APPENDIX K: Emergency Preparedness and Response

Background:

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

Appendix K-1: General Information

General Information:

A. State: Georgia

B. Waiver Title:

Elderly and Disabled Waiver
Independent Care Waiver Program

C. Control Number:

GA.0112.R07
GA.4170.R05

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

X	**Pandemic or Epidemic**
O	**Natural Disaster**
O	**National Security Emergency**
O	**Environmental**
O	**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, 26,000 members receiving Elderly and Disabled waiver services are impacted. The E&D Waiver Program supports older or disabled adults with functional impairments to continue to live in their own homes, with family members, or in small group homes. E&D waiver members fall in a high-risk category for COVID-19 by virtue of advanced age and/or

chronic condition. The Department of Community Health (DCH) as the single state Medicaid Agency has administrative oversight over all 1915 (c) waivers. DCH is relying on the case management and enhanced case management service within the waiver to identify those individuals at highest risk. DCH is responsible for licensing and monitoring healthcare facility providers through its Healthcare Facilities Regulation Division. The Department of Human Resources, through the Division of Aging Services, acts as an administration agent for options counseling and provides information technology support to some case management agencies. 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.

The Independent Care Waiver Program (ICWP) mirrors the description above relative to administrative oversight, licensing of enrolled providers, and relationship with the Georgia Department of Public Health as the lead agency for information and response to the COVID-19 emergency. The ICWP currently serves approximately 1,400 waiver participants in Georgia all of whom qualify under either nursing facility or hospital level of care. ICWP members are those with significant physical disability and/or traumatic brain injury and are at particularly high risk during this state of health emergency. The only significant difference between the operations of the two Medicaid waiver programs represented in this application are the functions performed by the DCH Medical Management Contractor in the ICWP. Those functions include:

- **Initial eligibility screening**
- **Assessment and level of care determination for admission**
- **Approval of service prior authorization requests consistent with assessed needs**

Members served through both waiver programs represent populations at significant risk for complications of COVID-19. This Appendix K application reflects the State's attempts to mitigate exposure risk and provide alternative service delivery models as required while preserving the provider network and service delivery system for return to a non-emergency state.

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 Elderly and Disabled and the ICWP waiver programs represent temporary policy allowances and retainer payments. Though this 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. An increase for one service rate in the ICWP program is included in this application to protect the most vulnerable members of the population: those with significant medical needs who require hourly nursing services. 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 day services as well as the full array 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.___ Access and Eligibility:

i.___ Temporarily increase the cost limits for entry into the waiver.
[Provide explanation of changes and specify the temporary cost limit.]

ii.___ Temporarily modify additional targeting criteria.
[Explanation of changes]

b._x_ Services

i._x_ Temporarily modify service scope or coverage.
[Complete Section A- Services to be Added/Modified During an Emergency.]

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

[Explanation of changes]

iii. ___Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).

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

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

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

Alternative Living Services and Out of Home Respite may be provided in hotels, shelters, schools, churches, or other temporary living situations approved by DCH as a result of the COVID-19 Emergency. Room and board payments are not included in the Out of Home Respite or Alternative Living Services rates.

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

Alternative Living Services and Out of Home Respite may be provided out of state as approved by DCH as a result of the COVID-19 Emergency. Personal support and extended personal support services might require delivery in neighboring states to accommodate relocation with family members or others providing informal support and assistance. This application also requests the ability to reimburse family caregivers as direct service workers and in some cases those family members may live in a neighboring state or may find that additional family assistance is available in another state, making temporary relocation practical. This option will be used if there are no non-relative caregivers or other family caregivers in Georgia able or willing to provide direct care.

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.

Personal Support Services, Personal Support Extended Services, Consumer Directed Personal Support Services, and Out of Home Respite will be allowed to be provided by family caregivers or legally responsible individuals. Family Caregivers or legally responsible individuals will need to be employed by traditional providers or enrolled through the fiscal intermediary as described in the approved waivers. The standard enrollment process for provider agencies will provide safeguards for background check, training, and health and safety of members. Service utilization

will continue to be authorized via prior authorization and existing audits and edits in MMIS. Auditing functions from MMIS, DCH Policy staff, and OIG will ensure that payments are made for services rendered.

