



**GEORGIA ASSOCIATION OF COMMUNITY SERVICE BOARDS
INTELLECTUAL & DEVELOPMENTAL DISABILITIES COMMITTEE**

**August 25, 2025 – 11 AM
MEETING MINUTES**



MEMBERSHIP ATTENDANCE: X - Denotes Attendance, IF 2 or more names the one/s that are BOLDED/HIGHLIGHTED				
X	Chair – Cindy Levi - Avita	X	Legacy – Jackie Murphy (Mallory Sims)	X GACSB – Vanessa Cameron
	Vice Chair – Jennifer Hibbard – View Point		Bridge Health – Melissa Fouts	
X	Advantage – Erin Ray, Heather Grenier		McIntosh Trail – Amanda Brown (Sharon Henley- Proxy)	
	Aspire – Caroline Chandler (Jennifer Stephens) (Dana Glass)	X	Middle Flint – Kerri Roberts (Stephanie Ghesquiere)	
	Avita – Hannah Quinn and Michael Foust		New Horizons – JoAnn Mosley	
	Clayton Center – Paula Tyler	X	Oconee – Greta O'Dell	
X	CSB of Middle Georgia – Stephen Smith		Pathways – Jade Benefield	
	Dekalb/Claratel – Larry Fuller (Lisa Charles)		Pineland – Michelle Williams	
	Douglas County (now One Community Health Resources) – Gail Walton	X	River Edge – Cass Hatcher	
X	Gateway – Rufus Johnson (Ashley Allen)		Serenity – Laurie Bradford	
	Georgia Pines – Christine M. Mayer	X	Unison – Belydia McCarty (Sabrina Tutem- Proxy)	
X	Highland Rivers – Dena Payne (Anna Manis) (Brenda Albertson)	X	View Point Health – Sayon Cooper	
GUESTS:				
DISTRIBUTION:				

Agenda Items	Discussion	Action/ Resolution	Responsibility	Due Date
Welcome/Call To Order	Cass Hatcher informed the group he was sitting in for Dana as she was unable to attend the meeting. He confirmed a quorum was present and called the meeting to order at 11 :00 AM.			
Approval of Agenda	A motion to approve the August 25, 2025 Agenda was made by Dana Glass, seconded by Belydia McCarty and passed without opposition.			
Approval of Minutes	A motion to approve the June 23, 2025 Minutes was made by Greta O'Dell and seconded by Rufus Johnson. It passed without opposition or discussion.			
Chair Update	Cass has been appointed as Chair of the IDD Committee for FY 2026. He expressed appreciation for members' expertise and			

	patience as we navigate to improve IDD services.			
Clinical Operations Committee Update	As Jennifer was not available for the meeting, there was no report.			
External Committees Updates	<p><u>Trade Association</u> Cindy reported that a Trade Association meeting has not been held since the IDD Committee's last meeting.</p> <p><u>Planning List Workgroup</u> Several other meetings have occurred related to the Workgroup. They are currently working on waiting lists vs. planning lists and at what point an individual moves from one to another. There is a need to differentiate to clarify timelines: immediate year; the next fiscal year up to five fiscal years; and five fiscal years and beyond. There is interest in knowing about the further-out years for the legislature to assure funding.</p> <p>The Workgroup is also looking at implementation of a new waiver. Recommendations are being finalized (comprehensive waiver, NOW waiver, and another to be utilized for individuals who have lower-level needs). DBHDD is looking at rolling some of the 100% state-funded Family Support Program funds into a waiver so we receive matched federal funds (looking at 30% state and 70% federal). This will expand the number of individuals we can serve. The Workgroup is looking at parameters. It is important to note that in the future, it is likely that there will be an additional waiver and not as much available under the Family Support category.</p> <p>The Workgroup's recommendations will be moved forward to the IDD Committee for Health Reform Commission. Once there, an annual report will be released and legislators will work through the Behavioral Health Reform Commission to support funding for those items. The Committees must have their recommendations to the Commission before Thanksgiving for inclusion in the annual report.</p>			

