SPECIAL EXAMINATION • REPORT NUMBER 25-08 • DECEMBER 2025

NOW and COMP Waivers

Requested information on waiver participation and costs

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Why we did this review

The Senate Appropriations Committee requested this special examination of the New Options Waiver (NOW) and Comprehensive Supports Waiver (COMP). Our review focused specifically on who has been served and their services over time, how expenditures have changed, how long applicants wait to receive services, the impact of separating NOW and COMP waiver appropriations, and the extent to which NOW and COMP providers are overseen by state agencies.

About NOW and COMP Waivers

NOW and COMP waivers serve individuals with intellectual and developmental disabilities who are eligible for Medicaid and require a level of care provided in an intermediate care facility. COMP generally serves those with more severe disabilities. Individuals served under both waivers may also have similar disabilities, though the level and setting of support provided may differ. The NOW waiver provides services designed to allow these individuals to continue living in their own home or with caregivers. The COMP waiver serves those needing more intensive supports (e.g., out-of-home residential care) to avoid institutionalization. The Department of Behavioral Health and Developmental Disabilities is responsible for most of the programmatic administration and oversight.

In fiscal year 2025, the waivers served approximately 14,100 individuals, with the majority (69%) receiving COMP services. Federal and state expenditures related to waiver claims totaled $1.1 billion.

What we found

Individuals with intellectual and developmental disabilities eligible for the Comprehensive Supports (COMP) Waiver account for a growing share of services and costs, driven by higher service needs and expenditures. According to the Department of Behavioral Health and Developmental Disabilities (DBHDD), individuals with the highest unmet needs are prioritized for new waiver slots regardless of waiver type. The net increase in COMP participation was higher over the period reviewed; this resulted in fewer new slots available for New Options Waiver (NOW) individuals, who generally have fewer service needs and are thus less expensive. Additional appropriations would be necessary to decrease the number of people waiting for waiver services while also ensuring those with the highest needs are served.

Waiver expenditures have increased due to higher costs for COMP participants, which account for a larger share of services.

Between fiscal years 2021 and 2025, total expenditures for waiver services increased by 50%—from $725.5 million to $1.1 billion. Most of this growth can be attributed to COMP claims. COMP participants have steadily increased as a proportion of total waiver participants, representing nearly 70% between fiscal years 2021 and 2025. Over this period, COMP participation rose by 9%, while NOW participation declined by 7%. This shift is significant because COMP participants typically require more intensive and higher-cost services than those with the NOW waiver. In fiscal year 2025, COMP participants on average cost approximately $104,000, compared to $16,200 for NOW participants.

Member cost increases can be attributed to more expensive claims, with the average cost of some services increasing significantly. This is generally due to provider rate increases that were passed during the period of review.

DBHDD prioritizes individuals with the highest unmet needs on the planning list for new waiver slots.

Due to limited funds, DBHDD manages a planning list for individuals identified as pre-eligible for waiver services, with priority given to those with the greatest unmet needs. Most individuals on the planning list are waiting for NOW services; as of September 2025, 43% of those on the list (2,100 of the 4,900 over the age of 22, representing the most likely to need services) have been waiting at least six years. DBHDD staff noted, however, that some of these individuals may have applied for the waiver in anticipation of needing future supports (versus those with more imminent needs). Those on the planning list still typically receive services funded by Medicaid; these commonly include home and community-based services also accessible through the waiver, as well as institutional care.

Over the period reviewed, the General Assembly has appropriated new funding to DBHDD to increase the number of slots; however, the increase in number of participants served has not matched the number of funded slots. Since fiscal year 2021, the number of participants has increased by 462 (which accounts for attrition in existing participants)—approximately one-third of the 1,313 slots funded. This is because growth in the program is largely due to an increase in COMP participants (which results in a higher per member cost than the amount serving as the basis for appropriations), along with increasing service costs for existing participants and the allocation of funds for system capacity building and other administrative expenses.

Additional funding may be necessary to ensure more NOW individuals are served without impacting COMP availability.

The current structure for the waiver combines funding for NOW and COMP participants, which (as previously discussed) favors COMP participants and may increase time on the planning list for individuals waiting for NOW services. As noted above, these individuals typically still receive Medicaid services; however, they may experience delays in receiving waiver services, which may not be covered under traditional Medicaid. Separating NOW and COMP waiver appropriations could increase the number of NOW participants served because a specific amount would be designated for each population. However, an emphasis on lowering the total number of individuals on the planning list could result in fewer COMP individuals—who have higher needs—obtaining the waiver and more individuals remaining in institutional care. Efforts to maintain COMP participation while also increasing NOW participation would likely require higher appropriations than typically provided in recent years.

Oversight activities ensure waiver services and costs are appropriate.

Oversight of NOW and COMP providers is shared between DBHDD and the Department of Community Health (DCH), with responsibilities spanning provider enrollment, service delivery, and claims monitoring. DBHDD reviews provider qualifications, conducts site visits, and monitors compliance with federal, state, and waiver-specific requirements. Similar to other Medicaid providers, claims are monitored through automated checks, utilization reviews, and investigations by DCH's Program Integrity Unit and the Medicaid Fraud and Patient Protection Division within the Department of Law.

What we recommend

This report is intended to answer questions posed by the Senate Appropriations Committee and to help inform policy decisions.

See **Appendix A** for a detailed listing of findings.

DBHDD's Response: *DBHDD agreed with the findings in its overall response to the report. It also noted its understanding that "no instances of deficiencies or non-compliance were identified during the audit or noted in the report." Detailed responses are included at the end of each finding.*

DCH's Response: *DCH agreed with the findings of the report.*

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Purpose of the Special Examination

This review of the New Options Waiver (NOW) and Comprehensive Supports Waiver (COMP) was conducted at the request of the Senate Appropriations Committee. Our review focuses on the following questions:

- Who has been served by NOW and COMP waivers and what services have they received over time?
- How have NOW and COMP waiver expenditures changed since 2020?
- How long did NOW and COMP applicants wait to receive services and why?
- How would separating appropriations impact NOW and COMP waivers?
- To what extent are NOW and COMP providers overseen by state agencies?

A description of the objectives, scope, and methodology used in this review is included in **Appendix B**. A draft of the report was provided to the Department of Behavioral Health and Developmental Disabilities and the Department of Community Health for review, and pertinent responses were incorporated into the report.

Background

Home and Community-Based Services Programs

Home and community-based services (HCBS) provide individuals with intellectual and developmental disabilities an alternative to institutional care. Institutional settings—including hospitals, nursing homes, and intermediate care facilities—provide 24-hour residential healthcare or rehabilitative services. By contrast, HCBS services enable individuals to live in their communities. Common services are intended to support development in areas such as socialization and life skills, as well as assist with daily activities.

Medicaid waivers allow states to forgo certain federal requirements mandated for traditional Medicaid.

HCBS services are covered under Medicaid state plans, as well as waivers overseen by states and approved by the federal Centers for Medicare and Medicaid Services (CMS). Section 1915(c) of the Social Security Act gives states the option to offer Medicaid waivers that provide a broad range of HCBS services, including those not covered by the Medicaid state plan, and "waive" certain requirements of traditional Medicaid plans.[1] Such waivers must be cost neutral, meaning average expenditures for waiver services cannot exceed average institutional care expenditures had the waiver not been granted. Waivers are generally the payor of last resort, meaning all other funding sources (e.g., private insurance, traditional Medicaid, local school systems) must be exhausted before Medicaid will pay for waiver service claims.

[1] *Unlike traditional Medicaid state plans, 1915(c) waivers allow states to limit services to certain geographic areas and limit the amount, duration, and scope of services.*

NOW and COMP Waivers

Georgia offers two CMS-approved 1915(c) waivers to support individuals with intellectual and developmental disabilities: the New Options Waiver (NOW) and the Comprehensive Supports Waiver (COMP), described in **Exhibit 1**.[2] Both waivers may serve individuals with similar types of intellectual and developmental disabilities, though COMP generally serves those with more severe disabilities. The waivers primarily differ in the level and setting of support provided. The NOW waiver supports individuals who can live in their own home or with caregivers. The COMP waiver serves individuals requiring out-of-home residential care or intensive levels of in-home services (due to a lack of family supports, existence of complex medical or behavioral support needs, or other circumstances) to avoid institutionalization. COMP waivers are also used to support individuals transitioning from institutional placements into community settings. NOW waivers have an annual cost limit of $65,000; COMP waivers have no limits.[3]

Support generally refers to assistance and services provided by family, caregivers, DBHDD staff, and approved providers.

Exhibit 1

NOW and COMP waivers generally serve different populations

COMP	NOW
• Intensive support needs, often requiring residential care • Designed to transition individuals from institutions to community • No annual cost limit	• Lower support needs, or has existing support from family/caregivers • Annual cost limit of $65,000

Source: Agency documents

A variety of services are available for both NOW and COMP participants, such as supported employment services, transportation services, and community access services designed to assist with independent functioning outside of one's home (see **Appendix C** for more details). Nearly all waiver participants receive support coordination, which involves planning, arranging, and monitoring of services. While most services are available to both NOW and COMP participants, select services are only available to COMP participants, such as community residential alternatives (i.e., group homes) that provide intensive levels of care.

Participation in the waiver program affords individuals opportunities for HCBS that are either limited or not available under traditional Medicaid. For example, skilled nursing services are offered under traditional Medicaid, but the waivers provide more hours or specialized care for ongoing, complex needs (e.g., pulmonary and gastrointestinal care) than traditional Medicaid allows. Additionally, NOW and COMP waivers offer some services typically not available under traditional Medicaid, such as respite services (i.e., brief periods of relief for caregivers).

[2] *Georgia operates two other 1915(c) waivers that provide HCBS services to a similar population. The Independent Care Waiver Program serves individuals with severe physical disabilities and traumatic brain injuries. The Elderly and Disabled Waiver Program consists of two programs that serve individuals aged 65 or older and those with physical disabilities who require the level of care provided in a nursing home. These waivers are not included in the scope of this report.*

[3] *NOW waiver limits are periodically adjusted. Prior to January 2025, the limit was $52,300.*

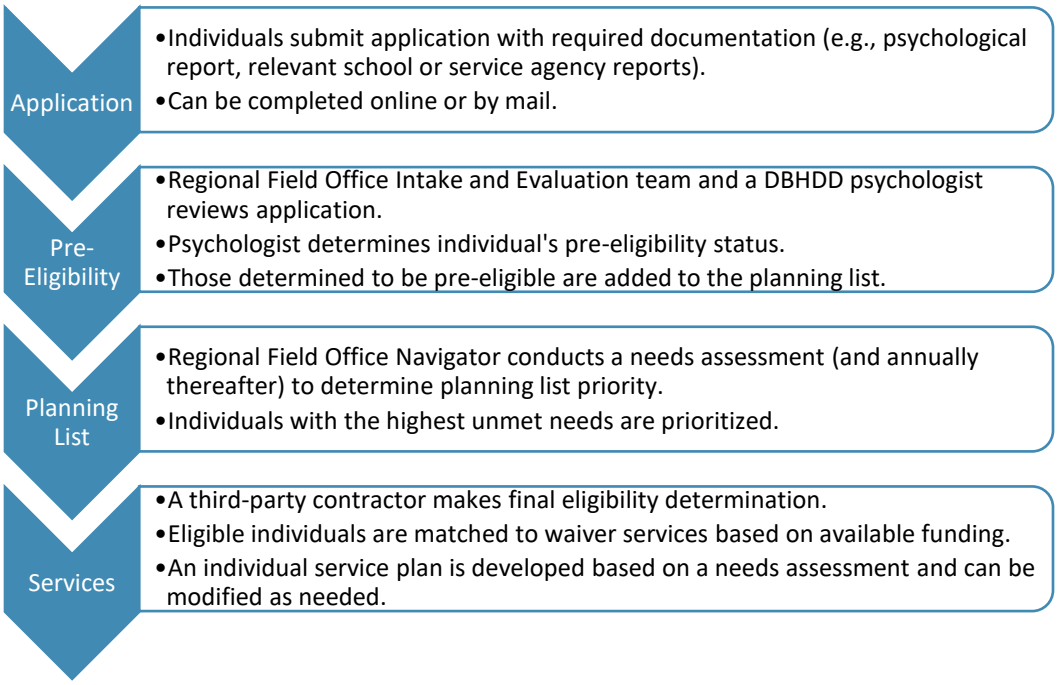
To be eligible for NOW or COMP waiver services, individuals must:

- Already be eligible for Medicaid;
- Have an intellectual disability diagnosis prior to age 18 or a closely related developmental disability (e.g., cerebral palsy, epilepsy, autism) prior to age 22;
- Have significant deficits in performing tasks requiring conceptual, social, or practical skills (e.g., reading, following instructions, self-care, etc.); and
- Require the level of care provided in an intermediate care facility.[4]

As shown in **Exhibit 2**, the entry process into NOW and COMP services includes several steps. Individuals must apply online through the Department of Behavioral Health and Developmental Disabilities (DBHDD) case management system—IDD Connects—or by mail. Staff in regional field offices review applications for completeness and then pass the application to a DBHDD psychologist who determines pre-eligibility for entry onto the planning list.

Exhibit 2

The NOW and COMP entry process includes several steps



Source: Agency documents

If found pre-eligible, regional field office staff conduct a needs assessment to determine an individual's priority on the planning list. Typically, individuals are initially considered for NOW services when placed on the planning list until the

[4] *Intermediate care facilities are certified by the Department of Community Health (DCH) to provide food, shelter, and personal care services under nurse supervision for those admitted by medical referral. This does not typically include care for bed patients (e.g., handfeeding, catheter maintenance), except for emergencies.*

All pre-eligible individuals waiting to receive NOW and COMP waiver services are placed on a single planning list.

need for COMP services (e.g., residential care) becomes apparent through subsequent assessments. Individuals' needs are reassessed each year or as circumstances change, which may affect priority.

