

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
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- C. Control Number:

GA.0112.R07.09 GA.4170.R05.06

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 effects the changes with a start date of 7/1/21 and will 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, 26,000 members receiving Elderly and Disabled waiver services and 1,400 waiver participants in the Independent Care Waiver Program are impacted. Georgia is requesting statewide modification through the Appendix K submission.

This Appendix K is additive to the previously approved Appendix K and adds additional changes to sections: K-2 f. Temporarily increase payment rates using Medicaid matching funds available through the American Rescue Plan. The increase in reimbursement rates was approved by the Georgia General Assembly during the 2021 Legislative Session. The increase is in response to ongoing challenges in the HCBS provider network related to workforce recruitment and retention as well as continued concern about reopening Adult Day Health Centers in both programs during the ongoing public health emergency.

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.

The change outlined in this Appendix K for the Elderly and Disabled and the ICWP waiver programs represents a rate increase of 10% applied to all services in both Waiver Programs. Within six months after the conclusion of the state of emergency, Georgia will submit Waiver Amendment applications for both the Independent Care Waiver Program and the Elderly and Disabled Waiver Program to permanently establish the increased rates. 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.

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].

A ten percent (10%) rate increase will be added to all services available through the Independent Care Waiver Program and the Elderly and Disabled Waiver Program. The increases have been applied to current rates approved through Waiver Renewal or Amendment but not previously increased through Appendix K. The increase in reimbursement rates was approved by the Georgia General Assembly during the 2021 Legislative Session. The increase is in response to ongoing challenges in the HCBS provider network related to workforce recruitment and retention as well as continued concern about reopening Adult Day Health Centers during the ongoing public health emergency.

Workforce shortages have been experienced throughout the provider network irrespective of service type but most severely in all services that require delivery of in-home care such as personal support, in-home respite care and nursing services despite provider reports of various worker incentives. As the PHE continues, congregate services such as Adult Day Health Care, though participating in careful reopening, have experienced understandable member and family reluctance to return to the center and limited use of telehealth delivery for this service. The centers serve a vital role in non-PHE times, particularly in service to members with dementia whose family caregivers are unable to leave them alone during work hours because of safety concerns. Many members also express a preference for the congregate socialization opportunity as well as the health oversight and support available in Adult Day Health Centers in both programs. As the PHE continues the Medicaid Agency will continue to use available options to sustain the HCBS provider network for community long term care services.

7/01/2021 rate increases to ICWP services are outlined in the table below:

Service	Current Rate	Effective 7/01/2021 Rate
Adult Day Service (full day)	\$65.00 per diem	\$71.50
Adult Day Service (half day)	\$39.00 per diem	\$42.90
Alternative Living Service	\$70.00 per diem	\$77.00
Behavioral Support	\$14.00 per 15- minute unit	15.40
Case Management	\$6.25 per 15- minute unit	\$6.88
Counseling	\$21.40 per 15- minute unit	\$23.54
Enhanced Case Management	\$461 per month	\$507.10
Environmental Modification	\$8,000.00 lifetime limit per member	\$8,800.00
Fiscal Intermediary	\$75.00 per month	\$82.50
Hourly Skilled Nursing - RN	\$10.00 per 15- minute unit	\$11.00
Hourly Skilled Nursing - LPN	8.75 per 15-minute unit	\$9.63
Personal Emergency Response Installation	\$75.00 one time	\$82.50
Personal Emergency Response Monitoring	\$25.00 per month	\$27.50

Personal Support Services - Level I	\$17.96 per hour	\$19.76
Personal Support Services - Level II	\$20.20 per hour	\$22.22
Respite Care Services - Level 1	\$2.20 per 15-minute unit	\$2.42
Respite Care Services - Level 2	\$2.60 per 15-minute unit	\$2.86
Respite Care Services - Level 3	\$3.00 per 15-minute unit	\$3.30
Respite Service – Level 1 per diem	\$70.55 per day	\$77.61
Respite Service – Level 2 per diem	\$83.00 per day	\$91.30
Respite Service – Level 3 per diem	\$95.45 per day	\$105.00
Skilled Nursing RN – Per diem	\$49.79 per day	\$54.77
Specialized Medical Equipment and Supplies	\$1026.00 max per month	\$1,128.60
Vehicle Adaptation	\$225.00 per year	\$247.50

7/01/2021 rate increases to the EDWP services are outlined in this table:

Service	Current Rate	Effective 7/01/2021 Rate
Adult Day Health Level I Full Day	\$55.62	\$61.18
Adult day Health Level I Partial Day	\$33.37	\$36.71
Adult Day Health; Physical Therapy	\$44.15 / visit	\$48.57
Adult Day Health; Speech Therapy	\$44.15 / visit	\$48.57
Adult Day Health; Occupational Therapy	\$44.15 / visit	\$48.57
Adult Day Health Level II Full Day	\$69.53 / day	\$76.48
Adult Day Health Level II Partial Day	\$41.73 / day	\$45.90
Alternative Living Services - Group Model	\$50.00 / day	\$55.00
Alternative Living Services – Family Model	\$50.00 / day	\$55.00
Structured Family Caregiver	\$90.20 / day	\$99.22
Out of Home Respite (12 hours)	\$42.57 / night	\$46.83
Out of Home Respite (hourly)	\$3.00 / 15-minute unit	\$3.30
Personal Support Service	\$5.07 / 15-minute unit	\$5.58
Extended Personal Support	\$4.51 / 15-minute unit	\$4.96
Fiscal Intermediary	\$80.00 / month	\$88.00
Emergency Response Monitoring (Monthly)	\$36.69 / month	\$40.36

Emergency Response Monitoring (Weekly)	\$9.17 / week	\$10.09
Emergency Response Installment	Up to \$110.10 / one installment	\$121.11
Home Delivered Meals	\$6.74 / meal	\$7.41
Skilled Nursing Services RN	\$65.00 / visit	\$71.50
Skilled Nursing Services LPN	\$50.00 / visit	\$55.00
Care Coordination Services	\$175 / month	\$192.50
Enhanced Care Coordination Services	\$192.27 / month	\$211.50

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

8. Authorizing Signature

Signature:

/S/

State Medicaid Director or **Designee**

Date:	8/12/2021
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First Name:	Catherine
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Title:	Deputy Executive Director, Medical Assistance Plans
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