



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

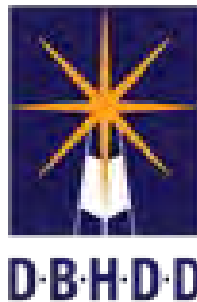
Number of Units Retainer	Number of Units Family/Caregiver Options	Total Units Billed for Date of Service (GAMMIS)
		30
10	10	20
		0
		0



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

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



Version 3.3

Released: 07.30.2020

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				

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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 thirty (30) days each, **without the requirement of any new service encounter**¹, 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 thirty (30) 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 30-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 thirty (30) additional days of retainer for that regular staff member, consistent with item (1) immediately above.

¹ 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 ninety (90) billable days of retainer payments (30 initial days plus two additional 30-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 member²

EXAMPLE 1: Under Individual's ISP, Provider would normally provide Service to Individual on Monday, Tuesday, Wednesday, Thursday, and Friday of each week (5 days per 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 for 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:

- (1) bill for an additional 30 days of retainer for that regular staff member—i.e. for the Service that would have been delivered (5 days per week per the ISP) over the next 6 weeks (beginning the week of June 28, through and including the week of August 2, with the last retainer payment date being Friday, August 7); and then
- (2) if the regular staff member is still not delivering the Service to the Individual after that first additional retainer payment has ended, and if Provider is continuing to retain the regular staff member, then Provider may bill the retainer for a second additional 30 days of retainer for that regular staff member—i.e. for the Service that would have been delivered (5 days per week per the ISP) over the next 6 weeks (beginning the week of August 9, through and including the week of September 13, with the last retainer payment date being Friday, September 18). Afterwards, no further retainer payments would be available, per current CMS guidance.

Note: The above example assumes a scenario in which Appendix K continues to be in effect through at least September 18. Retainer payment period extensions could become more limited if Appendix K are withdrawn earlier. The above example also does not account for holidays on which the regular staff member would not normally deliver the Service under the Individual's ISP.

EXAMPLE 2: Under Individual's ISP, Provider would normally provide Service to Individual on Monday, Wednesday, and Friday of each week (3 days per 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 for which the initial 30-day retainer was billed was Friday, June 26. If

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

Provider continues to retain the regular staff member, and if that regular staff member is not delivering the Service to Individual, Provider may:

- (1) bill for an additional 30 days of retainer for that regular staff member—i.e. for the Service that would have been delivered (3 days per week per the ISP) over the next 10 weeks (beginning the week of June 28, through and including the week of August 30, with the last retainer payment date being Friday, September 4); and then
- (2) if the regular staff member is still not delivering the Service to the Individual after that first additional retainer payment has ended, and if Provider is continuing to retain the regular staff member, then Provider may bill the retainer for a second additional 30 days of retainer for that regular staff member—i.e. for the Service that would have been delivered (3 days per week per the ISP) over the next 10 weeks (beginning the week of September 6, through and including the week of November 8, with the last retainer payment date being Friday, November 6). Afterwards, no further retainer payments would be available, per current CMS guidance.

Note: The above example assumes a scenario in which Appendix K continues to be in effect through at least November 6. Retainer payment period extensions could become more limited if Appendix K are withdrawn earlier. The above example also does not account for holidays on which the regular staff member would not normally deliver the Service under the Individual’s ISP.

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 agency³, 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;
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.

³ 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.

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.

IDC-C Version Change Provisions- the below table represents actions that require and do not require a version change to be submitted through IDC-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>Notification Guidance- The Regional Field Office (via email to the I&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>Documentation Guidance- Providers are to document retainer service delivery in the “COVID-19 NOW & COMP Provider Spreadsheet” – see Section G for reference.</p> <p>Billing Guidance- 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>Documentation Guidance- Providers are to document retainer service delivery and list of family caregiver hire by way of the “COVID-19 NOW & COMP Provider Spreadsheet” – see Section G for reference.</p> <p>Billing Guidance: 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>

	<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.</p>
<p>D.3 Supported Employment (SE)</p>	<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>Billing Guidance- 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>
<p>D.4 Prevocational Services</p>	<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"> • What is social distancing, • How to properly wash hands,

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	<ul style="list-style-type: none"> • How to wear personal protective equipment (PPE) and when does PPE have to be worn; • What will riding in vehicles with others consist of? ; • Why are you taking my temperature? • Discussing fears with the group of returning to the day setting? • Resume building utilizing virtual resume videos and one-pagers to share marketable strengths, • Career exploration videos based on job interests, and • Discussion on moving towards competitive integrated employment. <p>Billing Guidance- 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"> • What is social distancing, • How to properly wash hands, • How to wear personal protective equipment (PPE) and when does PPE have to be worn • What will riding in vehicles with others consist of, • Why are you taking my temperature, • Discussing fears with the group of returning to the day setting, • Virtual exercise classes, and • Any virtual group instruction/ teaching type opportunities

	<p>Note: Community Access includes both Community Access Group (CAG) and Community Access Individual (CAI) Services.</p> <p>Documentation Guidance- Providers are to document retainer service delivery and a list of hired family caregivers in the “COVID-19 NOW&COMP Provider Spreadsheet” – see Section G for reference.</p> <p>Billing Guidance: 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>
<p>D.6 Support Coordination (SC)</p>	<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>Documentation Guidance- 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>Billing Guidance- 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>

	<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.</p>
<p>D.7 Intensive Support Coordination (ISC)</p>	<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>Documentation Guidance- 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>Billing Guidance- Services delivered telephonically should be billed using the Place of Service (POS) code '02' for telehealth.</p>
<p>D.8 Specialized Medical Supplies (SMS)</p>	<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>Documentation Guidance- Providers are to document a list of family caregivers hires in the “COVID-19 NOW & COMP Provider Spreadsheet” – see Section G for reference.</p> <p>Billing Guidance- 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>Notification Guidance- 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>Documentation Guidance- 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>Billing Guidance- 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>Documentation Guidance- 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>Billing Guidance- 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>Notification Guidance 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>Documentation Guidance- 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>Billing Guidance: 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>Documentation Guidance- 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>Billing Guidance: 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 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%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/>
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]

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

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.	
12	The Residential/Day setting is clean according to the individual's needs and preferences.	[Control]
13	The Residential/Day setting is safe for the individual's needs.	[Control]
14	The Residential/Day setting is appropriate for the individual's needs and preferences.	[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
	<p>be affirmative documentation as well.</p> <p>Otherwise, N/A.</p>	
25	<p>Skilled nursing hours are being provided, as ordered.</p> <p>Therap or other web-based applications/documentation, would be affirmative documentation as well.</p> <p>Otherwise, N/A.</p>	[Control]
26	<p>All medical/therapeutic appointments have been scheduled and attended.</p> <p>Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well.</p> <p>Otherwise, N/A.</p>	[Control]
27	<p>All follow-up appointments have been scheduled and attended.</p> <p>Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well.</p> <p>Otherwise, N/A.</p>	[Control]
28	<p>All physician/clinician recommendations are being followed.</p> <p>Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well.</p> <p>Otherwise, N/A.</p>	[Control]

Focus Area: Environment	Instructions	Comments/Actions Needed: Concerns, Barriers, Successes	
	<p>be affirmative documentation as well.</p> <p>Otherwise, N/A.</p>		
29	<p>All prescribed medications are being administered, as ordered, and documented accurately.</p>	<p>Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well.</p> <p>Family and participant can also confirm Med administration.</p> <p>Otherwise, N/A.</p>	[Control]
30	<p>All required assessments/evaluations have been completed.</p>	<p>Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well.</p> <p>Otherwise, N/A, or Determined by SC</p>	[Control]
31	<p>The individual has had no hospital admissions, emergency room, or urgent care visits since the last review.</p>	<p>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.</p> <p>Provider staff reports of hospital admissions, emergency room, or</p>	[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.	<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]
39 Current supports and behavioral interventions are adequate to prevent engaging external interventions.	<p>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.</p> <p>There could be times when there is not clarity to respond without a face to face evaluation.</p>	[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, There could be times when there is not clarity to respond without a face to face evaluation.</p> <p>[Control]</p>
50	<p>The individual has the necessary access to transportation for employment and community activities of his/her choice.</p>	<p>Yes, 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]		

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

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.	[Control] SC may need a face to face to confirm.

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’



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



Georgia Department of Behavioral Health & Developmental Disabilities

Judy Fitzgerald, Commissioner

Office of Enterprise Compliance

Two Peachtree Street, NW • 1st 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 • 1st 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.



MEMORANDUM

TO: NOW & COMP Providers
FROM: Allen Morgan, Director of Field Operations
DATE: August 20, 2020
RE: Appendix K Tracking of Retainer Payments and Family Caregiver Hire Options Report
(guidance related to DBHDD Policy “[COVID-19 2020: DBHDD Community Developmental Disability Services Policy Modifications](#)” and its Attachment 1 - NOW and COMP Provider Spreadsheet 4/22/2020)

This memo is written as a review on how to complete and submit the “Appendix K Tracking of Telehealth, Retainer Payments, and Family/Caregiver Options Report” spreadsheet. See below instructions in completing the monthly report:

1. Use the spreadsheet to track GAMMIS billing for Retainer and Family/Caregiver Options units for each individual served in the report month. If services were delivered via telehealth, enter the number of units billed by service type (Note: Retainer and Family/Caregiver Options should not be billed if services were delivered by providers’ regular staff members via telehealth). See example rows #18 & #19 (in blue) on the spreadsheet.
2. Providers should submit this report monthly to the appropriate DBHDD Regional Field Office at the e-mail address indicated below:
for Region 1: region1enhancedsupports.dd@dbhdd.ga.gov
for Region 2: region2enhancedsupports.dd@dbhdd.ga.gov
for Region 3: region3enhancedsupports.dd@dbhdd.ga.gov
for Region 4: region4enhancedsupports.dd@dbhdd.ga.gov
for Region 5: region5enhancedsupports.dd@dbhdd.ga.gov
for Region 6: region6enhancedsupports.dd@dbhdd.ga.gov

Please be advised all monthly reports for March 1, 2020 through September 30, 2020 will need to be **completed and submitted by October 1, 2020**. Please note that if attestation days are billed beyond October 1, 2020 those monthly reports will need to be submitted monthly thereafter as subsequent monthly submissions. Please do not add any structural modifications to the spreadsheets. Spreadsheets structurally altered in any way will be returned to the sender by the Field Office and the provider will be asked to resubmit the correct spreadsheet.

