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State/Territory Name: Georgia

State Plan Amendment (SPA) #: 17-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

April 21, 2017

Ms. Linda Wiant, Pharm D.
Chief, Medicaid Assistance Plans
Medicaid Division
Georgia Department of Community Health
9 Peachtree Street, NW, Suite 36-450
Atlanta, GA 30303-315

RE: Title XIX State Plan Amendment, GA 17-0002

Dear Dr. Wiant:

We have reviewed the proposed State Plan Amendment, GA 17-0002, which was submitted to the Atlanta Regional Office originally on January 25, 2017. This state plan amendment adds to the scope of services to children, youth and families, modifies service modalities and revises reimbursement methodology for Community Behavioral Health Rehabilitation Services (CBHRS).

Based on the information provided, the Medicaid State Plan Amendment GA 17-0002 was approved on April 21, 2017. The effective date of this amendment is January 1, 2017. We are enclosing the approved HCFA-179 and the plan pages.

If you have any additional questions or need further assistance, please contact Etta Hawkins at (404) 562-7429 or Etta.Hawkins@cms.hhs.gov, or Amr Ali at (404) 562-7338 or Amr.Ali@cms.hhs.gov.

Sincerely,

//s//

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 17-0002	2. STATE Georgia
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2017	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN x <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 C.F.R. § 447.205		7. FEDERAL BUDGET IMPACT:	
		a. FFY 2017 \$ 7,144,622	
		b. FFY 2018 \$ 9,606,938	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, page 6c to 6c-12 Attachment 4.1-B, page 1a-1 to 6c-5		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A, page 6c to 6c-12 Attachment 4.1-B, page 1a-1 to 6c-5	
10. SUBJECT OF AMENDMENT: Effective January 1, 2017, DCH proposes to revise behavioral health services offered to children, youth, and families by adding new services, revising service definitions, and making technical adjustments to the Medicaid State Plan. This includes modification to support utilization of bundled procedure codes.			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT		x <input checked="" type="checkbox"/> OTHER, AS SPECIFIED:	
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		Single State Agency Comments Attached	
12. SIGNATURE OF STATE AGENCY OFFICIAL: //s//		16. RETURN TO: Department of Community Health Division of Medicaid 2 Peachtree Street, NW, 36 th Floor Atlanta, Georgia 30303-3159	
13. TYPED NAME: Linda Wiant			
14. TITLE: Chief, Division of Medicaid			
15. DATE SUBMITTED: January 25, 2017			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 01/25/17		18. DATE APPROVED: 04/21/17	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/17		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: Jackie Glaze		22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns	
23. REMARKS: Approved with the following changes to box 8 and 9.			
Box #8 Changed to read Attachment 4.19B Page Numbers from 1a-1 - 6c-5 to 1a-1 - 1a-6			
Box #9 Changed to read Attachment 4.19B Page Numbers from 1a-1 - 6c-5 to 1a-1 - 1a-6			

13.d.1 – Community Behavioral Health Rehabilitation Services in accordance with 42 CFR 440.130(d)

The covered Community Behavioral Health Rehabilitation Services will be available to all Medicaid eligible members with mental illness and substance use disorders and who are medically determined to need rehabilitative/prevention services. These services must be ordered by a physician or other licensed practitioner within the scope of his/her practice under state law and furnished by or under the direction of a physician or other licensed/certified practitioners operating within the scope of applicable state law, to:

- promote the maximum reduction of symptoms; and/or
- restore the recipient to his/her best possible functional level; and/or
- prevent the escalation of a condition into a crisis situation or into a chronic/significantly disabling disorder.

When services/supports are provided under the direction of a physician or other practitioners operating within the scope of applicable state law, the practitioner will provide clinical direction by:

- assuming professional responsibility for the services provided under his/her direction and monitors the need for continued services;
- directly overseeing services to ensure beneficiaries are receiving services in a safe and efficient manner in accordance with accepted standards of practice;
- ensuring that individuals working under his/her direction have contact information to permit them direct access to clinical direction as necessary during the course of treatment; and
- maintaining documentation supporting the oversight of services and ongoing involvement in the treatment.

