

NOW & COMP Rate Increase Update Participant Directed Services

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Georgia Department of Behavioral Health & Developmental Disabilities

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DBHDD News Release: July 11, 2024

<https://dbhdd.georgia.gov/press-releases/2024-07-11/historic-medicaid-provider-rate-increase>

JULY 11, 2024

DBHDD, DCH Announce Approval of Historic Medicaid Provider Rate Increases Under NOW & COMP Waiver Amendments

“The rate increases will be retroactive to July 1, 2024...”, DBHDD Press Release

NOW & COMP Increase Impact: Participant Direction

Most of the NOW and COMP Participant Directed services are set with a unit rate of **\$1.00**. This rate will not change. However, the Individual Service Plan (ISP) and Prior Authorization (PA) approved amounts will be increased. This increase will be based on the percent of increase of the applicable service Medicaid Annual Maximum (Traditional) as shown in the example below for Community Access Individual Services.

Service Description	Unit of Service	Rate	Annual Max	Notes	New Rate	New Annual Max
COMMUNITY ACCESS SERVICES - INDIVIDUAL						
COMMUNITY ACCESS - INDIVIDUAL - TRADITIONAL	15 Minute	\$8.73	\$12,571.20	1440 Units Annually	\$10.55	\$15,192.00
COMMUNITY ACCESS - INDIVIDUAL - SELF DIRECTED	1 Dollar	\$1.00	\$12,571.00	12571 Units Annually	\$1.00	\$15,192.00

What is the percentage increase/decrease
from to ?

%

NOW & COMP Increase Impact: Participant Direction

Additional examples - Community Living Support Services (NOW and COMP).

Service Description	Unit of Service	Rate	Annual Max	Notes	New Rate	New Annual Max
COMMUNITY LIVING SUPPORT (COMP)						
COMMUNITY LIVING SUPPORT - TRADITIONAL	15 Minute	Vary	\$60,436.53	Varying Units Annually	Vary	\$83,520.00
COMMUNITY LIVING SUPPORT - SELF DIRECTED	1 Dollar	\$1.00	\$60,436.00	60436 Units Annually	\$1.00	\$83,520.00

What is the percentage increase/decrease
 from to ?

%

Service Description	Unit of Service	Rate	Annual Max	Notes	New Rate	New Annual Max
COMMUNITY LIVING SUPPORT (NOW)						
COMMUNITY LIVING SUPPORT - TRADITIONAL	15 Minute	Vary	\$47,122.83	Varying Units Annually	Vary	\$65,000.00
COMMUNITY LIVING SUPPORT - SELF DIRECTED	1 Dollar	\$1.00	\$47,122.00	47122 Units Annually	\$1.00	\$65,000.00

What is the percentage increase/decrease
 from to ?

%

NOW & COMP Increase Impact: Participant Direction

Additional '\$1.00' Unit Rate Services with Funding Increases.

Service Description	Unit of Service	Rate	Annual Max	Notes	New Rate	New Annual Max
BEHAVIORAL SUPPORTS - LEVEL 1 - SELF-DIRECTED	1 Dollar	\$1.00	No Cap	Increase of 21.31%	\$1.00	Vary
BEHAVIORAL SUPPORTS - LEVEL 2 - SELF-DIRECTED	1 Dollar	\$1.00	No Cap	Increase of 45.38%	\$1.00	Vary
COMMUNITY ACCESS - GROUP - SELF DIRECTED	1 Dollar	\$1.00	\$21,024.00		\$1.00	\$21,900.00
RESPIRE - IN HOME - 15 MINUTES - CATEGORY 1 - SELF DIRECTED	1 Dollar	\$1.00	\$4,935.00		\$1.00	\$5,541.00
RESPIRE - IN HOME - 15 MINUTES - CATEGORY 2 - SELF DIRECTED	1 Dollar	\$1.00	\$6,731.00		\$1.00	\$7,468.00
RESPIRE - OUT OF HOME - 15 MINUTES - CATEGORY 1 - SELF-DIRECTED	1 Dollar	\$1.00	\$4,935.00		\$1.00	\$5,541.00
RESPIRE - OUT OF HOME - 15 MINUTES - CATEGORY 2 - SELF-DIRECTED	1 Dollar	\$1.00	\$6,731.00		\$1.00	\$7,468.00
SUPPORTED EMPLOYMENT - GROUP - SELF DIRECTED	1 Dollar	\$1.00	\$19,123.00	Annual Max is shared between Group & Individual	\$1.00	\$21,686.00
SUPPORTED EMPLOYMENT - INDIVIDUAL - SELF DIRECTED	1 Dollar	\$1.00			\$1.00	
TRANSPORTATION SERVICES - SELF DIRECTED	1 Dollar	\$1.00	\$2,994.00		\$1.00	\$2,995.00
TRANSPORTATION - COMMERCIAL CARRIER - MULTI-PASS - SELF DIRECTED	1 Dollar	\$1.00	\$2,994.00		\$1.00	\$2,995.00

NOW & COMP Increase Impact: Participant Direction

Services with a '\$1.00' Unit Rate Services and No Funding Increase.

