

# Behavioral Health Open Enrollment Forum

April 15, 2015

# Flow of Provider Application to Deliver Behavioral Health Services

Interested Applicants must submit a Letter of Intent (LOI) and Pre-Qualifiers during the **Open Enrollment Period** :

**May 1–31, 2015**



# Behavioral Health Enrollment Phases

## Enrollment Occurs in 2 Phases

### 1. Letter of Intent (LOI) Submission

- Pre-Qualifiers
- Letter of Intent Form

**This will be completed by DBHDD during May 1-31, 2015**



# Behavioral Health Enrollment Phases

## Existing Providers Enrollment Occurs in 2 Phases

### 2. Application Submission

- DBHDD Provider Application
- DCH Enrollment E-Application

**Will be completed by the GA Collaborative – Beacon**



# Adult Behavioral Health Services Available During This Enrollment

## Adult

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• CORE Services</li></ul>                             | <ul style="list-style-type: none"><li>• Addictive Diseases Peer Support Group &amp; Individual</li></ul> |
|   | <ul style="list-style-type: none"><li>• Peer Support Group &amp; Individual</li></ul>                    |
| <ul style="list-style-type: none"><li>• Substance Abuse Intensive Outpatient</li></ul>      | <ul style="list-style-type: none"><li>• Peer Support Whole Health &amp; Wellness</li></ul>               |
| <ul style="list-style-type: none"><li>• Ambulatory Substance Abuse Detoxification</li></ul> | <ul style="list-style-type: none"><li>• Psychosocial Rehabilitation Group &amp; Individual</li></ul>     |
| <ul style="list-style-type: none"><li>• Assertive Community Treatment</li></ul>             | <ul style="list-style-type: none"><li>• Community Support Team<sup>4</sup></li></ul>                     |



# C&A Behavioral Health Services Available During This Enrollment

## C&A

Core Services

Substance Abuse Intensive Outpatient

Intensive Family Intervention



DBHDD

# Adult Core Benefit Package

Agency must have a DATEP License and offer \*\*\*\*ALL Services in the Core Benefit Package

## Adult Core Benefit Package

- |                                      |  |
|--------------------------------------|--|
| • Addictive Disease Support Services | • Individual Counseling                |
| • Behavioral Health Assessments      | • Medication Administration            |
| • Case Management                    | • Nursing Assessment & Health Services |
| • Crisis Intervention                | • Psychiatric Treatment                |



# Adult Core Benefit Package

Agency must have a DATEP License and offer \*\*\*\*\*ALL Services in the Core Benefit Package

## Adult Core Benefit Package Cont'd

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Diagnostic Assessment</li></ul>  | <ul style="list-style-type: none"><li>• Psychosocial Rehabilitation- Individual</li></ul>                          |
| <ul style="list-style-type: none"><li>• Family Outpatient Services:<ul style="list-style-type: none"><li>○ Family Counseling</li><li>○ Family Training</li></ul></li></ul> | <ul style="list-style-type: none"><li>• Psychological Testing</li><li>• Peer Support Individual Services</li></ul> |
| <ul style="list-style-type: none"><li>• Group Outpatient Services:<ul style="list-style-type: none"><li>○ Group Counseling</li><li>○ Group Training</li></ul></li></ul>    | <ul style="list-style-type: none"><li>• Service Plan Development</li></ul>   |





# C&A Core Benefit Package

Agency must have a **DATEP** License and offer **ALL** Services in the Core Benefit Package

## C&A Core Benefit Package

- |   |  |
|---|--|
| • Behavioral Health Assessments   | • Individual Counseling                |
| • Community Support Individual  | • Medication Administration            |
| • Crisis Intervention   | • Nursing Assessment & Health Services |
| • Diagnostic Assessment   | • Psychiatric Treatment                |
| • Family Outpatient Services: <ul style="list-style-type: none"><li>○ Family Counseling</li><li>○ Family Training</li></ul> | • Psychological Testing                |
| • Group Outpatient Services: <ul style="list-style-type: none"><li>○ Group Counseling</li><li>○ Group Training</li></ul>    | • Service Plan Development             |



# Substance Abuse Intensive Outpatient

*(Adult and C&A)*

Agency must have a **DATEP** License and provide **ALL** services listed

## Substance Abuse Intensive Outpatient

- Addictive Disease Recovery Support
- Behavioral Health Assessment
- Diagnostic Assessment
- Nursing Assessment and Health Services
- Peer Support Individual Services *(Adult Only)*



