



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

# Waiver Updates



Department of Community Health  
Medical Assistance Plans

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# 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.



# Purpose:

Shaping the future of A Healthy Georgia by improving access and ensuring quality to strengthen the communities we serve.

# Presentation Points

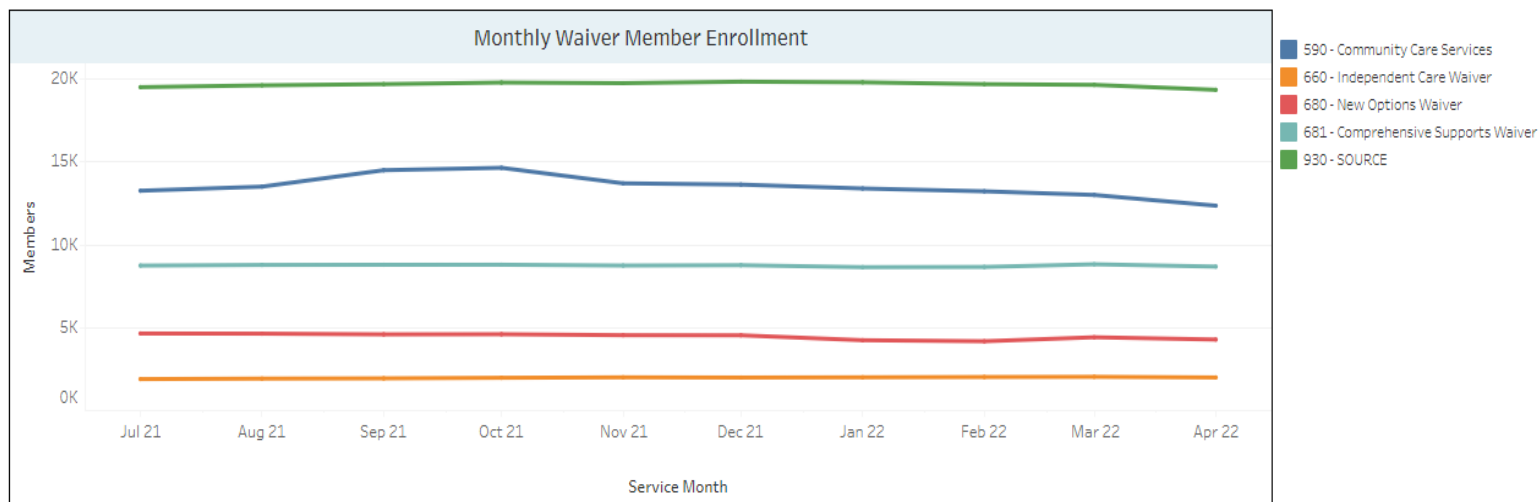


- The Numbers
- PHE
- Waiver updates
- Statewide Transition Plan
- Critical Incidents
- Questions & Answers

# Waiver Enrollment- By the Numbers

## HCBS Waiver Member Enrollment Based on the date of service from 07/01/2021 to 04/30/2022

Members by Waiver		Enrollment Month
		April 2022
590 - Community Care Services	12,326	
660 - Independent Care Waiver	1,959	
680 - New Options Waiver	4,249	
681 - Comprehensive Supports Waiver	8,651	
930 - SOURCE	19,318	



# Public Health Emergency- Road to unwinding

- Extended the PHE effective April 16, 2022, PHE will be in place through at least July 15, 2022
- CMS will notify states at least 60 days in advance of when the set-date for the end of the PHE.
- Members enrolled in **Medicaid**, CHIP, or Basic Health Program (BHP) eligibility will need to be **redetermined**. State must conduct a full renewal as mandated by Federal requirements
  - renewing their Medicaid
  - transitioning to Marketplace coverage,
  - or enrolling in a different health coverage option as deemed eligible
  - State will take full 12 months to renew members (based on current month of eligibility)



# Public Health Emergency- Road to unwinding

- Verify addresses with members to ensure notifications will be sent to appropriate address
- Remind members that now is the time to gather documents relevant to renewals
- Establish or confirm passwords for access to Gateway system
  - Limited access to DFCS offices
  - BOTS to be used to automatically review some items
  - Upgrade to Gateway system for ease of use- **GO LIVE September 17<sup>th</sup>**



