

Post Rate Study Provider Training: Community Access- Group (CAG) Services

- presented by -

DBHDD Division of
Developmental Disabilities

Agenda

- Rate Study Background
- Payment Rates
- Staffing Requirements
- Transportation Billing
- Tiers and Rate Categories
- Staying Informed/ Communication



Rate Study Background

- DBHDD conducted a comprehensive study of payment rates and policies for services provided through the Comprehensive Waiver (Comp) and New Options Waiver (NOW) in 2022-23
 - DBHDD contracted with the Burns & Associates division of Health Management Associates (HMA-Burns) to assist with the rate study
- Rate study was designed to comply with federal requirements
 - Transparent rate models
 - Opportunities for stakeholder input
 - Rate models ensure payments “are consistent with efficiency, economy, and quality of care...”

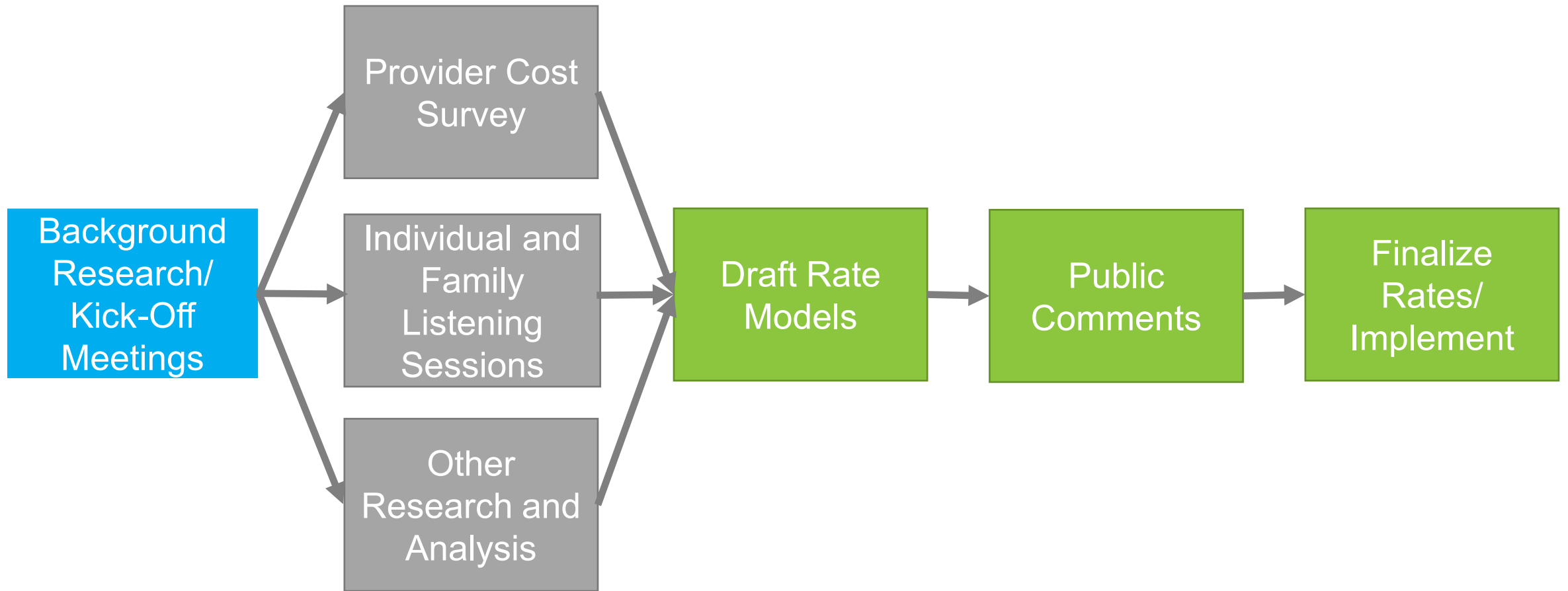


Rate Study Background (cont.)

- Legislature and Governor agreed to fund the recommended rates, increasing total funding for all services by \$321.7 million
- Implementation of updated provider rates began in 2024
 - Implementation of rate increases for Community Access-Group (CAG) services delivered in the community will begin on September 1, 2025



Rate Study Process



Rate Study Process (cont.)

