



BURNS & ASSOCIATES
A DIVISION OF
HEALTH MANAGEMENT ASSOCIATES

**NOW and COMP Rate Study –
Initial Recommendations**

- prepared for -

**Georgia Dept. of Behavioral Health
and Developmental Disabilities**

December 12, 2022



■ Purpose of Presentation

- + Provide overview of *initial* recommendations from the rate study for services provided through the New Options Waiver (NOW) and Comprehensive Supports Waiver (COMP)
 - + Public comments will be considered before recommendations are finalized
- + Ensure stakeholders understand the materials, data sources, calculations, and resulting recommendations so that they may review and offer comments
 - + HMA-Burns will be available throughout the public comment period to respond to any technical questions that stakeholders need addressed to provide comments
- + Encourage participation in the public comment process
 - + Comments regarding the recommendations should be submitted in writing to allow for the consolidation and review of all feedback

■ Agenda

- + About Burns & Associates
- + Rate Study Overview
- + Rate Study Recommendations
- + Next Steps



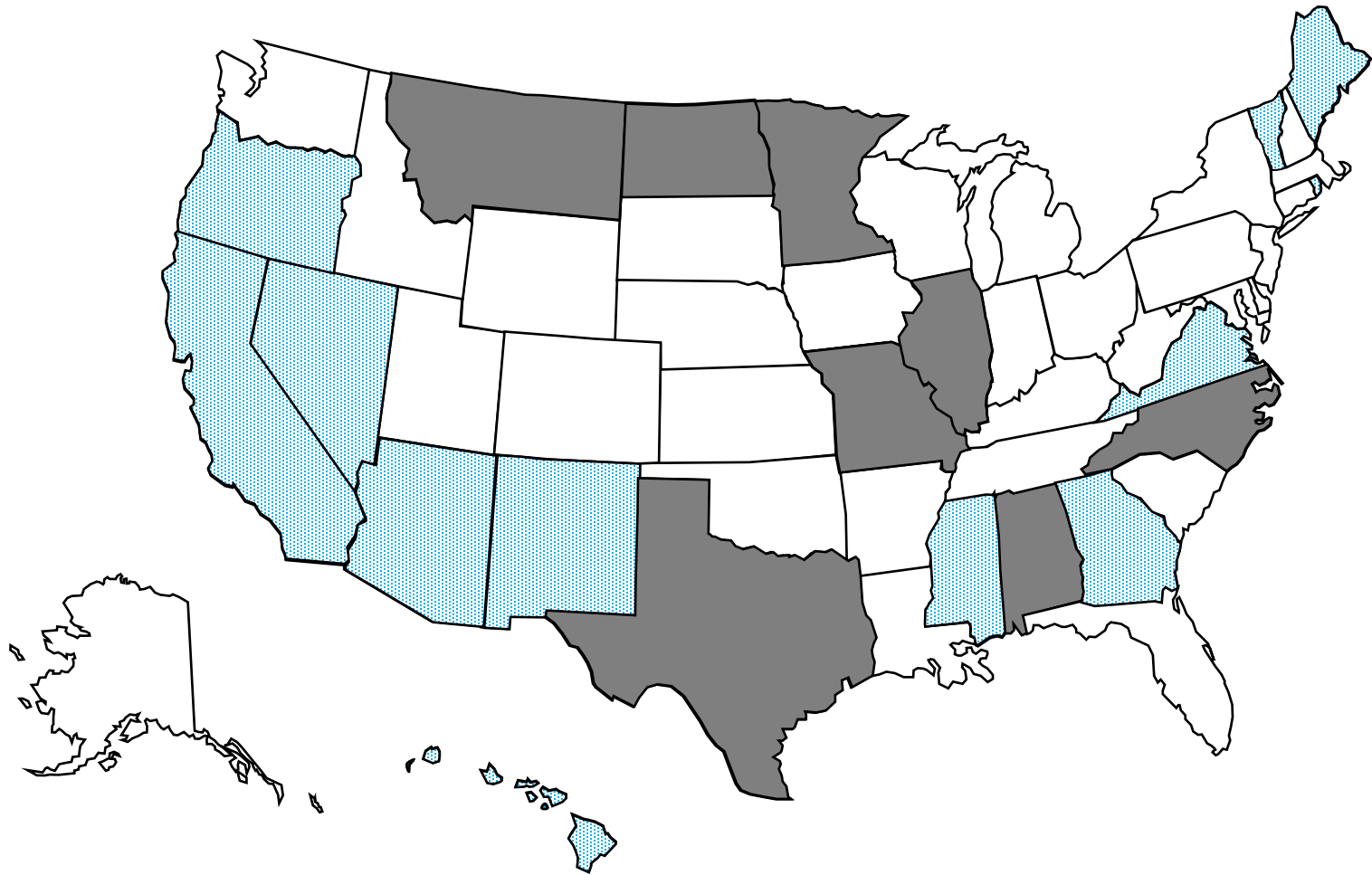
ABOUT BURNS & ASSOCIATES

BURNS & ASSOCIATES, A DIVISION OF HMA

Overview of Burns & Associates, a Division of Health Management Associates

- + Health policy consultants specializing in assisting state Medicaid agencies and related departments (developmental disabilities and behavioral health authorities)
 - + Consulted in approximately 30 states since its founding in 2006
 - + Acquired by Health Management Associates in September 2020
- + Experience in the intellectual and developmental disabilities field
 - + Policy development, including service standards and billing rules
 - + Rate-setting
 - + Using assessment instruments to inform individualized budgets
 - + Program operations, including performing fiscal analyses and developing implementation approaches
- + Previous experience in Georgia
 - + Comprehensive rate study in 2010 (proposed rates were not implemented)
 - + Residential and respite rate study in 2015 (proposed rates were implemented)

