

APPENDIX K: Emergency Preparedness and Response

Background:

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

Appendix K-1: General Information

General Information:

A. State: Georgia

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

C. Control Number: GA.0323.R04.09
GA.0175.R06.08

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 increases the reimbursement rates of all waiver services by a standard five percent and provides temporary increases in service maximum annual allowance by 5% to align with the 5% rate increases. The changes will reflect a start date of 7/1/2021 and are set to end six months after the end of the public health emergency. The Appendix K is in response to a continuing public health emergency resulting from the COVID-19 Pandemic. Approximately 8,800

members receiving COMP waiver services are impacted and 4,800 members receiving NOW waiver services. Georgia is requesting statewide modification through this Appendix K submission.

This Appendix K is additive to the previously approved Appendix K and adds additional changes to sections:

K-2: d. Temporarily modify provider qualifications by modifying requirements for licensure capacity approval of residential settings licensed under the Community Living Arrangement authority allowing slightly higher occupancy than the current licenses allow to mitigate workforce shortages.

K-2: f. Add a 5% service rate increase to all services provided through the COMP and NOW programs effective 7/01/2021 and ends six months after the end of the PHE (expiration of the Appendix K) and adds a 5% increase to service maximum allowances to align with the rate increase.

F. Proposed Effective Date: Start Date: 03/01/2020 Anticipated End Date: six months after the end of the public health emergency

G. Description of Transition Plan.

H. Geographic Areas Affected:

Statewide

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

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

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

Temporary or Emergency-Specific Amendment to Approved Waiver:

These are changes that, while directly related to the state's response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated

into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.

a. Access and Eligibility:

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

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

ii. Temporarily modify additional targeting criteria.

[Explanation of changes]

b. Services

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

Effective July 1, 2021: Georgia will modify licensure requirements outlined in the approved COMP Waiver by relaxing capacity limits in specified residential settings that may be needed to expand capacity over the currently approved number of residents. The purpose is to assist waiver providers in mitigating PHE-related staffing shortages by closing homes with low occupancy rates and moving both staff and members to licensed residential settings that can accommodate one to two additional members. The Georgia Healthcare Facilities Regulation Division (HFRD), which approves and oversees licensed settings, will conduct pre-relocation site visits to the identified homes to determine the capacity of the receiving location in physical structure, staffing levels, and sufficiency of health and safety measures. The Operating Agency will focus ongoing monitoring of the settings in face-to-face on site visits or through electronic monitoring using video technology with additional oversight as needed. All incidents will be reported to the Operating Agency and all significant incidents will be reported to the HFRD and the Medicaid Policy Unit as required by Georgia statute, licensure rules and waiver requirements.

Health and Safety Assurances for all residential settings requesting modified licensure requirements include:

1. Site visit by HFRD prior to relocation and another visit to the original site before members are returned following the PHE.
2. Any incident of significance during the relocation will be investigated following licensure requirements. Any and all incidents must be reported by HFRD within the time standards outlined in Community Living Arrangement licensure rules.
3. HFRD will engage the LTC Ombudsman Office to oversee any inquiries or complaints related to relocation without proper notice or consent. Licensure rules that require of 30-day notice prior to discharge from a community living arrangement will not be waived by this request. In addition to required notice, waiver members or their guardians will be provided the opportunity to visit the available and/or identified home(2) prior to providing consent to the move.
4. The Medicaid Division will require and oversee prior authorization adjustments by member to reflect the reimbursement rate associated with service delivery in a licensed 5-bed setting. The SMA and the Operating Agency will monitor all critical incidents, including new infection rates of COVID-19 or other infectious conditions as well as other health and safety risks, through the critical incident reporting system and monthly support coordination monitoring. Rate adjustment will begin with the date of relocation.

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].

Beginning July 1, 2021:

Temporary increase service rates by 5%. The rate increase supports providers through the ongoing challenges to service delivery during the Public Health Emergency. The continued risk to the vulnerable population along with the continued need for support staff to support this population requires additional financial assistance to maximize provider capacity to maintain health and safety measures. The rate increase will be directed toward enhanced staff compensation. The increase addresses the current significant workforce shortage in Georgia.

