



Georgia Department  
of Behavioral Health  
& Developmental  
Disabilities

**VERSION 14**

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

**EFFECTIVE 9/21/2020**

## SUMMARY OF COVID-19 POLICY MODIFICATIONS

### PERIOD COVERED - SEPTEMBER 3, 2020 TO SEPTEMBER 21, 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
9/3/2020	1.	<a href="#">NOW and COMP Waivers for Community Developmental Disability Services, 02-1202</a>	Amendment to Appendix K Operational Guidelines (Version 3.4) for the NOW and COMP Waiver Programs Response to COVID-19 Pandemic.
	2.	<a href="#">Provider Manual for Community Developmental Disability Providers</a> <a href="#">DBHDD PolicyStat Policies</a>	<i>No changes to the other attachments.</i>
9/21/2020	1.	<a href="#">Accreditation and Compliance Review Requirements for Providers of Developmental Disability Services, 02-703.</a>	Modification to requirements in 02-703. <i>No changes to the other attachments.</i>



Current Status: *Old*

PolicyStat ID: 8539002



Georgia Department  
of Behavioral Health  
& Developmental  
Disabilities

Creation: 3/26/2020  
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 Last Reviewed: 9/3/2020  
 Last Revision: 9/3/2020  
 Next Review: 3/2/2021  
 Owner: *Ron Wakefield: Director, Division of Developmental Disabilities*  
 Chapter: *DD Community Services*  
 Sections:

## COVID-19 2020: DBHDD Community Developmental Disability Services Policy Modifications - 9/03/2020

### EFFECTIVE IMMEDIATELY

### APPLICABILITY

DBHDD Providers of Community **Developmental Disability** Services

### POLICY

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

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

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

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

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

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

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

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

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

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

## Attachments

[A - COVID-19 2020 - Attestation of Absence of Barrier Crimes Data & Cover Letter 4/23/2020.docx](#)  
[Appendix K Attachment 1 - NOW and COMP Provider Spreadsheet 4/22/2020](#)  
[Appendix K Attachment 2 - Simplified AS Request Sheet 4/20/2020](#)  
[Appendix K Operational Guidelines for the NOW and COMP Waiver Programs Response to COVID-19 Pandemic, 9/03/2020 Version 3.4](#)  
[B - COVID-19 2020 - Attestation of Absence of Barrier Crimes Data & Cover Letter 4/23/2020.docx](#)

## Approval Signatures

Approver	Date
Anné Akili, Psy.D.: Director, Policy Management	9/3/2020
Ron Wakefield: Director, Division of Developmental Disabilities	9/3/2020
Anné Akili, Psy.D.: Director, Policy Management	9/3/2020

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

2. The "Appendix K: Operational Guidelines for the NOW and COMP Waiver Programs Response to COVID-19 Pandemic" permits **temporary modifications** for the services detailed in **Appendix K, Appendix K Attachment 1, and Appendix K Attachment 2** (attached below). The purpose of this guidance document is to provide additional information to providers of traditional waiver services and families who opt to participant direct services. The guidance within this document is temporary until otherwise notified by DBHDD and DCH. This guidance supersedes only conflicting guidance in the [NOW and COMP Waivers for Community Developmental Disability Services, 02-1202](#), [Provider Manual for Community Developmental Disability Providers](#), and DBHDD PolicyStat policies.
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- 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.**

