

APPENDIX K: Emergency Preparedness and Response

Background:

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

Appendix K-1: General Information

General Information:

A. State: Georgia

B. Waiver Title: Comprehensive Supports Waiver Program (COMP)
New Options Waiver (NOW)

C. Control Number: GA.0323.R04.07
GA.0175.R06.06

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

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

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

Submission of Appendix K increases the reimbursement rates of several critical services and proposes to alter performance measures collection requiring onsite visits. The changes will reflect a start date of 3/1/2021 and are set to end six months after the end of the public health emergency. The Appendix K is in response to a continuing public health emergency resulting from the COVID-19 Pandemic. Approximately 8,800 members receiving COMP waiver services are impacted and

4,800 members receiving NOW waiver services. Georgia is requesting statewide modification through this Appendix K submission.

This Appendix K is additive to the previously approved Appendix K and adds additional changes to sections:

K-2.b f: Add service rate increases to Community Access Services, Community Residential Alternative Services and Community Living Support services.

K-2.b m: Suspend collection and analysis of performance measures that require onsite provider or member audits or reviews with the exception of all health and welfare performance measures.

F. Proposed Effective Date: Start Date: 03/01/2020 Anticipated End Date: six months after the end of the public health emergency

G. Description of Transition Plan.

The proposed changes outlined in Appendix K for the COMP and NOW waivers are for temporary reporting allowances and rate increases for targeted services. The Appendix K request represents a rate increase for several services with a start date of 3/1/2021 and ending six months after the end of the public health emergency. No new services or target populations are being proposed.

H. Geographic Areas Affected:

Statewide

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

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

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

Temporary or Emergency-Specific Amendment to Approved Waiver:

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

a. ___ Access and Eligibility:

i. Temporarily increase the cost limits for entry into the waiver.
[Provide explanation of changes and specify the temporary cost limit.]

ii. Temporarily modify additional targeting criteria.
[Explanation of changes]

b. Services

f. Temporarily increase payment rates

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

Beginning March 1, 2021:

Community Residential Alternative (all service levels outlined below) – temporarily increase per diem rates by 10%. The rate increase will support enhanced staffing levels in residential settings caused by member unwillingness or inability to engage in community activities, attend day centers or otherwise leave the residential setting. The rate increase recognizes ongoing risk to the vulnerable population, additional staff requirements, and supports provider capacity to maintain health and safety measures.

Procedure Code	Current Rate	Temporary Rate
T2033-U5-UR	\$158.67	\$174.54
T2033-U1-UQ	\$154.74	\$170.21
T2033-U2-UQ	\$214.80	\$236.28
T2033-U3-UQ	\$239.73	\$263.70
T2033-U4-UQ	\$254.36	\$279.80
T2033-U1-UP	\$178.53	\$196.38
T2033-U2-UP	\$235.05	\$258.56
T2033-U3-UP	\$261.48	\$287.63
T2033-U4-UP	\$277.44	\$305.18

Community Living Support Services (all service levels outlined below) – temporarily increase reimbursement rates by 10% per 15-minute unit to compensate providers for increased member and staff risk, and to support the use of personal protective equipment. This measure is designed to further protect the health and safety of waiver members as direct support staff deliver services in member or family homes. Increased rates will include agency-delivered, self-directed and the co-employer service delivery models.

Procedure Code	Current Rate	Temporary Rate
T2025-U5	\$6.35	\$6.99
T2025-U4	\$5.74	\$6.31
T2025-U5-UN	\$3.49	\$3.84
T2025-U4-UN	\$3.16	\$3.48
T2025-U5-UP	\$2.54	\$2.79
T2025-U4-UP	\$2.30	\$2.53

Community Access Individual (T2025-UB) – temporary reimbursement rate increase from \$7.41 to \$8.15 per 15-minute unit to compensate providers for increased member and staff risk, and to support the use of personal protective equipment. Community Access Individual Service supports waiver members in engagement in the larger community to increase social interaction. Though community activities are very limited during the public health emergency, low risk community engagement can continue to build skill and confidence and reduce social isolation of waiver members. Increased rates will include agency-delivered, self-directed and the co-employer service delivery models.

Community Access Group (T2025-HQ) – temporary reimbursement rate increase from \$3.10 to \$3.41 per 15-minute unit. The temporarily rate increase is designed to address provider health and safety activities to include more frequent facility cleaning, potential decrease in staff ratios, partial day or intermittent-day center closings, and use of personal protective equipment by all staff and member attendees. Increased rates will include agency-delivered, self-directed and the co-employer service delivery models.

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

The timeframes for the submission of the CMS 372s and the evidentiary package(s) will be extended as needed pursuant to the emergency. In addition, the state may suspend the collection of data for performance measures other than those identified for the Health and Welfare assurance and notes that as a result the data will be unavailable for this time frame in ensuing reports due to the circumstances of the pandemic.

Contact Person(s)

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

First Name:	Catherine
Last Name	Ivy
Title:	Deputy Executive Director, Medical Assistance Plans
Agency:	Department of Community Health
Address 1:	2 Peachtree St. NW
Address 2:	37 th Floor
City	Atlanta
State	GA
Zip Code	30303
Telephone:	404-651-6889
E-mail	catherine.ivy@dch.ga.gov
Fax Number	678-222-4948

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

First Name:	Ashleigh
Last Name	Caseman
Title:	Director, Waiver Programs
Agency:	Department of Behavioral Health and Developmental Disabilities
Address 1:	2 Peachtree St. NW
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Zip Code	30303
Telephone:	404-463-1799
E-mail	Ashleigh.Caseman@dbhdd.ga.gov
Fax Number	678-222-4948

8. Authorizing Signature

Signature:

Catherine Ivy

Date:

2/23/2021

State Medicaid Director or **Designee**

First Name:	Catherine
Last Name	Ivy
Title:	Deputy Executive Director, Medical Assistance Plans
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