Georgia Department of Behavioral Health & Developmental Disabilities

PROVIDER MANUAL

FOR

COMMUNITY DEVELOPMENTAL DISABILITIES PROVIDERS

OF

STATE-FUNDED DEVELOPMENTAL DISABILITIES SERVICES

FISCAL YEAR 2015

Effective Date: July 1, 2014

INTRODUCTION

The FY 2015 Provider Manual for the Division of Developmental Disabilities has been designed as an addendum to your contract/agreement with DBHDD to provide you structure for supporting and serving individuals residing in the state of Georgia.

TABLE OF CONTENTS

INTRODUCTION

Welcome

Thank you for your participation as a provider in the Georgia system of services and supports for individuals with developmental disabilities. A network of providers with the ability to deliver quality state-funded services and supports is a primary asset in ensuring the ability to maintain the health, safety, welfare and quality of life for individuals with developmental disabilities residing in the communities across the state of Georgia. The Georgia Department of Behavioral Health and Developmental Disabilities, Division of Developmental Disabilities is glad that your agency has made the choice to participate as a provider of state-funded services and supports. We look forward to working with your agency to assist individuals with developmental disabilities in having a successful experience with community life.

Development/Update and Posting of the Provider Manual for Community Providers of State-Funded Developmental Disabilities Services

Development: This manual was developed by the staff of the Division of Developmental Disabilities in the Department of Behavioral Health and Developmental Disabilities (DBHDD) to assist community providers of state-funded developmental disabilities services. The FY 2015 Provider Manual for Community Providers of State-Funded Developmental Disabilities Services has been designed as an addendum to the provider's contract with DBHDD to provide each provider with the structure for supporting and serving individuals with developmental disabilities residing in the state of Georgia. Members of the DD Advisory Council and other stakeholders, including providers, individuals with developmental disabilities, family members and advocacy organizations, were involved in review of this manual. We extend our sincere thanks for their patience and willingness to devote time and energy to the completion of the Provider Manual for Community Providers of State-Funded Developmental Disabilities Services. If any conflict is found to exist between requirements found in this manual and requirements found in applicable state or federal law and rules and regulations, the requirement found in law and rules and regulations will prevail until resolution of the conflict is achieved. The Provider Manual for Community Providers of State-Funded Developmental Disabilities Services is effective as of July 1, 2014.

Updates: Any updates will be made quarterly to the Provider Manual for Community Providers of State-Funded Developmental Disabilities Services. Primary responsibility for assuring updates to this provider manual rests with the DBHDD, Division of Developmental Disabilities. Ongoing input from the DD Advisory Council and other stakeholders is welcome in recommending updates to this provider manual.

Posting of Provider Manual: The Provider Manual for Community Providers of State-Funded Developmental Disabilities Services and any quarterly update of the manual will be available on the DBHDD website (dbhdd.georgia.gov) in PDF format.

Purpose of the Provider Manual

Basic Purpose: The purpose of this manual is to outline the basic principles and requirements for delivery of quality state-funded services and supports to individuals with developmental disabilities. State-funded services are intended to be temporary and/or transitional and not a permanent source of funding. All community providers who participate in state-funded service delivery must have an executed DBHDD contract which requires compliance with this manual. One chapter is specific to Family Support and covers all requirements for the provision of Family Support services and goods. The remaining chapters of the manual provide the requirements for state-funded developmental disabilities services other than those in the Family Support Program.

Family Support Services: DBHDD Policy 02-401, Family Supports for Developmental Disabilities Services and the Family Support Chapter of this manual provide the guidelines and operational standards for state-funded Family Support programs under contract with DBHDD. The policy is available online at DBHDD PolicyStat (http://gadbhdd.policystat.com). The guidelines specified in the policy are for the provision and purchase of Family Support services and goods. The provision of Family Support services and goods are family directed choices to assist in keeping the family together. A Contractor of Family Support Services is the provider/agency responsible for administration and provision of Family Support authorized goods and services, in adherence to the contract with the Department of Behavioral Health and Developmental Disabilities, Division of Developmental Disabilities and the Operational Standards for Family Support Services in Chapter 1 of this manual.

Provider Resources: There is information throughout the manual which references additional provider resources such as best practice guidelines; state and federal statutes, rules and regulations; other tools and manuals; and websites. These types of materials are available to assist providers in the development of policies and practices that meet the requirements specified in this manual and promote a good system of service delivery.

Relationships with Individuals Receiving State-Funded DD Services: The individual receiving state-funded DD services is the most important participant in the state-funded system. It is essential that providers have the ability to develop and maintain effective working relationships with individuals, their families, their legal representatives and advocates who may assist them in exercising their rights. Information in the manual outlines requirements and resources intended to promote respectful, effective relationships between individuals (and those assisting or representing them) and the providers delivering the state-funded services and supports.

Relationships with Other Providers of Services and Supports: Information included in the manual is intended to assist providers in developing relationships with other types of providers and in accessing/maximizing resources available through other programs available within the state. This information is intended to promote the ideal that individuals who participate in

different programs must be treated in a holistic manner. In other words, the services and supports described in this manual will not meet all the social and health-care needs of people with developmental disabilities. It is essential that providers develop an understanding of how the state-funded DD services fit within the broader system of state healthcare, educational and social programs. Effective integration of state-funded DD services described in this manual with external services and natural supports is a goal that the state will continue to work toward.

Vision, Mission and Values

Vision: It is the vision of DBHDD that every person who participates in our services leads a satisfying, independent life with dignity and respect.

Mission: The mission of DBHDD is to provide and promote local accessibility and choice.

Values: The core values of DBHDD are respect, inclusiveness, and transparency. DBHDD believes it is critical that services, supports, treatment and care respect the vision of the individual. Each provider must incorporate this belief and practice into its service delivery to support individuals with developmental disabilities in living a meaningful life in the community. Specifically, the provider must ensure:

- Person-centered service planning and delivery that address what is important to and for individuals
- Capacity and capabilities, including qualified and competent providers and staff
- Individual safeguards
- Satisfactory individual outcomes
- Systems of care that have the infrastructure necessary to provide coordinated services, supports, treatment and care
- Individuals rights and responsibilities
- Individual access

The expectations and requirements that follow are applicable to any community provider of state-funded DD services that are financially supported in whole or in part by funds authorized through DBHDD, regardless of the age or disability of the individual served. Individual self-determination includes freedom, authority and responsibility and is considered key to achieving the vision of *a satisfying, independent life with dignity and respect for everyone.*

CHAPTER 1
OPERATIONAL STANDARDS FOR FAMILY SUPPORT SERVICES

1. FAMILY SUPPORT SERVICES CHAPTER OVERVIEW

The Family Support Services chapter provides standards for Family Support Services programs under contract with the Department of Behavioral Health Developmental Disabilities (DBHDD), Division of Developmental Disabilities (DD), regarding the provision and purchase of Family Support services and goods.

The standards that follow are applicable to DBHDD or organizations that provide services to individuals that are financially supported in whole or in part by funds authorized through DBHDD, regardless of the age or disability of the individual served.

1.1 FAMILY SUPPORT SERVICES

A. Family Support Services Overview

Family Support Services is an array of goods and services aimed at providing families with highly individualized support services and/or goods needed to prevent institutionalization and for the continued care of a family member with intellectual or developmental disabilities residing in the family home.

Family Support is a flexible array of services and supports that;

- Based on the needs of the family.
- Family driven and focused.
- Are community integrated.
- Build a budget around the needs of the person.
- Assist with changes in services and supports.
- Explore community resources and services.
- Organize resources in ways that are life-enhancing and meaningful.
- Utilize funds to purchase services or supports not otherwise available.
- Assist with extraordinary expenses.
- Respectful of cultural and social differences.
- Connected to natural community resources.

Family Support Services are neither an entitlement nor a grant, and are provided as services to assist in maintaining a cohesive family unit and to assist the individual to live at home in the community.

Family Support Services is not a crisis program. These services are provided to families with the goal of preventing crises that can result in the need for out-of-home placements or higher intensity services.

B. **Purpose of Family Support Services**

Family Support services are aimed to;

- Keep families together until the individual with a disability chooses to live independently;
- Enhance a family's ability to meet the many needs of the family member with a disability;
- Improve the quality of supports to families while minimizing the need and cost of out-of home placement to allow families to participate in recreational and social activities; and
- Make a positive difference in the life of the person with a disability as well as the lives of all family members.

C. **Family Support Services Program Goals**

Family Support Services are intended to help sustain and enhance the quality of family/home life so the individual with an Intellectual Disability, Developmental Disability, and/or Autism Spectrum Disorder can remain within the family/home through the following goals:

- Provide goods and services to assist the identified individual and/or their family.
- Prevent crises that could lead to out-of-home placement or higher intensity of services.
- Keep the family together.
- Enhance the individual/families ability to meet the needs of the identified individual.
- Improve the quality of supports to the individual/family while minimizing the needs and cost of out of home placement.
- Allow the individual/families to participate in recreational and social activities.
- Make a positive difference in the life of the person with a disabilities life as well as the lives of the family members.

D. **Definition of Family**

A family is defined as a group of persons living together as a unit, in which there is at least one individual diagnosed with a developmental disability, with his or her family. Family is inclusive of birth or adoptive parents, members of the extended family, a full guardian, legal custodian or a person acting in place of a parent or family member and living as a family unit. Family Support is designed to "keep families together."

Although the definition of "family" above is broad, this definition will not prevent a potential recipient of Family Support that may not live with family or lives alone, for consideration of eligibility for Family Support Funding as long as other criteria for Family Support service delivery are met. The Regional Office, in consultation with the Division of DD State Office, will review the eligibility of any individual who does not live with family or lives alone and render a final decision on the eligibility of the individual for Family Support.

1.2. ORGANIZATION AND ADMINISTRATION

A. Standards for All Providers of Developmental Disability Services

DBHDD believes it is critical that services, supports, treatment and care respect the vision of the individual. Each agency or organization must incorporate this belief and practice into its service delivery to support individuals with intellectual and developmental disabilities in living a meaningful life in the community. Specifically, the provider must ensure;

- Person-centered service planning and delivery that address what is important to and for individuals;
- Capacity and capabilities, including qualified and competent providers and staff,
- Individual safeguards;
- Satisfactory individualized outcomes;
- Systems of care that have the infrastructure necessary to provide coordinated services, supports, treatment and care;
- Individual rights and responsibilities; and
- Individual access.

B. Standards for Providers of Family Support Services

Family Support Services Provider must ensure compliance with all standards and requirements listed in the following:

1. *DBHDD Provider Manual for Community Developmental Disabilities Providers, for the Department of Behavioral Health & Developmental Disabilities, Current Fiscal Year,* (located at dbhdd.georgia.gov)
    A. *Part I: Services Standards for DD Providers*
        i. *Section I: Community Service Standards for DD Providers, and*
2. *DBHDD Policy for Family Supports for Developmental Disabilities Operational Standards for Family Support Services 02-401* (located at Policy Stat http://gadbhdd.policystat.com, and Appendix [TBD or Letter To Be Determined]), and

3. Provider contract: *Annex A: Expectations, Outcomes, and Payment Method Developmental Disabilities Services Providers.*

C. **Family Support Provider/Contractor Responsibilities**

1. **Administration**

The Provider retains ultimate responsibility for appropriate administration of Family Support Services Funding, Service Delivery, Records, Reporting requirements, and Coordination with all relevant and involved agencies.

The Provider is responsible for developing and maintaining:

a. Policies and procedures related to Family Support Services, including:

i. Services eligibility determination;
ii. Development of the Individual Family Support Plan;
iii. Service Delivery;
iv. Family Support Respite Services;
v. Individual/Family Charts; and
vi. Reporting Requirements.

b. Policies and Procedures related to General Administration (in compliance with the *DBHDD Provider Manual for Developmental Disabilities Providers, Part II: Service Standards for DD Providers, Section 1: Community Service Standards for DD Providers*) including but not limited to:

i. Human Resource Requirements;
ii. Agency Staffing;,
iii. Personnel Records; and
iv. Staff Orientation and Training.

2. **Family Support Coordination**

Family Support Coordination is a central element to the Family Support Program. It is the process of providing assistance to families in obtaining access to services and goods, and community resources information. Family Support Coordination is a supportive rather than a directive function.

Family Support Coordination is the process through which Family Support Coordinators and families together ensure that services are obtained to best meet family preferences. These families receive information and referral services, coordination services, or other types of services that do not require direct service dollars. Family Support Coordination should be carried out in a manner that is

supportive and empowering for families, and is family focused. Family focused service coordination means that assistance is offered in a way that meets the individual situation.

The Provider will appoint a staff person(s) to act as Family Support Coordinator(s) for Family Support, to act as the single point of entry for contact with the Family Support Provider. The Provider is responsible for publicizing, the contact information of the Family Support Coordinator(s) within the service area so that families will be provided adequate information at the time of their inquiry. The person(s) appointed may perform administrative tasks and function as a Family Support Coordinator for participating families. The administrative and Family Support Coordinator duties may be shared among more than one staff person.

3. **Records**

The Provider is responsible for maintaining:

a. A System of Information Management that Protects Individual Information and that is Secure, Organized and Confidential.

b. The Provider is responsible for maintaining individual case records for six (6) years from the date of case closure.

c. The Provider is responsible for maintaining Respite Provider records and files for six (6) years from the termination of the Respite Provider Agreement.

d. The Provider is responsible for maintaining an updated list of Approved Respite Providers (See Section 9: Family Support Respite Services Requirements).

e. Financial records including service vouchers/purchase orders that are relevant to service provision per each applicant and recipient of Family Support. At a minimum, financial records shall be retained for six (6) years from the date of reconciliation. The administering agency shall specify persons who are responsible for maintaining financial records.

f. Records are to be maintained in an easily accessible place for monitoring and/or quality assurance review purposes.

4. **Reporting**

The Provider will submit reports, which may be required by the Regional Office. These reports may include an annual report that provides a statistical summary of expenditure, client data and a narrative summary of achievements of Family

Support. Monthly reporting and other requirements of the contract between the Family Support Provider and the State of Georgia, Department of Behavioral Health and Developmental Disabilities must be met.

Provider shall enter all required monthly information regarding Family Support recipients served into the Waiver Information System (WIS) by the 10th day of the month subsequent to the month being reported.

Provider must submit the (Monthly Income and Expense Reports) MIER to the Regional Office and copy the Department Contracts Office, and the Family Support Administrator, by the 10th day of the month via secure email.

In addition to reporting requirements as specified in *DBHDD Policy 04-106 Reporting and Investigating Deaths and Critical Incidents in Community Services,* the Provider is required to notify the Regional Services Administrator for Developmental Disabilities within 2 hours (up to the minute) of any deaths and/or high-visibility incidents (as defined in the policy for all State funded and/or Waiver funded Individuals) by phone and email. The Provider will be responsible for notifying the Regional Office and the Family Support and Services Coordinator.

D. **Family Support Coordinator**

1. **Qualifications of Family Support Coordinators**

Providers are required to comply with all DBHDD requirements as specified in the *DBHDD Provider Manual for Developmental Disabilities Providers, Part II: Service Standards for DD Providers, Section 1: Community Service Standards for DD Providers E: Adequate and Competent Staff* when developing internal standards for qualification of Family Support Coordinators.

Family Support Coordinators are professionals with knowledge of disabilities and community resources and who have the ability to relate to families with diverse ethnic, economic, and cultural backgrounds and circumstances.

Family Support coordinators must have organizational skills to manage the tracking of services, and necessary documentation for the program.

Family Support Coordinators must have the ability to help parents/caregivers, and other family members identify their concerns, strengths and priorities, and also have considerable knowledge of community resource alternatives for children and individuals of different ages and with various types of disabilities and conditions.

Family Support Coordinators should have the ability to work with others in public and private service systems to negotiate a plan that meets the needs of the family.

2. **Overall Goal of the Family Support Coordinators**

   The primary goal of the Family Support Coordinator is to get to know the individual and family. The Family Support Coordinator and the family work together to understand the family's individual situation. The Family Support Coordinator can assist the family in identifying both the long and short-term goals of the individual and family. The Family Support Coordinator can help the family in gaining access to resources that will meet the identified needs through a variety of community services, other public programs or the Family Support Program.

3. **Roles and Responsibilities of the Family Support Coordinator**

   The roles and responsibilities of the Family Support Coordinator typically include but are not limited to the following:

   a. Work with families to link them to Family Support Services and other community resources;

   b. Review Family Support Applications and determine eligibility;

   c. Develop Individualized Family Support Plans (IFSP) with the family;

   d. Develop individualized budgets for services and goods approved on the IFSP;

   e. Monitors services and goods the family is receiving under the IFSP;

   f. Reviews eligibility annually;

   g. Develop IFSP Reviews annually;

   h. Complete all necessary paperwork;

   i. Entering information into the WIS system;

   j. Advocates for the family when appropriate;

   k. Provide advice and support to the families as needed and requested, including being available to listen to problems and concerns as well as successes and gains;

   l. Accessing community resources, information, and referral services; and

m. Develops partnerships and community collaborations to increase resources for families.

4. **Cultural Competency and the Family Support Coordinator**

As representatives of an organization contracted with the DBHDD Division of Developmental Disabilities, Family Support Coordinators and staff persons are to practice cultural diversity competency evident by the articulation of an understanding of the social, cultural, religious and other needs, and differences unique to the individuals and families seeking Family Supports, adhering to Family Support Operational Standards.

1.3. PARTICIPANT ELIGIBILITY CONDITIONS

A. Eligibility for Family Support Services

The eligibility criteria that must be met for the receipt of Family Support Services are an individual:

1. Has a diagnosis of developmental disability; and

2. Resides in a family unit. (Reference 1.4 Definition of Family)

The definition of developmental disability for eligibility determination for Family Support Services is:

1. A diagnosis of an intellectual disability prior to age 18 years; or

2. A severe chronic disability, other than mental illness, that is manifested during the developmental period before the age of 22 years, such as cerebral palsy, epilepsy, autism, or other neurological impairments of intellectual functioning or adaptive functioning.

A family who has a member with a developmental disability will be determined eligible for services by a Contractor of Family Support Services evaluation process utilizing the following criteria:

1. The individual identified is three (3) years or older with a developmental disability.

2. The individual identified has the desire to have continued home care, or the family with a member who is eligible wishes to return to or continue home care of the individual, but requires support and/or assistance to do so.

3. The authorized services and goods for which the individual or family is eligible, is sufficient to support and/or assist in the individual's return to home care or the continuation of care in the home setting.

Individuals with diagnoses of "severe, chronic disabilities" (such as Spina Bifida and Muscular Dystrophy), that need Family Support services to keep the family together, and enhance presence and participation in the community, will be deemed eligible and meeting the criteria for Family Support.

If an individual presents with a developmental disability but the "diagnosis date" or date of "manifestation" cannot be determined per the above definition of Developmental Disability for Family Support and the individual meets the criteria for family support services, then the individual will be deemed as eligible for family support services.

Note: Eligibility for the Family Support Services program does not guarantee the availability of services or supports under this program.

B. **Changes that Affect Eligibility Status**

Eligibility status for individuals and families can change during the approved time frame. In order for a family to be eligible for Family Support Services, all of the criteria for eligibility must be met. If one of the criteria is not met for a period of time or on an ongoing basis, the family may become ineligible during that time. For example the individual with the identified developmental disability is placed in residential services. The family must report any changes that might affect eligibility to the administering agency within 10 business days.

C. **Ineligibility for Family Support Services**

Individuals that are receiving the following services are not eligible to receive Family Support Services:

1. New Options Waiver (NOW)

2. Comprehensive Supports Waivers (COMP)

3. Inpatient Hospitalization (exceptions: Family Support needed for transition services, to family home.)

4. Skilled Nursing (exceptions: Family Support needed for transition services, to family home.)

D. **Family Support Eligibility Limitations While Receiving Other Developmental Disability Services and Support Programs**

Below are a list of the eligibility limitations for families that are receiving other developmental disability and other support programs:

1. Individuals receiving other Waiver or Medicaid supports are eligible for Family Support Funding, as long as services are not duplicative. Other Waiver or Medicaid supports include, but not limited, to the following:
   a. Medicaid State Plan
   b. Services Options Using Resources in a Community Environment (SOURCE)
   c. Katie Beckett
   d. Community Care Services Program (CCSP)

   It is the responsibility of the Provider Agency to gather information regarding other services and maintain those records in the individual's chart/records.

2. Individuals receiving State Funded Services who meet Family Support eligibility can receive Family Support services and goods that are:

   a. Non-duplicative;
   b. Community Integrated; and
   c. Complementary.

   Individuals must complete the Family Support Application Process through a Family Support Provider, and are subject to all Family Support Services Operational Standards listed in this manual, and all services and goods descriptions listed in Section 6: Family Support Authorized Services and Goods definitions and limitations.

3. Children who are 0 to 3 years of age may be served with Family Support Services if *Early Intervention: Babies Can't Wait* funding has been exhausted in the region where the family resides.

4. Education and services provided by schools as part of a free and appropriate education for children and young adults under the Individuals with Disabilities Education Act (IDEA); including but not limited to the following:

   a. Private school tuition (as related to IDEA);
   b. Augmentative communication devices for school use;
   c. Assistive technology devices for school use;
   d. Computer/assistive technology applications for school use;
   e. IEP identified and listed therapies;
   f. Applied Behavior Analysis (ABA) in schools;

g. Accommodating school supplies;
h. Tutors related to services identified on the IEP; and/or
i. Home schooling activities and supplies.

E. **Lawful Presence**

Verification of lawful presence in United States is required for adults seeking DD Services from community providers of DD services. In accordance with Georgia law, all programs and services receiving funding from DBHDD or other state, federal or local funds are required to verify that adults who receive DD Services other than DD Emergency Services are lawfully present in the United States. The *DBHDD Policy 24-109, Verification of Lawful Presence in United States for Individuals Seeking MHDDAD Services*, is available online at DBHDD PolicyStat (http://gadbhdd.policystat.com).

1.4 FAMILY SUPPORT APPLICATION PROCESS

A. **Family Support Application Family's Responsibilities**

The family is responsible for submitting a complete Individualized Family Support Application and Family Support Agreement, along with providing documentation of the developmental disability status of their family member to a Family Support Provider.

