

QUESTION-COMMENTS FROM FAMILY MEMBERS

Date	Question	Comment	Response	DBHDD Revision
7/17/2015		The NOW/COMP waiver allows me, at 82 years of age, to keep my 57 year old mentally retarded son in my home, which is far cheaper on the state than his full time residence in a group home. So economically it is beneficial to both the state and to us. And it benefits my son and me emotionally and keeps us both healthy.	Thank you very much for your comment. All comments are being reviewed and carefully considered.	
7/20/2015	1) What is the rationale behind eliminating the retainer, especially for medically fragile individuals? (2) Will members have to qualify for an exceptional rate in order to receive the increase (\$51,660)? (3) Does the annual 344 days billing limit apply to consumer-directed budgets? (4) What type of premium will be offered to providers serving groups?		1) The rationale behind discontinuance of the Personal Assistance Retainer is that the retainer facilitates the option for individuals and families to compensate caregivers for services not delivered. 2) No. The \$51,660 represents the annual maximum frequency for Community Living Support (CLS). Individuals with determined clinical need for maximum frequency will not be required to apply to receive exceptional services. 3) No. The 344 billing units apply only to Community Residential Alternative (CRA) services (Group Homes and Host Homes). CRA services are not applicable to Participant Direction. 4) Please refer to proposed rate models for Community Living Supports (CLS). The proposed rate for providers delivering CLS to two individuals is based on an increased premium of 10% above the proposed standard 15 minute CLS rate to accommodate shared resources delivered to multiple individuals. The rate is then divided by two to accommodate one caregiver providing services to two individuals. The three person rate includes a 20% premium which is then divided by three to accommodate one caregiver providing services to three individuals.	The proposed elimination of the personal assistance retainer for Community Living Supports has been withdrawn.
	The unit rate for CLS services seems to be 15 minute intervals. I understand that the day rate is being removed but did you consider just an hourly rate to reduce the paperwork and time keeping involved. Most people do not live their lives in the community in 15 minute intervals. There had been a push in the existing waiver to get ride of this and just use the dollars associated with the hourly rate.		Thank you for your comment. DBHDD will speak with DCH about this recommendation. The 15-minute unit provides an opportunity for a greater level of reimbursement precision and potential cost savings by reimbursing via the small unit. Example: 1.25 hour reimbursement is accommodated for service delivered at 1 hour, 8 minutes. If reimbursed on a unit = 1 hour, the provider could potentially lose up to 29 minutes of uncompensated service delivery or be reimbursed for 29 minutes of undelivered service. Thus, the general recommendation is that the smallest unit of service is preferable. That said, this will be a discussion between DCH and DBHDD.	
7/20/2015	(1) What is the rationale behind eliminating the retainer, especially for medically fragile individuals? (2) Will members have to qualify for an exceptional rate in order to receive the increase (\$51,660)? (3) Does the annual 344 days billing limit apply to consumer-directed budgets? (4) What type of premium will be offered to providers serving groups?		1) The rationale behind discontinuance of the Personal Assistance Retainer is that the retainer facilitates the option for individuals and families to compensate caregivers for services not delivered. 2) No. The \$51,660 represents the annual maximum frequency for Community Living Support (CLS). Individuals with determined clinical need for maximum frequency will not be required to apply to receive exceptional services. 3) No. The 344 billing units apply only to Community Residential Alternative (CRA) services (Group Homes and Host Homes). CRA services are not applicable to Participant Direction. 4) Please refer to proposed rate models for Community Living Supports (CLS). The proposed rate for providers delivering CLS to two individuals is based on an increased premium of 10% above the proposed standard 15 minute CLS rate to accommodate shared resources delivered to multiple individuals. The rate is then divided by two to accommodate one caregiver providing services to two individuals. The three person rate includes a 20% premium which is then divided by three to accommodate one caregiver providing services to three individuals.	See above
	1.If it has been determined that a person is approved for additional funding for 2015 how will this rate increase apply to services when it is enacted in 2016? Will these changes in rate be explained in layman's term for those who work, provide for, and self-direct their family member's services?		1. With an assessed need for additional services, during the annual ISP meeting in 2016 the rate increases will be applied to the new budget calculation. 2. Yes. Essentially, the rate increases apply equally to both traditional services and participant directed services. Thus, the current allowable maximum for participant-directed CLS will increase from \$46,909 to \$51,660 following CMS approval of the waiver rates.	
		I This would allow us to continue to self-direct as intended....being responsible for maintaining our budget	Thank you very much for your comment. All comments are being reviewed and carefully considered.	The proposed establishment of monthly billing limits on Community Living Supports has been withdrawn. There will continue to be an annual limit for CLS, but members will have flexibility in regards to how they use their budgets over the course of their plan years.

