

APPENDIX B

A GUIDE TO GEORGIA'S SERVICES FOR PERSONS WITH MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

Georgia Department of Human Resources

Division of Mental Health, Developmental Disabilities and Addictive Diseases

2 Peachtree Street, NW

Room 22.470

Atlanta, Georgia 30303

404-657-2260

I. How do I locate public services for people with mental retardation in Georgia?

The regional office representing Georgia’s Division of Mental Health, Developmental Disabilities and Addictive Diseases that includes your county of residence is your first contact point.

Regional offices representing the Division of Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD) plan, coordinate and contract all publicly-supported hospital and community services, and evaluate and monitor those community programs and services. The addresses and phone numbers for each regional MHDDAD office are located at the back of this booklet. You may also contact the Division of Mental Health, Developmental Disabilities and Addictive Diseases Office of Developmental Disabilities at 404-463-8037. If you have a personal computer, Internet information is available at www.dhr.state.ga.us . First click “services”, then click on “Developmental Disabilities”. The bottom of this page will assist you in finding the regional office representing your county.

II. Who is eligible for services?

A. To be eligible for state-supported developmental disability services, you must have a diagnosis of mental retardation or a developmental disability and meet the criteria for “*most in need.*” People who are “*most in need*” of services are those with social, emotional, developmental, or physical disabilities resulting from mental retardation/developmental disabilities who without state-supported services, would have significant difficulty or be unable to successfully live day to day. In addition, family support services are available for people with autism and certain other developmental disabilities.

B. Most of Georgia’s public developmental disability services are supported by Medicaid waiver funds. To receive Medicaid waiver services, you must:

- Be Medicaid eligible;
- Have mental retardation since birth or before age 18 or another developmental disability since birth or before age 22, which requires services similar to those needed by people with mental retardation;
- Live in an institution for people with mental retardation or developmental disabilities; or
- Be at risk for going into an institution for people with mental retardation (ICFMR) if you are not able to get the services you need in the community.

III. Will I have to pay for services I receive?

Your income and ability to pay determine the cost to you for state-supported services. As part of determining eligibility for state-supported developmental disability (DD) services, your ability to pay will be evaluated. If you are eligible for DD services under the waiver, the Mental Retardation waiver pays for most community-based DD services.

Any payment for services will be discussed with you before you receive services.

IV. How can I apply for Medicaid?

If you have a disability, you or your representative can apply for Supplemental Security Income (SSI) by contacting your local Social Security office. You may call 1-800-772-1213 to find your closest Social Security office.

If you are approved for SSI, you will automatically be eligible for Medicaid.

V. What if I receive regular Social Security or receive more benefits than allowed under the MRWP Medicaid waiver?

You may be eligible for “Medical Assistance Only” (MAO) if your monthly income is higher than the amount a person can receive and be eligible for regular Medicaid, but not high enough for you to pay all of the expenses that would be required for your care.

To apply for Medical Assistance Only, contact your county Department of Family and Children Services (DFCS) after your Intake and Evaluation Team has screened you for eligibility for Medicaid waiver services. You will need to show DFCS that you are eligible for MR waiver services. This can be accomplished by bringing a completed “Level of Care” form with you to your DFCS appointment. This form will be supplied to you after you are seen by the Intake and Evaluation Team. You may contact DFCS public information at 404-657-7660. If you have a personal computer, internet information is available at www.dhr.state.ga.us . First click on “Family and Children Services”, then “E-mail us,” and select “Eligibility: Medicaid, Food Stamps, and/or Temporary.”

VI. What if I disagree with any part of the decision about whether I am eligible for DD services?

You have the right to appeal if you are not satisfied with any part of the eligibility decision.

A. Where do I send my appeal?

- **If you are NOT Medicaid eligible**, your appeal about whether you are eligible for MR/DD services should be directed to the regional office for the Division of MHDDAD.

Contact your regional MHDDAD office to ask for a copy of the appeal process.

You must submit your appeal to the regional office representing the Division of MHDDAD IN WRITING within 30 working days of the date on the letter telling you about the decision. If you are unable to submit your appeal in writing, contact the regional MHDDAD office. They will assign a staff person to assist you in submitting your appeal.

- **If you are Medicaid eligible**, your appeal should be directed to the Division of Medical Assistance AND to the Division of MHDDAD. You must submit your concerns IN WRITING within 10 working days of the date of the letter telling you about the eligibility decision.