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.]

During the emergency approval period DCH plans to remove or modify training requirements for direct service staff. Current waiver requirements include face-to-face training and skills checks for all new staff. The health crisis has caused DCH to evaluate all face-to-face requirements to determine which might safely be performed through electronic or telephonic means. New inexperienced staff will be required to participate in electronic person-centered training tailored to the specific needs of the individual member. Family members or others with experience in activities of daily living (ADL) care will be supported as needed by agency supervisory staff.

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]

DCH will allow for telehealth level of care evaluations or re-evaluations using current telehealth guidance to include the use of electronic signatures or verbal consent from members.

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].

For the ICWP only:

A temporary rate increase for hourly nursing services delivered by licensed practical nurses (LPN) is requested since services delivered by LPNs to the highest risk ICWP members are those which must be performed on site in the member's home. Though the service is not used frequently, hourly nursing services are authorized for members whose care requires skilled monitoring and intervention not feasible for delivery by family members or other informal supporters, twenty-four hours a day. The typical use of hourly LPN services is for members who require mechanical ventilation care and monitoring throughout the day and nighttime hours. In an effort to incentive practitioners during what may become a healthcare shortage crisis, DCH plans to increase the rate as follows:
Current approved rate for hourly LPN nursing service: $8.75 / 15-minute unit
Proposed temporary rate during the Appendix K active status: $10.00 / 15-minute unit
Hourly nursing services are delivered in the ICWP by licensed home care provider agencies who use a combination of registered nurses (RN) for assessment and supervision and LPNs for direct care delivery. DCH is not requesting a rate increase for RNs since this application includes the functions of RNs in the overall use of telehealth. Thus, there will be little to no need for RNs to deliver onsite services.

The proposed temporary rate increase matches Georgia's current reimbursement rate for RN hourly nursing services and does not vary by provider.

For E&D and ICWP:
Financial Management Services- temporarily increases rate from $75.00 per month to $95.00 per month in ICWP and temporarily increases rate from $70.00 per month to $95.00 per month in E&D.

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.]

The only proposed modification to service plan development involves the current requirement for face-to-face interaction with the waiver member and any invited family members. DCH has determined that potential risk to both case management agency staff and waiver members requires modification of the onsite interaction. Rather than face-to-face ISP planning and development, case managers will use telephonic or video conferencing for ISP development and editing. Consent and agreement signatures will be obtained verbally with documentation in the record confirming consent to the service plan as well as the telephonic development.

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.]

Personal Support Services, Personal Support Extended Services, and Consumer Directed Personal Support Services will be allowed in an acute care hospital or other short-term institutional stay for ADL support that may not be available during emergency conditions if the institutional setting lacks other appropriate staffing options due to the COVID-19 Emergency. Hospital or nursing facility staff may not be able to provide sufficient care to members with moderate to advanced dementia for example. Challenges posed by the behavior of such members may exceed the ability of hospital staff to safely supervise the waiver participant during hospitalization. In this circumstance, personal support staff including family members serving as such, may be needed in the hospital or nursing facility setting to assure the safety of the member. Services must be delivered consistent with the plan of care and existing prior authorization (PA) requirements.

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.]

Personal Support Services, Personal Support Extended Services, Consumer Directed Personal Support Services, Adult Day Health Care, and Alternative Living Services will be authorized for retainer payments in the event that the provider is not serving the member through other comparable or substituted services or using differential staff such as family caregivers to provide service. The retainer payment with 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.

k.___ Temporarily institute or expand opportunities for self-direction.
[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards]

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

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

Contact Person(s)

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

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

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

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

8. Authorizing Signature

Signature: Lynnette R Rhodes

State Medicaid Director or Designee

Date:	**3/28/2020**

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

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

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

Service Specification	
Service Title:	Adult Day Health
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:	
Service Definition (Scope)**:**	

Adult Day Health (ADH) is a community-based, medically oriented day program that provides social, cultural, health-related and rehabilitative services to members who are functionally impaired. The ADH supports members with chronic illnesses and assist members to recover from an acute illness or injury. The service needs of the ADH member are reflected on the Care Plan and approved by the members' physician. Adult Day Health Providers offer health related services, skilled therapies, assistance with activities of daily living, therapeutic activities, food services, education to care givers, emergency care, and preventive and rehabilitative services.