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		I do not think there should be a cap on services for school age kids. My budget was set based on my child's needs. We get 6 hours a day it was 7 hours (we lost an hour due to the last change that was made because I'm not self-directed). I wish the people that are making these changes walked in my shoes for a month. My child needs 100% help with EVERYTHING she does. Every Day I do for my child and myself. I dress her and then myself, Feed her then myself, Brush her hair then mine, Brush her teeth then mine. Change her diaper and then I go. If changes are made to where our services are cut even more I fear that we will have to give her up to the state due to the fact that all I would do is just basic care every day. I wouldn't be able to clean, shop for food get to therapies etc. I think as long as families stay in their budget they should be able to use funds that best suits the family and child's needs. Just because a child is in school a few hours a week (we go to drs , therapies etc 4 out of 5 days) doesn't mean we can get by with less help. I invite every one of you who are making cuts to the services my child gets and walk in my shoes for a week/ month. I bet my life you would have a change of heart in the cuts. I hope school my child due to sever neglect in the school system its like every right my child should have keeps getting jerked out for under her and its getting harder every day for us parents to care for our kids..... I keep praying to God that he keeps helping my child get the services she needs because he is very clear that we should help those who can't help themselves.... Even school aged kids need services	We truly appreciate your feedback. Please know that each comment will be carefully reviewed and considered before finalizing proposed changes. Please understand that there are no rate reductions in the proposed rate methodology	The proposed establishment of monthly billing limits on Community Living Supports has been withdrawn. There will continue to be an annual limit for CLS, but members will have flexibility in regards to how they use their budgets over the course of their plan years.
	Thanks so much for the increase in pay it is needed. Will host homes or group homes be required to show proof that the clients are receiving social outings and activities and how many hours will be required?		Would you mind clarifying each of your questions? We are unclear whether you are a provider seeking information about rate changes or a family member. We are also unclear whether your questions are related to current or proposed policy questions.	
		I wouldn't like there to be a monthly cap for the CLS. My son is 13 yrs old and we use CLS after school holidays and summer and some months it is more than others. Having a monthly CAP will not be person centered for my son, because there will be months when he will not hit the maximum monthly which means he will lose those hours and some months he will need more than the monthly cap allows and we will be a at a loss. So I would like to see just an annual cap and the individual could use the hours as needed during the year.I	Thank you very much for your comment. All comments are being reviewed and carefully considered.	See above
7/23/2015	I am on the web call but still unable to have my questions answered and I was not unmated. So - my question -Just sent a question - here it is again - we self-direct - how do we actually see the increase in our budget? Q: Based on your answer to Karen Adams - will budgets increase at time of each individual's renewal budget so that we can pay the higher rates?		Individuals receiving NOW/COMP waiver services will continue to receive services and funding allocations based on the clinical assessed needs of the individuals. Each year annually, based on the birthdate of the individual, new Individualized Service Plans (ISP) will be developed to capture individualized service needs and goals of the individuals. It's important to note that although individual needs sometimes change, it's possible for services to continue at the same frequency from year to year. We are currently working through plans for implementation of proposed changes. It is our preliminary thought that implementation will be phased and adjustments will begin to occur based on individual birthdates. Please note that all changes are proposed and the earliest possible date for start of implementation is April 2016. The next steps are to finalize and submit through the Georgia Department of Community Health (DCH) to the Centers for Medicare & Medicaid Services (CMS) to request ultimate approval.	
7/23/2015	I am a Community Residential Alternative Provider, what is the CRA324 at day rate of \$155.56 what is my percentage rate of that per day?Do I get 65% of that rate, how does it work? There is an increase of 69,780 for 2015		No. Respite is a service option included in the COMP and NOW waivers. Individuals and families have the opportunity to request and receive respite services during the annual Individualized Service Plan (ISP) preparation and/or in the event that the service needs of the individual changes. There is no need to request services outside of the realistic needs of the individual. Should your family circumstances change, there is a process to request changes on behalf of the individual receiving waiver services.	

