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DIVISION OF FAMILY & CHILDREN SERVICES

**RBWO  
Program  
Designations  
& Waivers**

Care Coordination Treatment Unit  
James Kizer, Director (CCTU)

The image features a dark purple header bar at the top with the text "DIVISION OF FAMILY & CHILDREN SERVICES" in white, all-caps, sans-serif font. Below the header, the main content area is white. On the left side, there is a large, light gray brushstroke graphic. Overlaid on this graphic is the text "RBWO Program Designations & Waivers" in a bold, black, sans-serif font. To the right of the brushstroke, the text "Care Coordination Treatment Unit" and "James Kizer, Director (CCTU)" is displayed in a smaller, black, sans-serif font.

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# Agenda

Description of the Care Coordination Treatment Unit

Difference between RBWO Program Designation Memorandums and RBWO Waivers

Different types of RBWO Program Designations

Different types of RBWO Waivers

Become familiar with approval designees

Understand the application process

Overview of CCTU Review Process

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## Care Coordination Treatment Unit

CCTU is a State Office unit within the Foster Care Services Section and supports DFCS Case Managers in the identification of appropriate high-end MWO placements and services. These youth are identified as having serious to severe behavioral, emotional, medical, and/or developmental disorders.

This includes the following high-end youth:

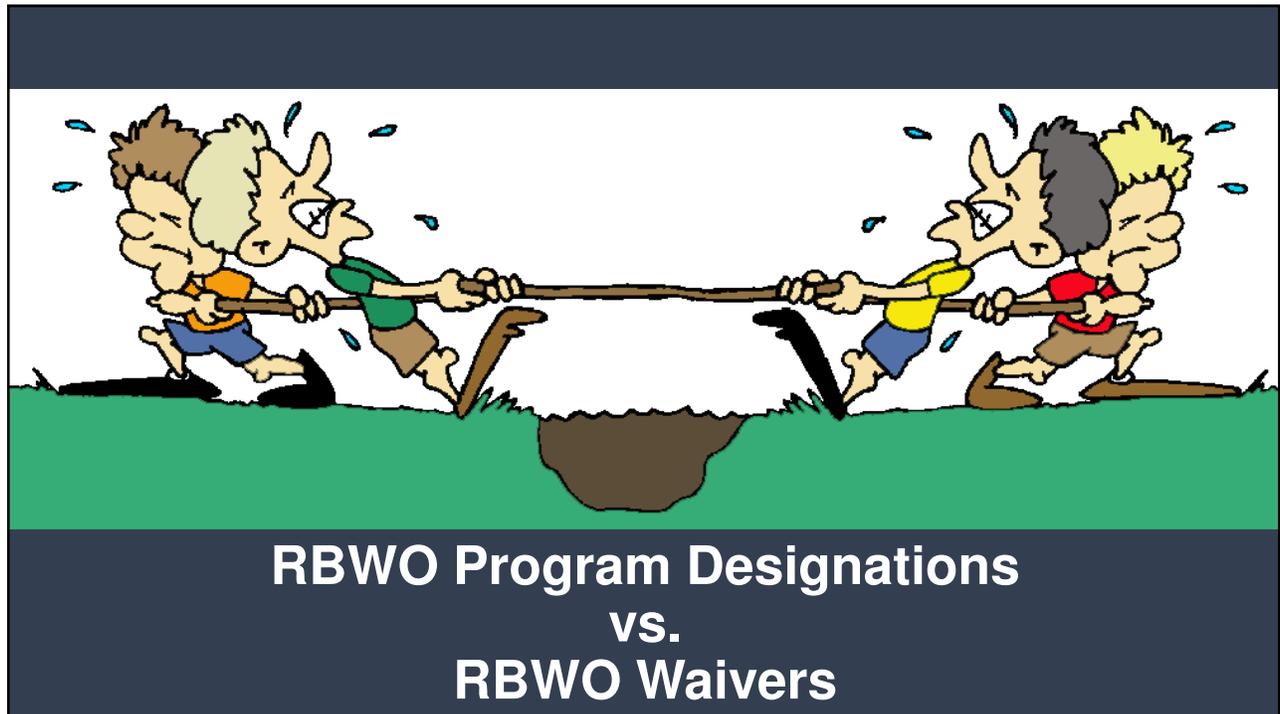
- MWO or higher
- Medically Fragile
- Chronic Disruptions
- Developmental/Intellectual Disabilities
- CSEC
- PRTF/CSU discharges
- Autism
- Hotel

