

Home and Community Services

A Guide to Medicaid Waiver Programs in Georgia



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

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Helpful Telephone Numbers and Web Sites

To find out more about Medicaid eligibility and where to apply, begin by speaking with a representative at your local DFCS office. You may find DFCS county contact information at www.dfcs.dhr.georgia.gov; click on your county of residence name. Call **404-656-6060** for additional information on Medicaid or log on to COMPASS. COMPASS is an online tool which allows Georgians to get answers to questions or apply for many health and human service programs. The website address is **www.COMPASS.ga.gov**.

To locate the Area Agency on Aging that serves your community, call **866-552-4464 (866-55AGING)**.

For Georgia Medicare beneficiaries and their caregivers call **866-552-4464**

To locate a Social Security Administration office near you, call **800-772-1213**.

For questions about your Medicaid card, call **866-211-0950** or visit **www.mmis.ga.gov**.

To learn more about your nursing home rights and options, contact the Long Term Care Ombudsman at **888-454-5826**.

To learn more about Georgia Medicaid, visit us on the Internet. The web site address is www.dch.georgia.gov or call **404-656-4507**

Home and Community Services

If you have been referred for nursing home or other institutional care, but could stay in your home or in the community with special services, you may be eligible for home and community-based services (HCBS) through Georgia's Medicaid program.

Many of these services are called waiver programs, because the Centers for Medicare & Medicaid Services (CMS) allows states to "waive" certain Medicaid requirements and pay for home and community-based services as an alternative to institutions, such as nursing homes or hospitals for people with disabilities. Essentially, the law provides you a choice.

Georgia has several home and community-based waivers. Some of the waiver program services include assistance with daily living activities (bathing, dressing, meals and some household chores), help with arranging medical or support services, and services to relieve family caregivers. This guide describes HCBS programs for people who are elderly, physically disabled, have a developmental or intellectual disability, or are medically fragile children.

Although different waiver programs offer different

services, they have some things in common. Each program is designed to help people who qualify for institutional care remain in the community or return to the community from nursing homes, hospitals or other long-term institutions. Each program also requires that people be eligible for Medicaid. To qualify for a waiver program, you can have higher income and resources than permitted in the regular Medicaid program.

In addition to the waiver programs, Georgia offers other services through the regular Medicaid program designed to support people in their homes and communities. Some of those are described in this guide and include the Georgia Pediatric Program's (GAPP) in-home services for medically fragile children and behavioral or mental health services.

Medicaid is a medical assistance program that helps many people who can't afford medical care pay for some or all of their medical bills. If you and your family are approved for Medicaid, you will receive a Medicaid card in the mail. Medicaid will pay participating doctors, nurses, dentists, hospitals or other providers for your medical care.

If someone in your family needs medical care, you should apply for Medicaid even if you are not sure whether you qualify or if you have been turned down in the past. A list of all county offices that accept Medicaid applications can be found at www.dch.ga.gov/medicaid.



Medicaid Home and Community-Based Waiver Services

If you are interested in a waiver program, information for each program begins on page 12. If you qualify, someone will guide you through the next steps of the Medicaid application process. You will be notified within 90 days or less whether you are eligible for waiver services once a complete application has been submitted. If you are told that you do not qualify, you can ask for a hearing. If you are eligible for waiver services, you will be advised about when services will begin.

For Medicaid through the KATIE BECKETT PROGRAM/ Deeming Waiver

The Katie Beckett Program, also known as the Deeming Waiver, is not a waiver program for Home and Community-based services. Rather, it waives standard Medicaid eligibility criteria to permit the state to ignore family income and only consider the child's income when the child meets an institutional level of care. Qualification is not based on medical diagnosis; it is based on the institutional level of care the child requires. Title 42 Code of Federal Regulations

outlines the criteria used to determine eligibility. If approved under Katie Beckett, the child is granted Medicaid eligibility to access all Medicaid state plan services, such as physician and hospital services.