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7/31/2015		Oppose: Implementing a monthly cap on CLS. Why is there such a concern about families using up their annual budget? Why put limits on families and lack of flexibility and person center planned services for CLS? There are already checks and balances are in place with agencies/providers and support coordinators. Has there been an actual review of service data to validate if this is truly an issue or not? Don't assume without supporting data before you implement a cap that is not needed! Caps limit family access especially for school age children that may need more CLS during summer months (and spring and fall breaks).In addition, rolling over unused \$ is NOT an option due to the old DCH financial system that can't handle these type of changes in a timely way.Just look at how difficult it was for families to roll over \$ when everyone's PA was tied to the Georgia Fiscal Yr budget ending the end of June. It would take MONTHS to roll over unused \$ or if at all. Unacceptable!Oppose: Eliminating personal assistance retainer. This was under-utilized due to lack of education and understanding of what it met and how to be used.Don't remove- educate families on why and how it could be utilized?Respite- need to seriously look at not removing emergency respite and flexibility from state funded contracts for families. For families that utilize family support, they do not have waivers and supports in place already and need MORE flexibility - not less! They are the families that are usually in crisis because of the lack of waiver services available to them!In addition, DBHDD needs to be more transparent on what the changes are and how they could affect the families/self-advocates.	Thank you very much for your comment. All comments are being reviewed and carefully considered.	See above
7/23/2015	What are some of the changes that are going to be taking place for the now comp waiver? I am a member of the CAC which is a part of the center for leadership and disability. And I am also a graduate of your program partners and policy making.		Thanks so much for your interest in the COMP/NOW Waiver Programs. Please refer to the DBHDD website for information regarding proposed changes to the COMP waiver. https://dbhdd.georgia.gov/residential-and-respite-cost-study	
7/28/2015	Thank you for the webinar you gave a few weeks ago. It was very informative. I have one question regarding one of the services mentioned. The Respite services you mentioned, which are currently being offered and you are proposing to be continued with some improvements are Respite Services - 15 minutes, and Respite Services Daily or Overnight. My question has to do with the billing of these services with the fiscal agent, Acumen. As an employer and family member, my special needs uncle has had both kinds of Respite Services. Most of the time he needs the Respite Services Daily/Overnight. The problem is that Acumen's webtime system does not allow 1 unit of this service to be entered. They only allow hours to be entered and when they are entered, it only goes to 11:59 pm. Then at 12:00 am, it starts a new day. So for example, if I take my uncle to the respite facility at 8:00 pm and he stays a full 24 hours until 8:00 pm the next day, Acumen told me to enter 8:00 pm - 11:59 pm, then 12:00 am - 8:00 pm the next day. When I did this, it paid 2 units of the Respite Services Daily/Overnight, one for each date of the 24 hour time period. I made Acumen aware of this and they said that is how the system interpreted it and there was nothing they could do. This used up my uncle's respite services twice as fast as they should have been. So last year they began offering Respite Services - 15 minutes. My uncle received this service instead of the old Daily/Overnight service. I thought this would work better. But it didn't. I was told by Acumen, that no matter how long my uncle stayed at the respite facility, (usually 24 hours) that I could only put down for 8 hours because no employee could work over 8 hours in a single day. Their system could not accept more than 8 hours. So when I enter the hours for the Respite Services - 15 minutes, it was not a true reflection of the hours that were truly worked. That does not seem legal, in the first place, nor accurately reflect what the employee deserves being paid. Again, I emphasize that Acumen told me this was how I was supposed to enter the hours for Respite Services - 15 minutes. I brought this up at a seminar I attended by a Georgia DBHDD state representative, and was told that that was between me and Acumen. That it wasn't a question for the State of Georgia DBHDD. Acumen had already left the meeting. So I received no resolution to this problem. Mr. Pawlowski, is there anything I can do to correct this problem? I am not sure if you can help with this issue, but you did say if we had any questions, we could email you. I want to do the correct thing according to the Medicaid Manual and I have spoken to Acumen Fiscal Agent several times, to no avail. If it is between me and Acumen, how do I get their computer system changed? I have no power over how they set up how the hours are entered in. It seems to me that Acumen needs to comply with the State and or Federal Medicaid standards on how Respite hours whether 15 minutes or Daily/Overnight, are entered and paid. Please let me know if you have any answers or suggestions.		Thank you very much for submitting your question. It was re-routed to the "Family Question & Answer mailbox" so that it can receive an appropriate response. Your question is actually directed more to the functioning of the Acumen prior authorization IT system and a policy issue versus the rate study. In response to your question, the Division of Developmental Disabilities will work with the Medicaid Agency to ensure that Acumen's electronic system for authorizing reimbursement of services does not continue to improperly calculate the number of units expended for an overnight stay. You are correct that the overnight or daily respite rate correlates to a 24-hour overnight period and this should not be expending two units of service.	