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## CCTU Key Objectives

- Assess and assign RBWO Program Designations
- Review of various RBWO Waivers
- Locate appropriate placements and services for MWO and above youth
- Monitor and track the treatment progress of these youth through regular utilization and/or desk reviews
- Manage and increase capacity of MWO provider beds
- Facilitate transitions into and out of PRTF/CSU beds
- Support caregiver/staff in acquiring appropriate placements and services
- Provide 24/7 support to field operations

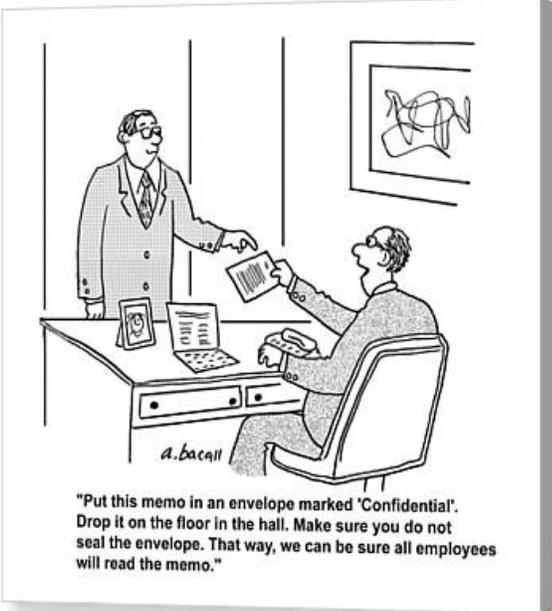
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DIVISION OF FAMILY & CHILDREN SERVICES	
RBWO Program Designation Memorandums	RBWO Waivers
Program designation memorandums are an increase to the basic foster parent or provider per diem rate for the care of children with specialized physical, emotional, and/or behavioral needs.	RBWO Waivers grant permission to allow providers and foster parents to waive a set of RBWO standards for the wellbeing of a foster child.
Designation types: BWO, MWO, SBWO, SMWO, and SMFWO	Waiver types: CCI Under-Age Waiver, Sleeping Arrangement Waiver, Kinship Waiver, Respite Waiver, and Capacity Waiver.

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DIVISION OF FAMILY & CHILDREN SERVICES	
<div style="background-color: #333; color: white; padding: 20px; display: inline-block; transform: rotate(90deg); transform-origin: center;"> <p>Types of RBWO Program Designations</p> </div>	 <p>"Put this memo in an envelope marked 'Confidential'. Drop it on the floor in the hall. Make sure you do not seal the envelope. That way, we can be sure all employees will read the memo."</p>

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## Program Designations

CPA Program Designations	CCI Program Designations
Traditional	Base
Base Watchful Oversight with Waiver (BWO)	Additional Watchful Oversight (AWO)
Maximum Watchful Oversight (MWO)	Maximum Watchful Oversight (MWO)
Specialty Base Watchful Oversight (SBWO)	
Specialty Maximum Watchful Oversight (SMWO)	
Specialty Medically Fragile Watchful Oversight (SMFWO)	

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## CPA Program Designations

### Traditional

- **Mild** to **occasionally moderate** emotional and/or behavioral management issues.
- Problems that mildly interfere with the child's ability to function in the family, school, and/or community without guidance and supervision.

### Base Watchful Oversight (BWO)

- **Moderate** to **occasionally serious** emotional and/or behavioral management issues.
- Problems that moderately interfere with the child's ability to function in the family, school, and/or community without guidance and supervision.

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## CPA Program Designations *(continued)*

### Maximum Watchful Oversight (MWO)

- ***Serious*** to ***severe*** emotional and/or behavioral management problems.
- Serious problems that interfere with the child's ability to function in the family, school, and/or community without guidance and supervision.

### Specialty Base Watchful Oversight (SBWO)

- The same as BWO however the severity and frequency are increased.
- Other children are not permitted to be placed in the home without a Capacity Waiver.

