# PART II

## POLICIES AND PROCEDURES
## For

## GEORGIA PEDIATRIC PROGRAM (GAPP) IN-HOME NURSING



**GEORGIA DEPARTMENT OF COMMUNITY HEALTH**

DIVISION of MEDICAL ASSISTANCE PLANS

Version Date: October 1, 2025

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**Policy Revision Record**
**July 1, 2024 to Current[1]**

| REVISION DATE | SECTION | REVISION DESCRIPTION | REVISION TYPE<br>**A**=Added<br>**D**=Deleted<br>**M**=Modified | CITATION<br>(Revision required by Regulation, Legislation, etc.) |
|---|---|---|---|---|
| | | | | |
| 10/01/2025 | 605.2.2.2 | Effective 10/1/2025 GAPP Providers must list nursing on their Private Homecare Provider License. | A | N/A |
| 10/01/2025 | 826 | Providers are required to submit a copy of the GAPP Packet that has been submitted on a foster child if it is requested by DFCS as their legal guardian | A | N/A |
| 07/01/2025 | Appendices G, H, I, R, S, U | Appendices are available at www.gammis.georgia.gov select Provider Information - Forms for Providers Spanish version also available | A | N/A |
| 07/01/2025 | Appendix P | List of GAPP Providers available at www.gammis.georgia.gov Select Provider Information – Forms for Providers OR scollins@dch.ga.gov OR GAPP.inquiries@dch.ga.gov | A | N/A |
| 04/01/2025 | 604 | Clarified that GAPP hours may not be utilized in the school setting | M | N/A |
| 04/01/2025 | 907 | Effective January 1, 2025, added the requirement for the Family Caregiver Option and use of the S9122 U2 modifier for this service. | A | N/A |
| 04/01/2025 | 838 | Clarified that member can also receive other concurrent services such as receiving skilled nursing hours through the GAPP program and personal support support/community living supports through one of the Medicaid Waiver Programs. | M | N/A |
| 04/01/2025 | 914 | Clarified that if there are two members receiving services in the home that each member must have documentation of when services were provided and that both members cannot receive services at the same time. Each member must be documented and billed separately. | M | N/A |
| 04/01/2025 | Appendix H | If a member is of school age and is not enrolled in school, provider should provide rational for member not being in school. | M | N/A |
| 04/01/2025 | Appendix P | Updated the listing of GAPP Approved Provider Agencies | M | N/A |
| 01/01/2025 | Appendix P | Updated the listing of GAPP Approved Provider | M | N/A |

[1] The revisions outlined in this Table are from 2024 to current. For revisions prior to 2024, please see prior versions of the policy.

| | | | | |
|---|---|---|---|---|
| | | Agencies. All providers should have their counties of service listed. | | |
| 01/01/2025 | 913.3 | Reminded providers that they cannot complete the PPOT and send to physician for their signature. PPOT must be completed by the physician and/or the physician extender | M | N/A |
| 01/01/2025 | 840.1.14 | Reminded providers that the agency RN is the member's case manager. | M | N/A |
| 01/01/2025 | 612.1.4 | Reminded providers that if they fail to follow Part I and/or Part II Medicaid policies and procedures that the Department can terminate their GAPP provider number. | M | N/A |
| 01/01/2025 | 605.1 | Reminded providers that there are adverse actions if they fail to adhere to Part I and/or Part II Medicaid policies and procedures. | M | N/A |
| 01/01/2025 | 604.3 | Reminded providers that Foster parents are not eligible for the Family Care Option | M | N/A |
| 01/01/2025 | Chapter 600 – 604.2 | Reminder that skilled nursing and behavioral health aide services are not provided under the Family Caregiver Option (FCO). | M | N/A |
| 10/1/2024 | Appendix H and M | Deleted Non-Emergency Medical Transportation (NEMT) and Georgia Families Appendices | D | N/A |
| 10/1/2024 | Appendix L | Added comprehensive appendix which includes links to the websites providing information on Georgia Families and NEMT | A | N/A |
| 10/1/2024 | Appendix Q | Medicaid Approved GAPP Providers List updated | M | |
| 10/1/2024 | Chapter 800, Section 826 | Page 36 | | Clarified that Foster Parents are NOT eligible for the Family Caregiver Option |
| 10/1/2024 | Chapter 1000, Section 1003 | Page 57 | | Clarified that Care Cannot be billed for two members at the same time by the same nurse. |
| 7/1/2024 | Appendix C | Page 60 | A | Rate increases effective 7/1/2024 |
| 7/1/2024 | Appendix W | Page 133 | M | Note that the Family Care Option is not available for Behavioral Aide Health Services. |
| 7/1/2024 | Appendix N/O | Page 82-83 | M | Updated GAPP admission / continued stay for behave<br>oral health aide |

| | | | | |
|---|---|---|---|---|
| | | | | document. |
| 4/1/2024 | Chapter 800-805 | Page 26 | M | Physicians last office note is required with original and all recertifications |
| 4/1/2024 | Chapter 800-832 | Page 37 | A | Allow legal guardians to submit an online Reconsideration Request. |
| 4/1/2024 | Chapter 900-919 | Page 51 | M | Twice monthly supervisory visits apply to FCO (Family Caregiver Option) |
| 4/1/2024 | Appendix N/ O | Page 82-83 | A | Added requirement of office visit notes |
| 4/1/2024 | Appendix W | Page 133 | M | Clarified the Appendix BB for Behavioral Aide Services. |
| 1/1/2024 | Appendix N and O | Page 82-83 | A | Added the 60-day summary back to being a required document for recertification requests |

## Part II: Georgia Pediatric Program (GAPP)

## Chapter 600: General

### 601. Introduction to the Georgia Pediatric Program (GAPP) – In-Home Nursing

The Georgia Pediatric Program (GAPP) was implemented in August 2002. Medicaid's In-Home Nursing program is designed to serve eligible members based on a medical necessity determination(s) for children under the age of 20 years 11 months. Eligible members age out of the GAPP on their 21st birthday. Members must require medically necessary nursing care and/or personal care support services to be considered for services in the GAPP. Members seeking services through GAPP's In- Home Nursing Program are no longer required to meet the same level of care as for admission to a hospital or skilled nursing facility. Members seeking services through GAPP's In-Home Nursing Program must have medically necessary nursing and/or personal care support needs for services to be approved.

Note: Failure to comply with GAPP Policies and Procedures contained in this manual may result in a recovery of payment made to the provider in accordance with Part I, Policies and Procedures Manual for Medicaid/ PeachCare for Kids, Chapter 400.

Note: Effective April 1, 2023, Behavioral Support Aide Services will be added to the GAPP. See Appendix W.

### 602. Goals of the Georgia Pediatric Program (GAPP) – In-Home Skilled Nursing

The Georgia Pediatric Program (GAPP) is a member-oriented program, with the following goals:

602.1. To provide medically necessary skilled nursing care, personal care support or the assistance of a Behavioral Health Aide based on medical necessity to medically fragile children under the age of 20 years 11 months. Caregivers must be knowledgeable and competent in the care of the child.

602.2. To provide quality services, consistent with the medically necessary needs of individual child. All services must be accompanied by a physician's order which is the PPOT (Physician Plan of Treatment.

602.3. To involve the physician and child's caregiver(s) or representative(s) in the provision of the child's care.

602.4. To demonstrate compassion for the members by treating the children and caregivers with dignity and respect while providing quality services in the home setting.

**NOTE**: Members with Autism should access Medicaid's Autism Spectrum Disorders Program – See NULL Autism Spectrum Disorder | Georgia Medicaid (https://medicaid.georgia.gov/programs/all-programs/autism-spectrum-disorder). Members needing Behavioral Aide Services should refer to Appendix W.

### 603. Structures and Administration of the Georgia Pediatric Program (GAPP)

Services under the Georgia Pediatric Program (GAPP) are provided with the cooperation of the following state and local public agencies and businesses:

603.1. The Department of Community Health is responsible for the overall coordination, administration, and quality assurance of the program. The Department is responsible for the enrollment and reimbursement to providers for approved services provided to those eligible members who have applied and been approved for the GAPP. Utilization reviews will be conducted of enrolled providers to assure that only authorized and appropriate GAPP providers deliver services to the children.

603.2. Alliant Health Solutions is under contract with the Department of Community Health to review applications for admission and continued stay in the GAPP. Enrollment in the program is based on member eligibility, medical necessity and the need for skilled nursing and/or personal care support services. Alliant has 30 days from the submission of a complete packet – please review Appendix N and O for required documents. Incomplete packets will be denied per GAPP policy.

603.3. Member applications are reviewed to determine medical necessity and the need for skilled nursing, behavioral health aide services and/or personal care support as required for enrollment in the GAPP. The presence of medically necessary needs is required for admission into the GAPP. The primary care physician, or any of the member's physicians develops the child's initial plan of care. The Alliant Health Solutions Medical Review Team reviews prior approvals and determines the appropriateness of services and makes approval or denial determinations.

603.3.1. Nursing Agency – denotes Home Health Care and Private Nursing Agencies

603.3.2. Caregiver – a member's primary caregiver/guardian and/or emergency contact. The individual named as emergency contact must be identified by name and with telephone(s) contact information should the agency be unable to reach the primary caregiver(s). The emergency contact must be aware of his/her status and be prepared to act in his capacity.

603.3.3. Guardian or Representative – In the case of a foster care member, the legal representative must be a Department of Family and Children Services (DFCS) County supervisor or other DFCS designee.

603.4. The DFCS of the Department of Human Services determines Medicaid eligibility.

603.5. The member's physician familiar with the specific health and service needs of member will provide the required medical information to the hospital discharge planning staff or nursing agency for submission to Alliant Health Solutions Medicaid Review team.

603.6. Service providers enrolled in the GAPP deliver services to the member as ordered by the physician. The nursing agency develops the nursing plan of care according to the physician's orders (PPOT).

603.7. The Part II, Policies and Procedures for Georgia Pediatric Program (GAPP) Manual defines standard policies and procedures for services provided in the program. All enrolled providers must adhere to the requirements as outlined in this manual.

## 604. Services of the Georgia Pediatric Program (GAPP)–In-Home Nursing

The GAPP offers the following services described below. Qualified providers are required to enroll each office separately in the In-Home Nursing Care (Medicaid Category of Service 971).

Services are provided in the member's home. Services cannot be rendered in a hospital, skilled nursing facility, private or public schools, or any other similar institution. Question regarding non- duplicative services can be directed to the GAPP Program Specialist @ scollins@dch.ga.gov. If a member needs skilled services in the school setting, a GAPP provider would be required to enroll with the school as a provider of services and billing would be through the school and not the GAPP.

### 604.1. In-Home Skilled Nursing Services

Skilled nursing care is provided in the home. Effective August 1, 2016, nurses and aides caring for GAPP members must have the experience necessary to provide care for the medically fragile members to whom they are assigned.

### 604.2. Personal Care Support Personnel

Personal care support personnel provide care to eligible GAPP members such as feeding, bathing, dressing, personal hygiene, preparation of meals, light housekeeping, around the members personal space, assisting with mobility & ambulation and other services that must be rendered in accordance with the member's plan of care.

GAPP offers the Family Caregiver Option (FCO) for Personal Support Services (PSS) as defined in this policy manual. The FCO allows a legally responsible adult family member who lives with the member to provide for PSS services and receive reimbursement for these services.

For a legally responsible adult family member to provide PSS for reimbursement, the GAPP agency must hire the family caregiver as an employee of the agency and the agency will enroll like any other employee, up to and including fingerprinting, background check and agency required training as provided in this policy manual.

The FCO is only for approved PSS. The FCO is not available for skilled nursing and/or the behavioral health aide.

### 604.3. Documentation of Qualified Staff

The GAPP provider agency will notify DCH of newly hired personnel to include Registered Nurses and Licensed Practical Nurses, and Personal care support aides by providing a resume showing the provider's experience in caring for patients with special health care needs along with the required documentation of a valid CPR card valid , nursing License and background check with fingerprint documentation  Families using the Family Care Option (FCO) must still go through the fingerprint/background check.

GAPP agencies providing the FCO must provide to the Department the name, age and relationship to the member, their address, background check, fingerprinting, relation to member documentation along with a valid CPR card.

The FCO is not available for Behavioral Health Aide Services.

FOSTER PARENTS are NOT eligible for the FCO.

Documentation of these patient caregivers must be submitted to the Department of Community Health at scollins@dch.ga.gov. Each employee family caregiver must be submitted individually and the documentation above provided.

604.4. Behavioral Support Aides (refer to Appendix W)

## 605. Conditions of Participation for GAPP Providers

605.1. General Conditions

In addition to the general conditions of participation to all Medicaid providers, the GAPP providers must meet the following conditions at the time of initial enrollment and demonstrate continued compliance.

Any GAPP provider agency that does not adhere to Medicaid Part I and Medicaid Part II Policies and Procedures are subject to adverse action to include but not limited to

605.1.1. Loss of GAPP Provider number.

605.1.2. Pre-payment review.

605.1.3. Inability to enroll any new GAPP members

A Certificate of Need (CON) is not required to provide service to GAPP members with medically fragile medical conditions or with medically complex diagnoses.

605.2. Attendance Requirements for the GAPP Provider Teleconferences

Effective 4/1/2021 attendance at the GAPP Provider Teleconferences is considered imperative and each provider agency should have at least one representative on each call. GAPP agencies and their personnel are responsible for complying with the contents of the teleconferences which serve as GAPP policy.

Effective 4/1/2021 GAPP Provider Teleconferences are scheduled to be held, at least quarterly. An announcement will be forwarded to each GAPP agency prior to each meeting with the call-in information.

605.2.1. Legal Rights to Perform Business in the State of Georgia

605.2.1.1. Authorization Document – The service provider is required to provide copies of the current business license or other proof of legal authorization to conduct business in the State of Georgia and be currently licensed in accordance with state law through the Office of Regulatory Services. A copy of the business license and/or state license must be submitted to the Department upon application for enrollment.

605.2.1.2. Licensure – The state law requires licensure of the private homecare or home health agency; the service provider must submit proof of licensure to the Department with the application to become a provider. The service provider must post current licensure in a conspicuous location open to the public view.

Effective 10/1/2025 all providers must have "Nursing" listed on their Private Homecare Provider Permit issued by the Division of Health Facilities Regulations.

605.2.2. Compliance with Rules and Regulations

The provider must comply with Part I, Policies and Procedures for Medicaid PeachCare for Kids and Part II, Policies and Procedures Manual for Georgia Pediatric Program (GAPP) with all applicable federal, state and local laws, rules, and regulations.

Neither the provider nor its owner(s) or management may currently be under suspension from delivering services in any Medicaid program. In addition, the service provider must have had no deficiencies within the past three (3) years from any licensing, funding or regulatory entity required/associated with enrollment in any Medicaid funded services or with the provision of any related business, unless all such deficiencies have been corrected to the satisfaction of the imposing entity.

605.2.3. Disclosure Ownership

The service provider must disclose, in writing, the names and social security numbers of all persons with direct or in-direct ownership interest of five percent or more. If any provider knowingly fails to disclose all requested information, enrollment will not be approved by the Department. Providers submitting such an application will not be allowed to further pursue enrollment for six (6) months after the application is denied. If at any time following enrollment, a provider is found to have falsified or knowingly failed to disclose application information, the Department has the right to terminate that provider from the GAPP.

605.2.4. Reports

The GAPP providers must provide Discharge Reports (Appendix D) to the Alliant Health Solutions medical review unit as the GAPP discharges occur or when requested. The Discharge Reports (Appendix D) should be submitted no later than the end of the month that they are providing services to the members.

605.2.5. Written Member Care Policies and Procedures

The GAPP provider must have written member care policies and procedures, which are reviewed at least annually and address at a minimum:

605.2.5.1. Scope of services offered;

605.2.5.2. Admission and discharge criteria;

605.2.5.3. Supervision of services;

605.2.5.4. Care of GAPP members in emergency;

605.2.5.5. Clinical records management, including progress notes and retention of records;

605.2.5.6. Administrative/Personnel records and supervision to include continuing education and ongoing competency for providing GAPP services;

605.2.5.7. Use and maintenance of supplies and equipment (if applicable); and

605.2.5.8. Coordination of GAPP member's care with physicians and nursing agency case managers.

**606. Contracted Services**

Enrolled GAPP providers must maintain adequate and appropriate staffing to render the approved services but may contract with other entities to provide staff relief. Such contracts must be maintained in the provider's office and must reflect the enrolled provider's total administrative, professional, supervisory, and billing responsibility. Providers must maintain the stipulation that the persons delivering services must meet minimum staff requirements.

**607. A Subcontracting**

Providers may subcontract for the provision of services if the subcontract contains, at a minimum, the following elements:

607.1. Names of all parties entering into the subcontract.

607.2. A stipulation requiring subcontractors to perform in accordance with all conditions of participation which pertain to the service purchased under subcontract.

607.3. A stipulation requiring contractor agency to maintain responsibility for and assure the subcontractor's performance of administrative, supervisory, professional, and service delivery responsibilities relative to meeting all requirements of the GAPP.

607.4. A stipulation that the subcontractor will comply with local, state, and federal laws, rules and regulations and will adhere to GAPP policies and procedures as they now exist or may hereafter be amended.

607.5. A stipulation that the person delivering services meet the staff requirements for the GAPP services to be provided.

607.6. A stipulation that the subcontractor will participate as needed in the nursing agency's case conference to coordinate members' care.

## 608. Enrollment Procedures for GAPP Providers

Individual Practitioners are not authorized to enroll in the GAPP as a provider for In-Home Nursing Care. Only nursing agencies or home care agencies may enroll as providers.

Applicants must go to www.mmis.georgia.gov and complete the application online. Applicants may also call the GAINWELL TECHNOLOGIES Call Center at 1 (800) 766- 4456 if they have questions regarding the enrollment process.

Separate enrollment applications and provider numbers are required for each site location providing GAPP services. The Georgia Pediatric Program (GAPP) application packet includes:

Application/forms for enrollment in the Georgia Pediatric Program (GAPP) are found online at www.mmis.georgia.gov.

608.1. Part I, Policies and Procedures for Medicaid/ PeachCare for Kids applicable to ALL Medicaid Providers.

608.2. Part II, Policies and Procedures for the Georgia Pediatric Program (GAPP) applies to providers enrolled as a GAPP Provider.

608.3. Applicants must submit the complete enrollment packet with all required documents.

608.4. If the application is approved by the Department, the Provider Enrollment Department will assign a Medicaid number and confirmation of the start date for the provider number.

608.5. If the application is denied, the Department will notify the applicant of the reason of the denial. The applicant may not resubmit a GAPP application for six-month period from the date of the denial.

608.6. Applicants have the right to appeal an enrollment denial as indicated in Part I, Policies and Procedures for Medicaid/PeachCare for Kids which applies to all Medicaid providers.

## 609. Documentation Required for Providers Enrollment

Documentation Required for Providers Enrollment as a Provider in COS 971- Georgia Pediatric Program (GAPP) In-Home Skilled Nursing/PSS Services

609.1. Copy of business license.

609.2. Copy of Private Home Care Provider License.

609.3. Effective August 1, 2016, nurses caring for GAPP members must have the experience necessary to provide care for the medically fragile members to whom they are assigned.

609.4. Provisions for back-up staffing coverage.

609.5. Copy of nurse's license as well as resume or summary nursing experience as well as an attestation that the newly hired personnel have read and understand the Part II, Policies and Procedures Manual for Georgia Pediatric Program (GAPP) manual.

609.6. Copy of Current CPR certification for each nurse, aid, and family caregiver staff

## 610. GAPP In-Home Nursing Care Providers Requirements

GAPP In-Home Nursing Care Providers must maintain an office with the following requirements:

610.1. The office must have a physical address. If the office is located in a private residence, there must be documentation of the actual office space and the provider's ability to secure all PHI information. Each provider office is required to have a functional phone number which identifies that they are a GAPP provider. The provider must have a mechanism for a member/caller to leave a voicemail message.

610.2. The office must be accessible for state inspection.

610.3. The office must be accessible for member visitation.

610.4. The GAPP In-home Care Nursing Provider Agency must be available for caregiver/member contact 24-hours per day/7 days per week.

## 611. Changes in Provider Enrollment Data

611.1. Change Issues

Providers will follow Part I, Policies and Procedures for Medicaid/PeachCare for Kids, Section 105.8 regarding changes in enrollment information. The following changes apply:

611.1.1. Correct address of the agency/business location;

611.1.2. Correct street address of the service location, if different from above;

611.1.3. Current phone number(s) which identifies them as a GAPP Provider; and

611.1.4. Name of contact person(s).

611.1.5. Enrolled providers are required to furnish written notice to the Department, Alliant Health Solutions, the Department of Health Facilities Regulations (HFR) (if applicable), and GAPP members at least thirty (30) days prior to the change.

Changes should also be sent to the GAPP Program Specialist to update the List of GAPP Approved Provider Agencies.

## 612. Termination of Provider Number/Enrollment in Georgia Pediatric Program (GAPP)

612.1. Provider-Initiated Termination

612.1.1. A provider seeking to terminate enrollment in the GAPP must provide written notice to the Department and the Georgia Medical Care Foundation no less than sixty (60) calendar days prior to the termination date, stating it intends to terminate participation in the GAPP.

612.1.2. The Department will notify Alliant Health Solutions of provider's intent to terminate services.

612.1.3. Service provider must work with the GAPP member's caregiver or guardian to locate another service provider prior to the effective date of the current provider's termination.

612.1.4. The Department will authorize termination of the Provider enrollment number and the provider's authorization to receive reimbursement.

## 613. Termination of Provider Number/Enrollment by the Department of Medicaid

The Department may suspend or terminate a provider as described in Part I, Policies and Procedures for Medicaid/PeachCare for Kids, Chapter 400. Failure to correct compliance issues will result in termination from the GAPP.

## 614. Changes in Provider Ownership Data

614.1. Change in Ownership Legal Status of Buyout

Any enrolled service provider undergoing a change (including, but not limited to, dissolution, incorporation, re-incorporation, reorganization, change of ownership of assets, merger, or joint venture) so that as a result, the provider either becomes a different legal entity, must furnish written notice to the Department, the Healthcare Facilities Regulations or the Department of Human Services, Office of Regulatory Services, if licensure is applicable, GAPP members and case managers, at least thirty (30) days prior to the change. The successor provider must submit a new application for enrollment as a provider of the service under the GAPP. Reference Part I, Policies and Procedures for Medicaid/PeachCare for Kids, Section 105 for guidelines.

**Note**: Medicaid Provider Numbers and Private Home Care Licensure are not automatically transferrable. Providers are required to notify the applicable licensing agency of any changes in ownership, legal status, or locations.