The covered Community Behavioral Health Rehabilitation Services (CBHRS) are reimbursed when delivered by enrolled agencies meeting the requirements listed herein. The State does not arbitrarily limit Medicaid Provider Agencies. The State enrolls any willing Provider Agency that meets the qualifications required to be a Provider Agency as outlined in the Policies and Procedures Manual that is made available to all interested Provider Agencies. Individual practitioners are not enrolled in this program. NOTE: The term “practitioner” is used to denote an individual who provides direct services/supports under the auspices of a Provider Agency. Provider agency qualifications to provide these services are ensured by Provider Agency compliance with requirements and standards of The Joint Commission (TJC), Commission on Accreditation for Rehabilitation Facilities (CARF), Council on Accreditation of Services for Children and Families, Inc. (COA), Council on Quality Leadership (CQL), and/or State certification. Additionally, where agencies provide services in a qualified residential setting, required state licensure is verified through the provider application and enrollment process.

Individual practitioners working within these provider agencies are required to meet all applicable licensure and certification requirements set forth in Georgia law, the scope of practice definitions of local and national licensure boards, and state agency policy regarding certification. Practitioners are grouped into levels consistent with specific credentials and in consideration of associated ranges of salaries as follows:

Level 1:	Physician, Psychiatrist
Level 2:	Licensed Practitioners of healthcare and behavioral health (highly trained and specialized [or specialty skilled] salary scale): Includes practitioners such as Psychologists, Physician's Assistants, Nurse Practitioners, Clinical Nurse Specialists/PMHs, Pharmacists
Level 3:	Licensed/Certified Practitioners of healthcare and behavioral health (highly trained and skilled salary scale): Includes practitioners such as Registered Nurse, Licensed Dietician, Licensed Professional Counselor (LPC), Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), Certified/Registered Addictions Counselor-II
Level 4:	Associate Licensed and other Certified Practitioner (significantly trained and skilled salary scale): including Licensed Practical Nurse (LPN); Licensed Associate Professional Counselor (LAPC); Licensed Master's Social Worker (LMSW); Licensed Associate Marriage and Family Therapist (LAMFT); Certified/Registered Addictions Counselor, Certified Peer Specialist, Trained Paraprofessional or Certified Psychiatric Rehabilitation Professional (CPRP) with Bachelor's degree or higher in the social sciences/helping professions
Level 5:	Non-Licensed, Non-degreed and Trained Paraprofessionals (moderately trained and skilled salary scale): including practitioners such as Certified/Registered Addiction Counselor (CAC-I or Registered Alcohol and Drug Technician), Certified Peer Specialist, Certified Psychiatric Rehabilitation Professional, and Qualified Medication Aide

Detailed guidance related to practitioner level classification, licensure or title nomenclature, revisions to Georgia practice standards including any new adjustments made in Georgia law are reflected in the State Medicaid Agency's Part II Policies and Procedures Manual for CBHRS.

Members are given freedom of choice to choose a qualified, enrolled Provider Agency and practitioner within that agency. A toll-free access number and website provides information

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regarding the available services and providers to participants and family members seeking behavioral healthcare services. The Department of Behavioral Health & Developmental Disabilities offices are also available to provide information to individuals seeking behavioral healthcare services through this program and participants may also access services by directly contacting providers of their choice.

The state also employs telemedicine strategies to promote access to services, for example, where there are identified barriers due to either behavioral health care professional shortage areas or because of a need for access to a very specialized practice (i.e., an ASL-fluent licensed therapist).

Limitations

Rehabilitation services do not include reimbursement for room nor board, and reimbursement will not be provided for services provided to individuals in an Institution for Mental Diseases (IMD) (see page 6c-7, e.). The covered services are available only to Medicaid eligible recipients with a written service plan, which contains medically necessary services ordered by a physician or other licensed practitioners operating within the scope of state law. All treatment, rehabilitative, and prevention services are focused on the Medicaid eligible individual. Any consultation or treatment involving families or other persons is solely for the purpose of addressing the behavioral health needs of the Medicaid recipient.