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## CPA Program Designations *(continued)*

### Specialty Maximum Watchful Oversight (SMWO)

- The same as MWO however the severity and frequency are increased.
- Other children are not permitted to be placed in the home without a Capacity Waiver.

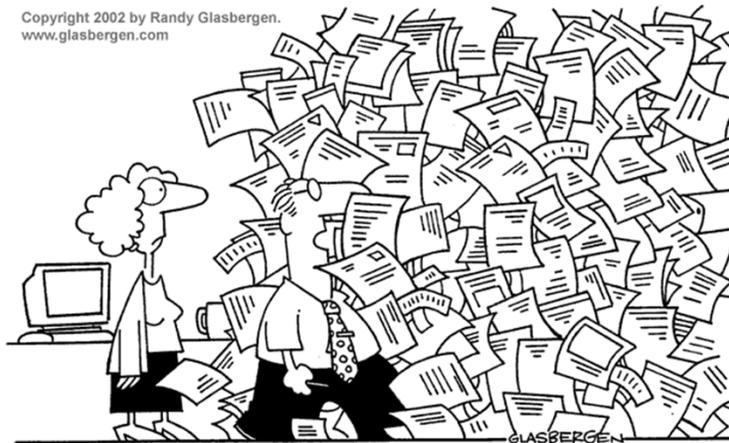
### Specialty Medically Fragile Watchful Oversight (SMFWO)

- ***Serious*** to ***severe*** medical conditions.
- Non-compliance with prescribed care will endanger the life or health of the child.
- Other children are not permitted to be placed in the home without a Capacity Waiver.

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## Do you need a waiver?

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**“I have some paperwork to catch up. If I’m not back in two days, organize a search and rescue team!”**

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## Different Types of Waivers



- Capacity
- Sleeping Arrangements
- CCI Underage (not applicable for CPA)
- Non-Contracted Provider (not applicable for CPA)

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## Capacity Waivers

### Capacity Waiver Facts

- Required for respite or permanent placements.
- Required if placement will result in more than...
  - 1 specialty designation foster child (SBWO and above)
  - More than 3 foster children
  - More than 6 children overall (biological, adoptive, and foster)
  - More than 3 children under 3 years old.
- Requires concurrence from the case manager of the child being placed and the case manager(s) for the child(ren) who are already in the home.
- Children from Fulton or DeKalb require concurrence from the *Kenny A* Administrator.



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## Sleeping Arrangement Waivers

### Sleeping Arrangement Waiver Facts

- Required for any child 1 year or older to sleep in the same room of an adult.
- Usually requested based on the child's medical needs.



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## Emergency vs. Routine Waivers

### Routine Waivers

- A decision on the application will be provided to the DFCS case manager and the provider (if the application was initiated by a provider) within 5 business days of all needed information being received.

### Emergency Waivers

- In the case of an emergency, waivers will be processed on the same business day or within 1 business day in writing. When needed, verbal approval can be obtained from CCTU. Failure to obtain approval for the placement of a child when a waiver is required may result in agency office conference, a letter of concern, a temporary hold on agency admissions, and/or termination of provider contract.

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## Who Can Approve?

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CPA Approvals					
Type	County	CCTU	OPM	Regional Director	Director Foster Care Services
Traditional	X				
BWO		X			
MWO		X			
SBWO		X			
SMWO		X			
SMFWO		X			
Capacity/Respite			X		
Sleeping Arrangements			X		

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Supporting Documents			
<p><i>All RBWO or Waiver requests should be accompanied by supporting documentation.</i></p>			
<p><b>Evaluations</b></p> <ul style="list-style-type: none"> <li>Psychological</li> <li>Trauma Assessment</li> <li>Psychosexual</li> <li>Therapist's notes</li> </ul>	<p><b>School</b></p> <ul style="list-style-type: none"> <li>IEP (Individualized Education Plan)</li> <li>Discipline reports</li> </ul>	<p><b>Medical</b></p> <ul style="list-style-type: none"> <li>Medical records</li> <li>PT, OT, and/or ST notes</li> </ul>	<p><b>Placement</b></p> <ul style="list-style-type: none"> <li>RBWO Monthly Summaries</li> <li>Caregiver Efforts Statement <i>(foster home only)</i></li> </ul>