Burns & Associates' I/DD Experience



Comprehensive rate studies



Other I/DD focused work

Burns & Associates' I/DD Experience

+ Results and status of HMA-Burns' rate study projects

State	Implementation Status	Fiscal Impact and Funding Status
Rhode Island	Implementation began in 2011	Proposed rates not implemented (Legislature imposed reductions requiring rates to be scaled back)
New Mexico	Implementation began in 2013	(\$10 million), funds were retained in the system
Arizona	Rates adopted in 2015	\$188 million (not fully funded; about \$50 million added in the years after the study)
Virginia	Implementation began in 2022*	\$358 million, fully funded
Oregon	Implementation occurring in phases between 2016 and July 2022	\$195 million, fully funded
Georgia	Implementation began in 2017*	\$74 million, fully funded
Hawaii	Implementation began in 2021*	\$26 million, half of the proposed increases were funded
Mississippi	Implementation began in 2017	\$20 million, fully funded
California	Implementation occurring in phases between January 2020 and July 2024	\$2.3 billion budgeted through 2025, fully funded
Maine	Implementation began in 2021*	\$2.5 million, fully funded
Nevada	Implementation under consideration	\$38.2 million
Vermont	Rate study still in process	N/A
*Implementation status based on most recent HMA-Burns' rate study		



RATE STUDY OVERVIEW

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■ Scope of Work

- + Rate study covers all waiver services
- + Includes services that were part of 2015 rate study
 - + More than six years since rate models were established
 - + Compare provider operations to key assumptions (e.g., group home staffing)
- + Services used to purchase items (e.g., environmental accessibility services, individual directed goods and services, specialized medical supplies, specialized medical equipment, vehicle adaptation)
 - + Will not be setting rates for specific items
 - + Will review reimbursement policies (e.g., spending limits, administrative markups, how supportive services are paid) and compare to other states

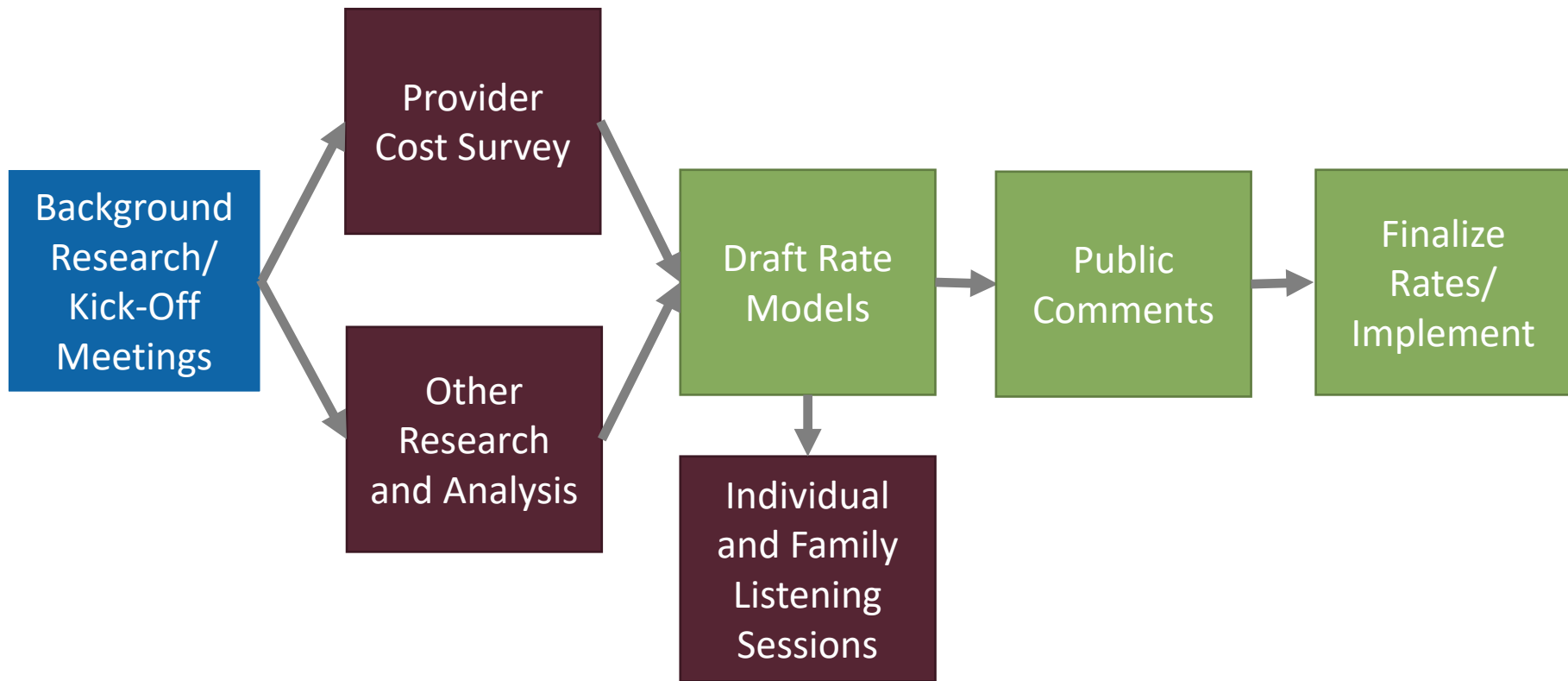
■ Summary and Goals of Independent Rate Model Approach

- + Rate models should reflect the reasonable costs providers incur to deliver services consistent with the state's requirements and individuals' service plans
- + Consider data from multiple sources rather than depending on any single source
 - + Policies, rules, and standards
 - + Provider and stakeholder input (e.g., provider survey, public comments)
 - + Published sources (e.g., BLS wage data, IRS mileage rates)
 - + Special studies (e.g., benchmarking rates to other states' programs)
- + Rate models developed independent of budgetary considerations
 - + Cost impact will be considered as part of implementation planning

■ Benefits of Independent Rate Model Approach

- + Transparency
 - + Models detail the factors, values, and calculations that produce the final rate
- + Ability to advance policy goals/objectives
 - + For example, improving direct care staff salaries or benefits, reducing staff-to-client ratios, incentivizing community-based services, etc.
- + Efficiency in maintaining rates
 - + Models can be scaled and adjusted over time to account for inflation or changes to specific cost factors (e.g., IRS mileage rate)