When determining who will ultimately receive services, individuals with the greatest unmet needs are typically prioritized. However, those with more urgent circumstances (as classified under DBHDD's criteria) may receive services first. For example, an individual who historically received services while in school could be prioritized for waiver services when they age out of the K-12 system.

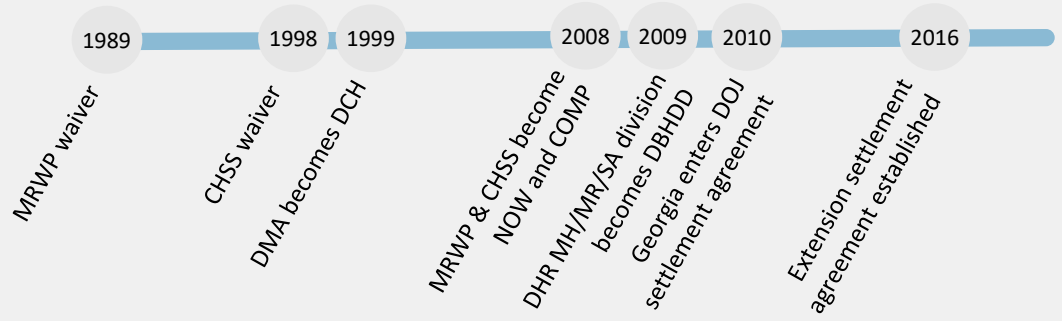
While DBHDD determines an individual's pre-eligibility status, a third-party contractor determines final eligibility. Individuals determined most in need transition from the planning list into waiver services based on available funding.

NOW and COMP Waivers have Undergone Several Changes

In 1989, Georgia's Mental Retardation Waiver Program (MRWP) was established to provide home and community-based services to individuals with intellectual and developmental disabilities. In 1998, the Community Habilitation and Support Services Waiver (CHSS) was implemented to support the closure of Brook Run—an institution for individuals with intellectual and developmental disabilities. In 2008, the MRWP and CHSS waivers became known as NOW and COMP, respectively.

As the state's Medicaid authority, the waivers were initially administered by the former Department of Medical Assistance (DMA) and the Department of Human Resources' (DHR) Division of Mental Health, Mental Retardation, and Substance Abuse (MH/MR/SA). DMA was reorganized into the Department of Community Health in fiscal year 1999, and DHR's MH/MR/SA division became the Department of Behavioral Health and Developmental Disabilities in 2009.

In 2010, the United States Department of Justice (DOJ) alleged that Georgia was in violation of the Americans with Disabilities Act (ADA) by keeping individuals with disabilities in state hospitals instead of community settings.[1] Subsequently, Georgia entered into a settlement agreement with DOJ to set aside funds for at least 750 waivers over a five-year period to transition individuals from state hospitals into the community. In 2016, an extension agreement was established requiring Georgia to fund a specified number of waivers each year between 2016 and 2018, for a total of 675 waivers.



Source: Historical agency documents

[1]In 1999, the United States Supreme Court ruled in Olmstead v. L.C. that unnecessary institutionalization of individuals with disabilities violates the ADA.

An individual service plan (ISP) is developed for each NOW and COMP participant and includes pre-authorized services individuals may receive based on their assessed needs. ISPs can be modified based on updated needs assessments, which are conducted at least annually, or more frequently if necessitated by a change in circumstances.

Organization and Staffing

The Department of Community Health delegates responsibility for most of the programmatic administration and oversight of NOW and COMP waivers to the Department of Behavioral Health and Developmental Disabilities Division of Intellectual and Developmental Disabilities. Each entity's responsibilities are described below.

- **Department of Behavioral Health and Developmental Disabilities (DBHDD)** – Central office staff oversee NOW and COMP support coordination, enroll providers, and monitor program performance. Regional field offices handle most of the day-to-day oversight of service delivery. Each of DBHDD's six regional offices (see **Appendix D**) conducts needs assessments and works directly with individuals' families and providers in their area to coordinate access to local services. Financial oversight and reporting of state funds are supported by the chief financial officer.
- **Department of Community Health (DCH)** – As the state's designated Medicaid agency, DCH is authorized to draw down federal Medicaid funds to pay provider claims for waiver services and then bill DBHDD for the state portion of Medicaid funds. DCH maintains staff who assist with coordination between DBHDD and DCH for NOW and COMP waivers. Within DCH's Office of Inspector General, the Program Integrity Unit identifies Medicaid fraud, waste, and abuse. Through a memorandum of understanding, DCH sends fraud referrals to the Medicaid Fraud and Patient Protection Division within the Department of Law for investigation. (See Finding 5 for further discussion.)

Financial Information

NOW and COMP waivers are funded under the Aged, Blind, and Disabled Medicaid program and are supported by both federal and state funds. The federal share of funds is determined by the federal medical assistance percentage (FMAP), which is calculated using states' per capita income and thus provides higher reimbursement rates to states with lower income.[5] The remaining costs are supported by state funds, including state general funds and tobacco settlement funds.

State appropriations for new NOW and COMP waiver slots appear as line items under DBHDD's Adult Developmental Disabilities Services (ADDS) budgetary

[5] *In Georgia, the FMAP ranged from 66.04% and 73.23% between fiscal years 2021 and 2025.*

program in the appropriations bill.[6] Funds are appropriated for six months of waiver funding, and the second half of waiver funding is annualized in the next fiscal year to reflect any FMAP changes. Between fiscal years 2021 and 2025, the General Assembly has appropriated between $2.0 and $20.3 million[7] to DBHDD to increase the number of NOW and COMP waiver slots (see **Exhibit 3**). Appropriations to reflect provider rate changes also appear as separate line items within the budget program, totaling $97.1 million in fiscal years 2022-2023 and 2025 (with the largest increase occurring in fiscal year 2025).

Exhibit 3

State appropriations are made for additional waivers, annualization, and provider rate increases (FY 2021-2025)

Fiscal Year	Additional Waivers[1]	Prior Year's Waivers Annualized[2]	Additional Waivers + Annualization	Provider Rate Increases
2021	$5,599,600	$2,749,798	$8,349,398	-
2022	$1,957,356	-[3]	$1,957,356	$12,343,735
2023	$10,328,856	$1,960,937	$12,289,793	$4,900,000
2024	$9,399,368	$10,950,021	$20,349,389	-
2025	$2,345,692	$9,377,302	$11,722,994	$79,901,675

[1] Amount appropriated for six months of costs associated with new waiver slots.

[2] Additional amount appropriated to annualize funding for new waiver slots established in the prior year.

[3] According to DBHDD, new waiver slots in fiscal year 2021 were fully funded, thus no annualized funding was appropriated in fiscal year 2022.

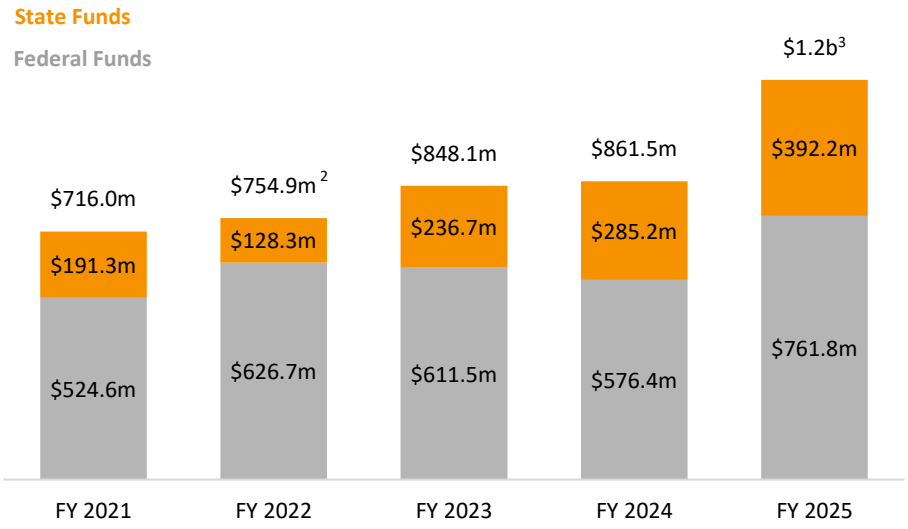
Source: Appropriations acts

DCH disburses payment to providers on a fee-for-service basis (as opposed to managed care capitation payments[8]) in accordance with established rates; DBHDD reimburses DCH for the Medicaid state match portion. This state match portion is appropriated by the General Assembly to DBHDD and held in reserves until invoiced by DCH. Any funds unused by the end of the fiscal year must be returned to the Office of the State Treasurer.[9]

As shown in **Exhibit 4**, state expenditures for NOW and COMP claims increased by 105% between fiscal years 2021 and 2025, with the highest percentage change occurring in fiscal year 2025. The state's increasing share of waiver expenditures (from 27% in fiscal year 2021 to 34% in fiscal year 2025) can be attributed to a decreasing FMAP, which is due to Georgia's increasing per capita income and the end of a temporarily enhanced FMAP provided during the COVID-19 pandemic.

[6] *Between fiscal years 2006-2011, line-item appropriations were made for additional waivers under the Community Services (Child and Adolescents) and Child and Adolescent Developmental Disabilities Services budget programs.*
[7] *This includes appropriations for additional waivers as well as appropriations to annualize the prior year's waivers.*
[8] *Under a fee-for-service program, DCH pays providers directly for each covered service received by a Medicaid recipient using set rates. Under Georgia's managed care program, the state pays a monthly capitation fee to a Care Management Organization for each enrolled individual.*
[9] *Funds are remitted at the program level. As discussed in the Finding 3 gray box on page 19, it cannot be determined what funds specific to NOW and COMP are remitted.*

Exhibit 4
State expenditures for NOW and COMP waiver claims have increased in recent years (FY 2021-2025)[1]



[1] Figures do not sum due to rounding. Additionally, total expenditures differ slightly from totals presented in Exhibit 8 by 0.32%-5.9% due to the timing of payments for claims. Exhibit 8 represents expenditures for claims from GAMMIS based on the date a service was provided, not when the service claim was paid. Figures presented here represent expenditures from TeamWorks, which is based on when the claim was paid.

[2] In fiscal year 2022, a 10% FMAP increase associated with the American Rescue Plan Act reduced the amount of NOW and COMP state expenditures.

[3] The increase in fiscal year 2025 is mostly attributed to the $79.9 million provider rate increase.

Source: TeamWorks data

Requested Information

Finding 1: The share of COMP waiver participants has increased since 2021, resulting in higher total program costs.

The number of NOW and COMP participants increased in the period reviewed, with a larger proportion receiving COMP services. These individuals typically require more and higher-cost services than those with the NOW waiver, and COMP costs have increased at a higher rate. This—along with general provider rate increases—has contributed to higher total expenditures within the program.

As previously discussed, anyone with an intellectual or developmental disability (and meeting certain other criteria on page 3) could be eligible for NOW or COMP services, but participants are prioritized based on levels of unmet need. We reviewed trends in the number of NOW and COMP participants, the services they received, and the costs of claims between fiscal years 2021 and 2025.

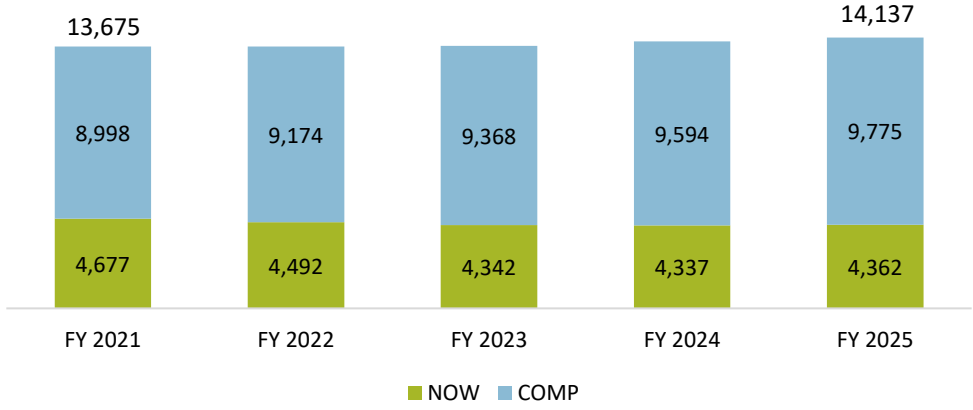
Participants Served

COMP participants represented nearly 70% of total participants between fiscal years 2021 and 2025.

Since fiscal year 2021, nearly 16,400 unique individuals have received NOW and COMP services. As shown in **Exhibit 5**, more than 14,100 participants received services in fiscal year 2025—approximately 3% more than fiscal year 2021. Over time, COMP participation increased by nearly 9%, while NOW participation decreased by nearly 7%. As a result, the proportion of participants receiving COMP services increased slightly from 66% to 69%.

Exhibit 5

Approximately 14,000 individuals receive NOW and COMP waiver services each year (FY 2021-2025)[1]



[1] Totals in fiscal years 2021 and 2025 represent the number of unique individuals. Approximately 300 individuals each year received both NOW and COMP services (approximately 2% of all participants). We categorized these individuals as NOW or COMP participants based on their last claim in the fiscal year.

Source: GAMMIS data

Participant characteristics (qualifying diagnoses, age, and DBHDD region) did not change significantly in the period reviewed. Among the 14,137 participants in fiscal year 2025:

- Nearly all (97% or 13,730) had at least one claim associated with an intellectual disability. COMP participants were more likely to have claims associated with severe or profound intellectual disability—52% (5,120) compared to 36% (1,580) of NOW participants. Additionally, 13% (1,830) of all participants had claims associated with autistic disorders, while 2% (290) had claims associated with cerebral palsy.
- The largest percentage (27% or 3,860) was between the ages of 31 and 40, followed by those aged 22-30 (25% or 3,550).
- Nearly half (48% or 6,800) lived in DBHDD Regions 1 and 3, which encompass most of the Metro Atlanta area (see **Appendix D** for the number of participants in each region).