Two levels of service, Level I and Level II, identify the intensity of care required by individual members. Level I residents require minimal assistance and verbal cueing whereas Level II which is the more intensive level of service, also provides members with specialized nursing and therapy services. Individual waiver participant needs identified through assessment and confirmed at annual re-evaluation determine the level required by each waiver participant.

Health related services, which are performed by the RN on staff, includes monitoring member's vital signs, medication administration and management, observing member's functional level, and noting any changes in the member's physical condition.

Specialized therapies, which can be provided directly by the ADH center or under subcontract, are available to members receiving ADH services. Occupational, Physical, and Speech Therapy are performed by or under supervision of an appropriate therapist currently licensed to practice in the State of Georgia.

The ADH center provides assistance with activities of daily living (ADL's)such as bathing, grooming, dressing, toileting, ambulating, and eating, Members receiving personal care assistance through Home Health Services or Personal Support Services, are not authorized to receive a full day(minimum of 5 hours) of ADH service unless both services are required to maintain a member in the community. This determination is made by the care coordinator and the attending physician.

Therapeutic activities are offered to meet the member's individual needs, abilities, and interest. The activity program, which includes but not limited to arts and crafts, pet therapy, field trips, and group exercise, promotes the member's physical, cognitive and emotional health. To meet the nutritional needs of the member, a noon meal and afternoon or morning snack is provided to the member according to physician orders. Regular, therapeutic or specialized diets are prepared daily on-site or under subcontract with an outside vendor who agrees to comply with food and nutritional requirements and guidelines.

Because transportation service is not included in the rate for ADH service, the member's representative may transport the member to the center or the ADH provider may utilize the State of Georgia's Non-Emergency Transportation broker system.

The Elderly & Disabled Waiver Program is intended for those 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.

ADH centers must comply with the Home and Community Based Settings Rule.

ADH Services may be delivered via telehealth as appropriate to service delivery model standards and at the choice of the member.

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

Adult Day Health Level 1 full day, minimum of 5 hours - $55.62
Adult Day Health Level 1 partial day, minimum of 3 hours - $33.37
Adult Day Health Level II, full day, minimum of 5 hours - $69.53
Adult Day Health Level II, partial day, minimum of 3 hours - $41.73

Provider Specifications

Provider Category(s) *(check one or both)*:	☐	Individual. List types:	x	Agency. List the types of agencies:
				ADH Provider

Specify whether the service may be provided by *(check each that applies)*:	☐	Legally Responsible Person	☐	Relative/Legal Guardian

Provider Qualifications (*provide the following information for each type of provider)*:

Provider Type:	License *(specify)*	Certificate *(specify)*	Other Standard *(specify)*
ADH Provider	ADH License Business License		

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
ADH Provider	**DCH Provider Enrollment and HFRD**	**At enrollment, recertification every three years and by audit**

Service Delivery Method

Service Delivery Method *(check each that applies)*:	☐	Participant-directed as specified in Appendix E	x	Provider managed

Service Specification

Service Title:	Case Management

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

Service Definition (Scope)**:**

Traditional Case Management Service Specifications:

Traditional Case Management (TCM) is a service that coordinates the delivery of waiver services with medical care, educational, and other community services. Case Managers work to assist waiver participants in gaining access to needed waiver and State plan Medical service. In additional to Medicaid Services other community-based services and educational services are identified and included in the plan of care regardless of the funding source for the service to which access is granted.

TCM is offered as a service for individuals who are not interested or identified as needing a connection to a primary care physician. Waiver participants may choose between enhanced case management and regular case management. However, only one case management model will be allowed.