Rate Study Process



■ Background Research and Kick-Off Meetings

- + “When you’ve seen one I/DD system...you’ve seen one I/DD system”
- + Comprehensive review of the state’s service array
 - + Review of state and federal requirements
 - + Review of billing units and limitations
 - + Identify possible revisions/modifications to services
- + Meet with the state team as well as stakeholders to discuss current services and rates and potential opportunities for improvement

■ Provider Survey

- + Design and administration of survey to collect data regarding costs and service delivery issues (e.g., direct care staff productivity, staffing ratios, and mileage)
 - + Presented draft instrument to providers for feedback to ensure completeness and understandability
 - + Results inform, but do not dictate, rate model assumptions
- + Technical assistance
 - + Written instructions
 - + Recorded webinar to walk-through the survey
 - + Dedicated contact for questions
- + Analysis of survey results
 - + Received surveys from 61 of 400 providers that accounted for 40 percent of services delivered in fiscal year 2021
 - + Performed desk reviews of submitted surveys
 - + Performed statistical analyses

■ Other Research and Analysis – Benchmark Data

- + Individual costs
 - + Georgia specific wage data from Bureau of Labor Statistics and wage inflation data from Bureau of Economic Analysis
 - + Georgia specific health insurance data from the U.S. Department of Health and Human Services' Medical Expenditure Panel Survey (MEPS)
 - + Internal Revenue Services' standard mileage rate

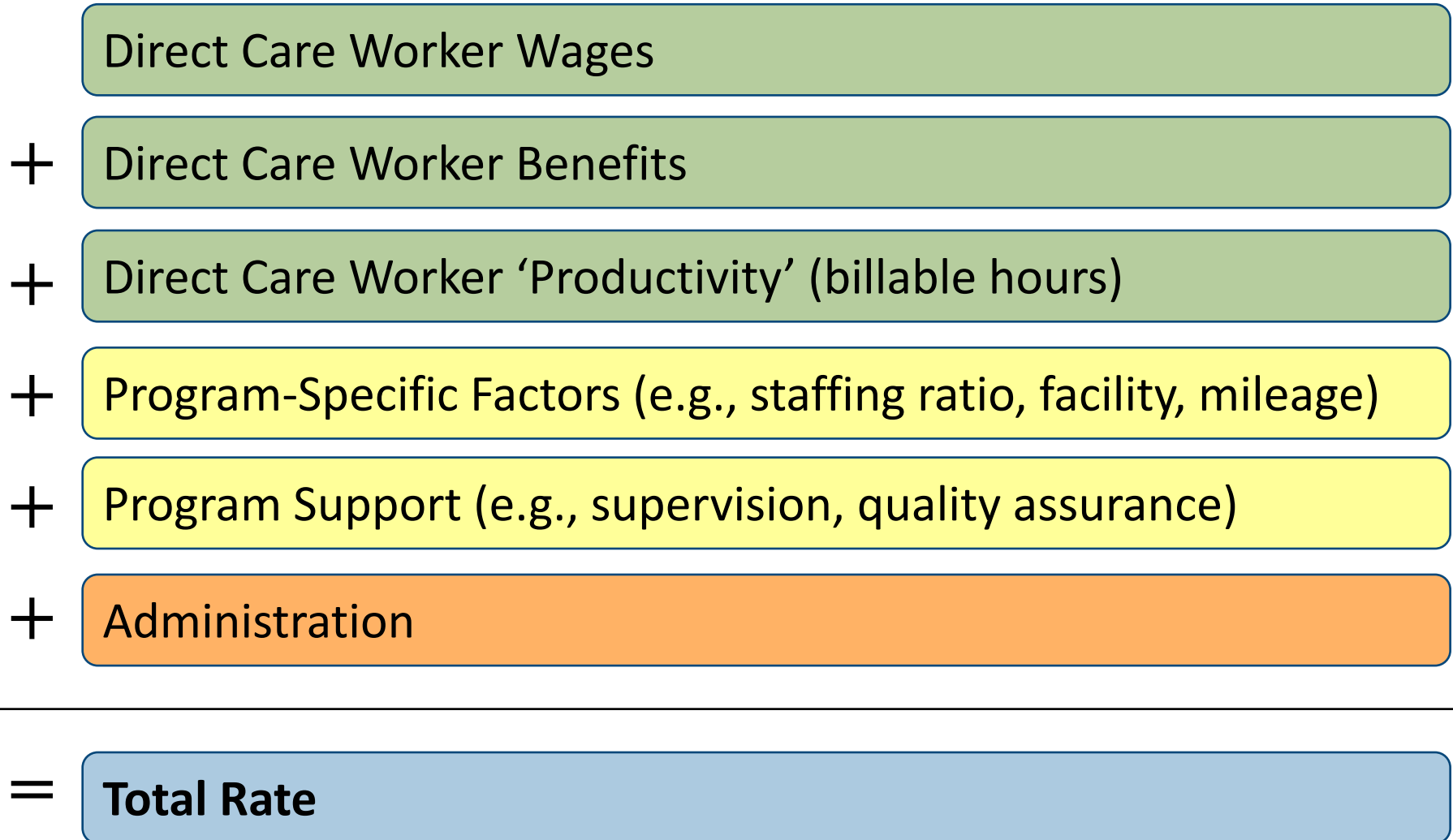
- + Benchmarking against comparable services in other states
 - + Payment rates
 - + Service requirements

■ Draft Rate Model Development

- + Determine rate model ‘variants’ (that is, a single service may have multiple rates to account for various differences)
 - + Individuals’ levels of need (affecting staffing levels, staff qualifications, etc.)
 - + Service setting (e.g., facility or community-based)
 - + Staff qualifications and training (e.g., RNs and LPNs)

- + Develop rate model structures and populate with detailed service and cost assumptions (e.g., staff wages and benefits, staffing levels, transportation, etc.)
 - + Consider results of research and analysis
 - + Assumptions are not mandates (i.e., a provider does not have to pay the wage assumed in the rate)