Who Is Eligible for KATIE BECKETT PROGRAM?

For Medicaid eligibility to be established under the TEFRA/Katie Beckett Program, it must be determined that the child:

- Is 18 years old or younger, AND
- Meets federal criteria for disability, AND
- Is financially ineligible for SSI benefits, AND
- Requires a level of care provided in a hospital, skilled nursing facility or intermediate care facility including an intermediate care facility for people with intellectual disabilities); AND
- Can appropriately be cared for at home, AND
- Has an estimated cost of care outside of the institution that will not exceed the estimated cost of treating him/her within the institution





How Are Level of Care and Eligibility for Katie Beckett Determined?

- Treating physicians, parents and others (school guidance counselors, therapists, etc.) complete the required clinical documents. The parents or legal guardians complete the Medicaid application.
- The Katie Beckett Medicaid Team (the Team) receives the Medicaid application and required clinical documents.
- The Team submits the clinical documents to Georgia's Medical Management Contractor (MMC) for determination of level of care and disability.
- Under the direction of a pediatrician, pediatric neurologist and nurse, MMC performs the clinical review of the required documents for level of care determination and disability determination (if appropriate).
- If level of care, disability and all other eligibility criteria are met, the Team certifies Medicaid eligibility for the recipient.

Applications for Katie Beckett may be filed online at www.compass.gov or with the Centralized Katie Beckett Medicaid Team:

Right From the Start Medicaid Project
Centralized Katie Beckett
Medicaid Team
5815 Live Oak Parkway
Suite D-2
Norcross, GA 30093-1700
678-248-7449 (phone)
678-248-7459 (fax)



Medicaid Home and Community-based Waiver Programs

Medicaid Home
Waiver Programs
or have disabilities
their home or
institution, such as
program offered

- case management
(with care)
- personal services
activities, including
housekeeping
- home health
aide, and
speech therapy
- emergency
- respite care

Home and Community-based Programs help people who are elderly, disabled and need help to live in their own homes or community instead of in an institution such as a nursing home. Each program offers several "core" services:

• Personal care support (assistance with daily living activities, e.g., bathing, dressing, meals and medication management)

• Health services (nursing, home health care, occupational, physical and speech therapy)

• Emergency response systems

• Respite care (caregiver relief)



Waiver Programs

In addition to the core services described on page 11, other services are available under each program. Following are brief descriptions of the home and community waivers. Sometimes waiver services are added or changed. The agencies that handle the waiver programs can provide more detailed information about covered services.

Medicaid Home and Community-Based Programs

Sometimes people may meet the criteria to receive Medicaid services under a waiver program, but may not receive services immediately. Funding for the programs is limited, and only a certain number of people can receive services based on available funds. This means there are nearly always people on the waiting lists for the home and community-based waivers.

A person may be selected from the waiting list to receive services based on the severity of need, the availability of informal/family support, the length of time on the waiting list, and a person’s continued eligibility for the level of care provided in a nursing home or ICF-ID/DD.

It is important to be sure that information about your condition and situation is accurate. You have the right to correct or update information that may affect your placement on the waiting list.

Program	Target Population
Elderly and Disabled Waiver (E&D)	Individuals who are elderly and/or functionally impaired or have disabilities and meet a nursing home level of care
Independent Care Waiver Program (ICWP)	Adults who are physically disabled and/or have traumatic brain injury (TBI) and meet a hospital or nursing home level of care
New Option Waiver Program (NOW) and Comprehensive Supports Waiver Program (COMP)	Individuals with intellectual or developmental disabilities who meet an Intermediate Care Facility level of care
Georgia Pediatric Program (GAPP)	Medically-fragile children or children who require regular nursing care

Community Care Services Program (CCSP)

This program provides home and community-based services to people who are elderly and/or functionally impaired or have disabilities. The program helps eligible recipients return to the community from nursing homes or remain in their own homes, the homes of caregivers or in other community settings as long as possible. Individuals served through the Elderly and Disabled Waiver must be eligible for Medicaid and meet these criteria:

- Qualify for the level of care provided by a nursing home;
- Have limitations that make it difficult to perform normal daily living activities and live independently; and
- Have health needs that can be met in the community with services offered by the program and within established individual cost guidelines. The individual cost is estimated based on the projected care plan.