In addition, DBHDD ask that providers please review previous submissions for accuracy as there were noted retainer policy and billing changes that might not be reflected on previous submissions. After review, please either send revised monthly report or send an email to your regional Field Office confirming that there were no changes.

For additional information and detailed instructions on completion of the monthly report please see the DD “COVID-19 2020: DBHDD Community Developmental Disability Services Policy Modifications: Appendix K” policy at <https://gadbhdd.policystat.com/policy/8386543/latest/>. The spreadsheet is Attachment 1 to that policy and can be accessed by clicking the link beginning “Appendix K Attachment 1” at the bottom of the policy.

As a reminder, **any provider billing retainer must also complete an attestation with the Department of Community Health (DCH)**. More information regarding attestation requirements can be found at <https://dch.georgia.gov/how-do-i/covid-19-ga-dch>. Please be sure the retainer details in the requested above spreadsheet align with the attestation details provided to DCH.

DBHDD will continue to monitor developments associated with the impact of COVID-19 and share related information as appropriate. DBHDD and our network of providers continue to serve as the public’s safety net and sustaining operations and services essential to the citizens of Georgia. The most up to date information regarding the impact of COVID-19 is available from the CDC and Georgia Department of Public Health and can be found at www.dph.georgia.gov/ and www.cdc.gov/coronavirus/2019-ncov/about/index.html.

Thank you in advance for your cooperation.



MEMORANDUM

TO: NOW/COMP Providers
FROM: Amy Riedesel, Director of Community Services
DATE: August 25, 2020
RE: Work Requirements During Appendix K Authorization and the Public Health Crisis

This memo from DBHDD is to provide clarification based on questions asked of work requirements during Appendix K authorization and the Public Health Crisis.

Questions have been asked about SC agencies returning to face to face visits for monthly/quarterly visits and for Individual Service Plan (ISP) meetings with the individuals being served.

All DBHDD providers are operating under the Appendix K guidelines and Appendix K: Operational Guidelines for the NOW and COMP Waiver Programs, Response to COVID-19 Pandemic dated 7.30.2020 Version 3.3. The guidance within the Operational Guidelines is temporary until otherwise notified by DBHDD and DCH. The guidance supersedes only conflicting guidance in the NOW and COMP manuals, DD Community Standards Manual, and DBHDD PolicyStat Policies. Per the Appendix K and supporting guidelines, ISC/SC services are to be provided telephonically or through other telehealth means while the Appendix K is effective. One significant purpose ISC/SC services are being provided via telehealth is to help reduce the spread of COVID-19.

Relevant citations from Appendix K Operational Guidelines include:

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.*

D.6 Support Coordination (SC) and D.7 Intensive Support Coordination (ISC):

The state temporarily authorizes, during the time that the Appendix K is effective, SC and ISC providers to render services telephonically and through other telehealth means.

Telecommunications applications (e.g. SKYPE/Facetime/Duo/ZOOM) are 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 on areas of health and safety.

Support Coordination Agencies will continue to provide services through telehealth means while the Appendix K is in effect. DBHDD acknowledges there may be an urgent need for face to face communication on a limited basis tied to the health and safety of an individual in waiver services.

DBHDD also acknowledges that with the use of telehealth services, there may be new challenges related to communication, particularly access to telephones. As a reminder, the Provider Manual for Community Developmental Disability Providers states:

Section CI (2), pg. 30

Services are provided in an appropriate environment that is respectful and ensures the privacy of individuals supported or served. The environment is:

- h. Telephone use for incoming and outgoing calls that is accessible and maintained in working order for persons served or supported.*
- i. The Americans with Disabilities Act of 1990 requiring facilities to be readily accessible to and usable by people with disabilities is addressed, if applicable. Refer to 2010 Standard ADA Compliance for accessible design.*

*Also references in: **Section CI (8)(b), pg. 32***

- b. Policies and procedures include, but are not limited to:*
 - x. Emergency preparedness (availability of a portable phone for emergency calls) to include process for handling and reporting an incident and accident.*

BE CONNECTED

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NEWS
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THANK YOU PROVIDERS!

The DBHDD and you, the provider network, play a vital role as Georgia's behavioral health and IDD Safety Net. **Thank you** for working alongside DBHDD to sustain services and protect the health and safety of individuals we serve, practitioners, and communities. We would like to take this opportunity to use this issue of Network News to provide a summary of the information you have received through our Special Bulletins during the month of August.



HHS Provider Relief Fund

**Medicaid Behavioral Health and Intellectual Developmental
Disabilities Providers**

Deadline Extended to September 13, 2020

The U.S. Department of Health and Human Services(HHS) Centers for Medicare and Medicaid Services (CMS) has announced that the deadline for Medicaid and CHIP providers to apply for payment through the [Provider Relief Fund Portal](#) for payments to offset lost revenues or uncompensated care attributable to the COVID-19 pandemic has been extended to **September 13, 2020**. [Click here](#) to read the announcement in it's entirety.

Instructions on how to complete the application can be accessed by clicking the links below.

Application Instructions

[Medicaid and CHIP Provider Distribution Instructions](#) and the [Medicaid and CHIP Provider Distribution Application Form](#) are available at hhs.gov/providerrelief. The Health Resources & Services Administration (HRSA) recommends downloading and reviewing these documents to help you complete the process through the [Enhanced Provider Relief Fund Payment Portal](#).

As a reminder, funding is available for eligible providers who have not received a payment from the Provider Relief Fund General Allocation. The payment to each provider will be approximately 2% of reported gross revenues for patient care.

Fact Sheet

The Health Resources & Services Administration (HRSA) released a [Fact Sheet](#) for Medicaid and CHIP Providers that is now available on the Provider Relief Fund website.

Frequently Asked Questions (FAQs)

In order to better address your most important concerns, HRSA has updated their [FAQs](#) to address common questions, including those submitted during the previous webcasts. The FAQs include expanded information on eligibility, application, payment process, and more.

A [power point presentation](#) has been made available from the HHS Health Resources & Services Administration (HRSA) which provides more information about the Provider Relief Fund.

COVID-19 Support Lines



**Georgia COVID-19
Emotional Support Line
866-399-8938**

Effective June 1, 2020 - Hours of Operation: 8 am - 11 pm

 Georgia Department of Behavioral Health & Developmental Disabilities

 Behavioral Health Link

 beacon health options

The banner features a dark blue background with a green map of Georgia on the right. In the center, three hands of different skin tones (dark brown, light brown, and white) are clasped together in a supportive grip. The text is in white, with the phone number in a large, bold font.

In response to the growing need for citizens of Georgia to access behavioral health support and resources during the current health crisis, the Department of Behavioral Health & Developmental Disabilities (DBHDD) in partnership with Behavioral Health Link (BHL) implemented the GA COVID19 emotional support line. This statewide support line is an expansion of the already existing Georgia Crisis and Access Line (GCAL). The Georgia COVID19 Emotional Support Line provides free and confidential assistance to callers needing support or resource information. The Emotional Support Line is staffed by volunteers, including mental health professionals and

others who have received training in crisis counseling. This crisis is causing people to experience a myriad of emotions and the GA COVID19 Emotional Support Line offers Georgians another option for receiving support in managing their reactions and experiences to the COVID19 crisis.

Thus far, callers have been able to receive non-crisis related assistance in helping them manage feelings of loneliness and isolation, as well as stress and anxiety. Callers have also been able to receive helpful resource information and connection to other needed services. The COVID19 Emotional Support Line will operate for the duration of the current crisis.

[Click here](#) to access additional mental wellness resources and supports.



Georgia's Peer2Peer Warm Lines Are Open!

Georgia's Peer2Peer Warm Line plans to continue 24/7 operation through this time. Even where services are able to continue without interruption, there are likely going to be behavioral health service consumers who are at-risk for the Coronavirus who choose not to visit service providers, and the Warm Line is an option for them to stay connected and receive support. Warm Line calls are answered by Georgia Certified Peer Specialists and is funded by DBHDD.



The Peer2Peer Warm Line toll-free number is 888-945-1414.

More information can be found by [clicking here](#).



Department of Public Health

Coronavirus Hotline



With all the concerns surrounding the COVID-19 pandemic the State of Georgia is trying to help ease the minds of residents. Georgia officials have created a new hotline that is available to all residents. Georgians can call **1-844-442-2681** with questions or concerns about the coronavirus.

If you believe that you are experiencing symptoms of COVID-19 or have been exposed to the novel coronavirus, please contact your primary care doctor or an urgent care clinic. Please do not show up unannounced at an emergency room or health care facility.

For more information, [click here](#).

DBHDD Policy Information

Since August 1, 2020 DBHDD updated or developed the following policies:

[Addressing Immediate and Critical Needs due to Changes in Condition and/or Changes in Circumstances for NOW and COMP Waiver Participants, 02-443](#)

[Criminal History Record Check for Individual Provider Applicants, 04-111](#)

[Discharge Planning for Crisis Stabilization Units and Behavioral Health Crisis Centers, 01-352](#)

[Follow-up for Individuals Discharged from the State Hospital, 01-508](#)

[Process for Reporting Compliance with Standards for Tier 1 Comprehensive Community Providers \(CCPs\), 01-225](#)

[Transition Planning Process for Individuals on the Americans with Disabilities Act \(ADA\) Ready to Discharge List, 01-507](#)

All current policies can be found on [PolicyStat](#).

Please direct all policy-related questions to the Office of Provider Relations via the Provider Issues Management System (PIMS). To submit your questions [click here](#).

Training Announcements

DBHDD IN-PERSON TRAININGS POSTPONED

In response to the coronavirus (COVID-19) in Georgia, and Governor Kemp’s Public Health State of Emergency guidance to cancel or postpone all non-essential travel, DBHDD is postponing previously **scheduled trainings**. The health, safety and well-being of the individuals we serve, practitioners, and staff are DBHDD’s top priority, and this decision has been made with those in mind. DBHDD is closely monitoring related developments and will provide additional information and updates related to these events in the coming weeks. Thank you for your interest and event registration, and most importantly, your dedication and commitment to those we serve.

For information regarding any virtual DBHDD trainings, [click here](#).

If you have any questions, please contact DBHDD.Learning@dbhdd.ga.gov.

DBHDD Announcements



Image COVID-19 Incident Reporting Changes

As we continue to navigate working and supporting our individuals during the current pandemic, we recognize that the current way of reporting COVID incidents is untenable. As such, the

changes below are being implemented immediately. Hopefully this will help bring some relief to those completing data entry in the system.

FOR DD RELATED SERVICES:

Entries in Image for **920 – Exposure** are **ONLY REQUIRED FOR INDIVIDUALS**. Reporting of staff exposures is no longer required.