Purchase of an existing enrolled provider agency requires that the purchaser complete the enrollment process and obtain a Medicaid Provider Number. Without a Medicaid Provider Number, Medicaid reimbursement will not occur.

Even when the change in ownership and/or legal status results in no visible change in services to the member, the provider must notify the Department's Provider Enrollment Unit, and the individuals/entities identified above.

## 615. Staff Qualifications

The service provider must engage a sufficient number of qualified and experienced staff to render services in accordance with currently accepted standards of medical practice.

(Refer to the specific service in Chapter 900 for program requirements related to staffing).

615.1. Maintain adequate and appropriate staffing to provide the service described in Chapter 900;

615.2. Provide all services in accordance with a current plan of care ordered and authorized in writing by the member's attending physician;

615.3. Prohibit individuals with a prior conviction on charges of abuse, neglect, mistreatment, or financial exploitation from performing direct member care duties;

615.4. Require all allegations of mistreatment, neglect, abuse, or financial exploitation, as well as injuries of unknown origin, to be reported immediately to the administrator or to other officials in accordance with state law through established procedures. Please note that all GAPP providers and their employees are mandated reporters of any type allegations as mentioned above.

615.5. See Chapter 900 – Section 901 for the requirements pertaining to Registered Nurses'/LPNs performing Supervisory Visits of Licensed Practical Nurses and Personal Care Support personnel.

615.6. The GAPP provider agency will notify the Department of newly hired nursing or nursing support staff by providing a resume showing the provider's experience in caring for patients with special health care needs. The provider will also provide to the GAPP Program Specialist a copy of the employee's CPR certification, current valid Nursing License , fingerprint/background check verification as well as a signed attestation that the newly employed personnel have read and understand the current GAPP Policy.

615.7. The GAPP provider agency will also provide information of any member using the FCO, along with background check, age, address, relation to member, fingerprinting and a valid CPR card. Such documentation should be provided to the Department at scollins@dch.ga.gov.

Each member using the FCO must send notification of each member separately with the information listed above.

## 616. Record Management

616.1. Maintain Clinical Records

616.1.1. Providers must maintain records pertaining to the provision of GAPP services in accordance with the standards in this manual and with accepted professional standards and practices, including but not limited to actual times of service provided, i.e., date with the beginning and ending time when the service was provided to the member for a minimum of five (5) years. Records must be kept available to the Department and their agents as requested. The provider must maintain a copy of all GAPP records at the Medicaid enrolled provider site(s). Records must be maintained in a manner that assures security, accuracy, confidentiality, and accessibility.

616.1.2. In accordance with 45 CFR Part 17, the state and federal governments shall have access to any pertinent books, documents, papers, and records for the purpose of making audit examinations, excerpts, and transcripts and copies as needed. The provider must retain records for a minimum of five (5) years after the date of service. If any litigations, claims, or audit is initiated before the expiration of the five (5) year period the provider must retain records until all litigations, claims, or audit findings involving the records are resolved. All original documents should be maintained in the member records at the agency.

616.1.3. Maintain the staff signed time sheets on file for a period no less than three (3) years.

**617. Destruction of Records**

617.1. Provider may destroy records not required to be maintained. The destruction of records must be conducted in such a way that member's confidentiality is preserved.

617.2. When records are accidentally destroyed or lost, the responsible party must reconstruct them to the extent possible in a timely manner. Each reconstructed case record must be clearly labeled "reconstructed."

**618. On-Site Record Review**

Providers must agree to periodic on-site patient reviews and financial audits by authorized representatives of the Department and/or Department's Program Integrity Division, CMS (Center for Medicare and Medicaid Services), OIG (Office of Inspector General), and Alliant Health Solutions, (GAPP Medical Review Team).

The Department's procedure for reviewing providers may involve the use of sampling a percentage of records. The Department or its agents will utilize a generally accepted statistically valid sampling methodology for selecting the sample of records to be reviewed.

**619. Adverse Actions**

Refer to Part I, Policies and Procedures Manual for Medicaid/PeachCare for Kids, Chapter 400 for Conditions of Adverse Actions.

**620. Standard Assurances**

620.1. The provider may not discriminate or permit discrimination against any person on the grounds of age, race, sex, color, religion, national origin, or member's mental or physical limitations.

620.2. Provider shall report member's skilled nursing, behavioral aide and/or personal care support needs both accurately and truthfully when making application for the GAPP program as well as on any application for recertification of hours needed for skilled nursing or personal support services. Derivation from this requirement may result in Adverse Actions (see Section 619).

**621. Member Assurances**

621.1. Georgia Pediatric Program (GAPP) Member Rights and Responsibilities

The provider may not discriminate or permit discrimination against any person on the grounds of age, race, sex, color, religion, national origin, or member's mental or physical limitation.

Members have rights and responsibilities regarding participation in the GAPP. Upon approval to receive services through the GAPP, the nursing agency's case manager reviews member rights and responsibilities, GAPP policy, and the Letter of Understanding with the

member's caregiver or the member's representative. After the member's caregiver reads and signs Letter of Understanding, the nursing manager maintains the original in the member's file, sends a copy to Alliant Health Solutions Medical Review Team, and distributes copies to the member's caregiver.

The Alliant Health Solutions maintains the copy in the member's record.

621.1.1. Member/Caregivers' Right Include

621.1.1.1. The right of access to accurate and easy-to-understand information.

621.1.1.2. The right to be treated with respect and to maintain one's dignity and individuality.

621.1.1.3. The right to voice grievances and complaints regarding treatment or care that is furnished, without fear of retaliation, discrimination, coercion, or reprisal.

621.1.1.4. The right to freedom of choice for an approved provider.

621.1.1.5. The right to have two different Medicaid GAPP providers work together to provide the skilled hours that have been approved for my child.

621.1.1.6. The right to accept or refuse services as agreed or as mutually established

621.1.1.7. The right to be informed and participate in preparing the care plan and any changes in the plan as well as to include individuals of my choosing in the service plan development process.

621.1.1.8. The right to be advised in advance of the provider(s) who will furnish care and the frequency and duration of visits ordered.

621.1.1.9. The right to confidential treatment of all information.

621.1.1.10. The right to receive services in accordance with the current plan of care.

621.1.1.11. The right to be informed of the name, business telephone number and business address of the person/agency supervising the services and how to contact that person/agency.

621.1.1.12. The right to have property and place of residence treated with respect.

621.1.1.13. The right to review his/her records on request.

621.1.1.14. The right to receive care and services without discrimination.

621.1.1.15. The right to receive all Medicaid State Plan services that are deemed medically necessary.

621.1.2. Member's Caregiver / Guardian Responsibilities Include:

621.1.2.1. The responsibility to notify nursing agency's case manager of any changes in the medically necessary needs of the child.

621.1.2.2. The responsibility to treat provider staff in a courteous and respectful manner, as well as cooperate with and respect the rights of the staff providing care.

621.1.2.3. The responsibility to be as accurate as possible when providing information on health history and needs of the child.

621.1.2.4. The responsibility to participate actively in decisions regarding individual health care and service/care plan development.

621.1.2.5. The responsibility to comply with agreed upon care plans and supervisory visits.

621.1.2.6. The responsibility to notify the member's physician, and/or staff of any change in child's condition.

621.1.2.7. The responsibility to maintain a safe home environment and to inform providers of the presence of any safety hazard in or around the home.

621.1.2.8. The responsibility to be available to provider staff at agreed upon times services are scheduled to be rendered to the child to include supervisory visits.

621.1.2.9. It is the responsibility of the member's caregiver/guardian to avail themselves for the utilization review team to make visits as needed.

621.1.2.10. The responsibility to maintain a safe environment for child, self, and staff and to always maintain a drug free environment.

## 622. Prevention of Member Abuse & Neglect

Service providers will document and follow up on discoveries or reports/allegations of non- compliance or abuse, neglect of care, exploitation, or injury. Provider will notify Alliant Health Solutions within 24 hours (or the next business day) of any abuse, neglect of care, injury, exploitation, or any instance that would/could affect member safety and/or welfare.

Such instances can include, but is not limited to and should include all incidents whether the provider agency is in the home providing services or not:

622.1. Unauthorized or inappropriate touching of a member such as pushing, striking, slapping, pinching, beating, fondling, etc.

622.2. Use of physical or chemical restraints.

622.3. Withholding food, water, or medications unless the member has requested the withholding.

622.4. Psychological or emotional abuse (i.e., verbal berating, harassment, intimidation, threats of punishment order privation).

622.5. Isolating member from member representative, family, friends, or activities.

622.6. Sexual harassment, exploitation, or rape.

622.7. Failure to provide basic care or seek medical care.

622.8. Inadequate assistance with personal care, changing bed linen, laundry, etc.

622.9. Ostracizing the member, or "giving the silent treatment."

622.10. Leaving member alone for extended periods of time.

622.11. Use of member's money or property against the member's caregiver's directives or without the member's caregiver's knowledge.

622.12. Injury, death, hospitalization, emergency room visits or any instances that could endanger a member's health and/or safety.

**623. Sentinel Event Documentation–Investigation and Reporting Incidents**

623.1. Providers must conduct a thorough investigation of all abuse, potential abuse, alleged abuse, injury, or death of a member.

623.2. Any abuse or alleged abuse, injury, death, or any instance that endangers a member's health and/or safety must be reported to Alliant Health Solutions and DCH within 24 hours of the incident (or the next business day).

623.3. Sentinel Event documentation should also include any and all events by the member, caregivers, agency, or other party that may affect patient care and/or member safety.

623.4. Providers must complete the sentinel report (AppendixO-1) of the alleged abuse, injury, hospitalizations, emergency room visits, death or any instance that endangers a member's health and/or safety and submit the report to DCH/ Alliant Health Solutions within 24 hours (or the next business day). The report must be legible. The Sentinel Event report is to be completed online and is accessible via the Alliant Health Solutions web portal. A copy of all Sentinel Event reporting will be sent to the DCH GAPP Program Specialist by Alliant Health Solutions.

623.5. Providers must assure that no other incident or abuse takes place while the investigation is ongoing.

623.6. Providers must submit an acceptable Plan of Correction with the investigation report if applicable.

623.7. Providers must maintain an accident and incident file for the review by DCH.

623.8. Providers of care to minor children are mandatory reporters of potential or alleged abuse and as such are obligated to report these incidences to the Department of Family and Children's Services. See Georgia Code Annotated 19-7-5; 16-12-100.

623.9. Sentinel events should be reported even if the provider agency is not in attendance at the time of the incident. Sentinel events are any occurrence that would affect the member's safety, health and well-being.

## Chapter 700: Special Eligibility Conditions

### 701. General Member Eligibility Criteria

The Department reimburses providers enrolled in the Georgia Pediatric Program for services rendered to Medicaid eligible children who have been approved for GAPP services. Medicaid eligibility determinations are required prior to approval for services. If Medicaid eligibility is not established, contact should be made with the local County Department of Family and Children Services (DFCS).

### 702. Verification of Medicaid Eligibility

702.1. Medicaid Eligible Members

Medicaid eligibility is determined by the member's local County Department of Family and Children Services (DFCS) office. The provider verifies eligibility as needed by checking the member's Medicaid swipe care (See Appendix A). (Refer to the Billing Manual Part I, Policies and Procedures for Medicaid/PeachCare for Kids, Appendix K) for additional information on verifying Medicaid eligibility). If the member is ineligible for Medicaid benefits, the Department will not reimburse a provider.

Per Part I Policies and Procedures for Medicaid/PeachCare for Kids, providers are required to check the Medicaid eligibility status prior to providing services for each member in the GAPP. Verification will include Medicaid eligibility prior to providing services under an approved PA. It is suggested that providers maintain evidence of Medicaid eligibility before providing services.

Services rendered under the Georgia Pediatric Program must be approved by the Alliant Health Solutions Medical Review Team according to the standards set by the Department and medical necessity for services. Acceptance of members into the Georgia Pediatric Program (GAPP) must be based on the following criteria:

702.1.1. To be eligible for services under GAPP the member must require medically necessary skilled nursing, personal support care and/or the need for a behavioral support aide. The need for services is based on medical necessity, taking into consideration the overall medical condition of the member, the equipment and the level and frequency of care required for the member.

702.1.2. There must be a reasonable expectation that the member's medical, personal care support needs or the need for a behavioral health aide be adequately met by community-based services. The primary caregiver must assist with the member's care in the home and must frequently communicate with the staff of the provider agency.

702.1.3. The availability and ability of the caregiver(s) to actively participate in the care of the member. There must be an available emergency contact person who can be available in the event of an emergency. The individual named as emergency contact must be identified by name and with telephone contact information should the agency be unable to reach the primary caregiver(s). The emergency contact must be aware of his/her status and be prepared to act in this capacity.

702.1.4. The number of hours for which approval will be granted is based on specific medical treatment needs of the member confirmed by available medical information and the documented training needs of the primary caregiver skills checklist.

702.1.5. The expectation that the primary caregiver(s) will become competent to assume some responsibility for the care of the child.

## 703. Applying for GAPP Services

703.1. Applying for Services by Member & Member's Caregivers

Caregivers of the medically fragile child interested in receiving services through the Georgia Pediatric Program (GAPP) must apply via a nursing agency participating in the children's program (see list of GAPP Approved Provider Agencies). Members seeking services may also contact the GAPP Program Specialist at (404) 683-5113 or GAPP.inquiries@dch.ga.gov.

703.2. Applying for Services by Providers & Hospitals

Hospitals or physicians caring for the medically fragile child interested in receiving services through the Georgia Pediatric Program (GAPP) should apply via the Discharge Planning department of the facility or the Social Service Department. Physicians may apply directly to a nursing agency participating in the Georgia Pediatric Program (GAPP).

Application for GAPP services can be made through any GAPP approved nursing agency (see Appendix P). Member applications for services may take up to 30 days to review documents once a complete application packet has been submitted. Incomplete packets will be denied.

The following documents are required to be completed as part of the application for services available from the Georgia Pediatric Program (GAPP). See Appendix O for a complete listing of all required documentation. Applications are submitted electronically via the GAMMIS Medical review portal.

703.2.1. DMA 6A – An approved DMA 6A is required for all GAPP services and are valid for one year. The DMA 6A should be renewed 30-60 days before the expiration date. The DMA 6A is completed electronically by the nursing agency and submitted through the review portal. Note: The DMA 6A only requires the member's demographic information and does not have to be signed by the member's physician. Once submitted, the Alliant MRT will furnish the DMA 6A number and place into the provider's portal. The DMA 6A locks the member's information plan into GAPP for one year and the number is used to get into the online DMA 80 screen which is the actual request for services.

If the GAPP Agency does not renew the DMA 6A in a timely manner (30-60) days before the expiration of the current DMA 6A, they are at risk of non-payment of services rendered.

Each provider must have their own DMA 6A and DMA 80 number.

703.2.2. DMA 80 – A DMA 80 Prior Authorization (PA) is submitted electronically via the medical review portal. Hours requested should be those hours recommended by the member's physician in his PPOT. All required documentation should be electronically attached to the DMA 80. SEE APPENDIX M

Each provider must have their own DMA 80 number for provision of services and billing for services.

703.2.3. Reimbursement is not authorized for delivery of any GAPP services while the member is hospitalized, in the school setting or the member is outside of the State of Georgia.

703.2.4. If an IEP is in effect, the most current one is required for admission and continued stay to the GAPP program. If the member is of school age and does not attend school, the provider must provide rational as to why the member is not in school. A requirement for a complete packet is an IEP if the member has one.

703.2.5. Alliant Health Solutions has 30 days to review a request for services once a complete packet has been submitted. If the packet is incomplete after 30 days, then the PA request will be withdrawn.

703.2.6. The DMA-80 and all forms required in Chapter 900 and Appendix N and/or Appendix O must be submitted to the Alliant Health Solutions GAPP Medical Review Team.

703.3. Note: All required information should be submitted at least 30 days prior to the intended date of initiation of services and/or the renewal of ongoing services.

Reimbursement will not be authorized for services rendered prior to the authorized start of care date shown on the letter of notification (LON). A system-generated LON of the authorized DMA-80 will be sent to the nursing provider. Decisions can also be verified through review of the GAMMIS Medical Review Portal System. Notification will also be forwarded regarding disapproval of services through certified mail to the member's parent/legal guardian and/or DFCS supervisor. The provider agency will receive notification and the child's physician will be notified by regular mail. Certified letters sent to the member's parent/legal guardian will be sent to the address that is on file with the Department. If the applicant is approved for services, delivery of services must begin within sixty (60) days of the eligibility determination by the Alliant Health Solutions medical review team.

Effective January 1, 2012, a change request through the medical review portal must be submitted for requests for a change in hours (increase, decrease, etc.) during a current certification period. Change requests due to a change in the member's condition such as an exacerbation of the member's illness or an improvement in the member's condition such as de-cannulation, weaning off the ventilator, etc. will be expedited by the Medical Review Team when necessary. All change requests or emergency admission must be submitted within five (5) days of any change in status and will be reviewed within five (5) days of submission of required information for review by the Medical Review Team. A change request for an increase in hours requires a physician's letter or other documentation stating the need for the increase. Providers will also need to submit/attach an updated PPOT, MD

order, and/or the hospital discharge summary if a hospital summary is applicable to this request.

The need for a change in approved services will be evaluated based on the condition and the medical needs of the child for skilled nursing and/or personal support services. A Determination Letter of Notification will be attached to the PA and the Alliant Health Solutions Review Nurse will send a notice to the provider via "Contact Us" that a LON was attached so they may print it from the Medical Review portal, get it signed and returned. Alliant Health Solutions will be sending the message about the LON to the person who is listed as the contact for each PA. Each agency can go into the "Contact Us' feature and search by provider number for Alliant Health Solutions communications to the agency. Any denial of requested services will be sent via certified mail to the member's parent/legal guardian, and via regular mail to the child's physician. The provider agency will receive the notification in the GAMMIS Medical Review portal.

*A change request without documentation will be denied.

A re-evaluation of eligibility for GAPP services must be done, at a minimum of every 3 to 6 months, or as determined by the Alliant Health Solutions Medical Review Team to continue reimbursement of service beyond the initial approval-date.

Effective August 23, 2018, any PA packet that remains incomplete after 30 days will be withdrawn from the web portal. This policy does not apply to members that may be hospitalized and are awaiting discharge.

## 704. Applying for Other Medicaid Services

Members receiving GAPP services may be eligible for additional services through other Medicaid Programs if they apply for and meet eligibility criteria. Services from other programs may not be duplicative, i.e., GAPP members cannot receive skilled nursing and/or personal care support through another Medicaid Program. (Rev 10/2015)

## Chapter 800: Prior Approval

### 801. General

Per Part I Policies and Procedures for Medicaid/Peach Care for Kids, providers are required to check the Medicaid eligibility status prior to providing services for each member in the GAPP. Verification will include Medicaid eligibility. All Medicaid members with CMO eligibility will require prior authorization through the CMO. All Medicaid members with fee-for- services eligibility type will require prior authorization by the Alliant Health Solutions.

If a member is in one of the Care Management Organizations, they must elect to be removed from the CMO. The provider's submission of the DMA 6A will remove the member from the CMO. This may take up to 30 days to show up on the member's eligibility screen. GAPP providers must explain this to the member's legal guardian.

The Alliant Health Solutions Medical Review Team is responsible for reviewing applications for appropriateness of skilled nursing care, behavioral health aide, and/or personal care support services. Alliant Health Solutions medical review team will approve or deny admission to the program utilizing the policies as established by the Department.

Providers are required to send all requests for prior approval on-line to Alliant Health Solutions. As of October 15, 2010, all GAPP application/renewal packets will no longer be accepted by drop-off at the Alliant Health Solutions Office. Submission of GAPP application/renewal packets is by electronic attachment of documents directly to the GAPP request (DMA-80) via the Medical Review portal (see Appendix M).

All services under the Georgia Pediatric Program (GAPP) are subject to prior approval.

Effective August 23, 2018, any PA packet that remains incomplete after 30 days will be withdrawn from the web portal. This policy does not apply to members that may be hospitalized.

801.1. The referring physician or the hospital discharge planner will assist the caregiver in locating a Medicaid enrolled provider nursing agency for the GAPP assignment. DCH can assist if needed. See Appendix P for a list of approved GAPP providers. Members have Freedom of Choice for a service provider.

801.2. All GAPP providers must be enrolled with the Department for each location providing GAPP services (See Chapter 600).

### 802. Hospital Discharge Planning Team

Children identified in hospitals are reviewed by the Discharge Planning Team. The Discharge Planning Team consists of the referring physician, the primary physician, discharge planner, Skilled Nursing Care Agency staff, primary caregivers, and social worker.

### 803. Discharge Planning Team Meetings

Visits to discharge team meetings may be attended by a department representative and may occur at any interval.

## 804. Required Application Documents for a GAPP Request

The following documents must be completed as part of the admission application to the GAPP. Applications are submitted electronically via the GAMMIS Medical Review portal. Paperwork must be signed by the Legal Guardian. See Appendix O for a complete listing of all required documentation.

### 804.1. DMA-6A

A DMA-6A form is submitted electronically through the Medical Review portal. The member's physician DOES NOT HAVE TO SIGN THE DMA-6A. DMA6's are valid for one year only and must be renewed 30–45 days before the expiration date.

If the GAPP provider has not kept the member's DMA 6A valid, it may result in the member being placed into one of Medicaid's Care Management Organizations. If this occurs because of the provider not following GAPP policy, then the provider is required to continue services until the Member's eligibility is corrected. Note that providers may not receive reimbursement for services if GAPP policy is not followed.

### 804.2. DMA-80

DMA-80 forms are submitted electronically via the GAMMIS Medical Review Portal. (Refer to Appendix F for a copy of the DMA-80). The Alliant Medical Review Team has discretion to amend the length of the DMA-80 depending on documentation submitted for review.

Providers should not submit a PA request for GAPP services greater than 6 months on their DMA 80.

Providers should not request a PA request for GAPP services past the member's 21st birthday since they will age out of GAPP on the day of their 21st birthday. Requesting a PA date after the member's 21st birthday may delay member's receiving services through any of the adult waivers.

## 805. Physician Plan of Treatment (See Appendix T)

The PPOT must be developed, signed, and dated by the attending physician with the initial and all subsequent recertifications. The PPOT will show what skilled nursing, personal care support and/or behavioral health aide hours are needed by the member as recommended by the physician – this PPOT must be signed and dated within 30 calendar days of the completed PPOT.

Effective 1/1/2025, any agency that fills out the PPOT and sends to the doctor for signature are at risk of adverse action including but not limited to 1) recoupment of funds, 2) pre-payment review, 3) loss of ability to enroll new GAPP members, etc.

