



Residential Options in Medicaid Programs



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Mission:

The mission of the Department of Community Health is to provide access to affordable, quality health care to Georgians through effective planning, purchasing, and oversight.

Agenda:

Medicaid and Residential Care

- Residential Services in the Medicaid Waiver Programs
 - Members and expenditures by program
 - Federal restrictions
- Residential Services in Nursing Homes
 - Cost reporting and rate development



Institutional and Community-based Residential Options: Similarities & Differences

Institutional

Facility Types:

Skilled/intermediate nursing facilities

ICFs/Intellectual Developmental Disabilities

Nursing Facility/ICF-IDD level of care

Reimbursement under State Plan

- No cap on number enrolled

Community-based Waiver

Community-based

Medicaid Waiver Programs

Nursing Facility/ICF-IDD level of care

Reimbursement through waiver appropriation

- Capped enrollment - slots



Community Residential Services Available: Medicaid Waiver Programs

- Elderly & Disabled Waiver Program (CCSP & SOURCE)
- Independent Care Waiver Program (ICWP)
- Comprehensive Supports Waiver Program (COMP)



Residential Service Specifics by Program

Waiver	Service Name	License Requirement	Maximum Residents Served
CCSP & SOURCE	Alternative Living Service - Group	Personal Care Home	24
	Alternative Living Service – Family Model	Personal Care Home	6
ICWP	Alternative Living Service – Family Model only	Personal Care Home	7
COMP	Community Residential Support	Community Living Arrangement	4
	Community Residential Support – Host Home	N/A	2



Persons Served in Residential Settings

Waiver	Persons Served	Annual Expenditure
CCSP & SOURCE	Family Model: 1,067	\$30,206,018.26
	Group Model: 1,846	State Funds: \$9,967,986
ICWP	Family Model Only: 43	\$715,470.00
		State Funds: \$236,105
COMP	CLA: 3,558	\$256,327,861.55
	Host Home: 1,419	State Funds: \$84,588,194



Federal Medicaid Restrictions

- Exclusion of Room and Board
 - Except in limited circumstances, a state may not claim Federal financial participation (FFP) for the costs of the room and board expenses of waiver participants. *Room and board expenses must be met from participant resources or through other sources.*

42 CFR §441.310(a)(2)

- Home & Community Based Services Settings Rule
 - 2014 HCBS Waiver Rule defines “community-based” and specifies requirements for settings owned and operated by a provider



Settings Rule

Settings that are not home and community-based are specified in the Final Rule:

- Nursing Facility
- Institution for Mental Disease
- Intermediate Care Facility for Individuals with Intellectual Disabilities
- Hospital
- *Other locations that have qualities of an institutional setting, as determined by the Secretary

**License level, maximum capacity and nature of the setting must be described in the waiver application*





Georgia Nursing Facility

Medicaid Reimbursement Per Diem Determination

Calculation of Medicaid Reimbursement Rates for Nursing Facilities

- There are currently 353 nursing facilities enrolled in the Georgia Medicaid Program.
- Each facility receives a facility-specific prospective per diem rate that is adjusted each quarter. The rate is determined based on historical cost, patient day, case mix, and incentive-based information.
- The cost and patient day information used in the calculation of a facility's per diem rate is currently taken from either the facility's FY 2012, 2013, or 2014 Medicaid cost report depending on when the facility last changed ownership.
- The case mix and incentive information is taken from current quarterly data.



Per Diem Calculation

- The nursing facility's per diem rate is determined by taking a facility's reported total costs from each of five cost centers; Routine(Nursing), Dietary, Laundry/Housekeeping-Operations and Maintenance, Administrative and General, and Property and Related and dividing that cost by the total patient days during the annual cost reporting period.
- The average nursing facility per diem rate for FYE 6/30/2019 was \$191.26.



Routine Per Diem

- The Routine (Nursing) per diem component of the reimbursement rate is case mix adjusted on a quarterly basis. The case mix adjustment takes into account the overall clinical acuity of the residents in a nursing facility and makes a quarterly adjustment to the Routine per diem based on the acuity levels of the Medicaid residents.



Incentive Payments

A nursing facility is also eligible for additional quarterly incentive payments. These incentives are calculated as a percentage of the Routine per diem. The eligible incentive payments are as follows:

- Nursing Hour Incentive
- Brief Interview for Mental Status (BIMS) Incentive
- Quality Improvement Program (QIP) Incentive





Purpose:

Shaping the future of A Healthy Georgia by improving access and ensuring quality to strengthen the communities we serve.