Services Received

COMP participants typically received more and costlier services than NOW participants, as shown in **Exhibit 6**.

Exhibit 6

Common services received by COMP and NOW participants varied (FY 2025)[1]

COMP Services	% Served	Avg Cost per Claim	NOW Services	% Served	Avg Cost per Claim
Support Coordination (Coordination of services)	99%	$286	**Support Coordination** (Coordination of services)	99%	$215
Community Access (Assists with active participation and independent functioning outside the home)	77%	$186	**Community Access** (Assists with active participation and independent functioning outside the home)	82%	$153
Community Residential Alternative (Group homes)	47%	$664	**Community Living Support** (Assists those living in family homes)	16%	$163
Community Living Support (Assists those living in family homes)	45%	$221	**Specialized Medical Supplies** (E.g., food supplements, special clothing)	11%	$229
Specialized Medical Supplies (E.g., food supplements, special clothing)	40%	$333	**Financial Support Services** (Coordination of payments of participant funds for services)	10%	$102
Nursing Services (Via a Registered Nurse or Licensed Practical Nurse)	29%	$1,074	**Supported Employment** (Services to assist participants in working in regular work settings)	10%	$196

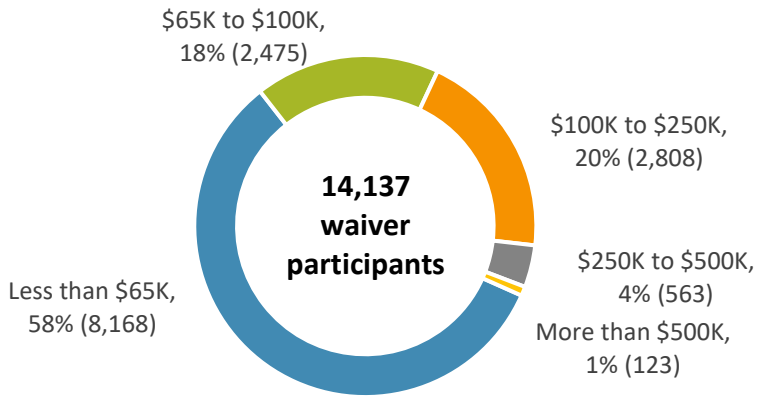
[1] Average cost per claim excludes claims in GAMMIS data with $0 payments.
Source: GAMMIS and IDD Connects data

Regardless of waiver type, most participants received support coordination and community access services, which assist with independent functioning outside the home. While these services were generally sufficient for NOW participants, nearly half of COMP participants required additional services, including community residential alternative services (i.e., group homes) or community living support, as

well as specialized medical supplies. Finally, nearly 30% of COMP participants also received nursing services, which were significantly more expensive at approximately $1,100 per claim. See **Appendix C** for more information about waiver services.

While most participants' service packages did not require more than $150,000 in claims, some were particularly expensive. As shown in **Exhibit 7**, approximately 5% of participants (686) had claims of more than $250,000 in fiscal year 2025. The costliest COMP participant accrued nearly $1.2 million in claims, of which 71% ($849,000) went to nursing services and nearly all of the remaining 29% ($337,000) went to community residential alternative care and additional staff.[10] Two other participants similarly accrued more than $1 million in claims primarily for nursing and residential services.

Exhibit 7
Nearly 700 participants had claims totaling more than $250,000 in FY2025



Source: GAMMIS data

It should be noted there is an annual cap for total NOW claims per member ($65,000 in 2025) but no similar annual cap for the COMP waiver. However, some services have limits on the number of claims that can be charged within a specific time period, which apply to all waiver participants. For example, nursing services are typically limited to 16 hours per day, while community residential alternative services are limited to 344 billing days per year.[11] There are also per claim dollar limits for each service that may be readjusted upon CMS approval.

[10] *Additional staffing is a service DBHDD provides to waiver participants with extreme medical and behavioral needs that exceed the maximum established service rates for COMP services. It should be noted that costs for this service increased substantially in part due to rate increases that occurred in fiscal years 2017 and 2022. According to DBHDD, the 2025 provider rate increase has allowed community residential alternative services to increase the number of permitted staff, which should lower additional staff costs in the future.*

[11] *Providers are limited to 344 billing days, which assumes participants will spend at least 21 days of the year outside of the group home (e.g., time with family, short stays in institutions).*

NOW and COMP participants also incurred traditional Medicaid costs

NOW and COMP participants also receive general Medicaid services not covered by waivers. These commonly include pharmacy, physician, hospital, and dental services. Between fiscal years 2021 and 2025, NOW and COMP participants incurred approximately $283.7 million in other Medicaid claims (compared to $4.3 billion in NOW and COMP claims). Expenses steadily increased from $50.5 million in 2021 to $63.5 million in 2025. Approximately half ($156.4 million) were pharmacy claims, while physician and outpatient hospital claims represented 19% ($52.7 million). In addition, nearly $19 million was spent on intermediate care facilities (e.g., nursing homes or state institutions) for more than 570 individuals.

General Medicaid Service	FY 21-25 Participant Costs	% of Total
Pharmacy	$156,415,709	55%
Physician Services	$27,979,685	10%
Outpatient Hospital Services	$24,678,034	9%
Institutional Care (e.g., nursing homes)	$18,840,664	7%
Other	$55,785,335	20%
Total	**$283,699,427**	**100%**

Source: GAMMIS data

It should be noted that 1.3% (215[12] individuals) had no NOW or COMP claims between fiscal years 2021 and 2025 despite being eligible for waiver services. We provided a list of eight individuals to DBHDD staff, who provided reasons for why they did not receive waiver claims. These included refusing services, claims that were billed after our data period, and moving out of state.

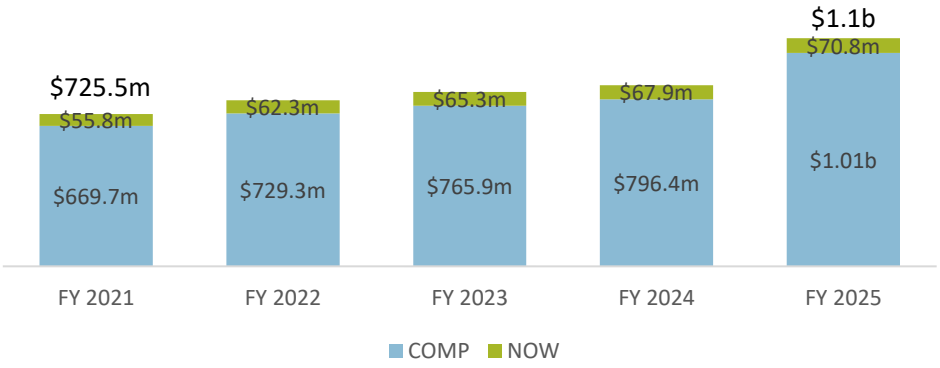
The expenditure discussion is limited to those related to waiver claims. The program also incurs administrative costs, but these are not identifiable.

Expenditures

Between fiscal years 2021 and 2025, total expenditures associated with waiver claims increased from $725.5 million to $1.1 billion, a rate (50%) significantly higher than the 3% increase in the number of participants. As shown in **Exhibit 8**, most of the increase was related to the COMP waiver, which increased by 52%

Exhibit 8

Expenditures for COMP claims have increased more than those for NOW (FY 2021-2025)[1]



[1] Expenditures reflect state and federal funds for claims payments.
Source: GAMMIS data

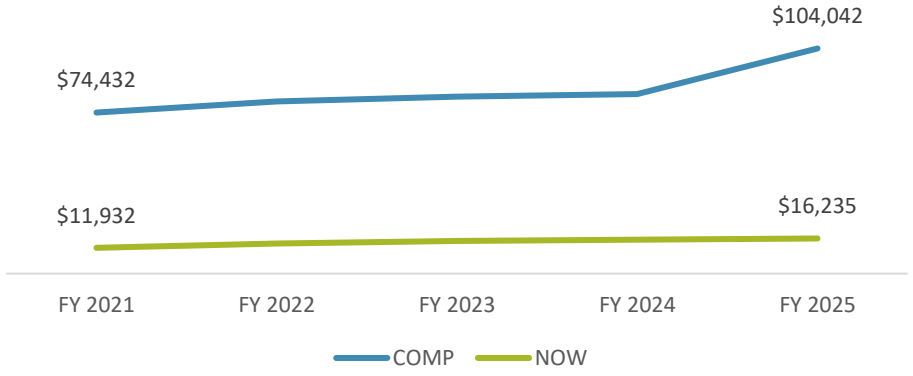
[12] *A total of 385 individuals had an ISP but no NOW or COMP claims in GAMMIS between fiscal years 2021 and 2025. However, this is expected for 170 individuals who either had their first ISP in the last three months of fiscal year 2025 (129) or had their last ISP in the first three months of fiscal year 2021 (41).*

(from $670 million to $1 billion) compared to a 27% increase in NOW costs (from $55.8 million to $70.8 million). As discussed below, several provider rate increases took effect during the period of review, which contributed to increased costs.

The increase in expenditures can be attributed to higher member costs, which have grown by approximately 40% for both NOW and COMP participants since fiscal year 2021. However, as shown in **Exhibit 9**, this equated to an average increase of $4,300 for each NOW participant, compared to $29,600 for each COMP participant. In fiscal year 2025, COMP participants (which are a larger percentage of the waiver population, as discussed above) each cost an average of approximately $104,000 (compared to $16,200 for a NOW participant). The number of high-cost COMP participants has also increased. For example, 610 participants had total claims exceeding $150,000 in fiscal year 2021, compared to nearly 1,800 in 2025. Similarly, 120 participants had claims totaling more than $500,000 in 2025, compared to two in 2021.

Exhibit 9

Average per member costs have increased by nearly 40% (FY 2021-2025)



Source: GAMMIS data

As discussed on page 6, the General Assembly appropriated additional funds to increase provider rates in fiscal years 2022 and 2023, totaling $17.2 million. The largest increase of $79.9 million occurred in fiscal year 2025.

Member cost increases can generally be attributed to more expensive claims resulting from across-the-board provider rate increases that occurred during our period of review. For example, the average cost for nursing services has more than doubled from approximately $430 in fiscal year 2021 to $1,070 in 2025, while the average community residential alternative claim increased by approximately $180, from $480 to $660 during the period. These two services are among those that represent a large percentage of total claim costs, and their cost increases added $207 million to total expenditures (a 19% increase).

DBHDD's Response: *DBHDD agreed with this finding. DBHDD specifically noted its agreement with observations relating to the share of COMP waiver participants increasing since 2021. DBHDD indicated that leadership will continue to evaluate ways to enhance efficiency of program cost.*

DCH's Response: *DCH agreed with this finding.*

Finding 2: Many individuals have been on DBHDD's planning list for at least six years.

The majority of individuals on DBHDD's planning list are waiting for NOW services. As of September 2025, many individuals have been waiting for at least six years, though most are served under traditional Medicaid while they wait. On average, those who have been accepted to participate in the waiver since August 2019 waited nearly two years from the time they initially applied to when they began receiving services.

The planning list consists of individuals DBHDD determined pre-eligible for NOW and COMP waiver services.

Due to limited funding and the waiver serving as a payor of last resort, DBHDD manages a planning list for all individuals found to be pre-eligible for waiver services. An individual's priority on the list may change if periodic assessments find their unmet needs change over time. If an individual's unmet needs are high enough, DBHDD prioritizes them for waiver services.

Approximately 7,900 individuals were on the planning list in September 2025. This included approximately 3,000 (38%) under the age of 22, who are generally seen as a low priority group and are thus excluded from our analysis of wait times.[13] Additionally, according to DBHDD individuals aged 22 and above may apply for services even though their need for the waiver is not imminent; as such, they are not currently waiting for services in the same way as others who do not have similar supports in place. DBHDD cannot identify these individuals; thus, they are included in the population analyzed.

Nearly all 4,900 individuals on the planning list aged 22 and above were waiting for NOW services; currently only 50 were identified as needing the COMP waiver.[14] This is because DBHDD's planning list automatically assigns individuals as needing the NOW waiver. Upon subsequent needs assessments, individuals on the planning list may be identified as needing COMP services.

This analysis is based on the 4,900 individuals aged 22 and above who were on the planning list as of September 2025.

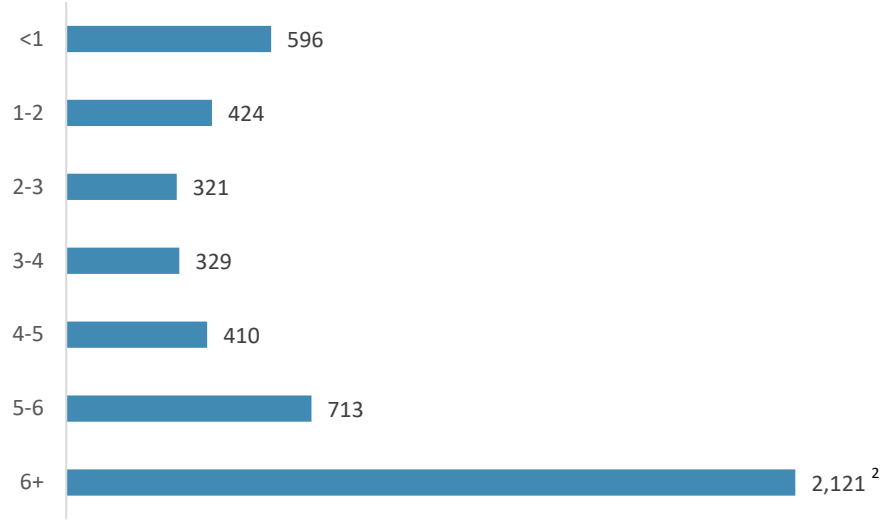
On average, those on the planning list have been waiting for services for nearly five years. As shown in **Exhibit 10**, 43% (2,100 of 4,900) have been on the planning list at least six years. It should be noted these individuals were on the list prior to August 2019, when DBHDD's systems were updated and all individuals received that date as when they entered the planning list (meaning they likely have waited longer than six years). The 2,200 individuals on the planning list who applied for services after August 2019 (and thus have accurate data in DBHDD's system) have waited an average of 3.6 years.

