



## Comprehensive Supports Waiver Program (COMP) Renewal Implementation

### Frequently Asked Questions March 3, 2017

*On February 23, 2017, the Centers for Medicare and Medicaid Services (CMS) approved renewal of the Comprehensive Supports Waiver Program (COMP) through March 31, 2021. The renewal reflects collaborative work by the Georgia Departments of Behavioral Health and Developmental Disabilities (DBHDD) and Community Health (DCH) over a two-year period involving an in-depth review of services requirements, a complex rate study, and a one-year needs analysis of all waiver participants served in community residential settings.*

*The frequently asked questions and answers below are designed to assist providers and family members, including those who self-direct services, in understanding specific elements of the COMP Waiver renewal implementation. A series of provider and family forums is scheduled from March 13-24, 2017, to provide more information regarding these changes. A recorded session will be available for providers and family members unable to attend an in-person forum (<http://dbhdd.georgia.gov/developmental-disabilities>).*

### General Information about the COMP Waiver Program

*What are the primary changes approved by CMS with the COMP Waiver renewal?*

- Incorporates new provider payment rates based upon a cost study conducted by DBHDD.
- Establishes rate 'categories' for certain services based on members' assessed levels of need. The differentiation of rates based on individual needs will improve the quality of care by directly associating staffing levels with individuals' assessed needs.
- Incorporates changes to billing units and guidelines.

- Increases the cap on physical, occupational, and speech therapies from a total therapy cap of \$1,800 to \$5,400 annually.
- Adds nutrition services to the list of services available through the waiver.

*When can providers expect prior authorization that allows them to bill at the new rates?*

- Prior authorization updates for residential services will be accomplished electronically, allowing providers to bill claims for services rendered on or after March 1, 2017. Prior authorization on behalf of most individuals receiving residential services will be available by March 15, 2017. See below for information related to exceptional rates for residential services.
- Prior authorization updates for other services, such as respite and community living support, may be delayed until as late as March 31, 2017, but all rate changes will be retroactively effective as of March 1, 2017.

Note: Prior authorization for respite/daily and residential services requires an assessment level. While most assessments have been completed as of February 28, 2017, some assessments are in progress.

- DCH will post banner messages related to specific instructions about claims submissions and adjustments. The banner messages will advise providers of claims system readiness. Messages can be found here: <http://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/54/Default.aspx>

## **Community Residential Alternative Services**

*What is changing about residential services?*

- Replaces the existing ‘one size fits all’ rate with rates that vary based on setting (group home or host home), the size of the home (for group home services), and the support needs of the individual.
- Establishes 11 different rates, each with its own procedure code/modifier: two for host homes based on assessed need, and nine for group homes based on assessed need and home capacity.
- Changes the current billing limit of 27 days per month to 344 days per year in order to better support providers when an individual is absent for more than three or four days in a month.
- Replaces the current exceptional rate process with a new service – additional residential staffing – that can be accessed when an individual requires more support than funded in the community residential alternative rates.
- Requires that host home agencies pass through at least 60 percent of the payment that they receive to the home provider to ensure that families caring for individuals with disabilities receive the majority of the payment. This requirement is consistent with other waiver programs in the state of Georgia.

*Where can I find the new procedure codes and rates?*

DCH’s Georgia Medicaid Management Information System will post the procedure codes and rates under *Part III Policies and Procedures for Comprehensive Supports Waivers Program (COMP): Community Living Support Services, Community Residential Alternative Services, Respite Services and Additional Residential Staffing*, beginning April 1, 2017. The information can be accessed at:

<http://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/54/Default.aspx>

*How does group home capacity affect the rate?*

- There are certain fixed staffing requirements for operating a group home. Since homes licensed for three people must spread these costs over

fewer individuals, DBHDD determined that home capacity must be considered in developing cost-based rates.

- Home *capacity* refers to the license capacity approved by the DCH's Healthcare Facility Regulation division for all licensed residential settings.

*How will individuals be transitioned to the new rate schedule?*

- All community residential alternative services will be assigned a rate category through prior authorization as of March 1, 2017, except for individuals approved for an exceptional rate.
- Exceptional rates will be maintained at current levels until each waiver participant's reevaluation and annual renewal of the individual service plan (ISP). Members will be moved to their assigned rate category with the new plan year, and will be able to request additional residential staffing if they need more support.
  - Individuals supported through exceptional rates less than or equal to the new assessed rate will be moved to the new rate as of March 1, 2017, in order to avoid delay in providing the supports assessed as required by the individual.
  - DBHDD is finalizing procedures and processes for transitioning from the current exceptional rate process to approvals for additional residential staffing and will provide the final guidelines when they are available.

## **Assessment Levels**

*What are "assessment levels" and how do they affect rates?*

- Results from the Health Risk Screening Tool (HRST) and the Supports Intensity Scale (SIS) assessments group individuals with similar needs into seven different levels.

- Assessment levels are used to determine rate categories for community residential alternative services and overnight respite.
- Detailed description of the assessment levels and the assignment to rate categories can be found at <http://dbhdd.georgia.gov/residential-and-respite-cost-study>.
- DBHDD field staff began completing SIS assessments for waiver participants receiving residential services in April 2016. SIS assessments used to determine rate categories must be administered by DBHDD assessors.
- Changes to assessment levels will be confirmed by DBHDD regional field office clinicians who may review records or may schedule a visit with the individual to further evaluate a change in need.

## Respite Services

### *What is changing about Respite Services?*

- Reimbursement rates for respite services are increasing. Both the 15-minute rate and the daily, or “overnight,” rate will remain. Similar to residential rates, overnight respite will accommodate individuals with a higher level of need by adding a new rate category.
- The 15-minute respite rates are designed to accommodate one waiver participant, or two-to-three waiver participants served concurrently. Each individual or shared staffing model has an associated procedure code and rate.
- The annual respite limits are being increased from the current cap in order to accommodate the new, higher rates. The new limits are based on 30 days of the daily respite rate.

## Community Living Support Services

### *What is changing about Community Living Support (CLS) Services?*

- Beginning March 1, 2017, the CLS daily rate will be converted to the equivalent amount of 15-minute unit rates so that providers are paid for the amount of services they actually deliver.
- CLS will be reimbursed under six rate categories:
  - There are separate rates for services delivered one-to-one and to groups of two or three members. These shared rates allow members to stretch their budgets by sharing costs.
  - There are separate 'basic' and 'extended' rates with the higher basic rates paid for visits of less than three hours in order to adequately compensate providers for shorter visits, consistent with other Georgia waiver programs.
- The annual maximum allowance for individual community living supports has been increased to \$51,660 to accommodate increase in provider rates.
  - For individuals who require services in excess of the CLS maximum, additional residential staffing may be used pending clinical review and approval.
- Participant-directed CLS currently awarded at the maximum allowable cap will be recalculated at the new maximum cap as of March 1, 2017.

Rates approved through the COMP Waiver renewal can be found in the public notice published on the DCH website under Meetings and Notices at the following link:

<http://dch.georgia.gov/sites/dch.georgia.gov/files/Re%20Introducing%20COMP%20PUBLIC%20NOTICE%20-%20waiver%20renewal%20with%20OPB%20edits%2012%207%20revised%201-6-15%20v2.pdf>