If you are unable to submit your appeal in writing, contact the regional office representing the Division of MHDDAD. They will assign a staff person to assist you in submitting your concerns. Direct your concerns to both of these agencies:

Mental Retardation Program Specialist
DCH Division of Medical Assistance
Two Peachtree Street, NW, 37th Floor
Atlanta, Georgia 30303

And send a copy to:

Medicaid Waiver Program Specialist
DHR Division of MHDDAD,
Two Peachtree Street, NW, 22nd Floor
Atlanta, Georgia 30303

VII. If I am placed on the region's planning list, how will I know when I can receive the services I need?

A. A representative from your regional Division of MHDDAD office will contact you at least every twelve months to update their information about your current situation. *You should contact the regional MHDDAD office any time your situation changes.*

A representative of the regional MHDDAD office will call or write you (and your representative, if appropriate) if services become available before your next scheduled contact.

B. What information is used to move me from the planning list into the services I need?

First, funds must be available to pay for the needed services. Then, your need for services will be carefully reviewed. A number of factors are considered, such as:

- Do you have a caretaker?
- Can your caretaker continue to provide care?
- Do you have any special health or behavior issues that urgently need attention?

Staff from your regional office representing the Division of MHDDAD will discuss this with you if you are placed on the planning list.

C. What if I have questions that are not answered here?

Contact the regional office representing the Division of MHDDAD with any additional questions that you have. The staff of the regional MHDDAD office will help you through this process, answer your questions and make sure your unique situation is understood.

VIII. Will I ever be discharged from MR waiver services?

There are several very specific circumstances that could cause you to be discharged from MR waiver services. You would be notified in writing if you were to be discharged from the waiver. Several examples of the specific circumstances that could cause you to be discharged are listed below.

- It has been determined that services you were receiving are no longer needed.

- The source of funding for the services you have received has been changed.
- You have moved from Georgia.
- The level of care you require has changed.
- You have requested in writing that your services be terminated.
- Your Medicaid eligibility has been discontinued.

If one of these circumstances occurs and you disagree with this decision, you may request a fair hearing. You have thirty (30) days from the date of the letter to request a hearing in writing. Send your request to:

Department of Community Health
 Legal Services Section
 Division of Medical Assistance
 Two Peachtree Street, NW, 40th Floor
 Atlanta, Georgia 30303-3159

And send a copy to:

Medicaid Waiver Program Specialist
 DHR Division of MHDDAD,
 Two Peachtree Street, NW, 22nd Floor
 Atlanta, Georgia 30303

IX. What are my rights?

As an applicant and a consumer of services, you have rights. Your rights include:

- Getting the care that you need
- Being treated with respect and dignity
- Having your health and safety protected
- Choosing how, when, where and who will deliver your services.
- Taking part in planning your own treatment
- Knowing the benefits and risks of your treatment
- Having continuity in the services you receive
- Being free of restraints or seclusion, except as a last resort for safety
- Being free of physical, sexual or verbal abuse

- Being free of neglect or exploitation
- Being able to grieve/appeal decisions concerning your care
- Exercising your rights without fear of harm

You are encouraged to ask questions about your services and your rights. You may talk with any staff member of the agency serving you. Or you may talk with someone outside the agency, such as staff of the regional MHDDAD office.

REGION 1

1305 Redmond Circle
 Building 401
 Rome, Georgia 30165
 Phone – (706) 802-5272
 Toll Free – 1-800-646-7721

Toll Free – 1-866-380-4835

REGION 4

PO Box 1378
 Thomasville, GA 31799-1378
 Phone (229) 225-5099
 Fax (229) 227-2918

REGION 2

3405 Mike Padgett Highway, Building 3
 Augusta, GA 30906
 Phone – (706) 792-7733
 Fax – (706) 792-7740

Toll free: 1-877-683-8557

REGION 5

1915 Eisenhower Drive, Building 2
 Savannah, GA 31406
 Phone – (912) 303-1670
 Fax – (912) 303-1681
 Toll Free 1-800 348-3503

REGION 3

100 Crescent Centre Parkway, Suite 900
 Tucker, GA 30084
 Phone – (770) 414-3052
 Fax – (770) 414-3048

** This document was developed by the Governor’s Council on Developmental Disabilities to serve as a guide for preparing individuals and families for the new waivers that will be released in the near future.