Entries in Image for **921 – Positive, and 922 – Death ARE STILL REQUIRED** for both staff and individuals.

Entries in Image for **923 – Recovery** will **no longer be required** for individuals or staff at any locations.

	920 Exposed	921 Positive	922 Death	923 Recovery
Staff	Not required	REQUIRED	REQUIRED	Not required
Individual	REQUIRED	REQUIRED	REQUIRED	Not required

DD Providers should continue to work with the DBHDD Office of Health and Wellness staff who will maintain follow-up activities on individuals who test positive until that individual is no longer identified as being positive for COVID 19 or in the event of death, reported as deceased. (Note: Resolution of positive will be based upon CDC Guidelines for designation of COVID 19 negative status.)

FOR BH RELATED SERVICES INCLUDING CSU/BHCC:

Entries in Image for incident types **920 – Exposure and 923 – Recovery** will **no longer be required** for individuals or staff at any locations.

their website at <https://www.cdc.gov/disasters/hurricanes/covid-19/prepare-for-hurricane.html>.

Even if you do not live or work near Georgia's coast, you can be impacted by tropical storms or hurricanes due to the heavy rain and tornadoes they may produce inland. Since March of 2020, there has been heavy rain throughout Georgia resulting in floods and flash floods in some areas. The Georgia Emergency Management Agency's ReadyGeorgia website has a page dedicated to preparing for floods and flash floods at <https://gema.georgia.gov/floods-and-flash-floods>.

The CDC also has guidance on going to a disaster shelter during COVID-19 at <https://www.cdc.gov/disasters/hurricanes/covid-19/public-disaster-shelter-during-covid.html>.

The DBHDD policy [Disaster Preparedness, Response and Disaster Recovery Requirements for Community Providers, 04-102](#) provides information and resources for disaster planning.

Submitted by:

Jeannette David, Disaster Mental Health Coordinator

Division of Behavioral Health

Developmental Disabilities

Appendix K Webinar Presentation Retainer Payments & Attestation Form



The power point presentation for the July 30th and August 4th combined Department of Community Health (DCH) and DBHDD IDD Provider webinars related to the Appendix K retainer payment and attestation form is available by [clicking here](#).

The presentation is also now available on the [Georgia Medicaid Management Information System Website \(GAMMIS\)](#). To access this presentation from the GAMMIS website, hover over "Provider Information" and select "Provider Notices" from the drop down menu.

The attestation form is available on the [Department of Community Health website](#). Once there, locate the "Medicaid and Peachcare for Kids" navigation pane. In that navigation pane click on the "Provider agencies retainer payment attestation form" link to access the required form. This form must be completed by October 1st, 2020.

A screenshot of the Georgia Department of Community Health website. The page features a dark blue header with the department's logo and name. Below the header is a navigation menu with categories like "About Us", "Divisions & Offices", "Programs", "Providers", "How Do I", "Budget & Performance", and "Meetings & Notices". The main content area is titled "COVID-19: Georgia Department of Community Health" and includes a sub-section "Division and Office Updates". Three update cards are displayed: "Medicaid and PeachCare for Kids" (highlighted with a red box), "State Health Benefit Plan", and "Healthcare Facility Regulation Division". The highlighted card contains the text "Provider agencies retainer payment attestation form..." and a brief description of the form's purpose.

Lastly, the [Appendix K Operational Guidelines for the NOW and COMP Waiver Programs Response to COVID-19 Pandemic, 7/30/2020 Version 3.3](#), attached to the DBHDD policy [COVID-19 2020: DBHDD Community Developmental Disability Services Policy Modifications - 7/30/2020](#) has also been updated to reflect the changes to the retainer payment.



Requirements During Appendix K Authorization & the Public Health Crisis

Below is a link to a memo addressing questions pertaining to work requirements during the Appendix K authorization and the Public Health crisis specifically focused on Support Coordination returning to face-to-face meetings/visits. This memo highlights guidance in regards to Support Coordination and telehealth.

We ask all providers to read the memo and contact your local Regional Field Office if you have any questions.

[MEMORANDUM: Work Requirements](#)



Appendix K Tracking of Retainer Payments & Family Caregiver Hire Options Report

Below is a link to a memo addressing completion of the Appendix K Tracking of Telehealth, Retainer Payments, and Family/Caregiver Options Report” spreadsheet This memo highlights

instructions on how to complete the spreadsheet as well as additional information regarding the Department of Community Health (DCH) attestation requirements.

We ask all providers to read the memo and contact your local regional office if you have any questions.

[Retainer Payments & Family Caregiver Hire Options Report Memo](#)

[Provider Manual for](#)

Community Developmental Disabilities Providers

In order to historically document DBHDD communications, policy, and guidance issued to providers during the COVID-19 Public Health Emergency (PHE), the DBHDD has posted a revision to the FY21, Quarter 1 Provider Manual (effective July 1, 2020 through September 30,2020). The revisions include additional information in Appendix A pertaining to the retainer payments and provider relief application.

The revised manual can be found on the DBHDD website: <https://dbhdd.georgia.gov/be-connected/community-provider-manuals>.

Behavioral Health



**FY 2021 Behavioral Health &
Crisis Stabilization Units Quality Reviews**

The Georgia Collaborative ASO and the DBHDD will present updates to the FY 2021 Quality Review process for Behavioral Health (BHQR) and Crisis Stabilization Units (CSUQR).

Please register for this webinar by clicking the link below.

[Wednesday, September 9, 2020 2:30pm - 4:00pm](#)



**New and Transfer Applications
for Housing Choice Voucher Program**

In collaboration with the Georgia Department of Community Affairs (DCA), DBHDD is no longer overseeing application review for the Housing Choice Voucher (HCV) program from DBHDD Service Providers and DCA will again resume this role, effective immediately.

As providers are already aware, since March, all eligible referrals received through the Unified Referral Process (URP) are first referred to the Georgia Housing Voucher Program (GHVP) instead of DCA resources. This will continue moving forward. In addition, until further notice and likely until 2021, GHVP will seek to keep individuals stabilized on the GHVP and will not push for their transfer to alternate housing resources. However, clients still have the option to decline the GHVP or request a transfer and we want you to be aware of the new protocol.

[Click here](#) for more information and to review the new protocol.



The Power of Employment

CONGRATULATIONS to Ms. Hagger Sturdivant! Ms. Sturdivant received a Certificate of Recognition for successfully completing her 1st 90 days of employment and wanted to widely share her appreciation and thanks to the Lead Employment Specialist at Gateway CSB.



Ms. Sturdivant is a great example of how employment can stimulate confidence in people and make a huge difference in their lives. We thank her for sharing her wonderful accomplishment and wish her the very best in the future.



Dear Tonya Brown,

I am taking a moment to thank you and your Support Staff for giving me the opportunity to prove to myself that I can be successful in the workplace.

Ms. Tonya you have opened many doors for me in many ways. You gave me the ability to seek help for my mental, social, and psychological needs. You are always there with a listening ear even if you are seriously busy or not you are ready to listen to me and my needs. You have stood with me and most of all believed in me when I didn't have anybody to be there for me. You stood by me like a big Sister should. You and your staff deserves a standing ovation for your hard work and dedication in providing professional services in our Community of need in the work place for those who don't have HOPE.

Hagger Sturdivant

2/25/2020

During the month of August, DBHDD held the **2x2 Series: Daily Self-Care Tips and Support for Health Care and Emergency Response Workers**. This series was presented as Webex events and were designed to provide daily self-care tips and support for health care and emergency response workers. Each session provided attendees with mental health tips about managing stress, grief, work/life balance, and wellness.



If you could not attend the live sessions, each one was recorded and is available for review on the DBHDD website: <https://dbhdd.georgia.gov/2x2-series>.

Office of Provider Relations

PIMS CORNER



Welcome to the PIMS Corner! This section highlights the two most popular questions, and their answers, that were submitted to PIMS for the month of July 2020.

Look for this section each month as we will continue to feature one question each from Intellectual and Developmental Disabilities and Behavioral Health Providers.

Behavioral Health Question:

Did the fee change for the Gemalto criminal history records check?

Effective August 2, 2020 the Georgia Bureau of Investigation (GBI) increased the fees for non-criminal justice fingerprint-based criminal history record checks that include/require state fingerprint-based background checks. Please [click here](#) to review the memo detailing those fees.

Intellectual and Developmental Disabilities Question:

Where do providers access the required training associated with the DBHDD policy [Disaster Preparedness, Response, and Disaster Recovery Requirements for Community Providers, 04-102?](#)

*This training is housed on the DBHDD University for Providers website. You can access it from the [DBHDD website](#) by hovering over the “**For Providers**” tab and selecting “**Training**” from the drop down menu. Once on the Training webpage, locate and click on the [DBHDD University for Providers](#) hyperlink. Once there, be sure you are on the “**Providers**” tab, which is located on the blue ribbon at the top of the page. Then look on the left hand side of the page and scroll down to “**Announcement**”, where you will find the information regarding the e-learning course offered titled “Disaster Preparedness, Response, and Disaster Recovery Requirements for Community Providers Policy 04-102.” If you have questions about the Relias Learning Management System please contact*

relias.admin@dbhdd.ga.gov.

JUST A REMINDER...

Question for your Provider Relations Team?

The Provider Issues Management System (PIMS) is your online source to have your questions answered in a consistent, reliable and timely way! In addition to providing a timely response, the information we gather from PIMS will assist DBHDD in trending common concerns, developing FAQs, and informing policy reviews.

PIMS is accessible through the [DBHDD website by](#) hovering over the “**For Provider**” tab located across the top of the page. When the drop down menu appears, click on “**Questions for your Provider Relations Team**”. You can also access the PIMS site directly by using the link below.

[PROVIDER ISSUES MANAGEMENT SYSTEM](#)

Senior Provider Relations Manager

Carole Crowley

Provider Relations Manager

Sharon Pyles



For Provider Relations inquiries,
please contact us at DBHDD.Provider@dbhdd.ga.gov.

**BE WELL, WEAR A MASK &
WASH YOUR HANDS!**



Georgia Department of Behavioral Health & Developmental Disabilities | 2 Peachtree St, NW, Atlanta, GA 30303

[Unsubscribe melissa.mason-flanders@dbhdd.ga.gov](mailto:melissa.mason-flanders@dbhdd.ga.gov)

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THANK YOU PROVIDERS!