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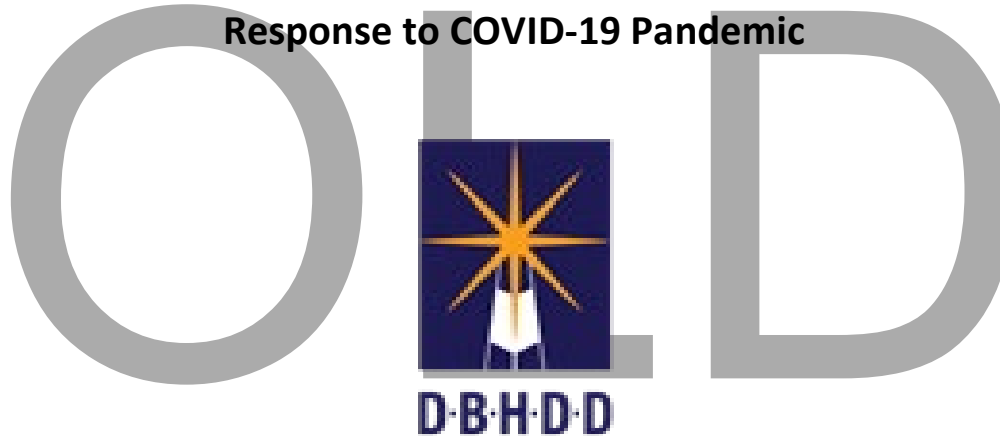
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Approver	Date
Anné Akili, Psy.D.: Director, Policy Management	9/21/2020
Ron Wakefield: Director, Division of Developmental Disabilities	9/21/2020
Anné Akili, Psy.D.: Director, Policy Management	9/21/2020

**DBHDD Division of Developmental Disabilities**

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

**Response to COVID-19 Pandemic**



**Version 3.4**

**Released: 09.03.2020**



## Section A. Overview & Purpose

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

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

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

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

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

### C. General Provider Guidance

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

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

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

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

Rev 06 2020

C.5 Telehealth Guidance: The state temporarily authorizes, during the time that the Appendix K is effective, Adult Occupational Therapy Services, Adult Physical Therapy Services, most Adult Speech and Language Therapy Services, Behavior Support Services, Support Coordination, Supported Employment (limited scope), Community Access Services, Prevocational Services, and registered nurse (RN) oversight to be provided using telehealth or other telephonic means. All licensed providers must abide by training requirements established by their governing professional licensing boards. For provision of Behavior Support services, there are currently no CEU requirements for telehealth training by The Behavior Analysis Certification Board (BACB), or other non-board-certified behavior support service providers that render this service. The Behavior Analysis Certification Board has issued guidance that has been included in the Reference Section of this document. Services delivered telephonically should be billed using the Place of Service (POS) code '02' for telehealth. All telehealth services must be rendered with the individual and the staff member rendering the service both present in real time during the telehealth session. Providers may not bill telehealth for dropping off materials. Telehealth services may only be billed when the individual is receiving the service.

Rev 06 2020

Rev 09 2020

Rev 06 2020

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

providers are temporarily permitted to bill a retainer and the family caregiver hire on the same day, however the time that service and retainer are billed for may not overlap and may not exceed the approved service units on the individual's Prior Authorization. Training requirements specific to family caregiver hire can be found in section C.9 of this document.

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

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

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

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

3. After billing a maximum total of ninety (90) billable days of retainer payments (30 initial days plus two additional 30-day periods) for a service delivered to an individual by a regular staff member, Provider may not bill any further retainer payments for that regular staff member<sup>2</sup>

EXAMPLE 1: Under Individual's ISP, Provider would normally provide Service to Individual on Monday, Tuesday, Wednesday, Thursday, and Friday of each week (5 days per week). Provider has already billed 30 days of the initial retainer payment for the regular staff member who delivers the Service to Individual; the last day for which the initial 30-day retainer was billed was Friday, June 26. If Provider continues to retain the regular staff member, and if that regular staff member is not delivering the Service to Individual, Provider may:

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

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

EXAMPLE 2: Under Individual's ISP, Provider would normally provide Service to Individual on Monday, Wednesday, and Friday of each week (3 days per week). Provider has already billed 30 days of the initial retainer payments for the regular staff member who delivers the Service to Individual; the last day for which the initial 30-day retainer was billed was Friday, June 26. If

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

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

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

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

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

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

- (i) the staff member would normally be rendering services to an individual served by the provider agency; and
- (ii) due to the COVID-19 Emergency, the staff member either

