

# 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.<sup>i</sup> 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)
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- C. Control Number: 

GA.0323.R04 GA.0175.R06
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**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 Appendix K is in response to COVID-19 Pandemic.** Approximately, 8,800 members receiving COMP waiver services are impacted and 4,800 members receiving NOW waiver services. Georgia is utilizing the support coordination service within the waiver to identify individuals at risk. The Department of Community Health (DCH), as the single state Medicaid Agency, has administrative oversight over all 1915 (c) waivers including, the COMP and NOW waivers. DCH through the Healthcare Facilities Regulation Division is responsible for licensing

and monitoring healthcare facility providers. The Department of Behavioral Health and Developmental Disabilities is the operating agency responsible for several administrative activities associated with the waiver. The Georgia Department of Public Health is the lead agency for coordination and response related specifically to the COVID-19 Pandemic. Georgia will utilize telehealth resources as much as possible and where clinically appropriate as a modification to service delivery areas. Georgia is requesting statewide modification through this Appendix K submission.

F. Proposed Effective Date: Start Date: 3/1/20 Anticipated End Date: 2/28/21

G. Description of Transition Plan.

The proposed changes outlined in Appendix K for the COMP and NOW waivers are temporary policy allowances, rate increases for target services, and retainer payments. The Appendix K request represents a full year of emergency operations. Georgia intends to withdraw the Appendix K 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. In utilizing retainer payments it is the hope of the Department of Community Health that service capacity will be maintained through the emergency response for the choice of Community Residential Alternative, Community Living Support Services, Supported Employment Services, Prevocational Services, In Home/Out of Home Respite Services, and Community Access services, and the full options of waiver services. 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.   x   Access and Eligibility:**

**i.   x   Temporarily increase the cost limits for entry into the waiver.**

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

New Options Waiver Only- The annual cap is temporarily suspended for the duration of the appendix K.

**ii.        Temporarily modify additional targeting criteria.**

[Explanation of changes]

**b.   x   Services**

**i.   x   Temporarily modify service scope or coverage.**

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

**ii.   x   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]

Community Living Support Services- The cap may be exceeded while Appendix K is effective. The amount of authorized services will not be in the form of a prior authorization and does not need to be in the participant's approved annual budget. The service, amount, and scope may not be reflected in an individual service plan.

Community Access- The cap may be exceeded while Appendix K is effective. The amount of authorized services will not be in the form of a prior authorization and does not need to be in the participant's approved annual budget. The service, amount, and scope may not be reflected in an individual service plan.

In-Home and Out- of Home Respite services- The cap may be exceeded while Appendix K is effective. The amount of authorized services will not be in the form of a prior authorization and does not need to be in the participant's approved annual budget. The service, amount, and scope may not be reflected in an individual service plan.

Specialized Medical Supplies Services - The annual cap is temporarily suspended while Appendix K is effective. The amount of authorized services will not be in the form of a prior authorization and does not need to be in the participant's approved annual budget. The service, amount, and scope may not be reflected in an individual service plan.

**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 Living Services, Additional Staffing Services, Community Access, and Out-of-Home Respite may be delivered on a temporary basis in alternative settings which include: extended family home, hotel, shelter, or other emergency placement while Appendix K is effective. The location that the service is being rendered may not be reflected in an individual service plan.

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

Community Living Support and Respite services may be provided out of state as approved by DCH as a result of the COVID-19 Emergency. Such situations may involve waiver members moving with family caregivers across state lines for additional support.

**c. x 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.**

Family caregivers or legally responsible individuals are temporarily authorized to render the following COMP and NOW services during the duration that Appendix K is effective:

1. Community Living Supports
2. In Home and Out of Home Respite Services
3. Community Access

The provider network may hire family caregivers to provide Community Living Supports, Community Access, and/or Respite Services in lieu of existing provider staff if the provider is unable render the service due to health and safety concerns for either the provider staff or the participant. The service, amount, scope, and/or familial or legal relationship of the paid caregiver may not be reflected in an individual service plan.

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

**i. x Temporarily modify provider qualifications.**

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

Every effort should be made to complete training and background checks when possible. Background checks and training requirements for any function that requires face-to-face action or availability of third-party vendors will be temporarily suspended for the duration that Appendix K is effective for all waiver services in the event the provider is unable to complete a training and/or background check. At the termination of Appendix K, trainings and background checks will need to be completed retroactively for all employees who were hired while Appendix K was effective and according to policy.

In lieu of face-to-face training, the following methods and enhanced supervision will be employed:

While the State plans to suspend required face-to-face training for newly hired staff during the COVID-19 State of Emergency, family members serving as reimbursed caregivers, who have experience delivering required care, will be supported, as needed, by provider agency supervisory staff telephonically or electronically. Newly hired staff with previous experience will be supervised telephonically or electronically and those with no previous experience will be provided electronic video training by agency supervisory staff.

Required staffing ratios for a participant, as outlined in the participants Individual Service plan, may be modified to allow the participant to receive services in safe and accessible environments, as long as the participant's needs are still being met.

State certification survey staff postpones on-site provider certification and other reviews for provider agencies and individual providers rendering COMP and NOW services unless there is an immediate jeopardy and/or health and safety concern as defined by the state agency.

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

The annual Level of Care (LOC) re-assessment requirements will be suspended for all participants while Appendix K is effective. The state office and case management agency (support coordination) will document, in the ISP, the contact with the participant, guardian, and team to discuss the extension, as well as the projected date in which the LOC will be able to be completed.

The required 5% LOC recertification requirement of the operating agency will be waived while Appendix K is effective.

**f. x 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].

Requesting for LPN nursing service only (T1003-U1)- temporarily increase in rate from \$8.75 per 15-min unit to \$10.00 per 15 min unit [parity with other waiver nursing services] and to account for increased risk, needed protective measures and anticipated provider shortage.  
Requesting Support Coordination (case management) services (T2022) - temporarily increases rate from \$152.88 to \$175.00 per monthly unit.  
Fiscal Intermediary (T2040-UC)- temporarily increases rate from \$75.00 per month to \$95.00 per month.