The overall goals of TCM service and enhanced case management are both to: 1.) Reduce the need for long-term institutional placement by increasing options in the community; 2.) Prevent the level of disability and disease from increasing in chronically ill adults; 3.) Eliminate fragmented service delivery through outcome-based case management; and 4.) Reduce inappropriate emergency room use and multiple hospitalizations caused by preventable medical complications.

In an effort to meet the aforementioned goals, the Case Manager interacts with the member no less often than monthly and makes a telehealth contact with the member on a quarterly basis at a minimum. Contact with the waiver participant's identified circle of support, waiver service providers, and other medical providers is required annually and as any indication of significant change of condition is identified.

Goals are established during the care plan process. They are reviewed quarterly by case management and recorded as met or not met. For every goal that is not "met" an action plan is developed by the Case Manager. Examples of corrective action may include:

- --Arranging patient education for the member or informal caregiver
- --Scheduling an appointment with medical staff
- --Increasing service levels or changing service categories
- --Coordinating with providers on service delivery issues

Corrective action plans are documented in the case notes and reviewed quarterly with the member, caregiver, and medical staff. For repeated variances (goals not met) the Case Manager is responsible for increasing efforts and resources to resolve the variance identified.

As a means to resolve problems quickly, the case manager targets appropriate resources and implements preventive efforts to ensure members remain in the community and stay as healthy as possible. Constant communication between the Case Manager, the member, the caregiver, the member's medical providers, and the waiver service providers is a core component of TCM.

TCM, which is provided to members who meet waiver admission criteria, is not furnished to institutionalized members prior to their transition to the waiver; nor it is furnished to members in institutional settings.

TCM in the first waiver year of this renewal is provided in an administrative contract. TCM providers in the second year of the waiver will receive a monthly fee for services that is payable only after the delivery of documented TCM services.

The Elderly & Disabled Waiver Program is intended for those 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:
$175.00 per member per month

Provider Specifications

Provider Category(s) *(check one or both)*:	☐	Individual. List types:	x	Agency. List the types of agencies:
				Traditional Case Management Providers

Specify whether the service may be provided by *(check each that applies):*	☐	Legally Responsible Person	☐	Relative/Legal Guardian

Provider Qualifications (*provide the following information for each type of provider)*:

Provider Type:	License *(specify)*	Certificate *(specify)*	Other Standard *(specify)*
Traditional Case Management Providers			-A minimum of two years of experience providing case management. -A demonstrated history of working with inpatient facilities such as acute care hospitals. -All DCH enrollment criteria for care coordination. -After hours on- call system.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Traditional Case Management Providers	**DCH Provider Enrollment and Policy Unit**	**At enrollment, recertification every three years and by audit**

Service Delivery Method

Service Delivery Method *(check each that applies)*:	☐	Participant-directed as specified in Appendix E	x	Provider managed

Service Specification

Service Title:	Enhanced Case Management
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:	
Service Definition (Scope)**:**	
Enhanced Case Management Service Specifications:	

Enhanced Primary Care Case Management (ECM) is a specialized case management service that coordinates the delivery of waiver services with primary medical care, and other community services. Case Managers work in a team that includes the primary care physician to assist waiver participants in gaining access to needed waiver and other State plan services, as well as medical, social, educational, and other services, regardless of the funding source for the service to which access is granted.

ECM is offered as an additional benefit to waiver participants with complex health and social needs who may benefit from integration of their primary health care with waiver and other support services. A key component of ECM is preventing the level of disability and disease from escalating and preventing unnecessary hospitalization through preventive measures that include the provision of HCB services. Waiver participants may choose between ECM and regular case management. However, only one case management model will be allowed.

The overall goals of ECM service are to: 1.) Reduce the need for long-term institutional placement by increasing options in the community; 2.) Prevent the level of disability and disease from increasing in chronically ill adults; 3.) Eliminate fragmented service delivery through outcome-based case management; and 4.) Reduce inappropriate emergency room use and multiple hospitalizations caused by preventable medical complications.

