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# BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

DBHDD Provider Web-Ex  
May 21<sup>st</sup>, 2020





**D·B·H·D·D**

Georgia Department  
of Behavioral Health  
& Developmental  
Disabilities

**BE D·B·H·D·D**

**BE COMPASSIONATE**

**BE PREPARED**

**BE RESPECTFUL**

**BE PROFESSIONAL**

**BE CARING**

**BE EXCEPTIONAL**

**BE INSPIRED**

**BE ENGAGED**

**BE ACCOUNTABLE**

**BE INFORMED**

**BE FLEXIBLE**

**BE HOPEFUL**

**BE CONNECTED**

**BE D·B·H·D·D**

# Today's agenda

Shelter in Place Order

Office of Health and Wellness

Sunrise Phase- New Possibilities

Questions & Answers

# Executive Order: Reviving a Healthy Georgia

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**BE D·B·H·D·D**

Georgia Department of Behavioral Health and Developmental Disabilities

Monica A. Patel, Esq. | Director of  
Legal Services

May 21, 2020



# Disclaimer

This presentation does not constitute legal advice.

Providers should seek their own legal advice from their own attorneys on these subjects.

DBHDD does not guarantee that the topics discussed herein will ensure your compliance with all laws applicable to you or your circumstances.

# State of Public Health Emergency

On March 14, 2020 Governor Brian Kemp issued an Executive Order declaring a Public Health State of Emergency in Georgia

On April 8, 2020 the Public Health State of Emergency was renewed until May 13, 2020

On April 30, 2020 the Public Health State of Emergency was renewed **until June 12, 2020**

# Shelter in Place Order

- On April 2, 2020 Governor Kemp issued an Executive Order mandating Georgians to shelter in place, with certain exceptions.
- On April 30, 2020, Governor Kemp lifted the shelter in place order **for most Georgians.**
- **However**, Georgians more at risk for severe illness must still shelter in place until June 12, 2020 under the Executive Orders that are still in effect. The next slides outline which Georgians must still shelter in place.

# Populations at Higher Risk of Severe Illness

1. Individuals 65 and older
2. Individuals in a nursing home or long-term care facility, including inpatient hospice, assisted living communities, personal care homes, intermediate care homes, community living arrangements, and community integration homes.

## Populations at Higher Risk of Severe Illness Cont'd

3. Individuals with chronic lung disease
4. Individuals with moderate to severe asthma
5. Individuals with severe heart disease
6. Individuals with class III or severe obesity

## Populations at Higher Risk of Severe Illness Cont'd

7. Individuals who are immunocompromised. Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medication.

## Populations at Higher Risk of Severe Illness Cont'd

8. Individuals diagnosed with diabetes, liver disease, and individuals with chronic kidney disease undergoing dialysis.

# Exceptions

Conducting or  
participating in  
essential  
services

Performing  
necessary  
travel

Engaging in  
gainful  
employment  
(or travel to  
and from) in  
critical  
infrastructure

# Individuals Sheltering in Place Shall Not Receive Visitors Except:

Visitors  
providing  
medical,  
BH, or  
emergency  
services or  
medical  
supplies or  
medication

Visitors  
providing  
support to  
conduct  
activities of  
daily living

Visitors  
providing  
necessary  
supplies  
and  
services

Visitors  
received  
during end-  
of-life  
circumstan  
ces

# Exception

- Exception to shelter in place requirement in the event of any emergency.
- Individuals should relocate to a safe alternate location.

# DBHDD I/DD COMMUNITY SETTINGS REOPENING INITIAL RECOMMENDATIONS

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**BE D·B·H·D·D**

Georgia Department of Behavioral Health & Developmental Disabilities

Office of Health and Wellness

[Clinical.Oversight@dbhdd.ga.gov](mailto:Clinical.Oversight@dbhdd.ga.gov)



“ For tomorrow belongs to those  
who prepare for it today ”

~ African Proverb

# Focus Areas

- 1 The blueprint established by executive order
- 2 The intended outcomes of recommendations
- 3 Emphasis on Planning
- 4 Variation of Strategy
- 5 “It will take a village”

# Governor's Executive Order

DBHDD recommends that all DBHDD-authorized providers of I/DD community access and pre-vocational services abide by order;

DBHDD also recommends providers not reopen community services before the shelter in place orders for specifically identified populations has expired or are lifted.

# Governor's Executive Order continued

Est. General Provisions Pertaining to:

Applicable population

Preventative Action

Environmental  
Parameters/Considerations

Timeframes/Extensions





# Applicable Population

- Individuals with I/DD are often predisposed to physiological and neurological conditions that may have a profound impact on resistance to illness and/or may impair ability to comply with recommended measures of COVID-19 virus risk mitigation.



# Available Resources

- CDC (COVID-19) Coronavirus Page
  - <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- Department of Public Health
  - <https://dph.georgia.gov/>
- DBHDD I/DD toolkit
  - PPE Quick chart
  - Social Stories
  - COVID Fact Sheet
  - Face Masks Fact Sheet
  - Useful Information regarding PPE



# Priority

Ensuring the safety and social  
wellbeing of the population



# Goals/ Intended Outcomes

## Provider Education

- Knowing the “why” facilitates the “do”

## Prevention

- Emphasis on activities of spread mitigation softens the impact of the infection to the surrounding community

# Prevention

## Social Distancing

- 6 feet from others
- Barriers
- Reduction of gatherings

## Hand Hygiene

- Frequency
- Process
- Methods

## Cleaning and Disinfection

- Building
- Vehicles

# The Drill Down into essential elements

## “Disinfection”

Daily Cleaning

Frequent Cleaning  
(dependent upon  
usage...i.e., doorknobs,  
keyboards, light switches,  
countertops, handles, desks,  
phones, toilets, faucets and  
sinks)

With soap and water  
removes germs and  
dirt from surfaces


EPA-approved  
disinfectant against  
COVID-19 or  
alternatives

Launder-“able”  
items

Disposal  
Procedures

Staffing Training

PPE Capability with  
cleaning products



# Goals/ Intended Outcomes

## Screening/Identification of Risk

- Early detection, halts spread, facilitates indicated environmental modification, or intensification of preventative activities

## Management

- In the event of detection, a communication strategy will assist with individual monitoring and containment.
- Sustained Vigilance

# Screening Protocols require thoughtful planning and implementation

It is important to promptly identify and separate individuals who are potentially infectious. Screening and frequency thereof, helps reduce the risk of exposure.

## Elements of Screening

- Temperature
- Loss of Taste and Smell
- SOB (Shortness of Breath)
- Headache/muscle aches
- Chills
- Sore Throat

Management  
upon  
confirmation of  
exposure/positive

## Reporting Requirements

- DPH
- DBHDD
- Individuals and Families
- Care Providers
- PCP

# Emphasis On Planning

## Plan to Prevent

- Building Occupancy Caps
- Social Distancing
- Integration/transportation
- Disinfecting Proc.
- PPE (staff & indiv.)
  - Masks
  - Gloves

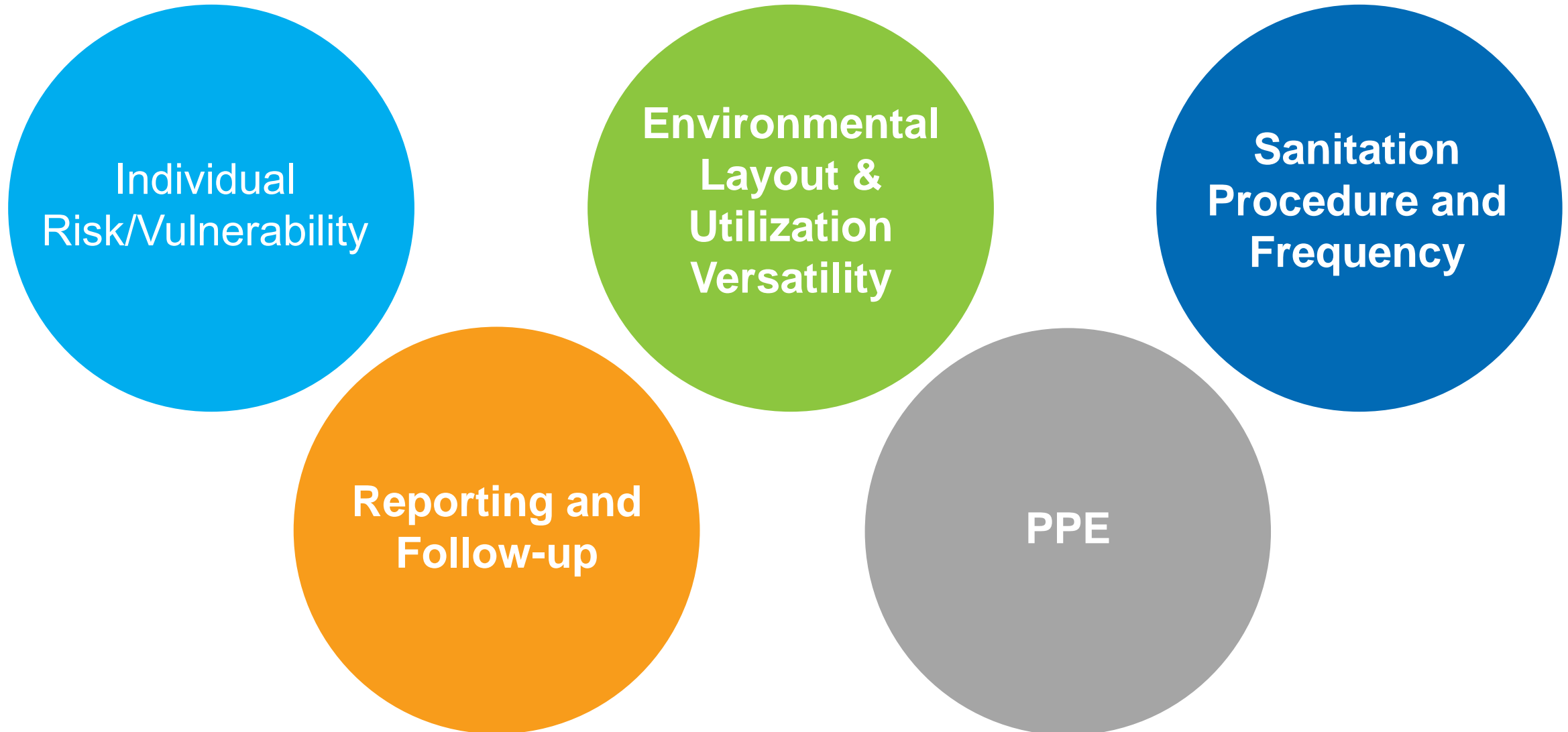
## Plan to Identify

- Education of indicators of infection
- Screening
- Responsible Reporting procedures
  - To Community Programs
  - Public Health Agency
  - Families

## Plan to Manage

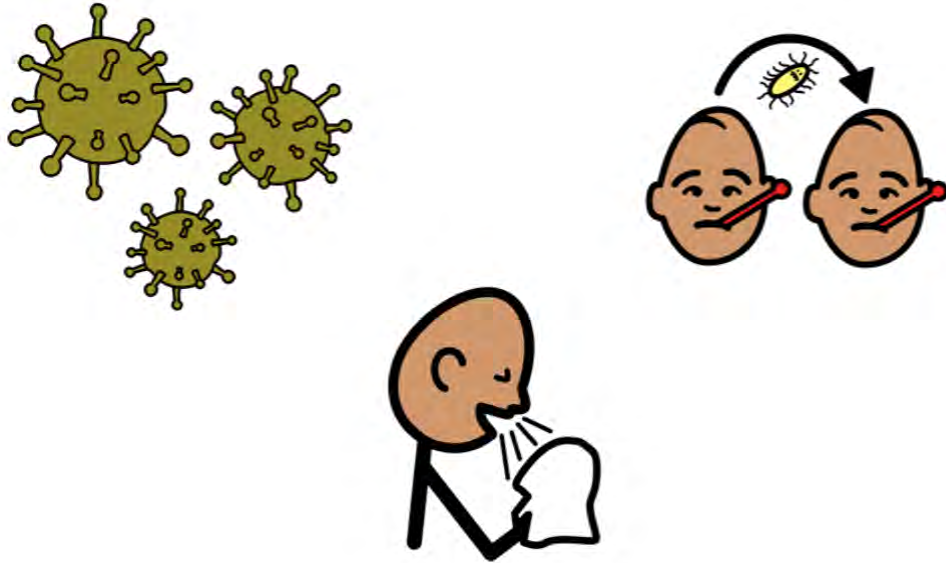
- Establish threshold for action
  - Identification of source
  - Review of reopening strategy for modification
  - Additional spread mitigation options

# Reopening Strategies will vary among programs



# COVID Healthy Social Stories

There are germs called Corona Virus that can make people sick.



- Know Your Audience

Tools intended to educate should target audiences that assist with compliance and mitigation of risk

# Consideration: Know Your Audience



washing our hands



covering our mouth when  
we cough



covering our mouth when  
we sneeze



Wearing a face mask

“Signage Helps”



# Prevention, Screening and Management Planning Works

Dr. Gundlapalli

# Summary

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- No one knows the floorplans of community day program environments better than day program leadership
  - One plan does not fit all
  - All plans require essential elements to address
    - ☑ Preventative measures
    - ☑ Identification strategies
    - ☑ Management strategies (in the event of confirmed exposures/positives)

A close-up photograph of a hand holding a blue pen, poised to write on a spiral-bound notebook. The notebook's black spiral binding is visible on the left side. The background is a soft, out-of-focus light brown.

# **BE** INFORMED

Sunrise Phase- New Possibilities

Director of Community Services Amy Riedesel  
WISE Associate Deborah McLean  
WISE Associate Karen Williams

# A New Hierarchy Of Needs....

- Community
- Health And Safety
- Flexible Evolving Solutions
- Partnerships
- Opportunity
- Communication
- Connections



# Transitioning from facility to community services.

## 4 ways you can do remote or individual service

### Discovery

- YouTube for industry tours, preference activities, review job descriptions, social capital mapping, Preference Tests, career exploration
- <https://www.careeronestop.org/> <https://www.aeseducation.com/career-readiness>

### Tasks/Chores at Home

- What can you gather about their marketable skills? What can you teach?

### Mock Interviews

- Google sample interview questions (glassdoor.com)
- Ask a friendly employer to join you

### Build a Resume

- Pictures of tasks they did at the center/group environment
- Lists of skills they were building before COVID

# Four things we are doing differently today



BIZ TALK



EDUCATION  
TOOLS



MESSAGING



PERSPECTIVE

# Biz Talk

- Learn what is happening for businesses
- Follow Chamber of Commerce announcements and webinars
- Follow Governor's phase in stages (what companies, what guidance, envision the new jobs!)
- Pitch your business resource (recruiting, training, filling niche positions)
- Job Analysis includes a safety element.



**Trillium Employment Services**

3 mins · 🌐



If you run a gym, yoga or martial arts studio, Trillium can help you re-open safely and in conformance with the L&I COVID guidelines for fitness facilities. We can help you source a dedicated person to attend to the safety standards so you can focus on getting classes and personal training sessions back in action.

<https://www.governor.wa.gov/.../COVID19Phase2FitnessGuideline...>



# Education Tools

- masks + physical distancing tools/visuals
- <https://paautism.org/resource/wearing-mask-social-story/>
- 6 feet = ??
- Practice at home. Contact their employers to know what they will need to know to return to work

Washing hands is a good habit that keeps everybody healthy.



Lately, I've been hearing a lot about the Corona virus. It's kind of scary. It's ok to be scared or worried, everybody gets worried about viruses at times. I can talk to my parents or care giver if I am worried.



One way to protect myself from getting sick is to **wash my hands often**.



# Messaging

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- we are a jobs program that is part of rebuilding the economy.
- collaboration with other I/DD stakeholders
- work is more than a paycheck.



# Perspective

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- Individualized Services vs Special Programs
- Everyone is learning new safety standards and balancing risk and integration.
- Phasing back to community life looks different for everyone.
- Assume competence and support personal choice.

## Guiding Values

- **Power and Choice** – Making our own choices and directing our own lives.
- **Relationships** – Having people in our lives whom we love and care about and who love and care about us.
- **Status/Contribution** – Feeling good about ourselves and having others recognize us for what we contribute to others and our community.
- **Integration** – Being a part of our community, through active involvement. This means doing things we enjoy as well as new and interesting things.
- **Competence** – Learning to do things on our own or be supported to do things for our self.
- **Health and Safety** – Feeling safe and secure, and being healthy.

Q & A





## MEMORANDUM

**TO:** NOW & COMP Waiver Programs Participant Direction Service Delivery  
**FROM:** Amy Riedesel, Director of Community Services  
**DATE:** May 29, 2020  
**RE:** Participant-directed Family Caregiver Hire/Retroactive Pay Authorized Under Appendix K

The intent of the below correspondence is for the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) to provide clarity on family caregiver hire and retroactive payments during the period that Appendix K is authorized.

### **Retroactive Pay for Family Caregiver Hire for Individuals who Participant-Direct Services**

U.S. Citizenship and Immigration Services (USCIS) rules state that Form I-9 cannot be backdated. What this means is that an employee cannot begin work before the signature date on the I-9 or the employer is considered in violation of federal USCIS rules.

In compliance with federal regulation “E-Verify” requirements, 8 C.F.R. §274a.2(b)(1)(ii), an employer/representative will only be able to begin paying any newly hired staff, whether regular new staff or a paid family caregiver, within 3 business days of the date of hire.

While the Appendix K is retroactive back to March 1, 2020, newly hired staff cannot back bill payroll for services rendered prior to the official hire date. Timesheets for work completed by family caregiver staff are required to match the date of hire.

Staff who were hired before March 1, 2020, including family caregiver staff who were approved through the normal DBHDD and DCH process, are eligible for Personal Assistance Retainer (PAR), also known as retainer payments, back to the Appendix K authorization date if they were employed by the Participant-Directed employer on March 1, 2020. As a reminder, a retainer can only be billed if the staff could not work due to COVID-19 and the staff was not collecting unemployment benefits.

For more information regarding USCIS rules and Form I-9, please contact your Fiscal Intermediary agency.

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**BE INFORMED**NETWORK  
BULLETIN

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## IMPORTANT ANNOUNCEMENTS

### I/DD Appendix K Amendment Behavioral Health Provider Manual

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**Attention Community I/DD Provider Network:**

On Tuesday June 2<sup>nd</sup>, 2020, the Department of Community Health (DCH) submitted an additional Appendix K amendment for all Home and Community Based Waivers to the Centers for Medicare and Medicaid Services (CMS). The purpose of the additional Appendix K submission was to clarify waiver providers ability to bill days in excess of the Nursing Home Retainer Payment limit without the member returning to service. On Friday June 5th, DCH was informed by CMS that they could not approve the additional Supplement K request. DCH in response has withdrawn the request as required by CMS.

The Department of Behavioral Health and Developmental Disabilities (DBHDD), DCH, and CMS continue to seek innovative ways to deliver services to waiver members during the COVID-19 public health emergency. As such, another amendment request will be submitted to CMS. This amendment will request telehealth provisions for Community Access and Prevocational Services. If approved, DBHDD will provide notification to the provider network and amend the Operational Guidelines accordingly.

Thank you for your continued support to the individuals and families that we all serve.

**Ronald Wakefield, Director**  
**Division of Developmental Disabilities**

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**Attention Community BH Provider Network:**

As a follow up to the [June 2, 2020 Special Bulletin](#) regarding upcoming revisions to the **Provider Manual for Community Behavioral Health Providers** for the purpose of including DBHDD communications related to the COVID-19 Public Health Emergency, the revised Provider Manuals were reposted on Wednesday, June 10, 2020 to the DBHDD website.

The two revised Provider Manuals are located in the FY2020 Provider Manuals Archive folder, which can be found on the [DBHDD website](#) by hovering over the **"For Providers"** tab, and selecting **"Community Provider Manuals"** from the drop down menu. Once on the Community Provider Manuals webpage, select **"Provider Manuals Archive"** and then **"FY2020"**. You will be directed to the list of Provider Manuals for FY 2020, please select either **"Quarter 3"** or **"Quarter 4"** as appropriate. Additionally, you may access these manuals directly by clicking the links below:

[FY 2020 Provider Manual for Community Behavioral Health Providers - 3rd Quarter](#)  
[FY 2020 Provider Manual for Community Behavioral Health Providers - 4th Quarter](#)

# Office of Provider Relations

**Director**

Lynn Copeland

**Senior Provider Relations Manager**

Carole Crowley

**Provider Relations Managers**

Sharon Pyles

Tim Strickland

Lisa Sweat



For Provider Relations inquiries, please contact us at [DBHDD.Provider@dbhdd.ga.gov](mailto:DBHDD.Provider@dbhdd.ga.gov)

**BE WELL**





Georgia Department  
of Behavioral Health  
& Developmental  
Disabilities

Creation: 3/26/2020  
Effective: 6/23/2020  
Last Reviewed: 6/23/2020  
Last Revision: 6/23/2020  
Next Review: 12/20/2020  
Owner: *Ron Wakefield: Director, Division of Developmental Disabilities*  
Chapter: *DD Community Services*  
Sections:

## COVID-19 2020: DBHDD Community Developmental Disability Services Policy Modifications - 6/23/2020

### EFFECTIVE IMMEDIATELY

### APPLICABILITY

DBHDD Providers of Community **Developmental Disability** Services

### POLICY

In response to the continued transmission of COVID-19, where necessary new measures are in effect to minimize community spread of the virus, and to assist in the continued delivery of community developmental disability services.

**Modifications** as described in this policy refers to the restriction, enhancement, relaxation, and partial or full suspension of existing policies in PolicyStat, [Provider Manual for Community Developmental Disability Providers](#), or [Provider Manual for Community Developmental Disability Providers of State-Funded Developmental Disability Services](#) as applicable to the service. This policy includes full details of the alternate requirement(s) or procedures.

The following temporary modifications to the policies listed below are pertinent to community developmental disability services, effective immediately. Please refer to the full policy via the hyperlink, noting the alternate requirements applicable until further notice.

This policy will be updated as necessary. This policy remains in effect until the Governor of the State of Georgia lifts the Emergency Declaration.

1. The "Appendix K: Operational Guidelines for the NOW and COMP Waiver Programs Response to COVID-19 Pandemic" permits **temporary modifications** for the services detailed in **Appendix K, Appendix K Attachment 1, and Appendix K Attachment 2** (attached below). The purpose of this guidance document is to provide additional information to providers of traditional waiver services and families who opt to participant direct services. The guidance within this document is temporary until otherwise notified by DBHDD and DCH. This guidance supersedes only conflicting guidance in the [NOW and](#)

[COMP Waivers for Community Developmental Disability Services, 02-1202](#), [Provider Manual for Community Developmental Disability Providers](#), and DBHDD PolicyStat policies.

2. **Temporary suspension** of the site inspection requirement for developmental disability provider enrollment, per [Recruitment and Application to Become a Provider of Developmental Disability Services, 02-701](#) is permitted as follows:
  - a. Site inspections for Community Residential Alternative Host Home sites are suspended. Host Home applications will remain in pending status until site inspections resume.
3. A **partial suspension** of the fingerprinting requirement described in [Criminal History Record Check for DBHDD Network Provider Applicants, 04-104](#) as follows **only if fingerprinting services are not available in your area**:
  - a. DBHDD's Provider Network must have each person subject to Policy 04-104 complete the "Network Provider Applicant Attestation," **Attachment A** to this policy, instead of completing the fingerprint based background check stipulated in Policy 04-104.
  - b. Within sixty (60) days of cessation of the Public Health Emergency, all persons who signed the Network Provider Applicant Attestation instead of completing the fingerprint based background check must complete a fingerprint based background check as required by Policy 04-104. The provider is responsible for sending any person who signed the Network Provider Applicant Attestation for a fingerprint based background check.
  - c. The provider is also responsible for sending to DBHDD's Criminal History Background Check (CHBC) section each signed Network Provider Applicant Attestation, while retaining a copy in the applicant's personnel file. The provider must send the signed and dated Attestation to CHBC, and acknowledge receipt of an email from CHBC confirming acceptance of the Attestation, before the applicant begins working. The Individual Assessment process set forth in section D of Policy 04-104 does not apply to persons who sign the Network Provider Applicant Attestation.
  - d. The Attestation cannot be used by Network Provider Applicants who were fingerprinted for a fingerprint based background check within sixty (60) days prior to the declaration of the Public Health Emergency.
4. A **partial suspension** of the fingerprinting requirement described in [Criminal History Record Check for Individual Provider Applicants, 04-111](#) is permitted as follows **only if fingerprinting services are not available in your area**:
  - a. All applicants who are subject to Policy 04-111 must complete the "Individual Provider Attestation," **Attachment B** to this policy, instead of completing the fingerprint based background check documented in Policy 04-111.
  - b. Within sixty (60) days of cessation of the Public Health Emergency, all applicants who signed the Individual Provider Attestation instead of completing the fingerprint based background check must complete a fingerprint based background check as required by Policy 04-111.
  - c. DBHDD Provider Enrollment is responsible for sending to DBHDD's Criminal History Background Check (CHBC) section all signed Individual Provider Attestations and for acknowledging receipt of an email from CHBC confirming acceptance of the Attestation, before the Individual Provider Applicant can be considered eligible. The Individual

Assessment process set forth in Part D of Policy 04-111 does not apply to applicants who sign the Individual Provider Attestation.

- d. The Attestation cannot be used by Individual Provider Applicants who were fingerprinted for a fingerprint based background check within sixty (60) days prior to the declaration of the Public Health Emergency.

**DBHDD sincerely appreciates your compliance with these measures throughout this Public Health Emergency.**

## Attachments

[A - COVID-19 2020 - Attestation of Absence of Barrier Crimes Data & Cover Letter 4/23/2020.docx](#)  
[Appendix K Attachment 1 - NOW and COMP Provider Spreadsheet 4/22/2020](#)  
[Appendix K Attachment 2 - Simplified AS Request Sheet 4/20/2020](#)  
[Appendix K Operational Guidelines for the NOW and COMP Waiver Programs Response to COVID-19 Pandemic, 6/23/2020 Version 3.0](#)  
[B - COVID-19 2020 - Attestation of Absence of Barrier Crimes Data & Cover Letter 4/23/2020.docx](#)

## Approval Signatures

Approver	Date
Anné Akili, Psy.D.: Director, Policy Management	6/23/2020
Ron Wakefield: Director, Division of Developmental Disabilities	6/23/2020
Anné Akili, Psy.D.: Director, Policy Management	6/23/2020



# Georgia Department of Behavioral Health & Developmental Disabilities

Judy Fitzgerald, Commissioner

## Office of Enterprise Compliance

Two Peachtree Street, NW • 1<sup>st</sup> Floor • Atlanta, Georgia 30303-3142 • Telephone: 404-463-2507 • Fax: 770-359-5473

I, \_\_\_\_\_

_____	_____	_____	_____	_____
Last Name	First Name	Middle Initial		
_____	_____	_____	_____	_____
Social Security No.	Height	Weight	Eye color	Hair Color
_____	_____	_____	_____	_____
Date of Birth	Sex	Race		
_____	_____	_____	_____	_____
Street Address	City	State	Zip	

attest that I have not been convicted of nor have pending charges for any crime listed on Barrier Record Data (Attachment D of [Criminal History Record Check for DBHDD Network Provider Applicants, 04-104](#), a copy of which has been provided to me).

I also attest that:

1. I am not currently on probation as a First Offender for a crime listed on Barrier Record Data (Attachment D);
2. I am not awaiting final disposition on charges for any crime referenced on the Barrier Record Data (Attachment D);
3. I do not knowingly have an outstanding warrant for any crime referenced on the Barrier Record Data (Attachment D);
4. I do not have a finding of guilty but mentally ill (GBMI) for any crime referenced on the Barrier Record Data (Attachment D);
5. I do not have a finding of guilty with intellectual disability (GWID) for any crime referenced on the Barrier Record Data (Attachment D); and
6. I do not have a finding of not guilty by reason of insanity (NGRI) for any crime referenced on the Barrier Record Data (Attachment D).
7. I do not have any convictions within the last 12 months.

This form serves as a contingency for employment. Within sixty (60) days of the termination of the Public Health State of Emergency, I understand that I will be required to complete a fingerprint based background check and if any information stated hereon is found to be falsified or untrue, I could be deemed ineligible for continued employment by a DBHDD network provider. I also understand that prior to being fingerprinted, if any information stated hereon is discovered to have been falsified or is found to be untrue, I could be deemed ineligible for continued employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Georgia Department of Behavioral Health & Developmental Disabilities

*Judy Fitzgerald, Commissioner*

### Office of Enterprise Compliance

Two Peachtree Street, NW • 1<sup>st</sup> Floor • Atlanta, Georgia 30303-3142 • Telephone: 404-463-2507 • Fax: 770-359-5473

**TO:** DBHDD Provider Network

**FROM:** DBHDD Office of Enterprise Compliance  
Criminal History Background Checks Section

**RE:** Policy No. 04-104 Attestation

Immediately after a person subject to Policy No. 04-104, as modified during the Public Health State of Emergency, completes the Attestation required under the modified policy, send the Attestation to CHBC by facsimile to (770) 359-1622, or via email at [DBHDD-CRS@DBHDD.GA.GOV](mailto:DBHDD-CRS@DBHDD.GA.GOV). with this Cover Sheet after completing the information required below:

**Provider Name** \_\_\_\_\_

**Name of Direct Contact** \_\_\_\_\_

**Contact Phone Number** \_\_\_\_\_

**Email address** \_\_\_\_\_

If you have questions, please contact our office at 404-463-2507 or 404-232-1641.



## Simplified Additional Staffing Request for the COVID Response

NOTE: This form is for use only during the COVID response period and is tied to Appendix K. **Only requests for changes to CRA and CLS tied to COVID-19 should be submitted using this form**, Request submitted on this form do not follow the standard approval process and services approved via this form will cease at the expiration of Appendix K or the return of individuals to standard day service.

The attached sheets are to be used by residential providers and CLS providers to request additional staff to cover the hours during which people in services are typically in community access or other services during the day.

NOTE that this is **not** to be used by Providers who deliver residential and day services to the individuals involved. The funding attached to the day service hours is covered elsewhere in Appendix K, and will not be addressed here.

This additional staffing request should be limited to the minimum needed to keep individuals safe during the time they are not participating in usual day activities.

One request may be used for multiple homes and multiple CLS participants. Please complete **separate requests for each region** in which you support people. Completed requests should be sent to the Enhanced Supports box at the appropriate Regional Field Office. That email follows the pattern:

region#enhancedsupports.dd@dbhdd.ga.gov

**with the # replaced by the appropriate region number.**



## Appendix K Tracking of Telehealth, Retainer Payments, and Family/Caregiver

**Instructions for DBHDD Providers:** Use this spreadsheet to track GAMMIS billing for Retainer and Family/Caregiver payments via telehealth, enter the number of units billed by service type (**Note: Retainer and Family/Caregiver** (in blue)).

**Submitting Monthly Report:** Providers should submit this report monthly to the DBHDD Region. Insert the appropriate number for the provider's region in place of the # sign in the email address.

**Provider Name:** ABC CSB  
**Report Month-Year:** March-20

**Note: Providers must follow all operational guidelines outlined in the Appendix K Provider Guide.**

CID #	Medicaid #	Last Name	First Name
8675309	111222333444	Doe	John
127001	111222333999	Doe	Jane

## iver Options Report

nd Family/Caregiver Options units for each individual served in the report month. If services were delivered  
egiver Options should not be billed if services were delivered via telehealth). See example rows #18 & #19

al Field Office at [region#enhancedsupports.dd@dbhdd.ga.gov](mailto:region#enhancedsupports.dd@dbhdd.ga.gov).  
ss above (e.g. [region1enhancedsupports.dd@dbhdd.ga.gov](mailto:region1enhancedsupports.dd@dbhdd.ga.gov)).

Guidance to report temporary allowances for services delivered.		Units in Red: Consult the A are allowed for the type of
Type of Service	Date of Service	Number of Units Telehealth
Behavior Support Service - L1	3/1/2020	30
Community Living Support (CLS) - Basic	3/14/2020	

--

ppendix K Provider Guidance to determine if the units billed service selected.

