

Georgia's Two MR/DD Waivers

May, 2006

In Georgia, there are two (2) waivers that serve persons with mental retardation/developmental disabilities. The first waiver is called the Mental Retardation Waiver Program (MRWP) and the second is the Community Habilitation and Support Services Waiver (CHSS). Although both serve the same-targeted populations, there are some similarities and differences. The Federal government through the Centers for Medicare and Medicaid Services (CMS) approves both waivers. The waivers represent a source of funds for services for people with mental retardation/developmental disabilities that combines state and federal (Medicaid) dollars. The State Legislature appropriates waiver funds.

The waivers are designed to pay for community-based services to people who require the same level of care as those persons who are served in Intermediate Care Facilities for people with Mental Retardation (ICF/MR). The eligibility diagnoses for services include people with mental retardation or other closely related developmental disability which results in impairments of general intellectual functioning or adaptive behavior requiring treatment and services similar to those services needed by persons with mental retardation. The financial eligibility for funding requires that the individuals be a Medicaid recipient or Medicaid eligible through medical assistance only (MAO) determination.

The Intake and Evaluation Teams (formerly known as the Clinical Evaluation Teams) are responsible for determining if the individuals meet the criteria for services and for recommending the most appropriate services. The regional office designee is responsible for authorizing the services that the individual waiver participant receives.

The Department Community Health (DCH) is the State agency, which administers all Medicaid funds in Georgia. DHR manages the waivers funds according to DCH's restrictions and under the policies and procedures stipulated by CMS and DCH. The waivers are not entitlement programs; that is, people who meet the criteria may or may not receive services through this fund source. The limits on available dollars and service slots necessarily restrict the opportunity to always use the waivers as a fund source.

Daily operational management of the waiver funds is one of the functions of the DHR, Division of Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD) Office of DD and Regional Offices. DHR has the authority to fund services for people with mental retardation/developmental disabilities, contract with appropriate providers for these services, and monitor the quality of services provided. Each MHDDAD region has a specific allocation of dollars and slots to provide services for people with mental retardation/developmental disabilities. The Regional Office designated staff approve the services, which will be funded with waiver funds.

In both waivers, Medicaid reimbursement may be supplemented with state dollars. These state dollars may be used to assist with room and board costs that are not covered by Medicaid or supplement other non-reimbursed costs incurred by the provider to support the consumer. Also, the services and dollars follow the individual from one approved provider to another throughout the state as the individual and their family request. However, if the individual no longer needs the waiver services or passes away, the region can serve another person with these Medicaid dollars. The two waivers are summarized below.

MRWP Summary

This is Georgia's first waiver that began in 1989 and currently serves the most individuals. It provides individual fee-for-service reimbursement for an array of eleven different services that support people in the community. These supports range from providing twenty-four hour residential and day program services to periodic intermittent services such as respite. Waiver services also include reimbursement for environmental and vehicle modifications as well as medical equipment and supplies.

There are currently a large number of providers for the MRWP because they are often small organizations that only provide single services. MRWP providers may deliver a single service but are not prohibited from providing several or all of the services. Medical, dental, clinic outpatient, and pharmacy services are not included in this waiver.

CHSS Summary

This waiver began in the fall of 1997 and was designed to support the closure of Brook Run, an ICF/MR facility that was located in metro Atlanta. This waiver was designed around principles of managed care which makes it very different than the MRWP. Services offered through the Community Habilitation and Support Services Waiver (CHSS) are all "bundled" together. Services may range from periodic and intermittent support to full support 24 hours per day for seven days a week. A primary provider is responsible for these bundled services but may sub-contact for some of the specific components. Regardless of the amount of services targeted for the consumer, they are designed to give individuals the training and support they need to live and participate in their communities. The providers' reimbursement is not affected by the amount of the service to be delivered; reimbursement is linked to whether or not the person previously lived in the community or the institution. All services and supports under the Community Habilitation and Support Services may be provided in any community setting including the participant's residence. Specialized Medical Supplies, Equipment and Environmental Modifications are each offered separately from the "bundled" services. Medical, dental, clinic outpatient, and pharmacy services are not included in this waiver; however, CHSS providers are responsible for all of these services whether or not they are covered under the Medicaid state plan.

Initially, only five comprehensive providers were selected to provide services to the targeted consumers from Brook Run and the waiting list. Currently, in order to expand choice, regions are recruiting additional providers for this waiver.