1. Family Support Application includes the following sections:
   a. Demographic Information
   b. Diagnosis Information
      1) Supporting Documentation must be provided to verify the diagnosis of a developmental disability, intellectual disability, or Autism Spectrum Disorder. The following is a list of acceptable supporting documentation of a ID/DD:
         a) DD I&E Assessment
         b) Psychological Evaluation (only ID/DD)
         c) School IEP (only ID/DD Status)
         d) Functional Limitations (due to ID/DD)
         e) Medical Verification of ID/DD
         f) Social Security Disability (only ID/DD Status)
         g) Other: Related Diagnosis Documentation of ID/DD
   c. Current Services Information
      1) The family must disclose if the individual is receiving any services for assistance to include but not limited to:
         a) NOW/COMP Waiver
         b) State Funded Services (Grant In Aid)

c) Services Options Using Resources in a Community Environment (SOURCE)
d) Independent Care Waiver Program (ICWP)
e) Georgia Pediatric Program (GAPP)
f) Katie Beckett Medicaid Program
g) Community Care Services Program (CCSP)

2) The family verifies that the individual will continue to live in the family home.

d. Agreement Section
1) Signature of the individual or parent/guardian must be present.

2. The Family Support Agreement provides that the applicant understands and acknowledges that Family Support services are neither an entitlement nor a grant, and are provided as services to assist in maintaining a cohesive family unit and to assist the individual to live at home in the community. The continued need for Family Support services will be re-evaluated no less annually.

A copy of the Individualized Family Support Application and the Family Support Agreement are available online at DBHDD PolicyStat (http://gadbhdd.policystat.com) as an attachment to the *DBHDD Policy 02-401, Family Supports for Developmental Disabilities Services* and in Appendix TBD of this manual.

B. **Family Residency Requirements**

The county where the child and the child's family physically reside and intend to remain is responsible for providing a determination of eligibility, an assessment, service plan, and services.

If a family moves from one area to another within the state, the family must apply for the Family Support Program in the area of new residency. The previous area is not required to provide services to the family once they have changed residency. However, at the discretion of the Provider, the previous area of residency may continue to provide services to help the family during transition.

C. **Referrals to Family Support Services**

Referrals to a Family Support Service Provider for funding purposes may be accepted from a variety of sources (such as public and private providers, disability specific, generic and other program recipients, as well as self-referrals). The Regional Offices are encouraged to refer individuals with an identified Intellectual Disability, Developmental Disability, and/or Autism Spectrum Disorder to apply for Family Support Services with an identified Family Support Provider.

D. **Review of Eligibility by the Provider Agency**

The Provider must specify the staff person(s) (Family Support Coordinator) responsible for intake. These people have the following responsibilities:

1. Take referrals and applications for the Family Support Program;
2. Reviews the Completed Family Support Application,
3. Determine whether families are eligible (according to criteria shown in Section 3);
   a. The individual identified is three (3) or older:
   b. The individual identified has supporting documentation that verifies the presence of a Developmental Disability (as outlined in Section 3):
   c. The individual identified has the desire to have continued home care or the family with a member who is eligible wishes to return to or continue home care of the individual, but requires support and /or assistance to do so,: and
   d. The authorized services and goods for which the individual identified or family is eligible are sufficient to support and/or assist the continuation of care in the home setting.
4. Complete Section V of the Family Support Application, to include the following;
   a. Date application received
   b. Disposition for Family Supports
      1) Eligibility
      2) Ineligibility
   c. Provider Information
   d. Signature
5. Submit the application, Family Support Agreement, and supporting documentation to their Regional Office designated staff person(s);
6. Notify families regarding eligibility or ineligibility within 30 days after receipt of the application;
7. Inform families of their eligibility status verbally and in writing; and either
   a. Notify each family of the availability of program funds and develop an Individualized Family Support Plan based on the family's needs that are consistent with the disability; or
   b. Notify the family of their status on a waiting list.

E. **Submission of the Family Support Services Application to the Regional Office Requirements**

The Family Support Provider submits to the Region the approved documentation (see Appendix TBD for regional contact information), which must include the following:

1. Family Support Services Application
2. Supporting Documentation
3. Family Support Agreement Letter

F. **Regional Offices Responsibility**

It is the responsibility of the Regional Offices to identify a staff person that will be responsible for:

1. Being the designated point of receipt of all Family Support Applications;
2. Review and verify the accuracy and completeness of Family Support Applications; and
3. Provide a response to the Family Support Provider according to the review process.

G. **Review Process for Review of a Family Support Services Application by Regional Staff**

1. The assigned Regional Office staff verifies that the individual is eligible for Family Support Services by, reviewing the individual's:
   a. DD Waiver Status (NOW or COMP);
   b. State Funded Services; and/or
   c. Other services from another Family Support Provider.

2. The assigned Regional Office staff reviews the application, for completeness of the following:
   a. Section I (Individual's Information);
   b. Section II (Developmental Disability Diagnosis Status) and the attached Supporting Documentation Verifying Disability;
   c. Section III (Current Services Summary); and
   d. The Family Support Agreement

3. The assigned Regional Office staff acknowledges receipt and review of the document in writing either by return the completed Section VI on page 3 of the Family Support Application, or by e-mail to the provider staff, within ten (10) business days. The written or email response must include:
   a. Date Application Reviewed
   b. Disposition
      1) Eligibility Status confirmed.
      2) Ineligible- determination must include reason
   c. Regional Office Reviewer Information and Signature

H. **Notification of Approval/Disapproval for Family Support Services**

The Family Support Service Provider must approve or disapprove each family's application within thirty (30) calendar days after receipt of the complete application. The Family Support Service Provider is responsible for notifying the individual family in writing of reasons for denial. Family Support Service Provider must have agency

policies on the family support enrollment process that are consistent with family support requirements in this manual and the DBHDD policy on family support.

1.5. ENROLLMENT PROCESS FOR FAMILY SUPPORT SERVICES

A. Family Support Services Funding Allocation and Prioritization

An eligible family deemed eligible will be served by Family Support within the limits of the funding available. Prioritizing eligible families will be the responsibility of the contracted Family Support Provider, with consideration of the following factors:

1. The degree of critical need to support the family's functioning and well-being;

2. The status of the family's plan to accept the member with a developmental disability back into the home from out-of-home placement (if applicable).

B. Limits of Available Funds

Eligible families are served by the Family Support Program within the limits of the funding available within the service area in which they reside and apply for assistance. Because funding is limited, eligibility is not a guarantee that a family will receive services. Providers may have waiting lists for Family Support funding. The Provider may also prioritize these lists based on intensity of need and other factors. Other funding sources may also pose restrictions on who can and cannot receive help through Family Support or provide other avenues of support.

C. Funding of Last Resort

Family Support funds are to be the funding of last resort. Where other programs are also defined as funding of last resort, they are to be used before Family Support Program funds. This means that other sources of funding must be investigated before determining the use of Family Support dollars.

D. Maximum Family Support Funding Per 12 Month Period

Family Support funding establishes a cap on the amount of funds which may be expended per family, per individual with disabilities. The amount that may be paid or expended on behalf of a family through the Family Support Program **may not exceed** $3,000 in any 12-month period for **each** individual who meets the definition of disability established by the program.

Establishment of the annual maximum on funds available per family is not meant to suggest that families are entitled to the maximum $3,000, per individual, regardless of

whether or not specific needs have been identified. The Individual Family Support Plan agreed upon by the Family and a
Representative of the Provider Agency is the primary factor in determining the amount. Families may receive funding from the Family Support Program for services with a total cost under the $3,000 cap, if the Individual Family Support Plan indicates a lesser amount is needed. However, the Provider should base the amount on all of the needs identified and agreed upon in the Individual Family Support Plan **up to the $3,000 maximum** established in the program.

E. **Procedures for Exceeding Annual Maximum Funding Limits**

Occasionally, the Provider may have reason and resources to exceed the annual $3,000 payment for services to a family. In these situations, the Provider must request **prior** approval for exceeding funding limits. The request should be made in writing; email requests are acceptable, prior to expenditure of funds, to the Regional Service Administrator for Developmental Disabilities or their designee. At a minimum the request must contain the following information:

1. The name of the eligible individual;

2. The identified needs that exceed the maximum amount and justification and any supporting documentation for the need;

3. A description of other resources used to help meet the needs of the family/individual; and

4. A statement on whether these funds are available to serve the family.

The Regional Office must respond to the request in writing, email responses are acceptable, within 10 business days of receipt of the request.

F. **Individualized Family Support Plan (IFSP)**

A Family Support Coordinator visits with families and determines the individual's/family's need(s) after eligibility has been established. The Individualized Family Support Plan is a written plan that is developed within thirty (30) calendar days after the approval of the Family Support Application. When the family is determined in need of authorized goods and services, and Family Support funds are to be utilized, the written service plan documents the following components:

1. A person-centered description of the following:
   a. The individual;
      1) A description of what is important to the individual, and

2) A description of what is important for the individual
b. The family;
c. Support network;
d. The physical environment; and
e. Current services.

(Note: A plan that has been in place prior to the implementation of this manual [July 1, 2014] is to be updated to include at a minimum "what is important to" and "what is important for" the individual with a developmental disability)

2. A description of the services and goods the family receives that are or may be provided through public or private funding sources other than the program. Family Support Coordinators can help families learn about and use supportive services available to them in their community, can coordinate services, and can advocate on behalf of the individual and family.

3. A description of the unmet supportive goods and services needs of the family.

4. A written description of the goods and services that are projected for Family Support funding with:
   a. An estimated duration of need;
   b. Frequency of need;
   c. Annual cost for each service and/or good; and
   d. Annual individual/family budget.

5. Justification for services, goods, or items that exceed the typical funding maximums for a family must be attached to the IFSP.

6. A written agreement signed by the individual or parent(s) and by a representative of the administering Family Support Provider/Agency, which describes how Family Support funds are to be utilized on the family's behalf. The agreement should include in writing any restrictions or specifications that the agency has conveyed verbally to the family. (An example of such a specification might be when funds remain unspent over the first six months of the year, the agency may reallocate these unspent funds to another family in need.) This agreement which describes how Family Support funds are to be spent serves as the written approval of the service plan.

G. **Individualized Family Support Plan (IFSP) Addendum**

Whenever a change occurs, which affects the individual or the family's needs regarding services and goods, by addition, removal, and/or increase or decrease in frequency, an addendum to the IFSP must be completed.

The IFSP Addendum must include, at least but not limited to the following elements:

1. A written description of the goods and services that are projected for Family Support funding with:
   a. Justification for the change of the IFSP;
      1) Addition/Removal of Services/Good
      2) Increase/Decrease of Service/Good
   b. An estimated duration of need;
   c. Frequency of need;
   d. Cost for each service and/or good change; and
   e. Annual adjustment individual/family budget.

2. A written addendum agreement signed by the individual or parent(s) and by a representative of the administering Family Support Provider/Agency.

H. **Family Support Services Annual Review**

1. **Family Support Eligibility Redetermination**

   Whenever a change occurs which might affect the individual or the family's eligibility, the situation should be reviewed to determine current eligibility of the individual.

   Each year at the time of service plan development, the criteria for eligibility must be reviewed. This may be done formally or informally, as needed, according to the policy and procedures of the Family Support Provider. (Families are not required to complete a new Family Support Application annually or receive a Regional Review Annually, unless identified by Provider policies and procedures.)

2. **Family Support Agreement Review**

   The Family Support Agreement must be reviewed and signed annually by the individual and/or family to ensure that the applicant understands and acknowledges that Family Support services are neither an entitlement nor a grant, and are provided as services to assist in maintaining a cohesive family unit and to assist the individual to live at home in the community.

3. **Individualized Family Support Plan (IFSP) Review**

   Any Individual Family Support Plan which includes the special provisions of Family Support funds is to be reviewed consistent with time lines required for that plan, but no less than once annually following the initial plan development date and more often if needed. Parameters for the review process are as follows:

a. Review of services and goods to provide a summary of achievements, or outcomes from the use of services and goods delivered to the individual/family;

b. A review of the availability of other funding sources for services and goods, identified by the individual/family;

c. For each plan that includes the use of Family Support funds, the need for review or changes in the plan may be made by the Family Support Provider/Agency or by the family. Families should be informed at the time of the initial assessment of the planned review cycle and of their right to participate and request changes;

d. If changes are made in the family's service plan, the reason for the changes is included in the individual/family record;

e. The completion of a new Individualized Family Support Plan as outlined in 5.6 Individualized Family Support Plan (IFSP) listed above; and

f. A parent or individual and a representative of the administering Family Support Service Provider/Agency must sign the Individual Family Support Plan Review.

I. **Continuity of Family Support Services**

Services can continue from year to year, families participating in the Family Support Program may continue in the program as long as their needs continue and funding remains available. The continuity of services and goods will be based on individual needs and may differ or vary from the previous year(s). A review of eligibility and an Individual Family Support Plan Review must be completed at least annually. The Individual Family Support Plan budget will reflect the current needs of the individual/family and might be different, either more or less, based on the priorities of needs for the individual/family, changes in needs for the individual/family, changes in program eligibility for the individual/family, family resources, and community resources review and individual/family eligibility for other services and goods. Families that receive continuity of services understand that the Provider retains the flexibility to provide services to each referred family on an "as needed basis."

J. **Family Support Services Waiting List**

A list of eligible Individuals/Families must be maintained, according to the policy and procedures of the Family Support Provider, and must include both Individuals/Families who are served and those waiting for services.

Individuals/Families that are placed on a waiting list for services must be determined eligible for the program prior to being placed on the list. Individuals/Families should be placed on the waiting list in an order of service that is relevant to their priority of need (See 5.1 Family Support Services Funding Allocation and 5.2 Limits of Available Funding).

The waiting list must include;

1. The identified individual's name
2. Date of birth
3. Parent/Guardian name (if applicable)
4. Family contact information
5. Assigned place in the order of service

Information regarding the waiting list and/or copies of the waiting list must be made available upon request, by the Georgia Department of Behavioral Health and Developmental Disabilities.

1.6. FAMILY SUPPORT AUTHORIZED GOODS AND SERVICES

A. Authorizing Family Support Goods and Services

To be authorized and eligible for payment, all services and goods paid for with Family Support funds must be determined to be:

1. Directly related to the identified individual with a developmental disability and their support needs;

2. Used only to purchase services and goods necessary for the identified individual with a developmental disability to continue to be supported in the family home and community integration;

3. Cost effective;

4. Not considered typical for a family to provide to an individual of the same age, or is considered to assist with normalization and local community integration activities, that are not currently accessible to the individual/family; and

5. Must be listed and justified on the IFSP, and/or IFSP Addendum.

B. Family Support Authorized Goods and Services List

The following is a listing of goods and services which may be purchased with Family Support funds depending on funding availability and non-availability of other funding

sources and services available through existing programs, including State Medicaid Plan services, and/or private insurances, as applicable.

These categories are not intended as a set menu of available services, but are simply used in reporting as a way of providing a general picture of the types of services that families may need. **The list does not replace the process of helping the family think through what is needed in their particular situation and helping families to make informed decisions about how to get what they need.**

1. **Family Support Respite Care**

   a. Types of Respite
      1) **Maintenance/Scheduled Respite**: Provides brief periods of support or relief for caregivers or individuals with disabilities. Maintenance/Scheduled Respite is planned or scheduled.
      2) **Emergency Respite**: Intended to be a short term service for an individual experiencing a crisis (usually behavioral) that requires a period of structured support and/or programming. Emergency Respite may also be necessitated by unavoidable circumstances, such as death of a caregiver or loss of residential placement.

   b. Respite Services provide brief periods of support or relief, in or out of the home, for caregivers of individuals with disabilities. Respite is provided in the following situations:
      1) When families or the usual caretakers are in need of additional support or relief;
      2) When the participant needs relief or a break from the caretaker;
      3) When a participant is experiencing severe behavioral challenges and needing structured, short-term support;
      4) When relief from care giving is necessitated by unavoidable circumstances, such as a family emergency, or
      5) This service may also include care of other young children who are members of the family, when necessary for the primary care giver(s) to devote exclusive time to attend to the care and well-being of the member with a developmental disability.

   c. Respite Services might include:
      1) Short-term services during a day, or
      2) Overnight services.

   d. Respite Services may be provided in, but not limited, to the following settings:
      1) Family's home;
      2) A relative's home;

3) Outside the home in a private residence of an approved Family Support Respite Provider's home;
4) Provider's/Agency's Facility;
5) Other Provider Approved Location that meets Provider policy and procedures for Family Support Respite Providers.

2. **Family Support Community Living Support**

This array of services assists an individual with the developmental disability to perform activities of daily living, which assist the individual in being able to live in his or her home. These services include transportation to facilitate the individual's participation in grocery or personal shopping, banking and other community activities that support continued residence of the participant in his or her family home. These services include the following:

a. Assistance with, and/or training in activities of daily living, such as:
   1) Bathing
   2) Dressing
   3) Grooming
   4) Feeding
   5) Toileting
   6) Transferring and other similar tasks
   7) Safety and the health needs of the individual

b. Accompanying individuals and facilitating their participation in visits for:
   1) Medical care
   2) Therapies
   3) Personal/grocery shopping
   4) Recreation
   5) Other community activities
   6) Staff to serve as interpreters and communicators

c. Training and assisting in household duties, such as:
   1) Meal preparation
   2) Clothes laundering
   3) Bed-making
   4) Housekeeping
   5) Shopping
   6) Money management
   7) Simple home repair
   8) Yard care and other similar tasks

d. Training and support in the areas of:
   1) Social

2) Emotional
3) Physical
4) Intellectual development

(Note: Family Support Community Living Support cannot be provided at a Day Program/Center Based Program, or combined with scheduled Day Program/Center Based activities.)

3. **Family Support Community Access**

This array of services support an individual with a developmental disability in being involved in their community based on his/her needs, wants and preferences.

a. Family Support Community Access services are to be designed in a manner that is:
   1) Teaching; and/or
   2) Coaching in nature.

b. The goal of services is to assist the individual in acquiring, retaining, or improving:
   1) Socialization and networking;
   2) Using resources in their community; and
   3) Becoming independent outside his/her home or family home.

c. These services can occur during:
   1) The day;
   2) The evenings; and
   3) Weekends.

(Note: Family Support Community Access cannot be provided at a Day Program/Center Based Program, or combined with scheduled Day Program/Center Based activities.)

4. **Family Support Supported Employment**

These services support individuals to become gainfully employed and to maintain their employment in the community.

Supports can include, but are not limited to:
a. Job exploration;
b. Job development;
c. Job coaching; and

d. Long term supports on the job.

5. **Dental Services**

The full array of services is designed to care for the teeth, oral cavity and maxillofacial area, provided by or under the direct supervision of a licensed dentist and may be provided on an in-patient or outpatient basis.

6. **Medical Care**

These services are provided by or under the direct supervision of a licensed physician or by other licensed or certified health care professionals, when ordered by a licensed physician. The array of Medical Care services are inclusive of diagnosis/evaluation, service provision, and consultation with other medical/health care providers or non-medical service providers.

7. **Specialized Clothing**

These services include specially made clothing and footwear, design, construction, fitting and cost of an article of clothing, which is necessitated by the handicapping condition of the individual with the developmental disability. This includes clothes needing replacement often due to the individual's special needs. This is not intended to purchase general clothing items that are non-disability specific.

8. **Specialized Diagnostic Services**

These services are specific investigative procedures, comprehensive diagnostic and/or clinical services for individuals with developmental disabilities, and/or Autism Spectrum Disorders, determined as needed by the family and inter-disciplinary team as necessary to complete the assessment of needs of the individual with disabilities and/or family, and the identification of services and goods that are appropriate for an IFSP Addendum. Such specific investigative procedures, comprehensive diagnostic and/or clinical services identified as needed are not provided by the inter-disciplinary team. Examples of specialized diagnostic services include, but are not limited to, the following; diagnostic testing, psychological testing, neuropsychological testing, specialized assessments, and functional assessments.

9. **Recreation and Social Community Integration Activities**

These activities and/or goods are designed to support the participation of the individual with a developmental disability in recreational/social activities in

the home and/or local community, and/or increase/enhance social integration. Examples include but are not limited to; fees for local community recreation programs, scouting programs, camp programs, and payment of support staff to assist the individual to fully participate in recreational/social activities. Funds may also be used to contribute towards the cost of recreational opportunities for the family as a whole, such as a membership at a local YMCA, or fees for family recreation, if this enables the family member with the developmental disability to participate in these activities.

10. **Environmental Modifications**

These environmental modifications are changes, or repairs to the personal home of the family/caregiver that are designed to increase their ability to enhance the development/functioning, health, or well-being of the individual with a developmental disability. Any use of Family Support Funds for Environmental Modifications must be submitted for **prior** approval, from the Regional Service Administrator for Developmental Disabilities or their designee, prior to approving the service for the individual and/or family. Examples include but are not limited to; ramps, door widening, room divider, stair lift, backyard fence, and bathroom modifications for accessibility. These modifications, changes or repairs do not change the square footage of the home. Lifetime maximum is $7,000. Reimbursement rate for Environmental Modification is the lower of three price quotes or the lifetime maximum.

11. **Specialized Equipment**

This equipment is an adaptive and/or therapeutic device specifically prescribed to meet the habilitative needs of the individual with a developmental disability or a device and/or equipment needed by the family to better provide for the specific needs of the family member with a developmental disability. Examples include, but are not limited to, the following; positioning boards, special chairs, and/or hospital beds. The Provider must maintain a copy of the prescription in the individual's records. Any use of Family Support Funds for Specialized Equipment over $1,500 must be submitted for prior approval, from the Regional Service Administrator for Developmental Disabilities or their designee, prior to approving the service for the individual and/or family. Lifetime maximum is $7,000. Reimbursement rate for Specialized Equipment is the lower of three price quotes or the lifetime maximum. Price quotes are not required for purchases, replacements, or repairs under $200.00.

12. **Therapeutic Services**

This direct intervention service is provided by a licensed therapist aimed at reducing or eliminating physical manifestations of a developmental disability or in improving/acquiring specific skills precluded by the developmental disability. An assessment/evaluation is required for the provision of these services.

Therapeutic services are inclusive of:

a. Audiology;
b. Physical therapy;
c. Occupational therapy; and
d. Speech therapy.

13. **Counseling**

These services utilize a varied number of specific psycho-social approaches, by a licensed counselor for the individual with a developmental disability and/or his/her family. These services are aimed at assisting the individual with a developmental disability in coping with life circumstances.

