Georgia Department of Community Health

General Information for Elderly & Disabled Waiver Providers



Catherine Ivy,
Executive Deputy Director,
Service Administration
Division of Medical Assistance Plans

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GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Mission:

The mission of the Department of Community Health is to provide access to affordable, quality health care to Georgians through effective planning, purchasing, and oversight.

Topics:

- Division Reorganization
- Referrals and client / member choice of providers
- Cost Share/Client Liability Collection
- Electronic Critical Incident Reporting System



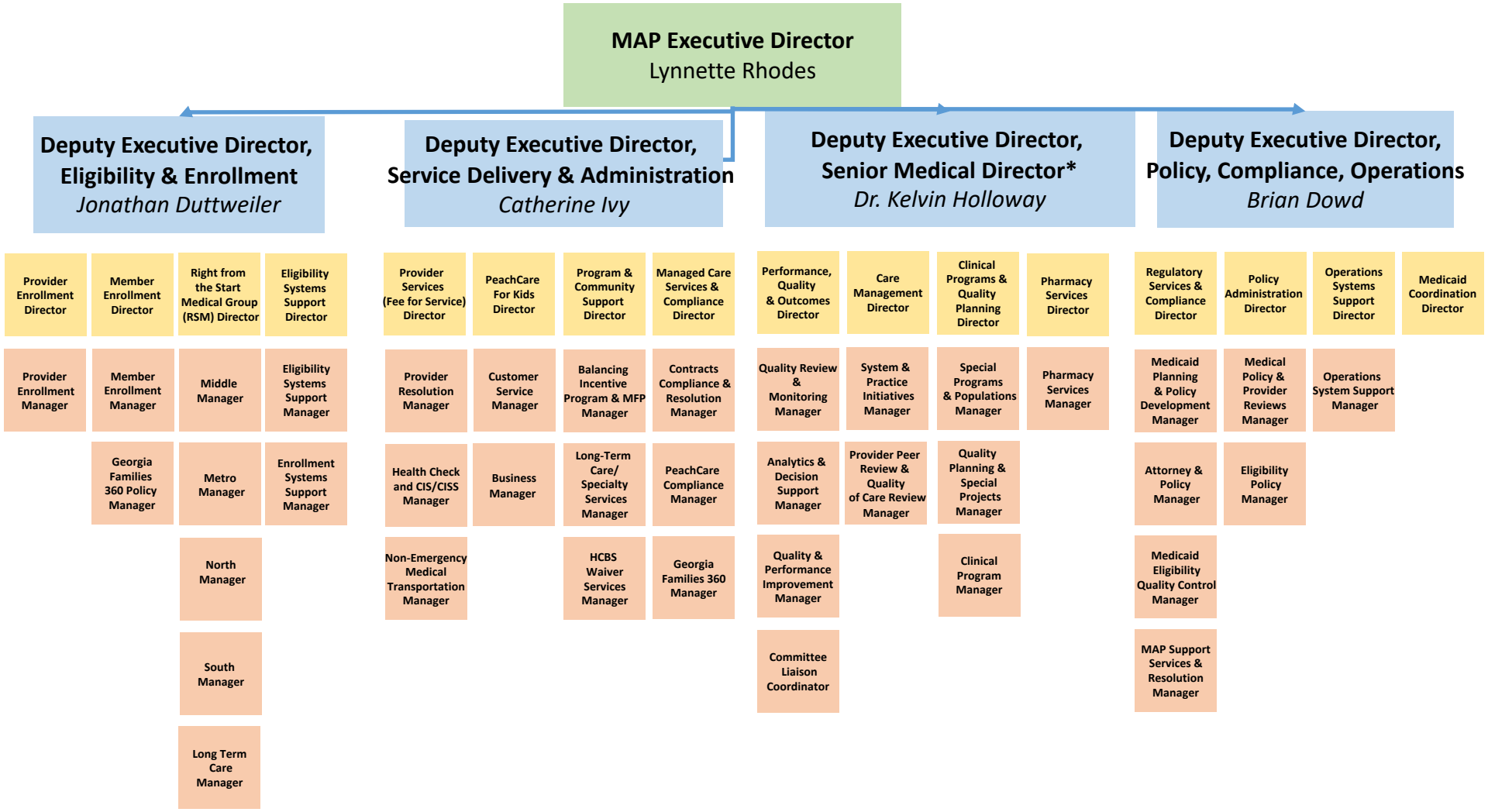
GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Medical Assistance Plans (MAP) Transformation

