The House Study Committee on Adult Day Services

Report of the Committee

December 29, 2015

Georgia General Assembly

House Budget and Research Office

This report is submitted pursuant to the following resolution,

HR 618,

which created the House Study Committee on Adult Day Services,

To which members were appointed by the Speaker of the House of Representatives

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Representative Valerie Clark, Chairman

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Representative Tommy Benton

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Representative Spencer Frye

_____

Ms. Yvonne Boose

_____

Ms. Jackie Immel

A RESOLUTION

Creating the House Study Committee on Adult Day Services; and for other purposes.

WHEREAS, Georgia's seniors are the fastest growing part of its population and as baby boomers continue to age, Georgia will require community based services to avoid seniors being unnecessarily placed in institutions; and

WHEREAS, adult day centers provide a coordinated program of professional services for adults in a community based group setting, whether the center is a social or a medical model; and

WHEREAS, adult day centers are designed to provide specific services to adults who need supervised care in a safe place outside the home during the day; and

WHEREAS, increasingly, adult day centers are serving persons following hospital, nursing home, and rehabilitation center discharge and persons with significant chronic care needs, hypertension, physical disability, cardiovascular disease, diabetes, mental illness, and developmental disability; and nearly half of all participants nationally have been diagnosed with Alzheimer's disease and other dementias; and

WHEREAS, the Georgia Department of Community Health is responsible for regulation and licensure of adult day centers and administration of Georgia's Medicaid program, including "waivered" services and the nonemergency transportation under which many seniors are served as Medicaid recipients; and

WHEREAS, the home and community based services programs in Georgia have seen an apparent decrease in referrals to and utilization of adult day services under both the Community Care Services Program and the SOURCE program; and

WHEREAS, the broker system and recent changes in Medicaid Non-Emergency Transportation have had a profound effect on clients of Georgia's adult day centers; and

WHEREAS, the federal Centers for Medicare and Medicaid Services has recently issued far reaching rules further defining home and community based services, including those offered by adult day centers.

NOW, THEREFORE, BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES:

(1) **Creation of House study committee.** There is created the House Study Committee on Adult Day Services.

(2) **Members and officers.** The committee shall be composed of three members of the

House of Representatives to be appointed by the Speaker of the House of Representatives. The Speaker shall also appoint an additional two nonlegislative members of the committee as follows: a consumer or family member of a consumer of an adult day health center licensed by the Georgia Department of Community Health and an operator of an adult day health center licensed by the Georgia Department of Community Health. The Speaker shall designate one of the legislative appointees as chairperson of the committee.

(3) **Powers and duties.** The committee shall undertake a study of the conditions, needs, issues, and problems mentioned above or related thereto and recommend any action or legislation which the committee deems necessary or appropriate.

(4) **Meetings.** The chairperson shall call all meetings of the committee. The committee may conduct such meetings at such places and at such times as it may deem necessary or convenient to enable it to exercise fully and effectively its powers, perform its duties, and accomplish the objectives and purposes of this resolution.

(5) **Allowances, expenses, and funding.**
(A) The legislative members of the committee shall receive the allowances provided for in Code Section 28-1-8 of the Official Code of Georgia Annotated.

(B) Nonlegislative members of the committee shall receive a daily expense allowance in an amount the same as that specified in subsection (b) of Code Section 45-7-21 of the Official Code of Georgia Annotated, as well as the mileage or transportation allowance authorized for state employees.

(C) The allowances authorized by this resolution shall not be received by any member of the committee for more than five days. Funds necessary to carry out the provisions of this resolution shall come from funds appropriated to the House of Representatives.

(6) **Report.**
(A) In the event the committee adopts any specific findings or recommendations that include suggestions for proposed legislation, the chairperson shall file a report of the same prior to the date of abolishment specified in this resolution, subject to subparagraph (C) of this paragraph.

(B) In the event the committee adopts a report that does not include suggestions for proposed legislation, the chairperson shall file the report, subject to subparagraph (C) of this paragraph.