Number of Units Retainer	Number of Units Family/Caregiver Options	Total Units Billed for Date of Service (GAMMIS)
		30
10	10	20
		0
		0

--

**Cells in Yellow:** Verify the units in columns H - J and the dollar amounts entered in columns L - N correspond.

Telehealth \$ Amount	Retainer \$ Amount	Family Hire \$ Amount
\$50.00		
	\$100.00	\$100.00

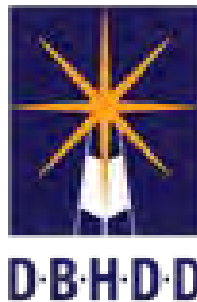
--

Total \$ Billed for Date of Service (GAMMIS)
\$50.00
\$200.00
\$0.00
\$0.00

**DBHDD Division of Developmental Disabilities**

**Appendix K: Operational Guidelines for the NOW and COMP Waiver Programs**

**Response to COVID-19 Pandemic**



**Version 3.0**

**Released: 06.23.2020**

## Section A. Overview & Purpose

*Overview: The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) and the Georgia Department of Community Health (DCH) submitted an Appendix K to the Centers for Medicare and Medicaid Services (CMS) in order to request necessary flexibilities to service delivery during the COVID-19 public health emergency. The changes outlined in Appendix K for the NOW and COMP waivers are **temporary** policy allowances, **temporary** rate increases for target services, and **temporary** retainer payments for specific services, effective March 1, 2020. Georgia intends to withdraw the Appendix K when systems, services, and the ability to travel freely are less restricted. At the conclusion of the state of emergency, pre-emergency service plans will be re-implemented unless the individual has experienced a change in condition or circumstance that requires reassessment and development of a new service plan.*

*Purpose: The purpose of this guidance document is to provide additional information to providers of traditional waiver services and families who opt to participant direct services. The guidance within this document is temporary until otherwise notified by DBHDD and DCH. This guidance supersedes only conflicting guidance in the NOW and COMP manuals, DD Community Standards Manual, and DBHDD Policy Stat Policies.*

## Section B: Appendix K Chart At a Glance - “X” indicates provisions for the waiver service

Waiver Service	Telehealth Options	Provider Retainer Options	Family Caregiver Hire Options	Exceed Service Limitations	Provided in Alternative Settings	Increase Rate
Community Living support (Basic and Extended)		X	X	X	X- including out of state and acute care settings	
Respite (in home and out of home)			X	X	X – including out of state	
Community Access	X	X -only applicable for DBHDD traditionally enrolled Providers	X	X	X	
Specialized Medical Supplies				X		
Additional Staffing					X	

Nursing Services	X- RN only					X- LPN only
Support Coordination	X					X
Intensive Support Coordination	X					
Fiscal Intermediary						X
Community Residential Alternative		X				
Behavioral Supports Services	X					
Prevocational Services	X	X				
Adult Occupational Therapy	X					
Adult Physical Therapy	X					
Adult Speech and Language Therapy	X – exceptions noted below					
Supported Employment	X- limited scope	X				

### C. General Provider Guidance

C.1 Background checks for any function that requires face-to-face action or availability of third-party vendors will be temporarily suspended for the duration that Appendix K is effective for all waiver services in the event the provider is unable to complete a background check. Within sixty (60) days of the termination of Appendix K, background checks will need to be completed retroactively for all employees who were hired while Appendix K was effective and according to policy.

C.2 Required staffing ratios for an individual as outlined in the individual's Individual Service plan, may be modified to allow the individual to receive services in safe and accessible environments if the individual's needs are still being met. Documentation must include staffing ratios, justify the decrease in ratio and verify how the individual's health and safety needs are being met.

C.3 State certification survey staff will postpone on-site provider certification and other reviews for provider agencies and individual providers rendering NOW and COMP services unless there is cause to believe there may be an immediate jeopardy and/or health and safety concern.

C.4 The annual DMA-7 assessment requirements will be suspended for all individuals while Appendix K is effective unless required otherwise by another governmental agency. There are no requirement modifications to the DMA -6. The Regional Field Office and/or Support

Coordination (SC) agency will document, in the individualized service plan (ISP), the contact with the individual, legal guardian if applicable, and team to discuss the extension, as well as the projected date that the DMA-7 will be completed, which can be no later than the individual's subsequent birthday.

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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), Community Access Services, Prevocational Services, and registered nurse (RN) oversight to be provided using telehealth or other telephonic means. All licensed providers must abide by training requirements established by their governing professional licensing boards. For provision of Behavior Support services, there are currently no CEU requirements for telehealth training by The Behavior Analysis Certification Board (BACB), or other non-board-certified behavior support service providers that render this service. The Behavior Analysis Certification Board has issued guidance that has been included in the Reference Section of this document. Services delivered telephonically should be billed using the Place of Service (POS) code '02' for telehealth.

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C.6 Family Caregiver Option: Several services, as indicated in Section B above, list an option for Family Caregivers to **temporarily** render specific services. Family Caregiver hire option is applicable to both traditionally enrolled provider families as well as families who opt to participant direct their services. A family caregiver hire shall only render services in lieu of a regular staff member (as defined in section C.7 below) and not in conjunction with a regular staff member. As specified in the NOW and COMP Manual Part II Section 902, a Family Caregiver hire is defined as an individual's family member, by blood or marriage, who is aged 18 years or older, who may be reimbursed for providing services when there are extenuating circumstances (family is defined as a person who is related by blood within the third degree of consanguinity by blood, adoption, or marriage. Third degree of consanguinity include mother, father, grandmother, grandfather, great grandfather, great grandmother, sister, brother, daughter, son, granddaughter, grandson, great granddaughter, great grandson, aunt, uncle, niece, or nephew. The provider network may hire family caregivers to provide Community Living Supports, Community Access and/or Respite Services in lieu of existing provider staff if the provider is unable to render the service due to health and safety concerns for either the provider staff or the individual. In the event a provider hires a family caregiver to render the service when provider staff is unable to provide a service, providers may bill both the retainer and for actual service delivery. The family caregiver hire start day may begin after there is documented evidence that the regular provider staff are no longer rendering services and no sooner than the effective date of the Appendix K. MMIS billing system does not permit the same procedure code to be billed at the same time of the day. While the Appendix K is effective, providers are temporarily permitted to bill a retainer and the family caregiver hire on the same day, however the time that service and retainer are billed for may not overlap and may not exceed the approved service units on the individual's Prior Authorization. Training requirements specific to family caregiver hire can be found in section C.9 of this document.

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C.7 Retainer Specifications-Retainer payments are authorized in the event that the provider is not serving the individual under other comparable services with regular staff members of the provider. The retainer payment will be authorized at the level, duration and amount

as outlined in the prior authorization in place as of February 29, 2020. **Initial retainers cannot exceed 30 consecutive days.** After the initial 30 day retainer is billed, the provider may bill for up to seven (7) additional days of retainer, in accordance with the following:

1. After the expiration of the initial 30-day retainer period, the regular staff member for whom the retainer was billed must deliver the service to the individual for a minimum of one encounter before the provider can bill any further retainer for that regular staff member.
2. An “encounter,” for these purposes, is defined as a minimum of two (2) hours of the service, delivered and billed, with a scheduled agenda and a curriculum that addresses the individual’s person-centered goals, in accordance with the individual’s ISP. The encounter can take place over multiple sessions, if such service delivery is consistent with the individual’s ISP and Individual 360; however, such multiple sessions must take place in a single calendar day.
3. Once the regular staff member has delivered at least one encounter of service to the individual, the provider may bill for up to seven (7) additional days of retainer for that regular staff member, beginning on the later of (i) the day after the encounter is completed, or (ii) the next day on which the individual would normally receive the service under the individual’s ISP (but does not receive the service from that regular staff member). Billing for such additional days of retainer must be done in accordance with the same rules applicable to retainer payments generally.
4. If the regular staff member delivers a second or subsequent encounter of service to the individual, the provider may again bill for up to seven (7) additional days of retainer for that regular staff member, consistent with item (3) immediately above.

EXAMPLE 1: Under Individual’s ISP, Provider would normally provide Service to Individual on Monday, Wednesday, and Friday of each week. Provider has already billed 30 days of the initial retainer payments for the regular staff member who delivers the Service to Individual. Due to COVID-19 concerns, Provider is now limiting delivery of the Service to Mondays only. That regular staff member delivers two hours of the Service to Individual one Monday (consistent with Individual’s ISP). Provider may bill a retainer payment for that regular staff member for the following Wednesday and Friday. The regular staff member delivers two more hours of the Service to Individual the following Monday. Provider may again bill a retainer payment for that regular staff member for the following Wednesday and Friday. Provider may continue billing retainers in this way for as long as the current version of Appendix K remains in effect.

EXAMPLE 2: Under Individual’s ISP, Provider would normally provide Service to Individual on Monday, Tuesday, Wednesday, Thursday, and Friday of each week. Provider has already billed 30 days of the initial retainer payment for the regular staff member who delivers the Service to Individual. That regular staff member delivers two hours of the Service to Individual on Monday, June 29 (consistent with Individual’s ISP). However, due to COVID-19 concerns, Provider is then unable to deliver the

service to the individual until Monday, July 13. Provider may bill a retainer payment for that regular staff member for up to 7 days beginning on June 30—i.e. for Tuesday (June 30), Wednesday, Thursday, Friday, and the following Monday, Tuesday, and Wednesday (July 8). Provider may not bill a retainer for the following Thursday and Friday (July 9 and 10), because there has been no new service encounter by the regular staff member to support renewal of the retainer. However, if the regular staff member delivers at least two hours of the Service to Individual on the next following Monday (July 13), Provider may again bill for up to 7 additional days of retainer for that regular staff member, beginning on Tuesday (July 14).

5. Encounters for service delivery may be made via telehealth if appropriate and if consistent with the individual's person-centered goals.

Providers should submit claims for only scheduled days and units as authorized in the individual's ISP. The retainer option should only be billed when the provider is retaining (maintaining the staff's employment for) all employees (including administrative and support staff) required to resume that particular service for the individual(s) whose retainer is being billed. Service retainers may not be billed for staff whose employment the provider/employer is not maintaining.

As used in this guidance, the term "regular staff member" means a staff member who meets all of the following criteria:

- (i) the staff member would normally be rendering services to an individual served by the provider agency; and
- (ii) due to the COVID-19 Emergency, the staff member either
  - (a) is temporarily not rendering services to the individual due to the COVID-19 Emergency, or
  - (b) is temporarily rendering to the individual a different type of service than the service the staff member usually renders, at another service setting operated by the same provider agency<sup>1</sup>, and the provider agency is not otherwise being reimbursed (e.g. through Additional Staffing rates) for the different service temporarily rendered by that staff member; and
- (iii) the staff member continues to be employed by the provider and is expected to resume rendering services to the individual after the expiration of the COVID-19 Emergency.

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<sup>1</sup> For example, an individual who would normally spend daytime hours at a Community Access (CA) site operated by a provider might, due to the COVID-19 Emergency, now be spending daytime hours at a Community Residential Alternative (CRA) site operated by the same provider. The provider might utilize staff from the CA site as staff at the CRA site during those hours. Retainer payments could be authorized for those staff, in accordance with this guidance. The primary intention of such authorization is to allow the individual to continue being served by the same staff members who would normally be rendering services to the individual.

For each individual who is temporarily not being served by the provider's regular staff members, the provider must document in the individual's record certain information in order for the provider to be eligible for retainer payments for the regular staff who would normally serve that individual. For each regular staff member who is temporarily not serving the individual, the provider must document in the individual's record:

1. Name of the regular staff member;
2. Date on which the staff member's temporary absence from rendering services to the individual (at the site where the staff member would normally render services) began;
3. Reason for the staff member's temporary absence from rendering services at the service site (note: valid reasons may include, but are not limited to, that provider agency's services to the individual have temporarily ceased due to the COVID-19 Emergency, or (if applicable) that provider agency has temporarily hired family caregiver(s) to serve the individual in lieu of regular staff);
4. If applicable, the date on which the staff member resumed rendering services to the individual;
5. The specific dates on which, prior to the staff member's absence, the staff member was scheduled to render services to the individual any of the services for which retainer payments were requested and authorized; and
6. For each of the dates identified in (5) above, the number and type of authorized service units the staff member would have been delivering to the individual, in accordance with the ISP in effect for the individual on February 29, 2020.

C.8 Documentation Requirements- All providers must continue to adhere to documentation requirements set forth in Part II and Part III Policies and Procedures for the COMP and NOW Waiver General Manual. Providers must document for each encounter when providers have hired a family caregiver hire to render a service. Providers must document at each encounter when services are rendered via telehealth or other telephonic means using 02 P.O.S. (Place of Service). Providers must document each service delivery when billing a retainer. Representatives for Participant-direction model must adhere to all applicable documentation requirements. The specificity of such services, including amount, duration, and scope, will be added to the ISP as soon as possible, but no later than 30 business days after service initiation, ISPs should be written to reflect the date that service delivery began. The ISP must be signed by the individual or legal guardian. Supporting notes should identify each procedure code separately and how many units are being billed for each. Documentation to support clinically assessed need must be indicated in the Supporting notes. Documentation of services delivered via telehealth must indicate this service delivery method.

IDD-C Version Change Provisions- the below table represents 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 DBHDD policies 02-443 and 02-444

Actions Requiring Version Change	Actions NOT Requiring Version Change
Add of any type of service	Rate Increase for licensed practical nurse (LPN), Fiscal Intermediary, Support Coordination- temporary increase will be automated in IDD-Connects
Change in Provider Agency	Change in location of service delivery
Increase in units beyond the standardized 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)	Telehealth – Providers are to continue to bill the 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 and can be documented in support notes
	Retainer payments billing (when staff are not delivering service but are being retained to resume service delivery after Appendix K is no longer effective)

C.9 Training Requirements- In lieu of face-to-face training, DBHDD suspends required face-to-face training for newly hired staff during the time that the Appendix K is effective. Family members serving as reimbursed Family Caregivers hires who have experience delivering required care will be supported, as needed, by provider agency supervisory staff telephonically or electronically and have modified training requirements as specified below. Newly hired regular staff with a minimum of 1-year experience with individuals with I/DD will be supervised telephonically or electronically and those with no previous experience will be provided electronic video training by agency supervisory staff. Every effort should be made to complete training requirements when possible. Training requirements for any function that requires face-to-face action or availability of third-party vendors will be temporarily suspended for the duration that Appendix K is effective for all waiver services in the event the provider is unable to complete a training.. Providers must continue to document all annual training completed with staff, contractors or consultants and document when a training cannot be completed with specific rationale. After Appendix K is no longer effective, trainings will be required to be completed within a timeframe which will be communicated to providers in subsequent communication from DBHDD.

The state modifies required trainings for new Family Caregiver hires. All trainings below are required to be provided by the provider agency to the family caregiver hire within ten (10) days via telephonically or electronically:

1. The purpose, scope of services, supports, care and treatment offered including related policies and procedures;
2. HIPAA and Confidentiality of individual information, both written and spoken;
3. Rights and Responsibilities of individuals;
4. Requirements for recognizing and mandatory reporting suspected abuse, neglect or exploitation of any individual;
5. Medical, physical, behavioral and social needs and characteristics of the individuals served; and
6. Techniques of Standard Universal Precautions to include:
  - Preventative measures to minimize risk of infectious disease transmission;
  - Use of Personal Protection Equipment (PPE); Sharps Safety (with sharp containers disposed of according to state and local regulated medical waste rules);
  - Environmental Controls for cleaning and disinfecting work surfaces;
  - Skills Guides for handwashing, cleaning up spills, gloves use, and what to do with contaminated supplies;
  - Respiratory Hygiene/Cough Etiquettes for cough, congestion, runny nose or increase production of respiratory secretions;and
  - Approaches to individual education to include incident reporting and follow-up.

C.10 Incident Reporting Requirements- DBHDD maintains data on COVID-19 cases involving individuals receiving services and staff. Effective Tuesday March 24, 2020, the Department is using Image, DBHDD's incident management system, for reporting. DBHDD Behavioral Health and Intellectual and Developmental Disabilities Providers have access to, have received training (available [here](#)) on, and have experience entering critical incidents directly into [Image](#) for incidents involving individuals receiving services. DBHDD has added three incident type codes to Image to assist in the tracking of coronavirus' (COVID-19) impact on the individuals we serve, and provider staff. These are in addition to the usual incident reporting requirements outlined in Policy [04-106](#).

**Section D. Service Specific Guidance**

Service	Service Specific Guidance
D.1 Community Residential Alternative (CRA)	<p>The state temporarily authorizes, during the time that the Appendix K is effective, retainer payments for Community Residential Alternative in the event the individual is hospitalized or in an alternate care setting due to health and safety concerns related to the COVID-19 Emergency. Retainer payments will only be authorized for the amount, frequency and duration listed on the individuals ISP/prior authorization (PA) on February 29, 2020.</p> <p><b>Notification Guidance-</b> The Regional Field Office (via email to the I&amp;E manager and RSA) and SC Agency must be immediately notified when an individual is moved. Please include “COVID-19 MOVE” in the email subject header.</p> <p><b>Documentation Guidance-</b> Providers are to document retainer service delivery in the “COVID-19 NOW &amp; COMP Provider Spreadsheet” – see Section G for reference.</p> <p><b>Billing Guidance-</b> For the retainer procedure code, use the procedure code authorized on the prior authorization. Retainers cannot exceed 30 consecutive days. Providers should submit claims for only scheduled days and units as specified in the individual’s ISP. See Section C.7 for additional information regarding retainer guidance.</p>
D.2 Community Living Support Services Basic and Extended (CLS)	<p>The state temporarily authorizes, during the time that the Appendix K is effective, retainer payments for Community Living Support Services that cannot be rendered due to national state of emergency. Retainer payments will only be authorized for the frequency listed on the individual’s ISP/PA on February 29, 2020. The state temporarily authorizes, during the time that the Appendix K is effective, providers to exceed the cap limitations for Community Living Services that can be rendered via traditional provider, participant directed services, and/or a combination with live-in caregiver.</p> <p><b>Documentation Guidance-</b> Providers are to document retainer service delivery and list of family caregiver hire by way of the “COVID-19 NOW &amp; COMP Provider Spreadsheet” – see Section G for reference.</p> <p><b>Billing Guidance:</b> Providers should bill the existing service procedure codes on the prior authorization when billing for a retainer and/or services delivered by a family caregiver hire.</p> <p>If a provider bills the retainer fee on the same day that a family caregiver hire renders the service, the units for each must be aggregated together and billed as one claim line. For example, the family caregiver hire delivers 1 hour (four 15 min units) of service and the provider bills for 1 hour (four 15 min units) of retainer, one claim line for 8 units of service should be billed. Supporting notes should identify that both services are being delivered and how many units are being billed for</p>

	each. Retainers cannot exceed 30 consecutive days. Providers should submit claims for only scheduled days and units as specified in the individual's ISP. See Section C.7 for additional information regarding retainer guidance.
D.3 Supported Employment (SE)	<p>The state temporarily authorizes, during the time that the Appendix K is effective, retainer payments for Supported Employment Services in the event the provider is unable to render a service due to health and safety concerns for either the individual or the provider. The retainer payment will be authorized at the level, duration and amount as outlined in the ISP/PA on February 29, 2020.</p> <p>DBHDD is granting increased flexibility and accommodation in the way supported employment are delivered. Below are a few of the measures:</p> <p>Remote Job Coaching while Appendix K is in effect, required in-person job coaching contacts and supports may temporarily be made remotely (i.e. phone, telehealth). These services (or face to face service if required for immediate health and safety) may be provided to individuals who continue to work during the COVID-19 emergency. This may include teleworking for any business or in person at businesses that remain open. Remote job coaching is subject to the support needs of the individual and may not be appropriate depending on the individual's protocols and health and safety concerns. Classes and training may be delivered remotely temporarily during this time. This may include offering skills training such as resume building, interview skills, self-advocacy skills, assistance to obtain required job certifications such as food handler's cards, assisting with employment goals, technology training, computer skills and other activities intended to promote gaining competitive integrated employment.</p> <p><b>Billing Guidance-</b> For the retainer procedure code, providers should use the procedure codes as authorized on the prior authorization. Services delivered telephonically should be billed using the Place of Service (POS) code '02' for telehealth. Retainers cannot exceed 30 consecutive days. Providers should submit claims for only scheduled days and units as specified in the individual's ISP. See Section C.7 for additional information regarding retainer guidance.</p>
D.4 Prevocational Services	<p>Prevocational services providers will be authorized for retainer payments in the event that the provider is not serving the individual under other comparable services or using differential staff such as family caregivers hires to provide service. The retainer payment will be authorized at the level, duration and amount as outlined in the ISP/PA on February 29, 2020. Prevocational Services delivered via telehealth should be billed using the Place of Service (POS) code '02' for telehealth. Video enabled telecommunications applications (e.g. SKPE, ZOOM, Microsoft teams, DUO, etc., as long as these are used in compliance with existing HIPAA requirements) are the preferred method of service delivery when providing services via telehealth. Some examples of Prevocational Services delivered via telehealth may include but are not limited to:</p> <ul style="list-style-type: none"> <li>• What is social distancing,</li> <li>• How to properly wash hands,</li> </ul>

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	<ul style="list-style-type: none"> <li>• How to wear personal protective equipment (PPE) and when does PPE have to be worn;</li> <li>• What will riding in vehicles with others consist of? ;</li> <li>• Why are you taking my temperature?</li> <li>• Discussing fears with the group of returning to the day setting?</li> <li>• Resume building utilizing virtual resume videos and one-pagers to share marketable strengths,</li> <li>• Career exploration videos based on job interests, and</li> <li>• Discussion on moving towards competitive integrated employment.</li> </ul> <p><b>Billing Guidance-</b> For the retainer procedure code, providers should use the procedure codes as authorized on the prior authorization. Retainers cannot exceed 30 consecutive days. Providers should submit claims for only scheduled days and units as specified in the individual's ISP. See Section C.7 for additional information regarding retainer guidance. Prevocational Services delivered via telehealth should be billed using the Place of Service (POS) code '02'.</p>
<p>Rev 06 2020</p> <p>D.5 Community Access (CA)</p>	<p>The state temporarily authorizes, during the time that the Appendix K is effective, retainer payments for Community Access Services, for traditional providers only, for services that cannot be rendered due to national state of emergency. Retainer payments will only be authorized through agency delivered services using the frequency listed on the individual's ISP/PA on February 29, 2020 and cannot exceed 6 hours a day and 5 days a week. Community Access Services delivered via telehealth should be billed using the Place of Service (POS) code '02' for telehealth. Video enabled telecommunications applications (e.g. SKPE, ZOOM, Microsoft teams, DUO, etc., as long as these are used in compliance with existing HIPAA compliance requirements) are the preferred method of service delivery when providing services via telehealth. Some examples of Community Access Services delivered via telehealth may include but are not limited to:</p> <ul style="list-style-type: none"> <li>• What is social distancing,</li> <li>• How to properly wash hands,</li> <li>• How to wear personal protective equipment (PPE) and when does PPE have to be worn</li> <li>• What will riding in vehicles with others consist of,</li> <li>• Why are you taking my temperature,</li> <li>• Discussing fears with the group of returning to the day setting,</li> <li>• Virtual exercise classes, and</li> <li>• Any virtual group instruction/ teaching type opportunities</li> </ul>

	<p>Note: Community Access includes both Community Access Group (CAG) and Community Access Individual (CAI) Services.</p> <p><b>Documentation Guidance-</b> Providers are to document retainer service delivery and a list of hired family caregivers in the “COVID-19 NOW&amp;COMP Provider Spreadsheet” – see Section G for reference.</p> <p><b>Billing Guidance:</b> Providers should bill the existing service procedure codes on the prior authorization when billing for a retainer and/or services delivered by a Family Caregiver hire. If a provider bills the retainer fee on the same day that a family caregiver hire delivers the service, the units for each must be aggregated together and billed as one claim line. For example, the family caregiver hire delivers 1 hour (four 15 min units) of service and the provider bills for 1 hour (four 15 min units) of retainer, one claim line for 8 units of service should be billed. Supporting notes should identify that both services are being delivered and how many units are being billed for each. Retainers cannot exceed 30 consecutive days (traditional providers only). Providers should submit claims for only scheduled days and units as specified in the individual’s ISP. See Section C.7 for additional information regarding retainer guidance Community Access Services delivered via telehealth should be billed using the Place of Service (POS) code ‘02’.</p>
D.6 Support Coordination (SC)	<p>The state temporarily authorizes, during the time that the Appendix K is effective, SC providers to render services telephonically or through other telehealth means. SC providers are also authorized for a –temporary rate increase from \$152.88 to \$175.00 per individual per month.</p> <p><b>Documentation Guidance-</b> Telephonic service delivery is acceptable during the time that Appendix K is effective. Telecommunications applications (e.g. SKYPE/Facetime/Duo/ZOOM) are not required, but encouraged where possible and in accordance with governing privacy regulations. Residences that have computers or similar electronic devices should use a telecommunication application at minimum for ISP meetings, but preferably all contacts when possible. Support coordinators s should send providers and families a copy of the IQOMR template (see Section G) when possible to help prepare for contacts. SC Support Notes: A comprehensive support note must be entered by the Support Coordinator for all regular required contacts with the individual, with the exception of the completion of the quarterly (IQOMR) Individual Quality Outcome Measures Review. Contacts should focus on health and safety concerns. All support notes are entered into the online case management system within three (3) business days of the contact.</p> <p><b>Billing Guidance-</b> Rate Increase- Providers will need to adjust claims for the rate increase once the rate has been adjusted in the billing system- Providers will be notified by DBHDD once the rate has been increased in the billing system. Providers may</p>

	only adjust claims beginning March 1, 2020 (the effective date of Appendix K). Services delivered telephonically should be billed using the Place of Service (POS) code '02' for telehealth.
D.7 Intensive Support Coordination (ISC)	<p>The state temporarily authorizes, during the time that the Appendix K is effective, Intensive SC providers to render services telephonically and through other telehealth means.</p> <p><b>Documentation Guidance-</b> Telephonic is an acceptable mode of service delivery. Telecommunications applications (e.g. SKYPE/Facetime/Duo/ZOOM) is not required but encouraged where possible. SC staff are not to require provider staff to use personal phones for video conferencing. Residences that have computers or related 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 IQOMR template (see Section G) when possible to help prepare for contacts. SC Support Notes: A comprehensive support note must be entered by the Support Coordinator for all required contacts to the individual during times outside completion of the quarterly (IQOMR) Individual Quality Outcome Measures Review. Contacts should consider focus areas of health and safety. All support notes are entered into the online case management system within three (3) business days after the event.</p> <p><b>Billing Guidance-</b> Services delivered telephonically should be billed using the Place of Service (POS) code '02' for telehealth.</p>
D.8 Specialized Medical Supplies (SMS)	<p>The State temporarily authorizes, during the time that the Appendix K is effective, providers to exceed the SMS cap limitation. The NOW and COMP waiver programs authorize funds for goods and services that are not covered by the Medicaid State Plan or those instances in which an individual's need exceeds State Plan coverage limits and exceptions to the coverage limits are not available. Note this may include Personal Protective Equipment (PPE), as applicable.</p> <p>For individuals with SMS on their current PA, the cap has been increased. Prescriptions will not be required for the duration that Appendix K is effective, however providers must document how supplies are directly related to a waiver individual's diagnosis or disability-related condition. Providers may not bill when SMS/PPE has been donated or obtained through other means. For Individuals without SMS on their existing PA, all other sources of PPE must be exhausted prior to the request for SMS to be added to an ISP.</p>

<p>D.9 In Home and Out of Home Respite</p>	<p>The state temporarily authorizes, during the time that the Appendix K is effective, providers to exceed the cap limitations for In Home and Out of Home Respite Services that can be rendered via traditional provider, participant directed services, and/or a live-in caregiver.</p> <p><b>Documentation Guidance-</b> Providers are to document a list of family caregivers hires in the “COVID-19 NOW &amp; COMP Provider Spreadsheet” – see Section G for reference.</p> <p><b>Billing Guidance-</b> Use procedure code as authorized on prior authorization.</p>
<p>D.10 Additional Staffing</p>	<p>The state temporarily authorizes, during the time that the Appendix K is effective, that Additional Staffing can be delivered on a temporary basis in alternative settings which include: extended family home, hotel, shelter, or other emergency placement, while Appendix K is effective. The location where the service is being rendered is not necessarily required to be reflected in an individual service plan. There is no retainer option for Additional Staffing.</p> <p>Additional staffing ratios for an individual may be modified to allow the individual to receive services in safe and accessible environments if the individual’s needs are still being met.</p> <p><b>Notification Guidance-</b> CRA providers who are not also providing Community Access/Community Access retainer services to an individual, <i>and</i> who can document the need for additional staff in a CRA setting to cover hours normally covered by Community Access, will need to submit a request through the “Simplified AS Request Sheet for COVID-19” – see Section G for reference.</p> <p><b>Documentation Guidance-</b> Documentation requirements that specify additional staffing ratios and any modifications to the staffing ratio rendered must be abided by while Appendix K is effective.</p> <p><b>Billing Guidance-</b> Use procedure code as authorized on prior authorization.</p>
<p>D.11 Nursing Services</p>	<p>The state temporarily authorizes, during the time that the Appendix K is effective, RN services to be rendered using telehealth, to the extent possible. The state temporarily authorizes, during the time that the Appendix K is effective, a temporary rate increase for LPN services from \$8.75 to \$10.00 per 15-minute unit.</p> <p><b>Documentation Guidance-</b> RN Services must document each service delivery rendered via telehealth or other telephonic means. In addition to documentation requirements specified in Part II and III of the NOW and COMP Manuals, which</p>

	<p>includes but is not limited to date, time, signature/credentialing, documentation while the Appendix K is effective shall include the rationale for telehealth or telephonic date of service delivery.</p> <p><b>Billing Guidance-</b> Use procedure codes as authorized. RN Services delivered telephonically should be billed using the Place of Service (POS) code '02' for telehealth. Rate Increase- providers will need to adjust claims for the rate increase once the rate has been adjusted in the billing system. Providers will be notified by DBHDD once the rate has been increased in the billing system. Providers may only adjust claims beginning March 1, 2020 (the effective date of Appendix K).</p>
<p>D.12 Behavior Support Services Level 1 and Level 2</p>	<p><i>Note: In addition to the authorization of Appendix K, the NOW waiver was recently amended to align with COMP waiver for Behavior Support Services. Behavior Support Services Level 1 and Level 2 provisions should be considered for both NOW and COMP waiver individuals.</i></p> <p>The state temporarily authorizes, during the time that the Appendix K is effective, all NOW and COMP Behavior Support Services to have telehealth option. Behavior Support Service providers may provide services via telehealth or other telephonic means.</p> <p><b>Notification Guidance</b> The behavior supports service provider will contact the designated point of contact for the agency/home caregiver to schedule telehealth communication. SC 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.</p> <p><b>Documentation Guidance-</b> Behavior Support Service Providers level I and II must document each service delivery rendered via telehealth. In addition to documentation requirements specified in Part II and Part III of the NOW and COMP General Manuals, which includes but is not limited to date, time, signature/credentialing, documentation while the Appendix K is effective shall include the rationale for telehealth or telephonic date of service delivery. In lieu of face-to-face training for behavior support plans and on-site monitoring of plan implementation, oversight, feedback, and support will be provided via telehealth and/or telephonically with behavior plans, data analysis summaries, and progress notes shared electronically via secure encrypted correspondence with staff and/or families to render services.</p> <p><b>Billing Guidance:</b> Services delivered telephonically should be billed using the Place of Service (POS) code '02' for telehealth.</p>
<p>D.13 Adult Occupational Therapy, Adult</p>	<p>The state temporarily authorizes, during the time that the Appendix K is effective, all Adult Occupational Therapy Services, Adult Physical Therapy Services, Adult Speech and Language Therapy Services to be provided telehealth or other telephonic means with the following exceptions: Adult Swallowing/Feeding Therapy; Adult Swallowing/Feeding Therapy self-directed; Adult Swallowing/Feeding Evaluation, Adult Swallowing/Feeding Evaluation self-directed.</p>

Physical Therapy, Adult Speech and Language Therapy.	<p><b>Documentation Guidance-</b> Adult Therapy Providers must document each service delivery rendered via telehealth or other telephonic means. In addition to documentation requirements specified in Part II and Part III of the NOW and COMP General Manuals, which includes but is not limited to date, time, signature/credentialing, documentation while the Appendix K is effective shall include the rationale for telehealth or telephonic date of service delivery.</p> <p><b>Billing Guidance:</b> Services delivered telephonically should be billed using the Place of Service (POS) code '02' for telehealth.</p>
D.14 Fiscal Intermediary (FI)	<p>During the Appendix K authorization, FIs will have a rate increase from \$75.00 per individual who self-directs per month to \$95.00 per individual per month. Rate Increase- FIs will need to adjust claims for the rate increase once the rate has been adjusted in the billing system. FIs will be notified by DBHDD once the rate has been increased in the billing system. FIs may only adjust claims beginning March 1, 2020 (the effective date of Appendix K).</p>

#### Section E. Additional Guidance Specific to Participant Directed (PD) Services

E.1 PD Trainings- During the period Appendix K is effective, there will be no in-person PD trainings for new enrollees into PD Service delivery model. At this time, this training is a requirement to enroll in PD Service Delivery Model. There is no tele-health option for this training. If a Participant needs to temporarily designate a different person to serve as the personal representative during the COVID-19 Emergency, DBHDD will consider such requests, and will consider waiving training requirements for the newly-designated representative on a temporary basis.