Understanding

Georgia Department of Education
 Dr. John D. Barge State School Superintendent
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The Medicaid Waiver

A Practical Guide for Families and Individuals with Developmental Disabilities

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What Is A Medicaid Waiver?

A Medicaid Waiver is money that can pay for services for people with developmental disabilities. These services can take place in the person's home or in the community. Both children and adults can be supported by Medicaid Waiver services.

Medicaid usually pays for doctor appointments, hospital expenses, medicine, therapy, and some adaptive equipment. The Medicaid Waiver allows for Medicaid to be used to pay for additional services. The state writes a plan that tells what kind of services will be provided under their Medicaid Waiver program. The federal government has to approve the Medicaid Waiver plan. The Medicaid Waiver dollars are part state and part federal money.

The New Medicaid Waivers

The Office of Developmental Disabilities has written two new waivers. These new waivers are designed to give people more control over how their service dollars are spent.

The NOW waiver will provide supports to people who don't need 24 hour care. The Comprehensive waiver will provide supports to people who need 24 hour care.

Families who have heard about the new waivers are excited because they will have more options for support and more will have more control in making the decision about how the money is spent.

The new waivers are still going through the approval process with Medicaid.

Features of the New Waivers

Individual Budgets –With the new waivers, every person will have an individual budget based on their needs. The family will be aware of how much money is available to purchase the supports needed. In the past the dollars went to the providers to reimburse them for providing the service.

Supports Intensity Scale –The support coordinators have been trained to use the Supports Intensity Scale in an effort to find out what the individual needs. It is an interview that is done with people who know the individual well. The score on the Supports Intensity Scale (SIS) along with other information will be used to decide how many waiver dollars will be set aside for your family member’s supports and services.

Choice of Services –If a family is happy with the services they are currently receiving, they can choose to continue to purchase those same services. If they want to think of other ways to support their family member, they can look at new and innovative ways of providing the community supports. Families can even choose to become responsible for hiring the people to work with their family member.

Financial Support Services –If a family wants to be in control of choosing who provides the services for their family member, then they can use the financial support service agency to pay the bills for them. The family would sign off on the time sheets and submit them for payment. The agency pays the taxes and social security, pays for the background check, and provides W-2 forms and monthly budget reports.

What Services Are Available Using Waiver Dollars?

Behavioral Support – If your family member has challenging behaviors, waiver dollars can help purchase the services of an expert to address the behaviors and support the person. (\$2,460 maximum yearly).

Community Access –This service can be provided individually or with a group of people. It can take place during the day, in the evening, or even on weekends. Community activities that would be enjoyable to the person would be identified, and participation and support arranged.

Community Guide –Waiver dollars can pay a person to link your family member to local community resources. The community guide can research what is available based on the person’s interests and needs. (\$2000 maximum yearly).

Community Living Support –This service helps the person live at home. The support can help with bathing, dressing, grooming, toileting, eating, shopping, banking, exercising, decision making, supervision of the person taking their medication, or other community living activities.

Community Residential Alternative –This waiver service is for people who are living in a residential home operated by a provider agency. The person can receive support in daily living activities, community activities, and household chores. The agency staff provides the training and supervision in the home.

Dental Services for Adults –Currently Medicaid only pays for adults to have teeth pulled. Dental services cover preventative dental care or dental treatment. (\$500 maximum yearly)

Environmental Accessibility Adaptation - Medicaid Waiver funds can be used to modify a home to make it more accessible, like adding ramps or grab bars. (\$10,000 lifetime maximum)

Financial Support Services –This is a service that assists families in paying for the services when the family chooses to hire the people they want to work with their family member. The financial support service manages payroll, taxes, background checks, etc.

Natural Support Training and Individual Directed Goods and Services – These two services are available only under the NOW waiver and are designed to help promote the individual’s participation in the community. Funds can be used to train people or to purchase things the person needs in the community. (\$1800 maximum yearly for training...\$1500 maximum annually for goods or services)

Professional Therapeutic Services - The Medicaid Waiver can pay for physical therapy, occupational therapy, speech therapy, or nutritional therapy. (\$1800 maximum yearly)

Respite –The Medicaid Waiver will pay for respite care to give the family a break from their demanding schedules involved in caring for their family member who has developmental disabilities. This can be hourly or overnight.

