Appendix K Guidance:
Participant-directed Services

Thursday, August 6, 2020

Amy Riedesel, Director of Community Services
Barbara (Babs) J. Hall, Statewide Participant-direction Manager
Welcome & Updates from Director Wakefield
Review CMS Guidance
Revised Retainer Payments
Attestation Statement
CLS Services During School Hours
Questions
The recording of this discussion is a snapshot in time.

Due to the rapidly evolving nature of the emergency, additional information and implementation plans will be provided through FAQ pages, GAMMIS 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/
Review of CMS Guidance
History of Submissions to CMS & Purpose

Appendix K applications submitted to CMS for review 04/03/2020

• New Options Waiver Program / Comprehensive Supports 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 network and service delivery system for return to a non-emergency state
Appendix K Amendment submitted to CMS 06/12/2020

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

**CMS approval:** *effective start date 06/24/2020 for PD services*

Appendix K Amendment submitted to CMS 07/20/2020

**Purpose:** request to follow FAQ guidance allowing:
Three (3) 30-day retainer payment episodes

**CMS approval:** *07/27/2020 with effective start date 04/15/2020*
What about Participant-directed PAR?

• The Participant-directed PAR (Personal Assistance Retainer) for hospitalizations and vacation is suspended during Appendix K.

• Any PAR days used prior to 03/01/2020 do NOT count against the 90 days of billable retainer payments under Appendix K.
  o For example: You used six (6) days of PAR in December 2019 for vacation. You will not have the six (6) days subtracted from the 90 days allowable under Appendix K.

• You **only have 90 billable days** in total throughout the duration of time that Appendix K is in effect from 03/01/2020 - 02/28/2021 (or the date the Appendix K is terminated if prior to the February 28, 2021 date).
Encounters and Return to Service

• Previous guidance for a 7-day billing cycle is **no longer valid**.

• Previous guidance requiring a service encounter to be at least two (2) hours is **no longer valid**.

• Retainer payments do not need to have service delivery tied to them.
Community Living Support (CLS)
Community Access (CAG and CAI)
and Supported Employment (SE)

WEBSITE:
posted 06/30/2020
Retainer payments are authorized in the event that the provider is not serving the member under other comparable services.

The retainer payment will be authorized at the level, duration, and amount as outlined in the ISP & prior authorization (PA).

Telehealth is **NOT** authorized for CLS services.

Retainer payments are authorized in the event that the setting must be closed for isolation purposes.

Community Living Support (CLS)

Supported Employment (SE)
Retainer Payment Guidelines for Georgia

- CMS approved three (3) 30-day retainer payment episodes with the July 27th Georgia Appendix K Amendment.

- CMS confirmed that a “staggered” retainer payment model is allowable:
  - Example: Monday and Wednesday traditional or telehealth service delivery
  - Tuesday, Thursday and Friday retainer payment reimbursement with supporting documentation.

- Consecutive days are those days that are eligible for billing.
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
- Services can be reimbursed as retainer payment for 30 continuous days initially
- Following the initial episode providers may be reimbursed for 2 additional 30-day episodes for a total of up to 90 days.
Mandatory State Controls on Reimbursement

States interested in utilizing retainer payments for multiple (up to three) episodes of up to 30 days per beneficiary will be expected to include or add the following guardrails in their Appendix K submissions:

- Limit retainer payments to a reasonable amount,
- Ensure their recoupment if other resources, once available, are used for the same purpose
- Collect an attestation from the provider acknowledging that retainer payments will be subject to recoupment if inappropriate billing or duplicate payments for services occurred
- Require an attestation from the provider that it will not lay off staff, and will maintain wages at existing levels
States interested in utilizing retainer payments for multiple (up to three) episodes of up to 30 days per beneficiary (up to 90 billable days) will be expected to:

• Collect an attestation from the provider acknowledging that retainer payments will be subject to recoupment if inappropriate billing or duplicate payments for services occurred
  • Require an attestation from the provider that they had not received funding from any other sources that would exceed their revenue for the last full quarter prior to the public health emergency [such as]:
    • unemployment benefits
  • Or that the retainer payments at the level provided by the state would not result in their revenue exceeding that of the quarter prior to the public health emergency.
• Providers are subject to recoupment if **inappropriate billing** or **duplicate payments** for services occurred, as identified in a state or federal audit or any other authorized third-party review.

• **Note that “duplicate uses of available funding streams” means using more than one funding stream for the same purpose.**
Repayment of Retainer Reimbursement for 90 days or More

What can providers do if they have billed in excess of 90 days of retainer payments?

1. Void all claims representing 91 retainer payment days or greater, or
2. Enter into a repayment plan described in Part I: Policies and Procedures for Medicaid and PeachCare for Kids

407. Recoupment of Reimbursement
Attestation Statement
How do I submit an Attestation Statement?

The fillable form is available on the DCH website at this link:

Attestation Statements

Enter the full name of the PD Representative (aka Employer of Record).