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

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

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

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

C.8 Documentation Requirements- All providers must continue to adhere to documentation requirements set forth in Part II and Part III Policies and Procedures for the COMP and NOW Waiver General Manual. Providers must document for each encounter when providers have hired a family caregiver hire to render a service. Providers must document at each encounter when services are rendered via telehealth or other telephonic means using 02 P.O.S. (Place of Service). Providers must document each service delivery when billing a retainer. Representatives for Participant-direction model must adhere to all applicable documentation requirements. The ISP will be updated as soon as possible but no later than 30 days from the date the service was initiated. The ISP must be signed by the individual/legal guardian and any provider authorized to provide services on the Prior Authorization. Consent and agreement signatures can be obtained electronically following policy definition of electronic signature in PART I: Policies and Procedures for Medicaid/PeachCare for Kids, # 69 of the Definition Section at <https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/44/Default.aspx> Supporting notes should identify each procedure code separately and how many units are being billed for each. Documentation to support clinically assessed need must be indicated in the Supporting notes. Documentation of services delivered via telehealth must indicate this service delivery method.

IDD-C Version Change Provisions- the below table represents actions that require and do not require a version change to be submitted through IDD-Connects. Providers are to request services not related to Appendix K through existing DBHDD policies 02-443 and 02-444.



<b>Actions Requiring Version Change</b>	<b>Actions NOT Requiring Version Change</b>
Add of any type of service	Rate Increase for licensed practical nurse (LPN), Fiscal Intermediary, Support Coordination- temporary increase will be automated in IDD-Connects
Change in Provider Agency	Change in location of service delivery
Increase in units beyond the standardized increase in authorization for all services that include family caregiver hire and retainer allowances within Appendix K (Community Access traditional, Community Living Supports, Respite Services)	Telehealth – Providers are to continue to bill the same procedural code for telehealth and use the 02 P.O.S. (place of service)
	Goal(s) – Modification of Person-Centered Goal(s) do not require a version change and can be documented in support notes
	Retainer payments billing (when staff are not delivering service but are being retained to resume service delivery after Appendix K is no longer effective)

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

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

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

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

**Section D. Service Specific Guidance**

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

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

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

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

	only adjust claims beginning March 1, 2020 (the effective date of Appendix K). Services delivered telephonically should be billed using the Place of Service (POS) code '02' for telehealth.
D.7 Intensive Support Coordination (ISC)	<p>The state temporarily authorizes, during the time that the Appendix K is effective, Intensive SC providers to render services telephonically and through other telehealth means.</p> <p><b>Documentation Guidance-</b> Telephonic is an acceptable mode of service delivery. Telecommunications applications (e.g. SKYPE/Facetime/Duo/ZOOM) is not required but encouraged where possible. SC staff are not to require provider staff to use personal phones for video conferencing. Residences that have computers or related electronic devices should use a telecommunication application at minimum for ISP meetings, but preferably all contacts when possible. SCs should send providers and families a copy of the IQOMR template (see Section G) when possible to help prepare for contacts. SC Support Notes: A comprehensive support note must be entered by the Support Coordinator for all required contacts to the individual during times outside completion of the quarterly (IQOMR) Individual Quality Outcome Measures Review. Contacts should consider focus areas of health and safety. All support notes are entered into the online case management system within three (3) business days after the event.</p> <p><b>Billing Guidance-</b> Services delivered telephonically should be billed using the Place of Service (POS) code '02' for telehealth.</p>
D.8 Specialized Medical Supplies (SMS)	<p>The State temporarily authorizes, during the time that the Appendix K is effective, providers to exceed the SMS cap limitation. The NOW and COMP waiver programs authorize funds for goods and services that are not covered by the Medicaid State Plan or those instances in which an individual's need exceeds State Plan coverage limits and exceptions to the coverage limits are not available. Note this may include Personal Protective Equipment (PPE), as applicable, however, consistent with the Part III NOW and COMP Manuals requirements for SMS, PPE covered by this provision must be specifically related to the individual's disability, and such PPE does not include face masks or other protective equipment intended to prevent or contain the spread of COVID-19 or protective equipment which, but for the COVID-19 public health emergency, would not ordinarily be requested for the individual; except that, if an individual receiving services has tested positive for COVID-19, then PPE for that individual, for the purpose of preventing the spread of COVID-19 from that individual, is covered and may be billed as SMS for that individual.</p> <p>For individuals with SMS on their current PA, the cap has been increased. Prescriptions will not be required for the duration that Appendix K is effective, however providers must document how supplies are directly related to a waiver individual's diagnosis or disability-related condition. Providers may not bill when SMS has been donated or obtained through other means. For Individuals without SMS on their existing PA, all other sources of PPE must be exhausted prior to the request for SMS to be added to an ISP.</p>