Effective 1/1/2023, providers must submit Appendix T as the PPOT. Any physician may submit a letter of medical necessity or other pertinent documentation; however, the LOMN or other documentation does not take the place of the Appendix T.

If a member has been hospitalized for any lengthy amount of time, GAPP providers can accept, the latest progress notes and/or the discharge summary as the PPOT if all information provided along with the number of hours being requested. Make sure that the number of hours requested by the physician is on the Progress Notes or the Discharge Summary.

Effective 4/1/2024, advanced practitioners (Nurse Practitioners/Physician Assistants) may complete the PPOT if they directly oversee the members ongoing healthcare.

Effective 4/1/2024, a copy of the physician's last office visit notes must be submitted with each initial and/or recertification request. The notes may come from the physician that primarily sees the member and would provide the most meaningful information for the Medical Review Team.

**806. Member Supplemental Information (Appendix H Supplement)**

The Appendix H Supplement should be completed by the provider agency with additional information provided by the caregiver. Please note if the member receives any services from any Medicaid or other service program. The Appendix H does not replace the PPOT. A Letter of Medical Necessity may also be submitted but is not required.

**807. Letter of Understanding**

The Letter of Understanding must be reviewed with the primary caregiver(s) during the initial planning team meeting, as well as yearly. All areas must be discussed to ensure a thorough understanding of program requirements prior to completion of the admission approval paperwork. The primary caregiver(s)/DFCS must sign and date the Letter of Understanding (Appendix I). The Appendix I must be submitted yearly.

**808. Freedom of Choice Form**

The Freedom of Choice Form must be signed and dated by the member or the member's legal guardian on a yearly basis (See Appendix G). Parents and/or legal guardians have a right to choose or transfer agencies without ramifications by the current agency. Agencies must render a minimum of (30) days of service if the parent/legal guardian wishes to change agencies, depending on the wishes of the parent/legal guardian. This process should be explained at the initiation of services and on a continuing basis to assure that parents/caregivers know their right to freedom of choice for a GAPP provider.

**809. GAPP Admission/Continued Stay (Appendix N)**

Appendix N is the GAPP Admission/Continued Stay Checklist which is required with each packet submission. This is the provider's checklist to make sure that they have uploaded all required documents for both nursing and personal support services as appropriate for the member.

**810. Behavioral Support Aid (Appendix O)**

See Appendix O for required documentation.

**811. Individualized Education Program (IEP)**

If there is an IEP in effect, the current document is required on admission and continued stay to the GAPP program. If a member is of school age and does not attend school, provider/parent must provide rationale as to why the member is not in school.

## 812. 60 Day Summary

Effective 4/1/2024, the 60-day summary must be submitted with all start of care and/or recertification for any request for GAPP services. The 60-day summary is that documentation required by Health Facilities Regulations Division and is not a substitute for the PPOT

## 813. Supervisory Visit Notes

Effective 4/1/2024, all supervisory visit notes must be submitted with all requests for GAPP services.

## 814. Signature Stamps

Signature stamps are not approved for the GAPP program. Electronic signatures are acceptable per Part I Policies and Procedures for Medicaid/PeachCare for Kids.

## 815. DMA-80 Approvals

815.1. All new GAPP applications as well as re-certification for continuing services should be submitted to Alliant Health Solution's Medical Review Team at least thirty (30) days prior to the start or continuation of GAPP services.

815.2. Updated GAPP forms are required to be submitted to Alliant Health Solutions with the initial or renewal documents. The current GAPP Manual has all updated forms. Outdated GAPP forms received in GAPP applications will not be accepted by Alliant Health Solutions Medical Review team. A request for the correct forms will be made to the nursing agencies via a "contact us" message via the Medical Review portal; however, if a packet remains incomplete after 30 days, the PA will be withdrawn. The packet will be held by Alliant Health Solutions until correct documents are received. The date applications are re-submitted with the corrected GAPP forms and received at Alliant Health Solutions will be documented. A new date will be assigned as the date the complete application or renewal packet was received at Alliant Health Solutions. The renewal date will begin on the date the correct forms and documents are received by Alliant Health Solutions.

815.3. Three (3) months of narrative nurses' notes will be required for initial applications when children are transferring from Insurance approved private homecare agency coverage into the GAPP Program. A description of PSS needs should also be submitted. The nurses notes are attached to the transferring providers current PA.

815.4. Alliant Health Solution's GAPP Medical Review Team has thirty (30) days to review.

815.5. Once skilled nursing/PSS hours are approved, it continues to be responsibility of the parents and the agency to determine when best to utilize these skilled nursing/PSS hours that are provided as block hours per month. If the member has increased needs resulting from the hospitalization, or an improvement in condition, a change request should be entered.

815.6. Effective August 23, 2018, any PA packet that remains incomplete after 30 days will be withdrawn from the web portal. This policy does not apply to members that may be hospitalized.

DMA-80 determinations will be conducted at the weekly meetings of the GAPP Medical Review Team.

## 816. Prior Approval Requests for Short-Term Services

Short term services are those where the member may need imminent services for only a short period of time such as 4-6 weeks. Some examples would be short duration medication administration, weight checks, cast care, etc.

PA requirements would require a physician's order (PPOT) and/or Appendix G for the short-term services. The provider will notify Alliant via a contact us message that they are entering a DMA 6A/DMA 80 for a limited time that the services are ordered by the physician. Documentation to be attached are physician's orders and the Appendix G. The Alliant Medical Review Team will attach the LON once the request is reviewed. When the services are completed, the provider will submit notes and/or medication administration sheet, a signed LON and attach to the PA with a notification by a contact us to Alliant.

If an extension of short-term services is required, please do a change request with the physician's new orders for the care and the length of time required.

Short-term requests that are approved are time limited and do not require a re-certification request.

## 817. Reauthorization Requests

817.1. Reauthorization requests are due thirty (30) days prior to the expiration of the existing approval period to ensure that there will be no interruption in services/billing.

817.2. The beginning authorization date granted for an untimely renewal request is the date of receipt of the completed renewal request package. No payment will be made for services rendered during the periods of which there is no authorization for service coverage.

817.3. If a provider does not get a renewal packet in timely, they will be required to provide service until the renewal application can be processed and they receive the LON for continuing services.

817.4. All continued stay requests for in-home skilled nursing, behavioral health aide, and/or personal support services will require 3 months of nurse's notes, as well as personal support personnel notes showing services rendered. The notes must be the immediate past 3 months prior to the request date. Narrative notes for PSS are optional but you must submit what services are required by the member.

## 818. Evaluation Process Conducted by Alliant Health Solutions

818.1. Effective August 23, 2018, any PA packet that remains incomplete after 30 days will be withdrawn from the web portal. This policy does not apply to members that may be hospitalized.

818.2. All recertification requests for in-home skilled nursing and/or personal care support require 3 months of narrative notes. Personal care support notes should include documentation of tasks performed. The notes must be the immediate past 3 months prior to the request date.

818.3. Upon receipt of an application for request for services through the Georgia Pediatric Program (GAPP) Alliant Health Solutions will review the application documents within thirty (30) days of receipt of the complete request packet.

818.4. If the application is determined inappropriate for services based on the documents received, the Alliant Health Solutions Medical Review Team will notify the member by certified mail, and the physician by regular mail within ten (10) working days. The agency's notification will be available via the GAMMIS Medical Review portal. The member's caregiver will receive a certified letter to provide options for a re-consideration or a hearing for any adverse determination within thirty (30) days of the date of the initial letter by following the instructions outlined in the letter.

818.5. All documents submitted with the application will be reviewed to determine the required medically necessary nursing care, behavioral health aide, and/or personal support services for the member. Providers must notify the Alliant Health Solutions/Medical Review Team of any medical changes or update involving the member during the initial or re- certification application process. This includes any improvement in the member's condition.

818.6. The Alliant Health Solutions Medical Review Team may contact the member's primary care physician or nursing agency (by a "contact us" message or phone call) if additional information is required for admission evaluation or continued stay if deemed necessary.

818.7. Please refer to Appendix O for a complete list of required documentation. The physician may also submit a separate letter of medical necessity, if deemed appropriate – however, this does not take the place of the PPOT.

818.8. The agency is responsible for maintaining original documents on file for UCR review. If the member is transferred, or two providers are sharing service hours, this notation will be evident in the agency files. Please refer to Chapter 900, Section 912.1 about all documents that must be in the member's home.

818.9. Stamped and/or faxed signatures are not approved for the GAPP program. Electronic signatures are acceptable per Part I Policies and Procedures for Medicaid/PeachCare for Kids. A physician must develop and sign the PPOT. Mid-level practitioners are now allowed to sign this paperwork.

818.10. If a member is in appeals, renewal packets need to continue to be submitted to Alliant Health Solutions by their due date, or at least every three months, if the member is in appeals process. Alliant Health Solution's Medical Review Team does review any new information and any significant change in condition may impact authorization decisions.

**NOTE**: If a member is in a hearing status for an initial start of care, the provider must submit an updated PPOT along with any additional pertinent medical information at least every three months while the member's case is in appeals. (Rev 04/2015)

818.11. Alliant Health Solutions should be notified if a child is hospitalized or has an exacerbation of their condition during the certification period to evaluate a possible change in skilled nursing and/or personal care support needs. For children in appeals, please notify Alliant Health Solutions by "contact us." Do not submit a change request for a member that is in a reconsideration or an appeal status.

818.12. The following additional paperwork is required to be submitted to Alliant Health Solutions if a child is hospitalized greater than 30 days:

Hospital Discharge Summary or Hospital Progress Notes

## 819. Approvals for Services and Notifications by Alliant Health Solutions

819.1. Letter of Notification (LON) Process by Alliant Health Solutions

When a member is determined eligible for skilled nursing/PSS services, or behavioral health aide, and the hours of approval have been determined by the Alliant Health Solution's Medical Review Team, the process will be the following:

819.1.1. A Letter of Notification (LON) will be attached to the PA and the Provider will be sent a notice via "Contact Us" that a LON was attached so the provider may print it from the medical review portal, get it signed and returned. Alliant Health Solutions will be sending the message about the LON to the person who is listed as the contact for each PA. Each agency can go into the "Contact Us" feature and search by provider number for Alliant Health Solution's communications to the agency. The Nursing Agency will deliver the Letter of Notification to the member's parents/caregiver(s)/legal guardian/DFCS Supervisor and to the member's primary care physician. The Letter of Notification documents the number of hours approved and the length of time approved.

819.1.2. The Letter of Notification (LON) should be signed by the caregiver(s), and the Nursing Agency. All required signatures are to be obtained by the Nursing Agency within (30) calendar days.

819.2. The Determination Letter sent to the caregiver by certified mail includes information for parents on their rights to request a re-consideration of this decision if they are not satisfied with Alliant Health Solution's approval determination. The parents or caregivers have 30 calendar days from the date of the Determination Letter to request a reconsideration of the decision with Alliant Health Solutions. If after the re-consideration results by Alliant Health Solutions, the parents or caregivers remain unsatisfied, they have a right to a hearing before an administrative law judge within 30 days of the date of the final letter. Please counsel the caregiver to follow the instructions in the letter for reconsideration and/or a request for hearing.

Parents should make sure that DFCS has their current address as all correspondence will be sent to the address on file in GAMMIS.

819.3. It is the responsibility of the Nursing Agency to obtain caregiver/legal guardian signatures – and attach the signed copy of the LON within 30-days of receipt. The Nursing Agency must retain a copy of all original signatures in their files in case of a DCH audit. If two providers are sharing a PA, then make a notation on the copies. Failure to comply with attaching all signatures on the Letter of Notification to Alliant Health Solutions within 30 calendar days may be subject to a review and recoupment by the DCH's Program Integrity Unit.

819.4. GAPP in-home nursing service providers will submit requested skilled nursing/PSS hours and/or personal care support hours with all prior authorization documentation in a five-day-per-week format or a seven-day-per-week format. Prior authorization for services will be generated in the form of hours/month based on the requested weekly format and medical necessity review. Providers will describe the approved hours to families as a monthly maximum, allowing families/caregivers/agency to configure hours within the monthly context.

819.5. For Administrative purposes, the week begins on Sunday and ends on Saturday in the Georgia Pediatric Program (GAPP).

819.6. Providers should advise parents/caregivers to notify DFCS immediately upon moving as the address in Medicaid's MMIS system is used for all correspondence with parents/caregivers.

819.7. Failure to comply with returning all signatures on the Determination Letter or Notification to Alliant Health Solutions within 30 calendar daytime period may subject a GAPP provider to review and recoupment by the DCH's Program Integrity Unit.

**820. Transfer of Services**

When a member transfers, the receiving agency should enter a DMA-6A and DMA80 under their provider ID in the medical review portal. Only current approved services/hours are transferred to the receiving agency. If there is a change in the member's condition, a CHANGE REQUEST should be entered AFTER the member is transferred to the new agency.

Transfers will be approved to begin on the first day of the month. The receiving agency will develop all required documents for their files, but these do not have to be submitted to Alliant Health Solutions for the transfer to occur. Note that the transfer of current hours will only be for the duration of the current PA period. A new packet with all required documentation should be submitted 30 days prior to the expiration of the PA being transferred.

Transferred services should not begin until the transfer LON is received from Alliant Health Solutions.

Effective 3/1/18, no GAPP PA transfer will be processed in the last two business days of any month. Requests need to be in no later than COB on the 3rd business day before the end of the month.

Providers are required to send a Contact Us message to the review nurse when a transfer PA is entered into the medical review portal.

**821. Transfer of GAPP PAs (within the same agency)**

If the member is being transferred from one nursing location to another within the same agency, submit a written request (contact us message) to Alliant Health Solutions.
All patient documents will be shared with the new location, as well as, maintaining documentation at the original location. Faxed copies in the new location records will suffice, but only for the duration of the current PA request under which the member is transferred. The units approved for the PA will transfer from one location to the next. The receiving agency will have to enter a DMA 6A and DMA-80 with their provider number for transfer. If the provider is requesting additional hours, this does not constitute a transfer and will necessitate a change request to Alliant Health Solutions.

**822. Transfer of GAPP Provider (to another GAPP Provider)**

If the member is being transferred from one nursing agency to a new nursing agency for in- home skilled nursing/PSS or behavioral health aide, the receiving agency will submit a "Transfer Request Form," (Appendix R), the Appendix R will need to be uploaded with the DMA 6A or DMA 80. The transferring agency shall attach the last three months of narrative nursing notes to their current PA, PSS tasks performed and the App D/Transfer Notice to the current PA and notify Alliant Health Solutions via "Contact Us" noting the member's name and Medicaid number. The transferring agency will also provide the new provider with the member's PPOT.

Effective 7/1/2020 providers need to make sure that they review freedom of choice and the transfer policy and ability of two providers to share hours with parents/guardians to make sure that they understand the need to communicate with the agency if they wish to transfer their children or share hours with another GAPP provider – see Appendix U. They must also give parents a 30-day notice of discharge of services. Exceptions may apply – See Section 835: Exceptions to discharge Regulations.

Effective 4/1/2011, if an agency is unable to staff the member per the approved GAPP PA, the provider must inform the member's caregiver of the inability to serve the member. Additionally, the GAPP provider agency must provide referral to other GAPP providers able to meet the member's/family's staffing needs and assist the family or representative in locating another agency to fulfill the specific scheduling needs. The family may determine at any time that because of intermittent or frequently missed visits, they wish to seek services from another GAPP provider.

## 823. Sharing GAPP Hours

If the parent / caregiver desires, the GAPP skilled hours can be shared by two GAPP approved agencies. The two GAPP agencies should coordinate this sharing of hours with the caregivers and the following process should be followed. Please note that if a current PA is going to be shared, it should be accomplished on the first of the month.

Providers will have caregivers/legal guardian sign the Appendix U which is the Notification of Ability to Transfer Hours and/or Share a Member's PA.

823.1. Each provider must have their own DMA 6A and DMA 80 for the number of hours that they want to provide and the number of hours for each agency should be shown on the same transfer request form. NOTE: There will be only ONE PPOT with the total number of hours being requested for that member.

823.2. One provider would put a request for S9123 while the other provider would submit for S9124 so the system will not see this as a duplicate PA request.

823.3. Each provider will have their own paperwork as required by GAPP policy; however, providers should share all documents to ensure continuity of care.

823.4. Providers should share documentation and not have physicians/parents sign duplicate documents.

823.5. Providers would not be able to provide services at the same time, unless there is a specified need for this type of care based on medical necessity. If two providers provide services within a 24-hour period, the claims may be subject to review prior to processing.

823.6. Please call the GAPP Program Specialist at (404) 683-5113, scollins@dch.ga.gov for any assistance or clarification or email at GAPP.Inquiries@dch.ga.gov.

823.7. Personal care support hours (S9122) cannot be shared between two providers.

## 824. Transfer Instructions for Providers

Please review the policy below for transferring a member. As always, please contact the GAPP Program Specialist if you have any questions regarding transfers.

The following process should be followed:

824.1. Transferring Agency

824.1.1. Submit an Appendix D with the last date that you will be providing services and notify the Alliant Health Solutions MRT with a "contact us" message that the App D has been uploaded.

824.1.2. Supply Alliant Health Solutions MRT with the last three months of nursing notes on the member – this should be accomplished within two weeks of the stop date of care. Provide the member's name and Medicaid number and upload the notes to the current PA. Notify the Alliant Health Solutions MRT via a "contact us" message that you have uploaded the nursing notes.

824.1.3. Effective, 07/01/2020 – Provide receiving agency with member's PPOT.

824.2. Receiving Agency

824.2.1. Upload signed Appendix R (Transfer Request Form) to the DMA 6A or DMA 80 and notify Alliant that you have uploaded your transfer request to your PA number.

824.2.2. Make sure that you electronically submit a DMA 6A and a DMA 80 no later than the date that you want to start care. It is the provider's responsibility to know the number of hours that the member is receiving and when their current PA ends. If a provider is unsure of the hours, note that the Alliant team will only transfer the hours that have been approved and only for the time of the current PA.

824.2.3. Provide Alliant Health Solutions with a renewal packet within 30 days of the expiration of the PA that is being transferred.

824.2.4. Please have your transfer LON before providing GAPP Services.

824.2.5. The receiving agency will develop all required documents for their files, but these do not have to be submitted to Alliant Health Solutions for the transfer to occur.

824.2.6. Nursing Supervisory visit should be done within the first month of services.

824.3. Alliant Health Solutions Medical Review Team

824.3.1. Will stop the transferring agency's PA on the date provided.

824.3.2. Approve the receiving agency's PA on the date that start of care is expected.

## 825. GAPP Determination Letter

825.1. The Alliant Health Solutions Medical Review Team will mail a determination letter to the member's caregiver /legal guardian and primary care physician within 30 working days after a member has been approved for skilled nursing and/or personal care support services in the Georgia Pediatric Program (GAPP). Nursing agencies may review approved services and dates of approval on-line. Parents/legal guardian will receive the initial and final letters via certified mail to the address shown on file in the Medicaid MMIS system. Make sure parents know to notify DFCS of any change of address.

825.2. The Determination Letter will include information informing the parents/legal guardians of their rights to request a reconsideration of the initial decision. When the reconsideration process has been completed if the issue remains unresolved, the member's parents/legal guardian have the right to submit a request for a Fair Hearing before an administrative law judge.

825.3. Approvals will be granted based on the medically necessary skilled nursing, behavioral health and/or personal support service needs of member.

825.4. The approved services and decision rationale will be specified in the Determination Letter. The Letter will be sent to the physician of record and nursing agency. A member will receive a certified letter only if requested hours have not been approved.

825.5. One of the goals of the GAPP is to teach the parents / caregivers how to safely care for the member in the absence of a skilled nurse.

## 826. Foster Child(ren)

As the Legal Representative for all foster children, a DFCS Representative must sign all legal documents and GAPP documents for children in foster care in the GAPP program. Foster parents cannot sign GAPP documents or request a member transfer. Notices and documents include:

The "Letter of Notification" (LON) will be given to the child's DFCS County Supervisor and the child's physician(s) by the nursing agency for signatures. All procedures regarding notification to parents/caregivers will be in effect for foster children except that the Legal guardian responsible for all signatures will be the DFCS County Supervisor.

The foster parents who are the member's primary caregiver(s) will sign the individualized competency skills checklist for the foster members in their care.

Only the DFCS County Supervisor (or caseworker) may request reconsideration of an initial decision or request an Administrative Hearing before an administrative law judge for a foster child.

The nursing agency providing skilled nursing and/or personal support care is responsible for informing the Alliant Health Solutions - GAPP Medical Review Team of the presence of a foster child or children in a home. This information should be noted on Appendix H and Appendix O.

The nursing agency providing the skilled nursing/PSS care is responsible for informing the Alliant Health Solutions Medical Review Team if more than one medically fragile child is in a home and skilled care is being requested or being provided by both. This applies to all children receiving GAPP services - not just members in foster care.

Approval for more than one skilled care nurse to be in a home at the same time must be documented by the nursing agency in the members medical records. This applies to all children receiving GAPP services – not just members in foster care.

Note: Effective 7/1/2012, the DFCS County Supervisor may allow DFCS case worker to sign all appropriate documents for children in foster care for whom the DFCS office has legal authority. Foster parents can only sign the Caregiver Competency Checklist.

The DFCS may request a copy of the packet that was submitted to Alliant for services. GAPP agencies are to comply with this request from DFCS within 48 business hours.

*Foster Parents cannot participate in the Family Caregiver Option.*

**827. Revision or Change in Approved Services (Change Request)**

Effective January 1, 2023, if there is a change in the member's condition, a change request must be submitted within five (5) days of the change in status.

Effective January 1, 2012, a change request must be submitted through the GAMMIS Medical Review portal for requests for a change in hours (increase, decrease, etc.) during the current certification period. Change requests due to a change in the member's condition such as an exacerbation of the member's illness or an improvement in the member's condition such as de-cannulation, wearing off the ventilator, etc. should be submitted with five (5) days of the change in condition and will be expedited by the Medical Review Team when necessary. Change requests or emergency admissions will be reviewed within five (5) days of submission of required information for review by the Medical Review Team.

Providers will also need to submit/attach a hospital discharge summary -or- updated PPOT, or latest progress notes. The need for a change in approved services will be evaluated based on medical necessity for skilled nursing and/or personal care support and the overall medical condition of the member. The request must be submitted with signed and dated physician orders or PPOT discharge summary or progress notes if an increase in hours is requested. Progress notes should include the services/number of hours requested by the physician.

The Alliant Health Solutions Medical Review Unit will issue a Letter of Notification (LON) for the nursing agency. Change requests that do not document the reason for the change will not be considered.