7/28/2015	Can we receive a copy of power point? It seems like you are incentivizing the provision of group services over individual services - isn't this inconsistent with the person-centered philosophy?		Good Morning Mr. Zoller, Thanks for your participation in the Questions & Answers session for Individuals and Family Members. The detailed PowerPoint slides are located on the DBHDD website at https://dbhdd.georgia.gov/sites/dbhdd.georgia.gov/files/related_files/site_page/ProposedRateModels_July%209%202015_OverviewHandout.pdf Also available on the site is a link to submit questions and/or comments regarding the cost study.	

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7/27/2015	The question involves billing for Respite Services. The Respite Services which are currently being offered and you are proposing to be continued with some improvements, are: Respite Services - 15 minutes, and Respite Services Daily or Overnight. My question has to do with the billing of these services in Georgia, with the fiscal agent, Acumen. I am a provider of Respite services for one individual. The problem is that Acumen's webtime system does not allow 1 unit of this service to be entered. They only allow hours to be entered; and when the hours are entered, it only goes to 11:59 pm. Then at 12:00 am, it starts a new day. So for example, if I provide Respite for this individual starting at 8:00 pm and he stays a full 24 hours until 8:00 pm the next day, Acumen requires me to enter 8:00 pm - 11:59 pm, then 12:00 am - 8:00 pm the next day. When I enter hours in this manner, The Acumen system pays 2 units of the Respite Services Daily/Overnight, one for each date of the 24 hour time period. This method of paying for a single 24 hour period of exhausts the person's respite allowance twice as fast. I made Acumen aware of this and they said that is how the system interpreted it and there was nothing they could do. Last year they began offering Respite Services - 15 minutes. I was told by Acumen, that no matter how many hours per day that the individual stays in my home receiving Respite services, (usually 24 hours) that I could only enter 8 hours on the time sheet, because no employee could work over 8 hours in a single day. Their system could not accept more than 8 hours. So when I enter the hours for the Respite Services - 15 minutes, it was not a true reflection of the hours that were truly worked. This matter was discussed at a seminar hosted by a Georgia DBHDD state representative, and was told that that was between me and Acumen. That it wasn't a question for the State of Georgia DBHDD. Acumen had already left the meeting. So I received no resolution to this problem. If this is not a proper question for you or anyone at your company, please offer any suggestion for finding a solution to this matter.		Response: Thank you very much for submitting your question. It was re-routed to the "Family Question & Answer mailbox" so that it can receive an appropriate response. Your question is actually directed more to the functioning of the Acumen prior authorization IT system and a policy issue versus the rate study. In response to your question, the Division of Developmental Disabilities will work with the Medicaid Agency to ensure that Acumen's electronic system for authorizing reimbursement of services does not continue to improperly calculate the number of units expended for an overnight stay. You are correct that the overnight or daily respite rate correlates to a 24-hour overnight period and this should not be expending two units of service.	
7/23/2015	I am a Community Residential Alternative Provider, what is the CRA324 at day rate of \$155.56 what is my percentage rate of that per day? Do I get 65% of that rate, how does it work? There is an increase of 69,780 for 2015.		Response: Hello Ms. Wallace. I will attempt to respond to your question. However, we are requesting providers to forward questions and/or comments to CompWaiverRates@burnshealthpolicy.com. The current rate for Community Residential Alternatives (CRA) is 158.67. Individuals living in Group Homes or Host Homes may receive a maximum of 324 days of CRA per year. The 324 days is additionally capped on a monthly basis which limits billing to 27 days per month (27 days per month (x) 12 months = 324 days per year). The proposed change to CRA includes a mandate of CRA providers to reimburse host home providers at least 65% of revenue for the year.	
7/23/2015	Have new regional staff been hired and trained in SIS assessments? What if my daughter does not have a new SIS due to lack of trained testers? Also, who would be the trainers AAIDD or current state trainers? I strongly suggest that they need to be trained by AAIDD. Thank you for today. Nice presentation. Cheryl		DBHDD currently has a pool of state employees that are certified SIS assessors through AAIDD. These individuals are currently responsible for additional duties outside of conducting SIS assessments. As part of a phased implementation plan, these staff will be considered for full time SIS assessor positions. DBHDD will continue to require assessors to receive and maintain certification through AAIDD. The preliminary plan is to begin assessing individuals based on birthdate with priority placed on individuals currently receiving Community Residential Alternatives. Due to the anticipated phased implementation, we hope to retain a well-trained group of certified assessors.	
