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.

Who Can Approve?



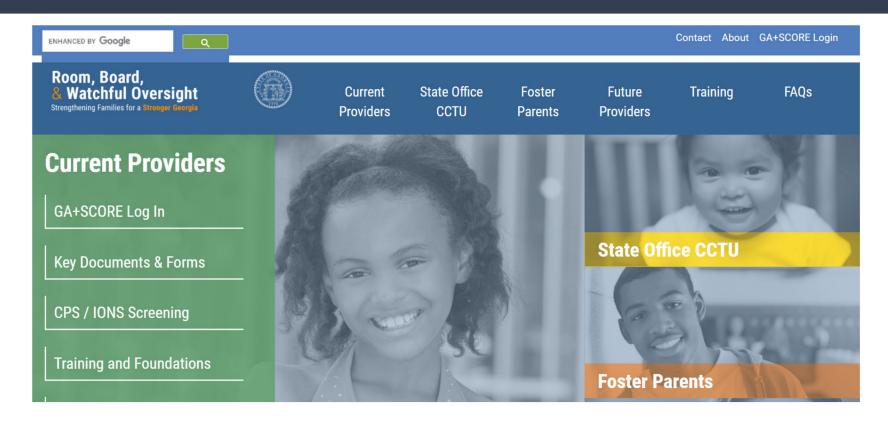
CPA Approvals

| Туре | County | CCTU | ОРМ | Regional Director | Director Foster Care Services |
|-----------------------|--------|------|-----|----------------------|-------------------------------------|
| Traditional | X | | | | |
| BWO | | X | | | |
| MWO | | X | | | |
| SBWO | | X | | | |
| SMWO | | X | | | |
| SMFWO | | X | | | |
| Capacity/Respite | | | X | | |
| Sleeping Arrangements | | | X | | |

CCI Approvals

| Туре | County | CCTU | OPM | Regional Director | Foster Care Services Director |
|-------------------|--------|------|-----|----------------------|-------------------------------------|
| BWO | X | | | | |
| AWO | X | | | | |
| MWO | | X | | | |
| Age Exception | | X | | X | X |
| ILP Age Exception | | X | | X | X |
| Non-Contracted | | X | | X | |
| Maternity Homes | X | X | | | |

Application Process



DIVISION OF FAMILY & CHILDREN SERVICES



Step 1

State Office CCTU

Step 2

 Submit a Program Designation, Specialty Waiver, or Placement Assistance Request

Step 3

Get Started!

Step 4

• Enter information then be sure to click the final submit button at the end.

Universal Application

| Date: | | | Application | n Type | Select One | | | | - |
|--------------------------|----------------|---------|--------------|-----------|---------------------------|-------|-----------|------|---|
| Referring Cour | nty: | | | | | | | | |
| Name of Refer | ring Case M | anager | | | | | | | |
| Email Address | 1902 2 | | | | | | | | |
| Office Number | | | | | Cell Numb | er | | | |
| | Plea | se comp | plete the in | format | ion below – I | о пот | SKIP | | |
| Case Manager | Name | | | | Email | | | | |
| If different from refe | rring | | | | Fax | | | | |
| Office Number | | | | | Cell Numb | er | | | |
| Address | | | | | City/Zip | | | | |
| | | | | | County | | | | |
| Supervisor Na | me | | | | Email | | | | |
| Office Number | | | | | Cell Numb | er | | | |
| Legal Custodia | sn Sele | ect One | | , | Commitme Date | nt | | | |
| | ete ALL sectio | | | th inform | G INFORM | | | | |
| Youth's Name | | | | | Date of Birth MM/DD/YYYY | | | Age | |
| Gender | Male | 0 | Female | | SSN | | -392 | | • |
| Ethnicity: | Select One | | | | Sexual Orienta | tion | Select On | ie . | |
| Religious Affiliation | Select One | | | | Primary Langu | age | | | |
| Permanency Goal | | | | | | | | | |

Supporting Documents

All RBWO or Waiver requests should be accompanied by supporting documentation.

Evaluations

Psychological

Trauma Assessment

Psychosexual

Therapist's notes

School

IEP (Individualized Education Plan)

Discipline reports

Medical

Medical records

PT, OT, and/or ST notes

Placement

RBWO Monthly Summaries

Caregiver Efforts Statement (foster home only)

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.

RBWO Memorandums

RBWO Memo Key Components

- County Director for the child's legal county
- CCTU Specialist who approved the memorandum
- Date waiver was drafted
- Child's name, date of birth, and SHINES Person ID number
- Type of Waiver
- *Start date and end date of waiver. Regardless of start date, all standard waivers will end on the 1st day of the month. Ex. December 14, 2020 to December 1, 2021.
- Per Diem
- Case Manager and Case Manager's Supervisor

DIVISION OF FAMILY & CHILDREN SERVICES

MEMORANDUM

TO: John Wayne, Director

APPLING County DFCS

FROM: Becky Kane, Behavioral Support Supervisor

CCTU

DATE: 11/12/2019

RE: RBWO Program Designation Waiver for

Santa Claus (testing) - DOB: January 1, 2001 SHINES ID: 123456789

The program designation request for Santa has been Approved. The Approved designation is Maximum Watchful Oversight. This is based on Santa's diagnosis of Reactive Attachment Disorder, Seasonal Affective Disorder, Obsessive Compulsive Disorder, and Morbid Obesity. The following behaviors or concerns have been reported: wears the same clothes every day, leaves home for long periods of time once a year, is overly interested in Christmas and making toys, tends to spend a lot of time with youth smaller than he is, and eats too many sweets.

Beels Kam

This Approved waiver is effective from 11/12/2019 through 11/1/2020. Please note that DFCS Social Services Policy 1003.15 requires that an application for Supplemental Security Income (SSI) be made in a timely manner for eligible children. Therefore, an SSI application must be submitted prior to renewal of this waiver if one has not already been submitted.

Please ensure that the required Payment of Care information is entered and that a copy of this waiver is uploaded into GA SHINES.

- The approved daily CCI rate is based on the terms of the agency's RBWO contract.
- The approved daily CPA rate is \$103.70. The breakdown of this rate is as follows: \$42.94 Agency + \$27.26 Foster Parent + \$33.50 Foster Parent Supplement = \$103.70.
- An SFC per diem supplement is approved and the breakdown of the rate is as follows: \$27.26 Base Rate + \$1.75 County Supplement + \$15.99 SFC Supplement = \$45.00.

The approved provider list is available through GA SHINES and on the GA+SCORE website at www.gascore.com.If you have any questions or need further assistance, contact Becky Kane, Behavioral Support Supervisor at Becky.Kane@dhs.ga.gov or 912-432-8782.

cc: Tiny Tim, Case Manager, APPLING County DFCS
Marilyn Monroe, Supervisor, APPLING County DFCS
Becky Kane, Behavioral Support Supervisor, CCTU

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.

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.

ents

Brogram Brogram Access topWaivers

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

Services

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

chful Oversight Waiver

01/10/2020 - 01/01/2021

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

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aproved (

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ERROR: undefined OFFENDING COMMAND: f'~

STACK:

-savelevel-