Workforce Alignment

July 1, 2019

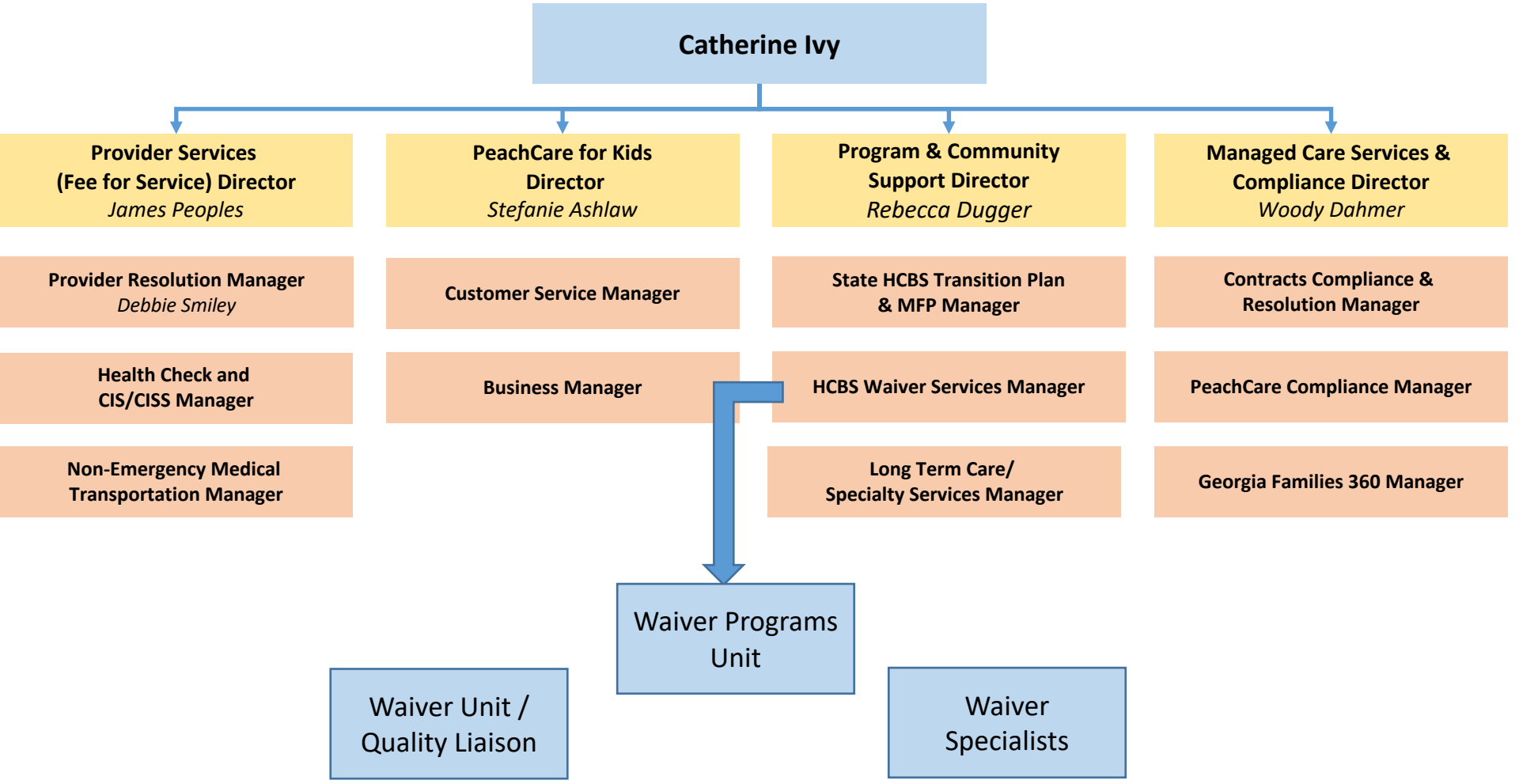
MAP Division Level Future Organizational Structure



*Senior Medical Director to oversee Performance & Care Management Office

Georgia Department of Community Health

Service Delivery & Administration Office



Referrals and client / member choice of providers

Free Choice of Provider:

HCBS waivers must comply with §1902(a)(23) of the Act and 42 CFR §431.51 which require that Medicaid beneficiaries must be allowed to obtain services from any willing and qualified provider of a service.

What does this mean for program referrals?

- Members must be asked if they have a provider choice
- If not, members receive options for selection

More about referrals and member choice..

- Do I have a right to receive referrals for those members I've referred to the program?
  - *Yes, if the applicant specifically requests your agency.*
  - *The applicant/member must be given an opportunity to choose the provider for each service on the plan of care.*
  - *If the member selects your agency, there need be no further questions or information provided.*
  - *If the member does not select your agency, the case manager/care coordinator must provide a list of options to facilitate member choice.*

Marketing and referrals vs. solicitation:

As general conditions of participation, all enrolled providers must:

E) Not contact, provide gratuities or advertise "free" services to Medicaid or PeachCare for Kids members for the purpose of soliciting members' requests for services.