**g. x 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.]

In order to support expeditious access to services, the state will waive the requirement to update and approve existing prior authorizations and ISPs to increase allowed units for participants currently in services.  
Authorization for waiver services will be consented by the individual or guardian via telephonic or other telehealth means, documented by the case management agency in the ISP and approved by regional field or state office. Case management agencies are able to conduct ISP meetings telephonically. All assessments required for authorization can be conducted via telephone or other telehealth means when clinically appropriate.

**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. x 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.]

The state temporarily authorizes Community Living Support Services to be rendered in acute care settings.

**j. x\_ 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.]

Community Residential Alternative (COMP only service), Community Living Support Services, Supported Employment Services, Prevocational Services, In Home/Out of Home Respite Services, and Community Access services will be authorized for retainer payments in the event that the provider is not serving the member under other comparable services or using differential staff such as family caregivers to provide service. The retainer payment will be authorized at the level, duration, and amount as outlined in the prior authorization. Retainer payments can be made throughout the temporary authorization period. Retainer payments are being made to ensure provider network capacity post COVID-19 emergency. Community Residential Alternative retainer payment is only authorized in the event the individual is hospitalized or receiving care in an alternative setting.

**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]

[Empty box for response]

**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]

[Empty box for response]

**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]**

[Empty box for response]

**Contact Person(s)**

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

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

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

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

## 8. Authorizing Signature

Signature:   
\_\_\_\_\_  
State Medicaid Director or Designee

Date: 3/28/2020

<b>First Name:</b>	Lynnette
<b>Last Name</b>	Rhodes
<b>Title:</b>	Executive Director, Medical Assistance Plans
<b>Agency:</b>	Department of Community Health
<b>Address 1:</b>	2 Peachtree St. NW
<b>Address 2:</b>	36 <sup>th</sup> Floor
<b>City</b>	Atlanta
<b>State</b>	Georgia
<b>Zip Code</b>	30303
<b>Telephone:</b>	404-656-7513
<b>E-mail</b>	lrhodes@dch.ga.gov
<b>Fax Number</b>	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:	Behavior Support Services – Level 1 and Level 2
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<b>Service Definition (Scope):</b>	
<p>Behavior Support Service is designed to assist the waiver participant with management of challenging behaviors that interfere with activities of daily living, social interactions, work or similar situations with the outcome of reducing or replacing problem behaviors. Behavior data collection is used to evaluate outcomes and update the behavior plan.</p> <p>Behavior Support Service is authorized for individuals whose behaviors present risk to health and safety with a level of interruption to daily activities. Individuals determined at high risk in the community are those with behaviors that have resulted in significant physical injury to self or others, pose ongoing potential risk of harm to self or others, have engaged in significant property destruction, have caused repeated calls to law enforcement for assistance or intervention, have behavior that resulted in frequent changes to placement or been unable to remain in a preferred residence due to behavior, required frequent use of restrictive procedures, or required frequent or intermittent emergency crisis services.</p> <p><b>Level I Specific Description:</b>            While Level 1 Behavior professionals work with high risk individuals, they do so under the supervision and collaboration of a Level 2 Behavior Professional. Specific tasks performed by Level 1 practitioners include comprehensive staff and/or family competency-based training, behavior observation, and ongoing communication with families and staff related to plan interventions and behavior tracking. Expanded licensure levels allowed to enroll for Level 1 Behavior Support Services provide greater network capacity overall but are confined to the tasks falling within the scope of the license which include interpretation of the behavior plan to direct support staff and family members, training in data collection and behavior intervention techniques, ongoing follow up both on site and by phone, and coordination with the supervising Level 2 Behavior Support Service provider.</p> <p><b>Level 2 Specific Description:</b>            Level 2 Behavior professionals are those whose State license levels provide the authority to evaluate and diagnose. The one exception, Board Certified Behavior Analysts, are not licensed in Georgia but have the authority and expertise to evaluate within scope of the population. Through thorough evaluation, the licensed and/or certified providers develop a behavior plan based on current evidence-based practice and monitor that plan, most often using established methods of tracking behavior intensity, frequency and severity over time spans for continuous corrections and edits to the plan. Level 2 Behavior professionals may provide tasks allowed under the Level 1 description such as training direct support staff and families on the plan implementation but may delegate those tasks to Level 1 practitioners.</p> <p style="background-color: yellow;">The state temporarily authorizes, during the time that the Appendix K is effective, all enhanced state plan services to have telehealth option.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
Current in the approved waiver:	

Limits: As assessed to safeguard the waiver participant. Requires onsite clinical evaluation and approval by the Operating Agency and notification of the Medicaid Agency.

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Behavioral Supports Professional licensed or certified as approved in the current waiver		Behavior Services 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>
Psychiatrist	(OCGA 43-24-20)		
Psychologist	(OCGA 43-39-1)		
Licensed Clinical Social Worker	(OCGA 43-10A-1)		
Licensed Professional Counselor	(OCGA 43-10A-1)		
Licensed Master Social Worker	(OCGA 43-10A-1)		
Licensed Associate Professional Counselor	(OCGA 43-10A-1)		
Board Certified Behavior Analyst		Behavior Analyst Certification Board (BACB)	
Board Certified Assistant Behavior Analyst		Behavior Analyst Certification Board (BACB)	

**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**

<b>Service Delivery Method</b> <i>(check each that applies):</i>	<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:	Adult Occupational Therapy Services		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
<b>Service Definition (Scope):</b>			
<p>Adult Occupational Therapy Services cover evaluation and therapeutic services that are not otherwise covered by Medicaid State Plan services. These services address the occupational therapy needs of the adult participant that result from his or her developmental disability. Adult Occupational Therapy Services promote fine motor skills, coordination, sensory integration, and/or facilitate the use of adaptive equipment or other assistive technology. Specific services include occupational therapy evaluation, therapeutic activities to improve functional performance, sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, and participant/family education.</p> <p>Adult Occupational Therapy Services are not available until the participant's 21st birthday. Adult Occupational Therapy Services may be provided in or out of the participant's home. These services do not include the in-home therapeutic services for the treatment of an illness or injury that are covered in Home Health Services under the regular Medicaid State Plan. Adult Occupational Therapy Services are provided by a licensed occupational therapist and by order of a physician. Adult Occupational Therapy 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. The COMP and NOW Program is 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.</p> <p style="background-color: yellow;">The state temporarily authorizes, during the time that the Appendix K is effective, all enhanced state plan services to have telehealth option.</p>			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
<b>Provider Specifications</b>			
Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
		Occupational Therapist	Home Health Agency
			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
<b>Provider Qualifications</b> <i>(provide the following information for each type of provider):</i>			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Occupational Therapist	GA Therapy License		
Home Health Agency	GA Home Health License		