In an effort to meet the aforementioned goals, the Case Manager interacts with the member no less often than monthly and makes a telehealth contact with the member on a quarterly basis at a minimum. Contact with the waiver participant's primary care physician also occurs quarterly for the purpose of coordinating HCB services with the medical needs of the participant. The purpose of the quarterly contact with the PCP is to review the clinical condition of the member; review changes in the member's health and functional status; and recommend changes related to member's plan of care.

The coordination of services between the Primary Care Physician (PCP) and the case manager ensures that decisions for nursing home placement of members will not occur without exploration of all possible routes to a community plan. The PCP plays an active role in educating the members about disease treatments and preventive interventions, medication review, and wellness promotion to enhance compliance and health status.

Goals are established during the care plan process. They are reviewed quarterly by case management and recorded as met or not met. For every goal that is not "met" an action plan is developed by the Case Manager. Examples of corrective action may include:

- --Arranging patient education for the member or informal caregiver
- --Scheduling an appointment with the PCP
- --Increasing service levels or changing service categories
- --Coordinating with providers on service delivery issues

Corrective action plans are documented in the case notes and reviewed quarterly with the member, caregiver, and PCP. For repeated variances (goals not met) the Case Manager is responsible for increasing efforts and resources to resolve the variance identified.

As a means to resolve problems quickly, the ECM targets appropriate resources and implements preventive efforts to ensure members remain in the community and stay as healthy as possible. Constant communication between the Case Manager, the member, the caregiver, the PCP, and the service provider is the core component of ECM.

ECM, which is provided to members who meet waiver admission criteria, is not furnished to institutionalized members prior to their transition to the waiver; nor it is furnished to members in institutional settings.

ECM providers receive a monthly fee for services that is payable only after the delivery of documented ECM services. Enhanced case management coordination services are eligible for a quality incentive fee specific to compliance with level of care reviews, rate of discharge to nursing facilities, member satisfaction with service delivery, and coordination of direct services that is evaluated to be above the baseline measures for enhanced case management. The quality incentive fee is calculated using claims and audit data, programmatic reporting data, and member satisfaction surveys. An enhanced case management fee based on quality metrics above the baseline for case management is added to the service unit rate.

The Elderly & Disabled Waiver Program is intended for those 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:

$192.27 per member per month

Provider Specifications

Provider Category(s) *(check one or both)*:	☐	Individual. List types:	x	Agency. List the types of agencies:
				Enhanced Case Management Providers

Specify whether the service may be provided by *(check each that applies):*	☐	Legally Responsible Person	☐	Relative/Legal Guardian

Provider Qualifications (*provide the following information for each type of provider)*:

Provider Type:	License *(specify)*	Certificate *(specify)*	Other Standard *(specify)*
Enhanced Case Management Providers			A minimum of two years of experience providing case management and disease management monitoring. A demonstrated history of working with primary care providers and inpatient facilities such as acute care hospitals. All DCH enrollment criteria for ECM programs. Written agreement with Primary Care Physicians demonstrating agreement with the care management process. After hours on- call system.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Enhanced Case Management Providers	**DCH Provider Enrollment and Policy Unit**	**At enrollment, recertification every three years and by audit**

Service Delivery Method				
Service Delivery Method *(check each that applies)*:	☐	Participant-directed as specified in Appendix E	x	Provider managed

Service Specification	
Service Title:	Skilled Nursing Services – RN (Elderly and Disabled Waiver Program and ICWP)
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 Delivered Services, however, if the home health agency under the approved State Plan is unable to provide nursing services, members will be referred to a private home care provider agency licensed to provide licensed and registered nurse services. SNS may be rendered in type and frequency as determined by the care coordinator and documented on the care plan and ordered by the physician. Members who are unstable medically, or who are recovering from an acute illness may require SNS in the form of health education, nutritional counseling, skilled nursing supervision and/or monitoring of medication administration. SNS are performed by a Registered Nurse or, under certain circumstances, a license practical nurse, who is licensed to practice in the State of Georgia, has at least two years of home health experience, and at least one-year experience in an administrative or supervisory capacity. The Elderly & Disabled Waiver Program is intended for those 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. Skilled nursing services may be delivered via telehealth for initial and follow up assessments, as well as clinically appropriate by practice acts, state and federal policy.	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
SNS is reimbursed at $65.00 per RN visit SNS is reimbursed at $50.00 per LPN visit	

