



# COVID-19 Emergency Waiver Program Operations: Appendix K Allowances and Year 2 Updates



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Live YouTube Link: <https://youtu.be/qfNRHBLexbo>



# Mission

The mission of the Department of Community Health is to provide access to affordable, quality health care to Georgians through effective planning, purchasing, and oversight.



# Today's Objective

- Furnish providers with details related to Georgia's Appendix K Application:
  - Elderly and Disabled Waiver
  - Independent Care Waiver Program
- Provide information on Appendix K Amendments for all of Georgia's four waiver programs

- **The recording of this discussion is snapshot in time.** Due to the rapidly evolving nature of the emergency, additional information and implementation plans will be provided through FAQ pages, banner messages, and other published information
- The latest COVID-19 guidance, including the Appendix K Application and Amendments can be found on the Georgia Medicaid website at <https://medicaid.georgia.gov/covid-19> or <https://dch.georgia.gov/>





# Agenda

- I. Overview
- II. Summary of submissions to CMS and purpose
- III. Overview of Appendix K Approved Extensions: Year 2
- IV. Provider Q & A

# Summary of Submissions to CMS and Purpose

## **Two Appendix K applications submitted to CMS for review 4/3/20**

- New Options Waiver Program / Comprehensive Supports Waiver Program
- Elderly & Disabled Waiver Program / Independent Care Waiver Program

### **Purpose:**

- Attempts to mitigate exposure risk posed by the COVID-19 Public Health Emergency
- Provides alternative service delivery models as required by the emergency
- Preserves the provider network and service delivery system for return to a non-emergency state

**CMS approval: 4/9/20 with effective start date 3/1/20**

## **Appendix K Amendment submitted to CMS 6/2/20**

**Purpose:** request to allow continuous retainer payments beyond the first 30 days for all four programs

**CMS denial and DCH withdrawal of the proposed Amendment: 6/5/20**

## **Appendix K Amendment submitted to CMS 6/12/20**

**Purpose:** add telehealth option to NOW and COMP Appendix K for community access and prevocational services

**CMS approval: 6/15/20 with effective start date 4/15/20**





# Year 2: Summary of Submissions to CMS

## **Two Appendix K applications submitted to CMS for extension of the Year 1 authorities and additions: 2/16/21**

- New Options Waiver Program / Comprehensive Supports Waiver Program
- Elderly & Disabled Waiver Program / Independent Care Waiver Program

### **Purpose:**

- Primary purpose was to request extension of the Year 1 Appendix K approval
- Also amended the previous Appendix K applications as follows:
  - **NOW/COMP Change: provided intent to increase rates in certain specific services**
  - **EDWP/ICWP Change: provided an expanded definition for Adult Day (Health) Services**

## **CMS approved following resubmission without the expanded definition for ADH: 3/24/21**

## **Appendix K Amendment submitted to CMS 8/12/21**

- Elderly & Disabled Waiver Program / Independent Care Waiver Program

### **Purpose:**

- Request 10% rate increase for all services in the EDWP and ICWP

**Status:** Remains under review by CMS



# Appendix K Emergency Application

## Authority of an Appendix K Waiver Submission:

- Used by a state during emergency situations to request amendment to its approved waiver
- Includes actions that states will take in a federally-declared emergency
- Can be submitted to CMS in response to regional or statewide emergencies

## Appendix K Change Amendments:

- Requested start date: 3/1/2021

## Appendix K Extension End Date:

- Extends the original approval date up to 6 months following the end of the PHE
- Provides latitude by the State to begin gradual return to normal operations at the end of the nationally-declared PHE





# Significant Change in All Extension Requests

- From the Provider Message posted 3/1/21:
  - CMS' directive:
  - *Only modification not eligible for extension is the use of retainer payments.*
  - *CMS stated in late 2020 that additional retainer payments will not be approved in the second year of the PHE.*