[13] *These individuals are included on the planning list because they are eligible for the waivers, but they are typically able to receive services from their local school systems and receive family support in the home. Currently only 2% of those receiving services are under the age of 22.*

[14] *As noted in the background on page 3, individuals are initially considered for NOW services when placed on the planning list until the need for COMP services (e.g., residential care) becomes apparent through subsequent assessments.*

Exhibit 10

Many of those on the planning list aged 22 and above have waited at least six years for services (as of September 2025)[1]



[1] When relevant, wait times for those aged 22-27 were adjusted to account for only the time they were among the population most likely to receive services (i.e., time waiting since age 22) versus total time on the planning list.

[2] Represents those on the planning list prior to a system update in August 2019, when all received that date to indicate when they entered the planning list.

Source: IDD Connects data

This analysis is based on approximately 1,800 individuals who applied and were matched to services between August 2019 and September 2025; thus, they are not included on the planning list as of September 2025.

As discussed in the background, individuals must apply, enter the planning list, and then be matched to services once provided a slot. We reviewed the time spent in each of these phases for the approximately 1,800 individuals who applied and were matched to services between August 2019 and September 2025. On average, the total wait time for these individuals was nearly 1 year and 9 months. Time spent in each phase is described in **Exhibit 11** and below.

Exhibit 11

The average wait time for individuals[1] who applied and were matched to services during the period reviewed averaged nearly two years

[1] Represents approximately 1,800 individuals who submitted an application and were matched to services between August 2019 and September 2025.

Source: IDD Connects data

- **Application** – Individuals generally waited three months between the time they applied to their assignment on the planning list. However, the

range varied significantly. For example, 19% (340) were assigned to the planning list within a week, while 16% (290) were assigned after more than six months.

- **Planning list** – On average, individuals waited on the planning list for nearly one year, though the timeframe varied for certain individuals. For example, 33% (600) waited less than three months, compared to 17% (320) who waited more than two years and 3% (60) who waited more than four years before being matched to services.
- **Service matching and entry** – Among 1,800 matched to services, 55% (990) were matched to NOW services and 45% (820) were matched to COMP services.[15] On average, individuals were matched to services about six months after being removed from the planning list. It should be noted that 250 of these individuals (14%) received services from both NOW and COMP at some point since August 2019.

According to research, long wait times for home and community-based services (HCBS) waiver programs can cause hardships for individuals seeking the services and more financial strain to the state. For example, multiple studies have found that long wait times for HCBS waivers are associated with adverse outcomes such as increased rates of hospitalization, institutionalization, and death. In addition, a 2013 study on Iowa's HCBS waiver found individuals who wait less than six months for services were 25% less likely to receive care in a nursing home (which would be at a higher expense to the state) compared to those with longer wait times.

However, individuals on the planning list typically receive traditional Medicaid services—including those that permit community living—while waiting to obtain NOW and COMP services. Among the nearly 11,400 individuals who were on the planning list at some point since July 2020, nearly 10,300 (90%) received services through Medicaid, totaling $556.7 million (see **Exhibit 12**). Approximately 1,300 (13%) received home and community-based services.[16] In addition, approximately $147.3 million was spent on 330 individuals (3% of those waiting) who received institutional care (e.g., intermediate care, nursing, and hospital facilities) while they waited.

Individuals who meet eligibility criteria for HCBS waiver services are eligible to receive state-funded developmental disability services.

In addition, DBHDD may provide services to eligible individuals on the planning list under its State-Funded Services and Family Supports Services Programs. Under these programs, DBHDD uses available state funds (approximately $8.5 million in fiscal year 2026) to provide services to individuals and their families while they wait for NOW and COMP waiver services. According to DBHDD, approximately 2,000 of the 7,900 planning list participants (as of August 2025) are receiving these services, which are similar to those offered under the waivers (e.g., community access, supported employment, respite care).

[15] *Figures reported do not account for attrition and those who switched from one waiver to the other, which could change the percentage of individuals matched to NOW waivers versus COMP waivers.*
[16] *As discussed on page 2, while home and community-based services are offered under Medicaid, the waivers expand access when the individual requires more than what is permitted under Medicaid limits.*

Exhibit 12
Individuals awaiting NOW and COMP waivers still received services funded by Medicaid (FY 2021-2025)

	Planning list Participants	Planning list Participant Costs
Home and Community-Based Services	1,316	$137,235,412
Institutional Care	332	$147,256,744
Other Medicaid	10,234	$272,207,080
Total	**10,268[1]**	**$556,699,236**

[1] Figure represents a distinct count of individuals served across the three categories of services.

Source: GAMMIS data

DBHDD's Response: *DBHDD agreed with this finding. DBHDD specifically noted its agreement with the examination's observation that individuals have been on the planning list for at least six years. DBHDD indicated that leadership will evaluate internal control enhancements that will reduce the number of years individuals are on the planning list.*

DCH's Response: *DCH agreed with this finding.*

Finding 3: Various factors contribute to inconsistencies between funded slots and actual participants served by NOW and COMP waivers.

The General Assembly appropriates funding for new NOW and COMP waiver slots each year. However, factoring in attrition, the additional number of participants served each year has typically been less than the number of slots expected. Various factors contribute to the discrepancy, including increased participation in COMP, higher cost of services, and administrative costs. When the number of slots cannot expand commensurate with funding, individuals may wait longer for services, particularly for those waiting for the NOW waiver.

As noted in the background, NOW and COMP waivers are jointly funded by federal and state funds. The state portion of waiver funding is appropriated by the General Assembly to DBHDD's Adult Developmental Disabilities Services (ADDS) budget program. Appropriations for NOW and COMP waivers are made as incremental line items that identify funds appropriated for new NOW and COMP waiver slots.[17] Between fiscal years 2021 and 2025, the General Assembly appropriated approximately $54.3 million[18] (averaging $11 million a year) in additional state funds for 1,313 new participant slots.

Over the past five years, the net change in participants served has been less than the number of new slots funded. During the period reviewed, DBHDD enrolled approximately 2,700 new individuals into the waiver programs. However, this

[17] *Each fiscal year, the General Assembly appropriates six months of waiver funding for new participants. The second half of the waiver funding is annualized in the following fiscal year to reflect any changes to the federal match rate.*
[18] *This includes appropriations made in fiscal year 2026 to annualize additional waivers funded in fiscal year 2025.*

number includes those able to join because existing participants left services (i.e., attrition), as well as those who filled slots available due to increased funding. For example, in fiscal year 2024, 783 individuals newly entered services, but 562 also exited (resulting in a net change of 221 participants, about 44% of the 500 newly appropriated slots). As shown in **Exhibit 13**, the total number of participants increased by only 462 individuals during the period reviewed—approximately 35% of the 1,313 slots appropriated.

Exhibit 13

Year-to-year net changes[1] in waiver participants have not typically equaled the number of slots funded via appropriations (FY 2021-2025)

	Total Participants	Net Change in COMP Participants	Net Change in NOW Participants	Net Change in Participants	New Slots Appropriated
FY2021	13,675				100
FY2022	13,666	176	-185	-9	100
FY2023	13,710	194	-150	44	513
FY2024	13,931	226	-5	221	500
FY2025	14,137	181	25	206	100
Total		**777**	**-315**	**462**	**1,313**

[1] Net change accounts for attrition in existing slots. Since fiscal year 2021, nearly 2,300 individuals exited waiver services, or approximately 570 clients per year.

Source: Appropriations acts and GAMMIS data

Each factor discussed below contributes to the observed shortfalls in waiver participation. In each case, opportunities to remove individuals from the planning list, particularly those waiting for NOW waivers, are minimized.

- **Increased COMP participation** – The current methodology for estimating the amount needed to fund new slots assumes a portion of the funding will go to serve individuals waiting for both NOW and COMP. However, COMP participants represent the majority of new waiver slots during our period of review (100% in fiscal years 2022-2024 and 88% in fiscal year 2025). It should be noted that DBHDD is developing more comprehensive criteria to identify both COMP and NOW participants with more urgent needs.

  A larger percentage of new COMP participants decreases the number of available slots because their cost per member is significantly higher than the average NOW per member cost. For example, the amount appropriated for 100 new waiver slots in fiscal year 2025 assumes 80 COMP slots would cost $3 million, leaving $200,000 for 20 NOW slots.[19] However, if 86 COMP slots were funded (an average state appropriation of $37,800 per slot), that would amount to $3.2 million, leaving $0 available for additional NOW slots.

Of the $4.7 million in current year and annualized appropriations for new waiver slots in fiscal year 2025, an estimated $3.2 million was available for direct services (e.g., claims).

[19] *Funds for new waiver slots in fiscal year 2025 totaled $4.68 million, which includes $2.35 million appropriated in fiscal year 2025 and an annualized amount of $2.33 million appropriated in fiscal year 2026. Budget estimates assume an estimated $3.20 million would be available for direct services associated with the waivers (e.g., claims).*

- **Funds used for existing participants** – Funding for new slots becomes part of the broader ADDS program's base budget, the majority (63% in fiscal year 2024) of which goes toward the cost of services for existing NOW and COMP waiver participants. As discussed in Finding 1, these costs have increased each year and have grown by approximately 50% for both NOW and COMP participants since fiscal year 2021. COMP costs have increased at a faster pace in recent years (a 28% increase since fiscal year 2024 compared to NOW's 4% increase). Additionally, existing NOW participants may move to the COMP waiver if their needs change, which would also increase costs (approximately 2% of participants, or 300 people switch waivers annually).[20]
- **Not all newly appropriated funding is intended for slots** – Currently, budget estimates for additional NOW and COMP waiver slots include additional costs for system capacity building, which include activities related to waiver administration (e.g., intake and evaluation, nursing consultations, and transportation) and other waiver-related administrative costs. These costs—which are currently estimated at 30%[21] of new funding appropriated each year—reduce the amount available for new participants to come off the planning list. If the appropriations were fully funding costs associated with waiver claims, this 30% could equate to 80 new NOW and 13 new COMP slots. According to DBHDD staff, any leftover funds from system capacity building activities are used to fund additional waiver slots or services for existing participants.

  It should be noted that DBHDD indicated a portion of funds from fiscal year 2023 were spent on backfilling staff reductions that occurred during the amended fiscal year 2020 and fiscal year 2021 budget cycles. We were unable to determine the portion of funds from fiscal year 2023 spent on backfilling staff because the financial reporting system does not contain sufficient detail.
- **Provider shortage** – During the COVID-19 pandemic, the state reportedly experienced a shortage of service providers due to non-competitive wages and pandemic-related risks, which limited DBHDD's ability to fill available slots with new enrollees. With the end of the public health emergency and recent provider rate increases, DBHDD indicated it has only recently begun to see a resurgence of providers able to accept both existing and new waiver participants.

It should be noted that DBHDD indicated a "slot" is not defined as a single individual; rather, a slot represents the average cost of enrolling an individual for budgeting purposes. Because actual service costs vary, the number of newly enrolled individuals may not reflect the number of slots funded via appropriations if service packages for new enrollees exceed the cost allocated to a single slot.

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[20] *Participants may also move from COMP to NOW, but this is less common (on average 7% of new NOW participants).*
[21] *According to DBHDD, the methodology used to develop budget estimates (including non-direct services costs) has not been revisited since 2012 and DBHDD does not track costs outside of waiver claims.*

Limitations identified in 2007 audits continue to persist

In 2007, the Senate Appropriations Committee asked DOAA to reconcile the number of MRWP and CHSS (see the gray box on page 4 for waiver history) waiver slots funded via appropriations and the actual number of slots filled. As discussed below, limitations identified in the 2007 audits continue to persist.

- As discussed on page 16, appropriations for NOW and COMP waivers are made as incremental line items within DBHDD's larger Adult Developmental Disabilities (ADDS) budget program.[1] Such line items identify funds appropriated for new NOW and COMP waivers; however, appropriations documents do not identify base funding or the total number of slots for already existing waivers. Additionally, DBHDD may be able to apply other allocated funds for its ADDS program toward the waivers.
- The 2007 audits of MRWP and CHSS waivers (which reviewed appropriations for fiscal years 2001-2007) found that appropriations documents did not consistently identify incremental changes to waiver funding, and some line items may have been intended for other Medicaid community services (see **Appendix E** for sample appropriations language). We extended the review of historical appropriations documents from fiscal year 1989 (the inception of the MRWP waiver) to fiscal year 2025. We found line-item changes to waiver funding became more specific beginning in fiscal year 2012; however, line items group NOW and COMP waiver funding together.
- During the 2007 audits, DOAA could not reliably identify administrative costs for the waivers because agencies did not track such costs. This prevented DOAA from determining total expenditures for the waivers. As discussed in footnote 21 on page 18, we are still unable to calculate DBHDD's total administrative costs.

Because appropriations for NOW and COMP waivers are made within the larger ADDS program and agencies remit funds at the program level, it is not possible to determine the amount of funds for NOW and COMP that lapse, if any. However, we reviewed remitted funds for the ADDS program and found that between $310,000 and $11.9 million (0.09% and 2.78%) of available state funds lapsed each year between fiscal years 2020 and 2024.

Based on our review of historical appropriations documents, we estimate between $365.7 million and $371.1 million in state funds have been appropriated for the purpose of creating new waivers and waiver services, annualizing waivers, and accounting for provider rate changes. It should be noted this does not represent an estimated "base budget" for NOW and COMP waivers, because we could not reliably determine which line items were one-time funds versus those that became part of the base budget.