Elderly and Disabled Waiver services offered in the CCSP include: Adult Day Health Care, Alternative Living Services (personal care home), Emergency Response System (24-hour access to medical services), Home delivered Meals, Home delivered Services (home health), Personal Support, and Out-of-Home Respite Care.

Area Agency on Aging	Contact Number
Atlanta Regional Commission (Atlanta)	404-463-3333
Central Savannah River (Augusta) Regional Commission	888-922-4464
Coastal Regional Commission (Brunswick)	800-580-6860
Georgia Mountains/Legacy Link (Gainesville)	800-845-5465
Heart of Georgia/Altamaha Regional Commission (Baxley)	888-367-9913
Middle Georgia Regional Commission (Macon)	888-548-1456
Northeast Georgia Regional Commission (Athens)	800-474-7540
Northwest Georgia Regional Commission (Rome)	800-759-2963
River Valley Regional Commission (Columbus)	800-615-4379
Three Rivers (Franklin)	866-854-5652
Southern Georgia Regional Commission (Waycross)	888-732-4464
Southwest Georgia (Albany)	800-282-6612

SOURCE

SOURCE (Service Options Using Resources in Community Environment) is a statewide Primary Care Enhanced Case Management Service under the Elderly and Disabled Waiver that links primary medical care with many long-term health services in a person's home or community setting to prevent unnecessary emergency room visits and hospital stays and avoid institutionalization.

SOURCE serves aged, blind and disabled Georgians who are Medicaid eligible.

An assessment helps to determine how much care a participant needs. An individual care plan is designed based on the need for medical monitoring and assistance with functional tasks. Family members and other informal caregivers as well as staff from support agencies participate in care plans. In addition to the core services, SOURCE offers home delivered meals, adult day health care, personal care home and 24-hour medical access.

To apply for SOURCE, call the number(s) listed on page 15 for the program serving your county:



To apply for SOURCE, call the number(s) listed below for the program serving your county:

SOURCE Agencies	Contact Number
Albany ARC <i>Counties: Baker, Calhoun, Clay, Colquitt, Decatur, Dougherty, Early, Grady, Lee, Miller, Mitchell, Seminole, Terrell, Thomas, Worth</i>	229-883-2334
Crisp Care Management <i>Counties: Crisp, Dooly, Macon, Turner, Wilcox, Sumter</i>	229-276-2126
Columbus Regional Healthcare System <i>Counties: Chattahoochee, Harris, Marion, Muscogee, Talbot, Troup, Meriweather, Upson, Stewart</i>	706-571-1946
Crossroads Community SOURCE <i>Counties: Houston, Peach, Bibb, Dooly, Pulaski, Wilcox, Bleckley, Twiggs</i>	478-988-1294
Diversified Resources Inc. <i>Counties: Atkinson, Ben Hill, Berrien, Brantley, Brooks, Camden, Charlton, Clinch, Coffee, Cook, Echols, Glynn, Irwin, Lanier, Lowndes, Pierce, Tift, Turner, Ware, Wilcox</i>	800-283-0041
Faith Health Services <i>Counties: Clayton, Cobb, DeKalb, Forsyth, Fulton, Gwinnett, Rockdale</i>	678-624-1646
Legacy Link <i>Counties: Banks, Barrow, Cherokee, Clarke, Dawson, Elbert, Forsyth, Franklin, Gwinnett, Habersham, Hall, Hart, Jackson, Lumpkin, Madison, Rabun, Stephens, Towns, Union, White</i>	770-538-2650
Next Steps Care <i>Statewide availability in all counties</i>	888-762-2420
SOURCE Partners Atlanta <i>Counties: Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry, Rockdale</i>	404-463-3248
St. Joseph's/Candler Health System <i>Counties: Bryan, Bulloch, Candler, Chatham, Evans, Baxley - Appling, Bacon, Jeff Davis, Liberty, Long, McIntosh, Montgomery, Tattnall, Toombs, Wayne</i>	912-819-1520 or 866-218-2259
Trinity Case Management SOURCE <i>Counties: Clay, Harris, Marion, Meriwether, Muscogee, Chattahoochee, Randolph, Stewart, Talbot, Quitman and Webster</i>	706-507-5510
Pruitt Health Home First <i>Counties Served: All Counties in Georgia except: Terrell, Calhoun, Early, Baker, Miller, Mitchell, Seminole, Decatur and Grady</i>	770-925-4788