# Public Health Emergency- Road to unwinding

## 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] (include homes) Homes Hotels, other temporary satellite hospital settings (Grady Health System, Phoebe Putney)
- Allow services to be provided in out of state settings [K-2.b.v] (members who may have to temporarily relocate can still receive services)
- Permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver [K-2.c] expanded services to others those that may be sheltering in place and do not feel comfortable with allowing others in the home or the provider may not be able to come home for the visit.
- Modify provider qualifications and training requirements [K-2.d.i] Onboarding process to immediately get staff into the provider network to render services
- Modify processes for level of care evaluations or re-evaluations [K-2.e]
- Increase payment rates [K-2.f] RN and LPN in PSS providers
- Modify person-centered service plan development process and individual(s) responsible for person-centered service plan development [K-2.g]
- Telehealth capabilities for several services





# Waiver Renewals

- EDWP and NOW waiver - Set to expire November 9, 2022
  - Stakeholder feedback before drafting the renewals was held April 18<sup>th</sup> -29<sup>th</sup>
  - Two townhalls were held for each waiver. DCH will use this information as we draft materials to be included/excluded
- Will present both renewals to the board for initial adoption on June 2<sup>nd</sup>



# Current EDWP Services

Services continuing in the EDWP renewal:

- Adult Day Health
  - ADH Physical Therapy
  - ADH Occupational Therapy
  - ADH Speech Therapy
- Alternative Living Services
  - Family and Group Model
- Care Coordination Services
- Enhanced Care Coordination Services
- Emergency Response Services
  - Installation
  - Monitoring
- Fiscal Intermediary
- Home Delivered Meals
- Home Delivered Services
  - Home Health Aide
  - Nursing Visit
- Out-of-Home Respite Care
- Personal Support Services or Extended Personal Support Services
- Consumer-Directed Personal Support Services
- Structured Family Caregiver
- Skilled Nursing



# New Services: Assistive Technology

Assistive technology\* consists of any technology, whether acquired commercially, modified, or customized, that is used to maintain or improve functional capabilities of Individuals with disabilities by augmenting the Individual's strengths and/or providing an alternative mode of performing a task.

- The need for Assistive Technology must be an identifiable assessed need in the ISP and directly related to the disability.
- The need for adaptive equipment and assistive technology must be identified in the Individual Service Plan and approved by a qualified rehabilitation technician or engineer, occupational therapist, physical therapist, augmented communication therapist or other qualified professional whose signature indicates approval.

*\*Note this service definition is pending CMS approval and is subject to change*



# New Services: Assistive Technology

Assistive technology *may* include:

- Communication: Screen readers, display video magnifiers, screen magnification, large keyboards, navigation assistant, augmented and alternative communication, emotion recognition and speech to text
- Personal Emergency Response System: smoke alarm with vibrating pad/flashing light
- Accessibility Software: Alphanumeric, speech amplifiers, electronic speech aids/devices, motion activated electronic devices.
- Cognitive: memory aids (smart pen) and educational software.
- Education: computer accessibility, telecommunication screens, and voiceover
- Home Automation: adaptive locks, motion sensors and audio messages
- Medication Management: Telecare devices