[1] *Between fiscal years 2006 and 2011, line-item appropriations were made for additional waivers under the Community Services (Child and Adolescents) and Child and Adolescent Developmental Disabilities Services budget programs.*

DBHDD's Response: *DBHDD generally agreed with this finding, noting that the methodology used to develop budget estimates for legislative appropriations has not been comprehensively updated since 2012, with the exception of appropriated rate increases. According to DBHDD, the methodology materially underestimates the current cost of service administration and delivery. The actual cost per waiver significantly exceeds the amount estimated by the existing methodology. DBHDD noted it "demonstrated responsible fiscal stewardship by utilizing 96.1% of the total funds allocated for waivers from FY2015 to FY2025 directly for waiver enrollment and services."*

In addition, DBHDD asserted that even if the funding methodology is updated, a disconnect between the number of funded slots and the number of enrolled individuals will always be present. This is because actual services delivered and costs incurred are determined by an individual's clinically assessed need, rather than a fixed average cost. Updating the funding methodology will narrow the gap between average and actual costs, but it will never be eliminated entirely.

DCH's Response: *DCH agreed with this finding.*

Finding 4: Separating NOW and COMP funding may require additional appropriations to ensure the neediest participants are served and the planning list is managed.

Under the current funding model, DBHDD has prioritized serving COMP participants who have greater unmet needs, resulting in few new slots for those waiting for NOW services. Separating NOW and COMP appropriations could allow lawmakers to dedicate larger portions of funding toward filling NOW slots but could limit COMP services without additional appropriations. We found no cases of similar southeastern states splitting their waiver programs in recent years.

As discussed in the background, state appropriations for NOW and COMP waivers are combined within the Adult Developmental Disabilities Services program. This gives DBHDD flexibility in determining whether appropriations should be used to open additional NOW or COMP slots. Given COMP participants' higher needs, COMP services have represented approximately 90% of expenditures since fiscal year 2021 (see Finding 1).

Separating NOW and COMP appropriations would create caps on the total amount of funding for new slots in each program. This would increase the likelihood that NOW participants would receive services and potentially shorten their time on the planning list. However, those applying for COMP may face new limits that increase wait times and state costs associated with institutional care. The impact on each population depends on the amount of state appropriations provided to each program.

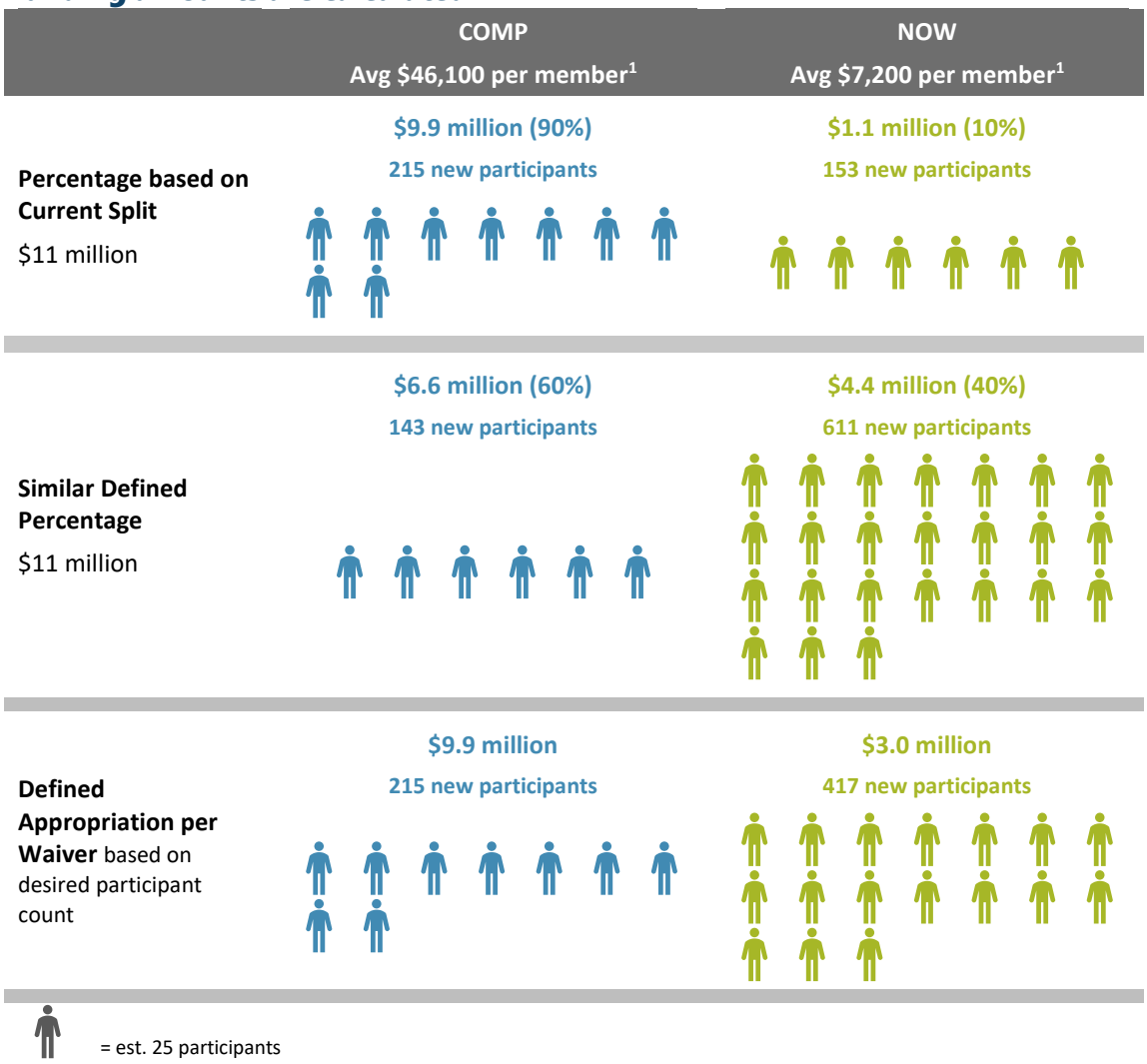
We tested the impact of various methodologies for calculating separate appropriations to each waiver based on the average amount of state funds that have been dedicated to increasing waiver slots between fiscal years 2021 and 2025 ($11 million), as well as the annual per member cost of each participant type.[22] It should be noted that this calculation applies a 30% administrative cost (i.e., system capacity building activities such as intake and evaluation) to each per member NOW and COMP cost. Scenarios and their impact are described in **Exhibit 14** and

[22] *Average state appropriation is based on the annualized amount, which is provided across two fiscal years. This average also includes fiscal year 2026 appropriation to annualize newly funded slots from fiscal year 2025. The annual per member cost is based on claims in fiscal year 2025 and includes a 30% increase to cover administrative costs associated with system capacity building (e.g., intake and evaluation, nursing consultations, transportation).*

the bullets below.

Exhibit 14

Number of participants served with separate appropriations depends on how funding amounts are calculated



[1] Calculation of average cost per member based on the state portion paid for claims, increased by 30% to cover administrative costs associated with system capacity building (e.g., intake and evaluation, nursing consultations, transportation).

Source: DOAA analysis based on GAMMIS data

- **Defined percentage based on current split** – On average, approximately 90% of expenditures in fiscal years 2021-2025 have been dedicated to COMP participants. Using this distribution, a state appropriation of $11 million could fund 215 new COMP participants at an average cost of $46,100 per member—similar to the average added each year since 2022—and 153 new NOW participants at an average cost of $7,200.
- **Similar defined percentage** – An alternative method of defining the appropriation split would emphasize a more even distribution of the funds. For example, providing 60% (rather than 90%) of funds to COMP and 40% to NOW would result in 143 new COMP participants and 611 new NOW

participants. While this scenario would significantly increase the number of new NOW participants (and thus lower the total number of individuals on the planning list), it could also increase the number of those waiting for the COMP waiver (who have greater unmet needs).

- **Desired number of participants** – An effort to maintain COMP participation while also increasing NOW participation would likely require more funding than typically appropriated in recent years. Under this scenario, we assumed funding would be appropriated to continue maximizing the number of COMP slots, but additional funds would be used to fund a certain number of NOW participants (depending on ability and desire to further decrease the planning list). For example, after covering COMP needs (using the $9.9 million currently dedicated) an additional $3 million could be appropriated to fund 417 NOW slots. Based on the current per member rate, an additional 139 NOW participants could receive services for every $1 million in state appropriations.[23]

DBHDD and DCH indicated there would not be substantial impacts on the oversight and administration of the waivers if NOW and COMP appropriations were separated. DBHDD noted two separate planning lists would be necessary, which could create challenges when individuals' unmet needs increase to the extent that would require them to move from NOW to COMP (each year this applies to 2% of participants, or approximately 300 individuals).

None of the similar[24] southeastern states we reviewed have separated previously combined waivers. However, we did find one state (Florida) that combined previously separated waivers to gain administrative efficiencies and ensure the continuity of care for eligible individuals. In addition, our 2012 performance audit on HCBS waivers for elderly and disabled individuals similarly found that there were administrative challenges associated with managing two separate waiver programs (though each of those waivers was also administered by two separate agencies).

DBHDD is considering a third-tier waiver for NOW participants with fewer unmet needs

DBHDD is considering creating a third-tier waiver to provide services to individuals unlikely to be prioritized on the planning list due to lower levels of unmet need. This third waiver would rely solely on existing state funds from DBHDD's Family Supports program. The number of potential additional individuals served is not yet known, but DBHDD has contracted with an external research group to provide estimates.

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[23] To fully eliminate the September 2025 planning list of individuals over age 21 (4,860 individuals aged 22 or older for NOW and 50 for COMP), the General Assembly would need to appropriate approximately $37.3 million in state funds. However, costs would increase for future appropriations if a higher percentage of these individuals require COMP services when entering the program or per member costs increase. Additionally, as noted on page 13 (Finding 2), an unidentifiable number of individuals on the planning list are not in immediate need of waiver services, according to DBHDD.

[24] We considered similar southeastern states to be those that have not expanded Medicaid. These include Alabama, Florida, Mississippi, South Carolina, and Tennessee.

DBHDD's Response: *DBHDD agreed with this finding. DBHDD specifically noted it agrees that separating NOW and COMP funding may require additional appropriations. DBHDD indicated that leadership is reviewing the NOW and COMP funding allocations to determine whether there are more cost-effective methods to serve participants who are most in need. DBHDD stated that separating COMP from NOW and funding more NOW waivers will create more unmet needs for those needing COMP services.*

DCH's Response: *DCH agreed with this finding.*

Finding 5: DBHDD and DCH share oversight responsibilities of NOW and COMP providers.

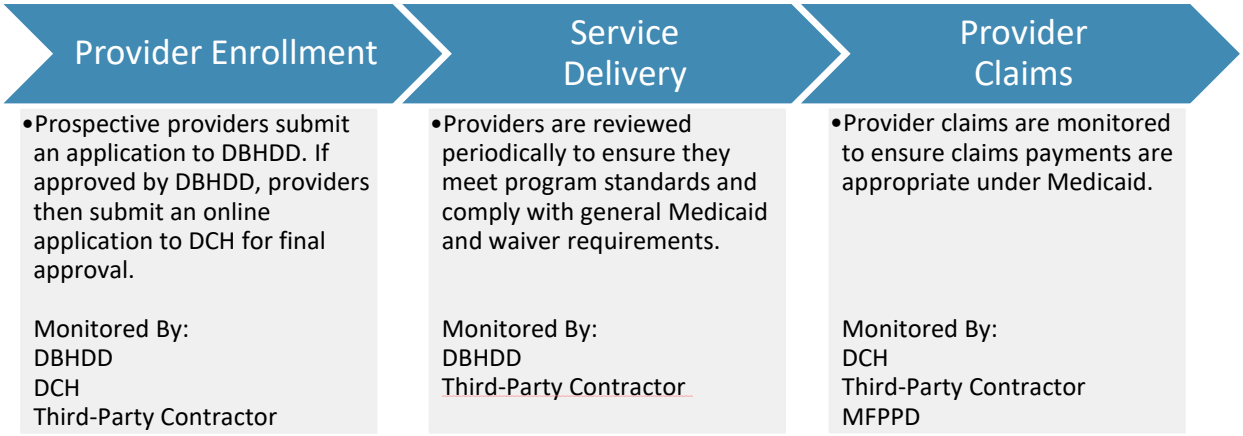
To ensure services and costs associated with the waivers are appropriate, NOW and COMP provider management includes overseeing provider enrollment, delivery of services, and Medicaid claims. DBHDD and DCH share these responsibilities, with a portion contracted to third-party entities. DBHDD verifies licensure and monitors providers, while DCH oversees claims and refers suspected fraud to the state's Medicaid Fraud and Patient Protection Division. Provider oversight occurs in every step of the process.

In fiscal year 2025, 676 providers delivered services to approximately 14,100 waiver participants. In fiscal year 2025, providers submitted approximately 2.95 million claims, with total payments amounting to $1.1 billion. Most providers (60%) received between $10,000 and $1 million in claims payments. However, 2% (13) of providers received between $10 million and $110 million in claims payments.

As shown in **Exhibit 15** and discussed below, NOW and COMP providers are monitored across three areas, which may be conducted by DCH, DBHDD, a third-party contractor, or the Medicaid Fraud and Patient Protection Division (MFPPD) within the Department of Law. Monitoring and enforcement activities within each area are intended to ensure compliance with Medicaid requirements and are generally consistent with oversight activities related to other Medicaid providers. Due to the scope of our review, we did not assess the effectiveness of these activities.

Shared responsibilities across the oversight entities are supported through regular communication. This is facilitated through interagency agreements, monthly meetings, and/or data sharing.