Draft Rate Model Structure



■ Public Comments

- + Post rate models and supporting materials online
 - + Present to providers and stakeholders
 - + Record webinar to explain the proposals

- + Accept written comments

- + Review and summarize comments

■ Finalize Rate Models and Implement

- + Revise rate models based on public comments as warranted
- + Provide implementation support as necessary
 - + Estimate fiscal impact and provide support in state budget process
 - + Create briefing materials
 - + Develop phase-in plan as needed

■ Summary of Rate Recommendations

- + Overall, proposed rates would increase total provider revenues by approximately 40 to current (non-temporary) rates
 - + Magnitude of the increase due to length of time since rates have been reviewed
 - + Increases primarily driven by assumed increases in direct support and program support costs
 - + Rate increases vary by service (and some proposed rates represent reductions compared to current rates)



RATE MODEL ASSUMPTIONS

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■ Wage Assumptions – Bureau of Labor Statistics Data

- + Appendix A of the rate model packets
- + Georgia wage data published by the Bureau of Labor Statistics used as the starting point for establishing market-based wage assumptions
 - + *Comprehensive*. Wage levels are published for more than 800 occupations based on data from 1.2 million establishments representing 57% of the employment in the United States
 - + *Cross-industry*. It is not limited to a single industry so estimates for a given occupation are representative of the overall labor market
 - + *Regularly updated*. Released once per year – in late March for the previous May (so most recent data published in March 2022 reflects May 2021 survey data)
 - + *State- (and local-) specific*. Data is published for individual states and sub-state regions ('metropolitan statistical areas')

■ Wage Assumptions – Bureau of Labor Statistics Data (cont.)

- + BLS wage data is inflated to January 2024
 - + Uses data from the Bureau of Economic Analysis for net earnings growth in Georgia
 - + Models include 17.78 percent increase to BLS data based on 12 months at 9.1 percent (most recent annual figure) and remaining months at 4.7 percent (ten-year average)
- + For each service, BLS occupations are chosen to represent staff qualifications
 - + For some services, there is a direct match between the staff providing services and a specific BLS occupation (e.g., the BLS has a classification for first-line supervisors of personal services workers)
 - + For other services, there is not a one-to-one match
 - + For example, the BLS combines direct support professionals with staff in other industries in the home health and personal care aide classification
 - + This classification may not represent the varied roles of DSPs so the rate models construct a weighted average of multiple BLS classifications

Wage Assumptions – DSP Wage Assumptions

- + Composite of BLS occupations used for DSPs

BLS Standard Occupational Classification	Weighting	Median Wage (Adjusted)
31-1120 Home Health & Personal Care Aides	50%	\$13.21
21-1093 Social and Human Services Assistant	20%	\$16.75
21-1094 Community Health Worker	10%	\$22.48
31-1133 Psychiatric Aide	10%	\$16.15
39-9032 Recreation Workers	10%	\$13.62
Weighted Average Wage		\$15.18

- + DSP wage assumption exceeds wages reported through the provider survey

Service	Provider Survey ¹ (No. of Surveys)	Proposed Rate Models	Percentage Difference
Community Living Support	\$13.91 (24)	\$15.18	9%
Group Homes	\$13.64 (27)	\$15.18	11%
Community Access – Group	\$14.18 (33)	\$15.18	7%
Community Access – Individ.	\$13.18 (25)	\$15.18	15%

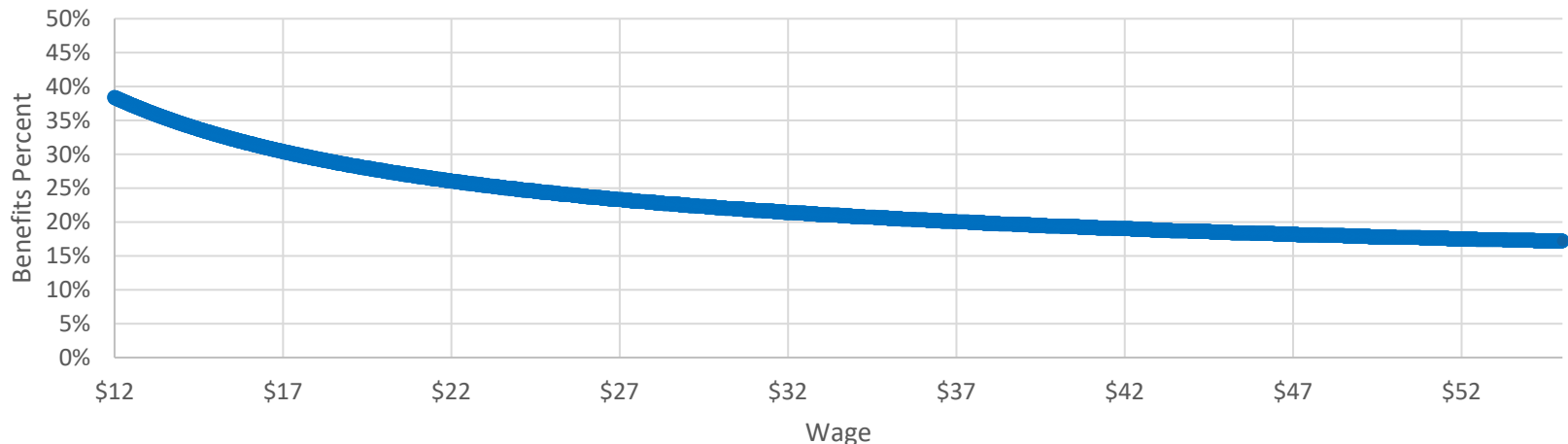
¹ Based on the calculated weighted average without outliers among employees, excluding employees reported as having supervisory responsibilities and contractors.

