

BACKGROUND ON THE COST STUDY

What is the cost study being conducted by the Department of Behavioral Health and Developmental Disabilities?

DBHDD is in the process of reviewing the rates paid to providers for Community Residential Alternative (CRA) – Group Home and Host Home services, Community Living Support (CLS), and Respite. This review is intended to determine whether these rates should be adjusted.

Detailed information regarding the cost study can be found at:
<https://dbhdd.georgia.gov/developmental-disabilities>.

Why is this cost study being done?

DBHDD will soon be asking the federal Centers for Medicare and Medicaid Services (CMS) to renew the Comprehensive Waiver program that provides home and community based services to individuals with developmental disabilities. As part of its approval of waiver programs, CMS requires that states have rate methodologies that ensure that provider payment rates are sufficient.

Additionally, DBHDD has established other goals as part of this cost study:

- Develop payment rates that recognize differences in individuals' needs – that is, establish rate 'categories' that provide higher payments for individuals with more significant needs
- Reduce (but not eliminate) the need for exceptional rates
- Support three-person group homes by establishing higher rates than for four-person homes
- Pay rates that provide adequate wages and benefits for staff
- Adequately fund individualized services consistent with the new federal home and community based service requirements

Why aren't all services included in this cost study?

The State must submit its waiver renewal to CMS this year and DBHDD wishes to begin implementing changes to provider rates as soon as practicable. Moving quickly required that the cost study be divided into two phases. CRA, CLS, and Respite services were included in the first phase of the project because they account for the majority of waiver spending. Further, these services are the most critical in terms of transitioning individuals out of hospitals.

DBHDD intends to begin a review of most remaining services later this year. Some services tied to other Medicaid rates – such as Therapies – may be excluded.

How has the cost study been conducted?

Data has been collected from a provider group that DBHDD has met with periodically during this process as well as a cost survey that all providers were invited to complete. Additionally, research was conducted to identify comparison data such as the wage and benefit costs of staff in similar jobs.

Based on this data, DBHDD has developed proposed rate models. These rate models, as well as supporting documentation, have been posted on the DBHDD website. Stakeholders are encouraged to review and submit comments regarding the proposals to CompWaiverRates@burnshealthpolicy.com through July 27, 2015. The comments will be considered before the rate models are finalized.

How will DBHDD measure an individual's needs in order to determine that person's rate category?

DBHDD will use information from two assessment tools – the Supports Intensity Scale (SIS) and the Health Risk Screening Tool (HRST) – to assign individuals to one of seven assessment levels. These assessment levels correspond to the rate categories.

All individuals receiving Group Home or Host Home services will receive a new SIS assessment prior to being assigned to a rate category. After that assessment, individuals will receive a new SIS assessment approximately every three years unless there is a significant change in their support needs that requires an assessment sooner than scheduled. HRST assessments will continue to be conducted at least annually.

Additional details regarding the assessment levels can be found at the website referenced above.

When will the new rates take effect?

DBHDD tentatively plans to begin implementing these rates in April 2016. Individuals will be transitioned to the new rates at the start of their plan years. In other words, individuals with planning dates in April will transition to the new rates in April 2016, those with planning dates in May will transition in May, and so on. Thus, the final individuals will transition in March 2017.

How will the rate changes affect individuals receiving services?

In general, the proposed rates are higher than current rates. Thus, DBHDD hopes that the quality of services will improve. For instance, the new rates should allow providers to improve the wages and benefits of direct care workers and to increase staffing in group homes.

Will I have to change providers?

It is not DBHDD's intent to require any individual to change providers. Agencies that serve individuals with the most significant needs (that is, persons assigned to assessment Levels 5, 6, and 7) will need to receive a certification from DBHDD to ensure that they have the ability to serve these individuals. The Department is still developing the certification standards, but will provide a 'grace period' to allow providers to achieve certification. It is DBHDD's hope that all providers will successfully achieve certification within the specified timeframe.

COMMUNITY RESIDENTIAL ALTERNATIVE – GROUP HOME AND HOST HOME

How are Group Home and Host Home rates changing?