Exhibit 15
Oversight agencies monitor NOW and COMP across three areas



Source: Agency documents

Provider Enrollment

DBHDD—in partnership with a third-party contractor—reviews provider qualifications, experience, and compliance with federal, state, and waiver-specific requirements[25] to ensure enrolled providers meet established standards for participation in the service delivery network. Similar to how it manages other applications, DBHDD processes a provider's initial letter of intent and application, verifies applicable licenses, and performs site visits for prospective NOW and COMP providers. Since calendar year 2020, DBHDD has approved 262 new NOW and COMP providers (on average nearly 44 new providers each year). DBHDD has also revoked the eligibility of 22 providers due to failure to maintain licensure, comply with service expectations, and conduct background checks.[26]

Following DBHDD approval, providers must submit an online application to DCH. DCH's third-party contractor reviews the application and, if approved, assigns the provider a number and service list (DCH has approved most applications received since fiscal year 2020). Providers that operate a facility (such as community living arrangement facilities for residential COMP services) must also be reviewed by DCH's Healthcare Facility Regulation Division, which licenses and oversees residential facilities.[27]

Additionally, DBHDD providers delivering services exceeding $250,000 annually must obtain accreditation according to their specialty from a recognized national organization as part of their compliance requirements. Providers are responsible

[25] *To maintain waiver approval, the state must demonstrate compliance with federal assurances outlined in federal code, 42 CFR §441.302, which include requirements for protecting participant health and welfare, ensuring financial accountability, defining services, and establishing provider qualifications and service planning procedures. DBHDD's third party contractor assists in tracking provider performance against related indicators.*
[26] *Data represents providers revoked from fiscal year 2020 to the present.*
[27] *For more information on HFRD's oversight process, refer to the performance audit of the Personal Care Home Program released in June 2025. As noted in the report, oversight of community living arrangement facilities will transfer to DBHDD effective January 1, 2026.*

for covering fees and must submit accreditation confirmation and survey results to the DBHDD regional services administrator within 12 months of application. In September 2025, 38% (255 out of 676) NOW and COMP providers had an active accreditation.

Service Delivery

DBHDD contracts with a third-party entity to conduct quality reviews of NOW and COMP services across all providers on an annual, biannual, or three-year cycle to assess whether services delivered are in accordance with waiver requirements. This includes site visits and review of records related to staff training as well as participants' medical records. Providers may be subject to Quality Technical Assistance Consultations (QTACs) when quality care concerns are identified during the review. Following a QTAC, providers must report their progress on addressing quality improvement recommendations. Depending on the severity, providers have either 30 or 90 days to address any concerns identified during the review. If providers have not properly addressed concerns, the contractor notifies DBHDD to perform additional follow up. Between fiscal years 2020 and 2025, 951 NOW and COMP quality reviews have been conducted; approximately 729 reviews resulted in a QTAC.

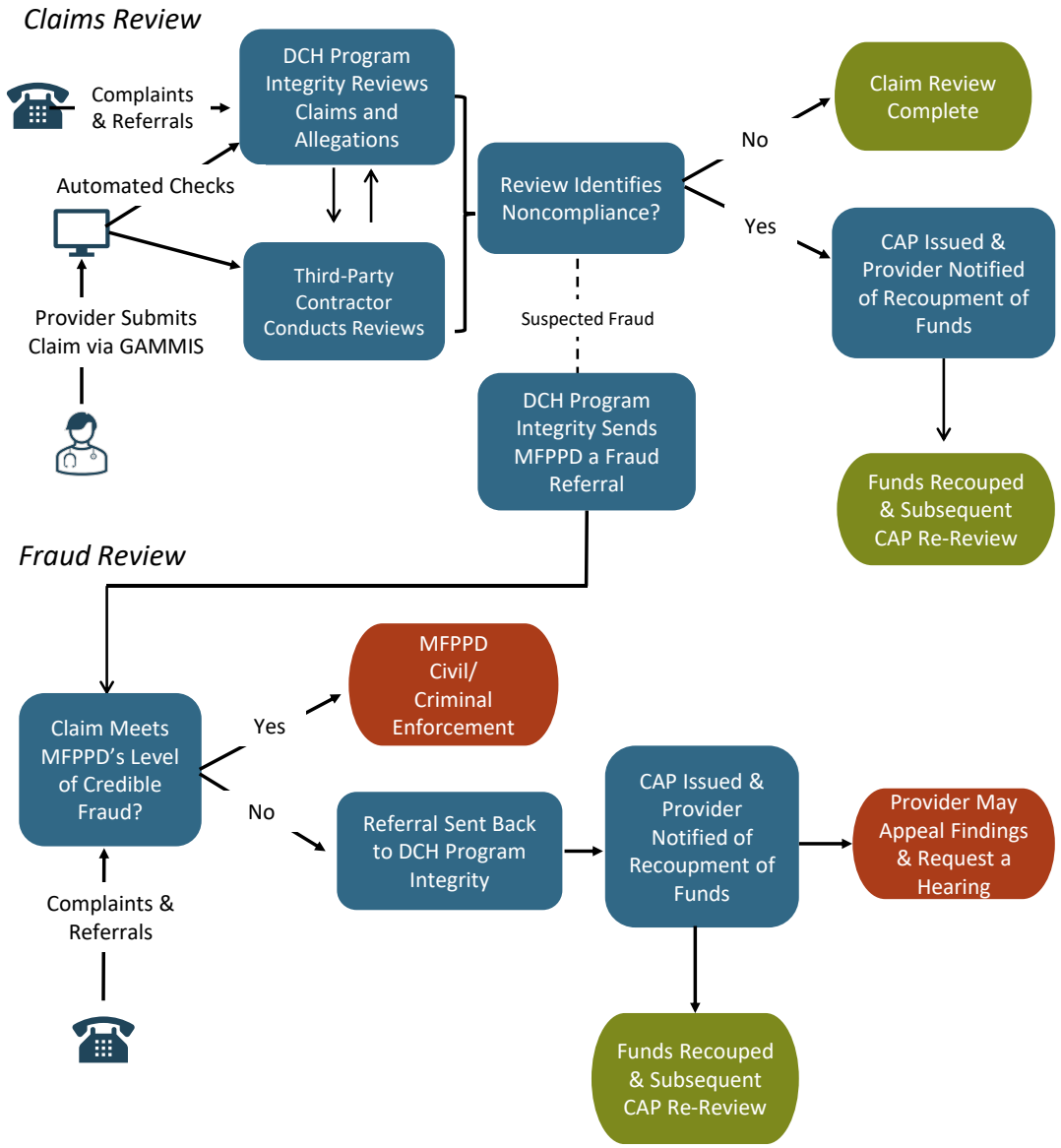
Providers are also subject to investigations by DBHDD's Office of Incident Management when incidents are reported by providers (as required), external agencies, or concerned citizens. Depending on the allegations and findings, providers may be required to submit a corrective action plan. DBHDD may also conduct an announced or unannounced follow-up review to determine compliance. For providers that fail to come into compliance or demonstrate patterns of significant noncompliance, DBHDD's internal provider performance committee will meet to assess the situation and determine the most appropriate adverse action (e.g., suspension, termination).

Provider Claims

NOW and COMP providers undergo the same general claims submission and oversight process (described in **Exhibit 16**) as other Medicaid providers to verify claims are accurate and compliant with billing requirements. Providers are responsible for verifying member eligibility before delivering services. Upon completion of services, providers submit claims for reimbursement through GAMMIS.

As discussed below, DCH and its third-party contractor review claims to ensure compliance with Medicaid requirements. Responsibilities for reviewing provider claims for fraud or overpayments are shared across multiple entities.

Exhibit 16
NOW & COMP provider claims review process is similar to reviews of other Medicaid providers



Source: Agency interviews and documents

- **Claims Review –** Once a provider submits a claim, automated checks occur in GAMMIS to verify provider licensure, detect duplicate claims, and confirm services were authorized before the claim is paid by DCH. In addition, DCH coordinates with a third-party contractor to review provider claims selected through random sampling or by identifying unusual billing patterns and trends. The contractor conducts utilization reviews and onsite reviews of providers.[28] Cases requiring further review

[28] *Utilization reviews consist of assessments of provider billing and service use, which include examining medical records, policies, and claims. An onsite review may be required in addition to the submission of specified medical documentation.*

(e.g. due to suspected fraud) are forwarded to DCH's Program Integrity Unit within the Office of Inspector General.

DCH's Program Integrity Unit also conducts its own reviews of provider claims. These reviews are typically initiated in response to referrals from other agencies or complaints received from employees, individuals, or caregivers. Complaints may be reported through DCH's fraud, waste, and abuse hotline or an online form.

MFPPD is the state's federally mandated Medicaid Fraud Control Unit.

- **Fraud Review** – When potential fraud is suspected, CMS requires the Program Integrity Unit to refer the case to the MFPPD. MFPPD may also accept referrals or complaints from Medicaid participants or providers; those that do not meet the threshold for credible allegations of fraud are sent to the Program Integrity Unit for review. Regardless of source, the MFPPD investigates claims to determine whether a case warrants civil or criminal enforcement.

According to the DCH, most cases referred for review are not determined to be fraudulent. Such cases generally result in administrative recoupment, which allows providers to submit additional documentation to reduce the amount determined to be overpaid. Upon receiving final overpayment of findings, providers must submit a corrective action plan (CAP) and are subject to a re-review. Providers are also able to dispute overpayment determinations by requesting an administrative review and appeals process, though few cases have advanced to a formal appeal (i.e., administrative law judge hearing).

Between fiscal years 2020 and 2025, DCH and its third-party contractor conducted 87 reviews of NOW and COMP providers. Because they have not been identified as high-risk providers, this represents a small percentage (1.3%) of the unit's 6,900 total claims reviewed during the period. Of the 87 reviews, most (67) were closed at the time of our review. As shown in **Exhibit 17,** 45 reviews identified overpayments, ultimately resulting in nearly $5 million owed (out of approximately $1 billion in total claims payments during our period of review). Of the remaining 20 open cases, 8 have been referred to MFPPD for review and possible investigation.

Exhibit 17

Of 67 closed NOW and COMP provider reviews, 45 resulted in identified overpayments (FY 2020-2025)

Oversight Entity	Total Closed Reviews	Reviews with Identified Overpayments	Initial Overpayment Identified	Final Overpayment Amount
Third-Party Contractor[1]	47	40	$7,353,449	$3,939,914
DCH Program Integrity Unit	20	5	$2,762,078	$960,824
Total	**67**	**45**	**$10,115,527**	**$4,900,737**

[1] Of the 47 closed reviews, 33 were scheduled by the contractor and 12 were re-reviews following up on corrective action plans. Two reviews were initiated by DCH as a result of either a referral or request.

Source: Agency documents and contractor reports

DBHDD's Response: *DBHDD agreed with this finding. DBHDD specifically noted its agreement regarding the shared oversight of NOW and COMP providers with DCH. DBHDD indicated that leadership will engage in communications with DCH to identify areas to improve upon the oversight responsibilities for both agencies.*

DCH's Response: *DCH agreed with this finding.*

Appendix A: Table of Findings and Recommendations

	Agree, Partial Agree, Disagree
Finding 1: The share of COMP waiver participants has increased since 2021, resulting in higher total program costs. (p. 8)	**Agree: DBHDD, DCH**
No recommendations.	
Finding 2: Many individuals have been on DBHDD's planning list for at least six years. (p. 13)	**Agree: DBHDD, DCH**
No recommendations.	
Finding 3: Various factors contribute to inconsistencies between funded slots and actual participants served by NOW and COMP waivers. (p. 16)	**Agree: DBHDD, DCH**
No recommendations.	
Finding 4: Separating NOW and COMP funding may require additional appropriations to ensure the neediest participants are served and the planning list is managed. (p. 20)	**Agree: DBHDD, DCH**
No recommendations.	
Finding 5: DBHDD and DCH share oversight responsibilities of NOW and COMP providers. (p. 23)	**Agree: DBHDD, DCH**
No recommendations.	

Appendix B: Objectives, Scope, and Methodology

Objectives

This report examines Georgia's NOW and COMP waivers. Specifically, our examination set out to determine the following:

1. Who has been served by NOW and COMP waivers and what services have they received over time?
2. How have NOW and COMP waiver expenditures changed since 2020?
3. How long did NOW and COMP applicants wait to receive services and why?
4. How would separating appropriations impact NOW and COMP waivers?; and
5. To what extent are NOW and COMP providers overseen by state agencies.

Scope

This special examination generally covered activity related to Georgia's NOW and COMP waivers that occurred from fiscal years 2020-2025, with consideration of earlier or later periods when relevant. Due to data anomalies related to the COVID-19 pandemic, we generally excluded fiscal year 2020 data from discussions regarding participants and services.

Government auditing standards require that we also report the scope of our work on internal control that is significant within the context of the audit objectives. We reviewed internal controls as part of our work on Objectives 1, 2, and 5. Specific information related to the scope of our internal control work is described by objective in the methodology section below.

Methodology

Information used in this report was obtained by reviewing relevant laws, rules, and regulations; interviewing agency officials and staff from the Department of Behavioral Health and Developmental Disabilities (DBHDD), the Department of Community Health (DCH), and the Department of Law's Medicaid Fraud and Patient Protection Division (MFPPD) (formerly known as the Medicaid Fraud Control Unit); reviewing relevant policies and procedures; analyzing Georgia Medicaid Management Information System (GAMMIS) Medicaid claims data, IDD Connects planning list and participant data, and TeamWorks financial data; comparing Georgia's NOW and COMP waivers with similar waivers offered in southeastern states;[29] reviewing historical appropriations documents; and reviewing prior DOAA audits pertaining to the waivers.