Any activity such as obtaining a list of Medicaid or PeachCare for Kids members or canvassing neighborhoods for direct contact with Medicaid or PeachCare for Kids members is prohibited.

Any offer or payment of remuneration, whether direct, indirect, overt, covert, in cash or in kind, in return for the referral of a Medicaid or PeachCare for Kids member is also prohibited.

It is not the intent of this provision to interfere with the normal pattern of quality medical care that results in follow-up treatment. Direct contact of patients for follow-up visits is not considered solicitation, nor is an acknowledgment that the provider accepts Medicaid/PeachCare for Kids patients

Client cost share

59) Patient Liability

- means the amount a member is required to contribute (pay) for Medicaid –eligible services in order to maintain his/her Medicaid eligibility.
- Patient Liability is based on a member's stay in a medical institution such as a long-term care facility, an intermediate care facility for individuals with disabilities, and home and community-based waiver services.

Reporting Provider

Provider Number: *

Provider Name: *

Licensed Facility Type: *

Your Name: *

Your Phone Number: *

Your Email: *

Your Title:

Facility ID:

Note: If the Licensed Facility ID number cannot be provided, a separate report may need to filed with Healthcare Facilities Regulation (HFR). A link to the HFR report will be provided in the confirmation e-mail after submission of this report.

Have you already filed a Facility Incident Report with HFRD? * ○ Yes ○ No

I am the contact person to contact if there are questions about this report *

○ Yes ◉ No

Contact Person's Name: *

Contact Person's Phone Number: *

Contact Person's Email: *

Case Management Provider is the reporting provider: *

2) Was the person injured? *

3) What was the severity? *

4) Was a staff member present when the incident occurred? *

5) Type of incident (check all that apply): *

- [ ] **Alleged Abuse - Physical
- [ ] **Alleged Abuse - Psychological
- [ ] **Alleged Abuse - Verbal
- [ ] **Alleged Abuse - Sexual
- [ ] Accidental Injury
- [ ] Aggressive Act - Member against member
- [ ] Aggressive Act - Member against non-member resulting in death
- [ ] Aggressive Act - Member against non-member
- [ ] Alleged Criminal Act by a member
- [ ] Choking - With Intervention
- [ ] Death - Expected
- [ ] Death - Unexpected/Unexplained
- [ ] **Elopement - Greater than 30 minutes
- [ ] **Elopement - Greater than 24 hours
- [ ] Environmental Threat
- [ ] **Alleged Exploitation - Staff against member
- [ ] **Alleged Exploitation - Family against member
- [ ] **Alleged Exploitation - Member against member
- [ ] **Alleged Financial Exploitation - Staff against member
- [ ] **Alleged Financial Exploitation - Family against member
- [ ] **Alleged Financial Exploitation - Member against member
- [ ] Falls with injury rating 3+
- [ ] **Alleged Homicide
- [ ] Hospitalization - Medical
- [ ] Hospitalization - Psychiatric
- [ ] Media Alert
- [ ] Medication Error with Adverse Consequences
- [ ] Medication Error without Adverse Consequences
- [ ] **Alleged Neglect
- [ ] **Alleged Self-Neglect
- [ ] Seclusion or Restraint
- [ ] Alleged Sexual Assault - Staff against member
- [ ] Alleged Sexual Assault - Member against member
- [ ] Alleged Sexual Assault - Member against staff
- [ ] Suicide
- [ ] Suicide Attempt resulting in injury
- [ ] Violation of Individual Rights

Case Management Provider is the reporting provider: *

○ Yes ◉ No

Case Management Provider

Provider Name: *

Program: *

Case Manager Name: *

Case Manager Phone: *

Case Manager Email: *

Date and Time of Notification: *

AM

Method of Notification: *

- ☐ Phone
- ☐ Email
- ☐ In Person Conversation
- ☐ Webform
- ☐ Fax
- ☐ Text
- ☐ Other

DCH Contacts

- Rebecca Dugger: Program and Community Support Director; rDugger@dch.ga.gov
- All Waiver/Eligibility Support: Atiya Hasan; ahassan@dch.ga.gov
- CCSP/SOURCE: Jill Crump; Carolyn Porter; jill.crump@dch.ga.gov; carolyn.porter@dch.ga.gov
- ICWP: Vonnie Stelly; vstelly@dch.ga.gov
- NOW/COMP: Laura Hudlow; laura.Hudlow@dch.ga.gov
- Waiver Quality Liaison: Melissa Carter; mcarter3@dch.ga.gov