

PUBLIC NOTICE

Pursuant to 42 C.F.R. § 447.205, the Georgia Department of Community Health is required to give public notice of any significant proposed change in its methods and standards for setting payment rates for services.

COMPREHENSIVE SUPPORTS WAIVER PROGRAM (COMP) AMENDMENT-NEW SERVICES

Pending approval by the Centers for Medicare and Medicaid Services (CMS) and Department of Community Health (DCH) Board approval, DCH proposes to add three new Community Residential Alternative (CRA) models to the COMP service array- Specialized Transitional CRA, Behavior-Focused CRA and Intensive CRA. These models are designed to serve individuals with complex care needs who are currently unable to be supported by traditional CRA models (i.e. individuals who are currently placed out of state or in a Department of Behavioral Health and Developmental Disabilities (DBHDD)-funded crisis home).

Rate Increases:

Service Name	Current Rate	Amended Rate	Service Unit	Change to Service Limits
Specialized Transitional-Community Residential Alternative	N/A- New Rate	\$37,121.50	Month	12 months per year
Behavior Focused- Community Residential Alternative	N/A New Rate	\$34,424.63	Month	12 months per year
Intensive- Community Residential Alternative	N/A- New Rate	Varies	Day	344 days per year; limit resets if individual changes providers during their plan year

Additional Information:

General requirements for each of these CRAs include:

- Providers must be currently enrolled to deliver CRA services and operate at least two active community living arrangements.
- Homes are limited to no more than four placements.
- Direct support staff must hold a registered behavior technician certification and/or have extensive training in supporting individuals with complex care needs.
- Providers must have 24-hour access to registered nurse and board-certified behavior analyst supports.

Although the new CRA models share a number of similar characteristics, each has a different focus:

- Behavior-Focused CRAs are intended to provide short-term placements for individuals with challenging behaviors until they respond to treatment and can be transitioned to another setting.

- Specialized Transitional CRAs are intended to provide short-term placements for individuals being discharged from another setting (such as a DBHDD-funded crisis home) and who have demonstrated significant aggression, self-abuse, and/or dangerous destructive behavior.
- Intensive CRAs are expected to be long-term placements for individuals who cannot be supported in a less-intensive setting.

The payment rates for these services have been designed consistent with the provider rate study conducted in 2022-23.

Because of the expected turnover in Behavior-Focused and Specialized Transitional CRAs and the need to maintain staffing while one individual transitions out of the home and another moves in, these services will be reimbursed based on fixed monthly rates of \$37,121.50 for Specialized Transitional CRAs and \$34,424.63 for Behavior-Focused CRAs. If an individual is in the home for less than 15 days in a calendar month, the provider can only bill one-half of a unit (with the resulting payment equaling half of the totals noted above).

The payment rate for Intensive CRAs will be determined on an individual-by-individual basis. Providers will submit a staffing plan to DBHDD for approval outlining the types of staff to be used to support the individual (e.g., a registered behavior technician, a registered nurse, etc.) and the number of staff hours to be delivered by each position. Once approved, the staffing plan will be converted to a rate by applying fixed cost assumptions derived from the 2022-23 rate study. Although rates will vary by person, a typical rate is expected to be about \$1,300 per day (based on a 344-day billing year) based on 24-hour one-to-one care by an RBT or similar position, 28 hours per week from a licensed practical nurse, seven hours per week from a registered nurse, and 14 hours per week from a board-certified behavior analyst. For individuals who require less support, the rate will be lower; for those who need more support, the rate will be higher.

The fiscal impact of the proposed rate amendment is as follows:

	State Funds	Federal Funds	Total Funds
SFY 2025	\$7,892,915	\$15,495,232	\$23,388,147

This public notice is available for review at each county Division of Family and Children Services office. An opportunity for public comment will be held on **March 27, 2024 at 12:00 p.m., via Zoom audio**. There will be **no in-person** attendance at the Department of Community Health (DCH).

Individuals who are disabled and need assistance to participate during this meeting should call (404) 656-4479 at least three (3) business days prior to the scheduled public hearing to ensure any necessary accommodations can be provided.

Join Zoom Meeting

<https://us02web.zoom.us/j/81484259960?pwd=MIJaU0lKcDJwWWs2VEV6V295SU1Rdz09>

Meeting ID: 814 8425 9960

Passcode: 016006

One tap mobile

+16465588656,,81484259960#,,,,*016006# US (New York)

+16469313860,,81484259960#,,, *016006# US

Meeting ID: 814 8425 9960

Passcode: 016006

Individuals wishing to comment in writing on any of the proposed changes should do so on or before **April 15, 2024**, to the Board of Community Health, Post Office Box 1966, Atlanta, Georgia 30301-1966. You may also email comments to Danisha Williams, danwilliams@dch.ga.gov or fax to 404-651-6880.

Comments submitted will be available for review by submitting a request via email to Danisha Williams, danwilliams@dch.ga.gov.

If the proposed changes are presented to the Board for final action, relevant comments from written and public testimony will be provided to the Board. The Board expects to vote on the proposed changes at the Board meeting to be held on **May 9, 2024** at 10:30 a.m. at the Department of Community Health unless withdrawn or withheld by the Department for further review.

NOTICE IS HEREBY GIVEN THIS 14th DAY OF MARCH 2024
Russel Carlson, Commissioner