

SUMMARY OF COVID-19 POLICY MODIFICATIONS

PERIOD COVERED - MARCH 26, 2020 TO APRIL 30, 2020

This summary of modifications is designed to guide the review of new and revised content published at <https://gadbhdd.policystat.com> as it relates to each iteration of the **COVID-19 2020: DBHDD Community Developmental Disability Services Policy Modifications** policy. This policy was instated during the COVID-19 coronavirus pandemic, while the State of Georgia declared a Public Health Emergency.

The responsibility for thorough review of the policy content remains with the Provider.

Policy Date	Policy Item #	Original Policy Impacted by the Modification	Summary of Modification
3/26/2020	1.	Criminal History Record Check for Individual Provider Applicants, 04-111	Partial suspension of fingerprinting requirements, including a one-page attestation – Attachment A.
	2.	Criminal History Record Check for Individual Provider Applicants, 04-111	Partial suspension of fingerprinting requirements, including a one-page attestation – Attachment B.
4/2/2020	1.	Criminal History Record Check for DBHDD Network Provider Applicants, 04-104	Additional language added to Section 1 items c and d, and new two-page Attachment A added.
	2.	Criminal History Record Check for Individual Provider Applicants, 04-111	Additional language added to Section 2 items c and d, and new two-page Attachment B added.
4/8/2020	1.	Recruitment and Application to Become a Provider of Developmental Disability Services, 02-701	Temporary suspension of the site inspection requirement as stipulated 02-701.
4/20/2020	1.	NOW and COMP Waivers for Community Developmental Disability Services, 02-1202 Provider Manual for Community Developmental Disability Providers DBHDD PolicyStat Policies	Addition of Appendix K, Appendix K Attachment 1, and Appendix K Attachment 2.
4/21/2020	1.	NOW and COMP Waivers for Community Developmental Disability Services, 02-1202 Provider Manual for Community Developmental Disability Providers DBHDD PolicyStat Policies	Amendment to Appendix K Operational Guidelines for the NOW and COMP Waiver Programs Response to COVID-19 Pandemic. Correction made 4/22/2020 to Appendix K Attachment 1 – NOW and COMP Provider Spreadsheet.

4/23/2020	<ol style="list-style-type: none"> 3. 4. 	<p>Criminal History Record Check for DBHDD Network Provider Applicants, 04-104</p> <p>Criminal History Record Check for Individual Provider Applicants, 04-111</p>	<p>Period of time allowed for fingerprinting increased from 30 days to 60 days. Revised Attachment A.</p> <p>Period of time allowed for fingerprinting increased from 30 days to 60 days. Revised Attachment B.</p>
4/30/2020	<ol style="list-style-type: none"> 1. 	<p>NOW and COMP Waivers for Community Developmental Disability Services, 02-1202</p> <p>Provider Manual for Community Developmental Disability Providers</p> <p>DBHDD PolicyStat Policies</p>	<p>Version 2.0 of Appendix K added.</p>



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

VERSION 1

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

EFFECTIVE 3/26/2020



Current Status: *Old*

PolicyStat ID: 7844263



Georgia Department
of Behavioral Health
& Developmental
Disabilities

Creation:	3/26/2020
Effective:	3/26/2020
Last Reviewed:	3/26/2020
Last Revision:	3/26/2020
Next Review:	9/22/2020
Owner:	<i>Ron Wakefield: Director, Division of Developmental Disabilities</i>
Chapter:	<i>DD Community Services</i>
Sections:	

COVID-19 2020: DBHDD Community Developmental Disability Services Policy Modifications - 3/26/2020

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, 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. A **partial suspension** of the fingerprinting requirement described in [Criminal History Record Check for DBHDD Network Provider Applicants, 04-104](#) as follows:
 - 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 thirty (30) 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 Individual Assessment process set forth in section D of Policy 04-104 does not apply to persons who sign the Network Provider Applicant Attestation.

2. A **partial suspension** of the fingerprinting requirement described in [Criminal History Record Check for Individual Provider Applicants, 04-111](#) is permitted as follows:

- 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 thirty (30) 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. The Individual Assessment process set forth in Part D of Policy 04-111 does not apply to applicants who sign the Individual Provider Attestation.

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.docx](#)
- [B - COVID-19 2020 - Attestation of Absence of Barrier Crimes Data.docx](#)

Approval Signatures

Approver	Date
Anne Akili, Psy.D.: Director, Policy Management	3/26/2020
Ron Wakefield: Director, Division of Developmental Disabilities	3/26/2020
Anne Akili, Psy.D.: Director, Policy Management	3/26/2020



Georgia Department of Behavioral Health & Developmental Disabilities

Judy Fitzgerald, Commissioner

Office of Enterprise Compliance

Two Peachtree Street, NW • 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 of Criminal History Record Check for DBHDD Network Provider Applicants, 04-104, a copy of which has been provided to me).

I also attest that:

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

This form serves as a contingency for employment. Within 30 days of the termination of the Public Health State of Emergency, I understand that I will be required to complete a fingerprint based background check and if any information stated hereon is found to be falsified or untrue, I could be deemed ineligible for continued employment by a DBHDD network provider. I also understand that prior to being fingerprinted, if any information stated hereon is discovered to have been falsified or is found to be untrue, I could be deemed ineligible for continued employment.

Signature

Date



Georgia Department of Behavioral Health & Developmental Disabilities

Judy Fitzgerald, Commissioner

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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
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Signature

Date



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

VERSION 2

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

EFFECTIVE 4/2/2020



Current Status: *Old*

PolicyStat ID: 7872894



Georgia Department
of Behavioral Health
& Developmental
Disabilities

Creation:	3/26/2020
Effective:	4/2/2020
Last Reviewed:	4/2/2020
Last Revision:	4/2/2020
Next Review:	9/29/2020
Owner:	<i>Ron Wakefield: Director, Division of Developmental Disabilities</i>
Chapter:	<i>DD Community Services</i>
Sections:	

COVID-19 2020: DBHDD Community Developmental Disability Services Policy Modifications - 4/2/2020

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, 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. A **partial suspension** of the fingerprinting requirement described in [Criminal History Record Check for DBHDD Network Provider Applicants, 04-104](#) as follows:
 - 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 thirty (30) 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 30 days prior to the declaration of the Public Health Emergency.

2. A **partial suspension** of the fingerprinting requirement described in [Criminal History Record Check for Individual Provider Applicants, 04-111](#) is permitted as follows:

- 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 thirty (30) 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 30 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.docx](#)
- [B - COVID-19 2020 - Attestation of Absence of Barrier Crimes Data & Cover Letter.docx](#)

Approval Signatures

Approver	Date
Anne Akili, Psy.D.: Director, Policy Management	4/2/2020
Ron Wakefield: Director, Division of Developmental Disabilities	4/2/2020
Anne Akili, Psy.D.: Director, Policy Management	4/2/2020

OLD



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 of [Criminal History Record Check for DBHDD Network Provider Applicants, 04-104](#), a copy of which has been provided to me).

I also attest that:

1. I am not currently on probation as a First Offender for a crime listed on Barrier Record Data (Attachment D);
2. I am not awaiting final disposition on charges for any crime referenced on the Barrier Record Data (Attachment D);
3. I do not knowingly have an outstanding warrant for any crime referenced on the Barrier Record Data (Attachment D);
4. I do not have a finding of guilty but mentally ill (GBMI) for any crime referenced on the Barrier Record Data (Attachment D);
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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).
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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. with this Cover Sheet after completing the information required below:

Provider Name _____

Name of Direct Contact _____

Contact Phone Number _____

Email address _____

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



Georgia Department of Behavioral Health & Developmental Disabilities

Judy Fitzgerald, Commissioner

Office of Enterprise Compliance

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I, _____

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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:

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2. I am not awaiting final disposition on charges for any crime referenced on the Barrier Record Data (Attachment D);
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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, 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.



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

VERSION 3

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

EFFECTIVE 4/8/2020



Georgia Department
of Behavioral Health
& Developmental
Disabilities

Creation:	3/26/2020
Effective:	4/8/2020
Last Reviewed:	4/8/2020
Last Revision:	4/8/2020
Next Review:	10/5/2020
Owner:	<i>Ron Wakefield: Director, Division of Developmental Disabilities</i>
Chapter:	<i>DD Community Services</i>
Sections:	

COVID-19 2020: DBHDD Community Developmental Disability Services Policy Modifications - 4/8/2020

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, 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. **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.
2. A **partial suspension** of the fingerprinting requirement described in [Criminal History Record Check for DBHDD Network Provider Applicants, 04-104](#) as follows:

- 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 thirty (30) 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 30 days prior to the declaration of the Public Health Emergency.
3. A **partial suspension** of the fingerprinting requirement described in [Criminal History Record Check for Individual Provider Applicants, 04-111](#) is permitted as follows:
- 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 thirty (30) 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 30 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.docx
- B - COVID-19 2020 - Attestation of Absence of Barrier Crimes Data & Cover Letter.docx

Approval Signatures

Approver	Date
Anne Akili, Psy.D.: Director, Policy Management	4/8/2020
Ron Wakefield: Director, Division of Developmental Disabilities	4/8/2020
Anne Akili, Psy.D.: Director, Policy Management	4/7/2020

OLD



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 of [Criminal History Record Check for DBHDD Network Provider Applicants, 04-104](#), a copy of which has been provided to me).

I also attest that:

1. I am not currently on probation as a First Offender for a crime listed on Barrier Record Data (Attachment D);
2. I am not awaiting final disposition on charges for any crime referenced on the Barrier Record Data (Attachment D);
3. I do not knowingly have an outstanding warrant for any crime referenced on the Barrier Record Data (Attachment D);
4. I do not have a finding of guilty but mentally ill (GBMI) for any crime referenced on the Barrier Record Data (Attachment D);
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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 with this Cover Sheet after completing the information required below:

Provider Name _____

Name of Direct Contact _____

Contact Phone Number _____

Email address _____

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



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I, _____

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1. I am not currently on probation as a First Offender for a crime listed on Barrier Record Data (Attachment D);
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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, 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.



