

## **Table of Contents**

**State/Territory Name: Georgia**

**State Plan Amendment (SPA) #: 20-0011**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages



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**Financial Management Group**

June 15, 2021

Lynnette R. Rhodes, Esq.  
Executive Director, Medical Assistance Plans  
Department of Community Health  
2 Peachtree St., 36<sup>th</sup> Floor  
Atlanta, Georgia 30303-3159

RE: Georgia State Plan Amendment 20-0011


Dear Ms. Rhodes:

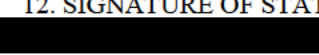
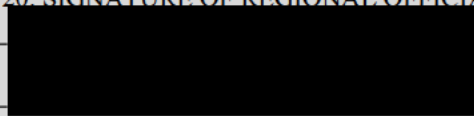
We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number 20-0011. Effective August 14, 2020, this amendment proposes to implement a quality incentive for nursing homes that receive national quality award status or accreditation.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We have found that the proposed reimbursement methodology complies with applicable requirements and therefore have approved them with an effective date of August 14, 2020. We are enclosing the CMS-179 and the amended approved plan pages.

If you have any questions, please call Christie Erickson at (410) 786-8441.

Sincerely,

  
For  
Rory Howe  
Acting Director

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>20-0011</b>	2. STATE <b>GEORGIA</b>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: <b>August 14, 2020</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):			
NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input type="checkbox"/> <b>XX</b> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION:  <b>42 CFR 447.250</b>		7. FEDERAL BUDGET IMPACT:  FFY20: \$229,445  FFY21: \$688,336	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 4.19-D, pages 27-29(a)</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  <b>Attachment 4.19-D, pages 27-29</b>	
10. SUBJECT OF AMENDMENT: <b>The Department is proposing to implement a quality incentive for nursing homes that receive national quality award status or accreditation.</b>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:	
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		<b>Single State Agency Comments Attached</b>	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:  Department of Community Health Division of Medicaid 2 Peachtree Street, NW, 36th Floor Atlanta, Georgia 30303-3159	
13. TYPED NAME: <b>LYNNETTE R. RHODES, ESQ.</b>			
14. TITLE: <b>EXECUTIVE DIRECTOR, MEDICAL ASSISTANCE PLANS</b>			
15. DATE SUBMITTED: <b>9/30/2020</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>September 30, 2020</b>		18. DATE APPROVED: <b>6/15/21</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>August 14, 2020</b>		20. SIGNATURE OF REGIONAL OFFICIAL:  For	
21. TYPED NAME: <b>Rory Howe</b>		Management Group	
23. REMARKS:			

O. Overall Limitations on Total Allowed Per Diem Billing Rate

In no case shall the Total Allowed Per Diem Billing Rate, whether determined under either Section 1002.2 or Section 1002.3 of the Nursing Facility Manual, exceed the facility's customary charges to the general public for those services reimbursed by the Division.

P. Payment in Full for Covered Services

The facility must accept as payment in full for covered services the amount determined in accordance with Section 1002 of the Nursing Facility Manual.

Q. Other Rate Adjustments

1. Quality Improvement Initiative Program

Facilities must enroll in the Quality Improvement Program to receive the following incentives:

a. A staffing adjustment equal to 1% of the Allowed Per Diem for Routine and Special Services may be added to a facility's rate. To qualify for such a rate adjustment, a facility's Nursing Hours and Patient Days Report must demonstrate that the facility meets the minimum staffing requirements presented in section 1003.1 of the manual.

b. For the most recent calendar quarter for which MDS information is available, Brief Interview for Mental Status (BIMS) scores for Medicaid patients will be measured, as determined by the Division. An adjustment factor may be applied to a facility's Routine and Special Services Allowed Per Diem based on the percentage of Medicaid patients whose BIMS scores are less than or equal to 5. The adjustment factors are as follows:

% of Medicaid Patients	Adjustment Factor
<20%	0%
20% - <30%	1%
30% - <45%	2.5%
45% - 100%	5.5%

c. A quality incentive adjustment may be added to a facility's rate utilizing the following set of indicators.