Specialized Medical Equipment and Supplies –The Waiver can pay for medical supplies or adaptive equipment that might be needed. This could include things

like disposable diapers, chux pads, latex gloves, and wipes. (\$13,474 equipment Lifetime cap.....\$1,734.48 maximum yearly for supplies)

Support Coordination –The support coordinator will be responsible for completing all the waiver paperwork and will monitor to make sure the services are being delivered. They also check on the individual’s health and safety.

Transportation –Waiver dollars can be used to purchase transportation to get people where they need to go in the community. (\$2800 maximum yearly)

Vehicle Adaptation –If a vehicle needs to be adapted, waiver funds can be used to pay for such things as a van lift, a portable ramp, wheelchair tie downs or brackets, or a specialized seatbelt. (\$6,240 maximum lifetime cap)

Steps To Take To Apply For A Waiver

1. Contact the Intake and Evaluation Team at the Regional Office to apply for services. The Intake and Evaluation Team will screen you to determine if you are eligible for services. The Intake and Evaluation Team will place your name on either the long term or the short term waiting list.
2. If you are on the short term waiting list, then a support coordinator will be assigned. The support coordinator will check in with you and your family periodically to see if there are any changes in your situation.
3. When funding becomes available, the regional office staff will send a letter stating that you have been approved for a Medicaid Waiver.
4. The Intake and Evaluation Team will come out to the house to complete the paperwork for the waiver. This includes doing a social history, a psychological update, a nursing assessment, and completing other Medicaid required documents. As a family member, be sure that the assessments thoroughly describe the needs of your son / daughter.
5. The Support Coordinator will assist you and your family in completing the Individual Service Plan. Goals will be developed from needs identified in the intake assessments. The support coordinator will also complete the Supports Intensity Scale and the Health Risk Assessment Tool which will be used to determining the level of funding that will be received.

6. The individual and the family will be given information about providers who work in that region. The family will choose the provider they want with help from the support coordinator or decide if they would prefer to self direct the services.

Key People Available To Help You and Your Family

- The Regional Offices have a person called a **Developmental Disabilities Case Expeditor** who can assist individuals moving from hospitals or in crisis to access services.
- The **Intake and Evaluation Team** has professional staff that can assist the family by identifying needs and recommending goals for the services and completing the eligibility evaluations.
- The **Support Coordinator**'s role is to help make sure that the individual gets the services and supports needed. The support coordinator makes sure all the paperwork is completed and monitors to make sure services are being delivered. The coordinator also keep a watchful eye to make sure the person receiving services is safe and in good health. This is a Medicaid Waiver service.
- There will be **community guides** as resources to individuals and their families. These community guides will help link the person to individuals and associations in the local community that match their interests. This service is purchased using Medicaid Waiver dollars.
- There are individuals with disabilities who have gone through a training program to certify them as **peer supporters**. They can be contacted through the Independent Living Centers around the state. Peer supporters share information that they have learned from personal experience.
- There are a variety of **providers** who want to deliver Medicaid Waiver services. The Regional Office can provide families with a list of providers approved to deliver services within their region.
- The **Financial Support Services Agency** is available to pay for services or goods if a family wants to hire the people they want to work with their family member. Acumen is currently the only agency in Georgia providing this service. They will pay the social security and employer taxes as well as do criminal background checks and provide a W-2 form for all people hired by the family.

An Example of a Person Already on the Waiver

Jimmy is forty-four years old and lives with his mother who is a widow. Jimmy goes to the day program five days a week from 9:00 until 3:30. His mom works for an insurance company.

When the support coordinator explained the new waivers to Jimmy and his mother, they decided that they wanted him to continue to go to the day program four days a week. His mother is off on Wednesdays so she didn't need him to be at the center that day.

Jimmy has become very interested in NASCAR racing and loves anything that has to do with cars. This is an interest that his mother knows nothing about.

With Jimmy's waiver funds, they purchased the services of a community guide. She explored possible activities that Jimmy might enjoy that had to do with cars. She found the following:

- A car dealership who wanted to hire someone to wash cars.
- An auto parts store that needed help unloading trucks on Wednesday afternoons.
- A club for NASCAR fans that meets to watch the races on Sunday afternoons.
- An opportunity to vacuum out state patrol cars between shifts at 3:00 p.m.