**828. Communications with Alliant Health Solutions**

Providers should use the "Contact Us" feature for questions to the Alliant Health Solutions Review Nurses. All member/agency identifying information should be included to ensure it is transmitted to the Alliant Health Solutions Review Nurses. The provider should only include questions regarding one member or one PA on one "Contact Us" submission request. Questions about multiple children/PA's cannot be addressed on one "Contact Us" inquiry. This is imperative to make sure that issues are adjudicated as quickly as possible. Phone calls and emails are not accepted by Alliant Health Solutions.

All documents should be attached electronically to the PA (i.e., sentinel events, hospital paperwork, change requests, signed LON's, etc.), unless the PA is a new start of care that has been denied. In this instance, the agency should attach their signed LON to the "Contact Us" message and the Alliant Health Solutions review nurse will upload. Please notify the Alliant Health Solutions review nurse by sending a "Contact Us" message that a document has been attached to a PA.

If you are unable to attach a document to the PA, please review Appendix M or send a "Contact Us" message so the review nurse can instruct the provider how to proceed.

Providers are required to send a "Contact Us" notification when documents are attached to the PA. Do not attach files to the "Contact Us' feature unless specifically instructed to do so by the - Alliant Health Solutions Review Team nurse.

Upload the packet/packet documents only once and not multiple times.

Note: Effective 4/1/2016, it is each GAPP provider's responsibility to access and answer "Contact Us" messages from the Alliant Health Solutions Medical Review Team within 48 hours or the next business day.

## 829. Insurance Information and TPL

Effective 4/1/2019 insurance information is no longer required; however, it is the responsibility of all Medicaid providers to be familiar with the requirements of Part II, Policies and Procedures for the Georgia Pediatric Program (GAPP) as well as Part I Policies and Procedures for Medicaid and PeachCare for Kids manual. For Part I, Policies and Procedures for Medicaid/PeachCare for Kids, the provider should give special focus to Chapter 300 – Coordination of Benefits and Third-Party Liability. Providers should also be aware of Medicaid's Secondary Claims Manual.

## 830. Denial of Services

830.1. Reasons for Denial of Termination

830.1.1. The member fails to meet eligibility criteria specified in Section 800.

830.1.2. The member and/or member's caregiver or representative has not supplied necessary information to complete the determination of eligibility.

## 831. Reconsideration of Initial Decision for Member

An adverse action may initiate the reconsideration process for any program administered by Medicaid. The Medical Review Team at Alliant Health Solutions evaluates members and makes determinations on the following:

831.1. Admission to GAPP

831.2. Denial of Admission

831.3. Reduction of services

831.4. Increase of services

831.5. Termination of Services in the GAPP Program

831.6. Other pertinent information submitted

These actions may be appealed by the parents/DFCS for a member if they disagree with the determination. The Alliant Health Solutions Medical Review Team will issue the Notification/

Determination Letter to notify the member/applicant of any action. Once the determination is made, Alliant Health Solutions will notify the provider, parent/legal guardian, and physician of record of the action taken and the date such action will take place. The Notification Letter sent by certified mail includes information for parents on their rights to request a reconsideration of this decision if they are not satisfied with the Alliant Health Solution's approval determination. If after the reconsideration results by Alliant Health Solutions the parents or caregivers remain unsatisfied, they have a right to a hearing before an Administrative Law judge.

Parents/DFCS may request a reconsideration of any adverse action taken by Alliant Health Solutions within (30) calendar days from the date of the Notification/Determination Letter. During the reconsideration process, additional documentation may be considered to determine the appropriateness of the initial denial. If the parent fails to request a reconsideration or if the parent fails to submit additional documentation, the proposed denial will become final on the 30th day after the date of the Notification Determination Letter.

For a parent/caregiver/DFCS to obtain a reconsideration of an initial decision, a written request must be received at the Alliant Health Solutions Medical Review Team's address:

Alliant/Alliant Health Solutions
PO Box 105406
Atlanta, GA 30348
Attention: GAPP Review Nurse

Or the parent Legal Guardian may go online to request a reconsideration. Within thirty (30) days of the date of the Notification / Determination letter of the proposed adverse action, or the denial or reduction of service. The request must include all grounds for a reconsideration and must be accompanied by all supporting documentation from a physician and explanation that the parents want the GAPP Medical Review Team to reconsider the initial determination. The parents must request the reconsideration for the child in writing. Letters requesting reconsideration of an initial decision that are not accompanied by supporting documentation will not be considered.

For a child in foster care, it is the DFCS Supervisor or designee that must request the reconsideration request for the member. A Change Request should not be submitted during the reconsideration period.

## 832. Right to Appeal and Fair Hearing

Members have the right to appeal the Final Determination Letter by Alliant Health Solutions for the following actions:

832.1. Denial of applications for admission

832.2. Reduction in services

832.3. Denial of eligibility

832.4. Termination of services

Parents/Caregivers and DFCS County Supervisors of the member shall receive written notice of any of the referenced actions of the Alliant Health Solutions.

For a child in foster care, it is the DFCS Supervisor or designee that must request the hearing for the member.

**833. Request for a Fair Hearing Before an Administrative Law Judge**

After the reconsideration process has been conducted and if the issue was not resolved to the parent/DFCS satisfaction, parent/DFCS may request a fair hearing (and continuation of services, if applicable) before an Administrative Law judge within thirty (30) calendar days from the date of the Final Adverse Action Determination Letter sent to:

Georgia Department of Community Health
DCH Legal
Floor 18
2 M L King Jr. Dr.
Atlanta, GA 30334

Parents/DFCS must state the specific reasons for requesting the hearing. Additionally, parent/DFCS must include a copy of the Final Determination Letter with the hearing request. The "Notice of Your Right to a Hearing" shall accompany the Initial and Final Determination Letter. If the Department's decision is upheld at the hearing, the parents will be notified of the judge's decision (DCH will forward a copy of the decision to Alliant Health Solutions. The decision from the Administrative Law judge will include appeal rights for any party dissatisfied with the decision. Provider may submit additional information at any time during the appeals process, but a complete packet is required at least every three months while the member is an appeals status.

**834. Discharge of Members**

Georgia Pediatric Program (GAPP) providers must maintain adequate documentation regarding the clinical status of a child that they provide service for. A recommendation for discharge from the program should be made to the child's physician if appropriate.

The nursing agency's case manager must coordinate discharge planning in consultation with the member's caregiver, provider, and the member's physician. The nursing Agency must consider the following factors in discharge planning and provide a completed Appendix D to the Alliant Health Solutions MRT as well as the GAPP Program Specialist.

834.1. The medical stability of the member.

834.2. The medical necessity statement.

834.3. Evaluation of progress to date by the physician and the Alliant Health Solutions Medical Review team.

834.4. Identification that there is no medical necessity for skilled nursing and/or personal care support and the need to discharge to from GAPP Discharge of Members from participation in the Georgia Pediatric Program (GAPP) occurs when:

834.4.1. Alliant Health Solutions Medical Review Team, the nursing agency's case manager and/or member's physician determines that the member is no longer appropriate or eligible for services under the Georgia Pediatric Program (GAPP). The nursing agency may submit written recommendations (Appendix D) for termination from the Georgia Pediatric Program (GAPP), or transfer to

another provider to Alliant Health Solutions. The recommendation to terminate must include documentation supporting their recommendation to terminate services.

834.4.2. The Department of Community Health Program Integrity staff recommends in writing that a member be discharged from service.

834.4.3. The enrolled member has not required skills care and/or personal care support within the last 30 days in the Georgia Pediatric Program (GAPP).

834.4.4. Member's caregiver(s) or member's representative consistently refuse service(s) for the child or fails to cooperate in the agreed upon plan of care or fails to adhere to other program requirements for participation in the Georgia Pediatric Program (GAPP).

834.4.5. Member's caregiver fails to adhere to the conditions of the Letter of Understanding.

834.4.6. Member enters a nursing facility. The nursing agency must send discharge notices immediately to the Alliant Health Solutions Medical Review Team upon the member's placement in a nursing facility.

834.4.7. Member's caregiver(s) engages in and/or allow illegal activities in the home; or member's Caregiver(s) or others living in the home have inflicted or threatened bodily harm to another person within the past thirty (30) calendar days.

834.4.8. Member's caregivers/representative requests member to be discharged.

834.4.9. Member's caregivers/representative consistently refuse to comply with treatment(s).

834.4.10. Member is no longer Medicaid eligible.

**835. Exceptions to Discharge Regulations**

When a Georgia Pediatric Program (GAPP) member is discharged from the program; the nursing agency must deliver service through the effective date of discharge (30 days) EXCEPT when any one of the following occurs:

835.1. Member expires or turns age 21.

835.2. Member's caregiver(s) or representative requests a change in providers or requests termination of services immediately.

835.3. When termination of the service is requested sooner than thirty (30) days by the member's caregiver the Georgia Pediatric Program (GAPP) nursing agency may comply with the request and the nursing agency must maintain documentation of the request in the clinical record as well as the submission of the Appendix D.

835.4. The nursing agency is no longer able to provide appropriate staff to render the services to the member. The agency should continue services until the member can be transferred to another

GAPP agency for care.

835.5. When Program Integrity recommends member's discharge.

835.6. When a member is no longer Medicaid eligible.

835.7. When an unsafe home environment has been documented to DFCS, Alliant Health Solutions and DCH. Providers must send a written notice to the member's caregiver/representative as well as the GAPP Program Specialist within thirty (30) days prior to actual discharge date.

**836. Transition of Children from GAPP**

Transition of Children from Georgia Pediatric Program (GAPP) to an adult Waiver or Other Adult Program:

Approximately three (3) months prior to a child's twenty-first (21st) birthday, a transitional process will begin to assess the GAPP child for ICWP services. The following process will take place when the child is transitioned from GAPP into ICWP.

836.1. The child's medical records will be reviewed by the Alliant Health Solutions ICW Preview nurse to determine if the child meets the general eligibility criteria for the ICWP.

836.2. If the child meets the general eligibility criteria, the Alliant Health Solutions ICWP review nurse will send the family and/or applicant an introductory letter with an ICWP packet six months to one year prior to the applicant's birthday.

836.3. The application will be mailed to the parent or legal guardian by Alliant Health Solutions by the third (3rd) month prior to the applicant's 21st birthday. The application must be returned by the applicant within 15 days of the date of the letter. Failure to return the application may result in forfeiture of a slot by the applicant.

836.4. A nurse from Alliant Health Solutions will contact the applicant or applicant's representative to schedule an assessment date within 30 days of receipt of the returned application.

836.5. At the time of the assessment, the Alliant Health Solutions nurse will inform the applicant or applicant's representative of the services offered under the ICWP. If the application was not returned by the applicant or applicant's representative, a final letter will be sent notifying the applicant of ineligibility for the ICWP.

836.6. Once the assessment is completed an approval or denial letter is sent to the applicant or applicant's representative within 30 days of the completed assessment.

836.7. If the applicant is approved for ICWP services, the approval letter will inform the applicant or applicant's representative to select a case manager from the case manager list provided in the letter. The applicant or representative must notify Alliant Health Solutions within two weeks of the selected case manager.

836.8. Once the case manager has been selected by the applicant or applicant's representative, Alliant Health Solutions will send the selected case manager all the required documents to ensure the member will begin services the day he or she turns 21.
The ICWP member services cannot begin before the applicant's 21st birthday.

If the applicant is denied ICWP services, a denial letter will be sent to the member within 30 days of the assessment, and rights to appeal will be attached to the letter. Alliant Health Solutions nurse may also refer the applicant to apply to another Medicaid program.

## 837. GAPP and Hospice Services

GAPP: In-Home Skilled Nursing Care and Waiver Services

An individual currently enrolled in the GAPP Program's In-Home Nursing Care Program that has been diagnosed with a terminal illness may elect to enroll in the Hospice program. The GAPP member may receive some services that are determined not to be duplicative of hospice services.

## 838. Concurrent Care

Effective 3/23/10, children who require hospice care are no longer required to forego curative care when electing hospice. Hospice Services and supports to children continue to include pain, symptom management and family counseling provided by specialty trained hospice staff. Duplication of concurrent curative care and hospice services is not permitted. If a member has elected hospice and is in another Medicaid program, it is incumbent upon the Hospice provider to coordinate the multiple plans of care and eliminate the duplication of Medicaid services. Once conducted, both the hospice and other Medicaid provider must document coordination activities and retain such documentation and resulting coordinated plans of care in the member's medical record.

Hospice skilled nursing is intermittent in nature for symptom and crisis management while the GAPP nursing is provided in shifts for routine nursing care relating to all member's skilled nursing needs based on medical necessity.

It would be anticipated that the hospice nurse and the GAPP nurse would sometimes be in the home at the same time which would allow for assuring that the coordinated plan of care continues to be current and applicable to the member and family needs.

The hospice provider will initiate contact with the GAPP nursing agency to develop a coordinated Plan of Care. This coordinated POC will be kept in the member's home as well as sending a copy to the Alliant Health Solutions Medical Review Team with the member's PA request for GAPP services.

Upon choosing hospice services, the member will maintain a hospice lock-ins with the hospice as the primary for care coordination with the hospice nurse providing in home service at least once per week to assure continued coordination of care with GAPP services.

Personal care support services will be provided for by the Hospice provider of record.

Members can also receive other concurrent services such as receiving skilled nursing hours through the GAPP program and personal support/community living supports through one of the Medicaid waiver programs.

## 839. Service Limitations Under the GAPP Program

Refer to Section 704

## 840. Termination of Provider Services to Member

The nursing agency must notify the Alliant Health Solutions Medical Review Team and the GAPP Program Specialist (via an appendix D) when member services are terminated or transferred, the reason for the termination and the effective date of the termination.

A Notice of Discharge must be submitted to the Alliant Health Solutions Medical Review Team/GAPP Program Specialist within one week following discharge (See Appendix D).

Service providers must provide written notice of discharge to Georgia Pediatric Program (GAPP) members at least thirty (30) calendar days prior to the effective date of information.

The Nursing agency will work with members' caregiver(s) to locate another provider effective the date of the current provider's termination.

The provider will notify DCH and Alliant Health Solutions Medical Review Team of their intent to terminate enrollment in the Georgia Pediatric Program.

When terminating provider enrollment, the provider must provide written notice of discharge to Georgia Pediatric Program (GAPP) members and Department of Community Health at least thirty (30) calendar days prior to the effective date of termination.

The current provider agency should work with members to locate another service nursing agency effective the date of the current provider's termination.

The DCH will authorize Provider Enrollment to terminate the provider enrollment number and the provider's authorization to receive reimbursement.

## Chapter 900: Scope of Services

### 901. In-Home Nursing Services

Effective August 2016, nurses and other personnel caring for children for the Georgia Pediatric Program must have experience in caring for patients with special health care needs. In determining whether a professional nurse may perform a service, consideration must be given to the inherent complexity of the services, the condition of the patient and the patient's skilled nursing needs. GAPP Provider agencies will maintain documentation of the professional nurses' ongoing qualifications to provide services to GAPP member. The services authorized and provided will vary based on the specific medical needs of the member authorized to receive such services.

Services Which Will Be Provided by A Registered Nurse include:

901.1. Initial evaluation visit;

901.2. Re-evaluation of patients' skilled nursing/PSS needs;

901.3. Initial plan of treatment

901.4. Preparation of the clinical progress notes;

901.5. Coordination of services;

901.6. Informing the physician and other personnel of changes in the patients' condition or needs;

901.7. Patient and family teaching;

901.8. Development of teaching plan and caregiver(s) Competency checklist;

901.9. Supervision for LPN's must be done once a month, but not less than 20 days apart. Supervision for PSS personnel including family caregivers must be done every two weeks by an LPN or RN

901.10. Administration of medications and treatments as prescribed by a physician in accordance with Section 913 of this manual and currently accepted standards of medical practice;

901.11. Total patient care; and

901.12. Written assessments to recommend tapering of skilled nursing/PSS hours or discharge from the Program.

901.13. Other services in accordance with and as outlined in the Georgia Registered Professional Nurse Practice Act.

901.14. Provide case management services as needed by the GAPP member.

901.15. Services Which May Be Provided by A Licensed Practical Nurse Include:

901.15.1. Any services in accordance with and as outlined in the Georgia Practical Nurses Practice Act and listed in the PPOT/Nursing POC.

901.15.2. LPN's may do supervision of personal care support personnel.

901.15.3. Supervision of PSS aide should be co-signed and dated by RN within 10 business days.

901.16. Services Which May Not Be Provided by A Licensed Practical Nurse Include:

901.16.1. The initial evaluation visit of an applicant or member.

901.16.2. Initiation of plan of treatment.

901.16.3. Case Management

901.17. Staffing Qualification and Supervisory Responsibilities

901.17.1. The GAPP provider agency ensures that individuals entering members' homes accomplish tasks timely and competently while maintaining the rights, safety, choice, and dignity of each member in accordance with the physician's plan of treatment and the agency's plan of care that is established for each member.

901.17.2. The GAPP provider agency will notify DCH of newly hired nursing staff by providing resume showing appropriate experience, along with the required documentation of CPR, and an attestation that the new employee has read and understands GAPP policy.

901.17.3. Provider agency will provide notice of Family Caregiver Option to DCH by providing the members name, caregivers name, address, relationship to member, age as well as background check, fingerprinting and a valid CPR card.

901.17.4. RN Supervisor

901.17.4.1. Qualifications of the RN Supervisor Include:

901.17.4.1.1. A current Georgia RN license to practice nursing and render services in accordance with the provisions of the Georgia Registered Professional Nurse Practice Act, O.C.G.A. 43-26-1 et seq.

901.17.4.1.2. Experience working with medically fragile patients and experience in home health is preferred.

901.17.4.1.3. Knowledge of current methods of home management, the provision of skilled nursing/PSS care, the ability to supervise and coordinate the work of others, to evaluate situations and make decisions, and to communicate and deal effectively with others.

901.17.4.1.4. Working knowledge of Rules and Regulations for Private Home Care Providers Chapter 290-5-54.

901.17.4.1.5. Working knowledge of the policies and procedures of the GAPP.

901.17.4.2. Duties of the RN Supervisor Include:

901.17.4.2.1. Monitoring and supervising the care of those members receiving services under a valid PA for GAPP services.

901.17.4.2.2. Act as a member's case manager.

901.17.4.2.3. Reviewing referrals for the GAPP, evaluating the member's skilled needs during initial and subsequent visits, and identifying and assigning the appropriate staff to provide the member care needed.

901.17.4.2.4. Developing and revising the member care plan as appropriate and reviewing the content of member care plans during each supervisory visit and communicating all revisions to appropriate staff.

901.17.4.2.5. Supervising personal care support personnel every two weeks may be supervised by an LPN. RN must co-sign and date the LPN supervisory visit within 10 business days.

901.17.4.2.6. Completing supervisory assessments to include observations of each Personal Care Support caregiver or LPN providing care to the GAPP member (See Section 912 for requirements relating to supervisory notes).

901.17.4.2.7. Arranging for orientation of each Personal Care Support personnel or LPN to each GAPP member for which they are providing care.

901.17.4.2.8. Completing the monthly supervisory assessment of LPN's.

901.17.4.2.9. Supervisory visits are NOT billable through Medicaid.

**Note:** See Section 905 for further information regarding Personal Care Support personnel.

## 902. Forms of Transportation

Forms of Transportation for the medically fragile GAPP member.

902.1. State's Non-Emergency Transportation (NEMT) System. See Appendix L for additional information.

902.2. Ambulance transportation can be requested for members who are extremely medically fragile with multiple needs, i.e., members who are on the ventilator. Ambulance transportation must receive precertification per Medicaid's Emergency Ambulance Service (See excerpt below).

902.3. A member's agency personnel may travel with the caregiver when NET or Ambulance transportation is not appropriate. GAPP agencies who allow their nursing personnel to travel with members outside of the NET network must have appropriate policies and procedures to govern such transportation and assume all liability for allowing staff to travel outside of the home with the member.

## 903. Non-Emergency Ambulance Transportation

All non-emergency ambulance transportation must be prior approved. Non- emergency is defined as ambulance transportation not an emergency nature, but the member requires services that can only be provided by a licensed EMT-B or higher as defined by the scope of practice set by the Georgia's regulatory authority. Examples include but are not limited to; initiating or maintain IV fluids, establishing/maintaining airway, or suctioning, monitoring, or regulatory oxygen therapy, etc.

## 904. Certification of Medical Necessity

Medical necessity exists when the patient's physical condition prohibits use of any method of transportation except ambulance service. No payment will be made for ambulance service if another means of transportation could be used without endangering the member's health. A written certification of medical necessity (CMN) signed and dated by a physician, or their designee must be obtained for each ambulance service and kept on file with the provider's copy of the claim. The physician's certification of medical necessity indicates that the member's condition requires medically necessary transportation by an ambulance service and other means of transportation would be inappropriate and could further endanger the member's health.

For full information on ambulance transportation, please refer to Medicaid's Emergency Ambulance Services manual found at valid. Under provider information.

## 905. Personal Care Support Personnel

Personal Care Support personnel provide personal care assistance such as feeding, bathing, dressing, personal hygiene, preparation of meals, light housekeeping tasks, and other activities of daily living. NOTE: As of January 1, 2018, it can be seen as a policy violation if providers do not make caregivers aware of personal support services and/or fail to request these services when appropriate.

It is the goal that all skilled nursing, as well as any personal care support services be approved and provided by a GAPP approved agency (April 2016). Members may apply to other Medicaid Programs such as CCSP, NOW/COMP and/or SOURCE if these services cannot be provided through a GAPP provider, and other program services cannot be duplicative.

905.1. Description – Personal Care Support service will be provided by staff members who are appropriately trained and certified by the nursing agency.

905.2. Nursing Agency Licensure – Georgia Pediatric Program (GAPP) Certified Nursing Assistant providers must have a Private Home Care Provider's License or Home Health Aide permit from the Department of Human Resources. Offices of Regulatory Services when applying to be a Medicaid provider and must be enrolled in the Georgia Pediatric Program (GAPP).

905.3. Training Up-date Package or Proposal – Training Update programs must be developed for all Personal Care Support personnel by providers and must include all areas of training specified in the policies and procedures manual. The plan should include: the outline for updating the Personal Care Support personnel training, frequency of updating skills, the specific topics that will be covered, and how training will be coordinated to ensure that all staff members receive additional training.

905.3.1. Maintain a detailed summary of the Personal Support Care personnel qualifications and update of training.

905.3.2. Maintain records for family caregivers such as background checks, fingerprinting, age relationship to member, address, and a valid CPR card.

