DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-1850

State Demonstrations Group

April 7, 2026

Stuart Portman
Executive Director, Division of Medical Assistance Plans
Department of Community Health
2 Martin Luther King Jr. Drive SE
East Tower 18th Floor Atlanta, GA 30303-3159

Dear Director Portman:

The Centers for Medicare & Medicaid Services (CMS) completed its review of Georgia's Final Report for the Personal Care Service (PCS) COVID-19 Public Health Emergency (PHE) amendment to the section 1115 demonstration entitled, "Georgia Planning for Healthy Babies" (Project No: 11-W-00249/4). This report covers the demonstration period from March 2020 to February 2026. CMS determined that the Final Report, submitted on December 31, 2025 and revised on March 6, 2026 is in alignment with the STC requirements, and therefore, approves the state's Final Report.

In accordance with STC #49, the approved Final Report may now be posted to the state's Medicaid website within 30 days. CMS will also post the Final Report on Medicaid.gov.

States are responsible for following all applicable federal law and regulations when they claim and use federal Medicaid funds and must fully comply with all applicable Medicaid statutes and regulations under a section 1115 demonstration, except where specific provisions have been expressly waived or identified as not applicable for that demonstration. This obligation includes all requirements in Title XIX of the Social Security Act and implementing regulations governing provider screening and enrollment activities, pre- and post-payment review claiming, payment methodologies and rate-setting, utilization controls, and program integrity including processes to identify, investigate, and refer suspected fraud, and methods to receive complaints and identify questionable practices. States must maintain effective systems and safeguards to prevent, detect, and address any fraud, waste, or abuse (FWA) in the delivery of and payment for Medicaid services, including referrals to law enforcement when appropriate.

States should have heightened monitoring and oversight mechanisms in place featuring robust internal controls to identify and remediate all vulnerabilities (including, but not limited to, FWA and beneficiary access issues) inherent in service areas approved as part of a demonstration. At any time, CMS may request that the state provide a plan detailing the state's systems and

safeguards to prevent, detect, and address any FWA relative to this demonstration. Failure to meet program integrity obligations under federal statutes and regulations or under the terms and conditions of this demonstration approval may result in compliance actions or other enforcement measures that could include requirements to develop and implement corrective action plans, withholdings, deferrals, disallowances, and termination of demonstration authority.

We sincerely appreciate the state's commitment to evaluating the PCS COVID-19 PHE amendment under these extraordinary circumstances. We look forward to our continued partnership on the Georgia Planning for Healthy Babies section 1115 demonstration. If you have any questions, please contact your CMS demonstration team.

Sincerely,

DANIELLE DALY -S

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Date: 2026.04.06 13:47:42 -04'00'

Danielle Daly
Director
Division of Demonstration Monitoring and Evaluation

cc: Etta Hawkins State Monitoring Lead, CMS Medicaid and CHIP Operations Group

Covid-19 Personal Care Service (PCS) Amendment Final Report

Submitted by:

The Georgia Department of Community Health (DCH)

And their Outside Contractor:

Emory University, Rollins School of Public Health (RSPH), Department of Health Policy and Management (HPM)

March 6, 2026

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I. Summary and Background

During the COVID-19 public health emergency (PHE), the traditional healthcare provider workforce was diminished which in turn led to an inadequate capacity to provide medically necessary services such as supporting activities of daily living (ADLs) to those in need. To alleviate this provider workforce shortage, Georgia received approval from CMS for section 1135 authority to provide payment to legally responsible family caregivers (LRIs) who were providing personal care services (PCS) from March 1, 2020 through the end of the PHE. At the conclusion of the PHE on May 11, 2023, this section 1135 authority expired and Georgia sought authority to continue payments to LRIs in the state under section 1115 through an amendment to its previously existing Planning for Healthy Babies (P4HB) Medicaid family planning waiver.