# Webinar Focus on Continued Appendix K Allowances

**Due to COVID-19, effective 3/1/2020, the state proposed to temporarily:**

- Expand setting(s) where services may be provided [K-2.b.iv]
- Allow services to be provided in out of state settings [K-2.b.v]
- Permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver [K-2.c]
- Modify provider qualifications and training requirements [k-2.d.i]
- Modify processes for level of care evaluations or re-evaluations [K-2.e]
- Increase payment rates [K-2.f]
- Modify person-centered service plan development process and individual(s) responsible for person-centered service plan development [K-2.g]
- Allow payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay [K-2.i]
- ~~Include retainer payments to address services delivered in settings closed in response to the health crisis [k-2.j]~~

**Note:** *These provisions are only valid through 2/28/21 or the conclusion of the National Declaration of Public Health State of Emergency*



# At a Glance: Services to be Added/Modified

## Telehealth

- **Adult Day Health (ADH)/ Community Access Services/ Prevocational:**
  - ADH Services may be delivered *via telehealth* as appropriate to service delivery model standards and at the choice of the member.
- **Case Management / Enhanced Case Management / Support Coordination:**
  - Case Manager uses the *telehealth* model for all contact with the member
  - Case management nurses use the *telehealth* model for assessments, reassessments and all contact with the member
- **Skilled Nursing Services – RN**
- **PT / OT/ ST (NOW and COMP):**
  - Nursing assessments, reassessments, supervision and contact with members may be delivered *via telehealth* as clinically appropriate by practice acts, state and federal policy.
  - Physical, Occupational and Speech Therapy can be provided via telehealth (exception: Swallowing Evaluation by ST)
- **Skilled Nursing Services Hourly – LPN (ICWP, NOW, COMP only):**
  - Rate increase



# Expanded Service Settings

**Temporarily expand setting(s) where services may be provided (K-2.b.iv):**

**Specific services included in the request:**

**What this means for you:**

- Services can be now rendered in new settings:
  - Hotels
  - Shelters
  - Schools
  - Churches
  - Other temporary living situations approved by DCH as a result of the COVID-19 Emergency

**FAQ:**

**Why not Personal Support Service/Community Living Support?**

- *Existing policy does not prohibit delivery of PSS in other settings where the member may live temporarily, e.g. other family homes, hotels*

**How would I submit claims?**

- *Just as you would ordinarily*
- *Document the location and reason*

**Applicable Services:**

- Alternative Living Services
- Community Residential/Additional Staffing
- Community Access Services
- Respite



# NOW and COMP Maximum Unit Caps

- Appendix K Approval

**Temporarily exceed service limitations** or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.

- Community Living Support
- Community Access Services
- In-home and Out-of-home Respite
- Specialized Medical Supplies



# Reimbursement of Family Caregivers

**Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver [K-2.c]:**

**What this means for you:**

- Family caregivers or legally responsible individuals can be reimbursed for delivering
  - Personal Support Services
  - Personal Support Extended Services
  - Consumer Directed Personal Support Services
  - Out of Home Respite
- Family Caregivers or legally responsible individuals will need to be employed by traditional providers or enrolled through the fiscal intermediary agency

**FAQs:**

**How do bill for use of family caregivers?**

- *Submit claims as indicated through the plan of care/care path and approved PA*
- *Document service delivery*

**Will the family caregiver continue to be employed after the emergency?**

- *No. DCH requested this allowance to accommodate concerns about waiver member risk and isolation recommendations.*

**Specific services included in the request:  
EDWP / ICWP**

- Personal Support Services
- Community Living Support Services
- Out of Home Respite
- In-home Respite (NOW and COMP)
- Community Access



# Modify Provider Qualifications

Telehealth

**Temporarily modify provider qualifications [k-2.d.i]:**

**Remove or modify training requirements for direct service staff:**

- Newly-hired inexperienced staff will be required to participate in electronic person-centered training
- Family members or others with experience in activities of daily living (ADL) care will be supported as needed by agency supervisory staff