The DBHDD and you, the provider network, play a vital role as Georgia's behavioral health and IDD Safety Net. **Thank you** for working alongside DBHDD to sustain services and protect the health and safety of individuals we serve, practitioners, and communities. We would like to take this opportunity to use this issue of Network News to provide a summary of the information you have received through our Special Bulletins during the month of July.

COVID-19 Support Lines



**Georgia COVID-19
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866-399-8938**

Effective June 1, 2020 - Hours of Operation: 8 am - 11 pm

 Georgia Department of Behavioral Health & Developmental Disabilities

 Behavioral Health Link

 beacon health options

The graphic features a dark blue background with a stylized map of Georgia in green and white. In the center, three hands of different skin tones (dark brown, light brown, and white) are clasped together in a supportive grip. The text is in white and yellow, providing clear information about the support line.

In response to the growing need for citizens of Georgia to access behavioral health support and resources during the current health crisis, the Department of Behavioral Health & Developmental Disabilities (DBHDD) in partnership with Behavioral Health Link (BHL) implemented the GA COVID19 emotional support line. This statewide support line is an expansion of the already existing Georgia Crisis and Access Line (GCAL). The Georgia COVID19 Emotional Support Line provides free and confidential assistance to callers needing support or resource information. The Emotional Support Line is staffed by volunteers, including mental health professionals and others who have received training in crisis counseling. This crisis is causing people to experience a myriad of emotions and the GA COVID19 Emotional Support Line offers Georgians another option for receiving support in managing their reactions and experiences to the COVID19 crisis.

Thus far, callers have been able to receive non-crisis related assistance in helping them manage feelings of loneliness and isolation, as well as stress and anxiety. Callers have also been able to receive helpful resource information and connection to other needed services. The COVID19 Emotional Support Line will operate for the duration of the current crisis.

[Click here](#) to access additional mental wellness resources and supports.

Georgia's Peer2Peer Warm Lines Are Open!

Georgia's Peer2Peer Warm Line plans to continue 24/7 operation through this time. Even where services are able to continue without interruption, there are likely going to be behavioral health service consumers who are at-risk for the Coronavirus who choose not to visit service providers, and the Warm Line is an option for them to stay connected and receive support. Warm Line calls are answered by Georgia Certified Peer Specialists and is funded by DBHDD.



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For more information, [click here](#).

DBHDD Policy Information

Since July 1, 2020 DBHDD updated or developed the following policies:

[COVID-19 2020: DBHDD Community Behavioral Health Services Policy Modifications - 7/24/2020](#)

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

[Confidentiality and HIPAA, 23-100](#)

[Notice of Privacy Practices, 23-101](#)

[Reporting and Notification of Breaches of Confidentiality, 23-102](#)

[Confidentiality and HIPAA Privacy Complaints, 23-103](#)

[Sanctions for Confidentiality Violations and Breaches, 23-104](#)

[Rights of Individuals Regarding Their Confidential and Protected Health Information, 23-105](#)

[Disclosure of Confidential and Protected Health Information, 23-106](#)

[Confidentiality and HIPAA Practices Involving Business Associates, 23-107](#)

[Faxing Protected Health Information \(PHI\), 23-108](#)

All current policies can be found on [PolicyStat](#).

Please direct all policy-related questions to the Office of Provider Relations via the Provider Issues Management System (PIMS). To submit your questions [click here](#).

Training Announcements

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In response to the coronavirus (COVID-19) in Georgia, and Governor Kemp's Public Health State of Emergency guidance to cancel or postpone all non-essential travel, DBHDD is postponing previously **scheduled trainings**. The health, safety and well-being of the individuals we serve, practitioners, and staff are DBHDD's top priority, and this decision has been made with those in mind. DBHDD is closely monitoring related developments and will provide additional information and updates related to these events in the coming weeks. Thank you for your interest and event registration, and most importantly, your dedication and commitment to those we serve.

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If you have any questions, please contact DBHDD.Learning@dbhdd.ga.gov.

DBHDD Announcements

Relias Online Libraries

Please be advised the management and coordination of the DBHDD/Relias online libraries, which include the Developmental Disabilities library and the Behavioral Health Paraprofessional and Mental Health Recovery libraries, will be transferring from the University of Georgia- Carl Vinson Institute of Government (CVIOG) to the DBHDD Office of Human Resources and Learning effective **July 1, 2020**. DBHDD is grateful to CVIOG for the partnership, guidance, and coordination of the Relias libraries up to this point.

We do not anticipate the transition having any impact on your ability to access the hundreds of courses available through the libraries. We are reviewing the Relias libraries and preparing updates that will enhance the learning experience while improving knowledge retention.

Any questions, concerns, or recommendations related to Relias access or the transition may now be directed to relias.admin@dbhdd.ga.gov.

Thank you in advance for your cooperation.

Theodore Carter, Jr., Senior Director

DBHDD Learning

DBHDD Community

Provider Manuals

Given the continuing COVID-19 Public Health Emergency (PHE), DBHDD will be reposting revisions to the current FY21, Quarter 1 versions of the Provider Manual for Community Behavioral Health Providers and the Provider Manual for Community Developmental Disability Providers this week.



The Manuals have been revised to reflect the guidance and allowances previously communicated via DBHDD Bulletins or Network News. They are being revised in order to historically document DBHDD communications, policy, and guidance issued to providers during the PHE, and the content in these versions will cover the period from March 1st through the first week in July. As DBHDD continues to engage with state and federal authorities related to the PHE and its related allowances, further revisions and reposting of the Manuals may occur and will continue to be announced via Special Bulletins.

Criminal History Record Checks

Fee Changes

Effective **August 2, 2020** the Georgia Bureau of Investigation (GBI) will be increasing the fees for non-criminal justice fingerprint-based criminal history record checks that include/require state fingerprint-based background checks. Please see the attached memo detailing those fees.

[GEMALTO FEE CHANGES](#)

DBHDD PolicyStat

Please note that the parent company of the PolicyStat program is re-branding the site.

Soon Providers will see the **RLDatix** logo in place of the original PolicyStat logo. This visual change does not affect your access to our policies, and we will continue to refer to the system as 'PolicyStat' until further notice.

All questions regarding PolicyStat are received at policyquestions@dbhdd.ga.gov.

Submitted by:

Dr Anné Akili



Appendix K Amendment &

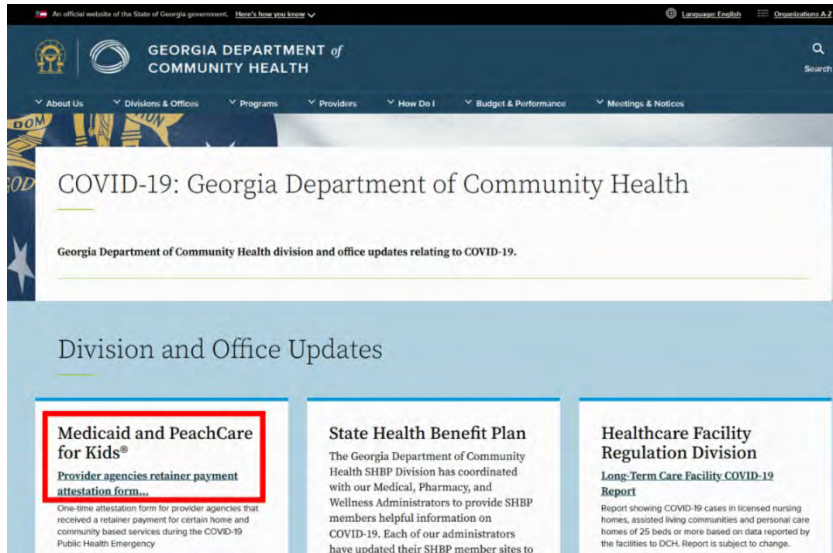
Upcoming Webinar

Retainer Payment and Attestation Form

In response to provider concerns, the Department of Community Health (DCH) worked with the DBHDD to develop an Amendment to the approved Appendix K Emergency Plan for Georgia's four Medicaid Waiver Programs. On July 27th, the Centers for Medicare and Medicaid Services (CMS) approved the Amendment which allows providers to use retainer payment reimbursement for a total of three 30-day periods. **Providers are now approved to bill retainer payment reimbursement for a total of 90 days rather than 44 days as previously allowed.**

[Click here](#) to review the Amendment. The Amendment also requires an attestation from the provider which outlines the conditions for providers accepting retainer payments as outlined in the amendment and per CMS requirements.

The attestation form is available on the [Department of Community Health website](#). Once there, locate the "**Medicaid and Peachcare for Kids**" navigation pane. In that navigation pane click on the "**Provider agencies retainer payment attestation form**" link to access the required form.



If providers missed the webinar that was held on July 30th, there will be a second one on August 4th, which presents the same information. **Click on the date/time below to register for the webinar if you did not attend the one on July 30th.**

[Tuesday, August 4, 2020](#)

[11:00am – 12:00pm](#)

The power point presentation for these webinars is available by [clicking here](#). The presentation is also now available on the [Georgia Medicaid Management Information System Website \(GAMMIS\)](#). To access this presentation from the GAMMIS website, hover over "Provider Information" and select "Provider Notices" from the drop down menu.

Provider Manual for

Community Developmental Disabilities Providers

In order to historically document DBHDD communications, policy, and guidance issued to providers during the COVID-19 Public Health Emergency (PHE), the DBHDD will be reposting revisions to certain versions of the **Provider Manual for Community Developmental Disabilities** that were in effect during the PHE. The revisions will include a new Appendix A at the end of each applicable Provider Manual that catalogs and appends all communications, policy,

and guidance issued during the effective dates of the Manual, in chronological order. Currently, two versions of the Provider Manual will be revised:

1. The FY20, Quarter 3 (effective January 1, 2020 through March 31, 2020) Provider Manual will contain all PHE-related content released between March 1st and March 31st.
2. The FY20, Quarter 4 (effective April 1, 2020 through June 30, 2020) Provider Manual will contain all PHE- related content released between March 1st and May 31st (this Manual may again be revised and reposted if new content is released in June).

The revised Provider Manuals were reposted on Thursday, July 2, 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 "FY 2020". 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 here](#).

Thank you for your hard work and dedication to the individuals we serve,

Ron Wakefield, Director

Division of Developmental Disabilities

Community Strong!

Uniting for Change &

Self-Advocates

Join Community Strong! every Monday at 4:00 PM EDT for a Zoom meeting led by and for people with intellectual and developmental disabilities. This is an opportunity to start the week "Community Strong!"



Uniting for Change, helping host and facilitate Community Strong!, is the self-advocacy group "uniting Georgians and influencing change by speaking up and taking control of our lives!"