Service utilization is managed through the use of prior authorizations which set maximum units within an authorization period. Authorization periods vary according to service and may range between one day to 12 months for individuals who experience long-term, intensive, and chronic illness. At the outset of services and again when the authorization period expires or maximum units have been reached, a request must be submitted to the URAC-accredited Administrative Services Organization to justify provision of services based upon medical necessity of the service for the Medicaid recipient.

CBHRS do not include any of the following and FFP is not available for:

- a. room and board services;
- b. educational, vocational and job training services;
- c. habilitation services;
- d. services to inmates in public institutions as defined in 42 CFR §435.1010;
- e. services to individuals residing in institutions for mental diseases as described in 42 CFR §435.1010;
- f. recreational and social activities; and
- g. services that must be covered elsewhere in the state Medicaid plan.

The services are defined as follows:

Behavioral Health Assessment

The behavioral health assessment process consists of a face-to-face (in person or via telemedicine/telehealth) comprehensive clinical assessment with the individual, which must include the individual's perspective/desires, and may also include individual-identified family and/or significant others as well as collateral agencies/treatment providers. The purpose of the assessment process is to gather all information needed to determine the individual's symptoms, strengths, needs, abilities and preferences, to develop a social and medical history, to determine functional capacity and level, and to develop or review collateral assessment information. This service may be provided in a clinic or outside the clinic setting in the community. Levels 2-5 practitioners may provide this service.

Recovery Plan Development

The recovery plan development process results in a written, individualized service (recovery) plan. The plan is formulated through a collaborative process with the individual that includes all necessary treatment and rehabilitative services. With the individual, the individualized planning process includes the development of individualized treatment objectives/outcomes, plans for the expected frequency and duration of each service, identifies the type of practitioner who may best provide recommended services, identifies accessible locations for service delivery, and the identified outcomes which are expected from provision of the planned service. Service plans must be reviewed at least annually or whenever there is a change in the individual's service needs. Each plan and subsequent revisions must be authorized by a physician or other licensed practitioner authorized by state law to recommend a course of treatment. This service may be provided in a clinic or outside the clinic setting in the community. Levels 2-5 practitioners may provide this service.

Diagnostic Assessment

The psychiatric diagnostic examination provides a comprehensive assessment of the medical and psychiatric treatment needs of the individual. The results of nursing assessments and behavioral health assessments are used by the physician as an integral part of the psychiatric assessment process which results in a diagnosis and associated treatment decisions. Diagnostic assessments may involve specific psycho-diagnostic assessments, testing, and evaluation performed by licensed psychologists or certain other licensed practitioners, or their supervisee/trainee in the administration of psychological tests, the results of which assist in the determination of a diagnosis and treatment recommendations. These services may be provided in a clinic or outside the clinic setting in the community. Levels 1-3 practitioners may provide this service.

Crisis Intervention Services

Crisis Intervention Services entail a face-to-face (in person or via telemedicine/telehealth) short-term intervention with individuals in an active state of crisis. Interventions include a brief, situational assessment; verbal interventions to de-escalate the crisis; assistance in

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immediate crisis resolution; mobilization of natural and formal support systems; and referral to alternate services at the appropriate level. This service is not duplicative of the comprehensive, in-depth assessments included in Behavioral Health Assessment or Diagnostic Assessment and does not duplicate the comprehensive and proactive planning for crisis management that is included in Recovery Plan development. Crisis intervention services are available 24 hours a day, 7 days a week. Services may be provided in a clinic setting or can occur in a variety of other settings including the individual's home, local emergency departments, or other community settings when the situation is such that it is medically necessary to deliver the services wherever the individual is located outside the clinic. Levels 1-5 practitioners may provide this service.

Crisis Stabilization

Crisis Stabilization is a structured intensive residential alternative to or diversion from psychiatric inpatient hospitalization or inpatient detoxification offering psychiatric stabilization and withdrawal management services. Crisis Stabilization Services are for individuals who are experiencing a period of acute stress that significantly impairs the capacity to cope with normal life circumstances. The program provides medically monitored intensive psychiatric and/or substance abuse services that address the psychiatric, psychological, and behavioral health crisis needs of the individuals. This service may be utilized at various points in an individual's course of treatment and recovery; however, each intervention is intended to be a discrete time-limited service that stabilizes a crisis situation which the individual is experiencing. Levels 1-5 practitioners may provide this service as appropriate under approved scope of practice by practitioner type.