Standards Compliant DD Service Agency			DBHDD provider requirements as specified either through DBHDD contract with the Medicaid enrolled provider.
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Occupational Therapist	DCH Provider Enrollment and DBHDD		Annually
Home Health Agency	DCH Provider Enrollment and DBHDD		Annually
Standards Compliant DD Service Agency	DCH Provider Enrollment and DBHDD		Annually
<b>Service Delivery Method</b>			
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed
<b>Service Specification</b>			
Service Title:	Adult Physical Therapy Services		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
<b>Service Definition (Scope):</b>			
<p>Adult Physical Therapy Services offers evaluation and therapeutic services that are not otherwise covered by Medicaid State Plan services. These services address the physical therapy needs of the adult participant that result from his or her intellectual/developmental disability. Adult Physical Therapy Services promote gross/fine motor skills, facilitate independent functioning and/or prevent progressive disabilities. Specific services include physical therapy evaluation, therapeutic procedures, therapeutic exercises to develop strength and endurance, and range of motion and flexibility, and participant/family education.</p> <p>Adult Physical Therapy Services are not available until the participant's 21st birthday. Adult Physical Therapy Services may be provided in or out of the participant's home. These services do not include the in-home therapeutic services for the treatment of an illness or injury that are covered in Home Health Services under the regular Medicaid State Plan. Adult Physical Therapy Services are provided by a licensed physical therapist and by order of a physician. Adult Physical Therapy 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. The COMP Program is intended for those goods and services that are not covered by the State Medicaid Plan.</p> <p><b>The state temporarily authorizes, during the time that the Appendix K is effective, all enhanced state plan services to have telehealth option.</b></p>			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
<b>Provider Specifications</b>			
Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
		Physical Therapist	Home Health Agency
			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

<b>Provider Qualifications</b> (provide the following information for each type of provider):			
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Physical Therapist	GA Therapy License		
Home Health Agency	GA Home Health License		
Standards Compliant DD Service Agency			DBHDD provider requirements as specified either through DBHDD contract with the Medicaid enrolled provider.
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Physical Therapist	DCH Provider Enrollment and DBHDD		Annually
Home Health Agency	DCH Provider Enrollment and DBHDD		Annually
Standards Compliant DD Service Agency	DCH Provider Enrollment and DBHDD		Annually
<b>Service Delivery Method</b>			
<b>Service Delivery Method</b> (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed
<b>Service Specification</b>			
Service Title:	Adult Speech and Language Therapy Services		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
<b>Service Definition (Scope):</b>			
<p>Adult Speech and Language Therapy Services cover evaluation and therapeutic services that are not otherwise covered by Medicaid State Plan services. These services address the speech and language therapy needs of the adult participant that result from his or her intellectual/developmental disability. Adult Speech and Language Therapy Services preserve abilities for independent function in communication, facilitate oral motor and swallowing functions, facilitate use of assistive technology, and/or prevent progressive disabilities. Specific services include speech and language therapy evaluation, individual treatment of speech, language, voice, communication, and/or auditory processing, therapeutic services for the use of speech-generating device, including programming and modification, and participant/family education.</p> <p>Adult Speech and Language Therapy Services are not available until the participant's 21st birthday. Adult Speech and Language Therapy Services may be provided in or out of the participant's home. These services do not include the in-home therapeutic services for the treatment of an illness or injury that are covered in Home Health Services under the regular Medicaid State Plan. Adult Speech and Language Therapy Services are provided by a licensed speech and language pathologist and by order of a physician. Adult Speech and Language Therapy 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. The COMP Program is 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.</p> <p>The state temporarily authorizes, during the time that the Appendix K is effective, all enhanced state plan services to have telehealth option with the exception of the following Adult Swallowing/Feeding Therapy; Adult Swallowing/Feeding Therapy self-directed; Adult Swallowing/Feeding Evaluation, Adult Swallowing/Feeding Evaluation self-directed.</p>			

Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
<b>Provider Specifications</b>			
Provider Category(s) <i>(check one or both):</i>	x	Individual. List types:	x
		Speech and Language Pathologist	Agency. List the types of agencies:
			Home Health Agency
			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
<b>Provider Qualifications</b> <i>(provide the following information for each type of provider):</i>			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Speech and Language Pathologist	GA Therapy License		
Home Health Agency	GA Home Health License		
Standards Compliant DD Service Agency			DBHDD provider requirements as specified either through DBHDD contract with the Medicaid enrolled provider.
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Speech and Language Pathologist	DCH Provider Enrollment and DBHDD		Annually
Home Health Agency	DCH Provider Enrollment and DBHDD		Annually
Standards Compliant DD Service Agency	DCH Provider Enrollment and DBHDD		Annually
<b>Service Delivery Method</b>			
<b>Service Delivery Method</b> <i>(check each that applies):</i>	x	Participant-directed as specified in Appendix E	x
			Provider managed
<b>Service Specification</b>			
Service Title:	Community Access		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
<b>Service Definition (Scope):</b>			
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 NOW/COMP's 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 Program is 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.

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

The state temporarily authorizes, during the time that the Appendix K is effective, retainer payments for Community Access Services that cannot be rendered due to national state of emergency. Retainer payments will only be authorized through agency delivered services using the frequency listed on the participant's existing ISP/PA and cannot exceed 6 hours a day and 5 days a week.

**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 checked="" 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	DCH Provider Enrollment and DBHDD	Annually

**Service Delivery Method**

<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E For the purpose of the Appendix K Emergency application, the retainer will not be available under the self-directed model.	<input checked="" type="checkbox"/>	Provider managed
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**Service Specification**

Service Title:	Community Living Supports-Basic
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*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

**Service Definition (Scope):**

Community Living Support Services-Basic: refers to the task and purpose description below but applies specifically to a one-to-one ratio, staff to waiver member, with a visit duration of under three hours. Service delivery of three hours or greater is described in additional service descriptions as "Community Living Support Services-Extended."