14. **Parent/Family Training**

Information and training are provided to parents/family members to enhance their understanding and to better address the needs of the family member who has a developmental disability. Training may be provided as a one-time experience or on-going experience. This training may be delivered in or out of the home setting.

15. **Specialized Nutrition**

This support is an array of services that include: assessment, planning, counseling, supervision and provision of specific dietary, nutritional and feeding needs of the individual with a developmental disability. The Specialized Nutrition services are to be provided by a nutritionist qualified by state standards.

16. **Supplies**

The supplies are any number of items that may require frequent usage due to the individual's developmental disability. These supplies may not be specialized or specific to the needs of the individual with the developmental disability, but may be necessary to the on-going operation or maintenance of specialized devices or any number of items that are needed by the family, to

better provide for the disability specific needs of the family member with the developmental disability.

17. **Behavioral Consultation and Support**

These professional services train and support the family in avoiding and/or responding appropriately to behaviors which may create barriers to the individual with a developmental disability and their ability to remain in the home and community; and/or direct individual services intended to address problematic behaviors. The need for Behavioral Supports Consultation Services must be related to the individual participant's disability, therapeutic in nature, and tied to a specific goal in the IFSP.

18. **Financial and Life Planning Assistance**

These professional services assist the family in planning for future services and/or financial needs of the family member with a developmental disability.

19. **Exceptional Disability Related Living Costs**

This service is to be utilized to pay living expenses that are higher than normal due to the nature of the person's developmental disability or to cover unexpected emergency costs. For example, a person who is heat sensitive may require air conditioning during the summer months. The family support budget may include extra costs to cover the higher electrical bills during the summer months so as not to stress the family's household budget. This might also cover higher electrical bills caused by the individual with a developmental disability being on special monitoring machines. Exceptional Disability Related Living Costs may be approved on a one time, emergency basis, or for ongoing needs. When approved on an ongoing basis, the contracted Family Support Provider must document continued need at least every six (6) months.

20. **Homemaker Services**

These services include light household work or tasks provided in the home, which are:

a. Necessitated by the lack of a family member capable of performing such tasks; or
b. By the incapacity or absence of the family member who normally performs the tasks; and
c. Are not available through an existing program such as the Community Care Services Program (CCSP).

21. **Family Support Transportation**

a. Family Travel Reimbursement:

1) Medical Appointments: These services include mileage, meals, and other related incidental expense when extraordinary out-of-pocket expenses are incurred due to medical appointments as required to meet the individual's special medical/health needs, and are to transport an individual from a community to a medical center/office that is more than 100 miles round trip.
2) Activities and Services: Transportation services beyond the scope of the family's normal responsibilities for transporting the individual for recreation, and social community integration services and other non-medical community activities in order to enable the individual to gain access to other community services, activities and resources must be specified in the Individualized Family Support Plan.
3) Reimbursement for mileage is set by the Provider and shall not exceed the mileage rate established by the State of Georgia.
4) These services are not intended to replace available formal or informal transit options. Whenever possible, family, neighbors, friends, or community agencies, which can provide this service, without charge, are to be utilized.

b. Provider Services: Transportation Services enable waiver participants to access non-medical services, activities, resources, and organizations typically utilized by the general population. Transportation costs normally associated with other services are not allowable. These services do not include transportation that is included as an element of another service as follows:

1) Family Support Community Living Support
2) Family Support Community Access
3) Family Support Supported Employment

22. **Vehicle Adaptation Services**

Vehicle Adaptation Services include adaptations to the individual's or family's vehicle in order to accommodate the special needs of the individual with a developmental disability. The vehicle being modified must be the primary means of transportation for the individual with the developmental disability and must be necessary to enable the individual to integrate more fully into the community and to ensure their health, welfare, and safety. Any use of Family Support Funds for vehicle adaptation must be submitted for **prior** approval, from the Regional Service Administrator for Developmental

Disabilities or their designee, prior to approving the service for the individual and/or family. Examples of vehicle adaptation include but are not limited to; a hydraulic lift, ramp, special seats, and other modifications to allow for access into and out of the vehicle as well as safety while moving. Lifetime maximum is $5,000.

23. **Child Day Care/After-School Services**

a. These services are specific to the following:
   1) After-school programs (after any scholarship related applications have been submitted and denied if applicable).
   2) Child day care costs at a licensed child care facility or a family's share of such costs for the individual with a disability.

b. Families can only access these services after the following have been met;
   1) A review of all natural supports and services available from family, community, other government or public services, insurance plans, schools, philanthropic organizations, friends, or relatives available to the family that indicates there are no other options for child care or after school care services.
   2) The family has applied for and been denied by Childcare and Parent Services, CAPS. (Documentation of denial is required)
   3) Solely to allow primary caregivers to attend work. (Documentation of work hours required)
   4) Approved hours are not to exceed the hours necessary for the primary caregivers to attend work, plus 30 minutes before and/or after their schedule work time.
   5) The budgeted amount cannot exceed annual Family Support funding limitations.
   6) Annual maximum is $3,000.

24. **Other Family Support Services**

If a service or item does not fit the categories listed, the Provider **must** submit a Request for Other Family Support Services Funding Form with justification and supporting documentation for **prior** approval, from the Regional Service Administrator for Developmental Disabilities or their designee, **prior** to approving and/or providing the service for the individual and/or family.

C. **Extraordinary Family Support Funding for a Single Item, Event, or Service**

Any single item, event, or service that exceeds an annual budget of $1,500 must submit a Request for Extraordinary Family Support Services Funding form to the Regional Office for **prior** approval. The following is the criteria for completing the Request for Extraordinary Family Support Services Funding form:

1. All other resources have been exhausted (i.e. DHS, Churches, HPRP, etc.) and documented;
2. The request must exceed $1,500 (ANY amount under $1,500 is at the discretion of the Provider Agency);
3. The request must be for a single item/event/service;
4. There must be documentation to support the request, (a copy of supporting documentation must be sent with form);
5. The request must fall within the authorized good and list identified in policy (DBHDD 02-401); and
6. The request must be for an item/event/service that would benefit the individual/family that they would not otherwise have access to **AND** strive to sustain and enhance the quality of family/home life so the individual with ID/DD/Autism Spectrum Disorder can remain within the family/home, and the family can remain as a family unit **AND** the item/event/service helps the individual/family integrate into the community.

D. **Family Support Services and Goods Limitations**

1. Outside the State of Georgia Limitations

   a. Family Support services, activities, and/or events, that occur outside of the State of Georgia- If the family lives within 25 miles of the boarder of the State of Georgia, and those services, activities, and/or events are typically accessed as part of the family's typical daily activities, and there are no other available services, activities, and/or events available within a 25 mile radius of family's home inside the State of Georgia's boarders Family Support Services can be utilized to fund the following services, activities and/or events outside the State of Georgia:

      1) Medical/Dental Appointments;
      2) Counseling/Therapy Appointments;
      3) Family Support Recreational and Social Interaction Activities; and/or
      4) Family Support Transportation.

   b. Recreational Camps- Individuals may attend camps that are outside the State of Georgia, only if there are no other camps available within the State of Georgia that meets their needs. Recreational Camps outside the State of

Georgia must be in adjacent states (Florida, Alabama, Tennessee, North Carolina, South Carolina), and cannot be over 50 miles into the adjacent state. The Family Support Provider is responsible for requesting **prior** approval to the Regional Office before approving recreational camps outside of the State of Georgia, that includes the following information:

1) Information regarding the individual;
2) Information regarding the camp;
3) Justification for seeking a recreational camp outside the State of Georgia; and
4) Benefits of the recreational camp to the individual.

E. **Non-Covered Services and Goods**

Family Support Services and Goods have been very broadly defined, leaving considerable leeway for families to choose the services or goods that they identify as needed to maintain their family member at home; however, Family Support Service funds may not be used for certain services, goods, activities, and events, including but not limited to the following list:

1. Services, goods, activities, materials, equipment, that is determined may be reasonably obtained by the family through other available means, such as, private or public insurance, philanthropic organizations, or other governmental or public services;

2. Provision of services that are normally covered by other Waiver, Medicaid, Insurance, or DBHDD services, including day program services and transportation arrangements to day programs;

3. Purchase of land or buildings;

4. Environmental modifications that increase solely the value of the home, or increase the square footage of the home;

5. Purchase of a vehicle; payments that contribute to the purchase or lease of a vehicle, the taxes related to the purchase of a vehicle, vehicle title fees, vehicle tag fees, taxes, and/or ad valorem taxes of a vehicle;

6. Institutional Care, Residential, or Nursing Home Care;

7. Psychiatric or Substance Abuse Hospitalization;

8. Adult Day Programs/Center Based Day Services;

9. Payments for housing supports such as the principal on a mortgage, the down payment on a residence, or tax or other municipal bills on property;

10. Insurance Payments (vehicle, home, renters, etc.);

11. Luxury items, included but not limited to; swimming pools, spas, hot tubs, whirlpool tubs, televisions, stereos, personal media players, entertainment/game consoles, computers, laptops, and cable and internet services;

12. Computer supplies (printers, cartridges, speakers and other supplies);

13. Cell phones and minutes;

14. Physical fitness equipment, including but not limited to; exercise cycles, treadmills, and trampolines;

15. Housewares, furniture, and appliances, that are non-disability specific;

16. School supplies that are non-disability specific and are typically purchased by families of children or individuals of the same age;

17. Non-specialized clothing and shoes that are typical purchases by families of children or individuals of the same age;

18. Modifications for access to a community building or location that is not the individual's/family's residence;

19. Purchase of service animals or costs associated with the care of service animals;

20. Legal fees including but not limited to the cost of representation in educational negotiations, establishment of trusts, or creation or guardianship;

21. Vacation costs for transportation, food, shelter, and entertainment that are not strictly required by the individual's developmental disability, or that would be normally incurred by anyone on vacation regardless of developmental disability;

22. Education and services provided by schools as part of a free and appropriate education for children and young adults under the Individuals with Disabilities Education Act;

23. Services, supplies, or supports that are illegal, experimental, or determined unsafe for the general public by consumer safety agencies;

24. Services or activities that are carried out in a manner that constitutes abuse;

25. General repair or maintenance and upkeep required for the family home or motor vehicle;

26. Non-disability specific toys typically purchased by families of children or individuals of the same age;

27. Reimbursement for out-of-state travel expenses, including but not limited to transportation, food, shelter, etc.;

28. Extended warranties and/or maintenance agreements;

29. Equipment replacement or repair that is necessitated by individual/family neglect, wrongful disposition, intentional misuse or abuse. Equipment will not be replaced due to individual/family's negligence and/or abuse (e.g. a wheelchair left outside). Equipment will not be replaced before its normal life expectancy has been attained unless supporting medical documentation of change in the physical or developmental condition of the individual;

30. Equipment that has been denied through the Durable Medical Equipment (DME) and other programs for lack of medical necessity; and

31. Environmental modification to a community or Provider location, including environmental modifications made to homes that are licensed by the State as Personal Care Homes or Community Living Arrangements.

Utilization of family support funding to cover unapproved or disallowable expenses including those specified in these Guidelines may jeopardize the continued participation by the Provider in the Family Support Program.

F. **Family Support Goods and Services Offered By Provider**

Not all Family Support Service Providers must offer all the services and goods listed. Each Provider is encouraged to offer an array of Family Support Goods and Services, and have a plan as to how they will provider those goods and services to the individual/families receiving Family Support Services.

1.7 FAMILY SUPPORT SERVICES DISENROLLMENT

A. Family Support Services Disenrollment Provider Responsibilities

The Provider of Family Support Services is responsible for the development of agency policies on the disenrollment of individuals/families from Family Support Services, to include, but not limited to, the following information:

1. Voluntary Disenrollment
2. Involuntary Terminations
   a. Move outside of service area
   b. Residential Care/Extended Hospitalization
   c. Extended placement outside of the family home (i.e. foster care placement, etc.)
   d. Non-Compliance

B. Family Support Services Disenrollment Regional Office Responsibilities

The Regional Office is responsible for notifying Family Support Providers on a monthly basis of the entry of any individual(s) receiving Family Support Services into:

1. NOW/COMP Waiver;
2. DD State Funded services; and/or
3. Changes required due to duplication of services.

1.8. FAMILY SUPPORT REVIEW AND GRIEVANCE PROCESS

A. Family Review Process for Denial/Discontinuance/Reduction of Family Support Services

If the individual/family requests a review of a denial, discontinuation, or reduction of Family Support Services, the individual/family submits the request for a review to the Family Support Provider. The Family Support Provider conducts a review in accordance with their internal agency policies and procedures. The Family Support Provider will provide a written determination of the review to the individual/family within 10 business days of the request.

The individual/family may request a review of the determination of the Family Support Provider by the Regional Office by submitting a written request to the Family Support Provider. The Family Support Provider forwards any such request and supporting documentation of the Provider's determination to the Regional Office to be reviewed by the Regional Service Administrator for Developmental Disabilities or their designee. The Regional Office determination will be provided in writing to the individual/family with a copy to the Family Support Provider within 10 business days of receipt of the request. The Regional Office determination will be final.

B. **Family Support Services Grievance Process**

The individual/family who has a grievance about Family Support Services contacts the Family Support Provider. The Family Support Provider reviews the grievance in accordance with the Provider's internal agency policies and procedures. The Family Support Provider must have grievance policies and procedures that meet the requirements of the *DBHDD Policy 19-101, Complaints and Grievances Regarding Community Services*, available at DBHDD PolicyStat, https://gadbhdd.policystat.com. The Family Support Provider must keep records of all grievances in accordance with records requirements.

1.9 FAMILY SUPPORT RESPITE SERVICES REQUIREMENTS

A. **General Requirements for Family Support Respite Services**

1. Each Provider must develop written policies and procedures to govern the operations of Family Support Respite Services.
2. It is the Provider Agency's responsibility to ensure that Family Support Respite Services, provided in facilities, are provided only in approved Family Support Respite sites that meet the specified requirements to provide Respite. (Note: Refer to *DBHDD Policy 02-102 State Funded Respites for Developmental Disabilities*).
3. The Provider can enter into agreements with an individual person(s) to provide Family Support Respite Services. The Provider Agency is responsible for ensuring that individual person(s) that provide Family Support Respite Services meet the specified requirements listed in 9.2 and 9.3.
4. The Provider Agency must maintain a list of Persons Approved to Provide Family Support Respite Services (including full name, addresses and contact information), that is updated at least annually, or when changes to persons information and/or new persons are added or when a person is removed from the list.
5. The Provider must not add a site or approved person to the list until they have documentation on hand that the site or approved person meets all requirements to provide Family Support Respite Services.
6. A copy of the Persons Approved to Provide Family Support Respite Services list must be provided to the State and Regional offices at the time of any changes, additions, removals, and annual updates.
7. Family Support funds cannot be used to purchase or reimburse Family Support Respite Services provided by any person who is not included on the List of Persons Approved to Provide Respite.

B. **Requirements for Persons to Provide In-Home and Out-of-Home Family Support Respite Services**

Persons who render Family Support Respite Services in or out of the family's home must meet the following requirements:

1. Must be at least 18 years or older;
2. Have a high school diploma/equivalent (General Education Development or GED)
3. Have a current CPR and Basic First Aid Certifications;
4. Have the understanding, experience, training, education, or skills necessary to meet the individuals needs for Respite Services; and
5. Agree to or provide required documentation of a criminal background checks prior to providing Respite Services, and to have criminal background checks updated in accordance with Provider policy.

If providing transportation during the course of Family Support Respite Services the Person must:

1. Be legally licensed in the State of Georgia with the class of license appropriate to the vehicle operated to transport individuals;
2. Agree to or provide required documentation of a Motor Vehicle Record (MVR) and to have a Motor Vehicle Record (MVR) updated in accordance with Provider policy; and
3. Have no more than two chargeable accidents, moving violations, or any DUIs in a three (3) year period within the last five (5) years of the seven (7) year Motor Vehicle Record (MVR) period.

C. **Application Process for Persons Approved to Provide Family Support Respite Services**

Persons interested in providing Family Support Respite Services must make application to the Provider contracted to offer Family Support Services. The application must include questions that meet the Requirements for Persons to Provide In-Home and Out-of-Home Family Support Respite Services.

The Provider is responsible for reviewing the application to determine if the Person meets all the requirements listed above. The Provider is responsible for contacting the Person in writing within 30 calendar days from the receipt of a completed application with supporting documentation regarding their approval or disapproval to provide Family Support Respite Services.

The Provider is responsible for developing and reviewing with the Person Approved to provide Family Support Respite Services a Family Support Respite Services Agreement, which outlines the Person Approved responsibilities and duties, which must a include

a signature and date of review. The Provider is also responsible for developing and reviewing with the Person Approved to Provide Family Support Respite Services a confidentiality agreement. The Family Support Respite Services Agreement and confidentiality agreement must be reviewed no less than annually.

D. **Persons Approved to Provide Family Support Respite Services Records**

1. Providers must maintain records on each approved Provider and Person approved to provide Family Support Respite Services, to include but not limited to, the following:

    a. Application to be a Provider/Person to provide Family Support Respite Services;
    b. Current Contact Information (updated at least annually);
    c. Criminal Background Check (updates according to Provider policy);
    d. Copy of High School Diploma/GED or certification/degree of completion from highest grade/level of education (if available);
    e. CPR and Basic First Aid Certifications (and updates);
    f. Family Support Respite Provider/Person job description or Family Support Provider/Person Agreement (annual reviews); and
    g. Documentation of understanding of the needs of individuals with developmental disabilities:
        1) Written statement demonstrating understanding of the needs of individuals with developmental disabilities; or
        2) Previous experience working with developmentally disabled individuals; or
        3) Training or education regarding working with individuals, with developmentally disabled.

2. If the Provider/Person is providing transportation for the individual while in Family Support Respite Services the record must also include the following:

    a. Copy of current Georgia Driver's License; and
    b. Motor Vehicle Record (updates according to Provider policy).

3. The Provider is responsible for maintaining Respite Provider records and files for six (6) years from the termination of the Respite Provider Agreement.

E. **Family Support Respite Services Documentation/Invoice Requirements**

Providers must maintain documentation of Family Support Service in the record of each individual receiving Family Support Respite Services. The documentation record may serve as the Invoice for Family Support Service, as outlined by Provider policies and procedures. The documentation/invoice must include, but is not limited to, the following information:

1. Date(s) of Family Support Respite Service;
2. The beginning and ending time when the Family Support Respite Service was provided;
3. Address where the Family Support Respite Service was delivered; and
4. Verification of Family Support Respite Service delivery, including the first and last name of the person providing the services and their signature.

1.10 FAMILY SUPPORT SERVICES RECORDS REQUIREMENTS

The Provider must have written policies and procedures, consistent with legal requirements governing the retention, maintenance and purging of records. Records are safely secured, maintained, and retained for a minimum of six (6) years from the date of its creation or the date when last in effect (whichever is later). Family Support Service Providers are required to maintain specific documentation and records in accordance with the following sections:

A. **All Family Support Services Records are maintained in accordance with a System of Information Management that Protects Individual Information and that is Secure, Organized, and Confidential.**

The Provider has clear policies, procedures, and practices that support secure, organized and confidential management of information, to include electronic individual records if applicable, which are in compliance with *DBHDD Provider Manual for Developmental Disabilities Providers, Part II: Service Standards for DD Providers, Section 1: Community Service Standards for DD Providers IV: Information Management SYSTEM THAT PROTECTS INDIVIDUAL INFORMATIONAND IS SECURE ORGANIZED, AND CONFIDENTIAL* (located at dbhdd.georgia.gov).

B. **Maintenance and Retention of Individual Family Support Services Records**

The Provider must have written operational policies and procedures, consistent with legal requirements governing the retention, maintenance, and purging of records. Records are safely secured, maintained, and retained for a minimum of six (6) years from the date of its creation or the date when last in effect (whichever is later).

At a minimum, each Family Support Program case record should include the following information and documentation, when applicable:

1. A copy of the family's/individual's application;
2. A copy of the supporting documentation used in determining the individual's eligibility;
3. A copy(ies) of the Family Support Agreement, and annual reviews signed by the individual/parent/guardian/family member;

4. A copy of the initial Family Support Services approval/disapproval letter(s), and redetermination letter(s);
5. A copy of the current Individual Family Support Plan, as well as any past Individual Family Support Plan, signed by the individual/parent/guardian/family member;
6. Copies of vouchers, invoices, and records of services and goods delivered under Family Support Services;
7. Entries in case records, including service plan reviews;
8. A copy(ies) of release of information form(s); and
9. A copy of any reviews or grievances filed.

C. **Maintenance and Retention of Persons Approved to Provide Family Support Respite Services Records**

Providers must maintain records on each approved Provider and Person approved to provide Family Support Respite Services as outlined in Section 9.4 of this manual.

The Provider is responsible for maintaining Respite Provider records and files for six (6) years from the termination of the Respite Provider Agreement.

The Provider is responsible for maintaining a list of Persons Approved to Provider Family Support Respite Services as outlined in Section 9.1 of this manual.

D. **Maintenance and Retention of Financial Records**

1. **General Financial Records**: The Provider is responsible for maintaining financial records in accordance with *DBHDD Policy 21-101, Financial and Reporting Requirements for Community Providers*, available online at DBHDD PolicyStat (http://gadbhdd.policystat.com). The Provider shall specify persons who are responsible for maintaining financial records.

2. **Family Support Financial Records**: Financial records including service vouchers/purchase orders that are relevant to service provision per each applicant and recipient of Family Support, must be maintained in each individual's records. At a minimum, financial records shall be retained for six (6) years from the date of reconciliation.

E. **Records Monitoring Accessibility**

Records are to be maintained in an easily accessible place for monitoring and/or quality assurance review purposes.

1.11 FAMILY SUPPORT SERVICES REPORTING REQUIREMENTS

The Provider will submit reports, which may be required by the Regional Office. These reports may include an annual report that provides a statistical summary of expenditure, client data, and a narrative summary of achievements of Family Support. Monthly reporting and other requirements of the contract between the Family Support Provider and the State of Georgia, Department of Behavioral Health and Developmental Disabilities must be met.

