GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Network Meeting – August 2020



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Date: 8/19/2020

GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Mission:

The mission of the Department of Community Health is to provide access to affordable, quality health care to Georgians through effective planning, purchasing, and oversight.

Retainer Payment Service Approval by Waiver Appendix K

No Change

EDWP & ICWP

Personal Support if staff is unable to deliver service due to illness, quarantine, or family request

Adult Day [Health] Care while the setting must be closed for isolation purposes

Alternative Living Services if the provider is not serving the member either in the home or in an acute care setting

NOW & COMP

Community Living Support if staff is unable to deliver service due to illness, quarantine, or family request

Supported Employment Services, Prevocational Services, and Community Access Group while the setting must be closed for isolation purposes

Community Residential Alternative (COMP only service) if the provider is not serving the member either in the home or in an acute care setting

Retainer Payment Guidelines for Georgia

CHANGE

The length of time retainer payments could be used is the lesser of 30 consecutive days or the number of days for which the state authorizes a payment for 'bed-hold' in nursing facilities

- ***CMS approved three (3) 30-day retainer payment episodes with the July 27th Georgia Appendix K Amendment***

- ***CMS confirmed that a "staggered" retainer payment model is allowable:***
  - ***Example: Monday and Wednesday traditional or telehealth service delivery***
  - ***Tuesday, Thursday and Friday retainer payment reimbursement with documentation***

- *Consecutive days are those days that are eligible for billing.*
  - *As typical day habilitation services are rendered Monday through Friday, 30 consecutive billing days would encompass a 6-week period of time.*

Retainer Payments

CHANGE

Temporarily include retainer payments to address emergency related issues [k-2.j]:

What this means for you:

The retainer payment can be billed if:

- *The provider is unable to substitute a different service to meet the member's need, e.g. ADH to PSS or Community Access Group to CLS*
- *The provider is not able to use a different staff person such as a family caregiver*

FAQs:

How do I bill?

- *Retainer payment will be authorized at the level, duration, and amount as outlined in the prior authorization*
- *Bill the service as if it was delivered and document daily the reason for the retainer reimbursement*
- *Services can be reimbursed as retainer payment for 30 continuous days initially*
- *Following the initial episode providers may be reimbursed for 2 additional 30-day episodes for a total of up to 90 days*

Mandatory State Controls on Reimbursement

No Change

States interested in utilizing retainer payments for multiple (up to three) episodes of up to 30 days per beneficiary will be expected to include or add the following guardrails in their Appendix K submissions:

- Limit retainer payments to a reasonable amount,
- Ensure their recoupment if other resources, once available, are used for the same purpose
- Collect an attestation from the provider acknowledging that retainer payments will be subject to recoupment if inappropriate billing or duplicate payments for services occurred
- Require an attestation from the provider that it will not lay off staff, and will maintain wages at existing levels

Mandatory State Controls on Reimbursement

CHANGE

States interested in utilizing retainer payments for multiple (up to three) episodes of up to 30 days per beneficiary (up to 90 days) will be expected to:

- Collect an attestation from the provider acknowledging that retainer payments will be subject to recoupment if inappropriate billing or duplicate payments for services occurred
  - Require an attestation from the provider that they had not received funding from any other sources that would exceed their revenue for the last full quarter prior to the PHE [such as]:
    - unemployment benefits
    - Small Business Administration loans that would exceed their revenue for the last full quarter prior to the PHE,
    - Cares Act Provider Relief Fund
  - Or that the retainer payments at the level provided by the state would not result in their revenue exceeding that of the quarter prior to the PHE.

Retainer payment provision

No Change

- Providers are subject to recoupment if inappropriate billing or duplicate payments for services occurred, as identified in a state or federal audit or any other authorized third-party review. *Note that "duplicate uses of available funding streams" means using more than one funding stream for the same purpose.*

Repayment of retainer reimbursement for 90 days or more

CHANGE

What can providers do if they have billed in excess of 90 days of retainer payments?