Georgia Department
of Behavioral Health
& Developmental
Disabilities

VERSION 4

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

EFFECTIVE 4/20/2020



Georgia Department
of Behavioral Health
& Developmental
Disabilities

Creation:	3/26/2020
Effective:	4/20/2020
Last Reviewed:	4/20/2020
Last Revision:	4/20/2020
Next Review:	10/17/2020
Owner:	<i>Ron Wakefield: Director, Division of Developmental Disabilities</i>
Chapter:	<i>DD Community Services</i>
Sections:	

COVID-19 2020: DBHDD Community Developmental Disability Services Policy Modifications - 4/20/2020

EFFECTIVE IMMEDIATELY

APPLICABILITY

DBHDD Providers of Community **Developmental Disability** Services

POLICY

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

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

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

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

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

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

2. **Temporary suspension** of the site inspection requirement for developmental disability provider enrollment, per [Recruitment and Application to Become a Provider of Developmental Disability Services, 02-701](#) is permitted as follows:
 - a. Site inspections for Community Residential Alternative Host Home sites are suspended. Host Home applications will remain in pending status until site inspections resume.
3. A **partial suspension** of the fingerprinting requirement described in [Criminal History Record Check for DBHDD Network Provider Applicants, 04-104](#) as follows:
 - 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 thirty (30) 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 30 days prior to the declaration of the Public Health Emergency.
4. A **partial suspension** of the fingerprinting requirement described in [Criminal History Record Check for Individual Provider Applicants, 04-111](#) is permitted as follows:
 - 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 thirty (30) 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 30 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.docx](#)
[Appendix K Attachment 1 - NOW and COMP Provider Spreadsheet 4/20/2020](#)
[Appendix K Attachment 2 - Simplified AS Request Sheet 4/20/2020](#)
[Appendix K Operational Guidelines for the NOW and COMP Waiver Programs Response to COVID-19 Pandemic, 4/20/2020](#)
[B - COVID-19 2020 - Attestation of Absence of Barrier Crimes Data & Cover Letter.docx](#)

Approval Signatures

Approver	Date
Anne Akili, Psy.D.: Director, Policy Management	4/20/2020
Ron Wakefield: Director, Division of Developmental Disabilities	4/20/2020
Anne Akili, Psy.D.: Director, Policy Management	4/20/2020

DBHDD Division of Developmental Disabilities

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

Response to COVID-19 Pandemic



Version 1.1

Released: 04.20.2020

Section A. Overview & Purpose

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

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

OLD

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 -only applicable for DBHDD traditionally enrolled Providers	X	X	X	
Specialized Medical Supplies				X		
Additional Staffing					X	
Nursing Services	X					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				
Adult Occupational Therapy	X					
Adult Physical Therapy	X					
Adult Speech and Language Therapy	X – exceptions noted below					
Supported Employment	X- limited scope	X				

C. General Provider Guidance

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

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

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

C.4 The annual DMA-7 assessment requirements will be suspended for all individuals while Appendix K is effective. 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.

C.5 Telehealth Guidance: The state temporarily authorizes, during the time that the Appendix K is effective, Adult Occupational Therapy Services, Adult Physical Therapy Services, most Adult Speech and Language Therapy Services, Behavior Support Services, Support Coordination, Supported Employment (limited scope), and 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.

C.6 Family Caregiver Option: Several services, as indicated in Section B above, list an option for Family Caregivers to **temporarily** render specific services. 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. **Retainers cannot exceed 30 consecutive days.** Providers should submit claims for only scheduled days and units as specified in the individual's ISP. The retainer option should only be billed when the provider is retaining (maintaining the staff's employment) its regular staff members for when operations resume as normal and the Appendix K is no longer effective. 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 agency¹, 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

¹ 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.

(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.

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.

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 through the assigned Support Coordination Agency.

Actions Requiring Version Change	Actions NOT Requiring Version Change
Change or 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

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. Newly hired regular staff may not forgo the required trainings as specified in the DD Community Standards Manual unless training requirements. Providers must continue to document all annual training completed with staff, contractors or consultants.

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. Retainers cannot exceed 30 consecutive days. Providers should submit claims for only scheduled days and units as specified in the individual’s ISP.</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. Retainers cannot exceed 30 consecutive days. Providers should submit claims for only scheduled days and units as specified in the individual’s ISP.</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: 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. Retainers cannot exceed 30 consecutive days. Providers should submit claims for only scheduled days and units as specified in the individual’s ISP.</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.</p> <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 Individual Service Plan.</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.</p> <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. Retainers cannot exceed 30 consecutive days. Providers should submit claims for only scheduled days and units as specified in the individual’s ISP.</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 s should send providers and families a copy of the IQOMR template (see Section G) when possible to help prepare for contacts. SC Support Notes: A comprehensive support note must be entered by the Support Coordinator for all regular required contacts with the individual, with the exception of the completion of the quarterly (IQOMR) Individual Quality Outcome Measures Review. Contacts should focus on health and safety concerns. All support notes are entered into the online case management system within three (3) business days of the contact.</p> <p>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.11 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.</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.12 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.13 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.14 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.15 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.

E.2 Documentation Requirements- Documentation requirements for services rendered remain intact. 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. Family Caregiver hire is limited to individuals who are at least 18 years in age with experience delivering required care. Family Caregiver hire is not allowable for the Employer of Record with the Federal EIN #. A secondary or back-up representative can apply to become 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

E.4 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.

Section F. 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%20Waiver%20Program%20Part%20II%20Chapters%20600-1200%20200107210300.pdf>
4. Health and Human Services resource link regarding appropriate telehealth platforms for delivery of services <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>
5. Behavior Analysis Certification Board guidance <https://www.bacb.com/bacb-covid-19-updates/>

Section G. Appendices

G.1 COVID-19 NOW&COMP Provider Spreadsheet- attached

G.2 Simplified AS Request Sheet for COVID-19- attached

G.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]

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

2	The individual has access to privacy for personal care.	Yes	[Control]
3	The individual has a private place in the home to visit with friends or family.	Yes	[Control]
4	The individual has access to privacy for phone discussions with friends or family.	Yes	[Control]
5	The individual has access to receive and view their mail/email privately.	Yes	[Control]
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]

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

10	The individual has adequate clothing to accommodate the individual's needs or preferences/choices.	Yes	[Control]
11	The individual has adequate food and supplies to accommodate the individual's needs or preferences/choices.	<p>Subjective by SC</p> <p>Could be Yes (by verbal confirmation with the waiver participant/staff/guardian)</p> <p>It could be N/A.</p>	
12	The Residential/Day setting is clean according to the individual's needs and preferences.	<p>Could be Yes (by verbal confirmation with the waiver participant/staff/guardian)</p> <p>It could be N/A.</p> <p>Subjective by SC</p>	[Control]
13	The Residential/Day setting is safe for the individual's needs.	<p>Could be Yes (by verbal confirmation with the waiver participant/staff/guardian)</p> <p>It could be N/A. Subjective by SC</p>	[Control]

14	The Residential/Day setting is appropriate for the individual's needs and preferences.	<p>Subjective by SC</p> <p>Could be Yes (by verbal confirmation with the waiver participant/staff/guardian)</p> <p>It could be N/A.</p>	[Control]
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]

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

19	The ISP is available to staff on site. If there have been ISP addendums, they are available to staff on site.	Yes, this can be answered if there knowledge it is there – Therap, etc.	[Control]
20	Staff are knowledgeable about all information contained within the individual’s ISP.	Yes	[Control]
21	Indicated healthcare plans are current and have been 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

		<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]

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

29	All prescribed medications are being administered, as ordered, and documented accurately.	<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	All required assessments/evaluations have been completed.	<p>Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well.</p> <p>Otherwise, N/A, or Subjective by SC</p>	[Control]
31	The individual has had no hospital admissions, emergency room, or urgent care visits since the last review.	<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 urgent care visits is affirmative documentation.</p>	[Control]
32	If applicable, hospital/ED/urgent care	Yes, (by verbal confirmation with the waiver participant or guardian, if applicable, or confirmation in Therap	[Control]

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

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

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

	engaging external interventions.	<p>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>	
40	The individual has no active Behavioral Support Plan, Crisis Plan, and/or Safety Plan relating to behavioral interventions.	Yes	[Control]
41	If applicable, the plan(s) is/are available on site for staff review.	Yes, in general if there is access to the family, guardian, or access to Therap or other web-based applications/documentation, could be affirmative	[Control]
42	There is evidence of implementation of the Behavioral Support Plan, Crisis Plan, and/or Safety Plan. Staff are knowledgeable about the 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	Yes, (by verbal confirmation with the waiver participant, staff, family, or	[Control]

	<p>access GCAL or the Mobile Crisis Response Team in response to a behavioral emergency If GCAL/MCT has been accessed, describe reason, frequency, duration of any admissions, and if discharge recommendations have been followed. If applicable, the BSP/ Safety Plan/ Crisis Plan has been adapted to reflect any new recommendations or interventions needed.</p>	<p>guardian, if applicable, or confirmation in Therap or other web-based applications/documentation, would be affirmative documentation.</p> <p>Frequency could be addresses by staff, family, or guardian.</p> <p>And Yes, if applicable, the BSP/ Safety Plan/ Crisis Plan has been adapted to reflect any new recommendations or interventions needed also.</p> <p>There could be times when there is not clarity to a comprehensive response without a face to face evaluation.</p>	
44	<p>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</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>	[Control]

	recommendations or interventions needed.	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. 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	Yes,	[Control]

	of choice with non-paid community members.	There could be times when there is not clarity to respond without a face to face evaluation.	
48	The individual has the opportunity to participate in activities he/she enjoys in their home and community. Describe steps being taken to increase opportunities to meet this objective and allow choices to be offered while in services.	Yes, There could be times when there is not clarity to respond without a face to face evaluation.	[Control]
49	If desired, the individual is actively supported to seek and/or maintain 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.	Yes, There could be times when there is not clarity to respond without a face to face evaluation.	[Control]
50	The individual has the necessary access to transportation for employment and	Yes,	[Control]

	community activities of his/her choice.	There could be times when there is not clarity to respond without a face to face evaluation.	
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]

	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

OLD



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

Instructions for DBHDD Providers: Use this 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 via telehealth**). See example rows #15 & #16 (in blue).

Submitting Monthly Report: Providers should submit this report monthly to the DBHDD Regional Field Office at region1enhancedsupports.dd@dbhdd.ga.gov. Insert the appropriate number for the provider's region in place of the # sign in the email address above (e.g. region1enhancedsupports.dd@dbhdd.ga.gov).

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

Note: Providers must follow all operational guidelines outlined in the Appendix K Provider Guidance to report temporary allowances for services delivered.

Units in Red: Consult the Appendix K Provider Guidance to determine if the units billed are allowed for the type of service selected.

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

CID #	Medicaid #	Last Name	First Name	Type of Service	Date of Service	Number of Units Telehealth	Number of Units Retainer	Number of Units Family/Caregiver Options	Total Units Billed for Date of Service (GAMMIS)	Telehealth \$ Amount	Retainer \$ Amount	Family Hire \$ Amount	Total \$ Billed for Date of Service (GAMMIS)
127001	111222333999	Doe	Jane	Community Living Support (CLS) - Basic	3/14/2020		10	10	20		\$100.00	\$100.00	\$200.00

OLD



Simplified Additional Staffing Request for the COVID Response

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

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

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

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

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

region#enhancedsupports.dd@dbhdd.ga.gov

with the # replaced by the appropriate region number.

CRA Billing Location :	Individuals at location:	Date of Birth	Medicaid Number	Current CRA staffing level	Requested additional staff for home	Note reason if asking for more than 1:4	Community Access Provider	Date that Community Access suspended operation
25 Example Street Anytown, GA 12345	John Doe			1 to 4	2 staff to cover hours usually covered by CA services	1 staff to meet the 1:4 ratio and 1 for Mr. Taylor's 1:1	Bob's Day Services	3/31/2020
	James Johnson			1 to 4			Bob's Day Services	3/31/2020
	Robert Washington			1 to 4			Bob's Day Services	3/31/2020
	Howard Taylor			1 to 1			Bob's Day Services	3/31/2020

OLD



CLS Provider Agency:

Individuals for whom AS is requested:	Date of Birth	Medicaid Number	Current approved CLS units	Additional units requested	Community Access/Day Provider	Date Community Access or other day services suspended operations
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OLD



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 of [Criminal History Record Check for DBHDD Network Provider Applicants, 04-104](#), a copy of which has been provided to me).