Number of Persons Served

Currently, there are approximately 7,000 persons authorized to receive services under the MRWP and approximately 1,000 authorized to receive services under the CHSS waiver.

MRWP Services

1. **Residential Training and Supervision Services (RTS)** - These services include a range of interventions with a particular focus on training and support in one or more of the following areas: eating, drinking, toileting, personal grooming and health care, dressing, communication, interpersonal relationships, mobility, home management, and use of leisure time. Services are offered twenty-four hours a day. Recipients live in small group settings.
2. **Personal Support Services** - These services include a wide range of interventions with a particular focus on training or support in one or more of the following areas: eating, drinking,

toileting, personal grooming and health care, dressing, communication, interpersonal relationships, mobility, home management, and use of leisure time. Services are offered on an hourly basis for up to 24-hours each day. Recipients live in their own or family home.

3. **Day Habilitation Services** - This service may include a habilitation program in the areas of social, emotional, physical and intellectual development. The habilitation program focuses on adaptive skills and is distinct from work production objectives. This service is provided on an hourly basis for a maximum of six hours per day for 240 days per year.
4. **Supported Employment Services** - Supported employment for recipients is paid work of 80 hours or more per month, in an integrated work setting which also employs workers without disabilities, where supports are available to assist recipients.
5. **Day Support Services** - These services are designed to assist persons in the acquisition, retention and/or improvement of skills and are offered in a combination of supports: facility based training activities, pre-vocational activities and supported employment. Persons receiving this service must receive two of the three components. Reimbursement is limited to monthly billing and requires certain staff/waiver participant ratios.
6. **Natural Support Enhancement Services** - This service is designed to give individuals consumers assistance in developing and strengthening the skills necessary to live more independently in the community. Services are targeted for people whom currently live or desire to live in the community and have access to a natural support system. Reimbursement is based on services and supports identified in the approved Natural Support plan.
7. **Respite Care Services** - These services are short-term interventions provided to persons who are unable to care for themselves in the absence of the primary caretaker. The extent and schedule of respite care is determined by individual needs. Reimbursements are limited to 52 days per year or 312 hours per year per consumer.
8. **Specialized Services** - Specialized services have several components, which enable individuals to interact more independently with their environment. The MR waiver is the documented payer of last resort. Services include: Specialized Medical Equipment, Specialized Medical Supplies, Vehicle Adaptations and Environmental Adaptations.
10. **Natural Support Therapies** - These therapies are designed to give consumers receiving Natural Support Enhancement the opportunity to access specialized treatment and include: Physical Therapy, Occupational Therapy, Speech and Hearing Therapy and Nutritional Therapy. Reimbursement is included in the average for Natural Support Therapies.

CHSS Services (Although this is a bundled service, it includes the following components similar to the MRWP services.)

1. **Residential Training and Supervision Services** - These services include a range of interventions with a particular focus on training and support in one or more of the following areas: eating, drinking, toileting, personal grooming and health care, dressing, communication, interpersonal relationships, mobility, home management, and use of leisure

time. Services are offered twenty-four hours a day. Recipients live in small group settings.

2. **Personal Support Services** - These services include a wide range of interventions with a particular focus on training or support in one or more of the following areas: eating, drinking, toileting, personal grooming and health care, dressing, communication, interpersonal relationships, mobility, home management, and use of leisure time. Services are offered on an hourly basis for up to 24-hours each day. Recipients live in their own or family home.
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**A GUIDE TO GEORGIA'S SERVICES
FOR PERSONS
WITH MENTAL RETARDATION AND
DEVELOPMENTAL DISABILITIES**

Georgia Department of Human Resources
Division of Mental Health, Developmental Disabilities and Addictive Diseases
2 Peachtree Street, NW
Room 22.470
Atlanta, Georgia 30303

I. How do I locate public services for people with mental retardation in Georgia?

The regional office representing Georgia's Division of Mental Health, Developmental Disabilities and Addictive Diseases that includes your county of residence is your first contact point.

Regional offices representing the Division of Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD) plan, coordinate and contract all publicly-supported hospital and community services, and evaluate and monitor those community programs and services. The addresses and phone numbers for each regional MHDDAD office are located at the back of this booklet. You may also contact the Division of Mental Health, Developmental Disabilities and Addictive Diseases Office of Developmental Disabilities @ **404-463-8037**. If you have a personal computer, Internet information is available at www.dhr.state.ga.us; first click on of Division of Mental Health, Developmental Disabilities and Addictive Diseases, then click on the regional office representing your county.