Community Living Support services are individually tailored supportive tasks that facilitate an individual's independence and promote integration into the community. Community Living Support assists individuals to acquire, retain, or improve skills in order to successfully live in their own or family home and be a full member of the community. Community Living Support services includes individualized services that range from personal care to daily livings skills development as well as oversight and supervision to assure individual health, safety and well-being. The specific scope of supports and services is determined through an individualized assessment and person-centered planning process that relates to the individual's assessed need for supports and reflects the preferences and outcomes desired by the individual and/or their representative.

Community Living Support services includes assisting individuals to gain life skills at home and in the community insofar as the community activity supports the goal of acquiring or improving skills in order to successfully live in their own or family home (e.g., grocery shopping in the community for the purpose of skill-building around organizing the kitchen, meal planning, etc.). Community Living Support services may include medically related services and health maintenance activities. Medically related services and health maintenance activities provided under Community Living Support services must be allowable by State law, rules, and regulations.

Community Living Support services may be provided in the participant’s own or family home or in the surrounding community, provided that such services do not duplicate other community-oriented services such as Access Services. The frequency, scope and duration of personal care/assistance is specific to the individual needs of the participant, as determined through assessment and other participant-centered evaluation data.

Transportation related to activities performed within the scope of Community Living Support services such as travel related to skills development such as to teach navigation of public transit, opportunities to practice IADL skill-building such as grocery and other shopping, and to medical appointments was calculated into the rate for Community Living Support services.

The type, intensity, frequency and duration of services provided are specific to the individual participant and detailed in his/her Individual Service Plan (ISP). Community Living Support 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.

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

The state temporarily authorizes, during the time that the Appendix K is effective, retainer payments for Community Living Support Services that cannot be rendered due to national state of emergency. Retainer payments will only be authorized for the frequency listed on the participant’s existing ISP/PA.

The state temporary authorizes, during the time that the Appendix K is effective, providers to exceed the cap limitations for Community Living Services that can be rendered by a traditional provider, participant directed and/or a combination with live-in caregiver.

**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:
				Licensed Private Homecare 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)
Licensed Private Homecare Agency	Ga Licensure for Homecare Agency		

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Licensed Private Homecare Agency	DCH Provider Enrollment and DBHDD		Annually	
<b>Service Delivery Method</b>				
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
<b>Service Specification</b>				
Service Title:	Community Living Supports-Extended Services			
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>				
<b>Service Definition (Scope):</b>				
<p>Community Living Support Services- Extended: refers to the tasks and purpose description below but applies specifically to a one-to-one ratio, staff to waiver member, with a visit duration of three hours or greater. Service delivery of three hours or fewer is described in additional service descriptions as "Community Living Support Services-Basic."</p> <p>Community Living Support –Extended Services offer the same supports and activities offered through traditional Community Living Support but are used to provide services for a period of three or more continuous hours in one day. The reimbursement rate developed for CLS – Extended assumes lower staff travel and recordkeeping expenses in the rate methodology since it is expected that services provided continuously for three or more hours a day will result in staff serving fewer waiver participants during the same day. Transportation related to activities performed within the scope of service delivery such as travel with the waiver participant related to skills development, opportunities to practice IADL skill-building such as grocery and other shopping and accompanying to medical appointments was included in the rate for Community Living Support – Extended.</p> <p>The type, intensity, frequency and duration of services provided are specific to the individual participant and detailed in the Individual Service Plan (ISP). Community Living Support – Extended 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. Community Living Support – Extended is provided in lieu of or as a compliment to short term Community Living Support (CLS) but does not duplicate either CLS or Community Access services.</p> <p>The specific scope of supports and services is determined through an individualized assessment and person-centered planning process that relates to the individual’s assessed need for supports and reflects the preferences and outcomes desired by the individual and/or their representative.</p>				
<b>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</b>				
<p>The state temporarily authorizes, during the time that the Appendix K is effective, retainer payments for Community Living Support Services that cannot be rendered due to national state of emergency. Retainer payments will only be authorized for the frequency listed on the participant’s existing ISP/PA.</p> <p>The state temporary authorizes, during the time that the Appendix K is effective, providers to exceed the cap limitations for Community Living Services that can be rendered by a traditional provider, participant directed and/or a combination with live-in caregiver.</p>				
<b>Provider Specifications</b>				
	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:

Provider Category(s) <i>(check one or both):</i>		Licensed Private Homecare 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
<b>Provider Qualifications</b> <i>(provide the following information for each type of provider):</i>			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Licensed Private Homecare Agency	Ga Licensure for Homecare Agency		
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Licensed Private Homecare Agency	DCH Provider Enrollment and DBHDD		Annually
<b>Service Delivery Method</b>			
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed
<b>Service Specification</b>			
Service Title:	Community Residential Alternative (COMP ONLY) All Tiers		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
<b>Service Definition (Scope):</b>			
<p>Community Residential Alternative (CRA) services provide residential supports that are integrated in and support full access of individual participation in the greater community. CRA services assist individuals to gain skills and supports in the areas of personal care, supervision, support and personal development. CRA assists individuals to engage in home and community life to the same degree of access as individuals not receiving Medicaid HCBS. CRA provides training in life and leisure skills, personal care and community integration as specifically detailed in the person-centered plan.</p> <p>Waiver participants receiving CRA services live in small group settings of four or fewer or in host home/life sharing arrangements of two or fewer. CRA services may not be provided to persons living in their own or family homes or in any residence in which Community Living Support Services are provided to a participant, including any family owned licensed personal care home, licensed community living arrangement, or host home.</p> <p>Payment is not made for the cost of room and board, including the cost of building maintenance, upkeep and improvement. The method by which the costs of room and board are excluded from payment for Community Residential Alternative services is specified in Appendix J.</p> <p>The rate and associated expectation for Community Residential Alternative services includes transportation costs associated with travel to waiver services and other community settings outside the home, particular as specified in the Individual Service Plan. Waiver participants receiving Community Residential Alternative services do not receive the separate COMP services of Environmental Accessibility Adaptation, Vehicle Adaptation, and Transportation.</p>			

The COMP Program is 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.