(C) No report shall be filed unless the same has been approved prior to the date of abolishment specified in this resolution by majority vote of a quorum of the committee. A report so approved shall be signed by the chairperson of the committee and filed with

the Clerk of the House of Representatives and the chairperson of the Federal and State Funded Health Care Financing Programs Overview Committee.

(D) In the absence of an approved report, the chairperson may file with the Clerk of the House of Representatives a copy of the minutes of the meetings of the committee in lieu thereof.

(7) **Abolishment.** The committee shall stand abolished on December 1, 2015.

Georgia House of Representatives

House Study Committee on Adult Day Services

Members of the Committee

Representative Valerie Clark, Chairman

Representative Tommy Benton

Representative Spencer Frye

Ms. Yvonne Boose

Ms. Jackie Immel

Staff

Matt Wosotowsky
Policy Analyst, House Budget and Research Office
Shawn Marie Story
Office of Legislative Counsel

I. Introduction and Hearings

During the 2015 Legislative session, HR 618 was adopted creating the House Study Committee on Adult Day Services (the "Committee"). The Committee was charges with examining the following: the role and importance of Adult Day services; learning how Adult Day Services fit into the philosophy of Home and Community Based-Services ("HCBS"); researching the value of the expansion of these programs for senior citizens and those needing care and support; examining possible funding changes; examining transportation alternatives for clients; formulating additional recommendations; to determine what, if any, statutory changes could be made to promote effective and efficient Adult Day Services; and to report those recommendations to the Speaker of the House.

A total of three meetings were schedule over the course of the committee's study. The first meeting was held on Wednesday, September 30th, at the Coverdell Legislative Office Building room 515. Madam Chair Clark opened the meeting and cited the charge of the committee and her commitment to working with all interested parties to improve access to and delivery of adult day services. Subsequent to Madam Chair's opening remarks, the committee heard testimony from the following: James Bulot, the Director of Aging Services with the Department of Human Services; Ashley Fielding, the Director of Legislative and Governmental Affairs with the Department of Human Services; Elaine Wright, the Director of Personal Care Homes Program with the Department of Community Health; Lisa Marie Shekell, the Director of Communications and Legislative Affairs with the Department of Community Health; Ned Morgens, the President of the Georgia Adult Day Services Association; and Tom Bauer, Legislative Counsel with Leading Age Inc. The purpose of the meeting was to get an overview of services provided for adults through government agencies, an explanation of the licensing process for Adult Day Centers, transportation issues regarding Adult Day Centers, new Home and Community Based Services rules, and the lack of reimbursement increases.

The second meeting was held on Tuesday, November 10th, at the Coverdell Legislative Office Building room 515. The committee heard from the following: Marcey Alter, with the Department of Community Health; James Peoples, with the Department of Community Health; Dorothy Davis, the Executive Director of Long Term Care at Home; Ginny Helms, the Vice President for Chapter Services and Public Policy of Georgia's Alzheimer's Association; and Dawn Alford, with the Georgia Council on Developmental Disabilities. The purpose of the meeting was to get an overview of CCSP, SOURCE data, an overview of SOURCE waiver, non-emergency transportation, working at the ground level regarding SOURCE and CCSP, and GUARD's impact on Adult Day Programs.

The third and final meeting was held on Wednesday, December 9th, at King's Bridge Retirement Community. The purpose of the final meeting was to tour a leading retirement community and to discuss recommendations of the committee.

II. Background

Adult day centers provide a coordinated program of professional services for adults in a community-based group setting. Depending upon whether the center is a "social "or "medical" (health) model, services are designed to provide specific programs for adults who need supervised care in a safe place outside the home during the day. Adult day service utilization is frequently for less than a full day, and they entail direct care to both older adults and younger adults with physical disabilities.

Adult day services also meet caregivers' need for respite in order to work, fulfill other obligations, and recover from the demands of continuous caregiving.

As baby-boomers continue to age, Georgia will require community-based services, such as adult day health ("ADH") centers to avoid seniors being unnecessarily placed in institutions, either for medical reasons or due to the family caregivers working during the day instead of remaining home with their loved ones.