Psychiatric Treatment

Psychiatric treatment encompasses the provision of specialized medical and/or psychiatric interventions that will result in improved levels of functioning or maintaining existing levels of functioning. Psychiatric treatment includes the ongoing care related to the behavioral healthcare needs of the individual as specified in the individualized recovery plan through pharmacological management and individual psychotherapeutic services coupled with medical evaluation and pharmacological management. These services may be provided in a clinic or outside the clinic setting in the community. Levels 1-2 practitioners may provide this service.

Psychiatric-Medical Consultation

This service includes an inter-professional telephone consultation between physicians (or physician extenders) in which the physician with the CBHRS-enrolled agency (the consultant) provides specialty expertise opinion and/or treatment advice to a treating physician or other qualified health care professional regarding an individual about whom the consultant has behavioral health treatment knowledge and familiarity. The treating physician confers with the consultant regarding the diagnosis and/or management of an individual's presenting condition without the need for the individual's face-to-face contact with the

consultant. This service is provided telephonically. Levels 1-3 practitioners may provide this service.

Nursing Assessment and Care

Nursing Assessment and Care services are face-to-face (in person or via telemedicine/telehealth) contacts with an individual to monitor, evaluate, assess, establish nursing goals, and/or carry out physicians' orders regarding treatment and rehabilitation of the physical and/or behavioral health conditions of an individual as specified in the individualized recovery plan. It includes providing special nursing assessments to observe, monitor and care for physical, nutritional and psychological issues or crises manifested in the course of the individual's treatment; to assess and monitor individual's response to medication to determine the need to continue medication and/or for a physician referral for a medication review; assessing and monitoring an individual's medical and other health issues that are either directly related to the mental health or substance related disorder, or to the treatment of the disorder (e.g. diabetes, cardiac and/or blood pressure issues, substance withdrawal symptoms, weight gain and fluid retention, seizures, etc.); venipuncture required to monitor and assess mental health, substance disorders or directly related conditions, and to monitor side effects of psychotropic medication; consultation with the individual's family and/or significant others for the benefit of the client about medical and nutritional issues; to determine biological, psychological, and social factors which impact the individual's physical health and to subsequently promote wellness and healthy behavior and provide medication education and medication self-administration training to the individual and family. These services may be provided in a clinic or outside the clinic setting in the community. Levels 2-4 practitioners may provide this service.

Detoxification Services

Detoxification Services are an outpatient set of services designed to achieve safe and comfortable withdrawal from mood altering drugs (including alcohol) and to facilitate an individual's transition into ongoing treatment and recovery, which may be delivered in a licensed office setting, licensed residential setting, or addiction treatment facility by practitioners who specialize in addiction treatment. Service includes supervision, observation, and support for individuals who are intoxicated or experiencing withdrawal. Services are directed toward stabilizing symptoms related to withdrawal, applying basic recovery skills, preventing relapse, engaging in outpatient recovery services/treatment, promoting personal responsibility, and reintegrating the individual into the worlds of work, education and family life.

This service does not include medical care in an Institution for Mental Disease, nor does it encompass social detoxification or inpatient intensive detoxification. Providers are required to meet all applicable state licensure requirements for drug treatment agencies. This service may be provided either in an in-clinic or out-of-clinic setting. Levels 1-5 practitioners may

provide components of this service as applicable and appropriate to the practitioner's scope of practice.

Substance Abuse Intensive Outpatient Program

The Substance Abuse Intensive Outpatient Program is a time limited, treatment service for persons who require structure and support to achieve and sustain recovery. This service provides a set of substance abuse skilled treatment services for relapse prevention. Such services are inclusive of addiction services appropriate to the individual's recovery plan designed to assist individuals to begin recovery and learn skills for recovery maintenance. The following types of services are included in the intensive outpatient program: continuous assessment of current recovery status related to stabilization of symptoms and biomedical issues, confounding behavioral health and/or medical conditions, emerging capacity to self-manage addiction, readiness and motivation related to the addiction condition, and history of use/abuse; broad addiction and recovery skills training, individual and group counseling; family counseling; intensive coordination and brokering of recovery supports, and community/social support system strategies to promote ongoing recovery. These services may be provided in a clinic or outside the clinic setting in the community. Levels 1-5 practitioners may provide components of this service as applicable and appropriate to the practitioner's scope of practice.