Service Description	Unit of Service	Rate	Annual Max	Notes	New Rate	New Annual Max
COMMUNITY GUIDE SERVICES - SELF DIRECTED	1 Dollar	\$1.00	\$2,143.00	NOW Waiver Only	\$1.00	N/A
ENVIRONMENTAL MODIFICATIONS - SELF DIRECTED	1 Dollar	\$1.00	\$11,138.00	Remove Lifetime Max	\$1.00	\$15,000 every 5 years
INDIVIDUAL DIRECTED GOODS & SERVICES - SELF DIRECTED	1 Dollar	\$1.00	\$1,606.00		\$1.00	N/A
NATURAL SUPPORT TRAINING - SELF DIRECTED	1 Dollar	\$1.00	\$1,914.00	NOW Waiver Only	\$1.00	N/A
SPECIALIZED MEDICAL EQUIPMENT - SELF DIRECTED	1 Dollar	\$1.00	\$5,569.00	Remove Lifetime Max	\$1.00	N/A
SPECIALIZED MEDICAL SUPPLIES - SELF DIRECTED	1 Dollar	\$1.00	\$4,069.00		\$1.00	N/A
VEHICLE ADAPTATIONS - SELF DIRECTED	1 Dollar	\$1.00	\$6,683.00	Remove Lifetime Max	\$1.00	\$15,000 every 5 years

NOW & COMP Increase Impact: Participant Direction

Services with standard rates.

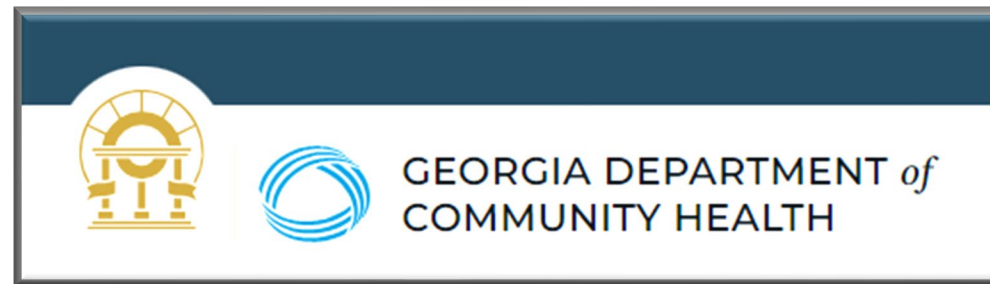
Service Description	Unit of Service	Rate	Annual Max	Notes	New Rate	New Annual Max
ADULT OCCUPATIONAL THERAPY SERVICES - SELF DIRECTED	1 Evaluation/15 Minutes	Vary	\$5,783.40	Annual Max is shared across all therapy services	N/A	\$10,800.00
ADULT PHYSICAL THERAPY SERVICES - SELF DIRECTED	1 Evaluation/15 Minutes	Vary	\$5,783.40		N/A	\$10,800.00
ADULT SPEECH & LANGUAGE THERAPY SERVICES - SELF DIRECTED	1 Evaluation/15 Minutes	Vary	\$5,783.40		N/A	\$10,800.00
FINANCIAL SUPPORT SERVICES - SELF DIRECTED	1 Month	\$101.75	\$1,221.00	12 Units Annually	N/A	N/A
RESPITE - DAILY - CATEGORY 1 - SELF DIRECTED	1 Day	\$164.52	\$4,935.60	30 Units Annually	\$184.72	\$5,541.60
RESPITE - DAILY - CATEGORY 2 - SELF DIRECTED	1 Day	\$224.39	\$6,731.70	30 Units Annually	\$248.94	\$7,468.20

NOW & COMP Rate Increase

Implementation Overview

Rate Increase Implementation

Implementing the increases will require system updates by both the Department of Community Health (DCH) and the Georgia Collaborative ASO (Carelon Behavioral Health). Guidance and support for all rate increase information will be provided by DBHDD staff.