There will no longer be a single rate for all Group Home and Host Home services. Both services will have rate 'categories' that vary according to an individual's level of need. There are four rate categories for Group Home services and two rate categories for Host Home services. Further, there are separate rates for four-person homes and for homes with three or fewer residents.

Is it true that Host Home rates will be cut?

No. The rate model for 'Category 1' Host Home services would have resulted in a rate decrease, but DBHDD decided to hold the rate harmless so that agencies do not experience a reduction. There are technical issues regarding changes to billing procedures, but providers will earn the exact same amount for Category 1 services as they do today (\$51,409.08).

On a related note, all of the proposed Group Home rates are at least equal to the current rates in terms of total annual payments.

How will these changes affect individuals receiving exceptional rates?

The establishment of rate categories is intended to reduce the number of individuals with exceptional rates. That is, the proposed rates are already designed to be higher for individuals with greater needs so there should be fewer individuals requiring exceptional rates.

However, there will continue to be instances in which individuals need an exceptional rate. With the new rates, the process for requesting an exceptional rate and the manner in which it is constructed will change. DBHDD is developing these procedures and will share this information when it is available.

COMMUNITY LIVING SUPPORT

How are CLS rates changing?

The rates for CLS are changing in several ways:

- Establishment of ‘basic’ and ‘extended’ rates for 15-minute units. The basic rate will be billed for visits of fewer than three hours while the extended rate will be billed for visits of three or more hours. This approach is modeled after similar services in other waiver programs in the State. The higher ‘basic’ rate is intended encourage providers to serve individuals who need only short visits by addressing providers’ concerns related to staff travel expenses and loss of productive time for short visits.
- Establishment of ‘multi-member’ rates for individuals who choose to live together and share supports.
- Elimination of the personal assistance retainer. Providers that participated in a survey conducted as part of the cost study reported that the personal assistance retainer accounts for less than one percent of total billings.
- Elimination of the CLS-Daily rate.

How will individuals who receive CLS-Daily be served once the service is eliminated?

The CLS-Daily rate is being eliminated because of significant differences in the amount of support provided when the service is billed. Some individuals may receive 24 hours of support under the daily rate while others may receive only 8 hours. DBHDD’s proposal includes several strategies for serving individuals who currently receive CLS-Daily:

- These individuals will be able to use the CLS-15-Minute service. They will be able to use \$4,305 per month (\$51,660 per year), equivalent to 187.5 hours of one-to-one support per month (2,250 hours / 9,000 units per year).
- The daily limit on the 15-minute service will be eliminated. As a result, individuals will be able to receive 24 hours of service per day, although they will still be capped at 187.5 hours of one-to-one support per month.
- Individuals who choose to share supports with a roommate will be able to ‘stretch’ their budget. At the two-person rate, the \$4,305 monthly cap will allow an individual to access 340.5 hours per month.
- Individuals who believe they need more support than the annual cap will be able to request additional services.

As with all services, the number of hours of support authorized for an individual (up to the limits described) will be determined as part of the yearly individualized service planning process.

How will consumer-directed services be affected?

The annual maximum budget limit for individuals who choose consumer-direction for CLS will be increased to \$51,660, the exact same limit that applies to individuals who choose agency-directed services.

RESPITE

How are Respite rates changing?

The payment rates for Respite services are increasing. There will continue to be both a 15-minute rate as well as a daily rate. The 15-minute rate will be used for days during which 8 or fewer hours of service are provided and the daily rate will be billed when more than 8 hours of service are provided.

Like the Host Home service, there will be two rate categories for Daily Respite with a higher rate paid for individuals with the most extensive support needs. The Daily Respite rates were established by increasing the Host Home rates by 20 percent in order to account for the more infrequent nature of this service.

What will be the limit on Respite services?

The annual Respite limits are being increased from the current \$3,744 maximum. The new limits are based on 30 days of the Daily Respite rate.

For individuals assigned to Category 1, that translates to \$4,608, which could be used for 30 days of Daily Respite or 239 hours of Hourly Respite (more if individuals share supports). For Category 2, the limit is \$6,285, which could be used for 30 days of Daily Respite or 326 hours of Hourly Respite.

How will consumer-directed services be affected?

The annual budget limits for individuals who choose consumer-direction will be the same as those described above for individuals who choose agency-directed services.