Increasingly, adult day centers are serving persons following hospital discharge and persons with chronic hypertension, physical disability, cardiovascular disease, diabetes, mental illness and developmental disability. Moreover, nearly half of all participants nationally have some level of dementia.

Adult Day Health services in Georgia are available under both the Community Care Services Program ("CCSP") and Services Options Using Resources in a Community Environment ("SOURCE"). These two programs are funded under the Medicaid Elderly and Disabled 1915(c) waiver in Georgia. Both CCSP and SOURCE require a recipient to have a medical condition which would otherwise require them for nursing home care in order to receive a variety of community based services, of which adult services are one option. CCSP is managed by the Division of Aging ("DAS") in the Department of Human Services ("DHS"), and SOURCE is the responsibility of the Medicaid program administered by the Department of Community Health ("DCH").

The Committee analyzed adult day services with regard to the following issues:

- Licensure
- Utilization-Referral
- Assessment of Clients
- Funding-Reimbursement
- Medicaid Non-Emergency Transportation (NET)
- Federal Center for Medicare and Medicaid Services Rule on Home and Community Based Services

Although the state of Georgia licenses adult day centers which are both social and medical ADH models, the vast majority of those licensed fall into the latter category. For this reason and also because ADHs may be funded through Medicaid, thus leveraging federal funds, the House Study Committee on Adult Day Services focused on adult day health centers.

III. Findings

Licensure

1. In 2003, the Georgia General Assembly passed HB 318 that authorizes the (then) Department of Human Resources, subject to funding, to promulgate, implement, and enforce Adult Day Center licensing requirements. In 2010 the legislature transferred responsibility for regulation of health and social service facilities, including Adult Day Centers, which serve many Medicaid recipients, to the Georgia Department of Community Health ("DCH"). The funds needed to implement HB 318 (for personnel, the development of rules and regulations, and other expenses) were appropriated in the FY '15 budget.

2. The rules to implement licensure of adult day centers, both the social and medical models began in April 2015. As a result there are currently 19 social models and 72 adult day health centers which have been licensed by DCH with 40 applications pending.

3. The rules enable the DCH Division of Facilities Regulation to monitor and enforce standards which cover the following factors:

    - Safety
    - Health services
    - Staff training and competency
    - Proper nutrition

Utilization-Referral

1. Data provided by DCH indicates that under CCSP utilization of adult day services has been static over 10 years with a slight increase in FY '12 and '13 and a spike in '14 and '15. DAS testimony cited that the increases are due to state receipt of a federal Balanced Incentive Payment grant (BIP) grant, for which earnings terminated 9/30/15.

2. Under the SOURCE program there has been a steady increase in the number of ADH service recipients over ten years with a leveling off in recent years

3. Department of Human Services staff with the Division of Aging operators testified that currently CCSP referrals are limited to one per month in each region. Expiration of the BIP was the reason for what amounts to a "freeze" in referrals. ADH operators noted that this has affected referrals to the centers; when one referral comes into the service area it is brokered to one of the many services available to the highest acuity person on the waiting list and such services are usually not those provided by ADH centers. Some ADH operators report that they have not received a CCSP referral in several years.

4. ADH operators testified that they thought that case managers in the CCP and SOURCE programs do not make an adequate effort to present adult day centers as an option for services. The primary alternative to ADH centers is personal support services (private in-home care) which are not as cost effective an option.

5. Both CCSP and SOURCE require patient choice consistent with needs of the individual. Many waiver recipients lack a range of choice, due to lack of ADH providers (as centers continue to close).

6. ADH operators indicate that in order to be a provider in the SOURCE program, one must also be CCSP provider. This has become problematic as CCSP referrals decline, since a CCSP provider number is eliminated if there has been no active (billable) claim in 18 months. In such cases the ADH operator must then re-apply for new CCSP and SOURCE provider numbers, thus delaying service to eligible individuals.

7. Currently there are approximately 2500 persons on the CCSP waiting list. In FY ’14 and ’15 an average of 7.52% of the CCSP caseload received ADH services.

