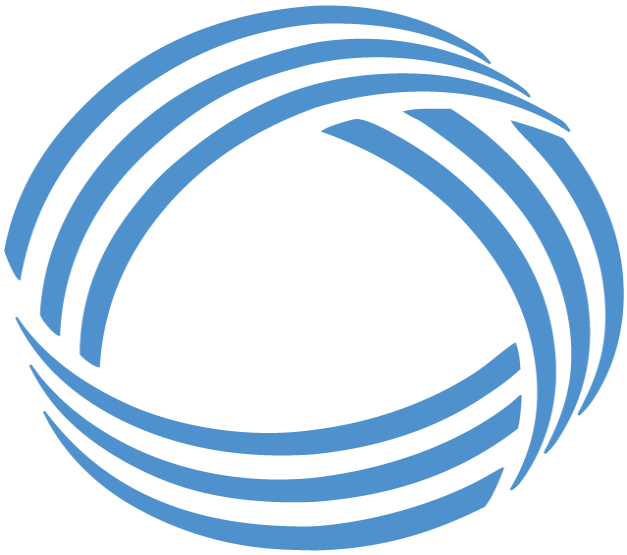
# PART II

# POLICIES AND PROCEDURES

# for

# GEORGIA PEDIATRIC PROGRAM (GAPP)

# IN-HOME NURSING



**GEORGIA DEPARTMENT OF COMMUNITY HEALTH**

DIVISION OF MEDICAID

Revised: January 1, 2024

**Georgia Pediatric Program (GAPP) Manual**

Policy Revisions Record
Part II Policies and Procedures Manual for GAPP Services

| REVISIONDATE | SECTION | REVISION DESCRIPTION | REVISION TYPE<br>**(A)**=Added (**D)**=Deleted **(M)**=Modified | CITATION<br>(Revision required by Regulation, Legislation, etc.) |
|---|---|---|---|---|
| 04/01/2019 | Chapter 800 | | Clarified the requirements for submission of a short-term prior approval request. | |
| 04/01/2019 | Chapter 600 | | Attendance requirements for GAPP provider teleconferences | |
| 07/01/2019 | Chapter 600 | Section 601.1 | Autism Spectrum Disorder Program | |
| 07/01/2019 | Chapter 800 | Section 801.2A | Removed reference to private insurance | |
| 07/01/2019 | Chapter 800 | Section 802 | Reminder that only physician can sign the Appendix I and PPOT | |
| 07/01/2019 | Chapter 800 | Section 802-LON | Clarified that if two providers are sharing the member hours, make a notation why member file has copied documentation | |
| 07/01/2019 | Chapter 800 | Section 803A | Clarified that member will only get a certified letter if the requested hours have not been approved. | |
| 07/01/2019 | Chapter 800 | Section 803.2 | Removed requirement to submit primary, insurance benefits pages. Added reference to Part I requirements for TPL. | |
| 07/01/2019 | Chapter 900 | Section 905.11 | Changed requirement to Appendix J – Letter of Understanding is only required annually. | |
| 07/01/2019 | Appendix 1a | | Removed requirement to require submission of member's benefits pages. | |
| 07/01/2019 | Appendix S | | Removed requirement to attach primary insurance benefits. | |
| 07/01/2019 | Chapter 800 | Prior Approval | Modified the length of GAPP prior approvals. | |
| 10/01/2019 | Page VIII - 2 | Chapter 800 | Effective October 1, 2019, PA's will be approved for medical necessity to provide skilled nursing and personal care support | |
| 10/01/2019 | Page VIII – 9 | Chapter 800 | Effective October 1, 2019 – If a member desires to transfer to another agency, please complete the "Transfer and Sign Form." See Appendix W | |
| 09/01/2019 | Page VIII – II | Chapter 800 | Agency must share information at time of transfer | |
| 09/01/2019 | Appendix W | | Updated "Transfer Request Form" to have parent/guardian signature allow transfer of document | |
| 09/01/2019 | Appendix X | | Developed "Shared Hours Request Form" to allow for sharing of documents | |
| 10/01/2019 | Appendix Y | | Added Generic PPOT for optional use | |
| 10/01/2019 | Chapter VIII | Page 5 | Removed requirement to request holiday hours | |

**Georgia Pediatric Program (GAPP) Manual**

Policy Revisions Record
Part II Policies and Procedures Manual for GAPP Services

| REVISIONDATE | SECTION | REVISION DESCRIPTION | REVISION TYPE (A)=Added (D)=Deleted (M)=Modified | CITATION (Revision required by Regulation, Legislation, etc.) |
|---|---|---|---|---|
| 10/01/2019 | Chapter VIII | Page 5 | Removed requirement to request holiday hours | |
| 01/01/2020 | Appendix S | Page VIII – 4 | Clarified that both skilled nursing notes and personal care support activities must be documented | |
| 01/01/2020 | Appendix @ | Page VIII – 109 | Clarified Transfer process of member within the same agency and transfer to another agency | |
| 01/01/2020 | Section 905.8 | | New requirements for LPN and Aide Supervision | |
| 04/01/2020 | Chapter 800 | Page VIII-9 | SOC date becomes the date of the LON | |
| 04/01/2020 | Chapter 800 803.2B | Page VIII – 14 | Change requests for additional hours must submit an updated App I -**OR**- an updated, signed PPOT | |
| 07/01/2020 | Appendix I | Page 3 | Removed Appendix I. Document no longer required | |
| 07/01/2020 | Appendix Z | Page 3 | Added Caregiver Attestation Form | |
| 07/01/2020 | Appendix AA | Page 3 | Added Seizure Observation Log | |
| 07/01/2020 | Chapter 600 | Section 602 | Providers missing more than 2 GAPP Provider Teleconference calls are subject to adverse action | |
| 07/01/2020 | Chapter 600 | Section Reports | Appendix D must be submitted no later than the end of the month when discharging a member | |
| 07/01/2020 | Chapter 600 | Section A | Added paragraph stating members can share hours between two GAPP agencies | |
| 07/01/2020 | Chapter 800 | Section 801 | Added that Alliant MRT has discretion regarding the approval periods for a PA | |
| 07/01/2020 | Chapter 800 | Section 802 L | Allow Providers to send either hospital discharge summary or hospital progress notes for members hospitalized greater than 30 days | |
| 07/01/2020 | Chapter 800 | Section 803 C | Clarified that caregiver receives adverse action letter by Certified Mail | |
| 07/01/2020 | Chapter 800 | Transfer of PA | Clarified that the App. W – Transfer Request Form can be attached to the DMA6A or DMA 80 | |
| 07/01/2020 | Chapter 800 | Transfer of PA | Removed Appendix I from required documentation | |
| 07/01/2020 | Chapter 800 | Page VIII – 10 | Clarified that Providers need to notify caregivers of the Transfer Policy and ability to share PA's | |
| 07/01/2020 | Chapter 800 | Page VIII – 10 | Providers must notify Alliant and DCH if they cannot provide approved hours | |

| REVISIONDATE | SECTION | REVISION DESCRIPTION | REVISION TYPE (A)=Added (D)=Deleted (M)=Modified | CITATION (Revisionrequiredby Regulation,Legislation, |
|---|---|---|---|---|
| 07/01/2020 | Chapter 800 | Page VII – 11 | Transferring agency must send PPOT to the receiving Provider | |
| 07/01/2020 | Chapter 900 | Section IV | Providers must provide attestation that new employees have read GAPP policy | |
| 07/01/2020 | Chapter 900 | Section 905.2c | Providers may us Appendix Y as their PPOT | |
| 07/01/2020 | Chapter 900 | Section 905.3 | Providers may use Appendix AA as a generic Seizure log | |
| 07/01/2020 | Appendix I | | Removed requirement to submit Appendix I | |
| 07/01/2020 | Appendix K | | Removed Providers enrollment requirements to meet ADA requirements | |
| 07/01/2020 | Appendix S | | Added requirement to submit Appendix W & Y (Shared hours and Transfer Form) | |
| 07/01/2020 | Appendix Z | | Added Appendix Z as the Caregiver Attestation Form for shared hours and transfers | |
| 07/01/2020 | Appendix | | Added Seizure Observation hours | |
| 10/01/2020 | Chapter 800 | Section 803.2B | Change in a member's status must be reported to the Alliant MRT within (five) 5 days. | |
| 10/01/2020 | Chapter 700 | Section 703 | Clarification that physicians are not required to complete and sign the DMA 6A | |
| 01/01/2021 | All | | Changed DXC references to Gainwell Technologies | |
| 01/01/2021 | All | | All pages updated as 1/1/2021 | |
| 04/01/2021 | All | | All pages updated as 4/1/2021 | |
| 04/01/2021 | Appendix H | | Added updated Appendix for Non-Emergency Medical Transportation | |
| 04/01/2021 | Chapter 600 | Section 602 | GAPP Provider Teleconferences changed to quarterly meetings; i.e., January, April, October, October. | |
| 07/01/2021 | All | | Cover Page and all pages changed to January 1, 2023 | |
| 07/01/2021 | Appendix N | | New Appendix N (Georgia Families) | |
| 10/01/2021 | All | | Narrative Page 5 – Notes are now optional | |
| 01/01/2022 | All | | There were No Changes made to the January 2022 GAPP Manual except the Title page | |
| 04/01/2022 | ALL | | There were No Changes made to the April 2022 GAPP Manual except Title page | |
| 07/01/2022 | Appendix C | | Updated GAPP provider rate increases | |

Policy Revisions Record
Part II Policies and Procedures Manual for GAPP Services

| REVISION DATE | SECTION | REVISIONDESCRIPTION | REVISION TYPE (A)=Added (D)=Deleted (M)=Modified | CITATION (Revision required by Regulation, Legislation, |
|---|---|---|---|---|
| 10/01/2022 | Vlll-3 | PPOT | Added that the PPOT must be signed and dated within 30 calendar days of the completed PPOT. | |
| 10/01/2022 | Vlll-3 | Member Supplemental Information (App la) | Added clarification that the Appendix la does not replace the PPOT. | |
| 10/01/2022 | Vlll-6 | 802 B | Clarified that PSS notes should include documentation of tasks performed. | |
| 10/01/2022 | Vlll-10 | Transfers | Clarified that the transferring agency must provide the new agency with the member's PPOT. | |
| 10/01/2022 | Vlll-11 | Transfer Instructions | Added that the receiving agency must have a supervisory visit within the first month of service. | |
| 10/01/2022 | Vlll-14 | 803.2B | Clarified that if providers are submitting progress notes from the hospital that it must show the number of hours and services requested. | |
| 10/01/2022 | Vlll-17 | | Clarified that a change request should not be submitted during the reconsideration period. | |
| 10/01/2022 | IX-1 | Services by an RN | Added that the supervisory visit must be performed at least monthly, but not less than 20 days apart or every **two weeks.** | |
| 10/01/2022 | IX-2 IX-3 | Section II | Added that supervision of PSS aides and/or LPN's should be co-signed and dated by the RN/LPN within 10 business days. | |
| 10/01/2022 | IX-7 | General Staff Training and Orientation | Added that employee training record must indicate the name of course, time spent and/or time credited for course, date completed and employee and supervisory **signatures.** | |
| 10/01/2022 | IX-9 | Clinical Notes | Added that a case 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 initialed by by the member representative and PSS aide on each date of service and signed weekly or bi-weekly by the member representative and PSS aide. | |
| 10/01/2022 | IX-9 | Provider Nursing Care Plan | Added that the nursing care plan is required for both skilled nursing and PSS services. | |
| 10/01/2022 | IX-10 | Teaching Plan/Caregiver Skills Checklist | Clarified that a teaching plan is required for skilled **nursing services.** | |

Policy Revisions Record
Part II Policies and Procedures Manual for GAPP Services

| REVISIONDATE | SECTION | REVISIONDESCRIPTION | REVISION TYPE<br>**(A)**=Added<br>**(D)**=Deleted | CITATION<br>(Revision required by Regulation, Legislation, etc.) |
|---|---|---|---|---|
| 10/01/2022 | IX-10 | Teaching Plan/Caregiver Skills Checklist | Clarified that a teaching plan is required for skilled **nursing services.** | |
| 10/01/2022 | IX-11 | Supervisory Assessments | Clarified that agency-to-agency transfers require a face-to-face supervisory visit within the first 30 days of the transfer to the receiving | |
| 10/01/2022 | X-2 | Billing | Updated that the agency must maintain records of both Medicaid and Private Pay patients fora minimum of five(5) years. | |
| 10/01/2022 | S-1 | Appendix S | Clarified and updated what is required for a complete packet to be submitted for Medical Review. | |
| 01/01/2023 | | Appendix Y | All Providers must use the Appendix Y as the PPOT | |
| 01/01/2023 | | Caregiver Competency Checklist (CCC) | Clarified that a CCC is not required for PSS only, but must be provided for any skilled needs. | |
| 01/01/2023 | | GAPP Provider Teleconferences | Effective 1/1/2023, GAPP Provider Teleconferences will be held every other month starting in January. | |
| 01/01/2023 | | TPL and Medicaid Billing | Clarify that all Medicaid Providers must be aware of and understand the Medicaid Part I, Secondary Claims and Billing Manuals. | |
| 04/01/2023 | Appendix BB | All | Services for Behavioral Health Needs | |
| 07/01/2023 | Appendix S-2 | - | Added Appendix S-2 specifically for Behavioral Health Aide Requests | |
| 10/1/2023 | Appendix S<br>Appendix S-2 | - | Corrected Appendix S and Appendix S-2 | |
| 10/1/2023 | Appendix 1a-2 | - | Updated Appendix 1a-2 | |
| 1/1/2024 | Appendix S and S-2 | | Added the 60 day summary back to being a required document for recertification requests | |

## CONTENTS


| | | |
|---|---|---|
| **CHAPTER 600** | **GAPP OVERVIEW** | **VI** |
| 601 | INTRODUTION TO THE GEORGIA PEDIATRIC PROGRAM (GAPP) | |
| | GOALS OF THE GEORGIA PEDIATRIC PROGRAM (GAPP) | |
| | STRUCTURES AND ADMINISTRATION | |
| | SERVICES OF THE PROGRAM | |
| 602 | CONDITIONS OF PARTICIPATION | |
| | GENERAL CONDITIONS | |
| | CONTRACTED SERVICES | |
| | ENROLLMENT PROCEDURES GAPPPROVIDERS | |
| 602.3A | CHANGE IN PROVIDER ENROLLMENT DATA | |
| 602.3B | TERMINATION OF PROVIDER NUMBER/ENROLLMENT | |
| 602.3C | TERMINATION OF PROVIDER NUMBER/ENROLLMENT BY THE DIVISION OF MEDICAID (DEPARTMENT OF COMMUNITY HEALTH) | |
| 602.3 D | CHANGE IN PROVIDER OWNERSHIP DATA | |
| 602.4 | STAFF QUALIFICATIONS | |
| 602.5 | RECORD MANAGEMENT | |
| 603 | ADVERSE ACTIONS | |
| 604 | STANDARD ASSURANCES | |
| 605 | MEMBER ASSURANCES | |
| | GAPP MEMBER RIGHTS AND CAREGIVER RESPONSIBILITIES | |
| | PREVENTIONS OF MEMBER ABUSE & NEGLECT | |
| | SENTINEL EVEN DOCUMENTATION (7-2011) | |
| **CHAPTER 700** | **SPECIAL ELIGIBLITY CONDITIONS** | **VII** |
| 701 | GENERAL | |
| 702 | VERIFICATION OF MEDICAID ELIGIBLITY | |
| | MEDICAID ELIGIBLE MEMBERS | |
| 703 | APPLYING FOR SERIVCES | |
| | APPLYING FOR SERVICES BY MEMBERS & MEMBERS' CAREGIVERS | |
| | APPLYING FOR SERVICES BY PROVIDERS & HOSPITALS | |
| 704 | APPLYING FOR OTHER MEDICAID SERVICES | |
| **CHAPTER 800** | **PRIOR APPROVAL** | **VIII** |
| 801 | GENERAL | |
| | HOSPITAL DISCHARGE PLANNING TEAM | |
| | DISCHARGE PLANNING TEAM MEETINGS | |
| 801.2A | REQUIRED APPLICATION DOCUMENTS | |
| 801.2 B | DMA 80 APPROVALS | |
| 801.3 | REAUTHORIZATION REQUESTS | |
| 802 | THE EVALUATION PROCESS BY Alliant Health Solutions | |

| | |
|---|---|
| 803 | APPROVAL FOR SERVICES AND NOTIFICATION BY Alliant Health Solutions |
| 803A | GAPP LETTER OF APPROVAL/ADVERSE ACTION |
| 803.1 A | FOSTER CHILD OR CHILDREN |
| 803.1B | REVISION OR CHANGE IN APPROVED SERVICE (CHANGE REQUEST) |
| 803.1 C | COMMUNICATION WITH GEORGIA MEDICAL CARE FOUNDATION (Alliant Health Solutions) |
| 803.2 | INSURNACE INFORMATION |
| 804 | DENIAL OF SERVICES |
| 804.1 | REASONS FOR DENIAL OR TERMINATION |
| 804.2 | RE-CONSIDERATION OF INITIAL DECISION |
| 805 | RIGHT TO APPEAL AND FAIR HEARING |
| 806 | DISCHARGE OF MEMBERS |
| 807 | TRANSITION OF MEMBER TO ADULT WAIVER OR OTHER ADULT PROGRAM |
| 808 | GAPP AND HOSPICE SERVICES |
| 808.1 | GAPP: IN-HOME NURSING CARE AND WAIVERED SERVICES |
| 808.2 | CONCURRENT CARE |
| 808.3 | BILLING FOR CONCURRENT CARE |
| 808.4 | SERVICE LIMITATIONS UNDER THE GAPP PROGRAM |
| 809 | TERMINATION OF PROVIDER SERVICES TO MEMBER |

**CHAPTER 900 SCOPE OF SERVICES IX**

| | |
|---|---|
| 901 | IN-HOME NURSING SERVICES AND/OR PERSONAL CARE SUPPORT |
| 902 | PERSONAL CARE SUPPORT SERVICES (REV. 1/1/2016) |
| 903 | TRAINING AND DOCUMENTATION |
| 904 | PERSONAL CARE SUPPORT SERVICES SUPERVISION |
| 905 | DOCUMENTATION |
| 905.1 | THE CLINICAL RECORD |
| 905.2 | THE MEDICAL PLAN OF TREATMENT (PPOT) |
| 905.3 | CLINICAL NOTES |
| 905.4 | SUMMARY REPORT |
| 905.5 | PROVIDER NURSING CARE PLAN |
| 905.6 | PRIOR AUTHORIZATION REQUEST – DMA-80 |
| 905.7 | TEACHING PLAN AND CAREGIVER SKILLS CHECKLIST |
| 905.8 | SUPERVISORY ASSESSMENTS |
| 905.9 | MEDICAL NECESSITY ADMISSION OR CONTINUED STAY SUPPLEMENT |
| 905.10 | (APPENDIX I a) |
| 905.11 | LETTER OF UNDERSTANDING (APPENDIX J) |
| 905.12 | FREEDOM OF CHOICE FORM (APPENDIX G) |
| 905.13 | DETERMINATION LETTER OF NOTIFICATION (LON) |
| 905.14 | REVIEWS AND AUDITS |
| 906 | NON-COVERED SERVICES |

**CHAPTER 1000 BASIS OF REIMBURSEMENT X**

1001 CONDITIONS OF REIMBURSEMENT
1002 REIMBURSEMENT METHODLOGIES

APPENDIX A MEDICAL ASSISTANCE ELIGIBILITY CERTIFICATIONS
APPENDIX B STATEMENT OF PARTICIPATION/PROVIDER DATA FORM
APPENDIX C SPECIAL PROCEDURE CODES
APPENDIX D DISCHARGE NOTICE
APPENDIX E DMA-6A
APPENDIX F DMA-80 PRIOR AUTHORIZATION FORM
APPENDIX G FREEDOM OF CHOICE FORM
APPENDIX H MEDICAID NON-EMERGENCY TRANSPORTATION
APPENDIX I INTENTIONALLY BLANK TO MAINTAIN APPENDIX LETTERING
APPENDIX I a MEDICAL NECESSITY STATEMENT SUPPLEMENTALINFORMATION
APPENDIX J LETTER OF UNDERSTANDING
APPENDIX K REQ. PROVIDER ENROLLMENT DOCUMENTS – IN-HOME NURSING CARE
APPENDIX L PLACE HOLDER TO MAINTAIN PROPER APPENDIX LETTERING
APPENDIX M BILLING MANUAL
APPENDIX N GEORGIA FAMILIES (7/1/2021)
APPENDIX O GEORGIA HEALTH PLANS BY REGION (DELETED 07/13 – INCLUDED IN APPENDIX N)
APPENDIX P HEALTCARE PROVIDERS REGION (DELETED 07/2013 - INCLUDED IN APPENDIX N)
APPENDIX Q HOW TO ATTACH DOCUMENTATION TO A PA REQUEST
APPENDIX R PLACE HOLDER TO MAINTAIN PROPER APPENDIX LETTERING
APPENDIX S GAPP PACKET ADMISSION/CONTINUED STAY CHECKLIST
APPENDIX S 2 FOR BEHAVIORAL HEALTH AIDE SERVICES
APPENDIX T SENTINEL EVENT DOCUMENTATION FORM (7/2011)
APPENDIX U LIST OF MEDICAID ENROLLED GAPP PROVIDERS
APPENDIX V PROVIDER ADHERENCE TO GAPP/MEDICAID POLICY (1/1/2018
APPENDIX W TRANSFER REQUEST FORM
APPENDIX X SHARED HOURS REQUEST FORM
APPENDIX Y GENERIC PPOT (Physician Plan of Treatment)
APPENDIX Z CAREGIVER ATTESTATION FORM FOR SHARED HOURS AND TRANSFERS
APPENDIX AA SEIZURE OBSERVATION LOG
APPENDIX BB BEHAVIORAL SUPPORT AIDE SERVICES

# PART II – CHAPTER 600
# CHAPTER 600 OVERVIEW

## 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 medical necessity determination(s) for children under the age of 20 years 11 months. Eligible members age out of the GAPP program on their 21st birthday. Members must require medically necessary nursing care and/or personal care support services to be considered for services in the Georgia Pediatric Program. 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.

**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.**

**Effective April 1, 2023, Behavioral Support Aide Services will be added to the GAPP Program. See Appendix BB**

## 601.1 Goals of the Georgia Pediatric Program (GAPP) – In-Home SkilledNursing

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

1. To provide skilled nursing care and / or personal care support based on medical necessity to medically fragile children under the age of twenty years 11 months. Caregivers must be knowledgeable and competent in the care of the child.

2. To provide quality services, consistent with the medically necessary needs of individual child. All services must be accompanied by a physician's order.

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

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 www.https://medicaid.georgia.gov/autism spectrum disorder. Members needing Behavioral Aide Services should see Appendix BB

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

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

**A.** 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 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 Georgia Pediatric Program (GAPP) providers deliver services to the children.

**B.** Alliant Health Solutions is under contract with the Department of Community Health to review applications for admission and continued stay in the GAPP Program. Enrollment in the program is based on medical necessity and the need for skilled nursing and/or personal care support services.

**C.** Member applications are reviewed to determine medical necessity and the need for skilled nursing and/or personal care support as required for enrollment in the GAPP program. 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 determines the appropriateness of services, and makes approval or denial determinations.

**NOTE:**

- Nursing Agency – denotes Home Health Care and Private Nursing Agencies
- Caregiver – a member's primary 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.
- Guardian or Representative – In the case of a foster care member, the legal representative must be a DFCS County supervisor or other DFCS designee.

**D.** The Department of Family and Children Services (DFCS) of the Department of Human Services determines Medicaid eligibility.

**E.** 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.

**F.** Service providers enrolled in 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).

**G.** The Georgia Pediatric Program (GAPP) Policies and Procedures 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.

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

The Georgia Pediatric Program (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 schools, or any other similar institution. Question regarding non-duplicative services can be directed to the GAPP Program Specialist @ scollins@dch.ga.gov.

### A. In-Home Skilled Nursing Services

Skilled nursing care is provided in the home. 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.

### B. 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.

### C. Documentation of Qualified Staff

The GAPP provider agency will notify DCH of newly hired nursing staff by providing a resume showing the provider's experience in caring for patients with special health care needs along with the required documentation of CPR along with attestation that new hire has read and understands GAPP Policy.

### D. Behavioral Support Aides (See Appendix BB)

## 602 Conditions of Participation for GAPP Providers

### General Conditions

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

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

### 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 the contents of the teleconferences.

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

### A. Legal Rights to Perform Business in the State of Georgia

1. Authorization Document – The service provider is required to provide copied 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.
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.

### B. Compliance with Rules and Regulations

The provider must comply with Part I of the Policies and Procedures and Part II of the 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.

## C. 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 Georgia Pediatric Program(GAPP).

## D. Reports

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

## E. Written Member Care Policies and Procedures(October.2015)

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

1. Scope of services offered;
2. Admission and discharge criteria;
3. Supervision of services;
4. Care of GAPP members in emergency;
5. Clinical records management, including progress note and retention of records;
6. Administrative/Personnel records and supervision to include continuing education and ongoing competency for providing GAPP services;
7. Use and maintenance of supplies and equipment (if applicable); and
8. Coordination of GAPP member's care with physicians and nursing agency case managers.

## 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.

### 602.2 A Subcontracting

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

1. Names of all parties entering into the subcontract.

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

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 Georgia Pediatric Program (GAPP).

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

5. A stipulation that the person delivering services meet the staff requirements for the Georgia Pediatric Program (GAPP) services to be provided.

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

### 602.3 Enrollment Procedures for GAPP Providers

Individual Practitioners are not authorized to enroll in the GAPP program 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 in-home skilled nursing 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.

1. Part I, Policies and Procedures Applicable to Medicaid Providers.

2. Part II, Policies and Procedures for the Georgia Pediatric Program (GAPP).

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

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.

5. If the application is denied, the Department will notify the applicant of the reason of the denial. The applicant may not resubmit a Georgia pediatric Program (GAPP) application for six-month period from the date of the denial.

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.

**Documentation Required for Providers Enrollment as a Provider COS971- Georgia Pediatric Program (GAPP) In-Home Skilled Nursing/PSS Services**

1. Copy of business license.

2. Copy of Private Home Care Provider License.
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.
4. Provisions for back-up staffing coverage.

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 GAPP Manual.

6. Copy of Current CPR certification for each nurse.

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

- 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.

The office must be accessible for state inspection.

The office must be accessible for member visitation.

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

**0.94 A** **Changes in Provider Enrollment Data**

**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:

1. Correct address of the agency/business location;
2. Correct street address of the service location, if different from above;
3. Current phone number(s); and
4. Name of contact person(s).
5. Changes should also be sent to the GAPP Program Specialist to update the Appendix U-List of GAPP Approved Provider Agencies.

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

**602.3 B** **Termination of Provider Number/Enrollment in Georgia Pediatric Program (GAPP)**

1. Provider-Initiated Termination

   - A provider seeking to terminate enrollment in the Georgia Pediatric Program (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 Georgia Pediatric Program (GAPP).
   - The Department will notify Alliant Health Solutions of provider's intent to terminate services.

   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.

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

### 602.3C Termination of Provider Number/Enrollment by the Department of Medicaid

The Department may suspend or terminate a provider as described in Part I, Chapter 400. Failure to correct compliance issues will result in termination from the Georgia Pediatric Program (GAPP)

### 602.3 D Changes in Provider Ownership Data

A. 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, Georgia

Pediatric Program (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 Georgia Pediatric Program (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.

### 602.4 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).

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

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

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

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.

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.

6. The GAPP provider agency will notify DCH 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 as well as a signed attestation the newly employed personnel have read and understand the current GAPP Policy.

## 602.5 Record Management

### Maintain Clinical Records

1. Providers must maintain records pertaining to the provision of Georgia Pediatric Program (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 Georgia Pediatric Program (GAPP) records at the Medicaid enrolled provider site(s). Records must be maintained in a manner that assures security, accuracy, confidentiality, and accessibility.

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.

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

**Destruction of Records**

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.

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."

**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.

Department, CMS (Center for Medicare and Medicaid Services), OIG (Office ofInspector 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.

## 603 Adverse Actions

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

## 604 Standard Assurances

**A.** 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.

**B.** Provider shall report member's skilled nursing and/or personal care support needs both accurately and truthfully when making original 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 603).

## 605 Member Assurances

### 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 Georgia Pediatric Program (GAPP). Upon approval to receive services through the Georgia Pediatric Program (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.

### A. Member/Caregivers' Right Include:

1. The right of access to accurate and easy-to-understand information.
2. The right to be treated with respect and to maintain one's dignity and individuality.
3. The right to voice grievances and complaints regarding treatment or care that is furnished, without fear of retaliation, discrimination, coercion, or reprisal.
4. The right to freedom of choice for an approved provider.
5. The right to have two different Medicaid GAPP providers work together to provide the skilled hours that have been approved for my child.
6. The right to accept or refuse services as agreed or as mutually established
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.
8. The right to be advised in advance of the provider(s) who will furnish care and the frequency and duration of visits ordered.
9. The right to confidential treatment of all information, including
10. The right to receive services in accordance with the current plan of care.