Framework
Attestation Statement: Retainer Payment Reimbursement during the Coronavirus Public Health Emergency

Provider Name: *

AssociatedWaiver Program

(Check all that apply) *
- Elderly and Disabled Waiver Program (CCSP and/or SOURCE)
- Independent Care Waiver Program (ICWP)
- New Options Waiver Program (NOW)
- Comprehensive Support Waiver Program (COMP)

Attestation Statements

Select all of the statements that assure this agency's compliance as a Medicaid Waiver Provider seeking reimbursement through retainer payments during the Coronavirus Public Health Emergency:
Attestation Statements

Check the appropriate waiver for the participant: NOW or COMP
### Associated Waiver Program

<table>
<thead>
<tr>
<th>(Check all that apply)*</th>
<th>Elderly and Disabled Waiver Program (CCSP and/or SOURCE)</th>
<th>Independent Care Waiver Program (ICWP)</th>
<th>New Options Waiver Program (NOW)</th>
<th>Comprehensive Support Waiver Program (COMP)</th>
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</table>

#### Elderly and Disabled Waiver Program (CCSP and/or SOURCE)

- **Services Reimbursed through Retainer Payment:**
  - Enter details
- **Medicaid Number**
  - Enter the Medicaid Number for the Waiver Participant
- **Number of Retainer Payment Days Claimed**
  - Indicate to date the # of retainer payment days

#### From the dropdown menu, select which service you are using

#### Enter the Medicaid Number for the Waiver Participant

#### Indicate to date the # of retainer payment days
Read each statement. If you agree, check each statement that you are attesting to.

- As a Medicaid Waiver Program provider reimbursed through retainer payment under Appendix K, I understand that retainer payments will be subject to recoupment if inappropriate billing or duplicate payments for services occurred.
- Provider did not lay off staff and maintained wages at existing levels during the period represented by retainer payments.
- Provider did not receive funding from any other sources that would exceed its revenue for the last full quarter prior to the Public Health Emergency (PHE) such as:
  - Unemployment benefits used to reimburse staff wages during the period of retainer payment reimbursement
  - Small Business Administration loans that exceeded revenue for the last full quarter prior to the PHE (and did not require repayment)
  - Cares Act Provider Relief Fund
  - As a Medicaid Waiver Program provider reimbursed through retainer payment under Appendix K, I attest that total retainer payments did not result in revenue greater than that of the quarter prior to the PHE (October 1, 2019 – December 31, 2019).
Electronic Signature and Submission

Signature

Attestation Date
Date captured on form submission

Submit
Attestation Statements

• DBHDD Special Bulletins will provide a link and be distributed.

• Reports of agency attestation documents will be retained for audit documentation by DCH, but you should **retain a copy for their records**

• **Deadline---DUE OCT. 1, 2020**
Appendix K Operational Guidelines

- All policy information regarding Appendix K can be found within DD COVID-19 policy on DBHDD PolicyStat

https://gadbhdd.policystat.com/policy/8127003/latest/
How do I stay informed?

PD Model E-newsletter
PD Model Email Blasts
DBHDD Webinars
DBHDD Website

To request that your email address be added to the electronic mailing list, please contact:

Participant.Direction@dbhdd.ga.gov
Frequently Asked Questions

• Do I still complete an attestation for past retainer payments?
  Yes – by October 1, 2020

• Do I have to complete an attestation each time I submit a bill?
  No. Only one attestation is required during Appendix K.

• Can we bill interim retainer payments such as those intermittent with service delivery?
  Yes

• Will we be audited?
  CMS has advised that there will definitely be audits following the COVID-19 public health emergency.
Appendix K Operational Guidelines

- Appendix K still remains in effect through **February 28, 2021**.

- Effective **June 24, 2020**, you may now deliver community access services (CAG & CAI) via telehealth.

- CLS can only be delivered in-person.

- Individuals and Representatives are encouraged to follow the safety precautions which have been recommended by the GA Department of Public Health and the Centers for Disease Control. (CDC).

- Temporary Family Caregiver Hire remains in effect while we are operating under Appendix K.
CLS Services During School Hours

• CLS services are not prohibited by policy for when an individual can use the hours in a day.

• The key point is the number of hours used must remain the same as authorized on the Prior Authorization (PA)
  • Example: individuals authorized for 4 hours per day, 3 days per week pre-pandemic for after-school care, still only authorized for 4 hours per day, 3 days per week

• Any increase in CLS or other waiver services would require a clinically assessed need and approved clinical assessment.
  • The frequency and duration of CLS service is designated to address specific needs determined by the Supports Intensity Scale (SIS), the Health Risk Screening Tool (HRST), and other individual-centered assessment information.

• CLS does not cover educational and related services needed by children for whom the Department of Education is responsible.

• CLS services cannot be provided at the same time of the same day as Community Access or Supported Employment services.
April 2020, DBHDD added a 30% increase to PA lines for CLS & SMS

This is a one-time increase

Funds CANNOT be used for additional CLS hours or to increase staff pay outside PA authorization

Funds are ONLY for coverage of retainer payments + temporary family caregiver hire.

What about when ISP falls during Appendix K authorization?
Questions