A. Family Support Services Contract Requirements

The Provider rendering Family Support Services must have an executed, signed contract to provide those services with the Department of Behavioral Health and Developmental Disabilities prior to reimbursement for services rendered. The Provider of Family Support Services submits a listing of the individuals served and the amount associated with each individual to the regional office monthly for payment for Family Support Services. Reimbursement for Family Support Services occurs in two (2) categories of Support Services: Developmental Disabilities Family Support, and Autism Family Support.

Support Services (UAS Budget Code – 445)

1. Developmental Disabilities Family Support (UAS Expense Code 422)
   The DBHDD contract with the Provider of Developmental Disabilities Family Support specifies the minimum number of individuals to receive Developmental Disabilities Family Support services from the provider during the contract year and the annual amount of funding. These individuals must meet the eligibility criteria for family support services outlined in above in this chapter and have no other means of payment for these services. Individuals receiving Developmental Disabilities Family Support must be determined eligible, complete the application and Regional review process, and have a complete and signed Individualized Family Support Plan before they can receive services.

2. Autism Family Support (UAS Expense Code 425)
   The DHBDD contract with the Provider of Autism Family Support specifies the minimum number of individuals to receive Autism Family Support services from the provider during the contract year and the annual amount of funding. These individuals must meet the eligibility criteria for family support services outlined above in this chapter and have no other means of payment for these services. Individuals receiving Developmental Disabilities Family Support must be determined eligible, complete the application and Regional review process, and have a complete and signed Individualized Family Support Plan before they can receive services.

B. **Waiver Information System (WIS) Reporting Requirements**

Provider shall enter all required monthly information regarding Family Support recipients served into the Waiver Information System (WIS) by the 10th day of the month subsequent to the month being reported.

1. **New Recipients**
   Providers are required to enter the following information into the WIS system for new recipients of Family Support Funding:
   a. Name
   b. Social Security Number
   c. Date of Birth
   d. Address
   e. Region of residence
   f. Medicaid# (if available)

2. **Monthly Services**
   Providers are required to enter/identify the following information regarding services into the WIS system monthly for each individual served:
   a. Person Served/Participant Name
   b. Services Category
   c. Services
   d. Amount Charged
   e. Authorization Date (Invoice Date)
   f. Provider Comments (except Dental)

C. **Monthly Income and Expense Reports (MIER) Reporting Requirements**

Provider must submit the Monthly Income and Expense Reports (MIER) to the Regional Office Operation Analyst, the Department's Contracts Office, and the Family Support Administrator, by the 10th day of the month via secure email, in compliance with *DBHDD Policy 21-101, Financial and Reporting Requirements for Community Providers*, available online at DBHDD PolicyStat (http://gadbhdd.policystat.com).

D. **Family Support Quarterly Reports**

Providers must submit a Family Support Monthly Quarterly Report to the Regional Office and the Family Support Administrator by the last day of the month following the quarter based on the following schedule:

Quarter	FY	Report Due
1st Quarter	July 1 - September 30	October 15
2nd Quarter	October 1 - December 31	January 15
3rd Quarter	January 1 - March 31	April 15

4th Quarter	April 1 - June 30	July 15

The Provider must use the Family Support Monthly Quarterly Report form provided by DBHDD. The information include will include;

1. Name of Provider
2. Fiscal Year/Quarter
3. Annual Budget
4. Budget for Direct Services
5. Amount Spent during Quarter(s)
6. Amount Spent Year-to-Date
7. Amount Committed in IFSP
8. Remaining Uncommitted funds
9. Waiting List Numbers

E. **Reporting and Investigating Deaths and Critical Incidents in Community Services Requirements**

Notify within two (2) hours notifications on deaths and high profile incidents (as defined in the *DBHDD Policy 04-106, Reporting and Investigating Deaths and Critical Incidents in Community Services*) for all Family Support funded individuals to the Regional Service Administrators-DD or designee, and if applicable the Individual's State Services Coordinator.

F. **Family Support Service Provider Contact Information Update Requirements**

Family Support Providers are required to submit to the Regional Office, Contract Office, and the Provider Network Office updated agency and/or contact information.

G. **Family Support Services Provider Reimbursement Issues**

The Family Support Provider should notify the Regional Office of any issues with reimbursement of Family Support Services payments, to the Regional Service Administrators-DD or designee. The Regional Office works with the Provider to assess and rectify, as indicated, issues in Family Support reimbursement.

H. **Reimbursement Adjustments**

Failure to follow the Operational Standards for Family Support Services in this manual may result in reimbursement adjustments.

1.12. FAMILY SUPPORT SERVICES QUALITY MANAGEMENT

Family Support Services Quality Management begins with Provider accountability and transparency. Family Support Quality Management activities are designed to assure efficient and effective use of Family Support funds that meet the person-centered needs of individuals/families receiving Family Support goods and services. The Family Support Provider will be responsible for providing assurance that Family Support Services are being provided ethically and in accordance with all DBHDD Policies and those standards listed in this chapter.

A. Internal Family Support Quality Management Requirements

Family Support Providers must have policies and procedures regarding quality management and quality improvement processes. Providers must conduct quarterly Internal Family Support Quality Management Reviews, where at least four individual records or the records of five percent (5%) of the total number of individuals served (whichever number is greater) are reviewed each quarter and the reviews are kept for a period of at least two (2) years. Internal Family Support Quality Management Reviews include at least but are not limited to the following:

1. The record is organized, complete, accurate and timely;
2. Person-centered documentation;
3. IFSPs are complete and reviewed annually (if applicable);
4. Services and goods listed on the IFSP are based on identified needs;
5. Redeterminations are completed annually; and
6. Documentation of services and goods are present and match reporting documentation.

The provider generates quarterly Internal Family Support Quality Management Reviews Reports, including measurement of quality indicators, trend analysis, and quality improvement activities. All Internal Family Support Quality Management Reports must be maintained by the provider and readily available for DBHDD quality assurance purposes. The quarterly reports must be generated following the schedule below:

Quarter	FY	Report Due
1st Quarter	July 1 - September 30	October 15
2nd Quarter	October 1 - December 31	January 15
3rd Quarter	January 1 - March 31	April 15
4th Quarter	April 1 - June 30	July 15

B. **Family Support Services Satisfaction Surveys**

Consumer input is an integral part of the Quality Management Program and gathering consumer input must be made a priority. The Provider must agree to participate in the Department's Family Support Services Satisfaction Survey, by distributing, collecting and retuning surveys to the State office. The information will be collect and analyze statewide data regarding Family Support Services quality performance indicators. The information will be disseminated in an annual report to all Providers and Stakeholders.

C. **Family Support Advisory Council**

The Provider may appoint a Family Support Advisory Council to advise and assist the Provider in matters related to Family Support Services such as evaluating the effectiveness of family support services, evaluating family satisfaction with Family Support Services, improving availability of resources to meet family's needs, and developing the plan for the prioritization and management of Family Support funds. When the Provider elects to appoint such a group, the Provider must develop and have available for review brief written descriptions of the group's purpose and scope, how membership is determined, and what process shall be used to resolve concerns or disagreements between the Provider and the Family Support Advisory Council about the provision of Family Support Services.

D. **Family Support Quality Assurance (QA) Review Purpose**

The Family Support QA Review is designed to provide quality management of Family Support service delivery while not compromising the integrity of Family Support initiatives. The purpose of the Family Support QA Review is to measure the quality of care for system improvements and monitor the effectiveness and efficiencies of program activities. The Family Support QA review acknowledges successes, and/or brings awareness to insufficiency in the process and helps to develop solutions. The QA Review process provides information to the Family Support Provider undergoing the review as well as technical assistance on improvements in Family Support service delivery.

E. **Family Support Program (QA) Goal and Objectives**

Family Support Program Quality Assurance Goal:

Creating efforts to ensure quality of care is integrated and maintained into service delivery.

Family Support Program Quality Assurance Objectives include:

1. Assure consistency in Family Support billing by reviewing financial reports in WIS/MIERS.
2. Ensure quality of Family Support documentation.
3. Provide checks and balances of Family Support service delivery.
4. Measure promptness of Family Support service delivery.
5. Assure accountability for service delivery and allocation of funds.
6. Develop cost efficiency in Family Support Services by enhanced gauging of the cost of services, including overhead cost.
7. Maintain programmatic oversight while providing enhanced flexibility.

F. **Family Support Quality Assurance (QA) Review Commencement Date**

The Family Support QA Review Process will begin in Fiscal Year 2015.

G. **Family Support Quality Assurance (QA) Review Period**

The Family Support QA Review period will be one (1) year, or no less than twelve (12) months from the date of the last review, unless a follow up review is determined necessary a based on the scores of the original/regular review process.

H. **Family Support Quality Assurance (QA) Review Announcement**

The Provider of Family Support Services will receive an email announcement by the Division of Developmental Disabilities of an upcoming review that will include an attached letter. The email notification will be sent out four weeks in advance with date, time, and number of charts to be reviewed.

Only in the case of an emergency or scheduling conflict, will a provider be given an opportunity to reschedule for following week, or at the reviewer's discretion. The provider must follow up on any rescheduling of the QA Review Process with the Division of Developmental Disabilities within 48 hours of email notification.

I. **Family Support Quality Assurance (QA) Random Sample Determination Process**

1. DBHDD Regional and State office staff randomly identify a list of individuals within the sample size of the total number of individuals served:
   a. Each sample size will be comprised at least 10 individual records.
   b. It will be the discretion of the reviewer to identify more records at the time of the review, without prior notification.
2. One hundred percent (100%) of the review will take place from individuals/families that have received Family Support Services:
   a. For at least six (6) months or longer;
   b. Who have actively gone through the regional office review of completed applications process; and
   c. Who have an active Individualized Family Support Plan.

3. A list of names to be reviewed will be submitted to the Family Support Provider 24 hours prior to the scheduled review. Access to charts for review must be provided at the scheduled time.

J. **Family Support Quality Assurance (QA) Review Process**

(Note: The Division of Developmental Disabilities obtained provider input on the design of the QA Review Process in FY 2013. The discussion of the QA Review Process with Providers of Family Support has informed the process that follows.)

The QA Review Process will consist of a desk and on-site review by DBHDD Regional and State office staff.

The QA Review assesses compliance in the following:

Administrative Review
- Area I: Policies and Procedures Review
  - Section I: General Policies and Procedures Review
  - Section II: Family Support Program Specific Policies and Procedures Review
- Area II: Family Support Employee File Review
  - Section I: Family Support Program Supervisor
  - Section II: Family Support Coordinator(s)

Program Review
- Area III: Family Support Respite Services Review (if applicable)
  - Section I: List of Persons Approved to Provide Family Support Respite
  - Section II: Persons Approved to Provide Family Support Respite Records
  - Section III: Family Support Respite Providers Records Cumulative Scores
- Area IV: Family Support Services Waiting List Review (if applicable)
  - Section I: Family Support Services Waiting List Review (if applicable)
- Area V: Internal Family Support Quality Management Reviews
- Area VI: Family Support Files Reviews Cumulative Scores
  - Individual Family Support File Reviews
    - Section I: Application
    - Section II: Individual Family Support Plan
    - Section III: Individual Family Support Plan Review(s)
    - Section IV: Services and Goods Documentation
    - Section V: Communications
    - Section VI: Quality of Service Delivery

K. **Family Support Quality Assurance (QA) Scoring Process**

1. Quality Assurance Findings Cumulative Scoring Process

The findings of the review of individuals' records and Family Support Respite Provider records will be complied to give a composite score, and used to complete a cumulative score with the totals for the Family Support Provider. The Family Support Provider will receive a written summary of the findings. This summary will indicate the following:

a. Total charts reviewed
b. Number/Percentage (out of x) who had completed each section

2. Overall Quality Assurance Findings

The Family Support Quality Assurance Review is divided into six (6) areas. Each area is scored based on total possible points that an individual Provider could earn. If there is an area that is not applicable (N/A), it will not be included in the total possible for that area.

Passing review scores is considered to be 80% or higher.

L. **Family Support Quality Assurance (QA) Exit Conference**

At the end of the Quality Assurance Review an exit conference is held to summarize the review findings. The exit conference provides an opportunity for the Reviewer(s) to provide feedback to the Provider regarding any areas for improvement, as well as, identified agency strengths, and positive feedback. The exit conference will also allow the Provider the opportunity to ask questions and clarify any comments.

If the Provider disagrees with a finding, this is the Provider's opportunity to provide additional information or evidence that demonstrates conformance to DBHDD and Family Support Policies and Standards. If the evidence demonstrates conformance, the score in that area will be adjusted accordingly. The Family Support Quality Assurance (QA) Review is complete, once the Reviewer(s) have left the site at the end of the review process. The Provider may not contribute any additional information to demonstrate conformance to DBHDD and Family Support Policies and Standards, and no additional changes to the findings or score can or will be made.

There is no appeal process for the Family Support Quality Assurance (QA) Review Process. The process offers the Provider the multiple opportunity on-site to demonstrate conformance to DBHDD and Family Support Policies and Standards, and processes have been put into place to ensure that if compliance is demonstrated that scores can and will be adjusted to reflect the Provider's conformance, on the date of the review.

M. **Family Support Quality Assurance (QA) On-Site Follow-Up Reviews**

On-site follow-up reviews will be conducted based on the following criteria:

1. A total sum of the review of 79% or lower; or
2. Repeat deficiencies from previous review.

An on-site follow-up review, if needed, will be scheduled within 45 calendar days of the original visit. Providers that receive a score indicating an On-Site Follow-Up Review will be required to participate in Family Support Training Technical Assistance to develop a plan/process to correct or modify the Family Support Program to ensure compliance with DBHDD Policies, Family Support Policies and Operational Standards.

N. **Family Support Special Quality Assurance (QA) Reviews**

The Division of Developmental Disabilities and Regional Offices reserves the right to conduct a special quality assurance review of any Family Support Provider at any time while they are contracted with the Department of Behavioral Health and Developmental Disabilities to provide Family Support Services, without advance notification.

1.13. FAMILY SUPPORT TRAINING AND TECHNICAL ASSISTANCE

The Division of Developmental Disabilities offers consultation, training, and technical assistance to Provider Agencies on an ongoing basis.

Training and technical assistance is available to assist with the planning, development, delivery, and evaluation of Family Support services and goods. Training and Technical assistance is designed to achieve specific learning objectives, resolve problems, and foster the application of innovative and best practice approaches to Family Support Services.

DBHDD offers assistance in many areas, including:

- Problem identification and assessment.
- Strategic planning.
- Program enhancement and operations support.
- Sustainability planning.
- Evidence-based practice and model programming.
- Community resource identification.
- Partnership development, team building, and community collaboration.
- Staff development
- Information management.
- Performance measurement and program evaluation.

Family Support Services' training and technical assistance is available to a broad range of requests in all areas related Family Support Services. Subject areas include:

- Outcomes-based services development.
- Evidence-based practice and model programming.
- Best Practice Standards in Family Supports.
- Program development.
- Respite program training and development.
- Community partnership and collaboration.
- Family Support application process.
- Individual Family Support Plans development.
- Individual/Family Needs Assessments.
- Community Needs Assessments.
- Program delivery.
- Program Quality Assurance.
- Strategic Planning.
- Program Budgeting.
- Individual/Family ISFP Budgeting.
- Family Support Coordinator Training.
- New Provider Training.
- Waiver Information System Training (WIS).
- Monthly Income Expense Report Training (MIER).

Family Support Services' training and technical assistance offers an array of services, including:

- Short-term and moderate technical assistance (offsite assistance via telephone, e-mail, Internet, distance learning, etc.).
- Long-term and extensive technical assistance (onsite assistance including problem assessment, mentoring, capacity building, evaluation, etc).
- Peer-to-peer information exchange.
- Publication drafting and dissemination.
- Speaker assistance, subject matter expert deployment.
- Program review and assessment.
- Information sharing and communication enhancement.
- Training development.

Requesters and questions regarding training and technical assistance should submit an email or written request to DBHDD Division of Developmental Disabilities Family Support and Services Administrator.

The Division of Developmental Disabilities convenes State and/or Regional quarterly meetings or as agreed upon participating Provider Agencies in each region.

1.14. FAMILY SUPPORT RESOURCE ALLOCATION

Access to Family Support Services funds, is not guaranteed. The state legislature must make funding available in the state budget to initiate and ensure continuation of Family Support Services. Providers may have the capacity to provide more Family Support Services and there may be significant demand for Family Support Services; however, the demand more frequently exceeds the availability of funding.

A. DBHDD Family Support Services Priorities

The DBHDD, Division of Developmental Disabilities is responsible for determination of funding needs, setting priorities, and contracting and allocation of the limited state funds for services for individuals with developmental disabilities. The Division of DD is committed to carrying out these functions in concert with providers, advocacy groups, and individuals and their families. Current priorities for Family Support Services for individuals with developmental disabilities are:

- Bridge for individuals on the planning list for DD Waiver Services
- Individuals who meet DD Family Support Services eligibility but are not Medicaid eligible and documented absence of other supports
- Eligible individuals with urgent, complex support needs and documented absence of other supports

Individuals with developmental disabilities may receive Family Support Services depending on availability of funding and priority of need.

B. Regional Resource Allocation Plan of Family Support Funds

The regional allocation of continuing and new Family Support funds to Providers providing Family Support Services is based on utilization management review and the determination of the provider capacity to serve. The regional offices conduct ongoing utilization management reviews from the required Family Support reports, utilization of funding, and Quality Assurance Reviews. This required reporting along with additional information supplied by the Family Support Provider/Agency upon request by the regional offices is used in the determination of the provider capacity to serve.

The regional offices provide summary reports of their utilization management reviews and findings on the Provider capacity to serve to the Division of Developmental Disabilities. The Division of Developmental Disabilities develops the Family Support Resource Allocation plan used to determine available resources for Family Support Services for any contract with a Family Support Provider. This plan is provided to the regional offices to use in their distribution of Family Support resources.

The Division of Developmental Disabilities reserves the right to amend contracts during a State fiscal year based on utilization management data, contract deliverable reports, Quality Assurance Reviews, and/or the availability of funding. If a Provider does not meet the stated service deliverables and outcomes listed in the Department's contract, the Provider will be notified and may be required or permitted to develop a plan of correction. Continued underperformance may result in contract modification or other contract action, including termination of the contract.

C. **Maximization of Provider Capacity**

The Provider's capacity to provide Family Support Services is monitored and evaluated, by a review of, but not limited to, the following information and reports:

1. Financial oversight and management of Family Support funds;
2. Staff competency and training;
3. Mechanisms that assure care is provided according to the Individual Family Support Plan for each family/individual served; and
4. Quality Assurance Review Reports.

The Provider is expected to maximize the utilization of all Family Support funding and the provider capacity to serve families/individuals. The Regional Office and the Provider meet regularly to review the utilization and address the issues related to unutilized capacity. Changes may be made to adjust fund and service allocations to meet the needs of individuals.

D. **Utilization Management Review of Family Support Reporting**

DBHDD Regional and State office staff will conduct utilization management reviews. These reviews will determine the level of effectiveness of Family Support Providers in utilizing Family Support funds. Regional and State office staff will conduct reviews of required Family Support Reporting documents. These reviews include, but are not limited to, the following;

1. The amount of dollars spent (within budget and in general) versus individuals/families served,
2. Use of data in MIERS (Monthly Income and Expense Reports) for average of funds spent over time to review the direction of enrollment and dollars spent, and
3. Percentage of dollars spent on specific services.

CHAPTER 2
ELIGIBILITY, ENROLLMENT AND DISENROLLMENT OF STATE-FUNDED SERVICES

2. INTRODUCTION

Chapter 2 and all remaining chapters of this manual provide the requirements for state-funded developmental disabilities services other than those in the Family Support Program. This chapter covers requirements for eligibility, enrollment, and disenrollment for state-funded developmental disabilities services.

The standards that follow are applicable to DBHDD or organizations that provide services to individuals that are financially supported in whole or in part by funds authorized through DBHDD, regardless of the age or disability of the individual served.

2.1 ELIGIBILITY FOR STATE-FUNDED DEVELOPMENTAL DISABILITIES SERVICES

This section provides the standards for the eligibility of individuals for Developmental Disabilities State-Funded Services.

A. **Individual Eligibility and Priority for Developmental Disabilities State-Funded Services:** If a service is funded with only state funds, access to services is not guaranteed. The amount of money available for state-funded services is limited. The ability of the department to offer state funded services is dependent upon available funding and the current priorities set for these funds. Current priorities for state-funded services for individuals with developmental disabilities, in order of priority, are:

(1) Bridge for individuals on the planning list for DD Waiver services;

(2) Eligible individuals with urgent, complex support needs and documented absence of other supports.

The Regional Office Intake and Evaluation staff determines the individual's priority for state-funded services in accordance with the above priorities.

B. **State Funded DD Services and Waiver Eligibility:** Individuals who meet the eligibility criteria for Developmental Disabilities (DD) Home and Community Based Waiver services are eligible to receive state funded developmental disabilities services. DD waiver eligibility criteria are specified in the Department of Community Health, New Options Waiver (NOW) Program and Comprehensive Supports Waiver (COMP)

Program, Part II Policies and Procedures, Chapter 700. The NOW and COMP policies and procedures are available on the Georgia Medicaid Web Portal (www.mmis.georgia.gov).

C. **Eligibility Criteria for State Funded DD Services:** Individuals who do not meet the developmental disabilities waiver criteria or found eligible for state funded Family Support Services may receive state funded developmental disabilities services depending upon the availability of funding, if the following criteria are met:

1) **Most in Need:** The individual must demonstrate:

   a. Substantial risk of harm to self or others; **OR**

   b. Substantial inability to demonstrate community living skills at age appropriate level; **OR**

   c. Substantial need for supports to augment or replace insufficient or unavailable natural resources; **OR**

   d. High risk behavioral challenges and/or symptoms of co-occurring emotional/mental disorders and/or forensic involvement that contribute to presenting urgent, complex support needs.

   The meeting of the Most in Need criteria must be supported and documented as part of the eligibility determination by the Regional Intake and Evaluation Office.

AND

2) **Diagnosis or Sufficient Evidence of a Developmental Disability:** The individual has an established developmental disability diagnosis or determination of sufficient evidence of a developmental disability, as assessed by a professional licensed to make the diagnosis or determination, with origin prior to the age of 22 years that resulted in substantial impairments in general intellectual functioning or adaptive behavior.