CMS approved the state's request on July 6, 2023, on a temporary basis and through roughly six months following the end of the PHE. To ensure this authority would continue, CMS issued a second temporary extension through December 31, 2024. This allowed for further time for negotiations over the amendment to the P4HB section 1115 demonstration. On March 11, 2024, Georgia submitted the formal request to amend P4HB to include payments for PCS to individuals under age 21(20 years and 11 months) and enrolled in the Georgia Pediatric Program (GAPP). The GAPP has provided in-home skilled nursing and personal care services to medically fragile children under 21 in Georgia since its inception in 2002. To be eligible, children must have a chronic medical condition, require skilled nursing care, and have physician-ordered services. GAPP caregivers must be knowledgeable and competent in the care of the child, provide quality services, consistent with the medically necessary needs of the individual child and services must be accompanied by a physician's order. Georgia requested that this amendment extend through December 31, 2029, the current expiration date of the P4HB waiver.

Under this demonstration amendment, Georgia will be able to provide payment to LRIs for providing PCS to beneficiaries currently accessing care through the PCS benefit in the Georgia Medicaid state plan under the section 1905(a) of the Act. By obtaining this amendment the continuity of services for beneficiaries who were receiving PCS from LRIs during the PHE was assured. It also served to increase access to PCS for individuals who are not able to identify a PCS agency provider, ultimately allowing the beneficiary the ability to stay in their home or community setting, rather than receiving care in an institutional setting. The LRIs will be required to abide by all state plan PCS requirements and oversight requirements from the hiring Personal Assistance Agencies (PAA) and the Georgia Department of Community Health (DCH). To help distinguish this expansion of the GAPP the program was named the 'Personal Care Service (PCS) Amendment.'

As with other section 1115 waivers, CMS's approval of the PCS amendment is subject to the limitations specified in the relevant expenditure authority, special terms and conditions (STCs), and any supplemental attachments defining the nature, character, and extent of federal involvement in this project. Georgia may deviate from its Medicaid state plan requirements only to the extent those requirements have been specifically listed as waived or not applicable to expenditures under the demonstration. As with other waivers, Georgia must provide a formal evaluation of the PCS program. The evaluation timeframe for this report is from March 1, 2020, through February 13, 2026.

Goal of PCS Amendment

With the PCS amendment, Geogia adds to the P4HB family planning demonstration the following goal for meeting the needs of fragile children:

- Ensure the continuity of services for medically fragile children under age 21 enrolled in the GAPP who were receiving PCS from LRIs during the PHE as well as increase access to PCS for individuals who are not able to identify a PCS agency provider, ultimately allowing the beneficiary the ability to stay in their home or community setting rather than receiving care in an institutional setting.

Public Comments

- CMS held a federal comment period from March 27, 2024, through April 26, 2024, for the demonstration amendment and no comments were received. CMS has concluded that the demonstration amendment is likely to assist in promoting the objectives of Medicaid.

II. Evaluation of PCS Amendment

As with other section 1115 demonstrations, CMS requires the evaluation of the program vis-à-vis its intended goals through systematic monitoring and a robust independent evaluation in alignment with the STCs. As noted earlier, the evaluation timeframe for this report is from March 1, 2020 through February 13, 2026.

Per the STCs for the PCS amendment the state must meet the following:

- The state will provide payment for PCS rendered by an LRI, which could be inclusive of legally responsible family caregivers, for beneficiaries eligible to receive 1905(a) personal care services through the Georgia requirements. The requested LRI must meet all qualifications to become a direct care worker to provide PCS as authorized in the Medicaid state plan, including abiding by all oversight requirements from the hiring agency and DCH. All PCS must be deemed medically necessary and reviewed through the standing prior authorization process. Beneficiaries must require medically necessary nursing care and/or PCS to be considered for GAPP.

Since the inception of the PCS program on March 1, 2020, there has been a cumulative total of 1,162 members receiving PCS via the Family Caregiver Option (FCO) through February 13, 2026. The state notes that there have been challenges in capturing and counting those Legally Responsible Individuals (LRIs) providing PCS since the program's inception. This is illustrated by the much smaller cumulative count of 390 members identified as receiving services via the FCO since its inception through June 13, 2025. While the state has improved its ability to capture those providers via claims data, there are continuing challenges. As part of its evaluation of PCS, Georgia initiated a survey of the 292 persons identified as actually receiving PCS services via the FCO as of June 13, 2025. The survey was mailed to members on July 7, 2025 with a prepaid postage envelope included. Recipients were told to return the survey by August 15, 2025.