E.2 Documentation Requirements- Documentation requirements for services rendered remain intact. Documentation of services delivered via telehealth must indicate this service delivery method DBHDD will continue to monitor service delivery and use of funding. DBHDD will continue to terminate participant directed service delivery option approval and refer suspicious spending and/or activity to the Office of the Inspector General for investigation and prosecution.

E.3 Family Caregiver hire- During the period Appendix K is effective, DBHDD will temporarily allow for the hiring of family caregivers who live in the home with the individual receiving services through the NOW or COMP waiver. As specified in the NOW and COMP Manual Part II Section 902, a Family Caregiver hire is defined as an individual's family member, related by blood or marriage, who is aged 18 years or older, who may be reimbursed for providing services when there are extenuating circumstances. "Family member" is defined as a person who is related by blood within the third degree of consanguinity by blood, adoption, or marriage. Third degree of consanguinity includes mother, father, grandmother, grandfather, great grandfather, great grandmother, sister, brother, daughter, son, granddaughter, grandson, great

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granddaughter, great grandson, aunt, uncle, niece, or nephew. The Participant's representative or employer of record may not serve as a family caregiver hire. During the hiring process, Family Caregiver hires must disclose to the Fiscal Intermediary that they are a Family Caregiver hire, as well as their relationship to the Individual receiving the waiver services. The enrollment packet itself will not be modified, but FI will issue the 'Good to Go' letter using a modified list of essential documents. Billing for services will not be approved prior to receipt of the 'good to go' letter and must align with the date of hire on the enrollment forms. Enrollment forms cannot be backdated, and services rendered will not be reimbursed for dates prior to the approved hire date by the fiscal agent.

If the individual chooses to appoint a new PD Representative/employer of record, a new Memorandum of Understanding (MOU) must be completed by the newly appointed PD representative/employer of record. The MOU indicates the PD representative is willing and able to take on all the responsibilities of participant-direction and comply with all Medicaid policies. The PD Representative/employer of record position remains an unpaid position. The MOU can be obtained by emailing the DBHDD email box at [Participant.Direction@dbhdd.ga.gov](mailto:Participant.Direction@dbhdd.ga.gov) to request a copy. The completed MOU will be emailed to DBHDD and DBHDD Central Office PD staff will notify the associated fiscal agent that this step has been completed. The newly appointed PD representative/employer of record must also complete all enrollment paperwork with the fiscal agent and be approved prior to beginning duties. The exiting PD Representative/employer of record can only become an approved family caregiver hire upon completion and approval of the new PD Representative. In addition this family caregiver hire must also complete all enrollment paperwork and receive the 'good to go' letter prior to begin service delivery and billing. Billing for the delivery of services must align with the family caregiver hire date and cannot be made retroactive.

E.4 Trainings for Family Caregiver hires – During the period Appendix K is effective, the training requirements for Family Caregivers hired to provide PD services are modified as set forth at section C.9, above.

E.5 Support Coordinator visits - Although Support Coordinators generally will not be making in-home visits while Appendix K is in effect, Participants/Representatives are required to allow in-home visits when requested by Support Coordinators, and to allow telephonic or electronic visits from Support Coordinators.

E.6 Retainer Payments – During the period Appendix K is in effect, retainer payments are available for employees/support workers providing Community Living Support, Community Residential Alternative, Prevocational, and Supported Employment services for Participants receiving PD services. These retainer payments are available as described in the latest version of DBHDD Policy "[COVID-19 2020: DBHDD Community Developmental Disability Services Policy Modifications](#)" and in these Operational Guidelines. Retainer payments are available for employees/support workers who had been serving the Participant prior to the COVID-19 Emergency (and have been retained by the Participant/Representative to resume services after the COVID-19 Emergency), as described in the policy and attachment; retainer payments are not available for family caregivers hired to provide services during the COVID-19 Emergency. See Section C.7 for more detail regarding retainer guidance.

E.7 Use of State Back-Up Plan – During the period Appendix K is in effect, the State Back-Up Plan, which ordinarily may be used for no more than 1 occasion in any two-month period, may be used in up to 2 occasions in any 2-month period.

E.8 PD and Support Coordination- SC check-ins and activities are still a requirement for PD while Appendix K is effective. SC be completed via telehealth or telephonic means during this crisis. 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 the signature page via encrypted email, fax, or the US Postal Service to acquire the required signatures. It is the expectation that the individual, representative, and other involved parties all physically sign the signature page and return it to the SC. The signature page is required for an ISP to be processed.

E.9 PD Memorandum of Understanding – To the extent that the provisions of this Operational Guidance and the provisions in the latest version of DBHDD Policy “[COVID-19 2020: DBHDD Community Developmental Disability Services Policy Modifications](#)” directly and expressly conflict with the terms of the “PARTICIPANT-DIRECTION OPTION TERMS and CONDITIONS of PARTICIPATION” Memorandum of Understanding, DBHDD's enforcement of those Memorandum of Understanding provisions will be temporarily suspended during the period Appendix K is in effect.

E.10 Background checks - Background checks for any function that requires face-to-face action or availability of third party vendors will be temporarily suspended for the duration that Appendix K is effective for all waiver services in the event that the provider is unable to complete a background check. Within sixty (60) days of the termination of Appendix K, background checks will need to be completed retroactively for all employees who were hired while Appendix K was effective and according to the policy.

**Section F.- Transition Plan and Re-Opening Guidance** - See May 11, 2020 publication of “DBHDD I/DD Community Settings Reopening Initial Recommendations” for resources regarding strategies for day programs re-opening, available on our DBHDD website.

**Section G. References:**

1. Covid-19 Guidance Information <https://dbhdd.georgia.gov/coronavirus-covid-19-information>
2. Provider Issue Management System (PIMS) <https://dbhddapps.dbhdd.ga.gov/PIMS/Default.aspx>
3. Comprehensive Support Waiver Program and New Options Waiver Program Part II Chapters 600 – 1200  
<https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/Comprehensive%20Supports%20Waiver%20Program%20and%20New%20Options%20%20Waiver%20Program%20%20Part%20II%20Chapters%20600-1200%20200107210300.pdf>

4. Health and Human Services resource link regarding appropriate telehealth platforms for delivery of services  
<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>
5. Behavior Analysis Certification Board guidance <https://www.bacb.com/bacb-covid-19-updates/>

## Section H. Appendices

H.1 COVID-19 NOW&COMP Provider Spreadsheet- attached to COVID-19 2020: DBHDD Community Developmental Disability Services Policy

H.2 Simplified AS Request Sheet for COVID-19- attached to COVID-19 2020: DBHDD Community Developmental Disability Services Policy

H.3 IQOMR Guidance for Support Coordination during Appendix K authorization- below:

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
1	The home/site is accessible to the individual.	Yes	[Control]
2	The individual has access to privacy for personal care.	Yes	[Control]
3	The individual has a private place in the home to visit with friends or family.	Yes	[Control]
4	The individual has access to privacy for phone discussions with friends or family.	Yes	[Control]
5	The individual has access to receive and view their mail/email privately.	Yes	[Control]

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
6	The individual is able to have private communications with family and friends through other means.	Yes	[Control]
7	The home setting allows the individual the option to have a private bedroom.	Yes	[Control]
8	All assistive technologies are being utilized as planned.	Yes	[Control]
9	All assistive technologies are in good working order.	Yes	[Control]
10	The individual has adequate clothing to accommodate the individual's needs or preferences/choices.	Yes	[Control]
11	The individual has adequate food and supplies to accommodate the individual's needs or preferences/choices.	<p>Determined by SC</p> <p>Could be Yes (by verbal confirmation with the waiver participant/staff/guardian)</p> <p>It could be N/A.</p>	

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
12	The Residential/Day setting is clean according to the individual's needs and preferences.	Could be Yes (by verbal confirmation with the waiver participant/staff/guardian)  It could be N/A.  Determined by SC	[Control]
13	The Residential/Day setting is safe for the individual's needs.	Could be Yes (by verbal confirmation with the waiver participant/staff/guardian)  It could be N/A. Determined by SC	[Control]
14	The Residential/Day setting is appropriate for the individual's needs and preferences.	Determined by SC  Could be Yes (by verbal confirmation with the waiver participant/staff/guardian)  It could be N/A.	[Control]
Focus Area: Appearance/Health		Select:	Comments/Actions Needed: Concerns, Barriers, Successes
15	The individual appears healthy. Describe any	Since no video conferencing, N/A	[Control]

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
	observations regarding health since the last review.		
16	The individual appears safe. Describe any observed changes related to safety since the last review.	Since no video conferencing, N/A	[Control]
17	There have been no reported changes in health since the last review.	Yes, based on reports of change.	[Control]
18	The HRST aligns with current health and safety needs.	Yes, based on reports and HRST scores	[Control]
19	The ISP is available to staff on site. If there have been ISP addendums, they are available to staff on site.	Yes, this can be answered if there knowledge it is there – Therap, etc.	[Control]
20	Staff are knowledgeable about all information contained within the individual's ISP.	Yes	[Control]
21	Indicated healthcare plans are current and have been	Yes,	[Control]

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
	reviewed by a nurse within the past year.	only if available by Therap or other web-based applications/documentation, would be affirmative as well.	
22	Indicated healthcare plans are available to staff on site in all applicable settings.	Yes, only if available by Therap or other web-based applications/documentation, would be affirmative as well	[Control]
23	All staff are knowledgeable about all of the individual's healthcare plans.	Yes, if we know the plans are present.	
24	Indicated healthcare plans are being implemented.	Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well.  Otherwise, N/A.	[Control]
25	Skilled nursing hours are being provided, as ordered.	Therap or other web-based Yes, if Therap or other web-based applications/documentation, would	[Control]

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
		be affirmative documentation as well.  Otherwise, N/A.	
26	All medical/therapeutic appointments have been scheduled and attended.	Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well.  Otherwise, N/A.	[Control]
27	All follow-up appointments have been scheduled and attended.	Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well.  Otherwise, N/A.	[Control]
28	All physician/clinician recommendations are being followed.	Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well.  Otherwise, N/A.	[Control]
29	All prescribed medications are being administered, as ordered, and documented accurately.	Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well.	[Control]

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
		Family and participant can also confirm Med administration.  Otherwise, N/A.	
30	All required assessments/evaluations have been completed.	Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well.  Otherwise, N/A, or Determined by SC	[Control]
31	The individual has had no hospital admissions, emergency room, or urgent care visits since the last review.	Yes, (by verbal confirmation with the waiver participant or guardian, if applicable, or confirmation in Therap or other web-based applications/documentation, would be confirm as well.  Provider staff reports of hospital admissions, emergency room, or urgent care visits is affirmative documentation.	[Control]
32	If applicable, hospital/ED/urgent care discharge plan instructions have been followed.	Yes, (by verbal confirmation with the waiver participant or guardian, if applicable, or confirmation in Therap or other web-based applications/documentation, would be confirmation as well. Provider	[Control]

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
		staff reports of hospital admissions, emergency room, or urgent care visits is affirmative documentation.	
Focus Area: Supports and Services		Select:	Comments/Actions Needed: Concerns, Barriers, Successes
33	The individual's paid staff appear to treat them with respect and dignity.	N/A, unable to assess due to the need for visual confirmation	[Control]
34	The individual's natural supports appear to treat them with respect and dignity.	N/A, unable to assess due to the need for visual confirmation	[Control]
35	Supports and services are being delivered to the individual, as identified in the current ISP.	Yes, for some – some services or supports will be unable to assess due to the need for visual confirmation, Use of Therap or other web-based applications/documentation, would be affirmative confirmation as well.	[Control]
36	The individual is being supported to make progress in achieving their goals (both ISP goals and informally expressed goals). Indicate the status of the	Yes, for most – some goals will be unable to assess due to the need for visual confirmation, Use of Therap or other web-based applications/documentation, could be affirmative documentation as well	[Control]

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
	individual's progress toward achieving established goals.		
37	There are no needs for additional services/supports at this time.	<p>Yes, in general if there is access to the waiver participant, family, guardian, staff, and access to Therap or other web-based applications/documentation, could be affirmative confirmation as well.</p> <p>There well could be times when there is not clarity to respond without a face to face evaluation.</p>	[Control]
Focus Area: Behavioral & Emotional		Select:	Comments/Actions Needed: Concerns, Barriers, Successes
38	Since the last visit, there are no emerging or continuing behavioral/emotional responses for the individual.	<p>Yes, in general if there is access to the family, guardian, staff, and to Therap or other web-based applications/documentation, could be affirmative confirmation as well.</p> <p>There could be times when there is not clarity to respond without a face to face evaluation.</p>	[Control]

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
39	Current supports and behavioral interventions are adequate to prevent engaging external interventions.	Yes, in general if there is access to the family, guardian, staff, or access to Therap or other web-based applications/documentation, could be affirmative confirmation as well.  There could be times when there is not clarity to respond without a face to face evaluation.	[Control]
40	The individual has no active Behavioral Support Plan, Crisis Plan, and/or Safety Plan relating to behavioral interventions.	Yes	[Control]
41	If applicable, the plan(s) is/are available on site for staff review.	Yes, in general if there is access to the family, guardian, or access to Therap or other web-based applications/documentation, could be affirmative	[Control]
42	There is evidence of implementation of the Behavioral Support Plan, Crisis Plan, and/or Safety Plan. Staff are knowledgeable about the	Yes, in general if there is access to the family, guardian, or access to Therap or other web-based applications/documentation, could be affirmative	[Control]

Focus Area: Environment	Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
	plan(s) and able to describe how they are implementing the plan.	
43	<p>Since the last visit, there have been no needs to access GCAL or the Mobile Crisis Response Team in response to a behavioral emergency If GCAL/MCT has been accessed, describe reason, frequency, duration of any admissions, and if discharge recommendations have been followed. If applicable, the BSP/ Safety Plan/ Crisis Plan has been adapted to reflect any new recommendations or interventions needed.</p> <p>Yes, (by verbal confirmation with the waiver participant, staff, family, or guardian, if applicable, or confirmation in Therap or other web-based applications/documentation, would be affirmative documentation.</p> <p>Frequency could be addresses by staff, family, or guardian.</p> <p>And Yes, if applicable, the BSP/ Safety Plan/ Crisis Plan has been adapted to reflect any new recommendations or interventions needed also.</p> <p>There could be times when there is not clarity to a comprehensive response without a face to face evaluation.</p>	[Control]

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
44	Since the last visit, the individual has had no contact with law enforcement. If they have, describe reason and length of involvement. If applicable, the BSP/ Safety Plan/ Crisis Plan has been adapted to reflect any new recommendations or interventions needed.	<p>Yes, by verbal confirmation with the waiver participant, staff, family, or guardian, if applicable, or confirmation in Therap or other web-based applications/documentation, would be affirmative documentation.</p> <p>Also, staff, family, or guardian, if applicable can note if the BSP/ Safety Plan/ Crisis Plan has been adapted to reflect any new recommendations or interventions needed.</p> <p>There could be times when there is not clarity to respond without a face to face evaluation.</p>	[Control]
Focus Area: Home/ Community Opportunities		Select:	Comments/Actions Needed: Concerns, Barriers, Successes
45	The individual has unpaid community connections. If not, describe steps being taken to further develop community connections.	Yes,	[Control]

Focus Area: Environment	Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
46 The individual is receiving services in a setting where he/she has the opportunity to interact with people who do not have disabilities (other than paid staff).	Yes  There could be times when there is not clarity to respond without a face to face evaluation.	[Control]
47 The individual is being offered/provided documented opportunities to participate in activities of choice with non-paid community members.	Yes,  There could be times when there is not clarity to respond without a face to face evaluation.	[Control]
48 The individual has the opportunity to participate in activities he/she enjoys in their home and community. Describe steps being taken to increase opportunities to meet this objective and allow choices to be offered while in services.	Yes,  There could be times when there is not clarity to respond without a face to face evaluation.	[Control]
49 If desired, the individual is actively supported to seek and/or maintain	Yes,	[Control]

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
	employment in competitive and integrated settings and/or offered customized opportunities. If applicable, note how he/she is supported to do so. If no, indicate how the issue is being addressed.	There could be times when there is not clarity to respond without a face to face evaluation.	
50	The individual has the necessary access to transportation for employment and community activities of his/her choice.	Yes,  There could be times when there is not clarity to respond without a face to face evaluation.	[Control]
Focus Area: Financial		Select:	Comments/Actions Needed: Concerns, Barriers, Successes
51	There are no barriers in place that limit the individual's access to spend his/her money, as desired.	Yes, (by verbal confirmation with the waiver participant, staff, family, or guardian, if applicable, or confirmation in Therap or other web-based applications/documentation, would be affirmative documentation. Otherwise, N/A.	[Control]

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
Focus Area: Satisfaction		Select:	Comments/Actions Needed: Concerns, Barriers, Successes
52	Overall, the individual is satisfied with their life activities since the last review.	Yes,  SC may need a face to face to confirm	[Control]
53	Overall, the individual is satisfied with their service providers since the last review.	Yes,  SC may need a face to face to confirm	[Control]
54	Overall, the individual is satisfied with the type of services received since the last review.	Yes,  SC may need a face to face to confirm	[Control]
55	Overall, the individual is satisfied with their family relationships/natural supports since the last review.	Yes,  SC may need a face to face to confirm.	[Control]

*Reference IQOMR chart above: Yes – Can be answered. N/A – Not available without visual Confirmation. Due to the critical nature of the work related to COVID-19, if questions within the IQOMR are not tied to health and safety directly or, are not easily responded to by the individual, can be noted as ‘Non applicable due to COVID-19’*



# Georgia Department of Behavioral Health & Developmental Disabilities

Judy Fitzgerald, Commissioner

## Office of Enterprise Compliance

Two Peachtree Street, NW • 1<sup>st</sup> Floor • Atlanta, Georgia 30303-3142 • Telephone: 404-463-2507 • Fax: 770-359-5473

I, \_\_\_\_\_

_____	_____	_____		
Last Name	First Name	Middle Initial		
_____	_____	_____	_____	_____
Social Security No.	Height	Weight	Eye color	Hair Color
_____	_____	_____		
Date of Birth	Sex	Race		
_____	_____	_____	_____	
Street Address	City	State	Zip	

attest that I have not been convicted of nor have pending charges for any crime listed on Barrier Record Data (Attachment D to DBHDD Policy 04-111, a copy of which has been provided to me).

I also attest that:

1. I am not currently on probation as a First Offender for a crime listed on Barrier Record Data (Attachment D);
2. I am not awaiting final disposition on charges for any crime referenced on the Barrier Record Data (Attachment D);
3. I do not knowingly have an outstanding warrant for any crime referenced on the Barrier Record Data (Attachment D);
4. I do not have a finding of guilty but mentally ill (GBMI) for any crime referenced on the Barrier Record Data (Attachment D);
5. I do not have a finding of guilty with intellectual disability (GWID) for any crime referenced on the Barrier Record Data (Attachment D); and
6. I do not have a finding of not guilty by reason of insanity (NGRI) for any crime referenced on the Barrier Record Data (Attachment D).
7. I do not have any convictions within the last 12 months.

This form serves as a contingency for employment. Within sixty (60) days of the termination of the Public Health State of Emergency, I understand that I will be required to complete a fingerprint based background check and if any information stated hereon is found to be falsified or untrue, I could be deemed ineligible to be an individual provider. I also understand that prior to that time if it is discovered that information stated hereon is falsified or found to be untrue, I could be deemed ineligible to be an individual provider.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Georgia Department of Behavioral Health & Developmental Disabilities

Judy Fitzgerald, Commissioner

## Office of Enterprise Compliance

Two Peachtree Street, NW • 1<sup>st</sup> Floor • Atlanta, Georgia 30303-3142 • Telephone: 404-463-2507 • Fax: 770-359-5473

**TO:** DBHDD Provider Network

**FROM:** DBHDD Office of Enterprise Compliance  
Criminal History Background Checks Section

**RE:** Policy No. 04-104 Attestation

Immediately after a person subject to Policy No. 04-104, as modified during the Public Health State of Emergency, completes the Attestation required under the modified policy, send the Attestation to CHBC by facsimile to (770) 359-1622, or via email at [DBHDD-CRS@DBHDD.GA.GOV](mailto:DBHDD-CRS@DBHDD.GA.GOV), with this Cover Sheet after completing the information required below:

**Provider Name** \_\_\_\_\_

**Name of Direct Contact** \_\_\_\_\_

**Contact Phone Number** \_\_\_\_\_

**Email address** \_\_\_\_\_

If have questions, please contact our office at 404-463-2507 or 404-232-1641.

# NOW/COMP Appendix K Amendment & Reopening Updates

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**BE D·B·H·D·D**

Georgia Department of Behavioral Health & Developmental Disabilities

Division of I/DD

June 24, 2020

Modifications June 25, 2020- highlighted



“ It is better to be a part of a great whole than to be the whole of a small part ”

~Frederick Douglas

# Today's agenda

Welcome from Director  
Wakefield

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Appendix K Amendment  
Updates

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Appendix K Billing  
Technical Assistance

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Reopening Updates &  
Recommendations

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Q & A

# Appendix K Amendment: Policy Updates

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**BE D·B·H·D·D**

Georgia Department of Behavioral Health & Developmental Disabilities

Ashleigh Caseman, Director of Waiver Services  
June 24, 2020



## Appendix K Recent Events

June 2<sup>nd</sup>, 2020 DCH submitted an Appendix K amendment for all Georgia HCBS waivers to CMS. The purpose of the Appendix K submission was to clarify waiver providers ability to bill days in excess of the Nursing Home Retainer Payment limit without the individual returning to service.

June 5<sup>th</sup>, 2020 DCH was informed by CMS that the request was denied. DCH in response has withdrawn the request as required by CMS.

June 12, 2020 DCH submitted a second Appendix K amendment to CMS for NOW & COMP waivers to request telehealth allowances for Community Access and Prevocational Services at the request of DBHDD.

June 15, 2020 CMS approved the Appendix K amendment to allow telehealth for Community Access and Prevocational Services .

# Telehealth Community Access (CA) and Prevocational

- 1 As a result of the Appendix K amendment, Community Access (CAG/CAI) and Prevocational Services can be billed via telehealth while the Appendix K is effective.
- 2 Documentation of services delivered via telehealth must indicate this service delivery.
- 3 Community Access and Prevocational Services delivered via telehealth should be billed using the Place of Service (POS) code '02' .
- 4 Documentation must be consistent with the individual's ISP goals

## Community Access Telehealth-Skill Building/Teaching Options

**Social  
Distancing  
Strategies**

**How to  
Properly Wash  
Hands**

**How and When  
to Wear PPE**

**Discussing  
fears**

**Virtual  
Exercise Class**

**How to Identify  
COVID-19  
symptoms**

**How to  
Communicate  
COVID-19  
symptoms**

**Other  
Activities**

## Prevocational Telehealth-Skill Building/Teaching Options

**Social  
Distancing  
Strategies**

**How to  
Properly Wash  
Hands**

**How and When  
to Wear PPE**

**Discussing  
fears**

**Resume  
Building**

**Identifying  
Markable  
Strengths**

**Video Based  
Career  
Exploration**

**Discussing plans  
to move towards  
competitive  
integrated  
employment**

## Retainer Updates General

- Appendix K temporarily includes retainer payments to address emergency related issues
- Retainer payments must be authorized at the level, duration and amount as outlined on the individual's PA
- Providers should bill the service as if it was delivered and document daily the reason for retainer reimbursement
- **Services with retainer option can be reimbursed as retainer payment for 30 consecutive days initially and in increments of up to 7 days following a day of service.**

## Retainer Updates Policy Guidance

Retainer payments are authorized in the event that the provider is not serving the individual under other comparable services with regular staff members of the provider. The retainer payment will be authorized at the level, duration and amount as outlined in the prior authorization in place as of February 29, 2020. Initial retainers cannot exceed 30 consecutive days. After the initial 30 day retainer is billed, the provider may bill for additional periods of retainer, with each additional period not exceeding seven (7) consecutive calendar days, in accordance with the following:

1. After the expiration of the initial 30-day retainer period, the regular staff member for whom the retainer was billed must deliver the service to the individual for a minimum of one encounter before the provider can bill any further retainer for that regular staff member.

## Retainer Updates Policy Guidance Continued...

2. An “encounter,” for these purposes, is defined as a minimum of two (2) hours of the service, delivered and billed, with a scheduled agenda and a curriculum that addresses the individual’s person-centered goals, in accordance with the individual’s ISP. The encounter can take place over multiple sessions, if such service delivery is consistent with the individual’s ISP and Individual 360; however, such multiple sessions must take place in a single calendar day.

3. Once the regular staff member has delivered at least one encounter of service to the individual, the provider may bill for additional days of retainer for that regular staff member, during a retainer period of up to 7 consecutive calendar days beginning on the calendar day after the encounter is completed. Billing for such additional days of retainer must be done in accordance with the same rules applicable to retainer payments generally. During the 7-day additional retainer period, the provider may bill for retainers only on those days when the regular staff member would normally have been delivering the service to the individual under the individual’s ISP (but did not in fact deliver the service to the individual on those days).

## Retainer Updates Policy Guidance Continued..

4. If the regular staff member delivers a second or subsequent encounter of service to the individual, the provider may again bill for additional days of retainer for that regular staff member, during another retainer period of up to seven (7) consecutive calendar days, consistent with item (3) immediately above.

## Retainer Updates- Example 1

- ISP says Service is provided Monday, Wednesday, Friday each week.
- Provider has already billed 30 days of the initial retainer payments for the regular staff member who delivers the Service to Individual.
- Due to COVID-19, Provider now limits Service to Mondays only.
- Regular staff member delivers 2 hours of the Service to Individual one Monday.
- Provider may bill a retainer payment for that regular staff member for the following Wednesday and Friday.
- Same regular staff member delivers 2 more hours of the Service to Individual the following Monday.
- Provider may again bill a retainer payment for that regular staff member for the following Wednesday and Friday.
- Provider may continue billing retainers in this way for as long as the current version of Appendix K remains in effect.

# Retainer Updates- Example 1 Calendar

## Example #1

## July 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	June 29 Direct/Telehealth Service Delivery	June 30 Day 1	1 Retainer Eligibility: Day 2	2 Day 3	3 Retainer Eligibility: Day 4	4 Day 5
5 Day 6	6 Direct/Telehealth Service Delivery	7 Day 1	8 Retainer Eligibility: Day 2	9 Day 3	10 Retainer Eligibility: Day 4	11 Day 5
12 Day 6	13 Direct/Telehealth Service Delivery	14 Day 1	15 Retainer Eligibility: Day 2	16 Day 3	17 Retainer Eligibility: Day 4	18 Day 5
19 Day 6	20 Direct/Telehealth Service Delivery	21 Day 1	22 Retainer Eligibility: Day 2	23 Day 3	24 Retainer Eligibility: Day 4	25 Day 5
26 Day 6	27 Direct/Telehealth Service Delivery	28 Day 1	29 Retainer Eligibility: Day 2	30 Day 3	31 Retainer Eligibility: Day 4	Day 5


# Operational Guidelines Version 3.0

- The recording of this discussion is a snapshot in time and is subject to change. All current policy information regarding Appendix K can be found within DD COVID-19 policy on PolicyStat



Current Status: Active

PolicyStat ID: 8127003



Georgia Department  
of Behavioral Health  
& Developmental  
Disabilities

Creation: 3/26/2020

Effective: 6/1/2020

Last Reviewed: 6/1/2020

Last Revision: 6/1/2020

Next Review: 11/28/2020

Owner: Ron Wakefield: Director,  
Division of Developmental  
Disabilities


Chapter: DD Community Services


Sections:


**COVID-19 2020: DBHDD Community Developmental Disability  
Services Policy Modifications - 6/1/2020**


EFFECTIVE IMMEDIATELY

Attachments

 A - COVID-19 2020 - Attestation of Absence of Barrier Crimes Data & Cover Letter 4/23/2020.docx

 Appendix K Attachment 1 - NOW and COMP Provider Spreadsheet 4/22/2020

 Appendix K Attachment 2 - Simplified AS Request Sheet 4/20/2020

 Appendix K Operational Guidelines for the NOW and COMP Waiver Programs Response to COVID-19 Pandemic, 4/30/2020 Version 2.0

 B - COVID-19 2020 - Attestation of Absence of Barrier Crimes Data & Cover Letter 4/23/2020.docx

## How Do I Stay Up to Date?



DBHDD  
Newsletter &  
PIMS

DBHDD  
Webinars

DBHDD & DCH  
Websites

To request that your email address be added to the electronic mailing list, please send an email to [DBHDD.Provider@dbhdd.ga.gov](mailto:DBHDD.Provider@dbhdd.ga.gov)

For questions related to Appendix K, please use the PIMS link: <https://dbhddapps.dbhdd.ga.gov/PIMS/Default.aspx>

# Appendix K Amendment: Billing Technical Assistance

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**BE D·B·H·D·D**

Georgia Department of Behavioral Health & Developmental Disabilities

Ron Singleton  
June 24, 2020



# Community Access and Prevocational Services

## Technical Assistance for Telehealth Billing

# Place of Service Code for Billing Telehealth Services

For telehealth services, providers will submit claims using the procedure codes authorized on prior authorizations in addition to Place of Service Code '02'.

Place of Service Code(s)	Place of Service Name	Place of Service Description
01	Pharmacy **	A facility or location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients. (Effective October 1, 2003)
02	Telehealth	The location where health services and health related services are provided or received, through a telecommunication system. (Effective January 1, 2017)

# Community Access and Prevocational Services

## Technical Assistance for Retainer Billing

## Procedure Codes/Place of Service Codes for Billing the Retainer

For retainer services, providers will submit claims using the procedure codes authorized on prior authorizations and the Place of Service (POS) code historically used on previous claims such as but not limited to POS '99'.

Place of Service Code(s)	Place of Service Name	Place of Service Description
99	Other Place of Service	Other place of service not identified above.

# Retainer Updates Examples

## Calendar Views

## Retainer Updates- Example 1

- ISP says Service is provided Monday, Wednesday, Friday each week.
- Provider has already billed 30 days of the initial retainer payments for the regular staff member who delivers the Service to Individual.
- Due to COVID-19, Provider now limits Service to Mondays only.
- Regular staff member delivers 2 hours of the Service to Individual one Monday.
- Provider may bill a retainer payment for that regular staff member for the following Wednesday and Friday.
- Same regular staff member delivers 2 more hours of the Service to Individual the following Monday.
- Provider may again bill a retainer payment for that regular staff member for the following Wednesday and Friday.
- Provider may continue billing retainers in this way for as long as the current version of Appendix K remains in effect.