7/23/2015		Programs that have up front enrollment fees are not allowed because actual dates of previous service utilization are required after the service has already been used. For programs that allow ban on individual to pay monthly, the individual has to pay late fees, & up to 40% more for the same service, when if paid up front, the individual would have saved \$\$\$ to use for another service. Individuals are unable to join the programs because enrollment fees aren't taken into account. Likewise when a conference is booked online, there isn't a provision to "pay later" & the individual must pay up front for the future conference date for parent support training, as these conferences are usually booked months in advance and have limited availability; if individual pays in advance, then there is no provision to get reimbursed for the payment. Most classes and conferences are reserved and paid for online.	Thank you very much for your comment. All comments are being reviewed and carefully considered	See above
7/23/2015	How do you people sleep at night after making such devastating decisions?			
7/23/2015	I would like to know if we could come together once again to a Target Group(Now/Comp recipients) Focused Discussion Forum like the one we did last time where we could hear others opinions & concerns. Webinar is in a way "One-way-communication "		During the winter Public Forums that DBHDD held January - March, we made a commitment to families to continue the two-way conversations. To that end the Division is working with the Atlanta Alliance for Developmental Disabilities to hold a series of five public forums around the state this fall. We will post the locations and dates on the DBHDD website as soon as they are available.	

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7/24/2015		I would like to state my opposition to imposing a monthly cap on CLS. The reason for doing this, as it is stated in the rate study document is "To avoid members 'running out' before their plan year is complete" Why does the state feel members need to be protected from "running out" of money? Is there data that shows that this is an issue that requires this type of paternalistic control? Does the data show that the problem exists in both provider-directed and participant directed waivers? If so, what other options are there to support providers/families/individuals that have difficulty managing their budgets? This seems like a step-backwards in the state's efforts to allow consumers and their representatives to have more flexibility in providing for the needs of individuals. It does not allow for the fluctuation in needs for individuals based on holidays, illnesses, vacations, weather emergencies, staffing issues and the availability of natural supports such as siblings, parents, etc. A monthly cap will result in undue stress on families on a monthly basis! I also want to share my opposition to the elimination of the personal assistance retainer. During the webinar, it was explained that it was determined to be an under-utilized service and therefore unnecessary. Although this may be true, I would suggest to you that providers/families may need further explanation/education about this service and its benefits to individuals. It seems like a valuable service and something I would want to be able to use when/if it was needed. By the way, my health insurance benefits are under-utilized, but I still keep it as a service.	Thank you very much for your comments. All comments are being reviewed and carefully considered	See above
7/24/2015	I have a question about the monthly cap on CLS. I am not sure I understand how this will work. Specifically, for those who participant direct. I understand that the monthly limit would be \$4,305 which is 1/12 of annual cap of \$51,660. But, what if the individual has an annual budget of, for example, \$12,000 for CLS. Will they need to divide that \$12,000 into 12 monthly amounts (for ease of discussion, let's say \$1,000 per month)? Will they then be held to that \$1,000 per month and not be able to go over it? If they go under it, (for example, they only use \$700.00; will they be able to roll over the remaining \$300.00? Or, will they have to do an addendum to roll that money into the next month? And, if it does not work that way, then how does the monthly cap prevent the individual with \$12,000 for CLS from using their entire budget before the end of the year? I want to be sure I understand all the implications of a monthly cap.		Individuals with authorizations less than \$51,660 will still be held to the same monthly maximum - \$4,305.	
7/24/2015		I would appreciate receiving information on any changes being proposed for the COMPANY/NOW waivers	Please visit the DBHDD website at https://dbhdd.georgia.gov/residential-and-respite-cost-study	

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7/24/2015	I have read the rate study and listened to the webinar, and I have also talked to a couple people in the system, but I am not clear on a couple things. Did the folks working on the rate proposal consider the individuals or families who are self-directing who are not living in the family home? There are individuals with I/DD living in their own home or apartment who receive support from CLS daily. This is easy to track, report on, and enables a seamless day, instead of having their day parsed up into 15 minute increments, if I understand the proposal's direction. I understand the need to create a more sustainable rate for provider controlled settings, but I wonder if this will drive all the funding to the group home industry and not encourage, or make it easier to support individuals living in regular homes in typical communities with daily support that they can schedule in a flexible manner. Second, I heard that the PAR (personal assistance retainer) option was being eliminated. This enables these same folks, within their budget, to reimburse staff for days that THEY (the consumer) are out of the home - for vacation or with their own family for holidays for example. I heard this was being eliminated because no one used it. Not true. We used it two months ago! Our staff is wonderful, but not wealthy, and I have been able to compensate them for days that the person they support is with me or other family. Third, I want to make sure the Division has considered how well these new rates enable settings options that will comply with the CMS HCBS settings rule