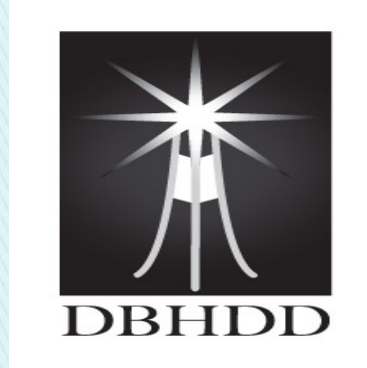
# Substance Abuse Intensive Outpatient

*(Adult and C&A)*

## Substance Abuse Intensive Outpatient Cont'd

- Diagnostic Assessment
- Nursing Assessment and Health Services
- Individual Counseling
- Group Outpatient Services:
  - Group Counseling
  - Group Training
- Family Outpatient Services:
  - Family Counseling
  - Family Training
- Service Plan Development
- Psychiatric Treatment





# Pre-Qualifiers for New Applicants



# Pre-Qualifiers for New DBHDD BH Providers

- **Copy of the current Georgia Secretary of State Registration.**
- **Copy of current City or County Business license / permit.**
  - A business license or permit must be submitted for each location in which the applicant operates or intends to operate at the time of LOI submission.



# Pre-Qualifiers for New DBHDD BH Providers

## Copy of “DBA” or Trade Name Registration

- For applicants that operate or will operate under a trade name or DBA.
- The copy should show the stamp of the Clerk of Superior Court and indicate the date of which the registration was filed and also include the Clerk’s recording information.

For more information, see Georgia Code O.C.G.A. 10-1-490.



# Pre – Qualifiers for New DBHDD BH Providers:

## Accreditation

Applicants must provide a copy of accreditation certificate and survey report from one of the following accrediting bodies:

- Council on Accreditation (COA)
- Commission on the Accreditation of Rehabilitation Facilities (CARF)
- The Council on Quality and Leadership (CQL)
- The Joint Commission (TJC)



# Pre – Qualifiers for New DBHDD BH Providers:

## Accreditation

- ▶ A 3 year accreditation is required
- ▶ All accreditation documents must:
  - List the type of service the agency is accredited to provide
  - List the address of the service site(s)
  - Indicate the agency is currently providing the services listed





# Pre - Qualifiers for New DBHDD BH Providers:

## **Drug Abuse Treatment & Education Program (DATEP) License**

If applying for the Core Services Benefit Package or Substance Use Disorder Specialty Services, a DATEP is required for each location and must be provided at the time of LOI submission.



# Pre-Qualifiers for New DBHDD BH Providers

- **Current resume(s) of the Owners of the applicant organization**
- **Current resume(s) of the applicants CEO/Director, if different from the Owner**



# Pre-Qualifiers for New DBHDD BH Providers

## Current Resume and Professional License for the Clinical Director

- Clinical Directors for Tier 1 and Tier 2 providers must be:
  - A full-time employee of the applicant
  - Independently licensed in Georgia
  - Must have at least 2 years experience in behavioral health service delivery



# Pre-Qualifiers for New DBHDD BH Providers

## Clinical Director Cont'd

Due to the staffing requirements and responsibilities of this position, the Clinical Director may not function in any other Executive/Management/Leadership capacity within the organization.

- E.g. The CEO may not also be the Clinical Director

# Pre-Qualifiers for New DBHDD BH Providers

## Tier 3:

- ▶ Tier 3 applicants requesting specialty services must comply with staffing requirements as outlined in the specific service definition(s) in the [Provider Manual for Community Behavioral Health Providers, 01-112.](#)



# Pre – Qualifiers for New DBHDD BH Providers:

## 12–Month Pro–Forma (projected) Operating Budget

The Pro–Forma budget must identify all revenue sources based on the type of service and the number of individuals projected to be served.

At minimum it should include:

- Professional fees (if applicable)
- Employee salaries and other employee costs
- Facility costs
- Transportation
- Service contracts (if applicable)
- Administrative costs
- Support services (if applicable)



# Pre – Qualifiers for New DBHDD BH Providers:

## The following must be submitted:

- Quality Improvement Plan, as submitted to the accrediting body
- Evidence-Based Practices Survey



# Pre – Qualifiers for New DBHDD BH Providers:

## **IRS Exempt Status Determination** **Non-Profit Applicants Only**

- Internal Revenue Service (IRS) exempt status determination letter
- Most recent calendar year Income Tax Form (IRS 990)



# Pre – Qualifiers for New DBHDD BH Providers:

## Three Professional Reference Letters

The applicant must provide three (3) professional reference letters that:

- Are signed and on professional letterhead
- Are from individuals or organizations that have had experience with the applicant (*not with employees, owners or principals of the applicant*)



