BE INFORMED
Appendix K
Today’s agenda

- Appendix K Recap
- Impact on Support Coordination Agencies and services they provide
- Impact on Participant Direction

- Documentation:
  - IQOMRs
  - Support Notes
  - ISPs

- Other items of Interest – Stimulus Impact and Stable accounts
What is Appendix K?

Appendix K is an important mechanism for ensuring people with disabilities have access to the home and community-based services they need to stay safely at home in their own community of choice.
Appendix K Timeline

Submission and Approval
- Appendix K was approved by CMS on April 9, 2020.

Retroactive Start Date: March 1, 2020
- Appendix K is retroactive back to March 1, 2020
- Services rendered during this timeframe are covered under Appendix K.

Anticipated End Date: February 28, 2021
- Appendix K is approved through February 28, 2021.
- Appendix K can be discontinued at any time prior to this date pending the end of the COVID-19 crisis.
Documentation and General Guidance
Appendix K Policy

- Go to DBHDD PolicyStat at [https://gadbhdd.policystat.com/](https://gadbhdd.policystat.com/)

- COVID-19 2020: DBHDD Community Developmental Disability Services Policy Modifications - 4/30/2020

- Appendix K: Operational Guidelines, Version 2.0 for the NOW and COMP Waiver Programs is located as an attachment
C.5 Telehealth Guidance:

The state temporarily authorizes, during the time that the Appendix K is effective …Support Coordination… to be provided by telehealth or other telephonic means.
Section D - Service Specific Guidance Support Coordination

Documentation Guidance- Telephonic collection of information is acceptable. SKYPE/Facetime/Duo etc… is not required but encouraged where possible. Residences that have computers or similar electronic devices should use a telecommunication application at minimum for ISP meetings, but preferably all contacts when possible. SCs should send providers and families a copy of the Individual Quality Outcome Measures Review (IQOMR) template (see Section G) when possible to help prepare for contacts.
• **Section D - Guidance on Support Coordination (Continued)**

  **Documentation Guidance** - Support Coordination Support Notes: A comprehensive support note must be entered by the Support Coordinator for all required visits to the individual during times outside completion of the quarterly (IQOMR). Visits must still take into consideration focus areas and items contained within the IQOMR. All support notes are entered into the online case management system within three (3) business days after the event being documented.
Areas of Documentation

- Individual
- Quality
- Outcome
- Measure
- Review

- Support
- Notes

- Individual
- Service
- Plans
IQOMR Documentation
• **Section D - Guidance on Support Coordination**

• **Documentation Guidance** - SCs should send providers and all families a copy of the modified IQOMR template (see Section G) *when possible*, to help prepare for contacts
  - SC cannot require staff to scan in notes and email to them to review.
  - Ask who the point of contact needs for be the agency/home, if not Participant Directing services.
- **Section D - Guidance Support Coordination (Continued)**

- **Documentation Guidance** - SCs should send families a copy of the modified IQOMR template (see Section G), when possible, to help prepare for contacts
  - If Participant-direction Model, schedule a time with the Representative and potentially staff can visit via telehealth or telephonic means
  - The SC cannot require families to scan in notes and email to them for review.
Support Note Documentation
Appendix K – Guidance on Support Notes

• Section D - Documentation Guidance on Support Notes
  ➢ Ask who the point of contact needs for be for the agency or home
  ➢ A comprehensive support note must be entered by the Support Coordinator for all required visits to the individual during times outside completion of the quarterly (IQOMR) Individual Quality Outcome Measures Review.
  ➢ Visits must still take into consideration focus areas and items contained within the IQOMR.
Appendix K – Guidance on Support Notes

• Section D - Documentation Guidance on Support Notes
  ➢ Are there any concerns relating to the environment or the individual's access to needed equipment, supplies, clothing, medication or food?
  ➢ Have there been any changes in appearance or health? (reported or when able to observe)
  ➢ Are adequate supports being provided to the individual to keep them healthy and safe?
Section D - Documentation Guidance on Support Notes