now in effect. People should have more choices for community based living than 3-4 or 5 person group homes, or even host homes. It should be possible for an individual with a disability to live in their own, not provider-controlled, home, or with another family or other adults in a life-sharing situation and receive a daily rate for that support which enables them to go with the flow of their day. Finally, I was disappointed to see that employment is not included in this round. I understand this is the next phase. But given the time frames for waiver amendments and approvals, changes to supported employment rates are, I fear, at least a couple more years down the road. Compliance with the settings rule is March 2019. The state will need more than a couple years to develop a foundation for more development of competitive, integrated, community-based employment. These transitions have taken many more years in other places in the country. Opportunities for employment are critical to enhance individual's connections to community, and to assets and resources. Thank you for the opportunity to comment.		Yes. The rate proposal for Community Living Support captures the cost of service delivery within an individual's home as well as within a family member's home. It's not uncommon for the unit cost for individuals that self-direct to be slightly less than a traditional provider since administrative considerations are captured within the proposed rates, DBHDD will maintain the same unit value for participant direct individuals and families. Individuals will receive services and annual allocations based on the clinical assessed needs of the individuals.	See above
7/31/2015		Our family has been a part of the Participant Directed Services since 2008. We chose participant direction to have the flexibility needed to make the best decisions for our daughter and her service providers. Placing a monthly cap on CLS is wrong. The amounts families spend are not the same month to month. Needs change month to month. Availability of service providers changes month to month. If this change is allowed to happen then you have compromised the ability of families to self-direct their funds. If the concern is that families cannot budget their money appropriately, then provide them with a trained person to help.	Thank you very much for your comments. All comments are being reviewed and carefully considered.	See above
7/31/2015	1. Under the new proposed changes, will families still be able to hire two people at the same time using the same code (CLH) for specific needs. My daughter sustained a leg break with subsequent severe medical complications. Being able to have two people for limited services such as tub bathing on certain days of the week was hugely helpful last year. 2. Why is the 15 minute unit for payment of personnel being resumed? The recently implemented rate system that matches units and dollars has made it so much easier to manage. 3. Will there be an appeals process for families to access if a short term circumstance necessitates the recipient 's exceeding a monthly cap? 4. If there is a 10 percent increase in budget allocations next year, will waiver recipients whose birthday precedes April receive the increase or be arbitrarily denied the percentage increase until 2017? Thanks!		: under participant directed services, there is no proposed change that would restrict families' ability to hire two staff. 2. Why is the 15 minute unit for payment of personnel being resumed? The recently implemented rate system that matches units and dollars has made it so much easier to manage. Response: the 15-minute unit rate has no impact on families who self-direct care. 3. Will there be an appeals process for families to access if a short term circumstance necessitates the recipient 's exceeding a monthly cap? Response: All comments are being considered. 4. If there is a 10 percent increase in budget allocations next year, will waiver recipients whose birthday precedes April receive the increase or be arbitrarily denied the percentage increase until 2017? Thanks! Response: Annual ISP dates are the proposed method to phase in rate increases.	See above
7/26/2015		I am concerned about the elimination of the PAR category on the basis of its not being used often. Our experience in trying to use it was that staff did not get paid in a timely fashion. After one very frustrating experience in which one of our staff was not paid and was not informed she wouldn't be paid for some weeks due to administrative and bureaucratic delays at DCH, I paid the staff member her missing wages. Subsequently, I didn't wish to risk losing a good worker, so I paid her personally when my daughter was hospitalized. I feel confident this service would be much more widely utilized if families were better informed about how to use it and payment to staff were made in a timely manner---especially in cases where a waiver recipient was unexpectedly hospitalized.	Thank you very much for your comments. All comments are being reviewed and carefully considered.	See above

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7/26/2015		I am a self-direct parent for my son Joshua who recently went from Now to Comp. We still are not getting enough hours to cover him and I do not agree with the CAP on Monthly. Reason being that some months he needs more due to summer or holidays or appointments or medical coverage. We try really hard to make the budget for a year knowing you would take the flexability away makes another stress of Joshua care. Please re thinks this option.	Thank you very much for your comments. All comments are being reviewed and carefully considered.	See above
7/26/2015		To improve the quality of supports and to close the revolving door of direct support staff in the lives of people receiving community-based supports, I encourage the Department to consider \$10.63 as the minimum wage, not the median, to lift low wage workers out of poverty. Further, career paths which offer higher wages for additional skill and professional development should be developed to incentive staff to become highly qualified to support folks with higher level needs. Finally, I encourage DBHDD to require the proposed benefits package to front-line staff (36% - more generous than currently offered) to make work attractive and professionalize the workforce.	Thank you very much for your comments. All comments are being reviewed and carefully considered.	