# Pre – Qualifiers for New DBHDD BH Providers:

## Three Professional Reference Letters – Cont'd

- Can validate the applicant has provided Community Behavioral Health Services that are same/similar to those requested
- Personally attest to the credibility and quality of the applicants service.
- Include contact information



# Pre – Qualifiers for New DBHDD BH Providers:

## Three Professional Reference Letters– Cont'd

- Professional reference letters must be dated within one (1) year of LOI submission.
- The person or organization providing the reference letter must not:
  - Be a current or former employee, officer or principal of the applicant
  - Have ownership interest in the applicant
- If a reference is provided by an entity, then that entity must not have an officer, principal or ownership interest holder who is also an employee, officer, principal or has an ownership interest holder of the applicant.



# Pre – Qualifiers for New DBHDD BH Providers:

## Evidence of Delivering Community–Based Behavioral Health Services

Applicants must provide evidence that the applicant (not Individuals within the agency) has provided community–based behavioral health services that are the same or similar in definition to those being requested for a **minimum of one year immediately prior to submission of LOI and Pre–Qualifiers.**

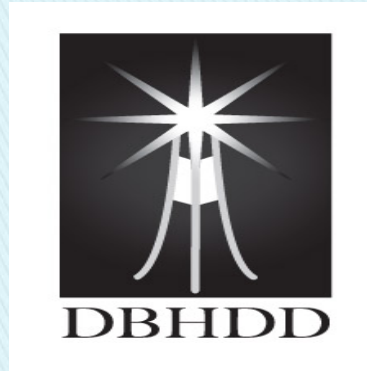


# Pre – Qualifiers for New DBHDD BH Providers:

## Please Be Advised:

It is not permitted under DBHDD contracts for enrolled providers to sub-contract or establish extended relationships with another organization to subcontract the entirety of an approved service or set of services, such as the Core Services Benefit Package. This relationship is not approved and does not qualify the applicant the opportunity to meet the one year experience requirement.





# Pre-Qualifiers for Existing DBHDD Providers



# Pre-Qualifiers for Existing DBHDD BH Providers

- **Copy of the current Georgia Secretary of State Registration.**
- **Copy of current City or County Business license / permit.**
  - A business license or permit must be submitted for each location in which the applicant operates or intends to operate at the time of LOI submission.



# Pre-Qualifiers for Existing DBHDD BH Providers

## **Drug Abuse Treatment & Education Program (DATEP) License**

If applying for the Core Services Benefit Package or Substance Use Disorder Specialty Services, a DATEP is required for each location and must be provided at the time of LOI -Pre-Qualifiers submission.





# Pre-Qualifiers for Existing DBHDD BH Providers

## Audit Scores

Only providers who have achieved a score of 80% or greater on their two most recent External Review Organization (ERO) audit scores will be considered.



# Pre-Qualifiers for Existing DBHDD BH Providers

## **Clinical Director:**

Current resume and professional license for the Clinical Director (If applicable).



# Letter of Intent Submission

- ▶ LOIs will only be accepted within the Open Enrollment period– not before or after.
- ▶ Information must arrive in a typed, organized, section–tabbed hardcopy format notebook.

**Handwritten Documents**  
**Will NOT Be Accepted**



# Letter of Intent Submission

## Cover Checklist: Behavioral Health Letter of Intent

The relevant Cover Checklist must be included in the submission packet.

- All applicable items must be initialed indicating the items included in the packet.
- The cover checklist must be signed by an authorized agent of the applicant.  
If any required document is missing, the LOI will be closed and you will not be able to resubmit until the next Open Enrollment period.



# Letter of Intent Submission

DBHDD Policy: Recruitment and Application to become a Provider of Behavioral Health Services

**Cover Checklist: Behavioral Health Letter of Intent (LOI)**

Page #	Application Items – Existing DBHDD Provider	Initialed (Authorized Agent)
3	Cover Checklist – Existing DBHDD Provider	
4	Section I: Applicant Information	
4 & 5	Section II: Corporate Entity	
6	Section III: Georgia Headquarters/Operations	
7	Section IV: Accreditation	
9	Section VI: Service Delivery Location	
10	Section VII: Professional Liability Information	
11	Section VIII: Attestations	
12	Section IX: Other Required Information <i>Existing DBHDD Provider</i>	
	Evidence of two (2) most recent APS audit scores of 80% and above	
	Current Resume of Clinical Director ( <i>CORE Services Benefit Packet Applicants</i> )	
	Professional License of Clinical Director ( <i>CORE Services Benefit Packet Applicants</i> )	
	Resume of CEO and/or Director	
	Copy of Current Georgia Secretary of State Registration	
	Copy of City/County Business License or Permit for each site	
	Copy of Drug Abuse Treatment and Education Program (DATEP) License for each site ( <i>Substance Abuse Specialty Services &amp; CORE Services Benefit Packet Applicants Only</i> )	