I. Clinical Measures:

The source of data is the Center for Medicare and Medicaid Services (CMS) website. Each measure is worth 1 point if the facility-specific value is in excess of the statewide average.

- (a) Percent of High Risk Long-Stay Residents Who Have Pressure Sores.
- (b) Percent of Long-Stay Residents Who Were Physically Restrained.
- (c) Percent of Long-Stay Residents Who Have Moderate to Severe Pain.
- (d) Percent of Short-Stay Residents Who had Moderate to Severe Pain.
- (e) Percent of Residents Who Received Influenza Vaccine.
- (f) Percent of Low Risk Long-Stay Residents Who Have Pressure Sores.

2. Alternative Clinical Measures:

Facilities that do not generate enough data to report on the CMS website (due to not meeting the minimum number of assessments for a reporting in a quarter) will use the following measures from the My InnerView (MIV) Quality Profile. The values used from MIV Quality Profile will be compared to the MIV Georgia average values for those measures. Each measure is worth 1 point if the facility-specific value is in excess of the MIV Georgia average.

- (a) Chronic Care Pain - Residents without unplanned weight loss/gain.
- (b) PAC Pain - Residents without antipsychotic medication use.
- (c) High Risk Pressure Ulcer- Residents without acquired pressure ulcers.
- (d) Physical Restraints - Residents without acquired restraints.
- (e) Vaccination: Flu - Residents without falls.
- (f) Low Risk Pressure Ulcer - Residents without acquired catheters.

3. Non-Clinical Measures:

Each measure is worth 1 point as described.

- (a) Participation in the Employee Satisfaction Survey.

- (b) Most Current Family Satisfaction Survey Score for "Would you recommend this facility?" Percentage of combined responses either "excellent" or "good" to meet or exceed the state average of 85% combined.
- (c) Quarterly average for RNs/LVNs/LPNs Stability (retention) to meet or exceed the state average.
- (d) Quarterly average for CNAs/NA Stability (retention) to meet or exceed the state average.
- (e) AHCA Active Bronze Quality Award Winner per the AHCA Active Bronze Quality Award Winner list.

4. Additional Quality Points Available:

The following measures are worth the specified number of points as described in the two criteria below in addition to the 1% or 2% available incentive.

- (a) AHCA Active Silver Quality Award winner per the AHCA Active Silver Quality Award Winner List will earn an additional incentive equal to 1%.
- (b) AHCA Active Gold Quality Award winner per the AHCA Active Gold Quality Award Winner List will earn an additional incentive equal to 2%.
- (c) Nursing Center who has earned and is currently accredited as a Joint Commission Accredited Nursing Care Centers will earn an additional incentive equal to 2%.

To qualify for a quality incentive adjustment equal to 1% of the Allowed Per Diem for Routine and Special Services for the most recent calendar quarter, the facility must obtain a minimum of three (3) points in the following combination: One (1) point must come from clinical measures, one (1) point from the non-clinical measure, and a third point from either the clinical or non-clinical measures.

To qualify for a quality incentive adjustment equal to 2% of the Allowed Per Diem for Routine and Special Services, for the most recent calendar quarter, the facility must obtain a minimum of six (6) points in the following combination: Three (3) points must come from the clinical measures, one (1) point from the

non-clinical measures, and two (2) points from either the clinical or non-clinical measures.

An additional 1% incentive can be earned by a facility that is an active AHCA Silver Award Winning Center.

An additional 2% incentive can be earned by a facility that is an active AHCA Gold Award Winning Center or Joint Commission Accredited.

NOTE: Facilities placed on the Special Focus List generated by CMS will not earn the DCB 1% Quality Incentive until the following conditions have been met:

- The facilities next standard survey and/or compliant survey, after being placed on the list, does not have a deficiency cited over Level E scope and severity; and
- The facilities second standard survey and /or compliant survey, after being placed on the list, does not have a deficiency cited over Level E scope and severity; or
- If the facility is removed from the special focus list by CMS for any other reason.