I also attest that:

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

This form serves as a contingency for employment. Within 30 days of the termination of the Public Health State of Emergency, I understand that I will be required to complete a fingerprint based background check and if any information stated hereon is found to be falsified or untrue, I could be deemed ineligible for continued employment by a DBHDD network provider. I also understand that prior to being fingerprinted, if any information stated hereon is discovered to have been falsified or is found to be untrue, I could be deemed ineligible for continued employment.

Signature

Date



Georgia Department of Behavioral Health & Developmental Disabilities

Judy Fitzgerald, Commissioner

Office of Enterprise Compliance

Two Peachtree Street, NW • 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. with this Cover Sheet after completing the information required below:

Provider Name	_____
Name of Direct Contact	_____
Contact Phone Number	_____
Email address	_____

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



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 30 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, 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.



D·B·H·D·D

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

VERSION 5

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

EFFECTIVE 4/21/2020



Georgia Department
of Behavioral Health
& Developmental
Disabilities

Creation: 3/26/2020
 Effective: 4/21/2020
 Last Reviewed: 4/21/2020
 Last Revision: 4/21/2020
 Next Review: 10/18/2020
 Owner: *Ron Wakefield: Director, Division of Developmental Disabilities*
 Chapter: *DD Community Services*
 Sections:

COVID-19 2020: DBHDD Community Developmental Disability Services Policy Modifications - 4/21/2020

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

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

2. **Temporary suspension** of the site inspection requirement for developmental disability provider enrollment, per [Recruitment and Application to Become a Provider of Developmental Disability Services, 02-701](#) is permitted as follows:
 - a. Site inspections for Community Residential Alternative Host Home sites are suspended. Host Home applications will remain in pending status until site inspections resume.
3. A **partial suspension** of the fingerprinting requirement described in [Criminal History Record Check for DBHDD Network Provider Applicants, 04-104](#) as follows:
 - 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 thirty (30) 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 30 days prior to the declaration of the Public Health Emergency.
4. A **partial suspension** of the fingerprinting requirement described in [Criminal History Record Check for Individual Provider Applicants, 04-111](#) is permitted as follows:
 - 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 thirty (30) 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 30 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.docx](#)
[Appendix K Attachment 1 - NOW and COMP Provider Spreadsheet 4/22/2020](#)
[Appendix K Attachment 2 - Simplified AS Request Sheet 4/20/2020](#)
[Appendix K Operational Guidelines for the NOW and COMP Waiver Programs Response to COVID-19 Pandemic, 4/21/2020](#)
[B - COVID-19 2020 - Attestation of Absence of Barrier Crimes Data & Cover Letter.docx](#)

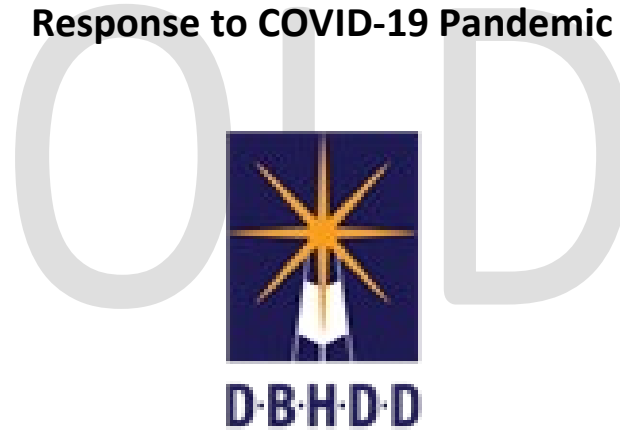
Approval Signatures

Approver	Date
Anne Akili, Psy.D.: Director, Policy Management	4/21/2020
Ron Wakefield: Director, Division of Developmental Disabilities	4/21/2020
Anne Akili, Psy.D.: Director, Policy Management	4/21/2020

DBHDD Division of Developmental Disabilities

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

Response to COVID-19 Pandemic



Version 1.1

Released: 04.21.2020

Section A. Overview & Purpose

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

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

OLD

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 -only applicable for DBHDD traditionally enrolled Providers	X	X	X	
Specialized Medical Supplies				X		
Additional Staffing					X	
Nursing Services	X					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				
Adult Occupational Therapy	X					
Adult Physical Therapy	X					
Adult Speech and Language Therapy	X – exceptions noted below					
Supported Employment	X- limited scope	X				

C. General Provider Guidance

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

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

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

C.4 The annual DMA-7 assessment requirements will be suspended for all individuals while Appendix K is effective. 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.

C.5 Telehealth Guidance: The state temporarily authorizes, during the time that the Appendix K is effective, Adult Occupational Therapy Services, Adult Physical Therapy Services, most Adult Speech and Language Therapy Services, Behavior Support Services, Support Coordination, Supported Employment (limited scope), and 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.

C.6 Family Caregiver Option: Several services, as indicated in Section B above, list an option for Family Caregivers to **temporarily** render specific services. 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. **Retainers cannot exceed 30 consecutive days.** Providers should submit claims for only scheduled days and units as specified in the individual's ISP. The retainer option should only be billed when the provider is retaining (maintaining the staff's employment) its regular staff members for when operations resume as normal and the Appendix K is no longer effective. 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 agency¹, 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

¹ 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.

(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.

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.

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 through the assigned Support Coordination Agency.

Actions Requiring Version Change	Actions NOT Requiring Version Change
Change or 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

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. Newly hired regular staff may not forgo the required trainings as specified in the DD Community Standards Manual unless training requirements. Providers must continue to document all annual training completed with staff, contractors or consultants.

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. Retainers cannot exceed 30 consecutive days. Providers should submit claims for only scheduled days and units as specified in the individual’s ISP.</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. Retainers cannot exceed 30 consecutive days. Providers should submit claims for only scheduled days and units as specified in the individual’s ISP.</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: 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. Retainers cannot exceed 30 consecutive days. Providers should submit claims for only scheduled days and units as specified in the individual’s ISP.</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.</p> <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 Individual Service Plan.</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.</p> <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. Retainers cannot exceed 30 consecutive days. Providers should submit claims for only scheduled days and units as specified in the individual’s ISP.</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 s should send providers and families a copy of the IQOMR template (see Section G) when possible to help prepare for contacts. SC Support Notes: A comprehensive support note must be entered by the Support Coordinator for all regular required contacts with the individual, with the exception of the completion of the quarterly (IQOMR) Individual Quality Outcome Measures Review. Contacts should focus on health and safety concerns. All support notes are entered into the online case management system within three (3) business days of the contact.</p> <p>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.11 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.</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.12 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.13 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.14 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.15 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.

E.2 Documentation Requirements- Documentation requirements for services rendered remain intact. 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. Family Caregiver hire is limited to individuals who are at least 18 years in age with experience delivering required care. 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

E.4 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.

Section F. References:

1. Covid-19 Guidance Information <https://dbhdd.georgia.gov/coronavirus-covid-19-information>
2. Provider Issue Management System (PIMS) <https://dbhddapps.dbhdd.ga.gov/PIMS/Default.aspx>
3. Comprehensive Support Waiver Program and New Options Waiver Program Part II Chapters 600 – 1200 <https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/Comprehensive%20Supports%20Waiver%20Program%20and%20New%20Options%20%20Waiver%20Program%20%20Part%20II%20Chapters%20600-1200%2020200107210300.pdf>
4. Health and Human Services resource link regarding appropriate telehealth platforms for delivery of services <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>
5. Behavior Analysis Certification Board guidance <https://www.bacb.com/bacb-covid-19-updates/>

Section G. Appendices

G.1 COVID-19 NOW&COMP Provider Spreadsheet- attached

G.2 Simplified AS Request Sheet for COVID-19- attached

G.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.	[Control]
2	The individual has access to privacy for personal care.	[Control]

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

3	The individual has a private place in the home to visit with friends or family.	Yes	[Control]
4	The individual has access to privacy for phone discussions with friends or family.	Yes	[Control]
5	The individual has access to receive and view their mail/email privately.	Yes	[Control]
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	Yes	[Control]

	individual's needs or preferences/choices.		
11	The individual has adequate food and supplies to accommodate the individual's needs or preferences/choices.	<p>Subjective by SC</p> <p>Could be Yes (by verbal confirmation with the waiver participant/staff/guardian)</p> <p>It could be N/A.</p>	
12	The Residential/Day setting is clean according to the individual's needs and preferences.	<p>Could be Yes (by verbal confirmation with the waiver participant/staff/guardian)</p> <p>It could be N/A.</p> <p>Subjective by SC</p>	[Control]
13	The Residential/Day setting is safe for the individual's needs.	<p>Could be Yes (by verbal confirmation with the waiver participant/staff/guardian)</p> <p>It could be N/A. Subjective by SC</p>	[Control]
14	The Residential/Day setting is appropriate for the individual's needs and preferences.	Subjective by SC	[Control]

		<p>Could be Yes (by verbal confirmation with the waiver participant/staff/guardian)</p> <p>It could be N/A.</p>	
Focus Area:	Select:		Comments/Actions Needed:
Appearance/Health			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]

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

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 be affirmative documentation as well. Otherwise, N/A.	[Control]

25	Skilled nursing hours are being provided, as ordered.	<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	All medical/therapeutic appointments have been scheduled and attended.	<p>Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well.</p> <p>Otherwise, N/A.</p>	[Control]
27	All follow-up appointments have been scheduled and attended.	<p>Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well.</p> <p>Otherwise, N/A.</p>	[Control]
28	All physician/clinician recommendations are being followed.	<p>Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well.</p> <p>Otherwise, N/A.</p>	[Control]
29	All prescribed medications are being administered, as ordered, and documented accurately.	<p>Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well.</p>	[Control]

		<p>Family and participant can also confirm Med administration.</p> <p>Otherwise, N/A.</p>	
30	All required assessments/evaluations have been completed.	<p>Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well.</p> <p>Otherwise, N/A, or Subjective by SC</p>	[Control]
31	The individual has had no hospital admissions, emergency room, or urgent care visits since the last review.	<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 urgent care visits is affirmative documentation.</p>	[Control]
32	If applicable, hospital/ED/urgent care discharge plan instructions have been followed.	<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 confirmation as well. Provider staff reports of hospital admissions,</p>	[Control]

		emergency room, or urgent care visits is affirmative documentation.	
Focus Area:	Select:		Comments/Actions Needed: Concerns, Barriers, Successes
Supports and Services			
33	The individual's paid staff appear to treat them with respect and dignity.	N/A, unable to assess due to the need for visual confirmation	[Control]
34	The individual's natural supports appear to treat them with respect and dignity.	N/A, unable to assess due to the need for visual confirmation	[Control]
35	Supports and services are being delivered to the individual, as identified in the current ISP.	Yes, for some – some services or supports will be unable to assess due to the need for visual confirmation, Use of Therap or other web-based applications/documentation, would be affirmative confirmation as well.	[Control]
36	The individual is being supported to make progress in achieving their goals (both ISP goals and informally expressed goals). Indicate the status of the 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.	<p>Yes, in general if there is access to the waiver participant, family, guardian, staff, and access to Therap or other web-based applications/documentation, could be affirmative confirmation as well.</p> <p>There well could be times when there is not clarity to respond without a face to face evaluation.</p>	[Control]
Focus Area: Behavioral & Emotional		Select:	Comments/Actions Needed: Concerns, Barriers, Successes
38	Since the last visit, there are no emerging or continuing behavioral/emotional responses for the individual.	<p>Yes, in general if there is access to the family, guardian, staff, and to Therap or other web-based applications/documentation, could be affirmative confirmation as well.</p> <p>There could be times when there is not clarity to respond without a face to face evaluation.</p>	[Control]
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>	[Control]