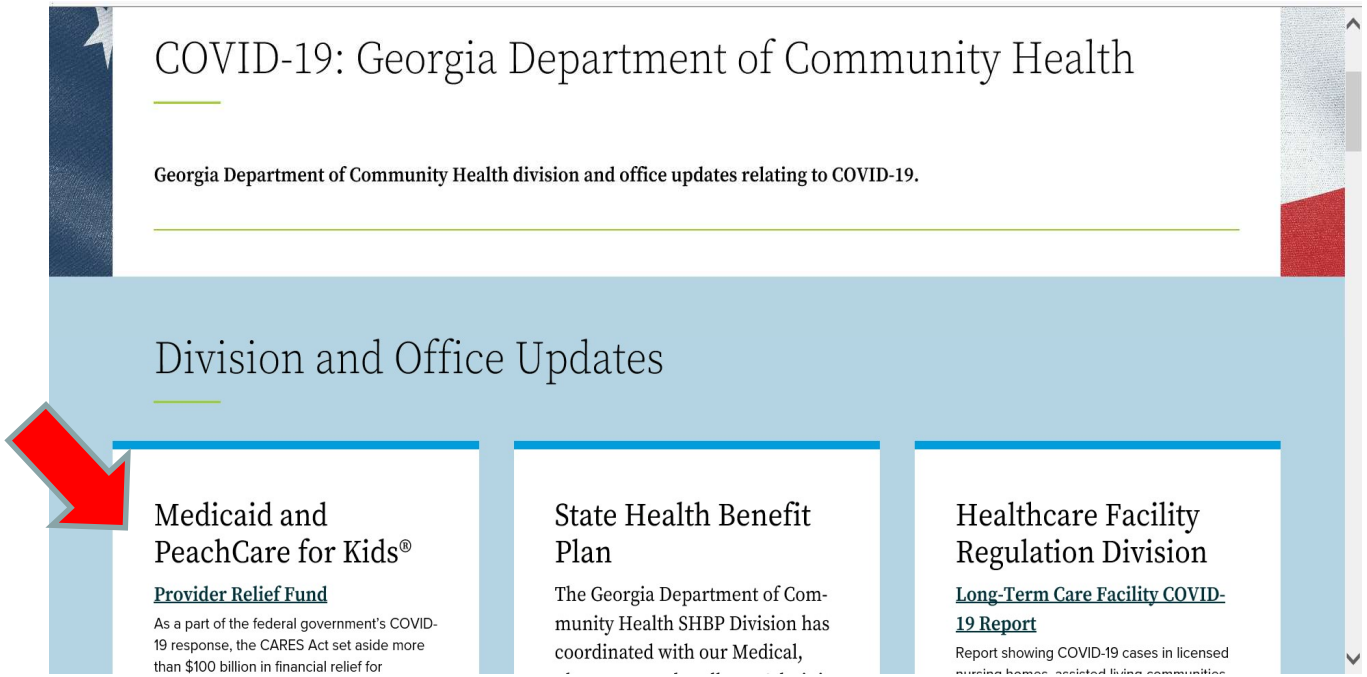
1. Void all claims representing 91 retainer payment days or greater, or
2. Enter into a repayment plan described in *Part I: Policies and Procedures for Medicaid and PeachCare for Kids*

   407. Recoupment of Reimbursement

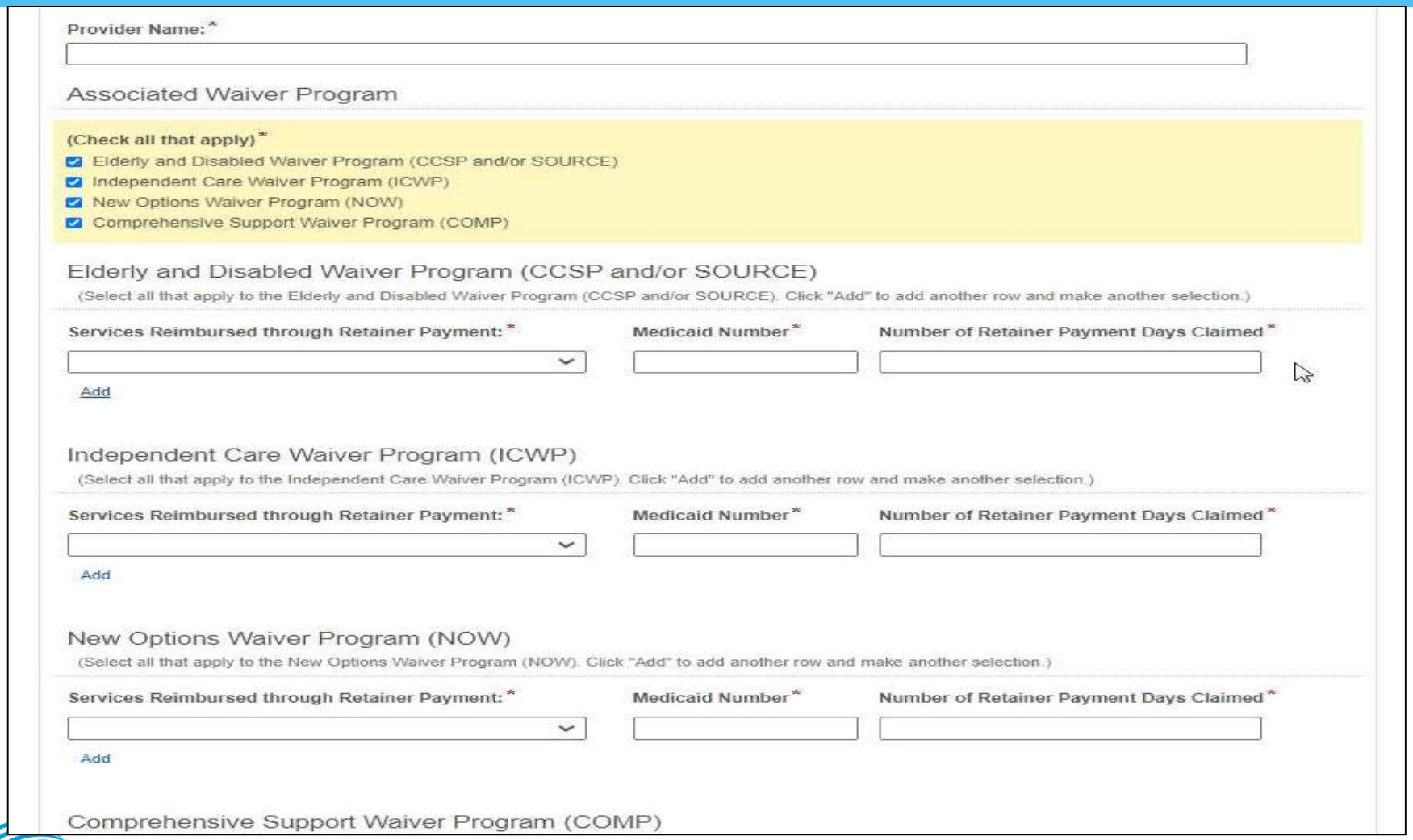
How do I submit an Attestation Statement?