Summary of Survey Responses. After receipt of the completed surveys, data were analyzed and compiled by Alliant with a due date of September 15, 2025. Responses to the survey indicated that only 33 or 11.3 percent of the 292 identified as enrolled through the PCS amendment responded. In **Table 1,** we report on the responses to the survey questions that were not open-ended. Summaries of all open-ended questions are provided below this table.

Table 1. Responses to PCS Amendment Survey

Q#	Text of Survey Questions	Response	#	%
1	Are you a legally responsible caregiver (including legally responsible family caregivers) approved to provide personal care services to your son or daughter?	Yes	33	100
2	Do you reside in members household?	Yes	32	97
3	Did you have difficulty locating a provider before being approved to provide personal care services?	Yes	12	36
4	Were you trained by your GAPP agency to provide personal care services?	Yes	27	82
5	How many hours per week do you provide personal care services?	<40 hrs./wk. >40 hrs./wk.	23 10	70 30
6	Has access to care improved since you began providing personal care services?	Yes	25	76
7	Has your child's care improved since you began providing personal care services?	Yes	29	88
8	Has your overall experience with the GAPP program improved since you began providing personal care services?	Yes	29	88
9	Please provide an explanation for your answer in question 8.	**SEE BELOW**	24	73
10	How long have you provided personal care services through your GAPP agency?	<6 mon. >6 mon.	4 29	12 88
11	Would you like to continue providing personal care services through your GAPP agency?	Yes	32	97
12	If not, please provide an explanation.	**SEE BELOW**	1	3
13	How can we improve the GAPP program?	**SEE BELOW**	24	73

Q1, Q2 and Q3. As these data show, all of the 33 individuals responding to the survey reported that they are a legally responsible family caregiver for a child who is receiving services through GAPP. All but one of those responding to this question answered that they were also a member of the household in which the child resides. While the PCS amendment was developed in response to the lack of providers during the COVID-19 pandemic, only 12, or 36% of those responding to the survey in 2023, reported they had difficulty locating a provider before they were approved to provide personal care services to their child.

Q4, Q5. A full 82% (or 27 survey respondents) reported they were trained by the GAPP agency to provide the personal care services their child needs. As some of the child's needs can be complex (e.g**.,** feeding assistance (G-tube), respiratory care (vents/trach), bathing, medication) the time spent in caregiving can be extensive. When asked about the number of hours a week the family caregiver provided care, 30% (10 survey respondents) noted that more than 40 hours a week were spent in care. While this type of commitment would imply the caregiver is not able to work outside the home, most of the respondents (70%, n=23) reported working less than 40 hours a week, which would allow for outside work engagements.

Q6, Q7, Q8. For family caregivers to assume the responsibility to care for the complex care needs of their child means adjusting time and effort for training and sourcing of medications, equipment, etc. to fully meet the child's needs. Some of these adjustments by the family member took place during the pandemic. Yet a high percentage of the survey respondents reported that both improved access to care (76%, n=25), and the care itself (88%, n=29), had improved since they began providing personal care services to their child under the PCS amendment. When asked a specific question about whether their experience with the GAPP—which they were likely involved in prior to the PCS amendment—had improved, a full 88% or 29 survey respondents responded positively. See their response to the open-ended **Q9** below.

Q10, Q11. The survey also asked about the longevity of the persons' engagement with providing personal care services through the GAPP agency. Most of the respondents (88%, n=29 survey respondents) had been providing services for at least six months while some new enrollees (12%, n = 4) reported providing LRI services for less than six months.

Summary of Open-Ended Questions.

Q9: Has your overall experience with the GAPP program improved since you began providing personal care services?