For more information, please call 866-552-4464

Independent Care Waiver Program (ICWP)

This program offers services that help a limited number of adult Medicaid recipients with physical disabilities live in their own homes or in the community instead of a hospital or nursing home. ICWP services also are available for persons with traumatic brain injuries (TBI).

The Independent Care Waiver is for eligible Medicaid recipients who have severe physical disabilities, are between the ages of 21 and 64 when they apply, and meet the criteria below:

- Have a severe physical impairment and/or TBI that substantially limits one or more activities of daily living and requires the assistance of another individual;
- Medically stable but currently in a hospital or nursing facility or at risk of placement because community-based support services are not available; and
- Certified for a level of care appropriate for placement in a hospital or nursing facility.

Other factors, including risk of placement in an institution, length of time on the waiting list, availability of a support system, ability to live independently, and an estimated cost of care (based on the projected care plan), also help determine whether eligible applicants can receive waiver services.

In addition to the core services, ICWP covers specialized medical equipment and supplies, counseling and home modification. ICWP does not pay for room and board.

You, your case manager and your family and/or friends work together as a planning team to establish a plan of care. The plan assesses your present circumstances, strengths, needs, goals, services required, a listing of the providers selected and projected budget. Funds must be available to serve you for the plan to be approved by the state Medicaid agency.

To apply for ICWP, contact Alliant Georgia Medical Care Foundation (GMCF) at 800-982-0411 or 888-669-7195. You can also contact GMCF at www.gmcf.org. GMCF will ask you questions over the phone, have you submit an application, and schedule an in-person assessment. Based on the information provided, you may be eligible for ICWP and be approved to receive services as funding becomes available.

New Options Waiver Program (NOW) and Comprehensive Supports Waiver Program (COMP)

The New Options Waiver Program and the Comprehensive Support Waiver Program offer home and community-based services for people who have a developmental or intellectual disability. Developmental disabilities include conditions such as cerebral palsy, epilepsy, autism or neurological problems that require the level of care provided in an intermediate care facility.

Six regional offices under the direction of Behavioral Health and Developmental Disabilities (DBHDD) determine eligibility for the NOW /COMP programs and coordinate service delivery with approved Medicaid provider agencies.

In addition to core services, NOW/COMP covered services include Adult Therapy Services (Occupational, Physical and Speech Language); Behavioral Supports Consultation Services; Community Access Services; Community Guide; Community Living Support; Community Residential Alternative Services (only applicable in the COMP Waiver); Environmental Accessibility Adaptation; Financial Support Services; Individual Directed Goods and Services; Natural Support Training; Prevocational Services; Respite; Specialized Medical Equipment; Specialized Medical Supplies; Support Coordination; Supported Employment; Transportation Services and Vehicle Adaptation.