905.3.3. Supervisory visits are NOT billable to Medicaid.

**906. Qualifications of the Personal Support Care Personnel Staff**

906.1. Ability to read, write, and follow verbal and/or written orders given.

906.2. Ability to complete legible written reports of caregiving.

906.3. Must possess a Certified Nursing Assistance Certification from the Department of Human Resources, Office of Regulatory Services; OR;

906.4. Pass status for a written competency examination approved by the National League of Nursing, Community and Home Accreditation Program (CHAP); or Joint Commission on Accreditation of Healthcare Organization (JCAHO); or National Home Care (NAHC); Accreditation Commission for Health Care (ACHC) or;

906.5. Complete a total of 40 hours of training by the GAPP provider agency. The Personal Care Support personnel complete at least 20 hours of this training prior to caring for members and then completes an additional 20 hours of training within the first six months of employment.

**907. Family Caregiver option:**

GAPP Family Caregiver Option for Personal Support Services

Effective January 1, 2025, GAPP providers who utilize the family care option for personal support services should report S9122 U2 to receive reimbursement for personal support services when provided to GAPP members by the family caregiver.

For a legally responsible adult family member to provide personal support services for reimbursement, the GAPP agency must hire the family caregiver as an employee of the GAPP agency.

GAPP agencies who utilize the family care option shall notify the Department of Community Health (DCH) of the hired family caregiver for the GAPP member. Required documentation that must be reported to the DCH includes the family caregiver's name, age, relationship to the GAPP member, address, background check, fingerprint, along with a valid CPR card. Documentation must be submitted individually for each family caregiver to the DCH at GAPP.inquiries@dch.ga.gov.

The family care option is not available for Behavioral Health Aide Services.

Foster parents are not eligible for the family care option. Refer to the Georgia Pediatric Program (GAPP) In-Home Nursing Policy Manual for requirements/guidance on the family care option.

907.1. Agency will train family caregivers as necessary.

907.2. Maintain training records available to DCH for review.

907.3. Maintain valid CPR card.

*Foster parents are not eligible to provide care under the FCO*

## 908. Training Documentation

The provider must certify that all patient care staff have met and completed all training and certification requirements. Staff must indicate by signature and date, completion of each area of training. All training must be documented and maintained in the employee's personnel file.

The GAPP provider must regularly evaluate staff performance to ensure quality of the member's care.

908.1. Provider Training for Personal Care Support Personnel/ Family Caregivers

Specific Training Requirements – Individuals providing personal care support services must have completed training in all of the following areas prior to delivery of services:

908.1.1. CPR and Basic First Aid

908.1.2. Emergency procedures

908.1.3. Assistance with medications

908.1.4. Specialized procedures

## 909. Training Requirements

The following training requirements must be completed by staff within ninety (90) days of direct member care:

909.1. An infection control course.

909.2. Circumstance and/or conditions, which require reporting to supervisory staff and/or appropriate authorities.

909.3. Personal hygiene needs and techniques for assisting with activities of daily living, such as bathing, grooming, skin care, transfer, ambulation, exercises, feeding, dressing, and use of adaptive aids and equipment.

909.4. Basic nutrition.

909.5. Home maintenance management.

909.6. Body systems and functions.

909.7. Chronic illness and disability, including causes, terms, and the effects on the member and the member's family.

909.8. The need for confidentiality regarding the services being provided.

909.9. Communication and interpersonal skills.

909.10. Agency policies and procedures.

909.11. Assistance with homemaking activities such as meal preparation and clean-up, house cleaning, simple household repairs and maintenance, laundry, and shopping. All activities should be directly related to the member and/or his/her personal living space.

**910. General Staff Training and Orientation**

910.1. Initial and annual assessment of clinical competence.

910.2. On-going training and re-training as necessary.

910.3. Case specific orientation.

910.4. Employee training record must indicate the name of Course, time spent and/or time credited for Course, date completed and employee and supervisor's signature.

**911. Personal Care Support Supervision**

911.1. Please See Supervisory Assessment

Georgia's Pediatric Program (GAPP) provider must ensure that the Personal Care Support hours are approved in the Plan of Care by the Alliant Health Solutions Medical Review Team. Documentation must support that the services were rendered and that the hours are appropriate and necessary for the care of the member. (Rev 04/2016)

**912. Documentation**

912.1. The Clinical Record

The nursing agency must establish and maintain at the agency's office a current clinical record on all patients admitted to the agency. While the member is receiving services, **records below marked with an asterisk should be kept in the member's home**. These records shall be kept in accordance with currently accepted standards of medical and/or nursing practice and must include at a minimum:

912.1.1. Appropriate patient identifying information, including current directions to the patient's home from the provider's location.

912.1.2. The name of the patient's primary care physician*;

912.1.3. Pertinent past and current findings*;

912.1.4. Signed and dated narrative nursing notes written the day the service is rendered by the providing member of the health team*;

912.1.5. Current medical plan of treatment* (PPOT) signed and developed by an attending physician.

912.1.6. A current copy of the completed DMA-80 from the medical review unit; as well as the DMA-6A.

912.1.7. Copies of summary reports sent to the physician at least every sixty to ninety (60-90) days.

912.1.8. Discharge summary when applicable.

912.1.9. Provider care plan signed and dated related to current GAPP approval period

912.1.10. Detailed teaching plan signed and dated by the primary caregiver(s)*. This document should be maintained in the member's home and updated as necessary.

912.1.11. Monthly Supervisory assessments of LPN and twice monthly for personal care support aides and parent caregivers.

912.1.12. A copy of the Letter of Understanding

912.1.13. A copy of the Freedom of Choice Form;

912.1.14. A copy of the Determination Letter of Notification

912.1.15. A copy of the Nursing Assessment Form*

912.1.16. A current IEP is required on all GAPP members if one is in effect. See Appendix O. A current IEP is a required document for admission to the GAPP Program if one is in effect.

912.1.17. All original forms and signed documents (Letter of Notification with signatures, etc.) will now be kept in the nursing agency's file for audit and/or inspection purposes. Legible copies and copies of complete pages of original documents must be uploaded to Alliant Health Solutions Medical Review Team for review with the complete application packets.

## 913. The Medical Plan of Treatment (PPOT- Appendix T)

913.1. An individual medical plan of treatment (Appendix T) must be developed for each patient by the attending physician, in consultation with the agency staff and other attending professionals. This plan of treatment is the document by which the physician delegates the authority to the nursing staff to perform certain medical services, which are necessary for the health of the patient. The plan should address all pertinent diagnoses, mental status, types of services and equipment, required frequency of visits, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, safety measures, discharge planning, and other appropriate items.

913.2. Effective April 1, 2018, the total plan of treatment must be developed, signed, and dated by the member's attending physician and the agency personnel as often as the severity of the patient's condition requires, or at least with every initial and recertification period. Effective February 15, 2011, the plan of treatment must be signed and dated by the attending physician or physician extender within thirty (30) days of the beginning of each signature within thirty (30) days. Effective 4/1/2024. Physician extenders CAN COMPLETE AND SIGN THE PPOT.

913.3. Effective January 1, 2023, providers MUST utilize Appendix T as the PPOT. A LOMN may also be submitted along with the Appendix T.

Providers completing the Appendix T and submitting it to the physician for signature are subject to adverse action including but not limited to pre-payment review, prevention of new GAPP admissions and loss of GAPP provider number.

## 914. Clinical Notes

The clinical records must include Narrative Skilled Nursing progress notes detailing care provided to the member. The notes should be written by all personnel for each service provided. These narrative notes should include all information pertaining to the patient. Any problems reported by a patient or family must be addressed in these notes. The notes should include on-going evaluations regarding the progress made with teaching plan element. Progress notes must be maintained on a continuous basis and should also include daily documentation of all treatments and medications administered by the nurse. Services should be performed and documented according to the physician's orders and the Plan of Treatment. Note: Narrative PSS notes are optional. However, documentation of what PSS Services were provided must be documented.

A care task list/service record form (daily activity checklist/summary) of daily ADL tasks is required for on-going PSS services. The care task list/service record form is to be initiated by both the member/member representative and PSS aide or family caregiver on each date of service and signed weekly or bi- weekly by the member/member representative, and PSS aide or family caregiver. Seizure logs should be provided if seizures activity exists. Seizure logs should provide date/ time, documentation of seizure type, duration, interventions required and response by member. Effective January 1, 2023, providers may utilize Appendix V – Generic Seizure Log.

Members that reside in the same household and are assessed to receive Personal Support Services (PSS) may receive shared PSS services from the same PSS provider/Personal Support Aide (PSA) or family caregiver. This will allow for the continuity of care between clients and limit the number of providers entering the home. The PSS hours established by the MRT may accommodate both parties. The PSS must document the services rendered in the client's record and should delineate the number of hours provided

for each member.

For example: If a sister and brother are both approved for PSS services, they may share services from the same PSS provider/PSA/Family Caregiver. Service hours will be assigned for both parties, and documentation should reflect the designated hours for the husband and the designated hours for the wife.

For example: If two members are receiving services from a family member under the Family Caregiver Option and one caregiver is providing services to two different members in the home, documentation must be provided that show time that each member is receiving services. The caregiver cannot provide services that overlap and bill for two members for the same time period.

The above requirements are the same for skilled nursing provided to two members in the same home

**915. Documentation of Medically Necessary Needs**

This includes the member's condition, change or progress, new problems identified, patient's vital signs, complaints, description of wounds, etc. It must reflect the need for continuation or adjustment of services rendered.

**916. Provider Nursing Care Plan**

The provider nursing care plan is an extension of the medical plan of treatment and is required for skilled nursing and PSS services. The medical plan of treatment is the physician's orders. The provider care plan reflects the provider agency's plan to carry out the physician's orders. It must indicate the individualized teaching plan (Caregivers Competency Checklist) to be utilized and provide updates regarding the accomplishments of goals. It must be signed and dated by the provider RN, and the members caregiver, CNA, or family caregiver. It should be reviewed and revised as often as the severity of the clients' condition requires or a minimum of every renewal period.

**917. Prior Authorization Request–DMA-80**

All requests for prior approval are submitted electronically via the GAMMIS Medical Review Portal. Detailed instructions for completing the DMA-80 are provided in Appendix F.

**918. Teaching Plan / Caregiver Skills Checklist**

The GAPP provider will work with the physician and the caregiver(s) to determine the most appropriate teaching plan for the parents/legal guardian of the GAPP member.

The skilled nursing teaching plan facilitates education for parents, guardians and other representatives and provides for the measurement and documentation of skills and knowledge.

An individualized detailed teaching plan /caregiver skills checklist is developed for each patient by the provider agency, physician, and other treating professionals. The teaching plan is required for skilled nursing services but does not have to be developed when only provided PSS. The plan should cover all aspects of patient care and incorporates the learning needs of the caregiver(s). When parental teaching is performed, the plan must list each procedure to be performed, the date that the procedure is demonstrated, the date of return demonstrations, the date the procedure is performed with assistance and the date the procedure is performed independently.

The teaching plan / caregiver skills checklist should be maintained in the home and updated as necessary. When parental teaching is performed, the teaching goals and accomplishments should be documented in the progress notes and on the caregiver skills checklist. The notes should contain documentation that the parent/representative has expressed confidence in his/her ability to perform the task.

**919. Supervisory Assessments**

Every 2 weeks supervision of PSS Personnel or family caregiver must be performed by a Georgia Licensed Registered Nurse or LPN.

Note: If a complaint or issue presents that would necessitate a Sentinel Events i.e., an occurrence that would affect a member's safety, health or well- being, a supervisory visit will be performed within 24 hours (or next business day).

**920. Medical Necessity–Admission or Continued Stay Supplement (Appendix H)**

The Medical Necessity – Admission or Continued Stay Statement supplement (Appendix H) provides ancillary information regarding other pertinent member information relative to the request for services.

NOTE: An incomplete Appendix H will constitute an incomplete packet and can be seen as a violation of GAPP policy and will delay the medical review.

**921. Letter of Understanding**

The Letter of Understanding must be signed and dated during the pre-admission planning meeting. The purpose of the letter is to certify complete understanding of the requirements for participation in the Georgia Pediatric program. The Letter of Understanding must be submitted maintained in the member's file in the event of an audit.

**922. Freedom of Choice Form**

The Freedom of Choice Form must be signed and dated by the member or the member's representative during the pre-admission planning meeting and annually thereafter. The purpose of the form is to certify that the member or the member's representative made an informed choice regarding service option(s) See Appendix G).

**923. Letter of Notification (LON)**

This letter notifies the caregivers and physician of the hours of skilled nursing and/or personal care support that has been approved for the member. The letter must be reviewed by the GAPP agency and the caregivers, signed and dated by both and attached to the DMA80 within 30 calendar days. The nursing agency is responsible for attaching the signed Letter of Notification to Georgia Medical Care Foundation.

Providers should not begin services without an approved LON.

**924. Review and Audits**

To ensure compliance with the policies and procedures set forth in this manual, representatives of the DCH may conduct onsite reviews and audits of provider agencies enrolled with the Department. The reviews and audits will be conducted to determine the medical necessity for services, whether services

reported have been performed and whether the provision of care meets currently accepted standards of practice, as well as compliance with GAPP policy. The reviews will include in-agency review of clinical and billing records and in- home patient assessments and all policy requirements. The DCH or its designee maintains the right to periodically review the need for continuation of services.

The Department will try to provide twenty-four (24) hour notice prior to reviews or audits; however, reviews and audits may be done with no prior notice.

Upon receipt of the audit or review report, the Department will notify the agency of the findings. Each agency will have fifteen (15) working days from the date of the report to respond to the Department with a corrective action plan which addresses the deficiencies identified in a responsive manner; states and describes the end result; indicates reasonable completion dates; and fully describes the methodology used to accomplish and complete the corrective action plan.

Failure to comply with the request for a corrective action plan may lead to adverse actions, including suspension or termination from the program.

The Department has no objection to agency personnel accompanying Departmental representatives on home visits; however, the following guidelines must be observed:

924.1. DCH representative and nursing agency personnel will travel in separate cars.

924.2. The time and place of the visits are at the total discretion of the DCH representative; and,

924.3. Agency personnel must not interfere with the interview process.

## 925. Non-Covered Services

925.1. Services for individuals twenty-one (21) years of age and older.

925.2. Services for which prior authorization was not obtained and documented by the LON.

925.3. Services provided in a manner inconsistent with the provisions of this manual.

925.4. Services for individual requiring excessive hours of skilled nursing/PSS care for an extended period or for an indefinite period of time where skilled needs may best be served in a nursing facility.

925.5. Services rendered prior to the effective date of enrollment.

925.6. Services not contained in the physician's certified medical plan of treatment, which has been accepted by the by the Department/ Alliant Health Solutions Medical Review Team.

925.7. Respite care is not a covered service in the program. Other available resources must be pursued as additional member/family needs are identified, beyond the services provided in the GAPP program.

925.8. Skilled nursing care or personal care support services from another service or program without prior authorization from the Medical Review Team at Alliant Health Solutions.

925.9. Effective 4/1/2024, payments to family members for care giving activities under a GAPP PA for Personal Care Support services is now provided under the GAPP Program.

925.10. Services rendered out of compliance with the terms and conditions of the provider's statement of participation and the provisions of this manual.

925.11. PeachCare members are ineligible for GAPP services.

925.12. Skilled nursing or personal care support services from any other waiver program cannot be duplicative.

925.13. Services in excess of those deemed medically necessary by DCH, its agents or the federal government, for services not directly related to the child's diagnosis, symptoms, or medical history, or for services rendered when the member is not present.

## Chapter 1000: Basis for Reimbursement

### 1001. Conditions of Reimbursement

1001.1. The following conditions must be met for reimbursement to occur:

1001.2. Members must be approved for services by the Alliant Health Solutions Medical Review Unit (See Chapter 800).

1001.3. Department approval and acceptance of the Statement of Participation.

1001.4. All other sources services must be considered prior to seeking a PA for reimbursement from the Department of Community Health. Medicaid is the payer of the last resort.

1001.5. Services must be covered by the provisions of this manual.

This listing is not all-inclusive; it is intended to describe the most basic elements pre-requisite to receiving reimbursement. Recovery of payments made to providers may be effectuated under the other applicable provisions in Part I, Policies and Procedures for Medicaid/PeachCare for Kids manual, including, but not limited to, Section 405.

### 1002. Reimbursement Methodologies

The Department makes reimbursement to GAPP providers for services rendered at rates established by the Department of Medicaid (See Appendix C) and in accordance with the policies and procedures outlined in this manual.

Payments are made for specific authorized procedures and are limited to the lower of:

1002.1. The actual charge for the service;

1002.2. The Medicaid rate in effect on the date of service (See Appendix C); or

1002.3. The provider's charge to private pay patients for the same services.

Nursing agencies should follow the billing instructions described in Appendix K.

### 1003. Billing Practices

Bill the Department for only those services, which have been prior authorized by the Department and provided to members authorized specifically by the Department to receive them.

Do not bill the Department more than the rate charged private pay patients for similar services. The agency must maintain records of both Medicaid and private pay patients for a minimum of five years to document compliance with this provision.

Bill the Department for only completed services rendered in the patient's home. No reimbursement will be made for the efforts of providers to render services to patients not at home. Effective May 1, 2015, the Department will only accept electronic claims. Any paper claims submitted to the fiscal agent for payment will be returned to the provider.

Please refer to the Part I, Policies and Procedures for Medicaid/PeachCare for Kids, Section 112 for more information. Also become aware of the Secondary Claims (TPL) Manual and Billing Manual.

Note: The GAPP Program does not allow providers to span their dates of service.

## 1004. General Claims Submission Policy for Ordering, Prescribing, or Referring (OPR) Providers

The Affordable Care Act (ACA) requires physicians and other eligible practitioners who order, prescribe, and refer items or services for Medicaid beneficiaries to be enrolled in the Georgia Medicaid Program. As a result, CMS expanded the claim editing requirements in Section 1833(q) of the Social Security Act and the providers' definitions in section 1861r and 1842(b)(18) C. Therefore, claims for services that are ordered, prescribed, or referred must indicate who the ordering, prescribing, or referring (OPR) practitioner is. The Department will utilize an enrolled OPR provider identification number for this purpose. Any OPR physicians or other eligible practitioners who are NOT already enrolled in Medicaid as participating (i.e., billing) providers must enroll separately as OPR Providers. The National Provider Identifier (NPI) of the OPR Provider must be included on the claim submitted by the participating, i.e., rendering, provider. If the NPI of the OPR Provider noted on the Georgia Medicaid claim is associated with a provider who is not enrolled in the Georgia Medicaid program, the claim cannot be paid.

Effective 4/1/2014, DCH will begin editing claims submitted through the web, EDI and on CMS- 1500 forms for the presence of an ordering, referring or prescribing provider as required by program policy. The edit will be informational until 6/1/2014. Effective 6/1/2014, the ordering, prescribing, and referring information will become a mandatory field and claims that do not contain the information as required by policy will begin to deny.

1004.1. For the NEW CMS-1500 claim form:

Enter qualifiers to indicate if the claim has an ordering, referring, or prescribing provider to the left of the dotted line in box 17 (Ordering = DK; Referring = DN or Supervising = DQ).

1004.2. For claims entered via the web:

Claims headers were updated to accept ordering or referring Provider ID and name for Dental and Institutional claims and the referring provider's name for Professional claims. The claim detail was updated to accept an ordering or referring provider ID and name. Utilize the "ordering" provider field for claims that require a prescribing physician.

1004.3. For Claims transmitted via EDI:

The 837 D, I, and P companion guides were updated to specifically point out the provider loops that capture the rendering, ordering, prescribing, referring and service facility provider information that is not used to transmit OPR information.

1004.4. NEW CMS 1500 Claim Form (see next page)

# HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

PICA

CARRIER

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes*, complete items 9, 9a, and 9d.

PATIENT AND INSURED INFORMATION

**READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.**

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. B. C. D.

E. F. G. H.

I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

PHYSICIAN OR SUPPLIER INFORMATION

| 24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY | B. PLACE OF SERVICE | C. EMG | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS | MODIFIER | E. DIAGNOSIS POINTER | F. $ CHARGES | G. DAYS OR UNITS | H. EPSDT Family Plan | I. ID. QUAL. | J. RENDERING PROVIDER ID. # |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | NPI | |
| 2 | | | | | | | | | NPI | |
| 3 | | | | | | | | | NPI | |
| 4 | | | | | | | | | NPI | |
| 5 | | | | | | | | | NPI | |
| 6 | | | | | | | | | NPI | |

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

SAMPLE

NUCC Instruction Manual available at: www.nucc.org **PLEASE PRINT OR TYPE** APPROVED OMB-0938-1197 FORM 1500 (02-12)

**Appendix A**
**Medicaid Member Identification Card**

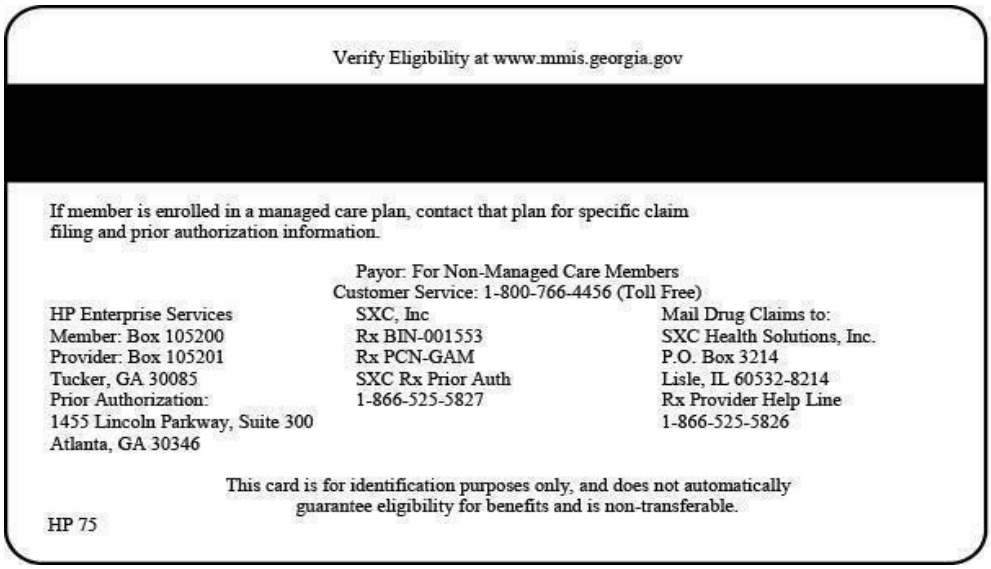

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

**Member ID# 123456789012**
Member, Joe Public
Card Issuance Date: 12/01/11

Primary Care Physician:
Dr. Jane Q Public
285 Main Street
suite 2859
Atlanta, GA 30303
Phone: (123) 123-1234 x 1234

Plan: Georgia Better Health Care

After Hours: (123) 123-1234 x 1234


Verify Eligibility at www.mmis.georgia.gov

If member is enrolled in a managed care plan, contact that plan for specific claim filing and prior authorization information.