# Calendar - Example 1

Example #1

July 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	June 29 Direct/Telehealth Service Delivery	June 30 Day 1	1 Retainer Eligibility: Day 2	2 Day 3	3 Retainer Eligibility: Day 4	4 Day 5
5 Day 6	6 Direct/Telehealth Service Delivery	7 Day 1	8 Retainer Eligibility: Day 2	9 Day 3	10 Retainer Eligibility: Day 4	11 Day 5
12 Day 6	13 Direct/Telehealth Service Delivery	14 Day 1	15 Retainer Eligibility: Day 2	16 Day 3	17 Retainer Eligibility: Day 4	18 Day 5
19 Day 6	20 Direct/Telehealth Service Delivery	21 Day 1	22 Retainer Eligibility: Day 2	23 Day 3	24 Retainer Eligibility: Day 4	25 Day 5
26 Day 6	27 Direct/Telehealth Service Delivery	28 Day 1	29 Retainer Eligibility: Day 2	30 Day 3	31 Retainer Eligibility: Day 4	Day 5

## Retainer Updates- Example 2

- ISP says Service is provided Monday, Tuesday, Wednesday, Thursday, and Friday of each week.
- Provider has already billed 30 days of the initial retainer payment for the regular staff member who delivers the Service to Individual.
- Regular staff member delivers 2 hours of the Service to Individual on Monday, June 29.
- Due to intervening COVID-19 concerns, Provider is then unable to deliver the service to the individual again until Monday, July 13.
- Provider may bill a retainer payment for the regular staff member for a period of up to 7 days beginning the next day—i.e. for Tuesday (June 30), Wednesday, Thursday, Friday, and following Monday (July 5).
- Because there hasn't been another service encounter, Provider may not bill a retainer for the following Wednesday, Thursday, and Friday (July 6, 7, 8).
- However, if same regular staff member delivers at least 2 hours of the Service to Individual on the next following Monday (July 13), Provider may again bill retainers during the next 7 days for that regular staff member, beginning on Tuesday (July 14).

## Calendar - Example 2

Example #2

July 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	June 29 Direct/Telehealth Service Delivery	June 30 Retainer Eligibility: Day 1	1 Retainer Eligibility: Day 2	2 Retainer Eligibility: Day 3	3 Retainer Eligibility: Day 4	4 Day 5
5 Day 6	6 Retainer Eligibility: Day 7	7 Retainer Ineligible: No New Encounter	8 Retainer Ineligible: No New Encounter	9 Retainer Ineligible: No New Encounter	10 Retainer Ineligible: No New Encounter	11 Retainer Ineligible: No New Encounter
12 Retainer Ineligible: No New Encounter	13 Direct/Telehealth Service Delivery	14 Retainer Eligibility: Day 1	15 Retainer Eligibility: Day 2	16 Retainer Eligibility: Day 3	17 Retainer Eligibility: Day 4	18 Day 5
19 Day 6	20 Retainer Eligibility: Day 7	21 Retainer Ineligible: No New Encounter	22 Direct/Telehealth Service Delivery	23 Retainer Eligibility: Day 1	24 Retainer Eligibility: Day 2	25 Day 3
26 Day 4	27 Retainer Eligibility: Day 5	28 Retainer Eligibility: Day 6	29 Retainer Eligibility: Day 7	30 Direct/Telehealth Service Delivery	31 Retainer Eligibility: Day 1	Day 2

# Additional Billing Guidance DXC Technology

## Additional Billing Guidance: Provider Web Portal Navigational Manual

### Provider Web Portal Navigational Manual

Georgia Medicaid Management Information System  
Fiscal Agent Services Project

Version 4.6

For all MMIS Web Portal billing processes, go to **[www.mmis.georgia.gov](http://www.mmis.georgia.gov)**

Go to: **Provider Information**

Go to: **Provider Manuals**

Go to: **Web Portal Navigational Manual for Providers**

## Provider Contact Center for Additional Billing Assistance

**For additional billing assistance, please contact your DXC Provider Representative using the contact numbers below or by using the Contact Us form on the GAMMIS Website ([www.mmis.georgia.gov](http://www.mmis.georgia.gov))**

### Contact Us

Providers with web navigation or Georgia Medicaid questions may contact the Provider Contact Center using one of the methods below:

- Fill out the [Contact Us](#) form
- Call the local number (770) 325-9600
- Call the toll-free number (800) 766-4456

## Provider Representative Contact Assistance

# Contact My Provider Rep Directly

Login to the MMIS system with your username and password

[Home](#) | [Contact Information](#) | [Member Information](#) | [Provider Information](#) | [Provider Enrollment](#) | [Nurse Aide/Medication Aide](#)

[Home](#) | [Contact Us](#) | [Phone Numbers & Links](#)

★ [GAMMIS:Contact Us](#) <- Bookmarkable Link    📌 [Click here for help and information about bookmarks](#)

## Provider Representative Contact Assistance

# Contact My Provider Rep Directly

**Contact Information** ? ^

How can we help you?

Select an Item\*

Enter Category Details

How do you want to be contacted?

Contact Method\* Telephone

Last Name, First Name

Phone Number, Ext

# REOPENING GUIDANCE

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**BE D·B·H·D·D**

Georgia Department of Behavioral Health & Developmental Disabilities

Dana N. Scott, MSN, RN  
Michelle E. Ford, Ph.D.



June 24, 2020

FIRST  
THINGS  
FIRST



# Elements of Provider Reopening Review

## PPE

- Face Covering
- Gloves
- Gowns
- Miscellaneous (face shields)

## Procedures for cleaning and disinfection

- Hand hygiene
  - Sanitizer
  - Hand washing
- Facility
  - Hard Surfaces
  - Fabrics

## Elements of Provider Reopening (continued)

### Vehicles

- Hard surfaces
- Fabrics

### Social Distancing Procedures

### Screening Procedures

### Documented Protocol (including exclusionary criteria and protocols, i.e. HRC)

- Contains DPH/CDC elements
- Includes frequency of screening
- Internal communication procedures
- Tracing procedures
- Procedure for communication to individual/families/providers  
An exposure/positives

## Elements of Provider Reopening (continued)

### Statement of Training Procedures

- PPE
- Social Distancing procedures
- Infection Control Procedures
  - Staff
  - Individuals
  - Visitors

### Internal and external communication procedures

- Announcing reopening
- Day program schedule modifications
- Day program transportation procedures
- Staffing procedures or modification

## Elements (continued)

Revision of policy

Overall Numerical Achievement

# Responses to Survey

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# CDC GUIDANCE AND CONSIDERATIONS

**Persons with I/DD and Behavioral Disorders may be at risk for serious illness:**

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-disabilities.html>

- ❖ Person also has an underlying medical condition(s)
- ❖ Difficulty understanding information to follow and practice preventative measures  
(i.e. handwashing, wearing a face covering, social distancing)
- ❖ Inability to communicate when they are not feeling well or are experiencing symptoms of illness

# CDC GUIDANCE AND CONSIDERATIONS

(content continued)

- ❖ Experience behavior challenges with changes in routine
- ❖ Wearing face coverings may be challenging/scary/uncomfortable for persons who have sensory, cognitive, and behavior disorders
- ❖ Cleaning and disinfecting can affect individual's with sensory or respiratory conditions

# ACTION STEPS

## PROVIDERS/CAREGIVERS/FAMILIES:

- ☐ Discuss the risk with the individual's healthcare provider for recommendations
- ☐ Work with the individual at home to determine his/her capacity to understand and practice preventative measures by:
  - Using Social Stories (examples on the DBHDD Website/Toolkit)
  - Modeling and Practicing daily sessions with individuals using preventative measures (make learning engaging and fun)
  - Use of verbal prompts/reminders, physical assistance, and supervision may be required for handwashing, use of hand sanitizer, keeping on a face covering, social distancing



## WHAT IF A PERSON CANNOT RETURN TO SITE?

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### Appendix K Amendment –Use of Telehealth Communications

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If an Individual desires to return to site but is unable due to behaviors, document via **Human Rights Committee** steps taken and barriers that prevent on-site return

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Continue work with Individual using social stories, modeling, **practice at home** (repetition of teaching to learning)

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## TEACHING, PRACTICING, MODELING PREVENTATIVE MEASURES

Use words at the level the individual can understand.

Give instructions 1 at a time.

Keep explanations simple.

Give the person time to process. Wait a few seconds before repeating.

Be Calm and Patient.



<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

## Definitions

- *Community facilities* such as schools, daycare centers, and businesses comprise most non-healthcare settings that are visited by the general public outside of a household.
- *Cleaning* refers to the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. But by removing the germs, it decreases their number and therefore any risk of spreading infection.
- *Disinfecting* works by using chemicals, for example EPA-registered disinfectants, to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs. But killing germs remaining on a surface after cleaning further reduces any risk of spreading infection.

## Cleaning and Disinfection After Persons Suspected/Confirmed to Have COVID-19 Have Been in the Facility

### Timing and location of cleaning and disinfection of surfaces

- At a school, daycare center, office, or other facility that **does not house people overnight**:
  - Close off areas visited by the ill persons. Open outside doors and windows and use ventilating fans to increase air circulation in the area. Wait 24 hours or as long as practical before beginning cleaning and disinfection.



**BE INFORMED**

**QUESTION & ANSWERS**

A close-up, soft-focus photograph of several hands of different skin tones being held together in a supportive grip. The hands are positioned in the center-left of the frame, with fingers interlaced or overlapping. The background is a warm, out-of-focus light beige.

# **BE D·B·H·D·D**

Georgia Department of Behavioral Health & Developmental Disabilities



# Appendix K Guidance: Participant-directed Services

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**BE D·B·H·D·D**

Georgia Department of Behavioral Health & Developmental Disabilities

**Wednesday, June 24, 2020**

**Revisions June 25, 2020**



*Amy Riedesel, Director of Community Services*

# Agenda

Welcome & Updates from  
Director Wakefield

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Appendix K Amendment

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Retainer Payments

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Telehealth

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Documentation

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Safety Precautions to  
Consider with Reopening

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Questions

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# Appendix K Amendment

## Appendix K Timeline

June 2, 2020

DCH submitted an Appendix K amendment for all Georgia HCBS waivers to CMS.

The purpose of the Appendix K submission was to clarify waiver providers ability to bill days in excess of the Nursing Home Retainer Payment limit without the member returning to service.

June 5, 2020

DCH was informed by CMS that they could not approve the additional Supplement K request.

DCH in response has withdrawn the request as required by CMS.

June 12, 2020

DCH submitted another Appendix K amendment to CMS. The purpose of the Appendix K submission was to request telehealth allowances for Community Access and Prevocational Services at the request of DBHDD.

June 15, 2020

CMS approved the Appendix K amendment to allow telehealth for Community Access and Prevocational Services

# Retainer Payments Update

# PD Services Eligible for Retainer Payments

## Community Living Support (CLS)

- 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.

## Supported Employment (SE)

- In-person job coaching contacts and supports may temporarily be conducted remotely (i.e. phone, telehealth, email).
- This may include teleworking for any business, or essential businesses such as work at a grocery store, gas station, etc.

## Retainer Updates – \*CLS Only for PD

Initial retainers **cannot exceed 30 consecutive, calendar days** in an ISP year. After the initial 30-day retainer is billed, the PD Rep. may bill for up to seven **(7) additional calendar days** of retainer at a time, in accordance with the following:

1. After the expiration of the initial 30-day retainer period (consecutive calendar days) the staff member for whom the retainer was billed **must deliver the service** to the individual for a **minimum of one encounter** before you can bill any further retainer for that staff member with CLS.
2. An “encounter,” for these purposes, is defined as a **minimum of two (2) hours** of the service, delivered and billed, with a scheduled agenda/ curriculum that addresses the individual’s person-centered goals, in accordance with the individual’s ISP.
  - a. The encounter can take place over multiple sessions, if such service delivery is consistent with the individual’s ISP and Individual 360; however, such multiple sessions must take place in a single calendar day.

## Retainer Updates Continued..

3. Once the staff member has delivered at least one encounter of service to the individual, the PD Rep. may bill for up to **seven (7) additional calendar days** of retainer for that staff member, beginning on the later of either (i) **the day after the encounter is completed**, or (ii) **the next day on which the individual would normally receive the service under the individual's ISP** (but does not receive the service from that regular staff member).
  - a. Billing for such additional days of retainer must be done in accordance with the same rules applicable to retainer payments generally and aligned with approved days and frequency on the ISP.
4. If the staff member delivers a second or subsequent encounter of service to the individual, the provider may again bill for up to seven (7) additional **calendar days** of retainer for that staff member, consistent with item (3) immediately above.

## Retainer Updates- Example 1 (CLS only for PD)

- ISP authorizes Service for Monday, Wednesday, Friday each week.
- PD Rep. has already billed 30-days (calendar days) of the initial retainer payments for the staff member who delivers the Service to Individual.
- Due to a COVID-19 reason, PD Rep. limits CLS service to Individual on Mondays only.
- Staff member delivers 2 hours of the Service to Individual on a Monday (In-person only).
- PD Rep. may bill a retainer payment for that staff member for the following Wednesday and Friday of that week.
- Same staff member delivers 2 more hours of the Service to Individual the next Monday.
- PD Rep. may bill a retainer payment for that staff member for the following Wednesday and Friday.
- PD Rep. may continue billing retainers in this way for as long as the current version of Appendix K remains in effect.

## Retainer Updates- Example 2 (CLS- PD Model)

- ISP authorizes service for Monday, Tuesday, Wednesday, Thursday, and Friday of each week.
- PD Rep. has already billed 30-days (calendar days) of the initial retainer payment for the regular staff member who delivers the Service to Individual.
- Staff member delivers 2 hours of the Service to Individual on Monday, June 29.
- Due to a COVID-19 reason, staff is then unable to deliver the service to the individual.
- Provider may bill a retainer payment for the regular staff member for up to 7 calendar days beginning the next day as authorized on the ISP.

# Sample Calendar- Example 2 CLS

# June

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15 2 hours Direct Service Encounter	16 R, Day 1	17 R, Day 2	18 R, Day 3	19 R, Day 4	20 No R authorized, Day 5
21 No R authorized, Day 6	22 R, Day 7	23 4 hours Direct Service	24 R, Day 1	25 R, Day 2	26 R, Day 3	27 No R, Day 4
28 No R authorized, Day 5	29 R, Day 6	30 R, Day 7	1 No encounter	2 No R	3 "Independence Day" observed 2 hours Direct Service encounter	4 Independence Day No R authorized, Day 1

# Sample Calendar- CLS

# June

July 2015

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15 2 hours Direct Service	16 R, Day 1	17 R, Day 2	18 R, Day 3	19 R, Day 4	20 No R authorized, Day 5
21 No R authorized, Day 6	22 6 hours Direct Service	23 R, Day 1	24 R, Day 2	25 R, Day 3	26 R, Day 4	27 No R authorized, Day 5
28 No R authorized, Day 6	29 4 hours Direct Service	30 R, Day 1	1 R, Day 2	2 R, Day 3	3 "Independence Day" observed R, Day 4	4 Independence Day No R authorized, Day 5

# Appendix K Operational Guidelines Version 3.0

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



<https://gadbhdd.policystat.com/policy/8127003/latest/>

Current Status: Active PolicyStat ID: 8127003



Georgia Department  
of Behavioral Health  
& Developmental  
Disabilities

Creation: 3/26/2020  
Effective: 6/1/2020  
Last Reviewed: 6/1/2020  
Last Revision: 6/1/2020  
Next Review: 11/28/2020  
Owner: Ron Wakefield, Director,  
Division of Developmental  
Disabilities  
Chapter: DD Community Services  
Sections:

**COVID-19 2020: DBHDD Community Developmental Disability  
Services Policy Modifications - 6/1/2020**

EFFECTIVE IMMEDIATELY

### Attachments

- A - COVID-19 2020 - Attestation of Absence of Barrier Crimes Data & Cover Letter 4/23/2020.docx
- Appendix K Attachment 1 - NOW and COMP Provider Spreadsheet 4/22/2020
- Appendix K Attachment 2 - Simplified AS Request Sheet 4/20/2020
- Appendix K Operational Guidelines for the NOW and COMP Waiver Programs Response to COVID-19 Pandemic, 4/30/2020 Version 2.0
- B - COVID-19 2020 - Attestation of Absence of Barrier Crimes Data & Cover Letter 4/23/2020.docx

# Telehealth

# Participant-directed Services Eligible for Telehealth

**Physical  
Therapy (PT)**

**Occupational  
Therapy (OT)**

**Speech  
Therapy**

**Behavioral  
Support  
Services**

**Nursing  
Services**  
(Registered Nurse)

**Support  
Coordination/  
Intensive  
Support  
Coordination**

**Supported  
Employment**

# Telehealth & Community Access (CA) and Prevocational

- 1 As a result of the Appendix K amendment, Community Access (CAG/CAI) can be billed via telehealth while the Appendix K is effective.
- 2 Documentation of services delivered via telehealth must indicate this service delivery
- 3 Community Access delivered via telehealth should be billed using the Place of Service (POS) code '02' F
  - Fiscal Agent will add this when billing in GAMMIS.
  - PD Representative, be sure to document service delivered via telehealth on all timesheets as FI instructs and ALL documentation

## **\*\* NEW - PD Services Eligible for Telehealth**

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**Community Access  
(CAG/CAI)**

## Community Access Telehealth-Skill Building/Teaching Options

**Social  
Distancing  
Strategies**

**How to  
Properly Wash  
Hands**

**How and When  
to Wear PPE**

**Discussing  
Fears**

**Virtual  
Exercise Class**

**How to Identify  
COVID-19  
Symptoms**

**How to  
Communicate  
COVID-19  
Symptoms**

**Other  
Activities**

## PD Services Not Eligible for Telehealth

**Community  
Living  
Support  
(CLS)**



# Unemployment

# Unemployment Benefits

- It is the responsibility of the Representative to work with Fiscal Intermediary agencies to assist staff who have been laid off with filing for unemployment benefits if the staff choose to pursue those benefits.
- DBHDD cannot advise you as to whether or not file for benefits.
- For more information, please contact the Georgia Department of Labor ([www.DOL.Georgia.gov](http://www.DOL.Georgia.gov)).

## Unemployment Benefits from DOL Website

- If an employer asks employees to return to work and the employee(s) refuses to come back, employers are not required to continue to file employer filed partial claims on behalf of those employees.
- Employers should stop filing employer filed partial claims and report the refusal to return to work to the Department of Labor.
- The employee would be required to file a regular Unemployment Insurance individual claim and start the process from the beginning.
- The employer will be notified when the employee files a regular Unemployment Insurance individual claim and will have the right to provide detailed information regarding the job refusal.
- ([www.DOL.Georgia.gov](http://www.DOL.Georgia.gov)).

# Other Reminders

# Documentation & Individualized Service Plans

- \*\*NEW - be sure to document **services delivered via telehealth** in your required documentation.
- Representatives for Participant-direction model must adhere to all applicable documentation requirements.
- Individualized Service Plans should be written to reflect the date that service delivery began. The ISP must be signed by the individual or legal guardian.

# Signatures on Documents

- Individualized Support Plans (ISPs) and other annual documents require physical signatures.



# Communication

## 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](mailto:Participant.Direction@dbhdd.ga.gov)**

# Safety Precautions to Consider with Reopening

# REOPENING GUIDANCE

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**BE D·B·H·D·D**

Georgia Department of Behavioral Health & Developmental Disabilities

Dana N. Scott, MSN, RN  
Michelle E. Ford, Ph.D.



June 24, 2020

FIRST  
THINGS  
FIRST



# Elements of Provider Reopening Review

## PPE

- Face Covering
- Gloves
- Gowns
- Miscellaneous (face shields)

## Procedures for cleaning and disinfection

- Hand hygiene
  - Sanitizer
  - Hand washing
- Facility
  - Hard Surfaces
  - Fabrics

## Elements of Provider Reopening (continued)

### Vehicles

- Hard surfaces
- Fabrics

### Social Distancing Procedures

### Screening Procedures

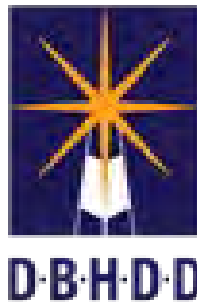
### Documented Protocol (including exclusionary criteria and protocols, i.e. HRC)

- Contains DPH/CDC elements
- Includes frequency of screening
- Internal communication procedures
- Tracing procedures
- Procedure for communication to individual/families/providers  
An exposure/positives

**DBHDD Division of Developmental Disabilities**

**Appendix K: Operational Guidelines for the NOW and COMP Waiver Programs**

**Response to COVID-19 Pandemic**



**Version 3.2**

**Released: 07.13.2020**

## Section A. Overview & Purpose

*Overview: The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) and the Georgia Department of Community Health (DCH) submitted an Appendix K to the Centers for Medicare and Medicaid Services (CMS) in order to request necessary flexibilities to service delivery during the COVID-19 public health emergency. The changes outlined in Appendix K for the NOW and COMP waivers are **temporary** policy allowances, **temporary** rate increases for target services, and **temporary** retainer payments for specific services, effective March 1, 2020. Georgia intends to withdraw the Appendix K when systems, services, and the ability to travel freely are less restricted. At the conclusion of the state of emergency, pre-emergency service plans will be re-implemented unless the individual has experienced a change in condition or circumstance that requires reassessment and development of a new service plan.*

*Purpose: The purpose of this guidance document is to provide additional information to providers of traditional waiver services and families who opt to participant direct services. The guidance within this document is temporary until otherwise notified by DBHDD and DCH. This guidance supersedes only conflicting guidance in the NOW and COMP manuals, DD Community Standards Manual, and DBHDD PolicyStat Policies.*

## Section B: Appendix K Chart At a Glance - “X” indicates provisions for the waiver service

Waiver Service	Telehealth Options	Provider Retainer Options	Family Caregiver Hire Options	Exceed Service Limitations	Provided in Alternative Settings	Increase Rate
Community Living support (Basic and Extended)		X	X	X	X- including out of state and acute care settings	
Respite (in home and out of home)			X	X	X – including out of state	
Community Access	X	X -only applicable for DBHDD traditionally enrolled Providers	X	X	X	
Specialized Medical Supplies				X		
Additional Staffing					X	

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Waiver Service	Telehealth Options	Provider Retainer Options	Family Caregiver Hire Options	Exceed Service Limitations	Provided in Alternative Settings	Increase Rate
Nursing Services	X- RN only					X- LPN only
Support Coordination	X					X
Intensive Support Coordination	X					
Fiscal Intermediary						X
Community Residential Alternative		X				
Behavioral Supports Services	X					
Prevocational Services	X	X				
Adult Occupational Therapy	X					
Adult Physical Therapy	X					
Adult Speech and Language Therapy	X – exceptions noted below					
Supported Employment	X- limited scope	X				

### C. General Provider Guidance

C.1 Background checks for any function that requires face-to-face action or availability of third-party vendors will be temporarily suspended for the duration that Appendix K is effective for all waiver services in the event the provider is unable to complete a background check. Within sixty (60) days of the termination of Appendix K, background checks will need to be completed retroactively for all employees who were hired while Appendix K was effective and according to policy.

C.2 Required staffing ratios for an individual as outlined in the individual's Individual Service plan, may be modified to allow the individual to receive services in safe and accessible environments if the individual's needs are still being met. Documentation must include staffing ratios, justify the decrease in ratio and verify how the individual's health and safety needs are being met.

C.3 State certification survey staff will postpone on-site provider certification and other reviews for provider agencies and individual providers rendering NOW and COMP services unless there is cause to believe there may be an immediate jeopardy and/or health and safety concern.

C.4 The annual DMA-7 assessment requirements will be suspended for all individuals while Appendix K is effective unless required otherwise by another governmental agency. There are no requirement modifications to the DMA -6. The Regional Field Office and/or Support Coordination (SC) agency will document, in the individualized service plan (ISP), the contact with the individual, legal guardian if applicable, and team to discuss the extension, as well as the projected date that the DMA-7 will be completed, which can be no later than the individual's subsequent birthday.

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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), Community Access Services, Prevocational Services, and registered nurse (RN) oversight to be provided using telehealth or other telephonic means. All licensed providers must abide by training requirements established by their governing professional licensing boards. For provision of Behavior Support services, there are currently no CEU requirements for telehealth training by The Behavior Analysis Certification Board (BACB), or other non-board-certified behavior support service providers that render this service. The Behavior Analysis Certification Board has issued guidance that has been included in the Reference Section of this document. Services delivered telephonically should be billed using the Place of Service (POS) code '02' for telehealth.

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C.6 Family Caregiver Option: Several services, as indicated in Section B above, list an option for Family Caregivers to **temporarily** render specific services. Family Caregiver hire option is applicable to both traditionally enrolled provider families as well as families who opt to participant direct their services. A family caregiver hire shall only render services in lieu of a regular staff member (as defined in section C.7 below) and not in conjunction with a regular staff member. As specified in the NOW and COMP Manual Part II Section 902, a Family Caregiver hire is defined as an individual's family member, by blood or marriage, who is aged 18 years or older, who may be reimbursed for providing services when there are extenuating circumstances (family is defined as a person who is related by blood within the third degree of consanguinity by blood, adoption, or marriage. Third degree of consanguinity include mother, father, grandmother, grandfather, great grandfather, great grandmother, sister, brother, daughter, son, granddaughter, grandson, great granddaughter, great grandson, aunt, uncle, niece, or nephew. The provider network may hire family caregivers to provide Community Living Supports, Community Access and/or Respite Services in lieu of existing provider staff if the provider is unable to render the service due to health and safety concerns for either the provider staff or the individual. In the event a provider hires a family caregiver to render the service when provider staff is unable to provide a service, providers may bill both the retainer and for actual service delivery. The family caregiver hire start day may begin after there is documented evidence that the regular provider staff are no longer rendering services and no sooner than the effective date of the Appendix K. MMIS billing system does not permit the same procedure code to be billed at the same time of the day. While the Appendix K is effective, providers are temporarily permitted to bill a retainer and the family caregiver hire on the same day, however the time that service and retainer are billed for may not overlap and may not exceed the approved service units on the individual's Prior Authorization. Training requirements specific to family caregiver hire can be found in section C.9 of this document.

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C.7 Retainer Specifications-Retainer payments are authorized in the event that the provider is not serving the individual under other comparable services with regular staff members of the provider. The retainer payment will be authorized at the level, duration and amount as outlined in the prior authorization in place as of February 29, 2020. Initial retainers cannot exceed 30 consecutive days. The Centers for Medicare and Medicaid Services (CMS) clarified on June 30, 2020 via a FAQ that these “consecutive days” are those days that are eligible for billing—that is, “consecutive days” include only days on which the regular staff member for whom the retainer is billed would have normally been serving the individual under an individual’s prior authorization and ISP. As typical day habilitation (e.g. Community Access) services are rendered Monday through Friday, 30 consecutive billing days would usually encompass a 6-week period of time. (For example, if a regular staff member would normally have been serving the individual Monday, Tuesday, Wednesday, Thursday, and Friday of each week, and not on weekends, then the provider could bill for five (5) days of retainer for that staff member each week for six (6) weeks, for a total of thirty (30) billable days.)

After the initial 30 day retainer is billed, the provider may bill for up to two (2) additional retainer periods of up to seven (7) days each, **without the requirement of any new service encounter**<sup>1</sup>, in accordance with the following:

1. After the expiration of the initial 30-day retainer period, if the regular staff member is still being retained and is not delivering services to the individual, the provider may bill for up to seven (7) additional days of retainer for that regular staff member, beginning on the next day on which the individual would normally receive the service under the individual’s ISP (but does not receive the service from that regular staff member). Billing for such additional days of retainer must be done in accordance with the same rules applicable to retainer payments generally.
2. After the expiration of the first additional 7-day retainer period, if the regular staff member is still being retained and is not delivering services to the individual, the provider may again bill for up to seven (7) additional days of retainer for that regular staff member, consistent with item (1) immediately above.

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<sup>1</sup> In previous Operational Guidelines, DBHDD had stated, consistent with apparent CMS guidelines, that the staff member would need to have a service encounter with the individual before the provider could commence any additional retainer billing period. CMS has since clarified that additional retainer billing periods can be commenced without such intervening service encounters.

3. After billing a maximum total of 44 days of retainer payments (30 initial days plus two additional 7-day periods) for a service delivered to an individual by a regular staff member, Provider may not bill any further retainer payments for that regular staff member<sup>2</sup>

EXAMPLE 1: Under Individual's ISP, Provider would normally provide Service to Individual on Monday, Wednesday, and Friday of each week. Provider has already billed 30 days of the initial retainer payments for the regular staff member who delivers the Service to Individual; the last day on which the initial 30-day retainer was billed was Friday, June 26. If Provider continues to retain the regular staff member, and if that regular staff member is not delivering the Service to Individual, Provider may bill for an additional 7 days of retainer for that regular staff member—i.e. for the Service that would have been delivered on June 29, July 1, July 3, July 6, July 8, July 10, and July 13. If, after July 13, the regular staff member is still not delivering the Service to the Individual, and if Provider is continuing to retain the regular staff member, then Provider may bill the retainer for an additional 7 days of retainer for that regular staff member—i.e. for the service that would have been delivered on July 15, July 17, July 20, July 22, July 24, July 27, and July 29. After billing a total of 44 days of such retainer payments (30 initial days plus two additional 7-day periods), Provider may not bill any further retainer payments for that regular staff member.

EXAMPLE 2: Under Individual's ISP, Provider would normally provide Service to Individual on Monday, Tuesday, Wednesday, Thursday, and Friday of each week. Provider has already billed 30 days of the initial retainer payment for the regular staff member who delivers the Service to Individual; the last day on which the initial 30-day retainer was billed was Friday, June 26. If Provider continues to retain the regular staff member, and if that regular staff member is not delivering the Service to Individual, Provider may bill for an additional 7 days of retainer for that regular staff member—i.e. for the Service that would have been delivered on June 29, June 30, July 1, July 2, July 3, July 6, and July 7. If, after July 7, the regular staff member is still not delivering the Service to the Individual, and if Provider is continuing to retain the regular staff member, then Provider may bill the retainer for an additional 7 days of retainer for that regular staff member—i.e. for the service that would have been delivered on July 8, July 9, July 10, July 13, July 14, July 15, and July 16. After billing a total of 44 days of such retainer payments (30 initial days plus two additional 7-day periods), Provider may not bill any further retainer payments for that regular staff member.

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<sup>2</sup> Previous Operational Guidelines had not included any limit on the number of additional 7-day retainer periods that could be billed. CMS has since clarified that only two additional retainer periods (after the initial 30-day period) can be authorized.

Providers should submit claims for only scheduled days and units as authorized in the individual's ISP. The retainer option should only be billed when the provider is retaining (maintaining the staff's employment for) all employees (including administrative and support staff) required to resume that particular service for the individual(s) whose retainer is being billed. Service retainers may not be billed for staff whose employment the provider/employer is not maintaining.

As used in this guidance, the term "regular staff member" means a staff member who meets all of the following criteria:

- (i) the staff member would normally be rendering services to an individual served by the provider agency; and
- (ii) due to the COVID-19 Emergency, the staff member either
  - (a) is temporarily not rendering services to the individual due to the COVID-19 Emergency, or
  - (b) is temporarily rendering to the individual a different type of service than the service the staff member usually renders, at another service setting operated by the same provider agency<sup>3</sup>, and the provider agency is not otherwise being reimbursed (e.g. through Additional Staffing rates) for the different service temporarily rendered by that staff member; and
- (iii) the staff member continues to be employed by the provider and is expected to resume rendering services to the individual after the expiration of the COVID-19 Emergency.