We will check in with each other, have discussion about the theme of the week, watch short videos, have some fun, learn together and make connections. We also have a lineup of some great guests and you will not want to miss the excitement!

To register for these events, [click here](#).

Gina DiPolito of Statesboro, hosted Community Strong on Monday, June 29 with the theme of "HOPE." Ms. DiPolito invited Georgia Governor Brian P. Kemp and interviewed him on the show. Governor Kemp answered about his hopes and dreams for Georgia, and how the self-advocacy community can help during this time, saying "I think when you are talking to your family and friends and other associates that you have, if you can help us to tell them to continue to follow the public health guidelines that will probably be the best think you can do to help your Governor."

[Click here](#) to read more about the June 29th session with Governor Kemp.

Behavioral Health



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

HEALTHCARE FACILITY REGULATION

Drug Abuse Treatment and Education Program

The Department of Community (DCH), Healthcare Facility Regulation Division (HFRD) has requested that the DBHDD remind all Drug Abuse Treatment and Education Program (DATEP) providers with accreditation to submit a copy of their agency's Accreditation letter to them. This submission should include the expiration date along with the name and email address of the contact person responsible for their accrediting process.

Please submit documents to the following email address: hfrd.deemedstatus@dch.ga.gov.

To date, HFRD has only received 99 of the 472 DATEP providers accreditation documents.

[Click here](#) to view information about licensing updates, deeming, and clarifications related to the Drug Abuse Treatment and Education Program (DATEP).

During the month of July, DBHDD held the **2x2 Series: Daily Self-Care Tips and Support for Health Care and Emergency Response Workers**. This series was presented as Webex events and were designed to provide daily self-care tips and support for health care and emergency response workers. Each session provided attendees with mental health tips about managing stress, grief, work/life balance, and wellness.

If you could not attend the live sessions, each one was recorded and is available for review on the DBHDD website: <https://dbhdd.georgia.gov/2x2-series>.



Department of Public Health &
Health and Human Services

UPS Transportation of PPE

Healthcare Request Process

If you are a healthcare facility or organization that is requesting personal protective equipment (PPE), please follow the instructions provided in [this document](#) to request PPE. All PPE allocations will be directly shipped to healthcare facilities via UPS. The new process will begin on Monday, July 20 at 8:00 AM.

A few things to consider in addition to the document from above:

1. Districts will no longer receive allocation sheets, as they no longer have to control the distribution of the PPE. We will have a record of our shipments and will post these in a daily resource request on DPH's WebEOC that they may view.
2. Facilities need to be very careful to insert the correct address, or they may not receive their packages.
3. Facilities need to be careful to ask for amounts that they are able to receive and store. UPS cannot be redirected to another location.
4. A packing slip will be included with each shipment. Facilities should check this against what they have received and may call the Resource Request line with any issues (The number is listed on the document above).



LAST DAY TO APPLY

August 3rd, 2020

HHS Provider Relief Fund Payments

& New Focus Group

Medicaid Behavioral Health and

Intellectual Developmental Disabilities Providers

In June, HHS announced the opening of the application period and plans to distribute approximately \$15 billion to eligible providers that participate in state Medicaid and CHIP programs who had not yet received a payment from the \$50 billion General Distribution.

Since the announcement on June 9, HHS has hosted a number of webinars targeted at providers and provider organizations to answer questions and assist those eligible through the application process. A [fact sheet](#) explaining the application process has also been created to address frequently asked questions. HHS is continuing to work with provider organizations, congressional, state and local leaders to get the word out about this program.

To ensure eligible Medicaid and CHIP providers, including dentists, have the opportunity to apply for a funding distribution, **the deadline to apply has been extended to August 3, 2020.** [Click here](#) to read the announcement in it's entirety. . More information can be found on the Medicaid/CHIP distribution at the [Provider Relief Fund website](#) and in the [fact sheet noted above](#).

Office of Provider Relations

PIMS CORNER

Welcome to the PIMS Corner! This section highlights the two most popular questions, and their answers, that were submitted to PIMS for the month of June 2020.



Look for this section each month as we will continue to feature one question each from Intellectual and Developmental Disabilities and Behavioral Health Providers.

Behavioral Health Question:

Have the Behavioral Health telehealth allowances been extended?

At this time, there is not a planned end date for these telemedicine and telephonic allowances. The changes made in the DBHDD and Medicaid programs due to COVID-19 will remain in effect through the duration of the National Public Health Emergency. You can find more information regarding this in the [July Provider Relations Network News](#) monthly newsletter.

Intellectual and Developmental Disabilities Question:

We provide services to an individual that has tested positive for COVID-19. How do we report this to DBHDD?

*You are to report this information to DBHDD via the incident reporting application **Image**. Please review [this document](#) for guidance on submitting this information. If you encounter any issues you may contact dbhddincidents@dbhdd.ga.gov for assistance.*

JUST A REMINDER...

Question for your Provider Relations Team?

The Provider Issues Management System (PIMS) is your online source to have your questions answered in a consistent, reliable and timely way! In addition to providing a timely response, the information we gather from PIMS will assist DBHDD in trending common concerns, developing FAQs, and informing policy reviews.

PIMS is accessible through the [DBHDD website by](#) hovering over the "**For Provider**" tab located across the top of the page. When the drop down menu appears, click on "**Questions for your Provider Relations Team**". You can also access the PIMS site directly by using the link below.

[PROVIDER ISSUES MANAGEMENT SYSTEM](#)

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.

**BE WELL, WEAR A MASK &
WASH YOUR HANDS!**

BE INFORMED

NETWORK
BULLETIN



IMPORTANT ANNOUNCEMENTS

QEPR & QTAC Updates Webinar

Appendix K Operational Guidelines

REMINDER!

FY 2021 Quality Enhancement Provider Review

& Quality Assurance Technical Assistance

The Georgia Collaborative ASO and the DBHDD will present updates to the FY 2021 Quality Review process for the Quality Enhancement Provider Review (QEPR) and Quality Assurance Technical Assistance (QTAC).

Please register for this webinar by clicking the link below.

[Wednesday, September 9, 2020 11:00am - 12:00pm](#)

Please note this training is targeted for Intellectual and Developmental Disability Providers.

UPDATE!

Appendix K Operational Guidelines

The Division of IDD has updated the Appendix K Operational Guidelines for the NOW and COMP Waiver Programs Response to COVID-19 Pandemic. Please see [COVID-19 2020: DBHDD Community Developmental Disability Services Policy Modifications - 9/03/2020](#) for updates.

For questions regarding the Operational Guidelines please submit them through the [Provider Issue Management System](#) and we will respond accordingly.

Thank you,

Ron Wakefield, Director

Division of Developmental Disabilities

Office of Provider Relations

Senior Provider Relations Manager

Carole Crowley

Provider Relations Manager

Sharon Pyles

For Provider Relations inquiries,

please contact us at

DBHDD.Provider@dbhdd.ga.gov.



**BE WELL, WEAR A MASK &
WASH YOUR HANDS!**



Georgia Department of Behavioral Health & Developmental Disabilities | 2 Peachtree St, NW, Atlanta, GA 30303

[Unsubscribe erika.stinson@dbhdd.ga.gov](mailto:erika.stinson@dbhdd.ga.gov)

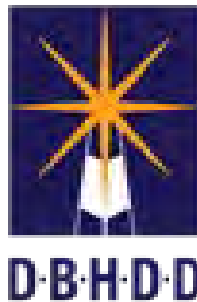
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DBHDD Division of Developmental Disabilities
Appendix K: Operational Guidelines for the NOW and COMP Waiver Programs
Response to COVID-19 Pandemic



Version 3.4

Released: 09.03.2020

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	

Rev 06 2020

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				

Rev 06 2020

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.

Rev 06 2020

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. All telehealth services must be rendered with the individual and the staff member rendering the service both present in real time during the telehealth session. Providers may not bill telehealth for dropping off materials. Telehealth services may only be billed when the individual is receiving the service.

Rev 06 2020

Rev 09 2020

Rev 06 2020

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.

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 thirty (30) days each, **without the requirement of any new service encounter**¹, 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 thirty (30) 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 30-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 thirty (30) additional days of retainer for that regular staff member, consistent with item (1) immediately above.

¹ 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 ninety (90) billable days of retainer payments (30 initial days plus two additional 30-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 member²

EXAMPLE 1: Under Individual's ISP, Provider would normally provide Service to Individual on Monday, Tuesday, Wednesday, Thursday, and Friday of each week (5 days per 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 for 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:

- (1) bill for an additional 30 days of retainer for that regular staff member—i.e. for the Service that would have been delivered (5 days per week per the ISP) over the next 6 weeks (beginning the week of June 28, through and including the week of August 2, with the last retainer payment date being Friday, August 7); and then
- (2) if the regular staff member is still not delivering the Service to the Individual after that first additional retainer payment has ended, and if Provider is continuing to retain the regular staff member, then Provider may bill the retainer for a second additional 30 days of retainer for that regular staff member—i.e. for the Service that would have been delivered (5 days per week per the ISP) over the next 6 weeks (beginning the week of August 9, through and including the week of September 13, with the last retainer payment date being Friday, September 18). Afterwards, no further retainer payments would be available, per current CMS guidance.

Note: The above example assumes a scenario in which Appendix K continues to be in effect through at least September 18. Retainer payment period extensions could become more limited if Appendix K are withdrawn earlier. The above example also does not account for holidays on which the regular staff member would not normally deliver the Service under the Individual's ISP.

EXAMPLE 2: Under Individual's ISP, Provider would normally provide Service to Individual on Monday, Wednesday, and Friday of each week (3 days per 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 for which the initial 30-day retainer was billed was Friday, June 26. If

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

Provider continues to retain the regular staff member, and if that regular staff member is not delivering the Service to Individual, Provider may:

- (1) bill for an additional 30 days of retainer for that regular staff member—i.e. for the Service that would have been delivered (3 days per week per the ISP) over the next 10 weeks (beginning the week of June 28, through and including the week of August 30, with the last retainer payment date being Friday, September 4); and then
- (2) if the regular staff member is still not delivering the Service to the Individual after that first additional retainer payment has ended, and if Provider is continuing to retain the regular staff member, then Provider may bill the retainer for a second additional 30 days of retainer for that regular staff member—i.e. for the Service that would have been delivered (3 days per week per the ISP) over the next 10 weeks (beginning the week of September 6, through and including the week of November 8, with the last retainer payment date being Friday, November 6). Afterwards, no further retainer payments would be available, per current CMS guidance.