Provider Specifications				
Provider Category(s) *(check one or both)***:**	☐	Individual. List types:	x	Agency. List the types of agencies:
				Enrolled Private Homecare Provider licensed to deliver nursing services

Specify whether the service may be provided by *(check each that applies):*	☐	Legally Responsible Person	☐	Relative/Legal Guardian

Provider Qualifications (*provide the following information for each type of provider)*:

Provider Type:	License *(specify)*	Certificate *(specify)*	Other Standard *(specify)*

Skilled Nursing Services Provider	Unrestrictive license as a private home care provider with licensure to provide nursing services by the DCH Division of Healthcare Facilities Regulation Division.		Must meet the requirements outlined in section C-2(f). Must meet DCH enrollment criteria. Must demonstrate compliance with DCH Policy and Procedure Manual for the applicable service.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Skilled Nursing Services Provider	**DCH Provider Enrollment, HFRD and Policy Unit**	**At enrollment, recertification every three years and by audit**

Service Delivery Method

Service Delivery Method *(check each that applies)*:	☐	Participant-directed as specified in Appendix E	x	Provider managed

Service Specification	
Service Title:	Skilled Nursing Services Hourly – LPN (ICWP)

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 authorized for 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 verifying medical necessity and documented on the individual service plan. Hourly skilled nursing services 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 hourly skilled nursing in the form of complex assessment, health education, skilled nursing supervision, monitoring of medication administration, and/or direct nursing services.

Hourly skilled nursing services are performed by a Registered Nurse or, under certain circumstances a licensed 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, the

Department of Community Health, through the external review organization, will inform the intensive case managers of the specific skills and experience required.

Skilled Nursing Services for ICWP waiver recipients do not duplicate any similar services otherwise available in the State Medicaid Plan.

LPNs delivering hourly skilled nursing services may not do so via telehealth because of the direct care nature of the service.

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

There is no individual service limit in the approved waiver. Nursing services are limited, as are all ICWP services, by the individual cost neutrality of each waiver member.

Provider Specifications

Provider Category(s) *(check one or both)*:	☐	Individual. List types:	x	Agency. List the types of agencies:
				Enrolled Private Homecare Provider licensed to deliver nursing services

Specify whether the service may be provided by *(check each that applies):*	☐	Legally Responsible Person	☐	Relative/Legal Guardian

Provider Qualifications (*provide the following information for each type of provider)*:

Provider Type:	License *(specify)*	Certificate *(specify)*	Other Standard *(specify)*
Skilled Nursing Services Agency	Unrestricted license as a private home care provider with licensure to provide nursing services by the DCH Division of Healthcare Facilities Regulation Division.		Must meet the requirements outlined in section C-2(f). Must meet DCH enrollment criteria. Must demonstrate compliance with DCH Policy and Procedure Manual for the applicable service.
Individual Licensed Practitioner	Unrestricted nursing license through the Georgia Board of Nursing		Must meet the requirements outlined in section C-2(f). Must meet DCH enrollment criteria. Must demonstrate compliance with DCH Policy and Procedure Manual for the applicable service.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Skilled Nursing Services Provider	**DCH Provider Enrollment, HFRD and Policy Unit**	**At enrollment, recertification every three years and by audit**

Individual Licensed Practitioner	**DCH Provider Enrollment and Credentialing, HFRD and Policy Unit**			**At enrollment, recertification every three years and by audit**	
Service Delivery Method					
Service Delivery Method *(check each that applies)*:	☐	Participant-directed as specified in Appendix E		x	Provider managed

[i] Numerous changes that the state may want to make necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.