- HMA-Burns developed detailed rate models for most services
 - Models outline assumptions for major cost drivers (e.g., DSP wages and benefits, facility costs, administration, etc.)
 - Cost assumptions considered multiple data sources
 - Provider survey data
 - External published data (such as Georgia-specific wage data from the Bureau of Labor Statistics)
 - Public comments
 - Assumptions are **not** mandates
 - Rate models can be viewed at <https://www.healthmanagement.com/burns-reports/georgia-waiver-rates/>



Community Access-Group Rate History

- CAG rates have historically been “one size fits all” regardless of consumers’ level of need, a program’s staffing ratio, or the service setting
 - DBHDD has previously moved away from one size fits all rates for group homes and host homes
- CAG rates increased 18 percent over the past five years
 - January 2020 (pre-pandemic) \$3.10
 - March 2021 \$3.41
 - July 2021 \$3.58
 - July 2022 (current) \$3.65

Community Access-Group Rate Study Recommendations

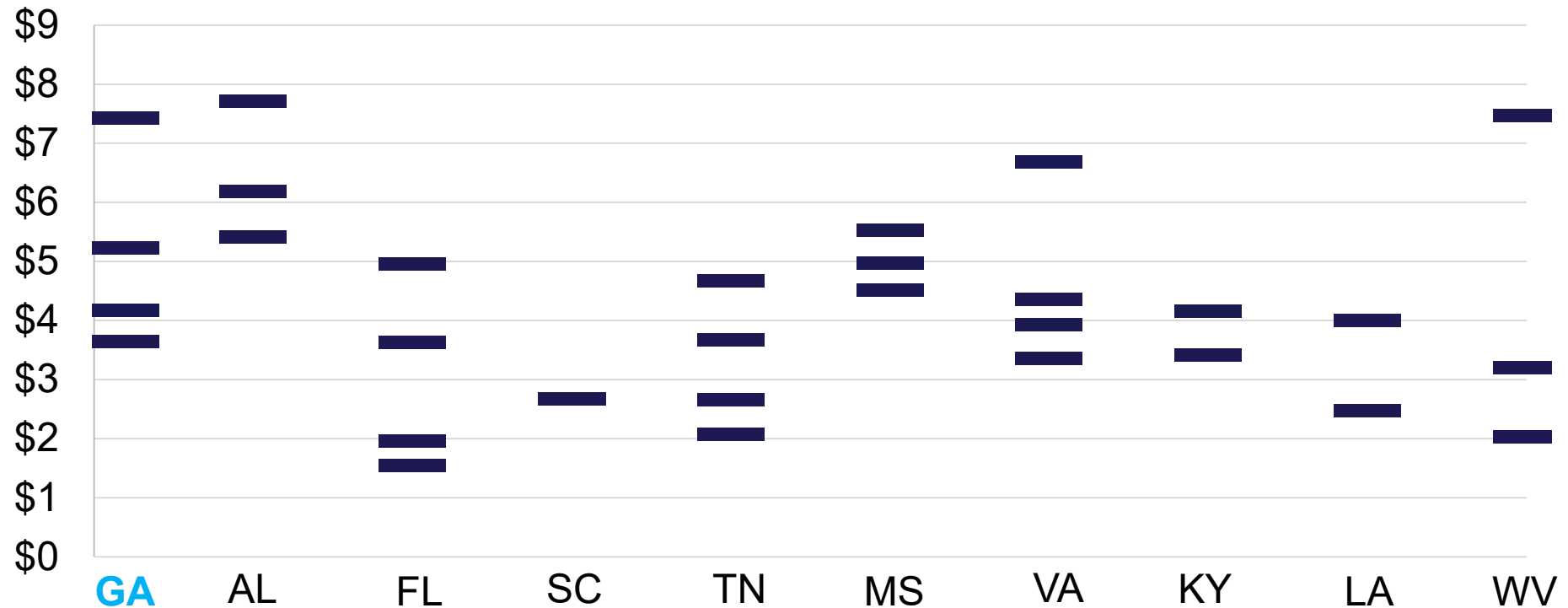
- Rate study proposed varying rates based on consumers' assessed needs and service setting (facility and community)
 - For facility-based services, rate study recommended a reduction in current rates for those in the lower assessment groups and increased rates for those in the higher assessment groups
 - For community-based services, rate study primarily recommended rate increases
- DBHDD changes in response to public comments
 - Do not adopt tiered rates for facility-based services and retain existing rate for all assessment groups
 - Retain the existing rate for community-based services for Category 1 (the rate study had recommended a small decrease)
- Additionally, DBHDD increased the limit to 6,000 units (1,500 hours) per year

