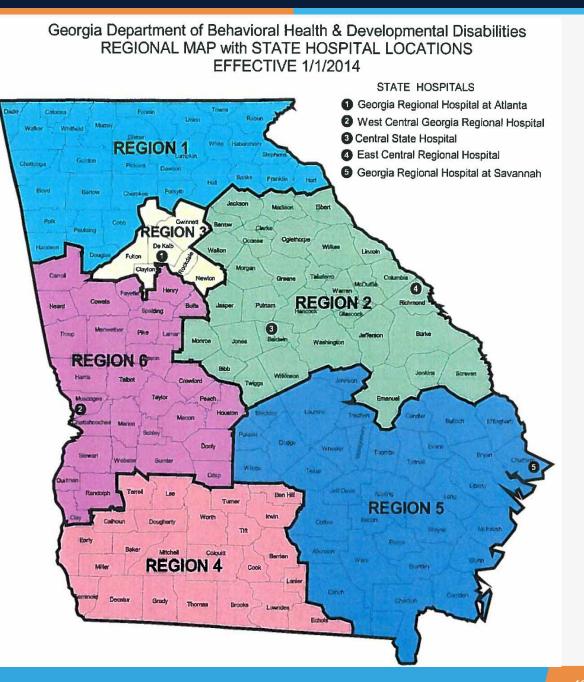
**Please note that when a provider has not used their provider number for 12 months, the number will be suspended and then the provider number will be terminated four months after the suspension. This is automatically done by DCH.



DBHDD Regional Field Offices

DBHDD Regional Field Offices Map

- Regional Field Office 1
- Regional Field Office 2
- Regional Field Office 3
- Regional Field Office 4
- Regional Field Office 5
- Regional Field Office 6



Field Offices

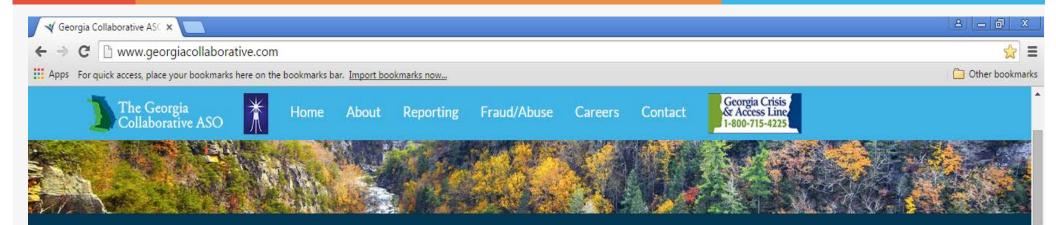
| Field Office 1 | Field Office 2 | Field Office 3 |
|--|---|---|
| RSA – Allen Morgan 1230 Bald Ridge Marina Road, Suite 800 Cumming, GA 30041 Phone – (678) 947-2818 | RSA – Karla Brown 3405 Mike Padgett Highway, Bld 3 Augusta, GA 30906 Phone – (706) 792-7733 | RSA – Debra Cook 3073 Panthersville Road, Building 10, Decatur, GA 30034 Phone – (404) 244-5050 |
| Field Office 4 | Field Office 5 | Field Office 6 |
| | | |

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Know Your Resources

Where can I get forms? www.georgiacollaborative.com



Georgia Collaborative ASO

Welcome to the Georgia Collaborative Administrative Services Organization (ASO) website. Working with the Georgia Department of Behavioral Health and Developmental Disabilities' (DBHDD) network of more than 600 providers, the Georgia Collaborative ASO facilitates the delivery of whole-health, person-centered and culturally sensitive supports and services to individuals and their families throughout the state.



For Individuals & Families

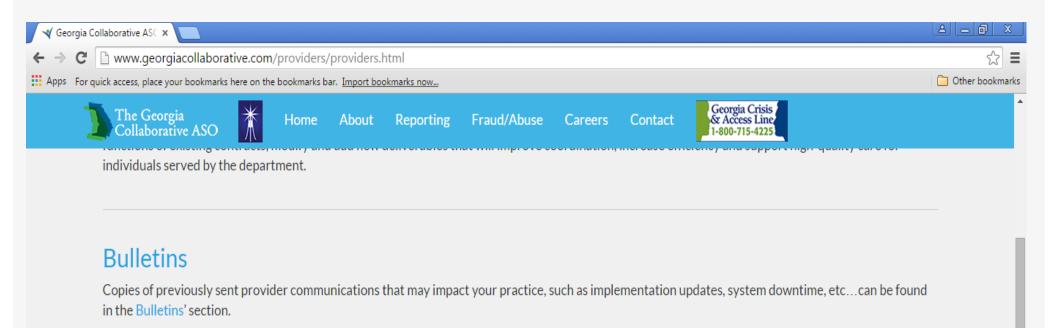
For Providers

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Provider Enrollment

Interested in becoming a provider for the Collaborative or need to update your information? Visit our Provider Enrollment page.