■ Payroll Tax and Fringe Benefit Assumptions

- + Payroll taxes
 - + Social Security and Medicare payroll
 - + Federal Unemployment Insurance – 0.60 percent on first \$7,000 in wages
 - + State Unemployment Insurance – 2.70 percent (new employer rate in 2022) on first \$9,500 in wages
 - + Workers' compensation rate of 3.59 percent
- + Benefit assumptions
 - + 25 annual paid days off (holiday, vacation, and sick leave) (treated as a productivity adjustment)
 - + \$582.58 per month for health insurance based on Georgia specific data from U.S. DHHS' Medical Expenditure Panel Survey related to take-up rates, plan types (employee only, employee plus-one, and family), and employer costs
 - + Assumes overall employee participation rate of 71.2 percent (2015 models assumed 100 percent participation)
 - + Assumes a mix of plan types (2015 models only included employee-only)
 - + \$100.00 per month for other benefits (e.g., vision, dental, etc.)

■ Payroll Tax and Fringe Benefit Assumptions (cont.)

- + Benefit assumptions are translated to benefit rates by wage level
 - + Paid time off is treated as a productivity adjustment (reduction in billable hours) rather than calculated as part of the benefit rate
 - + Since certain benefit assumptions are fixed, the benefit rate declines as the wage increases
 - + For example, the \$582.58 assumed for health insurance represents a larger percentage of the wage of someone making \$15.00 per hour than for someone earning \$50.00 per hour
- + Benefit rate assumed in rate models, by wage level (excludes paid time off)



■ Productivity Assumptions

- + Productivity adjustments are intended to recognize costs associated with direct care workers' non-billable responsibilities
 - + Ensures providers are compensated for activities that they cannot bill directly, such as the time direct support staff spend in training or traveling between service encounters
 - + Example
 - + An employee earning \$20 per hour (wages and benefits) and working 40 hours per week earns \$800 per week
 - + However, if the employer can only bill for 32 hours per week, a productivity adjustment of 1.25 is required (work hours divided by billable hours)
 - + Thus, the agency must be able to bill \$25.00 per service hour (\$20 multiplied by 1.25) to cover the cost of wages and benefits

■ Productivity Assumptions (cont.)

- + Assumptions are detailed within the rate model packet (see Appendix C)
- + Standard assumptions
 - + All services include 200 annual hours for paid time off (25 days as noted in the benefits assumptions section, an average of 3.85 hours per week)
 - + Rate models include 40 annual hours for training (0.77 hours per week)
 - + Most services include 0.75 hours per week for supervision and employer time
- + Other productivity adjustments included in each rate model and the assumed amount of time spent on each are more variable across services
 - + Travel between service encounters / Transporting individuals to/from home
 - + Individual planning meetings
 - + Program set-up and clean-up
 - + Recordkeeping and reporting
 - + Collateral contacts
 - + Employer network development

■ Administration and Program Support

- + Program support funds activities that are program-specific, but not billable
 - + Functions include supervision, training, program development and oversight, quality monitoring, nursing/ specialized supports, and coordination of care activities
 - + Costs include wages and benefits of staff performing these functions, other expenses supporting these functions (e.g., facility-related costs, travel), insurance, etc.
- + Rate models include factor for supervision
 - + 1 supervisor funded per 10 DSPs
 - + 1 employment specialist funded for 5 job developers/ job coaches
 - + 1 clinical supervisor for 100 individuals receiving Intensive Support Coordination
- + Models additionally include \$10 per day for other program support costs
- + Overall program support equates to about 15 percent of providers' costs based on current rates
 - + Provider survey respondents reported 11.5 percent

■ Administration and Program Support (cont.)

- + Administration funds activities that are not program-specific
 - + Examples include executive management, accounting, human resources
 - + Costs include wages and benefits of staff performing these functions, other expenses supporting these functions (e.g., facility-related costs, travel), information technology costs, consulting expenses, etc.
- + Rate models include 10 percent of the total rate for administration
 - + Although the administrative *rate* is less than the 12.5 percent reported in the provider survey, administrative *funding* increases because the 10 percent administrative rate applies to a larger spending base
 - + Using a current rate of \$100 rate as an example
 - + Current administrative costs would be \$12.50 ($\$100 \times 12.5\%$)
 - + The proposed rates represent an overall increase of about 40 percent so the \$100 rate would become \$140 and funded administrative costs would be \$14.00 ($\$140 \times 10\%$)

Tiered Rates for Shared Services

- + The cost of ‘shared’ services (i.e., residential and day habilitation) varies according to intensity of need
 - + Rates should recognize these differences while ensuring that members with similar needs receive similar ‘intensity’ of services
- + Levels of need established based on Supports Intensity Scale (SIS) and Health Risk Screening Tool (HRST) assessments

Level	Supports Intensity Scale		Health Risk Screening Tool
	Sum of Sections 2A, 2B, and 2E	Section 1B (Behavioral)	
1	0 to 24	Less Than 7	Low Risk (HCL 1-2)
2	25 to 30	Less Than 7	Low Risk (HCL 1-2)
3.1	0 to 30	7 to 10	Low Risk (HCL 1-2)
3.2	0 to 30	Less Than 11	Moderate Risk (HCL 3-4)
4	31 to 36	Less Than 11	Low or Moderate Risk (HCL 1-4)
5	37 to 52	Less Than 11	Low or Moderate Risk (HCL 1-4)
6	Any	Less Than 11	High Risk (HCL 5-6)
7	Any	11 to 26	Any

Tiered Rates for Shared Services (cont.)

- + Tiered rates based on level of need
 - + 2015 rate study established tiered rates for Group Homes, Host Homes, and Daily Respite
 - + Current rate study proposes tiered rates for Community Access-Group and Prevocational services

Level	Group Home Rate Category	Host Home / Daily Respite Rate Categories	Community Access-Group / Prevocational Rate Categories
1	Category 1	Category 1	Category 1
2	Category 2		Category 2
3.1	Category 3		Category 3
3.2			
4	Category 4	Category 2	Category 4
5			
6			
7			

■ Tiered Rates for Shared Services (cont.)

