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State/Territory Name: Georgia

State Plan Amendment (SPA) #: GA-20-0030

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

October 13, 2020

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

Dear Ms. Rhodes:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) number GA-20-0030, has been approved. Through this SPA, Georgia has demonstrated compliance with section 5022 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act. This SPA has an effective date of October 24, 2019.

Section 5022 of the SUPPORT Act added Section 2103(c)(5) to the Social Security Act (the Act) and requires child health and pregnancy related assistance to include coverage of services necessary to prevent, diagnose, and treat a broad range of behavioral health symptoms and disorders. Additionally, Section 2103(c)(5)(B) of the Act requires that these behavioral health services be delivered in a culturally and linguistically appropriate manner. Georgia demonstrated compliance by providing the necessary assurances and benefit descriptions that the state covers a range of behavioral health services in a culturally and linguistically appropriate manner.

Your Project Officer is Jack Mirabella. They are available to answer your questions concerning this amendment and other CHIP-related matters. Their contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, MD 21244-1850
Telephone: (410) 786-2424
E-mail: jack.mirabella@cms.hhs.gov

If you have additional questions, please contact Meg Barry, Acting Division Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,
/Signed Amy
Lutzky/
Amy Lutzky
Acting Deputy Director

State Plan Amendment GA-20-0030

Section 6 to be amended to include:

Guidance: See guidance for section 6.1.4.1 for a guidance on the statutory requirements for EPSDT under sections 1905(r) and 1902(a)(43) of the Act. If the benefit being provided does not meet the EPSDT statutory requirements, do not check this box.

6.2.22. EPSDT consistent with requirements of sections 1905(r) and 1902(a)(43) of the Act

6.2.22.1 The state assures that any limitations applied to the amount, duration, and scope of benefits described in Sections 6.2 and 6.3- BH of the CHIP state plan can be exceeded as medically necessary.

6.2-BH Behavioral Health Coverage Section 2103(c)(5) requires that states provide coverage to prevent, diagnose, and treat a broad range of mental health and substance use disorders in a culturally and linguistically appropriate manner for all CHIP enrollees, including pregnant women and unborn children.

Guidance: Please attach a copy of the state's periodicity schedule. For pregnancy-related coverage, please describe the recommendations being followed for those services.

6.2.1- BH Periodicity Schedule The state has adopted the following periodicity schedule for behavioral health screenings and assessments. Please specify any differences between any covered CHIP populations:

- State-developed schedule
- American Academy of Pediatrics/ Bright Futures
- Other Nationally recognized periodicity schedule (please specify: _____)
- Other (please describe: _____)

6.3- BH Covered Benefits Please check off the behavioral health services that are provided to the state's CHIP populations, and provide a description of the amount, duration, and scope of each benefit. For each benefit, please also indicate whether the benefit is available for mental health and/or substance use disorders. If there are differences in benefits based on the population or type of condition being treated, please specify those differences.

If EPSDT is provided, as described at Section 6.2.22 and 6.2.22.1, the state should only check off the applicable benefits. It does not have to provide additional information regarding the amount, duration, and scope of each covered behavioral health benefit.

Guidance: Please include a description of the services provided in addition to the behavioral health screenings and assessments described in the assurance below at 6.3.1.1-BH.

6.3.1- BH Behavioral health screenings and assessments. (Section 2103(c)(6)(A))

6.3.1.1- BH The state assures that all developmental and behavioral health recommendations outlined in the AAP Bright Futures periodicity schedule and United States Public Preventive Services Task Force (USPSTF) recommendations graded as A and B are covered as a part of the CHIP benefit package, as appropriate for the covered populations.

Guidance: Examples of facilitation efforts include requiring managed care organizations and their networks to use such tools in primary care practice, providing education, training, and technical resources, and covering the costs of administering or purchasing the tools.

6.3.1.2- BH The state assures that it will implement a strategy to facilitate the use of age-appropriate validated behavioral health screening tools in primary care settings. Please describe how the state will facilitate the use of validated screening tools.

