

Medicaid and CHIP Operations Group

July 29, 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) Independent Care Waiver Program GA.4170.R06.00 renewal

Dear Ms. Rhodes:

The Centers for Medicare & Medicaid Services (CMS) is approving the state's request to renew the 1915(c) Independent Care Waiver serving individuals with physical disabilities and or traumatic brain injury. The CMS Control Number for the renewal is GA.4170.R06.00 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 July 1, 2021.

This waiver will offer the following supports for waiver participants: case management services, personal supports, adult day services, alternative living services, behavior supports, counseling, environmental modifications, financial management services, personal emergency response services, respite care, skilled nursing services, specialized medical equipment and vehicle adaption services. The following number of unduplicated recipients and estimates of average per capita cost of waiver services have been approved:

| <u>Waiver Year</u> | <u>C Factor Estimates</u> | <u>D Factor Estimates</u> | <u>D' Factor Estimates</u> | <u>G Factor Estimates</u> | <u>G' Factor Estimates</u> |
|------------------------|-------------------------------|-------------------------------|--------------------------------|-------------------------------|--------------------------------|
| Year 1 | 2299 | 40074.44 | 10607.43 | 111926.20 | 7376.19 |
| Year 2 | 2459 | 41106.61 | 10880.04 | 121551.00 | 7565.76 |
| Year 3 | 2630 | 42216.13 | 11159.66 | 132003.45 | 7760.20 |
| Year 4 | 2814 | 43369.76 | 11446.46 | 143354.74 | 7959.63 |
| Year 5 | 3010 | 44573.45 | 11740.64 | 155682.15 | 8164.20 |

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.

The state has identified its intent to use 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. The state must have an approved spending plan in order to use the money realized from section 9817 of the ARP.

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 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