Jimmy's mother took him to the auto parts store on Wednesday. The assistant manager received waiver funds to teach Jimmy how to unload the truck and stock the shelves. The manager paid Jimmy minimum wage for his work from 2:00 – 6:00 p.m. on Wednesdays.

One of the NASCAR club members knew Jimmy from church. He volunteered to take Jimmy out to lunch on Sundays after church and then take him to watch the race on television with the other club members. This was a natural support that was developed based on a shared interest. It did not require any Medicaid waiver dollars.

An Example of a Person New to the Waiver

Mary graduated from high school and stayed at home 14 months before receiving news that she had been awarded a Medicaid waiver. Mary lives with her parents, but wants to have her own apartment in the future. Mary wants a job. She loves

working with children. She helps with the child care at church during choir practice.

The support coordinator explained the new waiver to Mary and her family. They want to purchase community access services to help Mary become employed. They also wanted respite care for a three day weekend so her parents could celebrate their 25th wedding anniversary. They decided to purchase transportation for Mary to get to church on choir practice night because her mother is taking a class and can't take her. Mary also wants to join a gym and take a water aerobics class. She needs someone to go with her to help her change into her swimsuit.

Mary's mother found a child development student at the Vo-Tech School who was willing to work with Mary in the church nursery. She also agreed to check with the Pre-K program at the elementary school where she was doing an internship. She helped arrange for Mary to work in the Pre-K program two mornings a week. They also were able to arrange for Mary to ride the school bus home at noon when the bus was transporting the children home.

A paraprofessional in the Pre-K program got to know Mary and became qualified to provide the respite care that the family needed. She already had the first aid and CPR training and had a criminal background check done before becoming employed by the school system.

Mary never attended a day program, but had her services and supports designed around her interests. A service does not have to be a program or a place.

Questions You Might Ask

1. What if I want to try a different way of doing services but change my mind and want to go back to the original service provider?

It is fine to change your mind and you will be allowed to switch back to the service provider you prefer.

2. Can we spend the waiver dollars on anything that my family member wants?

Waiver money cannot be spent on anything the person wants. There are rules and guidelines that have to be followed. The services that will be paid for have to be spelled out in the individual service plan and must address a need or goal area that has been agreed upon by the team who helps create the individual service plan.

3. Can family members be paid to provide any of the services?

If there is an extenuating circumstance, a family member may be allowed to provide some of the services. The federal law says that neither the parent of a minor child nor a spouse can be paid. These requests are to be reviewed and considered on a case by case basis.

4. Will there be enough providers available to serve all the people on the waiver?

The Office of Developmental Disabilities thinks that the number of providers in Georgia will grow under the new waivers. In other states where they have gone to more individualized services, the number of providers has grown by more than 100%.

Myths and Facts about Medicaid Waivers

1. **The waiting list is ten years long.** This is **false**. The advocates through the Unlock the Waiting List Campaign have been working with the legislature to promote a multi-year funding plan to address the waiting list over the next five years. However, more planning may be needed for any growth in demand.

2. **Providers will go out of business with the new waivers.** This is **false**. Providers who offer services that people want will experience growth and not go out of business under the new waivers. There should be an increase in the number of providers in Georgia over the next six years.

3. **There are limited dollars in the waiver program and the amounts that can be spent will be capped.** This is **true**. The new waivers will be activated using the money that is currently in the waiver program. There are no new dollars unless the legislature allocates them for this purpose.

4. **The Supports Intensity Scale is the best tool currently available to evaluate people's needs.** This is **true**. The Supports Intensity Scale has the best record of being accurate in evaluating peoples' needs. More work is being done to make it work well for children under sixteen. There will be a health risk screening tool that will make sure that medical issues are properly assessed.

5. **There will be additional money available in case of a crisis or other extenuating circumstances.** This is **true**. There will be flexibility and the ability

to move money around if a person does not need it during the year. This will allow for additional money to be assigned to people who need more during the year.