The Georgia Division of Medical Assistance Plans Contract with each CMO requires that provider utilize the AAP 2019 Bright Futures “Recommendations for Pediatric Health Care” Periodicity Schedule as the periodicity schedule for EPSDT visits and services which reimburses pediatricians and pediatric extenders to provide developmental screenings, including behavioral health screenings. The state provides guidance for providers to utilize the training resources/references that are recommended by the AAP/BF and the training resources are referenced in Georgia’s EPSDT manual for pediatric providers. These trainings refer providers to validated screening and assessment tools required by the state. The plans are responsible for conducting provider education and training on screening and assessment tools which are required by the state, as well as disseminating information on the tools.

6.3.2- BH Outpatient services (Sections 2110(a)(11) and 2110(a)(19))

Guidance: Psychosocial treatment includes services such as psychotherapy, group therapy, family therapy and other types of counseling services.

6.3.2.1- BH Psychosocial treatment

Provided for: Mental Health Substance Use Disorder

6.3.2.2- BH Tobacco cessation

Provided for: Substance Use Disorder

Guidance: In order to provide a benefit package consistent with section 2103(c)(5) of the Act, MAT benefits are required for the treatment of opioid use disorders. However, if the state provides MAT for other SUD conditions, please include a description of those benefits below at section 6.3.2.3- BH.

6.3.2.3- BH Medication Assisted Treatment

Provided for: Substance Use Disorder

6.3.2.3.1- BH Opioid Use Disorder

6.3.2.3.2- BH Alcohol Use Disorder

6.3.2.3.3- BH Other

6.3.2.4- BH Peer Support

Provided for: Mental Health Substance Use Disorder

6.3.2.5- BH Caregiver Support

Provided for: Mental Health Substance Use Disorder

6.3.2.6- BH Respite Care

Provided for: Mental Health Substance Use Disorder

6.3.2.7- BH Intensive in-home services

Provided for: Mental Health Substance Use Disorder

6.3.2.8- BH Intensive outpatient

Provided for: Mental Health Substance Use Disorder

6.3.2.9- BH Psychosocial rehabilitation

Provided for: Mental Health Substance Use Disorder

Guidance: If the state considers day treatment and partial hospitalization to be the same benefit, please indicate that in the benefit description. If there are differences between these benefits, such as the staffing or intensity of the setting, please specify those in the description of the benefit's amount, duration, and scope.

6.3.3- BH Day Treatment

Provided for: Mental Health Substance Use Disorder

6.3.3.1- BH Partial Hospitalization

Provided for: Mental Health Substance Use Disorder

6.3.4- BH Inpatient services, including services furnished in a state-operated mental hospital and including residential or other 24-hour therapeutically planned structural services (Sections 2110(a)(10) and 2110(a)(18))

Provided for: Mental Health Substance Use Disorder

Guidance: If applicable, please clarify any differences within the residential treatment benefit (e.g. intensity of services, provider types, or settings in which the residential treatment services are provided).

6.3.4.1- BH Residential Treatment

Provided for: Mental Health Substance Use Disorder

6.3.4.2- BH Detoxification

Provided for: Substance Use Disorder

Guidance: Crisis intervention and stabilization could include services such as mobile crisis, or short term residential or other facility-based services in order to avoid inpatient hospitalization.

6.3.5- BH Emergency services

Provided for: Mental Health Substance Use Disorder

6.3.5.1- BH Crisis Intervention and Stabilization

Provided for: Mental Health Substance Use Disorder

6.3.6- BH Continuing care services

Provided for: Mental Health Substance Use Disorder

6.3.7- BH Care Coordination

Provided for: Mental Health Substance Use Disorder

6.3.7.1- BH Intensive wraparound

Provided for: Mental Health Substance Use Disorder

6.3.7.2- BH Care transition services

Provided for: Mental Health Substance Use Disorder

6.3.8- BH Case Management

Provided for: Mental Health Substance Use Disorder

6.3.9- BH Other

Provided for: Mental Health Substance Use Disorder

6.4- BH Assessment Tools

6.4.1- BH Please specify or describe all of the tool(s) required by the state and/or each managed care entity:

ASAM Criteria (American Society Addiction Medicine)

Mental Health Substance Use Disorders

InterQual

Mental Health Substance Use Disorders

MCG Care Guidelines

Mental Health Substance Use Disorders

CALOCUS/LOCUS (Child and Adolescent Level of Care Utilization System)

