

## **Table of Contents**

**State/Territory Name: Georgia**

**State Plan Amendment (SPA) #: GA-22-0013**

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S3-14-28  
Baltimore, Maryland 21244-1850



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**Financial Management Group**

April 13, 2023

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

RE: State Plan Amendment (SPA) GA-22-0013

Dear Director Rhodes:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State Plan submitted under transmittal number (TN) 22-0013. This State Plan Amendment increases the per-diem reimbursement rate for both State Owned and Non State Owned Long-Term Acute Care Hospitals (LTAC) and Inpatient Rehabilitation Facilities (IRF) by 10%.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C.

This is to inform you that Medicaid State Plan Amendment GA-22-0013 is approved effective July 1, 2022. The CMS-179 and the amended plan pages are attached.

If you have any questions or need further assistance, please contact James Francis at 857-357-6378 or via email at [James.Francis@cms.hhs.gov](mailto:James.Francis@cms.hhs.gov).

Sincerely,



Rory Howe  
Director

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 2 — 0 0 1 3

2. STATE

GA

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447.201(b)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 22 \$ 756,605  
b. FFY 23 \$ 3,108,150

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-A, Page14d through page 14e.

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-A, Page14d through page 14e

9. SUBJECT OF AMENDMENT

Increase the reimbursement rate for Long-Term Acute Care Hospitals (LTAC) and Inpatient Rehabilitation Facilities (IRF) by 10%.

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME  
Lynnette R. Rhodes

13. TITLE  
Executive Director, Medical Assistance Plans Division

14. DATE SUBMITTED  
9/22/2022

15. RETURN TO

Lynnette R. Rhodes  
Executive Director, Medical Assistance Plans Division  
Georgia Department of Community Health  
2 Peachtree St., 36th Floor  
Atlanta, Georgia 30303

**FOR CMS USE ONLY**

16. DATE RECEIVED  
9 / 22 / 2022

17. DATE APPROVED  
April 13, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
7 / 1 / 2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL  
Rory Howe

21. TITLE OF APPROVING OFFICIAL  
Director, Financial Management Group

22. REMARKS

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METHODS AND STANDARDS FOR RESTABLISHING PAYMENT RATES  
INPATIENT SERVICES

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**Reimbursement of Long-Term Acute Care Hospitals and Institutional Rehabilitation Facilities**

For admissions on and after January 1, 2019, Long Term Acute Care Hospitals (LTACHs) and Institutional Rehabilitation Facilities (IRFs) will be reimbursed utilizing a facility specific per diem rate. To qualify for per diem reimbursement, the facility must be permitted as a Long-Term Acute Care Hospital or a Rehabilitation Hospital in the state of Georgia.

The facility specific per diem rate will be based on CY 2016 historical claims submitted for Georgia Medicaid recipients. Charges on each historical claim shall be converted to estimated costs by applying the hospital specific cost to charge ratio from each hospital's submitted cost report. The historical claims costs and days are summarized to calculate the facility-specific per diem cost and the LTACH and IRF average per diem cost.

LTACHs and IRFs will be placed into one of two peer groups based on ownership status: (1) State Owned Peer Group and (2) Non-State Owned Peer Group.

LTACHs and IRFs in the Non-State Owned Peer Group will have a facility-specific per diem rate set at 80.02% of the facility's CY 2016 Medicaid claims cost. LTACHs and IRFs in the State Owned Peer Group will have a facility-specific per diem rate set at 100% of the facility's CY 2016 Medicaid claims cost.

LTACH and IRF facilities that enroll in Georgia Medicaid on or after January 1, 2019 will receive payment under an average per diem rate.

The per diem rate for newly enrolled LTACHs in the Non-State Owned Peer Group will be set at 80.02% of average LTACH CY 2016 Medicaid claims costs. The per diem rate for newly enrolled LTACHs in the State Owned Peer Group will be set at 100% of average LTACH CY 2016 Medicaid claims costs.

The per diem rate for newly enrolled IRFs in the Non-State Owned Peer Group will be set at 80.02% of average IRF CY 2016 Medicaid claims costs. The per diem rate for newly enrolled IRFs in the State Owned Peer Group will be set at 100% of average IRF CY 2016 Medicaid claims costs.

Qualifying LTACHs and IRFs are eligible to receive the Hospital Provider Fee Add-On Amount as described in Attachment 4.19-A, Section II, Subsection (C)(2).

Out-of-state LTACHs and IRFs will be reimbursed under the Inpatient Perspective Payment System (IPPS), as described in Attachment 4.19-A, Section II, Subsection (D)(3).

METHODS AND STANDARDS FOR REESTABLISHING PAYMENT RATES  
INPATIENT SERVICES

**Reimbursement of Long-Term Acute Care Hospitals and Institutional Rehabilitation Facilities**

Effective July 1, 2022, the per diem for Long Term Acute Care Hospitals and Inpatient Rehabilitation Facilities will increase by ten (10%) percent for both State Owned and Non State Owned peer groups.

TN No.: 22-0013  
Supersedes  
TN No.: 19-0002

Approval Date April 13, 2023

Effective Date: July 1, 2022