II. Who is eligible for services?

A. To be eligible for state-supported developmental disability services, you must have a diagnosis of mental retardation or a developmental disability and meet the criteria for "*most in need*." People who are "*most in need*" of services are those with social, emotional, developmental, or physical disabilities resulting from mental retardation/developmental disabilities who without state-supported services, would have significant difficulty or be unable to successfully live day to day. In addition, family support services are available for people with autism and certain other developmental disabilities.

B. Most of Georgia's public developmental disability services are supported by Medicaid waiver funds. To receive Medicaid waiver services, you must:

- Be Medicaid eligible;
- Have mental retardation since birth or before age 18 or another developmental disability since birth or before age 22, which requires services similar to those needed by people with mental retardation;
- Live in an institution for people with mental retardation or developmental disabilities; or
- Be at risk for going into an institution for people with mental retardation (ICF-MR) if you are not able to get the services you need in the community.

III. Will I have to pay for services I receive?

Your income and ability to pay determine the cost to you for state-supported services. As part of determining eligibility for state-supported developmental disability (DD) services, your ability to pay will be evaluated. If you are eligible for DD services under the waiver, the Mental Retardation waiver pays for most community-based DD services.

Any payment for services will be discussed with you before you receive services.

IV. How can I apply for Medicaid?

If you have a disability, you or your representative can apply for Supplemental Security Income (SSI) by contacting your local Social Security office. You may call 1-800-772-1213 to find your closest Social Security office.

If you are approved for SSI, you will automatically be eligible for Medicaid.

V. What if I receive regular Social Security or receive more benefits than allowed under the MRWP Medicaid waiver?

You may be eligible for “Medical Assistance Only” (MAO) if your monthly income is higher than the amount a person can receive and be eligible for regular Medicaid, but not high enough for you to pay all of the expenses that would be required for your care.

To apply for Medical Assistance Only, contact your county Department of Family and Children Services (DFCS) after your Intake and Evaluation Team have screened you for eligibility for Medicaid waiver services. You will need to show DFCS that you are eligible for MR waiver services. This can be accomplished by bringing a completed “Level of Care” with you to your DFCS appointment. This form will be supplied to you after you are seen by the Intake and Evaluation Team.

You may contact DFCS public information at 404-657-7660. If you have a personal computer, internet information is available at www.dhr.state.ga.us; first click on Family and Children Services, then “E-mail us,” and select “Eligibility: Medicaid, Food Stamps, and/or Temporary.”

VI. What services are provided in Georgia?

Georgia offers a variety of services to people with mental retardation or developmental disabilities who are eligible for services. Some services are available through state dollars only, while others are available through Medicaid waiver dollars only. Your specific needs will determine which services are most appropriate for you.

- Support Coordination – a required case management service for all individual recipients of MHDDAD funded services that connect people to the services that they need.
- Consumer and Family Education – provides instruction, classes and workshops on mental retardation/developmental disabilities.
- Counseling and Training – helps people learn social skills and appropriate behavior.
- Day Programs - help people develop social, leisure, work-related and daily living skills. These programs include: Day Supports, Day Habilitation and Supported Employment.

- Personal and Natural Supports - provide training and in-home assistance to help people with mental retardation/developmental disabilities continue to live with their families or on their own.
- Family Support – a broad range of goods and services such as respite, personal living benefits, behavioral supports and specialized clothing or equipment, designed to assist families in supporting a loved one with disabilities who is living in the home.
- Nursing Assessment and Services – identifies physical and psychological health needs. Provides health care as required.
- Physician Assessment and Care – identifies medical and psychological needs and issues. Provides medical care as required.
- Respite Care - offers temporary care during an emergency or when the family or caretaker needs a break.
- Residential Programs - provide supervised living arrangements in community homes and apartments.
- Specialized Medical Supplies and Equipment – covers items such as food supplements, special clothing, communication devices, and equipment such as wheelchairs.

VII. What steps do I need to take to apply for state-supported or Medicaid waiver MR services?

A. The regional Intake and Evaluation agency/office that includes your county of residence is your first contact point. Ask them to mail you an application or to tell you where you may pick one up. An application may also be found on some Intake and Evaluation agencies' websites. If websites are available, they are noted on the regional contact list at the back of this booklet.

Fill out the application and return it to the Intake and Evaluation agency. You can deliver it in person or send it by mail or fax—whichever is most convenient.

When your application is received, it will be stamped with a date.