For this question, 24 open-ended qualitative responses (or 72.7% of the 33 survey respondents) were provided. Overall, the responses were positive, noting the benefits of training from GAPP and the support that the program provides to caregivers (both financially and as well as good communication). One respondent explained "*my experience with the GAPP program has improved mainly because the training is always ongoing and its available at every turn.*" Others were pleased with the GAPP staff's communication and assistance. "*The program is good. It helps me when I do not understand something. Keep the child healthy is our goal*." Two respondents shared a general sentiment that experiences with the GAPP program have helped caregivers financially. They noted "*just receiving financial assistance helps*" and "*getting a small raise with the GAPP Caregiver Program has helped a lot.*"

Respondents also felt that by participating in the program, they have become better caregivers to their child. As one respondent explained "*this gives me the opportunity to expand the care for [person].*" Another respondent elaborated "*When I first started taking care of my son, there were a lot I did not know about being a caregiver. My experience with this program has taught me a lot. The training that I received helped me to do a better job as a caregiver.*"

Some respondents pointed to either some challenges of the program or no significant difference in their abilities as a caregiver due to the new program. Responses ranged from some ambivalence about the program "*we have not noticed any changes*" to more critical assessments of their experiences with the program. As one respondent explained, "*since becoming her caregiver, the frequency of renewals has increased. So now I have to spend several hours twice a year preparing documents instead of once a year. It is a waste of my time, my doctor's time and the agency's time.*"

Q12: Would you like to continue providing personal care services through your GAPP agency? If not, please provide an explanation.

Only 1 response was provided to this question (.03%). The respondent did not answer the question directly but suggested that GAPP is not providing (and not paying) enough for the work. The respondent explained *"it is a fulltime job but GAPP only paying for 21 hours per week instead of 40 hours per week.*"

Q13: How can we improve the GAPP program?

For this question, 24 open-ended qualitative responses (or 72.7% of the 33 survey respondents) were provided. There were several respondents who suggested that the program was working well for them and no improvements were needed. Examples of these responses include "*So far you are all doing great"* and "*none that I can think of at this time because I am very happy the way things are right now.*"

Several common suggestions about improvements focused on paying caregivers better and for training. As one respondent explained. "*The GAPP providers require us to complete trainings through them, but they do not pay us to do so. I feel like the provider is going to make a training, they provide mandatory then we should be paid to complete those trainings.*" There were related comments about pay specific to needing more hours as caregivers. Responses about pay and hours ranged from "*I was approved for 40 hours but only got 21 hours"* to "*I wish I had more hours.*" Another respondent suggested "*better pay and allowing care out of state. Care is still provided (same child and caregiver), but in a different state with a different view!"*

Other recommendations focused on adding additional benefits or services to GAPP, such as behavioral health care. One respondent suggested "*adding rehab to the program will help"* while another respondent recommended "*advertise it more and possibly provide resources to ABA locations for families needing services.*"

Finally, there were a couple of technical recommendations to make the program run more smoothly, such as simplifying program renewals and making it easier to clock in once caregiving begins. As one respondent suggested "*go back to once-a -year renewals unless there is a need to charge hours/level of care. Do not take way parent pay because non-family members will not work for what Medicaid pays.*" Another respondent explained a related challenge. "*There are times I am at an appointment or getting prescriptions when I need to clock in and it will not allow me to.*"

III. Key Findings

The implementation of the PCS via the Family Caregiver Option (FCO program) during the pandemic and its continuance afterward has allowed over 1,000 family members to be paid as legally responsible family caregivers (LRIs) to their disabled child within their home. As the survey data show, LRIs have been able to provide needed care while also being able to engage in outside work. Importantly, survey respondents report both improved access to, and quality, of care for their family member. Participants also note the availability and quality of training available to them and feel this has allowed them to do a better job in

caring for their child and to continue learning. While the survey has provided the state with key insights on the reach and success of the PCS/FCO program, there are challenges to tracking and paying the actual provider of the child's care. To track care provision and payment, the state began using modifiers to their S9122 billing form as of January 1, 2025, with modifier = U1 indicating the CNA/home health aide and modifier = U2 indicating a family member as the provider. Since the claims reported with the U2 modifier could not be processed through the electronic visit verification (EVV) system the state believes this led FCO program providers to underuse the modifier and hence, understate participation in the PCS/FCO program. As the state continues to monitor the overall program and the reporting process, administrators can gain insight from survey responses to help modify the program and reporting process to enable the LRIs to continue to care for their child within the hours allocated to them and obtain adequate reimbursement.