CHANGE

- The fillable form is available on the DCH website at this link: https://dch.georgia.gov/how-do-i/covid-19-ga-dch



Provider Attestation Statement View



Provider Name: *

Associated Waiver Program

(Check all that apply) *
- Elderly and Disabled Waiver Program (CCSP and/or SOURCE)
- Independent Care Waiver Program (ICWP)
- New Options Waiver Program (NOW)
- Comprehensive Support Waiver Program (COMP)

Elderly and Disabled Waiver Program (CCSP and/or SOURCE)

(Select all that apply to the Elderly and Disabled Waiver Program (CCSP and/or SOURCE). Click "Add" to add another row and make another selection.)

Services Reimbursed through Retainer Payment: * | Medicaid Number * | Number of Retainer Payment Days Claimed *

Add

Independent Care Waiver Program (ICWP)

(Select all that apply to the Independent Care Waiver Program (ICWP). Click "Add" to add another row and make another selection.)

Services Reimbursed through Retainer Payment: * | Medicaid Number * | Number of Retainer Payment Days Claimed *

Add

New Options Waiver Program (NOW)

(Select all that apply to the New Options Waiver Program (NOW). Click "Add" to add another row and make another selection.)

Services Reimbursed through Retainer Payment: * | Medicaid Number * | Number of Retainer Payment Days Claimed *

Add

Comprehensive Support Waiver Program (COMP)

Attestation Statements

- DCH banner messages and DBHDD Special Bulletins will provide a link and be distributed through professional and trade associations

- Reports of agency attestation documents will be retained for audit documentation but providers should also retain a copy for their records

Questions:

- Do I still complete an attestation for past retainer payments? *Yes, by October 1, 2020*
- Do I have to complete an attestation each time I submit a bill? *No. Just one time*
- Can we bill interim retainer payments such as those intermittent with service delivery? *yes*
- Since DCH has corrected the calendar to business days. Can I go back and add those days into my billing days? *Yes up to 90*
- Will we be audited? *CMS has advised that there will be audits following the COVID-19 PHE*

Dedicated for COVID-19 Response and Resources

Questions:

Medicaid.PCKCOVID19@dch.ga.gov

Resources for Reopening Non-Emergency Healthcare Facilities

Found at www.dch.georgia.gov on the Department of Community Health main page dated June 9, 2020

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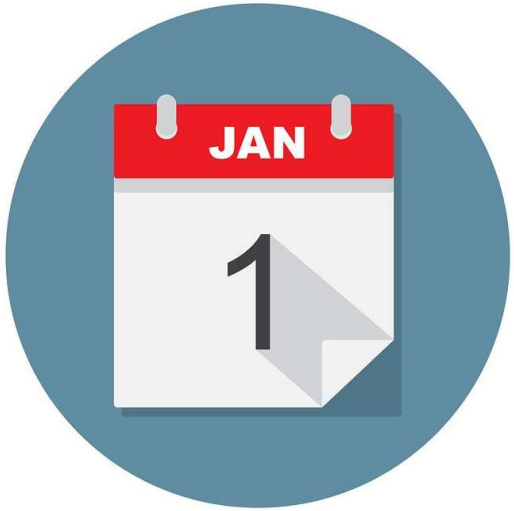
The 21st Century Cures Act

In December 2016, the 114th US Congress enacted the 21st Century Cures Act.