B. When you come in for the screening appointment, please bring the following items:

- Copies of any previous evaluations completed by your doctor, a psychologist, the school(s) you (the person needing services) have attended, and any other documents containing information about your skills and abilities that have been done by any other person or agency;
- Addresses for your doctor, psychologist, school, and any other evaluating person or agency;
- Copies of your Medicaid, Medicare and/or insurance information;

- Copies of your (the person needing services) most recent income information such as last year's tax return, a recent pay stub, or your Social Security benefit information. If the person needing services is under age 18, information about family income will also be required.

C. You (and your representative, if appropriate) will be notified IN WRITING about the preliminary eligibility determination within seven working days after your screening appointment. At that time, one of the following things will occur:

- You will be notified that you are not eligible, based on preliminary determination of eligibility (*see appeal process below*) or
- You will be notified that you are eligible for services needed, based on preliminary determination of eligibility, and that funding is currently available *or*
- You will be notified that you are eligible, based on preliminary determination of eligibility, however funding for services needed is not available at this time.

D. If you are notified that you are eligible, however funding for services needed is not available at this time in order to provide you some or all of the services that you need, you will be placed on a planning list that the regional MHDDAD office maintains. Your regional MHDDAD office representative will discuss this further with you and will let you know if any part of the services that you need can immediately be made available to you.

When funds become available, individuals on the planning list are provided services based on the urgency of their needs.

VIII. What if I disagree with any part of the decision about whether I am eligible for DD services?

You have the right to appeal if you are not satisfied with any part of the eligibility decision.

A. Where do I send my appeal?

1. If you are NOT Medicaid eligible, your appeal about whether you are eligible for MR/DD services should be directed to the regional office for the Division of MHDDAD.

Contact your regional MHDDAD office to ask for a copy of the appeal process.

You must submit your appeal to the regional office representing the Division of MHDDAD IN WRITING within 30 working days of the date on the letter telling you about the decision. If you are unable to submit your appeal in writing, contact the regional MHDDAD office. They will assign a staff person to assist you in submitting your appeal.

2. If you are Medicaid eligible, your appeal should be directed to the Division of Medical Assistance AND to the Division of MHDDAD. You must submit your concerns IN WRITING within 10 working days of the date of the letter telling you about the eligibility decision.

If you are unable to submit your appeal in writing, contact the regional office representing the Division of MHDDAD. They will assign a staff person to assist you in submitting your concerns. Direct your concerns to both of these agencies:

Mental Retardation Program Specialist
DCH Division of Medical Assistance
Two Peachtree Street, NW, 37th Floor
Atlanta, Georgia 30303

And send a copy to:

Medicaid Waiver Program Specialist
DHR Division of MHDDAD,
Two Peachtree Street, NW, 22nd Floor
Atlanta, Georgia 30303

IX. If I am placed on the region's planning list, how will I know when I can receive the services I need?

A. A representative from your regional Division of MHDDAD office will contact you at least every twelve months to update their information about your current situation. *You should contact the regional MHDDAD office any time your situation changes.*

A representative of the regional MHDDAD office will call or write you (and your representative, if appropriate) if services become available before your next scheduled contact.

B. What information is used to move me from the planning list into the services I need?

First, funds must be available to pay for the needed services. Then, your need for services will be carefully reviewed. A number of factors are considered, such as:

- Do you have a caretaker?
- Can your caretaker continue to provide care?
- Do you have any special health or behavior issues that urgently need attention?

Staff from your regional office representing the Division of MHDDAD will discuss this with you if you are placed on the planning list.

C. What if I have questions that are not answered here?

Contact the regional office representing the Division of MHDDAD with any additional questions that you have. The staff of the regional MHDDAD office will help you through this process, answer your questions and make sure your unique situation is understood.

X. Will I ever be discharged from MR waiver services?

There are several very specific circumstances that could cause you to be discharged from MR waiver services. You would be notified in writing if you were to be discharged from the waiver. Several examples of the specific circumstances that could cause you to be discharged are listed below.