For each individual who is temporarily not being served by the provider's regular staff members, the provider must document in the individual's record certain information in order for the provider to be eligible for retainer payments for the regular staff who would normally serve that individual. For each regular staff member who is temporarily not serving the individual, the provider must document in the individual's record:

1. Name of the regular staff member;
2. Date on which the staff member's temporary absence from rendering services to the individual (at the site where the staff member would normally render services) began;

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<sup>3</sup> For example, an individual who would normally spend daytime hours at a Community Access (CA) site operated by a provider might, due to the COVID-19 Emergency, now be spending daytime hours at a Community Residential Alternative (CRA) site operated by the same provider. The provider might utilize staff from the CA site as staff at the CRA site during those hours. Retainer payments could be authorized for those staff, in accordance with this guidance. The primary intention of such authorization is to allow the individual to continue being served by the same staff members who would normally be rendering services to the individual.

3. Reason for the staff member's temporary absence from rendering services at the service site (note: valid reasons may include, but are not limited to, that provider agency's services to the individual have temporarily ceased due to the COVID-19 Emergency, or (if applicable) that provider agency has temporarily hired family caregiver(s) to serve the individual in lieu of regular staff);
4. If applicable, the date on which the staff member resumed rendering services to the individual;
5. The specific dates on which, prior to the staff member's absence, the staff member was scheduled to render services to the individual any of the services for which retainer payments were requested and authorized; and
6. For each of the dates identified in (5) above, the number and type of authorized service units the staff member would have been delivering to the individual, in accordance with the ISP in effect for the individual on February 29, 2020.

C.8 Documentation Requirements- All providers must continue to adhere to documentation requirements set forth in Part II and Part III Policies and Procedures for the COMP and NOW Waiver General Manual. Providers must document for each encounter when providers have hired a family caregiver hire to render a service. Providers must document at each encounter when services are rendered via telehealth or other telephonic means using 02 P.O.S. (Place of Service). Providers must document each service delivery when billing a retainer. Representatives for Participant-direction model must adhere to all applicable documentation requirements. The specificity of such services, including amount, duration, and scope, will be added to the ISP as soon as possible, but no later than 30 business days after service initiation, ISPs should be written to reflect the date that service delivery began. The ISP must be signed by the individual or legal guardian. Supporting notes should identify each procedure code separately and how many units are being billed for each. Documentation to support clinically assessed need must be indicated in the Supporting notes. Documentation of services delivered via telehealth must indicate this service delivery method.

IDD-C Version Change Provisions- the below table represents 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 DBHDD policies 02-443 and 02-444.

Actions Requiring Version Change	Actions NOT Requiring Version Change
Add of any type of service	Rate Increase for licensed practical nurse (LPN), Fiscal Intermediary, Support Coordination- temporary increase will be automated in IDD-Connects
Change in Provider Agency	Change in location of service delivery
Increase in units beyond the standardized 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)	Telehealth – Providers are to continue to bill the 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 and can be documented in support notes
	Retainer payments billing (when staff are not delivering service but are being retained to resume service delivery after Appendix K is no longer effective)

C.9 Training Requirements- In lieu of face-to-face training, DBHDD suspends required face-to-face training for newly hired staff during the time that the Appendix K is effective. Family members serving as reimbursed Family Caregivers hires who have experience delivering required care will be supported, as needed, by provider agency supervisory staff telephonically or electronically and have modified training requirements as specified below. Newly hired regular staff with a minimum of 1-year experience with individuals with I/DD will be supervised telephonically or electronically and those with no previous experience will be provided electronic video training by agency supervisory staff. Every effort should be made to complete training requirements when possible. Training requirements for any function that requires face-to-face action or availability of third-party vendors will be temporarily suspended for the duration that Appendix K is effective for all waiver services in the event the provider is unable to complete a training.. Providers must continue to document all annual training completed with staff, contractors or consultants and document when a training cannot be completed with specific rationale. After Appendix K is no longer effective, trainings will be required to be completed within a timeframe which will be communicated to providers in subsequent communication from DBHDD.

The state modifies required trainings for new Family Caregiver hires. All trainings below are required to be provided by the provider agency to the family caregiver hire within ten (10) days via telephonically or electronically:

1. The purpose, scope of services, supports, care and treatment offered including related policies and procedures;
2. HIPAA and Confidentiality of individual information, both written and spoken;
3. Rights and Responsibilities of individuals;
4. Requirements for recognizing and mandatory reporting suspected abuse, neglect or exploitation of any individual;
5. Medical, physical, behavioral and social needs and characteristics of the individuals served; and
6. Techniques of Standard Universal Precautions to include:
  - Preventative measures to minimize risk of infectious disease transmission;
  - Use of Personal Protection Equipment (PPE); Sharps Safety (with sharp containers disposed of according to state and local regulated medical waste rules);
  - Environmental Controls for cleaning and disinfecting work surfaces;
  - Skills Guides for handwashing, cleaning up spills, gloves use, and what to do with contaminated supplies;
  - Respiratory Hygiene/Cough Etiquettes for cough, congestion, runny nose or increase production of respiratory secretions;and
  - Approaches to individual education to include incident reporting and follow-up.

C.10 Incident Reporting Requirements- DBHDD maintains data on COVID-19 cases involving individuals receiving services and staff. Effective Tuesday March 24, 2020, the Department is using Image, DBHDD's incident management system, for reporting. DBHDD Behavioral Health and Intellectual and Developmental Disabilities Providers have access to, have received training (available [here](#)) on, and have experience entering critical incidents directly into [Image](#) for incidents involving individuals receiving services. DBHDD has added three incident type codes to Image to assist in the tracking of coronavirus' (COVID-19) impact on the individuals we serve, and provider staff. These are in addition to the usual incident reporting requirements outlined in Policy [04-106](#).

**Section D. Service Specific Guidance**

Service	Service Specific Guidance
D.1 Community Residential Alternative (CRA)	<p>The state temporarily authorizes, during the time that the Appendix K is effective, retainer payments for Community Residential Alternative in the event the individual is hospitalized or in an alternate care setting due to health and safety concerns related to the COVID-19 Emergency. Retainer payments will only be authorized for the amount, frequency and duration listed on the individuals ISP/prior authorization (PA) on February 29, 2020.</p> <p><b>Notification Guidance-</b> The Regional Field Office (via email to the I&amp;E manager and RSA) and SC Agency must be immediately notified when an individual is moved. Please include “COVID-19 MOVE” in the email subject header.</p> <p><b>Documentation Guidance-</b> Providers are to document retainer service delivery in the “COVID-19 NOW &amp; COMP Provider Spreadsheet” – see Section G for reference.</p> <p><b>Billing Guidance-</b> For the retainer procedure code, use the procedure code authorized on the prior authorization.. Providers should submit claims for only scheduled days and units as specified in the individual’s ISP. See Section C.7 for additional information regarding retainer guidance.</p>
D.2 Community Living Support Services Basic and Extended (CLS)	<p>The state temporarily authorizes, during the time that the Appendix K is effective, retainer payments for Community Living Support Services that cannot be rendered due to national state of emergency. Retainer payments will only be authorized for the frequency listed on the individual’s ISP/PA on February 29, 2020. The state temporarily authorizes, during the time that the Appendix K is effective, providers to exceed the cap limitations for Community Living Services that can be rendered via traditional provider, participant directed services, and/or a combination with live-in caregiver.</p> <p><b>Documentation Guidance-</b> Providers are to document retainer service delivery and list of family caregiver hire by way of the “COVID-19 NOW &amp; COMP Provider Spreadsheet” – see Section G for reference.</p> <p><b>Billing Guidance:</b> Providers should bill the existing service procedure codes on the prior authorization when billing for a retainer and/or services delivered by a family caregiver hire.</p> <p>If a provider bills the retainer fee on the same day that a family caregiver hire renders the service, the units for each must be aggregated together and billed as one claim line. For example, the family caregiver hire delivers 1 hour (four 15 min units) of service and the provider bills for 1 hour (four 15 min units) of retainer, one claim line for 8 units of service should be billed. Supporting notes should identify that both services are being delivered and how many units are being billed for</p>

	each. Providers should submit claims for only scheduled days and units as specified in the individual's ISP. See Section C.7 for additional information regarding retainer guidance.
D.3 Supported Employment (SE)	<p>The state temporarily authorizes, during the time that the Appendix K is effective, retainer payments for Supported Employment Services in the event the provider is unable to render a service due to health and safety concerns for either the individual or the provider. The retainer payment will be authorized at the level, duration and amount as outlined in the ISP/PA on February 29, 2020.</p> <p>DBHDD is granting increased flexibility and accommodation in the way supported employment are delivered. Below are a few of the measures:</p> <p>Remote Job Coaching while Appendix K is in effect, required in-person job coaching contacts and supports may temporarily be made remotely (i.e. phone, telehealth). These services (or face to face service if required for immediate health and safety) may be provided to individuals who continue to work during the COVID-19 emergency. This may include teleworking for any business or in person at businesses that remain open. Remote job coaching is subject to the support needs of the individual and may not be appropriate depending on the individual's protocols and health and safety concerns. Classes and training may be delivered remotely temporarily during this time. This may include offering skills training such as resume building, interview skills, self-advocacy skills, assistance to obtain required job certifications such as food handler's cards, assisting with employment goals, technology training, computer skills and other activities intended to promote gaining competitive integrated employment.</p> <p><b>Billing Guidance-</b> For the retainer procedure code, providers should use the procedure codes as authorized on the prior authorization. Services delivered telephonically should be billed using the Place of Service (POS) code '02' for telehealth. Providers should submit claims for only scheduled days and units as specified in the individual's ISP. See Section C.7 for additional information regarding retainer guidance.</p>
D.4 Prevocational Services	<p>Prevocational services providers will be authorized for retainer payments in the event that the provider is not serving the individual under other comparable services or using differential staff such as family caregivers hires to provide service. The retainer payment will be authorized at the level, duration and amount as outlined in the ISP/PA on February 29, 2020. Prevocational Services delivered via telehealth should be billed using the Place of Service (POS) code '02' for telehealth. Video enabled telecommunications applications (e.g. SKPE, ZOOM, Microsoft teams, DUO, etc., as long as these are used in compliance with existing HIPAA requirements) are the preferred method of service delivery when providing services via telehealth. Some examples of Prevocational Services delivered via telehealth may include but are not limited to:</p> <ul style="list-style-type: none"> <li>• What is social distancing,</li> <li>• How to properly wash hands,</li> </ul>

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	<ul style="list-style-type: none"> <li>• How to wear personal protective equipment (PPE) and when does PPE have to be worn;</li> <li>• What will riding in vehicles with others consist of? ;</li> <li>• Why are you taking my temperature?</li> <li>• Discussing fears with the group of returning to the day setting?</li> <li>• Resume building utilizing virtual resume videos and one-pagers to share marketable strengths,</li> <li>• Career exploration videos based on job interests, and</li> <li>• Discussion on moving towards competitive integrated employment.</li> </ul> <p><b>Billing Guidance-</b> For the retainer procedure code, providers should use the procedure codes as authorized on the prior authorization. Retainers cannot exceed 30 consecutive days. Providers should submit claims for only scheduled days and units as specified in the individual's ISP. See Section C.7 for additional information regarding retainer guidance. Prevocational Services delivered via telehealth should be billed using the Place of Service (POS) code '02'.</p>
Rev 06 2020 D.5 Community Access (CA)	<p>The state temporarily authorizes, during the time that the Appendix K is effective, retainer payments for Community Access Services, for traditional providers only, for services that cannot be rendered due to national state of emergency. Retainer payments will only be authorized through agency delivered services using the frequency listed on the individual's ISP/PA on February 29, 2020 and cannot exceed 6 hours a day and 5 days a week. Community Access Services delivered via telehealth should be billed using the Place of Service (POS) code '02' for telehealth. Video enabled telecommunications applications (e.g. SKPE, ZOOM, Microsoft teams, DUO, etc., as long as these are used in compliance with existing HIPAA compliance requirements) are the preferred method of service delivery when providing services via telehealth. Some examples of Community Access Services delivered via telehealth may include but are not limited to:</p> <ul style="list-style-type: none"> <li>• What is social distancing,</li> <li>• How to properly wash hands,</li> <li>• How to wear personal protective equipment (PPE) and when does PPE have to be worn</li> <li>• What will riding in vehicles with others consist of,</li> <li>• Why are you taking my temperature,</li> <li>• Discussing fears with the group of returning to the day setting,</li> <li>• Virtual exercise classes, and</li> <li>• Any virtual group instruction/ teaching type opportunities</li> </ul>

	<p>Note: Community Access includes both Community Access Group (CAG) and Community Access Individual (CAI) Services.</p> <p><b>Documentation Guidance-</b> Providers are to document retainer service delivery and a list of hired family caregivers in the “COVID-19 NOW&amp;COMP Provider Spreadsheet” – see Section G for reference.</p> <p><b>Billing Guidance:</b> Providers should bill the existing service procedure codes on the prior authorization when billing for a retainer and/or services delivered by a Family Caregiver hire. If a provider bills the retainer fee on the same day that a family caregiver hire delivers the service, the units for each must be aggregated together and billed as one claim line. For example, the family caregiver hire delivers 1 hour (four 15 min units) of service and the provider bills for 1 hour (four 15 min units) of retainer, one claim line for 8 units of service should be billed. Supporting notes should identify that both services are being delivered and how many units are being billed for each. Providers should submit claims for only scheduled days and units as specified in the individual’s ISP. See Section C.7 for additional information regarding retainer guidance. Community Access Services delivered via telehealth should be billed using the Place of Service (POS) code ‘02’.</p>
D.6 Support Coordination (SC)	<p>The state temporarily authorizes, during the time that the Appendix K is effective, SC providers to render services telephonically or through other telehealth means. SC providers are also authorized for a –temporary rate increase from \$152.88 to \$175.00 per individual per month.</p> <p><b>Documentation Guidance-</b> Telephonic service delivery is acceptable during the time that Appendix K is effective. Telecommunications applications (e.g. SKYPE/Facetime/Duo/ZOOM) are not required, but encouraged where possible and in accordance with governing privacy regulations. Residences that have computers or similar electronic devices should use a telecommunication application at minimum for ISP meetings, but preferably all contacts when possible. Support coordinators should send providers and families a copy of the IQOMR template (see Section G) when possible to help prepare for contacts. SC Support Notes: A comprehensive support note must be entered by the Support Coordinator for all regular required contacts with the individual, with the exception of the completion of the quarterly (IQOMR) Individual Quality Outcome Measures Review. Contacts should focus on health and safety concerns. All support notes are entered into the online case management system within three (3) business days of the contact.</p> <p><b>Billing Guidance-</b> Rate Increase- Providers will need to adjust claims for the rate increase once the rate has been adjusted in the billing system- Providers will be notified by DBHDD once the rate has been increased in the billing system. Providers may</p>

	only adjust claims beginning March 1, 2020 (the effective date of Appendix K). Services delivered telephonically should be billed using the Place of Service (POS) code '02' for telehealth.
D.7 Intensive Support Coordination (ISC)	<p>The state temporarily authorizes, during the time that the Appendix K is effective, Intensive SC providers to render services telephonically and through other telehealth means.</p> <p><b>Documentation Guidance-</b> Telephonic is an acceptable mode of service delivery. Telecommunications applications (e.g. SKYPE/Facetime/Duo/ZOOM) is not required but encouraged where possible. SC staff are not to require provider staff to use personal phones for video conferencing. Residences that have computers or related 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 IQOMR template (see Section G) when possible to help prepare for contacts. SC Support Notes: A comprehensive support note must be entered by the Support Coordinator for all required contacts to the individual during times outside completion of the quarterly (IQOMR) Individual Quality Outcome Measures Review. Contacts should consider focus areas of health and safety. All support notes are entered into the online case management system within three (3) business days after the event.</p> <p><b>Billing Guidance-</b> Services delivered telephonically should be billed using the Place of Service (POS) code '02' for telehealth.</p>
D.8 Specialized Medical Supplies (SMS)	<p>The State temporarily authorizes, during the time that the Appendix K is effective, providers to exceed the SMS cap limitation. The NOW and COMP waiver programs authorize funds for goods and services that are not covered by the Medicaid State Plan or those instances in which an individual's need exceeds State Plan coverage limits and exceptions to the coverage limits are not available. Note this may include Personal Protective Equipment (PPE), as applicable.</p> <p>For individuals with SMS on their current PA, the cap has been increased. Prescriptions will not be required for the duration that Appendix K is effective, however providers must document how supplies are directly related to a waiver individual's diagnosis or disability-related condition. Providers may not bill when SMS/PPE has been donated or obtained through other means. For Individuals without SMS on their existing PA, all other sources of PPE must be exhausted prior to the request for SMS to be added to an ISP.</p>

<p>D.9 In Home and Out of Home Respite</p>	<p>The state temporarily authorizes, during the time that the Appendix K is effective, providers to exceed the cap limitations for In Home and Out of Home Respite Services that can be rendered via traditional provider, participant directed services, and/or a live-in caregiver.</p> <p><b>Documentation Guidance-</b> Providers are to document a list of family caregivers hires in the “COVID-19 NOW &amp; COMP Provider Spreadsheet” – see Section G for reference.</p> <p><b>Billing Guidance-</b> Use procedure code as authorized on prior authorization.</p>
<p>D.10 Additional Staffing</p>	<p>The state temporarily authorizes, during the time that the Appendix K is effective, that Additional Staffing can be delivered on a temporary basis in alternative settings which include: extended family home, hotel, shelter, or other emergency placement, while Appendix K is effective. The location where the service is being rendered is not necessarily required to be reflected in an individual service plan. There is no retainer option for Additional Staffing.</p> <p>Additional staffing ratios for an individual may be modified to allow the individual to receive services in safe and accessible environments if the individual’s needs are still being met.</p> <p><b>Notification Guidance-</b> CRA providers who are not also providing Community Access/Community Access retainer services to an individual, <i>and</i> who can document the need for additional staff in a CRA setting to cover hours normally covered by Community Access, will need to submit a request through the “Simplified AS Request Sheet for COVID-19” – see Section G for reference.</p> <p><b>Documentation Guidance-</b> Documentation requirements that specify additional staffing ratios and any modifications to the staffing ratio rendered must be abided by while Appendix K is effective.</p> <p><b>Billing Guidance-</b> Use procedure code as authorized on prior authorization.</p>
<p>D.11 Nursing Services</p>	<p>The state temporarily authorizes, during the time that the Appendix K is effective, RN services to be rendered using telehealth, to the extent possible. The state temporarily authorizes, during the time that the Appendix K is effective, a temporary rate increase for LPN services from \$8.75 to \$10.00 per 15-minute unit.</p> <p><b>Documentation Guidance-</b> RN Services must document each service delivery rendered via telehealth or other telephonic means. In addition to documentation requirements specified in Part II and III of the NOW and COMP Manuals, which</p>

	<p>includes but is not limited to date, time, signature/credentialing, documentation while the Appendix K is effective shall include the rationale for telehealth or telephonic date of service delivery.</p> <p><b>Billing Guidance-</b> Use procedure codes as authorized. RN Services delivered telephonically should be billed using the Place of Service (POS) code '02' for telehealth. Rate Increase- providers will need to adjust claims for the rate increase once the rate has been adjusted in the billing system. Providers will be notified by DBHDD once the rate has been increased in the billing system. Providers may only adjust claims beginning March 1, 2020 (the effective date of Appendix K).</p>
<p>D.12 Behavior Support Services Level 1 and Level 2</p>	<p><i>Note: In addition to the authorization of Appendix K, the NOW waiver was recently amended to align with COMP waiver for Behavior Support Services. Behavior Support Services Level 1 and Level 2 provisions should be considered for both NOW and COMP waiver individuals.</i></p> <p>The state temporarily authorizes, during the time that the Appendix K is effective, all NOW and COMP Behavior Support Services to have telehealth option. Behavior Support Service providers may provide services via telehealth or other telephonic means.</p> <p><b>Notification Guidance</b> The behavior supports service provider will contact the designated point of contact for the agency/home caregiver to schedule telehealth communication. SC 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.</p> <p><b>Documentation Guidance-</b> Behavior Support Service Providers level I and II must document each service delivery rendered via telehealth. In addition to documentation requirements specified in Part II and Part III of the NOW and COMP General Manuals, which includes but is not limited to date, time, signature/credentialing, documentation while the Appendix K is effective shall include the rationale for telehealth or telephonic date of service delivery. In lieu of face-to-face training for behavior support plans and on-site monitoring of plan implementation, oversight, feedback, and support will be provided via telehealth and/or telephonically with behavior plans, data analysis summaries, and progress notes shared electronically via secure encrypted correspondence with staff and/or families to render services.</p> <p><b>Billing Guidance:</b> Services delivered telephonically should be billed using the Place of Service (POS) code '02' for telehealth.</p>
<p>D.13 Adult Occupational Therapy, Adult</p>	<p>The state temporarily authorizes, during the time that the Appendix K is effective, all Adult Occupational Therapy Services, Adult Physical Therapy Services, Adult Speech and Language Therapy Services to be provided telehealth or other telephonic means with the following exceptions: Adult Swallowing/Feeding Therapy; Adult Swallowing/Feeding Therapy self-directed; Adult Swallowing/Feeding Evaluation, Adult Swallowing/Feeding Evaluation self-directed.</p>

Physical Therapy, Adult Speech and Language Therapy.	<p><b>Documentation Guidance-</b> Adult Therapy Providers must document each service delivery rendered via telehealth or other telephonic means. In addition to documentation requirements specified in Part II and Part III of the NOW and COMP General Manuals, which includes but is not limited to date, time, signature/credentialing, documentation while the Appendix K is effective shall include the rationale for telehealth or telephonic date of service delivery.</p> <p><b>Billing Guidance:</b> Services delivered telephonically should be billed using the Place of Service (POS) code '02' for telehealth.</p>
D.14 Fiscal Intermediary (FI)	<p>During the Appendix K authorization, FIs will have a rate increase from \$75.00 per individual who self-directs per month to \$95.00 per individual per month. Rate Increase- FIs will need to adjust claims for the rate increase once the rate has been adjusted in the billing system. FIs will be notified by DBHDD once the rate has been increased in the billing system. FIs may only adjust claims beginning March 1, 2020 (the effective date of Appendix K).</p>

#### Section E. Additional Guidance Specific to Participant Directed (PD) Services

E.1 PD Trainings- During the period Appendix K is effective, there will be no in-person PD trainings for new enrollees into PD Service delivery model. At this time, this training is a requirement to enroll in PD Service Delivery Model. There is no tele-health option for this training. If a Participant needs to temporarily designate a different person to serve as the personal representative during the COVID-19 Emergency, DBHDD will consider such requests, and will consider waiving training requirements for the newly-designated representative on a temporary basis.

E.2 Documentation Requirements- Documentation requirements for services rendered remain intact. Documentation of services delivered via telehealth must indicate this service delivery method DBHDD will continue to monitor service delivery and use of funding. DBHDD will continue to terminate participant directed service delivery option approval and refer suspicious spending and/or activity to the Office of the Inspector General for investigation and prosecution.

E.3 Family Caregiver hire- During the period Appendix K is effective, DBHDD will temporarily allow for the hiring of family caregivers who live in the home with the individual receiving services through the NOW or COMP waiver. As specified in the NOW and COMP Manual Part II Section 902, a Family Caregiver hire is defined as an individual's family member, related by blood or marriage, who is aged 18 years or older, who may be reimbursed for providing services when there are extenuating circumstances. "Family member" is defined as a person who is related by blood within the third degree of consanguinity by blood, adoption, or marriage. Third degree of consanguinity includes mother, father, grandmother, grandfather, great grandfather, great grandmother, sister, brother, daughter, son, granddaughter, grandson, great

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granddaughter, great grandson, aunt, uncle, niece, or nephew. The Participant's representative or employer of record may not serve as a family caregiver hire. During the hiring process, Family Caregiver hires must disclose to the Fiscal Intermediary that they are a Family Caregiver hire, as well as their relationship to the Individual receiving the waiver services. The enrollment packet itself will not be modified, but FI will issue the 'Good to Go' letter using a modified list of essential documents. Billing for services will not be approved prior to receipt of the 'good to go' letter and must align with the date of hire on the enrollment forms. Enrollment forms cannot be backdated, and services rendered will not be reimbursed for dates prior to the approved hire date by the fiscal agent.

If the individual chooses to appoint a new PD Representative/employer of record, a new Memorandum of Understanding (MOU) must be completed by the newly appointed PD representative/employer of record. The MOU indicates the PD representative is willing and able to take on all the responsibilities of participant-direction and comply with all Medicaid policies. The PD Representative/employer of record position remains an unpaid position. The MOU can be obtained by emailing the DBHDD email box at [Participant.Direction@dbhdd.ga.gov](mailto:Participant.Direction@dbhdd.ga.gov) to request a copy. The completed MOU will be emailed to DBHDD and DBHDD Central Office PD staff will notify the associated fiscal agent that this step has been completed. The newly appointed PD representative/employer of record must also complete all enrollment paperwork with the fiscal agent and be approved prior to beginning duties. The exiting PD Representative/employer of record can only become an approved family caregiver hire upon completion and approval of the new PD Representative. In addition this family caregiver hire must also complete all enrollment paperwork and receive the 'good to go' letter prior to begin service delivery and billing. Billing for the delivery of services must align with the family caregiver hire date and cannot be made retroactive.

E.4 Trainings for Family Caregiver hires – During the period Appendix K is effective, the training requirements for Family Caregivers hired to provide PD services are modified as set forth at section C.9, above.

E.5 Support Coordinator visits - Although Support Coordinators generally will not be making in-home visits while Appendix K is in effect, Participants/Representatives are required to allow in-home visits when requested by Support Coordinators, and to allow telephonic or electronic visits from Support Coordinators.

E.6 Retainer Payments – During the period Appendix K is in effect, retainer payments are available for employees/support workers providing Community Living Support, Community Residential Alternative, Prevocational, and Supported Employment services for Participants receiving PD services. These retainer payments are available as described in the latest version of DBHDD Policy "[COVID-19 2020: DBHDD Community Developmental Disability Services Policy Modifications](#)" and in these Operational Guidelines. Retainer payments are available for employees/support workers who had been serving the Participant prior to the COVID-19 Emergency (and have been retained by the Participant/Representative to resume services after the COVID-19 Emergency), as described in the policy and attachment; retainer payments are not available for family caregivers hired to provide services during the COVID-19 Emergency. See Section C.7 for more detail regarding retainer guidance.

E.7 Use of State Back-Up Plan – During the period Appendix K is in effect, the State Back-Up Plan, which ordinarily may be used for no more than 1 occasion in any two-month period, may be used in up to 2 occasions in any 2-month period.

E.8 PD and Support Coordination- SC check-ins and activities are still a requirement for PD while Appendix K is effective. SC be completed via telehealth or telephonic means during this crisis. 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 the signature page via encrypted email, fax, or the US Postal Service to acquire the required signatures. It is the expectation that the individual, representative, and other involved parties all physically sign the signature page and return it to the SC. The signature page is required for an ISP to be processed.

E.9 PD Memorandum of Understanding – To the extent that the provisions of this Operational Guidance and the provisions in the latest version of DBHDD Policy “[COVID-19 2020: DBHDD Community Developmental Disability Services Policy Modifications](#)” directly and expressly conflict with the terms of the “PARTICIPANT-DIRECTION OPTION TERMS and CONDITIONS of PARTICIPATION” Memorandum of Understanding, DBHDD's enforcement of those Memorandum of Understanding provisions will be temporarily suspended during the period Appendix K is in effect.

E.10 Background checks - Background checks for any function that requires face-to-face action or availability of third party vendors will be temporarily suspended for the duration that Appendix K is effective for all waiver services in the event that the provider is unable to complete a background check. Within sixty (60) days of the termination of Appendix K, background checks will need to be completed retroactively for all employees who were hired while Appendix K was effective and according to the policy.

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**Section F.- Transition Plan and Re-Opening Guidance** - See May 11, 2020 publication of “DBHDD I/DD Community Settings Reopening Initial Recommendations” for resources regarding strategies for day programs re-opening, available on our DBHDD website.

