

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) Renewal Proposed Changes to the Current Approved Waiver Reimbursement Rates

Effective as of the date of waiver renewal approval by the Centers for Medicare and Medicaid Services, State funds appropriation by the Georgia General Assembly approved by the Governor, and subject to payment at fee for service rates, the Department is proposing to make the following changes to Medicaid reimbursement for specific services provided through the COMP Waiver Program:

Establish eight rates for Community Residential Services on a tiered basis commensurate with level of clinical need of the waiver participant and size of the residence.

Community Residential Service Description		Unit	Current Rate	Proposed Rate
4-person residence	Category 1	Day	\$158.67	*154.74
4-person residence	Category 2	Day	\$158.67	214.80
4-person residence	Category 3	Day	\$158.67	239.73
4-person residence	Category 4	Day	\$158.67	254.36
3-person residence	Category 1	Day	\$158.67	178.53
3-person residence	Category 2	Day	\$158.67	235.05
3-person residence	Category 3	Day	\$158.67	261.48
3-person residence	Category 4	Day	\$158.67	277.44
2-person host home	Category 1	Day	\$158.67	*149.45
2-person host home	Category 2	Day	\$158.67	185.25

* Current residential reimbursement is limited to 324 days per year but provides a daily rate calculated using an annualized total reimbursement. The reimbursement method accommodates waiver participant leave from the residence for intermittent time spent in family visits and other personal and medical reasons not otherwise reimbursed through Medicaid services. The proposed rate model raises the limit to 344 days annually, allowing twenty additional billing days per year and continuing the annualized total reimbursement model. Therefore, any resulting reduction noted above in the 4-Person Category 1 and the 2-Person Category 1 rates is mitigated by the additional twenty billing days allowed annually.

Establish six rates for Community Living Support Services, adding an “extended” rate to reflect lower provider costs in the areas of travel compensation and unproductive time not incurred in service delivery to the same waiver participant during a visit of 3 hours or more. Proposed rates also reflect the addition of Shared Community Living Support Services, designed to accommodate staffing patterns that reflect the ability of 2 or 3 waiver participants to live semi-independently through sharing one staff member for oversight and limited assistance.

Community Living Support Services		Unit	Current Rate	Proposed Rate	Maximum Allowed
	Basic	15-minute Up to 11 units	\$5.03	\$6.35	\$51,300 annually
	Extended	15-minute ≥ 12 units	\$5.03	\$5.74	
Shared: 2 waiver participants	Basic	15-minute Up to 11 units	N/A	\$3.49	\$51,300 annually
	Extended	15-minute ≥ 12 units	N/A	\$3.16	
Shared: 3 waiver participants	Basic	15-minute Up to 11 units	N/A	\$2.54	\$51,300 annually
	Extended	15-minute ≥ 12 units	N/A	\$2.30	
		Daily	\$131.09	Eliminate; use 15- minute unit	N/A
Maximum per person allowed for any of the service descriptions					\$51,300/year

Establish five rates for Respite Services that facilitate respite in the participant’s family home for short periods of time and in an out-of-home setting for overnight or full-day use. Waiver participants may use a combination of in-home and out-of-home respite services not to exceed a total annual limit of \$4,608.

Respite Services		Unit	Current Rate	Proposed Rate	Maximum Allowed
1 waiver participant		15-minute	\$4.21	\$4.83	\$4,608 annual limit
2 waiver participants		15-minute	N/A	\$2.66	
3 waiver participants		15-minute	N/A	\$1.93	
Daily/Overnight	Category 1	Day	\$96.00	\$153.61	30 units/ year
Daily/Overnight	Category 2	Day	N/A	\$209.51	

Establish rates for an Additional Residential Staffing service to provide support to medically or behaviorally complex waiver participants whose needs exceed the staff hours compensated through the proposed maximum units outlined above.

Additional Residential Staffing		Unit	Current Rate	Proposed Rate
Used for additional staff needs identified through assessment of high risk waiver participants.	Basic	15-minute	N/A	\$4.67
Used for additional staff with specialized	Enhanced	15-minute	N/A	\$5.01

qualifications identified through needs-based assessment.				
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Add Adult Nutrition Services, a new service to the waiver, using the current reimbursement rate and procedure codes approved in the Medicaid State Plan and provided under the Children’s Intervention Services Program.

Nutrition Services Procedure Codes		Unit	Current Rate	Proposed Rate	Maximum Allowed
Nutrition Evaluation and follow up	97802	15-minute	N/A	\$14.89	\$1,800 total for any procedure codes
	97803				

Increase the maximum allowable Adult Therapy Services as follows.

Service Type	Unit	Current Maximum	Proposed Maximum
Occupational Therapy (Adult)	15-minute	\$1,800.00 annual maximum for all adult therapy waiver services	\$5,400 annual maximum for all adult therapy waiver services
Speech and Language Therapy (Adult)			
Physical therapy (Adult)			

These rates were determined as the result of a rate study commissioned by the Department of Behavioral Health and Developmental Disabilities. For more details, the rate study is available online at <https://dbhdd.georgia.gov/residential-and-respite-cost-study>. The current rates for all other services approved through the waiver remain unchanged.

This public notice is available for review at each county Department of Family and Children Services office. An opportunity for public comment will be held on [redacted] p.m., at the Department of Community Health (2 Peachtree Street, N.W., Atlanta, Georgia 30303) in the 5th Floor Board Room. Individuals who are disabled and need assistance to participate during this meeting should call (404) 656-4479. Citizens wishing to comment in writing on any of the proposed changes should do so on or before [redacted], to the Board of Community Health, Post Office Box 38406, Atlanta, Georgia 30334.

Comments submitted will be available for review by the public at the Department of Community Health, Monday – Friday, 9:00 a.m. to 4:30 p.m., 6th Floor, 2 Peachtree Street, N.W., Atlanta, Georgia 30303.

Comments from written and public testimony will be provided to the Board of Community Health prior to the [redacted] Board meeting. The Board will vote on the proposed changes at the Board meeting to be held at 10:30 a.m. at the Department of Community Health (2 Peachtree Street, N.W., Atlanta, Georgia 30303) in the 5th Floor Board Room.

NOTICE IS HEREBY GIVEN THIS ___ DAY OF ___, 2015.

Clyde L. Reese, III, Esquire, Commissioner

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