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.

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

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

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

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

**B. <u>Member's Caregiver / Guardian Responsibilities Include:</u>**

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

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.

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

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

5. The responsibility to comply with agreed upon care plans.

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

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.

8. The responsibility to be available to provider staff at agreed upon times services are scheduled to be rendered to the child.

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

10. The responsibility to maintain a safe environment for child, self, and staff and to maintain a drug free environment at all times.

## 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:

1. Unauthorized or inappropriate touching of a member such as pushing, striking, slapping, pinching, beating, fondling, etc.
2. Use of physical or chemical restraints.
3. Withholding food, water, or medications unless the member has requested the withholding.
4. Psychological or emotional abuse (i.e., verbal berating, harassment, intimidation, threats of punishment or deprivation).
5. Isolating member from member representative, family, friends, or activities.
6. Sexual harassment, exploitation or rape.
7. Failure to provide basic care or seek medical care.
8. Inadequate assistance with personal care, changing bed linen, laundry, etc.
9. Ostracizing the member, or "giving the silent treatment."
10. Leaving member alone for extended periods of time.
11. Use of member's money or property against the member's caregiver's directives or without the member's caregiver's knowledge.
12. Injury, death, hospitalization, emergency room visits or any instances that could endanger a member's health and/or safety.

## Sentinel Event Documentation–Investigation and Reporting Incidents

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

- 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.

- Providers must complete the sentinel report (Appendix T) of the alleged abuse, injury, hospitalizations, emergency room visits, death or any instance that endangers amember'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 SE reporting will be sent to the DCH GAPP Program Specialist by Alliant Health Solutions.

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

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

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

- 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.

- Sentinel events should be reported even if the provider agency is not in attendance at the time of the incident.

# PART II – CHAPTER 700
# SPECIAL ELIGIBLITY 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

### 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, Appendix L) 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 for the month and type of Medicaid (CMO or fee-for-service).

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. Acceptance of members into the Georgia Pediatric Program (GAPP) must be based on all of the following criteria:

A. To be eligible for services under GAPP the member must require medically necessary skilled nursing and/or personal support care. 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.

   There must be a reasonable expectation that the member's medical and nursing needs can 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.

B. 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.

C. 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.

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

## 703 Applying for Services

### 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 Appendix U). Members seeking services may also contact the GAPP Program Specialist at (404) 657-7882.

### 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 U). Member applications for services may take up to 30 days to review documents once a complete application packet has been submitted.

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

A. 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 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.

B. 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 attached to the DMA 80.

C. Reimbursement is not authorized for delivery of skilled nursing and/or personal care support services while the member is hospitalized, or the member is outside of the State of Georgia.

D. If an IEP is in effect, the most current one is required for admission and continued stay to the GAPP program.

E.. Alliant Health Solutions has 30 days to review a request for services, once a complete packet has been submitted.

F. The DMA-80 and all forms required in Chapter 900 and Appendix S must be submitted to the Alliant Health Solutions GAPP Medical Review Team.

**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 DMA-80. A system-generated letter of notification (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 must be done, at a minimum of every 3, 6 to 12 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 60 days will be withdrawn from the web portal. This policy does not apply to members
that may be hospitalized.

## 704 Applying for Other Medicaid Services (October,2015)

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.

# PART II – CHAPTER 800
# PRIOR APPROVAL

**801** 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 for the month and type of Medicaid (CMO or fee-for-service). 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.

The Alliant Health Solutions Medical Review Team is responsible for reviewing applications for appropriateness of skilled nursing care 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 electric attachment of documents directly to the GAPP request (DMA-80) via the Medical Review portal (see Appendix Q).

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

Effective August 23, 2018, any PA packet that remains incomplete after 60 days will be withdrawn from the web portal. This policy does not apply to members that may be hospitalized.

A. 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 provide assistance if needed. A list of approved GAPP providers is located in Appendix U. Members have Freedom of Choice for a service provider.

B. All Georgia Pediatric Program (GAPP) providers must be enrolled with the Department for each location providing GAPP services (See Chapter600).

C. Effective 7/1/2020, GAPP policy will be changed to modify prior authorization spans:**

- At initial determination approvals of forty (40) or more hours of skilled nursing services per week will be authorized for a period of three months from date of approval (Alliant MRT has discretion to modify Pa period);

- At initial determination approvals of 39 hours or less of skilled nursing services per week will be authorized for a period of one year for the date of approval (Alliant MRT has discretion to modify PA period);

- At redetermination approval of 40 or more hours of skilled nursing services per week will be authorized for a period of six months from the date of approval (Alliant MRT has discretion to modify PA period).

- At redetermination approval of 39 hours or less of skilled nursing per week will continue to be authorized for a period of one year from the date of approval (Alliant MRT has discretion to modify PA period).

**NOTE:** 1. The need for providers to report significant changes in condition will remain in policy

2. Members in appeal status must submit a renewal packet every three months.

- The PA will be approved for either skilled nursing and/or personalcare support and will be based on the member's medically necessary need.

## 801.1 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.

## 801.2 Discharge Planning Team Meetings

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

## 801.2 A 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 S for a complete listing of all required documentation.

### 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 30–60 days before the expiration date.

### 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 depending on documentation submitted for review.

**Physician Plan of Treatment (See Appendix Y)**

The PPOT must be developed, signed and dated by the attending or primary care physician with the initial and all subsequent recertifications. The PPOT will show what skilled nursing and PSS hours that the physician is recommending and must be signed and dated within (30) calendar days of the completed PPOT. Effective 1/1/2023, providers must submit the Appendix Y as the PPOT. LOMN may also be submitted.

A detailed current medical history – including related medical conditions, hospitalizations and medical course, explanation of medical necessity for skilled nursing and/or personal support services, oxygen/ventilator setting and hours of use per day, recommended skilled nursing and/or personal support hours, medical plan treatment – including all medications, therapies and treatments, etc. A new statement with a new date and updated information is required with each recertification. The physician may also submit a separate Letter of Medical Necessity if deemed necessary.

Effective October 1, 2018, a copy of the last physician office notes must be submitted with each initial and/or recertification request. The note may come from the physician that primarily sees the member and would provide the most meaningful information for the Medical Review Team. Effective January 1, 2023, a copy of the last office visit note is not required but strongly suggested.

**Member Supplemental Information (Appendix I a Supplement)**

The Appendix I a Supplement should be completed by the provider agency with additional information provided by the caregiver. Please note if the member is receiving other skilled or unskilled services from any Medicaid or other service program. The Appendix Ia does not replace the PPOT. A Letter of Medical Necessity may also be submitted but is nor required.

**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 J). The Appendix J must be submitted yearly.

**Freedom of Choice Form**

The Freedom of Choice Form must be signed and dated by the member or the member's representative 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.

**Appendix S**

Appendix S 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.

**Appendix S2 Behavioral Support Aid**

**See Appendix S2 for required documentation.**

**IEP**

If there is an IEP in effect, the current document is required on admission and continued stay to the GAPP program.

**Signature Stamps**

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

## 801.2 DMA-80 Approvals

A. 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.

B. 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. 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.

C. 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.

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

all applications (initial and recertification determinations) once a complete packet is received. The date for approval of services is the date that a complete packet is received.

E. 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.

F. Effective August 23, 2018, any PA packet that remains incomplete after 60 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.

**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, 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.

## 801.3 Reauthorization Requests

A. 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.

B. 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.

C. 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.

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

## 802 Evaluation Process Conducted by Alliant Health Solutions

A. Effective August 23, 2018, any PA packet that remains incomplete after 60 days will be withdrawn from the web portal. This policy does not apply to members that may be hospitalized.

B. All recertification requests for in-home skilled nursing and/or personal care support require 3 months of narrative nurse's 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.

C. 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.

D. 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 caregivers may request a re-consideration for any adverse determination within thirty (30) days of the date of the initial letter by following the instructions outlined in the letter.

E. All documents submitted with the application will be reviewed to determine the required medically necessary nursing care 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.

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

G. Please refer to Appendix S for a complete list of required documentation. The physician may also submit a separate letter of medical necessity, if deemed appropriate.

H. The agency is responsible for maintaining original documents on file for UCR review. In the event that 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 905.1 about all documents that must be in the member's home.

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

J. 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, as long as, 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.

Rev. 04/15 **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.

K. 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 appeals status.

L. 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

## 803 Approvals for Services and Notifications by Alliant Health Solutions

### Letter of Notification (LON) Process by Alliant Health Solutions

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

A. 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.

B. 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.

C. 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 30-45 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 a reconsideration and/or a request for hearing.

D. 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.

E. 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.

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

G. 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

H. 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.

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.

Transfer of GAPP PA's (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.

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, the receiving agency will submit a "Transfer Request Form," (Appendix W), the Appendix W 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, 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 MRT 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 Z. They must also give parents a 30-day notice of discharge of services. Exceptions may apply – See Section 806: 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.

Sharing GAPP Hours

If the parent / caregiver desires, the GAPP 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 Z which is the Notification of Ability To Transfer Hours and/or Share A Member's PA.

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.

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.

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

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

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.

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

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

**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:

Transferring Agency

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.

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.

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

Receiving Agency

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

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.

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

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

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.

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

Alliant Health Solutions Medical Review Team

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

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

**803A** **GAPP Determination Letter**

A. 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.

B. 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.

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

D. 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.

E. 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.

**803.1 A** **Foster Child or Children**

**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.

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 the Appendix Ia, and the Appendix S.

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 obtained by the nursing agency from the Alliant Health Solutions Medical Review Team. This applies to all children receiving GAPP services – not just members in foster care. Coordination of hours for more than one skilled care nurse to be present in a home must be approved by the Alliant Health Solutions Medical Review Team.

.

**803.2 B** **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 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, 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.

**803.1** **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 Q 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.

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.

**803.2** **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 – GAPP Policy as well as Part I Policy and Procedures for Medicaid and Peachcare for Kids manual. For Part I, the provider should give special focus to Chapter 300 – Coordination of Benefits and Third-Party Liability. See Below: Providers should also be aware of Medicaid's Secondary Claims Manual

**EXCERPT FROM**

**MEDICAID PART I POLICIES AND PROCEDURES**

**CHAPTER 300**

**COORDINATION OF BENEFITS, AND THIRD-PARTY LIABILITY**

304. General
305. Coordination of Benefits
306. Coordination of Benefits/Third Party Liability

### 303. Coordination of Benefits/Third Party Liability

As a general rule Medicaid/PeachCare for Kids is the 'payer of last resort,' meaning other available third-party resources must be exhausted before Medicaid/PeachCare for Kids pays for the medical care of a member. A 'third party' is any individual, entity, or program that is or may be liable to pay all or part of the expenses for medical care furnished to a member. Examples of a liable third party include but are not limited to 1) government sponsored plans, 2) commercial insurance companies either through employment-related or privately purchased health insurance, 3) casualty-related coverage available as a result of an accidental injury, Compensation Board. Providers are required to be knowledgeable of Medicaid's Secondary Claims and Billing Manuals.

A) Non-institutionalized pregnancy related claims.

B) Claims for preventive and pediatric services including Health Check (also known as EPSDT).

### 303.1 Exceptions

In accordance with federal regulations, a provider is not required to exhaust other health plan benefits with respect to:

The Division may pay the full amount allowed for the service and seek reimbursement from any liable third party/primary insurance plan up to the limit of liability. However, a provider may choose to bill the primary health plan prior to billing Medicaid/PeachCare for Kids Secondary in any of these situations.

Additionally, in those instances where the liability of a third party cannot be currently established or is not available to pay the individual's medical expense within applicable time frames, the Division will reimburse the provider for covered services in accordance with standard reimbursement procedures and the timely submission and re-submission guidelines.

In a casualty (tort) situation, once the provider has billed Medicaid/PeachCare for Kids for accident-related medical services, (s) he cannot reimburse the Division and then seek reimbursement from the liable third party in excess of the Medicaid/PeachCare for Kids reimbursement amount. See Section 303.5

### 303.2 Identification of Other Insurance/Health Plan

The enrolled provider must make reasonable efforts to collect funds from any insurance/benefit plan primary to Medicaid. Reasonable efforts include, but are not limited to:

A) Questioning the member to identify any other insurance or health plan.

B) Filing a claim with the appropriate primary health plan(s) prior to filing with Medicaid/PeachCare for Kids.

C) Indicating on the Medicaid/PeachCare for Kids claim form the identity of the other insurers and the amount of their payment(s).

The third-party administrator's website, www.mmis.georgia.gov, includes the TPL Listings, (Alphabetical and Numerical), which are Updated monthly.

Where applicable, claims should be submitted to the appropriate insurance Carrier or health plan prior to being submitted to Medicaid/PeachCare for Kids.

It is recommended that providers servicing members under Third Party Liability, that they obtain a GAPP PA which can be utilized if the member's primary insurance lapses or the member exhaust all benefits under their Third-Party Liability provider.

## 804 Denial of Services

### Reasons for Denial of Termination

A. The member fails to meet eligibility criteria specified in Section800.

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

### 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:

- Admission to GAPP
- Denial of Admission
- Reduction of services
- Increase of services
- Termination of Services in the GAPP Program
- 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 (45) 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

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.

## 805 Right to Appeal and Fair Hearing

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

A. Denial of applications for admission

B. Reduction in services

C. Denial of eligibility

D. Termination of services

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

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

### 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.

## 806 Discharge of Members

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

B. 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.

   1. The medical stability of the member.
   2. The medical necessity statement.
   3. Evaluation of progress to date by the physician and the Alliant Health Solutions Medical Review team.
   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:

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.

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

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).

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).

5. Member's caregiver fails to adhere to the conditions of the Letter ofUnderstanding.

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.

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.

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

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

10. Member is no longer Medicaid eligible.

**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:

1. Member expires

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

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.

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.

5. When Program Integrity recommends member's discharge.

6. When a member is no longer Medicaid eligible.

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.

## 807 Transition of Children from Georgia Pediatric Program (GAPP) to an adult Waiver or Other Adult Program (Revised07/13):

Approximately 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 prices will take place when the child is transitioned from GAPP into ICWP.

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

- 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.

- The application will be mailed to the parent or legal guardian by Alliant Health Solutions by the sixth ($6^{th}$) month prior to the applicant's $21^{st}$ 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.

- 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

- 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.

- 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.

- 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.

- 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 $21^{st}$ 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.

## 808 Georgia Pediatric Program (GAPP) and Hospice Services

### 808.1 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.

### 808.2 Concurrent Care

Effective 3/23/10, children no longer are 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.

### 808.3 Service Limitations Under the GAPP Program

**Refer to Section 704**

## 809 Termination of Provider Services to Member

A. 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.

B. 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).

C. 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.

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

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

F. 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 oftermination.

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

H. The DCH will authorize Alliant Health Solutions to terminate the provider enrollment number and the provider's authorization to receive reimbursement.

# Georgia Pediatric Program (GAPP)

## PART II – CHAPTER 900
## SCOPE OF SERVICES

## GENERAL

### 901 In-Home Nursing Services

Effective August 2016, nurses 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.

**I. Services Which May Be Provided by A Registered Nurse include:**

A. Initial evaluation visit;

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

C. Initial plan of treatment

D. Preparation of the clinical progress notes;

E. Coordination of services;

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

G. Patient and family teaching;

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

I. Supervision and teaching other nursing personnel (supervisory visits must be performed by the R.N. at least monthly but not less than 20 days apart or every two weeks for personal care support and documented in the clinical record); LPN's may perform supervisory visits for personal care support personnel.

J. Administration of medications and treatments as prescribed by a physician in accordance with Section 905.2 of this manual and currently accepted standards of medical practice;

K. Total patient care; and

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

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

II. **Services Which May Be Provided By A Licensed Practical Nurse Include:**

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

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

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

IIII. **Services Which May Not Be Provided By A Licensed Practical Nurse Include:**

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

B. Initiation of plan of treatment.

C. Supervisor responsibilities unless otherwise specified for personal care support personnel.

IV. **Staffing Qualification and Supervisory Responsibilities**

The GAPP provider agency ensures that individuals entering members' homes accomplish tasks timely and competently while maintaining the rights, safety, choiceand 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.

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.

RN Supervisor

A. Qualifications of The RN Supervisor Include:

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.

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

3. Knowledge of current methods of home management, the provision ofskilled 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.

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

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

B. Duties of The RN Supervisor Include:

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

2. 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.

3. 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.

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

5. Completing supervisory assessments to include observations of each Personal Care Support caregiver or LPN providing care to the GAPP member (See Section 905 for requirements relating to supervisory notes).

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

7. Completing the monthly supervisory assessment.

8. Supervisory visits are **NOT** billable through Medicaid.

**Note:** See Section 903.1 for further information regarding Personal Care Support personnel.

**Forms of Transportation for the medically fragile GAPP member**

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

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 excerptbelow).

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.

**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.

**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'shealth.

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

**902 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), i.e., Members may apply to other Medicaid Programs such as CCSP and/or SOURCE if these services cannot be provided through a GAPP provider, and other program services cannot be duplicative.

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

B. 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).

C. 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.

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

2. Supervisory visits are **NOT** billable to Medicaid.

**Qualifications of the Personal Support Care Personnel Staff Include:**

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

2. Ability to complete legible written reports of caregiving.

3. Must possess a Certified Nursing Assistance Certification from the Department of Human Resources, Office of Regulatory Services; **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); Accreditation Commission for Health Care (ACHC) or;

Complete a total of 40 hours of training by the GAPP provider agency. The Personal Care Support personnel completes 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.

## 903 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.

Provider Training for Personal Care Support Personnel

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

A. CPR and Basic First Aid

B. Emergency procedures

C. Assistance with medications

D. Specialized procedures

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

A. An infection control course.

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

C. 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.

D. Basic nutrition.

E. Home maintenance management.

F. Body systems and functions.

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

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

I. Communication and interpersonal skills.

J. Agency policies and procedures.

K. 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.

General Staff Training and Orientation

1. Initial and annual assessment of clinical competence.

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

3. Case specific orientation.

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.

## 904 Personal Care Support Supervision (April.2016)

**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.

## 905 Documentation

### 905.1 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:

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

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

C. Pertinent past and current findings*;

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

E. Current medical plan of treatment* (PPOT) signed and dated by the attending physician every sixty to ninety (60 or 90) days.

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

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

H. Discharge summary when applicable.

I. Provider care plan signed and dated at least every sixty to ninety (60-90) days*;

J. 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.

K. Monthly supervisory assessments dated and signed by the RN

L. A copy of the Letter of Understanding

M. A copy of the Freedom of Choice Form;

N. A copy of the Determination Letter of Notification

O. A copy of the Nursing Assessment Form*

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

Q. 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.

## 905.2 The Medical Plan of Treatment (PPOT- Appendix Y)

A. An individual medical plan of treatment (Appendix Y) 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.

B. 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 recertification period. Effective February 15, 2011, the plan of treatment must be signed and dated by the attending physician within thirty (30) days of the beginning of each signature within thirty (30) days.

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

### 905.3 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 teach plan. 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 on each date of service and signed weekly or bi-weekly by the member/member representative and PSS aide.

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 AA – Generic Seizure Log.

### 905.4 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.

### 905.5 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. It should be reviewed and revised as often as the severity of the clients' condition requires or a minimum of every renewal period.

### 905.6 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.

### 905.7 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.

### 905.8 Supervisory Assessments

Effective November 15, 2019, the supervisory requirements for the GAPP program are as follows:

Supervision of the LPN must be performed by a Georgia licensed Registered Nurse

- Low Acuity Members*: Supervision shall occur monthly alternating between a face-to-face visit and a phone call from the supervising nurse to the caregiver and LPN.
- High Acuity Members*: Direct visual face-to-face supervision every month but no less than 20 days between the visits.
- New admissions would require a face-to-face supervisory visit in the first 30 days.
- All supervisory activities shall be documented in the clinical record.

Supervision of Personal Care Support personnel must be performed by a Georgia Licensed Registered Nurse or a Licensed Practical Nurse.

- Low Acuity Members* : Supervision shall occur monthly alternating between a face-to-face visit and a phone call from the supervising nurse to both the aide and caregiver.
- High Acuity Members* : Direct visual face-to-face supervision (with aide present) every month but no less than 20 days after the previous face-to-face visit.
- New admissions would require a face-to-face supervisory visit in the first 30 days.
- Agency to agency transfers require a face-to-face supervisory visit with the first 30 days of the transfer to the receiving GAPP agency.
- All supervisory activities shall be documented in the clinical record.

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).

*Acuity level relates to GAPP Policy 801 C – Low acuity would be members receiving 39 hours of service or less and high acuity would be members receiving greater than 40 hours of service or greater.

Please call the GAPP Program Specialist at (404) 657–7882 or e-mail at scollins@dch.ga.gov with any questions

### 905.9 Medical Necessity–Admission or Continued Stay Supplement (Appendix Ia)

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

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

### 905.10 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.

### 905.11 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).

### 905.12 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.

### 905.13 Review and Audits

In order 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:

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

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

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

**906 Non-Covered Services**

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

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

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

D. 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.

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

F. 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.

G. 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.

H. 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

I. Payments to family members for care giving activities are prohibited under the Georgia Pediatric Program (GAPP).

**Note:** Family is defined as a person who is related by blood or adoption (includes foster parents) within the third degree of consanguinity, or by marriage. Third degree of consanguinity means mother, father, grandmother, grandfather, sister, brother, daughter, son, granddaughter, grandson, aunt, uncle, great aunt, great uncle, niece, nephew, grandniece, grandnephew, 1st cousins, 1st cousins once removed, and 2nd cousins.

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

K. PeachCare members are ineligible for GAPP services

L. Skilled nursing or personal care support services from any other waiver program will not be approved for the GAPP member.

M. 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

# Georgia Pediatric Program (GAPP)

## PART II – CHAPTER 1000
## BASIS FOR REIMBURSEMENT

### 1001 Conditions of Reimbursement

The following conditions must be met for reimbursement to occur:

- Members must be approved for services by the Alliant Health Solutions Medical Review Unit (See Chapter 800).
- Department approval and acceptance of the Statement ofParticipation.
- 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.
- 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 of the Policies and Procedures 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:

A. The actual charge for the service;

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

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

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

**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 in order 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 Medicaid and PeachCare for Kids Part I Policies and Procedures Manual, 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.

## 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.

**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).

**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.

**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.

The following resources are available for more information:

- Access the department's DCH-O newsletter and FAQs at http://dch.georgia.gov/publications

- Search to see if a provider is enrolled at https://www.mmis.georgia.gov/portal/default.aspx

Click on Provider Enrollment/Provider Contract Status. Enter Provider ID or NPI and provider's last name.

- Access a provider listing at:

  https://www.mmis.georgia.gov/portal/portal/PubAccess.Provider%20Information/Provider%20Notices/ ta bID/53/Default.aspx

Click on Georgia Medicaid FFS Provider Listing or OPR Only Provider Listing

[ 1500)

# HEALTHINSURANCECLAIMFORM

APPROVED BY NATIONAL U\llroRM CLAIMCOMMITTEE oeJOS

T

1. MEDICARE (r.Iealcare!) O MEDICAID O TRICARE D t1 106J CHAMPVA. O O ECA O 01 KR ( rPrograms i )

Patient NAUE(86!Name,ast Name Mkld Initial) SEX 4INSURED NAME(Ll.8S!Name, 1!6Name Uald Inll )

PATIENTS ADDRESS(NO.,Stee8C) r INSURED ADORESS (NO.SUee9

CITY STATE

STATE 9. PATIENT STATUS Marnec CITY

ZIP CODE TELEPHONE (Inca.. Area CODE) ZIP COOE TELEPHONE )... AJee Coo:.o)

9 OTHERINSUREO'SNAMEi,l.UlNaiT$. I='UtName,MkiCl1n111a9 10.1$PATIENT'S CONDITIONRELATEDTO: 11. INSURED'S POL CY GROUP OR I=ECA NU.tSER

a.OTHER INSURED'SPOUCYORGAOUPNUM9ER a.EMPLOYMENT? (OJftentorP...,.llW$) a. NSURED'SDATE•)I='91RIH SEX

OvEs DNO
OvEs ONo L j

D. OTHER INSURED'S DATE 01='91RTH SEX I:I. AUTOACCIDENT? PLACE(Slate) I:I. EMPLOYER'S NAA'E OR SCHOOL NAME

c.EMPLOYER'S NAME ORSCHOOLNAME c.CIHEA ACCIDENT? C.INSURANCEPLANNAME OR PROGRAM NAME

OvEs DNO

C I.INSURANCEPLANNAME ORPROGRAM NAME 10d. RESERVEDI=OA LOCALUSE CI.ISIHEREANOTHER HEALTH9ENEI='ITPLAN?

OvEs L"o

READ BACK 01=' I='OR.IdBEI='OR.ECOMPLEThiG & SIGNING THISI='OAid.

12.PATIENT'SORAUTHORIZEDPERSON'SSIGNATURE Ifl.IlhC(!M 1MreaseOfetl'( meCibalorOlherinl)fiTiall«"neoe6Sary IOp10095Slhl$ Clah'l. IaISO reque& P J1'1"$nt 019)'1'ammenl Den€411:8 eb'-ar IOrrf';WH «IOthe part)' """&Xeplt U$ hll"$hl cenw.

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE ISIllrnlte
paymentormee1 1oenenb tohur.:I€4"$t;IM<lj:fi';'Sanorsuw1 rrtt &eMCEI9 $Cfl1)$(1oe ·.

$IGNED DATE SIGNED

14.DATEOI='CURAENT: MtA DO yy 1UNESS(I='II'$I$"fmj:(Om)OR fA 15.II=' PATIENTHASHAD SAMEOR SIMILARIUNESS. GIVE RST DATE MM DO yy 18.OATES PAIIENTJNASLE TOVIOFI<INCUAAEiOCCUPATION MM D)I '('( MtA DD yy I='ROM TO

17.NAME 01=' AEI='ERAING PROVIDER OR OTHER SOURCE

19.HOSPITALIZATION OATES RELATED TO CURRENT SERVICES I='ROMMM yy MtA yy TO DO

19. RESERVEDI='ORLOCALUSE 20.OUTSIDE LAS? $CHARGES

OVES DNO

21 DIAGNOSIS OR NATURE Of= ILLNESS OR INJURY (Relate $11 $11' $12,3 « •t(dem 24E Dy Une)

1. L -
2. L.....L .
3. L -——

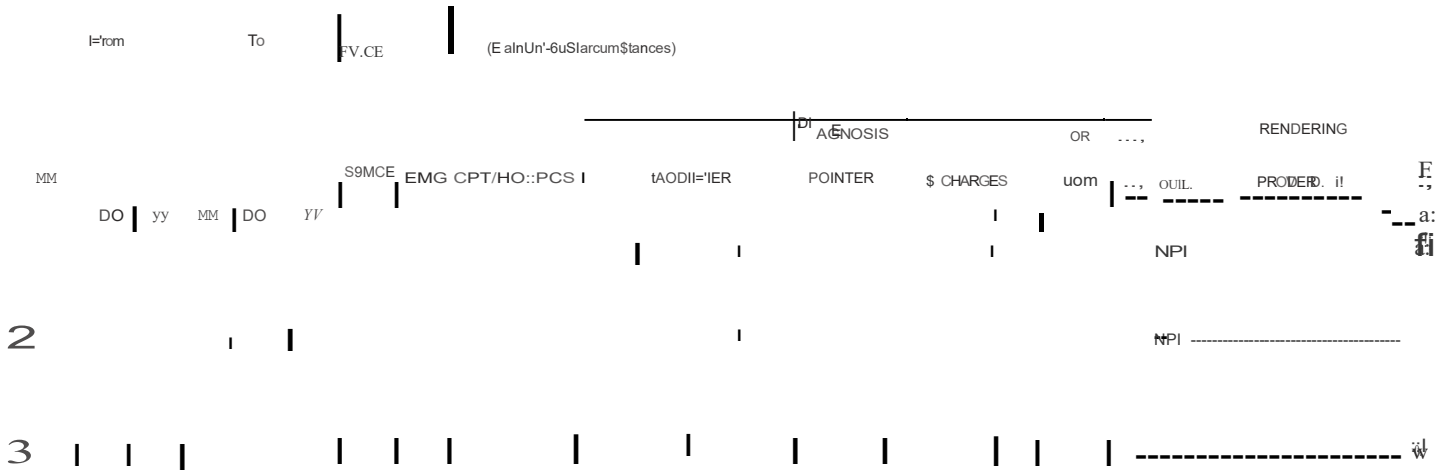
22. MEDICAID RESUBMISSION CODE ORIGINAL REI='. NO.