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

		There could be times when there is not clarity to respond without a face to face evaluation.	
40	The individual has no active Behavioral Support Plan, Crisis Plan, and/or Safety Plan relating to behavioral interventions.	Yes	[Control]
41	If applicable, the plan(s) is/are available on site for staff review.	Yes, in general if there is access to the family, guardian, or access to Therap or other web-based applications/documentation, could be affirmative	[Control]
42	There is evidence of implementation of the Behavioral Support Plan, Crisis Plan, and/or Safety Plan. Staff are knowledgeable about the 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	Yes, (by verbal confirmation with the waiver participant, staff, family, or guardian, if applicable, or confirmation in Therap or other web-	[Control]

	<p>response to a behavioral emergency If GCAL/MCT has been accessed, describe reason, frequency, duration of any admissions, and if discharge recommendations have been followed. If applicable, the BSP/ Safety Plan/ Crisis Plan has been adapted to reflect any new recommendations or interventions needed.</p>	<p>based applications/documentation, would be affirmative documentation.</p> <p>Frequency could be addresses by staff, family, or guardian.</p> <p>And Yes, if applicable, the BSP/ Safety Plan/ Crisis Plan has been adapted to reflect any new recommendations or interventions needed also.</p> <p>There could be times when there is not clarity to a comprehensive response without a face to face evaluation.</p>	
44	<p>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</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</p>	[Control]

	recommendations or interventions needed.	adapted to reflect any new recommendations or interventions needed. 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 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>Yes,</p> <p>There could be times when there is not clarity to respond without a face to face evaluation.</p>	[Control]
49	If desired, the individual is actively supported to seek and/or maintain employment in competitive and integrated settings and/or offered customized opportunities. If applicable, note how he/she is supported to do so. If no, indicate how the issue is being addressed.	<p>Yes,</p> <p>There could be times when there is not clarity to respond without a face to face evaluation.</p>	[Control]
50	The individual has the necessary access to transportation for employment and community activities of his/her choice.	<p>Yes,</p> <p>There could be times when there is not clarity to respond without a face to face evaluation.</p>	[Control]

Focus Area: 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 services received since the last review.	Yes, SC may need a face to face to confirm	[Control]

55	Overall, the individual is satisfied with their family relationships/natural supports since the last review.	Yes, SC may need a face to face to confirm.	[Control]
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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

OLD



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 of [Criminal History Record Check for DBHDD Network Provider Applicants, 04-104](#), a copy of which has been provided to me).

I also attest that:

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

This form serves as a contingency for employment. Within 30 days of the termination of the Public Health State of Emergency, I understand that I will be required to complete a fingerprint based background check and if any information stated hereon is found to be falsified or untrue, I could be deemed ineligible for continued employment by a DBHDD network provider. I also understand that prior to being fingerprinted, if any information stated hereon is discovered to have been falsified or is found to be untrue, I could be deemed ineligible for continued employment.

Signature

Date



Georgia Department of Behavioral Health & Developmental Disabilities

Judy Fitzgerald, Commissioner

Office of Enterprise Compliance

Two Peachtree Street, NW • 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 with this Cover Sheet after completing the information required below:

Provider Name _____

Name of Direct Contact _____

Contact Phone Number _____

Email address _____

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



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 30 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, 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.



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

Instructions for DBHDD Providers: Use this 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 via telehealth**). See example rows #15 & #16 (in blue).

Submitting Monthly Report: Providers should submit this report monthly to the DBHDD Regional Field Office at region1enhancedsupports.dd@dbhdd.ga.gov. Insert the appropriate number for the provider's region in place of the # sign in the email address above (e.g. region1enhancedsupports.dd@dbhdd.ga.gov).

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

Note: Providers must follow all operational guidelines outlined in the Appendix K Provider Guidance to report temporary allowances for services delivered.							Units in Red: Consult the Appendix K Provider Guidance to determine if the units billed are allowed for the type of service selected.		Cells in Yellow: Verify the units in columns H - J and the dollar amounts entered in columns L - N correspond.				
CID #	Medicaid #	Last Name	First Name	Type of Service	Date of Service	Number of Units Telehealth	Number of Units Retainer	Number of Units Family/Caregiver Options	Total Units Billed for Date of Service (GAMMIS)	Telehealth \$ Amount	Retainer \$ Amount	Family Hire \$ Amount	Total \$ Billed for Date of Service (GAMMIS)
8675309	111222333444	Doe	John	Behavior Support Service - L1	3/1/2020	30			30	\$50.00			\$50.00
127001	111222333999	Doe	Jane	Community Living Support (CLS) - Basic	3/14/2020		10	10	20		\$100.00	\$100.00	\$200.00

OLD



Simplified Additional Staffing Request for the COVID Response

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

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

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

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

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

region#enhancedsupports.dd@dbhdd.ga.gov

with the # replaced by the appropriate region number.

CRA Billing Location :	Individuals at location:	Date of Birth	Medicaid Number	Current CRA staffing level	Requested additional staff for home	Note reason if asking for more than 1:4	Community Access Provider	Date that Community Access suspended operation
25 Example Street Anytown, GA 12345	John Doe			1 to 4	2 staff to cover hours usually covered by CA services	1 staff to meet the 1:4 ratio and 1 for Mr. Taylor's 1:1	Bob's Day Services	3/31/2020
	James Johnson			1 to 4			Bob's Day Services	3/31/2020
	Robert Washington			1 to 4			Bob's Day Services	3/31/2020
	Howard Taylor			1 to 1			Bob's Day Services	3/31/2020

OLD



CLS Provider Agency:

Individuals for whom AS is requested:	Date of Birth	Medicaid Number	Current approved CLS units	Additional units requested	Community Access/Day Provider	Date Community Access or other day services suspended operations
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OLD



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

Instructions for DBHDD Providers: Use this 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 via telehealth). See example rows #18 & #19 (in blue).

Submitting Monthly Report: Providers should submit this report monthly to the DBHDD Regional Field Office at regionenhancedsupport.d4@dbhd.pa.gov. Insert the appropriate number for the provider's region in place of the # sign in the email address above (e.g. regionenhancedsupport.d4@dbhd.pa.gov).

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

Units in Red: Consult the Appendix K Provider Guidance to determine if the units billed are allowed for the type of service selected.

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

CID #	Medicaid #	Last Name	First Name	Type of Service	Date of Service	Number of Units			Total Units Billed for Date of Service (GAMMIS)	Telehealth \$ Amount	Retainer \$ Amount	Family Hire \$ Amount	Total \$ Billed for Date of Service (GAMMIS)
						Telehealth	Retainer	Family/Caregiver Options					
8871309	11122333444	Doc	John	Behavior Support Service - LI	3/1/2020	30			30	\$50.00			\$50.00
127021	11122333999	Doc	Jane	Community Living Support (CLS) - Basic	3/14/2020		10	10	20		\$100.00	\$100.00	\$200.00
						0			0				\$0.00
						0			0				\$0.00

OLD



Georgia Department
of Behavioral Health
& Developmental
Disabilities

VERSION 6

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

EFFECTIVE 4/23/2020



Georgia Department
of Behavioral Health
& Developmental
Disabilities

Creation:	3/26/2020
Effective:	4/23/2020
Last Reviewed:	4/23/2020
Last Revision:	4/23/2020
Next Review:	10/20/2020
Owner:	<i>Ron Wakefield: Director, Division of Developmental Disabilities</i>
Chapter:	<i>DD Community Services</i>
Sections:	

COVID-19 2020: DBHDD Community Developmental Disability Services Policy Modifications - 4/23/2020

EFFECTIVE IMMEDIATELY

APPLICABILITY

DBHDD Providers of Community **Developmental Disability** Services

POLICY

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

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

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

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

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

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

2. **Temporary suspension** of the site inspection requirement for developmental disability provider enrollment, per [Recruitment and Application to Become a Provider of Developmental Disability Services, 02-701](#) is permitted as follows:
 - a. Site inspections for Community Residential Alternative Host Home sites are suspended. Host Home applications will remain in pending status until site inspections resume.
3. A **partial suspension** of the fingerprinting requirement described in [Criminal History Record Check for DBHDD Network Provider Applicants, 04-104](#) as follows:
 - a. DBHDD's Provider Network must have each person subject to Policy 04-104 complete the "Network Provider Applicant Attestation," **Attachment A** to this policy, instead of completing the fingerprint based background check stipulated in Policy 04-104.
 - b. Within sixty (60) days of cessation of the Public Health Emergency, all persons who signed the Network Provider Applicant Attestation instead of completing the fingerprint based background check must complete a fingerprint based background check as required by Policy 04-104. The provider is responsible for sending any person who signed the Network Provider Applicant Attestation for a fingerprint based background check.
 - c. The provider is also responsible for sending to DBHDD's Criminal History Background Check (CHBC) section each signed Network Provider Applicant Attestation, while retaining a copy in the applicant's personnel file. The provider must send the signed and dated Attestation to CHBC, and acknowledge receipt of an email from CHBC confirming acceptance of the Attestation, before the applicant begins working. The Individual Assessment process set forth in section D of Policy 04-104 does not apply to persons who sign the Network Provider Applicant Attestation.
 - d. The Attestation cannot be used by Network Provider Applicants who were fingerprinted for a fingerprint based background check within sixty (60) days prior to the declaration of the Public Health Emergency.
4. A **partial suspension** of the fingerprinting requirement described in [Criminal History Record Check for Individual Provider Applicants, 04-111](#) is permitted as follows:
 - 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, 4/21/2020](#)
[B - COVID-19 2020 - Attestation of Absence of Barrier Crimes Data & Cover Letter 4/23/2020.docx](#)

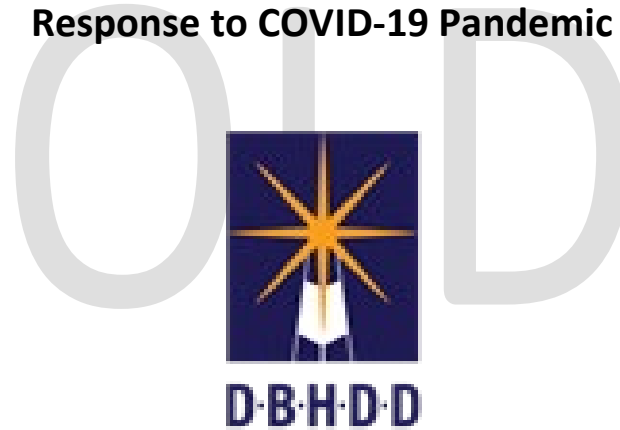
Approval Signatures

Approver	Date
Anne Akili, Psy.D.: Director, Policy Management	4/23/2020
Ron Wakefield: Director, Division of Developmental Disabilities	4/23/2020
Anne Akili, Psy.D.: Director, Policy Management	4/23/2020

DBHDD Division of Developmental Disabilities

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

Response to COVID-19 Pandemic



Version 1.1

Released: 04.21.2020

Section A. Overview & Purpose

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

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

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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 -only applicable for DBHDD traditionally enrolled Providers	X	X	X	
Specialized Medical Supplies				X		
Additional Staffing					X	
Nursing Services	X					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				
Adult Occupational Therapy	X					
Adult Physical Therapy	X					
Adult Speech and Language Therapy	X – exceptions noted below					
Supported Employment	X- limited scope	X				

C. General Provider Guidance

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

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

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

C.4 The annual DMA-7 assessment requirements will be suspended for all individuals while Appendix K is effective. 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.