**Authorized Agent:**

I confirm that each of the applicable documents noted above are included in the attached LOI package. To the best of my knowledge, all the information is accurate and correct. I understand that if any of the required documentation is missing, in this LOI, I will be notified that this LOI is closed and I will not be able to resubmit another LOI until the next Open Enrollment period. I further understand that if any of the information submitted is not correct or is not specific to the LOI request; my agency will be given one opportunity to submit the corrected information. My signature below confirms my understanding and that I have the authority of the agency to attest that this information is complete.

DBHDD

Signature \_\_\_\_\_

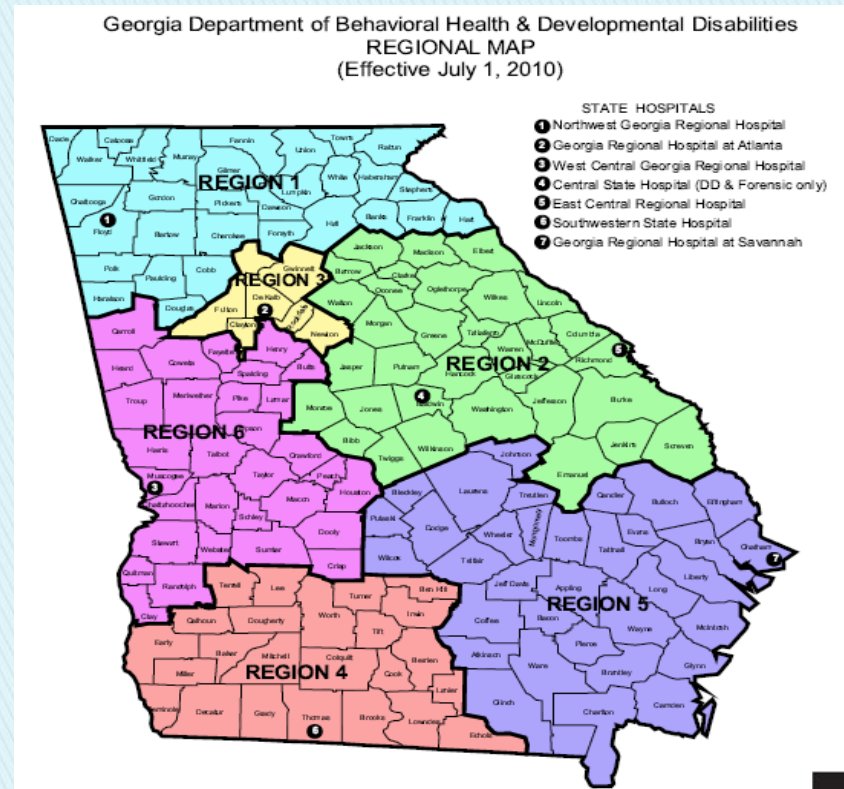
Date \_\_\_\_\_



# Letter of Intent Submission

## Counties to Be Served

- The counties requested to be served must be within a 50 mile radius of the service delivery location.
- Only counties that are approved are eligible for service.



# Letter of Intent Submission

## Status Report

- Applicant will receive **ONE Status Report** outlining all incomplete/deficient information.
- Applicant will be allowed **5 business days** from the date of the status report to submit corrections via US Postal Service certified return receipt mail, FedEx or UPS.



# Letter of Intent

Letters of Intent not submitted as requested in this policy will **NOT** be processed.





# Letter of Intent

**All information must be submitted to:**

Office of Provider Network Management  
Department of Behavioral Health and  
Developmental Disabilities  
2 Peachtree St., NW, Suite 23-247  
Atlanta, GA 30303



# DBHDD Application Submission

## **NEXT STEPS:**

- Applicants will receive a Completion Letter from DBHDD notifying them that all DBHDD requirements have been met and will be invited to complete the Application with the GA Collaborative.



