



**Medicaid and CHIP Operations Group**

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July 14, 2022

Lynnette R. Rhodes, Medicaid Director  
Executive Director, Medical Assistance Plans Division  
Georgia Department of Community Health  
2 Peachtree Street, NW  
Atlanta, GA 30303-3159

RE: §1915(c) Comprehensive Supports Waiver Program GA.0323.R05.00 renewal

Dear Ms. Rhodes:

The Centers for Medicare & Medicaid Services (CMS) is approving the state's request to renew the 1915(c) Comprehensive Supports Waiver for individuals with intellectual and/or developmental disabilities. The CMS Control Number for the renewal is GA.0323.R05.00 and should be referenced on all future correspondence relating to this waiver renewal.

For this HCBS waiver, you have requested a waiver of 1902(a)(10)(B) of the Social Security Act in order to waive comparability of services. The waiver has been approved for a five-year period with an effective date of April 1, 2021.

This waiver will offer the following supports for waiver participants: community access, community living support, prevocational services, support coordination, supported employment, adult dental, adult occupational and physical therapy, adult speech and language therapy, nursing services, nutrition services, specialized medical equipment and supplies, financial support, additional staffing, assistive technology, behavior support services, community residential alternatives, environmental accessibility adaptation, individual directed goods and services, intensive support coordination, interpreter services, respite, transition community integration services, transition and supports services including transportation and vehicle adaption services.

The following number of unduplicated recipients and estimates of average per capita cost of waiver services have been approved:

Waiver Year	C Factor Estimates	D Factor Estimates	D 'Factor Estimates	G Factor Estimates	G' Factor Estimates
1	8,689	\$106,630.60	\$ 7,018.00	\$157,176.46	\$5,801.66

2	9,089	\$103,389.09	\$ 7,198.36	\$161,215.90	\$5,950.76
3	9,489	\$102,882.38	\$ 7,383.36	\$165,359.15	\$6,103.70
4	9,889	\$102,519.41	\$ 7,573.11	\$169,608.88	\$6,260.56
5	10,289	\$102,451.01	\$ 7,767.74	\$173,967.83	\$6,421.46

This approval is subject to your agreement to serve no more individuals than those indicated in “C Factor Estimates” shown in the table above. If the state wishes to serve more individuals or make any other alterations to this waiver, an amendment must be submitted for approval. The state may renew the waiver at the end of the five-year period by providing evidence and documentation of satisfactory performance and oversight.

It is important to note that CMS’ approval of this waiver solely addresses the state’s compliance with the applicable Medicaid authorities. CMS’ approval does not address the state’s independent and separate obligations under federal laws including, but not limited to, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, or the Supreme Court’s Olmstead decision. Guidance from the Department of Justice concerning compliance with the Americans with Disabilities Act and the Olmstead decision is available at [http://www.ada.gov/olmstead/q&a\\_olmstead.htm](http://www.ada.gov/olmstead/q&a_olmstead.htm).

CMS reminds the state that the state must have an approved spending plan in order to use the money realized from section 9817 of the American Rescue Plan (ARP). Approval of this action does not constitute approval of the state’s spending plan.

Thank you for your cooperation during the review process. If you have any questions concerning this information, please contact me at (410) 786-7561. You may also contact Shante Shaw at [Shante.Shaw@cms.hhs.gov](mailto:Shante.Shaw@cms.hhs.gov) or (206) 615-2346.

Sincerely,

George P. Failla, Jr., Director  
Division of HCBS Operations and Oversight

cc: Dianne Kayala, Division of Long-Term Services and Supports