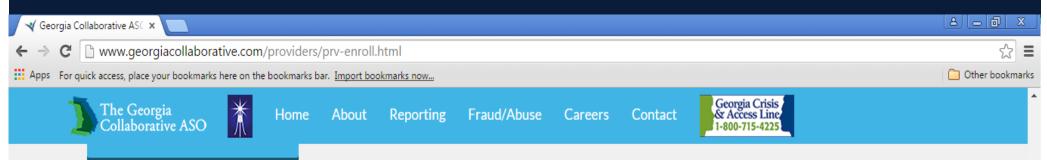
Provider Information

For our training calendar, important forms and many other useful tools to aid you in your practice, visit our Provider Information section.

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Welcome to the provider application page. Within, you'll find information related to:

- Becoming a new provider
- Continued participation as an existing provider
- How to update your existing DBHDD contract

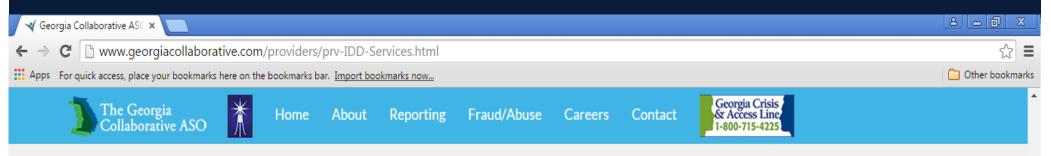
Please note: The GA Collaborative ASO administers the enrollment process on DBHDD's behalf and all contracting decisions remain with the department. By following the links below, you will find the necessary documents to apply for enrollment consideration in the DBHDD provider network.

Behavioral Health Services

Intellectual & Developmental Disabilities Services



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New providers wishing to enroll in DBHDD's network are required to attend a Provider Enrollment Forum prior to completing a Letter Of Intent and mailing it to:

GA Collaborative Enrollment 240 Corporate Blvd, Suite 100 Norfolk, VA 23502

Existing DBHDD contracted providers seeking to apply for contracting of new services or locations have a choice and may either mail their completed Application to the address above or email it to:

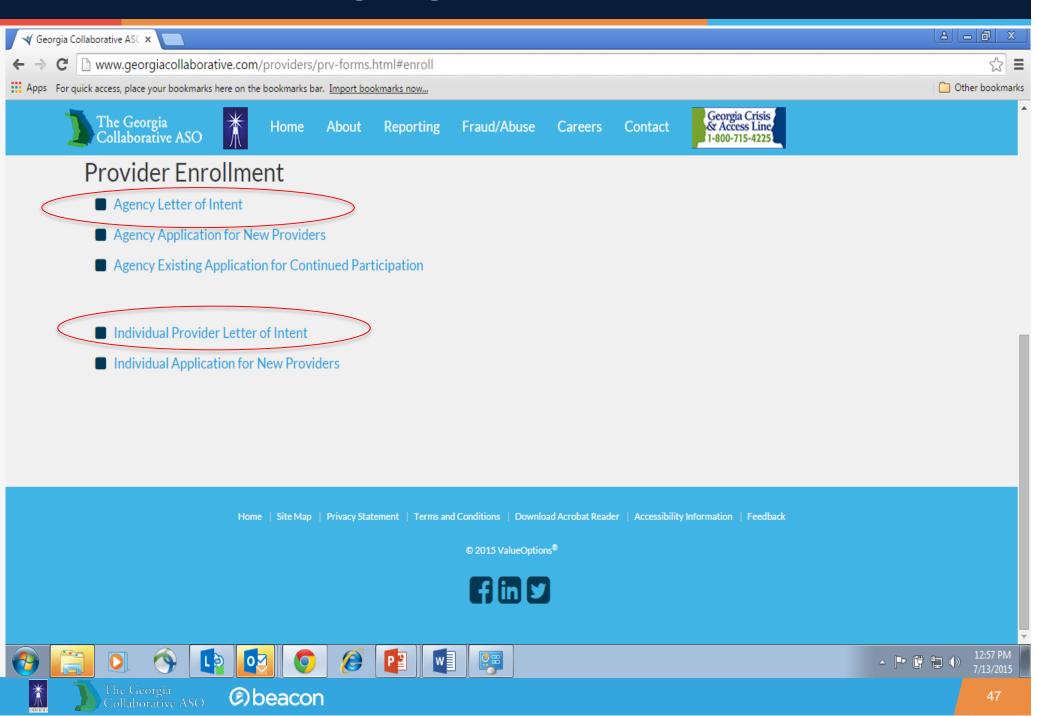
GA_Enrollment@beaconhealthoptions.com





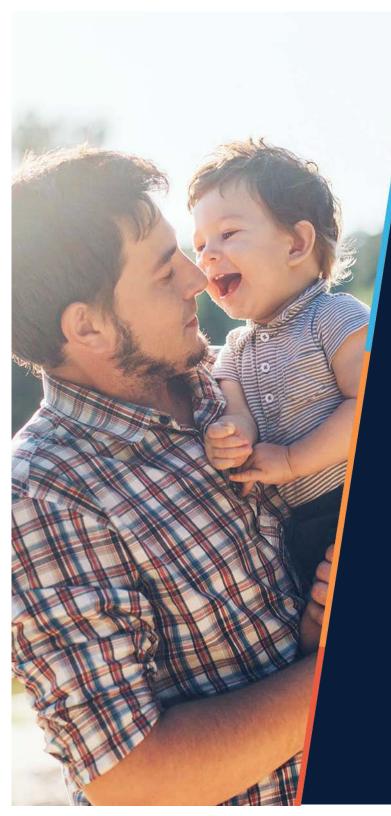
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Reference Materials

- Department of Behavioral Health and Developmental Disabilities, Policy 02-701: Recruitment and Application to Become a Provider of Developmental Disabilities Services
 - https://gadbhdd.policystat.com/policy/1198761/latest/
- Department of Behavioral Health and Developmental Disabilities – Provider Information – Provider Toolkit
 - www.dbhdd.georgia.gov
- http://gadbhdd.policystat.com
- Georgia Department of Community Health/Georgia Health
 Partnership Georgia Web Portal
 - www.mmis.georgia.gov
- Healthcare Facility Regulation Licensing Body
 - www.dch.georgia.gov



RISKS

Identify Fixed Costs:

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

Identify Variable Costs

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

Staffing Expense – Detail:

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

Identify Variable Costs

Across possible # of consumers served (Generally 1-4) For-Profit:

- Taxes
- Owner's Draw
- Not-For-Profit
- Salaries / Taxes

Identify Variable Costs

Across possible # of consumers served

Other Expenses:

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

Identify Variable Costs

Across possible # of consumers served

Show <u>ALL</u> expected revenues

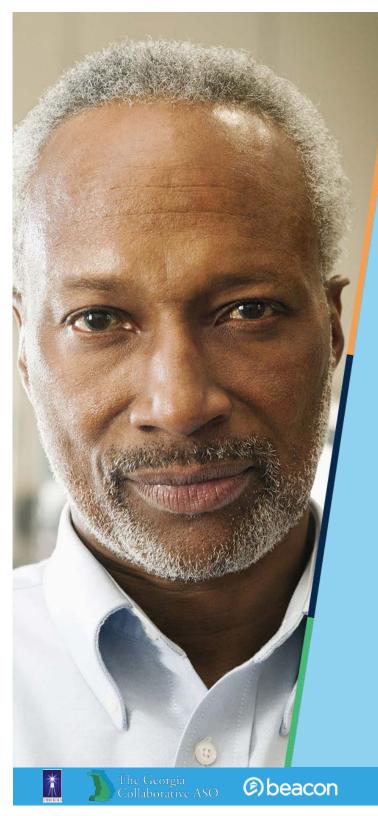
- Social Security
- Medicaid
- Wages, pensions, family support
- Other ?

Financial Considerations?

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

Have you assessed the risk?

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



Quality Assurance

Questions and Feedback





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Certificates

- The link to complete your evaluation will be emailed to you at the email you used to register for this forum.
- Required documentation to complete the LOI process.
- Will be auto-generated and delivered via email within 10 days of completion.
- If you have not received a certificate within 10 days of completion email <u>GACollaborativePR@BeaconHealthOptions.com</u>
- Evaluations completed after 12/28/16 will not result in a certificate of attendance as open enrollment is closed 12/31/16.

Thank you

For Georgia Collaborative ASO general inquiry or questions please email:

GACollaborativePR@beaconhealthoptions.com