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**Section G. References:**

1. Covid-19 Guidance Information <https://dbhdd.georgia.gov/coronavirus-covid-19-information>
2. Provider Issue Management System (PIMS) <https://dbhddapps.dbhdd.ga.gov/PIMS/Default.aspx>
3. Comprehensive Support Waiver Program and New Options Waiver Program Part II Chapters 600 – 1200  
<https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/Comprehensive%20Supports%20Waiver%20Program%20and%20New%20Options%20%20Waiver%20Program%20%20Part%20II%20Chapters%20600-1200%2020200107210300.pdf>

4. Health and Human Services resource link regarding appropriate telehealth platforms for delivery of services  
<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>
5. Behavior Analysis Certification Board guidance <https://www.bacb.com/bacb-covid-19-updates/>
6. COVID-19 Frequently Asked Questions (FAQs) for State Medicaid and Children’s Health Insurance Program (CHIP) Agencies  
 NEW FAQs – Released June 30, 2020 <https://www.medicaid.gov/state-resource-center/downloads/covid-19-new-faqs.pdf>

## Section H. Appendices

H.1 COVID-19 NOW&COMP Provider Spreadsheet- attached to COVID-19 2020: DBHDD Community Developmental Disability Services Policy

H.2 Simplified AS Request Sheet for COVID-19- attached to COVID-19 2020: DBHDD Community Developmental Disability Services Policy

H.3 IQOMR Guidance for Support Coordination during Appendix K authorization- below:

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
1	The home/site is accessible to the individual.	Yes	[Control]
2	The individual has access to privacy for personal care.	Yes	[Control]
3	The individual has a private place in the home to visit with friends or family.	Yes	[Control]
4	The individual has access to privacy for phone discussions with friends or family.	Yes	[Control]

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
5	The individual has access to receive and view their mail/email privately.	Yes	[Control]
6	The individual is able to have private communications with family and friends through other means.	Yes	[Control]
7	The home setting allows the individual the option to have a private bedroom.	Yes	[Control]
8	All assistive technologies are being utilized as planned.	Yes	[Control]
9	All assistive technologies are in good working order.	Yes	[Control]
10	The individual has adequate clothing to accommodate the individual's needs or preferences/choices.	Yes	[Control]
11	The individual has adequate food and supplies	Determined by SC	

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
	to accommodate the individual's needs or preferences/choices.	Could be Yes (by verbal confirmation with the waiver participant/staff/guardian)  It could be N/A.	
12	The Residential/Day setting is clean according to the individual's needs and preferences.	Could be Yes (by verbal confirmation with the waiver participant/staff/guardian)  It could be N/A.  Determined by SC	[Control]
13	The Residential/Day setting is safe for the individual's needs.	Could be Yes (by verbal confirmation with the waiver participant/staff/guardian)  It could be N/A. Determined by SC	[Control]
14	The Residential/Day setting is appropriate for the individual's needs and preferences.	Determined by SC  Could be Yes (by verbal confirmation with the waiver participant/staff/guardian)	[Control]

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
		It could be N/A.	
Focus Area: Appearance/Health		Select:	Comments/Actions Needed: Concerns, Barriers, Successes
15	The individual appears healthy. Describe any observations regarding health since the last review.	Since no video conferencing, N/A	[Control]
16	The individual appears safe. Describe any observed changes related to safety since the last review.	Since no video conferencing, N/A	[Control]
17	There have been no reported changes in health since the last review.	Yes, based on reports of change.	[Control]
18	The HRST aligns with current health and safety needs.	Yes, based on reports and HRST scores	[Control]
19	The ISP is available to staff on site. If there have been ISP addendums, they are available to staff on site.	Yes, this can be answered if there knowledge it is there – Therap, etc.	[Control]

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
20	Staff are knowledgeable about all information contained within the individual's ISP.	Yes	[Control]
21	Indicated healthcare plans are current and have been reviewed by a nurse within the past year.	Yes, only if available by Therap or other web-based applications/documentation, would be affirmative as well.	[Control]
22	Indicated healthcare plans are available to staff on site in all applicable settings.	Yes, only if available by Therap or other web-based applications/documentation, would be affirmative as well	[Control]
23	All staff are knowledgeable about all of the individual's healthcare plans.	Yes, if we know the plans are present.	
24	Indicated healthcare plans are being implemented.	Yes, if Therap or other web-based applications/documentation, would	[Control]

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
		be affirmative documentation as well.  Otherwise, N/A.	
25	Skilled nursing hours are being provided, as ordered.	Therap or other web-based Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well.  Otherwise, N/A.	[Control]
26	All medical/therapeutic appointments have been scheduled and attended.	Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well.  Otherwise, N/A.	[Control]
27	All follow-up appointments have been scheduled and attended.	Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well.  Otherwise, N/A.	[Control]
28	All physician/clinician recommendations are being followed.	Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well.  Otherwise, N/A.	[Control]

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
		be affirmative documentation as well.  Otherwise, N/A.	
29	All prescribed medications are being administered, as ordered, and documented accurately.	Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well.  Family and participant can also confirm Med administration.  Otherwise, N/A.	[Control]
30	All required assessments/evaluations have been completed.	Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well.  Otherwise, N/A, or Determined by SC	[Control]
31	The individual has had no hospital admissions, emergency room, or urgent care visits since the last review.	Yes, (by verbal confirmation with the waiver participant or guardian, if applicable, or confirmation in Therap or other web-based applications/documentation, would be confirm as well.  Provider staff reports of hospital admissions, emergency room, or	[Control]

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
		urgent care visits is affirmative documentation.	
32	If applicable, hospital/ED/urgent care discharge plan instructions have been followed.	Yes, (by verbal confirmation with the waiver participant or guardian, if applicable, or confirmation in Therap or other web-based applications/documentation, would be confirmation as well. Provider staff reports of hospital admissions, emergency room, or urgent care visits is affirmative documentation.	[Control]
Focus Area: Supports and Services		Select:	Comments/Actions Needed: Concerns, Barriers, Successes
33	The individual's paid staff appear to treat them with respect and dignity.	N/A, unable to assess due to the need for visual confirmation	[Control]
34	The individual's natural supports appear to treat them with respect and dignity.	N/A, unable to assess due to the need for visual confirmation	[Control]
35	Supports and services are being delivered to the individual, as identified in the current ISP.	Yes, for some – some services or supports will be unable to assess due to the need for visual confirmation, Use of Therap or other web-based	[Control]

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
		applications/documentation, would be affirmative confirmation as well.	
36	The individual is being supported to make progress in achieving their goals (both ISP goals and informally expressed goals). Indicate the status of the individual's progress toward achieving established goals.	Yes, for most – some goals will be unable to assess due to the need for visual confirmation, Use of Therap or other web-based applications/documentation, could be affirmative documentation as well	[Control]
37	There are no needs for additional services/supports at this time.	Yes, in general if there is access to the waiver participant, family, guardian, staff, and access to Therap or other web-based applications/documentation, could be affirmative confirmation as well.  There well could be times when there is not clarity to respond without a face to face evaluation.	[Control]
Focus Area: Behavioral & Emotional		Select:	Comments/Actions Needed: Concerns, Barriers, Successes

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
38	Since the last visit, there are no emerging or continuing behavioral/emotional responses for the individual.	Yes, in general if there is access to the family, guardian, staff, and to Therap or other web-based applications/documentation, could be affirmative confirmation as well.  There could be times when there is not clarity to respond without a face to face evaluation.	[Control]
39	Current supports and behavioral interventions are adequate to prevent engaging external interventions.	Yes, in general if there is access to the family, guardian, staff, or access to Therap or other web-based applications/documentation, could be affirmative confirmation as well.  There could be times when there is not clarity to respond without a face to face evaluation.	[Control]
40	The individual has no active Behavioral Support Plan, Crisis Plan, and/or Safety Plan relating to behavioral interventions.	Yes	[Control]
41	If applicable, the plan(s) is/are available on site for staff review.	Yes, in general if there is access to the family, guardian, or access to Therap or other web-based	[Control]

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
		applications/documentation, could be affirmative	
42	There is evidence of implementation of the Behavioral Support Plan, Crisis Plan, and/or Safety Plan. Staff are knowledgeable about the plan(s) and able to describe how they are implementing the plan.	Yes, in general if there is access to the family, guardian, or access to Therap or other web-based applications/documentation, could be affirmative	[Control]
43	Since the last visit, there have been no needs to access GCAL or the Mobile Crisis Response Team in response to a behavioral emergency If GCAL/MCT has been accessed, describe reason, frequency, duration of any admissions, and if discharge recommendations have been followed. If applicable, the BSP/ Safety Plan/ Crisis Plan has been	Yes, (by verbal confirmation with the waiver participant, staff, family, or guardian, if applicable, or confirmation in Therap or other web-based applications/documentation, would be affirmative documentation.  Frequency could be addresses by staff, family, or guardian.  And Yes, if applicable, the BSP/ Safety Plan/ Crisis Plan has been	[Control]

Focus Area: Environment	Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
	<p>adapted to reflect any new recommendations or interventions needed.</p> <p>adapted to reflect any new recommendations or interventions needed also.</p> <p>There could be times when there is not clarity to a comprehensive response without a face to face evaluation.</p>	
<p>44 Since the last visit, the individual has had no contact with law enforcement. If they have, describe reason and length of involvement. If applicable, the BSP/ Safety Plan/ Crisis Plan has been adapted to reflect any new recommendations or interventions needed.</p>	<p>Yes, by verbal confirmation with the waiver participant, staff, family, or guardian, if applicable, or confirmation in Therap or other web-based applications/documentation, would be affirmative documentation.</p> <p>Also, staff, family, or guardian, if applicable can note if the BSP/ Safety Plan/ Crisis Plan has been adapted to reflect any new recommendations or interventions needed.</p>	<p>[Control]</p>

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
		There could be times when there is not clarity to respond without a face to face evaluation.	
Focus Area: Home/ Community Opportunities		Select:	Comments/Actions Needed: Concerns, Barriers, Successes
45	The individual has unpaid community connections. If not, describe steps being taken to further develop community connections.	Yes,	[Control]
46	The individual is receiving services in a setting where he/she has the opportunity to interact with people who do not have disabilities (other than paid staff).	Yes  There could be times when there is not clarity to respond without a face to face evaluation.	[Control]
47	The individual is being offered/provided documented opportunities to participate in activities of choice with non-paid community members.	Yes,  There could be times when there is not clarity to respond without a face to face evaluation.	[Control]
48	The individual has the opportunity to participate	Yes,	[Control]

Focus Area: Environment	Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
<p>in activities he/she enjoys in their home and community. Describe steps being taken to increase opportunities to meet this objective and allow choices to be offered while in services.</p>	<p>There could be times when there is not clarity to respond without a face to face evaluation.</p>	
<p>49 If desired, the individual is actively supported to seek and/or maintain employment in competitive and integrated settings and/or offered customized opportunities. If applicable, note how he/she is supported to do so. If no, indicate how the issue is being addressed.</p>	<p>Yes,</p> <p>There could be times when there is not clarity to respond without a face to face evaluation.</p>	<p>[Control]</p>
<p>50 The individual has the necessary access to transportation for employment and community activities of his/her choice.</p>	<p>Yes,</p> <p>There could be times when there is not clarity to respond without a face to face evaluation.</p>	<p>[Control]</p>

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
Focus Area: Financial		Select:	Comments/Actions Needed: Concerns, Barriers, Successes
51	There are no barriers in place that limit the individual's access to spend his/her money, as desired.	Yes, (by verbal confirmation with the waiver participant, staff, family, or guardian, if applicable, or confirmation in Therap or other web-based applications/documentation, would be affirmative documentation. Otherwise, N/A.	[Control]
Focus Area: Satisfaction		Select:	Comments/Actions Needed: Concerns, Barriers, Successes
52	Overall, the individual is satisfied with their life activities since the last review.	Yes,  SC may need a face to face to confirm	[Control]
53	Overall, the individual is satisfied with their service providers since the last review.	Yes,  SC may need a face to face to confirm	[Control]
54	Overall, the individual is satisfied with the type of	Yes,	[Control]

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
	services received since the last review.	SC may need a face to face to confirm	
55	Overall, the individual is satisfied with their family relationships/natural supports since the last review.	Yes,  SC may need a face to face to confirm.	[Control]

*Reference IQOMR chart above: Yes – Can be answered. N/A – Not available without visual Confirmation. Due to the critical nature of the work related to COVID-19, if questions within the IQOMR are not tied to health and safety directly or, are not easily responded to by the individual, can be noted as ‘Non applicable due to COVID-19’*

## Elements of Provider Reopening (continued)

### Statement of Training Procedures

- PPE
- Social Distancing procedures
- Infection Control Procedures
  - Staff
  - Individuals
  - Visitors

### Internal and external communication procedures

- Announcing reopening
- Day program schedule modifications
- Day program transportation procedures
- Staffing procedures or modification

## Elements (continued)

Revision of policy

Overall Numerical Achievement

# Responses to Survey

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# CDC GUIDANCE AND CONSIDERATIONS

**Persons with I/DD and Behavioral Disorders may be at risk for serious illness:**

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-disabilities.html>

- ❖ Person also has an underlying medical condition(s)
- ❖ Difficulty understanding information to follow and practice preventative measures  
(i.e. handwashing, wearing a face covering, social distancing)
- ❖ Inability to communicate when they are not feeling well or are experiencing symptoms of illness

# CDC GUIDANCE AND CONSIDERATIONS

(content continued)

- ❖ Experience behavior challenges with changes in routine
- ❖ Wearing face coverings may be challenging/scary/uncomfortable for persons who have sensory, cognitive, and behavior disorders
- ❖ Cleaning and disinfecting can affect individual's with sensory or respiratory conditions

# ACTION STEPS

## PROVIDERS/CAREGIVERS/FAMILIES:

- ☐ Discuss the risk with the individual's healthcare provider for recommendations
- ☐ Work with the individual at home to determine his/her capacity to understand and practice preventative measures by:
  - Using Social Stories (examples on the DBHDD Website/Toolkit)
  - Modeling and Practicing daily sessions with individuals using preventative measures (make learning engaging and fun)
  - Use of verbal prompts/reminders, physical assistance, and supervision may be required for handwashing, use of hand sanitizer, keeping on a face covering, social distancing



## WHAT IF A PERSON CANNOT RETURN TO SITE?

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### Appendix K Amendment –Use of Telehealth Communications

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If an Individual desires to return to site but is unable due to behaviors, document via **Human Rights Committee** steps taken and barriers that prevent on-site return

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Continue work with Individual using social stories, modeling, **practice at home** (repetition of teaching to learning)

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## TEACHING, PRACTICING, MODELING PREVENTATIVE MEASURES

Use words at the level the individual can understand.

Give instructions 1 at a time.

Keep explanations simple.

Give the person time to process. Wait a few seconds before repeating.

Be Calm and Patient.



<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

## Definitions

- *Community facilities* such as schools, daycare centers, and businesses comprise most non-healthcare settings that are visited by the general public outside of a household.
- *Cleaning* refers to the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. But by removing the germs, it decreases their number and therefore any risk of spreading infection.
- *Disinfecting* works by using chemicals, for example EPA-registered disinfectants, to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs. But killing germs remaining on a surface after cleaning further reduces any risk of spreading infection.

## Cleaning and Disinfection After Persons Suspected/Confirmed to Have COVID-19 Have Been in the Facility

### Timing and location of cleaning and disinfection of surfaces

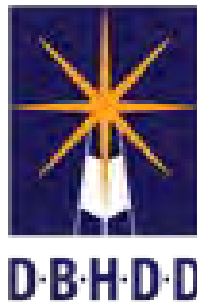
- At a school, daycare center, office, or other facility that **does not house people overnight**:
  - Close off areas visited by the ill persons. Open outside doors and windows and use ventilating fans to increase air circulation in the area. Wait 24 hours or as long as practical before beginning cleaning and disinfection.

# Questions

A close-up photograph of a hand holding a blue pen, poised to write on a spiral-bound notebook. The notebook's black spiral binding is visible on the left side. The background is a soft, out-of-focus brown surface.

**BE INFORMED**

**DBHDD Division of Developmental Disabilities**  
**Appendix K: Operational Guidelines for the NOW and COMP Waiver Programs**  
**Response to COVID-19 Pandemic**



**Version 3.2**  
**Released: 07.13.2020**

## Section A. Overview & Purpose

*Overview: The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) and the Georgia Department of Community Health (DCH) submitted an Appendix K to the Centers for Medicare and Medicaid Services (CMS) in order to request necessary flexibilities to service delivery during the COVID-19 public health emergency. The changes outlined in Appendix K for the NOW and COMP waivers are **temporary** policy allowances, **temporary** rate increases for target services, and **temporary** retainer payments for specific services, effective March 1, 2020. Georgia intends to withdraw the Appendix K when systems, services, and the ability to travel freely are less restricted. At the conclusion of the state of emergency, pre-emergency service plans will be re-implemented unless the individual has experienced a change in condition or circumstance that requires reassessment and development of a new service plan.*

*Purpose: The purpose of this guidance document is to provide additional information to providers of traditional waiver services and families who opt to participant direct services. The guidance within this document is temporary until otherwise notified by DBHDD and DCH. This guidance supersedes only conflicting guidance in the NOW and COMP manuals, DD Community Standards Manual, and DBHDD PolicyStat Policies.*

## Section B: Appendix K Chart At a Glance - “X” indicates provisions for the waiver service

Waiver Service	Telehealth Options	Provider Retainer Options	Family Caregiver Hire Options	Exceed Service Limitations	Provided in Alternative Settings	Increase Rate
Community Living support (Basic and Extended)		X	X	X	X- including out of state and acute care settings	
Respite (in home and out of home)			X	X	X – including out of state	
Community Access	X	X -only applicable for DBHDD traditionally enrolled Providers	X	X	X	
Specialized Medical Supplies				X		
Additional Staffing					X	

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Waiver Service	Telehealth Options	Provider Retainer Options	Family Caregiver Hire Options	Exceed Service Limitations	Provided in Alternative Settings	Increase Rate
Nursing Services	X- RN only					X- LPN only
Support Coordination	X					X
Intensive Support Coordination	X					
Fiscal Intermediary						X
Community Residential Alternative		X				
Behavioral Supports Services	X					
Prevocational Services	X	X				
Adult Occupational Therapy	X					
Adult Physical Therapy	X					
Adult Speech and Language Therapy	X – exceptions noted below					
Supported Employment	X- limited scope	X				

### C. General Provider Guidance

C.1 Background checks for any function that requires face-to-face action or availability of third-party vendors will be temporarily suspended for the duration that Appendix K is effective for all waiver services in the event the provider is unable to complete a background check. Within sixty (60) days of the termination of Appendix K, background checks will need to be completed retroactively for all employees who were hired while Appendix K was effective and according to policy.

C.2 Required staffing ratios for an individual as outlined in the individual's Individual Service plan, may be modified to allow the individual to receive services in safe and accessible environments if the individual's needs are still being met. Documentation must include staffing ratios, justify the decrease in ratio and verify how the individual's health and safety needs are being met.

C.3 State certification survey staff will postpone on-site provider certification and other reviews for provider agencies and individual providers rendering NOW and COMP services unless there is cause to believe there may be an immediate jeopardy and/or health and safety concern.

C.4 The annual DMA-7 assessment requirements will be suspended for all individuals while Appendix K is effective unless required otherwise by another governmental agency. There are no requirement modifications to the DMA -6. The Regional Field Office and/or Support Coordination (SC) agency will document, in the individualized service plan (ISP), the contact with the individual, legal guardian if applicable, and team to discuss the extension, as well as the projected date that the DMA-7 will be completed, which can be no later than the individual's subsequent birthday.

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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), Community Access Services, Prevocational Services, and registered nurse (RN) oversight to be provided using telehealth or other telephonic means. All licensed providers must abide by training requirements established by their governing professional licensing boards. For provision of Behavior Support services, there are currently no CEU requirements for telehealth training by The Behavior Analysis Certification Board (BACB), or other non-board-certified behavior support service providers that render this service. The Behavior Analysis Certification Board has issued guidance that has been included in the Reference Section of this document. Services delivered telephonically should be billed using the Place of Service (POS) code '02' for telehealth.

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C.6 Family Caregiver Option: Several services, as indicated in Section B above, list an option for Family Caregivers to **temporarily** render specific services. Family Caregiver hire option is applicable to both traditionally enrolled provider families as well as families who opt to participant direct their services. A family caregiver hire shall only render services in lieu of a regular staff member (as defined in section C.7 below) and not in conjunction with a regular staff member. As specified in the NOW and COMP Manual Part II Section 902, a Family Caregiver hire is defined as an individual's family member, by blood or marriage, who is aged 18 years or older, who may be reimbursed for providing services when there are extenuating circumstances (family is defined as a person who is related by blood within the third degree of consanguinity by blood, adoption, or marriage. Third degree of consanguinity include mother, father, grandmother, grandfather, great grandfather, great grandmother, sister, brother, daughter, son, granddaughter, grandson, great granddaughter, great grandson, aunt, uncle, niece, or nephew. The provider network may hire family caregivers to provide Community Living Supports, Community Access and/or Respite Services in lieu of existing provider staff if the provider is unable to render the service due to health and safety concerns for either the provider staff or the individual. In the event a provider hires a family caregiver to render the service when provider staff is unable to provide a service, providers may bill both the retainer and for actual service delivery. The family caregiver hire start day may begin after there is documented evidence that the regular provider staff are no longer rendering services and no sooner than the effective date of the Appendix K. MMIS billing system does not permit the same procedure code to be billed at the same time of the day. While the Appendix K is effective, providers are temporarily permitted to bill a retainer and the family caregiver hire on the same day, however the time that service and retainer are billed for may not overlap and may not exceed the approved service units on the individual's Prior Authorization. Training requirements specific to family caregiver hire can be found in section C.9 of this document.

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C.7 Retainer Specifications-Retainer payments are authorized in the event that the provider is not serving the individual under other comparable services with regular staff members of the provider. The retainer payment will be authorized at the level, duration and amount as outlined in the prior authorization in place as of February 29, 2020. Initial retainers cannot exceed 30 consecutive days. The Centers for Medicare and Medicaid Services (CMS) clarified on June 30, 2020 via a FAQ that these “consecutive days” are those days that are eligible for billing—that is, “consecutive days” include only days on which the regular staff member for whom the retainer is billed would have normally been serving the individual under an individual’s prior authorization and ISP. As typical day habilitation (e.g. Community Access) services are rendered Monday through Friday, 30 consecutive billing days would usually encompass a 6-week period of time. (For example, if a regular staff member would normally have been serving the individual Monday, Tuesday, Wednesday, Thursday, and Friday of each week, and not on weekends, then the provider could bill for five (5) days of retainer for that staff member each week for six (6) weeks, for a total of thirty (30) billable days.)

After the initial 30 day retainer is billed, the provider may bill for up to two (2) additional retainer periods of up to seven (7) days each, **without the requirement of any new service encounter<sup>1</sup>**, in accordance with the following:

1. After the expiration of the initial 30-day retainer period, if the regular staff member is still being retained and is not delivering services to the individual, the provider may bill for up to seven (7) additional days of retainer for that regular staff member, beginning on the next day on which the individual would normally receive the service under the individual’s ISP (but does not receive the service from that regular staff member). Billing for such additional days of retainer must be done in accordance with the same rules applicable to retainer payments generally.
2. After the expiration of the first additional 7-day retainer period, if the regular staff member is still being retained and is not delivering services to the individual, the provider may again bill for up to seven (7) additional days of retainer for that regular staff member, consistent with item (1) immediately above.

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<sup>1</sup> In previous Operational Guidelines, DBHDD had stated, consistent with apparent CMS guidelines, that the staff member would need to have a service encounter with the individual before the provider could commence any additional retainer billing period. CMS has since clarified that additional retainer billing periods can be commenced without such intervening service encounters.

3. After billing a maximum total of 44 days of retainer payments (30 initial days plus two additional 7-day periods) for a service delivered to an individual by a regular staff member, Provider may not bill any further retainer payments for that regular staff member<sup>2</sup>

EXAMPLE 1: Under Individual's ISP, Provider would normally provide Service to Individual on Monday, Wednesday, and Friday of each week. Provider has already billed 30 days of the initial retainer payments for the regular staff member who delivers the Service to Individual; the last day on which the initial 30-day retainer was billed was Friday, June 26. If Provider continues to retain the regular staff member, and if that regular staff member is not delivering the Service to Individual, Provider may bill for an additional 7 days of retainer for that regular staff member—i.e. for the Service that would have been delivered on June 29, July 1, July 3, July 6, July 8, July 10, and July 13. If, after July 13, the regular staff member is still not delivering the Service to the Individual, and if Provider is continuing to retain the regular staff member, then Provider may bill the retainer for an additional 7 days of retainer for that regular staff member—i.e. for the service that would have been delivered on July 15, July 17, July 20, July 22, July 24, July 27, and July 29. After billing a total of 44 days of such retainer payments (30 initial days plus two additional 7-day periods), Provider may not bill any further retainer payments for that regular staff member.

EXAMPLE 2: Under Individual's ISP, Provider would normally provide Service to Individual on Monday, Tuesday, Wednesday, Thursday, and Friday of each week. Provider has already billed 30 days of the initial retainer payment for the regular staff member who delivers the Service to Individual; the last day on which the initial 30-day retainer was billed was Friday, June 26. If Provider continues to retain the regular staff member, and if that regular staff member is not delivering the Service to Individual, Provider may bill for an additional 7 days of retainer for that regular staff member—i.e. for the Service that would have been delivered on June 29, June 30, July 1, July 2, July 3, July 6, and July 7. If, after July 7, the regular staff member is still not delivering the Service to the Individual, and if Provider is continuing to retain the regular staff member, then Provider may bill the retainer for an additional 7 days of retainer for that regular staff member—i.e. for the service that would have been delivered on July 8, July 9, July 10, July 13, July 14, July 15, and July 16. After billing a total of 44 days of such retainer payments (30 initial days plus two additional 7-day periods), Provider may not bill any further retainer payments for that regular staff member.

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<sup>2</sup> Previous Operational Guidelines had not included any limit on the number of additional 7-day retainer periods that could be billed. CMS has since clarified that only two additional retainer periods (after the initial 30-day period) can be authorized.

Providers should submit claims for only scheduled days and units as authorized in the individual's ISP. The retainer option should only be billed when the provider is retaining (maintaining the staff's employment for) all employees (including administrative and support staff) required to resume that particular service for the individual(s) whose retainer is being billed. Service retainers may not be billed for staff whose employment the provider/employer is not maintaining.

As used in this guidance, the term "regular staff member" means a staff member who meets all of the following criteria:

- (i) the staff member would normally be rendering services to an individual served by the provider agency; and
- (ii) due to the COVID-19 Emergency, the staff member either
  - (a) is temporarily not rendering services to the individual due to the COVID-19 Emergency, or
  - (b) is temporarily rendering to the individual a different type of service than the service the staff member usually renders, at another service setting operated by the same provider agency<sup>3</sup>, and the provider agency is not otherwise being reimbursed (e.g. through Additional Staffing rates) for the different service temporarily rendered by that staff member; and
- (iii) the staff member continues to be employed by the provider and is expected to resume rendering services to the individual after the expiration of the COVID-19 Emergency.

For each individual who is temporarily not being served by the provider's regular staff members, the provider must document in the individual's record certain information in order for the provider to be eligible for retainer payments for the regular staff who would normally serve that individual. For each regular staff member who is temporarily not serving the individual, the provider must document in the individual's record:

1. Name of the regular staff member;
2. Date on which the staff member's temporary absence from rendering services to the individual (at the site where the staff member would normally render services) began;

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<sup>3</sup> For example, an individual who would normally spend daytime hours at a Community Access (CA) site operated by a provider might, due to the COVID-19 Emergency, now be spending daytime hours at a Community Residential Alternative (CRA) site operated by the same provider. The provider might utilize staff from the CA site as staff at the CRA site during those hours. Retainer payments could be authorized for those staff, in accordance with this guidance. The primary intention of such authorization is to allow the individual to continue being served by the same staff members who would normally be rendering services to the individual.

3. Reason for the staff member's temporary absence from rendering services at the service site (note: valid reasons may include, but are not limited to, that provider agency's services to the individual have temporarily ceased due to the COVID-19 Emergency, or (if applicable) that provider agency has temporarily hired family caregiver(s) to serve the individual in lieu of regular staff);
4. If applicable, the date on which the staff member resumed rendering services to the individual;
5. The specific dates on which, prior to the staff member's absence, the staff member was scheduled to render services to the individual any of the services for which retainer payments were requested and authorized; and
6. For each of the dates identified in (5) above, the number and type of authorized service units the staff member would have been delivering to the individual, in accordance with the ISP in effect for the individual on February 29, 2020.

C.8 Documentation Requirements- All providers must continue to adhere to documentation requirements set forth in Part II and Part III Policies and Procedures for the COMP and NOW Waiver General Manual. Providers must document for each encounter when providers have hired a family caregiver hire to render a service. Providers must document at each encounter when services are rendered via telehealth or other telephonic means using 02 P.O.S. (Place of Service). Providers must document each service delivery when billing a retainer. Representatives for Participant-direction model must adhere to all applicable documentation requirements. The specificity of such services, including amount, duration, and scope, will be added to the ISP as soon as possible, but no later than 30 business days after service initiation, ISPs should be written to reflect the date that service delivery began. The ISP must be signed by the individual or legal guardian. Supporting notes should identify each procedure code separately and how many units are being billed for each. Documentation to support clinically assessed need must be indicated in the Supporting notes. Documentation of services delivered via telehealth must indicate this service delivery method.

IDD-C Version Change Provisions- the below table represents 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 DBHDD policies 02-443 and 02-444.

Actions Requiring Version Change	Actions NOT Requiring Version Change
Add of any type of service	Rate Increase for licensed practical nurse (LPN), Fiscal Intermediary, Support Coordination- temporary increase will be automated in IDD-Connects
Change in Provider Agency	Change in location of service delivery
Increase in units beyond the standardized 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)	Telehealth – Providers are to continue to bill the 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 and can be documented in support notes
	Retainer payments billing (when staff are not delivering service but are being retained to resume service delivery after Appendix K is no longer effective)

C.9 Training Requirements- In lieu of face-to-face training, DBHDD suspends required face-to-face training for newly hired staff during the time that the Appendix K is effective. Family members serving as reimbursed Family Caregivers hires who have experience delivering required care will be supported, as needed, by provider agency supervisory staff telephonically or electronically and have modified training requirements as specified below. Newly hired regular staff with a minimum of 1-year experience with individuals with I/DD will be supervised telephonically or electronically and those with no previous experience will be provided electronic video training by agency supervisory staff. Every effort should be made to complete training requirements when possible. Training requirements for any function that requires face-to-face action or availability of third-party vendors will be temporarily suspended for the duration that Appendix K is effective for all waiver services in the event the provider is unable to complete a training.. Providers must continue to document all annual training completed with staff, contractors or consultants and document when a training cannot be completed with specific rationale. After Appendix K is no longer effective, trainings will be required to be completed within a timeframe which will be communicated to providers in subsequent communication from DBHDD.

The state modifies required trainings for new Family Caregiver hires. All trainings below are required to be provided by the provider agency to the family caregiver hire within ten (10) days via telephonically or electronically:

1. The purpose, scope of services, supports, care and treatment offered including related policies and procedures;
2. HIPAA and Confidentiality of individual information, both written and spoken;
3. Rights and Responsibilities of individuals;
4. Requirements for recognizing and mandatory reporting suspected abuse, neglect or exploitation of any individual;
5. Medical, physical, behavioral and social needs and characteristics of the individuals served; and
6. Techniques of Standard Universal Precautions to include:
  - Preventative measures to minimize risk of infectious disease transmission;
  - Use of Personal Protection Equipment (PPE); Sharps Safety (with sharp containers disposed of according to state and local regulated medical waste rules);
  - Environmental Controls for cleaning and disinfecting work surfaces;
  - Skills Guides for handwashing, cleaning up spills, gloves use, and what to do with contaminated supplies;
  - Respiratory Hygiene/Cough Etiquettes for cough, congestion, runny nose or increase production of respiratory secretions;and
  - Approaches to individual education to include incident reporting and follow-up.

C.10 Incident Reporting Requirements- DBHDD maintains data on COVID-19 cases involving individuals receiving services and staff. Effective Tuesday March 24, 2020, the Department is using Image, DBHDD's incident management system, for reporting. DBHDD Behavioral Health and Intellectual and Developmental Disabilities Providers have access to, have received training (available [here](#)) on, and have experience entering critical incidents directly into [Image](#) for incidents involving individuals receiving services. DBHDD has added three incident type codes to Image to assist in the tracking of coronavirus' (COVID-19) impact on the individuals we serve, and provider staff. These are in addition to the usual incident reporting requirements outlined in Policy [04-106](#).