Note: The above example assumes a scenario in which Appendix K continues to be in effect through at least November 6. Retainer payment period extensions could become more limited if Appendix K are withdrawn earlier. The above example also does not account for holidays on which the regular staff member would not normally deliver the Service under the Individual’s ISP.

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 agency³, 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;
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.

³ 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.

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 ISP will be updated as soon as possible but no later than 30 days from the date the service was initiated. The ISP must be signed by the individual/legal guardian and any provider authorized to provide services on the Prior Authorization. Consent and agreement signatures can be obtained electronically following policy definition of electronic signature in *PART I: Policies and Procedures for Medicaid/PeachCare for Kids, # 69 of the Definition Section* at <https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/44/Default.aspx> 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>Notification Guidance- The Regional Field Office (via email to the I&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>Documentation Guidance- Providers are to document retainer service delivery in the “COVID-19 NOW & COMP Provider Spreadsheet” – see Section G for reference.</p> <p>Billing Guidance- 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>Documentation Guidance- Providers are to document retainer service delivery and list of family caregiver hire by way of the “COVID-19 NOW & COMP Provider Spreadsheet” – see Section G for reference.</p> <p>Billing Guidance: 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 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>

	<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.</p>
<p>D.3 Supported Employment (SE)</p>	<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>Billing Guidance- 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>
<p>D.4 Prevocational Services</p>	<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"> • What is social distancing, • How to properly wash hands,

	<ul style="list-style-type: none"> • How to wear personal protective equipment (PPE) and when does PPE have to be worn; • What will riding in vehicles with others consist of? ; • Why are you taking my temperature? • Discussing fears with the group of returning to the day setting? • Resume building utilizing virtual resume videos and one-pagers to share marketable strengths, • Career exploration videos based on job interests, and • Discussion on moving towards competitive integrated employment. <p>Billing Guidance- 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"> • What is social distancing, • How to properly wash hands, • How to wear personal protective equipment (PPE) and when does PPE have to be worn • What will riding in vehicles with others consist of, • Why are you taking my temperature, • Discussing fears with the group of returning to the day setting, • Virtual exercise classes, and • Any virtual group instruction/ teaching type opportunities

	<p>Note: Community Access includes both Community Access Group (CAG) and Community Access Individual (CAI) Services.</p> <p>Documentation Guidance- Providers are to document retainer service delivery and a list of hired family caregivers in the “COVID-19 NOW&COMP Provider Spreadsheet” – see Section G for reference.</p> <p>Billing Guidance: 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>
<p>D.6 Support Coordination (SC)</p>	<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>Documentation Guidance- 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>Billing Guidance- 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>

	<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.</p>
<p>D.7 Intensive Support Coordination (ISC)</p>	<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>Documentation Guidance- 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>Billing Guidance- Services delivered telephonically should be billed using the Place of Service (POS) code '02' for telehealth.</p>
<p>D.8 Specialized Medical Supplies (SMS)</p>	<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, however, consistent with the Part III NOW and COMP Manuals requirements for SMS, PPE covered by this provision must be specifically related to the individual's disability, and such PPE does not include face masks or other protective equipment intended to prevent or contain the spread of COVID-19 or protective equipment which, but for the COVID-19 public health emergency, would not ordinarily be requested for the individual; except that, if an individual receiving services has tested positive for COVID-19, then PPE for that individual, for the purpose of preventing the spread of COVID-19 from that individual, is covered and may be billed as SMS for that individual.</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 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>

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<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>Documentation Guidance- Providers are to document a list of family caregivers hires in the “COVID-19 NOW & COMP Provider Spreadsheet” – see Section G for reference.</p> <p>Billing Guidance- 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>Notification Guidance- 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>Documentation Guidance- 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>Billing Guidance- 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>Documentation Guidance- 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 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>Billing Guidance- 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>Notification Guidance 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>Documentation Guidance- 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>Billing Guidance: Services delivered telephonically should be billed using the Place of Service (POS) code '02' for telehealth.</p>
<p>D.13</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</p>

<p>Adult Occupational Therapy, Adult Physical Therapy, Adult Speech and Language Therapy.</p>	<p>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> <p>Documentation Guidance- 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>Billing Guidance: Services delivered telephonically should be billed using the Place of Service (POS) code '02' for telehealth.</p>
<p>D.14 Fiscal Intermediary (FI)</p>	<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. During the period Appendix K is effective, the PD training for new enrollees will only be offered via an online platform that is facilitated through the DBHDD Office of Learning and Development. This training is a requirement to enroll in PD Service Delivery Model. 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 require the newly-designated Representative to complete the six-hour course and via the prescribed online platform.

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,

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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 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 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. The signature page is required for an ISP to be processed. See Section C.8 for more information regarding documentation requirements.

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/>
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]

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

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.	
12	The Residential/Day setting is clean according to the individual's needs and preferences.	[Control]
13	The Residential/Day setting is safe for the individual's needs.	[Control]
14	The Residential/Day setting is appropriate for the individual's needs and preferences.	[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 is 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]

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

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

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

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.	<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]
39 Current supports and behavioral interventions are adequate to prevent engaging external interventions.	<p>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.</p> <p>There could be times when there is not clarity to respond without a face to face evaluation.</p>	[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.	<p>Yes, in general if there is access to the family, guardian, or access to Therap or other web-based</p>	[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, There could be times when there is not clarity to respond without a face to face evaluation.</p> <p>[Control]</p>
50	<p>The individual has the necessary access to transportation for employment and community activities of his/her choice.</p>	<p>Yes, 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]

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

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 Behavioral Health & Developmental Disabilities

Creation: 3/26/2020
 Effective: 9/21/2020
 Last Reviewed: 9/21/2020
 Last Revision: 9/21/2020
 Next Review: 3/20/2021
 Owner: *Ron Wakefield: Director, Division of Developmental Disabilities*
 Chapter: *DD Community Services*
 Sections:

COVID-19 2020: DBHDD Community Developmental Disability Services Policy Modifications - 9/21/2020

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. Providers are expected to maintain accreditation as indicated in [Accreditation and Compliance Review Requirements for Providers of Developmental Disability Services, 02-703](#). It is understood that some accreditation surveys and reviews may be impacted by the COVID-19 Public Health Emergency. Based on the accrediting body, providers may find that their accreditation reviews are conducted online or with minimal on-site time. In addition, reviews may be postponed by the accrediting body and an extension offered due to COVID-19. Should the later occur, DBHDD will honor the extension offered by the

accrediting body for a period not to exceed **180 days** following the end of the National Public Health Emergency. Providers may be asked to provide proof of extension to demonstrate compliance.

2. 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.
3. **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.
4. 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.
5. 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, 9/03/2020 Version 3.4](#)
- [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	9/21/2020
Ron Wakefield: Director, Division of Developmental Disabilities	9/21/2020
Anné Akili, Psy.D.: Director, Policy Management	9/21/2020

BE INFORMEDNETWORK
BULLETIN

IMPORTANT ANNOUNCEMENT

ASO Quality Reviews Update

The Quality Reviews conducted by the Georgia Collaborative ASO are an important and required aspect of DBHDD's role in the management of the provider network and a valuable tool for providers' monitoring of quality and compliance to DBHDD requirements. Due to COVID-19, DBHDD paused quality reviews in mid-March. The reason for this pause was two-fold; first, to relieve providers of the burden of a quality review while in the midst of a COVID emergency, and second, to comply with social distancing guidance. We have now passed the six month milestone. During this, we have all found new and creative ways to stay connected, accomplish our goals, and provide services and supports to individuals. As we navigate our altered environment, DBHDD, like you, is working to develop customized strategies to coexist with COVID.

DBHDD and the Georgia Collaborative ASO are thoughtfully planning a resumption of quality reviews; these will be conducted remotely for the time being. We, along with our partners at the Georgia Collaborative ASO, have developed a remote review process that we are currently piloting with three providers in order to field test and validate our processes. Once DBHDD has had time to consider and incorporate this valuable feedback from the pilot providers into our remote processes, we will resume quality reviews. Providers, as always, will receive a two week notice, and additional instructions and guidance to help them understand and prepare for the remote process.

The Office of Quality Improvement and Georgia Collaborative ASO hosted training sessions to outline the updated process on September 9, 2021 for both Behavioral Health and Developmental Disabilities Providers. The power point presentations and live recordings for both trainings are available on the Georgia Collaborative ASO website by [clicking here](#). Once on the site, scroll down to "**Quality**" and then select either "**Behavioral Health**" or "**Intellectual & Developmental Disabilities**" to view the appropriate documents and recordings.

Thank you,

Melissa Sperbeck, Director
Division of Performance Management & Quality Improvement
in partnership with
Monica Johnson, Director, Division of Behavioral Health & Ron Wakefield, Director,
Division of Developmental Disabilities

Office of Provider Relations

Senior Provider Relations Manager

Carole Crowley

Provider Relations Manager

Sharon Pyles

For Provider Relations inquiries,
please contact us at
DBHDD.Provider@dbhdd.ga.gov.



**BE WELL, WEAR A MASK &
WASH YOUR HANDS!**



BE CONNECTED

 NETWORK
 NEWS
"News You Can Use"


Appendix K Attestation Form

DEADLINE OCTOBER 1, 2020

The deadline for New Options Medicaid Waiver and Comprehensive Supports Medicaid Waiver (NOW/COMP) Providers as well as Representatives for individuals enrolled in the Participant-direction model for the NOW/COMP Medicaid Waiver services to submit their Appendix K Attestation is on Thursday, **October 1, 2020**.



All provider agencies that received a retainer payment for any of the approved services must complete an Attestation Statement indicating compliance with the Centers for Medicare and Medicaid Services (CMS) requirements.

The attestation form is available on the [Department of Community Health website](#). Once there, locate the "**Medicaid and Peachcare for Kids**" navigation pane. In that navigation pane click on the "**Provider agencies retainer payment attestation form**" link to access the required form.

Georgia COVID-19

Emotional Support Line

866-399-8938

Effective June 1, 2020 - Hours of Operation: 8 am - 11 pm



Georgia
Department of
Behavioral Health
& Developmental
Disabilities



BHL
Behavioral Health & Learning



beacon
health options



In response to the growing need for citizens of Georgia to access behavioral health support and resources during the current health crisis, the Department of Behavioral Health &

Developmental Disabilities (DBHDD) in partnership with Behavioral Health Link (BHL) implemented the GA COVID19 emotional support line. This statewide support line is an expansion of the already existing Georgia Crisis and Access Line (GCAL). The Georgia COVID19 Emotional Support Line provides free and confidential assistance to callers needing emotional support, community resources, or referrals to service providers in their communities. The Emotional Support Line is staffed with mental health professionals and others who have received training in crisis counseling. This crisis is causing people to experience a myriad of emotions and the GA COVID19 Emotional Support Line offers Georgians another option for receiving support in managing their reactions and experiences to the COVID19 crisis.