Rates as of 7/1/2021:

Service Name	Approved rate in the permanent waivers	Approved through previous Appendix K submissions	5% increase
Additional Staffing Basic	4.67		4.90
Additional Staffing Enhanced	5.01		5.26
Adult Dental Services	500.00		525.00
Adult Occupational Therapy Services	varied		
97165	67.21		70.57
97166	67.21		70.57
97167	67.21		70.57
97168	44.40		46.62
97530	28.23		29.64
97533	24.46		25.68
97760	27.38		28.75
97761	24.98		26.23
97763	23.39		24.56
Adult Physical Therapy Services	varied		
97161	69.34		72.81
97162	69.34		72.81
97163	69.34		72.81
97164	47.14		49.50
97110	25.91		27.21
97112	27.07		28.42
Adult Speech and Language Therapy Services			
92523	69.34		72.81
92507	69.34		72.81
92607	47.14		49.50

92609	25.91		27.21
92526	27.07		28.42
Behavioral Supports Services - Level 1	23.56		24.74
Behavioral Supports Services - Level 2	18.75		19.69
Community Access Group	3.10	3.41	3.58
Community Access Individual	7.41	8.15	8.56
Community Living Support - Basic	6.35	6.99	7.34
Community Living Support - Basic - 2 Person	3.49	3.84	4.03
Community Living Support - Basic - 3 Person	2.54	2.79	2.93
Community Living Support - Extended Services	5.74	6.31	6.63
Community Living Support - Extended Services - 2 Person	3.16	3.48	3.65
Community Living Support - Extended Services - 3 Person	2.30	2.53	2.66
Community Living Support - Personal Assistance Retainer	5.74	6.31	6.63
Community Residential Alternative - 5 Person	158.67	174.54	183.27
Community Residential Alternative Services – 3 Person - Tier 1	178.53	196.38	206.20
Community Residential Alternative Services – 3 Person - Tier 2	235.05	258.56	271.49
Community Residential Alternative Services – 3 Person - Tier 3	261.48	287.63	302.01
Community Residential Alternative Services – 3 Person - Tier 4	277.44	305.18	320.44
Community Residential Alternative Services – 4 Person - Tier 1	154.74	170.21	178.72
Community Residential Alternative Services – 4 Person - Tier 2	214.80	236.28	248.09
Community Residential Alternative Services – 4 Person - Tier 3	239.73	263.70	276.89

Community Residential Alternative Services – 4 Person - Tier 4	254.36	279.80	293.79
Community Residential Alternative Services – Host Home - Category 1 – Daily – Level 1,2,3,4	149.45		156.92
Community Residential Alternative Services – Host Home – Category 2 – Daily – Level 5,6,7	185.25		194.51
Financial Support Services	75.00	95.00	99.75
Intensive Support Coordination	461.00		484.05
Interpreter Services	19.38		20.35
Nursing LPN	8.75	10.00	10.50
Nursing RN	10.00		10.50
Nutrition Evaluation (& Follow-up)	varied		
97802	14.89		15.63
97803	14.89		15.63
Prevocational Services	3.10		3.26
Respite Services (In Home)	4.83		5.07
Respite Services (Out of Home)	4.83		5.07
Respite Services Overnight - Category 1	153.61		161.29
Respite Services Overnight - Category 2	209.51		219.99
Support Coordination	152.88	175.00	183.75
Supported Employment Group	1.84		1.93
Supported Employment Individual	7.41		7.78

Beginning July 1, 2021:

Temporary increases in service maximum annual allowance by 5% to align with the 5% rate increases.

Service Name	Approved annual maximum in the permanent waivers	5% increase
Environmental Accessibility Adaptation	\$ 10,400.00	\$ 10,920.00
Individual Directed Goods and Services	\$ 1,500.00	\$ 1,575.00
Specialized Medical Equipment	\$ 5,200.00	\$ 5,460.00
Specialized Medical Supplies	\$ 3,800.00	\$ 3,990.00
Transportation	\$ 2,797.34	\$ 2,937.21

Contact Person(s)

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

First Name:	Catherine
Last Name	Ivy
Title:	Deputy Executive Director, Medical Assistance Plans
Agency:	Department of Community Health
Address 1:	2 Peachtree St. NW
Address 2:	37 th Floor
City	Atlanta
State	GA
Zip Code	30303
Telephone:	404-651-6889
E-mail	catherine.ivy@dch.ga.gov
Fax Number	678-222-4948

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

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

8. Authorizing Signature

Signature:

_____/S/_____

State Medicaid Director or **Designee**

Date:

1/21/2022

First Name:	Catherine
Last Name	Ivy
Title:	Deputy Executive Director, Medical Assistance Plans
Agency:	Department of Community Health
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