Mental Health Substance Use Disorders

CASII (Child and Adolescent Service Intensity Instrument)

Mental Health Substance Use Disorders

CANS (Child and Adolescent Needs and Strengths)

Mental Health Substance Use Disorders

State-specific criteria: Substance Use Disorder Screenings listed below

Mental Health Substance Use Disorders

Plan-specific criteria:

Mental Health Substance Use Disorders

Other (Substance Use Disorder Screenings as below)

Mental Health Substance Use Disorders

No specific criteria or tools are required

Mental Health Substance Use Disorders

Guidance: Examples of facilitation efforts include requiring managed care organizations and their networks to use such tools to determine possible treatments or plans of care, providing education, training, and technical resources, and covering the costs of administering or purchasing the assessment tools.

6.4.2- BH Please describe the state's strategy to facilitate the use of validated assessment tools for the treatment of behavioral health conditions.

All Providers are responsible for completing all assessments as recommended by the AAP/Bright Futures and USPSTF guidance as well as documenting their findings, and if indicated, document any follow-up assessment, therapeutic intervention used, referrals made, and treatments received. Providers are contractually required to cooperate with QI activities, including, but not limited to, investigation of Potential Quality of Care issues, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) audits. Georgia's Division of Case Management and Quality Improvement tracks the use of screening and assessment tools as well as outcomes.

With regard to specific behavioral health assessments, both DCH and the MCO Plans partner with Georgia's mental health authority, the Department of Behavioral Health and Developmental Disabilities (DBHDD). Coordination includes use of the training materials offered through the partnership and

reliance on a shared primary workforce to deliver children's behavioral health services since most behavioral health providers work both in the fee-for-service Medicaid sector, which is operationally managed by DBHDD, and the managed care sector. DCH holds an administrative contract with DBHDD to operationalize behavioral health services through the shared provider network, which includes provider training opportunities. These trainings refer providers to validated screening and assessment tools required by the state. Similarly, both Fee-for-Service Medicaid and the MCO Plans delivering services in CHIP authorize ongoing behavioral health services using assessment information offered by enrolled behavioral health providers via state required validated tools such as those noted above.

6.2.5- BH Covered Benefits The State assures the following related to the provision of behavioral health benefits in CHIP:

All behavioral health benefits are provided in a culturally and linguistically appropriate manner consistent with the requirements of section 2103(c)(6), regardless of delivery system.

The CMO (MCO) contracts under which PeachCare for Kids® members receive behavioral health services include the following requirements and provide a clear mechanism for member information access including how to submit complaints should the Managed Care Plan fall short in meeting member needs in this or any other area:

- a. Each Contractor shall produce and make available all marketing materials in English and all prevalent, non-English languages spoken within the State of Georgia.
- b. Plan for interpretive services and written materials, to meet the needs of Members whose primary language is not English, using qualified medical interpreters (both sign and spoken languages), and make available easily understood Member oriented materials, including the posting of signage in the languages of the commonly encountered group and/or groups represented in the service area;
- c. The translator must be fluent in both the original source language and the target language and must translate the language to make it understandable. Translation Services may also include the use of computer tools or technology.
- d. Each Contractor shall notify its Members of the availability of oral interpretation services and to inform them of how to access oral interpretation services. There shall be no charge to the Member for interpretation services.
- e. Each Contractor shall have a comprehensive written Cultural Competency Plan describing how the Contractor will ensure that services are provided in a culturally competent manner to all Members, including those with limited English proficiency, hearing impairment, a speech or language disorder, physical disabilities, developmental disabilities, differential abilities, or diverse cultural and ethnic backgrounds. The Cultural Competency Plan must describe how the Providers, individuals and systems within the CMO will effectively provide services to people of all cultures, races, ethnic backgrounds and religions in a manner that recognizes values, affirms and respects the worth of the individual Members and protects and preserves the dignity of each.

The state will provide all behavioral health benefits consistent with 42 CFR 457.495 to ensure there are procedures in place to access covered services as well as appropriate and timely treatment and monitoring of children with chronic, complex or serious conditions.

There is no Tribal requirement for the State of Georgia.

There is no financial impact anticipated as a result of this SPA.