Thus far, callers have been able to receive non-crisis related assistance in helping them manage feelings of loneliness and isolation, as well as stress and anxiety. Callers have also been able to receive helpful resource information and connection to other needed services. The COVID19 Emotional Support Line will operate for the duration of the current crisis.

[Click here](#) to access additional mental wellness resources and supports.

DBHDD Policy Information

Since September 1, 2020 DBHDD updated or developed the following policies:

[Corrective Action Plan Management, 13-101](#)

[COVID-19 2020: DBHDD Community Behavioral Health Services Policy Modifications - 9/21/2020](#)

[COVID-19 2020: DBHDD Community Developmental Disability Services Policy Modifications - 9/21/2020](#)

[Provider Manual for Community Behavioral Health Providers, 01-112](#)

[Provider Manuals for Community Developmental Disability Providers, 02-1201](#)

[Recruitment and Application to become a Provider of Behavioral Health Services, 01-111](#)

All current policies can be found on [PolicyStat](#).

Please direct all policy-related questions to the Office of Provider Relations via the Provider Issues Management System (PIMS). To submit your questions [click here](#).

Training Announcements

DBHDD IN-PERSON TRAININGS POSTPONED

In response to the coronavirus (COVID-19) in Georgia, and Governor Kemp's Public Health State of Emergency guidance to cancel or postpone all non-essential travel, DBHDD is postponing **in-person trainings**. The health, safety and well-being of the individuals we serve, practitioners, and staff are DBHDD's top priority, and this decision has been made with those in mind. DBHDD is closely monitoring related developments and will provide additional information and updates related to these events in the coming weeks. Thank you for your interest and event registration, and most importantly, your dedication and commitment to those we serve.

It's important to note that DBHDD is offering virtual trainings, for information regarding these virtual trainings, [click here](#).

If you have any questions, please contact DBHDD.Learning@dbhdd.ga.gov.

DBHDD Announcements

Human Trafficking Intervention Services and Support Hotline



From the Georgia Office of the Child Advocate:

As you may be aware, Georgia Cares has previously managed a hotline to provide information to those who might be victims of trafficking, assist law enforcement on the recovery of a victim, and make referrals for victim assistance. **Beginning October 1, 2020**, a new hotline – **1-866-END-HTGA** (or 1-866-363-4842) will now be managed by the Children's Advocacy Centers of Georgia (CACGA) as they assume the role as the statewide provider for human trafficking intervention services and support. If you are aware of youth who have previously been served by Georgia Cares and are concerned they may no longer receive such services, please ensure they are connected with CACGA by calling the hotline number. While the transfer officially occurs on October 1, this line is currently active. This hotline also offers connections to additional resources related to preventing and intervening in trafficking cases.

Referrals to CACGA may result in a further response or intervention from a local Child Advocacy Center (CAC) or the [Receiving Hope Center](#).

The DBHDD COVID policies **COVID-19 2020: DBHDD Community Behavioral Health Services Policy Modifications - 9/21/2020** and **COVID-19 2020: DBHDD Community Developmental Disability Services Policy Modifications - 9/21/2020** have been updated with an effective date of September 21, 2020.



These policies were updated to address concerns regarding the requirements of maintaining current Provider accreditation during the public health emergency. The following statement was added to both policies:

*Providers are expected to maintain accreditation as indicated in **Accreditation and Compliance Review Requirements for Providers of Developmental Disability Services, 02-703** or **Accreditation and Standards Compliance Requirements for Providers of Behavioral Health Services, 01-103**. It is understood that some accreditation surveys and reviews may be impacted by the COVID-19 Public Health Emergency. Based on the accrediting body, providers may find that their accreditation reviews are conducted online or with minimal on-site time. In addition, reviews may be postponed by the accrediting body and an extension offered due to COVID-19. Should the later occur, DBHDD will honor the extension offered by the accrediting body for a period not to exceed 180 days following the end of the National Public Health Emergency. Providers may be asked to provide proof of extension to demonstrate compliance.*

FRAUD ALERT! Department of Justice Impersonators

Attention all DBHDD Providers scammers are falsely claiming to be employees and/or investigators for the Department of Justice (DOJ) in order to obtain personal identifying information. We ask that providers utilize the brochure, [available here](#), to increase awareness about this concern.



For more information, please read the article - [Fraud Alert: Scammers Claiming to be with DOJ, Preying on Elderly](#).

The Georgia Recovery Project Provides Emotional Support to Georgians During COVID-19



The Georgia Department of Behavioral Health and Developmental Disabilities was awarded a Federal Emergency Management Administration Crisis Counseling Assistance and

Training Program (CCP), called the Georgia Recovery Project, to assist Georgians with emotional distress from COVID-19.

The CCP helps individuals and communities in recovering from the effects of natural and human-caused disasters through the provision of community-based outreach and psycho-educational services. Because of social distancing due to the pandemic, this is done through virtual outreach by crisis counselors working in DBHDD's six Regions and staff working on Georgia's COVID-19 Emotional Support Line at 866-399-8938.

Georgia Recovery Project staff provide a "listening ear" for concerned individuals who want to talk about how they've been affected by the pandemic. They also provide psycho-education on stress management, referrals to community-based services for basic needs and direct linkage to crisis services when warranted. The Georgia Recovery Project will run until June 15, 2021. Information about the CCP may be found at <https://www.samhsa.gov/dtac/ccp>.

Submitted by:
Jeannette David, Disaster Mental Health Coordinator
Division of Behavioral Health

Developmental Disabilities

Intellectual and Developmental Disabilities Statewide Provider Meeting

The DBHDD Division of Developmental Disabilities will be hosting an IDD Statewide Provider meeting from **9:00 am - 11:30 am on Thursday, November 12, 2020** from. Due to the public health emergency, this meeting will be held remotely via our WebEx platform.



Stay tuned for additional information to be distributed by the Office of Provider Relations via Special Bulletin, which will include the registration link and the meeting agenda.

DCH and DBHDD Virtual Town Hall Meetings

The Department of Community Health (DCH) and DBHDD are co-hosting a series of virtual town hall meetings for the 2021 Comprehensive Supports (COMP) Medicaid waiver renewal. The DBHDD and DCH will be providing updates



on the COMP Medicaid waiver renewal, providing updates on recent waiver amendments, and seeking input from the community and stakeholders. The event is open to the public. Registration is required.

- Monday October 26, 2020 (8:30 am – 9:30 am)
- Tuesday October 27, 2020 (12:00 pm – 1:00 pm)
- Thursday October 29, 2020 (5:30 pm – 6:30 pm)

This meeting will be online via WebEx at the dates and times listed above. You will only need to attend **ONE** session, as they will all include the same information. There will also be time allotted for questions and answers at the end of the town hall.

[Click here](#) to register for the event.

Behavioral Health

New Diagnosis Codes Effective 10/1/2020 for Substance Use Disorders

The Georgia Collaborative ASO notified providers on September 21, 2020 of new diagnosis codes that will be implemented on 10/1/2020. These codes were recently released by the Centers for Medicare and Medicaid Services (CMS) and are all **related to substance use disorders**.

Please review the [memorandum](#) for more information regarding these changes.

ProviderConnect Service Changes Crisis Respite & Community Residential Rehab-Level 4

The Georgia Collaborative ASO notified providers on September 16, 2020 about service changes being made in the ProviderConnect system. They outlined changes being made to the Crisis Respite Apartment service and which was retroactive to 7/1/2020. There was additional information related to the Community Residential Rehabilitation - Level 4 service. **This information was only applicable to those behavioral health providers approved for Crisis Respite or Community Residential Rehab - Level 4.**

Please review the [memorandum](#) for more information regarding these changes.

Join the Youth Mental Health

Awareness Campaign

September was National Suicide Prevention Awareness Month, and what better time to launch our youth mental health awareness campaign "**Free Your Feels**"? Free Your Feels encourages Georgia's young people to explore their real feelings and share them fearlessly. With our children and teens empowered to speak out and express their real feelings, adults and peers tuned in and listening judgment-free, and everyone connected to available resources, we will see a healthier, thriving generation.



Visit the [Free Your Feels website](#) which will house a collection of resources from different organizations and agencies, and will include ready-to-use editable graphics so you can easily promote and share messaging!

Follow [@free.your.feels](#) on Instagram, where we will share mental health materials. Share posts on your own account and/or ask people in your networks to follow and help spread the message far and wide!

Office of Provider Relations

PIMS CORNER

Welcome to the PIMS Corner! This section highlights the two most popular questions, and their answers, that were submitted to PIMS for the month of August 2020.

Look for this section each month as we will continue to feature one question each from Intellectual and Developmental Disabilities and Behavioral Health Providers.

Behavioral Health Question:



How do we request coupons for the Adult Needs and Strengths Assessment (ANSA) and the Child and Adolescent Needs and Strengths (CANS) assessment for our agency?

*Unfortunately, free coupon codes for DBHDD Employees and Contracted Provider Agency Staff to access the online training modules and tests on the Praed Foundation website are **NOT** currently available. If you would like to purchase your own access code or your agency is interested in making a group purchase, email Michelle Fernando mfernando@chapinhall.org at Praed Foundation and provide her with the following information:*

- *Jurisdiction (Georgia)*
- *Agency name*
- *Method of payment (check or credit card)*
- *Number of codes needed*

Intellectual and Developmental Disabilities Question:

Are the same procedure code and modifier used for telehealth services and the retainer payment?

On April 23,2020, DBHDD conducted a webinar for providers that offered technical assistance for billing. Please review the [presentation](#) as it notes what procedure codes to use when billing for telehealth services and the retainer payment.

JUST A REMINDER...

Question for your Provider Relations Team?

The Provider Issues Management System (PIMS) is your online source to have your questions answered in a consistent, reliable and timely way! In addition to providing a timely response, the information we gather from PIMS will assist DBHDD in trending common concerns, developing FAQs, and informing policy reviews.

PIMS is accessible through the [DBHDD website](#) by hovering over the "**For Provider**" tab located across the top of the page. When the drop down menu appears, click on "**Questions for your Provider Relations Team**". You can also access the PIMS site directly by using the link below.