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<h1 style="margin: 0;">Caregiver Efforts Statement</h1>			
<small>Office of Provider Management Caregiver Effort Declaration</small>			
<small>This form may be submitted in lieu of a written statement from the caregiver to support an application for a Specialized Foster Care Per Diem or CPA Foster Parent Per Diem Waiver. <u>The caregiver must complete the form.</u></small>			
Date Completed:		Agency Name or County Department:	
Caregiver's Name:		Caregiver's Phone or Email Address:	
<b>Child Information</b>			
Child's Name:	Age:	Considering the Child's Age, Check The Boxes Which Best Describe The Child: <input type="checkbox"/> Average Weight <input type="checkbox"/> Under Weight <input type="checkbox"/> Over Weight <input type="checkbox"/> Average Height <input type="checkbox"/> Below Average Height <input type="checkbox"/> Above Average Height	
<small>Based on your opinion, check the amount of care giving effort you believe is required to meet the child's needs :</small>			
<input type="checkbox"/> Extremely High Effort <input type="checkbox"/> High Effort <input type="checkbox"/> Average Effort			
<small>Approximate Number of Re-Occurring Monthly Appointments for The Child:</small>			
<input type="checkbox"/> Less Than 2 Per Month <input type="checkbox"/> 3-5 Per Month <input type="checkbox"/> More Than 5 Per Month			
Average # of Miles Driven To Monthly Appointments:		If employed outside of the home, please indicate the average number of days missed from work in a month to care for this child:	
<b>Caregiver Assessment of Child's Needs</b>			
<small>Please check any boxes that apply. If a box is checked, provide supporting information or details. If the item does not apply, select N/A.</small>			
<input type="checkbox"/> N/A <input type="checkbox"/> Child is dependent upon medical support equipment including but not limited to a respirator, feeding pump or oxygen.			
Check All That Apply: <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Feeding Tube <input type="checkbox"/> Tracheotomy <input type="checkbox"/> Oxygen <input type="checkbox"/> Ventilator <input type="checkbox"/> Suctioning <input type="checkbox"/> Respirator			
<input type="checkbox"/> Braces <input type="checkbox"/> Prosthetic <input type="checkbox"/> Crutches <input type="checkbox"/> Other			
Describe:			
<input type="checkbox"/> N/A <input type="checkbox"/> Child has a life-threatening, acute/chronic <u>infectious</u> disease.			
Describe:			

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<h1 style="margin: 0;">Caregiver Efforts Statement</h1>	
<input type="checkbox"/> N/A <input type="checkbox"/> Child has a life-threatening, acute/chronic <u>non-infectious</u> disease.	
Describe:	
<input type="checkbox"/> N/A <input type="checkbox"/> Child has a terminal illness.	
Describe:	
<input type="checkbox"/> N/A <input type="checkbox"/> Child has a condition that requires ongoing administration of intravenous medication or nutrition support.	
Describe:	
<input type="checkbox"/> N/A <input type="checkbox"/> Child has a condition that requires intensive rehabilitation and/or developmental disability services.	
Describe:	
<input type="checkbox"/> N/A <input type="checkbox"/> Child is in a <input type="checkbox"/> full body cast, <input type="checkbox"/> partial body cast, <input type="checkbox"/> other type cast	
Describe:	
<input type="checkbox"/> N/A <input type="checkbox"/> Child requires regular range of motion stretching, atrophy avoidance exercising and/or physical repositioning.	
Describe:	
<input type="checkbox"/> Other:	
<b>Caregiver Home</b>	
<input type="checkbox"/> N/A <input type="checkbox"/> Caregiver home or auto requires special adaptive equipment directly related to care of the above named child.	
If so, what is needed and why?	
<input type="checkbox"/> N/A <input type="checkbox"/> Caregiver home requires additional electrical outlets or other such modifications directly related to care of the above named child.	
If so, what is needed and why?	