23. PRIOR AUTHORIZATION NUMBER

J.

c.i D. PROCEDURES, SERVICES, OR SUPPLIES

24. A DATE(S) OI='SERVICE


I='rom
To
FV.CE
(E alnUn'-6uSIarcum$tances)
AGNOSIS
OR
RENDERING
MM
S9MCE
EMG CPT/HO::PCS I
tAODII='IER
POINTER
$ CHARGES
uom
OUIL.
PROVIDER ID. i!
DO
yy
MM
DO
YV
NPI
2
NPI
3

NPI

NPI

PATIENT'S ACCOUNT NO.

1=EDERAL TAX I.D.NUMBER SSN EIN 26.

29. TOTAL CHARGE 129. AMOUNT PAID

BALANCE DUE
YES NO

SERVICE FACILITY LOCATION INFORMATION

33. BILLING PROVIDER INFO & PH:

SIGNATURE OF PHYSICIAN OR SUPPLIER 32.
INCLUDING DEGREES OR CREDENTIALS

DATE

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0938-0999

FORM CMS-1500 (08/05)

t

—

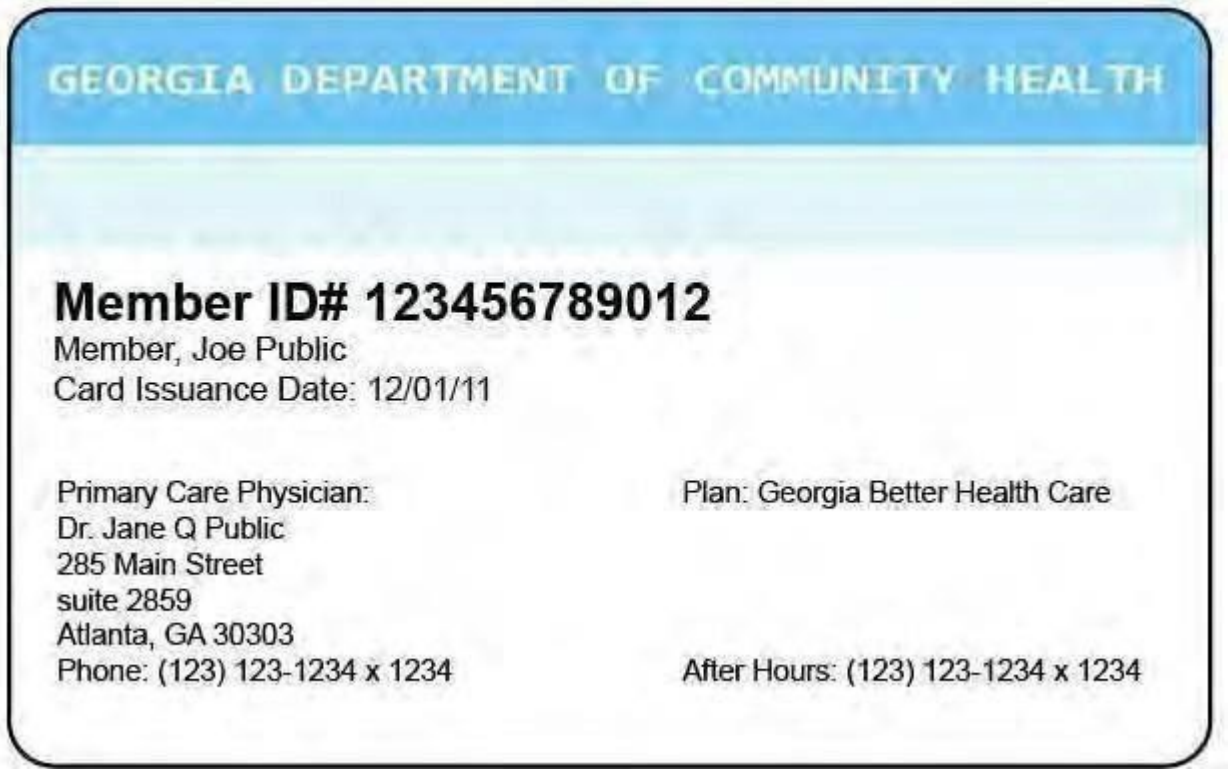
- The following table outlines the revised changes on the above CMS 1500 claim form version 02/12:

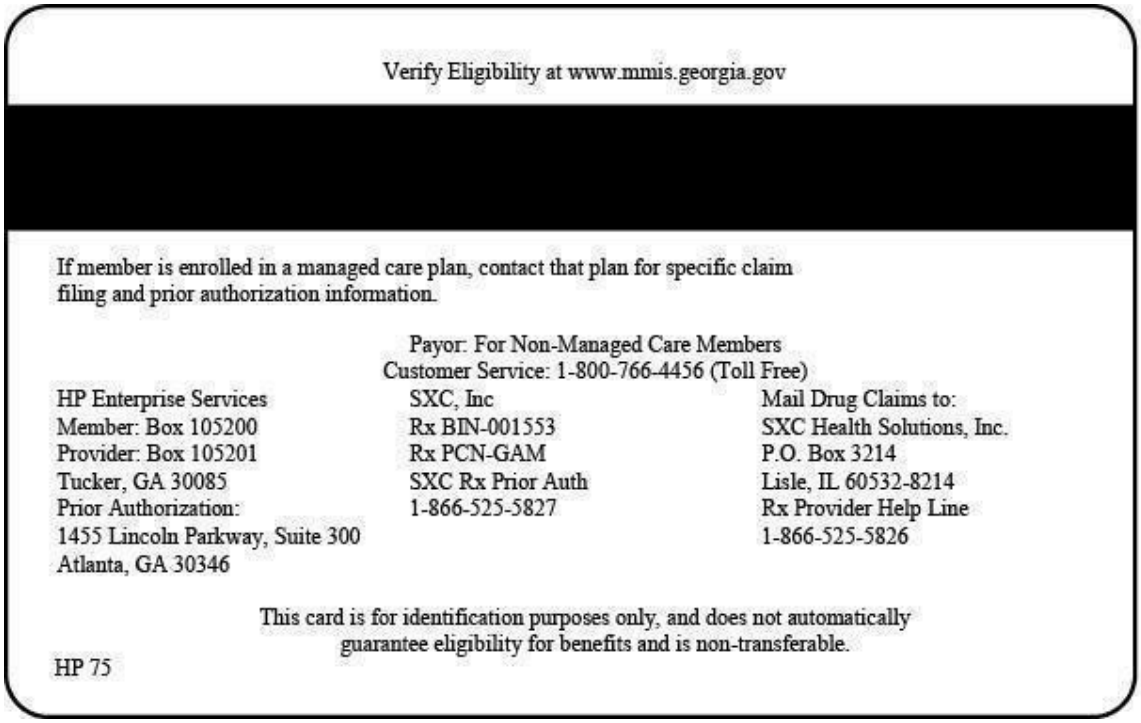
| FLD Location | NEW Change |
|---|---|
| Header | Replaced 1500 rectangular symbol with black and white two-dimensional QR Code (Quick Response Code) |
| Header | Added "(NUCC)" after "APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE." |
| Header | Replaced "08/05" with "02/12" |
| Item Number 1 | Changed "TRICARE CHAMPUS" to "TRICARE" and changed "(Sponsor's SSN)" to "(ID#/DoD#)." |
| Item Number 1 | Changed "(SSN or ID)" to "(ID#)" under GROUP HEALTH PLAN" |
| Item Number 1 | Changed "(SSN)" to "(ID#)" under "FECA BLK LUNG." |
| Item Number 1 | Change "(ID)" to "(ID#)" under "OTHER." |
| Item Number 8 | Deleted "PATIENT STATUS" and content of field. Changed title to "**RESERVED FORNUCC USE**." |
| Item Number 9b | Deleted "OTHER INSURED's DATE OF BIRTH, SEX." |
| Item Number 9c | Deleted "EMPLOYER'S NAME OR SCHOOL." Changed title to "**RESERVED FORNUCC USE**." |
| Item Number 10d | Changed title from "RESERVED FOR LOCAL USE" to "CLAIM CODES (Designated by NUCC)." **Field 10d is being changed to receive Worker's Compensation codes or Condition codes approved by NUCC.** **FORDCH/HP:** FLD 10d on the OLD Form CMS 1500 Claim (08/05) will no longer support receiving the Medicare provider ID. |
| Item Number 11b | Deleted "EMPLOYER'S NAME OR SCHOOL." Changed title to **"OTHER CLAIMID** (Designated by NUCC)". Added dotted line in the left-hand side of the field to accommodate a 2-byte qualifier. |
| Item Number 11d | Changed "If yes, return to and complete Item 9 a-d" to "If yes, complete items 9, 9a, and 9d." (Is there another Health Benefit Plan?) |
| Item Number 14 | Changed title to "DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP)." Removed the arrow and text in the right-hand side of the field. Added "QUAL." with a dotted line to accommodate a 3-byte qualifier." **FORDCH/HP: Use Qualifiers: 431 (onset of current illness); 484 (LMP); or 453 (Estimated Delivery Date)**. |
| Item Number 15 | Changed title from 'IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE" to "OTHER DATE." Added "QUALIFIER." with two dotted lines to accommodate a 3-byte qualifier: 454 (Initial Treatment); 304 (Latest Visit or Consultation); 453 (Acute Manifestation of a Chronic Condition); 439 (Accident); 455 (Last X-ray); 471 (Prescription); 090 (Report Start [Assumed Care Date); 091 (Report End [Relinquished Care Date); 444 (First |

| | |
|---|---|
| | Visit or Consultation). |
| Item Number 17 | Added a dotted line in the left-hand side of the field to accommodate a 2-byte qualifier – **Used by Medicare** for identifiers for provider roles: Ordering, Referring and Supervising. **FORDCH/HP:** Use the following Ordering Provider, Referring, Supervising Qualifiers (**effective 4/01/2014**): **Ordering = DK; Referring = DN or Supervising = DQ.** |
| Item Number 19 | Changed title from" RESERVED FOR LOCAL USE " to "ADDITIONAL CLAIM INFORMATION (Designated by NUCC)." **FORDCH/HP:** Remove the Health Check logic from field 19 and add it in **field 24H.** |
| Item Number 21 | Changed instruction after title (Diagnosis or Nature of Illness or Injury) from "(Relate Items 1, 2, 3 or 4 to Item 24E by Line)" to "Relate A-L to service line below (24E)." |
| Item Number 21 | Removed arrow pointing to 24E (Diagnosis Pointer). |
| Item Number 21 | Added "ICD Indicator." and two dotted lines in the upper right-hand corner of the field to accommodate a 1-byte indicator. Use the highest level of code specificity in FLDLocator21. **Diagnosis Code ICD Indicator** - new logic to validate acceptable values(0,9). ICD-9 diagnoses (CM) codes = value 9; or ICD - 10 diagnoses (CM) codes = value 0. (Do not bill ICD 10 code sets before October 1, 2015.) |
| Item Number 21 | Added 8 additional lines for diagnosis codes. Evenly space the diagnosis code lines within the |
| Item Number 21 | Changed labels of diagnosis code lines to alpha characters (A-L) |
| Item Number 21 | Removed the period within the diagnosis code lines |
| Item Number 22 | Changed title from "MEDICAID RESUBMISSION" to "RESUBMISSION." The submission codes are: 7 (Replacement of prior claim) 8 (Void/cancel of prior claim) |
| Item Number 24A-24G (Supplemental Information) | The supplemental information is to be placed in the shaded section of 24A through 24G as defined in each Item Number. F FORDCH/HP: Item numbers 24A & 24G are used to capture Hemophilia drug units. 24H (EPSDT/Family Planning). |
| Item Number 30 | Deleted "BALANCED DUE." Changed title to "**RESERVED FOR NUCC USE**." |

## APPENDIX A

Medicaid Member Identification Card Sample



# 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

## 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. | | $11.69 per 15 minute unit |
| LPN In Home Skilled Nursing Care | S9124 | Nursing in the home by Licensed Practical Nurse, per hour. | | $10.24 per 15 minute unit |
| Personal Care Support | S9122 | Home Health Aide or CNA, providing care In the home. | | $5.00 per 15 minute unit |
| Behavioral Health Aide | S9122 | Behavioral Health Aide | U1 | $6.63 per 15 minute units |

## APPENDIX D

## DISCHARGE/TRANSFER NOTICE FOR GEORGIA PEDIATRICPROGRAM (GAPP)

PROVIDER NAME: _____

PROVIDER NUMBER: _____

PROVIDER ADDRESS: _____

_____

GAPP MEMBER NAME: _____

MEDICAID NUMBER: _____

STATUS: Discharge Transfer EFFECTICE 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 guardians 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: _____

Rev. 01/10

# APPENDIX E

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

**Section A– Identifying Information**

| 1. Applicant's Name/Address: | 2. Medicaid Number: | 3. Social Security Number | | |
|---|---|---|---|---|
| | | 4. Sex | Age | 4A. Birthdate |
| DFCS County_____ | 5. Primary Care Physician | | | |
| _ Mailing Address | 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 bythose agencies, for the purpose of Medicaid eligibility determination. This authorization expires twelve (12) months from the date signed or when revoked byme, 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)*

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

| 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/IDFacility |
|---|---|

| 19. Type ofRecommendation: ☐ 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 bya 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– Evaluationof Nursing Care Needed (check appropriate boxonly)**

| 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>☐ Pulse Ox<br>☐ Vitalsigns > 2/day<br>☐ Therapy<br>☐ Oxygen<br>☐ HomeVent<br>☐ Trach<br>☐ Nebulizer Tx<br>☐ Suctioning<br>☐ Chest - PhysicalTx<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>☐ MentalRetardation<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 | ☐ Dialysisinhome<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 ormore times per week<br>☐ Low Tech – 3 or lesstimes per week or MD visits >4 per month<br>☐ None | ☐ Deaf<br>☐ Blind<br>☐ Seizures<br>☐ NeurologicalDeficits<br>☐ Paralysis<br>☐ Normal |

| 39. Other TherapyVisits ☐ Five days per week ☐ Lessthan 5 daysperweek | 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 StayReview Date:_____ AdmissionDate_____ Approvedfor_____ Days or_____ Months**

| 45. Arenursing services, rehabilitative/habilitative services or other health related services requested ordinarilyprovided in an institution? ☐ Yes ☐ No ☐ NA | **46A. State Authority MH & MR Screening)** **Level I/II** **RestrictedAuth. Code** **Date** **46B. This is nota re-admission for OBRA purposes** **RestrictedAuth. Code** **Date** |
|---|---|
| **47. Hospitalization Precertification ☐ Met ☐ Not Met** | |

**48. Level of Care Recommended by Contractor**
☐ **Hospital** ☐ **NursingFacility** ☐ **IC/IDFacility**

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

# APPENDIX F
## PRIOR AUTHORIZATION REQUEST FORM (DMA-80)

**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 DYES ONo | 6. Telephone(Area Code/Number) |
| 7.Prescribing Physician/ Practitioner Name and Address | | | 10.Provider of Services(s) Name and Address | |
| 8. Medicaid Provider Number 19.Telephone (Area Code/Number) | | | 8. Medicaid Provider Number 19.Telephone (Area Code/Number) | |
| 0HOME HEALTH OPODIATRIST Optometrist PHYSICAN Psychologist ODME/OP ODDS OPHARMACY | | | | DEPT USE ONLY |
| 13. Authorization Period From: Through: | | 1 14. Description of Service(s) Required | | 15. Rec. Type 1 16. City. of Service |
| 17. Primary DiagnosisRequiring Service(s) | | | | 1 18. 1CD9 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 Perunit | 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 O Approved O Approved As Amended 0 Denied 0 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*

DMA 80 Rev.(7/10)

## APPENDIX G

## GEORGIA PEDIATRIC PROGRAM (GAPP)
## FREEDOM OF CHOICE PROGRAM
## (Statement of Informed Consent)

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 ofmembers.

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

## GEORGIA PEDIATRIC PROGRAM (GAPP)
## 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 |

## Georgia Pediatric Program (GAPP)
## FREEDOM OF CHOICE FORM INSTRUCTION

Purpose

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

1. Informed of any alternative available under the Georgia Pediatric Program (GAPP)and
2. 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.

Process

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

A. The content of the overview should make one reasonably familiar with service options.
B. The presentation of information should be designed to match the member's and/or his/her representative's level of comprehension.
C. 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

Non-Emergency Medical Transportation

Non-Emergency Medical Transportation (NEMT) services are defined as medically necessary transportation for any eligible Medicaid member and companion, if required, who have no other means of transportation available to any Medicaid-reimbursable service for the purposes of receiving treatment, medical evaluation, obtaining prescription drugs or medical equipment.

### How do I get NEMT services?

If you are a qualifying Medicaid recipient and have no other means of transportation for your medical care or services covered by Medicaid, you may contact a transportation broker for transport to and from your appointment. The member must contact the Broker to request NEMT services at least three (3) business days prior to a non-urgent, scheduled appointment. The three (3) day advance scheduling includes the day of the call but not the day of the appointment. Advance scheduling will be mandatory for all NEMT services except urgent care and follow-up appointments when the timeframe does not allow advance scheduling. Urgent care or same day reservations may require verification from your direct provider of service confirming you must be seen that day. Each broker has a toll-free telephone number to schedule transportation services, and available weekdays (Monday-Friday) from 7 a.m. to 6p.m.

All counties in Georgia are grouped into five regions for NEMT services. A NEMT Broker covers each region. If you need NEMT services, **you must contact the NEMT Broker serving the county you live in** to ask for Non-Emergency Medical Transportation. Contact Southeastern for Atlanta and North Regions and ModivCare, formerly LogistiCare, for Central, East and Southwest See the chart below to determine which broker serves your county and call the broker's telephone number for that region.

#### What if I have problems with a NEMT provider or broker?

The Division of Medical Assistance (DMA) monitors the quality of the services brokers provide, handling consumer complaints and requiring periodic reports from the brokers. If you have a question, comment, or complaint about a NEMT provider or broker that has not been resolved with the broker, you may contact the Georgia Department of Community Health, NEMT unit.

## NEMT REGIONS & COUNTIES SERVED

| Region | NEMT Broker & Phone Number | Counties Served |
|---|---|---|
| North | **Verida**<br>***(formerly Southeastrans)***<br>*Toll free*<br>1-866-388-9844<br>*Local*<br>678-510-4555 | Banks, Barrow, Bartow, Catoosa, Chattooga, Cherokee, Cobb, Dade, Dawson, Douglas, Fannin, Floyd, Forsyth, Franklin, Gilmer, Gordon, Habersham, Hall, Haralson, Jackson, Lumpkin, Morgan, Murray, Paulding, Pickens, Polk, Rabun, Stephens, Towns, Union, Walker, Walton, White and Whitfield |
| Atlanta | **Southeastrans *(formerly Southeastrans*)** 404-209-4000<br>*Note: For Georgia Families 360°*<br>1-866-991-6701 | Fulton, DeKalb and Gwinnett |
| Central | **ModivCare**<br>***(formerly LogistiCare)***<br>*Toll free*<br>1-888-224-7981 | Baldwin, Bibb, Bleckley, Butts, Carroll, Clayton, Coweta, Dodge, Fayette, Heard, Henry, Jasper, Jones, Lamar, Laurens, Meriwether, Monroe, Newton, Pike, Putnam, Rockdale, Spalding, Telfair, Troup, Twiggs and Wilkinson |
| East | **ModivCare**<br>***(formerly LogistiCare)***<br>Toll free<br>1-888-224-7988<br>*Note: For Crisis Stabilization Units and Psychiatric Residential Treatment Facilities* | Appling, Bacon, Brantley, Bryan, Bulloch, Burke, Camden, Candler, Charlton, Chatham, Clarke, Columbia, Effingham, Elbert, Emanuel, Evans, Glascock, Glynn, Greene, Hancock, Hart, Jeff Davis, Jefferson, Jenkins, Johnson, Liberty, |

| | | |
|---|---|---|
| | 1-800-486-7642 Ext. 461 or 436 | Lincoln, Long, Madison, McDuffie, McIntosh, Montgomery, Oconee, Oglethorpe, Pierce, Richmond, Screven, Taliaferro, Tattnall, Toombs, Treutlen, Ware, Warren, Washington, Wayne, Wheeler and Wilkes |
| Southwest | **ModivCare**<br>***(formerly LogistiCare)***<br>Toll free 1-888-224-7985 | Atkinson, Baker, Ben Hill, Berrien, Brooks, Calhoun, Chattahoochee, Clay, Clinch, Coffee, Colquitt, Cook, Crawford, Crisp, Decatur, Dooly, Dougherty, Early, Echols, Grady, Harris, Houston, Irwin, Lanier, Lee, Lowndes, Macon, Marion, Miller, Mitchell, Muscogee, Peach, Pulaski, Quitman, Randolph, Schley, Seminole, Stewart, Sumter, Talbot, Taylor, Terrell, Thomas, Tift, Turner, Upson, Webster, Wilcox and Worth |

**APPENDIX I a.**

**MEDICAL NECESSITY STATEMENT**

**ADMISSION/CONTINUED STAY (REV. 4/18)**

MEMBER'S NAME:_____

MEMBER'S DOB:_____MEMBER'S MCNUMBER: _____

CHILD IN DFCS CUSTODY: Yes_____ No_____Member's Weight: _____

NAME/ADDRESS OF DFCSWORKER: _____

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

Skilled Nursing Hours Currently Receiving:_____PSS Hours Currently Receiving: _____

Are services being received from any Medicaid or other service program Yes_____No_____

Hours/Day_____IEP _____

Is there a personal nurse in attendance for member during school day Yes____No ____

Services currently being provided: _____

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

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.

**APPENDIX I a. 2**

**MEDICAL NECESSITY STATEMENT**

**ADMISSION/CONTINUED STAY (REV. 4/18)**

**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 DFCSWORKER: _____

If renewal for continued stay, attach the most recent three months of behavior health notes.
Hours requested for Behavioral Health AideServices _____

Are services being received from any Medicaid or other serviceprogram Yes_____No_____

Services currently being provided:_____

Is member in school: Yes ____No____ Hrs/Day_____ IEP ____

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.

## APPENDIX J

### GEORGIA PEDIATRIC PROGRAM (GAPP)
**Letter of Understanding**

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

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 |

## Georgia Pediatric Program (GAPP)

### APPENDIX K

**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 theGAPP

_____ 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.

**PAGE INTENTIONALLY LEFT BLANK**

# APPENDIX M

## BILLING MANUAL

Refer to DCH's Part I Policies and Procedures Manual

# Appendix N - Georgia Families

Georgia Families® (GF) is a statewide program designed to deliver health care services to members of Medicaid, PeachCare for Kids®, and Planning for Healthy Babies® (P4HB) recipients. The program is a partnership between the Department of Community Health (DCH) and private care management organizations (CMOs). By providing a choice of health plans, Georgia Families allows members to select a health care plan that fits their needs.

It is important to note that GF is a full-risk program; this means that the three CMOs licensed in Georgia to participate in GF are responsible and accept full financial risk for providing and authorizing covered services. This also means a greater focus on case and disease management with an emphasis on preventative care to improve individual health outcomes.

The three licensed CMOs:

| | | |
|---|---|---|
| Amerigroup Community Care<br>1-800-454-3730<br>www.amerigroup.com | Peach State Health Plan<br>866-874-0633<br>www.pshpgeorgia.com | CareSource<br>1-855-202-1058<br>www.caresource.com |

Children, parent/caretaker with children, pregnant women and women with breast or cervical cancer on Medicaid, as well as children enrolled in PeachCare for Kids® are eligible to participate in Georgia Families. Additionally, Planning for Healthy Babies® (P4HB) recipients receive services through Georgia Families® (GF). Children in foster care or receiving adoption assistance and certain youths committed to juvenile justice are enrolled in Georgia Families 360°.

Eligibility Categories for Georgia Families:

| Included Populations | Excluded Populations |
|---|---|
| Parent/Caretaker with Children | Aged, Blind and Disabled |
| Transitional Medicaid | Nursing home |
| Pregnant Women (Right from the Start Medicaid – RSM) | Long-term care (Waivers, SOURCE) |
| Children (Right from the Start Medicaid – RSM) | Federally Recognized Indian Tribe |
| Children (newborn) | Georgia Pediatric Program (GAPP) |
| Women Eligible Due to Breast and Cervical Cancer | Hospice |
| PeachCare for Kids® | Children's Medical Services program |
| Parent/Caretaker with Children | Medicare Eligible |
| Children under 19 | Supplemental Security Income (SSI) Medicaid |
| Women's Health Medicaid (WHM) | Medically Needy |
| Refugees | Recipients enrolled under group health plans |
| Planning for Healthy Babies® | Individuals enrolled in a Community Based Alternatives for Youths (CBAY) |
| Resource Mothers Outreach | |

# Georgia Pediatric Program (GAPP)

Medicaid and PeachCare for Kids® members will continue to be eligible for the same services they receive through traditional Medicaid and state Value Added Benefits. Members will not have to pay more than they paid for Medicaid co-payments or PeachCare for Kids® premiums. With a focus on health and wellness, the CMOs will provide members with health education and prevention programs giving them the tools needed to live healthier lives. Providers participating in Georgia Families will have the added assistance of the CMOs to educate members about accessing care, referrals to specialists, member benefits, and health and wellness education. **All three CMOs are State-wide.**

The Department of Community Health has contracted with three CMOs to provide these services:

- Amerigroup Community Care
- CareSource
- Peach State Health Plan

Members can contact Georgia Families for assistance to determine which program best fits their family's needs. If members do not select a plan, Georgia Families will select a health plan for them.

Members can visit the Georgia Families Web site at www.georgia-families.com or call 1-800-GA-ENROLL (1-888-423-6765) to speak to a representative who can give them information about the CMOs and the health care providers.

