Agenda

- Update DBHDD Providers on Appendix K Amendment Extension for NOW and COMP waivers
- Office of the Governor Executive Orders
- Department of Public Health Administrative Order
- CDC Guidance

**Note- this presentation and recording is a snapshot in time. Due to the rapidly evolving nature of the public health emergency, additional information and implementation plans may be provided in the future.**
Important Links

• The latest COVID-19 guidance from DCH, 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/

• DBHDD Appendix K Operational guidelines can be found on policystat at: https://gadbhdd.policystat.com/policy/8618606/latest/
Appendix K applications submitted to CMS for extension of the Year 1 authorities and additions: 2/16/21

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
    Request start date of 3/1/2021

Appendix K Extension Span:
• Begin date extends the original approval date to up to 6 months following the end of the Federal Public Health Emergency
Significant Changes in ALL K extension requests

From the DCH 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.
Appendix K Allowances- continued

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]
At a Glance: telehealth- continued

• **Support Coordination:**
  • Support Coordination uses the *telehealth* model for all contact with the member.
  • Support Coordination nurses use the *telehealth* model for assessments, reassessments and all contact with the member.
** DBHDD Support Coordination has restarted in-person visits with waiver participants.

• **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
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

*Note* - documentation of the need *is required to be* tied to the Public Health Emergency
Temporarily expand setting(s) where services may be provided (K-2.b.iv):

What this means for you:

• Services can be now rendered in new settings:
  • Hotels
  • Shelters
  • Schools
  • Churches
  • Other approved temporary living situations

Applicable Services:

• Community Residential
• Additional Staffing
• Community Access Services
• Respite

FAQ:

Why not Community Living Support?

Existing policy does not prohibit delivery 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
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
  - CLS
  - 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 and Participant-direction process

FAQs:
How do we bill for use of family caregivers?
• Submit claims as indicated in the ISP and approved PA
• Document service delivery method
Will the family caregiver continue to be employed after the emergency?
No. DBHDD requested this allowance to accommodate concerns about waiver member risk and isolation recommendations
• Community Living Support Services
• Out of Home Respite
• In-home Respite
• Community Access
Modify Provider Qualifications - continued

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
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 support coordinators 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]
- Individual Service plan meetings can be performed via video conference or telephone
- Refer to Appendix K Operational guidelines for more specifics at: https://gadbhdd.policystat.com/policy/8618606/latest/

What this means for you:
• Level of care evaluations or re-evaluations may be conducted via telehealth
• Support Coordinators will use telephonic or video conferencing for ISP development and editing, instead of face-to-face as needed

FAQs:
What about individual signature?
• Assessor/support coordinator documents member’s consent for use of electronic signature method and collects a physical signature as soon as safely possible
Increased Payment Rates - continued

- Support Coordination
- Fiscal Intermediary
- LPN- hourly nursing services only
Increased Payment Rates- NEW*

• 10% Rate Increase for:
  • CLS
  • CAG
  • CAI
  • CRA

• Increase is retroactive to March 1, 2021
Billing for Services with Temporary Rate Increases
Billing Guidance – For claims with service dates from March 1, 2021, please adjust your claims to receive the temporary rate increase. Voiding previously paid claims with the current rate and creating a new claims for the temporary rate is also an option.
Prior Authorization Rate Adjustment Example

Community Residential Alternative – Category 1, 3 Person Residence
Medicaid Published Rate: $178.53 / Appendix K Temporary Rate: $196.38


Although the Prior Authorization effective date in the image above is 11/1/2020, the temporary rate increase should only be billed beginning March 1, 2021. Dates of service prior to this date must remain at $178.54 per unit, the rate prior to the Appendix K rate increase.
### Claims Submission for Rate Adjustment Example

Community Residential Alternative – Category 1, 3 Person Residence
Medicaid Published Rate: $178.53 / Appendix K Temporary Rate: $196.38

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Billing Reminder - Medicaid Claims Timely Filing Rules

Timely Filing Rules

For most providers, timely filing is six months from the month of service (MOS) – the month the service was rendered by the provider. However, there are variations which you should be aware:

- Claim adjustment – Within three months of the month of payment
- Claim resubmission – Within three months of the month the denial occurred
- Crossover claim – Within 12 months of MOS
- Secondary/TPL claim – Within 12 months of MOS
- One year (365 days) Claims Submission Edit (NEW)

6 Months

3 Months

12 Months
### 11.5.2 Adjusting a Professional Claim

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<th>Action</th>
<th>Result</th>
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<tr>
<td>1</td>
<td>Select the <strong>Search (Void, Adjust)</strong> submenu.</td>
<td>The Claim Search panel displays.</td>
</tr>
<tr>
<td>2</td>
<td>Enter the appropriate search criteria.</td>
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<tr>
<td>3</td>
<td><strong>Click search.</strong></td>
<td>The Search Results panel displays.</td>
</tr>
<tr>
<td>4</td>
<td>Select the <strong>professional ICN</strong> to be adjusted.</td>
<td>The professional claim is displayed in detail.</td>
</tr>
<tr>
<td>5</td>
<td><strong>Click in the field(s) to update and perform update.</strong></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td><strong>Click adjust.</strong></td>
<td>A confirmation pop-up window appears.</td>
</tr>
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Additional Billing Guidance: Claims Adjustment Process

For all MMIS Web Portal billing processes, go to www.mmis.georgia.gov

Go to: Provider Information

Go to: Provider Manuals

Go to: Web Portal Navigational Manual for Providers
For additional billing assistance, please contact your Gainwell Provider Representative using the contact numbers below or by using the Contact Us form on the GAMMIS Website (www.mmis.georgia.gov).
Level of Care-*New

• DBHDD is required to complete the FY2021 and FY2022 DMA-6 & DMA-7s for all individuals in waiver services

• In partnership with Support Coordination, this task is under way

• Signed DMA 7s will be uploaded in the individual’s record in IDD Connects as completed.
  • Note: DMA-7s do not require the individual’s signature
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
Links to Important Orders & Guidance

Governor Office Executive Orders:

Department of Public Health Administrative Order:
https://dph.georgia.gov/administrative-orders

- Long-term Care facility Administrative Order

CDC Covid-19 Guidance
PowerPoint slides and recording from today’s presentation will be uploaded onto DBHDD website with the other COVID related material