To obtain information on who has been served by NOW and COMP and the services they received, we analyzed GAMMIS Medicaid data on claims received between July 2019 and June 2024 (tied to the day the service was rendered rather than when the claim was paid). GAMMIS is Georgia's Medicaid claims processing system that houses data on Medicaid services provided—including NOW and COMP waiver services—and amounts paid per claim. We used GAMMIS data to determine the number of individuals with a service code category that indicates they received NOW or COMP claims. For each fiscal year, we categorized a participant as NOW or COMP based on the last claim they

[29] *Alabama, Arkansas, Florida, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee, and Virginia*

received in that fiscal year; this was done to avoid double-counting individuals who may switch waiver types during the year. We also used GAMMIS to identify waiver participant characteristics (e.g., age, diagnoses, geographical location).

We used GAMMIS procedure modifier codes to determine the DBHDD services associated with NOW and COMP claims. We combined some services as appropriate (e.g., "nursing services" include those performed by a Licensed Practical Nurses or Registered Nurse, while "transportation" includes transportation and vehicle adaptation services). To determine the average cost per service type in fiscal year 2025, we determined the total number of claims from each service type and divided their total expenditures by the total number of claims received between July 1, 2024 and June 30, 2025. We also used GAMMIS to determine all other Medicaid claims that all eligible individuals (those with a DBHDD Individual Service Plan) received between July 2020 and June 2024.

We interviewed DCH and DBHDD staff, as well as their contractors, as needed to ensure our understanding of the data and relevant controls. We assessed the controls over the GAMMIS data used for this examination and determined that the data used were sufficiently reliable for our analyses.

To determine how NOW and COMP expenditures have changed over time, we analyzed TeamWorks financial data for fiscal years 2020-2025. To determine expenditures specific to NOW and COMP waiver claims, we interviewed DCH and DBHDD staff to identify relevant codes and understand various funding sources. We utilized DCH TeamWorks expenditure data under department codes 680 (NOW) and 681 (COMP). Total state funds consist of both "state" and "other" funding types; "other" funds in this context represent those appropriated to DBHDD for the Medicaid state match that were moved to DCH via an intergovernmental transfer process.

We also reviewed DBHDD TeamWorks equity data to determine the amount of state funds DBHDD remitted to the Office of the State Treasurer for its Adult Developmental Disabilities Services (ADDS) program for fiscal years 2020-2024. Because NOW and COMP is not its own program and does not have unique codes in DBHDD TeamWorks data, we could not determine the amount of lapsed funds (if any) specific to NOW and COMP.

We attempted to determine the amount of state funds appropriated for NOW and COMP waivers since inception of the original waivers by reviewing historical appropriations documents from 1989 to present. Our review focused on appropriations made to create additional waivers, to annualize waiver funding, and for provider rate changes. Due to imprecise language, mainly in earlier years, it was not possible to reliably determine all line items applicable to the waivers. For this reason, and because we could not reasonably identify which line items were one-time funds, we could not estimate a base budget for NOW and COMP waivers using historical appropriations. It should be noted that some line-item appropriations were intended for multiple purposes. To estimate an amount for each purpose, we adjusted the appropriated funds based on equal weights for each purpose, unless otherwise specified within the line item.

To determine how long NOW and COMP applicants waited to receive services, we used data from DBHDD's IDD Connects system, which has been live since August 2019. We used three modules to identify how many individuals progressed through each stage of the eligibility process (application, planning list, and services), as well as the number of days in each stage. We used the planning list module to determine how many individuals were on the planning list as of September 2025, as well as the number of days they have been on the list.

We used GAMMIS data to determine the ages of all Medicaid-eligible individuals and DBHDD data to determine ages for those on the planning list to separate those who are aged 21 and under from those aged 22 or older. We then removed all individuals ages 21 or under from the target populations—according to DBHDD staff, these individuals are eligible to receive services in K-12 public schools and therefore typically do not have sufficient unmet needs to receive NOW and COMP services. For those aged 22 to 27 as of September 2025, we also adjusted the number of years on the planning list to reflect the time based on when they turned age 22 (e.g., someone who was 26 in September 2025 was given a maximum of four years on the planning list even if they had been on the list since age 20).

To determine what Medicaid services individuals received while on the planning list, we used GAMMIS data to determine the types and costs of Medicaid services received by each individual who had been on the planning list at some point between fiscal years 2021 and 2025.

We also interviewed DBHDD staff and reviewed policies and procedures to understand the process for prioritizing waiver applicants. We reviewed agency documents pertaining to needs assessments and urgency criteria DBHDD uses for prioritization. We compared Georgia's prioritization criteria with that of other southeastern states, which was primarily found in their waiver applications to the Centers for Medicare and Medicaid Services (CMS), as well as web searches.

We assessed the controls over IDD Connects data used for this examination and determined that the data used were sufficiently reliable for our analyses.

To determine the impact of separating NOW and COMP waiver appropriations, we used GAMMIS data to estimate how many additional NOW and COMP slots could be created with varying amounts of separate funding. We reviewed state law and how NOW and COMP slots are funded in appropriations under DBHDD's Adult Developmental Disabilities Services (ADDS) program. To determine what portion of appropriations are typically dedicated to the costs of services for newly eligible individuals (as opposed to administrative activities related to enrollment and assessment of unmet need), we reviewed documents on funding assumptions. We also interviewed staff from DBHDD, the Governor's Office of Planning and Budget (OPB) and the Senate Budget and Evaluation Office (SBEO).

We chose three scenarios to present, with the first being closely aligned with the current breakdown of funding estimates (around 90% of funds going to COMP participants), the second giving a majority of funds (60%) to COMP while significantly increasing the number of newly funded NOW slots, and the third giving COMP the same amount of funding as the first scenario with NOW receiving an additional $3 million.

To calculate the three scenarios, we used GAMMIS data to determine the cost per NOW and COMP member in fiscal year 2025 by dividing total annual NOW and COMP expenditures by the number of NOW and COMP participants. Similar to the first objective, we categorized each participant as NOW and COMP based on the last claim they received in fiscal year 2025. To account for system capacity building activities (e.g., those incurred when enrolling new participants and nursing assessments), we added 30% to the cost of each per member cost; 30% represents the approximate average percentage of new appropriations dedicated to those activities between fiscal years 2021 and 2025, as reflected in the tool budget staff used to estimate needed funding.

We researched other southeastern states to identify any that had either split or combined existing

Medicaid waivers in recent years. We limited our review to southeastern states that have not expanded Medicaid under the Affordable Care Act, including Florida, Alabama, Mississippi, Tennessee, and South Carolina. We conducted web searches and reviewed states' most recent waiver applications to CMS to identify whether the waiver had been split or combined. We also reached out to other states via email; however, only three states responded.

To determine the extent to which NOW and COMP providers are overseen by state agencies, we interviewed DBHDD, DCH, and MFPPD staff. We also reviewed policies and procedures from DBHDD and DCH regarding the provider enrollment and approval process, including data on the number of providers approved and denied between fiscal years 2020 and 2025. In addition, we received data from DBHDD on quality reviews and service delivery oversight conducted by its third-party contractor to ensure services meet waiver requirements. We reviewed federal regulations and CMS guidance pertaining to federal fraud monitoring requirements. We obtained and reviewed information on automatic checks in the GAMMIS system that ensure NOW and COMP claims are appropriate. We received activity data from DCH's Office of Inspector General's (OIG) Program Integrity Unit pertaining to provider reviews conducted by OIG and by a third-party contractor between fiscal years 2020 and 2025. We analyzed the activity data to determine the number of reviews conducted by both entities and to determine the total amount of overpaid claims.

We treated this review as a performance audit. We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

If an auditee offers comments that are inconsistent or in conflict with the findings, conclusions, or recommendations in the draft report, auditing standards require us to evaluate the validity of those comments. In cases when agency comments are deemed valid and are supported by sufficient, appropriate evidence, we edit the report accordingly. In cases when such evidence is not provided or comments are not deemed valid, we do not edit the report and consider on a case-by-case basis whether to offer a response to agency comments.

Appendix C: NOW and COMP Waiver Services and Claims, FY 2025

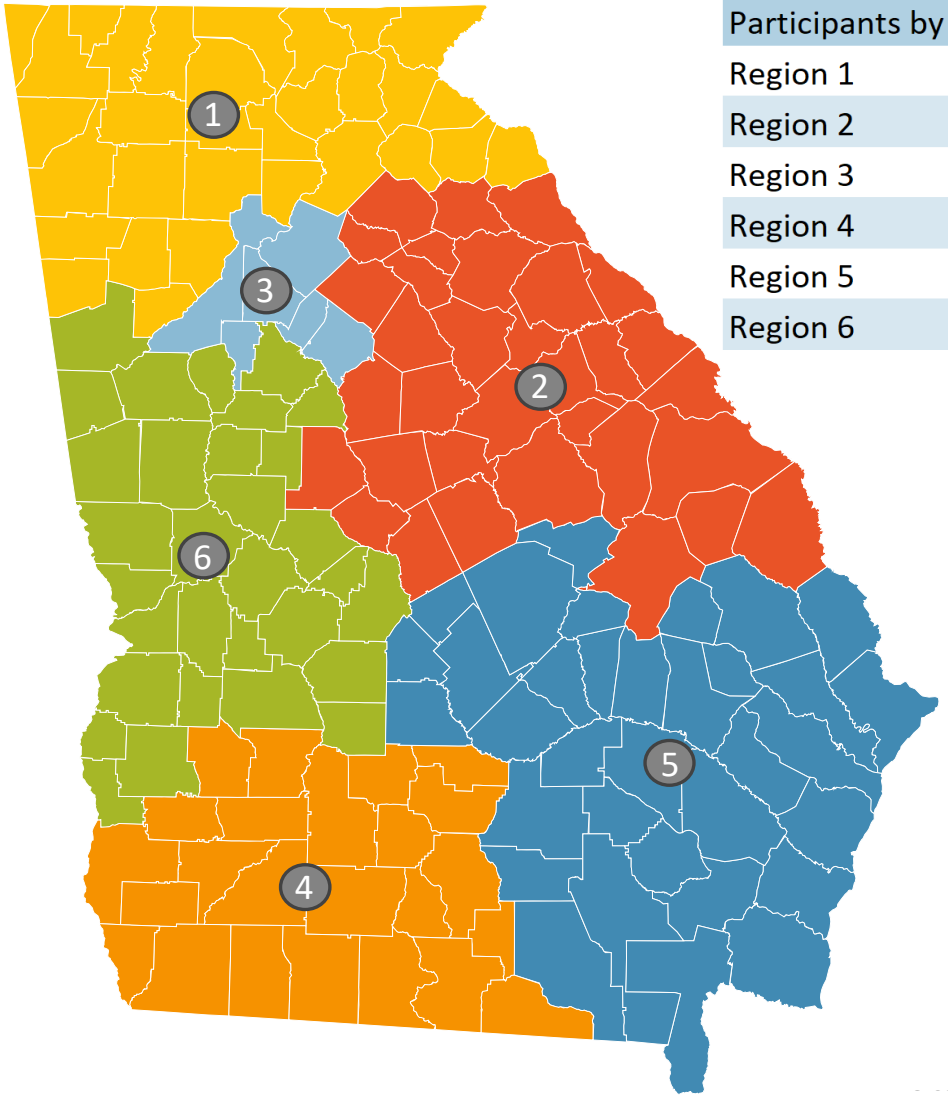
Waiver Type	Service Category	Description	Expenditures[1]
NOW	Community Guide Services	Assists individuals who choose the participant-direction option for service delivery with understanding their responsibilities.	
	Natural Supports Training Services	Trains individuals (e.g., family members, other caregivers) who provide unpaid support, training, companionship, or supervision to waiver participants.	
COMP	Additional Staffing Services	Provides additional staffing for individuals with a high level of functional, medical, or behavioral needs who require direct support or oversight beyond what is typically provided.	$92,858,234
	Community Residential Alternative (Residential, Intensive, Specialized Transitional and Behavior Focused)	Provides intensive levels of residential support provided in group settings of four or less in a host home.	$444,769,239
Both Waivers	Adult Skilled Nursing	Provides clinical services provided by a licensed nurse.	$131,494,028
	Adult Nutrition	Provides nutrition evaluation, education, and periodic monitoring and intervention to improve nutrition-related conditions.	$51,321
	Adult Occupational Therapy	Promotes fine motor skill development and coordination, and to facilitate the use of adaptive equipment.	$87,333
	Adult Physical Therapy	Promotes gross motor and fine motor skills and facilitates independent functioning.	$72,810
	Adult Speech and Language Therapy	Provides services to preserve individuals' capacity for speech communication.	$114,626
	Assistive Technology	Includes goods and services used to maintain or improve functional capabilities (e.g., button pushers, furniture risers, medical stepping stool with railings).	
	Behavior Support (Levels 1 & 2)	Provides interventions and strategies to assist individuals in managing challenging behaviors that interfere with daily activities.	$9,951,901
	Community Access	Assists individuals with active participation and independent functioning outside the home.	$151,815,053
	Community Living Supports	Assists individuals with skills related to their ability to continue living at home.	$193,574,800
	Environmental Accessibility Adaptation	Provides physical changes to an individual's (or family's) home for health and safety purposes.	$198,741
	Financial Support	Assures participant-directed funds in an individual service plan (ISP) are managed as intended.	$2,891,224
	Individual Directed Goods and Services	Includes goods and services identified by individuals and their support coordinators clearly linked to an assessed need due to their disability that are otherwise not covered by the Medicaid state plan. Such services may not include cost for room and board or hospital services, among others.	$78,667

Waiver Type	Service Category	Description	Expenditures[1]
	Interpreter Services	Provides sign language interpretation support provided by a certified interpreter.	
	Prevocational Services	Prepares individuals for paid or unpaid employment.	$2,757,833
	Respite Services	Provides brief periods of support or relief for individuals or their caregivers.	$4,764,988
	Specialized Medical Equipment & Supplies	Includes devices, controls, or appliances specified in an individual's ISP.	$10,077,390
	Support Coordination and Intensive Support Coordination	Identifies and coordinates delivery of waiver services.	$37,339,060
	Supported Employment	Enables individuals to work in a regular work environment.	$4,281,615
	Transportation	Provides transportation to access non-medical services, activities, resources, and organizations utilized by the general population.	$610,071
	Vehicle Adaptation	Provides modifications to an individual's (or family's) vehicle (e.g., lifts, ramps, specialty seats).	$40,664

[1] Community Guide Services and Natural Supports Training Services had no GAMMIS claims in fiscal year 2025. We could not identify Assistive Technology or Interpreter Services in GAMMIS data.