**What this means for you:**

- Certain training requirements may be completed through electronic or telephonic means
- Agency supervisory staff will manage, supervise and train staff using social distancing guidelines

**FAQs:**

**How do I document training:**

- *Document the skill level of the newly hired employee in the personnel file*
- *Document electronic/telephonic training in specific areas indicated through evaluation of staff skill matched to member need*





# Modify Case Management Activities

Telehealth

## Temporarily modify processes for level of care evaluations or re-evaluations [K-2.e]

- Assessments and reassessments can be performed via video conference or telephone
- Many case managers have begun to resume face-to-face contact with exposure precautions

## Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications [K-2.g]

- Service plans can be performed via video conference or telephone

## What this means for you:

- Level of care evaluations or re-evaluations may be conducted via telehealth
- Case managers will use telephonic or video conferencing for ISP development and editing, instead of face-to-face

## FAQs:

### What about physician signature?

- Assessor documents *“Isolation procedures in effect”*

### What about member signature?

- Assessor/case manager documents *member’s consent for use of electronic delivery method and collects a physical signature as soon as safely possible*



# Increase Payment Rates

## Temporarily increase payment rates [k-2.f]:

### NOW and COMP:

- Support Coordination
- Community Residential Alternative
- Community Living Support
- Community Access (Group and Individual)

### E&D / ICWP / NOW / COMP:

- Financial Management Services
  - temporary increase to \$95.00 per

### ICWP / NOW / COMP:

- Hourly Nursing Services – LPN only
  - Temporary increase to \$10/unit



## What this means for you:

- For ICWP only:
  - Increases rate for hourly nursing services delivered by licensed practical nurses (LPN) from \$8.75 / 15-minute unit to **\$10.00 / 15-minute unit**
  - Increases rate for Financial Management Services from \$75.00 per month to \$95.00 per month
- For E&D:
  - Increases rate for Financial Management Services from \$80.00 per month to \$95.00 per month in E&D

## FAQs:

### Why were these two services selected?

- *(ICWP only) Hourly nursing – LPN:*
  - *Unable to deliver this skilled service via telehealth*
- *Financial Management Services:*
  - *Consistent with DBHDD request for the NOW/COMP waivers*

# Payment for Acute Care Hospital Stay

Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports are not available in that setting [K-2.i]:

## What this means for you:

- If the institution lacks appropriate staffing as a result of the health emergency, services will be allowed in an acute care hospital or other short-term institutional setting for ADL support:
- Services must be delivered consistent with the plan of care and existing prior authorization (PA) requirements



## FAQs:

### How do I bill for this?

- *Submit claims consistent with the care plan and document the setting*

### Will my claim deny?

- *The claim suspends to a system file and DCH Program Specialists review and release for payment.*

*Note: hospitals have been reluctant to allow additional staff, thus this has not been widely used*

## Specific services included in the request:

### EDWP / ICWP

- Personal Support Services (and Extended)
- Community Living Support Services

# Retainer Payments

Temporarily include retainer payments to address emergency related issues [k-2.j]:

## What this means for you:

The retainer payment can be billed if:

- *The provider is unable to substitute a different service to meet the member's need, e.g. ADH to PSS or Community Access Group to CLS*
- *The provider is not able to use a different staff person such as a family caregiver*

## FAQs:

### How do I bill?

- *Retainer payment will be authorized at the level, duration, and amount as outlined in the prior authorization*
- *Bill the service as if it was delivered and document daily the reason for the retainer reimbursement*



# Dedicated for COVID-19 Response and Resources

**For general information about COVID-19:**

**<https://dph.georgia.gov/covid>**

**For information about COVID-19 vaccination:**

**<https://dph.georgia.gov/locations/covid-vaccination-site>**

***Please continue to monitor Provider Messages for updated information on Appendix K activities:***

**<https://www.mmis.georgia.gov/portal>**





**Thank you for your time and  
attention!**