- Have there been any changes in behavior? Are current supports and behavioral interventions adequate to prevent engaging external interventions?
- Are there any recent and/or anticipated changes in the Individual's living situation, level of community involvement, financial status, or social/family situation?
  - If changes present any risk, describe the plan for follow up or referral if required.
Appendix K – Guidance on Support Notes

Documentation Guidance on Support Notes

Health Check Questions- Guidelines for CRA

- Has there been specific changes in practice regarding the frequency of cleaning schedules?
- Is there a thermometer available on site for checking the temperatures of individuals, staff, or visitors (if necessary)? (continued contact with those with temperatures of 38 degrees Celsius/ 100.4 degrees Fahrenheit should be avoided)
Appendix K – Guidance on Support Notes

• Documentation Guidance on Support Notes

  ▪ Health Check Questions- Guidelines for CRA

  ➢ Are the CDC’s recommendations regarding social distancing practices being followed?
  ➢ Have you been able to provide adequate staffing to meet the needs of the individuals you serve?
Appendix K – Guidance on Support Notes

• **Section E - Additional Guidance Specific to Participant Directed Services – IQOMR and Support Notes**

• Support Coordination check-ins and activities are still a requirement for PD while Appendix K is authorized.

• SC work can be completed via telehealth or telephonic means during this crisis.

*Note-The processes for IQOMR and Support Notes in earlier slides are generally applicable to PD services.*
Questions on Support Coordinator Documentation
ISP
Appendix K - ISP Guidance on Version Changes

General Information from C.8

Documentation Requirements for ISPs

“Do I need a Version Change?”

IDD-Connects Version Change Provisions-

The *next 4 slides* represent actions that **require** and **do not require** a version change to be submitted through IDD-Connects. Providers are to request services not related to Appendix K through existing policies 02-443 and 02-444 through the assigned Support Coordination Agency.
Appendix K - ISP Guidance on Version Changes

Documentation Requirements for ISPs
Actions *Requiring* Version Change

- Addition of any type of service (e.g. from Community Access to Community Living Services, Additional Staffing, etc.)
- Change in Provider Agency
- Increase in units and hours for Behavior Supports Services and Nursing Services (clinically assessed need)
Appendix K - ISP Guidance on Version Changes

Documentation Requirements for ISPs

Actions Requiring Version Change

- Increase in units beyond the DBHDD increase in authorization for all services that include family caregiver hire and retainer allowances within Appendix K (Community Access traditional, Community Living Supports, Respite Services)
Appendix K - ISP Guidance on Version Changes

Documentation Requirements for ISPs

Actions **NOT Requiring** Version Change

- Rate Increase for LPN, Fiscal Intermediary, Support Coordination
- Change in location of service delivery
- Increase in Units and Hours for CLS, Community Access (traditional only), Specialized Medical Supplies, and Supported Employment in relation to the family caregiver hire and retainer allowances within Appendix K.
- Units and Hours have been increased in IDD-C to accommodate additional need, retainer and family caregiver payments to be made.
- Retainer, nor family hire payments are to exceed units and hours authorized on the PA
Appendix K - ISP Guidance on Version Changes

Documentation Requirements for ISPs
Actions NOT Requiring Version Change

- Telehealth – Providers are to continue to bill same procedural code for telehealth and use the 02 P.O.S. (place of service)

- Goal(s) - Modification of Person-Centered Goal(s) do not require a version change
Section E - Additional Guidance for Annual ISPs:

Support Coordination will follow the normal Annual ISP process through IDD Connects. DBHDD will process as quickly as possible based on expiration dates.

If an individual’s birthday falls while Appendix K is in effect, the Support Coordinator will work with the Individual, family and providers to set up telehealth means to conduct the annual ISP meeting.

ISPs, whether annual or a version change, will require physical signatures on the ISP Signature page.

SC will work with the participants in the ISP meeting to send Signature Page via encrypted email, fax or US Postal Service to acquire the required signatures.