- It has been determined that services you were receiving are no longer needed.
- The source of funding for the services you have received has been changed
- You have moved from Georgia
- The level of care you require has changed.
- You have requested in writing that your services be terminated
- Your Medicaid eligibility has been discontinued

If one of these circumstances occurs and you disagree with this decision, you may request a fair hearing. You have thirty (30) days from the date of the letter to request a hearing in writing. Send your request to:

Department of Community Health
Legal Services Section
Division of Medical Assistance
Two Peachtree Street, NW, 40th Floor
Atlanta, Georgia 30303-3159

And send a copy to:

Medicaid Waiver Program Specialist
DHR Division of MHDDAD,
Two Peachtree Street, NW, 22nd Floor
Atlanta, Georgia 30303

XI. Does the regional office representing the Division of MHDDAD provide services?

The regional offices representing the Division of MHDDAD do not provide services. Services are provided by agencies under contract with the regional MHDDAD offices. At any time during the application process or while receiving services, if you have questions or concerns, call your regional MHDDAD office for help.

XII. What are my rights?

As an applicant and a consumer of services, you have rights. Your rights include:

- Getting the care that you need
- Being treated with respect and dignity
- Having your health and safety protected
- Choosing how, when, where and by whom your services will be delivered
- Taking part in planning your own treatment
- Knowing the benefits and risks of your treatment
- Having continuity in the services you receive
- Being free of restraints or seclusion, except as a last resort for safety
- Being free of physical, sexual or verbal abuse
- Being free of neglect or exploitation
- Being able to grieve/appeal decisions concerning your care
- Exercising your rights without fear of harm

You are encouraged to ask questions about your services and your rights. You may talk with any staff member of the agency serving you. Or you may talk with someone outside the agency, such as staff of the regional MHDDAD office. Or if you prefer, you may call or write someone at the Office of Consumer Protection in Atlanta at 404-657-6737. The address is:

Office of Consumer Protection
Division of Mental Health, Developmental Disabilities and Addictive Diseases
Two Peachtree Street NW
Suite 22:470
Atlanta, Georgia 30303

New Options Waiver Program

Brief Description

The New Options Waiver (NOW) Program represents Georgia's commitment to continual improvement of home and community-based services for persons with mental retardation/developmental disabilities (MR/DD). Individuals eligible for NOW services live with family members or in their own home. NOW provides services for individuals with less intense and urgent needs than out-of-home residential treatment or extensive waiver supports to live safely in the community. The NOW Program includes safeguards for participants whose intensity of needs change post-entrance to the waiver. Individuals to be served in the NOW Program include current participants and additional participants receiving services due to recent funding increases by the Georgia General Assembly. The NOW Program uses a participant-centered assessment process to determine the support needs of participants and as the foundation for the development of the Individual Service Plan and the individual budget. The individual budget process is designed to increase flexibility in service delivery to meet exact individual need, enhance the predictability and consistent utilization management of the waiver funds, and support participant direction. Supports for community connection building and participant direction are essential components of the NOW Program. NOW includes services that provide these key supports to participants and their families.

Purpose. The purpose of NOW is to offer services and supports that enable individuals to remain living in their own or family home and participate in community life. To this end, NOW implements individualized budgeting, enhanced flexibility in service delivery, and increased opportunities for participant direction and community connection building.

Goals. NOW Program goals are to: (1) avoid the need for more intensive services; (2) increase independence and quality of life of individuals with MR/DD; (3) increase the flexibility of service planning and delivery to meet exact individual need; (4) provide the opportunity for all participants to elect to direct their services to the extent that they choose; and (5) ensure the health, safety and welfare of NOW participants.

Objectives. NOW Program objectives are to: (1) transition 100 percent of NOW participants to an individual budget by the end of the first year; (2) offer the opportunity for participant direction to 100 percent of NOW participants by the end of the first year; (3) afford NOW participants increased opportunities for community membership and real jobs in the community; and, (4) increase access of NOW participants to community connections during evenings and weekends.

Organizational Structure. The Department of Human Resources, Division of Mental Health, Developmental Disabilities and Addictive Diseases (DHR, MHDDAD) operates the NOW Program. The MHDDAD Central Office performs statewide waiver operational and administrative functions. The five MHDDAD regional offices perform NOW functions at the regional level, including intake and evaluation, preauthorization of NOW services, utilization management, crisis resolution, and quality management. Individuals access the NOW Program through the MHDDAD regional offices. The Department of Community Health, Medicaid, oversees DHR's performance of these functions.

Service Delivery Methods. NOW provides individuals with MR/DD and their families the opportunity for enhanced freedom, choice, control, and responsibility over services received through the statewide availability of participant-directed service delivery. NOW participants may also opt for traditional service delivery.