## Section D. Service Specific Guidance

Service	Service Specific Guidance
<p>D.1 Community Residential Alternative (CRA)</p>	<p>The state temporarily authorizes, during the time that the Appendix K is effective, retainer payments for Community Residential Alternative in the event the individual is hospitalized or in an alternate care setting due to health and safety concerns related to the COVID-19 Emergency. Retainer payments will only be authorized for the amount, frequency and duration listed on the individuals ISP/prior authorization (PA) on February 29, 2020.</p> <p><b>Notification Guidance-</b> The Regional Field Office (via email to the I&amp;E manager and RSA) and SC Agency must be immediately notified when an individual is moved. Please include “COVID-19 MOVE” in the email subject header.</p> <p><b>Documentation Guidance-</b> Providers are to document retainer service delivery in the “COVID-19 NOW &amp; COMP Provider Spreadsheet” – see Section G for reference.</p> <p><b>Billing Guidance-</b> For the retainer procedure code, use the procedure code authorized on the prior authorization.. Providers should submit claims for only scheduled days and units as specified in the individual’s ISP. See Section C.7 for additional information regarding retainer guidance.</p>
<p>D.2 Community Living Support Services Basic and Extended (CLS)</p>	<p>The state temporarily authorizes, during the time that the Appendix K is effective, retainer payments for Community Living Support Services that cannot be rendered due to national state of emergency. Retainer payments will only be authorized for the frequency listed on the individual’s ISP/PA on February 29, 2020. The state temporarily authorizes, during the time that the Appendix K is effective, providers to exceed the cap limitations for Community Living Services that can be rendered via traditional provider, participant directed services, and/or a combination with live-in caregiver.</p> <p><b>Documentation Guidance-</b> Providers are to document retainer service delivery and list of family caregiver hire by way of the “COVID-19 NOW &amp; COMP Provider Spreadsheet” – see Section G for reference.</p> <p><b>Billing Guidance:</b> Providers should bill the existing service procedure codes on the prior authorization when billing for a retainer and/or services delivered by a family caregiver hire.</p> <p>If a provider bills the retainer fee on the same day that a family caregiver hire renders the service, the units for each must be aggregated together and billed as one claim line. For example, the family caregiver hire delivers 1 hour (four 15 min units) of service and the provider bills for 1 hour (four 15 min units) of retainer, one claim line for 8 units of service should be billed. Supporting notes should identify that both services are being delivered and how many units are being billed for</p>

	each. Providers should submit claims for only scheduled days and units as specified in the individual's ISP. See Section C.7 for additional information regarding retainer guidance.
D.3 Supported Employment (SE)	<p>The state temporarily authorizes, during the time that the Appendix K is effective, retainer payments for Supported Employment Services in the event the provider is unable to render a service due to health and safety concerns for either the individual or the provider. The retainer payment will be authorized at the level, duration and amount as outlined in the ISP/PA on February 29, 2020.</p> <p>DBHDD is granting increased flexibility and accommodation in the way supported employment are delivered. Below are a few of the measures:</p> <p>Remote Job Coaching while Appendix K is in effect, required in-person job coaching contacts and supports may temporarily be made remotely (i.e. phone, telehealth). These services (or face to face service if required for immediate health and safety) may be provided to individuals who continue to work during the COVID-19 emergency. This may include teleworking for any business or in person at businesses that remain open. Remote job coaching is subject to the support needs of the individual and may not be appropriate depending on the individual's protocols and health and safety concerns. Classes and training may be delivered remotely temporarily during this time. This may include offering skills training such as resume building, interview skills, self-advocacy skills, assistance to obtain required job certifications such as food handler's cards, assisting with employment goals, technology training, computer skills and other activities intended to promote gaining competitive integrated employment.</p> <p><b>Billing Guidance-</b> For the retainer procedure code, providers should use the procedure codes as authorized on the prior authorization. Services delivered telephonically should be billed using the Place of Service (POS) code '02' for telehealth. Providers should submit claims for only scheduled days and units as specified in the individual's ISP. See Section C.7 for additional information regarding retainer guidance.</p>
D.4 Prevocational Services	<p>Prevocational services providers will be authorized for retainer payments in the event that the provider is not serving the individual under other comparable services or using differential staff such as family caregivers hires to provide service. The retainer payment will be authorized at the level, duration and amount as outlined in the ISP/PA on February 29, 2020. Prevocational Services delivered via telehealth should be billed using the Place of Service (POS) code '02' for telehealth. Video enabled telecommunications applications (e.g. SKPE, ZOOM, Microsoft teams, DUO, etc., as long as these are used in compliance with existing HIPAA requirements) are the preferred method of service delivery when providing services via telehealth. Some examples of Prevocational Services delivered via telehealth may include but are not limited to:</p> <ul style="list-style-type: none"> <li>• What is social distancing,</li> <li>• How to properly wash hands,</li> </ul>

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	<ul style="list-style-type: none"> <li>• How to wear personal protective equipment (PPE) and when does PPE have to be worn;</li> <li>• What will riding in vehicles with others consist of? ;</li> <li>• Why are you taking my temperature?</li> <li>• Discussing fears with the group of returning to the day setting?</li> <li>• Resume building utilizing virtual resume videos and one-pagers to share marketable strengths,</li> <li>• Career exploration videos based on job interests, and</li> <li>• Discussion on moving towards competitive integrated employment.</li> </ul> <p><b>Billing Guidance-</b> For the retainer procedure code, providers should use the procedure codes as authorized on the prior authorization. Retainers cannot exceed 30 consecutive days. Providers should submit claims for only scheduled days and units as specified in the individual's ISP. See Section C.7 for additional information regarding retainer guidance. Prevocational Services delivered via telehealth should be billed using the Place of Service (POS) code '02'.</p>
Rev 06 2020 D.5 Community Access (CA)	<p>The state temporarily authorizes, during the time that the Appendix K is effective, retainer payments for Community Access Services, for traditional providers only, for services that cannot be rendered due to national state of emergency. Retainer payments will only be authorized through agency delivered services using the frequency listed on the individual's ISP/PA on February 29, 2020 and cannot exceed 6 hours a day and 5 days a week. Community Access Services delivered via telehealth should be billed using the Place of Service (POS) code '02' for telehealth. Video enabled telecommunications applications (e.g. SKPE, ZOOM, Microsoft teams, DUO, etc., as long as these are used in compliance with existing HIPAA compliance requirements) are the preferred method of service delivery when providing services via telehealth. Some examples of Community Access Services delivered via telehealth may include but are not limited to:</p> <ul style="list-style-type: none"> <li>• What is social distancing,</li> <li>• How to properly wash hands,</li> <li>• How to wear personal protective equipment (PPE) and when does PPE have to be worn</li> <li>• What will riding in vehicles with others consist of,</li> <li>• Why are you taking my temperature,</li> <li>• Discussing fears with the group of returning to the day setting,</li> <li>• Virtual exercise classes, and</li> <li>• Any virtual group instruction/ teaching type opportunities</li> </ul>

	<p>Note: Community Access includes both Community Access Group (CAG) and Community Access Individual (CAI) Services.</p> <p><b>Documentation Guidance-</b> Providers are to document retainer service delivery and a list of hired family caregivers in the “COVID-19 NOW&amp;COMP Provider Spreadsheet” – see Section G for reference.</p> <p><b>Billing Guidance:</b> Providers should bill the existing service procedure codes on the prior authorization when billing for a retainer and/or services delivered by a Family Caregiver hire. If a provider bills the retainer fee on the same day that a family caregiver hire delivers the service, the units for each must be aggregated together and billed as one claim line. For example, the family caregiver hire delivers 1 hour (four 15 min units) of service and the provider bills for 1 hour (four 15 min units) of retainer, one claim line for 8 units of service should be billed. Supporting notes should identify that both services are being delivered and how many units are being billed for each. Providers should submit claims for only scheduled days and units as specified in the individual’s ISP. See Section C.7 for additional information regarding retainer guidance. Community Access Services delivered via telehealth should be billed using the Place of Service (POS) code ‘02’.</p>
D.6 Support Coordination (SC)	<p>The state temporarily authorizes, during the time that the Appendix K is effective, SC providers to render services telephonically or through other telehealth means. SC providers are also authorized for a –temporary rate increase from \$152.88 to \$175.00 per individual per month.</p> <p><b>Documentation Guidance-</b> Telephonic service delivery is acceptable during the time that Appendix K is effective. Telecommunications applications (e.g. SKYPE/Facetime/Duo/ZOOM) are not required, but encouraged where possible and in accordance with governing privacy regulations. Residences that have computers or similar electronic devices should use a telecommunication application at minimum for ISP meetings, but preferably all contacts when possible. Support coordinators should send providers and families a copy of the IQOMR template (see Section G) when possible to help prepare for contacts. SC Support Notes: A comprehensive support note must be entered by the Support Coordinator for all regular required contacts with the individual, with the exception of the completion of the quarterly (IQOMR) Individual Quality Outcome Measures Review. Contacts should focus on health and safety concerns. All support notes are entered into the online case management system within three (3) business days of the contact.</p> <p><b>Billing Guidance-</b> Rate Increase- Providers will need to adjust claims for the rate increase once the rate has been adjusted in the billing system- Providers will be notified by DBHDD once the rate has been increased in the billing system. Providers may</p>

	only adjust claims beginning March 1, 2020 (the effective date of Appendix K). Services delivered telephonically should be billed using the Place of Service (POS) code '02' for telehealth.
D.7 Intensive Support Coordination (ISC)	<p>The state temporarily authorizes, during the time that the Appendix K is effective, Intensive SC providers to render services telephonically and through other telehealth means.</p> <p><b>Documentation Guidance-</b> Telephonic is an acceptable mode of service delivery. Telecommunications applications (e.g. SKYPE/Facetime/Duo/ZOOM) is not required but encouraged where possible. SC staff are not to require provider staff to use personal phones for video conferencing. Residences that have computers or related 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 IQOMR template (see Section G) when possible to help prepare for contacts. SC Support Notes: A comprehensive support note must be entered by the Support Coordinator for all required contacts to the individual during times outside completion of the quarterly (IQOMR) Individual Quality Outcome Measures Review. Contacts should consider focus areas of health and safety. All support notes are entered into the online case management system within three (3) business days after the event.</p> <p><b>Billing Guidance-</b> Services delivered telephonically should be billed using the Place of Service (POS) code '02' for telehealth.</p>
D.8 Specialized Medical Supplies (SMS)	<p>The State temporarily authorizes, during the time that the Appendix K is effective, providers to exceed the SMS cap limitation. The NOW and COMP waiver programs authorize funds for goods and services that are not covered by the Medicaid State Plan or those instances in which an individual's need exceeds State Plan coverage limits and exceptions to the coverage limits are not available. Note this may include Personal Protective Equipment (PPE), as applicable.</p> <p>For individuals with SMS on their current PA, the cap has been increased. Prescriptions will not be required for the duration that Appendix K is effective, however providers must document how supplies are directly related to a waiver individual's diagnosis or disability-related condition. Providers may not bill when SMS/PPE has been donated or obtained through other means. For Individuals without SMS on their existing PA, all other sources of PPE must be exhausted prior to the request for SMS to be added to an ISP.</p>

<p>D.9 In Home and Out of Home Respite</p>	<p>The state temporarily authorizes, during the time that the Appendix K is effective, providers to exceed the cap limitations for In Home and Out of Home Respite Services that can be rendered via traditional provider, participant directed services, and/or a live-in caregiver.</p> <p><b>Documentation Guidance-</b> Providers are to document a list of family caregivers hires in the “COVID-19 NOW &amp; COMP Provider Spreadsheet” – see Section G for reference.</p> <p><b>Billing Guidance-</b> Use procedure code as authorized on prior authorization.</p>
<p>D.10 Additional Staffing</p>	<p>The state temporarily authorizes, during the time that the Appendix K is effective, that Additional Staffing can be delivered on a temporary basis in alternative settings which include: extended family home, hotel, shelter, or other emergency placement, while Appendix K is effective. The location where the service is being rendered is not necessarily required to be reflected in an individual service plan. There is no retainer option for Additional Staffing.</p> <p>Additional staffing ratios for an individual may be modified to allow the individual to receive services in safe and accessible environments if the individual’s needs are still being met.</p> <p><b>Notification Guidance-</b> CRA providers who are not also providing Community Access/Community Access retainer services to an individual, <i>and</i> who can document the need for additional staff in a CRA setting to cover hours normally covered by Community Access, will need to submit a request through the “Simplified AS Request Sheet for COVID-19” – see Section G for reference.</p> <p><b>Documentation Guidance-</b> Documentation requirements that specify additional staffing ratios and any modifications to the staffing ratio rendered must be abided by while Appendix K is effective.</p> <p><b>Billing Guidance-</b> Use procedure code as authorized on prior authorization.</p>
<p>D.11 Nursing Services</p>	<p>The state temporarily authorizes, during the time that the Appendix K is effective, RN services to be rendered using telehealth, to the extent possible. The state temporarily authorizes, during the time that the Appendix K is effective, a temporary rate increase for LPN services from \$8.75 to \$10.00 per 15-minute unit.</p> <p><b>Documentation Guidance-</b> RN Services must document each service delivery rendered via telehealth or other telephonic means. In addition to documentation requirements specified in Part II and III of the NOW and COMP Manuals, which</p>

	<p>includes but is not limited to date, time, signature/credentialing, documentation while the Appendix K is effective shall include the rationale for telehealth or telephonic date of service delivery.</p> <p><b>Billing Guidance-</b> Use procedure codes as authorized. RN Services delivered telephonically should be billed using the Place of Service (POS) code '02' for telehealth. Rate Increase- providers will need to adjust claims for the rate increase once the rate has been adjusted in the billing system. Providers will be notified by DBHDD once the rate has been increased in the billing system. Providers may only adjust claims beginning March 1, 2020 (the effective date of Appendix K).</p>
<p>D.12 Behavior Support Services Level 1 and Level 2</p>	<p><i>Note: In addition to the authorization of Appendix K, the NOW waiver was recently amended to align with COMP waiver for Behavior Support Services. Behavior Support Services Level 1 and Level 2 provisions should be considered for both NOW and COMP waiver individuals.</i></p> <p>The state temporarily authorizes, during the time that the Appendix K is effective, all NOW and COMP Behavior Support Services to have telehealth option. Behavior Support Service providers may provide services via telehealth or other telephonic means.</p> <p><b>Notification Guidance</b> The behavior supports service provider will contact the designated point of contact for the agency/home caregiver to schedule telehealth communication. SC 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.</p> <p><b>Documentation Guidance-</b> Behavior Support Service Providers level I and II must document each service delivery rendered via telehealth. In addition to documentation requirements specified in Part II and Part III of the NOW and COMP General Manuals, which includes but is not limited to date, time, signature/credentialing, documentation while the Appendix K is effective shall include the rationale for telehealth or telephonic date of service delivery. In lieu of face-to-face training for behavior support plans and on-site monitoring of plan implementation, oversight, feedback, and support will be provided via telehealth and/or telephonically with behavior plans, data analysis summaries, and progress notes shared electronically via secure encrypted correspondence with staff and/or families to render services.</p> <p><b>Billing Guidance:</b> Services delivered telephonically should be billed using the Place of Service (POS) code '02' for telehealth.</p>
<p>D.13 Adult Occupational Therapy, Adult</p>	<p>The state temporarily authorizes, during the time that the Appendix K is effective, all Adult Occupational Therapy Services, Adult Physical Therapy Services, Adult Speech and Language Therapy Services to be provided telehealth or other telephonic means with the following exceptions: Adult Swallowing/Feeding Therapy; Adult Swallowing/Feeding Therapy self-directed; Adult Swallowing/Feeding Evaluation, Adult Swallowing/Feeding Evaluation self-directed.</p>

Physical Therapy, Adult Speech and Language Therapy.	<p><b>Documentation Guidance-</b> Adult Therapy Providers must document each service delivery rendered via telehealth or other telephonic means. In addition to documentation requirements specified in Part II and Part III of the NOW and COMP General Manuals, which includes but is not limited to date, time, signature/credentialing, documentation while the Appendix K is effective shall include the rationale for telehealth or telephonic date of service delivery.</p> <p><b>Billing Guidance:</b> Services delivered telephonically should be billed using the Place of Service (POS) code '02' for telehealth.</p>
D.14 Fiscal Intermediary (FI)	<p>During the Appendix K authorization, FIs will have a rate increase from \$75.00 per individual who self-directs per month to \$95.00 per individual per month. Rate Increase- FIs will need to adjust claims for the rate increase once the rate has been adjusted in the billing system. FIs will be notified by DBHDD once the rate has been increased in the billing system. FIs may only adjust claims beginning March 1, 2020 (the effective date of Appendix K).</p>

#### Section E. Additional Guidance Specific to Participant Directed (PD) Services

E.1 PD Trainings- During the period Appendix K is effective, there will be no in-person PD trainings for new enrollees into PD Service delivery model. At this time, this training is a requirement to enroll in PD Service Delivery Model. There is no tele-health option for this training. If a Participant needs to temporarily designate a different person to serve as the personal representative during the COVID-19 Emergency, DBHDD will consider such requests, and will consider waiving training requirements for the newly-designated representative on a temporary basis.

E.2 Documentation Requirements- Documentation requirements for services rendered remain intact. Documentation of services delivered via telehealth must indicate this service delivery method DBHDD will continue to monitor service delivery and use of funding. DBHDD will continue to terminate participant directed service delivery option approval and refer suspicious spending and/or activity to the Office of the Inspector General for investigation and prosecution.

E.3 Family Caregiver hire- During the period Appendix K is effective, DBHDD will temporarily allow for the hiring of family caregivers who live in the home with the individual receiving services through the NOW or COMP waiver. As specified in the NOW and COMP Manual Part II Section 902, a Family Caregiver hire is defined as an individual's family member, related by blood or marriage, who is aged 18 years or older, who may be reimbursed for providing services when there are extenuating circumstances. "Family member" is defined as a person who is related by blood within the third degree of consanguinity by blood, adoption, or marriage. Third degree of consanguinity includes mother, father, grandmother, grandfather, great grandfather, great grandmother, sister, brother, daughter, son, granddaughter, grandson, great

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granddaughter, great grandson, aunt, uncle, niece, or nephew. The Participant's representative or employer of record may not serve as a family caregiver hire. During the hiring process, Family Caregiver hires must disclose to the Fiscal Intermediary that they are a Family Caregiver hire, as well as their relationship to the Individual receiving the waiver services. The enrollment packet itself will not be modified, but FI will issue the 'Good to Go' letter using a modified list of essential documents. Billing for services will not be approved prior to receipt of the 'good to go' letter and must align with the date of hire on the enrollment forms. Enrollment forms cannot be backdated, and services rendered will not be reimbursed for dates prior to the approved hire date by the fiscal agent.

If the individual chooses to appoint a new PD Representative/employer of record, a new Memorandum of Understanding (MOU) must be completed by the newly appointed PD representative/employer of record. The MOU indicates the PD representative is willing and able to take on all the responsibilities of participant-direction and comply with all Medicaid policies. The PD Representative/employer of record position remains an unpaid position. The MOU can be obtained by emailing the DBHDD email box at [Participant.Direction@dbhdd.ga.gov](mailto:Participant.Direction@dbhdd.ga.gov) to request a copy. The completed MOU will be emailed to DBHDD and DBHDD Central Office PD staff will notify the associated fiscal agent that this step has been completed. The newly appointed PD representative/employer of record must also complete all enrollment paperwork with the fiscal agent and be approved prior to beginning duties. The exiting PD Representative/employer of record can only become an approved family caregiver hire upon completion and approval of the new PD Representative. In addition this family caregiver hire must also complete all enrollment paperwork and receive the 'good to go' letter prior to begin service delivery and billing. Billing for the delivery of services must align with the family caregiver hire date and cannot be made retroactive.

E.4 Trainings for Family Caregiver hires – During the period Appendix K is effective, the training requirements for Family Caregivers hired to provide PD services are modified as set forth at section C.9, above.

E.5 Support Coordinator visits - Although Support Coordinators generally will not be making in-home visits while Appendix K is in effect, Participants/Representatives are required to allow in-home visits when requested by Support Coordinators, and to allow telephonic or electronic visits from Support Coordinators.

E.6 Retainer Payments – During the period Appendix K is in effect, retainer payments are available for employees/support workers providing Community Living Support, Community Residential Alternative, Prevocational, and Supported Employment services for Participants receiving PD services. These retainer payments are available as described in the latest version of DBHDD Policy "[COVID-19 2020: DBHDD Community Developmental Disability Services Policy Modifications](#)" and in these Operational Guidelines. Retainer payments are available for employees/support workers who had been serving the Participant prior to the COVID-19 Emergency (and have been retained by the Participant/Representative to resume services after the COVID-19 Emergency), as described in the policy and attachment; retainer payments are not available for family caregivers hired to provide services during the COVID-19 Emergency. See Section C.7 for more detail regarding retainer guidance.

E.7 Use of State Back-Up Plan – During the period Appendix K is in effect, the State Back-Up Plan, which ordinarily may be used for no more than 1 occasion in any two-month period, may be used in up to 2 occasions in any 2-month period.

E.8 PD and Support Coordination- SC check-ins and activities are still a requirement for PD while Appendix K is effective. SC be completed via telehealth or telephonic means during this crisis. 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 the signature page via encrypted email, fax, or the US Postal Service to acquire the required signatures. It is the expectation that the individual, representative, and other involved parties all physically sign the signature page and return it to the SC. The signature page is required for an ISP to be processed.

E.9 PD Memorandum of Understanding – To the extent that the provisions of this Operational Guidance and the provisions in the latest version of DBHDD Policy “[COVID-19 2020: DBHDD Community Developmental Disability Services Policy Modifications](#)” directly and expressly conflict with the terms of the “PARTICIPANT-DIRECTION OPTION TERMS and CONDITIONS of PARTICIPATION” Memorandum of Understanding, DBHDD's enforcement of those Memorandum of Understanding provisions will be temporarily suspended during the period Appendix K is in effect.

E.10 Background checks - Background checks for any function that requires face-to-face action or availability of third party vendors will be temporarily suspended for the duration that Appendix K is effective for all waiver services in the event that the provider is unable to complete a background check. Within sixty (60) days of the termination of Appendix K, background checks will need to be completed retroactively for all employees who were hired while Appendix K was effective and according to the policy.

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**Section F.- Transition Plan and Re-Opening Guidance** - See May 11, 2020 publication of “DBHDD I/DD Community Settings Reopening Initial Recommendations” for resources regarding strategies for day programs re-opening, available on our DBHDD website.

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**Section G. References:**

1. Covid-19 Guidance Information <https://dbhdd.georgia.gov/coronavirus-covid-19-information>
2. Provider Issue Management System (PIMS) <https://dbhddapps.dbhdd.ga.gov/PIMS/Default.aspx>
3. Comprehensive Support Waiver Program and New Options Waiver Program Part II Chapters 600 – 1200  
<https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/Comprehensive%20Supports%20Waiver%20Program%20and%20New%20Options%20%20Waiver%20Program%20%20Part%20II%20Chapters%20600-1200%2020200107210300.pdf>

4. Health and Human Services resource link regarding appropriate telehealth platforms for delivery of services  
<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>
5. Behavior Analysis Certification Board guidance <https://www.bacb.com/bacb-covid-19-updates/>
6. COVID-19 Frequently Asked Questions (FAQs) for State Medicaid and Children’s Health Insurance Program (CHIP) Agencies  
 NEW FAQs – Released June 30, 2020 <https://www.medicaid.gov/state-resource-center/downloads/covid-19-new-faqs.pdf>

## Section H. Appendices

H.1 COVID-19 NOW&COMP Provider Spreadsheet- attached to COVID-19 2020: DBHDD Community Developmental Disability Services Policy

H.2 Simplified AS Request Sheet for COVID-19- attached to COVID-19 2020: DBHDD Community Developmental Disability Services Policy

H.3 IQOMR Guidance for Support Coordination during Appendix K authorization- below:

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
1	The home/site is accessible to the individual.	Yes	[Control]
2	The individual has access to privacy for personal care.	Yes	[Control]
3	The individual has a private place in the home to visit with friends or family.	Yes	[Control]
4	The individual has access to privacy for phone discussions with friends or family.	Yes	[Control]

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
5	The individual has access to receive and view their mail/email privately.	Yes	[Control]
6	The individual is able to have private communications with family and friends through other means.	Yes	[Control]
7	The home setting allows the individual the option to have a private bedroom.	Yes	[Control]
8	All assistive technologies are being utilized as planned.	Yes	[Control]
9	All assistive technologies are in good working order.	Yes	[Control]
10	The individual has adequate clothing to accommodate the individual's needs or preferences/choices.	Yes	[Control]
11	The individual has adequate food and supplies	Determined by SC	

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
	to accommodate the individual's needs or preferences/choices.	Could be Yes (by verbal confirmation with the waiver participant/staff/guardian)  It could be N/A.	
12	The Residential/Day setting is clean according to the individual's needs and preferences.	Could be Yes (by verbal confirmation with the waiver participant/staff/guardian)  It could be N/A.  Determined by SC	[Control]
13	The Residential/Day setting is safe for the individual's needs.	Could be Yes (by verbal confirmation with the waiver participant/staff/guardian)  It could be N/A. Determined by SC	[Control]
14	The Residential/Day setting is appropriate for the individual's needs and preferences.	Determined by SC  Could be Yes (by verbal confirmation with the waiver participant/staff/guardian)	[Control]

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
		It could be N/A.	
Focus Area: Appearance/Health		Select:	Comments/Actions Needed: Concerns, Barriers, Successes
15	The individual appears healthy. Describe any observations regarding health since the last review.	Since no video conferencing, N/A	[Control]
16	The individual appears safe. Describe any observed changes related to safety since the last review.	Since no video conferencing, N/A	[Control]
17	There have been no reported changes in health since the last review.	Yes, based on reports of change.	[Control]
18	The HRST aligns with current health and safety needs.	Yes, based on reports and HRST scores	[Control]
19	The ISP is available to staff on site. If there have been ISP addendums, they are available to staff on site.	Yes, this can be answered if there knowledge it is there – Therap, etc.	[Control]

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
20	Staff are knowledgeable about all information contained within the individual's ISP.	Yes	[Control]
21	Indicated healthcare plans are current and have been reviewed by a nurse within the past year.	Yes, only if available by Therap or other web-based applications/documentation, would be affirmative as well.	[Control]
22	Indicated healthcare plans are available to staff on site in all applicable settings.	Yes, only if available by Therap or other web-based applications/documentation, would be affirmative as well	[Control]
23	All staff are knowledgeable about all of the individual's healthcare plans.	Yes, if we know the plans are present.	
24	Indicated healthcare plans are being implemented.	Yes, if Therap or other web-based applications/documentation, would	[Control]

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
		be affirmative documentation as well.  Otherwise, N/A.	
25	Skilled nursing hours are being provided, as ordered.	Therap or other web-based Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well.  Otherwise, N/A.	[Control]
26	All medical/therapeutic appointments have been scheduled and attended.	Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well.  Otherwise, N/A.	[Control]
27	All follow-up appointments have been scheduled and attended.	Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well.  Otherwise, N/A.	[Control]
28	All physician/clinician recommendations are being followed.	Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well.  Otherwise, N/A.	[Control]

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
		be affirmative documentation as well.  Otherwise, N/A.	
29	All prescribed medications are being administered, as ordered, and documented accurately.	Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well.  Family and participant can also confirm Med administration.  Otherwise, N/A.	[Control]
30	All required assessments/evaluations have been completed.	Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well.  Otherwise, N/A, or Determined by SC	[Control]
31	The individual has had no hospital admissions, emergency room, or urgent care visits since the last review.	Yes, (by verbal confirmation with the waiver participant or guardian, if applicable, or confirmation in Therap or other web-based applications/documentation, would be confirm as well.  Provider staff reports of hospital admissions, emergency room, or	[Control]

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
		urgent care visits is affirmative documentation.	
32	If applicable, hospital/ED/urgent care discharge plan instructions have been followed.	Yes, (by verbal confirmation with the waiver participant or guardian, if applicable, or confirmation in Therap or other web-based applications/documentation, would be confirmation as well. Provider staff reports of hospital admissions, emergency room, or urgent care visits is affirmative documentation.	[Control]
Focus Area: Supports and Services		Select:	Comments/Actions Needed: Concerns, Barriers, Successes
33	The individual's paid staff appear to treat them with respect and dignity.	N/A, unable to assess due to the need for visual confirmation	[Control]
34	The individual's natural supports appear to treat them with respect and dignity.	N/A, unable to assess due to the need for visual confirmation	[Control]
35	Supports and services are being delivered to the individual, as identified in the current ISP.	Yes, for some – some services or supports will be unable to assess due to the need for visual confirmation, Use of Therap or other web-based	[Control]

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
		applications/documentation, would be affirmative confirmation as well.	
36	The individual is being supported to make progress in achieving their goals (both ISP goals and informally expressed goals). Indicate the status of the individual's progress toward achieving established goals.	Yes, for most – some goals will be unable to assess due to the need for visual confirmation, Use of Therap or other web-based applications/documentation, could be affirmative documentation as well	[Control]
37	There are no needs for additional services/supports at this time.	Yes, in general if there is access to the waiver participant, family, guardian, staff, and access to Therap or other web-based applications/documentation, could be affirmative confirmation as well.  There well could be times when there is not clarity to respond without a face to face evaluation.	[Control]
Focus Area: Behavioral & Emotional		Select:	Comments/Actions Needed: Concerns, Barriers, Successes

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
38	Since the last visit, there are no emerging or continuing behavioral/emotional responses for the individual.	Yes, in general if there is access to the family, guardian, staff, and to Therap or other web-based applications/documentation, could be affirmative confirmation as well.  There could be times when there is not clarity to respond without a face to face evaluation.	[Control]
39	Current supports and behavioral interventions are adequate to prevent engaging external interventions.	Yes, in general if there is access to the family, guardian, staff, or access to Therap or other web-based applications/documentation, could be affirmative confirmation as well.  There could be times when there is not clarity to respond without a face to face evaluation.	[Control]
40	The individual has no active Behavioral Support Plan, Crisis Plan, and/or Safety Plan relating to behavioral interventions.	Yes	[Control]
41	If applicable, the plan(s) is/are available on site for staff review.	Yes, in general if there is access to the family, guardian, or access to Therap or other web-based	[Control]

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
		applications/documentation, could be affirmative	
42	There is evidence of implementation of the Behavioral Support Plan, Crisis Plan, and/or Safety Plan. Staff are knowledgeable about the plan(s) and able to describe how they are implementing the plan.	Yes, in general if there is access to the family, guardian, or access to Therap or other web-based applications/documentation, could be affirmative	[Control]
43	Since the last visit, there have been no needs to access GCAL or the Mobile Crisis Response Team in response to a behavioral emergency If GCAL/MCT has been accessed, describe reason, frequency, duration of any admissions, and if discharge recommendations have been followed. If applicable, the BSP/ Safety Plan/ Crisis Plan has been	Yes, (by verbal confirmation with the waiver participant, staff, family, or guardian, if applicable, or confirmation in Therap or other web-based applications/documentation, would be affirmative documentation.  Frequency could be addresses by staff, family, or guardian.  And Yes, if applicable, the BSP/ Safety Plan/ Crisis Plan has been	[Control]

Focus Area: Environment	Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
	<p>adapted to reflect any new recommendations or interventions needed.</p> <p>adapted to reflect any new recommendations or interventions needed also.</p> <p>There could be times when there is not clarity to a comprehensive response without a face to face evaluation.</p>	
<p>44 Since the last visit, the individual has had no contact with law enforcement. If they have, describe reason and length of involvement. If applicable, the BSP/ Safety Plan/ Crisis Plan has been adapted to reflect any new recommendations or interventions needed.</p>	<p>Yes, by verbal confirmation with the waiver participant, staff, family, or guardian, if applicable, or confirmation in Therap or other web-based applications/documentation, would be affirmative documentation.</p> <p>Also, staff, family, or guardian, if applicable can note if the BSP/ Safety Plan/ Crisis Plan has been adapted to reflect any new recommendations or interventions needed.</p>	<p>[Control]</p>

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
		There could be times when there is not clarity to respond without a face to face evaluation.	
Focus Area: Home/ Community Opportunities		Select:	Comments/Actions Needed: Concerns, Barriers, Successes
45	The individual has unpaid community connections. If not, describe steps being taken to further develop community connections.	Yes,	[Control]
46	The individual is receiving services in a setting where he/she has the opportunity to interact with people who do not have disabilities (other than paid staff).	Yes  There could be times when there is not clarity to respond without a face to face evaluation.	[Control]
47	The individual is being offered/provided documented opportunities to participate in activities of choice with non-paid community members.	Yes,  There could be times when there is not clarity to respond without a face to face evaluation.	[Control]
48	The individual has the opportunity to participate	Yes,	[Control]

Focus Area: Environment	Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
	<p>in activities he/she enjoys in their home and community. Describe steps being taken to increase opportunities to meet this objective and allow choices to be offered while in services.</p> <p>There could be times when there is not clarity to respond without a face to face evaluation.</p>	
49	<p>If desired, the individual is actively supported to seek and/or maintain employment in competitive and integrated settings and/or offered customized opportunities. If applicable, note how he/she is supported to do so. If no, indicate how the issue is being addressed.</p> <p>Yes,</p> <p>There could be times when there is not clarity to respond without a face to face evaluation.</p>	[Control]
50	<p>The individual has the necessary access to transportation for employment and community activities of his/her choice.</p> <p>Yes,</p> <p>There could be times when there is not clarity to respond without a face to face evaluation.</p>	[Control]

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
Focus Area: Financial		Select:	Comments/Actions Needed: Concerns, Barriers, Successes
51	There are no barriers in place that limit the individual's access to spend his/her money, as desired.	Yes, (by verbal confirmation with the waiver participant, staff, family, or guardian, if applicable, or confirmation in Therap or other web-based applications/documentation, would be affirmative documentation. Otherwise, N/A.	[Control]
Focus Area: Satisfaction		Select:	Comments/Actions Needed: Concerns, Barriers, Successes
52	Overall, the individual is satisfied with their life activities since the last review.	Yes,  SC may need a face to face to confirm	[Control]
53	Overall, the individual is satisfied with their service providers since the last review.	Yes,  SC may need a face to face to confirm	[Control]
54	Overall, the individual is satisfied with the type of	Yes,	[Control]

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
	services received since the last review.	SC may need a face to face to confirm	
55	Overall, the individual is satisfied with their family relationships/natural supports since the last review.	Yes,  SC may need a face to face to confirm.	[Control]

*Reference IQOMR chart above: Yes – Can be answered. N/A – Not available without visual Confirmation. Due to the critical nature of the work related to COVID-19, if questions within the IQOMR are not tied to health and safety directly or, are not easily responded to by the individual, can be noted as ‘Non applicable due to COVID-19’*



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

# COVID-19 Appendix K Amendment: Retainer Payment Reimbursement Changes



Brian Dowd  
Rebecca Dugger  
Catherine Ivy

Medical Assistance Plans, Georgia Department of Community Health  
In collaboration with the Georgia Department of Behavioral Health and  
Developmental Disabilities

July 30, 2020

A background image showing several hands of different skin tones being held together in a supportive grip. The hands are positioned in the center and left side of the frame, with fingers interlaced or overlapping. The lighting is soft and warm, creating a sense of care and connection.