D. **Eligibility for Family Support Services:** The eligibility for Family Support Services is specified in Chapter 1 of this manual and in the DBHDD Policy 02-401, Family Supports for Developmental Disabilities Services. This policy is available online at DBHDD PolicyStat (http://gadbhdd.policystat.com).

E. **Lawful Presence:** Verification of lawful presence in United States is required for adults seeking DD Services from community providers of DD services. In accordance with Georgia law, all programs and services receiving funding from DBHDD or other state, federal or local funds are required to verify that adults who receive DD Services other than DD Emergency Services are lawfully present in the United States. The DBHDD Policy 04-103, Verification of Lawful Presence in United States for Individuals Seeking MHDDAD Services, is available online at the following DBHDD PolicyStat website: http://gadbhdd.policystat.com.

2.2 STATE-FUNDED DEVELOPMENTAL DISABILITIES SERVICES ENROLLMENT

This section provides standards for the application and enrollment for Developmental Disabilities State-Funded Services.

A. **Application for Services:** An individual or his/her representative applies for state-funded DD services by completing an application for developmental/intellectual disabilities that is available online on the DBHDD website (dbhdd.georgia.gov, Individuals and Families tab, Services tab, Accessing Services) or by mail or electronically (fax or email) from a DBHDD Regional Office (see Appendix A for Regional Office contact information). Applications may be completed in several ways:

- Applicants may complete and submit the Application independently. Applications can be submitted via mail or electronically.
- Applicants can complete the application over the phone with the assistance of a Regional Office Intake and Evaluation representative.
- Applicants can make arrangements to complete the application at the Regional Intake and Evaluation Office with the assistance of a Regional Office Intake and Evaluation representative.

If an individual or his/her representative contacts a provider of DD services, providers should obtain basic information, i.e., name and phone number, and immediately contact the DBHDD Regional Office. An Intake and Evaluation (I&E) representative will initiate immediate attempts to contact the individual and initiate the application process. Providers in the region will also give the individual the phone number to the DBHDD Regional Office as well as assure them that their request is being forwarded.

All application packets include a blank Authorization for Release of Information, a Check List of what to Return with a Complete Application, and a Region by County Identification Sheet. Complete Application Packets should contain at least the following: The application, a psychological evaluation, a medical history, and a signed Authorization for Release of Information. Once a complete application is received by

the DBHDD Regional Office, an eligibility determination is made by the Intake and Evaluation psychologist. The DBHDD Regional Office provides findings of the eligibility determination for DD state-funded services in writing to the individual/family.

B. **Review Process for Ineligibility Determination for State-Funded Developmental Disabilities:** Individuals who apply for DD waiver services and are determined to be ineligible for DD waiver services are informed in writing of their fair hearing rights as specified in NOW and COMP Part II, Chapter 700 policies. Fair hearing rights are only applicable to ineligibility determination for DD waiver services. Individuals who apply for state-funded developmental disability services and are determined to be ineligible for the DD state-funded services may request a review of this ineligibility determination in writing to the DBHDD Regional Services Administrator for Developmental Disabilities (RSA-DD). The RSA-DD or designee coordinates a review of the ineligibility determination with Division of DD State Office staff. The findings of the review of the ineligibility determination are provided in writing by the Regional Office to the individual/representative. The decision of the review will be final.

C. **DD Waiver Eligibility and State-Funded Services:** Individuals who meet the eligibility criteria for DD Home and Community Based Waiver services are eligible to receive state-funded developmental disabilities services. State-funded services are provided to individuals who are eligible for the DD Home and Community Based Waiver Programs, the New Options Wavier Program (NOW) or the Comprehensive Supports Waiver Program (COMP), as follows:

1) Individuals on the Planning List: Available state funds may be used as a bridge for individuals on the planning list for NOW/COMP Waiver Services. The receipt of state-funded DD service not available in the State Medicaid Plan is dependent upon available funding, assessed priority, and DBHDD Regional Office approval. Planning List Administrators inform individuals and their families that state-funded services may be available.

2) Individuals Receiving NOW or COMP Services: Individuals receiving NOW or COMP services are not eligible for state-funded services available in the NOW/COMP waiver programs or the State Medicaid Plan. These individuals are eligible to receive state-funded home and community based crisis services and state-funded emergency respite services. State-funded home and community based crisis services are accessed by calling the single point of entry for the Georgia Crisis Response System for Individuals with Developmental Disabilities (1-800-715-4225). State-funded emergency respite services for individuals receiving NOW or COMP services are approved by the DBHDD Regional Office.

D. **State-Funded Services for Other Individuals:** Other individuals with developmental disabilities may not be eligible for Medicaid but may be eligible for state-funded services. Individuals who do not meet the DD waiver criteria may receive state-funded

developmental disabilities services depending upon the availability of funding, priority of need, and meeting the Eligibility Criteria for State-Funded DD Services for individuals not eligible for NOW/COMP services listed in Item C of Section 2.1 of this chapter. The Regional Office Intake and Evaluation staff determines the individual's priority for state-funded services in accordance with the priorities listed in Item A of Section 2.1 of this chapter.

E. **Referral to Planning List Administrator or State Services Coordinator: :** If the individual is approved by the region for state-funded services, a referral will be made to the Planning List Administrator when the individual is Medicaid eligible and to the State Services Coordinator when the individual is not Medicaid eligible. The Planning List Administrators coordinate the services for people who are Medicaid eligible and on the planning list and waiting for NOW or COMP services. State Services Coordinators coordinate the services for people who are not Medicaid eligible and on the planning list and waiting for NOW or COMP services. Planning List Administrators and State Services Coordinators are assigned specific counties in which they coordinate state services for individuals with developmental disabilities determined eligible for these services and who reside in these counties. The initial contact is made by the Planning List Administrator or State Services Coordinator within ten (10) days of notification that the person has been approved to receive state services. Responsibilities of Planning List Administrators and State Services Coordinators are described in Chapter 4 of this manual.

F. **Availability of State-Funded Developmental Disabilities Services:** An individual who is determined eligible may receive state-funded developmental disabilities services depending upon the availability of funding and priority of need. The amount of money available for state-funded services is limited. The ability of DBHDD to offer state-funded services is dependent upon available funding and the current priorities set for these funds as listed in Section 2.1 of this chapter.

G. **Approval Process for Enrollment into State-Funded Services:** All individuals served by the provider should be authorized by the Regional Office through the Intake and Evaluation process. Individuals authorized through the Intake and Evaluation process are provided state-funded services dependent upon available of funding and the current priorities set for these funds as listed in Section 2.1 of this chapter. With the identification of available funding for enrollment of state-funded developmental disabilities services, the individual/family is informed by the Regional Office of services approved. The Regional Office sends the individual/representative a list of providers servicing the area which also includes surrounding counties. The provider list must state the specific service(s) of the provider. The Regional Office is responsible for reviewing the capacity of providers and for notifying providers of the specific number of individual(s) in the surrounding area with the type of approved service(s).

H. **Referral to Providers:** The Regional Office obtains confirmation from the individual/representative of the choice of provider(s). Based upon individual/representative choice of provider, the Regional Office makes a referral to provider(s) and notifies the provider(s) of the approved service(s) authorized by Intake and Evaluation staff. Each provider evaluates referrals to determine what area of services would be most appropriate for the individuals and the ability to meet the needs of the individuals. When able to provide services and meet the needs of the individual, the provider confirms the start date of services to the Planning List Administrator or State Services Coordinator. In case the provider cannot create an appropriate fit to successfully serve an individual, the provider should submit documentation to the Regional Office of justification within five (5) days after receiving the referral. The Regional Office reviews the documentation submitted by the provider and informs the provider in writing the results of the review. Any concerns by the Regional Office about the provider's stated reasons for refusal to serve an individual are included in the written findings of the review.

I. **Start Date Confirmation:** When the start date of services is confirmed by provider(s) to the Planning List Administrator or the State Services Coordinator, the name of the individual, provider(s), services and start date are forwarded by the Planning List Administrator or the State Services Coordinator to Operations Analyst (OA). The OA reviews and approves for contract vacancy or need for contract amendment and notifies the DBHDD State Office fiscal staff. The individual is assigned to the State Coordinator Supervisor for monitoring and follow up.

J. **Initial Individual Service Plan:** An initial Individual Service Plan (ISP) is developed prior to an individual receiving state-funded services. The initial ISP is developed by the provider with the required participation of the assigned Planning List Administrator to provide short-term guidelines for state-funded services planned for the individual until a comprehensive ISP is developed. The intention is to expedite the enrollment process so that the individual will receive state-funded services immediately. Comprehensive Individual Service Plan (ISP) development is described in Chapter 4 of this manual.

2.3 STATE-FUNDED SERVICES REDUCTION, DISCONTINUANCE, AND DISENROLLMENT

This section provides the standards for reduction, discontinuance, and disenrollment for Developmental Disabilities State-Funded Services.

A. **Reporting of Referred Individual Receiving NOW/COMP Waiver Services:** The provider must report to the Regional Office of knowledge of an individual referred to Developmental Disabilities State-Funded Services who also receives NOW/COMP Medicaid Waiver funded services

B. **Provider Notification of Disenrollment of Individual from State-Funded DD Services:** The Provider Agency for State-Funded Services is responsible for notifying the Regional Office in writing of any disenrollment of an individual from state-funded services no later than five (5) business days after the disenrollment. The written notification should provide the reason for disenrollment (e.g., movement to another state, death, family decision, etc.). The Regional Office is responsible for recording the disenrollment in the information management system and following up on any needed contract amendment.

C. **Disenrollment from State-funded Services Due to NOW/COMP Waiver Enrollment:** The Regional Office notifies the provider(s) of state-funded services in writing when an individual is enrolling into the NOW or COMP waiver. The Regional Office facilitates the individual's disenrollment from state-funded services and follows up on any needed contract amendments. The provider works with the Regional Office in converting individuals who are eligible for the NOW/COMP Waiver from state-funded services to Waiver services.

D. **Review Process for DBHDD Regional Office Discontinuation or Reduction of State-Funded Developmental Disabilities Services**: If the individual/representative requests a review of the discontinuation or reduction of state-funded developmental disabilities services, the request for the review should be sent in writing to the Regional Office for a review by the Regional Services Administrator for Developmental Disabilities (RSA-DD) or designee. The decision of the review may be based on, but not limited to, a change in available funding for state developmental disabilities services, changes in individual priority of need, or NOW/COMP waiver enrollment. The Regional Coordinator will confer with Division of DD State Office staff before providing a decision on the review. The decision of the review will be final.

CHAPTER 3
STATE-FUNDED DEVELOPMENTAL DISABILITIES SERVICES

3. INTRODUCTION

There are a variety of state-funded services and supports for individuals with developmental disabilities who meet eligibility for these services and are approved for these services as outlined in Chapter 2 of this manual. This chapter provides an overview of state-funded developmental disabilities services.

3.1 STATE-FUNDED SERVICES

State-funded services may be provided to an individual with a developmental disability determined eligible for these services and depending upon the availability of funding and the current priorities for these funds in accordance with Section 2.1 of Chapter 2 of this manual. Providers under contract with DBHDD provide state-funded services in accordance with the requirements of this manual and as specified in their contract. State-funded services are provided to authorized individuals who meet the DBHDD's criteria for state-funded developmental disabilities services and who have no other means of payment of these services, including State Medicaid Plan services for those receiving Medicaid. All individuals receiving state-funded services must be authorized by the Regional Office through the Intake and Evaluation process.

The following is a list of the state-funded services provided in accordance with the Individualized Service Plans (ISP) for individuals served:

A. **Routine Day Services** – These services consist of Community Access Group and Prevocational Services provided in any combination, but the Community Access Group and Prevocational Services cannot be provided at the same time to an individual. Routine Day Services are offered and made available if desired to state-funded individuals five (5) days/30 hours per week. On an exceptional basis, for individuals receiving Routine Day Services, the planned provision and utilization of services may be less frequent, but must be so indicated in the individual's ISP and approved by the Regional Office. Individuals can receive additional group services (after receiving 120 hours of Routine Day Services in a month) after hours and on weekend if they are needed and included in the ISP.

State-Funded Routine Day Services include:

1) Direct Community Access Group and Prevocational services provided to the individual;

2) Indirect intervention services specifically on the behalf of the individual as prescribed in the ISP. Indirect Intervention Services consist of design and development of activities in any location outside the individual's own or family home or any other residential setting that assist the individual to learn, use, and/or maintain adaptive skills required for active community participation and independent functioning, which includes services provided on behalf of a specific individual;

3) Individuals may participate in any combination of Routine Day Services, to include Community Access Group and Prevocational Services. Community Access Group and Prevocational Services are defined below.

B. **Community Access Services** –These services are individually planned to meet the person's needs and preferences for active community participation. Community Access services are provided outside the individual's place of residence. These services can occur during the day, the evenings, or weekends. Services include design of activities and environments for the individual to learn and/or use adaptive skills required for active community participation and independent functioning. These activities include training in socialization skills as well as personal assistance as indicated in the Individualized Service Plan. Community Access services must not duplicate or be provided at the same time of the same day as Community Living Support, Supported Employment, or Prevocational Services.

1. **Transportation and Community Access Services**—Transportation requirements are as follows:

   a. Transportation to and from activities and settings primarily utilized by people with disabilities is included in Community Access services. This transportation is provided through Community Residential Alternative services for individuals receiving these services.

   b. Transportation provided through Community Access services is included in the cost of doing business and incorporated in the administrative overhead cost.

   c. The individual's family or representative may choose to transport an individual to a Community Access facility.

   d. Transportation is required between point of origin and activities in setting primary utilized by people with disabilities (a reasonable amount of transportation, defined as up to one hour per day, is billable). Point of origin is defined as any location that individuals are available for pick-up that is safe and appropriate for the individual based on the approved Individual Service Plan.

2. **Community Access Services** have two distinct categories, Community Access Individual and Community Access Group, as follows:

   a. **Community Access Group** – Services are provided to groups of individuals. The direct care staff to individual ratio for Community Access Group services cannot exceed one (1) to ten (10) and is determined based on individual need level of the persons in the group. Community Access Group Services are designed to provide oversight, assist with daily living, socialization, communication, and mobility skills building and supports in a group. These services may include programming to reduce inappropriate and/or maladaptive behaviors. Community Access Group Services may be provided in a facility or a community as appropriate for the skill being taught or specific activity supported.

   State-Funded Community Access Group Services include the following based on the assessed need of the individual and as specified in the approved ISP:

   1) Design and development of activities in any location outside the individual's own or family home or any other residential setting that assist the individual to learn, use, and/or maintain adaptive skills required for active community participation and independent functioning, which include services provided on behalf of an individual as well as direct services;

   2) Assistance in acquiring, retaining, or improving socialization, and adaptive skills for active community participation and independent functioning outside the individual's own or family home, such as assisting the individual with money management, teaching appropriate shopping skills, using public transportation, and teaching nutrition and diet information;

   3) 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 restaurant;

   4) Provision of oversight and assistance with daily living, socialization, communication, and mobility skills building and supports in a group;

   5) Implementation of behavioral support plans to reduce inappropriate and/or maladaptive behaviors and to acquire alternative adaptive skills and behaviors;

6) Recreational and leisure activities that support the individual's active, local community participation and are specific to an ISP goal and therapeutic in nature, such as teaching an individual how to participate in and take advantage of community social and recreational activities or providing active support for an individual in community recreational and leisure activities;

7) Facilitating volunteer roles in the community and participation in self-advocacy type activities;

8) Other related, individual-specific assistance, such as assistance with personal care and self-administration of medications, and nursing services, and health maintenance activities as indicated in the approved Individual Service Plan;

9) Transportation is required between point of origin and activities in settings primarily utilized by people with disabilities (a reasonable amount of transportation, defined as up to one hour per day, is billable). Point of origin is defined as any location that individuals are available for pick up that is safe and appropriate for the individual based on the approved Individual Service Plan.

b. **Community Access Individual** – Services are provided to an individual, with a one-to-one staff to individual ratio. The intended outcome of Community Access Individual services is to improve the individual's access to the community through increased skills, increased natural supports, and or less paid supports. Community Access Individual Services are designed to be teaching and coaching in nature. These services assist the individual in acquiring, retaining, or improving socialization and networking, independent use of community resources, and adaptive skills required for active community participation outside the individual's place of residence. These services are not facility-based.

State-Funded Community Access Individual Services include the following based on the assessed need of the individual and as specified in the approved ISP:

1) Design and development of activities in any non-facility, community- based location outside the individual's own or family home or any other residential setting that assist the individual to learn, use, and/or maintain adaptive skills required for active community participation and independent functioning, which includes services provided on behalf of an individual as well as direct services;

2) Assistance in acquiring, retaining, or improving socialization, and adaptive skills for active community participation and independent functioning outside the individual's own or family home, such as assisting the participant with money management, teaching appropriate shopping skills, using public transportation, and teaching nutrition and diet information;

3) Assistance in acquiring, retaining, or improving socialization and networking, independent use of community resources, and adaptive skills required for active community participation outside the individual's place of residence;

4) Individual-specific teaching and coaching of skills for access to the community, including communication, mobility, money management, and shopping skills;

5) Implementation of behavioral support plans to reduce inappropriate and/or maladaptive behaviors and to acquire alternative adaptive skills and behaviors;

6) Teaching and coaching an individual how to participate in and take advantage of community social and recreational activities;

7) Facilitating volunteer roles in the community and participation in self-advocacy type activities;

8) Other individual-specific assistance, such as assistance with personal care and self-administration of medications, and nursing services, and health maintenance activities as indicated in the approved Individual Service Plan.

C. **Prevocational Services** – These services prepare an individual for employment. These services are for individuals not expected to be able to join the general work force within one year as documented in the ISP. If compensated, individuals are paid in accordance with the requirements of Part 525 of the Fair Labor Standards Act. Prevocational Services occur at community sites outside the facility or in facility-based settings for small groups of individuals. Prevocational Services may not be delivered in an individual's own or family home or any residential setting. Prevocational Services are distinct from and do not occur at the same time of day as Community Access or Supported Employment services.

Prevocational Services include teaching individual concepts necessary for a person to perform effectively in a job in the community. The intended outcomes of these services are to prepare an individual for employment and teach such concepts as

attendance, task completion, problem solving and safety. Transportation is required to and from the facility site. This transportation is provided through Community Residential Alternative services for individuals receiving these services. The individual's family or representative may choose to transport the member to the Prevocational Services facility.

State-Funded Prevocational Services include the following based on the assessed need of the individual and as specified in the approved ISP:

1) Teaching such concepts as rule compliance, attendance, task completion, problem solving, endurance, work speed, work accuracy, increased attention span, motor skills, and safety;

2) Instruction in appropriate social interaction skills required in the workplace;

3) Individual-specific assistance, such as assistance with personal care and self-administration of medications, as identified in the Individual Service Plan;

4) Facility-based training and/or assistance;

5) Mobile crews, which consist of a group of individuals who engage in prevocational services by performing tasks, such as cleaning or landscaping, at community sites at sites outside the facility;

6) Transportation is required to and from the facility site (a reasonable amount of transportation, defined as up to one hour per day, is billable).

D. **Supported Employment Services** – Supported Employment Services are ongoing supports that enable individuals, for whom competitive employment at or above the minimum wage is unlikely, absent the provision of supports, and who, because of their disabilities, need supports to work in an integrated work setting. Providers supporting any individual, who is not employed, shall have a minimum of two face-to-face contacts with the individual per month. The goal of each contact should reflect job development activities. Supported Employment Services are distinct from and do not occur at the same time of day as Community Access or Prevocational services.

The planned outcomes of Supported Employment Services are to increase the hours worked by each individual toward the goal of forty (40) hours per week and to increase the wages of each individual toward the goal of increased financial independence. An individual does not have to be able to work 40 hours per week to receive Supported Employment Services because supported employment can be either full or part time work.

Supported Employment services are based on the individual's needs, preferences, and informed choice. These services allow for flexibility in the amount of support an individual receives over time and as needed in various work sites.

State-Funded Supported Employment Services include the following based on the assessed need of the individual and as specified in the approved ISP:

1) Assisting the participant to locate a job or develop a job on behalf of the participant;

2) Activities needed to sustain paid work by participants, including supervision and training;

3) Adaptations, supervision, and training required by participants receiving Supported Employment services as a result of their disabilities, when these services are provided in a work site where persons without disabilities are employed.

E. **Community Living Support Services** – These services are individually tailored supports that assist with the acquisition, retention, or improvement in skills related to an individual's continued residence in his or her own home or family home. Community Living Supports are intended for individuals with developmental disabilities who require some residential supports to remain in the community and who require **less intensive supports** than those described in the definition of Comprehensive Residential Alternative (CRA) services. In most cases, direct support is intermittent, supporting individuals in activities such as preparing meals, managing personal finances or accessing generic community resources. However, in all cases, the type, frequency and intensity of Community Living Supports must be documented in the Individualized Service Plan (ISP). Community Living Supports Services are distinct from and do not occur at the same time of day as Community Access or Supported Employment services.

1. **Purpose**–Community Living Support Services are aimed at supporting individuals in having increased opportunities to participate in their own community and in exercising choice in regard to their services and daily routines.

2. **Community Living Support Services and Private Home Care License** – Provider agencies that render state-funded Community Living Support Services must have a Private Home Care Provider license from the Department of Community Health, Healthcare Facility Regulation Division (HFR).

State-Funded Community Living Support Services include the following based on the assessed need of the individual and as specified in the approved ISP:

1) Social and leisure skills development that assists the participant in planning and engaging in social and leisure activities as a part of home living in a community;

2) Adaptive skills development that assists the participant in community activities that are a part of home living in a community, such as community navigation, mobility, communication, understanding community signs/clues, and safety in the community;

3) Personal care and protective oversight and supervision in the person's own or family home;

4) Protective care and watchful monitoring activities of participant's functioning, the making and reminding a participant of medical appointments, intervention if a crisis arises for a participant, and supervision in the area of nutrition and self-administration of medications and other medically related services including health maintenance activities;

5) Training in and personal care/assistance with activities of daily living (ADLs), such as bathing, dressing, toileting, and transferring, and with instrumental activities of daily living (IADLs), such as personal hygiene, light housework, laundry, meal preparation, transportation, grocery shopping, using the telephone, and medication and money management;

6) Medically related services, such as basic first aid, arranging and transporting participants to medical appointments, accompanying participants on medical appointments, documenting a participant's food and/or liquid intake or output, reminding participants to take medication, and assisting with self-administration of medication;

7) Implementation of the behavioral support plan of a participant to reduce inappropriate and/or maladaptive behaviors and to acquire alternative adaptive skills and behaviors;

8) Transportation is required for participants living in their own home to facilitate the individual's participation in grocery or personal shopping, banking, and other community activities that support continued home living; transportation is provided as specified in the ISP for participants living in their own home.