Residential Updates	<p>Cindy reported that some members may have received an invitation to participate in a meeting with the Regional Office regarding services that was subsequently cancelled.</p> <p>Initially Director Wakefield and his team thought to pull regional providers together by region to discuss the new levels of residential services approved by CMS – working with individuals with complex medical needs and two levels of individuals with behavioral health challenges in addition to an IDD diagnosis. One was longer and one was shorter-term.</p> <p>DBHDD has made it clear that CSBs are the IDD safety net; we have desired this for a long time. DBHDD has over 500 providers and CSBs represent just 22 – CCBs are the only comprehensive provider for individuals with complex needs.</p> <p>Rather than regions meeting as initially thought, DBHDD will pilot a program via 1 provider per region to work on higher level need residential programs. DBHDD is in the process of meeting with identified providers and is also looking to partner with an agency from another state who has been successful in providing residential care to individuals with complex needs. Presentations to DBHDD will take place this week. After initial training, the program would include ongoing support from a team to help providers handle any challenges.</p>			
CAG New Rates	<p>Providers are looking to implement rates that were approved last year. Some new rates were implemented but the CAG group rate for in-facility and in-community have not yet been implemented.</p> <p>The staff to individual ratios for in-home (1:10) and in-community (1:5) were discussed. Points raised included:</p> <ul style="list-style-type: none"> • For supported individuals who are Tier 1 or 2, the in-facility rate is higher than the in-community rate. It was felt that many providers will continue to bill the facility rate for the time being. More conversation in the Trade Association meeting will occur. • With the administrative burden of recording multiple notes, there is not an increase in the rate because of how it is structured. 			

	<ul style="list-style-type: none"> • If billing at the community rate, the ratio is expected to be maintained at 1:5. Concerns were raised about being in the community and a critical incident occurring. • Holding claims as no authorizations: If claims are not held, adjustments would be required on the back end. The need to resolve outstanding claims from transitions in the past was raised There will be more discussion for the next rate study which is next year, in order for it to go to the legislature to see if funding is available in 2027 to change the rates. • The group agreed that clarification in writing was desired. 			
Therap/IDD Connects	<p>The presentation given by Therap last Thursday was comprehensive.</p> <p>Greta reminded the group that the deadline to receive DBHDD's incentive where they will pay for Therap for three years from January 2026 is September 5. Signing up does not obligate providers to use Therap and there is no penalty if it is not implemented.</p> <p>Cindy reported the CEOs discussed this during their call with Commissioner Tanner this morning. Clarification about record access other than the provider was raised, as agencies are responsible for protecting privacy and confidentiality. Therap is working through issues and indicated DBHDD staff and coordinators will have access to records and they explained that the contract indicates they have access to records as needed. Additionally, details of access to records would be captured. DBHDD attorney Monica Patel was on the call and is aware of these concerns. There needs to be a business reason, a process to access records and a mechanism to remove access when no longer needed. Support coordinators will have a list of those responsible for granting and removing access.</p> <p>Rufus confirmed that Therap is able to handle 2 different notes. They can be set up based on PA.</p> <p>Cindy stated that we are moving to a whole health approach to look at individuals with an IDD and a behavioral health diagnosis. Currently, if there is an incident, the two separate records do not</p>			

	<p>always provide a clear picture of the individual, or granting 24-hour access that must be reapplied for as needed. Rufus added that Gateway has used Therap for 12 years and access privileges can be limited to specific information; he noted Therap did not address that in their presentation.</p> <p>There was general agreement that the issue is who is making the determination regarding the level of access and rules related to confidential information.</p> <p>Vanessa thanked the group for the feedback and discussion. There are more meetings to come and this has been helpful to her.</p>			
Strategic Planning for GACSB	<p>The Association's Strategic Plan Retreat was held August 3-5. There were good ideas to strengthen the network. Four priorities were assigned to committees:</p> <ol style="list-style-type: none"> 1. Become a network of choice delivering life-changing care PIP has taken on this element and is currently working on condensing/refining 2. A trusted network of support and resources The GACSC Executive Committee has taken on this element 3. Modernize Georgia's regulatory framework The Clinical Committee is working on this item. They would like the IDD Committee to be involved. The Clinical Committee will present an action Plan at the October 8 meeting. 4. CSBs to maintain a high-quality workforce The Administrative Committee will work on this element 	<p>Please have conversations and brainstorm about #3.</p> <p>Cass will send strategic plan information to the Committee along with the draft minutes</p>	Cass, Vanessa	
Operational Challenges				
OTHER				

Next Meeting	The next meeting will be at 11 AM on September 22, 2025.			
Adjournment	The meeting was adjourned at 12:11 PM			
Chair:	Cass Hatcher, River Edge Behavioral Health	Recorded By: JoAnne Sims (River Edge Behavioral Health)		