Quality Management. The Quality Management Strategy includes tracking the effectiveness of these supports and all other NOW services in achieving the desired outcomes for participants. This Quality Management Strategy additionally includes discovery and monitoring processes to determine whether the waiver operates in accordance with the program's design, to assure the health and welfare of participants, and to identify opportunities for improvement.

Comprehensive Supports Waiver Program

Brief Description

The Georgia Comprehensive (COMP) Supports Waiver Program makes community living and participation a reality for individuals with mental retardation/developmental disabilities (MR/DD) who require comprehensive and intensive services. Individuals eligible for the COMP Program need out-of-home residential support and supervision or intensive levels of in-home services to remain in the community. Individuals to be served in the COMP Program include current participants and additional participants receiving services due to recent funding increases by the Georgia General Assembly. The COMP Program uses a participant-centered process to determine the support needs of participants and as the foundation for the development of the Individual Service Plan and the individual budget. The individual budget process includes design features to enhance the predictability and consistent utilization management of the waiver funds as well as to support Georgia's movement towards participant direction.

Purpose. The purpose of the COMP Program is to offer comprehensive and extensive waiver services to enable individuals with urgent and intense needs to avoid institutional placement. The COMP Program provides the level of services needed by individuals transitioning from institutions to community living.

Goals. The COMP Program goals are to: (1) avoid the need for institutional placement; (2) increase independence and quality of life of individuals with MR/DD, who have intensive or comprehensive support needs; (3) facilitate the transition of institutionalized individuals to community living; (4) begin to offer opportunities statewide for participant direction by waiver participants who have intense or comprehensive support needs; and (5) ensure the health, safety and welfare of COMP Program participants.

Objectives. The COMP Program objectives are to: (1) transition 100 percent of COMP Program participants to an individual budget by the end of the first year; (2) offer the opportunity for participant direction to 100 percent of COMP Program participants receiving selected services by the end of the first year; (3) transition at least 100 institutionalized individuals to community living each year of the waiver period; (4) afford COMP participants increased opportunity for community participation generic environments.

Organizational Structure. The Department of Human Resources, Division of Mental Health, Developmental Disabilities and Addictive Diseases (DHR, MHDDAD) operates the COMP Program. The MHDDAD Central Office performs statewide waiver operational and administrative functions. The five MHDDAD regional offices perform COMP Program functions at the regional level, including intake and evaluation, preauthorization of COMP Program services, utilization management, crisis resolution, and quality management. Individuals access the COMP Program through the MHDDAD regional offices. The Department of Community Health, the Medicaid agency, oversees DHR's performance of these functions.

Service Delivery Methods. Georgia offers statewide availability of participant-directed service delivery. All COMP Program participants have the opportunity to elect to direct some of their waiver services. Participants may also opt for traditional service delivery of all of their waiver services.

Quality Management. Extensive monitoring of service delivery is an essential feature of the Comprehensive Supports Waiver Program. This program component is critical to implementation of intensive and comprehensive services that support participants' safe and healthy living in the community. The Quality Management Strategy for the COMP Program places an emphasis on assuring the health and safety of participants through effective monitoring of this program's intensive or around-the-clock, comprehensive services. The COMP Program's Quality Management Strategy also evaluates the effectiveness of waiver services in achieving desired outcomes, including community connection building and participant direction. This Quality Management Strategy additionally includes discovery and monitoring processes to evaluate waiver operations according to the program's design, and to identify opportunities for improvement.

Transition to NOW Services

FROM Current Waiver Service	TO Corresponding NOW Service
Personal Support Services	Community Living Support Services
Day Habilitation	Community Access Services, Prevocational Services
Day Support	Community Access Services, Prevocational Services, Supported Employment
Supported Employment	Supported Employment
Respite Care Services	Respite Services
Specialized Medical Equipment	Specialized Medical Equipment
Specialized Medical Supplies	Specialized Medical Supplies
Vehicle Adaptation	Vehicle Adaptation
Environmental Modifications	Environmental Accessibility Adaptation
Natural Support Enhancement Services	Community Living Support Services, Community Access Services, Respite Services, Natural Support Training Services, Behavioral Supports Consultation
Consumer-Directed NSE Services	Community Living Support Services, Community Access Services, Respite Services, Natural Support Training Services, Behavioral Supports Consultation Services, Individual Directed Goods and Services
Natural Support Therapies	Adult Physical Therapy Services, Adult Occupational Therapy Services, Adult Speech and Language Services
Financial Support Services	Financial Support Services