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

The state temporarily authorizes, during the time that the Appendix K is effective, retainer payments for Community Residential Alternative in the event the participant is hospitalized or in an alternate care setting due to health and safety concerns. Retainer payments will only be authorized for the amount frequency and duration 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	Personal Care Home Permit (State of Georgia Rules Chapter 111-8-62); Child Placing Agencies License (State of Georgia Rules 290-9-2) Community Living Arrangement (State of Georgia Rules Chapter 290-9-37)		Unlicensed Host Home Tier of CRA must meet DCH and DBHDD enrollment criteria for a public or private agency.

### Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Standards Compliant DD Service Agency	DCH Provider Enrollment and DBHDD	Annually

### Service Delivery Method

Service Delivery Method (check each that applies):

<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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### Service Specification

Service Title: Skilled Nursing Services

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

Service Definition (Scope):

Skilled nursing services are ordered when required to meet the medical needs of the member in the most appropriate setting including the member's home, a relative's home or other location where no duplicative services are available. Skilled nursing services are most commonly provided as an extension of Home Health Services, however nursing services not allowable under State Plan Home Health coverage may be needed by waiver participants with chronic medical needs. Waiver participants may receive such nursing service by virtue of Georgia's private home care licensure law provided the agency holds the highest-level license which allows registered nurse and licensed practical nursing services.

The need for Skilled Nursing Services is determined through clinical assessment and documented on the individual service plan, and must be ordered by a physician, advanced practice nurse or physician assistant. Waiver participants who are unstable medically or recovering from an acute illness or episode may require SNS in the form of complex assessment, health education, nutritional counseling and support, skilled nursing supervision, monitoring of medication administration, and/or direct nursing services such as wound care or complex treatments.

SNS are performed by a Registered Nurse or, under certain circumstances a license practical nurse, both of whom are licensed to practice in the State of Georgia, have at least two years of home health, long term care or acute care nursing experience. Complex or high-risk waiver participants may require nursing care by individuals with specific experience in pulmonary, GI or wound care skills. In such cases, DBHDD through support coordinators, intensive case managers or other clinical staff will specify the skills and experience required.

Skilled Nursing Services in the NOW and COMP Waiver are intended to provide those services 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. Children under the age of twenty-one (21) should receive skilled nursing services as determined by medical necessity through the Georgia Medicaid State Plan.

The state temporarily authorizes, during the time that the Appendix K is effective, RN services to be rendered using telehealth, to the extent possible.

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

The state temporarily authorizes, during the time that the Appendix K is effective, LPN services a temporary rate increase to \$10.00 per 15-minute unit.

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Licensed Practical Nurse		Licensed Private Homecare Agency
		Licensed Registered Nurse		Licensed Home Health 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>
Licensed Practical Nurse	Ga Licensure Nursing		

Licensed Registered Nurse	Ga Licensure Nursing		
Licensed Private Homecare Agency	Ga Licensure Homecare Agency		
Licensed Home Health Agency	Ga Licensure Home Health Agency		
<b>Verification of Provider Qualifications</b>			
<b>Provider Type:</b>	<b>Entity Responsible for Verification:</b>	<b>Frequency of Verification</b>	
Licensed Practical Nurse	DCH Provider Enrollment and DBHDD	Annually	
Licensed Registered Nurse	DCH Provider Enrollment and DBHDD	Annually	
Licensed Private Homecare Agency	DCH Provider Enrollment and DBHDD	Annually	
Licensed Home Health Agency	DCH Provider Enrollment and DBHDD	Annually	
<b>Service Delivery Method</b>			
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed
<b>Service Specification</b>			
<b>Service Title:</b>	Respite (In-home and Out of Home)		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
<b>Service Definition (Scope):</b>			
<p>Respite Services are designed to provide brief periods of support or relief for caregivers or individuals with disabilities. Respite is provided in the following situations:</p> <ol style="list-style-type: none"> <li>(1) when families or natural, unpaid care providers are in need of support or relief;</li> <li>(2) when the waiver participant needs relief or a break from the caregiver;</li> <li>(3) when a participant is experiencing severe behavioral challenges and needs structured, short term support away from the current environment;</li> <li>(4) when relief from caregiving is necessitated by unavoidable circumstances, such as a short-term family emergency.</li> </ol> <p>Respite may be provided in-home (provider delivers service in waiver participant s home) or out-of-home (waiver participant receives service outside of their home) and may include an overnight stay. Respite Services may be provided as planned, expected services outlined on the individual service plan or may be required in unplanned circumstances.</p> <p>Two service models with distinct provider types are used to provide respite services. In home respite may be provided by agencies also delivering community living support services because of similarity in staffing, activities and delivery setting, and licensure requirements. Out-of-home respite is provided in residential settings dedicated to short-term relief. Small host homes approved by the Operating Agency and enrolled by the Medicaid Agency are the preferred setting for out-of-home respite services.</p> <p>A participant may receive both Respite services and Community Living Support services, but not simultaneously. No more than two to four members may receive Respite Services in a Respite Facility. An individual serving as a representative for a waiver participant in self-directed services is not eligible to be a</p>			

participant-directed individual provider of Respite services. Respite services are 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. Use of unplanned respite in response to family emergency or sudden need may be authorized within thirty days of use following review of the circumstances.

Rate Categories for Respite – Daily Out-of-Home: Respite – Daily Out-of-Home was developed using a ‘tiered’ structure such that payment rates are higher for individuals with more significant support needs. The tiered rates – referred to as rate ‘categories’ – reflect more significant needs in the areas of medical, functional, or behavioral support needs. The Operating Agency will use discrete assessment items identified in the Supports Intensity Scale (SIS) and supported or clarified by information provided by the Health Risk Screening Tool to determine individual assignment to a specific category. Specific data items from the SIS related to home living, community living, health and safety, and exceptional medical and behavioral support needs were determined to best predict the resources required to support waiver participants in this population group. Categories were established using SIS data in the current waiver participant population and influenced by experience using the same methodology in other States.

#### Descriptions of Assessment Levels\*

Level 1: Individuals in this level have largely mild support need and little to no support for medical or behavioral conditions. They can manage many aspects of their lives independently or with monitoring and prompting rather than physical assistance. This includes activities like bathing, dressing, and eating, as well as activities such as shopping or accessing the community.

