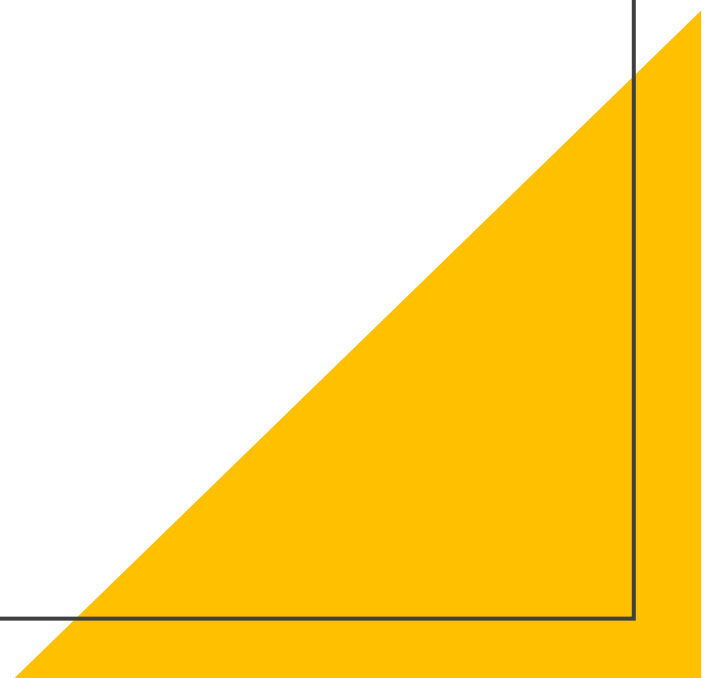


Unwinding PD Family Hire

PD Mini Training

July 2023

DBHDD PD Team



Public Health Emergency Appendix K

- Ended May 11, 2023
 - The state has 6 months to unwind services that were allowed during PHE/Appendix K
- Grace Period ends November 11, 2023
 - The state must revert to its original waiver policies

**NOW/COMP Waiver Family Hire
Policies in the Program Manual will
be reinstated on November 12, 2023**

After
November 11,
2023

- Legal guardians, waiver participant spouses, and parents of minors are **not** permitted to be paid caregivers per Chapter 900, section 902, PART II Policies and Procedures COMP and NOW Waiver Program Manual.
- **Respite** will **no longer** be a service available for Family Hire.



Unwinding details....

- Family members who have extenuating circumstances as defined in Chapter 1200 will need to apply no later than **July 31, 2023**, to continue being paid caregivers after **November 11, 2023**.
- Family Hire applications with supporting documentation must be submitted to participant.direction@dbhdd.ga.gov no later than **July 31, 2023**.
- DBHDD will send out notification of approval or denial no later than **September 15, 2023**, to the responsible parties

More Details...



Appendix K Family Hire application approvals will be valid from November 12, 2023, through February 28, 2024. The approval letter will list the due date for the next family hire application.



Only family hire applicants approved by DBHDD will be permitted to continue employment with the fiscal agencies after November 11, 2023.

Let's look at the PD Family Application...page 1

- Please fill in and check appropriate boxes
- Please that as of July 1, 2023, the family member may be on the lease or deed. We do want you to answer this question, but it will not be considered in the approval decision
- All other criteria on this page will be taken into consideration for approval/denial.

Participant Direction Family Hire Request Form

Date of Submission:		Renewal <input type="checkbox"/> Yes <input type="checkbox"/> No	
First		Middle	
Last			
* Birth date:	* SSN#:	* Medicaid #:	
Questions to answer about the family member being considered for employment			
I. Demographic Information Needed:		Name: <input type="checkbox"/> Over age 18: Relationship: <input type="checkbox"/>	
II. Are they Legal Guardians appointed by Probate Court?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
III. Are they the current Identified Representative for Participant Directed Services?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
IV. Is the family member being considered for employment going to be supporting a minor child? <input type="checkbox"/> N/A	IF Yes, Are they a parent or legally obligated guardian (adoptive parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
V. If the request is to hire for a staff position for Community Living Support Services please answer the following questions. <input type="checkbox"/> N/A	A. Is the family member, who is being reviewed living with the individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	B. Is the family member on the lease/deed of the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
VI. Have you ever been convicted of a felony?			
If Yes has been answered to questions II, III, IV, V(b), or VI then the request to hire the proposed family member will be denied as these are strictly prohibited as written in the Waiver Manual			
Is the family moving into a new region as a Region to Region Transfer? IF Yes, they must reapply and qualify as listed below.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
What service(s) is the family member being considered for?			
<u>Persons with a history of abuse, neglect, or exploitation substantiated by the DBHDD Office of Incident Management or Adult Protective Services may not be paid to provide any services under the Participant-Direction Option.</u>			
<u>Persons with a history of felony conviction as evidenced in the criminal records check may not be hired as an employee.</u>			

Family Hire Request Form

Diving into page 2 of PD Family hire application:

- Must meet 2 of A-C to be considered for approval
- writing in answers on the second column is not acceptable- you must include these in your cover letter and in any supporting material
- If you want to circle or highlight the criteria that you plan to use, that will be helpful for us when we cross reference your letter, supporting materials and the application

