



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

COVID-19 Emergency Waiver Program Operations: Appendix K Allowances and Year 2 Updates



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Update 3/25/2021

Welcome to the Spring Medicaid Virtual Fair

Housekeeping Items:

- All lines will be muted upon entry
 - Unless you are a panelist or a speaker
- This session is being recorded
- Questions in chat will be addressed at the end of the presentation if they're not addressed during





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.



Today's Objective

- Furnish providers with details related to Georgia's Appendix K Application:
 - Elderly and Disabled Waiver
 - Independent Care Waiver Program
- Provide information on Appendix K Amendments for all of Georgia's four waiver programs

Disclaimer

- **The recording of this discussion is snapshot in time.**
Due to the rapidly evolving nature of the emergency, additional information and implementation plans will be provided through FAQ pages, banner messages, and other published information
- The latest COVID-19 guidance, including the Appendix K Application and Amendments can be found on the Georgia Medicaid website at <https://medicaid.georgia.gov/covid-19> or <https://dch.georgia.gov/>





Agenda

- I. Overview
- II. Summary of submissions to CMS and purpose
- III. Overview of Appendix K Approved Extensions: Year 2
- IV. Provider Q & A

Summary of Submissions to CMS and Purpose

Two Appendix K applications submitted to CMS for review 4/3/20

- New Options Waiver Program / Comprehensive Supports Waiver Program
- Elderly & Disabled Waiver Program / Independent Care Waiver Program

Purpose:

- Attempts to mitigate exposure risk posed by the COVID-19 Public Health Emergency
- Provides alternative service delivery models as required by the emergency
- Preserves the provider network and service delivery system for return to a non-emergency state

CMS approval: 4/9/20 with effective start date 3/1/20

Appendix K Amendment submitted to CMS 6/2/20

Purpose: request to allow continuous retainer payments beyond the first 30 days for all four programs

CMS denial and DCH withdrawal of the proposed Amendment: 6/5/20

Appendix K Amendment submitted to CMS 6/12/20

Purpose: add telehealth option to NOW and COMP Appendix K for community access and prevocational services

CMS approval: 6/15/20 with effective start date 4/15/20



Year 2:

Summary of Submissions to CMS

Two Appendix K applications submitted to CMS for extension of the Year 1 authorities and additions: 2/16/21

- New Options Waiver Program / Comprehensive Supports Waiver Program
- Elderly & Disabled Waiver Program / Independent Care Waiver Program

Purpose:

- Primary purpose was to request extension of the Year 1 Appendix K approval
- Also amended the previous Appendix K applications as follows:
 - **NOW/COMP Change: provided intent to increase rates in certain specific services**
 - **EDWP/ICWP Change: provided an expanded definition for Adult Day (Health) Services**

CMS required separation of the purposes and resubmission as four applications

Appendix K Amendments resubmitted to CMS as directed 2/23/21

- CMS confirmed receipt of the four applications but has not formally approved any of the four to date
- DCH is continuing to provide the authorities approved previously by CMS
 - Provider message available at www.mmis.Georgia.gov dated 3/1/2021
 - *Pending approval from CMS, we are asking all providers to continue to operate under the existing Appendix K flexibilities and allowances.*



Appendix K Emergency Application

Authority of an Appendix K Waiver Submission:

- Used by a state during emergency situations to request amendment to its approved waiver
- Includes actions that states will take in a federally-declared emergency
- Can be submitted to CMS in response to regional or statewide emergencies

Appendix K Extension Span:

- begin date extends the original approval date to up to 6 months following the end of the PHE

Appendix K Change Amendments:

- Requested start date: 3/1/2021

CMS did not approve the EDWP/ICWP Change Request:

- Required that DCH withdraw the change request and were not able to offer alternatives



Significant Change in All Extension Requests

- From the Provider Message posted 3/1/21:
 - CMS' directive:
 - *Only modification not eligible for extension is the use of retainer payments.*
 - *CMS stated in late 2020 that additional retainer payments will not be approved in the second year of the PHE.*



Webinar Focus on Continued Appendix K Allowances

Due to COVID-19, effective 3/1/2020, the state proposed to temporarily:

- Expand setting(s) where services may be provided [K-2.b.iv]
- Allow services to be provided in out of state settings [K-2.b.v]
- Permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver [K-2.c]
- Modify provider qualifications and training requirements [k-2.d.i]
- Modify processes for level of care evaluations or re-evaluations [K-2.e]
- Increase payment rates [K-2.f]
- Modify person-centered service plan development process and individual(s) responsible for person-centered service plan development [K-2.g]
- Allow payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay [K-2.i]
- ~~Include retainer payments to address services delivered in settings closed in response to the health crisis [k-2.j]~~

Note: *These provisions are only valid through 2/28/21 or the conclusion of the National Declaration of Public Health State of Emergency*



At a Glance: Services to be Added/Modified

Telehealth

- **Adult Day Health (ADH)/ Community Access Services/ Prevocational:**
 - ADH Services may be delivered *via telehealth* as appropriate to service delivery model standards and at the choice of the member.
- **Case Management / Enhanced Case Management / Support Coordination:**
 - Case Manager uses the *telehealth* model for all contact with the member
 - Case management nurses use the *telehealth* model for assessments, reassessments and all contact with the member
- **Skilled Nursing Services – RN**
- **PT / OT/ ST (NOW and COMP):**
 - Nursing assessments, reassessments, supervision and contact with members may be delivered *via telehealth* as clinically appropriate by practice acts, state and federal policy.
 - Physical, Occupational and Speech Therapy can be provided via telehealth (exception: Swallowing Evaluation by ST)
- **Skilled Nursing Services Hourly – LPN (ICWP, NOW, COMP only):**
 - Rate increase



Expanded Service Settings

Temporarily expand setting(s) where services may be provided (K-2.b.iv):

Specific services included in the request:

What this means for you:

- Services can be now rendered in new settings:
 - Hotels
 - Shelters
 - Schools
 - Churches
 - Other temporary living situations approved by DCH as a result of the COVID-19 Emergency

FAQ:

Why not Personal Support Service/Community Living Support?