C.5 Telehealth Guidance: The state temporarily authorizes, during the time that the Appendix K is effective, Adult Occupational Therapy Services, Adult Physical Therapy Services, most Adult Speech and Language Therapy Services, Behavior Support Services, Support Coordination, Supported Employment (limited scope), and 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.

C.6 Family Caregiver Option: Several services, as indicated in Section B above, list an option for Family Caregivers to **temporarily** render specific services. 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. **Retainers cannot exceed 30 consecutive days.** Providers should submit claims for only scheduled days and units as specified in the individual's ISP. The retainer option should only be billed when the provider is retaining (maintaining the staff's employment) its regular staff members for when operations resume as normal and the Appendix K is no longer effective. 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 agency¹, 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

¹ 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.

(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.

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.

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 through the assigned Support Coordination Agency.

Actions Requiring Version Change	Actions NOT Requiring Version Change
Change or 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

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. Newly hired regular staff may not forgo the required trainings as specified in the DD Community Standards Manual unless training requirements. Providers must continue to document all annual training completed with staff, contractors or consultants.

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. Retainers cannot exceed 30 consecutive days. Providers should submit claims for only scheduled days and units as specified in the individual’s ISP.</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. Retainers cannot exceed 30 consecutive days. Providers should submit claims for only scheduled days and units as specified in the individual’s ISP.</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: 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. Retainers cannot exceed 30 consecutive days. Providers should submit claims for only scheduled days and units as specified in the individual’s ISP.</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.</p> <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 Individual Service Plan.</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.</p> <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. Retainers cannot exceed 30 consecutive days. Providers should submit claims for only scheduled days and units as specified in the individual’s ISP.</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.11 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.</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.12 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.13 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.14 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.15 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.

E.2 Documentation Requirements- Documentation requirements for services rendered remain intact. 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. Family Caregiver hire is limited to individuals who are at least 18 years in age with experience delivering required care. 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

E.4 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.

Section F. References:

1. Covid-19 Guidance Information <https://dbhdd.georgia.gov/coronavirus-covid-19-information>
2. Provider Issue Management System (PIMS) <https://dbhddapps.dbhdd.ga.gov/PIMS/Default.aspx>
3. Comprehensive Support Waiver Program and New Options Waiver Program Part II Chapters 600 – 1200 <https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/Comprehensive%20Supports%20Waiver%20Program%20and%20New%20Options%20%20Waiver%20Program%20%20Part%20II%20Chapters%20600-1200%2020200107210300.pdf>
4. Health and Human Services resource link regarding appropriate telehealth platforms for delivery of services <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>
5. Behavior Analysis Certification Board guidance <https://www.bacb.com/bacb-covid-19-updates/>

Section G. Appendices

G.1 COVID-19 NOW&COMP Provider Spreadsheet- attached

G.2 Simplified AS Request Sheet for COVID-19- attached

G.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]

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

3	The individual has a private place in the home to visit with friends or family.	Yes	[Control]
4	The individual has access to privacy for phone discussions with friends or family.	Yes	[Control]
5	The individual has access to receive and view their mail/email privately.	Yes	[Control]
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	Yes	[Control]

	individual's needs or preferences/choices.		
11	The individual has adequate food and supplies to accommodate the individual's needs or preferences/choices.	<p>Subjective by SC</p> <p>Could be Yes (by verbal confirmation with the waiver participant/staff/guardian)</p> <p>It could be N/A.</p>	
12	The Residential/Day setting is clean according to the individual's needs and preferences.	<p>Could be Yes (by verbal confirmation with the waiver participant/staff/guardian)</p> <p>It could be N/A.</p> <p>Subjective by SC</p>	[Control]
13	The Residential/Day setting is safe for the individual's needs.	<p>Could be Yes (by verbal confirmation with the waiver participant/staff/guardian)</p> <p>It could be N/A. Subjective by SC</p>	[Control]
14	The Residential/Day setting is appropriate for the individual's needs and preferences.	Subjective by SC	[Control]

		<p>Could be Yes (by verbal confirmation with the waiver participant/staff/guardian)</p> <p>It could be N/A.</p>	
Focus Area:	Select:		Comments/Actions Needed:
Appearance/Health			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]

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

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 be affirmative documentation as well. Otherwise, N/A.	[Control]

25	Skilled nursing hours are being provided, as ordered.	<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	All medical/therapeutic appointments have been scheduled and attended.	<p>Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well.</p> <p>Otherwise, N/A.</p>	[Control]
27	All follow-up appointments have been scheduled and attended.	<p>Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well.</p> <p>Otherwise, N/A.</p>	[Control]
28	All physician/clinician recommendations are being followed.	<p>Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well.</p> <p>Otherwise, N/A.</p>	[Control]
29	All prescribed medications are being administered, as ordered, and documented accurately.	<p>Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well.</p>	[Control]

		<p>Family and participant can also confirm Med administration.</p> <p>Otherwise, N/A.</p>	
30	All required assessments/evaluations have been completed.	<p>Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well.</p> <p>Otherwise, N/A, or Subjective by SC</p>	[Control]
31	The individual has had no hospital admissions, emergency room, or urgent care visits since the last review.	<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 urgent care visits is affirmative documentation.</p>	[Control]
32	If applicable, hospital/ED/urgent care discharge plan instructions have been followed.	<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 confirmation as well. Provider staff reports of hospital admissions,</p>	[Control]

		emergency room, or urgent care visits is affirmative documentation.	
Focus Area:	Select:		Comments/Actions Needed: Concerns, Barriers, Successes
Supports and Services			
33	The individual's paid staff appear to treat them with respect and dignity.	N/A, unable to assess due to the need for visual confirmation	[Control]
34	The individual's natural supports appear to treat them with respect and dignity.	N/A, unable to assess due to the need for visual confirmation	[Control]
35	Supports and services are being delivered to the individual, as identified in the current ISP.	Yes, for some – some services or supports will be unable to assess due to the need for visual confirmation, Use of Therap or other web-based applications/documentation, would be affirmative confirmation as well.	[Control]
36	The individual is being supported to make progress in achieving their goals (both ISP goals and informally expressed goals). Indicate the status of the 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.	<p>Yes, in general if there is access to the waiver participant, family, guardian, staff, and access to Therap or other web-based applications/documentation, could be affirmative confirmation as well.</p> <p>There well could be times when there is not clarity to respond without a face to face evaluation.</p>	[Control]
Focus Area: Behavioral & Emotional		Select:	Comments/Actions Needed: Concerns, Barriers, Successes
38	Since the last visit, there are no emerging or continuing behavioral/emotional responses for the individual.	<p>Yes, in general if there is access to the family, guardian, staff, and to Therap or other web-based applications/documentation, could be affirmative confirmation as well.</p> <p>There could be times when there is not clarity to respond without a face to face evaluation.</p>	[Control]
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>	[Control]

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

		There could be times when there is not clarity to respond without a face to face evaluation.	
40	The individual has no active Behavioral Support Plan, Crisis Plan, and/or Safety Plan relating to behavioral interventions.	Yes	[Control]
41	If applicable, the plan(s) is/are available on site for staff review.	Yes, in general if there is access to the family, guardian, or access to Therap or other web-based applications/documentation, could be affirmative	[Control]
42	There is evidence of implementation of the Behavioral Support Plan, Crisis Plan, and/or Safety Plan. Staff are knowledgeable about the 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	Yes, (by verbal confirmation with the waiver participant, staff, family, or guardian, if applicable, or confirmation in Therap or other web-	[Control]

	<p>response to a behavioral emergency If GCAL/MCT has been accessed, describe reason, frequency, duration of any admissions, and if discharge recommendations have been followed. If applicable, the BSP/ Safety Plan/ Crisis Plan has been adapted to reflect any new recommendations or interventions needed.</p>	<p>based applications/documentation, would be affirmative documentation.</p> <p>Frequency could be addresses by staff, family, or guardian.</p> <p>And Yes, if applicable, the BSP/ Safety Plan/ Crisis Plan has been adapted to reflect any new recommendations or interventions needed also.</p> <p>There could be times when there is not clarity to a comprehensive response without a face to face evaluation.</p>	
44	<p>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</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</p>	[Control]

	recommendations or interventions needed.	adapted to reflect any new recommendations or interventions needed. 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 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>Yes,</p> <p>There could be times when there is not clarity to respond without a face to face evaluation.</p>	[Control]
49	If desired, the individual is actively supported to seek and/or maintain employment in competitive and integrated settings and/or offered customized opportunities. If applicable, note how he/she is supported to do so. If no, indicate how the issue is being addressed.	<p>Yes,</p> <p>There could be times when there is not clarity to respond without a face to face evaluation.</p>	[Control]
50	The individual has the necessary access to transportation for employment and community activities of his/her choice.	<p>Yes,</p> <p>There could be times when there is not clarity to respond without a face to face evaluation.</p>	[Control]

Focus Area: 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 services received since the last review.	Yes, SC may need a face to face to confirm	[Control]

55	Overall, the individual is satisfied with their family relationships/natural supports since the last review.	Yes, SC may need a face to face to confirm.	[Control]
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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

OLD



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

Instructions for DBHDD Providers: Use this 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 via telehealth**). See example rows #15 & #16 (in blue).

Submitting Monthly Report: Providers should submit this report monthly to the DBHDD Regional Field Office at region1enhancedsupports.dd@dbhdd.ga.gov. Insert the appropriate number for the provider's region in place of the # sign in the email address above (e.g. region1enhancedsupports.dd@dbhdd.ga.gov).

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

Note: Providers must follow all operational guidelines outlined in the Appendix K Provider Guidance to report temporary allowances for services delivered.						Units in Red: Consult the Appendix K Provider Guidance to determine if the units billed are allowed for the type of service selected.			Cells in Yellow: Verify the units in columns H - J and the dollar amounts entered in columns L - N correspond.				
CID #	Medicaid #	Last Name	First Name	Type of Service	Date of Service	Number of Units Telehealth	Number of Units Retainer	Number of Units Family/Caregiver Options	Total Units Billed for Date of Service (GAMMIS)	Telehealth \$ Amount	Retainer \$ Amount	Family Hire \$ Amount	Total \$ Billed for Date of Service (GAMMIS)
8675309	111222333444	Doe	John	Behavior Support Service - L1	3/1/2020	30			30	\$50.00			\$50.00
127001	111222333999	Doe	Jane	Community Living Support (CLS) - Basic	3/14/2020		10	10	20		\$100.00	\$100.00	\$200.00

OLD



Simplified Additional Staffing Request for the COVID Response

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

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

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

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

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

region#enhancedsupports.dd@dbhdd.ga.gov

with the # replaced by the appropriate region number.

