

APPENDIX K: Emergency Preparedness and Response

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.ⁱ This appendix may be completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

A. State: Georgia

B. Waiver Title: Comprehensive Supports Waiver Program (COMP)
New Options Waiver (NOW)

C. Control Number: GA.0175.R06.04
GA.0323.R04.05

D. Type of Emergency (The state may check more than one box):

<input checked="" type="checkbox"/>	Pandemic or Epidemic
<input type="checkbox"/>	Natural Disaster
<input type="checkbox"/>	National Security Emergency
<input type="checkbox"/>	Environmental
<input type="checkbox"/>	Other (specify):

E. Brief Description of Emergency. *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state’s mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

Submission of the Appendix K Amendment is in response to the ongoing COVID-19 Pandemic and the need to continue vigilance in protecting the health and safety of the vulnerable populations served through Georgia’s four Medicaid Waiver Programs. The Amendment will impact the Georgia Department of Community Health which administers all of Georgia’s 1915c Waiver Programs and the Georgia Department of

Behavioral Health and Developmental Disabilities which manages the day-to-day operations of the NOW and COMP waiver programs. Populations served through the NOW and COMP programs include approximately 8,800 members who receive COMP waiver services and 4,800 members receiving NOW waiver services.

Members serviced through the NOW and COMP programs are considered to be at high risk having qualified for the programs by virtue of meeting an institutional level of care for Intermediate Care Facility/IDD. **The purpose of this Amendment is to support those members who choose to maintain social distance recommendations and to support those providers of congregate services who may decide not to reopen or to begin opening congregate settings at a very limited pace and with staggered attendance. Georgia will utilize telehealth resources in accordance with HIPAA requirements as much as possible and where clinically appropriate as a modification to in person service delivery settings.**

Members served through these waiver programs represent populations at significant risk for complications of COVID-19. The Appendix K Amendment reflects the State's attempts to mitigate exposure while preserving the provider network and service delivery system for return to a non-emergency state.

Georgia is requesting statewide modification through this Appendix K submission. The amendment is additive to the April 9, 2020, approved Appendix K.

F. Proposed Effective Date: Start Date: __4/15/20__ Anticipated End Date: __2/28/21__

G. Description of Transition Plan.

The proposed changes outlined in this Appendix K Amendment for the COMP and NOW waivers are temporary policy allowances to include telehealth delivery in accordance with HIPAA requirements in two specific services within each waiver. These changes are described and highlighted in Section A. Georgia intends to transition from the Appendix K and any approved amendments when systems, services, and the ability to travel freely has been resolved. At the conclusion of the state of emergency, pre-emergency service plans will be re-implemented unless the member has experienced a change in condition or circumstance that requires reassessment and development of an edited service plan. No new services or target populations are being proposed.

H. Geographic Areas Affected:

Statewide

I. Description of State Disaster Plan (if available) *Reference to external documents is acceptable:*

<https://gema.georgia.gov/>

Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

Temporary or Emergency-Specific Amendment to Approved Waiver:

These are changes that, while directly related to the state's response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.

a. ___ Access and Eligibility:

i. ___ Temporarily increase the cost limits for entry into the waiver.

[Provide explanation of changes and specify the temporary cost limit.]

ii. ___ Temporarily modify additional targeting criteria.

[Explanation of changes]

b. ___ Services

i. x Temporarily modify service scope or coverage.

[Complete Section A- Services to be Added/Modified During an Emergency.]

ii. ___ Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.

[Explanation of changes]

iii. ___ Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the

scope of non-emergency transportation or transportation already provided through the waiver).

[Complete Section A-Services to be Added/Modified During an Emergency]

iv. x__ Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches) Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:

[Explanation of modification, and advisement if room and board is included in the respite rate]:

Community Access and Prevocational Services may be provided remotely using phone or video conferencing in accordance with HIPAA requirements to facilitate social distancing practices for safe service delivery.

v. __ Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]

c. __ Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver. Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

d. __ Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).

i. __ Temporarily modify provider qualifications.

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

ii. __ Temporarily modify provider types.

[Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

iii. __ Temporarily modify licensure or other requirements for settings where waiver services are furnished.

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

e. __ Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]

f. __ Temporarily increase payment rates

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider].

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

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

h. __ Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]

i. __ 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 (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.

[Specify the services.]

j. Temporarily include retainer payments to address emergency related issues.

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

k. Temporarily institute or expand opportunities for self-direction.

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards]

l. Increase Factor C.

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

m. Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]

Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the request:

First Name:	Brian
Last Name	Dowd
Title:	Deputy Executive Director, Medical Assistance Plans
Agency:	Department of Community Health
Address 1:	2 Peachtree St. NW
Address 2:	37 th Floor
City	Atlanta
State	GA
Zip Code	30303
Telephone:	404-657-5467
E-mail	bdowd@dch.ga.gov
Fax Number	678-222-4948

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

First Name:	Ashleigh
Last Name	Caseman
Title:	Director, Waiver Programs
Agency:	Department of Behavioral Health and Developmental Disabilities
Address 1:	2 Peachtree St. NW
Address 2:	22 ^h Floor
City	Atlanta
State	Georgia
Zip Code	30303
Telephone:	404-463-1799
E-mail	Ashleigh.Caseman@dbhdd.ga.gov
Fax Number	678-222-4948

8. Authorizing Signature

Signature: *Lynnette R. Rhodes*

State Medicaid Director or Designee

Date:	4/15/2020
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First Name:	Lynnette
Last Name	Rhodes
Title:	Executive Director, Medical Assistance Plans
Agency:	Department of Community Health
Address 1:	2 Peachtree St. NW
Address 2:	36 th Floor
City	Atlanta
State	Georgia
Zip Code	30303
Telephone:	404-656-7513
E-mail	lrhodes@dch.ga.gov
Fax Number	470-886-6844

Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver which the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification

Service Title: Community Access

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Community Access Services are provided in two categories: Community Access Individual and Community Access Group. Community Access services are targeted toward active community participation in an integrated setting. Community Access services are provided outside the participant's place of residence and can be delivered during the day, the evening, and/or weekends. Activities and tasks are designed to teach and/or practice skills required for active community participation and independent functioning. These activities include training in socialization skills and personal assistance as indicated by goals outlined in the Individual Service Plan (ISP). Community Access services are not provided in the participant's home or family home, personal care home, community living arrangement, or group home and are intended to enhance community inclusion.