- + The American Association on Intellectual and Developmental Disabilities (AAIDD), the author of the SIS, will be releasing version 2 of the SIS in early 2023
 - + Various changes (not an exhaustive list)
 - + Reordering and rewording questions
 - + Expanding the medical and behavioral sections
 - + Renorming the Support Needs Index and component subscales
- + Will require revisions to the criteria used to assign individuals to level
 - + Updates have not been finalized so rate categories reflect current levels

■ Supports for Individuals Who Are Deaf or Hard of Hearing

- + Developed enhanced rates for services for individuals who are deaf or hard of hearing to support access to supports

- + Rate models include an extra \$3.00 per hour in staff wages for workers who are conversant in American Sign Language

- + Services with enhanced rates
 - + Community Living Support
 - + Community Residential Alternative-Group Homes
 - + Supported Employment
 - + Prevocational Services
 - + Community Access-Group
 - + Community Access-Individual

American Rescue Plan Act (ARPA)

- + As part of its response to the Covid-19, the federal government enacted ARPA
- + ARPA included a provision (section 9817) to temporarily increase funding for home and community-based services
 - + States required to reinvest these dollars to enhance, expand, or strengthen HCBS
 - + Georgia's spending plan can be found at <https://dch.georgia.gov/programs/hcbs>
 - + Until states spend these funds (states must fully expend these funds by March 31, 2025), they are subject to maintenance of effort requirements
 - + Cannot impose stricter eligibility standards, methodologies, or procedures for HCBS than were in place on April 1, 2021
 - + Cannot reduce the amount, duration, or scope of services covered as of April 1, 2021
 - + Cannot reduce provider rates below those in effect as of April 1, 2021 (other than scheduled expiration of temporary rate increases)
- + All proposals subject to maintenance of effort requirements (such as proposed rate reductions) will be suspended until Georgia has spent its ARPA HCBS funds

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SERVICE-SPECIFIC RECOMMENDATIONS

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Support Coordination – Rate Model Structure and Proposed Rates

- + Proposed rates continue to be based on a monthly billing unit
- + Although qualifications are similar, wage assumption for intensive support coordinators include a 20 percent premium to account for greater complexity
- + Assumed caseloads set at 90 percent of maximum allowable to accommodate turnover, onboarding, etc.
 - + Standard support coordination assumes 36 cases (with maximum of 40)
 - + Intensive support coordination assumes 18 cases (with maximum of 20)

Service and Variation	Billing Unit	Pre-July 2021 Rate	Current Permanent Rate	Proposed Rate
Support Coordination	Month	\$152.88	\$163.73	\$196.64
Intensive Supp. Coordination	Month	\$461.00	\$493.73	\$506.50

■ Community Living Support – Rate Model Structure

- + Proposed rates continue to vary based on length of service encounter
 - + Basic – encounters of less than three hours
 - + Extended – encounters of three or more hours

- + Continue to evaluate spending limits
 - + Proposals have not been finalized

- + Propose to eliminate personal assistance retainers
 - + Billed by few agencies and for only five percent of participants, representing less than one percent of CLS spending
 - + Used by almost 15 percent of individuals who self-directed, but still represents less than one percent of self-directed CLS spending
 - + Retainers will be maintained through the ARPA spending period
 - + Current rates will be maintained until that time

Community Living Supports – Proposed Rates

Service	Billing Unit	Pre-July 2021 Rate	Current Permanent Rate	Proposed Rate
Basic - 1:1	15 Min.	\$6.35	\$6.80	\$9.30
Basic - 1:2	15 Min.	\$3.49	\$3.73	\$5.11
Basic - 1:3	15 Min.	\$2.54	\$2.72	\$3.72
Extended - 1:1	15 Min.	\$5.74	\$6.15	\$8.63
Extended - 1:2	15 Min.	\$3.16	\$3.39	\$4.75
Extended - 1:3	15 Min.	\$2.30	\$2.47	\$3.45

■ Respite – Rate Model Structure and Proposed Rates

- + Proposed rates continue to have both 15-minute and daily rates
 - + 15-minute rate is billed when fewer than 7.5 hours of support are provided during the day
 - + Daily rates
 - + Billed when 7.5 hours of support or more are provided during the day
 - + Rates continue to be tied to host home rates, calculated on a 365-day basis with a 20 percent premium

Service	Billing Unit	Pre-July 2021 Rate	Current Permanent Rate	Proposed Rate
15 Minute, 1:1	15 Min.	\$4.83	\$5.17	\$7.74
15 Minute, 1:2	15 Min.	\$2.66	\$2.85	\$4.26
15 Minute, 1:3	15 Min.	\$1.93	\$2.07	\$3.10
Daily, Category 1	Day	\$153.61	\$164.52	\$182.84
Daily, Category 2	Day	\$209.51	\$224.39	\$246.75

■ Community Residential Alternative-Group Homes – Rate Model Structure

- + Proposed rates continue to vary based on licensed home capacity
 - + Separate rates for homes with three or fewer residents, with 4 residents, and with five or more residents
 - + No proposed changes to rates for homes with five or more residents (only about one percent of group home residents are in these larger homes)
 - + Recognizes higher per-person costs in smaller homes due to the need to cover certain fixed costs (e.g., base staffing)
- + Proposed rates continue to vary based on assessed need with four rate categories (except for homes with five or more residents for which there is a single rate)
 - + Recognizes that people with greater support needs generally require more intensive staffing
- + Proposed rates continue to be based on a 344-day billing year
 - + Annual estimated cost divided by 344, producing rates 6.1 percent greater than a 365-day rate so provider is fully reimbursed once 344 days have been billed
 - + ‘Insures’ providers for up to 21 absences per year

■ Community Residential Alternative-Group Homes – Staffing Assumptions

- + Current staffing
 - + Provider survey results suggest that, overall, group home staffing is slightly less than assumed in the rate models (but providers are paying higher wages than assumed)
 - + Analysis of claims data finds that residents assigned to tier 4 are substantially more likely to be approved for Additional Staffing Support
- + Proposed rate models
 - + No changes proposed in staffing levels for categories 1, 2, and 3
 - + Added one full-time equivalent (40 staff hours) per week per home for category 4 models

■ Community Residential Alternative-Group Homes – Staffing Assumptions (cont.)