PROVIDER ISSUES MANAGEMENT SYSTEM

IN CASE YOU MISSED IT...
highlights from previous bulletins

The Georgia Collaborative ASO Quality Reviews Update

The Quality Reviews conducted by the Georgia Collaborative ASO are an important and required aspect of DBHDD's role in the management of the provider network and a valuable tool for providers' monitoring of quality and compliance to DBHDD requirements. Due to COVID-19, DBHDD paused quality reviews in mid-March. The reason for this pause was two-fold; first, to relieve providers of the burden of a quality review while in the midst of a COVID emergency, and second, to comply with social distancing guidance. We have now passed the six month milestone. During this, we have all found new and creative ways to stay connected, accomplish our goals, and provide services and supports to individuals. As we navigate our altered environment, DBHDD, like you, is working to develop customized strategies to coexist with COVID.

DBHDD and the Georgia Collaborative ASO are thoughtfully planning a resumption of quality reviews; these will be conducted remotely for the time being. We, along with our partners at the Georgia Collaborative ASO, have developed a remote review process that we are currently piloting with three providers in order to field test and validate our processes. Once DBHDD has had time to consider and incorporate this valuable feedback from the pilot providers into our remote processes, we will resume quality reviews. Providers, as always, will receive a two week notice, and additional instructions and guidance to help them understand and prepare for the remote process.

The Office of Quality Improvement and Georgia Collaborative ASO hosted training sessions to outline the updated process on September 9, 2020 for both Behavioral Health and Developmental Disabilities Providers. The power point presentations and live recordings for both trainings are available on the Georgia Collaborative ASO website by [clicking here](#). Once on the site, scroll down to "**Quality**" and then select either "**Behavioral Health**" or "**Intellectual & Developmental Disabilities**" to view the appropriate documents and recordings.

Thank you,

Melissa Sperbeck, Director
Division of Performance Management & Quality Improvement
in partnership with
Monica Johnson, Director, Division of Behavioral Health & Ron Wakefield, Director,
Division of Developmental Disabilities

The DBHDD policy **Corrective Action Plan Management, 13-101** has been updated and has an effective date of September 1, 2020. The changes are designed to help streamline the process and reduce the burden on providers where possible, while continuing to support the correction of identified issues.



Highlights of the changes include:

Corrective Action Plans (CAP) are only required to be submitted to DBHDD for High or Critical Risk deficiencies.

- For Low or Moderate Risk deficiencies, providers will be asked to complete an Internal Corrective Action Plan that does not need to be submitted to DBHDD.
- A simple form for the Internal CAP is provided as Attachment A to the revised policy.

The “Measures of Effectiveness” field has been removed from the CAP form.

- Although providers won't report this to DBHDD, providers are still required to maintain compliance and sustained correction over time.

DBHDD may conduct follow-up reviews to verify compliance.

- This may include requesting records or conducting virtual or on-site visits.
- DBHDD may request a copy of the Internal CAP at any time.

Our hope is that through collaboration with providers during the CAP process, we will be able to assist them in reaching and maintaining compliance. The reduction in required formal CAP responses should allow providers to better allocate resources to fixing the issues identified and effectively implement corrections. The process of reaching an acceptable CAP should take less time, allowing findings to be successfully resolved faster.

As always, providers have a responsibility for correcting all findings and maintaining compliance with applicable policies, regulations, federal and state requirements, accepted standards of care and practice, provider manuals and accreditation bodies, as applicable, regardless of the CAP process. Any questions regarding the CAP process can be directed to CAP.Request@dbhdd.ga.gov.

Submitted by
Jennifer Rybak
Director, Office of Incident Management and Compliance
Division of Accountability and Compliance



Image COVID-19 Incident Reporting Changes

As we continue to navigate working and supporting our individuals during the current pandemic, we recognize that the current way of reporting COVID incidents is untenable. As such, the changes below are being implemented immediately. Hopefully this will help bring some relief to those completing data entry in the system.

FOR DD RELATED SERVICES:

Entries in Image for **920 – Exposure** are **ONLY REQUIRED FOR INDIVIDUALS**. Reporting of staff exposures is no longer required.

Entries in Image for **921 – Positive, and 922 – Death ARE STILL REQUIRED** for both staff and individuals.

Entries in Image for **923 – Recovery** will **no longer be required** for individuals or staff at any locations.

	920 Exposed	921 Positive	922 Death	923 Recovery
Staff	Not required	REQUIRED	REQUIRED	Not required
Individual	REQUIRED	REQUIRED	REQUIRED	Not required

DD Providers should continue to work with the DBHDD Office of Health and Wellness staff who will maintain follow-up activities on individuals who test positive until that individual is no longer identified as being positive for COVID 19 or in the event of death, reported as deceased. (Note: Resolution of positive will be based upon CDC Guidelines for designation of COVID 19 negative status.)

FOR BH RELATED SERVICES INCLUDING CSU/BHCC:

Entries in Image for incident types **920 – Exposure and 923 – Recovery** will **no longer be required** for individuals or staff at any locations.

Entries in Image for **921 – Positives and 922 – Deaths ARE STILL REQUIRED** for both staff and individuals.

	920 Exposed	921 Positive	922 Death	923 Recovery
Staff	Not required	REQUIRED	REQUIRED	Not required
Individual	Not required	REQUIRED	REQUIRED	Not required

Thank you for your continued support in reporting the incident types as outlined above. If you have any questions, please reach out to us at dbhddincidents@dbhdd.ga.gov and we will assist you.

Submitted by:
Jennifer Rybak
Director, Office of Incident Management and Compliance
Division of Accountability and Compliance

Appendix K Tracking of Retainer Payments & Family Caregiver Hire Options Report

Below is a link to a memo addressing completion of the Appendix K Tracking of Telehealth, Retainer Payments, and Family/Caregiver Options Report" spreadsheet. This memo highlights instructions on how to complete the spreadsheet as well as additional information regarding the Department of Community Health (DCH) attestation requirements.

We ask all providers to read the memo and contact your local regional office if you have any questions.

[Retainer Payments & Family Caregiver Hire Options Report Memo](#)

Relias Online Libraries

Please be advised the management and coordination of the DBHDD/Relias online libraries, which include the Developmental Disabilities library and the Behavioral Health Paraprofessional and Mental Health Recovery libraries, has transferred from the University of Georgia- Carl Vinson Institute of Government (CVIOG) to the DBHDD Office of Human Resources and Learning.

reminder

Any questions, concerns, or recommendations related to Relias access or the transition may be directed to relias.admin@dbhdd.ga.gov.

Submitted by:
Theodore Carter, Jr., Senior Director
DBHDD Learning

During the month of September, DBHDD held the **2x2 Series: Daily Self-Care Tips and Support for Health Care and Emergency Response Workers**. This series was presented as Webex events and were designed to provide daily self-care tips and support for health care and emergency response workers. Each session provided attendees with mental health tips about managing stress, grief, work/life balance, and wellness.

If you could not attend the live sessions, each one was recorded and is available for review on the DBHDD website: <https://dbhdd.georgia.gov/2x2-series>.



Georgia's Peer2Peer Warm Lines Are Open!

Georgia's Peer2Peer Warm Line plans to continue 24/7 operation through this time. Even where services are able to continue without interruption, there are likely going to be behavioral health service consumers who are at-risk for the Coronavirus who choose not to visit service providers, and the Warm Line is an option for them to stay connected and receive support. Warm Line calls are answered by Georgia Certified Peer Specialists and is funded by DBHDD.



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The Peer2Peer Warm Line toll-free number is 888-945-1414.

More information can be found by [clicking here](#).

Department of Public Health Coronavirus Hotline

With all the concerns surrounding the COVID-19 pandemic the State of Georgia is trying to help ease the minds of residents. Georgia officials have created a new hotline that is available to all residents. Georgians can call **1-844-442-2681** with questions or concerns about the coronavirus.



If you believe that you are experiencing symptoms of COVID-19 or have been exposed to the novel coronavirus, please contact your primary care doctor or an urgent care clinic. Please do not show up unannounced at an emergency room or health care facility.

For more information, [click here](#).

Senior Provider Relations Manager

Carole Crowley

Provider Relations Manager

Sharon Pyles

For Provider Relations inquiries,
please contact us at
DBHDD.Provider@dbhdd.ga.gov.



**BE WELL, WEAR A MASK &
WASH YOUR HANDS!**



BE INFORMED

NETWORK
BULLETIN



HHS Announces Phase 3 Provider Funds Distribution

The U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), **announced** \$20 billion in new funding for providers on the frontlines of the coronavirus pandemic.

Under this Phase 3 General Distribution allocation, providers that have already received Provider Relief Fund payments will be invited to apply for additional funding that considers financial losses and changes in operating expenses caused by the coronavirus. Previously ineligible providers, such as those who began practicing in 2020 will also be invited to apply, and an expanded group of behavioral health providers confronting the emergence of increased mental health and substance use issues exacerbated by the pandemic will also be eligible for relief payments.

Providers can begin applying for funds on Monday, October 5, 2020.

Providers are encouraged to apply early.

Click [here](#) to link to the HHS website for additional information and instructions to apply.

National Public Health Emergency Extended

On October 2, 2020, the Secretary of HHS, Alex Azar, renewed the national public health emergency on Friday with an effective date of Oct 23 for a period of 90 days. The declaration can be seen [here](#).

DPH Update: Georgia Personal Protective Equipment

In March, DPH launched a ReadyOp link to request Personal Protective Equipment (PPE) during the supply shortage. The PPE supply chain has recovered to a point where the big six (gowns, gloves, face shields, coveralls, surgical masks, and hand-sanitizer) are available in stores and through distributors. Given the change in availability of PPE, the Georgia Emergency Management Agency/Homeland Security (GEMA/HS) and the Georgia Department of Public Health (DPH) have reassessed the PPE support mission of the State's COVID-19 response plan.

Please note, at 11:59 PM on October 15, 2020, DPH will deactivate the Ready Op PPE link and process all requests for emergency resupply of PPE through county EMAs using the State's WebEOC resource request process. Additional information can be found [here](#).

DBHDD encourages providers to assess PPE needs routinely and place orders with your suppliers in advance. If an emergency does occur, providers may contact the county Emergency Management Director and he/she will help them with WebEOC.

Office of Provider Relations

Senior Provider Relations Manager

Carole Crowley

Provider Relations Manager

Sharon Pyles

For Provider Relations inquiries,
please contact us at
DBHDD.Provider@dbhdd.ga.gov.



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