CRA Billing Location :	Individuals at location:	Date of Birth	Medicaid Number	Current CRA staffing level	Requested additional staff for home	Note reason if asking for more than 1:4	Community Access Provider	Date that Community Access suspended operation
25 Example Street Anytown, GA 12345	John Doe			1 to 4	2 staff to cover hours usually covered by CA services	1 staff to meet the 1:4 ratio and 1 for Mr. Taylor's 1:1	Bob's Day Services	3/31/2020
	James Johnson			1 to 4			Bob's Day Services	3/31/2020
	Robert Washington			1 to 4			Bob's Day Services	3/31/2020
	Howard Taylor			1 to 1			Bob's Day Services	3/31/2020

OLD



CLS Provider Agency:

Individuals for whom AS is requested:	Date of Birth	Medicaid Number	Current approved CLS units	Additional units requested	Community Access/Day Provider	Date Community Access or other day services suspended operations
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OLD



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 of [Criminal History Record Check for DBHDD Network Provider Applicants, 04-104](#), a copy of which has been provided to me).

I also attest that:

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

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

Signature

Date



Georgia Department of Behavioral Health & Developmental Disabilities

Judy Fitzgerald, Commissioner

Office of Enterprise Compliance

Two Peachtree Street, NW • 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. with this Cover Sheet after completing the information required below:

Provider Name _____

Name of Direct Contact _____

Contact Phone Number _____

Email address _____

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



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 any outstanding warrants 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.



D·B·H·D·D

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

VERSION 7

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

EFFECTIVE 4/30/2020



Georgia Department
of Behavioral Health
& Developmental
Disabilities

Creation:	3/26/2020
Effective:	4/30/2020
Last Reviewed:	4/30/2020
Last Revision:	4/30/2020
Next Review:	10/27/2020
Owner:	<i>Ron Wakefield: Director, Division of Developmental Disabilities</i>
Chapter:	<i>DD Community Services</i>
Sections:	

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

EFFECTIVE IMMEDIATELY

APPLICABILITY

DBHDD Providers of Community **Developmental Disability** Services

POLICY

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

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

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

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

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

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

2. **Temporary suspension** of the site inspection requirement for developmental disability provider enrollment, per [Recruitment and Application to Become a Provider of Developmental Disability Services, 02-701](#) is permitted as follows:
 - a. Site inspections for Community Residential Alternative Host Home sites are suspended. Host Home applications will remain in pending status until site inspections resume.
3. A **partial suspension** of the fingerprinting requirement described in [Criminal History Record Check for DBHDD Network Provider Applicants, 04-104](#) as follows:
 - a. DBHDD's Provider Network must have each person subject to Policy 04-104 complete the "Network Provider Applicant Attestation," **Attachment A** to this policy, instead of completing the fingerprint based background check stipulated in Policy 04-104.
 - b. Within sixty (60) days of cessation of the Public Health Emergency, all persons who signed the Network Provider Applicant Attestation instead of completing the fingerprint based background check must complete a fingerprint based background check as required by Policy 04-104. The provider is responsible for sending any person who signed the Network Provider Applicant Attestation for a fingerprint based background check.
 - c. The provider is also responsible for sending to DBHDD's Criminal History Background Check (CHBC) section each signed Network Provider Applicant Attestation, while retaining a copy in the applicant's personnel file. The provider must send the signed and dated Attestation to CHBC, and acknowledge receipt of an email from CHBC confirming acceptance of the Attestation, before the applicant begins working. The Individual Assessment process set forth in section D of Policy 04-104 does not apply to persons who sign the Network Provider Applicant Attestation.
 - d. The Attestation cannot be used by Network Provider Applicants who were fingerprinted for a fingerprint based background check within sixty (60) days prior to the declaration of the Public Health Emergency.
4. A **partial suspension** of the fingerprinting requirement described in [Criminal History Record Check for Individual Provider Applicants, 04-111](#) is permitted as follows:
 - 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, 4/30/2020 Version 2.0](#)
[B - COVID-19 2020 - Attestation of Absence of Barrier Crimes Data & Cover Letter 4/23/2020.docx](#)

Approval Signatures

Approver	Date
Anne Akili, Psy.D.: Director, Policy Management	4/30/2020
Ron Wakefield: Director, Division of Developmental Disabilities	4/30/2020
Anne Akili, Psy.D.: Director, Policy Management	4/30/2020

DBHDD Division of Developmental Disabilities

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



Version 2.0

Released: 04.30.2020

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 participate in direct services. The guidance within this document is temporary until otherwise notified by DBHDD and DCH. This guidance supersedes only conflicting guidance in the NOW and COMP manuals, DD Community Standards Manual, and DBHDD Policy Stat Pol.

OLD

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 -only applicable for DBHDD traditionally controlled providers	X		X	
Specialized Medical Supplies				X		
Additional Staffing					X	
Nursing Services	X- RN only					X- LPN only
Support Coordination	X					X
Intensive Support Coordination	X					
Fiscal Intermediary						X
Community Residential Alternative		X				
Behavioral Supports Services	X					
Prevocational Services		X				
Adult Occupational Therapy	X					
Adult Physical Therapy	X					
Adult Speech and Language Therapy	X – exceptions noted below					
Supported Employment	X- limited scope	X				

C. General Provider Guidance

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

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

C.3 State certification survey staff will postpone on-site provider certification and other reviews for provider agencies and individual providers rendering NOW and COMP services if the staff use to believe there may be an immediate 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 will be completed, which can be no later than the individual's subsequent birthday.

C.5 Telehealth Guidance: The state temporarily authorizes, during the time that the Appendix K is effective, all Occupational Therapy Services, Adult Physical Therapy Services, Speech and Language Services, Support Services, Support Coordination, Supported Employment (limited scope), 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.

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. **Retainers cannot exceed 30 consecutive days.** Providers should submit claims for only scheduled days and units as specified in the individual's plan. 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 be billed for staff whose employment to 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 agency¹, 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 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 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;
6. For each of the dates identified in (5) above, the number and type of authorized service units the staff member would have been delivering to the individual, in accordance with the ISP in effect for the individual on February 29, 2020.

C.8 Documentation Requirements- All providers must continue to adhere to documentation requirements set forth in Part II and Part III Policies and Procedures for the COMP and NOW Waiver General Manual. Providers must document for each encounter when providers have hired a

¹ 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.

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.

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 through the assigned Support Coordination Agency.

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 roomer allowances within Appendix K (Community Access to Educational, 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 or 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, and treatment offered including relevant 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 an individual;
5. Medical, physical, behavioral and social needs and characteristics of the individual 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 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. Retainers cannot exceed 90 consecutive days. Providers should submit claims for any scheduled days of units as specified in the individual’s ISP/PA.</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 can be rendered due to health and safety concerns. 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</p>

	<p>be billed. Supporting notes should identify that both services are being delivered and how many units are being billed for each. Retainers cannot exceed 30 consecutive days. Providers should submit claims for only scheduled days and units as specified in the individual’s ISP.</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 – Appendix K is in effect, required in-person contacts and supports may temporarily be made remotely (i.e. phone, telehealth). These services (or face to face service in required for immediate health and safety) may be provided to individuals who continue to work during the COVID-19 emergency. This may include teleworking from 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 tools, assistance to obtain required job certifications such as food handler’s cards, assisting with employment goal technology training, computer skills and other activities intended to promote gaining competence in 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. Retainers cannot exceed 30 consecutive days. Providers should submit claims for only scheduled days and units as specified in the individual’s ISP.</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.</p> <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.</p>

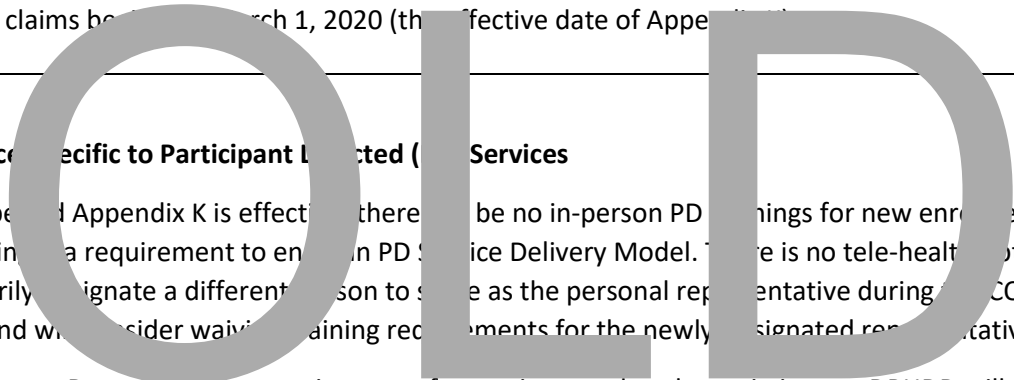
<p>D.5 Community Access (CA)</p>	<p>The state temporarily authorizes, during the time that the Appendix K is effective, retainer payments for Community Access Services, for traditional providers only, for services that cannot be rendered due to national state of emergency. Retainer payments will only 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.</p> <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 code for the retainer authorization when billing for a retainer and/or services delivered to a Family Caregiver hire. If a provider bills the retainer fee on the same day that a family caregiver hire delivers the service, the units for each must be aggregated together and billed as one claim line. For example, the family caregiver hire delivers 1 hour (four 15 min units) of service and the provider bills for 1 hour (four 15 min units) of retainer, one claim line for 8 units of service should be billed. Supporting notes should identify that both services are being delivered and how many units are being billed for each. Retainers cannot exceed 3 consecutive days. Providers should submit claims for only scheduled days and units as specified in the individual’s ISP.</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 via other health means. There is also 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 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 conferencing. Resources that have computer and electronic devices should use a telecommunication application. A minimum for all meetings, but preferably all contacts where 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 contact.</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 care, shelter, or other emergency placement, while Appendix K is effective. The location where the services being rendered is not necessarily required to be reflected in an individual service plan. There is a 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 also providing Community Access/Community Access retainer services to an individual, can also document the need for additional staff in a setting to cover hours normally covered by Community Access. All providers must submit a request for a “Simplified Waiver 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 options. Behavior Support Service providers may provide services via telehealth or other telephonic means.</p> <p>Notification Guidance The behavior support 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 staff for behavior support services should be made to the regional behavior analyst.</p> <p>Documentation All Behavior Support Services Level 1 and Level 2 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. 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. Family Caregiver hire is limited to individuals who are at least 18 years in age with experience delivering required care. The Participant's representative 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.

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 providing 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, attachment; retainer payments are not available for family caregivers hired to provide services during the COVID-19 Emergency.

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 two occasions in any 2-month period.

E.8 PD and Support Coordinator SC check-ins and activities are still a requirement for PD while Appendix K is in effect. 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. ISP, whether annual or a version change, will require physical signatures on the signature page. SC will present 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.