F. **Community Residential Alternative Services** – These services are targeted for individuals who require intense levels of support. These services are individually planned and tailored to meet the specific needs of the individual and to accommodate fluctuations in his or her needs for various services. Community Residential Alternative (CRA) services include assistance with and/or training in activities of daily living such as bathing, dressing, grooming, and other personal hygiene, feeding,

toileting, transferring and other similar tasks. These services may not be provided to persons living in their own or family homes.

1. **Provider Requirements and Community Residential Alternative Services**– The following are provider requirements:

   a. **Transportation and Community Residential Alternative Services** –The provider of Community Residential Alternative Services provides transportation of the individual to other state-funded services specified in the Individual Service Plan.

   b. **Requirements to Accompany Participants to Emergency Rooms or Hospitals**– Community Residential Alternative provider agency staff must accompany participants who are transported to an emergency room or hospital.

   c. **Requirements for Employees Residing at Employer's CRA Site:** The provider agency must abide by the Fair Labor Standards Act requirements for sleep time when employees reside at the employer's CRA site.

   d. **Relocation of Participant:** A participant must not be relocated without documented prior approval from the DBHDD regional office, a minimum of thirty (30) days prior to the move except in documented and regionally approved emergencies.

2. **Actions Due to Critical Health and Safety Risks**– If a CRA service site is determined by DBHDD to have critical health and safety risk, DBHDD will take immediate action to remove the participant(s).

3. **Licensure**–Provider agencies that render CRA services in a regulated setting must hold the applicable license from the Department of Community Health (DCH), Healthcare Facilities Regulation Division (HFR) as follows:

   a. For CRA services rendered in a personal care home, the provider agency must have a Personal Care Home Provider License from HFR for each individual residential site (State of Georgia Rules and Regulations 290-5-35).

   b. For CRA services, including CRA nursing services, rendered in a Community Living Arrangement, the provider agency must have a Community Living Arrangement license for each individual residential site from HFR (State of Georgia Rules and Regulations 290-9-37).

   c. For CRA services rendered in foster care settings for participants under the age of 19 years, the provider agency must have a Child Placing Agencies license

from HFR in accordance with the therapeutic foster care section (State of Georgia Rules and Regulations 290-9-2).

State-Funded Community Residential Alternative Services include the following based on the assessed need of the individual and as specified in the approved ISP:

1) Assistance with, and/or training in, activities of daily living, such as bathing, dressing, grooming, other personal hygiene, feeding, toileting, transferring and other similar tasks;

2) Accompanying participants and facilitating their participation in visits for medical care, therapies, personal shopping, recreation and other community activities. This category includes staff to serve as interpreters and communicators and transportation costs to provide the service;

3) Training or assistance in household care, such as meal preparation, clothes laundering, bed-making, housecleaning, shopping, simple home repair, yard care and other similar tasks;

4) Assisting with therapeutic exercises, supervising self-administration of medication, basic first aid, arranging and transporting participants to medical appointments, documenting a participant's food and/or liquid intake or output, reminding participants to take medication, assisting with therapeutic exercises, supervising self-administration of medication and performing other medically related services including health maintenance activities;

5) Training and support in the areas of social, emotional, physical and special intellectual development. This category includes mobility training and programming to reduce inappropriate or maladaptive behaviors;

6) Transportation is required to and from all state-funded services specified in the Individual Service Plan;

7) Implementation of behavioral support plans to reduce inappropriate behavior and to acquire alternative skills and behaviors.

G. **Respite Services** – These services provide brief periods of support or relief for caregivers of individuals with disabilities or address unexpected, emergency situations results in the need for temporary support not addressed by the Georgia Crisis Response System. Respite Services may be provided in-home (service provided in the individual's home) or out-of home (individual receives services outside of his/her own home). Respite Services include short-term services during a day or overnight services.

1. **Categories of Respite Services:** State funds may be used to pay for the following categories of respite services:

   a. When families or the usual caretakers are in need of additional support or relief;

   b. When the individual needs relief or a break from the caretaker;

   c. When an individual is experiencing severe behavioral challenges and needing structured, short-term support beyond the crisis stabilization provided by the Georgia Crisis Response System ; or

   d. When relief from care giving is necessitated by unavoidable circumstances, such as a family emergency.

   Note: Supports provided through the Georgia Crisis Response System are not defined as respite services.

2. **Out-of-Home Licensed Respite Home Physical Standards**: State-funded providers who provide Out-of-Home Respite Services in a licensed home meet the physical standards requirements for the homes by maintaining licensure as follows:

   a. State-funded providers who render Respite Services in a Personal Care Home meet the physical standards requirements for these homes by maintaining licensure (State of Georgia Rules and Regulations 111-8-62).

   b. State-funded providers who render Respite Services in a Community Living Arrangement meet the physical standards requirements for these homes by maintaining licensure (State of Georgia Rules and Regulations 290-9-37).

   c. State-funded providers who render Respite Services in a Child Caring Institution meet the physical standards requirements for these homes maintaining licensure (State of Georgia Rules and Regulations 290-2-5).

   d. State-funded providers that render out-of-home Respite Services in foster care settings for individuals under the age of 19 years meet the physical standards requirements for these homes by maintaining a Child Placing Agency License (State of Georgia Rules and Regulations 290-9-2).

3. **Out-of-Home Non-Licensed Respite Home Physical Standards**: State-funded providers who render Out-of-Home Respite Services in a private residence of the employee/independent contractor providing the services must meet the following requirements:

   a. Each home must be located in a residential community not solely inhabited by persons with disabilities;

b. The home must be accessible to the individual served;

c. The home is maintained in a condition to ensure the health and safety of the individual;

d. Hazardous items are not accessible to the individual;

e. Sleeping arrangements, such that

i. Only a bedroom is used as sleeping space for an individual;

ii. No individual under the age of eighteen (18) years sleeps in a room with an adult;

iii. There must be no more than two individuals per bedroom, and these individuals must be the same gender.

4. **Additional Requirements for State-Funded Respite Services:** Each Regional Office maintains a list of DBHDD contracted Respite provider agencies with which the region contracts for the provision of Respite. The contracted Respite provider agency has the following responsibilities:

a. Ensures that Respite Services are provided only in approved Respite sites that meet the specified physical standards and other requirements to provide state-funded Respite in this manual and in the DBHDD Policy 02-102, State-funded Respite for Individuals with Developmental Disabilities available online at DBHDD PolicyStat (http://gadbhdd.policystat.com);

b. Maintains a list of Approved Respite Sites and Persons Approved to Provide Respite (including addresses and contact information);

c. Adds a site or approved person to the list ***only*** after having documentation on hand that the site or approved person meets all requirements to provide state-funded Respite Services.

Note: State funds cannot be used to purchase or reimburse Respite Services provided by any person who is not included on the List of Persons Approved to Provide Respite.

5. **Categories of Respite Services:** The two categories of Respite Services are:

a. **Maintenance (Scheduled or Planned) Respite** – Planned or scheduled respite provides brief periods of support or relief for caregivers or individuals. Maintenance Respite may be provided In-Home (provider delivers services in

the individual's home) or Out-Of-Home (individual receives services outside of their home, but not in a crisis home).

b. **Emergency (Unscheduled) Respite** – Unscheduled respite is intended to be a short term service for an individual who requires a period of structured support, or when respite services are necessitated by unavoidable circumstances, such as a family emergency. Emergency Respite may be provided In-Home (provider delivers services in the individual's home) or Out-Of-Home (individual receives services outside of their home, but not in a crisis home).

6. **Emergency Respite Services Approval** — State-funded emergency respite services address urgent needs for services as approved by the regional office. The Regional Office approves Emergency Respite Services ***only*** when the current support or residential placement is unstable and/or unavailable, and no other formal or informal supports are available to the individual. A specific plan to transition the individual back to his/her permanent home is presented at the time of admission. The plan should be developed and implemented by the Planning List Administrator (PLA), Support Coordinator (SC), or Regional Office designee when applicable. Individuals will NOT be placed (except in extreme emergency) without a specific plan for discharge (including date, location and responsible party).

State-Funded Respite Services include the following based on the assessed need of the individual and as specified in the approved ISP:

1) Planned or scheduled respite (Maintenance Respite) provides brief periods of support or relief for caregivers or individuals for the following: (1) when families or the usual caretakers are in need of additional support or relief; or (2) when the individual needs relief or a break for the caretaker.

2) Unscheduled respite (Emergency Respite) provides a period of structured support for the individual experiencing severe behavioral challenges beyond the crisis stabilization provided by the Georgia Crisis Response System or brief periods of support for an individual due to unavoidable circumstances, such as a family emergency.

3) Planned or scheduled respite (Maintenance Respite) and Unscheduled respite (Emergency Respite) services are short-term services during a day or overnight services that include but are not limited to:

   a) Individual-specific assistance, such as assistance with activities of daily living, self-administration of medications, and health maintenance activities;

b) Direct assistance in individual's participation in community social, recreational and leisure activities;

c) Implementation of the behavioral support plan of individual to reduce inappropriate and/or maladaptive behaviors and to acquire alternative adaptive skills and behaviors.

H. **Behavioral Support Services** – These professional consultation services assist the individual with significant, intensive challenging behaviors that interfere with activities of daily living, social interaction, work or similar situations.

The intended outcome of Behavioral Support Services is to increase individual skills and decrease the need to engage in challenging behaviors. The services emphasize a systems approach to behavioral interventions with an emphasis placed on early identification of problem behaviors. Specialized interventions are based on positive behavioral approaches.

State-Funded Behavioral Support Services include the following based on the assessed need of the individual and as specified in the approved ISP:

1) Functional assessment of behavior and other diagnostic assessment of behavior

2) Development, training, and monitoring of Positive Behavioral Supports plans with specific criteria for the acquisition and maintenance of appropriate behaviors for community living and behavioral intervention for the reduction of maladaptive behaviors

3) Intervention modalities related to the identified behavioral needs of the participant

4) Participant-specific skills or replacement behavior acquisition training

5) Family education and training on Positive Behavior Supports

I. **Home and Community Based Crisis Services** – The goal of the Georgia Crisis Response System (GCRS-DD) is to provide time-limited home and community based crisis services that support individuals with developmental disabilities in the community, and provide alternatives to institutional placement, emergency room care, and/or law enforcement involvement (including incarceration). These community based crisis services and homes are provided on a time-limited basis to ameliorate the presenting crisis. The system is to be utilized as a measure of last resort for an individual undergoing an acute crisis that presents a substantial risk of imminent harm to self or

others. The Georgia Crisis Response System is designed for individuals with developmental disabilities in need of Behavioral Health and Developmental Disabilities (BHDD) crisis services.

1. **Eligibility for Home and Community Based Crisis Services** — The Georgia Crisis Response System serves children and adults with developmental disabilities aged 5 years and above who meet eligibility criteria as defined below. A person with developmental disabilities in need of home and community based crisis services is an individual who:

    a. Has documented evidence of a diagnosis of an intellectual disability prior to age 18 years or other closely related developmental disability prior to age 22 years, for individuals currently on the planning list or in DD services; screening indicative of a developmental disability for other individuals; AND

    b. Presents a substantial risk of imminent harm to self or others; AND

    c. Is in need of immediate care, evaluation, stabilization or treatment due to the substantial risk; AND

    d. Is someone for whom there currently exists no available, appropriate community supports to meet the needs of the person.

2. **Components of the Georgia Crisis Response System** – This system includes intake, dispatch, referral, and crisis services components. An essential part of this system is the assessment of the individual situation to determine the appropriate response to the crisis.

    a. **Intake**: Entry into the system takes place through the Single Point of Entry (SPOE) system. Intake personnel determine if an individual meets the requirements for entry into the system.

    b. **Dispatch or Referral**: The SPOE initiates the appropriate dispatch or referral option. If a Developmental Disability (DD) Mobile Crisis Team is dispatched to the crisis location, this team assesses the need for a referral or crisis services.

    c. **Crisis Services**: Crisis services occur through intensive on-site or off-site supports. These crisis supports are provided on a time-limited basis to ameliorate the crisis.

    Note: For additional information on the requirements of the GCRS-DD, see the Operational and Clinical Standards for Georgia Crisis Response System (GCRS-DD) in the Provider Manual for Community Developmental Disabilities Providers

located on the DBHDD website (http:dbhdd.georgia.gov, Providers tab, Community Provider tab).

GCRS-DD Services include the following:

1) **Single Point of Entry Services** — The Georgia Crisis Response System has a single point of entry for intake and access to time-limited home and community based crisis services that support individuals with developmental disabilities in the community.

2) **Mobile Crisis Team** — Mobile crisis teams are composed of personnel with differing levels of expertise and training. Depending on the crisis, different team compositions may be dispatched. A minimum of three team members, including a behavior specialist, licensed clinical social worker, and a direct support staff, will respond to each mobile dispatch.

3) **Intensive In-Home Support** — Intensive In-Home Support services include, but are not limited to, the following: Implementation of behavioral intervention strategies provided under the recommendations of the DD Mobile Crisis Team, safety plans, or behavioral support plans already established for the individual; provision of one-to-one support, as necessary, to address the crisis; modeling of interventions with family and/or provider staff; assistance with simple environmental adaptations as necessary to maintain safety; and when necessary accompanying the individual to appointments related to the crisis response. The provision of a staffing pattern up to 24 hours per day, 7 days per week, with the intensity of the Intensive In-Home Support services decreasing over 7 calendar days. Maintenance of stakeholder's involvement in the response to the crisis, in order to restore the individual to pre-crisis supports and/or provider services.. Assurance of appropriate training to support crisis stabilization and the return of the individual to pre-crisis services and supports, to include: a. Demonstration of interventions to the family/caregiver and/or existing DD service provider (if applicable) AND b. Implementation of these interventions by the family/caregiver and/or existing DD service provider (if applicable).

4) **Crisis Support Home** — A home that serves up to four (4) individuals who are experiencing an emotional/behavioral change and/or distress that leads to a disruption of essential functions, which have not responded to Intensive-In-Home Support services.

5) **Temporary Intermediate Support (TIS) Home** — A TIS Home is to serve no more than four children ages 10 thru 17 years of age, who are diagnosed with a developmental disability and are undergoing an acute crisis that presents a substantial risk of imminent harm to self or others. Placement in a TIS home is to

only occur as a last resort and after a clinical determination for this level of placement has occurred.

6) **Intensive Case Management** — Intensive Case Management is a time-limited service that connects the individual in crisis to the necessary services and supports to ameliorate the crisis situation, coordinates with stakeholders to assure the development of a discharge plan from crisis support services, and ensures follow up on recommended supports/services.

3.2 PROVIDER EXPECTATIONS RELATED TO STATE-FUNDED SERVICES

The following are provider expectations related to State-Funded Developmental Disabilities Services:
Ensures that State-Funded Services are delivered to individuals referred to the provider in accordance with Chapter 4 of this manual;

1. Accesses the Georgia Crisis Response Systems as a last resort and only if existing crisis procedures as part of the safety plans have been implemented unsuccessfully and/or the individual is an imminent harm to self or others and the current supports cannot maintain safety, and/or the individual is in need of immediate care, evaluation, stabilization or treatment due to risk, and the individual has no available, appropriate community supports to meet his or her needs;

2. Permits and assists as requested in a random sampling of individual records by the Department or an authorized designee to verify the eligibility of persons served, the appropriateness of State-Funded DD Services provided, and the quality of State-Funded DD Services provided;

3. Attends all Regional Provider Meetings for the regions in which services are provided;

4. Ensures that all individuals receiving State-Funded DD Services have been identified eligible and referred for service by the Regional Office, Intake and Evaluation;

5. Acknowledges that the failure to follow the regional process could result in denial of reimbursement or request for payback of received funds;

6. Works with the Regional Office in converting individual who are eligible for DD waiver from state funded services to Waiver services;

7. Maximizes the utilization of all capacity to service individuals;

8. Meets quarterly with the Regional Office to review utilization and address the issues related to unutilized capacity; and

9. Cooperates with the Department's Quality Improvement Organization (QIO) in its implementation of the Department's Developmental Disability Quality Management System.

CHAPTER 4
RESOURCE ALLOCATION AND INDIVIDUALIZED SERVICE PLANNING OF STATE-FUNDED SERVICES

4. INTRODUCTION

If a service is funded with only state funds, access to services is not guaranteed. The state legislature must make funding available in the state budget to initiate and ensure continuation of state-funded services. Providers may have the capacity to provide more state-funded services and there may be significant demand for state-funded services; however, the demand more frequently exceeds the availability of funding. The DBHDD, Division of Developmental Disabilities is responsible for determination of funding needs, setting priorities, and contracting and allocation of the limited state funds for services for individuals with developmental disabilities. The Division of DD is committed to carrying out these functions in concert with providers, advocacy groups, and individuals and their families. Current priorities for state-funded services for individuals with developmental disabilities are:

(1) Bridge for individuals on the planning list for DD Waiver services;

(2) Eligible individuals with urgent, complex support needs and documented absence of other supports.

Individuals with developmental disabilities may receive state-funded services depending on availability of funding and priority of need. State-funded emergency respite services address urgent needs for services as approved by the regional office.

4.1 RESOURCE ALLOCATION OF STATE SERVICES FUNDS

This section provides standards for the resource allocation of state services funds by DBHDD Regional Offices.

A. **Regional Resource Allocation of State Services Funds** — Regional resource allocation of state funds for developmental disabilities services occurs as follows:

1. **Review of Utilization Management Data:** The regional offices conduct ongoing review of utilization management data on state-funded services for individuals with developmental disabilities. The regional offices currently use data from required provider reporting specified in Chapter 6 of this manual for their utilization management of state-funded services. The Division of Developmental Disabilities is in the process of adding information management system capacity to

WIS for ongoing data collection for utilization management of state-funded services.

2. **Re-distribution of State Services Resources:** Utilization management data provide the basis for decisions on the re-distribution of state services resources in accordance with the state priorities for these resources and to assure efficient use of these limited resources. State services resources also may be re-distributed due to the failure of a provider to meet contract deliverables. The regional offices provide the Division of Developmental Disabilities with summary reports of their utilization management reviews and findings on provider contract deliverables. The Division of Developmental Disabilities reviews the regional office summary reports prior to the development of annual provider contracts for state-funded services.

3. **Contract Amendment or Termination:** The Division of Developmental Disabilities reserves the right to amend contracts during a state fiscal year based on utilization management data, contract deliverable reports, and/or the availability of funding. If a provider does not meet the stated service outcome expectations listed in the Department's contract, the provider will be notified and may be required or permitted to develop a plan of correction. Continued underperformance may result in contract modification or other contract action, including termination of the contract.

B. **Vacancies** — State services resource allocation specifies the number of individuals to be served for specific state-funded DD services.

1. The filling of any vacancies can only occur with individuals who have been determined eligible for state-funded DD services by the regional Intake and Evaluation staff and prioritized for state-funded DD services by the regional office.

2. The Regional Office will make referrals of individuals on state contracted services to fill vacancies of the providers. All individuals served by the provider should be authorized by the Regional Office through the Intake and Evaluation process.

C. **Regional Office Referrals** — Region Offices make referral to providers as follows:

1. The Regional Office makes a referral to a provider based upon the individual/representative choice of provider.

2. The Regional Office's referral notifies the provider of the approved service(s) authorized by Intake and Evaluation staff.

D. **Provider Screening of Referrals** — The provider receiving a referral from a Regional Office conducts a screening of the referral as follows:

1. Providers will screen all referrals to determine first, if there is a vacancy, and second, if the individual's needs can be met within the program.

2. The provider evaluates referrals to determine what area of services would be most appropriate for the individuals and the ability to meet the needs of the individuals.

3. When able to provide services and meet the needs of the individual, the provider confirms the start date of services to the Planning List Administrator or State Services Coordinator as indicated in Chapter 2 of this manual.

4. In case the provider cannot create an appropriate fit to successfully serve an individual, the provider should submit documentation to the Regional Office of justification within five (5) days after receiving the referral.

5. The Regional Office reviews the documentation submitted by the provider and informs the provider in writing the results of the review. Any concerns by the Regional Office about the provider's stated reasons for refusal to serve an individual are included in the written findings of the review.

E. **Subcontracting Limitations –** The evaluation by a provider of the capacity to serve an individual should include consideration of the following subcontracting limitations:

1. Subcontracting is limited to Host Home Providers only.

2. The provider shall hold the Community Living Arrangement License or Personal Care Home Permit licensed by Healthcare Facility Regulations (HFR) for Community Residential Alternative services for all residential sites housing individuals with Developmental Disabilities.

3. Only one provider agency may provide services in any home or residential site established to provide Community Residential Alternative for individuals with Intellectual Disabilities and Related Conditions.

F. **Maximization of Provider Capacity –** The provider is expected to maximize the utilization of all capacity to serve individuals.

1. The provider conducts self-assessments of capacity to serve individuals and assists/cooperates with regional and state assessments of provider capacity.

2. The Regional Office and the provider meet quarterly to review the utilization and address the issues related to unutilized capacity.

3. Changes may be made to adjust fund and service allocations to meet the needs of individuals based on the agreement by both parties.

4.2 INDIVIDUALIZED SERVICE PLANNING

This section provides standards for Individualized Service Planning for state-funded developmental disabilities (DD) services.

A. **Individualized Service Planning Process** – Individualized service planning for state-funded DD services is the process through which the needs, goals, desires, and preferences of an individual are identified and strategies are developed to address those needs, goals, desires, and preferences.

1. The process for the development of the Individual Service Plan allows the individual to exercise choice and control over services and supports and assures assessment and planning for any issues of risks as applicable for the state-funded services provided;

2. Individualized service planning should maximize the resources and supports present in the individual's life and community;

3. The planning process should enable and support the individual, and as appropriate, his or her family/representative, to fully engage in and direct the process to the extent he or she chooses;

4. Individualized service planning assures that the individual, and as appropriate, his family/representative, has choice about how needs are met;

5. The planning process produces an organized statement of proposed services to guide the provider(s) and the individual throughout the duration of state-funded service.