Section 12006 of the Act **mandates** States to implement EVV for:

- **Medicaid-financed Personal Care Services**
  - January 1, 2019
  - *House-Bill Approved for 1-Year Delay; 2020*

- **Home Health Care Services**
  - January 1, 2023



The 21st Century Cures Act

continued…

- **The Centers for Medicare and Medicaid Services (CMS)** established requirements for all states to use an EVV system.
- EVV systems operated by the State or a contractor on behalf of the State qualifies for enhanced Federal Medical Assistance Percentage (FMAP) matching funds (90% for implementation, 75% for ongoing costs).
- Compliance with the mandate and deadlines will allow States to avoid escalating reductions in federally matched funding.



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Electronic Visit Verification (EVV)

continued…

Electronic Visit Verification (EVV) is a computer-based system that electronically verifies and captures the point-of-service information for an occurrence of certain home health and community-based service visits.



Electronic Visit Verification (EVV)

continued…

At a minimum, EVV systems must electronically verify:

- The type of service performed;
- The individual receiving the service;
- The date of the service;
- The location of service delivery;
- The individual providing the service; and
- The precise time the service begins and ends.



Our EVV Vendor is…



EVV Programs and Providers

COMMUNICATING THE CHANGE AHEAD: There are several Medicaid programs that are impacted by the EVV implementation. Medicaid providers servicing these programs require immediate information about how EVV will affect them.

- **Impacted Medicaid Programs:**
  - NOW / COMP Waiver Services
  - ICWP Waiver Services
  - **Elderly & Disabled Waiver Services**
  - Georgia Pediatric Program

- **Impacted Service Providers & Workers**
  - Private Home Care Providers
  - Home Health Aide Workers
  - Private Duty Nursing (PDN)

Know your impact

Elderly & Disabled Waivers

The following services are impacted by EVV:

- Personal Support Services
- Consumer Directed Personal Support Services

The following services are NOT impacted by EVV:

- Emergency Response Services
- Home-Delivered Meals
- Home-Delivered Services
- Out-of-Home Respite Care
- Adult Day Health
- Alternative Living Services

Elderly & Disabled Waivers include:

- *Service Options Using Resources in a Community Environment (SOURCE)*
- *Community Care Services Program (CCSP).*

❖ EVV will be implemented for Home Health Care Services (including Skilled Nursing Services by Private Home Care Providers) by January 1, 2023.

Next Steps

Our Next Steps:

- Compare innovative EVV solutions ✓
- Select EVV system vendor ✓
- Aggregate data from any existing EVV systems in Georgia- **In the Process**
- Provide a variety of training methods / options
- Ensure minimal impact to Medicaid Members and Providers



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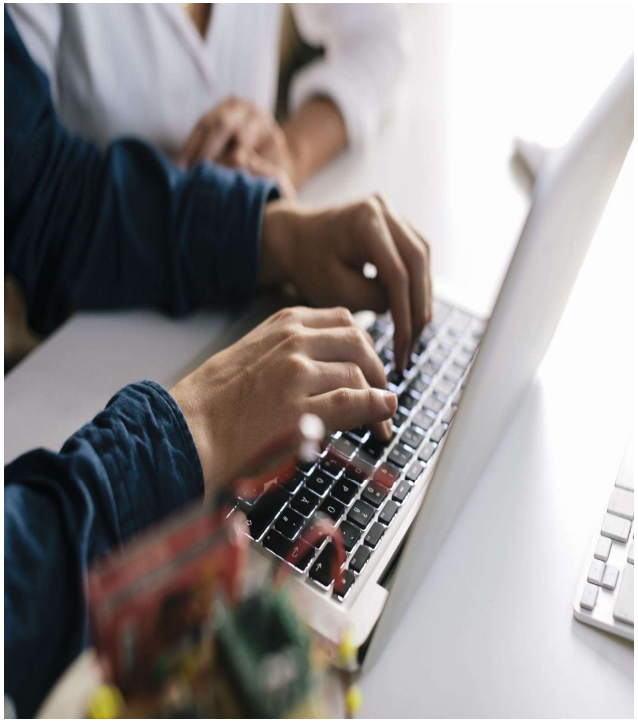
Questions for EVV?

- https://medicaid.georgia.gov/programs/all-programs/georgia-electronic-visit-verification



Also, to receive more news and alerts about our efforts towards a successful EVV implementation here in Georgia, you can:

- Check out our Facebook page at https://www.facebook.com/gadept.communityhealth/
- Follow us on Twitter at https://twitter.com/gadch
- Subscribe to our YouTube channel at https://www.youtube.com/user/gacommunityhealth
- Search the hashtags: #GAEVV and #GAMedicaid
- Email us at evv.medicaid@dch.ga.gov if you have more questions regarding Georgia's EVV implementation.

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Roundtable Discussion



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