Transition to COMP Services

FROM Current Waiver Service	TO Corresponding Comp Service
Personal Support Services	Community Living Support Services
Day Habilitation	Community Access Services, Prevocational Services
Day Support	Community Access Services, Prevocational Services, Supported Employment
Supported Employment	Supported Employment
Specialized Medical Equipment	Specialized Medical Equipment
Specialized Medical Supplies	Specialized Medical Supplies
Vehicle Adaptation	Vehicle Adaptation
Environmental Modifications	Environmental Accessibility Adaptation
Natural Support Enhancement	Community Living Support Services, Community Access Services, Respite Services, Natural Support Training Services, Behavioral Supports Consultation
Consumer-Directed Natural Support Enhancement	Community Living Support Services, Community Access Services, Respite Services, Natural Support Training Services, Behavioral Supports Consultation Services, Individual Directed Goods and Services
Financial Support Services	Financial Support Services
Natural Support Therapies	Adult Physical Therapy Services, Adult Occupational Therapy Services, Adult Speech and Language Services
Community Habilitation and Support Services	Community Living Support Services, Community Residential Alternative Services, Community Access Services, Prevocational Services, Supported Employment
Residential Training and Supervision	Community Residential Alternative Services

Georgia's "New" Medicaid Waivers

Darlene Meador, Ph.D.
Georgia Department of Human Resources
Division of Mental Health, Developmental Disabilities and Addictive Diseases
Office of Developmental Disabilities

What's "New" ?

Two Waivers

- 1) **New Options Waiver (NOW)**
*in-home supports
- 2) **Comprehensive Supports Services Waiver (COMP)**
*residential supports and intensive in-home supports

What's "New" ?


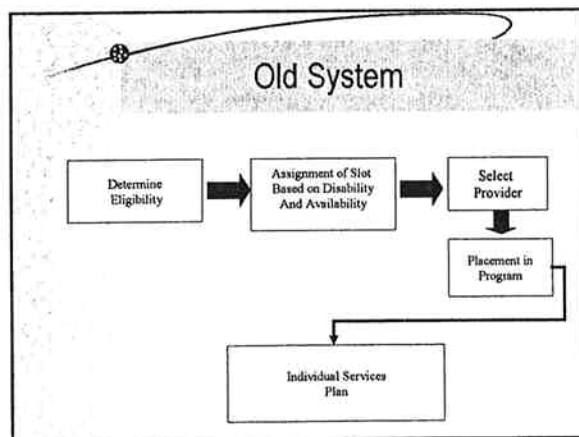
- ✧ All services under current CHSS and MRWP waivers will be available through the NOW waiver or the COMP waiver.
- ✧ Some existing services will continue through both of the waivers.
- ✧ All individuals currently served in the waivers will continue to be eligible to receive services through the COMP or NOW.

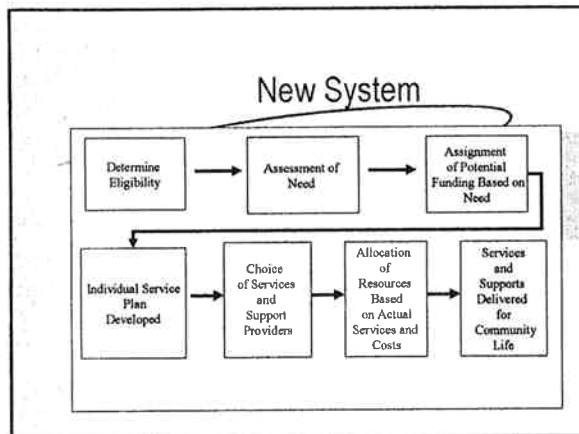
Status of Both Waivers

- ✧ §1915(c) (section of the Social Security Act) Home and Community-Based Services (HCBS) Waivers
- ✧ Both waivers **effective** as of **October 1, 2007**
- ✧ **Implementation** starts in **2008**
– **First Year - TRANSITION**
- ✧ **Training and Dissemination** – **Began November 2007 and continues through September 2008** (and thereafter as needed)

Key Changes

A major shift from a Government Funded system of programs, buildings, and services to individual and family authority to direct needed services and supports within the community.