The broad range of services allow for personal choice and

control over the delivery of waiver services by making many of the services available for participant direction (Consumer/ Self-Direct or Co-Employer/ Self-Direct). All services are not self-directed. Members who choose to receive any service under self-direction will no longer be eligible to receive the same service through traditional service delivery in the NOW/COMP Waiver. Individuals may receive partial support and services at the concurrently until they are approved for full waiver supports.

To apply for NOW or COMP Services, contact the Offices:

Region	Contact number
Region 1	678-947-2818 Toll Free 877-217-4462
Region 2	706-792-7733 Toll Free -- 866-380-4835
Region 3	770-414-3052
Region 4	229-225-5099 Toll Free -- 877-683-8557
Region 5	912-303-1670 Toll Free -- 800-348-3503
Region 6	888-548-1456


Georgia Pediatric Program

The Georgia Pediatric Program Nursing Program is designed to serve eligible members with nursing services based on medical necessity determination(s) under the age of 21. Members must be medically fragile with multiple systems diagnoses and require skilled nursing and personal care to be considered for services in the GAPP Program.

Applications to the Georgia Pediatric Program are completed by the individual Medicaid providers enrolled to offer services through the program. To view current a list of providers please: visit www.mmis.georgia.gov, select Provider Information, select Provider Manuals and select GAPP specific manual of interest.

GAPP applications must to be submitted to the Alliant Georgia Medical Care Foundation's (GMCF) Medical Review Team at least thirty (30) days prior to the start of GAPP service.





Money Follows the Person (MFP) Demonstration Program

This rebalancing
people living in
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facilities, and In
for Individuals w
Developmental
transition and r
If you are lived
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stays don't cou

g demonstration grant helps
n inpatient facilities (i.e. nursing
atric residential treatment
intermediate Care Facilities-
with Intellectual and/or
I Disabilities (ICF-ID/DD) to
esettle into a community setting.
in an inpatient facility for at
cutive days (short-term rehab
nt), you may qualify for MFP.



MFP offers transition services to qualified Medicaid eligible youth with mental illness, older adults, adults and children with physical disabilities, adults with traumatic brain injury (TBI) and individuals with intellectual and developmental disabilities.

MFP uses home- and community-based Medicaid waiver services if needed for ongoing services and support and ‘one-time’ transition services to help people move from inpatient facilities back into the community. After receiving 365 days of “transition” services, MFP participants may continue receiving services through any or a combination of the following: the Medicaid Waiver Programs, Medicaid State Plan services, state-funded programs, and local community support systems beyond the MFP demonstration period.

In addition to HCBS waiver services, MFP participants may qualify for the following ‘one-time’ transition services to assist them to establish a stable home in the community:

- Peer Community Supports
- Trial Visit to the Community with Personal Support Services
- Household Furnishings
- Household Goods and Supplies
- Moving Expenses
- Utility Deposits
- Security Deposits
- Transition Support
- Transportation
- Life Skills Coaching
- Skilled Out-of-Home Respite
- Caregiver Outreach and Education
- Home Care Ombudsman
- Equipment, Vision, Dental and Hearing Services
- Specialized Medical Supplies
- Vehicle Adaptations
- Environmental Modifications and Home Inspections Supported Employment Evaluation

MFP participants will typically enter a waiver program immediately upon discharge from the institution. Waiver services will continue to transitioned individuals beyond the MFP demonstration period, as long as they meet the institutional level of care criteria for services offered.

If you want more information about Money Follows the Person, contact the Department of Community Health (DCH) MFP project at 404-651-9961. You may also contact the Department of Human Services (DHS) Division of Aging Services at 866-55-AGING (24464), or the Office of the Long Term Care Ombudsman at 888-454-5826.



What Other Services Does Medicaid Cover?

It's always a good idea to ask your doctor or pharmacist whether Medicaid covers the specific service or item you need. There are some limits to these services, and some may require you or your doctor to get permission first. (This is called prior approval.)

Following are basic Medicaid services. Your case manager can provide information about these and other available services.