DCH System Update – GAMMIS Web Portal – Part 1

GAMMIS – Georgia Medicaid Management Information System

Fiscal agents have approved Medicaid provider numbers for the NOW and COMP with an associated Fee Schedule (Rate Table) within the Medicaid system. The Fee Schedule (Rate Table) contains the billable procedure codes, applicable modifiers, associated rates, the category of service (rate type) and an effective and end date.

Provider Rates - Procedure Pricing								
Proc Code <input type="text"/> [Search]								
Procedure	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Rate	Rate Type	Effective Date	End Date
S5151	UJ	UC			\$184.72	681 - COS 681	07/01/2024	12/31/2299
S5151	UJ	UC			\$164.52	681 - COS 681	07/01/2022	06/30/2024

Fee Schedule (Rate Table) – Respite Daily (Overnight) – Category 1 – S5151-UJ-UC

DCH System Update – GAMMIS Web Portal – Part 2

The Medicaid system has several service audits that are in place to ensure compliance with authorized and/or annualized waiver service limitations. Each impacted audit will need to be adjusted by DCH such as the example below.

Community Living Support - COMP				
Audit Error Code 6116 - COMMUNITY LIVING SUPPORTS SVCS MAX UNITS (AMOUNT) REACHED				
Rule	Effective/End Dates	Money Limit	Time Unit	DBHDD Note
5000111	03/01/2017 - 02/28/2021	\$51,300.00	Member Rolling Birthday Period	Pre-Pandemic Maximum
5000222	03/01/2021 - 06/30/2021	\$56,430.00	Member Rolling Birthday Period	10% Increase - March 1, 2021
5000333	07/01/2021 - 06/30/2022	\$59,251.50	Member Rolling Birthday Period	5% Increase - July 1, 2021
5000444	07/01/2022 - 06/30/2024	\$60,436.53	Member Rolling Birthday Period	2% Increase - July 1, 2022
5000555	07/01/2024 - 12/31/2299	\$83,520.00	Member Rolling Birthday Period	Rate Study Increase - July 1, 2024

IDD Connects System Update (ISP) – Carelon

Carelon will make IDD Connects updates in two areas of the system which includes the ISP Service Summary.

Service Summary Refresh Download Print

Status: Assessment Level: Modified Date: Date Completed:

Detailed Service Description	Recommendation From/Date	Amount	Unit	Frequency	
<input type="text" value="Community Living Supports - Self-Directed"/>		<input type="text" value="60436.00"/>	<input type="text" value="Dollar(s)"/>	<input type="text" value="Annually"/>	F

Remove Service Add New Service Minimum FTF Visit Frequency:

Note: Service rates are not visible to viewers. However, the rates are updated within the system and includes an increase the annual maximums (dollars) for selected services as noted in Appendix ‘A’ part III the NOW & COMP policy manuals.

IDD Connects System Update (PA) – Carelon

For the upcoming implementation, Carelon will add additional units/funding to the applicable existing PA service line. The original State Date and End Date will not change.

PRE-UPDATE						
Service Name	Units	Start Date	End Date	Authorized Amount	Rate	Line Number
Community Living Supports - Self-Directed	60436	10/31/2023	10/30/2024	\$60,436.00	\$1.00	1

POST-UPDATE						
Service Name	Units	Start Date	End Date	Authorized Amount	Rate	Line Number
Community Living Supports - Self-Directed	83520	10/31/2023	10/30/2024	\$83,520.00	\$1.00	1

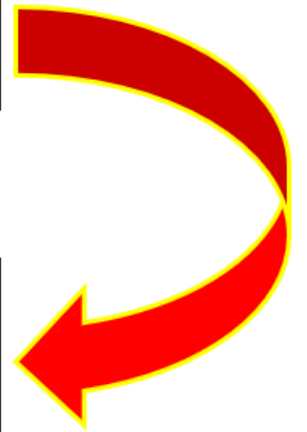
Note: This process only applies to services with a unit rate of \$1.00 and an increase of the annual maximum amount.

IDD Connects System Update (PA) – Carelon

For Respite – Out of Home (Daily/Overnight) Services, Carelon will split the existing PA service line if it overlaps July 1, 2024. The original service line will remain in place and will have an End Date, one day prior, to the rate increase effective date. The new line will start on July 1, 2024.