Section F.- Transition Plan and Re-Opening Guidance- to be released at a later date

Section G. References:

1. Covid-19 Guidance Information <https://dbhdd.georgia.gov/coronavirus-covid-19-information>
2. Provider Issue Management System (PIMS) <https://dbhddapps.dbhdd.ga.gov/PIMS/Default.aspx>
3. Comprehensive Support Waiver Program and New Options Waiver Program Part II Chapters 600 – 1200 <https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/Comprehensive%20Supports%20Waiver%20Program%20and%20New%20Options%20%20Waiver%20Program%20%20Part%20II%20Chapters%20600-1200%2020200107210300.pdf>
4. Health and Human Services resource link regarding appropriate telehealth platforms for delivery of services <https://www.hhs.gov/hipa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>
5. Behavior Analysis Certification Board guidance <https://www.bacb.com/blog/covid-19-updates/>

Section H. Appendices

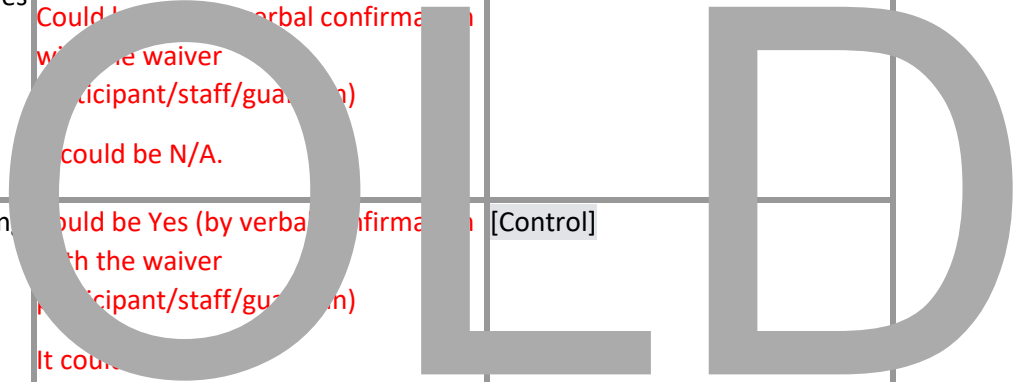
- H.1 COVID-19 NOW&COMP Provider Spreadsheet- attached to COVID-19 2020: DBHDD Community Development and Disability Services Policy
- H.2 Simplified AS Request Sheet COVID-19- attached to COVID-19 2020: DBHDD Community Development and Disability Services Policy
- H.3 IQOMR Guidance for Support Coordination due to appendix I authorization- below:

Focus Area: Environment	Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
1	The home/site is accessible to the individual.	[Control]
2	The individual has access to privacy for personal care.	[Control]

Focus Area: Environment	Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
3	The individual has a private place in the home to visit with friends or family.	[Control]
4	The individual has access to privacy for phone discussions with friends or family.	[Control]
5	The individual has access to receive and view their mail/email privately.	[Control]
6	The individual is able to have private communications with family and friends through other means.	[Control]
7	The home setting allows the individual the option to have a private bedroom.	[Control]
8	All assistive technologies are being utilized as planned.	[Control]
9	All assistive technologies are in good working order.	[Control]

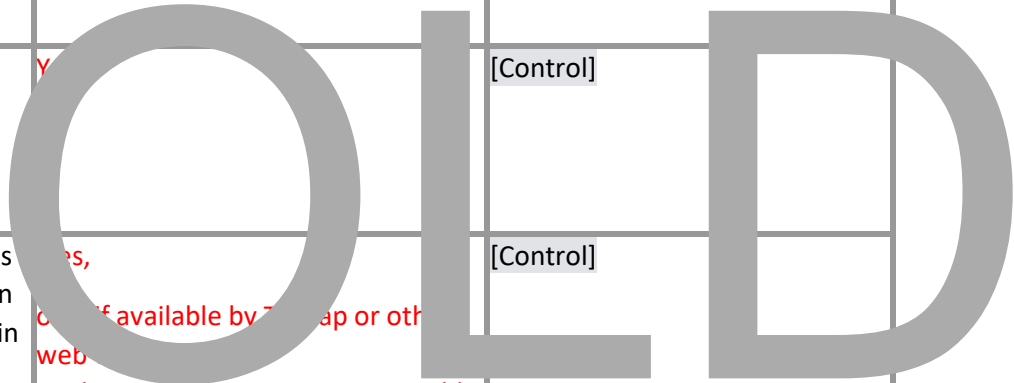
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Focus Area: Environment	Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
10 The individual has adequate clothing to accommodate the individual's needs or preferences/choices.	Yes	[Control]
11 The individual has adequate food and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

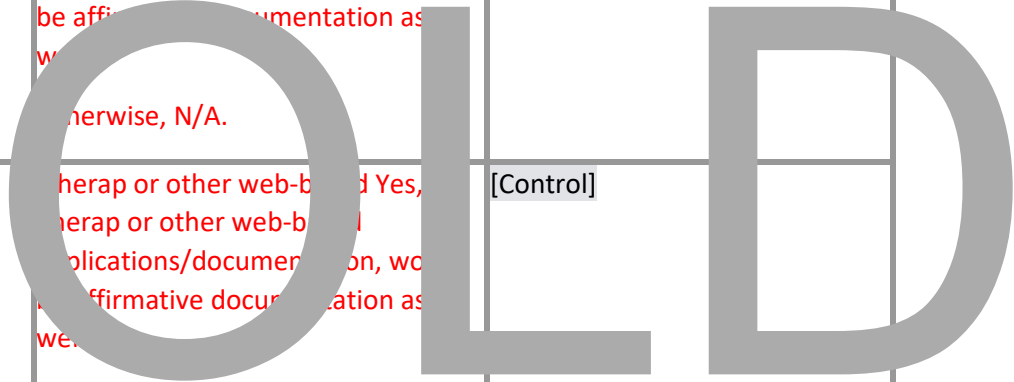


Focus Area: Environment	Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
14 The Residential/Day setting is appropriate for the individual's needs and preferences.	<p>Subjective by SC</p> <p>Could be Yes (by verbal confirmation with the waiver participant/staff/guardian)</p> <p>It could be N/A.</p>	[Control]
Focus Area: Appearance/Health	Instructions	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]

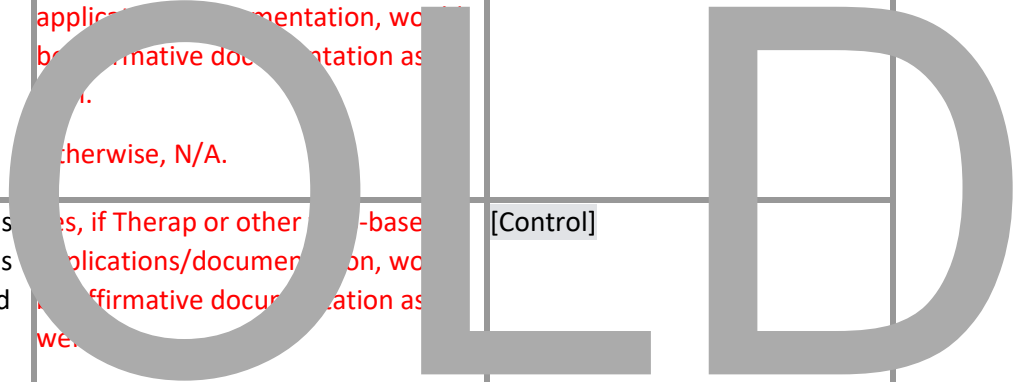
Focus Area: Environment	Instructions	Comments/Actions Needed: Concerns, Barriers, Successes	
18	The HRST aligns with current health and safety needs.	Yes, based on reports and HRST scores	[Control]
19	The ISP is available to staff on site. If there have been ISP addendums, they are available to staff on site.	Yes, this can be answered if there knowledge it is there – Therap, etc.	[Control]
20	Staff are knowledgeable about all information contained within the individual’s ISP.	Yes	[Control]
21	Indicated healthcare plans are current and have been 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]



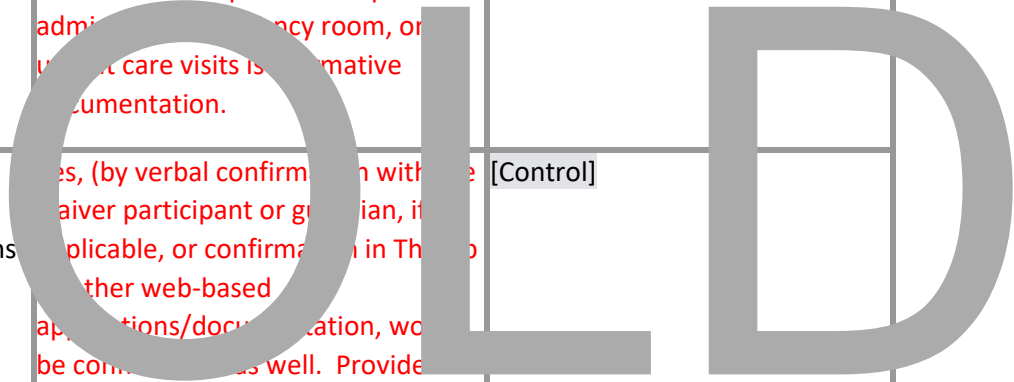
Focus Area: Environment	Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
23 All staff are knowledgeable about all of the individual's healthcare plans.	Yes, if we know the plans are present.	
24 Indicated healthcare plans are being implemented.	Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well. Otherwise, N/A.	[Control]
25 Skilled nursing hours are being provided, as ordered.	Therap or other web-based Yes, Therap or other web-based applications/documentation, would be affirmative documentation as well. Otherwise, N/A.	[Control]
26 All medical/therapeutic appointments have been scheduled and attended.	Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well. Otherwise, N/A.	[Control]



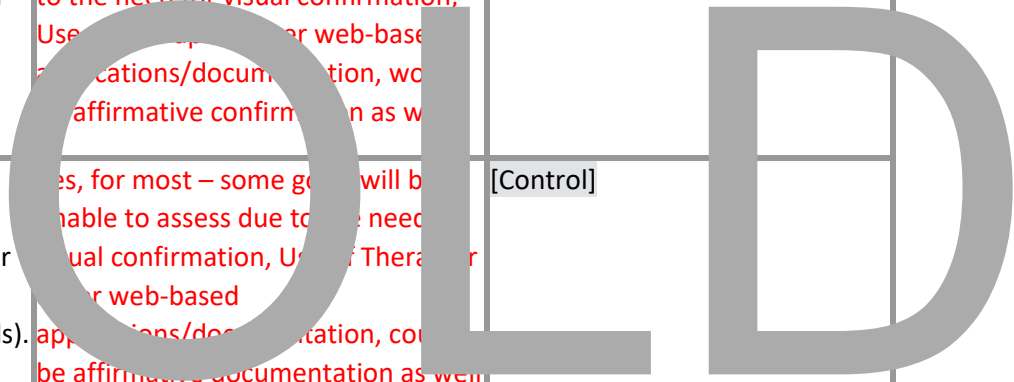
Focus Area: Environment	Instructions	Comments/Actions Needed: Concerns, Barriers, Successes	
27	All follow-up appointments have been scheduled and attended.	<p>Yes, if Therap or other web-based applications/documentation, would be affirmative documentation as well.</p> <p>Otherwise, N/A.</p>	[Control]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