- Doctors' and nurses' office visits (when you visit a doctor or nurse for check-ups, lab tests, exams or treatment)
- Prescription drugs
- Inpatient hospital services (room and board, drugs, lab tests and other services when you have to stay in the hospital)
- Outpatient hospital services (services you receive in a hospital, even though you do not stay in the hospital overnight)
- Nursing facilities (nursing homes)
- Emergency ambulance services
- Emergency dental care for adults; comprehensive dental care for individuals under age 21
- Non-emergency transportation (to get to and from medical appointments if you don't have any other means of transportation)
- Medical equipment and supplies prescribed by a doctor

for use in your home (such as wheelchairs, crutches, or walkers)

- Home health services ordered by a doctor and received in your home (such as part-time nursing, physical therapy, or home health aides)
- Hospice care services provided by a Medicaid hospice provider

Some other services covered by Medicaid that may help you stay in your home and community are:

- Case management
- Diagnostic, screening and preventive services
- **Behavioral or community mental health services**
- Therapy services (physical, occupational and speech)

Medicaid offers treatment for depression, mental illness, substance addiction and other types of mental disease. To access services, contact the Georgia Crisis and Access Line at 800-715-4225 or visit www.mygcal.com, or the appropriate Regional Office of the Department of Behavioral Health and Developmental Disabilities (DBHDD) at <http://dbhdd.georgia.gov/>.

What's Not Covered by Medicaid?

Some services are not usually covered by Medicaid. These include:

- services provided for the convenience of member or their family
- cosmetic surgery
- disposables (such as adult diapers or bandages)
- room and board
- experimental items, and
- chiropractic services among others

If you're not sure what Medicaid covers, ask your provider or call Georgia Medicaid at 770-325-2331 (Metro Atlanta) or 866-211-0950 (Statewide).



Rights and Responsibilities

Your Rights

You have the right to timely and adequate notice. You must receive notice in writing before Medicaid takes any action to end your Medicaid eligibility or change the services you receive.

- You have the right to a fair hearing if you disagree with a decision regarding your Medicaid eligibility or if you feel that Medicaid has not served your medical needs properly. To request a hearing, contact your county Division of Family and Children Services (DFCS) office within 10 days after you have received a notice about eligibility or services.
- You have a right not to be discriminated against because of political beliefs, religion, disability, race, color, sex, national origin, or age. If you are applying for someone else, these rights and responsibilities apply to that person. To report eligibility or provider discrimination, call 800-533-0686.

Your Responsibilities

- You are responsible for providing true and complete information about your circumstances, including your income, the size of your family, your current address, and other information that helps Medicaid decide whether you continue to be eligible for Medicaid services.
- You are responsible for reporting changes in your circumstances. If your income, resources, living arrangements, family size or other circumstances change, these changes could affect your eligibility.

It is your responsibility to let your caseworker or the Social Security Administration (SSA) know about these changes within ten (10) days of the change.

If you receive payments from any other type of insurance or health-related benefit, you must inform your caseworker of these payments within 10 days. These payments may come from private health, dental or vision insurance; Medicare; CHAMPUS; or any payment for an accident or injury. Be sure to report any of these sources of insurance to your caseworker when you apply for Medicaid. You must also report any money you have received or may receive in the future from an injury or accident caused by another person or liable party.

**Booklet Order Information
Home and Community Services**

A Guide to Medicaid Waiver Programs in Georgia

Additional copies may be obtained by accessing the Georgia Medicaid Management Information System (GAMMIS) Web Portal at

<https://www.mmis.georgia.gov>.

Select the Provider Information Forms tab DMA-292 Request for Forms or Handbooks and complete the form.

NOTE: If you are a Nursing/ICF-ID/DD facility, refer to section 802 of the Nursing Facility Services manual for ordering.

Electronic version of this handbook available online at www.dch.georgia.gov/hcbs



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