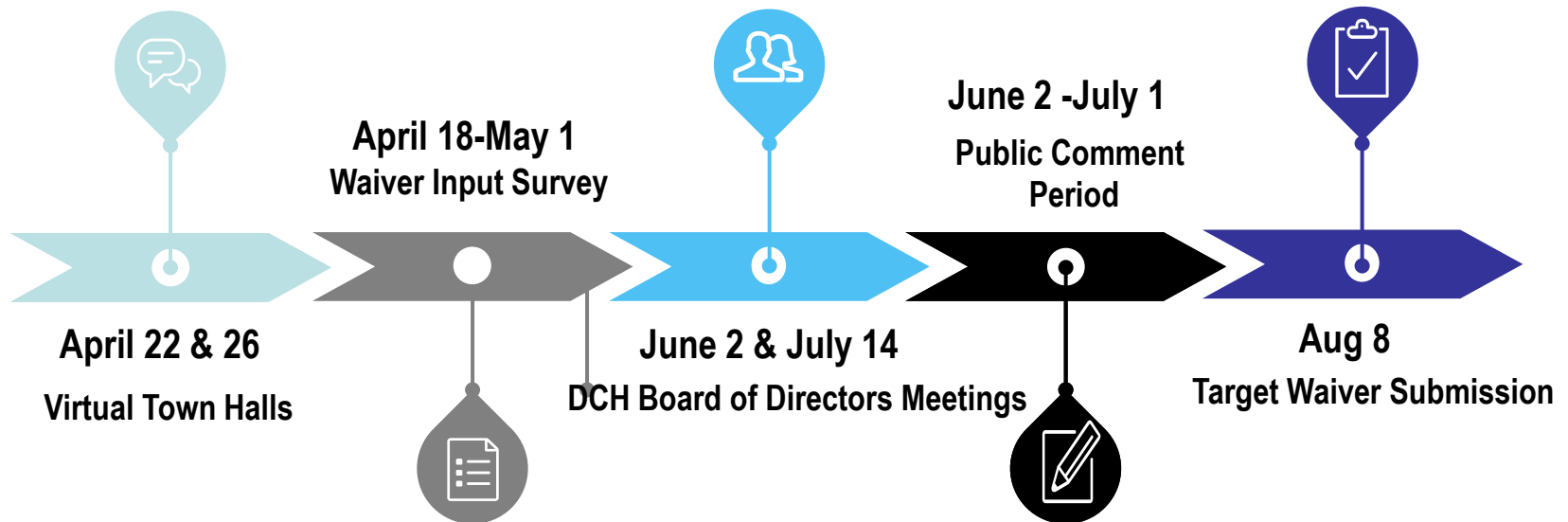


# Enhancements

- Enhanced rates that were implemented in Appendix K will be maintained.
- The 10 percent rate increase to all EDWP services took effect July 1, 2021 and will be permanently added into the waiver renewal.



# Waiver Renewal Timeline



# HCBS Final Settings Rule (Statewide Transition Plan)





# COMPLIANCE

- Settings  
Rule
- CMS  
Waiver  
Measures



# HCBS Statewide Transition Plan

- To ensure that individuals receiving long-term services and supports through home and community based service (HCBS) programs under the 1915(c), Medicaid members have **full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate**
- To enhance the **quality** of HCBS and provide **protections** to participants



# What providers are subject to the rule?

## Residential

- Alternative Living Services
- Community Residential Alternatives
- Personal Homes \*

## Non-Residential

- Adult Day Health
- Community Access Group
- Pre-vocational Rehabilitation
- Supported Employment
- Respite Out of Home Care



# Care paths = “Collaboration”

Collaborative based approach

The settings options are identified and documented in the person-centered service plan.

- Lease, Rental or Roommate Agreements
- Freedom to control one's own schedule/activities (NOT REGIMENTED)
- Privacy., lockable doors, choice of roommates, freedom to furnish and decorate
- Visitors of their choosing



# Opportunities

- Seek Employment
- Work in competitive Environments
- Engage in Community life
- Control personal resources
- Participate in the community just as those who don't use HCBS



# ASSESSMENT

## Systemic

- Identification
  - Rules
  - Policies
  - County, State and Federal Regulations
- Review
- Determination of Compliance
- Remediation



## SITE SPECIFIC

- Identification
  - Providers/Members
- Review of Setting
- Review of Policies and Practices
- Survey of Members
- Determination of Compliance
- Remediation

# HCBS Setting Requirements

Is integrated in and supports access to the greater community

Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources

Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS

Is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting

Ensures an individual's rights of privacy, respect, and freedom from coercion and restraint

Optimizes individual initiative, autonomy, and independence in making life choices