Individual Outpatient Services

Individual outpatient services provide face-to-face (in person or via telemedicine/telehealth) counseling and psychotherapy services for symptom/behavior management of mental health conditions and addictive diseases. Interventions are directed toward symptom reduction, promoting self-examination of current and desired psychological status; development and restoration of functional abilities; addressing motivation and behavior change; healing and transformation; problem solving, interpersonal, communication, and coping skills; developing adaptive behaviors; and enhancing strengths to offset challenges as delineated in the individualized recovery plan. These services may be provided in a clinic or outside the clinic setting in the community. Levels 1-5 practitioners may provide components of this service as applicable and appropriate to the practitioner's scope of practice.

Family Outpatient Services

Family outpatient services provide face-to-face (in person or via telemedicine/telehealth) counseling, psychotherapy, and skills training services to the eligible individuals and their identified family for symptom reduction/behavior management of mental health conditions and addictive diseases according to the individualized recovery plan. Services are directed toward the identified individual and the restoration of adaptive behaviors and skills, functional abilities, and the interpersonal skills and functioning of the individual within the family unit. Services include counseling, therapy, and/or education and training for the individual and family members (for the benefit of the individual) regarding mental health and substance abuse disorders; prescribed medication (including adherence to medication regimen); problem solving, interpersonal, communication and coping skills; adaptive

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behaviors and skills; and skills and abilities necessary to access community resources and support systems. These services may be provided in a clinic or outside the clinic setting in the community. Levels 1-5 practitioners may provide this service as applicable and appropriate to the practitioner's scope of practice.

Group Outpatient Services

Group outpatient services provide face-to-face counseling, psychotherapy, and skills training services to the eligible individuals for symptom reduction/ behavior management of mental health conditions and addictive diseases according to the individualized service plan.

Services are provided to individuals in a group setting. Services may include counseling, therapy, and/or skills training/education for the individuals in the group regarding mental health and substance abuse disorders; problem solving, interpersonal, communication, relapse prevention, and coping skills; adaptive behaviors and skills; and skills and abilities necessary to access and benefit from community resources and natural support systems.

These services may be provided in a clinic or outside the clinic setting in the community.

Levels 1-5 practitioners may provide components of this service as applicable and appropriate to the practitioner's scope of practice.

Medication Administration

Medication Administration is the giving or administration of an oral or injectable medication.

Medication administration includes educating the individual about their medications, assessment of the individual's physical and behavioral status prior to medication administration, and determination of whether to administer the medication or refer the individual to the physician for medication review. Service plans which include these services must be authorized by a physician. These services may be provided in a clinic or outside the clinic setting in the community. Levels 2-5 practitioners may provide components of this service as applicable and appropriate to the practitioner's scope of practice.

Intensive Family Intervention

Intensive Family Intervention is a time-limited, community-based, intensive behavioral health, team-based intervention delivered to children and youth with emotional disturbances or co-occurring emotional disturbances and substance use disorders. Services are directed towards the identified youth and his or her behavioral health needs and goals as identified in the individualized recovery plan. Services include therapeutic and rehabilitative interventions with the individual and family to correct or ameliorate symptoms of mental health and/or substance abuse conditions and to reduce the likelihood of the need for more intensive/restrictive services. These services may be provided in or outside the clinic setting but services are delivered primarily in the family's home and promote a family-based focus in order to evaluate the nature of the difficulties, defuse behavioral health crises, intervene to reduce the likelihood of a recurrence, ensure linkage to needed community services and resources, and improve the individual child's/adolescent's ability to self-recognize and self-manage behavioral health issues, as well as the parents'/responsible caregivers' skills to care for their youth's mental health and addictive disease conditions. Specialized therapeutic and

rehabilitative interventions are available to address special areas such as problem sexual behaviors and the effects of domestic violence. Levels 2-5 practitioners may provide components of this service as applicable and appropriate to the practitioner's scope of practice.