B. **Individual Service Plan** – The organized statement, or Individual Service Plan (ISP), is the product of the individualized service planning.

1. The ISP is based on what is important to and for the individual; it includes the individual's hopes, dreams, and desires as well as what works and does not work for the individual;

2. The ISP captures, from the individual's point of view, decisions and choices that are being made by the individual as well as decisions with which he/she needs support and assistance.

C. **Initial Individual Service Plan** – The intention of an initial ISP is to expedite the enrollment process so that the individual will receive state funded services immediately. The standards for the Initial Individual Service Plan (ISP) are as follows:

1. An initial ISP should be developed before an individual receives state-funded services;

2. The initial ISP is developed by the provider with the required participation of the assigned Planning List Administrator to provide short-term guidelines for state-funded services planned for the individual until a comprehensive ISP is developed.

D. **Comprehensive Individual Service Plan —** The standards for the Comprehensive Individual Service Plan (ISP) are as follows:

1. A comprehensive ISP should be developed **90** days after the initial ISP for individuals who will receive ongoing state-funded services;

2. The ISP is developed by the Regional Planning List Administrator or State Service Coordinator along with the provider(s) and the individual and/or family/representative;

3. The ISP must be person centered to maximize the individual's potential to achieve independence, community integration, and a meaningful life;

4. The goals/objectives established in the ISP must be tailored to the individual's desire and needs. Services in the ISP must reflect the individual's choices.

E. **Responsibilities of Planning List Administrators and State Services Coordinators —** The standards for the responsibilities of Planning List Administrators and State Services Coordinators are as follows:

1. Planning List Administrators in the regional offices coordinate the services for individuals who are Medicaid eligible and waiting for waiver services.

2. State Services Coordinators in the regional offices coordinate the services for individuals who are not Medicaid eligible and waiting for waiver services as well as for those who are approved to receive state-funded services and not eligible for waiver services.

3. Planning List Administrators and State Services Coordinators are assigned specific counties for which they are responsible for the development of the Individualized Service Plans for state-funded DD services for the individuals determined eligible for these services as outlined in Chapter 2 of this manual.

4. The initial contact is made by the Planning List Administrator or State Services Coordinator within 10 days of notification that an individual has been approved to receive state services.

5. The Planning List Administrator or State Services Coordinator is responsible for the development of the comprehensive ISP **90** days after the initial ISP for individuals who will receive ongoing state-funded services.

6. Individualized Service Planning Responsibilities of the Planning List Administrator or State Services Coordinator: These responsibilities include the following:

    a. Scheduling and facilitating the development of the written, comprehensive Individual Service Plan (ISP);

    b. Ensuring the state-funded services are person centered and addressing what is important to and for the person;

    c. Meeting overall quality management standards for the ISP to include, but not be limited to, the specification of the desired outcomes of state-funded services (goals);

    d. Identifying the state-funded services and supports, including the frequency and amount, that are appropriate to meet the needs of the individual;

    e. Reviewing any identified risks and addressing those risks in the ISP.

    f. The Planning List Administrator or State Services Coordinator submits the comprehensive ISP for approval to designated regional office staff within 10 days of the ISP meeting via the web based system.

7. ISP Review Responsibilities of the Planning List Administrator or State Services Coordinator: These responsibilities include the following:

    a. Conducts review of ISP for state-funded developmental disabilities services consistent with time lines required for that plan, but no less than once annually following the initial plan development date and more often if needed;

    b. Informs the Regional Services Administrator for Developmental Disabilities or designee of any urgent needs for additional services, such as Emergency Respite;

    c. Provides information on changes in need and additional services requested to the regional committee that reviews requests for additional services based on

availability of funding and priority of need and with communicated understanding to individual/family and provider that state-funded DD services are not an entitlement;

d. Amends the comprehensive ISP when a reduction in services is indicated due to change in the individual's needs;

e. Schedules the meeting for the annual ISP review no later than **45** days prior to the expiration date and facilitates the development of written, comprehensive ISP;

f. Ensures services are person centered and address what is important to and for the person;

g. Reviews services and supports and revises as appropriate to meet current, individual needs;

h. Assures written, comprehensive ISP meets overall quality management standards to include, but not be limited to, the specification of the desired outcomes of state-funded services (goals);

i. Reviews current, identified risks and addresses those risks in the ISP; and

j. Submits annual ISP for approval to designated regional office staff within 10 days of meeting via web based system.

8. Planning List Administrators and State Services Coordinators establish a working relationship with and knowledge of local community resources to support individuals with developmental disabilities and their families.

9. The Planning List Administrator or State Services Coordinator provides information to the individual/family on local community resources during the comprehensive ISP development process and ongoing as indicated by the changing needs of the individual.

10. State Services Coordinators communicate regularly with the Planning List Administrator for any individual who is currently not Medicaid eligible and receiving state-funded DD services as a bridge while waiting for Medicaid Home and Community-Based Waiver services and Medicaid eligibility.

11. The State Services Coordinator and Planning List Administrator jointly assure that individuals on the planning list and their families access available State Medicaid Plan Services while waiting for waiver services and receiving bridge state-funded services.

12. Planning List Administrators and State Services Coordinators provide the monitoring for individuals receiving state-funded DD services; additional information on the monitoring of state-funded developmental disabilities services is provided in Chapter 5 of this manual.

F. **State-Funded Developmental Disabilities Provider Responsibilities for Individualized Service Planning** — The provider has the following responsibilities related to the individualized planning for persons served:

1. Ensures that direct support staff and other staff participate fully in the development of individualized service plans in partnership with individuals and families, Intake and Evaluation staff, and the State Services Coordinator;

2. Plans and provides services that are person centered and family centered (as appropriate) and geared to give individuals real and meaningful choices about service options;

3. Ensures that direct support staff and people who know the person best participate in any scheduled Supports Intensity Scale (SIS) interview.

4. A Health Risk Screening Tool (HRST) must be completed prior to the meeting on the first comprehensive ISP.

5. Completes an HRST at least 90 days prior to the annual ISP, updates the HRST when a person experiences significant change in health and/or function, uses recommendations to provide education and training if a person's level is 3 or greater, and assures that the provider's nurse reviews and approves by signature the HRST.

6. Refers unmet individual needs to the Planning List Administrator or State Services Coordinator as indicated and/or requested by the individual served.

G. **Planning Requirements for Individuals with Identified Recurring Challenging Behavior** — when an individual has an identified recurring challenging behavior reflected in his or her Individual Service Plan (ISP) in the Health and Safety Section, a Behavioral Support Plan (BSP) that reflects positive and proactive supports must be in place to resolve the challenging behavior(s). Funding for individuals receiving State Funded Behavior Supports Consultation Services should be included or added to the contract based on a regional approved comprehensive ISP indicating the need for a BSP.

H. **Planning Requirements for Individuals with Identified Challenging Behavior and Health and Safety Risks —** For an individual with identified challenging behaviors that pose health and safety risks as reflected in his or her Individual Service Plan (ISP) in the Health and Safety Section, a safety plan involving crisis procedures must be in place that identifies how behavioral crisis related to the challenging behavior(s) will be safely managed. Use of 911 should not be a primary intervention in the safety plan and should only be used if crisis procedures do not ameliorate the risks. However, 911 may be necessary when high risk situations occur that cannot be safely ameliorated by use of crisis procedures such as when the individual is wielding a deadly weapon, or in the occurrence of an injury requiring emergency medical intervention.

CHAPTER 5
QUALITY MANAGEMENT OF STATE-FUNDED SERVICES

5. PURPOSE

The purpose of a Quality Management Program is to monitor and evaluate state contracted services in order to continuously improve the quality of care for all individuals served through a state-funded contract.

It is the intention of DBHDD to provide guidance to state-funded service provider agencies in developing a comprehensive and continuous quality management (QM) process to improve the quality of services for individuals with developmental disabilities. No two organizations are identical; they provide different services to different populations in different geographical areas and have different stakeholders and different organizational cultures. Providers should consider these differences when including outcomes and performance indicators in your Quality Management Plan (QMP), when deciding on data collection, and when including goals and objectives in your Quality Improvement Plan. Provider agencies are free to develop a QM plan that best serves their agency, but all QM plans should address the quality requirements found in the most recent DBHDD ***Community Service Standards for Developmental Disabilities Providers.***

5.1 WHAT IS QUALITY AND QUALITY MANAGEMENT?

The Department of Behavioral Health and Developmental Disabilities (DHBDD) defines "quality" as the degree to which a health or social service meets or exceeds establish professional standards and the needs and expectations of the individuals we serve.

Quality management is a dynamic system of processes or steps which gauge the effectiveness and functionality of program design and pinpoints where attention should be devoted to secure improved outcomes.

Quality management encompasses three functions:

(1) Discovery: Collecting data and direct participant experiences in order to assess the ongoing implementation of the program, identifying strengths and opportunities for improvement.

(2) Remediation: Taking action to remedy specific problems or concerns that arise.

(3) Continuous Improvement: Utilizing data and quality information to engage in actions that lead to continuous improvement in the HCBS program.

A. Beginning

The first step toward developing your organization's Quality Management Strategy is developing or reviewing your organization's vision and mission. Your organization should be clear about what it does, how it expects to improve, and the desired outcomes. Your organization may also develop a statement of values or guiding principles. Additionally, effective QMPs include establishment of an infrastructure within the organization which will support your quality enhancement efforts and stakeholder input either from your Board of Directors or through focus groups, individual interviews, or a Quality Improvement Council.

B. Quality Improvement Council

A Quality Improvement Council is an external advisory group whose role is to assist your organization in developing meaningful outcomes and performance indicators and setting priorities for quality improvement.

Ideally, the membership of your Quality Improvement Council will be composed of stakeholder representatives. You should strive to include people to whom your organization provides services, their families, representatives from advocacy organizations, and community leaders. The exact composition is determined by the population you serve, advocacy groups that are active in your geographic area, and the interest and commitment that you can obtain from local leaders in government, business, religious, and community organizations.

The Quality Council will help you to better support people with developmental disabilities and better serve your community by assisting your organization to:

1. Identify quality outcomes and performance indicators,;
2. Assess performance;
3. Prioritize quality enhancement goals and objectives; and
4. Evaluate implementation and effectiveness of your quality enhancement plan.

C. Quality Improvement Committee

Quality is every employee's responsibility, but each agency should designate some internal staff to be responsible for quality management activities and assisting other staff to fulfill their quality responsibilities. This group of staff can be referred to as an agency's "Quality Improvement Committee." The size of the committee would depend on the size of the organization. In a small organization, the committee may be one or

two persons. In a large organization, there may be an entire unit or section devoted to coordinating quality management activities.

The functions of the Quality Improvement Committee will vary somewhat from organization to organization, but typical functions include:

1. Development of various discovery methods which allow an agency to collect information and data related to the quality of its services;

2. Working with information technology staff in the development system to support the collection of information and so that data may be aggregated and analyzed for trends and patterns;

3. Analyzing data and creating reports which summarize trends and patterns that emerge;

4. Facilitating the review of quality data by internal and external groups which provide recommendations to executive management;

5. Partnering with staff who have responsibility for implementing quality improvement efforts;

6. Evaluation of the implementation of quality improvement efforts;

7. Gathering data to evaluate effectiveness of quality efforts; and

8. Providing training, technical assistance, and support to all staff on the organization's Quality Management Plan.

5.2 QUALITY OUTCOMES AND DEVELOPING PERFORMANCE INDICATORS

An important part of your Quality Management Plan is the identification of quality outcomes and performance indicators. A good place to start in this identification would be a review of the seven (7) focus areas of the Centers for Medicare and Medicaid Services (CMS) Quality Framework. Your organization should develop a quality outcomes specific to your organization but which also address each focus area.

A. CMS Quality Framework

The CMS Quality Framework's seven (7) focus areas are:

1. Participant Access: Are the preferred services of the people that you support available to them; how quickly can they be obtained?

2. Participant-Centered Service Planning and Delivery: Do the individualized support plans of the people that you support reflect their needs and preferences; are these services delivered?

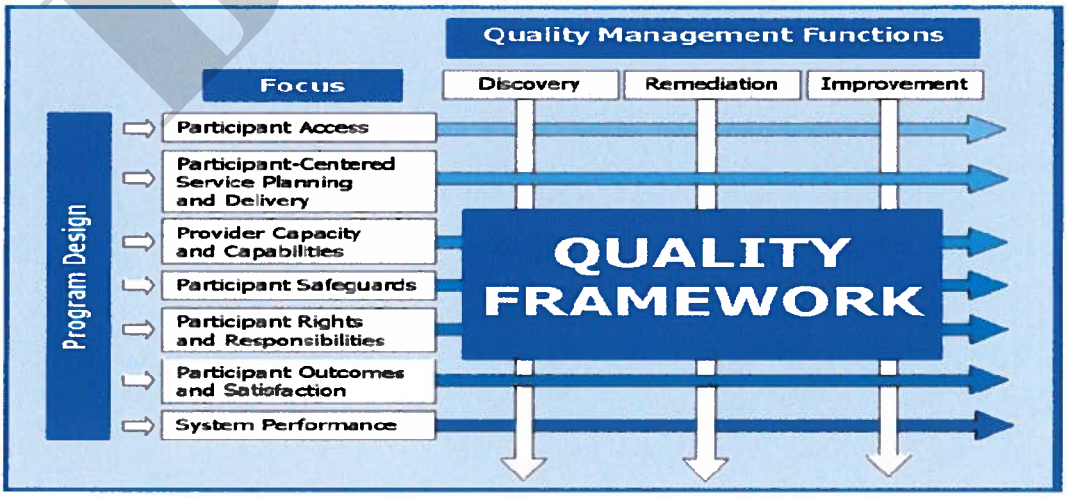
3. Provider Capacity and Capabilities: Does your organization have the capacity and capabilities to meet the needs and preferences of the people you support; does your agency meet the requirements of all applicable federal and state regulations?

4. Participant Safeguards: Are the people you support free from abuse, neglect, exploitation, and extortion; are potential risks identified and strategies developed to mitigate risks taking into account the preferences of the person receiving supports; do the people you support receive needed medications and health services?

5. Participant Rights and Responsibilities: Are the people you support informed of their rights and responsibilities; are they supported to exercise their civil rights; are all restrictions reviewed and approved by a human rights committee before implementation?

6. Participant Outcomes and Satisfaction: How satisfied are people with the services that your organization provides; are the people that you support achieving their short-term personal goals and long-term dreams; how do the people that you support fare on quality of life indicators?

7. System Performance: How efficient and effective are your services; how well does your performance align with your vision, mission, values, and guiding principles; do you keep abreast of proven and promising practices and update your practices, as appropriate?



B. **Quality Outcomes**

Quality outcomes are the results of program operations or activities and may be direct or indirect, for example, improved health vs. changed attitudes or beliefs. Performance indicators are designed to measure the extent to which performance objectives are being achieved on an ongoing basis. One outcome may be that "people have the best possible health." Performance indicators to measure how well your organization is supporting people to have the best possible health might include: number of emergency room visits, number of major illnesses or accidents, percentage of people who have a physical exam each year, percentage of people who have breast or colon cancer screenings, mortality rates, etc.

C. **Strategies for Quality Outcomes and Performance Indicators**

The following strategies will help your organization to develop quality outcomes and performance indicators:

1. Review your mission, vision, values, and guiding principles;

2. Obtain input from your Quality Improvement Council, your Board of Directors, your staff, and other stakeholders;

3. Review information about what individuals and families want from the services that your organization provides, such as results from surveys or focus groups;

4. Review requirements that you must follow, such as licensing regulations and contract requirements;

5. Determine the quality outcomes that you and your stakeholders would like to see for the individuals your agency supports and for your agency as a whole;

6. Review the seven (7) focus areas to see if you have identified quality outcomes in each area;

7. For each quality outcome, determine what your performance indicators will be; that is how you will measure how well you are doing.

D. **Other Considerations in Development of Measures**

Other considerations as you develop your measures include:

1. **Reliability:** Is your measure reliable; does it measure something consistently?

2. **Validity:** Is your measure valid; does it measure what it is supposed to measure?

3. **Sampling:** Is your sample size large enough to generalize your results within a desired confidence level, and is your sample representative of the population that your organization wants to measure?

5.3 DATA COLLECTION AND ANALYSIS (DISCOVERY)

There is a tendency for organizations to collect many various types of information and data. However, an agency should ask itself, "What am I doing with this data?" or "What is the data really telling me?" Problems arise when they do not use this information and data to learn about the quality of their services or to drive their quality enhancement efforts. The proper collection and use of data can help you build a plan and focus resources on the things that need attention.

A. Identifying Data

Identifying data is a two-step process:

1. Identifying existing data.

2. Identifying data that are needed.

B. Identification of Data Sources

After you have developed your quality outcomes and performance indicators for each outcome, your next step is to identify data sources for the performance indicators. You may already be collecting the needed data for certain indicators, but you may need to identify potential data sources and collections methods as well.

Some typical types of existing information and data may include:

1. **Satisfaction Surveys:** These may include both customer and staff satisfaction.

2. **Regulatory Reviews:** These may include licensing results or any other external monitoring that was conducted such as accreditation, standards compliance, etc.

3. **Critical Incident Reports:** These include all incidents that are required to be reported both internally and externally, including abuse, neglect, or exploitation reports.

4. **Complaints and Grievances Reports:** These include all complaints made about your services and their resolution.

5. **Internal Reviews:** These may include any assessment completed by your organization to determine how well your organization is adhering to internal policies or external regulations, e.g., chart reviews, timeline adherence, turnover information, etc.

C. **Organization of Your Data**

A list should be compiled of the data that you have currently at your disposal. The Quality Improvement Committee should review the data to determine:

1. What is it telling you?
2. Is it useful to determine the quality of your services?
3. How often is it collected?
4. Who collects the data and who submits it?
5. Where does it go?
6. Is the data aggregated and if so how often?
7. Is the data analyzed to determine patterns and trends, and if so, how often?

D. **Identification of Needed Data**

Your performance indicators, management, and policies and procedures will determine the information you need to collect. DBHDD and licensing standards and requirements will also determine what you collect within your organization.

E. **What Data Are Missing?**

After you determine what data you have, make a list of what information and data you need. You can then compare the list of needed data with the list of currently collected data, and determine what data is missing.

F. **Filling in the Gaps**

Once you have identified the additional data that needs to be collected, your next step is to decide:

1. How will this information be collected?

2. How will this information be stored (a database or other format) that supports analysis?

3. How will the data be used?

G. **Collecting Data**

Once you have identified the data that is currently available, identified the data you need (the gaps), and how to fill the gaps, you have the beginnings of a data management plan. You should regularly and frequently review your data management plan to determine if you need to make:

1. Any changes in the frequency of collection;

2. Any changes in how you collect the data;

3. Any changes in what data is to be collected; and

4. Any revisions to your data sources.

H. **Data Aggregation and Analysis**

The definition of "aggregate" is to gather together in a mass constituting a whole. By aggregating data, you can more easily identify areas that are not distinctive but more generally affect the quality of your services. For example, when you look at individual data (e.g., one critical incident report for a person), you respond to the immediate safety issue and initiate strategies to reduce the chance of a similar incident occurring in the future for that person. If several similar types of critical incidents are occurring for several of the people you support (a trend), you will need to take a more comprehensive approach, i.e. developing staff training programs or changing policies and procedures to prevent or reduce these types of critical incidents from reoccurring.

Data analysis means to process information or data that has been collected in an effort to draw valid conclusions. It is a systemic way of applying statistical techniques to describe, summarize, and compare data using narratives, charts, graphs, and/or tables. Analyses often involve looking for trends and patterns.

I. **Trends and Patterns in Data**

Trending means examining data over a period of time to identify general tendencies for increases or decreases in the data. An example would be analyzing mortality rates so see if mortality rates have been decreasing or increasing over the past several years.

Patterns, on the other hand, signify relationships. For example, are people reporting less satisfaction with availability of respite services in the rural areas that you serve as compared to the urban areas? Another example would be staffing patterns and the difference in the satisfaction with services that are being delivered.

5.4 ASSESSING THE QUALITY OF YOUR SERVICES (REMEDIATION)

You have determined what data is needed, collected what you could, and have analyzed your findings. Now you should be able to identify the things that your organization does well (what's working) and those things that need improvement (what's not working).

A. Making a List of What is Working and What is Not Working

Following the process for organizing our data, make a list of what is working and what is not working. Compare the lists to determine if there are conflicts between the lists. If there is a conflict, continue drilling down in the data to figure out why. Some reasons for conflicts may be:

1. The way data is collected or reported;
2. The reliability or validity of one or more of the measures; or
3. The sample selection methodology for one or more of the measures.

Once you determine the cause of the conflict, revise your data collection methodology and start over with the process.

B. Prioritizing Areas Needing Improvement

Now it's time to prioritize the areas you have found needing improvement. You should prioritize according to the:

1. Mission and vision of your organization;
2. Safety and well-being of the people in services; and
3. Expectations and desires of your stakeholders (which include individual, DBHDD, licensure requirements, and others).

C. Other Considerations in Prioritizing Areas Needing Improvement

While you are prioritizing, you should also consider:

1. Availability of resources to improve performance in each area;

2. Time it will take to realize improved performance; and

3. Benefits to your organization and to the people that you support.

5.5 DEVELOPING A QUALITY IMPROVEMENT PLAN (IMPROVEMENT)

In the preceding sections, you learned about your current data system and you prioritized your opportunities for improvement. Your next step is to develop your Quality Improvement Plan (QIP).

A. QIP Development

Your QIP should:

1. Provide a systematic, organized way to focus your efforts on improvement;

2. Specify desired outcomes, both at the individual level and the organizational level;

3. Assist staff in identifying and concentrating on actions needed for improvement; and

4. Provide a mechanism to communicate service delivery expectations.

B. Questions Answered By QIP

Your QIP should also answer the following questions. As an organization:

1. Where are we now?

2. Where do we want to be?

3. How are we going to get there?

4. When will we get there?

C. QIP Components

Your QIP should include the following components:

1. Goals

2. Objectives

3. Activities / Action Plans

4. Benchmarks

5.6 WRITING GOALS, OBJECTIVES, ACTION PLANS, AND BENCHMARKS

A. Goals

Goals are related to the mission and vision statements and should be based on the services and supports that your organization provides. Goals should be written in broad, general term, and project an "ideal." Goals are not specific or measurable. Goals are not the continuation of what already exists, but rather express what the organization hopes to bring about through its quality enhancement activities.