7/27/2015	Jane Singletary and I did not give feedback from South Ga. CSB because at this time, we do not provide residential or respite services. We are considering CLS services for DD in the near future; however, the rate must cover our cost for providing these services. Jane and I have been meeting with our CFO to determine the feasibility of providing CLS services. My hopes are that the Cost Study would determine that CLS rates need to be raised significantly to cover the expenses for providing these services. We are currently waiting to see the outcome because there is a great need for CLS services in our catchment area as some counties have no providers for CLS or other providers start the services for individuals and staff quit and the consumers no longer have the service. The service is dropped and Support Coord.'s can't find providers. In some rural areas here, we actually are struggling as we have for years to help individuals with these needs through our day programs. We literally do everything from health needs, general shopping, grocery shopping, budgeting, all transportation, etc. Staff goes out of their way to help individuals, off the clock, with the services they need to keep them in their homes and in their communities. We have been asked a lot recently by Support Coord. If we are going to start CLS services. I hope that we will be able to do this for our DD population soon. Best of luck!	Thank you very much for your comments. All comments are being reviewed and carefully considered.	Thank you very much for your comments. All comments are being reviewed and carefully considered.	
7/27/2015		1. Families with the Exceptional Rate need to be allowed to go self-directed. For two reasons. First, because the providers are taking on the client with the ER and not providing the staffing to meet the requirements. I waited 8 months for a company to start providing services for my son. They started his service on the first day with one employee and to this day we are not fully staffed. In fact they sent a staff never trained (never worked in this field before) did not know what a BIP plan was nor that our son had behaviors.		Consumer-directed CLS does not have a limit on the number of hours of support that an individual may receive. Rather, they receive the same annual budget limit as members receiving agency-directed services. Members utilizing consumer-direction have the flexibility to negotiate with their care provider, allowing them to, for example, negotiate a lower hourly rate (given that there are not the same agency-related infrastructure costs) so that they can receive more hours of

QUESTION-COMMENTS FROM FAMILY MEMBERS

Date	Question	Comment	Response	DBHDD Revision
7/27/2015	Questions There are 12,000 people receiving services and over 8000 on the waiting lists. How many people actually receive Residential Services, CLS and Respite? How many people are on COMP and NOW since the residential portion is the main difference from NOW? How many people receiving Residential Services also receive CLS and how many hours? I believe that if you live in a host home, or group home you cannot use CLS services The estimated cost for this rate increase is \$79M with the state portion being \$25M which the Division sates it was cover the first year. What about the 8000 people on the waiting lists. Will this rate increase make it more difficult to move people off the waiting lists? Day services and Supported Employment and Pre-Vocation will be addressed in the next rate study. How many people are currently being served in these services? These services seem to represent more of the things that people want and need and yet they come later.	General Observations · The study was done very effectively but most of it was from the providers perspective and focused on providers of residential services · There is a concern from the family perspective that those families that have loved ones living independently or living in a private or own home and who really rely on CLS services during the day were not represented · It appears the focus on group/host homes and the exceptional rate issue were more focused because of the extensive cost of moving individuals with medical and/or behavioral issues from the institutions where providers may not be making money · The emphasis is on group homes not the new HCBS Rules regarding choice of where to live and to make sure that if someone wants to rent or live in their own space there is a similar program to help these individuals live where they want. · This study should have been from the perspective of the wants and needs of the individual of how they want to live their lives and what services they need · Providers should be able to cover their costs and make some money doing this. These rates were built from the bottom up (especially CLS). Direct Support Professional payments were considered base on labor information but was there really a study of how these people are compensated and what benefits they receive. The data was done by the providers. · Was there any consideration given to reducing the division reporting and overhead to help providers reduce their administrative costs.	Thank you for your comment. DBHDD will speak with DCH about this recommendation. The 15-minute unit provides an opportunity for a greater level of reimbursement precision and potential cost savings by reimbursing via the small unit. Example: 1.25 hour reimbursement is accommodated for service delivered at 1 hour, 8 minutes. If reimbursed on a unit = 1 hour, the provider could potentially lose up to 29 minutes of uncompensated service delivery or be reimbursed for 29 minutes of undelivered service. Thus, the general recommendation is that the smallest unit of service is preferable. That said, this will be a discussion between DCH and DBHDD.	