The following categories of eligibility are included and excluded under Georgia Families:

**Included Categories of Eligibility (COE):**

| COE | DESCRIPTION |
|---|---|
| 104 | LIM – Adult |
| 105 | LIM – Child |
| 118 | LIM – 1st Yr Trans Med Ast Adult |
| 119 | LIM – 1st Yr Trans Med Ast Child |
| 122 | CS Adult 4 Month Extended |
| 123 | CS Child 4 Month Extended |
| 135 | Newborn Child |
| 170 | RSM Pregnant Women |
| 171 | RSM Child |
| 180 | P4HB Inter Pregnancy Care |
| 181 | P4HB Family Planning Only |
| 182 | P4HB ROMC - LIM |
| 183 | P4HB ROMC - ABD |
| 194 | RSM Expansion Pregnant Women |
| 195 | RSM Expansion Child < 1 Yr |
| 196 | RSM Expn Child w/DOB < = 10/1/83 |
| 197 | RSM Preg Women Income < 185 FPL |
| 245 | Women's Health Medicaid |
| 471 | RSM Child |
| 506 | Refugee (DMP) – Adult |
| 507 | Refugee (DMP) – Child |
| 508 | Post Ref Extended Med – Adult |
| 509 | Post Ref Extended Med – Child |

| | |
|---|---|
| 510 | Refugee MAO – Adult |
| 511 | Refugee MAO – Child |
| 571 | Refugee RSM - Child |
| 595 | Refugee RSM Exp. Child < 1 |
| 596 | Refugee RSM Exp Child DOB </= 10/01/83 |
| 790 | Peachcare < 150% FPL |
| 791 | Peachcare 150 – 200% FPL |
| 792 | Peachcare 201 – 235% FPL |
| 793 | Peachcare > 235% FPL |
| 835 | Newborn |
| 836 | Newborn (DFACS) |
| 871 | RSM (DHACS) |
| 876 | RSM Pregnant Women (DHACS) |
| 894 | RSM Exp Pregnant Women (DHACS) |
| 895 | RSM Exp Child < 1 (DHACS) |
| 897 | RSM Pregnant Women Income > 185% FPL (DHACS) |
| 898 | RSM Child < 1 Mother has Aid = 897 (DHACS) |
| 918 | LIM Adult |
| 919 | LIM Child |
| 920 | Refugee Adult |
| 921 | Refugee Child |

**Excluded Categories of Eligibility (COE):**

| COE | DESCRIPTION |
|---|---|
| 124 | Standard Filing Unit – Adult |
| 125 | Standard Filing Unit – Child |
| 131 | Child Welfare Foster Care |
| 132 | State Funded Adoption Assistance |
| 147 | Family Medically Needy Spend down |
| 148 | Pregnant Women Medical Needy Spend down |
| 172 | RSM 150% Expansion |
| 180 | Inter-conceptional Waiver |
| 210 | Nursing Home – Aged |
| 211 | Nursing Home – Blind |
| 212 | Nursing Home – Disabled |
| 215 | 30 Day Hospital – Aged |
| 216 | 30 Day Hospital – Blind |
| 217 | 30 Day Hospital – Disabled |
| 218 | Protected Med/1972 Cola - Aged |
| 219 | Protected Med/1972 Cola – Blind |
| 220 | Protected Med/1972 Cola - Disabled |
| 221 | Disabled Widower 1984 Cola - Aged |
| 222 | Disabled Widower 1984 Cola – Blind |
| 223 | Disabled Widower 1984 Cola – Disabled |
| 224 | Pickle - Aged |

| | |
|---|---|
| 225 | Pickle – Blind |
| 226 | Pickle – Disabled |
| 227 | Disabled Adult Child - Aged |
| 227 | Disabled Adult Child - Aged |
| 229 | Disabled Adult Child – Disabled |
| 230 | Disabled Widower Age 50-59 – Aged |
| 231 | Disabled Widower Age 50-59 – Blind |
| 232 | Disabled Widower Age 50-59 – Disabled |
| 233 | Widower Age 60-64 – Aged |
| 234 | Widower Age 60-64 – Blind |
| 235 | Widower Age 60-64 – Disabled |
| 236 | 3 Mo. Prior Medicaid – Aged |
| 237 | 3 Mo. Prior Medicaid – Blind |
| 238 | 3 Mo. Prior Medicaid – Disabled |
| 239 | Abd Med. Needy Defacto – Aged |
| 240 | Abd Med. Needy Defacto – Blind |
| 241 | Abd Med. Needy Defacto – Disabled |
| 242 | Abd Med Spend down – Aged |
| 243 | Abd Med Spend down – Blind |
| 244 | Abd Med Spend down – Disabled |
| 246 | Ticket to Work |
| 247 | Disabled Child – 1996 |
| 250 | Deeming Waiver |
| 251 | Independent Waiver |
| 252 | Mental Retardation Waiver |
| 253 | Laurens Co. Waiver |
| 254 | HIV Waiver |
| 255 | Cystic Fibrosis Waiver |
| 259 | Community Care Waiver |
| 280 | Hospice – Aged |
| 281 | Hospice – Blind |
| 282 | Hospice – Disabled |
| 283 | LTC Med. Needy Defacto – Aged |
| 284 | LTC Med. Needy Defacto –Blind |
| 285 | LTC Med. Needy Defacto – Disabled |
| 286 | LTC Med. Needy Spend down – Aged |
| 287 | LTC Med. Needy Spend down – Blind |
| 288 | LTC Med. Needy Spend down – Disabled |
| 289 | Institutional Hospice – Aged |
| 290 | Institutional Hospice – Blind |
| 291 | Institutional Hospice – Disabled |
| 301 | SSI – Aged |
| 302 | SSI – Blind |
| 303 | SSI – Disabled |
| 304 | SSI Appeal – Aged |
| 305 | SSI Appeal – Blind |

| | |
|---|---|
| 306 | SSI Appeal – Disabled |
| 307 | SSI Work Continuance – Aged |
| 309 | SSI Work Continuance – Disabled |
| 308 | SSI Work Continuance – Blind |
| 315 | SSI Zebley Child |
| 321 | SSI E02 Month – Aged |
| 322 | SSI E02 Month – Blind |
| 323 | SSI E02 Month – Disabled |
| 387 | SSI Trans. Medicaid – Aged |
| 388 | SSI Trans. Medicaid – Blind |
| 389 | SSI Trans. Medicaid – Disabled |
| 410 | Nursing Home – Aged |
| 411 | Nursing Home – Blind |
| 412 | Nursing Home – Disabled |
| 424 | Pickle – Aged |
| 425 | Pickle – Blind |
| 426 | Pickle – Disabled |
| 427 | Disabled Adult Child – Aged |
| 428 | Disabled Adult Child – Blind |
| 429 | Disabled Adult Child – Disabled |
| 445 | N07 Child |
| 446 | Widower – Aged |
| 447 | Widower – Blind |
| 448 | Widower – Disabled |
| 460 | Qualified Medicare Beneficiary |
| 466 | Spec. Low Inc. Medicare Beneficiary |
| 575 | Refugee Med. Needy Spend down |
| 660 | Qualified Medicare Beneficiary |
| 661 | Spec. Low Income Medicare Beneficiary |
| 662 | Q11 Beneficiary |
| 663 | Q12 Beneficiary |
| 664 | Qua. Working Disabled Individual |
| 815 | Aged Inmate |
| 817 | Disabled Inmate |
| 870 | Emergency Alien – Adult |
| 873 | Emergency Alien – Child |
| 874 | Pregnant Adult Inmate |
| 915 | Aged MAO |
| 916 | Blind MAO |
| 917 | Disabled MAO |
| 983 | Aged Medically Needy |
| 984 | Blind Medically Needy |
| 985 | Disabled Medically Needy |

**HEALTH CARE PROVIDERS**

For information regarding the participating health plans (enrollment, rates, and procedures), please call the numbers listed below.

Prior to providing services, you should contact the member's health plan to verify eligibility, PCP assignment and covered benefits. You should also contact the health plan to check prior authorizations and submit claims.

| Amerigroup Community Care | CareSource | Peach State Health Plan |
|---|---|---|
| 800-454-3730<br>(General Information)<br>www.amerigroup.com | 1-855-202-1058<br>www.careSource.com/ GeorgiaMedicaid | 866-874-0633<br>(General Information)<br>866-874-0633 (claims)<br>800-704-1483 (medical management)<br>www.pshpgeorgia.com |

**Registering immunizations with GRITS:**

If you are a Vaccine for Children (VFC) provider, please continue to use the GRITS (Georgia Immunization Registry) system for all children, including those in Medicaid and PeachCare for Kids®, fee-for-service, and managed care.

**Important tips for the provider to know/do when a member comes in:**

Understanding the process for verifying eligibility is now more important than ever. You will need to determine if the patient is eligible for Medicaid/PeachCare for Kids® benefits and if they are enrolled in a Georgia Families health plan. Each plan sets its own medical management and referral processes. Members will have a new identification card and primary care provider assignment.

You may also contact GAINWELL TECHNOLOGIES at 1-800-766-4456 (statewide) or www.mmis.georgia.gov for information on a member's health plan.

**Use of the Medicaid Management Information System (MMIS) web portal:**

The call center and web portal will be able to provide you information about a member's Medicaid eligibility and health plan enrollment. GAINWELL TECHNOLOGIES will **not** be able to assist you with benefits, claims processing or prior approvals for members assigned to a Georgia Families health plan. You will need to contact the member's plan directly for thisinformation.

**Participating in a Georgia Families' health plan:**

Each health plan will assign provider numbers, which will be different from the provider's Medicaid provider number and the numbers assigned by other health plans.

**Billing the health plans for services provided:**

For members who are in Georgia Families, you should file claims with the member's health plan.

**If a claim is submitted to GAINWELL TECHNOLOGIES in error:**

GAINWELL TECHNOLOGIES will deny the claim with a specific denial code. Prior to receiving this denial, you may go ahead and submit the claim to the member's health plan.

**Credentialing**

Effective August 1, 2015, Georgia's Department of Community Health (DCH) implemented a NCQA certified Centralized Credentialing Verification Process utilizing a Credentialing Verification Organization (CVO). This functionality has been added to the Georgia Medicaid Management Information System (GAMMIS) website (www.MMIS.georgia.gov) and has streamlined the time frame that it takes for a provider to be fully credentialed.

Credentialing and recredentialing services is provided for Medicaid providers enrolled in Georgia Families and/or the Georgia Families 360° program.

This streamlined process results in administrative simplification thereby preventing inconsistencies, as well as the need for a provider to be credentialed or recredentialed multipletimes.

The CVO's one-source application process:

- Saves time
- Increases efficiency
- Eliminates duplication of data needed for multiple CMOs
- Shortens the time period for providers to receive credentialing and recredentialing decisions

The CVO will perform primary source verification, check federal and state databases, obtain information from Medicare's Provider Enrollment Chain Ownership System (PECOS), check required medical malpractice insurance, confirm Drug Enforcement Agency (DEA) numbers, etc. A Credentialing Committee will render a decision regarding the provider's credentialing status. Applications that contain all required credentialing and recredentialing materials at the time of submission will receive a decision within 45 calendar days. Incomplete applications that do not contain all required credentialing documents will be returned to the provider with a request to supplement all missing materials. Incomplete applications may result in a delayed credentialing or recredentialing decision. The credentialing decision is provided to the CMOs.

GAINWELL TECHNOLOGIES provider reps will provide training and assistance as needed. Providers may contact GAINWELL TECHNOLOGIES for assistance with credentialing and recredentialing by dialing 1-800-766-4456.

**Assignment of separate provider numbers by all of the health plans:**

Each health plan will assign provider numbers, which will be different from the provider's Medicaid provider number and the numbers assigned by other health plans.

**Billing the health plans for services provided:**

For members who are in Georgia Families, you should file claims with the member's health plan.

**If a claim is submitted to GAINWELL TECHNOLOGIES in error:**

GAINWELL TECHNOLOGIES will deny the claim with a specific denial code. Prior to receiving this denial, you may go ahead and submit the claim to the member's health plan.

**Receiving payment:**

Claims should be submitted to the member's health plan. Each health plan has its own claims processing and you should consult the health plan about their payment procedures.

**Health plans payment of clean claims:**

Each health plan (and subcontractors) has its own claims processing and payment cycles. The claims processing and payment timeframes are as follows:

| Amerigroup Community Care | CareSource | Peach State Health Plan |
|---|---|---|
| Amerigroup runs claims cycles twice each week (on Monday and Thursday) for **clean** claims that have been adjudicated.<br><br>Monday Claims run: Checks mailed on Tuesday. Providers enrolled in ERA/EFT receive the ACH on Thursday.<br><br>Thursday Claims run: Checks mailed on Wednesday. Providers enrolled in ERA/EFT receive the ACH on Tuesday.<br><br>**Dental:** Checks are mailed weekly on Thursday for **clean** claims.<br><br>**Vision**: Checks are mailed weekly on Wednesday for **clean** claims (beginning June 7th)<br><br>**Pharmacy**: Checks are mailed to pharmacies weekly on Friday (except when a holiday falls on Friday, then mailed the next business day) | CareSource runs claims cycles twice each week on Saturdays and Tuesdays for clean claims that have been adjudicated.<br><br>Pharmacy: Payment cycles for pharmacies is weekly on Wednesdays. | Peach State has two weekly claims payment cycles per week that produces payments for **clean** claims to providers on Monday and Wednesday.<br><br>For further information, please refer to the Peach State website, or the Peach State provider manual. |

**How often can a patient change his/her PCP?**

| Amerigroup Community Care | CareSource | Peach State Health Plan |
|---|---|---|
| Anytime | Members can change their PCP one (1) time per month. However, members can change their PCP at any time under extenuating circumstances such as:<br>• Member requests to be assigned to a family member's PCP<br>• PCP does not provide the covered services a member seeks due to moral or religious objections<br>• PCP moves, retires, etc. | Within the first 90 days of a member's enrollment, he/she can change PCP monthly. If the member has been with the plan for 90 days or longer, the member can change PCPs once every six months. There are a few exclusions that apply and would warrant an immediate PCP change. |

**Once the patient requests a PCP change, how long it takes for the new PCP to be assigned:**

| Amerigroup Community Care | CareSource | Peach State Health Plan |
|---|---|---|
| Next business day | PCP selections are updated in CareSource's systems daily. | PCP changes made before the 24th day of the month and are effective for the current month. PCP changes made after the 24th day of the month are effective for the first of the following month. |

**PHARMACY**

Georgia Families does provide pharmacy benefits to members. Check with the member's health plan about who to call to find out more about enrolling to provide pharmacy benefits, including information about their plans reimbursement rates, specific benefits that are available, including prior approval requirements.

To request information about contracting with the health plans, you can call the CMOs provider enrollment services.

| Amerigroup Community Care | CareSource | Peach State Health Plan |
|---|---|---|
| 800-454-3730<br>https://providers.amerigroup.com/pages/ga-2012.aspx | 844-441-8024<br>https://cvs.az1.qualtrics.com/jfe/form/SV_cvyY0ohqT2VXYod | 866-874-0633<br>www.pshpgeorgia.com |

All providers must be enrolled as a Medicaid provider to be eligible to contract with a health plan to provide services to Georgia Families members.

**The CMO Pharmacy Benefit Managers (PBM) and the Bin Numbers, Processor Control Numbers and Group Numbers are:**

| Health Plan | PBM | BIN # | PCN # | GROUP # | Helpdesk |
|---|---|---|---|---|---|
| **Amerigroup Community Care** | Ingenio Rx | 020107 | HL | WKJA | 1-833-235-2031 |
| **CareSource** | Express Scripts (ESI) | 003858 | MA | RXINN01 | 1-800-416-3630 |
| **Peach State Health Plan** | CVS | 004336 | MCAIDADV | RX5439 | 1-844-297-0513 |

**If a patient does not have an identification card:**

Providers can check the enrollment status of Medicaid and PeachCare for Kids® members through GAINWELL TECHNOLOGIES by calling 1-800-766-4456 or going to the web portal at www.mmis.georgia.gov. GAINWELL TECHNOLOGIES will let you know if the member is eligible for services and the health plan they are enrolled in. You can contact the member's health plan to get the member's identification number.

Use of the member's Medicaid or PeachCare for Kids® identification number to file a pharmacy claim:

| Amerigroup Community Care | CareSource | Peach State Health Plan |
|---|---|---|
| No, you will need the member's health plan ID number | Yes, you may also use the health plan ID number. | Yes |

**Health plans preferred drug list, prior authorization criteria, benefit design, and reimbursement rates:**

Each health plan sets their own procedures, including preferred drug list, prior authorization criteria, benefit design, and reimbursement rates.

**Will Medicaid cover prescriptions for members that the health plans do not?**

No, Medicaid will not provide a "wrap-around" benefit for medications not covered or approved by the health plan. Each health plan will set its own processes for determining medical necessity and appeals.

**Who to call to request a PA:**

| Amerigroup Community Care | CareSource | Peach State Health Plan |
|---|---|---|
| 1 (800) 454-3730 | 1 (855) 202-1058<br>1 (866) 930-0019 (fax) | 1 (866) 399-0929 |

# APPENDIX Q

## Provider Quick Reference:
## How to Attach Documentation to Requests

### 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**.

### 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.

**Attachment Instructions**

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

**1. Previously Submitted Request:**

- 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.

- Click Attach **Documentation to Existing Requests.**

- 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.

- If the PA request meets attachment criteria, the **Attach File** link will beavailable.




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

**2. New PA Submission:**

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

- Complete the PA request and click **Submit Request**.

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

3. Under **Create an Attachment**, click **Browse** to open the filedirectory.

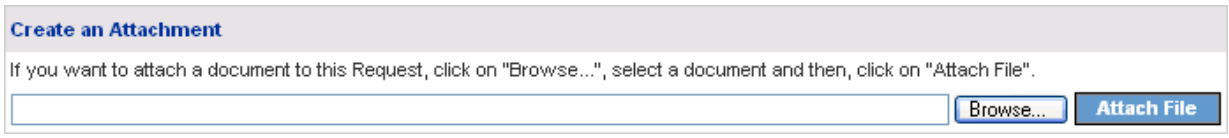



**Figure 2 Create an Attachment**

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

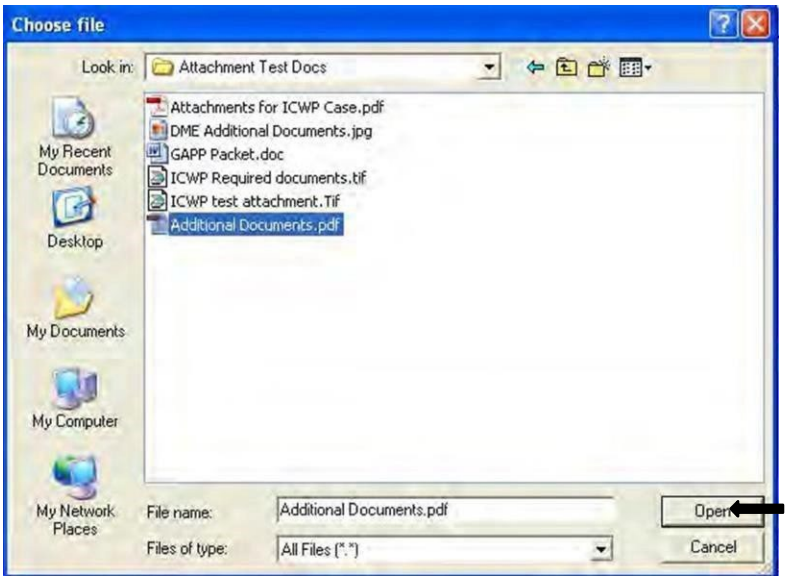



**Figure 3 Find File**

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

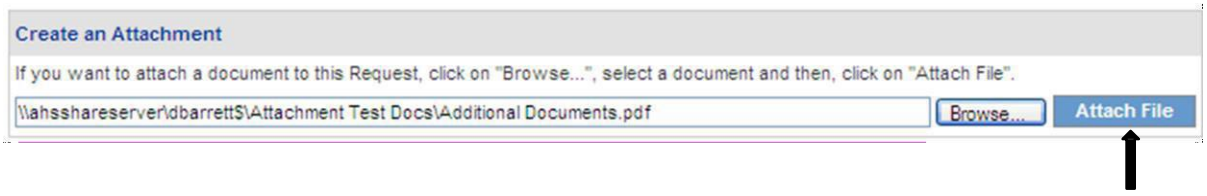



**Figure 4 Attach File**

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

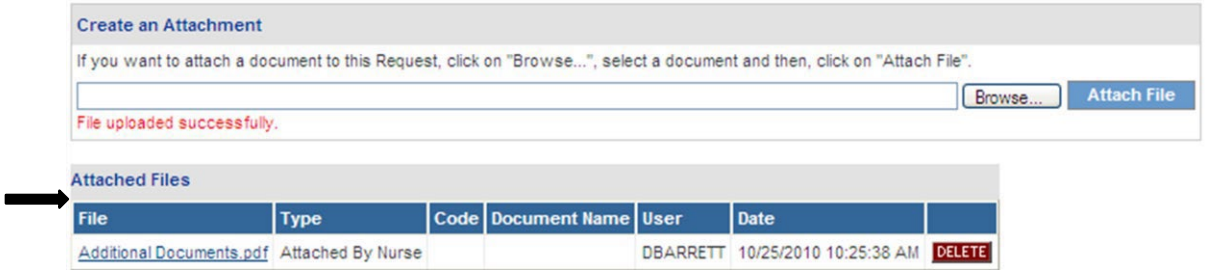



**Figure 5 Files Attached**

7. 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 typecheckboxes:

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

Refer to the figures on the next pages for examples of the checkboxes for these PA types.

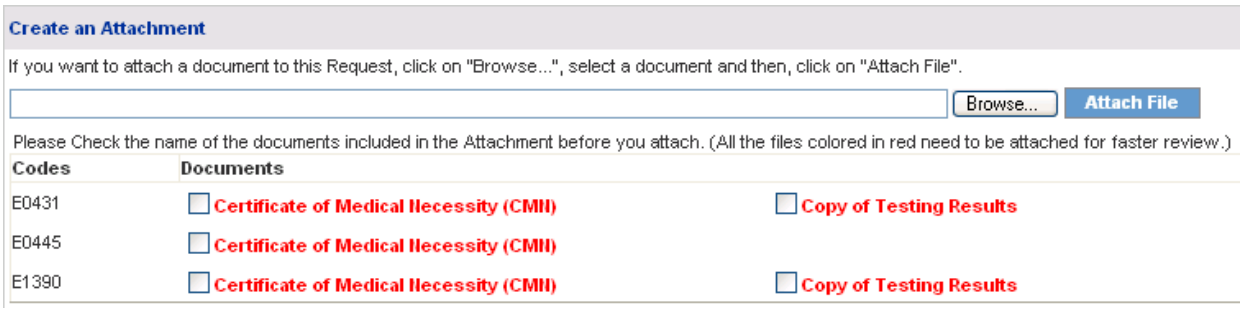



**Figure 6 DME Checkboxes for Oxygen Codes**

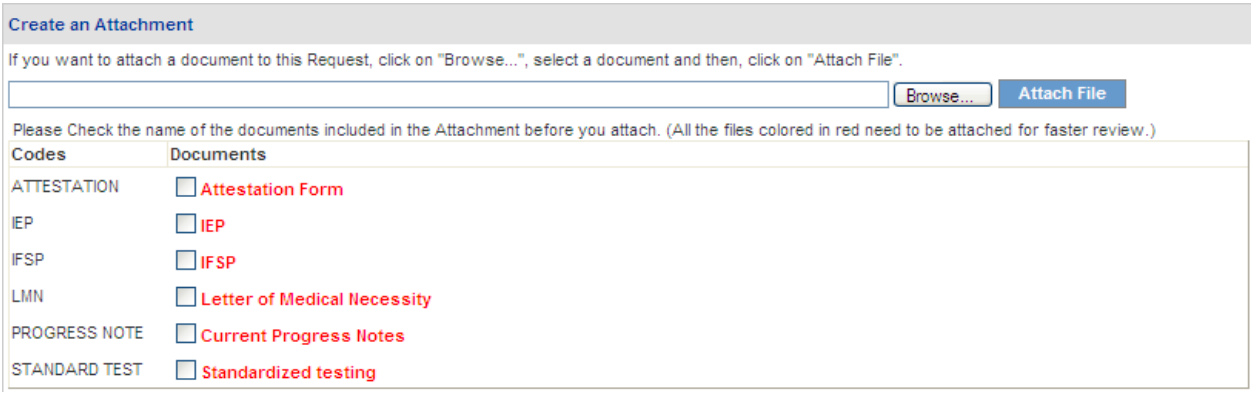



**Figure 7 CIS Checkboxes**

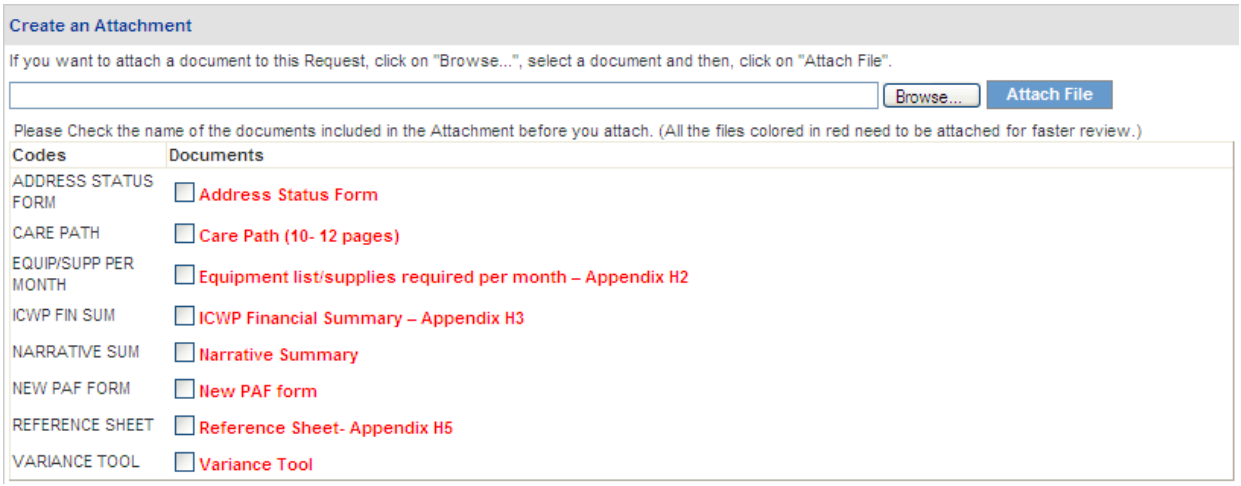



**Figure 8 ICWP Checkboxes**

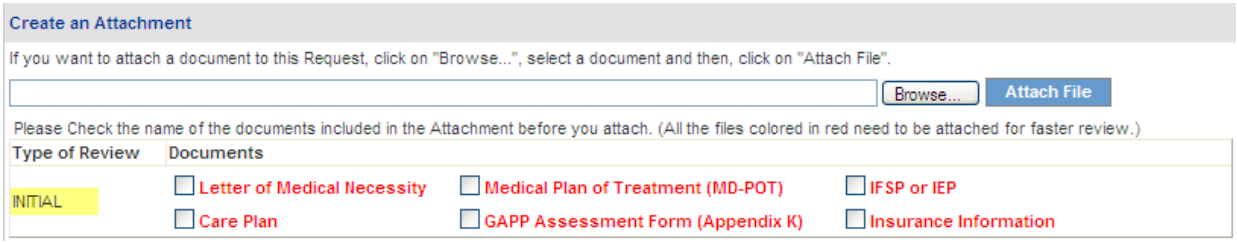



**Figure 9 GAPP Initial Request Checkboxes**

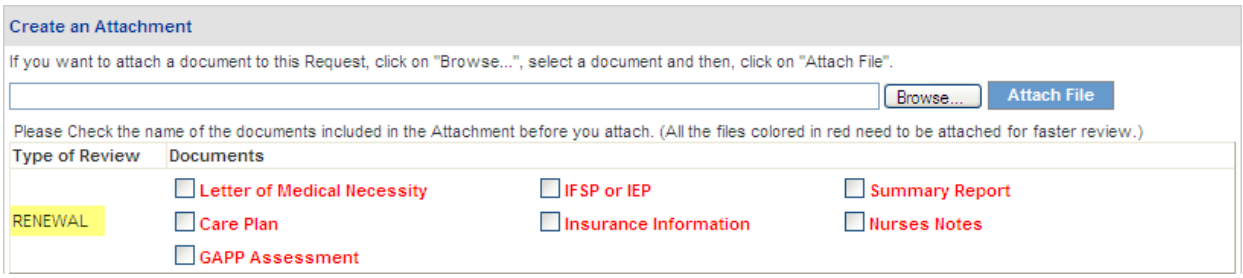
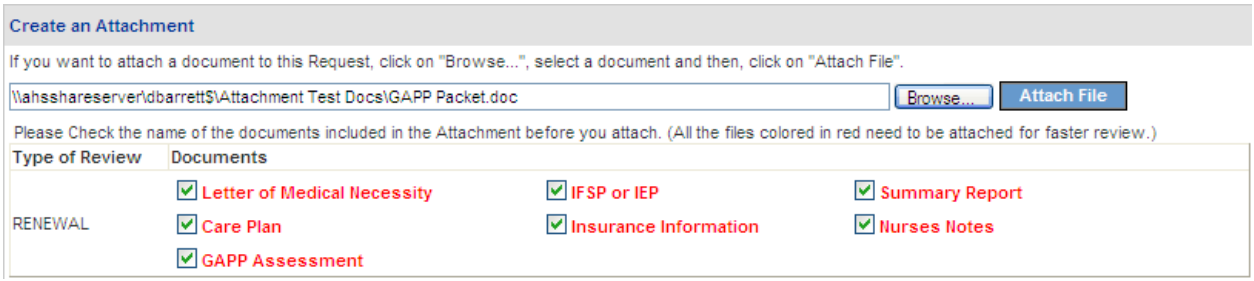



**Figure 10 GAPP Renewal Checkboxes**

8. 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.

**9. *One Attachment for allCheckboxes*:**

- 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**

- 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.

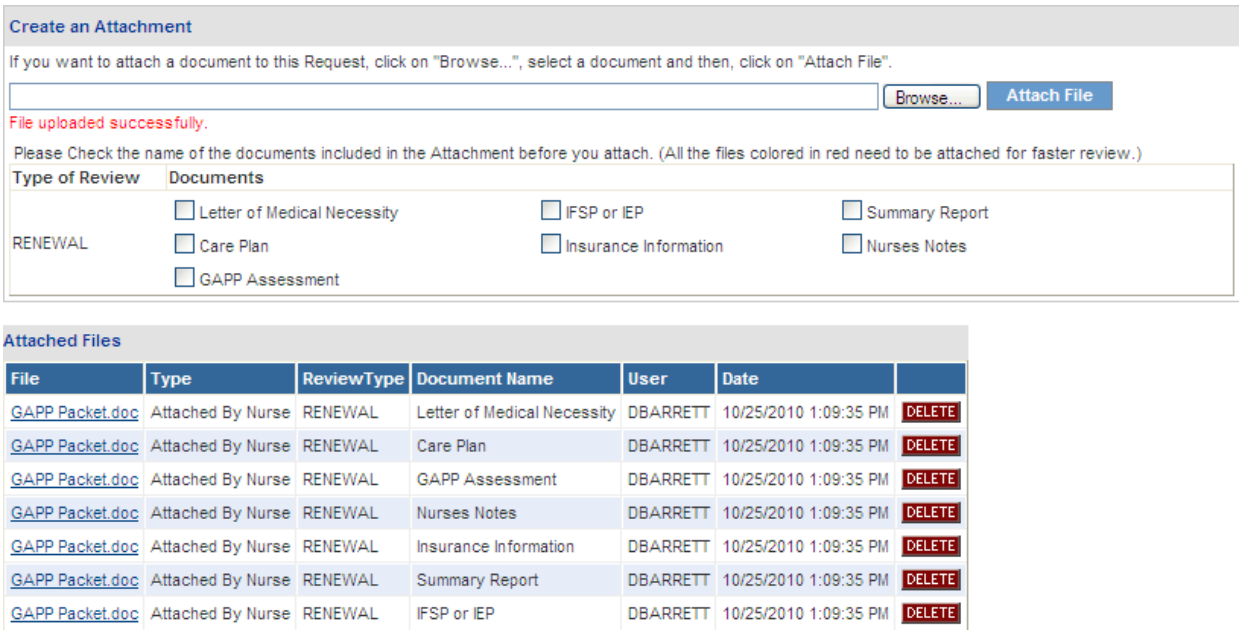



**Figure 12 One File for All Checkboxes**

10. ***Multiple Attachments*:**

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

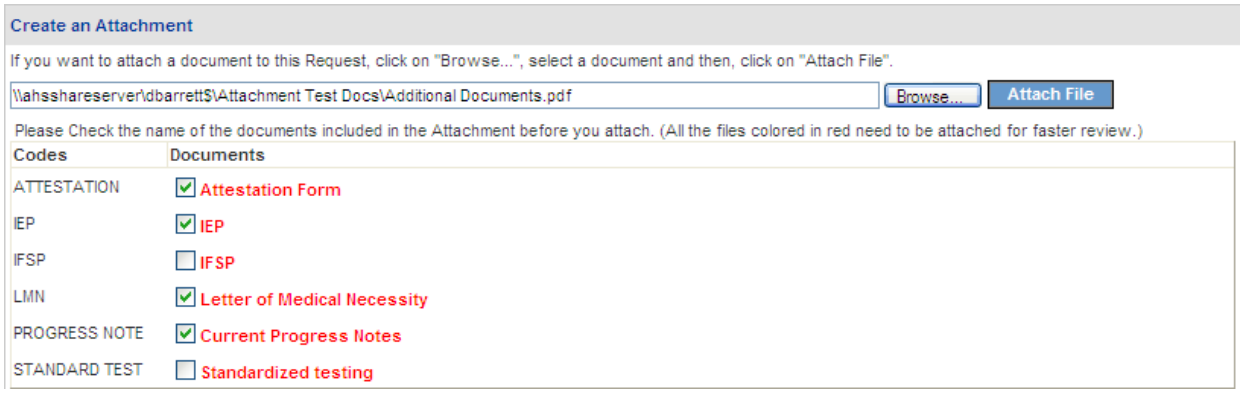



**Figure 13 Select Checkboxes**




**Figure 14 First File Attached**

- To attach another file, repeat the same process. Select the check box or checkboxes andthen attach the file.