Payor: For Non-Managed Care Members
Customer Service: 1-800-766-4456 (Toll Free)

HP Enterprise Services
Member: Box 105200
Provider: Box 105201
Tucker, GA 30085
Prior Authorization:
1455 Lincoln Parkway, Suite 300
Atlanta, GA 30346

SXC, Inc
Rx BIN-001553
Rx PCN-GAM
SXC Rx Prior Auth
1-866-525-5827

Mail Drug Claims to:
SXC Health Solutions, Inc.
P.O. Box 3214
Lisle, IL 60532-8214
Rx Provider Help Line
1-866-525-5826

This card is for identification purposes only, and does not automatically guarantee eligibility for benefits and is non-transferable.

HP 75

## Appendix B
## Statement of Participation

The new Statement of Participation is available in the Provider Enrollment Application Package which is available on-line at:

www.mmis.georgia.gov

**Appendix C**
**Special Procedure Codes and Rates**

## A. Georgia Pediatric Program (GAPP) In-Home Skilled Nursing/PSS

| Description | National Code | Description | Modifier | Rate |
|---|---|---|---|---|
| RN In Home Skilled Nursing Care | S9123 | Nursing in the home by Registered Nurse, per hour. | | $23.84 per 15-minute unit |
| LPN In Home Skilled Nursing Care | S9124 | Nursing in the home by Licensed Practical Nurse, per hour. | | $15.85 per 15-minute unit |
| Personal Care Support | S9122 | Home Health Aide or CNA, providing care in the home. | | $6.38 per 15-minute unit |
| Personal Care Support using the Family Caregiver Option | S9122 | Paid Family Caregiver | U2 | $6.38 per 15-minute unit |
| Behavioral Health Aide | S9122 | Behavioral Health Aide | U1 | $6.63 per 15-minute units |

(Rev 04/2025)

**Appendix D**
**Discharge/Transfer Notice for Georgia Pediatric Program (GAPP)**

PROVIDER NAME: _____

PROVIDER NUMBER: _____

PROVIDER ADDRESS: _____

_____

GAPP MEMBER NAME: _____

MEDICAID NUMBER: _____
STATUS: Discharge Transfer EFFECTIVE DATE: _____

REASON FOR DISCHARGE/TRANSFER:

Member's caregiver/legal guardian requests member be discharged or transferred (circle one). If transfer request specify reason:

_____
_____
_____

Member no longer has skilled nursing/PSS needs
Member expired
Child is no long Medicaid eligible.
UR staff recommends member removal from program.
Member has entered a nursing facility.
Agency issues. Please specify.

_____
_____

Member's caregiver/legal guardian engages in/or allows illegal activities in the home or member's caregivers or others living in the home have inflicted or threatened bodily harm to another person within the past 30 calendar days. (Must provide Incident Report stating facts of case).

Member's caregiver/legal guardian fails to adhere to the conditions of the "Letter of Understanding".

Member's caregiver/legal guardian consistently refused to comply with treatments.
The nursing agency is no longer able to provide appropriate staff to render services to the member.

The member is transitioning to another waiver program:
ICWP CCSP SOURCE NOW

Nurse Signature: _____ Date:_____

## Appendix E – Submit Electronically

Type of Program: ☐TEFRA/Katie Beckett ☐GAPP ☐NOW/COMP ☐SOURCE ☐CCSP

**Section A– Identifying Information**

1. Applicant's Name/Address:

DFCS County:_____

Mailing Address:_____

2. Medicaid Number:

3. Social Security Number

4. Sex | 4a. Age | 4b. Birthdate

5. Primary Care Physician

6. Applicant's Telephone #

7. In the caretaker's opinion, would the child require institutionalization if the child did not receive community services? ☐ Yes ☐ No

8. Does child attend school? ☐ Yes ☐ No

9. Date of Medicaid Application / /

Name of Caregiver#1:_____ Name of Caregiver#2:_____

I hereby authorize the physician, facility or other health care provider named herein to disclose protected health information and release the medical records of the applicant/beneficiary to the Department of Community Health and the Department of Human Resources, as maybe requested by those agencies, for the purpose of Medicaid eligibility determination. This authorization expires twelve (12) months from the date signed or when revoked by me, whichever comes first.

10. Signature: 11. Date:

(***Parent or other Legal Representative)***

**Section B– Physician's Report and Recommendation**

12. History: *(attach additional sheet if needed)*

| | 1. ICD | 2. ICD | 3. ICD |
|---|---|---|---|
| 13. Diagnosis 1) 2) ***(Add attachment for additional diagnoses)*** | | | |

| 14. Medications | | | | 15. Diagnostic and Treatment Procedures | |
|---|---|---|---|---|---|
| NAME | Dosage | Route | Frequency | Type | Frequency |
| | | | | | |

16. Treatment Plan **(Attach copy of order sheet if more convenient or other pertinent documents)**

Previous Hospitalizations:_____ Rehabilitative/Habilitative Services: _____ Other Health Services: _____

Hospital Diagnosis: 1)_____ 2) Secondary _____ 3) Other_____

17. Anticipated Dates of Hospitalization: / /

18. Level of Care Recommended: ☐ Hospital ☐ Nursing Facility ☐ IC/ID Facility

19. Type of Recommendation:
☐ Initial
☐ Change Level of Care
☐ Continued Placement

20. Patient Transferred from (check one):
☐ Hospital ☐ Another NF
☐ Private Pay ☐ Lives at home

21. Length of Time Care Needed _Months
1) ☐ Permanent
2) ☐ Temporary _ estimated

22. Is patient free of communicable diseases?
☐ Yes ☐ No

23. This patient's condition ☐ could ☐ could not be managed by provision of ☐ Community Care or ☐ Home Health Services

24. Physician's Name (Print):

Physician's Address (Print):

25. I certify that this patient requires the level of care provided by a nursing facility, IC/ID facility, or hospital

_____Physician's Signature

26. Date signed by Physician

27. Physician's Licensure No.

28. Physician's Telephone #: ( )

**Section C– Evaluation of Nursing Care Needed (check appropriate box only)**

| 29. Nutrition | 30. Bowel | 31. Cardiopulmonary Status | 32. Mobility | 33. Behavioral Status |
|---|---|---|---|---|
| ☐ Regular<br>☐ Diabetic Shots<br>☐ Formula-Special<br>☐ Tube feeding<br>☐ N/G-tube/G-tube<br>☐ Slow Feeder<br>☐ FTT or Premature<br>☐ Hyperal<br>☐ IV Use<br>☐ Medications/GT Meds | ☐ Age Dependent Incontinence<br>☐ Incontinent-Age>3<br>☐ Colostomy<br>☐ Continent<br>☐ Other | ☐ Monitoring<br>☐ CPAP/Bi-PAP)<br>☐ CP Monitor<br>☐ PulseOx<br>☐ Vital signs >2/day<br>☐ Therapy<br>☐ Oxygen<br>☐ Home Vent<br>☐ Trach<br>☐ Nebulizer Tx<br>☐ Suctioning<br>☐ Chest - Physical Tx<br>☐ Room Air | ☐ Prosthesis<br>☐ Splints<br>☐ Unable to ambulate > 18 months old wheelchair<br>☐ Normal | ☐ Agitated<br>☐ Cooperative<br>☐ Alert<br>☐ Developmental Delay<br>☐ Mental Retardation<br>☐ Behavioral Problems (please describe, if checked)<br>☐ Suicidal<br>☐ Hostile |

| 34. Integument System | 35. Urogenital | 36. Surgery | 37. Therapy/Visits | 38. Neurological Status |
|---|---|---|---|---|
| ☐ Burn Care<br>☐ Sterile Dressings<br>☐ Decubiti<br>☐ Bedridden<br>☐ Eczema-severe<br>☐ Normal | ☐ Dialysis in home<br>☐ Ostomy<br>☐ Incontinent– Age>3<br>☐ Catheterization<br>☐ Continent | ☐ Level1 (5or >surgeries)<br>☐ Level II (<5surgeries)<br>☐ None | Day care Services<br>☐ High Tech - 4 or more times per week<br>☐ Low Tech – 3 or less times per week or MD visits >4 per month<br>☐ None | ☐ Deaf<br>☐ Blind<br>☐ Seizures<br>☐ Neurological Deficits<br>☐ Paralysis<br>☐ Normal |

39. Other Therapy Visits
☐ Five days per week ☐ Less than 5 days per week

40. Remarks

41. Pre-Admission Certification Number

42. Date Signed

43. Print Name of MD or RN:_____

Signature of MD or RN:_____

DO NOT WR ITE BE LOW THIS LINE

**44. Continued Stay Review Date:_____ Admission Date_____ Approved for_____ Days or_____ Months**

45. Are nursing services, rehabilitative/habilitative services or other health related services requested or ordinarily provided in an institution? ☐ Yes ☐ No ☐ NA

**46A. State Authority MH & MR Screening)**

**Level I/II**

**Restricted Auth. Code Date**

**46B. This is not a re-admission for OBRA purposes**

**47. Hospitalization Precertification ☐ Met ☐ Not Met**

**Restricted Auth. Code Date**

**48. Level of Care Recommended by Contractor**
☐ **Hospital** ☐ **Nursing Facility** ☐ **IC/ID Facility**

| 49. Approval Period | **50. Signature (Contractor)** | 51. Date / / | **52. Attachments (Contractor)** ☐ Yes ☐No | |
|---|---|---|---|---|

## Appendix F
## Prior Authorization Request Form (DMS-80) – Submit Electronically

**PRIOR AUTHORIZATION REQUEST** FOR DMA USE ONLY *Include this number on all claim Forms*_____ PRIOR AUTHORIZATION NO _____

Alliant Health Solutions
P.O. Box 105329
Atlanta, GA. 30348

| | | | | |
|---|---|---|---|---|
| 1. Member Name (last, First, Middle Initial ) | | | | 2. Medicaid ID No. |
| 3.Birth date | 4.Sex | 5. Address | Nursing Home YES☐ NO☐ | 6. Telephone (Area Code/Number) |
| 7.Prescribing Physician/ Practitioner Name and Address | | | 10.Provider of Services(s) Name and Address | |
| 8. Medicaid Provider Number | 9. Telephone (Area Code/Number) | | 11. Medicaid Provider Number | 12. Telephone (Area Code/Number) |
| ☐ HOME HEALTH ☐ PODIATRIST Optometrist PHYSICIAN Psychologist ☐ DME/OP ODDS ☐ PHARMACY | | | | DEPT USE ONLY |
| 13. Authorization Period From: Through: | 14. Description of Service(s) Required | | | 15. Rec. Type 16. City. of Service |
| 17. Primary Diagnosis Requiring Service(s) | | | | 18. ICD9 CM |
| 19. Justification and Circumstances for Required Service(s) (Use separate page if necessary) | | | | |

STATEMENT OF SERVICE(S)

| LINE NO. 20 | 21. Description of Procedures, Drugs, Equipment or Other Services | 22. Procedure/ Drug Code | 23. Requested of Estimated Price Per unit | 24. Bill Units | 25. Months of Units of Service | 26. Units per Claim Max. | Min. | 27.Max. units per month |
|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| | | 28. PROVIDERS SIGNATURE | | | | | 29. Date Submitted | |

| | | |
|---|---|---|
| 30. REQUEST ☐Approved ☐Approved as Amended ☐Denied ☐Pending/Additional Information | 31. DMA SIGNATURE | 32. DATE APPROVED / / |
| 33. Explanation to Provider | | |

*Prior authorization is contingent on patient eligibility and provider's enrollment in the Medicaid Program

**Appendix G**
**Freedom Of Choice Program (Statement of Informed Consent)**

(Appendix G is available at www.gammis.georgia.gov; select Provider Information - Forms for Providers.
Spanish version also available.)

It is the policy of the state of Georgia that services are delivered in the last restrictive manner that addresses the service needs of the individual while enhancing the promotion of social integration. Further, it is the policy of the State to recognize the member's fill citizenship and individual dignity; providing safeguards to protect rights, health, and the welfare of members.

Based on these beliefs, the State of Georgia assures that potential members and their authorized representative(s) will be afforded an opportunity to make an informed choice concerning services.

Verification

I have verified that the member and his/her authorized representative have been informed about their choice in the manner outlined above.

_____ _____
Georgia Pediatric Program Provider Date

Acceptance

I and/or my authorized representative have been informed about their choices and have chosen to accept the program described in the Plan of Care.

_____ _____
Member Date

_____ _____
Authorized Representative Date

_____ _____
Witness Date

**Appendix G-1**
**Freedom Of Choice Program (Statement of Informed Consent)**

Refusal

I and/or my authorized representative have been informed of my choices to refuse GAPP services.

| | |
|---|---|
| _____ | _____ |
| Member | Date |
| _____ | _____ |
| Authorized Representative | Date |
| _____ | _____ |
| Witness | Date |

## Appendix G-2
## Freedom of Choice Form Instruction

### A. Purpose

The intent of this form is to assure that the member and their representative will be:

Informed of any alternative available under the Georgia Pediatric Program (GAPP) and

Given the choice of either institutional or home and community-based services.

The process assures that member and their representative can make an informed choice concerning services option(s). The presumption of the law is that a person may consent for him/herself. This presumption should be abandoned only when it is evident that the individual is not capable of doing so. The Georgia Pediatric Program (GAPP) has chosen to involve and recognize the rights of all members while at the same time protecting the rights of members through the request of concurrent consent by member's authorized representative.

Whomever is selected as authorized representative must meet the three tests for effect consent; that is, he/she must be competent, adequately informed about the factors involved in the decision and be knowledgeable about the person for whom consent is sought, and voluntary (free from coercion or conflict of interest). The authorized representative must act on the basis of the best interest of the person for whom his or her consent is sought. A suggested list of potential candidates for authorized representatives include but is not limited to the following: guardian or conservator, parent, member's spouse, adult next-of-kin, any reasonable relative, and attorney(s). In the absence of an available, suitable candidate an advocate appointed by the Georgia Advocacy Office may serve as the designated representative.

### B. Process

Step (1) Provide an overview of services options, noting pros and con's related to each option; this includes inherent and potential risks, benefits, and stigmas.

1. The content of the overview should make one reasonably familiar with service options.

2. The presentation of information should be designed to match the member's and/or his/her representative's level of comprehension.

3. Evidence of member/representative understanding of information should be evidenced in discussion of it.

Step (2) Once information has been provided and appears to be understood, the provider should verify that information has been provided appropriately and is understood. Once verified, the form should be signed at the designated sign-off under verification statement.

Step (3) Informed member/representative chooses a service option. The informed member/representative should sign under the appropriate statement that reflect their choice.

In cases where the individual member is a minor, and/or unable due to physical and/or mental causes to sign his/her name, and/or unable to legibly write his/her name, the member's name should be printed, above signature or mark, if any, and initialed by the member's authorized representative.

A witness should sign verifying both the member's and authorized representative's signature. The witness may be the provider or his/her authorized designee.

Step (4) Once the form is completed (signatures under appropriate statements); it should be attached to the Plan of Care.

**Appendix H**
**Medical Necessity Statement**
**Admission/Continued Stay**

(Appendix H is available at www.gammis.georgia.gov; select Provider Information - Forms for Providers.
Spanish version also available.)

MEMBER'S NAME: _____

MEMBER'S DOB: _____MEMBER'S MC NUMBER: _____
CHILD IN DFCS CUSTODY: Yes _____ No_____ Member's Weight:_____

NAME/ADDRESS OF DFCS WORKER:
_____

If renewal for continued stay, attach the most recent three months of clinical nursing notes, support personal personnel notes (if applicable), and supervisory visit notes.

Skilled Nursing Hours Currently Receiving: _____ PSS Hours Currently Receiving: _____

Are services being received from any Medicaid or other service program Yes_____ No _____

Services currently being provided: _____

Are services being provided by a family paid caregiver Yes _____ No_____

Is member in school: Yes _____ No____ Hrs /Day_____ IEP_____

Is there a personal nurse in attendance for member during school day Yes_____ No _____

If member is of school age and not in school, please provide rationale _____

Does member have private insurance: Yes _____ No _____

Are there other GAPP members in the home: Yes _____ No _____

Provide names if yes: _____
Caregiver has documented competence in member's care Yes_____ No_____
See PA# _____
Primary Caregiver Signature: ** _____ Date: _____
Printed Name: _____
Nursing Agency Signature: **_____ Date: _____
Printed Name: _____

**Signatures above are attesting that all information is accurate for the member referenced.
(REV 4/2018)

**Appendix H-1**
**Medical Necessity Statement Admission/Continued Stay**

Behavioral Health Aide Services

MEMBER'S NAME: _____

MEMBER'S DOB: _____ MEMBER'S MCNUMBER: _____

CHILD IN DFCS CUSTODY: Yes _____ No_____ Member's Weight: _____

NAME/ADDRESS OF DFCS WORKER: _____

If renewal for continued stay, attach the most recent three months of behavior health notes, as well as supervisory visit notes. Hours requested for Behavioral Health Aide Services

Are services being received from any Medicaid or other service program: Yes_____ No_____

Services currently being provided: _____

Is member in school: Yes _____ No _____ Hrs/Day_____ IEP _____

If member is of school age and not in school, please provide rationale _____

Does member have private insurance: Yes _____

No _____

Are there other GAPP members in the home: Yes _____

No _____

Provide names if yes: _____

Primary Caregiver Signature: **_____ Date: _____

Printed Name: _____

Nursing Agency Signature: **_____ Date: _____
Printed Name: _____

**Signatures above are attesting that all information is accurate for the member referenced.
(REV 4/2018)

**Appendix I**
**Letter of Understanding**

(Appendix I is available at www.gammis.georgia.gov; select Provider Information - Forms for Providers. Spanish version also available.)

As the primary caregiver (parent or guardian) for_____ Member, I understand the following policies of the Georgia Pediatric Program (GAPP) by completing this form:

**A. I understand that:**

I have a choice of Medicaid GAPP providers.

My child (the member) must require medically necessary skilled nursing care or medically necessary personal care support to be eligible for the program. Personal care services may consist of feeding, bathing, dressing, personal hygiene, assistance with mobility, light housekeeping around the member's personal space etc.

My child may receive all Medicaid State Plan services that are deemed medically necessary including both skilled and personal support services.

I have the right to be informed and participate in preparing the care plan and any changes in the plan as well as to include individuals of my choosing in the service plan development process.

This GAPP program is designed to assist me on learning the care of my child's medical condition.

The primary caregiver must be available and able to learn to participate in my child's (the member's) care.

Each member must have an attending physician or doctor of record who is involved in the initial and ongoing plan of care.

The individual named as emergency contact must be identified by name and with telephone contact information should the agency be unable to reach the primary caregiver. The emergency contact must be aware of his/her status and be prepared to act in this capacity.

GAPP services will be discontinued when the member (my child) no longer requires medically necessary services/personal care support or my child ages out of the program.

My child (the member) ages out of the GAPP program at 20 years 11 months; Katie Beckett Eligibility – ages out at 17 years and 11 months,

The provider (nursing agency) I choose may have certain requirements regarding my participation in my child's (the member's) treatment and enrollment with their agency.

I am responsible for my child's skilled needs while the Certified Nursing Assistant is in my home and providing unskilled care for my child.

All other sources of reimbursement such as primary insurance must be exhausted prior to seeking reimbursement from the Department of Community Health as Medicaid is the payer of the last resort.

I, the parent, or caregiver, must inquire and pursue other adult programs or waiver services for my child to transition at least 6 months to one year before my child ages out of the GAPP program.

| | | |
|---|---|---|
| _____ | _____ | _____ |
| Print Name of Member | Signature of Member's Caregiver or (Guardian) | Date |
| _____ | _____ | _____ |
| Print Name of Primary Caregiver | Signature of Primary Caregiver | Date |
| _____ | _____ | _____ |
| Print Name of Nursing Agency Representative | Signature of Nursing Agency (Representative) | Date |

**Appendix J**
**Required Provider Enrollment Documents (In-Home Skilled Nursing/PSS Care)**
COS 971 Georgia Pediatric Program (GAPP) – In-Home-Nursing

Provider's Name: _____
Provider Number: _____

The following information and/or documentation are required to complete the application in the Georgia Pediatric Program (GAPP) – In-Home Skilled Nursing/PSS Care:

_____ Provider Enrollment Application (DMA-253E)
*Must have the original signature of the applicant*

_____ Statement of Participation (DMA-253D)
*Must have the original signature of the applicant*

_____ IRS Form W-9
*If the designated payee is different from the applicant, a signed and notarized Power or Attorney for Payee (DMA-253G) must be completed. The payee on the W-0 must match the business name as registered with the IRS.*

_____ Attestation that participant has read the Policy and Procedure Manual for the GAPP

_____ Program. Power of Attorney for Payee (DMA-253G)
*When the payee is an entity other than the enrolling provider.*

_____ Electronic Funds Transfer Agreement (DMA-405) and Information (DMA-406) forms. Copy of Private Home Care Provider (Nursing Services) license.

_____ Copy of business license.

_____ Copy of nurse's license and resume or summary of nursing experience. Copy of Current CPR certification for each nurse must be updated annually. Statement for provisions for back-up coverage.

_____ Providers must attest the presence of a physical office facility.

_____ The office must have a physical address. If the office is located in a private residence, there must be a documentation of the actual office space and the provider's ability to secure all PHI information.

_____ The office must be accessible for State inspection.

_____ The office must be accessible for member visitation.

_____ The In-Home Nursing Care Provider Agency must be available for caregiver/member contact 24-hours per day/7 days per week.

**Appendix K**
**Billing Manual**

Refer to DCH's Part I Policies and Procedures for Medicaid/PeachCare for Kids

## Appendix L
## Georgia Families & NEMT

### A. Georgia Families and Non-Emergency Medical Transportation

For information on the Georgia Families or Non-Emergency Medical Transportation program, please access the overview document at the following link:

Georgia Families Overview:
https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/18/Default.aspx

Non-Emergency Medical Transportation Overview:
https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/18/Default.aspx

## Appendix M
## How to Attach Documentation to Requests

### A. Overview

Providers may attach documents to a prior authorization (PA) request when the PA is submitted, or attach documents to a request that was previously submitted with the following exceptions:

Hospital Outpatient Therapy

Medications PA (Physician and Facility)

Radiology PA (Physician and Facility) Additional Psychiatric/Psychological Services

Additional Office Visits

Swing bed Requests

For the above request types, all pertinent clinical information should be entered on the request forms and attachments are not permitted unless the attachment is part of a change request or reconsideration request.