IV. Budget Neutrality

The demonstration amendment is not expected to have an impact on the overall number of people enrolled in the Medicaid program or increase expenditures beyond what those expenditures likely would have been without the demonstration. The PCS amendment does not change the populations eligible for GAPP but rather, allows for a more long-term pathway for LRIs to continue delivering care to eligible child beneficiaries who were receiving PCS from them during the PHE.

Hence, providing authority for the state to continue payments to LRIs is not expected to have an appreciable financial impact and is projected to be budget neutral. The state will be held to the budget neutrality monitoring and reporting requirements outlined in the STCs. The P4HB budget neutrality calculations for CY2014/DY 14 are shown at the end of the report below.

The state reports that for Demonstration Year (DY) 14/Calendar Year (CY) 2024, the Georgia Planning for Healthy Babies (P4HB) 1115 waiver continues to meet budget neutrality, as shown in the attached Georgia P4HB Budget Neutrality Worksheet for CY2024 / DY 14. Without the waiver, Medicaid expenditures for pregnant women and infants totaled $2.51 billion, which establishes the cumulative budget neutrality limit for the demonstration year. Actual with-waiver Medicaid aggregate spending was $1.39 billion, reflecting savings of $1.12 billion and an actual cumulative variance of $(1.12) billion, indicating that expenditures remain well below the approved limit. These savings are primarily driven by lower costs for pregnant women under the waiver, while infant expenditures remain within expected levels. In addition to the base calculation, both required hypothetical tests continue to show compliance with budget neutrality. Family Planning services were $6.42 million below the without-waiver estimate, and Resource Mother Services expenditures

were $225,804 below the budget neutrality limit. Taken together, the DY 14 results demonstrate that the P4HB waiver continues to operate within approved budget neutrality limits while providing targeted services to eligible members.

Georgia P4HB Budget Neutrality Worksheet for CY2024 / DY 14			
Without-Waiver Total Expenditures		DY14	
Medicaid Aggregate			
Pregnant Women		$	1,337,376,883
Infants 0-1		$	1,173,064,589
		$	2,510,441,472
With-Waiver Total Expenditures			
Medicaid Aggregate			
Pregnant Women		$	595,418,467
Infants 0-1		$	790,636,382
Medicaid Aggregate - WW only		$	900,507
		$	1,386,955,356
Base Variance		$	1,123,486,116
Cumulative Target limit			
Cumulative Budget Neutrality Limit (CBNL)		$	2,510,441,472
Allowed Cumulative Variance (= CTP X CBNL)			
Actual Cumulative Variance (Positive = Overspending)		$	(1,123,486,116)
Hypothetical Test 1			
Without-Waiver Total Expenditures			
Family Planning	Total	$	26,651,722
	PMPM	$	36.34
	Member Months		733,399
Total		$	26,651,722
With-Waiver Total Expenditures			
Family Planning			$20,230,157
Hypothetical Variance 1			$6,421,565
Hypotheticals Test 1 Cumulative Target Limit			
Cumulative Budget Neutrality Limit (CBNL)		$	26,651,722.00
Actual Cumulative Variance (Positive = Overspending)		$	(6,421,565)
Hypothetical Test 2			
Without-Waiver Total Expenditures			
Resource Mother Services	Total	$	622,119
	PMPM	$	258
	Member Months	$	2,407
Total		$	622,119
With-Waiver Total Expenditures			
Resource Mother Services		$	396,315
Hypothetical Variance 2		$	225,804
Cumulative Budget Neutrality Limit (CBNL)		$	622,119
Actual Cumulative Variance (Positive = Overspending)		$	(225,804)