Source: DCH Part II and III policies and procedures for NOW and COMP and GAMMIS data

Appendix D: DBHDD Regions[1]



Participants by Region, FY 2025	
Region 1	3,305
Region 2	2,412
Region 3	3,495
Region 4	1,413
Region 5	1,530
Region 6	1,981

[1]One waiver participant did not have an associated county in GAMMIS and is not included in the table.
Source: DBHDD online office locator and GAMMIS data

Appendix E: Historical Appropriations Language

Fiscal Year	Appropriations Language
1989	To expand community services for the "mentally retarded/mental retardation" (MR) by implementing the Medicaid waiver for home and community-based services.
1989 (Amended)	To redirect existing day service center education funds and provide state funds for the community-based waiver for MR clients.
1991	To expand community-based services for the MR: Services provided under Medicaid waiver.
1991	For 18 additional MR slots.
1992	To increase MR Waiver annualization.
1997	To expand services for 54 consumers on waiting lists and in need of community MR placements.
1998	To redirect funds from institutional care for the MR to community-based, Medicaid waiver slots by closing Brook Run.
1998	To provide services for MR consumers from Brook Run and continue dental services currently located at Brook Run[1].
1998	To provide additional MR slots for NW Georgia.
1998 (Amended)	To provide funding for additional Medicaid waiver slots in Region 3 and Region 4.
1999	To provide home and community-based services under the Medicaid waiver program to 150 MR persons who are currently on the waiting list.
1999 (Amended)	To provide home and community-based services for 30 persons with MR.
2000	To provide home and community-based services under the Medicaid waiver program for persons with MR.
2000	To annualize the funding for home and community-based services for 30 persons with MR.
2000 (Amended)	To realign object classes to fund the costs of increased inspection and monitoring of community-based services for persons with mental illness, MR, and substance use.
2001	To provide funds for purchasing client assessments for MR waiver and planning list clients.
2001	To reduce the community MR waiting lists by 124 clients and refinance an additional 100 slots currently funded with 100% State funds (CC: 100 slots).
2002	To expand community-based services to an additional 1,232 clients on the community MR planning list including funds for 366 Residential Care slots, 324 slots for Family Support Services and 542 slots for Supported Employment/Day Habilitation.
2002	To increase reimbursement to MR Waivers providers by 4%.
2002 (Amended)	To reduce funding for the 1,232 MR and Family Support slots in FY 2002 to 725.
2002 (Amended)	To reduce funding for 47 of the 85 new slots added in FY 2002 for persons with developmental disabilities (DD).
2004	To redirect State funding made available as a result of the receipt of federal upper payment limit funds for State intermediate care facilities for the developmentally disabled (ICF-MR) to expand services to 50 consumers with developmental disabilities on the short-term waiting list.
2005	To provide funding for 10 Unlock the Waiting List developmental disability slots.
2006	To convert 166 consumers from state-supported developmentally disabled services to Medicaid-eligible waiver services.
2006	To fund 925 waiver slots for consumers on the MR/DD waiting list.
2006	To fund 2 Office of Regulatory Services surveyors to support Increased MR/DD disabilities waiver slots.
2006	To fund a 3% Increase in MR/DD provider rates beginning January 1, 2006. (H: To fund a 4.5% Increase to all MR/DD provider rates for all waiver services including residential and provide a rate adjustment to all MR/DD residential providers of $3,492 annually.)
2006 (Amended)	Reflect savings from a delayed start date for the MR/DD provider rate increases.
2006 (Amended)	Adjust funding for 925 waiver slots for consumers on the MR/Developmental Disabilities Waiting List added in the FY2006 General budget to account for an earlier implementation date.*

Fiscal Year	Appropriations Language
2006 (Amended)	Reflect savings from a delayed start date for MR/DD provider rate increases.
2007	Annualize the cost of 925 waiver slots on the MR/Developmental Disabilities Waiting List.*
2007	Fund 750 waiver slots for consumers on the MR/Developmental Disabilities Waiting List. (CC:6 months with associated infrastructure costs.)*
2007	Provide 12 months funding for an additional 1,500 slots for consumers on the MR/DD waiting list. This will bring the total slots funded to 3,000. (CC: Reflect community service funding used in prior years to cover hospital deficits to be spent on community services only.)*
2008	Increase funds to annualize the cost of the 1,500 MR Waiver Program slots added in HB1027 (FY07). (S: Reflect original department projections.)*
2008	Increase funds to provide for an additional 1,330 slots in the MR Waiver Program (MRWP). (S and CC: Increase funds for a net increase of 1,546 unduplicated recipients.)*
2009	a. Fund 500 waiver slots for consumers on the MR Waiver Program waiting list. b. Reflect anticipated other funds to fund 500 waiver slots for consumers on the MR Waiver Program waiting list.*
2009	Provide a 7% rate increase for DD providers. (CC: Increase funds for a 3% rate increase for Developmental Disabilities providers.)*
2009	a. Annualize the cost of 1,500 waiver slots on the MR/Developmental Disabilities Waiver Program waiting list. b. Reflect anticipated other funds to fund 1,500 waiver slots for consumers on the MR Waiver/Developmental Disabilities Waiver Program waiting list.*
2009 (Amended)	Defer 3% provider rate increase provided for in FY 2009.*
2010	Increase funds for 150 MR Waiver Program slots for the Money Follows the Person program.
2010	Increase funds to annualize the cost of 365 MR Waiver Program slots for the Money Follows the Person program.
2011	Annualize the cost of FY 2010 developmental disabilities slots.*
2011	Provide funds for 150 new developmental disabilities waiver slots.
2012	Increase funds to annualize the cost of the FY 2011 150 waiver slots for the New Options Waiver (NOW) and Comprehensive Waiver (COMP) for the developmentally disabled to meet the requirements of the State's settlement agreement with the United States Department of Justice.
2012	Increase funds for an additional 250 waiver slots for the NOW and COMP waivers for the developmentally disabled to meet the requirements of the State's settlement agreement with the United States Department of Justice.
2012	Increase funds for additional New Options Waivers/Comprehensive Supports Waivers to serve youth aging out of the Division of Family and Children Services (DFCS) care (S and CC: Increase funds for six months of funding).
2013	Increase funds to provide for 150 additional Comprehensive Waiver (COMP) slots and to annualize the cost of 100 FY2012 New Options Waiver (NOW) slots for the developmentally disabled to meet the requirements of the Department of Justice Settlement Agreement.
2013	Use Balancing Incentive Payment program for additional 100 waiver slots for the New Options Waiver (NOW) and Comprehensive Waiver (COMP) as part of the Department of Justice Settlement Agreement (G: YES) (CC: YES).
2013	Use Balancing Incentive Payment program to annualize the cost of 150 FY2012 waiver slots for COMP as part of the Department of Justice Settlement Agreement (G: YES) (CC: YES).
2013	Utilize Balancing Incentive Payment Program to annualize the cost of NOW and COMP waivers for youths aging out of DFCS (CC: YES).
2014	Increase funds for 250 additional slots for the New Options Waiver (NOW) and Comprehensive Waiver (COMP) and to annualize the cost of the 250 FY2013 waiver slots for the developmentally disabled to meet the requirements of the State's settlement agreement with the United States Department of Justice.
2015	Annualize the cost of 250 FY 2014 NOW and COMP waiver slots for the developmentally disabled to meet the requirements of the DOJ Settlement Agreement.
2015	Increase funds for 75 additional slots for the New Options Waiver (NOW) and Comprehensive Waiver (COMP) for the developmentally disabled to meet the requirements of the Department of Justice (DOJ) Settlement Agreement.

Fiscal Year	Appropriations Language
2015	Provide a 1/2% increase for developmental disabilities providers. (CC: Increase funds for a 1.5% increase for developmental disabilities providers.)
2016	Increase funds for the establishment of intensive support coordination services for New Options Waivers (NOW) and the Comprehensive Supports Waiver Program (COMP).
2016	Increase funds to annualize the cost of the 250 FY2015 New Options Waivers (NOW) and Comprehensive Supports Waiver Program (COMP) slots for the developmentally disabled to meet the requirements of the State's settlement agreement with the United States Department of Justice.
2016	Increase funds for 75 additional slots for the New Options Waiver (NOW) and the Comprehensive Supports Waiver Program (COMP).
2017	Increase funds for 100 additional slots for the New Options Waiver (NOW).
2017	Provide six months of funding to reflect a provider rate increase for the Comprehensive Supports Waiver Program (COMP).
2017 (Amended)	Increase funds for 250 additional slots for the New Options Waiver (NOW) and Comprehensive Supports Waiver Program (COMP) for the developmentally disabled to meet the requirements of the Department of Justice (DOJ) Settlement Agreement.
2018	Increase funds to annualize the cost of 250 New Options Waiver (NOW) and Comprehensive Supports Waiver Program (COMP) slots for the developmentally disabled to meet the requirements of the Department of Justice (DOJ) Settlement Agreement.
2018	Increase funds to annualize the cost of a provider rate increase for the Comprehensive Supports Waiver Program (COMP).
2018	Increase funds for 250 additional slots for the New Options Waiver (NOW) and Comprehensive Supports Waiver Program (COMP) for the developmentally disabled to meet the requirements of the Department of Justice (DOJ) Settlement Agreement.
2018	Increase funds to annualize the cost of 100 New Options Waiver (NOW) slots.
2019	Increase funds for 125 additional slots for the New Options Waiver (NOW) and the Comprehensive Supports Waiver Program (COMP) for the intellectually and developmentally disabled.
2019	Annualize the cost of 250 New Options Waiver (NOW) and Comprehensive Supports Waiver Program (COMP) slots for the intellectually and developmentally disabled to meet the requirements of the Department of Justice (DOJ) Settlement Agreement.
2020	Increase funds to annualize the cost of 125 New Options Waiver (NOW) and Comprehensive Supports Waiver Program (COMP) slots for the intellectually and developmentally disabled.
2020	Increase funds for 125 additional slots for the New Options Waiver (NOW) and Comprehensive Supports Waiver Program (COMP) slots for the intellectually and developmentally disabled.
2021	Increase funds to annualize the cost of 125 New Options Waiver (NOW) and Comprehensive Supports Waiver Program (COMP) slots for the intellectually and developmentally disabled.
2021	Increase funds for 100 additional slots for the New Options Waiver (NOW) and Comprehensive Supports Waiver Program (COMP) for the intellectually and developmentally disabled.
2022	Increase funds for 100 additional slots for the New Options Waiver (NOW) and Comprehensive Supports Waiver Program (COMP) for the intellectually and developmentally disabled.
2022	Increase funds for a 5% rate increase for intellectual and developmental disability providers with approval by the Centers for Medicare and Medicaid Services.
2023	Increase funds to annualize the cost of 100 New Options Waiver (NOW) and Comprehensive Supports Waiver Program (COMP) slots for the intellectually and developmentally disabled.
2023	Increase funds for 100 additional slots for the New Options Waiver (NOW) and Comprehensive Supports Waiver Program (COMP) for individuals with intellectual and developmental disabilities. (CC: Increase funds for 513 additional slots for the New Options Waiver (NOW) and Comprehensive Supports Waiver Program (COMP) for individuals with intellectual and developmental disabilities and provide for administrative workload support.)
2023	Increase funds for a 1% rate increase for intellectual and developmental disability providers with approval by the Centers for Medicare and Medicaid Services. (CC: Increase funds for a 2% rate increase for intellectual and developmental disability providers with approval by the Centers for Medicare and Medicaid Services.)
2024	Increase funds to annualize the cost of 513 New Options Waiver (NOW) and Comprehensive Supports Waiver Program (COMP) slots for individuals with intellectual and developmental disabilities.

Fiscal Year	Appropriations Language
2024	Increase funds for 250 additional slots for the New Options Waiver (NOW) and Comprehensive Supports Waiver Program (COMP) for individuals with intellectual and developmental disabilities. (H: Increase funds for 375 additional slots for the New Options Waiver (NOW) and Comprehensive Supports Waiver Program (COMP) for individuals with intellectual and developmental disabilities and provide administrative workload support) (S and CC: Increase funds for 500 additional slots for the NEW and COMP waivers for individuals with intellectual and developmental disabilities and provide administrative workload support.)
2025	Increase funds to annualize the cost of 500 New Options Waiver (NOW) and Comprehensive Supports Waiver Program (COMP) slots for individuals with intellectual and developmental disabilities.
2025	Increase funds for 100 additional slots for the New Options Waiver (NOW) and Comprehensive Supports Waiver Program (COMP) for individuals with intellectual and developmental disabilities.
2025	Recognize agency-wide transfers and increase funds to implement the New Option Waiver (NOW) and Comprehensive Supports Option Waiver Program (COMP) provider rate study. (CC: Transfer funds from the Adult Forensic Services, and Adult Mental Health Services, Child and Adolescent Mental Health Services, and Departmental Administration (DBHDD) programs to the Adult Developmental Disabilities Services program and increase funds to implement the New Option Waiver (NOW) and Comprehensive Supports Option Waiver Program (COMP) provider rate study.)

[1]The closure of Brook Run represents the start of the Community Habilitation and Support Services waiver.
*The same line item appeared under the budget program for adults as well as the budget program for children.
Source: Historical appropriations documents

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