- ### New Features in Waivers
- ✘ Support Coordination (previously a State Plan service)
 - ✘ Individualized Budgeting
 - ✘ Self Direction Opportunities

- ### New Services in Waivers
- ✘ Community Guide Services
 - ✘ Dental Services (pending)
 - ✘ Transportation Services
 - ✘ Behavioral Support Consultation Services
 - ✘ Individual Directed Goods and Services

- ### Continuing Waiver Services
- ✘ Day Services (Community Access, Prevocational Services, and Supported Employment)
 - ✘ Specialized Services (Medical Supplies and Equipment, Environmental Accessibility and Vehicle Adaptations)
 - ✘ In Home Supports (Community Living Support)
 - ✘ Residential Services (Community Residential Alternatives)
 - ✘ Other Supports (Respite, Natural Support Training, Adult Therapy Services, Financial Support Services)

Summary of Services

1	Support Coordination	NOW and COMP
2	Community Guide	NOW and COMP
3	Community Living Support	NOW and COMP
4	Respite	NOW Only
5	Community Access	NOW and COMP
6	Prevocational Services	NOW and COMP
7	Supported Employment	NOW and COMP
8	Natural Support Training	NOW Only
9	Individual Directed Goods & Services	NOW Only
10	Specialized Medical Equipment	NOW and COMP

Services Continued

11	Specialized Medical Supplies	NOW and COMP
12	Vehicle Adaptation	NOW and COMP
13	Environmental Accessibility Adaptation	NOW and COMP
14	Behavioral Supports Consultation	NOW and COMP
15	Transportation	NOW and COMP
16	Adult Dental Services	NOW and COMP
17	Adult Physical Therapy	NOW and COMP
18	Adult Occupational Therapy	NOW and COMP
19	Adult Speech and Language Therapy	NOW and COMP
20	Financial Support Services	NOW and COMP
21	Community Residential Alternative	COMP Only

Payment to Relatives/Legal Guardians

- ✧ Parents of adults and other relatives (siblings, aunts, uncles, grandparents, cousins) aged 18 or older of children and adults approved under exceptional circumstances.
- ✧ Under no circumstances - a spouse of a participant, a parent/legal guardian of a child, a legal guardian of an adult, or a relative who serves as the representative for an individual in participant direction
- ✧ Approvable relatives meeting the exceptional circumstances criteria may provide
 - Community Access Services,
 - Supported Employment Services;
 - Community Living Support Services,
 - Respite
 - Transportation Services.

General Specifications

- ✧ Individual Budget Amount
 - Is a limit on the overall amount of funds that may be authorized for waiver services for each waiver participant.
- ✧ Participant-Centered Service Planning and Delivery
 - **State Participant-Centered Service Plan Title:**
 - **Individual Service Plan**
 - **The Support Coordinator develops the ISP with the participant, family/representative, and others**

Participant-Direction of Services

- ✧ Both waivers approved with "Independence Plus" designation –commitment to participant-direction
- ✧ Participant direction opportunities are available to participants who live in their own private residence or the home of a family member.
- ✧ Alternate service delivery methods are available for participants who decide not to direct their services.
- ✧ State provides for the direction of waiver services by a representative

Participant-Direction of Services

- ✧ **Financial Management Services**
 - furnished through a third party entity
 - covered as the waiver service entitled **Financial Support Services**
- ✧ **Case Management Activity**
 - Support Coordinators provide information and assistance in support of participant direction
- ✧ Information and assistance in support of participant direction are provided through the waiver service coverage entitled **Community Guide**

Rates, Billing and Claims

- ✧ DCH reimburses providers.
- ✧ DHR recommends the rates, which are reviewed and approved by DCH.
- ✧ The Medicaid agency - DCH, through its fiscal agent - ACS, makes payments directly to providers of approved waiver services.
- ✧ For participant-directed services, the Medicaid agency, through its fiscal agent, makes payments directly to Financial Support Services providers who serve as the fiscal intermediary.

Summary

NOW

- Services and supports that enable individuals to remain living in their own or family home and participate in community life
- Implements individualized budgeting, enhanced flexibility in service delivery, and increased opportunities for self direction

COMP

- Comprehensive and extensive services to enable individuals with urgent and intense needs to avoid institutional placement
- Level of services needed by individuals transitioning from institutions to community living
- Implements individualized budgeting and increased opportunities for self direction

Contact and Resources

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Office of Developmental Disabilities
2 Peachtree Street NW, Suite 22.102
Atlanta, GA 30303
404.657.1138

Websites

<http://www.dhr.georgia.gov/portal/site/DHR/>
Services ⇄ Disability Services ⇄ Developmental Disabilities ⇄ What's New With the Waivers

<http://mhddad.dhr.georgia.gov>
- What's New With the Waivers