Focus Area: Environment	Instructions	Comments/Actions Needed: Concerns, Barriers, Successes	
31	The individual has had no hospital admissions, emergency room, or urgent care visits since the last review.	<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 urgent care visits is affirmative documentation.</p>	[Control]
32	If applicable, hospital/ED/urgent care discharge plan instructions have been followed.	<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. Provider staff reports of hospital admissions, emergency room, or urgent care visits is affirmative documentation.</p>	[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]

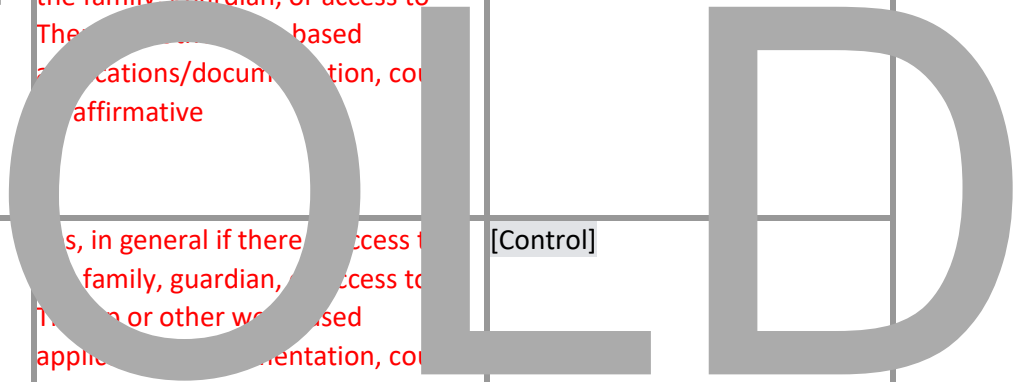


Focus Area: Environment	Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
34 The individual's natural supports appear to treat them with respect and dignity.	N/A, unable to assess due to the need for visual confirmation	[Control]
35 Supports and services are being delivered to the individual, 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 Therapist or web-based applications/documentation, could be affirmative confirmation as well.	[Control]
36 The individual is being supported to make progress in achieving their goals (both ISP goals and informally expressed goals). Indicate the status of the 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 Therapist or 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 Therapist or other web-based applications/documentation, could be affirmative confirmation as well.	[Control]

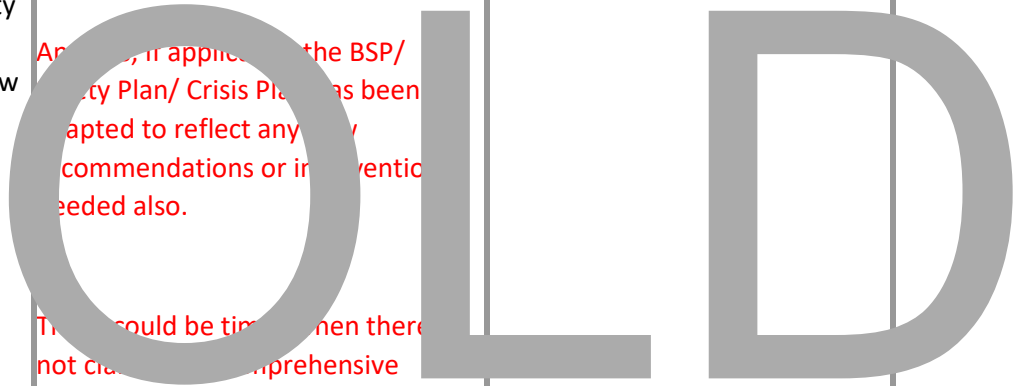


Focus Area: Environment	Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
	<p>There well could be times when there is not clarity to respond without a face to face evaluation.</p>	
Focus Area: Behavioral & Emotional	Select:	Comments/Actions Needed: Concerns, Barriers, Successes
<p>38 Since the last visit, there are no emerging or continuing behavioral/emotional responses for the individual.</p>	<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>	<p>[Control]</p>
<p>39 Current supports and behavioral interventions are adequate to prevent engaging external interventions.</p>	<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>	<p>[Control]</p>

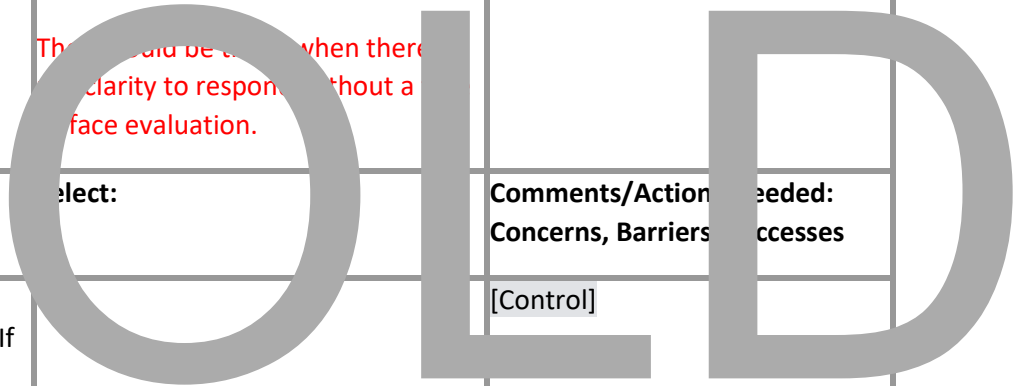
Focus Area: Environment	Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
40 The individual has no active Behavioral Support Plan, Crisis Plan, and/or Safety Plan relating to behavioral interventions.	Yes	[Control]
41 If applicable, the plan(s) is/are available on site for staff review.	Yes, in general if there is access to the family guardian, or access to the Therapist or other web-based applications/documentation, could be affirmative	[Control]
42 There is evidence of implementation of the Behavioral Support Plan, Crisis Plan, and/or Safety Plan. Staff are knowledgeable about the 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 the Therapist 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	Yes, (by verbal confirmation with the waiver participant, staff, family, or guardian, if applicable, or confirmation in Therap or other web-	[Control]



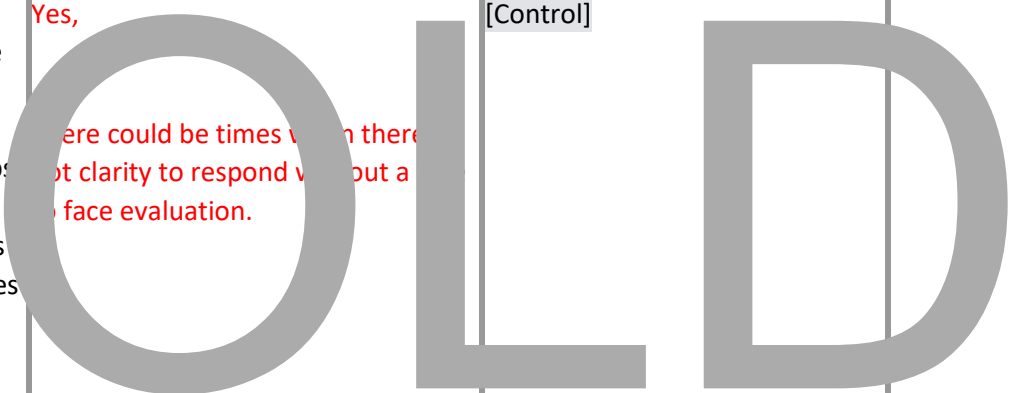
Focus Area: Environment	Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
<p>emergency If GCAL/MCT has been accessed, describe reason, frequency, duration of any admissions, and if discharge recommendations have been followed. If applicable, the BSP/ Safety Plan/ Crisis Plan has been adapted to reflect any new recommendations or interventions needed.</p>	<p>based applications/documentation, would be affirmative documentation.</p> <p>Frequency could be addresses by staff, family, or guardian.</p> <p>Applicable, if applicable, the BSP/ Safety Plan/ Crisis Plan has been adapted to reflect any new recommendations or interventions needed also.</p> <p>There could be times when there not clear 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</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>[Control]</p>



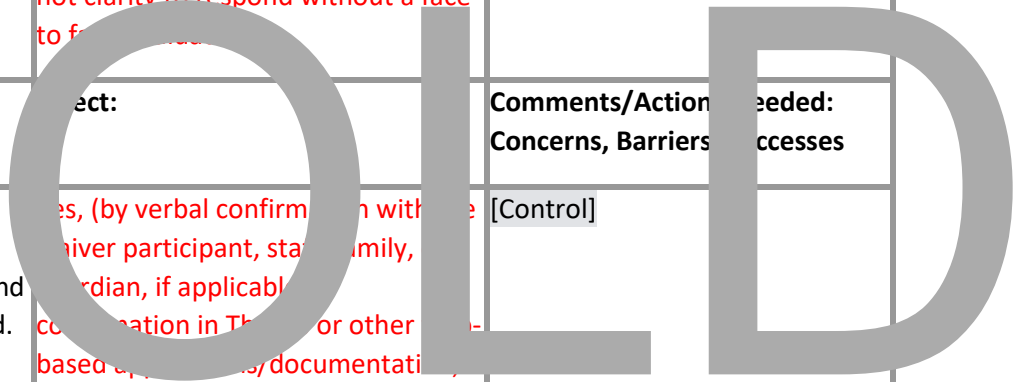
Focus Area: Environment	Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
<p>adapted to reflect any new recommendations or interventions needed.</p>	<p>Also, staff, family, or guardian, if applicable can note if the BSP/ Safety Plan/ Crisis Plan has been adapted to reflect any new recommendations or interventions needed.</p> <p>There could be times when there is not clarity to respond without a face to face evaluation.</p>	
Focus Area: Home/ Community Opportunities	Select:	Comments/Actions Needed: Concerns, Barriers, Successes
<p>45 The individual has unpaid community connections. If not, describe steps being taken to further develop community connections.</p>		<p>[Control]</p>
<p>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).</p>	<p>Yes</p> <p>There could be times when there is not clarity to respond without a face to face evaluation.</p>	<p>[Control]</p>



Focus Area: Environment	Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
47 The individual is being offered/provided documented opportunities to participate in activities of choice with non-paid community members.	Yes, There could be times when there is not clarity to respond without a face to face evaluation.	[Control]
48 The individual has the opportunity to participate in activities he/she enjoys in their home and community. Describe steps being taken to increase opportunities to meet this objective and allow choices to be offered while in services.	Yes, There could be times when there is not clarity to respond without a face to face evaluation.	[Control]
49 If desired, the individual is actively supported to seek and/or maintain employment in competitive and integrated settings and/or offered customized opportunities. If applicable, note how he/she is supported to do so. If no,	Yes, There could be times when there is not clarity to respond without a face to face evaluation.	[Control]



Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
	indicate how the issue is being addressed.		
50	The individual has the necessary access to transportation for employment and community activities of his/her choice.	Yes, There could be times when there is not clarity to respond without a face to face	[Control]
Focus Area: Financial		Select:	Comments/Action Needed: Concerns, Barriers, Successes
51	There are no barriers in place that limit the individual's access to spend his/her money, as desired.	es, (by verbal confirmation with the waiver participant, staff, family, guardian, if applicable) or other documentation in the file or other file based on the individual's 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]



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

OLD

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’