

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

August 16, 2017

Ms. Lynette Rhodes
Medicaid Lead
Georgia Department of Community Health
Medicaid Division
2 Peachtree Street, NW, 36th floor
Atlanta, GA 30303-315

RE: Title XIX State Plan Amendment (SPA), Transmittal # GA 17-0013

Dear Ms. Rhodes:

We have reviewed the proposed Georgia State Plan Amendment 17-0013, which was submitted to the Atlanta Regional Office on July 17, 2017. This SPA makes provider payment update to include revisions to Routine Home Care Hospice rates and Service Intensity Add-On rates effective July 1, 2017.

Based on the information provided, the Medicaid State Plan Amendment 17-0013 was approved on August 16, 2017. The effective date of this amendment is July 1, 2017. We are enclosing the approved HCFA-179 and the plan pages.

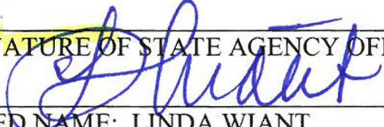
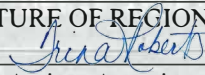
If you have any additional questions or need further assistance, please contact Amr Ali at (404) 840-1748 or Amr.Ali@CMS.HHS.GOV

Sincerely,

A handwritten signature in blue ink that reads "Shantrina Roberts". The signature is written in a cursive, flowing style.

Shantrina Roberts, RN, MSN
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 17-013	2. STATE GEORGIA
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2013, November 1, 2013, January 1, 2016	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>See Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT:	
		FFY 2014 \$(147,572) FFY 2016 \$1,221,342 FFY 2015 \$(1,769,322) FFY 2017 \$2,234,796	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, page 6a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B, page 6a.	
10. SUBJECT OF AMENDMENT: Update to include revisions to Routine Home Care Hospice rates and Service Intensity Add-On rates effective January 1, 2016. Also, update to Hospice policy manual to include new policy regarding primary diagnoses and hospice physician recertification effective July 1, 2013 and November 1, 2013.			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Single State Agency Comments Attached	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:	
13. TYPED NAME: LINDA WIANT		Department of Community Health Division of Medicaid 2 Peachtree Street, NW, 36 th Floor Atlanta, Georgia 30303-3159	
14. TITLE: CHIEF, DIVISION OF MEDICAID			
15. DATE SUBMITTED: 6-30-17			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 07/17/17		18. DATE APPROVED: 08/16/17	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/17		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Shantrina Roberts		22. TITLE: Acting, Associate Regional Administrator Division of Medicaid & Children Health Opns	
23. REMARKS: Approved with the following changes to block # 4, 6, 7, 10 as authorized by the state on email date: 08/11/17 Block # 4 changed to read: July 1, 2017; Block # 7 changed to read: 42 CFR §418.306(a) and (b); Block # 7 changed to read: 7a FFY 2017 -558,699 and 7b FFY 2018 -2,254,876 Block # 10 changed to read: Update to include revisions to routine Home Care Hospice rates and Service Intensity Add-On rates effective July 1, 2017.			

Policy And Methods For Establishing Payment Rates For Other Types Of Care and Service**P. Hospice Services**

Georgia will pay the Medicaid Hospice rates developed annually by the Centers for Medicare and Medicaid Services and also apply the “appropriate local hospice wage index” for the following categories or levels of care provided. The “appropriate local hospice wage index” is published annually in the Federal Register and is effective October 1 through September 30 of each year.

Medicaid reimbursement for hospice care will be made at predetermined rates for each day the individual receives care under one of the following five categories or levels of hospice care. Except as otherwise noted in the plan, fee schedule rates are the same for both governmental and private providers. The hospice service payment methodology for each category of care is below:

A) Routine Home Care Rate (RHC)

Hospice providers are paid at one of two tiers (levels) of RHC. Effective for dates of service on or after July 1, 2017 the two tiers are based on number of days in care:

Tier 1 RHC: Days 1-60 of hospice care (Higher rate)	\$ (1 unit = 1 day)
Tier 2 RHC: Days 61+Beyond (Decreased rate)	\$ (1 unit = 1 day)

There is a 60 days minimum gap in Hospice Services that must elapse to reset the Hospice day count and be eligible for the higher level of RHC reimbursement.

B) Continuous Home Care Rate (CHC)	\$Full Rate/24 hours or (1 unit=1 hour)
C) Inpatient Respite Care Rate	\$ (1 unit = 1 day)
D) General Inpatient Care Rate	\$ (1 unit = 1 day)
E) Service Intensity Add-On, 7 days Pre-Death	\$ (1 unit = 1 day)

Reimbursement may be made to the hospice provider to cover nursing facility room and board costs (R&B) of hospice members at the following rate.

Hospice NF R&B Per Diem Rate 95% of the NF Per Diem (1 unit = 1 day)