

Intensive Support Coordination Enrollment and Implementation Questions

1. What is the projected timeline for implementation of the Intensive Support Coordination service?

The timeline for enrollment of participants in Intensive Support Coordination will be determined through a process of eligibility evaluation and rolling enrollment over the course of the year. This will begin with clinical evaluations occurring on or after July 1, 2016, for inclusion in ISP's dated October 1, 2016 onward.

2. At what point in the new provider enrollment and implementation process will providers know our initial numbers of persons to be supported?

There will not be a specific number of waiver participants assigned in either standard Support Coordination or Intensive Support Coordination to be supported by each enrolled agency. Waiver participants in Georgia have the *Freedom of Choice* to select any provider that serves their area of residence and can request a change in provider at any time through completion of a form submitted to the Field Office in their region. The freedom to choose providers is a fundamental requirement of HCBS Waiver Programs.

3. Will the process for persons to choose their Intensive Support Coordination providers be completed as the first, or as one of the very first steps in implementation of the new ISC service?

There will be three pathways by which waiver participants will have the opportunity to choose their Intensive Support Coordination provider agency.

a. Annual DBHDD Field Office Evaluation:

Current policy indicates that all waiver participants who have exceptional medical or behavioral support needs (as assessed by the SIS and HRST) are to have an annual evaluation completed by a DBHDD Field Office clinician in advance of their annual ISP. We will leverage this process already in place to determine eligibility of waiver participants for Intensive Support Coordination. These clinical evaluations are to be completed 90 days prior to the participant's birthday, so that the information and recommendations can be available for the purpose of ISP development. As part of the clinician's evaluation recommendations, they will recommend the new ISC service for all participants that meet eligibility criteria. The service will be added to their upcoming ISP, in alignment with their birthday. For any clinical evaluation completed on or after July 1, DBHDD Field Office Clinicians will be required to include a recommendation relating to Intensive Support Coordination eligibility for any eligible waiver participant, for service inclusion in their next ISP.

b. Change of Condition

If a participant's medical or behavioral support needs reflect a change in condition whereby Intensive Support Coordination becomes imminently indicated, the current SC will submit a Request for Clinical Review to the Field Office for a clinical evaluation to be conducted as soon as possible. A Field Office clinician will conduct a clinical evaluation as soon as possible and the clinician will indicate in their recommendations that Intensive Support Coordination is needed for that participant (to begin upon implementation of the service).

c. Needs Not Being Met

At any time, with any service, if a participant or their legal representative does not feel as though their needs are being met by their current provider agency, they have the *Freedom of Choice* to select another provider agency from the options available in their area of residence. This process is facilitated by the DBHDD Field Office.

4. Are only those persons in the COMP Waiver who qualify for the ISC service going to be choosing available providers, or will persons receiving standard SC services in the NOW and/or COMP waivers also be choosing among all available providers?

At annual reevaluation (ISP), waiver participants and/or their representatives are made aware of their *Freedom of Choice* opportunities. Thus, during every reevaluation (ISP), participants and/or their representatives may select a new provider of any service, including Support Coordination, if dissatisfied with the current service provider. Additionally, participants and/or their representatives may request options for a new Support Coordination provider agency at any time. Persons served in standard Support Coordination services in the NOW and COMP waivers will be offered choice by the DBHDD Field Office, whenever they express dissatisfaction with their current standard SC provider.

5. If yet identified, what does DBHDD anticipate the provider choice process will look like? How will it be communicated? Who will be presenting and verifying choice with the person? Will all persons be expected to affirmatively state their selections? If some do not exercise an affirmative choice, will those persons remain with their current SC providers, or be proportionately assigned among available providers in their regions?

Upon completion of a clinical evaluation and determination that the waiver participant meets eligibility criteria for Intensive Support Coordination, the DBHDD Field Office clinician will:

- a. Educate the participant and their representative about the availability of the new ISC service.
- b. Provide each eligible participant and/or their representative with information on the Intensive SC agencies available in their area of residence from which they may select.
- c. Give the participant and/or their representative information on "Choice in ISC Provider Selection."
- d. Give the participant and/or their representative an *ISC Provider Selection Form*.

The participant and/or their representative has the following options for making their selection (or opting out of selecting a provider).

1. If they are able to make the decision on the day of the clinical evaluation, the participant or their representative can give the completed *ISC Provider Selection Form* back to clinician to deliver to the DBHDD Field Office.

2. If the participant and/or their representative is unable to make a decision on their ISC provider selection on the day of the assessment, they will be offered the opportunity to mail the *ISC Provider Selection Form* to the DBHDD Field Office within 30 days. If no selection is made within 30 days, or the participant or legal representative wishes to defer the selection, the participant will be assigned to an ISC provider in their area, based on a rotation methodology.

In circumstances where, due to limitations in cognitive capacity, a participant cannot affirmatively state their ISC provider selection, there will be a rotation methodology used to determine which ISC agency available in the region will be selected for the participant. This will take place, only after an exhaustive search for any informal representative able to assist the participant with the decision. This process will also become DBHDD policy for participants receiving standard Support Coordination services.

- 6. If any or all of the current SC agencies are approved also as ISC providers, is it expected that the majority of persons eligible for the ISC service will want to remain with their current SC agency?**

We have not yet completed the application and enrollment process for new or current agencies to provide SC or ISC services, so we do not yet know how many providers of either service will ultimately be enrolled. We cannot presume what eligible participants will choose when offered options of agencies that serve their area of residence. Per CMS waiver requirements, all waiver participants will be offered the opportunity to make an informed choice between current and newly enrolled providers at any point when they express interest in exploring provider options.

- 7. Will we be expected to hire any number of qualified SC-ISC personnel and/or have retained a medical director prior to knowing the number of persons to be supported?**

For both services, it is expected that an agency will have adequate staffing to meet the needs of the number of participants enrolled with their agency. In order to serve even one waiver participant, an ISC agency must, at minimum, have one retained medical/clinical director as an employee or under contract, one ISC Clinical Supervisor and one Intensive SC prior to beginning service provision. For standard SC, one SC supervisor (who can provide the direct service) or a combination of one SC supervisor and one SC will be needed to begin service provision. As enrollment of ISC waiver participants exceeds 20, two Intensive SC's will need to be employed. As enrollment of SC waiver participants exceeds 40, two SC's will need to be employed, and so on in order to be in compliance with caseload guidelines.

- 8. What is the length of time (weeks or months) anticipated for the pre-service training, certification or credentialing of new personnel hired to provide SC-ISC services? Will the training/credentialing process need to be completed before services may be billed if delivered during that time period?**

Training will be required to provide both Support Coordination and Intensive Support Coordination in Georgia. There will be training offered both in-person and web-based that will allow staff to meet

the requirements to allow for the start-up of service provision. Training focused on credentialing ISC staff is anticipated to be completed within 90 days of initiation of service delivery.

- 9. Providing the ISC service is costly. A significant number of recipients of that service are necessary to make it work financially for a new provider. Has DBHDD considered or developed contingency plans if new providers have to drop out during the implementation process due to an insufficient number of persons selecting new providers?**

As is the case with all Medicaid programs, provider enrollment or continued participation is voluntary. The application process for enrollment in Intensive Support Coordination requires that provider applicants submit an implementation plan. DBHDD will be working with providers in editing the implementation plan to promote sustainability.