Community Access-Group Payment Rates

Setting	Rate Category	Current Rate per 15 Min.	Proposed Rate per 15 Min.	Final Rate per 15 Min.	Final Code
Facility	1	\$3.65	\$2.20	\$3.65	T2025-HQ
Facility	2	\$3.65	\$2.66	\$3.65	T2025-HQ
Facility	3	\$3.65	\$3.61	\$3.65	T2025-HQ
Facility	4	\$3.65	\$4.55	\$3.65	T2025-HQ
Community	1	\$3.65	\$3.13	\$3.65	T2025-HQ-U1
Community	2	\$3.65	\$3.73	\$4.18	T2025-HQ-U2
Community	3	\$3.65	\$4.68	\$5.23	T2025-HQ-U3
Community	4	\$3.65	\$6.66	\$7.42	T2025-HQ-U4

Community Access-Group Payment Rates (cont.)

Comparison of Community Access-Group
(Adult Day Program) Rates in Nearby States
(as of October 2024)



Tiers and Rate Categories

- The cost of shared services (e.g., group homes and CAG programs) varies based on intensity of staffing
 - Individuals with greater support needs generally require more intensive staffing, which increases costs
- DBHDD uses the Supports Intensity Scale (SIS) to assess needs
 - Group Home, Host Home, and Daily Respite rates have been tiered since 2017
 - Tiered rates for community-based CAG will use the same framework
- DBHDD presented on the assessment framework in June 2025 (presentation available at <https://dbhdd.georgia.gov/provider-toolkit-0>)

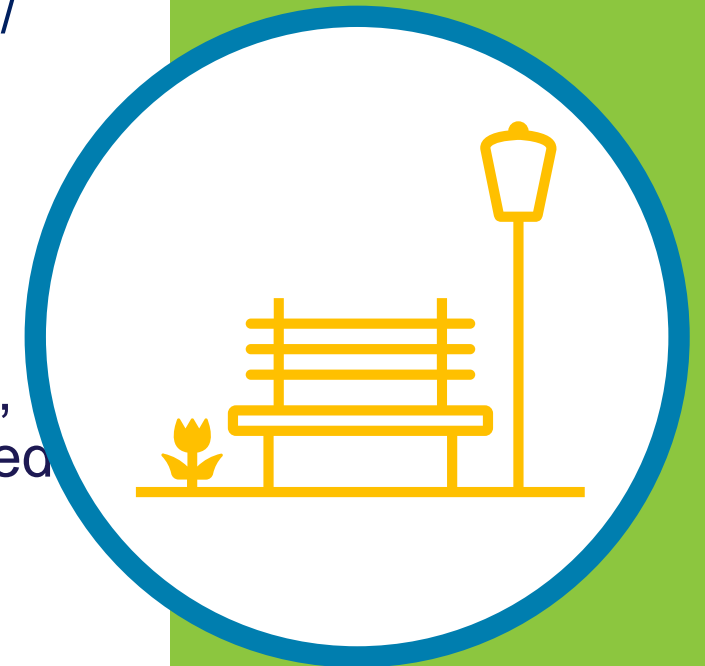


Current Criteria for Levels and Rate Categories

CAG- Community Rate Category	Level	Supports Intensity Scale		
		Support Needs Index	Section 1A (Medical)	Section 1B (Behavioral)
Category 1	1	86 or Less	Less Than 5	Less Than 5
Category 2	2	87 to 102	Less Than 5	Less Than 5
Category 3	3	102 or Less	5 to 6 in Either Section or Verified Supplemental Questions (SQ)	
	4	103 to 115	Less Than 7	Less Than 7
Category 4	5	116 or Greater	Less Than 7	Less Than 7
	6	Any	7 or Greater or Verified SQs	Less Than 7
	7	Any	Any	7 or Greater or Verified SQs

Facility-Based and Community-Based Supports

- CAG services may be delivered in a facility or in the community
 - Facility: fixed, non-residential site that is provider owned/controlled and operated with limited opportunities to interact with persons without a disability
 - Community: non-facility-based sites that provide opportunities to interact with persons without a disability
- Community-based supports often cost more to provide (e.g., due to lower staffing ratios) so separate rates were developed
 - Standard rate for facility-based services and tiered rates for community-based services
 - Authorization will cover both settings and providers will bill based on location of supports
 - An individual may receive both facility-based and community-based services during the same day