8. Data from the Georgia Council on Aging indicates the cost effectiveness of home and community based services, of which adult day services are a part, as compared to long term care (“LTC”) institutionalized care:

    - HCBS average cost/year $2,055
    - State cost of Medicaid LTC bed/year $19,200
    - FY 2014: 470 people went from HCBS wait list into LTC = cost $9 million
    - FY 2015: 315 people went from HCBS wait list into LTC = cost $6 million

9. A chart provided by DCH which details utilization and cost of adult day services in the CCSP and SOURCE programs by region for the past 10 years is contained in Appendix A.

<u>Assessment of Clients</u>

1. As noted, in addition to financial eligibility, a client must be assessed as having a medical condition to qualify for placement in a nursing home in order to receive home and community based services under both CCSP and SOURCE.

2. ADH operators testified that clients frequently are not assessed to meet “level of care”, (or have more acute needs than the level at which they are assessed), even when they are clearly nursing home eligible. When this occurs, ADH costs increase significantly, as

such clients frequently require on-on-one care (e.g. for bathing and diaper changes) and/or expensive equipment (e.g. "Hoyer" lifts for transfer). .

3. ADH operators also note that the SOURCE program manual criteria require conditions which necessitate one-on-one care, resulting in increased costs for both staff and equipment (e.g. installation of a "Hoyer" lift).

Funding/Reimbursement

1. Funds are appropriated by the General Assembly to CCSP (under DHS) to fund a specific number of slots. SOURCE funds are included in the general Medicaid budget for DCH to accommodate the SOURCE portion of the 34,000 slots in the 1915(c) waiver.

2. The Elderly and Disabled 1915(c) waiver caps recipients at 34,000 per year. This figure has remained fairly constant. DCH staff has provided information indicating that for FY '15 there were 30,057 unduplicated participants, and that figures for FY '16 are likely to be similar.

3. CCSP has a number of slots, which result in a waiting list (approximately 2500 currently). There is no waiting list for SOURCE, although there is one slot each month that is effectively eliminated at the end of the month.

4. As noted in the "Utilization" section, currently CCSP referrals are limited to one referral per month in each region, and ADH centers rarely receive this referral.

5. Reimbursement rates for adult day health center services under SOURCE and CCSP are the same for SOURCE and CCSP. Level 1 is reimbursed at $50.45 and Level 2 at $63.07. The reimbursement rates have consistently ranged from approximately $50-$63 per day, dependent upon the acuity of the client.

6. The reimbursement rate for ADH centers has not been increased in approximately 15 years. Other HCBS and medical providers have seen an increase during this time. In fact, all other providers of home and community based services (HCBS), except ADH, received a 5% increase in the FY '16 budget. Indications are that this increase has been delayed, perhaps due to administrative reasons related to amending Georgia's state Medicaid Plan.

7. The Committee heard extensive testimony from providers of adult day health services that the current reimbursement rate does not, or barely, covers the cost of operations and some centers have closed and others are on the brink of closing. A recent example of closure is the Weinstein Center, a large and well-reputed program center in the Atlanta area. Other centers, particularly in rural areas are striving to stay in business in order to provide a much needed and scarce service to seniors and disabled persons in their community.

8. Adult Day Health center operators also testified that there is concern that costs to meet regulations regarding adult day centers will continue to rise. These concerns appear to be more related to the impact of a recent federal rule defining parameters for home and community based services, rather than with implementation of Georgia licensure rules (though there was some impact in this regard specifically with fire code implementation).

9. Cost estimates for increasing reimbursement to ADHs, as provided by the Department of Community Health, are presented in Appendix B.

Medicaid Non-Emergency Transportation (NET)

1. The Medicaid Non-Emergency Transportation (NET) program provides transportation for eligible Medicaid members who need access to medical care or services. This program only provides services to members when other transportation is not available and eligibility is determined at the time of the contact.

2. DCH uses a managed care approach to NET. The NET Broker Services program became effective October 1, 1997. The state is divided in to five regions – North, Atlanta, Central, East and Southwest. The brokers are obtained through a competitive bid process and are paid a capitated rate for each eligible Medicaid member residing in their region(s). DCH has contracted with a broker in each of these regions to administer and provide transportation services for eligible Medicaid members. Brokers are responsible for:

    - Recruiting and contracting with transportation providers;
    - Administering payments;
    - Gate keeping and verifying need;
    - Reserving and assigning trips;
    - Assuring quality; and
    - Overseeing administration and reporting.