# **BE D·B·H·D·D**

Georgia Department of Behavioral Health & Developmental Disabilities

**Division of Developmental Disabilities**

**July 13, 2020**





GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

# 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 Objectives

- Reference CMS FAQs posted 6/30/20
- Provide information on the approved Appendix K Amendment
- Display the Provider Attestation Statement for reimbursement duplication avoidance

# Disclaimer

- **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. CMS Guidance on reimbursement of retainer payments
- II. Review CMS FAQs posted 6/30/20
- III. Provide information on the approved Appendix K Amendment
- IV. Display the Provider Attestation Statement for reimbursement duplication avoidance

# History 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**



# History of Submissions to CMS and Purpose (continued)

## **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

## **Appendix K Amendment submitted to CMS 7/20/20**

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

**CMS approval:** 7/27/20 with effective start date 4/15/20



# Source: CMS FAQ Document

Posted 6/30/2020

<https://www.medicaid.gov/state-resource-center/downloads/covid-19-faqs.pdf>



## New & Notable

- [2020-2021 Medicaid Managed Care Rate Development Guide](#) Jul 02, 2020
- [New COVID-19 FAQs for State Medicaid and CHIP Agencies](#) Jun 30, 2020
- [CIB: CMS Oral Health Initiative and Dental Technical Support Opportunity](#) Jun 25, 2020
- [CIB: Updated 2020 SSI and Spousal Impoverishment Standards](#) Jun 24, 2020
- [Medicaid & CHIP March 2020 Application, Eligibility, and Enrollment Data](#) Jun 22, 2020

[SEE ALL](#)



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# Retainer Payment Service Approval by Waiver Appendix K

No Change

## EDWP & ICWP

**Personal Support** if staff is unable to deliver service due to illness, quarantine, or family request

**Adult Day [Health] Care** while the setting must be closed for isolation purposes

**Alternative Living Services** if the provider is not serving the member either in the home or in an acute care setting

## NOW & COMP

**Community Living Support** if staff is unable to deliver service due to illness, quarantine, or family request

**Supported Employment Services, Prevocational Services, and Community Access Group** while the setting must be closed for isolation purposes

**Community Residential Alternative** (COMP only service) if the provider is not serving the member either in the home or in an acute care setting



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# Retainer Payment Guidelines for All States

No Change

## **Retainer payments are limited to providers of personal assistant services**

*... personal care services may also be viewed to incorporate the breadth of HCBS in which support for activities of daily living or instrumental activities of daily living occur. This would typically encompass most residential habilitation programs as well as many non-residential day programs providing services (because personal care is a component of the service).*



# Retainer Payment Guidelines for Georgia

CHANGE

The length of time retainer payments could be used is the lesser of 30 consecutive days or the number of days for which the state authorizes a payment for 'bed-hold' in nursing facilities

- ***CMS approved three (3) 30-day retainer payment episodes with the July 27<sup>th</sup> 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 documentation***
- *Consecutive days are those days that are eligible for billing.*
  - *As typical day habilitation services are rendered Monday through Friday, 30 consecutive billing days would encompass a 6-week period of time.*



# Retainer Payments

CHANGE

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

No Change

**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

# Mandatory State Controls on Reimbursement

CHANGE

**States interested in utilizing retainer payments for multiple (up to three) episodes of up to 30 days per beneficiary (up to 90 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 PHE** [such as]:
    - unemployment benefits
    - Small Business Administration loans that would exceed their revenue for the last full quarter prior to the PHE,
    - Cares Act Provider Relief Fund
  - 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 PHE.



# Retainer payment provision

No Change

- 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

CHANGE

**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*



# How do I submit an Attestation Statement?

CHANGE

- The fillable form is available on the DCH website at this link: <https://dch.georgia.gov/how-do-i/covid-19-ga-dch>



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# Provider Attestation Statement View

Provider Name: \*

Associated Waiver 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)

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

(Select all that apply to the Elderly and Disabled Waiver Program (CCSP and/or SOURCE). Click "Add" to add another row and make another selection.)

Services Reimbursed through Retainer Payment: *	Medicaid Number *	Number of Retainer Payment Days Claimed *
<input type="text"/>	<input type="text"/>	<input type="text"/>
<a href="#">Add</a>		

Independent Care Waiver Program (ICWP)

(Select all that apply to the Independent Care Waiver Program (ICWP). Click "Add" to add another row and make another selection.)

Services Reimbursed through Retainer Payment: *	Medicaid Number *	Number of Retainer Payment Days Claimed *
<input type="text"/>	<input type="text"/>	<input type="text"/>
<a href="#">Add</a>		

New Options Waiver Program (NOW)

(Select all that apply to the New Options Waiver Program (NOW). Click "Add" to add another row and make another selection.)

Services Reimbursed through Retainer Payment: *	Medicaid Number *	Number of Retainer Payment Days Claimed *
<input type="text"/>	<input type="text"/>	<input type="text"/>
<a href="#">Add</a>		

Comprehensive Support Waiver Program (COMP)



# Attestation Statements

- DCH banner messages and DBHDD Special Bulletins will provide a link and be distributed through professional and trade associations
- Reports of agency attestation documents will be retained for audit documentation but providers should also retain a copy for their records



# DBHDD Operational Guidelines

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

The screenshot displays the PolicyStat interface for a specific policy. On the left, the policy title is "COVID-19 2020: DBHDD Community Developmental Disability Services Policy Modifications - 6/1/2020", with a status of "EFFECTIVE IMMEDIATELY". A red curved arrow points from this title to the "Attachments" section on the right. The "Attachments" section lists several documents, including "A - COVID-19 2020 - Attestation of Absence of Barrier Crimes Data & Cover Letter 4/23/2020.docx", "Appendix K Attachment 1 - NOW and COMP Provider Spreadsheet 4/22/2020", "Appendix K Attachment 2 - Simplified AS Request Sheet 4/20/2020", "Appendix K Operational Guidelines for the NOW and COMP Waiver Programs Response to COVID-19 Pandemic, 4/30/2020 Version 2.0", and "B - COVID-19 2020 - Attestation of Absence of Barrier Crimes Data & Cover Letter 4/23/2020.docx". A red straight arrow points from the "Appendix K Operational Guidelines" attachment to the "Attachments" section. The top of the interface shows the "Current Status: Active" and "PolicyStat ID: 8127003". The left sidebar includes the DBHDD logo and the text "Georgia Department of Behavioral Health & Developmental Disabilities". The right sidebar shows the "Attachments" section with a list of documents.

Current Status: Active PolicyStat ID: 8127003

**DBHDD** Georgia Department of Behavioral Health & Developmental Disabilities

Creation: 3/26/2020  
Effective: 6/1/2020  
Last Reviewed: 6/1/2020  
Last Revision: 6/1/2020  
Next Review: 11/28/2020  
Owner: Ron Wakefield, Director, Division of Developmental Disabilities  
Chapter: DD Community Services  
Sections:

**COVID-19 2020: DBHDD Community Developmental Disability Services Policy Modifications - 6/1/2020**

EFFECTIVE IMMEDIATELY

**Attachments**

- A - COVID-19 2020 - Attestation of Absence of Barrier Crimes Data & Cover Letter 4/23/2020.docx
- Appendix K Attachment 1 - NOW and COMP Provider Spreadsheet 4/22/2020
- Appendix K Attachment 2 - Simplified AS Request Sheet 4/20/2020
- Appendix K Operational Guidelines for the NOW and COMP Waiver Programs Response to COVID-19 Pandemic, 4/30/2020 Version 2.0
- B - COVID-19 2020 - Attestation of Absence of Barrier Crimes Data & Cover Letter 4/23/2020.docx

# Questions:

CHANGE

- 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. Just one time*
- Can we bill interim retainer payments such as those intermittent with service delivery? *yes*
- Since DCH has corrected the calendar to business days. Can I go back and add those days into my billing days? *Yes up to 90*
- Will we be audited? *CMS has advised that there will definitely be audits following the COVID-19 PHE*



# Questions

- The attestation asks to attest to no duplicative payments but PPP or PRF cover 100% of expenses so how do we attest, when funds received did not cover all expenses? *Note that “duplicate uses of available funding streams” means using more than one funding stream for the same purpose.*
- Can we delay retainer payments and use once PPP funding has been exhausted? *If a provider had not already received revenues in excess of the pre-PHE level but receipt of the retainer payment in addition to those prior sources of funding results in the provider exceeding the pre-PHE level, any retainer payment amounts in excess would be recouped. If a provider had already received revenues in excess of the pre-PHE level, retainer payments are not available.*



# Questions

- Can we bill retainer payments up until the date PPP loan funding was received. For example, we closed centers and began sheltering in place on March 16, 2020 but did not receive PPP funding until April 22, 2020. Can we bill retainers for the period in-between or does the previous quarterly revenue standards apply to both 1st and second quarter this year, as we are still not in full operation. **Providers can bill for retainer payments at anytime beginning 03/01/2020 until the 90 billable days have been exhausted. Providers cannot bill for duplicative services already captured by other funding streams and all funding received for services must not exceed pre-PHE levels of the quarter immediately before the declared Federal National Emergency.**
- If we acted in good faith, based on guidance received at the time, and billed retainer payments but we're now being asked to complete an attestation stating we will abide by requirements we were not aware of at the time of billing are we subject to recoupment? **Yes, all providers that have billed for retainer payments are subject to audit and possible recoupment of received revenues in excess of the pre-PHE level**



# Dedicated for COVID-19 Response and Resources

Questions:

[Medicaid.PCKKCOVID19@dch.ga.gov](mailto:Medicaid.PCKKCOVID19@dch.ga.gov)

Resources for Reopening Non-Emergency  
Healthcare Facilities

*Found at [www.dch.georgia.gov](http://www.dch.georgia.gov) on the Department of Community Health main page dated June 9, 2020*



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## Contact:

- Please use the dedicated DCH e-mail box for additional questions:

**Medicaid.PCKCOVID19@dch.ga.gov**

- If related to the NOW and COMP Waiver programs, please contact the DBHDD Provider Relations team on the DBHDD website:

**<https://dbhddapps.dbhdd.ga.gov/PIMS/Default.aspx>**

# Amendment to APPENDIX K: Emergency Preparedness and Response

## Background:

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.<sup>i</sup> This appendix may be completed retroactively as needed by the state.

## Appendix K-1: General Information

### General Information:

A. State: Georgia

B. Waiver Title:

Elderly and Disabled Waiver (EDWP)  
Independent Care Waiver Program (ICWP)  
Comprehensive Supports Waiver Program (COMP)  
New Options Waiver (NOW)

C. Control Number:

GA.0112.R07.05  
GA.4170.R05.03  
GA.0323.R04.06  
GA.0175.R06.05

D. Type of Emergency (The state may check more than one box):

<input checked="" type="radio"/>	Pandemic or Epidemic
<input type="radio"/>	Natural Disaster
<input type="radio"/>	National Security Emergency
<input type="radio"/>	Environmental
<input type="radio"/>	Other (specify):

E. **Brief Description of Emergency.** *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state's mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

**Submission of the Appendix K Amendment is in response to the ongoing COVID-19 Pandemic and the need to continue vigilance in protecting the health and safety of the vulnerable populations served through Georgia's four Medicaid Waiver Programs. The Amendment will impact the Georgia Department of Community Health which administers all the programs and the Georgia Department of Behavioral Health and Developmental Disabilities which manages the day-to-day operations of the NOW and COMP waiver programs. Populations served through the programs include:**

- **Approximately, 26,000 members receiving Elderly and Disabled waiver services**
- **Approximately, 1,400 members receiving Independent Care Waiver Program services**
- **Approximately 8,800 members who receive COMP waiver services and 4,800 members receiving NOW waiver services.**

**Of the more than 40,000 Georgia residents served through the four Medicaid waiver programs, all are considered to be at high risk having qualified for the programs by virtue of meeting an institutional level of care for nursing home, hospital or Intermediate Care Facility/IDD. The purpose of this Amendment is to support those members who choose to maintain social distance recommendations and to support those providers of congregate services who may decide not to reopen at this time in support of public health guidance for these high risk populations. Georgia will continue to utilize telehealth resources in accordance with HIPAA requirements and where clinically appropriate as a modification to in person service delivery settings.**

**Members served through all of Georgia's waiver programs represent populations at significant risk for complications of COVID-19. The Appendix K Amendment reflects the State's attempts to mitigate exposure while preserving the provider network and service delivery system for return to a non-emergency state.**

**Georgia is requesting statewide modification through this Appendix K Amendment. The amendment is additive to the April 9, 2020 approved Appendix K documents and the approved Amendment dated June 15, 2020.**

**F. Proposed Effective Date: Start Date: 4/15/20 Anticipated End Date: 2/28/21**

**G. Description of Transition Plan.**

The Amendment to the approved Appendix K applications represents an extension of the temporary allowance in retainer payments by two additional thirty-day episodes to protect the health and safety of waiver members. This will allow Georgia providers specified in the April 9, 2020 approved Appendix K applications to be reimbursed for a total of three retainer payment episodes. At the conclusion of the state of emergency, pre-emergency service plans will be re-implemented unless the member has experienced a change in condition or circumstance that requires reassessment and development of an edited service plan. In utilizing retainer payments, it is the hope of the Department of Community Health that service capacity will be maintained through the emergency response for the choice of day services as well as the full array of waiver services. No new services or target populations are being proposed.

Only changes to K-2;j have been submitted through this Amendment.

**H. Geographic Areas Affected:**

Statewide

**I. Description of State Disaster Plan (if available) *Reference to external documents is acceptable:***

<https://gema.georgia.gov/>

## Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

### Temporary or Emergency-Specific Amendment to Approved Waiver:

*These are changes that, while directly related to the state's response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.*

**a. \_\_\_ Access and Eligibility:**

**i. \_\_\_ Temporarily increase the cost limits for entry into the waiver.**

[Provide explanation of changes and specify the temporary cost limit.]

**ii. \_\_\_ Temporarily modify additional targeting criteria.**

[Explanation of changes]

**b. \_\_\_ Services**

**i. \_\_\_ Temporarily modify service scope or coverage.**

[Complete Section A- Services to be Added/Modified During an Emergency.]

**ii. \_\_\_ Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.**

[Explanation of changes]

**iii. \_\_\_ Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).**

[Complete Section A-Services to be Added/Modified During an Emergency]

**iv. \_\_\_ Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches) Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:**

[Explanation of modification, and advisement if room and board is included in the respite rate]:

**v. \_\_\_ Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]**

**c. \_\_\_ Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver.** Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

**d. \_\_\_ Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).**

**i. \_\_\_ Temporarily modify provider qualifications.**

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

**ii. \_\_\_ Temporarily modify provider types.**

[Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

**iii. \_\_\_ Temporarily modify licensure or other requirements for settings where waiver services are furnished.**

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

**e. \_\_\_ Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]**

**f. \_\_\_ Temporarily increase payment rates**

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider].

**g. \_\_\_ Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.**

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

**h. \_\_\_ Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]**

**i. \_\_** 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 (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.

[Specify the services.]

--

**j. x** Temporarily include retainer payments to address emergency related issues.

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

This Amendment allows continuation of the first episode of retainer payment reimbursement to include two additional retainer payment episodes of thirty(30) days per episode for the following services, all of which deliver personal assistant services through the inclusion of support with activities of daily living or instrumental activities of daily living as a component of the service:

In the EDWP and ICWP programs - Personal Support Services, Personal Support Extended Services, Consumer Directed Personal Support Services, Adult Day Health Care, and Alternative Living Services.

In the NOW and COMP programs – Community Residential Alternative (COMP only service), Community Living Support Services, Supported Employment Services, Prevocational Services, and Community Access Services.

Retainer payments will be reimbursed only when the provider is not serving the member through other comparable or substituted services or using differential staff such as family caregivers to provide service. The retainer payment will be authorized at the level, duration, and amount as outlined in the pre-emergency state prior authorization.

The State has developed the following guardrails for provider assurance of the conditions of retainer payment reimbursement:

- Following the 6/30/20 FAQ release, DCH developed and presented two (2) webinars to the impacted providers and posted the webinar for future and continued review.
- The state will collect an attestation from the provider acknowledging that retainer payments will be subject to recoupment if inappropriate billing or duplicate payments for services occurred or duplicate uses of available funding streams, as identified in a state or federal audit or any other authorized third party review. The state will require an attestation from the provider that it will not lay off staff and will maintain wages at existing levels. The state will require an attestation from the provider that they had not received funding from any other sources, including but not limited to, unemployment benefits and Small Business Administration loans, that would exceed their revenue for the last full quarter prior to the PHE, 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 PHE. If a provider had not already received revenues in excess of the pre-PHE level but receipt of the retainer payment in addition to those prior sources of funding results in the provider exceeding the pre-PHE level, any retainer payment amounts in excess would be recouped. If a provider had already received revenues in excess of the pre-PHE level, retainer payments are not available.
- DCH will review all submissions for completeness of the attestation and will retain documents following the State's six (6) year retention policy.
- The attestation documents will be viewable singly or through report format by waiver program to allow cross-reference of providers by service type.
- CMS and/or Program Integrity audits will use the attestation documents in future provider audits.

**k. \_\_\_ Temporarily institute or expand opportunities for self-direction.**

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards]

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**l. \_\_\_ Increase Factor C.**

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

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**m. \_\_\_ Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]**

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**Contact Person(s)**

**A. The Medicaid agency representative with whom CMS should communicate regarding the request:**

<b>First Name:</b>	Brian
<b>Last Name</b>	Dowd
<b>Title:</b>	Deputy Executive Director Medical Assistance Plans
<b>Agency:</b>	Department of Community Health
<b>Address 1:</b>	2 Peachtree St NW
<b>Address 2:</b>	37 <sup>th</sup> Floor
<b>City</b>	Atlanta
<b>State</b>	GA
<b>Zip Code</b>	30303
<b>Telephone:</b>	404-657-5467
<b>E-mail</b>	<a href="mailto:bdowd@dch.ga.gov">bdowd@dch.ga.gov</a>
<b>Fax Number</b>	678-222-4948

**B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:**

<b>First Name:</b>	Brian
<b>Last Name</b>	Dowd
<b>Title:</b>	Deputy Executive Director Medical Assistance Plans
<b>Agency:</b>	Department of Community Health
<b>Address 1:</b>	2 Peachtree St NW
<b>Address 2:</b>	37 <sup>th</sup> Floor
<b>City</b>	Atlanta
<b>State</b>	GA
<b>Zip Code</b>	30303
<b>Telephone:</b>	404-657-5467
<b>E-mail</b>	<a href="mailto:bdowd@dch.ga.gov">bdowd@dch.ga.gov</a>
<b>Fax Number</b>	678-222-4948

## 8. Authorizing Signature

**Signature:**     /S/

**Date:**     7/20/2020


\_\_\_\_\_  
State Medicaid Director or Designee

<b>First Name:</b>	Lynnette
<b>Last Name</b>	Rhodes
<b>Title:</b>	Executive Director, Medical Assistance Plans
<b>Agency:</b>	Department of Community Health
<b>Address 1:</b>	2 Peachtree St NW
<b>Address 2:</b>	36 <sup>th</sup> Floor
<b>City</b>	Atlanta
<b>State</b>	Georgia
<b>Zip Code</b>	30303
<b>Telephone:</b>	404-656-7513
<b>E-mail</b>	<a href="mailto:lrhodes@dch.ga.gov">lrhodes@dch.ga.gov</a>
<b>Fax Number</b>	470-886-6844

## Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver which the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

**There are no changes to the approved Appendix K service specifications requested in this Amendment.**



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<sup>i</sup> Numerous changes that the state may want to make necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.



Current Status: *Active*

PolicyStat ID: 8386543



Georgia Department  
of Behavioral Health  
& Developmental  
Disabilities

Creation: 3/26/2020  
 Effective: 7/30/2020  
 Last Reviewed: 7/29/2020  
 Last Revision: 7/29/2020  
 Next Review: 1/25/2021  
 Owner: *Ron Wakefield: Director, Division of Developmental Disabilities*  
 Chapter: *DD Community Services*  
 Sections:

## COVID-19 2020: DBHDD Community Developmental Disability Services Policy Modifications - 7/30/2020

### EFFECTIVE IMMEDIATELY

### APPLICABILITY

DBHDD Providers of Community **Developmental Disability** Services

### POLICY

In response to the continued transmission of COVID-19, where necessary new measures are in effect to minimize community spread of the virus, and to assist in the continued delivery of community developmental disability services.

**Modifications** as described in this policy refers to the restriction, enhancement, relaxation, and partial or full suspension of existing policies in PolicyStat, [Provider Manual for Community Developmental Disability Providers](#), or [Provider Manual for Community Developmental Disability Providers of State-Funded Developmental Disability Services](#) as applicable to the service. This policy includes full details of the alternate requirement(s) or procedures.

The following temporary modifications to the policies listed below are pertinent to community developmental disability services, effective immediately. Please refer to the full policy via the hyperlink, noting the alternate requirements applicable until further notice.

This policy will be updated as necessary. This policy remains in effect until the Governor of the State of Georgia lifts the Emergency Declaration.

1. The "Appendix K: Operational Guidelines for the NOW and COMP Waiver Programs Response to COVID-19 Pandemic" permits **temporary modifications** for the services detailed in **Appendix K, Appendix K Attachment 1, and Appendix K Attachment 2** (attached below). The purpose of this guidance document is to provide additional information to providers of traditional waiver services and families who opt to participant direct services. The guidance within this document is temporary until otherwise notified by DBHDD and DCH. This guidance supersedes only conflicting guidance in the [NOW and](#)

[COMP Waivers for Community Developmental Disability Services, 02-1202](#), [Provider Manual for Community Developmental Disability Providers](#), and DBHDD PolicyStat policies.

2. **Temporary suspension** of the site inspection requirement for developmental disability provider enrollment, per [Recruitment and Application to Become a Provider of Developmental Disability Services, 02-701](#) is permitted as follows:
  - a. Site inspections for Community Residential Alternative Host Home sites are suspended. Host Home applications will remain in pending status until site inspections resume.
3. A **partial suspension** of the fingerprinting requirement described in [Criminal History Record Check for DBHDD Network Provider Applicants, 04-104](#) as follows **only if fingerprinting services are not available in your area**:
  - a. DBHDD's Provider Network must have each person subject to Policy 04-104 complete the "Network Provider Applicant Attestation," **Attachment A** to this policy, instead of completing the fingerprint based background check stipulated in Policy 04-104.
  - b. Within sixty (60) days of cessation of the Public Health Emergency, all persons who signed the Network Provider Applicant Attestation instead of completing the fingerprint based background check must complete a fingerprint based background check as required by Policy 04-104. The provider is responsible for sending any person who signed the Network Provider Applicant Attestation for a fingerprint based background check.
  - c. The provider is also responsible for sending to DBHDD's Criminal History Background Check (CHBC) section each signed Network Provider Applicant Attestation, while retaining a copy in the applicant's personnel file. The provider must send the signed and dated Attestation to CHBC, and acknowledge receipt of an email from CHBC confirming acceptance of the Attestation, before the applicant begins working. The Individual Assessment process set forth in section D of Policy 04-104 does not apply to persons who sign the Network Provider Applicant Attestation.
  - d. The Attestation cannot be used by Network Provider Applicants who were fingerprinted for a fingerprint based background check within sixty (60) days prior to the declaration of the Public Health Emergency.
4. A **partial suspension** of the fingerprinting requirement described in [Criminal History Record Check for Individual Provider Applicants, 04-111](#) is permitted as follows **only if fingerprinting services are not available in your area**:
  - a. All applicants who are subject to Policy 04-111 must complete the "Individual Provider Attestation," **Attachment B** to this policy, instead of completing the fingerprint based background check documented in Policy 04-111.
  - b. Within sixty (60) days of cessation of the Public Health Emergency, all applicants who signed the Individual Provider Attestation instead of completing the fingerprint based background check must complete a fingerprint based background check as required by Policy 04-111.
  - c. DBHDD Provider Enrollment is responsible for sending to DBHDD's Criminal History Background Check (CHBC) section all signed Individual Provider Attestations and for acknowledging receipt of an email from CHBC confirming acceptance of the Attestation, before the Individual Provider Applicant can be considered eligible. The Individual

Assessment process set forth in Part D of Policy 04-111 does not apply to applicants who sign the Individual Provider Attestation.

- d. The Attestation cannot be used by Individual Provider Applicants who were fingerprinted for a fingerprint based background check within sixty (60) days prior to the declaration of the Public Health Emergency.

**DBHDD sincerely appreciates your compliance with these measures throughout this Public Health Emergency.**

## Attachments

[A - COVID-19 2020 - Attestation of Absence of Barrier Crimes Data & Cover Letter 4/23/2020.docx](#)  
[Appendix K Attachment 1 - NOW and COMP Provider Spreadsheet 4/22/2020](#)  
[Appendix K Attachment 2 - Simplified AS Request Sheet 4/20/2020](#)  
[Appendix K Operational Guidelines for the NOW and COMP Waiver Programs Response to COVID-19 Pandemic, 7/30/2020 Version 3.3](#)  
[B - COVID-19 2020 - Attestation of Absence of Barrier Crimes Data & Cover Letter 4/23/2020.docx](#)

## Approval Signatures

Approver	Date
Anné Akili, Psy.D.: Director, Policy Management	7/29/2020
<b>Older Version Approval Signatures</b>	
Anné Akili, Psy.D.: Director, Policy Management	7/10/2020
Ron Wakefield: Director, Division of Developmental Disabilities	7/10/2020
Anné Akili, Psy.D.: Director, Policy Management	7/10/2020
Anné Akili, Psy.D.: Director, Policy Management	6/25/2020
Ron Wakefield: Director, Division of Developmental Disabilities	6/25/2020
Anné Akili, Psy.D.: Director, Policy Management	6/25/2020
Anné Akili, Psy.D.: Director, Policy Management	6/23/2020
Ron Wakefield: Director, Division of Developmental Disabilities	6/23/2020
Anné Akili, Psy.D.: Director, Policy Management	6/23/2020
Anné Akili, Psy.D.: Director, Policy Management	6/1/2020
Ron Wakefield: Director, Division of Developmental Disabilities	6/1/2020
Anné Akili, Psy.D.: Director, Policy Management	6/1/2020
Anne Akili, Psy.D.: Director, Policy Management	4/30/2020
Ron Wakefield: Director, Division of Developmental Disabilities	4/30/2020

<b>Approver</b>	<b>Date</b>
Anne Akili, Psy.D.: Director, Policy Management	4/30/2020
Anne Akili, Psy.D.: Director, Policy Management	4/23/2020
Ron Wakefield: Director, Division of Developmental Disabilities	4/23/2020
Anne Akili, Psy.D.: Director, Policy Management	4/23/2020
Anne Akili, Psy.D.: Director, Policy Management	4/21/2020
Ron Wakefield: Director, Division of Developmental Disabilities	4/21/2020
Anne Akili, Psy.D.: Director, Policy Management	4/21/2020
Anne Akili, Psy.D.: Director, Policy Management	4/20/2020
Ron Wakefield: Director, Division of Developmental Disabilities	4/20/2020
Anne Akili, Psy.D.: Director, Policy Management	4/20/2020
Anne Akili, Psy.D.: Director, Policy Management	4/8/2020
Ron Wakefield: Director, Division of Developmental Disabilities	4/8/2020
Anne Akili, Psy.D.: Director, Policy Management	4/7/2020
Anne Akili, Psy.D.: Director, Policy Management	4/2/2020
Ron Wakefield: Director, Division of Developmental Disabilities	4/2/2020
Anne Akili, Psy.D.: Director, Policy Management	4/2/2020
Anne Akili, Psy.D.: Director, Policy Management	3/26/2020
Ron Wakefield: Director, Division of Developmental Disabilities	3/26/2020
Anne Akili, Psy.D.: Director, Policy Management	3/26/2020



# Georgia Department of Behavioral Health & Developmental Disabilities

Judy Fitzgerald, Commissioner

## Office of Enterprise Compliance

Two Peachtree Street, NW • 1<sup>st</sup> Floor • Atlanta, Georgia 30303-3142 • Telephone: 404-463-2507 • Fax: 770-359-5473

I, \_\_\_\_\_

_____	_____	_____	_____	_____
Last Name	First Name	Middle Initial		
_____	_____	_____	_____	_____
Social Security No.	Height	Weight	Eye color	Hair Color
_____	_____	_____	_____	_____
Date of Birth	Sex	Race		
_____	_____	_____	_____	_____
Street Address	City	State	Zip	

attest that I have not been convicted of nor have pending charges for any crime listed on Barrier Record Data (Attachment D of [Criminal History Record Check for DBHDD Network Provider Applicants, 04-104](#), a copy of which has been provided to me).

I also attest that:

1. I am not currently on probation as a First Offender for a crime listed on Barrier Record Data (Attachment D);
2. I am not awaiting final disposition on charges for any crime referenced on the Barrier Record Data (Attachment D);
3. I do not knowingly have an outstanding warrant for any crime referenced on the Barrier Record Data (Attachment D);
4. I do not have a finding of guilty but mentally ill (GBMI) for any crime referenced on the Barrier Record Data (Attachment D);
5. I do not have a finding of guilty with intellectual disability (GWID) for any crime referenced on the Barrier Record Data (Attachment D); and
6. I do not have a finding of not guilty by reason of insanity (NGRI) for any crime referenced on the Barrier Record Data (Attachment D).
7. I do not have any convictions within the last 12 months.

This form serves as a contingency for employment. Within sixty (60) days of the termination of the Public Health State of Emergency, I understand that I will be required to complete a fingerprint based background check and if any information stated hereon is found to be falsified or untrue, I could be deemed ineligible for continued employment by a DBHDD network provider. I also understand that prior to being fingerprinted, if any information stated hereon is discovered to have been falsified or is found to be untrue, I could be deemed ineligible for continued employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Georgia Department of Behavioral Health & Developmental Disabilities

Judy Fitzgerald, Commissioner

### Office of Enterprise Compliance

Two Peachtree Street, NW • 1<sup>st</sup> Floor • Atlanta, Georgia 30303-3142 • Telephone: 404-463-2507 • Fax: 770-359-5473

**TO:** DBHDD Provider Network

**FROM:** DBHDD Office of Enterprise Compliance  
Criminal History Background Checks Section

**RE:** Policy No. 04-104 Attestation

Immediately after a person subject to Policy No. 04-104, as modified during the Public Health State of Emergency, completes the Attestation required under the modified policy, send the Attestation to CHBC by facsimile to (770) 359-1622, or via email at [DBHDD-CRS@DBHDD.GA.GOV](mailto:DBHDD-CRS@DBHDD.GA.GOV). with this Cover Sheet after completing the information required below:

**Provider Name** \_\_\_\_\_

**Name of Direct Contact** \_\_\_\_\_

**Contact Phone Number** \_\_\_\_\_

**Email address** \_\_\_\_\_

If you have questions, please contact our office at 404-463-2507 or 404-232-1641.



DBHDD

## Appendix K Tracking of Telehealth, Retainer Payments, and Family/Caregiver

**Instructions for DBHDD Providers:** Use this spreadsheet to track GAMMIS billing for Retainer and Family/Caregiver payments via telehealth, enter the number of units billed by service type (**Note: Retainer and Family/Caregiver** (in blue)).

**Submitting Monthly Report:** Providers should submit this report monthly to the DBHDD Region. Insert the appropriate number for the provider's region in place of the # sign in the email address.

**Provider Name:** ABC CSB  
**Report Month-Year:** March-20

**Note: Providers must follow all operational guidelines outlined in the Appendix K Provider Guide.**

CID #	Medicaid #	Last Name	First Name
8675309	111222333444	Doe	John
127001	111222333999	Doe	Jane

**iver Options Report**

nd Family/Caregiver Options units for each individual served in the report month. If services were delivered  
egiver Options should not be billed if services were delivered via telehealth). See example rows #18 & #19

al Field Office at [region#enhancedsupports.dd@dbhdd.ga.gov](mailto:region#enhancedsupports.dd@dbhdd.ga.gov).  
ss above (e.g. [region1enhancedsupports.dd@dbhdd.ga.gov](mailto:region1enhancedsupports.dd@dbhdd.ga.gov)).

Guidance to report temporary allowances for services delivered.		Units in Red: Consult the A are allowed for the type of
Type of Service	Date of Service	Number of Units Telehealth
Behavior Support Service - L1	3/1/2020	30
Community Living Support (CLS) - Basic	3/14/2020	