7/27/2015		Thank you for the opportunity to review all the materials and for the sincere attempts to provide families and people using services with this information. I have a few comments. First, I do not agree with the proposal to eliminate the PAR option. Overall, direct support staff (at least mine do) provide well more than compensated support over the course of the year, out of love and commitment to my daughter's well-being and engagement with the community. The only time I have used PAR is when she is on vacation with us or extended family over the holidays and one week in the summer. I don't feel it is right to deny her staff pay, particularly during the holidays - we are always within our budget, and I am happy to pay them for a day or two here and there when my daughter is elsewhere because they go above and beyond on a regular basis. Particularly for one of her staff, going a week without pay would be a serious hardship. Second, I hope that the enhancements being provided to the group setting providers won't drive more people to that service in lieu of more individuals being given options to live in their own home or apartment with support, with or without a roommate. Third, I'm concerned about the delay in amending the employment service rates. I understand from the information presented that this is the next wave of changes, but the state will need to comply with the HCBS settings rule by March of 2019, and getting providers to move from facility-based employment to competitive, community-based employment will take several years. I worry that waiting til round two doesn't leave enough time. Thank you	Please see response below: Thank you very much for your comments. All comments are being reviewed and carefully considered.	See above
7/31/2015	As a parent whose son has the NOW Waiver and we are Participant Direct I wanted to provide comments on the proposed changes. It is my understanding that prorated funding for CLS is being proposed and the funding will not automatically rollover unused funding to the following month. This means that any changes would need to be made manually. The current waiver system (SC and Regional staff) are not set up to make fast changes. Addendums can take over a month or longer. The waiver system should have faith that families can budget their funding. I suggest having two T codes one for families who are ok with having CLS funding prorated and the other T code for families who feel that they are able to manage their budget. Families should have flexibility with their budgets. You may not need the exact funding each month. Second you should keep the Personal Retainer. We should not eliminate this category because it is not used. This is an educate issue. Families who PD needs this retainer to keep staff during medical and vacation. I also have concern with SIS being the tool to determine funding and who is going to administer the SIS.		Thank you very much for your comments. All comments are being reviewed and carefully considered.	See above
7/31/2015	: I have "heard" but cannot substantiate from information on the website that this proposal includes a monthly cap on CLS? 1) If so, where can I find this level of detail? and 2) Why propose such a cap? Participants are individuals and as individuals they do not fit into neat little categories where their needs will be exactly the same every day of their lives. Short term and long term changes happen all the time		Please refer to slides 32-34 in the overview document located at https://dbhdd.georgia.gov/sites/dbhdd.georgia.gov/files/related_files/site_page/ProposedRateModels_July%209%202015_OverviewHandout.pdf	See above

QUESTION-COMMENTS FROM FAMILY MEMBERS

Date	Question	Comment	Response	DBHDD Revision
7/31/2015		First of all please do not Cap CLS. Flexibility is needed to maximize our dollars. Respite should be left also. Sometimes it is the only money available to many families. The system rates in figuring amounts of dollars needed to be updated. It makes no since trying to figure new money into old configurations. Please take the self-directed manual and make is simple so families can understand what services are available. You need a PHD to understand the rules and regulations. Lastly please try to figure a way to carry over unused money into the new budget and reexamine the waiver for people living in the community. Many dollars are spent on people who were in group homes and are living on their own. Some of them are working and do not need the supports they needed in the group home. Many more families can use that money Some of these people out of group homes are still getting a full waiver and don't need it. Many people working in Day programs are paid below standard and most of the money is going to provider agencies. You get what you pay for!!! Thank you.	Thank you very much for your comments. All comments are being reviewed and carefully considered.	See above
7/31/2015	Comment/Question: my daughter was put out of a group home with out notice 3/21/2015 , I have ask for help for another group home / host home or help in home. no one will help me she has a comp wavier... I cant get her case worker to answer my calls or return my calls... where do I turn to for help?	First of all please do not Cap CLS. Flexibility is needed to maximize our dollars. Respite should be left also. Sometimes it is the only money available to many families. The system rates in figuring amounts of dollars needed to be updated. It makes no since trying to figure new money into old configurations. Please take the self-directed manual and make is simple so families can understand what services are available. You need a PHD to understand the rules and regulations. Lastly please try to figure a way to carry over unused money into the new budget and reexamine the waiver for people living in the community. Many dollars are spent on people who were in group homes and are living on their own. Some of them are working and do not need the supports they needed in the group home. Many more families can use that money Some of these people out of group homes are still getting a full waiver and don't need it. Many people working in Day programs are paid below standard and most of the money is going to provider agencies. You get what you pay for!!! Thank you.	Ms. Willingham, please contact Catherine.ivy@dbhdd.ga.gov who will connect you with someone in the regional office who will help navigate this situation. Please accept our apologies for this unfortunate circumstance.	See above