    NOTE; Bullets above are directly from DCH website

3. Approximately three years ago DCH established new geographic limits pertaining to NET to adult day centers. A productive dialogue has resulted between DCH and providers, subsequently DCH has been responsive to consumer and provider concerns in many respects:

    - Grandfathering clients who were outside the limits
    - Instituting a letter of medical necessity ("LOMN") by which health care professional attests to need for client to go to ADH outside the limits (e.g. medical reasons, language barriers)
    - Clarifying guidelines concerning caretaker responsibilities to provide transportation when there is a vehicle in the household

4. The geographic limits for NET are as follows:

    - 30 miles Urban;
    - 50 miles Rural;
    - 15 miles Adult Day Health Care Urban and 30 miles Rural; and
    - 15 miles Pharmacies Urban and 30 miles Rural.

5. The Committee received testimony from ADH providers that the brokers can be inflexible concerning the geographic limits, resulting in arbitrary treatment and/or lack of services to recipients, especially in rural areas. One rural ADH operator noted that clients had been encouraged to attend different centers for various reasons, thus impacting ADH operators.

6. There was testimony from an urban agency (serving both CCSP and SOURCE clients) that ADH census went down when the geographic limits were established. In addition to the decrease in referrals there was much confusion that created a situation with which ADH centers are still coping. Some brokers appear to have complied better than others with changes to rules and policies which resulted from the dialogue between ADH providers and NET staff at DCH. Although there are fewer problems now, these problems indicate the importance of NET to adult day providers.

7. ADH operators testified that if given adequate reimbursement, they could more efficiently offer and provide transportation to their clients. However, brokers do not offer comparable rates with ADH centers, which is the case with other transportation providers. DCH has consistently maintained that it does not become involved in this area and allows the brokers to utilize a free market approach. Nevertheless, ADH providers stated that there is not a level playing field to negotiate with the brokers.

8. The DCH approach with regard to rates and other matters (e.g. application of geographic limits) creates a situation that mitigates against Medicaid waiver recipients (CCSP and SOURCE) being able to exercise patient choice consistent with their needs.

9. The geographic limits are uniform for transportation to all services except adult day and pharmacy. DCH testified both that ADH is somewhat unique as it is a recurring service, (as opposed to physician visits, e.g.) and that DCH did not want to treat ADH differently from other providers. However, the Committee notes that DCH initiated changes in geographic requirements specifically regarding ADH and that visits to pharmacies or other services like dialysis tend to be frequent and/or on a regular basis.

Federal (CMS) Home and Community-Based Services Rule

1. The Centers for Medicare & Medicaid Services ("CMS") issued regulations in March 2015 that define the settings in which it is permissible for states to pay for Medicaid Home and Community-Based Services ("HCBS"), otherwise known as waiver services.

2. The final rule creates a single definition of a home and community-based setting for 1915(c), 1915(i), and 1915(k) HCBS. The rule describes home and community-based settings as having the following qualities:

    - The setting is integrated in the greater community, including opportunities to seek employment in competitive integrated settings and engage in the community
    - The setting is selected by the individual
    - The setting ensures individual rights of privacy, dignity, and respect and freedom from coercion and restraint
    - The setting optimizes individual initiative, autonomy, and independence in life choices
    - The setting facilitates individual choice regarding services and supports, including who provides them

3. These rules appear to focus more on services and concerns of recipients of waiver services to those who have disabilities. They apply to adult day services and other programs which primarily serve the elderly. Clearly some of the criteria does not apply well to many clients of adult day centers. For instance, an emphasis on independence, initiative, and life choices would not well serve a person with dementia. Similarly, ADH centers provide environments which primarily serve seniors and those with disabilities, thus largely precluding a completely integrated environment. Additionally, few seniors at ADH centers are interested in being employed.