### B. Attachment Guidelines

Documents may be attached to a PA request when the request is submitted and still pending, or to existing PA requests that are pending and not referred. Attachments may also be made to Change Requests and Reconsideration Requests.

In order to attach a document to a request, the document must be saved to one of the provider's system drives.

The following file types are acceptable for attachments: TXT, DOC, DOCX, PDF, TIF, TIFF, JPG, JPEG, and JPE.

The following symbols should not be included in the file name: \, /, #, <, >, ‘, “.

The name of the file to be attached cannot have the same name of a file that is already attached.

The file size for an individual attachment MUST be less than 20 MB in size; so, if a file is especially large, divide the file into two files.

Multiple documents may be attached to one PA request, although each file must be attached individually. In addition, the documentation that is attached should only relate to the member associated with the PA, and not relate to any other members.

### C. Attachment Instructions

Follow these instructions to attach documents to existing requests or to requests upon initial submission.

Previously Submitted Request:

1. Log into the Georgia Web Portal. On the Secure Home page, click the Prior Authorization link; and then select Provider Workspace from the drop list.

2. Click Attach Documentation to Existing Requests.

3. Search for and open the Review Request page for the PA to which a document or documents are to be attached. If files have already been attached to the request, the files will display in the Attached Files table.

4. If the PA request meets attachment criteria, the Attach File link will be available.




5. Click attach file, and on the page that displays, go to the Create an Attachment section.

New PA Submission:

1. Log into Georgia Web Portal. On the Secure Home page, click the Prior Authorization link; and then select Submit/View from the drop list.

2. Complete the PA request and click Submit Request.

3. On the page that displays after clicking Submit request, go to the Create an Attachment section.

Under Create an Attachment, click Browse to open the file directory.

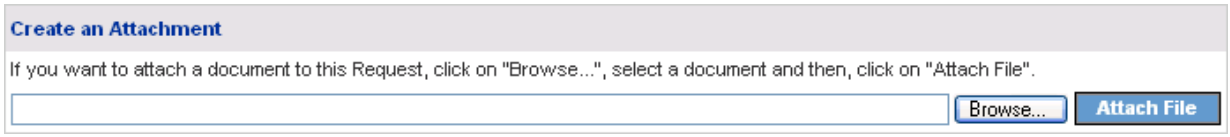



Figure 2 Create an Attachment

Find the file that is to be attached. Select the file by double clicking the file or highlighting the file and click Open.

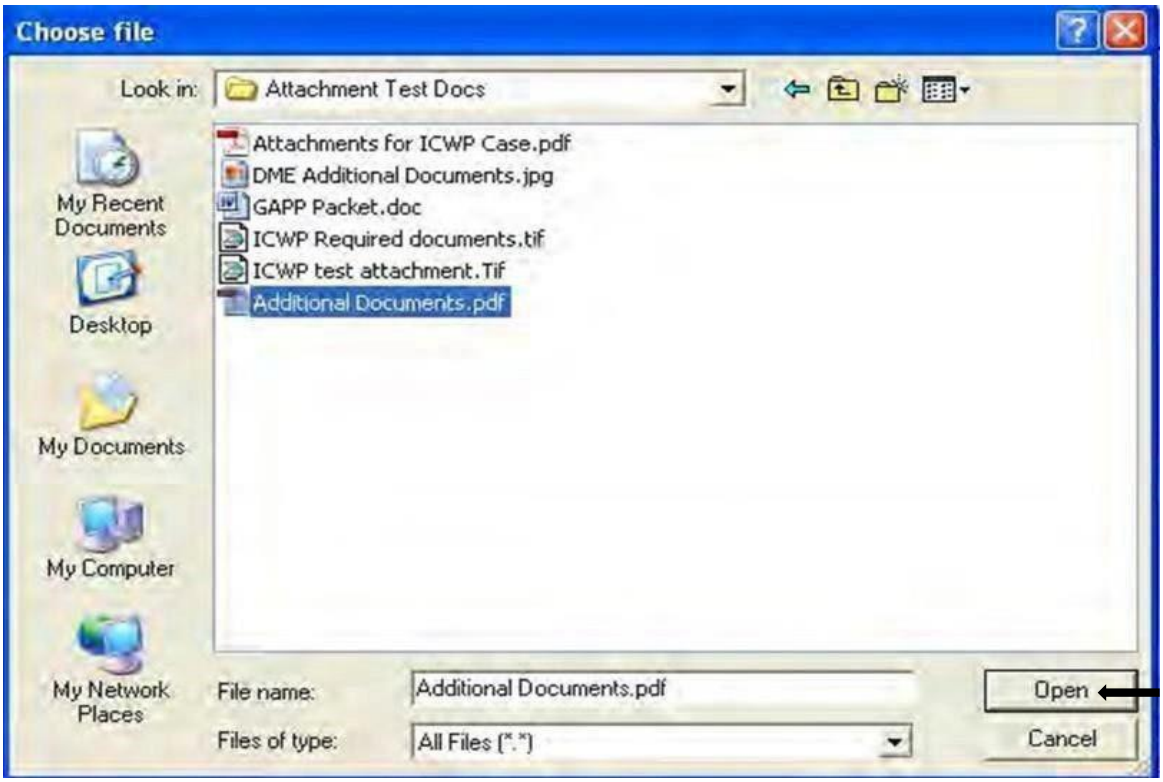



Figure 3 Find File

Once the file is selected, it will display in the box next to browser. To attach selected document, click the Attach File button.

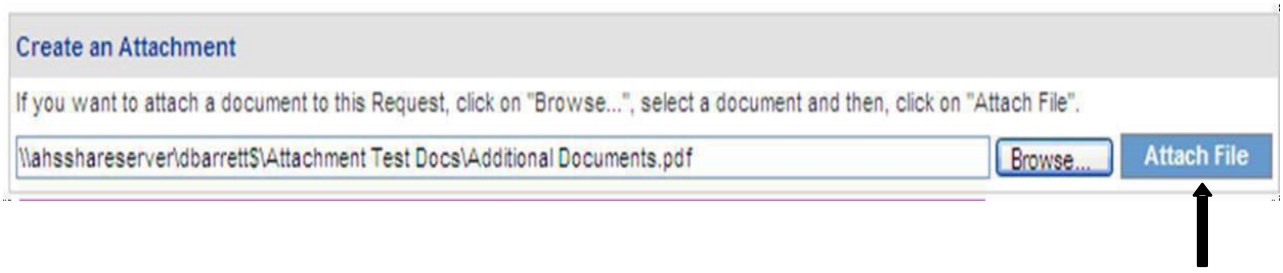



Figure 4 Attach File

If the file is uploaded, the 'File uploaded successfully' message displays, and a link to the attachment will display in the Attached File table.

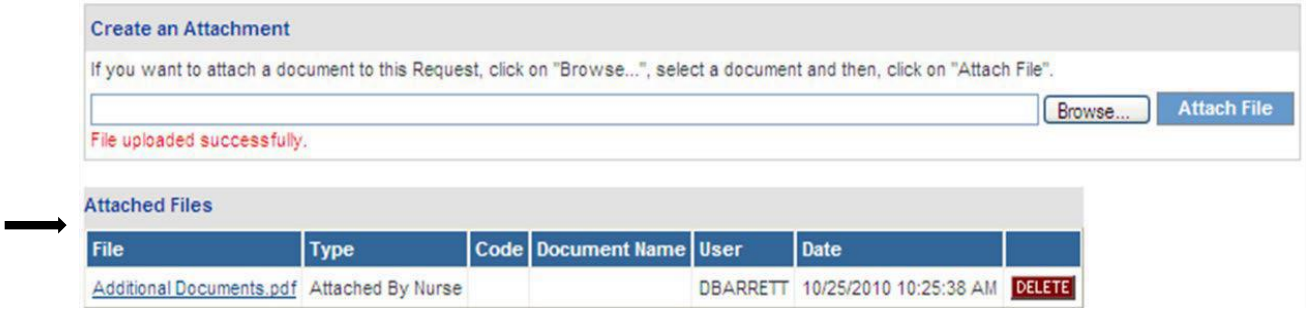



Figure 5 Files Attached

For some request types, the "type" of each required document displays next to a checkbox. The purpose of the checkbox is to associate the actual file attached with the specific additional information required by policy. The following request types have document type checkboxes:

1. Durable Medical Equipment (DME) (depends on procedure codes requested)
2. Children's Interventions Services (CIS)
3. Georgia Pediatric Program (GAPP)
4. Independent Care Waiver Program (ICWP)

Refer to the figure below for examples of the checkboxes for these PA types.

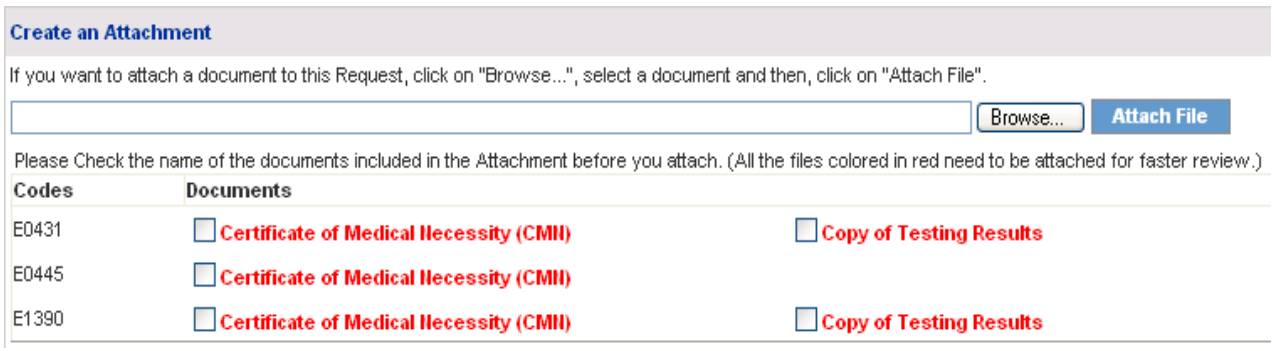



Figure 6 DME Checkboxes for Oxygen Codes

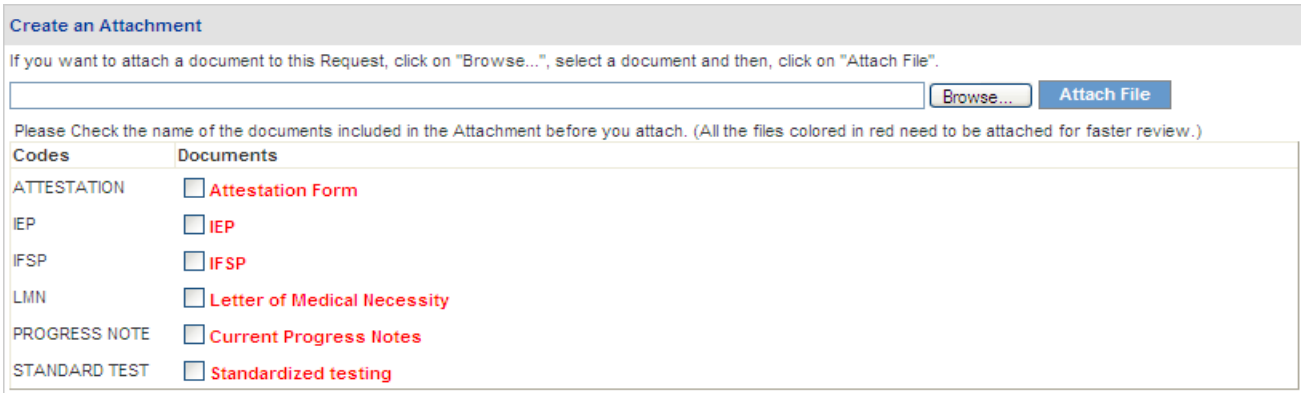



Figure 7 CIS Checkboxes

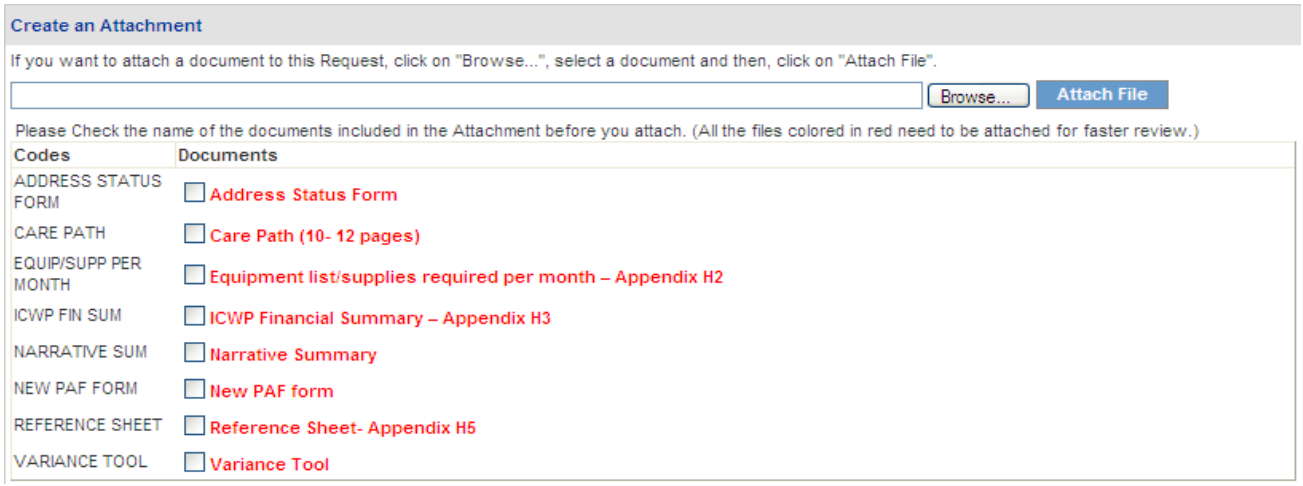



Figure 8 ICWP Checkboxes

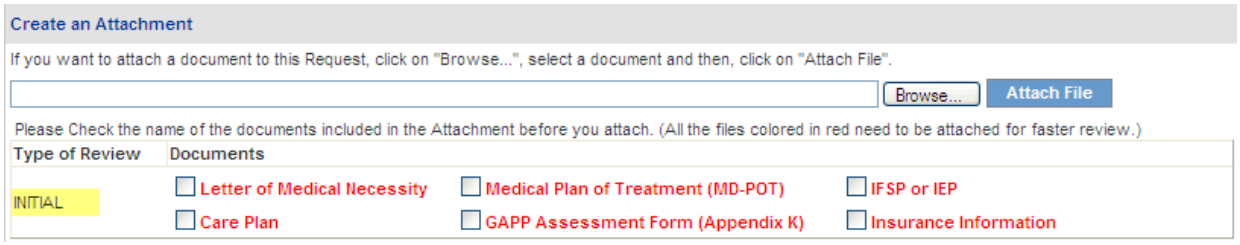



Figure 9 GAPP Initial Request Checkboxes

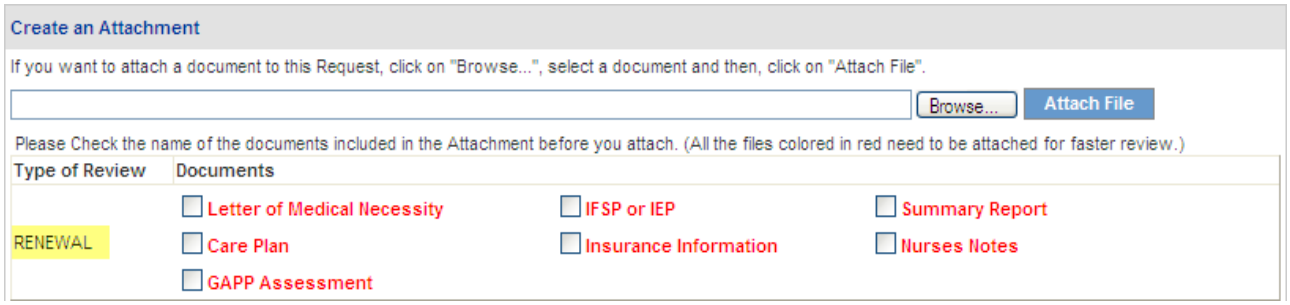
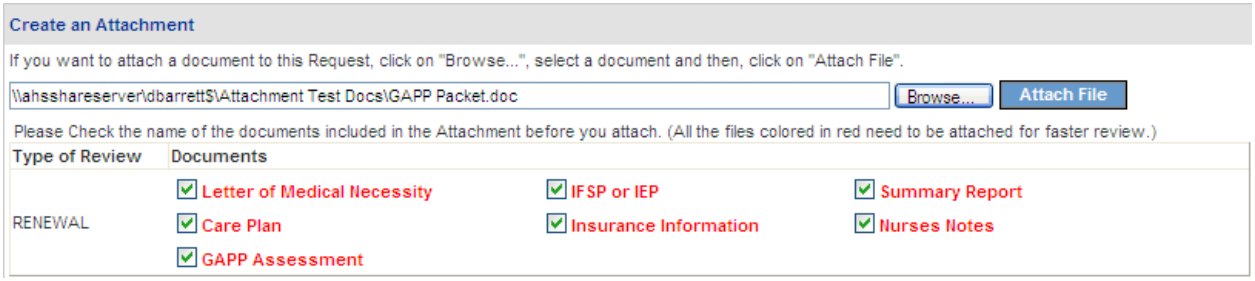



Figure 10 GAPP Renewal Checkboxes

To attach a file or files to a PA with document type checkboxes, first determine if one file that includes all the required information is to be attached, or individual files are to be attached.

One Attachment for all Checkboxes:

1. If one file is to be attached and that file includes all the required information, click all the checkboxes, and then attach the OneFile.




File 11 Select All Checkboxes

2. If the attachment is successful, a 'file upload' message displays. The attached file is added to the Attached Files table; and the file is associated with each document type.

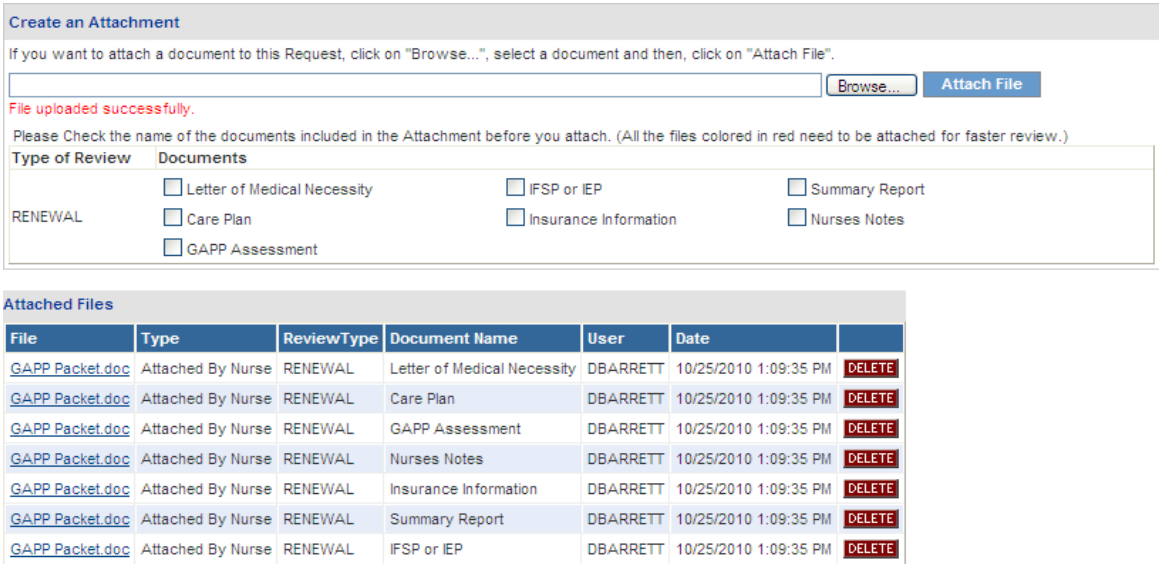



Figure 12 One File for All Checkboxes

Multiple Attachments:

