

Dear Department of Community Health Board of Directors,

The waiver recipients supported by Georgia Options, their families and our Board of Directors have grave concerns about the proposed COMP waiver renewal application. The plan **imposes inappropriate service limits, includes improperly restrictive eligibility criteria, uses imprecise language, and changes key service definitions in a way that fundamentally alters the very purpose of the COMP waiver.** It will push Georgia's most vulnerable citizens out of their own homes and into congregate, provider owned facilities.

Two critical services will be limited, thereby endangering people who live at home, forcing them into group homes or host homes (adult foster care).

The first is Skilled Nursing. The proposed service limit in people's own homes is 16 hours per day. With this proposed limit, people who have been clinically determined to require more than 16 hours of skilled nursing will be forced to make one of the three choices:

1. Go without necessary treatment for eight hours per day.
2. Depend on family members for assessment and treatment for up to 8 hours per day.
3. Use the "CRA service, designed to provide round-the-clock support with more comprehensive service availability (p.12)". Again, they would be forced from their homes into a provider owned and operated setting.

The second limit is imposed on the combination of Community Living Support (CLS) and Additional Staffing (AS), which currently allows for the COMP waiver recipients to receive up to 24-hour services in their own homes based on clinically assessed need. With the proposed six-hour limit of AS (p. 91, 97) and proposed limit of 12 hours per day of combined CLS and AS (p.11,130, 133) at least 188 people will be forced to make a choice:

1. Participate in an adult day program and other services and go without assistance for up to four hours per day
2. Go without assistance for up to 12 hours per day
3. Depend on family members for assistance for four to 12 hours per day
4. Transfer to the only other option for 24-hour support – Community Residential Alternative (CRA), which by definition (p.139) is only provided in a group home or host home. They would be forced from their homes into a provider owned and operated setting.

Stricter eligibility requirements endanger people living at home, forcing them out and into group homes or host homes.

In addition to the imposition of the service limit for Additional Staffing (AS), eligibility criteria have been revised to be considerably more stringent. At least four criteria have been removed that currently qualify someone for this service, including the need for assistance with turning and positioning, seizure management, eating and toileting. In addition, the word "or" has been removed from the pared down list of eligibility criteria. Eligibility criteria does include an assessment by DBHDD; this assessment, however, is not available for review and it's not clear if the assessment is in addition to the extremely stringent criteria, or an exception.

Caps on the service leave people who live at home with no assistance for several hours a day.

If a person manages to qualify for the service, the service will be capped. The exception to the cap is a “documented history of being incapable of living with others due to challenging behavior(s) that present significant risk to him/herself or others, as validated by a DBHDD completed clinical assessment.” In that case, a person might be deemed eligible for the service via an assessment that is not available for public review, but still subject to the service limits unless they meet an exception that is subjectively determined by DBHDD through a process that’s also not available for public review.

The intention is to force people out of their own homes into group homes or host homes.

DCH and DBHDD staff have stated that the current recipients will undergo an 18-month transition (p.12) to other services or to CRA, “designed to provide round the clock support with more comprehensive service availability.” Evidence of the intention to force everyone into group homes or host homes, is the statement that their bed board “reflects CRA capacity” for all 188 people that are affected (p.12).

The stated purpose of the COMP waiver is to support individuals with urgent and intense needs, but this is undermined by proposed changes to key definitions.

The proposal adds the two following statements to the CLS service definition (p. 59, 62, 127, 130,133, 136):

1. Community Living Support services is available for individuals who spend periods of time throughout the day with unpaid unsupervised supports and services.
2. Community Living Support services are not available for individuals who require more than a total of 12 combined daily hours.

This means that CLS services, and therefore the ability to remain in one’s own home, will be denied to those who:

1. Require assistance with meal preparation and/or feeding
2. Require assistance with medication administration
3. Require assistance with transferring
4. Require assistance with wiping after they have a bowel movement
5. Require someone else to change their adult briefs
6. Require assistance before, during or after a seizure
7. Exhibit behavior that could be dangerous to themselves or others at any time throughout the day

The proposal adds the following statement to the AS service definition (p.90, 97):

1. Additional Staffing service – basic is designed to serve waiver participants whose specific needs cannot be accommodated through the Community Living Supports, Community Access-Group or Community Residential Support service models.

This means that AS services, and therefore the ability to receive more than six hours of support in one’s home, will be denied to those individuals with urgent and intense needs who would otherwise qualify for services in a group home.

The proposal says use of assistive technology will “mitigate” the danger to people at home. How?

Page 236 states that “additional services proposed in this waiver renewal application are expected to mitigate any adverse consequences of service limits. One such service is Additional Residential Staffing, planned for use in providing additional direct support to individuals with significant needs that exceed routine staffing patterns.” Since the only additional service proposed is Assistive Technology, waiver recipients deserve an explanation how DCH/DBHDD are proposing to replace needed direct support with assistive technology.

The proposal lacks synergy with the HCBS Settings Rule and sets the state up for Olmstead scrutiny.

The proposal affects some of Georgia’s most vulnerable people and denies them the ability to receive adequate services in their own homes, forcing them into congregate settings and/or increasing the responsibility for already overburdened families. Not only is this contrary to CMS’ HCBS settings rule, but the State of Georgia is setting itself up to legal action on behalf of its vulnerable citizens who are being denied the ability to receive services in the least restrictive setting.

A different solution to the budget crisis and growing waiting list is possible.

In order to eliminate the grave risk to the 188 COMP recipients whose needs have not been met in the waiver application as proposed, we request that DCH and DBHDD allow CRA services in one’s own home, or design a new 24 hour service that meets the needs of those with significant disabilities in their own homes. We would be willing to work with DCH and DBHDD in any way possible to design a service that is financially feasible while protecting Georgia’s vulnerable citizens’ right to receive services in the least restrictive setting.

Sincerely,

The People supported by Georgia Options, their Families, Staff and Board of Directors