IV. Recommendations

The House Study Committee on Adult Day Services offers the following recommendations:

Utilization-Referral

1. **Since the current average utilization rate is 7.52%, the Departments of Human Services and Community Health should set a goal that adult day services comprise at least 10% of services delivered to CCSP and SOURCE clients.**

2. **The administration of the CCSP and SOURCE programs should be amended to eliminate the delay in services which result from the tying together of CCSP and SOURCE provider numbers.**

3. **The Departments of Human Services and Community Health should develop a program to educate CCSP and SOURCE case managers about the availability and services offered by ADH centers, ensure that clients are fully informed concerning right to choices under CCSP and SOURCE, and monitor referrals to the centers.**

Assessment of CCSP and SOURCE Clients

1. **The SOURCE provider manual, also applicable to assessment of CCSP clients, should be amended to develop criteria for a client of lesser acuity who still requires adult day services. At a minimum, case managers should use more flexibility in interpreting current criteria.**

Funding-Reimbursement

1. **Reimbursement rates for adult day health centers should be increased by a minimum of 10% for both levels of care. This amount would both provide a rate which would assist ADH operators to meet costs and address the fact that other HCBS providers have already been appropriated a 5% increase in FY '16. Careful consideration should be given to further increases in the near future as costs rise in order to implement the federal HCBS rules.**

2. **If such a reimbursement increase is appropriated, then Georgia should endeavor to implement the change as soon as possible, along with other recent HCBS reimbursement rate increases.**

3. **Georgia should use all of its 34,000 slots granted under the Elderly and Disabled 1915(c) waiver, thus enabling more individuals to be diverted from more costly nursing home care.**

4. **The General Assembly should appropriate funds to accommodate the 2500 persons on the CCSP waiting list, and the pattern of one CCSP referral per region per month should be discontinued.**

5. **Georgia should give careful consideration to developing and seeking federal CMS approval for a new elderly and disabled waiver for clients of lower acuity for those who do not need nursing home services. Two possibilities under the Social Security Act are the 1915(i) waiver which serves individuals who do not currently need skilled nursing care but whose condition may lead to such a need and an 1115 demonstration waiver.**

Medicaid Non-Emergency Transportation (NET)

1. **DCH should expand NET to the geographic standard areas applicable to adult day services for both urban and rural settings**

2. **Alternatively, the Department of Community Health should maintain use of the letter of medical necessity (applicable to ADH centers), and DCH should apply the same geographic criteria for transportation to all health services, while ensuring that any new geographic criteria are no more stringent than those currently applicable to transportation to ADH centers.**

3. **DCH should develop a process by which there is an amount of flexibility in applying geographic criteria, especially in rural areas.**

4. **Medicaid NET should be altered to allow, or DCH should monitor, the program to allow ADH centers to negotiate a fair rate to provide transportation for their clients.**

5. **Consideration should be given to establishing a new, higher level of reimbursement for ADH centers and other HCBS providers that provide transportation to their clients. Another option would be to allow ADH centers to be able to provide transportation outside the broker process, and any necessary authority- whether legislative, regulatory, or contractual should be established to do so.**

6. **DCH should solicit input from consumers and ADH providers concerning elements to be included in the requests for proposals (RFP) that DCH will develop for a new NET contract with brokers for beginning in FY '17. These elements should be contained in the contracts and enforced with brokers.**

Federal (CMS Home and Community-Based Services Rule

1 . **DCH should continue to closely monitor implementation of the HCBS rules and guidelines, and participate with other states in seeking flexibility in applying them to non-residential programs such as adult day services.**