PRE-UPDATE						
Service Name	Units	Start Date	End Date	Authorized Amount	Rate	Line Number
Respite - Daily - Category 1 - Self-Directed	30	10/31/2023	10/30/2024	\$4,935.60	\$164.52	1

POST-UPDATE						
Service Name	Units	Start Date	End Date	Authorized Amount	Rate	Line Number
Respite - Daily - Category 1 - Self-Directed	25	10/31/2023	06/30/2024	\$4,113.00	\$164.52	1
Respite - Daily - Category 1 - Self-Directed	5	07/01/2024	10/30/2024	\$923.60	\$184.72	2

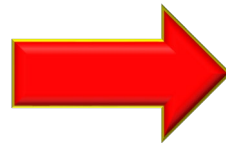


Note: This only applies to Respite – Out of Home (Daily/Overnight) Service for both Category 1 and Category 2.

PA Transmission – IDD Connect to GAMMIS

Carelon will transmit (send) the updated prior authorizations to Medicaid (GAMMIS) for processing.

The Medicaid system currently accepts a limited number of prior authorizations each day for processing (5,000). Over 18,500 prior authorizations currently exists. Prior authorization processing occurs Monday-Friday.



Claims Reprocessing – DCH & Gainwell: Services with Standard Rates

Upon approval of the prior authorizations within the Medicaid system, DCH will be notified. Shortly after, all paid claims for the impacted services with an effective date July 1, 2024, or after will be reprocessed systematically by DCH. No actions will be needed from the fiscal agents.

Below is an example of a July 1, 2024, claim for Respite – Out of Home (Daily/Overnight) Services – Category 1. The original paid amount of the claim, based on one unit (day), was \$164.52. The claim will be reprocessed based on a rate of \$184.72 per unit (day). Through the fiscal agents, Employers/Employees may receive the difference of the paid amounts as shown below.

ORIGINAL CLAIM			
Service Name	Unit Paid	Service Date	Amount Paid
Respite - Daily - Category 1 - Self-Directed	1	07/01/2024	\$164.52

REPROCESSED CLAIM			
Service Name	Unit Paid	Service Date	Amount Paid
Respite - Daily - Category 1 - Self-Directed	1	07/01/2024	\$184.72

Difference	\$20.20
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Claims Reprocessing – DCH & Gainwell: Services with \$1.00 Unit Rates

Services with unit rates of \$1.00 will not be reprocessed by Medicaid (DCH).

Traditional Medicaid service providers and fiscal agents, having been reimbursed for services from July 1, 2024, to the present, may **potentially** adjust and/or rebill claims as needed retroactively.

Please consult with your fiscal agent about the possibility of making payments retroactively. Factors that may determine if this possible include state and federal tax regulations, state and federal labor laws and/or potential fiscal agents' employee related processes.

The Georgia Collaborative Newsletter: October 8, 2024

October 8, 2024

RESOLVED

To: IDD Provider Network

Re: Prior Authorization updates

Dear provider,

On September 20, 2024, we identified an issue that started occurring with the IDD NOW & COMP authorization extract to GAMMIS. NOW & COMP authorizations contain all providers on a single authorization; however, this issue began separating provider authorizations onto individual authorizations.

On Friday, October 11, 2024, we will retransmit all files to GAMMIS, this will resolve the extract error. **Please note:** we have suspended the PA transmission extract as of October 3, 2024. We will resume regularly scheduled extract transmission when issue is resolved. If you have any new assigned authorizations, it is recommended that you not bill against them until this fix has occurred. That will prevent the updated authorizations from being rejected by GAMMIS. If authorization updates reject due to paid claims, the claims will need to be voided by the provider before the authorization can be fixed.

If you have questions or concerns, please reach out to Gacollaborativepr@carelon.com.

Thank – you,
Georgia Collaborative ASO

October 8, 2024, Newsletter: “Layman’s Terms”

Every individual in the NOW and COMP will have one prior authorization (PA) at a time, typically with a span of 365 days. Each PA has a unique number, and the PA will have one or more service lines associated.

STANDARD FORMAT				
Prior Authorization #	Line #	Service Name	Start Date	End Date
55555550000	1	Support Coordination	10/01/2024	09/30/2025
	2	Specialized Medical Supplies	10/01/2024	09/30/2025
	3	Supported Employment - Individual	10/01/2024	09/30/2025
	4	Community Access - Group	10/01/2024	09/30/2025

Several individuals had multiple PAs that were sent to Medicaid with overlapping dates. Each PA had one service line associated.

INCORRECT FORMAT				
Prior Authorization #	Line #	Service Name	Start Date	End Date
55555550000	1	Support Coordination	10/01/2024	09/30/2025
55555550010	1	Specialized Medical Supplies	10/01/2024	09/30/2025
55555550020	1	Supported Employment - Individual	10/01/2024	09/30/2025
55555550030	1	Community Access - Group	10/01/2024	09/30/2025

Thank You!

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Contact Number: 404-293-7594