- + Rates based on staffing assumptions that vary based on home size and level of need (see Appendix D of the rate model packet)
 - + Does not assume individuals will reside with others with the same needs
 - + Staffing models are not intended to be prescriptive and actual staffing plans are expected to meet the needs of the home and its residents
 - + Example for 4 bed homes

	Cat. 1	Cat. 2	Cat. 3	Cat. 4
<i>Base Staff Hours</i>				
Hours in a Week	168.0	168.0	168.0	168.0
Assumed Hours in Activities Outside of Home (Net)	(27.0)	(27.0)	(27.0)	(27.0)
Daytime Hours	85.0	85.0	85.0	85.0
Overnight Hours	56.0	56.0	56.0	56.0
Number of Staff on Shift During 'Peak' Daytime Hours	1	1	2	2
Number of Staff on Shift During Overnight Hours	1	2	1	2
Total Base Staff Hours	141.0	141.0	226.0	282.0
<i>'Floating' Staff Hours</i>				
Floating FTE per Week	1	2	1	2
Total Floating Staff Hours	40.0	80.0	40.0	80.0
Total Hours per Home per Week	181.0	221.0	266.0	362.0
Hours per Resident per Week (based on 4 residents)	45.3	55.3	66.5	90.5

Community Residential Alternative-Group Homes – Proposed Rates

Service and Variation		Billing Unit	Pre-July 2021 Rate	Current Permanent Rate	Proposed Rate
3-Beds	Category 1 (Level 1)	Day	\$178.53	\$191.21	\$273.67
	Category 2 (Level 2)	Day	\$235.05	\$251.74	\$300.57
	Category 3 (Levels 3-4)	Day	\$261.48	\$280.04	\$355.22
	Category 4 (Levels 5-7)	Day	\$277.44	\$297.14	\$470.61
4-Beds	Category 1 (Level 1)	Day	\$154.74	\$165.73	\$231.32
	Category 2 (Level 2)	Day	\$214.80	\$230.05	\$272.09
	Category 3 (Levels 3-4)	Day	\$239.73	\$256.75	\$317.76
	Category 4 (Levels 5-7)	Day	\$254.36	\$272.42	\$415.62

■ Community Residential Alternative-Host Homes – Rate Model Structure

- + Only modest changes to rate model structure
 - + Added mileage costs for the recruiter and trainer positions
 - + Methodological changes to recruitment cost assumptions (overall cost assumptions are an increase compared to existing rate models)
 - + Increased home payment assumptions
 - + Category 1 increased from \$90 per day to \$110 and Category 2 increased from \$130 to \$155
 - + Agencies will be required to pass-through at least 65 percent of the total payment to the home provider
- + Proposed rates continue to be based on a 344-day billing year
 - + Annual estimated service cost is divided by 344 days (rather than 365 days) so that provider is fully reimbursed once 344 days have been billed
 - + 'Insures' providers for up to 21 absences per year

■ Community Residential Alternative-Host Homes – Proposed Rates

Service Variation	Billing Unit	Pre-July 2021 Rate	Current Permanent Rate	Proposed Rate
Category 1 (Levels 1–4)	Day	\$149.45	\$160.06	\$161.67
Category 2 (Levels 5–7)	Day	\$185.25	\$198.40	\$218.18

■ Additional Staffing Services – Rate Model Structure and Proposed Rates

- + Proposed rates continue to have an enhanced rate for individuals with more significant needs when delivered by staff with specified qualifications
- + Administration and program support funded at one-half of the amounts included in other rate models

Service Variation	Billing Unit	Pre-July 2021 Rate	Current Permanent Rate	Proposed Rate
Basic	15 Min.	\$4.67	\$5.00	\$7.41
Enhanced	15 Min.	\$5.01	\$5.37	\$8.32

Supported Employment Individual – Proposed Rates

- + Propose to establish separate rates for Job Development and Job Coaching
 - + Job Development would be limited to 120 hours per year
- + For ongoing Job Coaching, intent is to move to a system through which the provider is paid based on the number of hours that an individual works
 - + Provides incentives to help individuals increase their hours worked and to fade unnecessary supports
 - + Requires further engagement with providers and data collection
- + As an interim approach, rate study proposes a Job Coaching framework with a ‘first hour’ rate that can be billed once per month **for individuals who work at least 40 hours per month**, coupled with 15-minute billing for additional supports provided
 - + First hour rate intended to cover infrastructure costs to support provider capacity, including for individuals who do not require regular job coaching
 - + Replaces the billing of Supported Employment Group for job maintenance
 - + Additional supports includes an ‘intensive’ rate **based on same criteria for Intensive Support Coordination**
- + Propose to increase overall limit on Supported Employment services to 1,500 hours (6,000 units) per year

Supported Employment Individual – Rate Model Structure and Proposed Rates

Service Variation	Billing Unit	Pre-July 2021 Rate	Current Permanent Rate	Proposed Rate
Job Development	15 Min.	\$8.15	\$8.73	\$16.59
Job Coaching, First Hour	Hour			\$339.42
Job Coaching, Addl. Supp.	15 Min.	\$8.15	\$8.73	\$11.03
Job Coaching, Addl. Supp., Intensive	15 Min.	\$8.15	\$8.73	\$12.94

Supported Employment Group – Rate Model Structure and Proposed Rates

- + Propose to establish rates based on the staffing ratio of the group (the number of members per direct support staff)

Service Variation	Billing Unit	Pre-July 2021 Rate	Current Permanent Rate	Proposed Rate
Group (1:8 - 1:10)	15 Min.	\$2.02	\$2.16	\$2.33
Group (1:5 - 1:7)	15 Min.	\$2.02	\$2.16	\$3.18
Group (1:3 - 1:4)	15 Min.	\$2.02	\$2.16	\$5.03
Group (1:2)	15 Min.	\$2.02	\$2.16	\$8.35

■ Community Access-Group / Prevocational Services – Rate Model Structure

- + Propose separate rates for facility-based and community-based services
 - + Community rates are higher due to smaller groups and mileage expenses
- + Propose tiered rates based on individuals' assessed needs
 - + Four rate categories, using the same framework as for group homes
 - + Rates vary based on differences in assumed staffing ratios

	Category 1	Category 2	Category 3	Category 4
Facility	1:8	1:6	1:4	1:3
Community	1:5	1:4	1:3	1:2

- + Staffing requirements will be based on maximum allowable ratio (1:8 in the facility and 1:5 in the community) regardless of individuals served
- + Rate models are identical, except Prevocational Services exclude facility costs (assumes these are business expenses to be covered by program income)
- + Propose to increase annual limit on services to 1,500 hours (6,000 units) per year

■ Community Access-Group / Prevocational Svcs. – Rate Model Structure (cont.)