An example of a goal would be, "Our waiver participants will be safe and healthy."

B. Objectives

Objectives are the stepping stones that assist you in realizing your goals. Objectives are how you achieve your goals. Objectives are written in an active tense and use verbs such as "plan," "write," "conduct," "produce," as opposed to "learn," "understand," "feel." Objectives should be realistic targets for the organization and should always answer the following question, "Who is going to do what, when, why, and to what standard?" An objective for the goal above might be, "By June 2014, organization XYZ will have a 10% reduction in the number of hospitalizations for preventable conditions."

A tool that is very helpful in writing objectives is the acronym *SMART*. *SMART* encompasses five important elements to develop valid and meaningful objectives.

1. Specific – What exactly are you going to do and for whom?
   The organization states a specific outcome, or a precise, clearly defined objective to be accomplished. The outcome should be stated in numbers, percentages, frequency, reach, scientific outcome, etc.

2. Measurable – Is the objective measurable and can you measure it?
   The objective can be measurable and the measurement source must be identified. If the objective cannot be measured, the question of the cost of non-measurable activities must be addressed. All activities should be measurable at some level.

3. Achievable – Can you get reach the objective in the proposed timeframe? The objective or expectation of what will be accomplished must be realistic given your organization's capacity, time period, resources, etc.

4. *R*elevant – Will the objective lead to the desired results? The outcome or results of the objective directly supports the outcomes of the organization's plans or goals.

5. *T*ime-framed – When will you accomplish the objective?
The target date for achieving the objective should clearly be stated. This target date will give you the capability to organize your quality activities and efforts around process improvement.

5.7 ACTIVITIES/ACTION PLANS

A. Development of Activities and Action Plans

After you have identified your objectives to achieve your goals, identify one or more activities (and action plans for each activity) to address each objective. Activities and action plans explain exactly how you are going to achieve your objective. For example, to reduce hospitalizations for preventable conditions, you might have several activities, such as developing protocols, training staff, developing tracking mechanisms, etc. The action plans for each activity will identify who does what and in what sequence.

Activities and action plans should:

1. Tell how the objective will be achieved;

2. Be specific and detailed;

3. List exactly what work needs to be done;

4. Include targeted completion dates; and

5. Identify the person(s) responsible for each action step listed.

B. Status Reports on Implementation

The person identified as responsible for each activity on the plan should be required to periodically provide a regularly occurring status report on implementation of the various steps. These status reports should be provided to management and communicated to all stakeholders as appropriate, so that they may be kept abreast of the implementation of the various quality improvement activities.

5.8 BENCHMARKS

Benchmarks enable you to compare progress toward achieving your benchmark (where you want to be) as compared to a baseline (where you are now). Benchmarks should be utilized to evaluate the effectiveness of your actions. Evaluation of the achievement of your objectives is critical to the success of your Quality Improvement Plan.

5.9 QUALITY IMPROVEMENT PLAN (QIP)

A. Identifying Opportunities for Improvement

Your QIP should provide your organization with a well thought out process to systematically identify opportunities for improvement and to resolve problems. It should also provide means to detect small or developing problems and fix them before they get out-of-hand and to detect potential problems and institute actions to prevent them from occurring at all.

B. Implementing the QIP

Even more important than having a Quality Improvement Plan is the implementation of that plan. A plan is just a piece of paper unless the activities and action steps on the plan are actually implemented. Implementation serves two purposes: to improve current or create new processes which will result in improved performance on quality outcomes; and to maintain a culture of quality improvement in your organization.

Each quality improvement step you take should show that quality enhancement works, how it works, why it works, and what benefits are achieved through quality improvement.

C. Evaluating QIP Implementation

An integral part of your Quality Management Strategy is evaluating implementation fidelity (Are you doing what your plan said you would do?) and plan effectiveness (Are you achieving your desired results?).

As implementation begins, the strategic planning for quality management and improvement has been completed. To make sure of this, ask yourself these questions:

1. Has quality been defined by all stakeholders?

2. Have outcomes been prioritized?

3. Have goals, objectives, activities and action steps, and benchmarks been developed?

4. Have valid, measurable performance indicators been selected?

5. Is my data collection process complete?

If you can answer "yes" to these questions, then implementation can begin.

5.10 EVALUATION

A. Monitoring and Evaluating the QIP

1. Evaluation involves monitoring the implementation of your QIP and determining its effectiveness. Evaluating the fidelity of your plan is just a fancy way of determining if you doing what you said you would do. Are the activities and actions occurring according to your plan? Are you meeting your timelines? Are you collecting data so that you can measure your progress toward meeting the goals and objectives that you have established?

2. By evaluating or monitoring your plan and your data you can ascertain if you are doing better since implementing the improvement steps. Bar charts, graphs, or other statistical processes can be used to analyze data collected. Your data will help you determine your progress in achieving your objectives which will lead to meeting your goals, which ultimately will result in increased quality of the services and supports you provide

B. Revising the QIP

Your plan should never be set in stone. If your evaluation shows that the activities and action steps within your QIP are not feasible or that they are not achieving the result that you expected, you will need to revise your QIP. All parts of your QIP are subject to revision.

5.11 REVIEWING AND UPDATING YOUR QUALITY IMPROVEMENT PLAN

An organization's quality management and improvement strategies must be dynamic. Goals, objectives, improvement strategies, and data must be continuously reviewed and updated. Your Quality Enhancement Plan will not be an "annual" plan in the sense that it is only reviewed once a year. Each quality improvement activity should remain in your plan for as long as it takes to implement the activity and to assure the effectiveness of the activity in improving performance; this may be for several months or just a few weeks. Details of the plan (e.g., specific action plans, target dates, etc.) should be altered as needed. Steps that prove to be ineffective should be reconsidered. New goals, objectives, and activities should be added, as appropriate.

When reviewing and updating your plan, ask yourself:

1. Do we need to revisit our Outcomes and Performance Indicators?

2. Is our Quality Council working for us? Do we need to modify its functions, change membership, or alter frequency of meetings?

3. Is our quality infrastructure effective? Do we need to make any changes to better support staff in their various responsibilities related to the provision of quality services to the elderly and people with disabilities?

4. Are our discovery methods effective in providing us with the information we need to manage our organization and provide quality services?

5. Do our information technology systems meet our needs or do we need to update our systems?

6. Do we need to make any changes in the data reporting, analysis, and review processes?

7. Are our remediation and quality enhancement processes effective? Do we need to change anything?

These reviews and revisions of your Quality Improvement Plan and Quality Management Strategy will enable your quality efforts to evolve over time so that your organization will be prepared to meet new challenges and opportunities as they arise.

CHAPTER 6
REIMBURSEMENT, REPORTING AND RECORDS OF STATE-FUNDED SERVICES

6. INTRODUCTION

The provider of state-funded developmental disabilities services must have an executed, signed contract for those services with the Department prior to reimbursement for services rendered. Providers of state-funded developmental disabilities render services in accordance with the applicable *Community Service Standards for Developmental Disabilities Providers* established by the Department as defined in the most current version of the DBHDD Provider Manual for Community Developmental Disabilities Service Providers (available on the DBHDD website at http://dbhdd.georgia.gov, Providers tab, Community Provider Manuals tab). This chapter specifies the procedures for reimbursement for state-funded developmental disabilities services and specific reporting and record requirements for these services in addition to the applicable standards in the most current provider manual.

6.1 REIMBURSEMENT OF STATE-FUNDED DEVELOPMENTAL DISABILITIES SERVICES

The provider of state-funded developmental disabilities services submits a listing of the individuals served and the amount associated with each individual to the regional office monthly for payment for the state-funded services. When the Waiver Information System (WIS) becomes available for reporting state-funded service information, the provider shall enter all required monthly information regarding persons receiving state-funded services into the WIS. Additional information on reporting by the provider is in the section on billing and associated reporting in this chapter.

Reimbursement for state-funded developmental disabilities services is by category as follows:

1. **Routine Day Services (UAS Budget Code – 441)**

   a. Routine Day Services **(RDS)** shall be defined as:
   Community Access Group Services (CAG) (UAS Expense Code 401)
   Prevocational Services (UAS Expense Code 403)

   b. **Payment Stipulations:**

      1) The Department's contract with the provider of Routine Day Services (Community Access Group and/or Prevocational Services) specifies the number of individuals to receive Routine Day Services from the provider during the

contract year and the annual amount of funding. These individuals must meet the eligibility criteria for state-funded developmental disabilities services outlined in Chapter 2 of this manual and have no other means of payment for these services.

2) The provider agrees that Routine Day Services will be offered and made available if desired to state-funded individuals five (5) days /30 hours per week.

3) On an exceptional basis, for individuals receiving Routine Day Services, the planned provision and utilization of services may be less frequent, but must be so indicated in the individual's ISP and approved by the Regional Office.

4) Individuals may participate in any combination of Routine Day Services, to include Community Access Group Services and Prevocational Services.

5) Payment requests for any one service or combination of Routine Day Services provided to any one individual shall not exceed a total monthly amount of $1,460.00, or an annual amount of $17,520.00 without prior review and authorization by the Region Office. Individuals can receive additional group services (after receiving 120 hours of Routine Day Service in a month) after hours and on weekend if they are needed and included in ISP. The provider can bill by the unit rate of $12.16 per hour. Maximum monthly reimbursement in multiple Routine Day Service categories for a single individual is prohibited.

6) Provider payment requests for a monthly reimbursement will be limited to a single UAS Expense Code and chosen by category of greatest service, however units of service will be recorded separately.

7) All individuals served by the provider should be authorized by the Regional Office through Intake & Evaluation process.

c. **Payment Terms:**

The provider shall be paid $1,460.00 for Routine Day Services for each individual being served per month with full utilization of annual allocation of $17,520.00 if the individual received 90 hours or more of direct services, or the provision of documented indirect Intervention Services specifically on behalf of the individual as prescribed in the ISP. Indirect Intervention Services consist of design and development of activities in any location outside the individual's own or family home or any other residential setting that assist the individual to learn, use, and/or maintain adaptive skills required for active community participation and

independent functioning, which includes services provided on behalf of a specific individual.

If the individual received less than 90 hours of direct services, or the provision of documented indirect Intervention Services specifically on behalf of the individual as prescribed in the ISP, the contractor shall be paid an hourly rate of $12.16 per hour.

The total annual payment for **Routine Day Services** is specified in the Department's contract with the provider.

2. **Community Individual Services (UAS Budget Code – 442):**

   1) **Community Access Individual (UAS Expense Code 402):**

   The Department's contract with the provider of Community Access Individual (CAI) Services specifies the number of individuals to receive CAI Services from the provider during the contract year and the annual amount of funding. These individuals must meet the eligibility criteria for state-funded developmental disabilities outlined in Chapter 2 of this manual and have no other means of payment for these services.

   For the provision of Community Access Individual Services, the provider is reimbursed $871 for each individual being served per month with full utilization of annual allocation of $10,454.00 if the individual received 24 hours or more of direct services. If the individual received less than 24 hours of direct services, the contractor shall be paid an hourly rate of $29.00 per hour.

3. **Supported Employment (UAS Budget Code – 443):**

   1) **Supported Employment Services (UAS Expense Code 407)**

   The Department's contract with the provider of Supported Employment Services specifies the number of individuals to receive Supported Employment Services from the provider during the contract year and the annual amount of funding. These individuals must meet the eligibility criteria for state-funded developmental disabilities outlined in Chapter 2 of this manual and have no other means of payment for these services.

   For the provision of Supported Employment Services, the provider is reimbursed $576.00 per month for each individual receiving a minimum of two face-to-face contacts for job coaching and/or job development or 60 hours of Employment Status during the month. Reimbursement for individuals receiving Supported Employment services shall not exceed the annual amount of $6,912.00.

4. **Residential Services (UAS Budget Code – 444):**

1) **Community Living Supports (CLS) Services (UAS Expense Code 412):**

The Department's contract with the provider of Community Living Supports (CLS) Services specifies the number of individuals to receive CLS Services from the provider per month either through direct services, or the provision of documented indirect intervention services specifically on behalf of the individual as prescribed in the ISP. These individuals must meet the eligibility criteria for state-funded developmental disabilities outlined in Chapter 2 of this manual and have no other means of payment for these services during the calendar month. The contract also specifies the annual amount of funding.

The provider is reimbursed the $128.52 daily rate for provision of CLS Services for each individual receiving support services for eight (8) hours per day, not to exceed $3,909.00 per month. Reimbursement for Community Living Support Service shall not exceed an annual maximum amount of $46,910.00 per individual receiving support services for eight (8) hours per day. If the individual receives less than eight (8) hours of services per day, the provider is reimbursed an hourly rate of $19.72.

2) **Community Residential Alternative Service (CRA) (UAS Expense Code 411)**

The Department's contract with the provider of Community Residential Alternative Services (CRA) specifies the number of individuals to receive CRA Services from the provider during the contract year and the annual amount of funding. These individuals must meet the eligibility criteria for state-funded developmental disabilities outlined in Chapter 2 of this manual and have no other means of payment for these services during the calendar month. CRA services are as indicated in the ISP.

The provider is reimbursed the $155.56 daily rate for provision of CRA Services for each individual being served per month with the monthly amount of $4,200.00. Reimbursement for Community Residential Alternative Services shall not exceed an annual maximum amount of $50,402.00 per individual.

3) **CRA Host Home Payment:**

a. Administrative Cost and Payment to Host Home Provider.

The following are requirements for administrative costs of the Community Residential Alternative (CRA) provider agency and the agency's payment to the Host Home provider:

i. Host Home Budget and Payment Details:

a) The budget and agreed payment details to the Host Home provider for each individual in each Host Home enrolled by the DBHDD provider agency must support the amount of payment to the Host Home provider, which allows for the provision of the CRA services specified in the ISP of the individual and ensures the health and safety of the individual in the Host Home arrangement.

b) The budget and agreed payment of the Host Home provider must be submitted to the Division of DD prior to any individual moving into a Host Home. Budget and payment details must be revised and re-submitted to the Department whenever there is an enhancement or decrease in the individual's residential allocation as well as on an annual basis (by June 30, 2015).

c) Individual budget details submitted must include, but is not limited to the individual's name and Medicaid number (if applicable), address and contact information of the Host Home.

ii. Provider agencies must comply with the DBHDD Policy 02-702, Management-Supervision-Safeguarding of Possessions, Valuables, Personal Funds and Day-To-Day Living Expenses in Developmental Disabilities Residential Services (available online at DBHDD PolicyStat, http://gadbhdd.policystat.com). Management of Day to Day living expenses shall include but is not limited to:

a) The CRA Provider provides individuals who reside in agency operated Host Homes with an agreement regarding day-to-day living expenses upon admission, annually, or as needed. This agreement shall be reviewed at the annual ISP, and shall include a statement of all associated housing and food costs; and any estimated medical, dental, and clothing fees or charges assessed to the individual, to the extent that those funds are available.

Provider agency shall notify the individual and Host Home Provider, in writing, of any changes in living expenses, within 60 days prior to the effective date. Copies of each day-to-day living expenses agreement are maintained in the record of the individual served.

b) Day-to-day living expenses agreement must be signed by the CRA Provider agency and Host Home Provider and submitted to the Division of Developmental Disabilities annually (by June 30, 2015) or whenever there is a change of Host Home Provider or before an individual moves into the Host Home.

iii. Host Home Budget, Payment Details, and Day –to-Day Living Arrangement Agreements are submitted to the Division of Developmental Disabilities by secure email to hosthome@dhr.state.ga.us.

5. **Support Services (UAS Budget Code 445):** Reimbursement for the category of Behavioral Supports Consultation occurs under Support Services as follows:

1) **Behavioral Supports Consultation (UAS Expense Code 421):**

The Department's contract with the provider of Behavioral Support Consultation Services specifies the number of individuals to receive Behavioral Support Consultation Services from the provider during the contract year. These individuals must meet the eligibility criteria for state-funded developmental disabilities outlined in Chapter 2 of this manual and have no other means of payment for these services during the calendar month.

For the provision of Behavioral Support Consultation Services, the provider is reimbursed an hourly rate of $94.00 per individual, not to exceed annual amount of $2,450.00 per individual. This funding covers development of the behavioral support plan and services.

6. **Respite Services (UAS Budget Code 446):**

The Department's contract with the provider of Respite Services Indicates that the provider shall be paid a monthly reimbursement of expenses for the provision of Respite Services not to exceed a specified annual amount. In addition, the Department's contract with the provider includes the following:

1) **Maintenance Respite**

The Department's contract with the provider of Respite Services specifies the number of authorized unduplicated individuals to receive Maintenance Respite Services from the provider during the contract year. These individuals must meet the eligibility criteria for state-funded developmental disabilities outlined in Chapter 2 of this manual and have no other means of payment for these services during the calendar month. Maintenance Respite Services are as indicated in the ISP.

2) **Emergency Respite**

The Department's contract with the provider of Respite Services specifies the number of authorized unduplicated individuals to receive Emergency Respite Services from the provider during the contract year. These individuals must meet the eligibility criteria for state-funded developmental disabilities outlined in

Chapter 2 of this manual and have completed the I&E process, and have no other means of payment for these services during the calendar month.

The Emergency Respite Service is intended to be short term for an individual experiencing a crisis (usually behavioral) who requires a period of structured support and/or programming. Emergency Respite may also be necessitated by unavoidable circumstances, such as death of a caregiver or loss of residential placement. Emergency Respite may be provided In-Home or Out-Of-Home. The Regional Office approves Emergency Respite Services ***only*** when the current support or residential placement is unstable/unavailable, and no other formal or informal supports are available to the individual. A specific plan to transition the individual back to his/her permanent home is presented at the time of admission. The plan should be developed and implemented by the Planning List Administrator (PLA), State Services Coordinator, Support Coordinator (SC), or Regional Office designee when applicable. Individuals will NOT be placed (except in extreme emergency) without a specific plan for discharge (including date, location and responsible party).

7. **Other Services:**

The Department's contract with the provider of other services (e.g., crisis services and special projects) specifies the reimbursement procedures for these services. These contracts define the other services and any specific expectations for the delivery of these services beyond the general expectations for all state-funded developmental disabilities services.

6.2 STATE-FUNDED DEVELOPMENTAL DISABILITIES BILLING AND ASSOCIATED REPORTING REQUIREMENTS

A. The billing and associated reporting requirements for state-funded DD services are as follows:

1. The provider submits monthly the number and name of persons receiving state-funded DD Services by category and the payment requested for each to the Regional Office Operations Analyst by the 10th day of the month subsequent to the month being reported. When the Waiver Information System (WIS) becomes available for reporting state-funded service information, the provider shall enter all required monthly information regarding persons receiving state-funded services into the WIS by the 10th day of the month subsequent to the month being reported. The provider continues to use the standard monthly billing template developed by DBHDD before the WIS is available for reporting.

2. The provider submits the original MIER (Monthly Income and Expense Report) to the Department contract person by the 10th of the month via secure email.

3. Supported Employment providers submit monthly programmatic reports by the 10th day of the month. Reports should be submitted via secure email to the following address: supportedemployment@dhr.state.ga.us until the WIS is available for reporting.

B. **Reimbursement Issues for State-Funded Developmental Disabilities Services**: The provider of state-funded developmental disabilities should notify the regional office of any issues with reimbursement of state-funded developmental disabilities. The regional office works with the provider to assess and rectify, as indicated, issues in the reimbursement for state-funded developmental disabilities services.

C. **Reimbursement Adjustments:** Failure to follow standards for state-funded services in this manual may result in reimbursement adjustments.

6.3 STATE-FUNDED DEVELOPMENTAL DISABILITIES SERVICES REPORTING

The provider of state-funded DD services submits reports as required and requested by the regional office. These reports may include an annual report that provides a statistical summary of expenditures, and individual service and outcome data. Monthly reporting and other requirements of the contract between the provider and the State of Georgia, Department of Behavioral Health and Developmental Disabilities must be met.

Quality Improvement Reporting – The provider maintains a well-defined approach for assessing and improving quality as defined in Chapter 5 of this manual. An organizational quality management program should be in place to measure performance, identify deficiencies, and improve quality systematically. The provider shall have established indicators for safety, outcomes and quality of services, and individual satisfaction. The provider generates quarterly quality management report, including measurement of quality indicators, trend analysis, and quality improvement activities. All QM plans, QIPs, and quarterly QM reports must be maintained by the provider and readily available for DBHDD quality assurance purposes. The quarterly reports must be generated following the schedule below:

Quarter	FY	Report Due
1st Quarter	July 1 - September 30	October 15
2nd Quarter	October 1 - December 31	January 15
3rd Quarter	January 1 - March 31	April 15
4th Quarter	April 1 - June 30	July 15

Services Records — The provider is responsible for maintaining records in accordance with the applicable standards established by the Department as defined in the most

current version of the *DBHDD Provider Manual for Community Developmental Disabilities Service Providers* (available on the DBHDD website at http://dbhdd.georgia.gov, Providers tab, Community Provider Manuals tab). Records are to be maintained in an easily accessible place for monitoring/auditing purposes.

Regional Updates — In addition to reporting requirements as specified in DBHDD policy, the Stated Funded DD Service Provider/Agency must:

1. Notify the Regional Services Administrator for Developmental Disabilities (RSA-DD) within two (2) hours (up to the minute) of any deaths and/or high-visibility incidents (as defined in the DBHDD Policy 04-106, *Reporting and Investigating Deaths and Critical Incidents in Community Services*) for all individuals receiving state-funded services to the Regional Service Administrators-DD or designee and to the Individual's Planning List Administrator or State Services Coordinator. This notification is in addition to reporting requirements specified in the DBHDD policy.

2. Submit to the Regional Office, the DBHDD Contracts Office, and the DBHDD Provider Network Office updated agency and/or contact information.

3. Enter accurate and/or update current required provider information in the Georgia Developmental Disabilities Provider Information website. The address of this website is as follows: http://www.georgiaddproviders.org/.

APPENDICES

Appendices are to be added after review of draft manual is completed. Content of appendices currently is available on the DBHDD website.