- *Existing policy does not prohibit delivery of PSS in other settings where the member may live temporarily, e.g. other family homes, hotels*

How would I submit claims?

- *Just as you would ordinarily*
- *Document the location and reason*

Applicable Services:

- Alternative Living Services
- Community Residential/Additional Staffing
- Community Access Services
- Respite



NOW and COMP Maximum Unit Caps

- Appendix K Approval

Temporarily exceed service limitations or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.

- Community Living Support
- Community Access Services
- In-home and Out-of-home Respite
- Specialized Medical Supplies



Reimbursement of Family Caregivers

Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver [K-2.c]:

What this means for you:

- Family caregivers or legally responsible individuals can be reimbursed for delivering
 - Personal Support Services
 - Personal Support Extended Services
 - Consumer Directed Personal Support Services
 - Out of Home Respite
- Family Caregivers or legally responsible individuals will need to be employed by traditional providers or enrolled through the fiscal intermediary agency



FAQs:

How do bill for use of family caregivers?

- *Submit claims as indicated through the plan of care/care path and approved PA*
- *Document service delivery*

Will the family caregiver continue to be employed after the emergency?

- *No. DCH requested this allowance to accommodate concerns about waiver member risk and isolation recommendations.*

**Specific services included in the request:
EDWP / ICWP**

- Personal Support Services
- Community Living Support Services
- Out of Home Respite
- In-home Respite (NOW and COMP)
- Community Access

Modify Provider Qualifications

Telehealth

Temporarily modify provider qualifications [k-2.d.i]:

Remove or modify training requirements for direct service staff:

- Newly-hired inexperienced staff will be required to participate in electronic person-centered training
- Family members or others with experience in activities of daily living (ADL) care will be supported as needed by agency supervisory staff

What this means for you:

- Certain training requirements may be completed through electronic or telephonic means
- Agency supervisory staff will manage, supervise and train staff using social distancing guidelines

FAQs:

How do I document training:

- *Document the skill level of the newly hired employee in the personnel file*
- *Document electronic/telephonic training in specific areas indicated through evaluation of staff skill matched to member need*



Modify Case Management Activities

Telehealth

Temporarily modify processes for level of care evaluations or re-evaluations [K-2.e]

- Assessments and reassessments can be performed via video conference or telephone
- Many case managers have begun to resume face-to-face contact with exposure precautions

Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications [K-2.g]

- Service plans can be performed via video conference or telephone

What this means for you:

- Level of care evaluations or re-evaluations may be conducted via telehealth
- Case managers will use telephonic or video conferencing for ISP development and editing, instead of face-to-face

FAQs:

What about physician signature?

- Assessor documents *“Isolation procedures in effect”*

What about member signature?

- Assessor/case manager documents *member’s consent for use of electronic delivery method and collects a physical signature as soon as safely possible*



Increase Payment Rates

Temporarily increase payment rates [k-2.f]:

NOW and COMP:

- Support Coordination

E&D / ICWP / NOW / COMP:

- Financial Management Services
 - temporary increase to \$95.00 per

ICWP / NOW / COMP:

- Hourly Nursing Services – LPN only
 - Temporary increase to \$10/unit

Note: proposed rate increases for NOW and COMP are pending with CMS



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What this means for you:

- For ICWP only:
 - Increases rate for hourly nursing services delivered by licensed practical nurses (LPN) from \$8.75 / 15-minute unit to **\$10.00 / 15-minute unit**
 - Increases rate for Financial Management Services from \$75.00 per month to \$95.00 per month
- For E&D:
 - Increases rate for Financial Management Services from \$80.00 per month to \$95.00 per month in E&D

FAQs:

Why were these two services selected?

- *(ICWP only) Hourly nursing – LPN:*
 - *Unable to deliver this skilled service via telehealth*
- *Financial Management Services:*
 - *Consistent with DBHDD request for the NOW/COMP waivers*

Payment for Acute Care Hospital Stay

Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports are not available in that setting [K-2.i]:

What this means for you:

- If the institution lacks appropriate staffing as a result of the health emergency, services will be allowed in an acute care hospital or other short-term institutional setting for ADL support:
- Services **must be delivered** consistent with the plan of care and existing prior authorization (PA) requirements



FAQs:

How do I bill for this?

- *Submit claims consistent with the care plan and document the setting*

Will my claim deny?

- *The claim suspends to a system file and DCH Program Specialists review and release for payment.*

Note: hospitals have been reluctant to allow additional staff, thus this was not widely used

Specific services included in the request:

EDWP / ICWP

- Personal Support Services (and Extended)
- Community Living Support Services

Retainer Payments

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*



Dedicated for COVID-19 Response and Resources

For general information about COVID-19:

<https://dph.georgia.gov/covid>

For information about COVID-19 vaccination:

<https://dph.georgia.gov/locations/covid-vaccination-site>

Please continue to monitor Provider Messages for updated information on Appendix K activities:

<https://www.mmis.georgia.gov/portal>





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**Thank you for your time and
attention!**