Staffing Requirements

- Current standards allow for up to 10 participants per direct support professional
 - However, the provider survey conducted as part of the rate study showed that few providers operate at a 1:10 ratio
 - Most states require more intensive staffing;
 - Identified ratios in other nearby states
 - Alabama: 1:2 – 1:4
 - Florida: 1:3 – 1:10
 - Louisiana: 1:2 – 1:8
 - Mississippi: 1:3 – 1:5
 - Virginia: 1:2 – 1:7
 - West Virginia: 1:2 – 1:6



Staffing Requirements

- As part of the review of service standards and payment rates, allowable staffing ratios are being adjusted
 - Better aligned with providers' current practices
 - Support the safety of individuals
 - Allow for more tailored supports, consistent with federal expectations



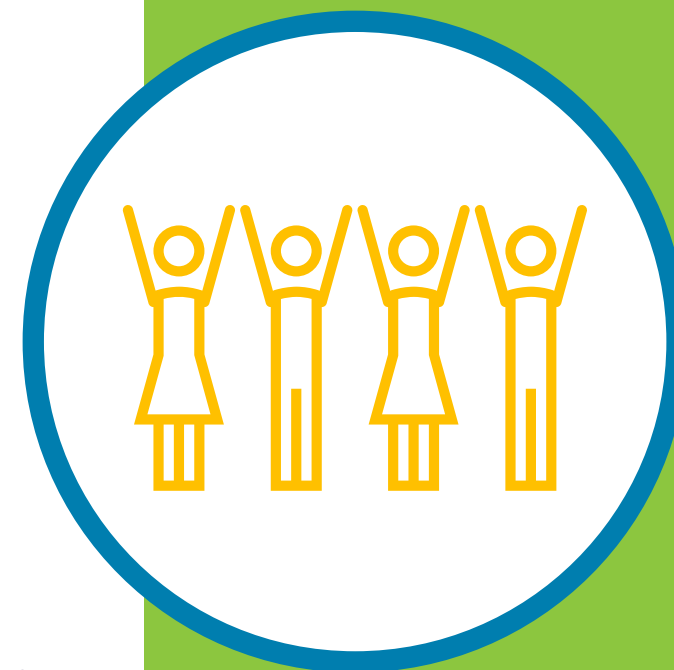
Staffing Requirements (cont.)

- For facility-based services, the rate study recommended reducing the maximum ratio to 1:8
 - DBHDD is maintaining the 1:10 maximum at this time
- For community-based services, the maximum allowable ratio is being reduced to 1:5
 - Lower ratios will be required to bill the increased community-based rates effective September 2025
- Programs can exceed minimum staffing requirements (just as most providers currently operate at ratios less than 1:10)



Staffing Requirements (cont.)

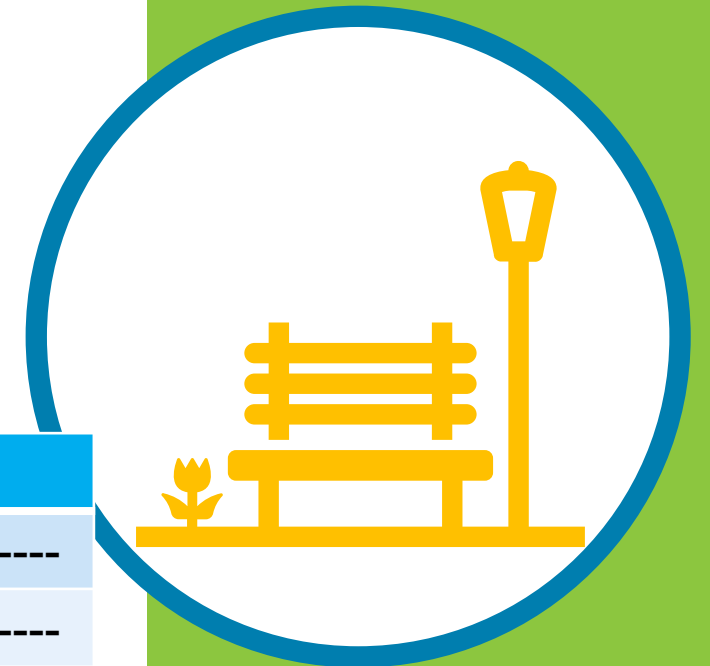
- For community-based services, the funded ratios are lower than 1:5 for all rate categories except Category 1
 - Category 1 – 1:5
 - Category 2 – 1:4
 - Category 3 – 1:3
 - Category 4 – 1:2
- Thus, except for programs that only serve individuals in Category 1, providers will be paid for more staff hours than they are required to deliver
 - For example, if a program serves 20 people with 5 in each rate category, the provider is being funded for one staff for every 3.1 individuals, but only needs to provide one staff for every 5 individuals
 - Intended to provide flexibility and support the development of more personalized supports