1. When more than one file is to be attached, first click applicable checkbox or checkboxes related to the first file.

Figure 13 Select Checkboxes

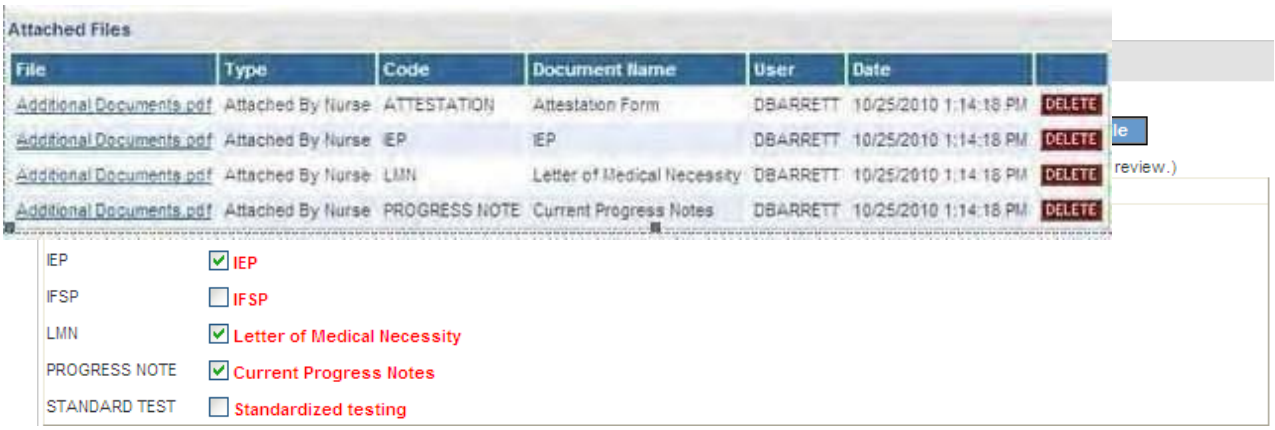



Figure 14 First File Attached

2. To attach another file, repeat the same process. Select the check box or checkboxes and then attach the file.

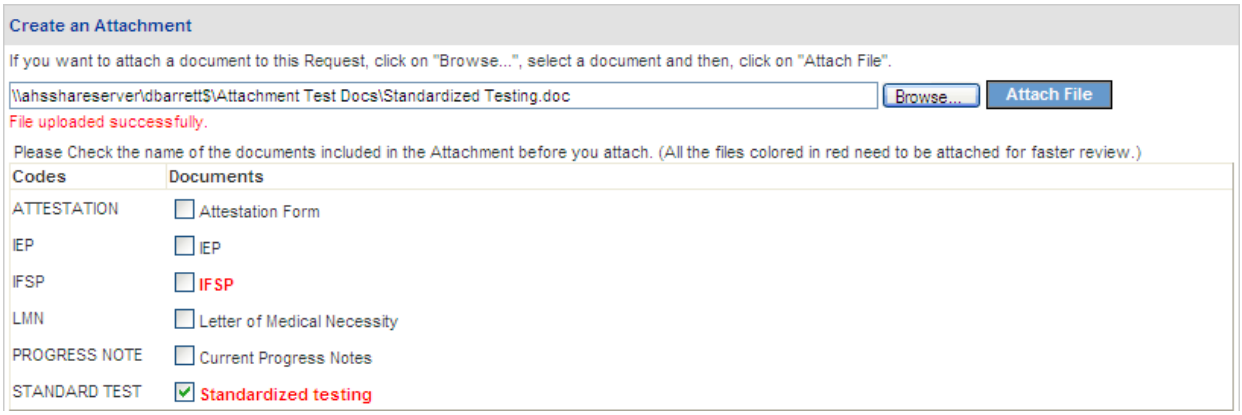



Figure 15 Attach a Different File

3. The checkbox that was not selected will still display in red indicating no attachment for that document type.

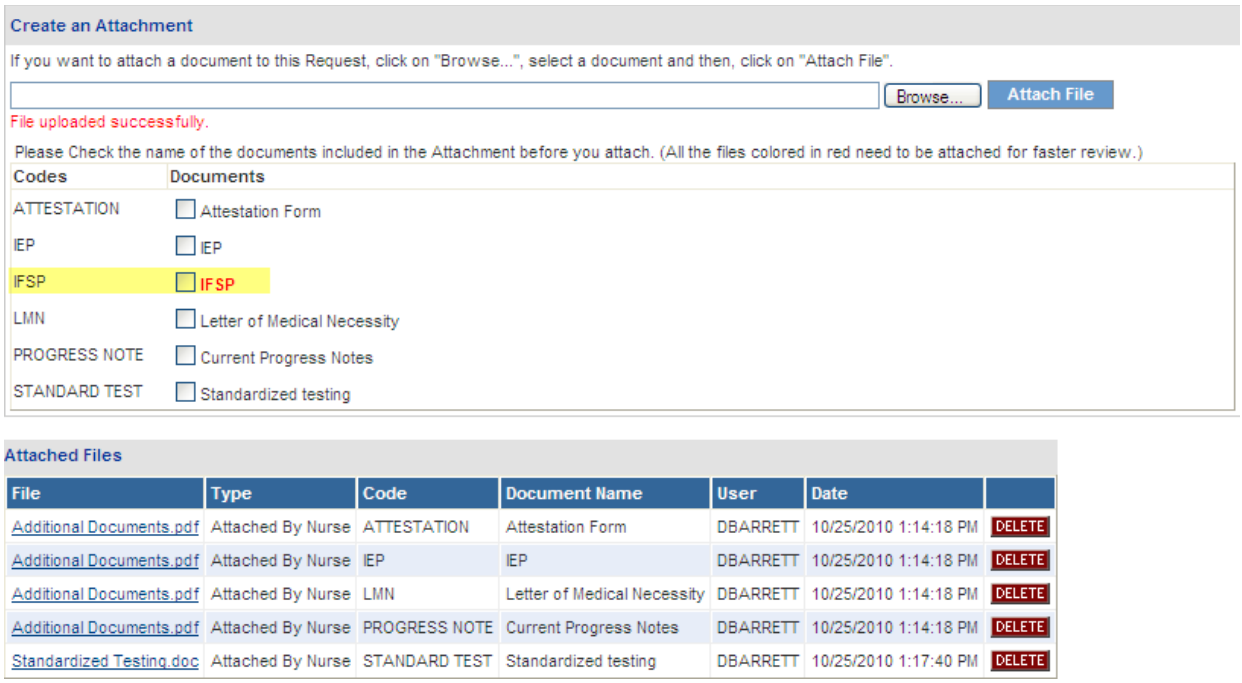


Figure 16 Checkbox in Red Font

**Appendix N**
**GAPP Admission/Continued Stay**

Checklist
NOTE: THIS DOCUMENT MUST BE SUBMITTED WITH ALL GAPP PA REQUESTS

Member's Name: _____

Member's Address: _____

Member's Medicaid Number: _____

Parent/Guardian: _____

If member is in foster care or DFCS Custody, only a DFCS representative must sign all paperwork except the Caregiver Competency checklist.

DFCS County: _____
DFCA Address: _____
DFCS Supervisor that will be required to sign all paperwork: _____
_____

Physician's Name and Address:
_____

A complete packet must be submitted for a review <u>for admission or continued stay in the GAPP program and must include:</u>

_____Physician Plan of Treatment- Appendix T (required for submission)
_____Letter of Understanding (yearly) (must be in member's record)
_____Freedom of Choice Form (yearly) (must be in member's record)
_____Current IEP (if there is one)
_____Attestation for Transfers and Shared Hours-Appendix V (must be in member's record)
_____Caregiver Skills Checklist Teaching Plan for Skilled Nursing (required for submission)
_____Most recent 3 months of Narrative Nursing notes (most recent 3 months of PSS notes is optional but send documentation of PSS Tasks performed) (required for submission)
_____Medical Necessity Statement for Admission or Continued Stay (required for submission)
_____Seizure Logs (if requesting hours for seizure activity) (required for submission)
_____Physician Office Visit Notes (required for submission)
_____60 Day Summary (required for submission)
_____Nursing Care Plan (required for submission)
_____Supervisory Visit Notes (required for submission)

Name of Nursing Agency: _____

Nursing Agency Representative:_____

Date of Complete Packet:_____ Admission:_____

**Appendix O**
**GAPP Admission/Continued Stay for Behavioral Health Aide**

Checklist

NOTE: THIS DOCUMENT MUST BE SUBMITTED WITH ALL BEHAVIORAL HEALTH AIDE REQUESTS

Member's Name: _____
Member's DOB: _____

Is this member currently enrolled in school? Y / N

If yes, please include the member's school schedule in the box below labeled Schedule of Other Services.

If no, please provide a rationale as to why the member is not enrolled in school: _____

_____
_____

Other services this member receives: ABA / Speech Therapy / OT / None

| **Schedule of Other Services** | | |
|---|---|---|
| **Service** | **Date/Time** | **Location of Service** |
| (Example) ABA | Mon-Fri 8:00am-3:00pm | Clinic |
| | | |
| | | |
| | | |
| | | |
| | | |

| **Schedule of Behavior Support Services** | |
|---|---|
| **Date/Time** | **Location of Service** |
| (Example) Mon-Fri 8:00am-3:00pm | Clinic |
| | |
| | |
| | |
| | |
| | |

A complete packet must be submitted for a review for admission or continued stay in the GAPP program and must include:

_____ Psychological Diagnostic Evaluation
_____ Behavior Intervention Plan (**Review Appendix W for behavior plan requirements**)
_____ Monthly Fidelity Checks
_____ Letter of Medical Necessity/Referral/Rx

_____ _____
BCBA Signature Date

**Appendix O-1**
**Sentinel Event Documentation**

**Member Name:** _____ **Member Medicaid Number:** _____

**Provider Name**:_____ **Provider ID Number**:_____ **MFDC**_____**HSN** _____

**Provider Address** _____

**Sentinel Event: Date/Time**:_____ **Date of Report**:_____

**Date submitted to DCH Program Specialist/Alliant Health Solutions GAPP nurse**:_____

**Provider representative submitting report:**

**Location of Incident:** _____

**County of Incident Occurrence**_____

*Abuse, potential abuse or member injury/death identified: □ yes □ no*

Sentinel Event Type:

☐Inappropriate behavior
- ☐Member eloped
- ☐Self-injurious behavior
- ☐Verbal altercation
- ☐Physical altercation
- ☐Illegal/inappropriate substance use
- ☐Inappropriate sexual behavior

☐Injury
- ☐Resulting in ER visit
- ☐Not resulting in ER visit

☐Death of member
- ☐Self-neglect
- ☐By another person

☐Major Medical Change/Hospitalization/ER
- ☐Medication Error

☐Sexual Harassment
☐Substandard Living Conditions
☐Unmet Needs
☐Failed Emergency Back-Up Plan for Care
☐Inability to cover approved hours (> than 10 consecutively scheduled shifts)
☐Other

Detailed Sentinel Event Description:

Adverse outcomes related to the event: (Any injuries?) Describe in detail.

Witness to the event:

Action taken by Nursing Agency at time of event:

Action Plan: (How can you prevent this from happening in the future?)

Resolution or Outcome:

☐Resolved at the time of report
☐Unsubstantiated with investigation
☐Child Protective Services referral made
☐Law Enforcement referral made
☐Caregiver/client mediation by agency or other party
☐Corrective Action Plan by agency
☐F/U appointment scheduled with PCP
☐Member/family/caregiver conference held
☐Member treated at hospital

☐Member admitted to hospital
☐Member referral for other community service(s)
☐Nursing agency to request an increase/decrease in services
☐Nursing agency to increase number of monitoring/supervision visits
☐Nursing agency addressed with circle of support and requested increased oversight
☐Crisis Intervention Plan developed and initiated
☐Warning letter regarding consequences of non-compliance sent to parent/legal guardian
☐Safety check evaluation of home completed, and additional safety measures initiated
☐Emergency Back-Up Plan Revised
☐Member services re-brokered:
☐Skilled Nursing/PSS Services
☐Home Health Aid
☐Other: _____

*Process Improvement:*

What processes were instituted to evaluate the effectiveness of the action plan and reduce risk to the member?

_____
_____
_____
_____
_____

Define the follow-up time frames for evaluating effectiveness of processes.

_____
_____
_____

*Notification:*

Supervisor notified:
□yes □ no Name: _____Date: _____ Time: _____
Physician notified:
□yes □ no Name: _____Date: _____ Time: _____
Guardian or Family notified:
□yes □ no Name: _____Date: _____ Time: _____
DCH notified:
□yes □ no Name: _____Date: _____ Time: _____
Alliant Health Solutions notified:
□yes □ no Name: _____Date: _____ Time: _____
Other agencies notified:
□yes □ no Name: _____Date: _____ Time: _____

Follow-Up Date:_____

Personnel involved in Follow-Up:
☐Nursing Agency Supervisor
☐Skilled Nurse

Outcome:
☐Problem continues New Action Plan Initiated Date: _____
☐Problem Resolved Date: _____
☐Comments:_____
_____
_____

Signature of Nursing Agency Representative: _____ Date: _____

**APPENDIX P**
**List of Medicaid Approved GAPP Providers**
**(Updated 6/1/2025)**

A List of Medicaid Approved GAPP Providers available at www.gammis.georgia.gov

- Select **Provider Information**
- Select **Forms for Providers**
    - In drop-down menu, Query "GAPP-Georgia Pediatric Program"
- Select **GO**

OR

- scollins@dch.ga.gov

OR

- GAPP.inquiries@dch.ga.gov

Rev. 07/2025

## Appendix Q
## Adherence To GAPP/Medicaid Policy

**A. Update for Providers**

Effective January 1, 2018, the Department will institute a reporting system on any violations of Part II, Policies and Procedures for the Georgia Pediatric Program (GAPP) and/or Part I Policies and Procedures for Medicaid/PeachCare for Kids.

Providers will be notified of any violations noted and this information will be compiled on a quarterly basis for both Providers and the Department review.

**Appendix R**
**GAPP Transfer Request Form**

(Appendix R is available at www.gammis.georgia.gov; select Provider Information - Forms for Providers. Spanish version also available.)

Date of Transfer Request: _____

Member's Name: _____

Member's DOB: _____

Member's Medicaid #: _____

Current GAPP Agency: _____

Contact Name and Phone #: _____

Current GAPP Hours Approved: _____

Current PA Expiration Date: _____

Date of Appendix Submission: _____

Reason for Transfer: _____

_____

_____

Receiving GAPP Agency: _____

Date of DMA 80Submission: _____

Caregiver's Name (Print): _____

Caregiver's Signature*: _____

Caregiver's Phone Number: _____

Date: _____

*Caregiver's Signature allows for current agency to share documents with another GAPP provider for the sole purpose of transferring hours.

**Appendix S**
**GAPP SHARED HOURS REQUEST FORM**
**(Attach this form to the Agency's PA's)**

(Appendix S is available at www.gammis.georgia.gov; select Provider Information - Forms for Providers. Spanish version also available.)

Member's Name: _____

Member's DOB: _____

Member's Medicaid #: _____

Current GAPP Hours Approved: _____

GAPP Agency One: _____

Contact Name and Phone #: _____

Number of Hours Requested: _____

GAPP Agency Two: _____

Contact Name and Phone #: _____

Number of Hours Requested: _____

Current PA Expiration Date: _____

Shared Hours Start Date: _____

Caregiver's Name (Print): _____

Caregiver's Signature*: _____

Caregiver's Phone Number: _____

Date: _____

*Caregiver's Signature allows for current agency to share documents with another GAPP provider for the sole purpose of transferring hours.

**Appendix T**
**Physician Plan of Treatment**
*Must be submitted with each initial and recertification request

Member Name:_____ Member Medicaid Number: _____

Number of Hours recommended: Skilled Nursing/week _____ Personal Care Support/week _____

Member's Primary Diagnosis: _____ Member's Weight: _____

Medications:

Scheduled:

| Medication | Dosage | Route | Frequency |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

PRN:

| Medication | Dosage | Route | Frequency |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

DME and Supplies:
_____
_____

Functional Limitations:
_____
_____

Nutritional Requirements (Frequency/Route):

| Feedings -- Route (P0, GT, IV) | Amount | Frequency |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Orders and Treatments (Specify Amount/Frequency/Duration):

Vital Signs:_____
Neuro:_____
Cardiovascular:_____
Respiratory:_____
Gastrointestinal:_____
Genitourinary:_____
Integumentary:_____
Musculoskeletal:_____

Home Health Aid Orders:

_____

*Physicians must submit any office notes to support medical necessity of hours requested.*

Physician's Signature:_____ Date:_____

Printed Name:_____

**Appendix U**
**Caregiver Attestation Form for Transfer of Member and/or Shared Hours**

(Appendix U is available at www.gammis.georgia.gov; select Provider Information - Forms for Providers. Spanish version also available.)

**A. Notification**

My provider has notified me that I have the Freedom of Choice of providers and may transfer my Services to another GAPP approved agency.

My provider has also notified me that I can request that my hours be shared with another GAPP Provider agency.

Signature of Caregiver: _____

Printed Name of Caregiver: _____

Signature of GAPP Agency Personnel: _____

Printed Name of Agency Personnel: _____

**Appendix V**
**Seizure Observation Log**

Name: _____ Age: _____

All sections should be completed for each seizure that occurs.

| Date | Time | Seizure Duration (seconds/ minutes) | Type of Seizure | Intervention Required | Response by Member | Name of person reporting the seizure |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## Appendix W
## Behavioral Support Aide Services

### A. General

Effective 4/1/2023, the Department added the option to apply for Behavioral Support Aides Services under the Georgia Pediatric Program (GAPP).
Behavioral Support Aides Services are provided to eligible members and will require prior authorizing based on medical necessity. Behavioral Support Aides provide one-on-one, face-to-face behavior management interventions and stabilization services in home or community settings designed to teach and reinforce behavioral goals through training and direct support. These services are a combination of learning based on systemic interventions and strategies to assist the individual with the management of challenging behaviors that interfere with activities of daily living, social interactions, work, or similar situations with the outcome of the individual learning new skills and reducing or replacing problem behaviors. Services are authorized for individuals whose challenging behaviors are dangerous or disruptive and present a risk to the health and safety of the individual, their peers, and others with a level of interruption to daily activities and community integration.

A Positive Behavior Support Plan is used to address challenging behaviors that occur with interventions tied to
specific goals and objective(s). The purpose of a Behavior Support Plan is to improve behaviors.

### B. Services

Behavior Support Aides Service delivery includes structured tasks that consist of a comprehensive functional behavioral assessment of challenging behavior(s). The comprehensive functional behavioral assessment consists of direct observation, data collection, analysis, graphing, and development of a behavior support plan. The results of the comprehensive functional behavioral assessment are used as the foundation of the Positive Behavior Support Plan and allows the practitioner to provide competency-based training to identified professional and supervisory staff responsible for training direct support staff/informal care providers. The behavior support plan will undergo routine review of behavior plan efficacy and adjustments to the plan will be made based on review findings. These services are provided in settings where problem behaviors occur that may include residential or other community settings including, but not limited to, an individual's home, behavior support aide's office, outpatient clinics/facilities in which Community Access Services or Prevocational Services are provided, or Support Employment work sites.

Exclusion: Please note that the school setting is not allowed since it would be duplicative of requirements of the IDEA Act.

Exclusion: Family Care Option is not available for behavioral Health Aide Services.

Behavioral Support Aide Services are provided to eligible members based on medical necessity. Behavioral Support Aides utilize clinically validated practices to identify functions of target behaviors. Behavioral Support Aides monitor the member's behavior, assist with crisis intervention, provide social skills training, prevent the occurrence of problem/challenging behaviors, utilize crisis intervention strategies, teach appropriate functionally equivalent replacement behavior, react therapeutically to problematic behavior, and assess the success of the intervention through progress monitoring. Family support services aid the parent/primary caregiver with knowledge and skills to address specific behavioral and/or developmental treatment needs.

**C. Staff Qualifications**

The service provider must engage qualified and experienced staff to render services in accordance with currently accepted standards of medical practice.

The following practitioner types are authorized to provide Behavioral Support Aide Services under an approved prior authorization.

Registered Behavior Technician (RBT):

Paraprofessional who implements the service plan under supervision of a Board-Certified Behavior Analyst (BCBA/BCBA-D) or Certified Assistant Behavior Analyst (BCBA) Education and Training Requirements: High School Diploma or Equivalent and Completion of 40 hours RBT training course. Must be supervised by a Board Certified Behavior Analyst (BCBA/DCBA-D) or a Certified Assistant Behavior Analyst (BCBA).

Certified Nursing Assistant (CNA), trained by a BCBA:

Education and Training Requirements: Certified Nursing Assistance Certificate or pass status for a written competency examination approved by the National League of Nursing, Community and Home Accreditation Program (CHAP); or Joint Commission on Accreditation of Healthcare Organization (JCAHO); or National Home Care (NAHC).

Supervision (Effective July 1, 2023)

RBT must be supervised by either a BCBA/BCBA-D

**D. Prior Approval**

The Alliant Health Solutions Medical Review Team is responsible for reviewing prior approval for Behavioral Support Aides Services. The Medical Review Team will approve or deny admission for Behavioral Support Aides Services utilizing the policies as established by the Department.

The following documents are required to be completed as part of the application for Behavioral Support Aides Services:

Behavior intervention plan:

1. Written by the BCBA overseeing the behavior support services
2. Background information
    a) Demographic information
    b) Diagnostic history
    c) Medical history/medications
    d) Living situation
    e) School information
        (i) If member is school-aged and not in school, include justification or rationale on why member is not in school.

f) Other services/schedule of other services

3. Functional behavior assessment

    a) Identification of target behaviors

    b) Operational definitions for all behaviors

    c) Function(s) of the behaviors

    d) Treatment strategies

        (i) Antecedent strategies

        (ii) Consequence strategies

        (iii) Protocol for how RBT/CNA is responding to instances of behavior

4. Behavior reduction goals

    a) Baseline data

        (i) Baseline is a data measurement that is collected prior to intervention that provides a starting point for comparison. This data must be measurable and indicate the member's initial of responding directly related to treatment plan goals.

    b) Mastery criteria

5. Behavior reduction graphs

    a) Graphs must include initial baseline, and graphic display of progress since the intervention was initiated. Interventions over long periods of time should be consolidated to weekly/monthly/ etc. units of measurement or otherwise adjusted to be all inclusive of data collected.

    b) Phase change lines or other indicators should be used to separate baseline data from intervention data as well as any changes to the intervention and/or varying levels of service.

    c) Maximum number of three (3) behaviors or targets on a single graph.

6. Replacement behavior goals

    a) Baseline data

    b) Mastery criteria

7. Skill acquisition goals specifically related to the problem behavior

    a) Activities of daily living

b) Social interactions

c) Employment (if applicable)

8. Skill acquisition graphs

    a) All graphs must be legible with the x axis (horizontal) of the line graph labeled with session dates and the y axis(vertical) of the line graph providing the quantifiable measurement of the behavior that was recorded.

    b) The line graph should be in a ratio of 2:3 (i.e., If the y axis is 4 inches, the x axis should be 6 inches).

    c) Condition labels and legends should be utilized when more than one goal is being graphed.

    d) Maximum number of three (3) behaviors or targets on a single graph.

9. Reinforcement assessment

    a) Identification of preferred items and activities

    b) Schedule of reinforcement

10. Caregiver goals directly related to the problem behavior, not attendance or participation

    a) Baseline data

    b) Mastery criteria

Monthly fidelity checks

1. Should be conducted for all behaviors targeted for reduction and for replacement behaviors
2. Description of procedures observed
3. Date, location, start and end times

Coordination of care with other providers

1. ABA provider
2. Speech therapist
3. Occupational therapist

Crisis plan

Transition plan

BCBA signature

Psychological diagnostic evaluation

Letter of Medical Necessity/Referral/RX

All required information should be submitted at least thirty (30) days prior to the intended date of initiation of services and/or renewal of ongoing services.

## E. Documentation Requirements

All Behavior Support Aides Service Providers must document the following in the record of each individual receiving behavioral support aide's services:

Specific task/activity or assistance provided including assessment, plan development,

intervention and methods outline, data tracking methods, analysis and intervention

Date, beginning and ending time when the service was delivered.

Location where the service was delivered.

Description of behaviors in observable, measurable terms with frequency, precipitating events, and tracking methods.

Progress toward individual goal(s) and desired outcome(s) in the individual's behavioral plan.

Description of outcomes specific to each intervention to include, but not limited to, behavioral changes, ability to increase community integration, acquisition of new skills, improvement in quality of life or other positive outcomes.

Attestation of service delivery through signature and legible printed first and last name and title/description of in person providing the service.

## F. Reimbursement

Reimbursement will not be authorized for services rendered prior to the authorized start of care date shown on the DMA-80. A system-generated letter of notification (LON) will be sent to the provider agency.

Notification will also be forwarded regarding disapproval of services through certified mail to the member's legal guardian. The provider agency will receive notification through the web port and the member's physician will be notified by regular mail.

Codes and rate of reimbursement for behavioral support aides' services:

| | | |
|---|---|---|
| Billing Code | - | S9122 U1 |
| Rate of Reimbursement | - | $6.63 per 15-minute unit |