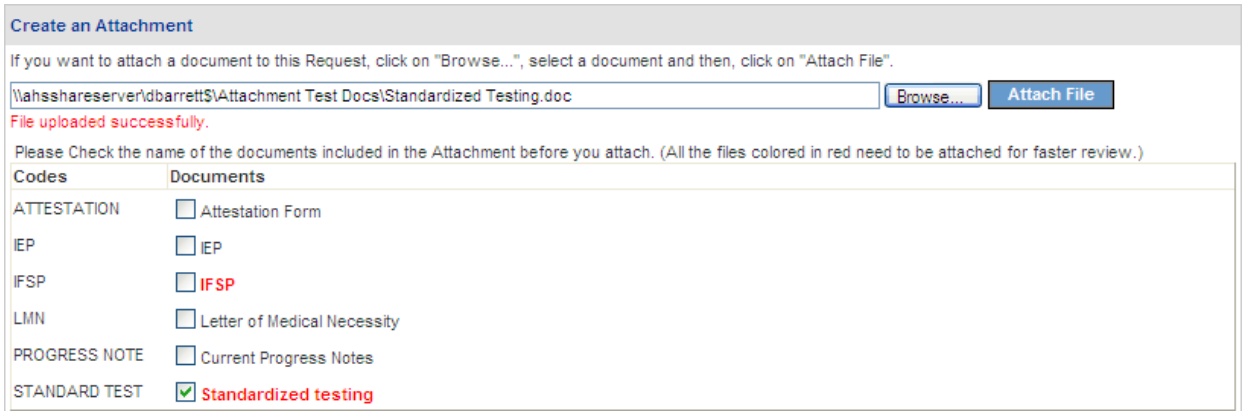



**Figure 15 Attach a Different File**

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

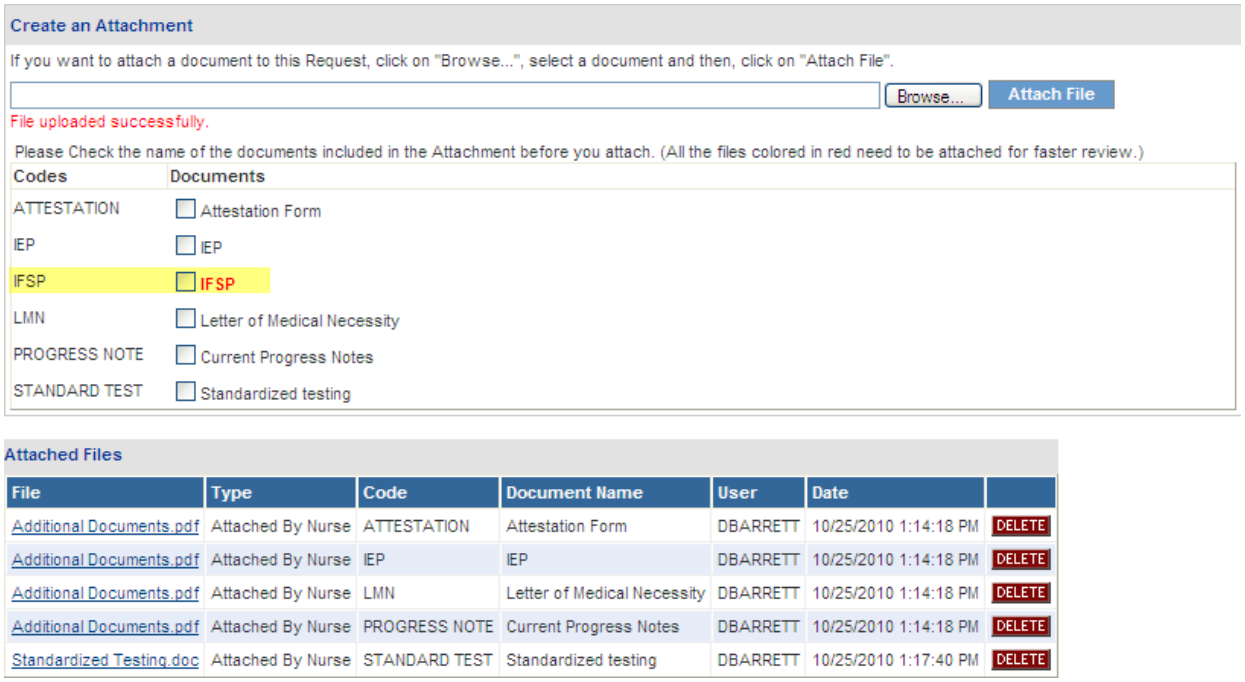



**Figure 16 Checkbox in Red Font**

# APPENDIX R

## PAGE INTENTIONALLY LEFT BLANK

**APPENDIX S**

**Updated January 1, 2023**

**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, please provide:

DFCS County: _____

DFCA Address: _____

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

_____

Physician's Name: _____

Physician's Address: _____

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

____Physician Plan of Treatment- Appendix Y

____Letter of Understanding (yearly)

____Freedom of Choice Form (yearly)

____Current IEP (if there is one)

____Attestation for Transfers and Shared Hours-Appendix (Z)

____ Caregiver Skills Checklist Teaching Plan for Skilled Nursing (if fully competent, please provide PA, on which completed caregiver checklist is provided. PA#) ___

____Most recent 3 months of Narrative Nursing notes (most recent 3 months of PSS notes is optional but send documentation of PSS Tasks performed)

____Medical Necessity Statement for Admission or Continued Stay Supplement (Appendix Ia)

____Seizure Logs (if requesting hours for seizure activity)

____Physician Office Visit Notes (Optional – *but may be requested*)

____ 60 Day Summary

Name of Nursing Agency: _____

Nursing Agency Representative: _____

Date of Complete Packet: Admission: _____

**APPENDIX S-2**

**July 1, 2023**

## 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'sAddress: _____

Member's Medicaid Number: _____

Parent/Guardian:_____

If member is in foster care or DFCS Custody, please provide-DFCS worker will be required to sign all paperwork.

DFCS County: _____

DFCA Address: _____

Physician's Name: _____

Physician's Address: _____

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

The following documents are required to be completed as part of the application for Behavioral Support Aides Services:

____Diagnostic Evaluation – must contain Clinical and Caregiver Testing.

____Letter of Medical Necessity/Rx/Referral with how many hours per week requested.

____Behavioral Assessment which must be dated within two (2) months of PA effective date.

Graphs are required-Example: VB-MAPP, AFLS, ABBLS-R. Peak Skills

____Treatment Plan/Plan of Care – must contain number of hours requested, skills acquisition (data, mastery criteria, goals), and minimum of two (2) parent goals with data. If behavior reduction is noted in the Plan of Care, graphs are required.

____Freedom of Choice Form (yearly)

____Current IEP (if there is one)

____Most recent 3 months of Narrative notes relating to Behavioral Health Aide Services

____Medical Necessity Statement for Admission or Continued Stay Supplement (Appendix Ia)

____Physician Office Visit Notes (Optional – *but may be requested*)

____ 60 Day Summary

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.

Name of Nursing Agency: _____

Nursing Agency Representative: _____

Date of Complete Packet: Admission: _____

**APPENDIX T**

**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 Even 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 U (5)**
**List of Medicaid Approved GAPP Providers**
**(Updated 12/15/2023)**

| **GAPP Providers for In-Home Nursing** | **Counties Served*** |
|---|---|
| True Hope Healthcare Services<br>24 Wadley Street NW<br>Atlanta, Georgia 30314<br>Phone: (404) 579-9311 | Call Provider for Coverage Area |
| M and A Home Care<br>127 Jonesboro Road<br>Jonesboro, Georgia 30236<br>Phone: (301) 792-4426 | Call Provider for Coverage Area |
| Green Emerald Home Healthcare<br>2047 Gees Mill Road, NE<br>Conyers, Georgia 30013<br>Phone: (404) 759-7213 | Call Provider for Coverage Area |
| Ambitious Caregivers Home Care<br>1755 North Brown Road<br>Lawrenceville, Georgia 30Priva043<br>Phone: (470) 545-0385 | Call Provider for Coverage Area |
| Peace of Mind Private Care<br>3590 Carriage Way<br>Atlanta, Georgia 30344<br>Phone: (404) 202-8999 | Call Provider for Coverage Area |
| Tender Caring Home Services<br>10 Glenlake Parkway Suite 130<br>Sandy Springs, Georgia 30328<br>Phone: (470) 351-7660 | Call Provider for Coverage Area |
| Alpha Comfort Care<br>10 Glenlake Parkway, Suite 130<br>Sandy Springs, Georgia 30328<br>Phone: (929) 884-5613 | Gwinnett, Cobb, Fulton, DeKalb, Clayton,<br>Douglas, Fayette, Forsyth, Henry, Paulding,<br>Spalding, Hall |
| Jem and Gecon<br>105 Kiveton Park Drive<br>Roswell, Georgia 30075<br>Phone: (770) 235-2468 | Forsyth, Gwinnett, Fayette, Douglas, DeKalb,<br>Cobb, Clayton, Cherokee, Spalding, Fulton |
| Grace Eboh Home Care<br>150 Sessions Drive<br>Macon, Georgia 30101<br>Phone: (478) 363-2637 | Bleckley, Baldwin, Bibb, Crawford, Houston,<br>Jones, Monroe, Peach, Pulaski, Wilkinson |
| Great Healthcare Services<br>756 West Peachtree St. NW, 4th Floor<br>Atlanta, Georgia 30308<br>Phone: (443) 423-9579 | Call Provider for Coverage Area |
| Presidential Home Care<br>12992 Dartmore Circle<br>Alpharetta, Georgia 30005<br>Phone: (770) 769-1586 | Cherokee, Clayton, Cobb, DeKalb, Fayette, Forsyth,<br>Fulton, Gwinnett, Hall, Henry |
| Nobility Home Care Services<br>4421 Mortons Way<br>Ellenwood, Georgia 30294<br>Phone: (678) 365-6268 | Douglas, Fayette, Newton, Rockdale,<br>Fulton, Henry, Gwinnett, DeKalb, Cobb,<br>Clayton |
| Serene Balance of Life<br>206 Arbor Creek Trail<br>Dallas, Georgia 30157<br>Phone: (404) 507-6779 | Cobb, Fulton, Clayton, Paulding,<br>Douglas, Cherokee, Bartow, Coweta |
| JD Healthcare Services<br>316 Megan Drive<br>Hampton, Georgia 30228<br>Phone: (470) 526-5606 | Lamar, Coweta, Fulton, Spalding, Rockdale,<br>Fayette, Clayton, DeKalb, Henry, Newton |

| | |
|---|---|
| Health First Home Care<br>820 Pavilion Court, Suite C<br>McDonough, Georgia 30253<br>Phone: (678) 249-9395 | Clayton, Fulton, Newton, Rockdale, DeKalb,<br>Butts, Spalding, Fayette, Coweta, Henry |
| Olbot Health Care Services<br>5574 North Henry Boulevard<br>Stockbridge, Georgia 30281<br>Phone: (678) 455-4484 | Call Provider for Coverage Area |
| First Choice Homecare Agency<br>303 Perimeter Center North, Suite 300<br>Atlanta, Georgia 30346<br>Phone: (917) 439-7378 | Cobb, DeKalb, Fulton |
| Reach Angels Agency<br>1995 North Park Place, Suite 518<br>Atlanta, Georgia 30339<br>Phone: (770) 462-5415 | DeKalb, Cobb, Fulton, Clayton, Paulding,<br>Douglas, Gwinnett, Henry, Cherokee |
| IProvide Home Care Solutions<br>3675 Crestwood Parkway<br>Duluth, Georgia 30096<br>Phone: (469) 363-5090 | Call Provider for Coverage Area |
| Lois Comfort Home Care<br>6470 East Johns Creek Crossing<br>Johns Creek, Georgia 30097<br>Phone: (470) 685-1034 | Call Provider for Coverage Area |
| Amenity Nursing Care and Companion Svs.<br>4605 Chestnut Oak Street<br>Loganville, Georgia 30052<br>Phone: (678) 365-6358 | Bartow, Cherokee, Cobb, Clarke, Clayton,<br>Coweta, DeKalb, Douglas, Fayette,<br>Forsyth, Fulton, Gwinnett, Hall, Henry,<br>Oconee, Rockdale, Walton |
| Capstone Quality Care<br>1580 New Orleans Way<br>McDonough, Georgia 30252<br>Phone: (770) 370-7272 | Henry, Fayette, Clayton, Rockdale, Fulton,<br>Monroe, Spalding, Newton, DeKalb, Gwinnett,<br>Hall, Cherokee, Bibb, Clarke, Cobb, Butts,<br>Coweta, Forsyth, Oconee, Carroll |
| American Hearts & Home<br>277 Lakeview Lane<br>Hiram, Georgia 30141<br>Phone: (470) 305-1490 | Call Provider for Coverage Area |
| RJN Oasis Homecare Services<br>366 Powder Springs Street, Suite 212<br>Marietta, Georgia 30064<br>Phone: (678) 539-9486 | Cobb, Cherokee, Fulton, Gwinnett,<br>Paulding |
| Passion4Purpose<br>1700 Neighborhood Walk<br>McDonough, Georgia 30252<br>Phone: (757) 2012344 | Call Provider for Coverage Area |
| Nurse Pro Staffing<br>4920 North Henry Boulevard<br>Stockbridge, Georgia 30231<br>Phone: (770) 288-3372 | Call Provider for Coverage Area |
| Flying Hearts In Home Care<br>416 Tavistock Court<br>McDonough, Georgia 30252<br>Phone: (404) 988-4217 | Call Provider for Coverage Area |
| Mutual Care<br>5353 North Henry Blvd.<br>Stockbridge, Georgia 30281<br>Phone: (404) 282-8878 | Clayton, Cobb, DeKalb, Douglas, Fayette,<br>Fulton, Gwinnett, Henry, Newton, Rockdale |
| iCare Healthcare<br>4112 Bella View Drive<br>Snellville, Georgia 30039<br>Phone: (213) 840-7409 | Gwinnett, Barrow, Forsyth, DeKalb, Fulton,<br>Hall, Clayton, Cobb, Cherokee |

| | |
|---|---|
| Treasures on Earth<br>3461 Lantern View Lane<br>Scottsdale, Georgia 30079<br>Phone: (470) 845-8247 | Call Provider for Coverage Area |
| LoveisKind<br>7475 Old Chapel<br>College Park, Georgia 30349<br>Phone: (404) 368-6477 | Fulton, Henry, Gwinnett, Fayette,<br>Douglas, Clayton, Cobb |
| Fidelis Healthcare Professionals<br>12461 Veterans Memorial Highway<br>Douglasville, Georgia 30134`<br>Phone: (770) 722-3024 | Call Provider for Coverage Area |
| Go Forth Staffing<br>503 Burkleigh Trails Drive<br>Hiram, Georgia 30141<br>Phone: (770) 374-9616 | Fayette, Paulding, Carroll, Gwinnett, Henry,<br>Douglas, DeKalb, Clayton, Cobb, Fulton |
| Sensitive Home Care Agency<br>2225 Morning Dew<br>Conyers, Georgia 30094<br>Phone: (404) 429-0631 | Rockdale, Fulton, DeKalb, Henry, Newton,<br>Clarke, Gwinnett, Clayton, Cobb, Coweta |
| Heavenly Hands Home Care<br>5011 Kendal Station, NW<br>Acworth, Georgia 30102<br>Phone: (401) 485-0045 | Call Provider for Coverage Area |
| Treasure Healthcare Services<br>2210 Wynnton Road<br>Columbus, Georgia 31906<br>Phone: (706) 940-3826 | Wilkinson, Peach, Houston, Macon, Bibb,<br>Hancock, Muscogee, Baldwin, Putnam |
| Omni Home Care<br>200 Pepperdine Way<br>Fayetteville, Georgia 30214<br>Phone: (404) 407-5326 | Henry, Clayton, Fayette, Fulton, Coweta,<br>Cobb, Butts, Carroll, Douglas, Spaulding,<br>DeKalb, Lamar, Newton, Gwinnett, Rockdale |
| Healthcare Finders<br>8455 Georgia 85, Bldg 200, Suite E<br>Riverdale, Georgia 30274<br>(912) 596-9918 | DeKalb, Gwinnett, Henry, Fayette, Newton,<br>Douglas, Coweta, Rockdale, Clayton, Fulton |
| Solvent Solutions<br>1211 Vinings Forest Lane<br>Smyrna, Georgia 30080<br>Phone: (678) 278-5268 | Fulton, DeKalb, Douglas, Cobb, Gwinnett,<br>Paulding, Carroll, Cherokee, Fayette, Henry |
| Virtue Care Services<br>200 Lotus, Circle<br>McDonough, Georgia 30252<br>Phone: (678) 724-0066 | Fayette, Spalding, Newton, Clayton, Fulton,<br>Rockdale, DeKalb, Gwinnett, Henry, Cobb |
| Restorative Custom Healthcare<br>2808 Lost Lakes Way<br>Powder Springs, Georgia 30127<br>Phone: (470) 336-4055 | Forsyth, Hall, Carroll, Fayette, Fulton, Henry,<br>DeKalb, Cherokee, Gwinnett, Cobb |
| Kay Tender Care<br>178 Glen Eagle Way<br>McDonough, Georgia 30253<br>Phone: (561) 317-0764 | Coweta, Newton, Fulton, Butts, DeKalb,<br>Rockdale, Fayette, Spalding, Clayton,<br>Henry |
| SOFA<br>339 Adams Farm Lane<br>Lawrenceville, Georgia 30045<br>Phone: (678) 607-6049 | Fulton, Cobb, Gwinnett, DeKalb, Henry,<br>Douglas, Rockdale, Fayette, Clayton,<br>Barrow |
| King Home Care<br>302 Ermines Way<br>McDonough, Georgia 30253<br>Phone: (404) 850-6548 | Butts, Clayton, DeKalb, Fayette, Fulton,<br>Henry, Lamar, Newton, Rockdale, Sapulding |
| Carter's Loving Home Care | Chatham, Effingham |

| | |
|---|---|
| 10704 Egmont Road<br>Savannah, Georgia 31406<br>Phone: (912) 996-4414 | |
| Next Care Health Services<br>205 Dunlieth Parkway SW<br>Marietta, Georgia 30008<br>Phone: (404) 820-9690 | Call Provider for Coverage Area |
| EPIC Medical Services<br>122 North McDonough Street<br>Jonesboro, Georgia 30236<br>Phone: (678) 271-2255 | Clayton, Fayette, Fulton, Henry, DeKalb, Spaulding, Cobb, Coweta, Douglas, Rockdale |
| Bethel Private Home Care<br>5183 Brown Leaf Way<br>Powder Springs, Georgia 30127<br>Phone: (770) 912-8105 | Paulding, Henry, Rockdale, Hall, DeKalb, Floyd, Cherokee, Gwinnett, FultonCare |
| Complete Care Services<br>1125 Dawson Road<br>Albany, Georgia 31707<br>Phone: (229) 894-7877 | Dougherty, Lee, Terrell, Mitchell, Worth, Baker, Sumter, Randolph, Colquitt, Crisp |
| Haven of Hope<br>654 Gibbs Road South<br>Grovetown, Georgia 30813<br>Phone: (706) 830-1314 | Burke, Columbia, Glascock, Jefferson, Lincoln, McDuffie, Richmond |
| With Love Health Care<br>1620 Townview Lane<br>Cumming, Georgia 30041<br>Phone: (678) 630-9315 | Coweta, Fayette, Hall, Clayton, Gwinnett, DeKalb, Fulton, Forsyth, Cobb, Cherokee |
| Carestar Healthcare<br>3269 North Henry Boulevard<br>Stockbridge, Georgia 30281<br>Phone: (470) 854-8879 | Henry, Fulton, DeKalb, Douglas, Rockdale, Gwinnett, Bibb, Cobb, Forsyth |
| Gail's Homecare<br>3370 Turner Hill Road<br>Lithonia, Georgia 30038<br>Phone: (770) 538-1737 | Call Provider for Coverage Area |
| Zongle Health<br>2488 Brook Park Trail<br>Snellville, Georgia 30078<br>Phone: (470) 805-9225 | Hall, Gwinnett, Fulton, DeKalb, Cobb, Clayton |
| Heart and Soul Healthcare<br>1372 Peachtree Street, NE<br>Atlanta, Georgia 30309<br>Phone: (678) 644-0337 | Fulton, DeKalb, Cobb, Clayton, Henry, Gwinnett, Fayette, Douglas, Forsyth, Rockdale |
| Charin Health Services<br>1555 Oakdale Bluffs Dr. SE<br>Mableton, Georgia 30126<br>Phone: (770) 375-8629 | Clayton, DeKalb, Cobb, Fulton, Gwinnett, Henry, Fayette, Rockdale, Paulding, Douglas |
| Georgia Healthcare Alternative<br>1500 Somerset Vale Court<br>Lawrenceville, Georgia 30044<br>Phone: (470) 856-2610 | Call Provider for Coverage area |
| Allegiance Home Care<br>7681 Belmont Court<br>Douglasville, Georgia 30135<br>Phone: (404) 991-4515 | Call Provider for Coverage Area |
| Unite Healthcare Services<br>2629 Bluestone Drive<br>Atlanta, Georgia 30331<br>Phone: (470) 603-0296 | Fulton, Cobb, Douglas, DeKalb, Clayton, Gwinnett, Paulding, Carroll, Forsyth |
| Our Best Healthcare Services<br>4170 Bonnett Creek Lane | DeKalb, Fulton, Walton, Forsyth, Barrow, Jackson, Hall, Gwinnett |

| | |
|---|---|
| Hoschton, Georgia 30548<br>Phone: (470) 781-8062 | |
| NStar Healthcare Services<br>132 Stanley Court, Suite G<br>Lawrencewille, Georgia 30046<br>Phone: (470)967-5867 | Clayton, Cobb, DeKalb, Fulton, Gwinnett, Rockdale, Forsyth, Hall, Barrow, Walton |
| VIDMA Care Mission<br>3045 Whittier Way<br>Cumming, Georgia 30040<br>Phone: (404) 551-0549 | Dawson, Cobb, White, Hall, Gwinnett, Fulton, Cherokee, DeKalb, Forsyth, Clayton, Douglas, Fayette, Rockdale, Henry, Lumpkin, Banks, Habersham, Franklin, Jackson |
| Peoples Healthcare<br>1700 Northside Drive, Bldg. A7 – Suite 1656<br>Atlanta, Georgia 30318<br>Phone: (404) 369-4432 | Call Provider for Coverage Area |
| Better Beginnings Health Care Services<br>3340 Peachtree Road, NE, Suite 1010<br>Atlanta, Georgia 30326<br>Phone: (678) 712-4236 | Clarke, Clayton, Cobb, Coweta, DeKalb, Fayette, Fulton, Forsyth, Gwinnett, Hall |
| Love and Caring Home Care<br>430 Highland Lake View<br>Atlanta, Georgia 30349<br>Phone: (248) 830-0416 | Call Provider for Coverage Area |
| Omari's House<br>205 Lakeridge Court<br>Covington, Georgia 30016<br>Phone: (404) 578-8990 | Clarke, Forsyth, Cherokee, Rockdale, Newton, Fulton, Henry, Cobb, DeKalb, GwinnettF |
| Comfort Care Experts<br>718 Cityscape Plaza, NE<br>Atlanta, Georgia 30308<br>Phone: (470) 710-6044 | Call Provider for Coverage Area |
| Murphy Healthcare Professionals<br>2727 Paces Ferry Road, Suite 750<br>Atlanta, Georgia 30339<br>Phone: (678) 979-7069 | Paulding, Clayton, Douglas, Rockdale, DeKalb, Forsyth, Fayette, Fulton, Cobb, Gwinnett |
| Domi Healthcare Services<br>903 Pavillion Court, Suite K<br>McDonough, Georgia 30253<br>Phone: (917) 816-1698 | Clayton, DeKalb, Rockdale, Fayette, Newton, Fulton, Spaulding, Butts, Gwinnett |
| Safe At Home Private Care<br>1390 Sugar Glen Court<br>Lawrenceville, Georgia 30044<br>Phone: (678) 793-7078 | Henry, Hall, Gwinnett, Fulton, Forsyth, Rockdale, Cherokee, Clayton, Cobb, DeKalb |
| New Hope Healthcare<br>393 Creek Manor Way<br>Suwanee, Georgia 30024<br>Phone: (770) 417-4088 | Barrow, Cherokee, Douglas, Henry, Coweta, DeKalb, Clayton, Cobb, Fulton, Gwinnett |
| Alpha-Ohms Healthcare<br>5409 The Vyne Avenue<br>Atlanta, Georgia 30349<br>Phone: (404) 655-9155 | Cobb, Fulton, Clayton, Paulding, Douglas, DeKalb, Gwinnett, Cherokee, Fayette, Rockdale, Henry |
| Quality Care and Love<br>260 Winter Park Lane<br>Powder Springs, Georgia 30127<br>Phone: (678) 561-0645 | Cobb, Clayton, Fulton, Douglas, DeKalb, Bartow, Cherokee, Haralson, Polk, Paulding |
| Admirable Healthcare<br>255 Racetrack Road, Suite 6<br>McDonough, Georgia 30252<br>Phone: (678) 471-0897 | Fayette, Newton, Spalding, Cobb, Gwinnett, Rockdale, DeKalb, Clayton, Henry |
| CQA Care<br>1720 Mars Hill Road, Suite 124-407<br>Acworth, Georgia 30101 | Forsyth, Carroll, Gwinnett, DeKalb, Fulton, Douglas, Bartow, Cherokee, Paulding, Cobb |