Community Access Individual (CAI) services are provided to an individual participant in a one-to-one staff to participant ratio model. CAI services are directly linked to goals and expectations of improvement in skills. The intended outcome of CAI services is to improve the participant's access to the community through increased skills, increased natural supports, and ultimately fewer paid supports. CAI services are designed to be teaching and coaching in nature. These services assist the participant in acquiring, retaining, or improving socialization and networking, independent use of community resources, and adaptive skills required for active community participation outside the participant's place of residence. CAI services are not facility-based.

Community Access Group (CAG) services are provided to groups of participants, with a staff to participant ratio of two or more. CAG services are designed to provide oversight, assist with daily living, socialization, communication, and mobility skills building and supports in a group. CAG services may include interventions to reduce inappropriate and/or maladaptive behaviors in the community or in groups of other individuals. CAG services may be provided in a center or the community as appropriate for the skill being taught or specific activity supported.

Transportation to and from activities and settings primarily utilized by people with disabilities is included in the rate for Community Access services. Transportation is provided through Community Residential Alternative services for participants living in residential settings other than the family home or the participant's own home. Transportation provided through Community Access Services is included in the cost of doing business and incorporated in the administrative overhead cost. When transportation is to and from other community destinations, separate payment for transportation only occurs when the COMP or NOW distinct Transportation Services are authorized.

Community Access Services do not include educational services otherwise available through a program funded under 20 USC Chapter 3, section 1400 of the Individuals with Disabilities Education Act (IDEA). Community Access services must not duplicate or be provided at the same period of the day as Community Living Support, Supported Employment, Prevocational Services or Transportation services. An individual serving as a representative for a waiver participant in self-directed services may not provide Community Access services. Community Access services must be authorized prior to service delivery by the operating agency at least annually in conjunction with the Individual Service Plan development and with any ISP revisions.

Group Community Access Services, both in description and reimbursement, are the subject of a future waiver amendment to be developed within the next year to move this service into compliance with the HCBS Rule. The definition under development will be supported by a cost-based rate methodology and is the second phase of the rate study which led to redefinition of other services in this application. Significant public input was gathered during forums conducted by the State Medicaid Agency designed to inform waiver participants, providers and others about basic requirements of the HCBS Rule. Public input was mixed and led both the Medicaid Agency and the Operating Agency to conclude that additional education and consideration will be required to redefine the nature and scope of day services in the State. As the rate study is conducted, the Operating and Medicaid Agencies plan to offer technical assistance to providers in understanding and considering many options for community inclusion and choice of activities in all day services. Day services in

Georgia are the primary focus of an amendment in the planning phase at this time in order to align public opinion, service rates, and service design to the greatest extent possible.

The COMP and NOW Programs are intended for those goods and services that are not covered by the State Medicaid Plan or those instances in which a participant's need exceeds State Plan coverage limits and exceptions to the coverage limits are not available.

The state temporarily authorizes, during the time that the Appendix K is effective, all Community Access services to allow a telehealth option in accordance with HIPAA requirements.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Telehealth delivery of services reflects the frequency listed on the participant's existing ISP/PA.

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Standards Compliant DD Service Agency

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Standards Compliant DD Service Agency			Letter of Agreement

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Agency/Individual	DCH	CVO: prior to enrollment and every three years
Agency/Individual	DBHDD	Annually

Service Delivery Method

Service Delivery Method (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Service Specification

Service Title: Prevocational Services

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Prevocational Services are specified in the participant s Individual Service Plan and are directed to habilitative rather than explicit employment objectives. If compensated, individuals are paid in accordance with the requirements of Part 525 of the Fair Labor Standards Act.

Documentation is maintained in the file of each participant receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.). Prevocational Services include transportation to and from the facility site. Transportation provided through these services is included in the cost of doing business and incorporated in the administrative overhead cost. Prevocational Services are distinct from and do not occur at the same time of day as Community Access or Supported Employment services. Prevocational Services must be authorized prior to service delivery by the operating agency at least annually in conjunction with the Individual Service Plan (ISP) development and with any ISP revisions

The state temporarily authorizes, during the time that the Appendix K is effective, all Prevocational services to have telehealth option in accordance with HIPAA requirements.

Specify applicable (if any) limits on the amount, frequency, or duration of this service: Telehealth delivery of services reflects the frequency listed on the participant’s existing ISP/PA.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Standards Compliant DD Service Agency

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications *(provide the following information for each type of provider):*


Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Standards Compliant DD Service Agency			DBHDD provider requirements as specified either through DBHDD contract with the Medicaid enrolled provider.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Standards Compliant DD Service Agency	DBHDD	Annually
Standards Compliant DD Service Agency	DCH	CVO: At enrollment and every three years.

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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ⁱ Numerous changes that the state may want to make necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.