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



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

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

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

E.1 PD Trainings-. During the period Appendix K is effective, there will be no in-person PD trainings for new enrollees into PD Service delivery model. During the period Appendix K is effective, the PD training for new enrollees will only be offered via an online platform that is facilitated through the DBHDD Office of Learning and Development. This training is a requirement to enroll in PD Service Delivery Model. If a Participant needs to temporarily designate a different person to serve as the personal representative during the COVID-19 Emergency, DBHDD will consider such requests and will require the newly-designated Representative to complete the six-hour course and via the prescribed online platform.

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

E.3 Family Caregiver hire- During the period Appendix K is effective, DBHDD will temporarily allow for the hiring of family caregivers who live in the home with the individual receiving services through the NOW or COMP waiver. As specified in the NOW and COMP Manual Part II Section 902, a Family Caregiver hire is defined as an individual's family member, related by blood or marriage, who is aged 18 years or older,

who may be reimbursed for providing services when there are extenuating circumstances. "Family member" is defined as a person who is related by blood within the third degree of consanguinity by blood, adoption, or marriage. Third degree of consanguinity includes mother, father, grandmother, grandfather, great grandfather, great grandmother, sister, brother, daughter, son, granddaughter, grandson, great granddaughter, great grandson, aunt, uncle, niece, or nephew. The Participant's representative or employer of record may not serve as a family caregiver hire. During the hiring process, Family Caregiver hires must disclose to the Fiscal Intermediary that they are a Family Caregiver hire, as well as their relationship to the Individual receiving the waiver services. The enrollment packet itself will not be modified, but FI will issue the 'Good to Go' letter using a modified list of essential documents. Billing for services will not be approved prior to receipt of the 'good to go' letter and must align with the date of hire on the enrollment forms. Enrollment forms cannot be backdated, and services rendered will not be reimbursed for dates prior to the approved hire date by the fiscal agent.

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

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

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

E.6 Retainer Payments – During the period Appendix K is in effect, retainer payments are available for employees/support workers providing Community Living Support, Community Residential Alternative, Prevocational, and Supported Employment services for Participants receiving PD services. These retainer payments are available as described in the latest version of DBHDD Policy "[COVID-19 2020: DBHDD Community Developmental Disability Services Policy Modifications](#)" and in these Operational Guidelines. Retainer payments are available for employees/support workers who had been serving the Participant prior to the COVID-19 Emergency (and have been retained by the

Participant/Representative to resume services after the COVID-19 Emergency), as described in the policy and attachment; retainer payments are not available for family caregivers hired to provide services during the COVID-19 Emergency. See Section C.7 for more detail regarding retainer guidance.

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

E.8 PD and Support Coordination- SC check-ins and activities are still a requirement for PD while Appendix K is effective. SC be completed via telehealth or telephonic means during this crisis. If an individual's birthday falls while Appendix K is in effect, the support coordinator will work with the individual and representative to set up telehealth means to conduct the annual ISP meeting. The signature page is required for an ISP to be processed. See Section C.8 for more information regarding documentation requirements.

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

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

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

**Section G. References:**

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

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

## Section H. Appendices

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

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

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

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

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

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

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



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

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

Focus Area: Environment		Instructions	Comments/Actions Needed: Concerns, Barriers, Successes
		<p>be affirmative documentation as well.</p> <p>Otherwise, N/A.</p>	
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 Determined 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</p>	[Control]

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

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

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

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

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



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

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

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

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

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



Current Status: *Old*

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Georgia Department  
of Behavioral Health  
& Developmental  
Disabilities

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**Owner:** *Ron Wakefield: Director, Division of Developmental Disabilities*  
**Chapter:** *DD Community Services*  
**Sections:**

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

### EFFECTIVE IMMEDIATELY

### APPLICABILITY

DBHDD Providers of Community **Developmental Disability** Services

### POLICY

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

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

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

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

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