Level 2: Individuals in this level have modest-to-moderate support needs and little to no support for medical or behavioral conditions. Although they need more support than those in Level 1, their support needs are minimal in a number of life areas.

Level 3: Individuals in this level have little to moderate support needs as in Levels 1 and 2, but they also have significant support needs due to medical or behavioral conditions.

Level 4: Individuals in this level have moderate-to-high support needs, requiring more frequent supports that may include physical assistance in several daily life activities.

Level 5: Individuals in this level have the most significant support needs, generally requiring frequent physical assistance in numerous daily life activities.

Level 6: Individuals in this level have exceptional medical conditions that result in the need for enhanced supports (in terms of the amount or specialization).

Level 7: Individuals in this level have exceptional behavioral challenges that result in the need for enhanced supports (in terms of the amount or specialization).

\* Adapted from research and materials produced by the Human Services Research Institute

The seven assessment levels are used to describe the distinct needs of individuals in each group but for the purposes of reimbursement rates fewer categories have been established in recognition that the support needs of members across certain assessment levels are similar. There are two categories used for reimbursement of respite – daily services. The crosswalk of assessment levels to rate categories in respite – daily is as follows:

Assessment Levels: 1 - 4

Rate Category: 1

Assessment Levels: 5, 6, 7

Rate Category: 2

The NOW and COMP 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.

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

The state temporarily authorizes retainer payments for In Home and Out of Home Respite Services that cannot be rendered due to national state of emergency. Retainer payments will only be authorized for the frequency listed on the participant's existing ISP/PA.

The state temporarily authorizes, during the time that the Appendix K is effective, providers to exceed the cap limitations for In Home and Out of Home Respite Services that can be rendered by a traditional provider, participant directed and/or a live-in caregiver.

**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
				Community Living Arrangement
				Child Placing Agency
				Personal Care Home
				Host Home
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

**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			DCH provider requirements as specified either through DBHDD contract with the Medicaid enrolled provider or a Letter of Agreement.
Community Living Arrangement	Ga Licensure Nursing		
Child Placing Agency	Ga Licensure Homecare Agency		
Personal Care Home	Ga Licensure Home Health Agency		
Host Home			DCH provider requirements as specified either through DBHDD contract with the Medicaid enrolled provider or a Letter of Agreement.

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Standards Compliant DD Service Agency	DCH Provider Enrollment and DBHDD	Annually
Community Living Arrangement	DCH Provider Enrollment and DBHDD	Annually
Child Placing Agency	DCH Provider Enrollment and DBHDD	Annually
Personal Care Home	DCH Provider Enrollment and DBHDD	Annually
Host Home	DCH Provider Enrollment and DBHDD	Annually

Service Delivery Method			
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed
Service Specification			
Service Title:	Specialized Medical Supplies		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
<b>Service Definition (Scope):</b>			
<p>Specialized Medical Supplies includes supplies directly related to a waiver participant's diagnosis or disability-related condition which enable individuals to interact more independently with their environment thus enhancing their quality of life and reducing their dependence on physical support from others. These supplies consist of food supplements, special clothing, continence products, and other authorized supplies that are specified in the Individual Service Plan and not otherwise reimbursed under State Plan Medicaid. Ancillary supplies necessary for the proper functioning of approved devices are also included in this service. If the waiver participant (or representative, if applicable) opts for participant direction, then these supplies may be purchased through participant-directed service delivery.</p> <p>The Comprehensive Supports Waiver does not duplicate coverage under the durable Medical Equipment (DME), Orthotics and Prosthetics, and Hearing Services programs and other Medicaid non-waiver programs. All items covered through these programs must be requested through the route specified in Medicaid policy. The NOW and COMP Program is 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. Denial of additional coverage must be documented in the participant's record for any item covered under the State Medicaid Plan. The NOW and COMP Program does not cover items that have been denied through the DME and other programs for lack of medical necessity.</p> <p>Specialized Medical Supplies 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.</p>			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
The State temporarily authorizes, during the time that the Appendix K is effective, providers to exceed the cap limitation.			
Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
		Vendors and Dealers in Medical Supplies	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
<b>Provider Qualifications</b> <i>(provide the following information for each type of provider):</i>			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Vendors and Dealers in Medical Supplies	Applicable GA Business License		DBHDD provider requirements as specified either through DBHDD contract with the

			Medicaid enrolled provider or DCH Provider Enrollment.
Standards Compliant DD Service Agency			DBHDD provider requirements as specified either through DBHDD contract with the Medicaid enrolled provider or DCH Provider Enrollment.
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Vendors and Dealers in Medical Supplies	DCH Provider Enrollment and DBHDD		Annually
Standards Compliant DD Service Agency	DCH Provider Enrollment and DBHDD		Annually
<b>Service Delivery Method</b>			
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed
<b>Service Specification</b>			
Service Title:	Support Coordination		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
<b>Service Definition (Scope):</b>			
<p>Support Coordination services are a set of interrelated activities for identifying, coordinating, and reviewing, and overseeing the delivery of appropriate services for participants. A primary purpose of Support Coordination services is to evaluate and address individual risks and unmet needs in order to maximize the health, wellbeing and safety of waiver participants. Support Coordination services assist participants in coordinating all service needs whether Medicaid reimbursed, services provided through other funding sources, or those performed by natural supporters in the context of family or community life.</p> <p>Support Coordinators are responsible for participating in assessment of individuals through assembling both professionals and non-professionals who provide individualized supports and whose combined expertise and involvement ensures that person-centered plans are developed to address social, educational, transportation, housing, nutritional, healthcare and other needs using a holistic approach. Through advocacy efforts, they encourage and facilitate the use of various community resources through referral and follow up activities. The overall objective of Support Coordination services is to oversee the health, safety and wellbeing of waiver participants while tracking the use and outcomes of services identified in the individual support plan.</p> <p>Support Coordinators facilitate the completion of a written ISP including any revisions to the ISP and assure that the plan is reviewed and revised annually or whenever changes in the individual's condition or needs warrants a change in formal service delivery. Support Coordinators are also responsible for monitoring the implementation and delivery of services along with individual satisfaction with services and progress toward outcomes identified by the individual and the care team. They work with service providers to attain required proficiency in areas specific to the individual and assure the provision of provider technical assistance and training in collaboration with DBHDD staff. They report concerns related to provider performance or service delivery to the Operating Agency (DBHDD) in order to facilitate remediation activities. Monitoring techniques include direct observation, review of documents, interviews with the individual and/or informal supporters and other advocacy activities. The purpose is to assure that services are achieving the desired outcomes relative to challenging behaviors, health and medical needs and skill acquisition in a coordinated approach. Support Coordinators may also assist waiver participants and their family or representative in making informed decisions about healthcare choices, housing options, and use of participant-directed services through providing</p>			

information and educational resources. Should the waiver participant select participant-direction as a service option, Support Coordinators assist in enrollment and provide information about fiscal intermediary services.

