

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.

Independent Care Waiver Program (ICWP) Waiver Renewal

Pending approval by the Centers for Medicare and Medicaid Services (CMS), the Department of Community Health (DCH) proposes to renew and amend the Independent Care Waiver Program (ICWP).

The Independent Care Waiver Program (ICWP) is a critical component of Georgia Medicaid's long-term services and supports continuum, authorized under Section 1915(c) of the Social Security Act. The program serves adults ages 21 to 64 with severe physical disabilities or traumatic brain injury who meet nursing facility or specialized hospital level-of-care criteria and require assistance with activities of daily living. While the ICWP waiver is authorized for individuals ages 21 to 64, the state continues to serve certain members beyond age 64 to ensure continuity of care. Members served beyond age 64 must continue to meet ICWP level-of-care eligibility requirements, and continued participation allows the state to avoid unnecessary service disruptions, risk of institutionalization, or adverse outcomes associated with abrupt transitions solely due to age. ICWP enables eligible individuals to remain safe in their own homes and communities, preserving independence and autonomy while avoiding or delaying institutional placement.

Through the ICWP waiver, Georgia advances core Medicaid objectives by providing cost-effective, person-centered, Home and Community-Based Services (HCBS) that support health, safety, and quality of life. The waiver aligns with federal and state policy priorities emphasizing community integration, member choice, and compliance with the HCBS Final Settings Rule.

Federal rules require that Section 1915(c) waivers be reauthorized by CMS at least every five (5) years. The ICWP waiver must be reauthorized by July 1, 2026, in accordance with routine renewal requirements.

The ICWP was initially approved by CMS in 1992 and has been successfully maintained through six standard five-year waiver renewals, along with multiple CMS-approved amendments, including at least four amendments related to rate adjustments, demonstrating the program's long-standing stability, oversight, and responsiveness to evolving member and system needs.

DCH is submitting this routine renewal application to ensure continuity of services, maintain federal funding, and reflect updated program assumptions based on current enrollment, utilization trends, and cost projections. The renewal includes technical and programmatic updates that strengthen fiscal stewardship, support access to services, and ensure ongoing compliance with federal requirements, without changing existing policy or service delivery practices.

Key updates in this renewal are listed below and include adjustments to individual cost caps based on an annual growth factor, updates to waiver slot projections, the addition of a standardized determination of need screening requirement, inclusion of telehealth assurances, incorporation of HCBS Final Settings Rule assurances, and updated estimates for self-directed service utilization:

- Appendix B-2: Increase the individual cost cap for nursing home level of care to \$125,181.05 annually; for specialized hospital level of care, increase the individual cost cap to \$291,239.71 based on the annual growth rate of 3.0%.
- Appendix B-3-a: Increase the number of waiver slots available from 3,010 participants to 5,522 participants over the waiver renewal period beginning July 1, 2026, to support continued access to HCBS. This increase is based on the current year’s enrollment and applies the growth factor used to project annual cost increases.
- Appendix B-6-f: Add the Determination of Need-Revised (DON-R) Screening Requirement. Applicants must achieve a score of 15 or higher to be assessed for the ICWP program.

This item is added to formally incorporate DON-R screenings as a required component of the ICWP Waiver. While DON-R screenings have historically been conducted by DCH through its Administrative Services Organization to support eligibility and level-of-care determinations, this addition ensures the practice is explicitly documented, standardized, and approved as part of the CMS-authorized waiver program.

- Appendix C-1-d: Add Telehealth assurances that include limited use of telehealth when clinically appropriate. Telehealth will supplement, but not replace, in-person services and will not be used when hands-on assistance is required or when health and safety concerns are present. All telehealth services must protect individual privacy, comply with HIPAA, and be supported through ongoing case management to ensure safe, person-centered care.

This item is added in response to a new CMS requirement that states explicitly address telehealth assurances as part of the five-year waiver renewal process. Although telehealth safeguards and operational assurances are already embedded within the ICWP Waiver, this addition allows the state to formally document and affirm these assurances in accordance with CMS renewal requirements and to establish them as a required and approved component of the waiver.

- Appendix C-5: Add HCBS Settings Rule requirements and assurances.
- Appendix E-1-n: Recalculate the projected number of waiver participants who self-direct services using the growth factor applied to project annual cost increases.
- Updated utilization and spending estimate to cover the five-year waiver period between July 1, 2026, and June 30, 2031.

These changes position the ICWP waiver to continue meeting the needs of Georgians with significant disabilities over the next five-year waiver period.

The proposed revisions **will not** require a change to current policy or practice.

Cost Impact:

Waiver Year	Estimated State Share	Estimated Federal Share	Estimated Total Expenditure
Year 1	\$43,351,624.42	\$85,326,394.05	\$128,678,018.47
Year 2	\$45,214,552.95	\$90,046,992.05	\$135,261,545.00

Year 3	\$56,064,759.54	\$111,655,708.75	\$167,720,468.29
Year 4	\$69,526,483.82	\$138,465,390.58	\$207,991,874.40
Year 5	\$86,228,303.74	\$171,727,881.25	\$257,956,184.99
Total	\$300,385,724.47	\$597,222,366.68	\$897,608,091.15

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 **February 17, 2026, at 11:00 a.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 before the scheduled public hearing to ensure any necessary accommodations can be provided.

Join Zoom Meeting

<https://us02web.zoom.us/j/81590823664>

Meeting ID: 815 9082 3664

One tap mobile

+13092053325,,81590823664# US

+13126266799,,81590823664# US (Chicago)

Individuals wishing to comment in writing on any of the proposed changes should do so on or before March 16, 2026, to D'Lawren Hicks c/o the Board of Community Health, Post Office Box 1966, Atlanta, Georgia 30301-1966. You may also email comments to D'Lawren Hicks dlawren.hicks@dch.ga.gov or fax to 404-651-6880.

Comments submitted will be available for review by submitting a request via email to openrecordsrequest@dch.ga.gov. *Please note that any comments submitted are subject to open records.*

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 **April 9, 2026**, 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 12th DAY OF FEBRUARY 2026
Dean Burke, MD, Commissioner