# Information



**DBHDD Website:**

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

**DBHDD Provider Manual:**

**<http://dbhdd.org/files/Provider-Manual-BH.pdf>**



# Information



**DCH Policies and Procedures Provider  
Manual Part I:**

**and**

**DCH Community Behavioral Health  
Rehabilitation Services Part II:**

**<https://www.mmis.georgia.gov>**

**Under Provider Manual Tab**



# Information



## **DCH –HFR**

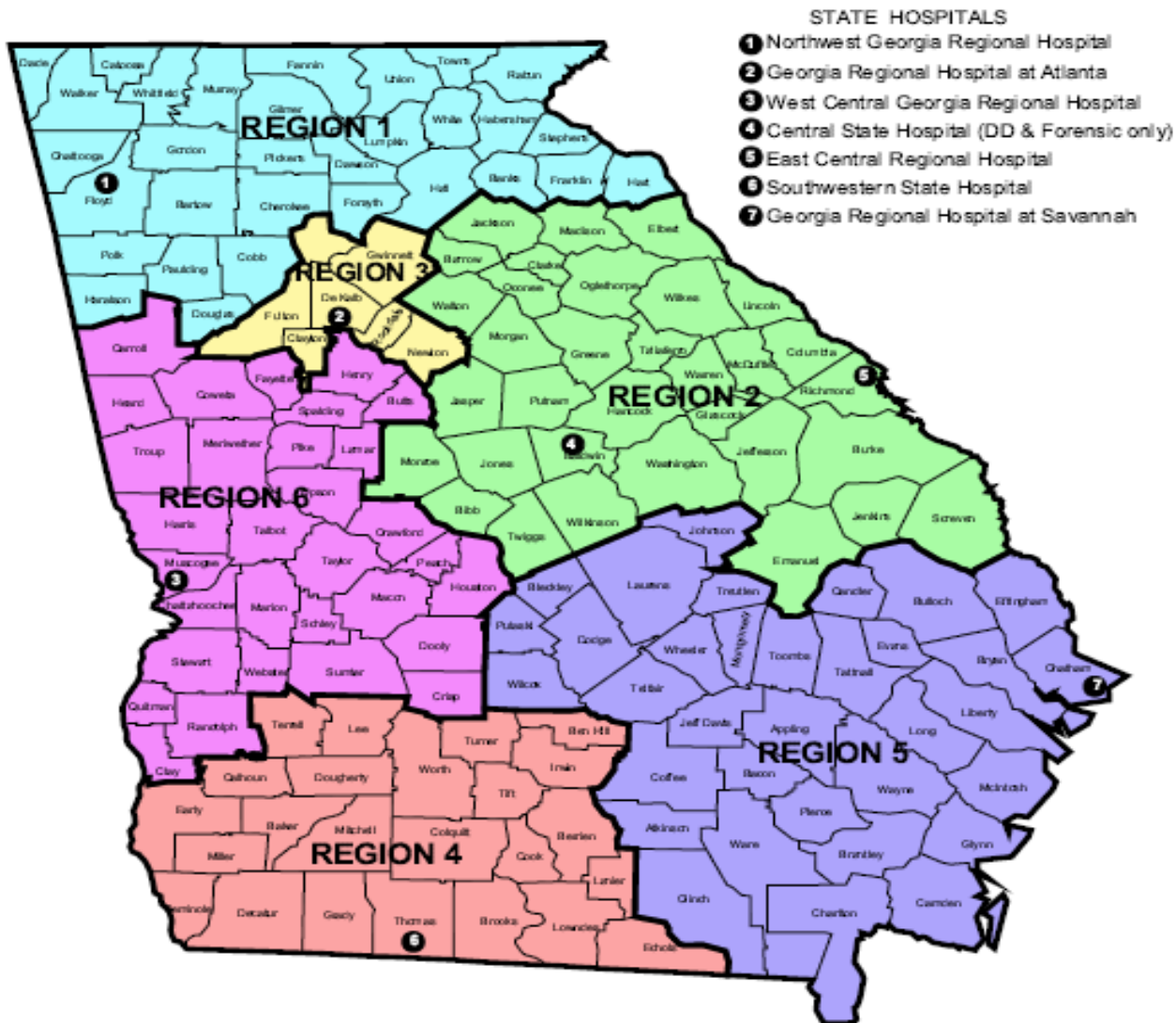
<http://dch.georgia.gov/healthcare-facility-regulation-0>

## **DATEP License Information:**

[http://dch.georgia.gov/sites/dch.georgia.gov/files/imported/vgn/images/portal/cit\\_1210/2/58/180037262Drug\\_Initial\\_License\\_Packet\\_12-29-11.pdf](http://dch.georgia.gov/sites/dch.georgia.gov/files/imported/vgn/images/portal/cit_1210/2/58/180037262Drug_Initial_License_Packet_12-29-11.pdf)



Georgia Department of Behavioral Health & Developmental Disabilities  
**REGIONAL MAP**  
 (Effective July 1, 2010)



# Questions...

Email:

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