- + Staffing ratios in draft rate models vary by tier based to support more intensive staffing for individuals with more significant needs, but the assumed ratios are not mandates
 - + Regardless of who is in a program, providers must only meet the minimum requirements of 1:8 for facility services and 1:5 for community services
 - + Example

	Individuals	Funded Ratio - Center	Funded Ratio - Community
Category 1	4	1:8	1:5
Category 2	4	1:6	1:4
Category 3	4	1:4	1:3
Category 4	4	1:3	1:2
Overall Total		1:5.25	1:3.5

- + Despite funding that supports (about) a 1:5 ratio in the center, the example is only required to staff at 1:8 (the result is similar for community-based services)
 - + Unless a provider only serves individuals assigned to Category 1, they will always receive funding for more staffing than they are required to deliver
 - + Approach is intended to account for changes in setting and group composition over the course of a day and to encourage flexibility in program design

■ Prevocational Services – Proposed Rates

Service and Variation	Billing Unit	Pre-July 2021 Rate	Current Permanent Rate	Proposed Rate
Facility, Category 1	15 Min.	\$3.10	\$3.33	\$2.02
Facility, Category 2	15 Min.	\$3.10	\$3.33	\$2.49
Facility, Category 3	15 Min.	\$3.10	\$3.33	\$3.44
Facility, Category 4	15 Min.	\$3.10	\$3.33	\$4.37
Community, Category 1	15 Min.	\$3.10	\$3.33	\$2.95
Community, Category 2	15 Min.	\$3.10	\$3.33	\$3.55
Community, Category 3	15 Min.	\$3.10	\$3.33	\$4.50
Community, Category 4	15 Min.	\$3.10	\$3.33	\$6.48

Community Access-Group – Proposed Rates

Service and Variation	Billing Unit	Pre-July 2021 Rate	Current Permanent Rate	Proposed Rate
Facility, Category 1	15 Min.	\$3.10	\$3.33	\$2.20
Facility, Category 2	15 Min.	\$3.10	\$3.33	\$2.66
Facility, Category 3	15 Min.	\$3.10	\$3.33	\$3.61
Facility, Category 4	15 Min.	\$3.10	\$3.33	\$4.55
Community, Category 1	15 Min.	\$3.10	\$3.33	\$3.13
Community, Category 2	15 Min.	\$3.10	\$3.33	\$3.73
Community, Category 3	15 Min.	\$3.10	\$3.33	\$4.68
Community, Category 4	15 Min.	\$3.10	\$3.33	\$6.66

■ Community Access-Individual – Rate Model Structure and Proposed Rates

+ No changes proposed to billing rules

Service Variation	Billing Unit	Pre-July 2021 Rate	Current Permanent Rate	Proposed Rate
Individual	15 Min.	\$7.41	\$7.94	\$9.85

Professional Services – Proposed Rates

- + To maintain consistency in rates for similar professional services across Medicaid programs in Georgia, propose to align rates

Service and Variation	Billing Unit	Pre-July 2021 Rate	Current Permanent Rate	Proposed Rate
Registered Nurse	15 Min.	\$10.00	\$10.71	\$36.68
Licensed Practical Nurse	15 Min.	\$8.75	\$9.37	\$24.36
Behav. Supp. Svcs, Lvl. 1	15 Min.	\$18.75	\$20.08	\$24.36
Behav. Supp. Svcs, Lvl. 2	15 Min.	\$23.56	\$25.23	\$36.68
Nutrition Evaluation	15 Min.	\$14.89	\$15.94	\$28.09
Nutrition Follow-up	15 Min.	\$14.89	\$15.94	\$23.94

- + Therapy rates are already aligned with other programs so no changes are proposed
 - + Propose to increase annual limit for adult therapies to \$10,000 (allows for an individual to receive approximately one hour of support per week for two therapies)

Participant-Directed Rates

- + Propose to maintain flexibility in allowing employers to establish employee wages, but propose to establish upper limit on wages
 - + Ensure consistency with federal requirements – rates must be consistent with economy and efficiency
 - + Promote access to services – if wages are set very high, the number of hours of support that an individual can receive are limited
 - + Support equity across staff regardless of delivery model
- + Wage caps would be set equal to the total assumptions for wages, benefits, and productivity in the corresponding agency rate model; for example:
 - + Community Living Support (Basic) - \$26.32
 - + Community Access (Individual) - \$27.07
 - + Respite - \$22.24

■ Limits on Other Services

- + Based on a review of limits in other states' I/DD waivers, propose several changes to limits on other services
 - + Assistive Technology – increase from \$1,195 to \$2,000
 - + Environmental Modifications – increase from \$10,400 to \$15,000
 - + Allow service to be accessed every five years, aligned with the waiver authorization period (currently a lifetime limit)
 - + Vehicle Modifications – increase from \$6,420 to \$15,000
 - + Allow service to be accessed every five years, aligned with the waiver authorization period (currently a lifetime limit)



NEXT STEPS

BURNS & ASSOCIATES, A DIVISION OF HMA

Public Comments

- + Draft recommendations are published for public comment at www.burnshealthpolicy.com/GeorgiaWaiverRates/
 - + Webinar will be recorded to walk-through recommendations

- + Written comments should be submitted to dbarber@healthmanagement.com will be accepted until **January 20, 2023**

- + All comments will be reviewed and summarized
 - + Consolidated document of comments and responses will be published

- + Revise rate models based on public comments as warranted

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