*A signature page is required for an ISP to be processed.*
Section E - Additional Guidance Request for Additional Services to ISP:

Support Coordination will follow the normal ISP Version Change process.

DBHDD will take in requests and process as quick as possible based on individual circumstances justifying the need for the increased services requests.

This applies to all changes to ISP outside of the mass PA changes DBHDD made within the data system to accommodate family hire and retainer payment approval based on authorized level, duration and amount as outlined in the Prior Authorization (PA).
Section E - Additional Guidance Specific to Participant Directed Services (ISPs) – To Request for Additional Services to ISP (not related to Appendix K):

Support Coordination will follow the normal ISP Version Change process.

DBHDD will take in requests and process as quick as possible based on individual circumstances justifying the need for the increased services requests.

This applies to changes to ISP outside of the mass PA changes DBHDD made within the data system to accommodate family hire and retainer payment approval based on authorized level, duration and amount as outlined in the Prior Authorization (PA).
Section E - Additional Guidance Specific to Participant Directed Services (ISPs) – To Request for Additional Services to ISP:

The process to add additional services or units of service due to COVID-19: during Appendix K, if a representative finds that an individual is in need of additional hours of services due to hardships or health and safety concerns tied to the pandemic, the representative is to reach out to their assigned Support Coordinator/Intensive Support Coordinator to request additional service considerations.
Appendix K - ISP Guidance PD

- **Section E - Additional Guidance Specific to Participant Directed Services (ISPs) – To Request for Additional Services to ISP:**
  - Support Coordination will follow the normal ISP Version Change request process.
  - This is also true for request to move funds from one service delivery category to another category. It will follow the same process as in the earlier slide for request additional services.
  - Note- Appendix K does not come with additional funding, so move of funds between categories will be limited to urgent needs.
Appendix K - ISP Guidance for PD

Section E - Additional Guidance Specific to Participant Directed Services (ISPs) – Support Coordination will follow the normal ISP annual ISP Process through IDD Connects.

If an individual’s birthday falls while Appendix K is in effect, the Support Coordinator will work with the Individual and Representative to set up telehealth means to conduct the annual ISP meeting.

ISPs whether annual or a version change will require physical signatures on the ISP Signature page. SC will work with the Representative to send Signature Page via encrypted email, fax or US Postal Service to acquire the required signatures.

It is the expectation that the individual, Representative and other pertinent parties all physically sign the signature page and return it to the SC.

A signature page is required for an ISP to be processed.
Additional Staffing for Appendix K: CLS/CRA

- Field Office staff initiate an administrative ISP version change and notify Support Coordination.

- Support Coordination obtains physical signature for approval. The ISP will be updated no later than 30 days from the date the service was initiated.
Individual has CLS and Community Access on current PA and is now home during the day.

Family is not able to support the individual during CA hours without assistance and the CLS provider is not billing CA retainer.

Complete Simplified AS Request Form for COVID-19 requesting additional CLS.

Send completed form to: region#enhancedsupports.dd@dbhdd.ga.gov (# is your region)

Regional Field Office staff review the form and verify the need based on previous services.

Field Office staff initiate an administrative ISP version change and notify support coordination.

Support Coordination obtains physical signature for approval. The ISP will be updated no later than 30 days from the date the service was initiated.

Provider bills for additional staffing*
CRA provider has individuals home from CAG/CAI and needs additional staff during the day. (The CRA provider is not the CA provider).

Complete Simplified AS Request Form for COVID-19.

Send completed form to: region#enhancedsupports.dd@dbhdd.ga.gov (# is your region)

Regional Field Office staff review the form and verify the need based on previous services.

Field Office staff initiate an administrative ISP version change and notify support coordination.

Support Coordination obtains physical signature for approval. The ISP will be updated no later than 30 days from the date the service was initiated.