| | |
|---|---|
| Phone: (404) 219-2302 | |
| Royalty Healthcare<br>2715 Kayla Court<br>College Park, Georgia 30347<br>Phone: (470) 631-6969 | Spaulding, Gwinnett, Douglas, DeKalb,<br>Troup, Cobb, Fayette, Coweta, Clayton, Fulton |
| Hope 4 Haven<br>4031 Sweetwater Parkway<br>Ellenwood, Georgia 30294<br>Phone: (678) 5037980 | Call Provider for Coverage Area |
| Dantily Homecare<br>4045 Heritage Crossing Point<br>Powder Springs, Georgia 30127<br>Phone: (678) 571-1548 | Cobb, Fulton, Gwinnett, Paulding, Henry,<br>DeKalb, Clayton, Douglas, Cherokee, Forsyth |
| Joy Pediatrics<br>101 Elliott Drive, Suite D<br>Rome, Georgia 30165<br>Phone: (706) 237-7314 | Floyd, Chattooga, Gordon, Bartow, Polk,<br>Paulding, Haralson |
| Quality Personal Assistance<br>982 Bar Harbor Court<br>Riverdale, Georgia 30296<br>Phone: (404) 343-9174 | Call Provider for Coverage Area |
| House of Great Care<br>801 Carlton Ridge<br>Atlanta, Georgia 30342<br>Phone: (404) 694-9793 | DeKalb, Cobb, Fulton, Gwinnett,<br>Clayton, Douglas, Henry, Forsyth,<br>Cherokee, Paulding |
| PCA Elite<br>3937 Holcomb Bridge Road, Suite 201<br>Peachtree Corners, Georgia 30092<br>Phone: (404) 720-0770 | Fulton, DeKalb, Gwinnett, Clayton, Cobb<br>Henry, Rockdale, Fayette, Douglas, Cherokee |
| Mac Healthcare<br>1201 Parktown Drive<br>Mableton, Georgia 30126<br>Phone: (470) 930-1554 | Cobb, Fulton, Douglas, Carroll, Cherokee,<br>Clayton, DeKalb, Fayette, Gwinnett,<br>Paulding |
| Enhanced Family Care<br>305 Mango Court<br>McDonough, Georgia 30253<br>Phone: (817) 7074529 | Spalding, Rockdale, Newton, Butts, Clayton,<br>DeKalb, Fulton, Fayette, Henry, Cobb |
| Mothers Wish<br>6832 Wynmeadow Drive<br>Stone Mountain, Georgia 30087<br>Phone: (404) 421-3014 | Call Provider for Coverage Area |
| EDI Care Group<br>300 Colonial Center Parkway #100N<br>Roswell, Georgia 30076<br>Phone: (404) 618-3388 | DeKalb, Cobb, Clayton, Henry, Douglas,<br>Gwinnett, Fulton, Paulding, Cherokee, Coweta |
| S. Ellis Healthcare Services<br>1809 Honey Creek Commons<br>Conyers, Georgia 30013<br>Phone: (770) 679-5714 | Fulton, DeKalb, Cobb, Rockdale, Newton,<br>Gwinnett, Henry, Jasper, Monroe, Clayton,<br>Douglas, Cherokee, Fayette, Richmond, Burke,<br>Jenkins, Jefferson, Washington, Glascock,<br>Warren, Hancock, Taliaferro, Wilkes, Lincoln,<br>McDuffie, Columbia, Paulding, Barrow, Clarke,<br>Oglethorpe, Oconee, Walton, Morgan, Greene,<br>Putnam, Baldwin, Jones, Butts, Chatham, Bryan,<br>Liberty, McIntosh, Toombs, Tattnall, Effingham,<br>Long, Evans, Bibb |
| Cityview Healthcare Services<br>4854 Old National Highway, Suite 159<br>College Park, Georgia 30337<br>Phone: (770) 895-5880 | Butts, Carroll, Coweta, Henry, Fulton, Fayette,<br>Douglas, DeKalb, Cobb, Clayton |
| Alpha Home Care Solutions<br>1652 Church Street, Suite A<br>Decatur, Georgia 30033 | Fulton, Gwinnett, DeKalb, Cobb, Clayton, Henry,<br>Rockdale, Paulding, Douglas |

| | |
|---|---|
| Phone: (404) 373-8160 | |
| Alpha-1 Home Health<br>230 S. Jackson Street, Suite 210<br>Alban, Georgia 30701<br>Phone: (800) 776-2949 | Call Provider for Coverage Area |
| A Good Life Home Care<br>2370 Main Street # 2409<br>Duluth, Georgia 30096<br>Phone: (678) 736-1269 | Call Provider for Coverage area |
| Amicable Homecare<br>1189 Shoreham Drive<br>College Park, Georgia 30349<br>Phone: (470) 227-3240 | Call Provider for Coverage area |
| Triumph Private Home Care<br>2813 White Oak Lane<br>Decatur, Georgia 30032<br>Phone: (404) 532-9226 | Forsyth, Clayton, Cobb, Gwinnett,<br>DeKalb, Fulton, Newton, Hall,<br>Rockdale, Henry |
| Peachtree Family Services<br>828 Ralph McGill Blvd. #112<br>Atlanta, Georgia 30306<br>Phone: (770) 837-8253 | Call Provider for Coverage Area |
| Hands of Hope Healthcare<br>1870 The Exchange, SE, Suite 200<br>Atlanta, Georgia 30330<br>Phone: (678) 539-0983 | Cherokee, Cobb, DeKalb, Forsyth,<br>Gwinnett, Clayton, Coweta, Fayette,<br>Fulton, Henry |
| Corner Stone PHC<br>10 Wilson Road, Suite 101<br>Stockbridge, Georgia 30281<br>Phone: (678) 704-9143 | Bibb, Henry, DeKalb, Rockdale,<br>Clayton |
| Coley Reliable Care<br>547 Winter View Way<br>Stockbridge, Georgia 30281<br>Phone: (478) 320-6893 | Call Provider for Coverage Area |
| Compassionate In Home Solutions<br>1948 Walker Avenue<br>Atlanta, Georgia 30337<br>Phone: (404) 889-7211 | Fulton, DeKalb, Clayton, Henry, Fayette,<br>Spalding, Douglas, Cobb, Gwinnett<br>Rockdale |
| Optimum VIP Care Services<br>4367 Rockrose Green Way<br>Gainesville, Georgia 30504<br>Phone: (678) 622-9807 | Cobb, Cherokee, Clayton, DeKalb,<br>Forsyth, Fulton, Gwinnett, Hall,<br>Henry, Rockdale |
| 1st Care HHS<br>124 New Hope Road<br>Fayetteville, Georgia 30214<br>Phone: (404) 389-3021 | Call Provider for Coverage Area |
| Golden Home Care<br>223 Scenic Highway, Ste. 208<br>Lawrenceville, Georgia 30046<br>Phone: (770) 910-9826 | Call Provider for Coverage Area |
| Atlanta House Health Care<br>270 17th Street, NW – Unit 30363<br>Atlanta, Georgia 30363<br>Phone: (470) 593-6815 | Fulton, DeKalb, Rockdale, Fayette, Cherokee,<br>Henry, Clayton, Douglas, Cobb, Gwinnett |
| Crystal Home Care Services<br>3063 Normandy Ridge<br>Lawrenceville, Georgia 30044<br>Phone: (714) 592-9129 | Henry, Fayette, Rockdale, Fulton,<br>Douglas, DeKalb, Cobb, Clayton, Cherokee |
| Dedicated Kare<br>1622 Wood Hollow Court<br>Marietta, Georgia 30062 | Clayton, Forsyth, Henry, Douglas,<br>Rockdale, Cobb, Fulton, Gwinnett,<br>DeKalb |

| | |
|---|---|
| Phone: (770) 262-6786 | |
| Creating Magical Memories<br>56 Perimeter Center E, Suite 150<br>Atlanta, Georgia 30346<br>Phone: (404) 246-8276 | Henry, Clayton, Gwinnett, Fulton, DeKalb, Cobb, Rockdale, Douglas, Forsyth, Fayette |
| Patab Healthcare Services<br>5074 Centennial Commons Drive<br>Acworth, Georgia 30102<br>Phone: (470) 507-3067 | Floyd, Gwinnett, Fulton, DeKalb, Douglas, Paulding, Fayette, Bartow, Cherokee, Cobb |
| Healthy Heroes<br>308 Tree Creek Parkway<br>Lawrenceville, Georgia 30043<br>Phone: (470) 981-3658 | Henry, Clayton, DeKalb, Newton, Rockdale, Walton, Forsyth, Fulton, Cobb, Gwinnett |
| Express Professional Homecare<br>3469 Lawrenceville Highway, Suite 300<br>Tucker, Georgia 30084<br>Phone: (678) 292-6651 | Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry, Rockdale |
| National Home Care<br>5906 Highway 39<br>Donalsonville, Georgia 39845<br>Phone: (800) 977-2186 | Miller, Early, Decatur, Grady, Thomas, Mitchell, Dougherty, Lowndes, Seminole, Colquitt, Lee, Sumter, Tift, Muscogee, Cook, Houston, Harris, Troup, Brooks |
| Trusted Care Professionals<br>711 Bralorna Drive<br>Stone Mountain, Georgia 30087<br>Phone: (404) 783-0570 | Call Provider for Coverage Area |
| Spirit Home Care<br>303 Perimeter Center North, Suite 300<br>Atlanta, Georgia 30346<br>Phone: (478) 200-3939 | Carroll, Paulding, Cherokee, Cobb, Douglas, Clayton, Coweta, Polk, DeKalb, Fulton |
| Abena Health Solutions<br>4521 Saddle Bend Trail<br>Snellville, Georgia 30039<br>Phone: (470) 202-8424 | Call Provider for Coverage Area |
| We Care Private Homecare<br>17 ½ North Lafayette Square<br>LaGrange, Georgia 30240<br>Phone: (706) 756-2300 | Call Provider for Coverage Area |
| Koi Healthcare<br>1201 West Peachtree Street, Suite 2300<br>Atlanta, Georgia 30309<br>Phone: (470) 203-6152 | Call Provider for Coverage Area |
| SYNC Healthcare<br>235 Peachtree Street, NE, Suite 400<br>Atlanta, Georgia 30303<br>Phone: (773) 932-8387 | Call Provider for Coverage Area |
| 365 Health Care<br>100 Hartsfield Center Parkway, Suite 500<br>Atlanta, Georgia 30354<br>Phone: (678) 975-5886 | Call Provider for Coverage Area |
| Accommodate Medical Staffing<br>743 Walnut Street, Suite 101<br>Macon, Georgia 31201<br>Phone: (478) 318-6840 | Call Provider for Coverage Area |
| Lillie's Helpers<br>743 Walnut Street, Suite 102<br>Macon, Georgia 31201<br>Phone: (478) 216-6336 | Call Provider for Coverage Area |
| Wellive LLC<br>837 Lee Street, S.W. | Henry, Douglas, Clayton, Cobb, Gwinnett, Fulton, DeKalb |

| | |
|---|---|
| Atlanta, Georgia 30310<br>Phone: (786) 831-4348 | |
| Georgia Essential Private Care<br>100 Victorian Way<br>Quitman, Georgia 31643<br>Phone: (404) 590-8872 | Ben Hill, Clinch, Coffee, Brooks, Thomas, Lowndes, Tift, Colquitt, Berrien, Cook |
| Hope 4 Haven<br>4031 Sweetwater Parkway<br>Ellenwood, Georgia 30294<br>Phone: (678) 503-7980 | Call Provider for Coverage Area |
| Better Life Private Care<br>104 Cherry Hill Lane<br>Stockbridge, Georgia 30281<br>Phone: (404) 465-4163 | Henry, Fulton, DeKalb, Gwinnett, Cobb, Clayton, Coweta, Douglas, Fayette, Forsyth |
| Agape Home Care Services<br>390 Windpher Ridge<br>Hampton, Georgia 30228<br>Phone: (770) 771-6700 | Cobb, Gwinnett, Fulton, Forsyth, DeKalb, Decatur, Bartow, Hall, Paulding, Henry |
| Mother's Child Personal Care<br>4966 Day Lily Way<br>Acworth, Georgia 30102<br>Phone: (678) 923-4213 | Cobb, Cherokee, Paulding, Fulton, DeKalb, Gwinnett |
| Hattie's Nursing Hands<br>3066 Excelsior Court<br>Snellville, Georgia 30039<br>Phone: (404) 642-1972 | Barrow, Cobb, DeKalb, Gwinnett, Forsyth, Fulton, Hall, Henry, Jackson, Oconee, Rockdale, Walton |
| New Eden Healthcare Services<br>5119 Brown Crossing Way<br>Powder Springs, Georgia 30127<br>Phone: (678) 427-8496 | Carroll, Douglas, Paulding, Henry Clayton, Rockdale, DeKalb, Cobb, Gwinnett, Fulton, Coweta, Bibb, Walton, Butts, Troup |
| Live Emerge and Persevere<br>2169 Forest Ridge Road<br>Atlanta, Georgia 30316<br>Phone: (678) 521-0609 | DeKalb, Fulton, Douglas, Clayton, Clarke, Cobb, Rockdale, Henry, Gwinnett, Fayette |
| Metro 1 Home Care<br>10500 Abercorn Street<br>Savannah, Georgia 31419<br>Phone: (912) 201-1415 | Call Provider for Coverage Area |
| Rotex Healthcare Services<br>8322 Office Park Drive, Suite D<br>Douglasville, Georgia 30134<br>Phone: (404) 784-9068 | Call Provider for Coverage Area |
| Above Healthcare Services<br>22 14th Street, Unit 3305<br>Atlanta, Georgia 30309<br>Phone: (470) 900-8336 | Monroe, Henry, Cherokee, Gwinnett, Fulton, DeKalb, Clayton |
| Glory Professional Home Services<br>6781 Londonderry Way, Suite 5<br>Union City, Georgia 30291<br>Phone: (678) 519-4753 | Fulton, Clayton, DeKalb, Fayette, Henry, Gwinnett, Cobb, Coweta |
| Dream Care Atlanta<br>117 Kiram Terrace<br>Atlanta, Georgia 30331<br>Phone: (404) 934-1325 | Call Provider for Coverage Area |
| Integrity First Healthcare Services<br>249 Woodland Road, Lot 12<br>Cairo, Georgia 39828<br>Phone: (229) 233-4803 | Grady, Decatur, Colquitt, Mitchell, Thomas, Baker, Worth, Cook, Lee, Lowndes, Doughtery, Brooks, Seminole, Baker, Thomas, Mitchell, Colquitt, Decatur, Grady, Miller, Lamar, Wayne |
| Compassion First<br>1432 Fall River Drive | Rockdale, DeKalb, Fulton, Gwinnett, Fayette, Cobb, Coweta, Forsyth, Bibb, |

| | |
|---|---|
| Conyers, Georgia 30013<br>Phone: (470) 474-3347 | Cherokee |
| MBC Care<br>1917 Kensington High Street<br>Lilburn, Georgia 30047<br>Phone: (404) 694-1445 | Call Provider for Coverage Area |
| 1st Priority Health Care<br>555 North Point Center East #402<br>Alpharetta, Georgia 30022<br>Phone: (470) 805-2272 | Cherokee, Clayton, Cobb, DeKalb,<br>Douglas, Fayette, Fulton, Gwinnett,<br>Paulding, Rockdale |
| Complete Nursing Care<br>5688 Woodland Greens Road<br>Douglasville, Georgia 30135<br>Phone: (404) 316-3631 | Douglas, Cobb, Carroll, Coweta,<br>Fulton, Clayton, Paulding, Haralson,<br>Troup, Gwinnett, Rockdale, DeKalb |
| SLB Healthcare<br>3420 Sweet Basil Lane<br>Loganville, Georgia 30052<br>Phone: (404) 759-1516 | Call Provider for Coverage Area |
| Compassion Companions Healthcare<br>1459 Billy Max Drive<br>Mableton, Georgia 30126<br>Phone: (404) 626-2935 | Cobb, Fulton, Cherokee, DeKalb, Clayton,<br>Gwinnett, Douglas, Fayette, Floyd, Henry |
| Anders Healthcare<br>3455 Peachtree Road, Ste. 500<br>Atlanta, Georgia 30326<br>Phone: (470) 766-9355 | Fulton, Cobb, DeKalb, Henry, Gwinnett,<br>Douglas, Forsyth, Fayette, Cherokee, Clayton |
| JH Healthcare Staffing Agency<br>8498 Glenview Street<br>Douglasville, Georgia 30134<br>Phone: (404) 246-3566 | Forsyth, Henry, Carroll, Clayton, Paulding,<br>Gwinnett, DeKalb, Cobb, Douglas, Fulton |
| Mount Eagles Wings Personal Care<br>202 New Petersburg Drive<br>Martinez, Georgia 30907<br>Phone: (706) 284-9959 | Call Provider for Coverage Area |
| Bee Kind Private Home Care<br>1795 Whitehall Court<br>Marietta, Georgia 30066<br>(770) 568-2650 | Fulton, Gwinnett, Cobb, DeKalb, Clayton,<br>Cherokee, Forsyth, Henry, Paulding, Douglas |
| Celestial Healthcare Services<br>248 Bob Wages Road<br>Bogart, Georgia 30622<br>Phone: (678) 863-5537 | Elbert, Walton, Oconee, Greene, Barrow,<br>Clarke, Jackson, Oglethorpe, Morgan, Madison |
| Innovative Home Care<br>741 Woodstone Road<br>Lithonia, Georgia 30058<br>Phone: (770) 680-2046 | Gwinnett, Clayton, Rockdale, Fayette, Hall,<br>Cherokee, Henry, DeKalb, Cobb, Fulton |
| Haylee Home Care Services<br>2618 Sable Glen Court<br>Buford, Georgia 30519<br>Phone: (678) 936-6625 | Call Provider for Coverage Area |
| Barbara Kares of Central Georgia<br>1277 Twin Pine Road<br>Milledgeville, Georgia 31061<br>Phone: (478) 234-0070 | Call Provider for Coverage Area |
| L'Amour Home Care<br>6436 Gina Agha Circle<br>Lithonia, Georgia 30038<br>Phone: (682)260-4088 | Douglas, Cherokee, Forsyth, Fayette,<br>Gwinnett, Fulton, Decatur, DeKalb,<br>Cobb, Clayton |
| Eshcol Healthcare Agency | Call Provider for Coverage Area |

| | |
|---|---|
| 1169 Leybourne Cove<br>Lawrenceville, Georgia 30045<br>Phone: (470) 419-1040 | |
| SCCL Home Care<br>1363 Valley View Road<br>Dunwoody, Georgia 30338<br>Phone: (470) 685-6512 | DeKalb, Cobb, Fulton, Gwinnett, Forsyth, Clayton, Paulding, Rockdale, Cherokee, Fayette |
| Rise and Restore Healthcare<br>2314 Willington Shoals Place<br>Smyrna, Georgia 30080<br>Phone: (678) 783-8131 | Cobb, Fulton, Gwinnett, DeKalb, Clayton, Douglas, Fayette, Coweta, Henry, Paulding |
| K Devine Cares<br>420 Thornbush Trace<br>Lawrenceville, Georgia 30046<br>Phone: (470) 428-5431 | Douglas, Rockdale, Clayton |
| Greater Living Home Care<br>10140 Ford Avenue, Suite 2<br>Richmond Hill, Georgia 31324<br>Phone: (912) 446-5838 | Chatham, Bulloch, Effingham, Screven, Candler, Bryan, Glynn, Emanuel, Liberty, Evans |
| Heritage Health Partners<br>2186 Hamilton Lake Parkway<br>Buford, Georgia 30519<br>Phone: (678) 895-5389 | Barrow, Clayton, Cobb, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Hall, Henry, Rockdale |
| H.E.R. Community Services<br>110 Stoney Point Terrace<br>Covington Georgia 30014<br>Phone: (404) 621-8896 | Greene, Oconee, Butts, Jasper, DeKalb, Henry, Morgan, Walton, Rockdale Newton |
| Del Mar Healthcare<br>1123 Bentley Estates Drive<br>Dacula, Georgia 30019<br>Phone: (470) 800-6336 | Gwinnett, Fulton, Rockdale, Newton, Walton, Forsyth, Clark, Cobb, Barrow, DeKalb |
| Wooten Healthcare Services<br>1233 Lakeview Cove<br>Grayson, Georgia 30017<br>Phone: (404) 775-8044 | Fayette, Henry, DeKalb, Clayton, Carroll, Fulton, Douglas, Forsyth, Cobb, Gwinnett |
| Easy Homesolvers<br>1660 Hatteras Trail<br>Grayson, Georgia 30017<br>Phone: (678) 516-5234 | Gwinnett, Hall, Forsyth DeKalb, Clayton, Fulton, Walton, Cobb, Henry, Rockdale |
| TMC Care Services<br>9040 Roswell Road<br>Atlanta, Georgia 30350<br>Phone: (404) 999-0906 | Carroll, Paulding, Henry, Newton, Cobb, Gwinnett, Bartow, Cherokee, Fulton, DeKalb |
| Prestige Health Partners<br>711 Autumn Meadow Drive<br>Loganville, Georgia 30052<br>Phone: (678) 628-7632 | Douglas, Walton, Newton, Clayton, Rockdale, Cobb, Henry, Fulton, DeKalb, Gwinnett, Hall |
| Gentle Care Home Services<br>2803 Harwood Drive<br>Hephzibah, Georgia 30815<br>Phone: (404) 952-7022 | Richmond, Jefferson, McDuffie, Columbia, Warren, Burke |
| Royal Care Service<br>1607 Barrington View<br>Stone Mountain, Georgia 30087<br>Phone: (404) 702-9821 | Call Provider for Coverage Area |
| Onekap Healthcare Solutions<br>2723 Madison Mae Lane<br>Grayson, Georgia 30017<br>Phone: (770) 800-6603 | Gwinnett, Greene, DeKalb, Rockdale, Cobb, Dawson, Putnam, Watson, Fulton |

| | |
|---|---|
| R.A.N. Staffing<br>2433 Wild Springs Court<br>Decatur, Georgia 30034<br>(470) 428-4460 | Newton, Fayette, Rockdale, Henry, Gwinnett, Douglas, Clayton, Cobb, Fulton, DeKalb |
| Everlasting Growth<br>956 Belfry Terrace<br>Fairburn, Georgia 30213<br>Phone: (678) 974-9000 | Bartow, Clayton, Cherokee, Cobb, DeKalb, Fayette, Fulton, Gwinnett, Hall, Henry, Spalding, Clarke, Coffee, Coweta, Douglas, Forsyth, Houston, Newton, Pickens, Rockdale |
| Affordable Care Services<br>925 Main Street; Suite 106<br>Stone Mountain, Georgia 30083<br>Phone: (404) 405-4571 or (800) 299-5670 | DeKalb, Gwinnett, Clayton, Fulton, Rockdale, Newton, Henry |
| Divine Source Healthcare Systems<br>5903 Eagles Crossing<br>Riverdale, Georgia 30274<br>Phone: (404) 993-9211 | Butts, Henry, Spalding, Bibb, Houston, Clayton, Pike, Fulton, Peach, Troup |
| Barbara Kares In-Home Care<br>1277 Twin Pine Road<br>Milledgeville, Georgia 31061<br>Phone: (478) 234-0070 | Rockdale, Coweta, Meriwether, Troup, Harris, Muscogee, Wilkinson, Clayton, DeKalb, Fulton, Henry Butts, Lamar, Pike, Spalding, Greene, Newton, Baldwin, Bibb, Crawford, Monroe, Peach, Putnam, Twiggs, Columbia, Hancock, Jefferson, McDuffie, Warren, Washington, Richmond, Johnson |
| Me and My Nanna<br>5878 Buford Highway, Suite 9<br>Atlanta, Georgia 30340<br>Phone: (323) 696-5170 | Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Haralson, Henry, Newton, Paulding, Rockdale, Spalding, Stephens, Banks, Franklin, Hart, Rabun, Towns, Union, Lumpkin, Dawson, White, Habersham, Hall |
| Sadiecare Health Services<br>483 Holderness Street, SW, Unit B<br>Atlanta, Georgia 30310<br>Phone: (404) 550-2241 | Gwinnett, Henry, Clayton, Forsyth, DeKalb, Rockdale, Spalding, Fayette, Douglas, Fulton, Cobb |
| Custom Living Care<br>3949 Kingfisher Drive<br>Atlanta, Georgia 30349<br>Phone: (229) 344-6962 | Fulton, Clayton, Henry, Fayette, Douglas, Cobb, Forsyth, Cherokee, DeKalb, Gwinnett |
| A&S Health Care Services<br>2033Tulip Petal Road<br>Auburn, Georgia 30011<br>Phone: (678) 698-4726 | Fulton, Bartow, Barrow, Hall, Cobb, Gwinnett, Forsyth, DeKalb, Walton, Henry, Paulding, Dawson, Rockdale, Jackson, Newton, Oconee, Oglethorpe, Lumpkin |
| Dr. Bostic Private Home Care<br>1749 Highway 92<br>Fayetteville, Georgia 30215<br>Phone: (863) 777-3846 | Clayton, Cobb, Cherokee, Douglas, DeKalb, Fayette, Fulton, Gwinnett, Henry, Rockdale |
| Home Care Promise<br>3343 Peachtree Road, NE Suite 145<br>Atlanta, Georgia 30326<br>Phone: (404) 590-2246 | Cobb, Cherokee, DeKalb, Douglas, Forsyth, Fulton, Gwinnett, Paulding, Hall, Henry, Rockdale, Spalding, Fayette, Floyd, Carroll, Habersham, Pike, Richmond |
| Helping Hands Home Care<br>735 Ridge Road<br>Canton, Georgia 30114<br>Phone: (470) 469-7136 | DeKalb, Gilmer, Forsyth, Fulton, Cobb, Gordon, Floyd, Pickens, Bartow, Cherokee |
| New Life Private Care<br>2363 Jasmine Glen Drive<br>Buford, Georgia 30519<br>Phone: (770) 309-7677 | Gwinnett, Cobb, Clarke, DeKalb, Hall, Clayton, Bibb, Columbia, Fulton, Forsyth |
| A & C Private Homecare<br>5855 Jimmy Carter Blvd. Suite 260<br>Norcross, Georgia 30071<br>Phone: (770) 776-7048 | Cobb, DeKalb, Fulton, Gwinnett, Paulding, Bartow, Banks, Dawson, Franklin, Forsyth, Hall, Jackson, Jasper, Clarke, Walton, Barrow, Oconee, Floyd, Polk, Habersham, Hart, Stephens, White, Clayton, Douglas, Henry, Rockdale, Barrow, Elbert, Monroe, Newton, Oglethorpe, Madison |

| | |
|---|---|
| Lenus In Home Care<br>4236 Columbia Road<br>Martinez, Georgia 30906<br>Phone: (706) 726-0458 | Richmond, Columbia, Burke |
| Pennies R Us<br>4262 Ivy Run<br>Ellenwood, Georgia 30294<br>Phone: (404) 202-4187 | Clayton, Cobb, DeKalb, Fulton, Gwinnett,<br>Henry Newton, Rockdale, Walton |
| Epic Home Care Svcs<br>2060 Jackson Ridge Cove<br>Kennesaw, Georgia 30144<br>Phone: (678) 371-9672 | Cherokee, Fayette, Forsyth, Rockdale,<br>Paulding, Fulton, Coweta, Gwinnett,<br>DeKalb, Cobb |
| Angels Court<br>1546 Riverview Road<br>Monroe, Georgia 30655<br>Phone: (678) 458-6270 | Gwinnett, Henry, DeKalb, Rockdale,<br>Newton, Cobb, Walton |
| Kind Care Services<br>233 12th Street, Suite 802-B<br>Columbus, Georgia 31901<br>Phone: (706) 341-1848 | Muscogee, Harris, Upson, Meriwether,<br>Taylor, Marion, Troup, Talbot, Chattahoochee,<br>Coweta |
| Thrive Pediatric Care<br>915 Hill Park, Suite 100A<br>Macon, Georgia 31201<br>Phone: (470) 381-1323 | Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb,<br>Coweta, DeKalb, Douglas, Fayette, Forsyth,<br>Fulton, Gwinnett, Hall, Haralson, Henry, Jasper,<br>Lamar, Laurens, Meriwether, Morgan, Newton,<br>Paulding, Pickens, Pike, Polk, Rockdale, Talbot,<br>Upson, Walton, Bleckley, Bibb, Butts, Crawford,<br>Crisp, Dodge, Dooly, Houston, Jones, Monroe, Peach,<br>Pulaski, Putnam, Spalding, Twiggs, Bryan, Bulloch,<br>Candler, Chatham, Effingham, Emanuel, Evans,<br>Liberty, Long, McIntosh, Screven |
| Loving Hearts Homecare<br>600 Westridge Parkway, Ste. 716<br>McDonough, Georgia 30253<br>Phone: (678) 392-3844 | Clayton, DeKalb, Fayette, Fulton, Henry |
| Claude's Loving Hands<br>152 New Street, Suite 30D<br>Macon, Georgia 31201<br>Phone: (478) 722-4512 | Baldwin Bibb, Houston, Peach, Sumter,<br>Pulaski Twiggs, Dooley, Monroe, Jones |
| Caring Hands Homecare<br>3930 Nemours Trail<br>Kennesaw, Georgia 30152<br>Phone: (678) 401-5639 | Gwinnet, Bartow, Floyd, Clayton,<br>Barrow, Henry, Catoosa, Murray, Pickens,<br>Gilmer, Fannin, Cobb, DeKalb, Paulding,<br>Cherokee, Douglas, Fulton, Haralson, Polk,<br>Whitfield, Chattooga |
| ABBA Health Services<br>1363 Valmont Trace NE<br>Marietta, Georgia 30066<br>Phone: (678) 885-7229 | Coweta, Henry, Douglas, Forsyth,<br>Paulding, Gwinnett, Clayton, Cherokee,<br>Fulton, Cobb |
| Constant Healthcare<br>689 Blue Ash Court<br>McDonough, Georgia 30253<br>Phone: (678) 592-2656 | DeKalb, Fulton, Newton, Bibb, Coweta,<br>Gwinnett, Rockdale, Spalding, Henry, Clayton |
| Alpha-Ohms Healthcare<br>5409 The Vyne Avenue<br>Atlanta, Georgia 30349<br>Phone: (404) 655-9155 | Cobb, Fulton, Clayton, Paulding, Douglas,<br>DeKalb, Gwinnett, Cherokee, Fayette, Rockdale,<br>Henry |
| Agape Family Healthcare<br>11555 Medlock Bridge Road, Ste. 147<br>Jones Creek, Georgia 30097<br>Phone: (678) 597-4293 | Cobb, Gwinnett, Fulton, Forsyth,<br>DeKalb, Decatur, Bartow, Hall, Paulding<br>Henry |
| Precious Angel Homecare<br>2475 Northwinds Parkway, Ste. 200<br>Atlanta, Georgia 30009<br>Phone: (404) 451-3077 | Paulding, Carroll, Bartow, Gwinnett,<br>Cobb, DeKalb, Fulton, Clayton, Cherokee,<br>Forsyth, Douglas, Fayette, Spalding, Hall,<br>Habersham |