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## Caregiver Efforts Statement

**Caregiver Family**  
Describe the impact of caring for this child on your family (include any family or personal challenges, changes experienced whether negative or positive):

**Caregiver Assessment of Child's Independent Functioning** (If the child is 5 years old or older, please complete this section.)  
Check All of the Functions That The Child Can Perform

Takes Own Bath / Shower    Puts On Clothes Without Assistance    Feeds Self    Washes Hands    Brushes Teeth

Performs Expected Hygiene Tasks Appropriate for Age    Uses Toilet

Briefly Describe Any Age-Appropriate Self-Care Tasks That The Child Can Not Do:

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## Caregiver Efforts Statement

**Caregiver Observation of Behaviors**  
Check All Behaviors Exhibited By The Child

Overanxious or Insecure    Depressed or Extremely Sad    Disturbed or Constantly Worried    Nervous or Impulsive    Failure To Thrive

Eats Non-Food Items    Hyperactive    Sleeps Little    Has Angry Outbursts    Difficult to Bond With    Starves Self    Over-Eats

Hits Others    Self-Harms    Disrespectful    Chronically Lies    Wets Bed    Wets Self During the Day    Has Bowel Movements Other than in the Toilet    Smears Feces    Cruelty to Animals    Destroys Property    Chronically Steals    Runs Away    Suicidal Behavior

Homicidal Behavior    Engages in Sexually Inappropriate Behavior    Displays Psychotic Behavior    Other \_\_\_\_\_

Comments:

**Additional Caregiver Comments**

**Signatures**  
This section must be signed by the Caregiver and DECS Case Manager or CPA Case Support Worker

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## CCTU Application Review Process

### Review

- Narrative summary and attached documents
- If needed, SHINES will be reviewed, however the preference is that all documents be included in the request. Reviewing SHINES slows the process down.

### Additional Information

- If there is not enough information in the request to decide, then additional information will be requested.
- The requestor has 72-hours to provide the information before the request is closed.

### SHINES

- CCTU will randomly review information in SHINES for quality assurance purposes. If the information in SHINES doesn't match the request, the Specialist will ask the requestor for more information.

### Designation Decision

- If CCTU does not concur with the designation and there is no additional information to offer showing the youth qualifies for a higher designation, then the request will be denied.

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## RBWO Memorandums *(continued)*

### Memorandum Distribution

- Approved memos should be distributed to the CCTU Specialist, County Director, Case Manager, Case Manager's Supervisor, and provider agency (if known).
- Foster Parent's should ***not*** receive a copy of the memorandum.

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## RBWO Memorandums *(continued)*

All contracted RBWO agencies can access approved waivers via the child's person page in GA Score.

This is only available if the child is placed with the agency in GA Score. Once they discharge, the waivers should no longer be available.

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**Provider Access to Waivers**

In GA Score, go into the child's person page

Click on the Supports tab

From the list of waivers, find the one you need, then click on the little envelope icon by the Specialists name

The memorandum will open as a PDF file which can then be saved for your records

Program Designations

Supports

Services

Current Sta

chful Oversight Waiver 01/10/2020 - 01/01/2021 Approved (

m Designation W

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## GA Score Supports Tab

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Profile
Placements
Program Designations
Supports

Waivers
Placement Requests
Wrap Around Services
SFC Per Diems

Waivers

Request Date	Type	Effective Period	Current Status	Specialist
<a href="#">12/06/2019</a>	Specialty Medically Fragile Waiver	12/02/2019 - 12/01/2020	Approved (CLOSED)	Becky Kane
<a href="#">11/11/2020</a>	Specialty Medically Fragile Waiver	12/01/2020 - 12/01/2021	Approved (CLOSED)	Donna Wall

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## Other Ways to Help

Meet the child before you judge the file

Let's brainstorm before you discharged! Involve the team (provider, County, OPM, and CCTU).

Providers: Send a weekly census of available bed openings from your agency, especially MWO and above to [cctusupport@dhs.ga.gov](mailto:cctusupport@dhs.ga.gov).

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# Final Thoughts!

- Keep in mind, we only have 7 CCTU Specialists who complete all RBWO Memorandums and Waivers. Of those 7 Specialists, 6 *also* provide placement assistance
- We have a high volume of emergency referrals for placements and waivers.
- 2 on-call Specialists rotating weekly from 5pm – 9am.
- Your patience is greatly appreciated!