

# APPENDIX K: Emergency Preparedness and Response

## Background:

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

## Appendix K-1: General Information

### General Information:

- A. State: Georgia
- B. Waiver Title: 

Elderly and Disabled Waiver Independent Care Waiver Program
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- C. Control Number: 

GA.0112.R07.07 GA.4170.R05.05
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- 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 effects the changes with a start date of 3/1/21 and will 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, 26,000 members receiving Elderly and Disabled waiver services and 1,400 waiver participants in the**

**Independent Care Waiver Program are impacted. Georgia is requesting statewide modification through the Appendix K submission.**

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

**F. Proposed Effective Date: Start Date: 03/01/2021 Anticipated End Date: six months after the end of the public health emergency**

**G. Description of Transition Plan.**

The change outlined in this Appendix K for the Elderly and Disabled and the ICWP waiver programs represents an edited service description for the Adult Day Health Care service. Within six months after the conclusion of the state of emergency, pre-emergency service plans will be reinstated unless the member has experienced a change in condition or circumstance that requires reassessment and development of an edited service plan. 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.*

b.  Services

**i.   x   Temporarily modify service scope or coverage.**

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

**ii.   x   Temporarily modify licensure or other requirements for settings where waiver services are furnished.**

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

Beginning March 1, 2021, Section A redefines the service “Adult Day Health Care” to expand options for safe service delivery during the public health emergency and for up to six months after the end of the PHE. Adult Day Health Care services are currently designed to be reimbursed for in-center face-to face delivery only. The Appendix K proposes alternate service delivery options as additive to the currently approved use of telehealth.

## Contact Person(s)

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

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

## 8. Authorizing Signature

**Signature:**

*Catherine Ivy*

**Date:**

2/23/2021

State Medicaid Director or Designee

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<b>First Name:</b>	Catherine
<b>Last Name</b>	Ivy
<b>Title:</b>	Deputy Executive Director, Medical Assistance Plans
<b>Agency:</b>	Department of Community Health
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<b>Fax Number</b>	470-886-6844

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

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

Service Specification	
Service Title:	Adult Day Health Care Service
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>Temporary definition of Adult Day Health Care services (ADH) is a short-term, modified service delivery approach that allows currently enrolled providers to deliver essential services to members most at risk during the COVID-19 outbreak. ADH providers currently approved to provide in-center activities will continue to deliver those in-center services under social distancing and other safety guidelines posted by the CDC and Georgia Department of Public Health and when face-to-face service delivery is chosen by the waiver member and/or family representative. In lieu of in-center services the ADH provider may provide telephonic, telehealth and limited in-home services to waiver participants, consistent with a participant’s plan of care and assessed needs. Providers must consider the member’s most urgent needs and deliver services in the safest possible manner. The temporary definition change will allow providers to:</p> <ul style="list-style-type: none"> <li>• Maintain phone and email access for member and family support, to be staffed a minimum of six hours daily, during provider-defined hours of services, Monday through Friday.</li> <li>• Conduct a COVID-19 wellness check and risk assessment for COVID-19 at least once a week, with greater frequency as needed.</li> <li>• Assess the member’s and caregiver’s current needs related to known health status and conditions, as well as emerging needs that the member or caregiver is reporting.</li> <li>• Respond to needs and outcomes through targeted interventions and evaluate outcomes.</li> <li>• Communicate and coordinate with members’ networks of care including the case manager, physician, home care provider or other support service provider.</li> <li>• Coordinate with the member’s case manager to deliver supplies based on assessed need, including, but not limited to, food items, hygiene products, and medical supplies.</li> </ul> <p>If needs cannot be addressed, staff will document efforts, reasons, and action plans.</p> <p>The Elderly &amp; Disabled Waiver Program is intended for those services that are not covered by the State Medicaid Plan or those instances in which a participant's need exceeds State Plan coverage limits and exceptions to the coverage limits are not available.</p> <p>ADH centers must comply with the Home and Community Based Settings Rule when services are delivered in the center location.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
<p>ADH providers are eligible to receive the existing per diem rate outlined in the pre-public health emergency plan of care for the provision of services as described below:</p> <p>Providers must deliver a minimum of one service to the participant or their caregiver for each authorized day billed. This service could include a telehealth direct contact (e.g., telephone, live video conferencing, written communication via text or email), or an in-person “door-step” well check</p>	

conducted when the provider is delivering food, medicine, activity packets, etc.

- The required center staff must be available to all members during the specified hours for phone and/or email contacts initiated by members and caregivers.
- If a member or caregiver requests to be disenrolled from the program or refuses all services after attempts to reengage them in ADH services during this period, they may be considered “on hold” until the return of in-center service or discharged as if requested.
- Delivery of services must be based on the member’s Plan of Care and coordinated with the case manager.
- The claims format, coding, and submission process will remain the same.
- Delivery of services must be based on the member’s assessed needs as reflected in the current Plan of Care and any new needs identified through assessment by the case management agency staff.

**Provider Specifications**

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				ADH Provider

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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**Provider Qualifications** (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
<b>ADH Provider</b>	ADH License Business License		

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
<b>ADH Provider</b>	<b>DCH Provider Enrollment and HFRD</b>	<b>At enrollment, recertification every three years and by audit</b>

**Service Delivery Method**

<b>Service Delivery Method</b> (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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