| | |
|---|---|
| Personal Companions Home Care<br>220 East Lanier Street, Suite 7<br>Fayetteville, Georgia 30214<br>Phone: (513) 332-1993 | Cobb, Clayton, DeKalb, Henry, Fayette,<br>Fulton, Gwinnett, Rockdale |
| Affinity Pediatrics<br>820 Pavilion Court Suite B<br>McDonough, Georgia 30252<br>Phone: (678) 782-3513 | Butts, Clayton, DeKalb, Fayette, Fulton,<br>Gwinnett, Henry, Newton, Rockdale,<br>Spaulding, Paulding, Cobb, Douglas,<br>Floyd, Troup |
| Tender Touch Healthcare<br>55 Atlanta Street, Suite 104<br>Marietta, Georgia 30060<br>Phone: (470) 632-0622 | Cobb, Cherokee, Fulton, DeKalb, Gwinnett,<br>Bartow, Paulding, Forsyth, Douglas, Floyd,<br>Clayton, Henry |
| Open Arm Care Service<br>2108 Caneridge Drive<br>Marietta, Georgia 30064<br>Phone: (770) 686-7546 | Paulding, Gwinnett, Douglas, DeKalb, Fulton,<br>Cobb, Pickens Bartow, Cherokee, Clayton |
| Integricare<br>1888 Hollywood Road Unit 7401<br>Atlanta, Georgia 30327<br>Phone: (678) 334-1163 | DeKalb, Cobb, Cherokee, Fulton, Gwinnett,<br>Forsyth, Coweta, Fayette, Clayton, Douglas |
| Lexx Homecare<br>999 Whitlock Avenue, Suite 9<br>Marietta, Georgia 30064<br>Phone: (404) 933-7016 | Fulton, Bartow, Gwinnett, Walton, DeKalb,<br>Clayton, Floyd, Forsyth, Cobb, Cherokee,<br>Gordon, Paulding, Douglas, Carroll, Clarke,<br>Polk |
| Quantum Grace Solutions<br>1710 Stoneoak Circle<br>Lawrenceville, Georgia 30043<br>Phone: (678) 779-2070 | Gwinnett, Fulton, Clayton, DeKalb,<br>Cobb, Walton, Forsyth, Bartow, Rockdale,<br>Henry |
| Precision Care Solutions<br>221 Semel Circle N.W., Unit 253<br>Atlanta, Georgia 30309<br>Phone: (404) 536-1825 | Fulton, DeKalb, Clayton, Cobb,<br>Gwinnett |
| Medi-Cure Home Care<br>2505 Chamblee Tucker Road, Ste. 210<br>Chamblee, Georgia 30341<br>Phone: (770) 755-1394 | DeKalb, Fulton, Clayton, Henry, Gwinnett,<br>Cobb, Rockdale, Newton, Walton, Fayette,<br>Forsyth, Douglas, Cherokee, Coweta, Hall,<br>Barrow, Jackson |
| Jeremy's Place<br>4910 Jonesboro Road, Bldg. 200<br>Union City, Georgia 30291<br>Phone: (678) 849-5294 | Fulton, Clayton, Henry, Coweta, Fayette |
| Southern Oaks Healthcare<br>304 Everly Circle<br>Locust Grove, Georgia 30248<br>Phone: (478) 365-9062 | Henry, Macon, Spalding, Fulton, Newton,<br>Houston, Fayette, DeKalb, Clayton, Bibb<br>Gwinnett, Cobb, Forsyth, Lamar, Upson,<br>Monroe |
| Aspire Home Care<br>282 Rockin Hill Drive<br>Marietta, Georgia 30060<br>Phone: (678) 913-9984 | Cobb, Cherokee, Decatur, DeKalb, Douglas,<br>Fayette, Floyd, Fulton, Gwinnett, Paulding |
| Compassionate Professional Home Care<br>527 U.S. Highway 80, Suite 102<br>Garden City, Georgia 31408<br>Phone: (912) 677-2143 | Chatham, Bryan, Effingham, Long,<br>Glynn, Bulloch, Camden, McIntosh,<br>Screven, Laurens |
| LaPaz Homecare<br>6974 Springwood Drive<br>Douglasville, Georgia 30135<br>Phone: (404) 229-4533 | Gwinnett, Fayette, Cobb, Paulding,<br>Fulton, DeKalb, Carroll, Douglas |
| Qualucare<br>3707 Main Street, Suite 6<br>College Park, Georgia 30337 | Gwinnett, Hall, Forsyth, Cobb, Paulding,<br>Clayton, Fulton, Fayette, Douglas, Henry |

| | |
|---|---|
| Phone: (404) 213-2655 | |
| Professional and Quality Home Care<br>1755 North Brown Road, Suite 235<br>Lawrenceville, Georgia 30043<br>Phone: (678) 690-5198 | Fulton, DeKalb, Gwinnett, Cobb |
| EKAA Care & Support<br>332 Brentford Avenue<br>Grovetown, Georgia 30813<br>Phone: (404) 663-5578 | Burke, Columbia, Jefferson, McDuffie,<br>Richmond, Taliaferro, Warren, Washington,<br>Wilkes |
| Infinite Care Services<br>157 Burke Street #108<br>Stockbridge, Georgia 30281<br>Phone: (678) 462-3376 | Butts, Jackson, Bibb, Spalding, Fayette, DeKalb,<br>Fulton, Cobb, Clayton, Henry, Forsyth, Morgan,<br>Decatur, Gwinnett, Douglas, Rockdale, Clarke,<br>Carroll, Newton, Cherokee |
| Lillie's Healthcare<br>5002 Streator Drive<br>Columbus, Georgia 31907<br>Phone: (706) 330-6782 | Muscogee, Harris, Chattahoochee, Dougherty,<br>Talbot, Troup, Marion, Steward, Webster,<br>Terrell |
| Epiphany Healthcare System<br>1015 Tyrone Road, Bldg. 100<br>Tyrone, Georgia 30290<br>Phone: (770) 306-3416 | Jasper, Morgan, Newton, Pike, Fulton, Coweta, Muscogee,<br>Fayette, Clayton, Henry, Dekalb, Rockdale, Cobb,<br>Cherokee, Spalding, Carroll, Heard, Meriwether,<br>Douglas, Paulding, Gwinnett, Barrow, Bibb, Butts,<br>Floyd, Franklin, Upson, Troup, Dougherty, Lumpkin,<br>Randolph, Houston, Crisp, Sumter, Chattahoochee |
| Gees Hope Caring Agency<br>3655 Crestwood Parkway, Ste 430<br>Duluth, Georgia 30096<br>Phone: (404) 432-8287 | Gwinnett, Forsyth, Hall, Franklin, Cobb, Fulton,<br>DeKalb, Clayton, Jackson, Douglas, Rockdale,<br>Barrow, Walton |
| Fresh Dew Home Care<br>1495 Union Station Court<br>Lawrenceville, Georgia 30045<br>Phone: (678) 755-8555 | DeKalb, Gwinnett, Cobb, Forsyth, Hall,<br>Rockdale, Barrow, Walton, Jackson<br>Hancock, Jefferson, Richmond, Washington |
| Loving Heart Healthcare<br>3334 Stone Mountain Parkway, Suite E<br>Snellville, Georgia 30078<br>Phone: (770) 885-3453 | Fulton, Hall, Rockdale, Clayton, Henry,<br>Barrow, Newton, Walton, DeKalb, Gwinnett |
| Interim Healthcare<br>801 Broad Street, Suite 605<br>Augusta, Georgia 30901<br>Phone: (706) 550-1107 | Richmond, Columbia, Burke, McDuffie, Jefferson,<br>Glascock, Warren, Clarke, Oconee, Greene,<br>Oglethorpe, Taliaferro, Wilkes, Lincoln |
| Trans Alliance Med.<br>2650 Holcomb Bridge Road, Suite 540<br>Alpharetta, Georgia 30022<br>Phone: (770) 992-9940 | Fulton, Cobb, DeKalb, Gwinnett, Forsyth,<br>Fayette, Clayton, Douglas, Rockdale, Henry,<br>Dawson, Walton, Barrow, Cherokee, Douglas,<br>Paulding, Walton, Wilcox, Coweta, Newton, Bartow,<br>Banks, Lumpkin, Union, Towns, Rabun, White,<br>Habersham, Stephens, Franklin, Putnam, Hart, Hall,<br>Clarke, Jackson, Gordon, Butts, Spalding, Pickens,<br>Carroll |
| Lighthouse of Columbus<br>6634 Forrest Road<br>Columbus, Georgia 31907<br>Phone: (706) 442-7783 | Muscogee, Harris, Troup, Coweta, Meriwether,<br>Talbot, Marion, Taylor, Chattahoochee, Schley,<br>Sumter, Webster, Stewart, Quitman, Randolph, Lee,<br>Terrell, Dougherty, Calhoun, Clay |
| Graceol Corporation<br>1059 Green Street<br>Conyers, Georgia 30012<br>Phone: (404) 839-2688 | Butts, DeKalb, Gwinnett, Henry, Jasper,<br>Newton, Rockdale, Walton, Fulton, Clayton, Cobb,<br>White |
| Razom Healthcare<br>7803 Bar Harbor Drive<br>Riverdale, Georgia 30296<br>Phone: (404) 429-5597 | Cobb, Clayton, DeKalb, Douglas, Fayette, Fulton,<br>Gwinnett, Henry, Newton, Spaulding |
| Global Private Homecare Solutions | Cherokee, Clayton, Cobb, DeKalb, Douglas, |

| | |
|---|---|
| 400 Galleria Parkway, Suite 1500<br>Atlanta, Georgia 30339<br>Phone: (678) 385-5920 | Fayette, Fulton, Gwinnett, Meriwether, Rockdale |
| Providence Healthcare of Georgia<br>6509 Bennington Bluff Court<br>Mableton, Georgia 30126<br>Phone: (404) 408-8703 | Paulding, Douglas, Carroll, Fulton, Clayton,<br>Henry, DeKalb, Rockdale, Gwinnett |
| ARAA Home Care<br>2020 Avalon Parkway, Suite 380<br>McDonough, Georgia 30253<br>Phone: (678) 833-1818 | Clayton, Dade, DeKalb, Fulton, Fayette<br>Gwinnett, Henry, Newton, Rockdale, Cobb,<br>Spalding, Coweta, Walton, Muscogee, Harris,<br>Troup, Chattahoochee, Meriweather |
| C & C Healthcare Services<br>1640 Powers Ferry Road, Bldg. 16<br>Atlanta, Georgia 30339<br>Phone: (770) 690-9094 | Bartow, Butts, Carroll, Cherokee, Clayton,<br>Cobb, Coweta, DeKalb, Douglas, Fayette,<br>Floyd, Fulton, Gwinnett, Haralson, Heard,<br>Henry, Lamar, Meriwether, Newton, Paulding,<br>Pike, Polk, Rockdale, Spalding, Troup, Walton,<br>Upson |
| Bel Regional Care<br>2008 East View Parkway, Suite 153<br>Conyers, Georgia 30013<br>Phone: (770) 474-1235 | Barrow, Cobb, Clayton, Fulton, DeKalb,<br>Gwinnett, Henry, Newton, Rockdale, Walton |
| JAS Links Healthcare<br>2282 Meadow Church Road<br>Duluth, Georgia 30097<br>Phone: (678) 292-3290 | Banks, Barrow, Cherokee, Clayton, Cobb<br>Dawson, DeKalb, Douglas, Forsyth, Fayette,<br>Franklin, Fulton, Gwinnett, Henry, Hall, Hars,<br>Jackson, Jasper, Lumpkin, Paulding, Oconee,<br>Rockdale, White |
| Suitable for the People Health Service<br>975 Gaines School Road<br>Athens, Georgia 30605<br>Phone: (706) 850-6109 | Rockdale, Gwinnett, Fulton, DeKalb,<br>Oglethorpe, Oconee, Newton, Morgan,<br>Greene, Clarke |
| Emerge Life Care<br>2899 Toney Drive<br>Decatur, Georgia 30032<br>Phone: (770) 629-4726 | Clayton, Cobb, DeKalb, Henry, Gwinnett,<br>Fulton, Fayette, Rockdale, Spalding, Douglas |
| Ulticare Health and Home Care<br>4459 Bellemeade Drive<br>Douglasville, Georgia 30135<br>Phone: 404-988-0387 | Douglas, Cobb, DeKalb, Clayton, Fulton,<br>Gwinnett, Haralson, Carroll, Paulding, Fayette |
| Alive Home Care<br>1319 West Broad Avenue<br>Albany, Georgia 31707<br>Phone: (229) 496-9147 | Atkinson, Baker, Ben Hill, Bleckley, Calhoun,<br>Clay, Colquitt, Crisp, Dodge, Dooley, Dougherty,<br>Early, Irwin, Lee, Macon, Mitchell, Muscogee,<br>Pulaski, Randolph, Schley, Sumter, Terrell, Tift |
| BSPC Home Care<br>307 Sawyer Meadow Way<br>Grayson, Georgia 30017<br>Phone: (404) 381-2482 | DeKalb, Gwinnett, Fulton, Rockdale, Clayton,<br>Henry, Cobb, Newton, Walton |
| Sanzie Healthcare Services<br>115 Bradford Square, Ste B.<br>Fayetteville, Georgia 30215<br>Phone: (770) 716-2233 | Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart,<br>Lumpkin, Stephens, White, Clayton, Cobb, DeKalb, Douglas,<br>Fayette, Fulton, Gwinnett, Henry, Rockdale, Barrow, Clarke,<br>Jackson, Jasper, Madison, Morgan, Newton, Oconee, Bibb Oglethorpe, Walton, Butts,<br>Carroll, Coweta, Heard, Lamar, Meriwether, Pike, Spalding, Troup, Upson, Paulding,<br>Monroe,<br>Elbert, Haralson, Polk, Cherokee, Bartow, Floyd, Gordon<br>Gordon, Monroe, Bibb |
| Myka Health Systems<br>158 Fairview Road, Suite B<br>Ellenwood, Georgia 30294<br>Phone: (678) 599-1426 | Coweta, Fulton, Douglas, DeKalb, Rockdale,<br>Fayette, Cobb, Clayton, Henry, Gwinnett |
| Glory Healthcare<br>7744-D Hampton Place<br>Loganville, Georgia 30052<br>Phone: (678) 365-1967 | Newton, Walton, Barrow, Gwinnett, DeKalb,<br>Fulton, Cobb, Henry, Greene, Rockdale, Jackson,<br>Oconee, Madison, Clarke, Hall, Douglas, Bartow,<br>Coweta, Butts, Putnam, Washington, Clayton,<br>Elbert, Heard, Wilkes, Oglethorpe, Fayette, |

| | |
|---|---|
| | Banks, Franklin, Hart |
| 24 Hour Home Care<br>5405 Memorial Drive<br>Suite A 103<br>Stone Mountain, Georgia 30083<br>Phone: (404) 343-6781 | Gwinnett, Fulton, DeKalb, Clayton, Cobb, Rockdale, Fayette, Cherokee, Douglas, Paulding |
| Your Choice Caregivers<br>129 Algerine Court<br>Fairburn, Georgia 30213<br>Phone: (404) 479-1008 | Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fulton, Gwinnett, Henry, Paulding |
| Help at Home<br>6602 Abercorn St. Suite 200<br>Savannah, Georgia 31405<br>Phone: (912) 354-3680 | Bryan, Bulloch, Camden, Chatham, Effingham, Glynn, Liberty, McIntosh, Screven |
| Personal Home Care of Atlanta<br>1864 Cedar Cliff Drive<br>Smyrna, Georgia 30080<br>Phone: (470) 495-2829 | Cobb, Fulton, Gwinnett, Fayette, Henry, Spalding, DeKalb, Coweta, Douglas, Cherokee, Rockdale, Paulding, Walton |
| R & E Health Care<br>7002 Annie Walk<br>Lithonia, Georgia 30032<br>Phone: (470) 545-0860 | DeKalb, Fulton, Henry, Clayton, Douglas, Rockdale, Walton |
| Atlanta Pediatric Healthcare<br>320 West Lanier Avenue, Suite 200<br>Fayetteville, Georgia 30214<br>Phone: (770) 250-7477 | Gwinnett, Rockdale, Henry, Coweta, Fulton, Fayette, Cobb, Douglas, DeKalb, Clayton |
| KT Malone Staffing<br>2039 10th Avenue<br>Columbus, Georgia 31901<br>Phone: (706) 992-8444 | Muscogee, Troup, Harris, Chattahoochee, Talbot, Marion |
| Esther Angel's Homecare<br>100 Lloyd Avenue, Suite B<br>Tyrone, Georgia 30290<br>Phone: (470) 428-5444 | Bartow, Butts, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Hall, Haralson, Harris, Henry, Jasper, Meriwether, Spalding, Troup |
| Paradise Grove Private Homecare<br>2817 Highway 212 SW<br>Mableton, Georgia 30126<br>Phone: (770) 882-8401 | Henry, Hall, Cobb, Newton, Rockdale, DeKalb, Fulton, Cherokee, Clayton, Gwinnett |
| Brighter Days Home Care<br>666 Old Alabama Road<br>Austell, Georgia 30168<br>Phone: (404) 940-7382 | Cobb, Gwinnett, DeKalb, Fayette, Carroll, Fulton, Bartow, Cherokee |
| Elvin Home Care<br>2710 Jefferson Street, Suite 101<br>Austell, Georgia 30106<br>Phone: (404) 993-1383 | Cobb, Douglas, Cherokee, Clayton, Fulton, Gwinnett, Rockdale, Dekalb, Paulding, Polk, Floyd, Fayette |
| Immaculate Healthcare Solutions<br>970 Peachtree Industrial Boulevard, Suite 8<br>Suwanee, Georgia 30024<br>Phone: (678) 707-2369 | Rockdale, Cherokee, Gwinnett, Fulton, Walton, DeKalb, Jackson, Forsyth, Hall, Bartow, Cobb, Douglas, Clayton, Barrow, Oconee, Paulding, Henry, Clarke, Newton, Fayette |
| AACE Healthcare<br>1203 Andrews Drive<br>Lithia Springs, Georgia 30122<br>Phone: (310) 489-0956 | Douglas, Carroll, Fulton, DeKalb, Clayton, Fayette, Coweta, Cobb, Calhoun, Henry, Paulding, Bartow, Fayette, Floyd, Polk, Forsyth, Hall, Cherokee, Gwinnett, Rockdale, Heard, Lamar, Monroe, Pike, Spalding, Troup, Barrow, Clarke, Elbert, Madison, Newton, Oconee, Oglethorpe, Walton, Chattahoochee, Muscogee, Bibb, Butts |
| AXESS Health Solutions<br>340 Engle Drive | Cherokee, Clayton, Cobb, DeKalb, Douglas, Forsyth, Fulton, Gwinnett, Hall, Rockdale |

| | |
|---|---|
| Tucker, Georgia 30084<br>Phone: (404) 858-8709 | |
| Tender Loving Care Home Care<br>8230 Hazelbrand Road, NE, Suite B<br>Covington, Georgia 30014<br>Phone: (678) 623-7166 | Jasper, Newton, Morgan, Butts, Putnam,<br>Walton, DeKalb, Fulton, Rockdale, Henry,<br>Lamar, Spalding, Jones, Monroe, Clayton, Cobb,<br>Gwinnett, Greene, Bibb |
| Primecare Homecare<br>1789 East Washington Road<br>East Point, Georgia 30344<br>Phone: (478) 696-3534 | Carroll, Douglas, Fulton, DeKalb, Clayton,<br>Fayette, Coweta, Cobb, Henry, Paulding,<br>Bartow, Floyd, Gordon, Haralson, Pickens,<br>Polk, Forsyth, Hall, Cherokee, Gwinnett,<br>Rockdale, Head, Lamar, Meriwether, Pike,<br>Spalding, Troup, Barrow, Clarke, Elbert,<br>Madison, Newton, Oconee, Oglethorpe, Walton,<br>Chattahoochee, Muscogee, Atkinson, Coffee,<br>Irwin, Ben Hill, Turner, Tift, Colquitt, Worth,<br>Mitchell, Baker |
| Care4All Community Care<br>1174 McKendree Church Road<br>Lawrenceville, Georgia 30043<br>Phone: (678) 719-9677<br>After Hrs: (470) 338--1671 | Bartow, Barrow, Cherokee, Clarke, Clayton,<br>Cobb, Dawson, DeKalb, Douglas, Fayette,<br>Forsyth, Fulton, Gwinnett, Hall, Henry,<br>Jackson, Oconee, Pickens, Rockdale,Walton |
| Unique Pediatric Hearts<br>418 Matera Drive<br>Cartersville, Georgia 30120<br>Phone: (470) 701-6952 | Bartow, Cherokee, Cobb, Floyd, Forsyth,<br>Fulton, Gilmer, Gordon, Paulding, Pickens |
| Pure Ivy Health Care<br>1119 Westgate Drive<br>Lilburn, Georgia 30047<br>Phone: (678) 697-4266 | Gwinnett, DeKalb, Hall, Rockdale, Fulton,<br>Cobb, Barrow, Forsyth, Carroll, Paulding, Clayton,<br>Fayette, Henry, Douglas, Cherokee |
| Heavenly Global Healthcare<br>5051 Peachtree Corners Circle Suite #200<br>Norcross, Georgia 30092<br>Phone: (678) 477-3398 | Cherokee, Walton, Coweta, Bartow, Baldwin,<br>Dawson, Macon, Chatham, White, Floyd,<br>Gwinnett, Fulton, DeKalb, Cobb, Forsyth,<br>Paulding, Rockdale, Fayette, Newton, Clayton,<br>Douglas, Henry, Spalding, Jasper, Whitfield,<br>Liberty |
| Zarab Healthcare<br>1634 Brandemere Lane<br>Austell, Georgia<br>Phone: (678) 540-6728 | Cobb, Fulton, DeKalb, Douglas, Fayette, Clayton, Gwinnett,<br>Paulding, Rockdale, Barrow |
| Zenux Healthcare<br>2310 Parklake Drive, Suite 186<br>Atlanta, Georgia 30345<br>Phone: (770) 679-5218 | Cherokee, Clayton, Cobb, DeKalb, Fayette, Fulton,<br>Gwinnett, Henry, Rockdale, Newton, Walton |
| We Care Home Care<br>870 North Dallas Highway, Suite C<br>Douglasville, Georgia 30134<br>Phone: (770) 681-0517 | Clayton, Cobb, Coweta, Dekalb, Douglas, Fayette, Floyd,<br>Fulton, Gordon, Gwinnett, Haralson, Heard, Henry, Jasper<br>Jones, Lamar, Meriwether, Monroe, Newton, Paulding,<br>Pickens, Pike, Polk, Rockdale, Spalding, Barrow, Bartow,<br>Bibb, Butts, Carroll, Chatooga, Cherokee |
| Primecare Home Care<br>106 East Main Street<br>Thomson, Georgia 30824<br>Phone: (478) 696-3534 | Johnson, Jenkins, Burke, Jefferson, Richmond, Glascock,<br>McDuffie, Columbia, Lincoln, Wilkes |
| 1st Option Health Care<br>1810 Peachtree Industrial Boulevard, Suite 215<br>Duluth, Georgia 30097<br>Phone: (770) 676-6903 | Fulton, Gwinnett, Cobb, DeKalb, Forsyth |
| Thrive Skilled Pediatric Care<br>1800 Sandy Plains Industrial Parkway<br>Suite 220<br>Marietta, Georgia 30066<br>Phone (470) 381-1323 | Clayton, Cobb, DeKalb, Fayette, Forsyth, Fulton,<br>Gwinnett, Rockdale, Henry, Walton, Douglas, Rockdale,<br>Coweta, Spalding, Butts, Jasper, Putnam, Jones, Monroe,<br>Bibb, Crawford, Peach, Houston, Twiggs, Emanuel, Candler,<br>Screven, Bulloch, Effingham, Evans, Liberty, Long, Chatham,<br>McIntosh, Bryan, Pickens, Bartow, Paulding, Hall, Cherokee,<br>Laurens, Dodge, Pulaski, Dooly, Bleckley, Polk, Haralson, |

| | |
|---|---|
| | Carroll |
| Viet Home Care<br>5961 Live Oak pkwy suite B<br>Norcross, GA 30093<br>Phone: (770) 447-7554 | Gwinnett, DeKalb, Rockdale, Henry, Clayton,<br>Fayette, Fulton, Douglas, Cobb, Cherokee |
| Primecare Home Care<br>905 Main Street<br>Macon, Georgia 31217<br>Phone: (478) 696-3534 | Bibb, Laurens, Twiggs, Bleckley, Dodge,<br>Jones, Pulaski, Houston, Peach, Crawford, Monroe,<br>Butts, Lamar, Upson, Jackson, Crisp, Dooly, Macon,<br>Marion, Muscogee, Schley, Sumter, Talbot, Taylor,<br>Telfair, Wilcox, Calhoun, Lee, Terrell, Charlton, Ware,<br>Brantley, Pierce, Wayne, Appling, Tattnall, Evans,<br>Candler, Bacon, Chattahoochee, Pike |
| A New Well, Inc Home Health Care<br>401 West Park, Suite 200<br>Peachtree City, Georgia 30269<br>Phone: (800) 341-0120 | Banks, Dawson, Forsyth, Franklin, Habersham, Hall,<br>Hart, Lumpkin, Stephens, White, Clayton, Cobb,<br>DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry,<br>Rockdale, Barrow, Clarke, Jackson, Jasper, Madison,<br>Morgan, Newton, Oconee, Oglethorpe, Walton, Butts,<br>Carroll, Coweta, Heard, Lamar, Meriwether, Pike,<br>Spalding, Troup, Upson, Paulding, Elbert, Haralson,<br>Polk, Cherokee, Bartow, Floyd, Gordon, Monroe, Bibb |
| Healthcare<br>791 River Hill Drive<br>Lawrenceville, Georgia 30046<br>Phone: (404) 692-3741 | Gwinnett, DeKalb, Barrow, Hall, Fulton, Cobb,<br>Forsyth, Clayton, Henry, Morgan, Cherokee |
| FirmCare Life Sharing<br>811 Sylvania Court, SE<br>Mableton, Georgia 30126<br>Phone: (404) 721-7386 | Fulton, DeKalb, Gwinnett, Cobb, Henry,<br>Forsyth, Fayette, Douglas, Clayton,<br>Cherokee, Hall, Banks, Habersham, Barrow |
| RayRac Healthcare<br>8331-D Office Park Drive<br>Douglasville, Georgia 30134<br>Phone: (678) 594-3377 After hrs. (678) 598-0760 | Fulton, DeKalb, Cobb, Paulding, Douglas,<br>Clayton, Gwinnett, Henry |
| Glory Healthcare<br>85 Shea Lane<br>Stockbridge, Georgia 30281<br>Phone: (404) 992-0048 | Clayton, DeKalb, Fayette, Fulton,<br>Gwinnett, Henry, Rockdale, Coweta, Spalding,<br>Newton |
| Michester, Inc.<br>3845 Powder Springs Road, Suite 102<br>Powder Springs, Georgia 30127<br>Phone: (678) 791-2696 | Cobb, Douglas, Fulton, DeKalb, Paulding, Pickens,<br>Carroll, Gwinnett, Polk, Clayton, Floyd, Whitfield |
| Simplicity Health Care<br>6741 Church Street, Ste 2<br>Riverdale, Georgia 30274<br>Phone: (404) 465-6640 | Clayton, Cobb, DeKalb, Fayette, Fulton, Henry, Carroll<br>Gwinnett, Coweta, Douglas, Meriwether, Gordon, Paulding |
| Sky Angel Nurses, Inc.<br>1718 Peachtree St. NW, Ste 240<br>Atlanta, Georgia 30309<br>Phone: (404) 365-0203 | Bartow, Haralson, Paulding, Cherokee, Clayton, Cobb,<br>DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry,<br>Rockdale, Carroll, Coweta, Heard, Bibb, Spalding,<br>Newton, Monroe, Hall, Floyd, Polk, Troup |
| America 1st Home Care<br>3630 Sunset Ridge<br>Powder Springs, Georgia 30127<br>Phone: (404) 940-0077 | Bartow, Cherokee, Cobb, Douglas, Paulding,<br>Fulton, Fayette, Floyd, Forsyth, Gwinnett, Clayton,<br>DeKalb, Haralson, Polk, Rockdale, Henry, Newton, Spalding<br>Newton, Spalding |
| One Care Health Services<br>5510 Lilburn Stone Mountain Highway<br>Stone Mountain, Georgia 30087<br>Phone: (404) 464-8124 | Banks, Barrow, Bartow, Butts, Carroll,<br>Clarke, Cherokee, Clayton, Cobb, Coweta,<br>Dawson, DeKalb, Douglas, Fayette, Fulton,<br>Gordon, Gwinnett, Hall, Haralson, Henry,<br>Jackson, Lamar, Lumpkin, Meriwether, Monroe,<br>Morgan, Newton, Oconee, Paulding, Pickens,<br>Pike, Polk, Rockdale, Spalding, Walton |
| Primecare Homecare Services<br>1735 Irwinton Road<br>Milledgeville, Georgia 31061<br>Phone: (478) 696-3534 | Baldwin, Jones, Hancock, Putnam, Wilkinson,<br>Washington, Bibb, Greene, Taliaferro, Crawford,<br>Peach, Houston, Twiggs, Jasper, Warren, McDuffie,<br>Newton, Walton, Glascock, Montgomery, Treutlen, |