RESOURCES

Georgia Advocacy Office
150 E. Ponce de Leon Ave
Decatur, GA 30030
(404) 885-1234

Statewide Independent Living Council
www.thegao.org www.silcga.org

Governor's Council on Developmental Disabilities
2 Peachtree St NW, 26th floor
Atlanta, GA 30303
(404) 657-2126 or toll free 1-888-275-4233
www.gcdd.org

Unlock the Waiting List Campaign
Attention: Dave Blanchard
1440 Dutch Valley Place NE Suite 200
Atlanta, GA 30324
(404) 881-9777 or 1-877-WAITLIST
www.unlockthewaitinglists.com

Office of Developmental Disabilities
2 Peachtree St NW, 22nd floor
Atlanta, GA 30303
(404) 463-8037
www.mhddad.dhr.georgia.gov

Regional Offices for Mental Health / Developmental Disabilities and Addictive
Disease Services

Region 1 (706) 802-5272 or toll free 1-800-646-7221
Region 2 (706) 792-7733 or toll free 1-866-380-4835
Region 3 (770) 414-3052
Region 4 (229) 225-5099
Region 5 (912) 303-1670 or toll free 1-800-348-3503

The previous sources may be of help to you as you consider the transitional needs of your student. While these sources are provided to assist you in your search, it is your responsibility to investigate them to determine their value and appropriateness for your situation and needs. These sources are provided as a sample of available resources and are for informational purposes only. **THE GEORGIA DEPARTMENT OF EDUCATION DOES NOT MONITOR, EVALUATE, OR ENDORSE THE CONTENT OR INFORMATION OF THESE RESOURCES. NONE OF THESE RESOURCES SHOULD BE CONSIDERED THE ADVICE OR GUIDANCE OF THE GEORGIA DEPARTMENT OF EDUCATION.**

Medicaid Waivers in Georgia

Waiver	Population Served	Services Provided	#’s Served	#’s Waiting	Average Cost per person per year	Department to Contact
Independent Care Waiver for People with Physical Disabilities and/ or Traumatic Brain Injury (ICWP)	Adults with physical disabilities or traumatic brain injury ages 21-64; must be able to direct their own care and are at risk of nursing home or hospital placement	Medical Equipment and supplies, Personal Attendant care, Home Modifications, Behavioral management	677	145	\$43,629	Department of Community Health Apply through Georgia Medical Care Foundation
Deeming Wavier (Katie Beckett waiver)	Children under 18 with chronic medical conditions. Waives only the parental income requirements in order to receive Medicaid health care services	Medicaid health care insurance Those services under the regular state Medicaid Plan	5548	No waiting list	\$6504 (just health care related)	Department of Community Health Apply through Local DFCS office
Community Habilitation Support Services (CHHS)	This waiver was created to serve individuals who were moved out of Brook Run State Hospital. It has the same eligibility requirements as the MRWP	Has one bundled service which includes services such as residential, day habilitation, supported employment	1193	No waiting list No one is being put on this waiver	\$43,360	Department of Human Resources through the Division of Mental Health/ Developmental Disabilities/ Addictive Diseases (MHDDAD)
Mental Retardation Waiver Program (MRWP)	People with mental retardation or developmental disabilities (ie. Cerebral palsy,	Personal Support, Day Habilitation, Supported Employment, Day Support Services,	7079	3200 on the short term waiting list	\$21,092	Department of Human Resources through the Division of Mental Health/ Developmental

	autism, down syndrome, spina bifida) who require the level of care provided in an intermediate care facility for people with mental retardation (ICF-MR) and are at risk of institutionalization	Natural Support Enhancement, Residential Training and supervision, Medical Equipment and supplies, home modifications, Respite Care		3126 on the long term waiting list		Disabilities/ Addictive Diseases (MHDDAD) Apply for services through the regional offices
Community Care Services Program (CCSP)	Covers Elderly and people with disabilities who qualify for the level of care provided in nursing homes and need regular nursing care and personal care services, but can stay at home with home and community based services	Care Coordination, Home Health, Adult Day Care, Alternative living services, Respite care, Personal support services, home delivered meals	12,480	1462	\$7,686	Department of Human Resources through the Division of Aging Services Apply for services through the Area Agencies on Aging
Service Options Using Resources in a Community Environment (SOURCE)	Frail Elderly and people with significant disabilities who are Medicaid and SSI eligible	Intensive case management/ Primary care physician services, any service provided through CCSP	6500	No waiting list	\$5,243	Department of Community Health Apply by contacting the site serving their county
Georgia Pediatric Program/ Model Waiver (GAPP)	Children up to age 21 who are medically fragile with multiple diagnosis and require continuous skilled nursing care	In home private duty nursing, Medical Day Care, Transportation, Personal Care Attendants	131	No waiting list 200 maximum for the state	\$48, 624	Department of Community Health Apply through Georgia Medical Care Foundation

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