

Amendment to 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 (EDWP)
 Independent Care Waiver Program (ICWP)
 Comprehensive Supports Waiver Program (COMP)
 New Options Waiver (NOW)

C. Control Number:

GA.0112.R07.03
 GA.4170.R05.01
 GA.0323.R04.03
 GA.0175.R06.02

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

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

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

Submission of the Appendix K Amendment is in response to the ongoing COVID-19 Pandemic and the need to continue vigilance in protecting the health and safety of the vulnerable populations served through Georgia’s four Medicaid Waiver Programs. The Amendment will impact the Georgia Department of Community Health which administers all the programs and the Georgia Department of Behavioral Health and Developmental Disabilities which manages the day-to-day operations of the NOW and COMP waiver programs. Populations served through the programs include:

- **Approximately, 26,000 members receiving Elderly and Disabled waiver services**
- **Approximately, 1,400 members receiving Independent Care Waiver Program services**
- **Approximately 8,800 members who receive COMP waiver services and 4,800 members receiving NOW waiver services.**

Of the more than 40,000 Georgia residents served through the four Medicaid waiver programs, all are considered to be at high risk having qualified for the programs by virtue of meeting an institutional level of care for nursing home, hospital or Intermediate Care Facility/IDD. The purpose of this Amendment is to support those members who choose to maintain social distance recommendations and to support those providers of congregate services who may decide not to reopen at this time in support of public health guidance for these high risk populations. Georgia will continue to utilize telehealth resources as much as possible and where clinically appropriate as a modification to in person service delivery settings.

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

Georgia is requesting statewide modification through this Appendix K submission.

F. Proposed Effective Date: Start Date: 4/15/20 Anticipated End Date: 2/28/21

G. Description of Transition Plan.

The Amendment to the approved Appendix K applications represents a request to extend the temporary allowance in retainer payments to protect the health and safety of waiver members. 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 day services as well as the full array of waiver services. No new services or target populations are being proposed.

Only changes to K-2;j have been submitted through this Amendment.

H. Geographic Areas Affected:

Statewide

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

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

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

Temporary or Emergency-Specific Amendment to Approved Waiver:

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

a. ___ Access and Eligibility:

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

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

ii. ___ Temporarily modify additional targeting criteria.

[Explanation of changes]

b. ___ Services

i. x Temporarily modify service scope or coverage.

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

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

[Explanation of changes]

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

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

iv. _ 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]:

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

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

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

i. ___ Temporarily modify provider qualifications.

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

ii. ___ Temporarily modify provider types.

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

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

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

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

f. ___ Temporarily increase payment rates

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

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

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

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

i. ___ Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.

[Specify the services.]

j. _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.]

The Amendment proposes continuation of recurring retainer payment reimbursement for the duration of the declared National COVID-19 State of Emergency for the following services:

In the EDWP and ICWP programs - Personal Support Services, Personal Support Extended Services, Consumer Directed Personal Support Services, Adult Day Health Care, and Alternative Living Services.

In the NOW and COMP programs – Community Residential Alternative (COMP only service), Community Living Support Services, Supported Employment Services, Prevocational Services, and Community Access services.

Retainer payments will be reimbursed only when 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 will be authorized at the level, duration, and amount as outlined in the pre-emergency state prior authorization. Retainer payments can be made for the duration of the National COVID-19 State of Health Emergency. Retainer payments can be made for multiple periods without the member returning to service as long as there is a one day break of service between retainer periods.

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

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

l. ___ Increase Factor C.

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

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

Contact Person(s)

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

First Name:	Brian
Last Name	Dowd

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

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

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

8. Authorizing Signature

First Name:	Lynnette
Last Name	Rhodes
Title:	Executive Director, Medical Assistance Plans
Agency:	Department of Community Health
Address 1:	2 Peachtree St NW
Address 2:	36 th Floor
City	Atlanta
State	Georgia
Zip Code	30303

Telephone:	404-656-7513
E-mail	lrhodes@dch.ga.gov
Fax Number	470-886-6844

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

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

There are no changes to the approved Appendix K service specifications requested in this Amendment.



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.