| | |
|---|---|
| | Emmanuel, Telfair, Bryan, Bullock, Camden, Chatham, Effingham, Glynn, Liberty, Barrow, Oglethorpe, Long, McIntosh, Berrien, Seminole, Decatur, Clinch, Lanier, Echols, Grady, Brooks, Thomas, Lowndes |
| A Premium Healthcare Solution<br>1804 Overlake Drive<br>Conyers, Georgia 30013<br>Phone: (678) 609-5060<br>Phone: (866) 269-7571 | Henry, Rockdale, DeKalb, Gwinnett, Fulton, Clayton, Fayette, Butts, Lamar, Pike, Spalding, Coweta, Meriwether, Newton, Jasper, Walton, Barrow, Clarke, Oconee, Greene, Morgan, Bibb, Jones, Monroe, Crawford, Peach, Houston, Twiggs, Baldwin, Wilkinson, Putnam, Upson |
| A Premium Healthcare Solution<br>2012 Riverside Drive<br>Macon, Georgia 31204<br>Phone: (478) 245-0300/(866) 269-7571 | Bibb, Jones, Monroe, Crawford, Peach, Houston, Twiggs, Wilkinson, Baldwin, Pulaski, Putnam, Hancock, Washington, Johnson, Laurens, Bleckley, Dodge, Dooly, Macon, Taylor, Talbot, Schley, Marion, Chattahoochee, Muscogee, Harris, Troup |
| ACE Healthcare<br>3295 River Exchange Drive, Suite 522<br>Norcross, Georgia 30092<br>Phone: 404 966-3331 | Fulton, Gwinnett, Cobb, DeKalb, Clayton, Cherokee, Henry, Forsyth, Muscogee, Hall, Paulding, Houston, Douglas, Coweta, Clarke, Carroll, Fayette, Newton, Whitfield, Bartow, Floyd, Walton, Rockdale, Barrow, Troup, Spalding, Jackson |
| Advance Care Pediatrics<br>3525 Piedmont Road, Ste. 415, Bldg. 5<br>Atlanta, Georgia 30305<br>Phone: (404) 835-3512 | Statewide |
| Alliance Pediatric Providers<br>1512 Rock Quarry Road<br>Stockbridge, Georgia 30281<br>Phone: (770) 389-1525 | Cobb, Fulton, DeKalb, Gwinnett, Clayton, Henry, Rockdale, Butts, Monroe, Bibb, Bartow, Cherokee, Crisp, Dooly, Dougherty, Douglas, Jasper, Laurens, Lee, Morgan, Paulding, Sumter, Walton, Wilkinson, Baldwin, Forsyth, Jones, Peach, Spalding, Fayette, Houston, Newton, Putnam, Twiggs, Wilcox, Mitchell, Turner, Irwin, Barrow, Carroll, Clarke, Coffee, Bacon, Bleckley, Pulaski, Dodge, Telfair, Jeff Davis, Johnson, Treutlen, Ben Hill, Hancock, Washington, Coweta, Greene, Gwinnett, Hall, Jackson, Lamar, Oconee, Pike, Troup, Upson, Atkinson, Berrien, Colquitt, Cook, Decatur, Grady, Miller, Pierce, Thomas, Ware |
| Analia Home Healthcare Services<br>2365 Wall Street, Suite 230<br>Covington, Georgia 30013<br>Phone: (404) 587-0945 | Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton, Henry, Rockdale, Walton, Barrow, Carroll, Clarke, Forsyth, Green Newton, Madison, Morgan, Jasper, Butts, Coweta, Lamar, Gwinnett, Jackson, Pike, Spalding, Meriwether, Troup, Upson, Oconee, Monroe, Bartow, Cherokee, Dawson, Hall, Haralson, Floyd, Lumpkin, Paulding, Pickens, Polk, Gordon |
| All Ways Caring Home Care<br>2296 Henderson Mill Rd. Ste. 202<br>Atlanta, Georgia 30345<br>Phone: (678) 795-9923 | Clayton, Cobb, DeKalb, Douglas, Fulton, Gwinnett, Henry Paulding, Rockdale, Walton |
| Benchmark Homecare<br>165 Burke Street, Suite 106<br>Stockbridge, Georgia 30281<br>Phone: (678) 608-7151 | Butts, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Lamar, Monroe, Pike, Rockdale, Spalding |
| Best Care<br>229 West General Screvan Road, Suite E<br>Hinesville, Georgia 31313<br>Phone: (912) 977-0674 | Liberty, Bryan, Chatham, Evans, Glynn, Long, Tattnall, Wayne, McIntosh, Bulloch |
| BrightStar Care of Coastal Georgia<br>1700 Frederica Road, Suite 107<br>St. Simons Island, Georgia 31522<br>Phone: (912) 638-0638 | Camden, Charlton, Bryan, Glynn, Liberty, Long, McIntosh, Wayne |
| CSS Healthcare<br>8896 Tara Boulevard, Suite 500<br>Jonesboro, Georgia 30236<br>Phone: (770) 210-0631 | Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry, Rockdale, Spalding |
| Cater Home Health Care, Inc.<br>2183 Salem Road, Suite A<br>Conyers, Georgia 30013<br>Phone: (770) 648-7532 | Henry, Jackson, Newton, Butts, Spalding, Butts, Fulton, Carroll, Clayton, Coweta, Heard, Lamar, Meriwether, Pike, Troup, Upson, Barrow, Clarke, Elbert, Greene, Fayette Jasper, Madison, Morgan, Oconee, Oglethorpe, Rockdale |

| | |
|---|---|
| Chadon Health Service<br>2180 Satellite Boulevard, Ste 400<br>Duluth, Georgia 30097<br>Phone: (770) 575-0547 | Walton, Cherokee, Cobb, Douglas, Gwinnett, DeKalb<br>Fulton, Hall, Gwinnett, Forsyth, Cobb, Fayette,<br>Clayton, Floyd, Cherokee, DeKalb, Paulding,<br>Clarke, Jackson, Dawson, Banks, Franklin, Walton,<br>Bartow, Douglas, Barrow |
| ChyChy's Healthcare<br>6867 South Sweetwater Road, Unit B<br>Lithia Springs, Georgia 30122<br>Phone: (678) 855-6522 | Banks, Bartow, Bibb, Carroll, Cherokee, Clayton, Cobb,<br>Coweta, Crawford, DeKalb, Douglas, Fayette, Floyd,<br>Forsyth, Franklin, Fulton, Gordon, Gwinnett, Hall,<br>Henry, Meriwether, Muscogee, Paulding, Rockdale, Spalding |
| CKCG Healthcare Services, Inc.<br>5995 Oakbrook Parkway, Suite B<br>Norcross, Georgia 30093<br>Phone: (770) 209-9998 | Clayton, Cobb, DeKalb, Fulton, Gwinnett, Rockdale, Carroll,<br>Troup, Meriwether, Fayette, Spalding, Henry, Coweta,<br>Douglas, Paulding, Cherokee, Banks, Dawson, Forsyth,<br>Franklin, Habersham, Hall, Barrow, Clark, Jasper, Morgan,<br>Newton, Oconee, Walton |
| CONCOH Healthcare<br>1543 Lilburn-Stone Mountain Road<br>Stone Mountain, Georgia 30087<br>Phone: (770) 875-2759 | Rockdale, Gwinnett, DeKalb, Henry, Cobb,<br>Forsyth, Clayton, Fayette, Cherokee, Hall, Towns,<br>Union, Rabun, Franklin, Banks, Barrow, White,<br>Habersham, Stephens, Dawson, Lumpkin, Jackson,<br>Madison, Elbert, Clarke, Walton, Monroe, Jones,<br>Morgan, Jasper, Putnam, Newton, Oconee, Pickens,<br>Floyd, Polk, Paulding, Haralson, Carroll, Spalding,<br>Coweta, Pike, Baldwin, Oglethorpe, Hart, Franklin,<br>Troup, Butts, Upson, Gordon, Lamar, Douglas |
| Diversified Private Homecare<br>145 McIntosh Place Drive<br>Fayetteville, Georgia 30214<br>Phone: (404) 993-1270 | Carroll, Clayton, Cobb, Coweta, Fayette, Douglas,<br>DeKalb, Gwinnett, Henry, Spalding, Meriwether,<br>Bibb, Houston, Monroe |
| Emerald Healthcare System<br>101 Beckett Lane Ste. 302<br>Fayetteville, Georgia 30214<br>Phone: (678) 519-0325 | Fayette, Fulton, Franklin, Forsyth, Coweta, Lamar,<br>Clayton, Cobb, Gwinnett, Henry, Rockdale, Douglas,<br>DeKalb, Paulding, White, Troup, Bibb, Barrow, Pike,<br>Butts, Hall, Houston, Spalding, Bartow, Meriwether,<br>Cherokee, Habersham, Lumpkin, Stephens, Dawson,<br>Banks, Union, Hart, Newton, Baldwin, Heard, Upson<br>Lamar, Upson, Pike |
| Entegrity Homecare Solutions<br>534 Flint Trail, Suite A<br>Jonesboro, Georgia 30236<br>Phone: (770) 731-1116 | Baldwin, Bibb, Carroll, Clayton, Cobb, Coweta,<br>DeKalb, Fayette, Fulton, Gwinnett, Henry, Houston,<br>Haralson, Butts, Cherokee, Harris, Heard, Jones,<br>Meriwether, Monroe, Newton, Paulding, Rockdale,<br>Troup, Forsyth, Polk, Pike, Jasper, Putnam, Muscogee,<br>Barrow, Bartow, Upson, Lamar, Spalding, Douglas |
| Excelcare by Divinee<br>284 Somersby Drive<br>Dallas, Georgia 30157<br>Phone: (770) 443-2273 | Paulding, Polk, Bartow, Floyd, Cobb, Douglas,<br>Haralson, Fulton, DeKalb |
| Exceptional Community Services<br>304 East Church Street<br>Monroe, Georgia 30655<br>Phone: (404) 732-7002 | Walton, Newton, Barrow, Gwinnett, Clarke, DeKalb,<br>Oconee, Fulton, Bibb, Clayton, Henry, Monroe, Forsyth,<br>Hall, Greene, Oglethorpe, Richmond, Morgan, Jasper,<br>Crawford, Coweta, McDuffie, Wilkes, Jackson,<br>Madison, Butts |
| Georgia NurseCare<br>3441 Cypress Mill Road, Suite 201<br>Brunswick, Georgia 31520<br>Phone: (912) 264-0040 | Glynn, Camden, McIntosh, Ware, Wayne, Brantley, Liberty,<br>Bacon, Long, Appling, Coffee, Bryan, Charlton, Clinch,<br>Atkinson, Jeff Davis, Pierce, Toombs, Tattnall, Evans,<br>Chatham, Candler |
| Giles Holdings International<br>260 18th Street<br>Atlanta, Georgia 30363<br>Phone: (404) 771-9133 | Carroll, Cherokee, Cobb, DeKalb, Douglas, Fayette,<br>Fulton, Gwinnett, Habersham, Hall, Henry, Pike, Richmond,<br>Rockdale, Spalding |
| Greenline Health Services<br>570 North Jeff Davis Drive<br>Fayetteville, Georgia 30214<br>Phone: (678) 885-9765 | Baldwin, Bibb, Butts, Carroll, Clayton, Crawford, Cobb,<br>Coweta, Douglas, DeKalb, Fulton, Fayette, Gwinnett,<br>Harris, Heard, Henry, Houston, Jones, Lamar, Meriwether,<br>Monroe, Muscogee, Paulding, Pike, Rockdale, Spalding,<br>Troup, Peach, Pulaski, Putnam, Upson, Wilkinson |
| H2 Homecare<br>119 Griffin Street | Bartow, Butts, Carroll, Cherokee, Clayton, Cobb, Coweta,<br>DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Heard, |

| | |
|---|---|
| McDonough, Georgia 30253<br>Phone: (770) 250-0355 | Henry, Jackson, Jasper, Lamar, Meriwether, Morgan, Muscogee, Newton, Paulding, Pike, Putnam, Rockdale, Spalding, Upson, Troup, Walton, Bibb, Barrow, Clarke, Floyd, Hall, Haralson, Harris, Jones, Monroe, Oconee, Polk |
| Health Force of Georgia<br>3301 Buckeye Road, Suite 103<br>Atlanta, Georgia 30341<br>Phone: (770) 458-8500 ext. 706 | Barrow, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Hall, Henry, Newton, Paulding, Rockdale, Spalding, Walton |
| Health Source Agency<br>110 Eagle Spring Drive, Suite D<br>Stockbridge, Georgia 30281<br>Phone: (678) 961-5718 | Bibb, Butts, Carroll, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Floyd, Forsyth, Fulton, Gwinnett, Harris, Heard, Henry, Jasper, Jones, Lamar, Meriwether, Monroe, Morgan, Newton, Paulding, Pike, Polk, Putnam, Rockdale, Spalding, Talbot, Troup, Upson, Walton |
| Heavenly Sunshine Health Services<br>1137 Cedar Shoals Drive, Bldg. 1<br>Athens, Georgia 30605<br>Phone: 706 549-2289 | Barrow, Clarke, Elberton, Greene, Hart, Jackson, Madison, Monroe, Morgan, Oconee, Oglethorpe Putnam, Walton |
| HomeNurse, Inc.<br>2920 North Expressway<br>Griffin, Georgia 30223<br>Phone: (678) 884-1464<br>(888) 948-1919 | Baldwin, Bibb, Bleckley, Butts, Carroll, Chattahoochee, Clay, Clayton, Coweta, Crawford, Crisp, DeKalb, Dooly, Dougherty, Douglas, Fayette, Fulton, Gwinnett, Harris, Heard, Henry, Houston, Jasper, Jones, Lamar, Lee, Macon, Marion, Meriwether, Monroe, Muscogee, Newton, Peach, Pike, Pulaski, Putnam, Quitman, Randolph, Schley, Spalding, Stewart, Sumter, Talbot, Taylor, Troup, Twiggs, Upson, Webster, Wilkinson |
| Kindtouch Healthcare Service<br>690 Hillcrest Road, Ste. 400<br>Lilburn, Georgia 30047<br>Phone: (470) 545-1629 | Rockdale, DeKalb, Cobb, Gwinnett, Clarke, Jackson, Hall, Habersham, Cherokee, Floyd Gwinnett, Barrow, Clayton, DeKalb, Forsyth, Fulton, Hall, Newton, Rockdale, Walton, Cobb, Dawson, Henry, Jackson, Habersham, White |
| Lorddys Healthcare<br>3800 Highlands Parkway<br>Smyrna, Georgia 30082<br>Phone: (678) 412-4000 | Barrow, Butts, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gordon, Troup, Gwinnett, Hall, Haralson, Henry, Jasper, Muscogee, Newton, Paulding, Putnam, Rockdale, Spalding, Whitman |
| Marvest Homecare<br>3951 Mountain Way Cove<br>Snellville, Georgia 30039<br>Phone: (404) 710-4502 | Forsyth, Gwinnett, DeKalb, Fulton, Cobb, Hall, Rockdale, Fayette, Cherokee, Douglas, Clayton, Walton |
| Maxim Healthcare Services<br>2743 Perimeter Pkwy. Bldg. 200, Suite 110<br>Augusta, Georgia 30909<br>Phone: (706) 619-2058 | Baldwin, Burke, Clarke, Columbia, Elbert, Glascock, Greene, Hancock, Jenkins, Jefferson, Johnson, Lincoln, Madison, Morgan, McDuffie, Oconee, Wilkes, Oglethorpe, Putnam, Richmond, Screven, Taliaferro, Warren, Washington, Wayne, Long, McIntosh, Glynn, Bulloch, Tattnall, Bryan, Chatham, Effingham |
| Mercyland Services<br>4760 Austell Road, Suite 6<br>Austell, Georgia 30106<br>Phone: (770) 574-4613/ After hrs: (770) 292-0532 | Barrow, Bartow, Cobb, Cherokee, Carroll, Clayton, DeKalb, Douglas, Fulton, Fayette, Forsyth, Gwinnett, Henry, Haralson, Newton, Spalding, Paulding, Rockdale, Walton |
| New Generations Health Services<br>1065 Jodeco Road<br>Stockbridge, Georgia 30281<br>Phone: (678) 565-5913 (ext. 1240) | Barrow, Carroll, Clarke, Dougherty, Lee, DeKalb, Fayette, Gwinnett, Harris, Jasper, Lamar, Macon, Newton, Paulding, Richmond, Spalding, Taylor, Upson, Walton, Bartow, Coweta, Clayton, Douglas, Forsyth, Green, Hancock, Jefferson, Laurens, Meriwether, Oconee, Peach, Rockdale, Sumter, Telfair, Washington, Butts, Crawford, Cobb, Dodge, Fulton, Henry, Jones, Lee, Monroe, Oglethorpe, Pike, Twiggs, Warren, Bleckley, Crisp, Cherokee, Houston, Johnson, Muscogee, Morgan, Putnam, Pulaski, Troup, Wilkinson |
| Next Step Healthcare Services<br>195 Northern Oaks Drive<br>Fayetteville, Georgia 30214<br>Phone: (404) 822-2830 | Cherokee, Coweta, Henry, Douglas, Fayette, DeKalb, Clayton, Cobb, Gwinnett, Fulton |
| Omni Healthcare Services | Carroll, Douglas, Paulding, Clayton, Cherokee, DeKalb, |

| | |
|---|---|
| 6472 East Church Street, Ste 239<br>Douglasville, Georgia 30134<br>Phone: (678) 637-6249 | Clarke, Gwinnett, Forsyth, Fulton, Cobb, Bartow, Butts, Coweta, Fayette, Floyd, Hall, Haralson, Harris, Heard, Henry, Jasper, Jones, Lamar, Meriwether, Monroe, Newton, Pike, Polk, Rockdale, Spalding, Troup, Upson, Walton, Muscogee |
| Optimum Pediatric Services<br>2058 Reserve Parkway<br>McDonough, Georgia 30253<br>Phone: (888) 668-7311 | Barrow, Bibb, Butts, Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Jones, Macon, Monroe, Morgan, Newton, Rockdale, Spalding, Walton, Coweta, Houston, Meriwether, Troup |
| Partnership for Health Healthcare<br>3589 Herschel Road<br>Atlanta, Georgia 30337<br>Phone: (404) 792-9900 | Clayton, Cobb, DeKalb, Douglas, Fayette, Cherokee, Fulton, Gwinnett, Henry, Rockdale, Butts, Carroll, Barrow, Newton, Walton, Forsyth, Hall, Greene, Morgan |
| Aveanna Healthcare<br>2935 North Ashley Street, Suite 120<br>Valdosta, Georgia 31602<br>Phone: (229) 316-1102 | Turner, Ben Hill, Irwin, Coffee, Berrien, Miller, Atkinson, Mitchell, Cook, Colquitt, Lanier, Clinch, Seminole, Decatur, Grady, Thomas, Brooks, Lowndes, Echols |
| Aveanna Healthcare<br>2420 Double Churches Road, Suite B<br>Columbus, Georgia 31909<br>Phone: (706) 322-3693 | Hear, Troup, Meriwether, Harris, Muscogee, Chattahoochee, Marion, Schley, Stewart, Webster, Quitman, Randolph, Terrell, Calhoun, Early, Baker |
| Providence Care, Inc.<br>216 West Broad Street, Suite B<br>Fairburn, Georgia 30213<br>Phone: (404) 931-7854 | Baldwin, Bibb, Butts, Carroll, Cherokee, Clayton, Calhoun, Cobb, Coweta, DeKalb, Douglas, Floyd, Fayette, Fulton, Gwinnett, Houston, Henry, Jones, Lamar, Meriwether, Monroe, Peach, Pike, Rockdale, Spalding, Troup, Twiggs, Barrow, Clarke, Forsyth, Madison, Morgan, Oglethorpe, Paulding, Walton, Upson |
| Aveanna Healthcare<br>4408 Columbia Road, Suite 100<br>Augusta, Georgia 30907<br>Phone: (706) 868-6543 | Richmond, Burke, Elbert, Columbia, Glascock, Hart, Greene, Hancock, Lincoln, Jefferson, McDuffie, Taliaferro, Warren, Wilkes, Washington |
| Aveanna Healthcare<br>23 Chatham Center South, Suite B<br>Savannah, Georgia 31405<br>Phone: (912) 961-1017 | Appling, Atkinson, Bacon, Baldwin, Ben Hill, Berrien, Bibb, Bleckley, Brantley, Bryan, Bulloch, Burke, Camden, Candler, Charlton, Chatham, Clarke, Clinch, Coffee, Dodge, Columbia, Echols, Effingham, Elbert, Emanuel, Evans, Floyd, Forsyth, Glascock, Glynn, Greene, Irwin, Jackson, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lanier, Laurens, Liberty, Lincoln, Long, Lowndes, Madison, McDuffie, McIntosh, Montgomery, Oglethorpe, Pierce, Pulaski, Putnam, Richmond, Screven, Tattnall, Telfair, Tift, Toombs, Treutlen, Twiggs, Washington, Walton, Warren, Ware, Wayne, Wheeler, Wilcox, Wilkinson |
| Aveanna Healthcare<br>3312 Northside Dr. Suite C161<br>Macon, Georgia 31210<br>Phone: (478) 841-2772 | Appling, Atkinson, Bacon, Baker, Baldwin, Ben Hill, Berrien, Bibb, Blakely, Brooks, Butts, Chattahoochee, Clinch, Coffee, Colquitt, Cook, Crawford, Decatur, Dodge, Booley, Dougherty, Early, Echols, Grady, Hancock, Houston, Irwin, Jasper, Jeff Davis, Johnson, Jones, Lamar, Lanier, Laurens, Lowndes, Macon, Miller, Mitchell, Monroe, Montgomery, Morgan, Peach, Pierce, Pike, Pulaski, Putnam, Schley, Seminole, Spalding, Stewart, Sumter, Talbot, Taylor, Telfair, Thomas, Tift, Toombs, Treutlen, Twiggs, Upson, Ware, Washington, Wayne, Webster, Wheeler, Wilkerson, Wilkinson, Worth |
| Aveanna Healthcare<br>6075 The Corners Pkwy., Suite 212<br>Peachtree Corners, Georgia 30092<br>Phone: (770) 263-6373 | Banks, Barrow, Bartow, Catoosa, Cobb, Cherokee, Clarke, Clayton, Coweta, Dade, Dawson, Douglas, Elbert, Fannin, Fayette, Floyd, Forsyth, Franklin, Fulton, Gilmer, Gordon, Gwinnett, Hall, Habersham, Haralson, Hart, Henry, Jackson, Lumpkin, Madison, Morgan, Murray, Newton, Oconee, Polk, Oglethorpe, Paulding, Pickens, Rabun, Rockdale, Stephens, Towns, Union, Walker, Walton, White, Whitfield |
| Aveanna Healthcare<br>81 Peeples Valley Road SE, Suite 103<br>Cartersville, Georgia 30121<br>Phone: (770) 383-4629 | Bartow, Catoosa, Chattooga, Cherokee, Cobb, Dade, Fannin, Floyd, Gilmer, Gordon, Murray, Polk, Paulding, Pickens, Walker, Whitfield. |

| | |
|---|---|
| Pediatric Care Providers<br>1103 Tree Corners Parkway<br>Norcross, Georgia 30092<br>Phone: (404) 720-0959 | Henry, Gwinnett, Cobb, Douglas, Barrow, Fayette, Fulton, Clayton, Paulding, DeKalb, Bartow, Elbert, Butts, Carroll, Cherokee, Clarke, Coweta, Forsyth, Hall, Hart, Jackson, Newton, Oconee, Pickens, Rockdale, Spalding, Walton, White |
| Alpha Omega Staffing<br>2655 Daniel Park Run<br>Dacula, Georgia 30019<br>Phone: (678) 720-3164 | Barrow, Cherokee, Cobb, Dawson, Douglas, DeKalb, Forsyth, Gwinnett, Hall, Rockdale |
| CCENO Home Healthcare<br>5745 Wendy Bagwell Parkway, Suite 1<br>Hiram, Georgia 30141<br>Phone: (770) 693-9465 | Fulton, DeKalb, Cobb, Gwinnett, Clayton, Douglas, Fayette, Henry, Cherokee, Rockdale, Paulding, Bartow, Gordon, Pickens, Jackson, Barrow, Walton, Hall, Forsyth, Dawson, Carroll, Coweta, Spalding, Butts |
| Complete Access Services<br>2481 Hurt Road, Suite E<br>Marietta, Georgia 30008<br>Phone: (678) 540-5390 | Fulton, Floyd, DeKalb, Cobb |
| Aveanna Healthcare<br>1691 Phoenix Boulevard, Suite 212<br>Atlanta, Georgia 30349<br>Phone: (770) 810-6922 | Carroll, Clayton, Coweta, DeKalb, Douglas, Fayette, Fulton, Harris, Heard, Henry, Marion, Meriwether, Morgan, Muscogee, Newton, Pike, Rockdale, Talbot, Taylor, Troup, Upson |
| A Supreme Nursing and Homecare<br>3831 Lakehaven Way<br>Atlanta, Georgia 30349<br>Phone: (678) 224-5971 | Cobb, Douglas, Paulding, Clayton, Fulton, DeKalb, Carroll |
| Bacchus Private Home Care<br>4925 Bridle Point Parkway<br>Snellville, Georgia 30039<br>Phone: (404) 468-7130 | Gwinnett, Rockdale, DeKalb, Monroe, Newton, Douglas, Fulton, Clayton, Cobb, Putnam, Henry |
| Member's Choice Healthcare<br>3341 Thornewood Drive<br>Atlanta, Georgia 30340<br>Phone: (404) 632-0285 | DeKalb, Gwinnett, Cobb, Fulton, Henry, Rockdale, Clayton, Fayette |

## APPENDIX V
## ADHERENCE TO GAPP/MEDICAID POLICY

## UPDATE FOR PROVIDERS

Effective January 1, 2018, the Department will institute a reporting system on any violations of GAPP and/or Medicaid Part I Policies and Procedures.

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

## APPENDIX W

# GAPP TRANSFER REQUEST FORM

**(Attach This Form To The Receiving Agency's DMA6A or DMA 80)**

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 D submission: _____

Reason for Transfer: _____

_____

_____

Receiving GAPP Agency: _____

Date of DMA 80 Submission: _____

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 X

### GAPP SHARED HOURS REQUEST FORM
**(Attach This Form To Agency PA's)**

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 sharing GAPP hours.

# PHYSICIAN PLAN OFTREATMENT

APPENDIX Y – 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:**

_____

*Physician's can submit any office notes to support medical necessity of hours requested.*

Physician's Signature:_____Date: _____

Printed Name: _____

## APPENDIX Z

CAREGIVER ATTESTATION FORM

FOR

TRANSFER OF MEMBER AND/OR SHARED HOURS

## 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: _____

# Seizure Observation Log

APPENDIX AA

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 seiz |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

**APPENDIX BB**

**BEHAVIORAL SUPPORT AIDESSERVICES**

## 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.

## 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.

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.

**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 an RBT/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)
  BCBA must be supervised by either a BCBA/BCBA-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:

- Diagnostic Evaluation – must contain Clinical and Caregiver Testing
- Letter of Medical Necessity/Rx/ Referral
- Behavioral Assessment which must be dated within two (2) months of PA effective date. Graphs are required–
  Example: VB-MAPP, AFLS, ABBLS-R. Peak Skills
- Treatment Plan/Plan of Care – must contain number of hours requested, skills acquisition (data, mastery criteria, goals), and minimum of two (2) parent goals with data. If behavior reduction is noted in the Plan of Care, graphs are required.

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. **Documentation Requirements**

All Behavior Support Aides Service Providers must document the following in the record of each individual receiving behavioral support aides services:

- Specific task/activity or assistance provided including assessment, plan development, intervention and methods outline, data tracking methods, analysis and intervention outcomes, training, and monitoring.

- 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.

**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 |