Provider bills for additional staffing*
Appendix K
ISP Documentation on the Goal Page
Version Change Statement: “This is an administrative version change related to the current state of public health emergency. Changes to services noted in this version change are temporary. Upon conclusion of the Appendix K, services and supports will revert back to the amounts noted in the ISP or ISP version change immediately preceding this version change.”

DMA-7 Statement: “DMA-7 requirements are currently suspended due to the current state of public health emergency. If a DMA-7 is needed by another agency, such as DFCS, this support coordinator will obtain the necessary information and submit the DMA-7 form to the appropriate agency in a timely manner. If the DMA-7 is not needed by another agency, the ISP team has met and discussed that the DMA-7 will be completed no later than the individual’s subsequent birthday.”
Appendix K ISP Documentation on the Goal Page

1) Always use the DMA-7 statement on annual ISPs

2) Use the Version Change Statement on any ISP Version Change that SCs write based on Appendix K considerations. *(Note, some ISPs are created and approved by the FO; and SCs will not be doing anything but getting the Signature Page)*

3) Use both Statements if an Annual ISP has service modification based on Appendix K considerations.
Effective immediately, and based on the Appendix K guidelines, DMA-7’s should not be submitted to your Regional Field Office unless the waiver participant uses Medical Assistance Only (MAO) determination. The SC Agency will retrieve the signed DMA-7 from IDD Connects for completing the Annual MAO Review process as described in NOW/COMP Part II, Section 709.
Questions on ISPs and ISP Signature Pages
Questions on Participant Direction
General Guidance for Providers- Notable changes
Appendix K  General Guidance for Providers—Notable changes

• **C.5 Telehealth Guidance:** The state temporarily authorizes, during the time that the Appendix K is effective Adult Occupational Therapy Services, Adult Physical Therapy Services, most Adult Speech and Language Therapy Services, Behavior Support Services, Support Coordination, Supported Employment (limited scope) and RN Oversight to be provided telehealth or other telephonic means.
C.3 State certification survey staff postpones on-site provider certification and other reviews for provider agencies and individual providers rendering COMP and NOW services unless there is an immediate jeopardy and/or health and safety concern.
Appendix K  General Guidance for Providers-Notable changes

• **Section D - Service Specific Guidance (CRA)**

• **Notification Guidance**- The Regional Field Office (via email to the I&E manager and RSA) and Support Coordination Agency must be immediately notified when an individual is moved.

• Please include “COVID-19 MOVE” in the email subject header.
Appendix K  General Guidance for Providers-Notable changes

• **Section D - Service Specific Guidance** (Behavior Support Services Level 1 and Level 2)

• **NOTIFICATION REQUIREMENT**- The behavior supports service provider will contact the designated point of contact for the agency/home caregiver to schedule telehealth or telephonic communications and email documents.

• **Support Coordination will be notified of temporary changes in behavior support service delivery options during this time that Appendix K is effective. Requests for additional units for behavior support services should be made to the regional behavior analyst.**
Appendix K - Stimulus

• Guidance – Stimulus Impact

We know that many citizens will be receiving a stimulus from the Federal Government by the end of April. We want to keep you updated on how people who have a STABLE Account or those who will need a STABLE Account can utilize the stimulus payment to meet their needs.

For those receiving a federal stimulus check through the Coronavirus Aid, Relief, and Economic Security (CARES) Act, consider placing those funds into a STABLE Account. STABLE Accounts allow for individuals to ensure that their money will not affect needs-based financial aid such as Medicaid or SSI.

See Document “STABLE Stimulus Flyer”
Deposit up to $15,000/year

Keep Your Public Benefits
One of the primary reasons that the federal ABLE Act was passed was to protect individuals with disabilities from losing certain benefits such as SSI or Medicaid.

No Impact on Medicaid Benefits
The money in your STABLE Account will not affect your eligibility for Medicaid benefits.

Limited Impact on SSI Benefits

While we are teleworking, we are still able to answer your questions and can be reached by calling 1-800-439-1653 or email team@stableaccount.com.

https://www.georgiastable.com
Questions?