APPENDIX A

Georgia Department of Community Health
IT - Decision Support Services

Georgia Medicaid
SOURCE & CCSP Utilization FY 2006 - FY2015

Community Care Services

	FY 2006			FY 2007			FY 2008			FY 2009			FY 2010		
Region	Patients	Units of Service	Net Payment	Patients	Units of Service	Net Payment	Patients	Units of Service	Net Payment	Patients	Units of Service	Net Payment	Patients	Units of Service	Net Payment
Atlanta	334	41,287	$2,098,894.47	330	38,526	$1,967,641.11	356	42,803	$2,210,351.74	375	43,203	$2,258,270.64	359	46,643	$2,342,056.15
Central	47	6,265	$332,730.86	48	5,205	$291,716.55	36	4,188	$231,686.06	29	2,888	$155,607.18	35	3,116	$174,225.99
East	50	5,795	$314,121.13	53	5,985	$330,426.25	66	6,708	$369,766.88	60	7,707	$419,972.71	64	8,234	$441,215.21
North	111	10,238	$536,523.35	106	11,489	$617,140.69	104	12,245	$643,912.04	104	10,434	$538,358.08	108	11,015	$557,882.61
Southeast	62	7,845	$403,890.55	67	8,305	$439,588.54	60	7,318	$380,283.26	49	5,801	$298,339.25	62	5,577	$301,398.26
Southwest	60	10,238	$532,041.74	59	7,530	$410,610.10	56	7,353	$409,874.58	48	8,269	$446,404.04	54	9,811	$507,893.53
Unduplicated Totals	**662**	**81,668**	**$4,218,202.10**	**657**	**77,040**	**$4,057,123.24**	**672**	**80,615**	**$4,245,874.56**	**662**	**78,302**	**$4,116,951.90**	**681**	**84,396**	**$4,324,671.75**
Average Rate			$51.65			$52.66			$52.67			$52.58			$51.24

	FY 2011			FY 2012			FY 2013			FY 2014			FY 2015		
Region	Patients	Units of Service	Net Payment	Patients	Units of Service	Net Payment	Patients	Units of Service	Net Payment	Patients	Units of Service	Net Payment	Patients	Units of Service	Net Payment
Atlanta	376	49,796	$2,465,454.09	407	50,142	$2,587,723.09	412	50,781	$2,620,924.39	449	49,112	$2,534,910.73	520	56,402	$2,954,267.85
Central	44	5,631	$312,733.97	56	5,734	$323,205.67	50	6,417	$358,174.77	63	7,138	$414,980.59	66	7,669	$422,423.10
East	64	7,727	$417,437.86	64	8,698	$488,304.21	73	8,735	$476,950.77	94	9,558	$525,737.98	100	10,893	$592,642.64
North	108	11,680	$602,550.25	113	13,427	$714,393.70	108	13,462	$660,018.73	111	12,408	$663,329.52	125	14,062	$760,550.75
Southeast	60	7,073	$390,098.87	68	8,397	$462,881.15	61	7,766	$432,701.71	79	7,943	$445,862.75	94	10,519	$559,630.28
Southwest	54	9,322	$447,654.64	58	8,410	$422,338.06	60	8,975	$448,418.08	66	9,240	$452,900.90	76	10,680	$553,906.30
Unduplicated Totals	**700**	**91,229**	**$4,635,929.68**	**762**	**94,808**	**$4,998,845.88**	**755**	**96,136**	**$4,997,188.45**	**849**	**95,399**	**$5,037,722.47**	**960**	**110,225**	**$5,843,420.92**
Average Rate			$50.82			$52.73			$51.98			$52.81			$53.01

Source

	FY 2006			FY 2007			FY 2008			FY 2009			FY 2010		
Region	Patients	Units of Service	Net Payment	Patients	Units of Service	Net Payment	Patients	Units of Service	Net Payment	Patients	Units of Service	Net Payment	Patients	Units of Service	Net Payment
Atlanta	225	26,373	$1,495,554.13	501	49,738	$2,710,085.63	646	65,558	$3,597,722.30	793	81,322	$4,563,144.97	1,127	124,603	$6,620,800.38
Central	132	14,280	$824,033.95	172	18,917	$1,124,797.94	181	21,132	$1,252,212.80	218	22,977	$1,287,278.63	311	35,220	$1,950,412.25
East	128	12,235	$734,796.73	161	16,147	$966,890.09	181	20,758	$1,228,977.88	201	23,629	$1,364,222.86	225	29,730	$1,658,927.15
North	24	2,517	$144,085.71	38	3,645	$206,380.37	46	4,014	$223,307.57	63	5,769	$330,930.82	72	6,696	$374,403.94
Southeast	176	16,944	$952,463.85	197	19,388	$1,106,440.30	212	21,802	$1,233,144.32	196	21,850	$1,239,980.64	200	23,224	$1,315,630.86
Southwest	58	7,277	$418,218.31	67	8,954	$504,367.90	57	9,561	$535,661.12	59	8,349	$465,353.99	71	9,842	$550,440.03
Unduplicated Totals	**741**	**79,626**	**$4,569,152.68**	**1,127**	**116,789**	**$6,618,962.23**	**1,318**	**142,825**	**$8,071,025.99**	**1,524**	**163,896**	**$9,250,911.91**	**2,005**	**229,315**	**$12,470,614.61**
Average Rate			$57.38			$56.67			$56.51			$56.44			$54.38