The ISP outlines frequency of Support Coordination contacts based on the level of acuity of the individual, general needs and availability of natural support but visits are conducted quarterly at a minimum. Individual needs further identify and define the professional type and Support Coordination expertise required for monitoring specific risk areas.

Responsibilities of Support Coordination include participating in assessment and development of the ISP based on assessed need; monitoring progress toward goals; monitoring satisfaction with and the quality of services; follow up on identified needs including those not funded through the waiver such as medical and dental needs; and completion of the personal focus and goal-setting portion of the ISP. They routinely interact with service providers in order to identify progress and challenges toward goals. On an annual basis, the Support Coordinator participates in formal review and revision of the ISP but at any time during the year that there are significant life changes or stressors in the individual's or family's life, the Support Coordinator may assist with additional service needs.

Support Coordination agencies must have notes documenting service provision in order to be reimbursed for services. All support notes are documented in an electronic record, an EHR system shared by DBHDD regional and state offices for the purpose of monitoring, oversight and ultimate responsibility for the coordination and delivery of services.

Service providers of any other NOW and COMP waiver services (with the exception of Intensive Support Coordination) will not be eligible for enrollment in support coordination consistent with the CMS requirement related to conflict-free case management. Likewise, providers of Support Coordination will not be eligible for enrollment in any other NOW waiver service (with the exception of Intensive Support Coordination).

The state temporarily authorizes, during the time that the Appendix K is effective, Support Coordination providers to render services telephonically and through other telehealth means.

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

Support Coordination (case management) services - temporarily increases rate from \$152.88 to \$175.00 per monthly unit.

**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:
				Case Management 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)
Case Management Agency	Applicable GA Business License		DBHDD provider requirements as specified either through DBHDD contract with the

			Medicaid enrolled provider or DCH Provider Enrollment.	
<b>Verification of Provider Qualifications</b>				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Case Management Agency	DCH Provider Enrollment and DBHDD		Annually	
<b>Service Delivery Method</b>				
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
<b>Service Specification</b>				
Service Title:	Intensive Support Coordination			
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>				
<b>Service Definition (Scope):</b>				
<p>Intensive Support Coordination includes all of the activities of support coordination, but the activities reflect specialized overall coordination of waiver, medical and behavioral support services on behalf of waiver participants with exceptional medical and/or behavioral needs. Intensive support coordinators assist waiver participants with complex needs through: assessing complex needs; identifying and addressing barriers to care; accessing needed resources and services offered through the waiver as well as the larger healthcare system; taking active measures to address complex needs; and fostering and maintaining family and other informal relationships and support.</p> <p>The provision of intensive support coordination requires advanced training, knowledge and skills required to address the severity of medical and related needs that present in the management of physical and behavioral health as well as interventions and activities that foster prevention of health deterioration and exacerbation of medical/behavioral conditions. Examples of conditions which may require intensive case management include: tracheostomy care, risk of choking and aspiration, complex diabetes management, presence of gastrointestinal complications, history of low trauma fractures, and any condition with a history of complex behavioral needs. This list is not all-inclusive but provides examples of the level of participant risk ameliorated through the provision of intensive case management.</p> <p>Documentation must support the presence of continued need with the expectation that intensive case managers will work closely with physicians and other healthcare providers in the management of complex conditions. The condition must support frequent and enhanced level of monitoring, intervention and follow-up which is described and clearly documented. The need for intensive support coordination is determined at initial assessment and annual review.</p> <p>Intensive support coordination services include transition coordination. To be eligible an individual must have resided in an inpatient facility for a minimum of sixty consecutive days receiving Medicaid-reimbursed inpatient services.</p> <p>Specific transition coordination duties include:</p> <ul style="list-style-type: none"> <li>-Working with the individual and circle of support in identifying transition goals and services to meet those goals</li> <li>-Facilitating the planning of the transition process, led by the individual</li> <li>-Assisting with housing search</li> <li>-Providing information to ensure the individual makes the most informed decisions possible</li> <li>-Arranging post transition services</li> <li>-Assisting with the identification and referral to non-Medicaid resources and services</li> </ul>				

-Coordinating Transition Service delivery and communicating any variances in outcomes compared to the transition plan

Intensive Support Coordination transition services from the month of discharge to month six requires specifically assuring that the Medicaid category of service is appropriately designated. This work includes discharging the individual from the facility and helping to establish all necessary documentation to ensure Waiver Medicaid eligibility.

Intensive Support Coordination transition services may be provided to individuals scheduled for transition from institutions for a period of ninety (90) days prior to the discharge date; however, community-based claims will not be submitted for reimbursement until after the waiver participant has been transitioned to the community. Intensive support coordination is a closely supervised service and supervisor qualifications include both education and experience in a clinical area, either nursing or behavioral. The agency provider will have experience working with the identified population of intellectually disabled/developmentally disabled individuals or a closely related population. When the waiver participant's primary risk in is the area of challenging behaviors, supervisor qualifications will include Masters' degree in behavior analysis, psychology, social work, or counseling with applicable licensure.

The state temporarily authorizes, during the time that the Appendix K is effective, Intensive Support Coordination providers to render services telephonically and through other telehealth means.

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

**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:
				Case Management Agency
				Division of a Healthcare 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)
Case Management Agency	Applicable GA Business License		DBHDD provider requirements as specified either through DBHDD contract with the Medicaid enrolled provider or DCH Provider Enrollment.
Division of a Healthcare Agency			DBHDD provider requirements as specified either through DBHDD contract with the Medicaid enrolled provider or DCH Provider Enrollment.