Staffing Ex. #1: Bifurcated Center/ Comm. Schedule

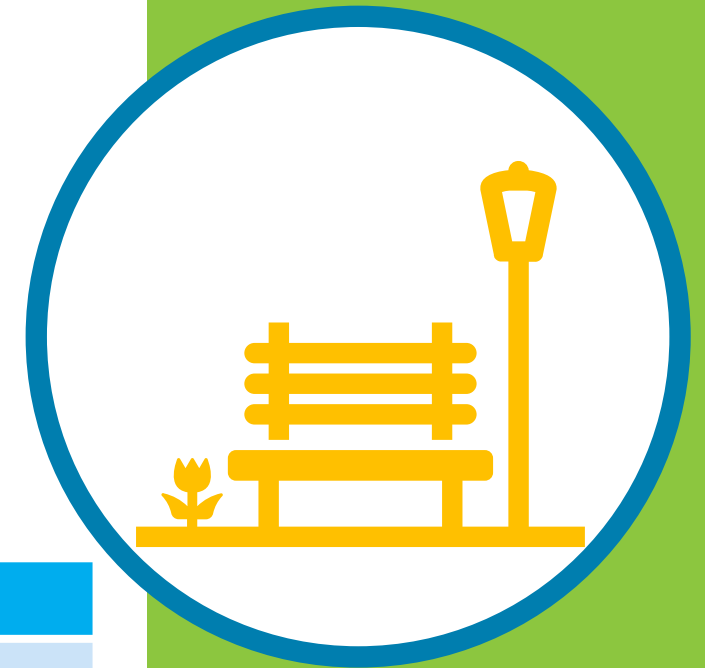
- A provider serves 40 individuals during a typical day: 20 spend the morning at the center while the other 20 are in the community; groups switch in the afternoon
- To meet required ratios, there must be 2 center-based DSPs at all times (to meet the 1:10 standard for 20 participants) and 4 community-based DSPs at all times (to meet the 1:5 standard for 20 participants)

	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM
Staff 1	-----Center (Cohort 1)-----			-----Community (Cohort 1)-----		
Staff 2	-----Center (Cohort 1)-----			-----Community (Cohort 1)-----		
Staff 3	-----Community (Cohort 2)-----			-----Community (Cohort 1)-----		
Staff 4	-----Community (Cohort 2)-----			-----Community (Cohort 1)-----		
Staff 5	-----Community (Cohort 2)-----			-----Center (Cohort 2)-----		
Staff 6	-----Community (Cohort 2)-----			-----Center (Cohort 2)-----		



Staffing Ex. #2: Use of Part-Time Staff

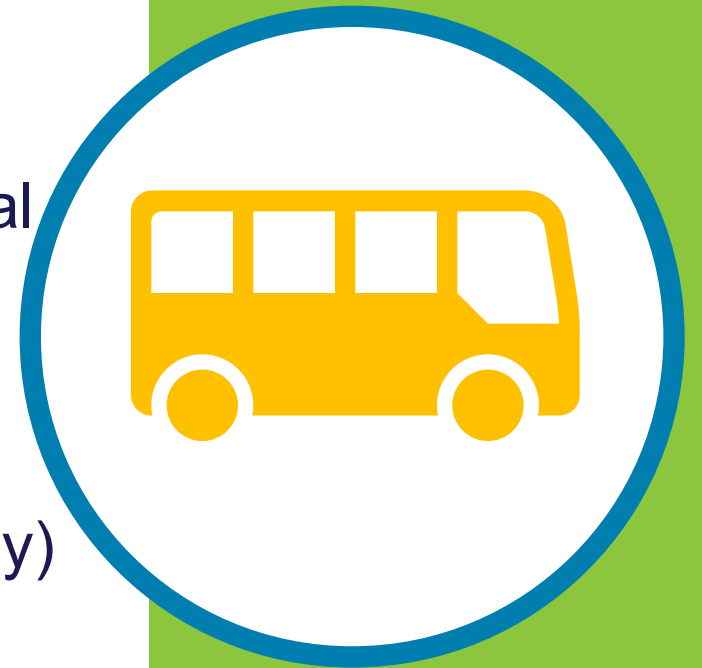
- A provider serves 40 individuals during a typical day: all participate in center-based activities in the morning, and all go in to the community in the afternoon
- To meet required ratios, the program could employ 4 full-time staff that would meet the 1:10 center-based standard for 40 participants in the morning and another 4 part-time staff in the afternoon to meet the 1:5 community-based standard for 40 participants in the afternoon