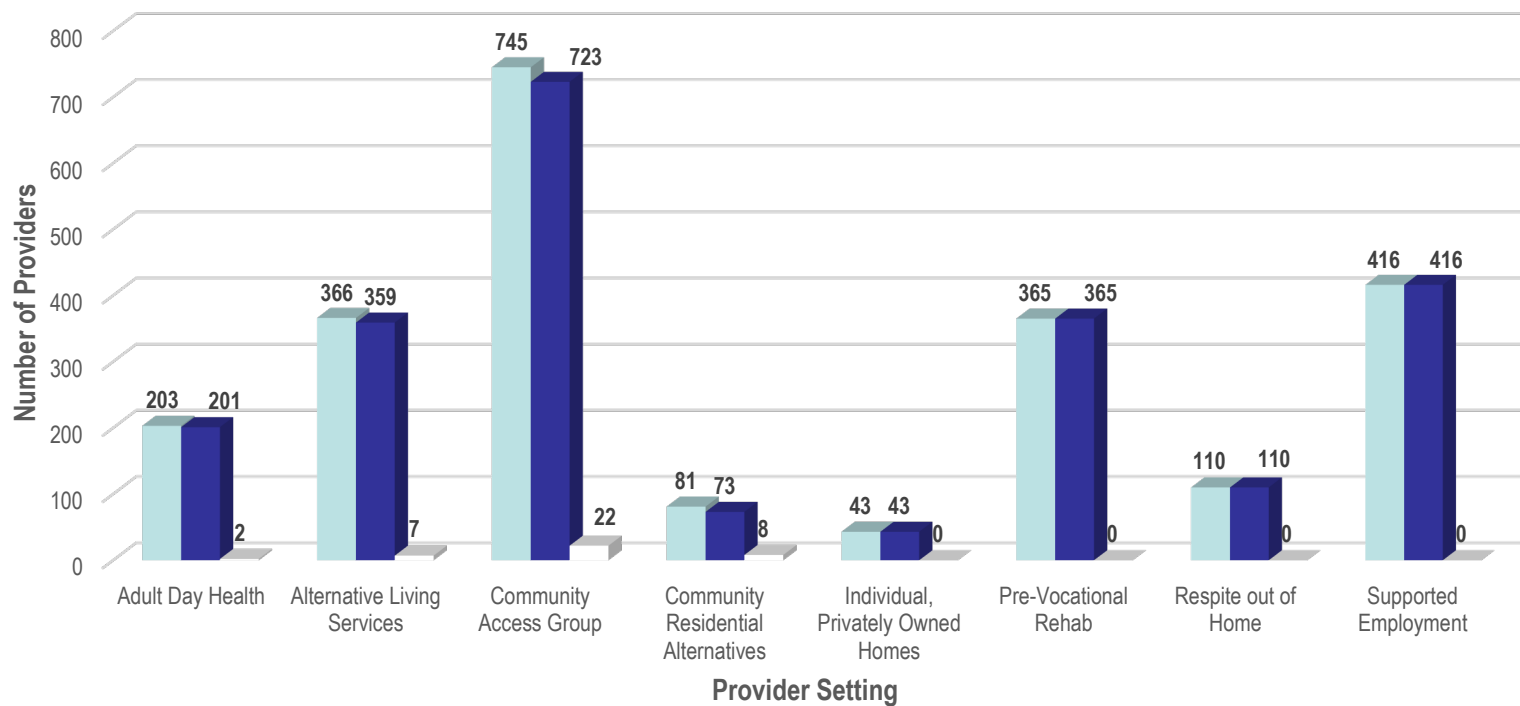
Facilitates individual choice regarding services and supports and who provides them

***\*\*Additional Requirements for Provider-Controlled or Controlled Residential Settings\*\****



# Survey Completion

HCBS Provider Settings Survey Completion



■ HCBS Provider Settings Survey Completion Total Possible Unique Settings  
 ■ HCBS Provider Settings Survey Completion Number of Completed Surveys  
 ■ HCBS Provider Settings Survey Completion Number of Non-completed surveys



# Provider Review Process

- Desk audits
- Recredentialing/  
Revalidation
- Member surveys
- Site visits



# What has to be in compliance ?

- Physical settings where services are provided
  - Location, Location, Location (on the grounds or adjacent?)
  - Privacy
- Member care plan reflects personal choice\*
- Accessibility to transportation\*, communication outlets, activities in the community (events, church, friends and family), and Kitchen or access to food\*
- Member control/understanding



# Is your house/business in order?

Providers should ensure that they have documentation updated and available for review or transmission per DCH request.

- Staff files
- Member records
- Regulatory documents (licenses, certifications)
- Provider policy manuals
- Training logs
- All other documents relevant to the care of the member



# Critical Incident Reporting

- REMINDER-All critical and non-critical incidents must be reported within 24 hours or one (1) business day of the incident or discovery of the incident.
- Submit Follow-Up and Interventions report to the Department within seven (7) business days of submitting the incident report.
- Reports must be filed with DCH and HFR

<https://dch.georgia.gov/facility-incident-report-form>

<https://dch.georgia.gov/divisionsoffices/healthcare-facility-regulation/facility-licensure/hfr-file-complaint>



# Questions



# Contact

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