<u>Extenuating Criteria for Consideration of Employment of a Family Member:</u>	
Must meet at least 2 of the following A-C:	
<p><u>A.</u> Lack of qualified providers in remote areas. There must be documentation which providers were attempted and how they failed to provide services. There must be documentation of why other providers in the area cannot be utilized for services; <u>and/or</u></p> <p>Needed information to qualify for this criteria include all of the following:</p>	<ol style="list-style-type: none"> 1. What County does the individual live in? 2. Proof/documentation of what has been tried and how it has failed- ex: placing ads, failed employment of non-family members etc 3. Why can't other providers be utilized for services? 4. Number of staff hired and terminated
<p><u>B.</u> The presence of extraordinary and specialized skills or knowledge by approvable family/relatives written in the request for approval. The proposed family hire must have documented proof of skills and/or education of ability or experience working in the area of the population served; <u>and/or</u></p> <p>Needed information to qualify for this criteria include all of the following:</p>	<ol style="list-style-type: none"> 1. Documentation of education and/or skills working in the area of ID/DD 2. What are the extraordinary and specialized skills or knowledge (<u>can't be because I've lived with them all my life and taken care of them</u>) examples- training pertaining to working with individuals with ID/DD disabilities
<p><u>C.</u> A clear demonstration of the use and compensation of family/relatives being the most cost effective and efficient means to provide the services in comparison to the cost of service if provided by a traditional provider of the same service;</p> <p>Needed information to qualify for this criteria include all of the following:</p>	<ol style="list-style-type: none"> 1. How is it most cost effective and efficient to hire a family member/relative than a traditional provider? Give concrete documentation of when the family member/relative will be used i.e. before school after parents have left for work, or after school before parents get home etc. 2. What is the pay rate you are considering for the employee? (Can't be more than what would be paid for a traditional provider of similar service)
<p>This application should be submitted via email to DBHDD Participant Direction Team at participant.direction@dbhdd.ga.gov</p>	

Page 3 of Family Hire

- This page should be included with your application, but there is nothing for you to complete.
- PD coordinators will use this page to record approval or denial
- If an application is denied and appealed, then this page will be used for 2nd or 3rd review

Family Hire Request Form

Participant Direction Coordinator Use	
Questions II-IV, V(b) and/or VI have no "Yes" answers	Yes No
Extenuating circumstances met to qualify under:	A:
	B:
	C:

____ Approval ____ Denial Date _____
 Reviewed by _____ Title _____

Participant Direction Manager Use (in case of appeal only)	
Questions II-IV, V(b) and/or VI have no "Yes" answers	Yes No
Extenuating circumstances met to qualify under:	A:
	B:
	C:

____ Approval ____ Denial Date _____
 Reviewed by _____ Title _____

Director of Community Services Use (in case of second appeal only)	
Questions II-IV, V(b) and/or VI have no "Yes" answers	Yes No
Extenuating circumstances met to qualify under:	A:
	B:
	C:

____ Approval ____ Denial Date _____
 Reviewed by _____ Title _____

Family Hire Request Form

Page 4 of PD Family Hire application...

- This page was designed for explanations of items from page 2.
- You can cut and paste your cover letter onto this page if you want
- You can also leave blank, but attach your cover letter and other flyers or supplemental materials to the end of the application
- When submitting, please make sure this page is in the application even if you choose to leave blank and add other documentation.



What is meant by “can’t be more than what would be paid for a traditional provider of similar service”?

This means that the employee is not paid more than the traditional provider rate for the service.

- For Community Living Support Services (CLS):
 - the traditional provider rate for **CLS-extended** is \$6.76/15 minutes, so the **max** a family caregiver could be paid is **\$27.04/hour for CLS-extended**.
 - The traditional provider rate for **CLS-basic** is \$7.49, so the **max** a family caregiver could be paid is **\$29.96 for CLS-basic**.
- For Community Access Individual (CAI) and Group (CAG)
 - the traditional provider rate for **CAI** is \$8.73/15 minutes, so the **max** family caregiver pay is **\$34.92/hour for CAI**.
 - The traditional provider rate for **CAG** is \$3.65/15 minute unit so the **max** family caregiver pay is **\$14.60/hour for CAG**.

What is meant by supporting material?

- **Letter of circumstances including:**
 - An explanation of how you meet the 2 of the 3 criteria on page 2
 - Be specific and explain what you have done to search for staff and hire staff
 - Include the family hire relationship and why they are a good fit
 - Any other information you want to include to make your case for family hire
- **Flyers w/ date and times and places of posts**
- **Screen shots of advertisements on websites including names of websites and dates posted**
- **Any other information that may help support your case for family hire**



A completed Family Hire application consists of ...

- The full application....all 4 pages
- Letter of circumstances
- Supporting material that supports your case for family hire
- include at least two of the three extenuating circumstances as outlined on page 2 of the application and as defined in Chapter 1200, PART II Policies and Procedures COMP and NOW Waiver Program Manual.

Sending completed application:

- Send completed application with supporting material to:
 - participant.direction@dbhdd.ga.gov
 - Make sure you copy your Support Coordinator or Planning List Administrator on the email
 - Enter “Family Hire Request- Region #” in the subject line of the email.