	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM
Staff 1-4	-----Center-----			-----Community-----		
Staff 5-8	-----not applicable-----			-----Community-----		

Transportation

- Standards are unchanged from current practices
- To and from the individual's home or point of origin
 - Individuals in group homes or host homes – residential provider is responsible for transporting individuals to the program and the CAG provider cannot bill
 - Individuals in other settings – CAG provider may bill center-based CAG rate (maximum of one hour per day) for transporting individuals to and from the program
- In program transportation (to and from service settings)
 - Providers may bill for this time at the applicable community-based CAG rate category



Billing Examples

Time/ Activity	Ex.: Individual Assigned to Level 7, Living in a Group Home	Ex.: Individual Assigned to Level 4, Living with Family
8:45-9:00 AM Travel from Home to Program Site	Group Home provider expected to transport the individual CAG provider cannot bill	If the CAG provider transports the individual, bill 1 unit at the center-based rate
9:00-11:30 AM Facility-Based Time	Bill 10 units (2.5 hours) at the center-based CAG rate	Bill 10 units (2.5 hours) at the center-based CAG rate
11:30-11:45 AM Travel to location for community supports	Bill 1 unit at Category 4 community-based CAG rate	Bill 1 unit at Category 3 community-based CAG rate
11:45 AM-1:45 PM Community-Based Time	Bill 8 units (2 hours) at Category 4 community-based CAG rate	Bill 8 units (2 hours) at Category 4 community-based CAG rate



Billing Examples (cont.)


Time/ Activity	Ex.: Individual Assigned to Level 7, Living in a Group Home	Ex.: Individual Assigned to Level 4, Living with Family
1:45-2:00 PM Travel back to facility	Bill 1 unit at Category 4 community-based CAG rate	Bill 1 unit at Category 3 community-based CAG rate
2:00-2:30 PM Facility-Based Activities	Bill 2 units (30 minutes) at the center-based CAG rate	Bill 2 units (30 minutes) at the center-based CAG rate
2:30-2:45 PM Travel from Program Site to Home	Group Home provider expected to transport the individual CAG provider cannot bill	If the CAG provider transports the individual, bill 1 unit at the center-based rate
Summary of Billing	12 units at the Center-based rate 10 units at the Cat. 4 Comm. rate	14 units at the Center-based rate 10 units at the Cat. 3 Comm. Rate

Individual Service Plan (ISP) Development


- The current ISP will be manually updated to include an additional service line for Community Based CAG.

Service Summary

[Refresh](#)  

Status: Assessment Level: Modified Date: Date Completed: 

	<input type="checkbox"/>	Service Description	PA Approved	Detailed Service Description	
1	<input type="checkbox"/>	<input type="text" value="Community Access"/>		<input type="text" value="Community Access - Group"/>	
2	<input type="checkbox"/>	<input type="text" value="Community Access"/>		<input type="text" value="CAG – Community – Category 4"/>	

 1 10

Minimum FTF Visit Frequency:

How Do I Stay Informed?



If you have any questions,
please reach out to our Provider Information network:

<https://dbhdd.georgia.gov/be-connected>

Rate Models and Rate Study Materials Available Online

- Final rate models are available [here](#).
- A presentation outlining changes to the proposed rate models that have been integrated into the final rate models can be found [here](#).
- The results of the provider cost survey that was administered as part of the rate study can be accessed [here](#).
- Other rate study materials are published [here](#).
- DBHDD presented on the assessment framework in June 2025 (presentation available at <https://dbhdd.georgia.gov/provider-toolkit-0>)





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Georgia Department of Behavioral Health & Developmental Disabilities