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Case Management Agency	DCH Provider Enrollment and DBHDD	Annually

Division of a Healthcare Agency	DCH Provider Enrollment and DBHDD	Annually
<b>Service Delivery Method</b>		
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E
	<input checked="" type="checkbox"/>	Provider managed
<b>Service Specification</b>		
Service Title:	Supported Employment	
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>		
<b>Service Definition (Scope):</b>		
<p>Supported Employment services are ongoing supports that enable participants, for whom competitive employment at or above the minimum wage is unlikely absent the provision of supports, and who, because of their disabilities, need supports to perform in an integrated work setting. The scope and intensity of Supported Employment supports may change over time, based on the needs of the participant. Supported Employment can include assisting the participant to locate a job or develop a job on behalf of the participant. Supported Employment is conducted in a variety of settings; work sites where persons without disabilities are employed are the targeted settings for service delivery. Supported Employment includes activities needed to sustain paid work by participants, including supervision and training. Payment is made only for adaptations, supervision, and training required by participants receiving waiver services as a result of their disabilities but does not include payment for the supervisory activities rendered as a normal part of the business setting. Supported Employment Group services are provided to groups of participants, with a staff to participant ratio of two or more. The staff to participant ratio for Supported Employment Group services cannot exceed one (1) to ten (10); however, a planned waiver amendment will target smaller ratios to be supported by proposed rates derived through a cost-based rate methodology.</p> <p>Supported Employment may include services and supports that assist the participant in achieving self-employment through the operation of a business. Such assistance may include: (a) aiding the participant to identify potential business opportunities; (b) assistance in the development of a business plan, including potential sources of business financing and other assistance in developing and launching a business; (c) identification of the supports that are necessary for the participant to operate the business; and (d) ongoing assistance, counseling and guidance once the business has been launched. Payment is not made to defray the expenses associated with starting up or operating a business.</p> <p>Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:</p> <ol style="list-style-type: none"> <li>1. Incentive payments made to an employer to encourage or subsidize the employer's participation in Supported Employment program;</li> <li>2. Payments that are passed through to users of Supported Employment programs; or</li> <li>3. Payments for training that is not directly related to an individual's Supported Employment program.</li> </ol> <p>Significant public input during family forums informed both the Operating Agency and the Medicaid Agency of family and individual desire for greater flexibility in day service programming. Consistent with the HCBS Rule, day services will be integrated in a continuum to promote full flexibility in the use of multiple service types interchangeably. Individuals who have developed peer relationships in group community access settings can gradually become more comfortable as they are fully included in their community through supported employment. Gradual integration from group settings through prevocational services and into supported employment will allow for increased access to the greater community without interfering with established relationships and the comfort of a known environment. Individuals will be able to choose and explore employment opportunities and services available to them without giving up previous relationships established</p>		

through the group setting. The graduated and flexible integration model allows for individuals to tailor their schedules to their liking provided the total service hour limit for all services is not exceeded. It also does not force individuals into opportunities they are not interested in but it provides an open door to opportunities they are interested in.

While this waiver renewal application begins the migration to a new service design, future plans include a cost-based rate study to provide additional flexibility in staff-to-participant ratios for individuals who require greater support.

Supported Employment services are distinct from and do not occur at the same time of the same day as Community Access or Prevocational services. An individual serving as a representative for a participant in self-directed services may not provide Supported Employment services. Supported Employment 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. The NOW and COMP 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, Supported Employment providers to render Supported Employment telephonically and through other telehealth means for the purpose of job support, supervision, and any training that can be conducted through telephonic or other telehealth means.

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

The state temporarily authorizes, during the time that the Appendix K is effective, retainer payments for Supported Employment Services in the event the provider is unable to render a service due to health and safety concerns for either the participant or the provider.

#### Provider Specifications

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Employment Specialist		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)
Employment Specialist			DBHDD provider requirements as specified either through DBHDD contract with the Medicaid enrolled provider or DCH Provider Enrollment.
Standards Compliant DD Service Agency			DBHDD provider requirements as specified either through DBHDD contract with the Medicaid enrolled provider or DCH Provider Enrollment.

#### Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Employment Specialist	DCH Provider Enrollment and DBHDD	Annually

Standards Compliant DD Service Agency	DCH Provider Enrollment and DBHDD		Annually	
<b>Service Delivery Method</b>				
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
<b>Service Specification</b>				
Service Title:	Financial Support Services			
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>				
<b>Service Definition (Scope):</b>				
<p>Financial Support Services are provided to assure that participant directed funds outlined in the Individual Service Plan are managed and distributed as intended. The Financial Support Services (FSS) provider receives and disburses funds for the payment of participant-directed services under an agreement with the Department of Community Health, the State Medicaid agency. The FSS provider files claims through the Medicaid Management Information System for participant directed goods and services. Additionally, the FSS provider deducts all required federal, state and local taxes. The FSS provider also calculates and pays as appropriate, applicable unemployment insurance taxes and worker compensation on earned income. The FSS provider is responsible for maintaining separate accounts on each member s participant-directed service funds and producing expenditure reports as required by the Department of Community Health and the Department of Behavioral Health and Developmental Disabilities. When the participant is the employer of record, the FSS provider is the Internal Revenue Service approved Fiscal Employer Agent (FEA). The FSS provider conducts criminal background checks and age verification on service support workers. The FSS provider executes and holds Medicaid provider agreements through being deemed by the state to function as an Organized Health Care Delivery System or as authorized under a written agreement with the Department of Community Health, the State Medicaid agency. The FSS provider must not be enrolled to provide any other Medicaid services in Georgia. Financial Support 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. The NOW and COMP 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.</p>				
Specify applicable (if any) limits on the amount, frequency, or duration of this service:				
Financial Support Services temporarily increases rate from \$75.00 per month to \$95.00 per month.				
<b>Provider Specifications</b>				
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:
				Fiscal Intermediary 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
<b>Provider Qualifications</b> <i>(provide the following information for each type of provider):</i>				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	
Fiscal Intermediary Agency	Applicable GA Business License		DBHDD provider requirements as specified either through DBHDD contract with the Medicaid enrolled provider or DCH Provider Enrollment.	

Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Fiscal Intermediary Agency	DCH Provider Enrollment and DBHDD		Annually	
Service Delivery Method				
Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed




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<sup>i</sup> 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.