	FY 2011			FY 2012			FY 2013			FY 2014			FY 2015		
Region	Patients	Units of Service	Net Payment	Patients	Units of Service	Net Payment	Patients	Units of Service	Net Payment	Patients	Units of Service	Net Payment	Patients	Units of Service	Net Payment
Atlanta	1,287	140,916	$7,506,752.15	1,406	169,974	$9,023,736.28	1,244	167,532	$8,842,229.30	1,378	174,772	$9,298,250.75	1,512	195,166	$10,299,767.35
Central	331	39,478	$2,189,499.64	362	44,163	$2,338,796.47	321	38,556	$2,191,232.07	308	52,055	$2,051,083.45	300	35,707	$2,078,940.11
East	237	29,067	$1,645,066.01	213	26,958	$1,540,415.02	189	24,613	$1,412,390.35	205	24,586	$1,410,334.85	220	27,264	$1,577,143.98
North	60	5,798	$333,878.85	76	7,859	$437,817.96	77	9,174	$509,726.06	77	8,613	$476,201.85	75	8,658	$473,014.83
Southeast	225	25,994	$1,462,000.28	221	26,752	$1,539,155.51	193	24,724	$1,428,400.01	194	23,839	$1,384,681.20	183	24,047	$1,404,312.45
Southwest	102	12,902	$726,036.74	112	15,774	$853,353.95	99	14,901	$841,511.96	76	11,839	$681,452.40	70	10,797	$617,882.34
Unduplicated Totals	**2,237**	**254,155**	**$13,863,233.67**	**2,385**	**291,480**	**$15,733,275.19**	**2,110**	**279,500**	**$15,225,489.75**	**2,228**	**295,704**	**$15,302,004.50**	**2,355**	**301,639**	**$16,451,061.06**
Average Rate			$54.55			$53.98			$54.47			$51.75			$54.54

APPENDIX B

			Current Rates as of 10/1/2015		Updated Rates Based on Increases of:			Total Funds Increases in FY17 From New Rates		
Description	**National Code**	**Modifier**	**Rate**	**Project FY 2017 Utilization**	**5%**	**7%**	**10%**	**5%**	**7%**	**10%**
Adult Day Health, Level 1, Full Day	S5102		$50.45	236,721	$52.97	$53.98	$55.50	$595,994	$834,391	$1,191,987
Adult Day Health, Level 1, Partial Day	S5101		$30.27	6,486	$31.78	$32.39	$33.30	$9,817	$13,743	$19,633
Adult Day Health, Physical Therapy	S9131	GP	$44.15	338	$46.36	$47.24	$48.57	$746	$1,045	$1,492
Adult Day Health, Speech Therapy	S9128	GN	$44.15	35	$46.36	$47.34	$48.57	$77	$108	$155
Adult Day Health, Occupational Therapy	S9129	GO	$44.15	323	$46.36	$47.34	$48.57	$713	$998	$1,426
Adult Day Health, Level 2, Full Day	S5102	TF	$63.07	204,726	$66.22	$67.48	$69.38	$645,603	$903,845	$1,291,207
Adult Day Health, Level 2, Partial Day	S5101	TF	$37.85	2,262	$39.74	$40.50	$41.64	$4,281	$5,993	$8,562
								$1,257,231	**$1,760,123**	**$2,514,462**