Psychosocial Rehabilitation

A therapeutic, rehabilitative, skill building and recovery-promoting service for individuals to gain the skills necessary to allow them to remain in or return to naturally-occurring community settings and activities. The service is provided in individual and group settings to assist individuals in restoring maximum possible functional level by improving social, interpersonal, problem-solving, coping, and communication skills. Services include, but are not limited to: didactic training, structured skills practice, skills training and coaching techniques focusing on the development of problem-solving abilities, social and communication skills, medication self-management abilities and functional abilities. These services may be provided in a clinic or outside the clinic setting in the community. Levels 1-5 practitioners may provide components of this service as applicable and appropriate to the practitioner's scope of practice.

Case Management Support & Services

Case Management Support & Services consist of mental health rehabilitative services and supports necessary to assist the adult in achieving rehabilitative and recovery goals as identified in the individualized service plan. The focus of the interventions include assisting the individual in identification of service needs, minimizing the negative effects of symptoms of mental health conditions and addictive diseases which interfere with the consumer's daily living skills, independent functioning and personal development; developing strategies and supportive interventions for avoiding out-of-home placement or the need for more intensive services; assisting consumers to increase social support skills that ameliorate life stresses resulting from the consumer's disability and coordinating rehabilitative services as specified in the individualized service plan. These services may be provided in a clinic or outside the clinic setting in the community. Levels 4-5 practitioners may provide components of this service as applicable and appropriate to the practitioner's scope of practice.

Intensive Customized Care Coordination

Intensive Customized Care Coordination is a high-fidelity, recovery and resiliency focused intervention in which coaching and skill building for youth with severe emotional disturbances and the parent/caregiver are provided to empower their self-activation and self-management of their personal and family wellness, stability and independence. The healthcare practitioner rendering Intensive Customized Care Coordination (IC3) utilizes multiple strength-based approaches and interrelated activities to identify how the youth's and their family members' capacity for exercising self-determination, self-activation, and self-actualization can be tapped to restore esteem, hope, and coping skills. The service provides a broad range of rehabilitative supports to restore functioning which has been impacted by the youth's condition. Supports include interventions such as coaching and skills-building to

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improve and practice skills regarding accessing behavioral healthcare, communicating health needs, and adopting behaviors for rebuilding relationships with friends, family, communities, etc. The IC3 practitioner's overall approach is to address functional improvement outcomes by identifying, planning, documenting, coordinating, securing, and reviewing the delivery of appropriate services through a wraparound approach that simultaneously infuses and evolves the empowerment and skills of the family to assume greater control and management of the youth's behavioral health condition. As a result of the rehabilitation and skills-building described above, the youth and family begin practicing and ultimately assuming personal authority for self-management of needed services.

These services may be provided in or outside the clinic setting, but services are delivered primarily in the family's home and in community settings natural and conducive to the needs and preferences of the individual and family. Levels 1-5 practitioners may provide components of this service as applicable and appropriate to the practitioner's scope of practice.

Community Support Services

Specific to youth, Community Support Services consist of mental health and substance abuse rehabilitative services and supports necessary to assist the youth in achieving resiliency and recovery goals as identified in the individualized service plan. The service includes skills training in a variety of areas including problem-solving, interpersonal, communication, and community coping skills, including adaptation to home, school and community environments; symptom monitoring and management. The focus of the interventions include assisting the youth in identification of service needs, minimizing the negative effects of symptoms of mental health conditions and addictive diseases which interfere with the individual's daily living skills, independent functioning and personal development; developing strategies and supportive interventions for avoiding out-of-home placement or the need for more intensive services; assisting youth to increase social support skills that ameliorate life stresses resulting from the illness and coordinating rehabilitative services as specified in the individualized service plan. These services may be provided in a clinic or outside the clinic setting in the community. Levels 1-5 practitioners may provide this service as appropriate under approved scope of practice by practitioner type.

Addictive Diseases Support Services

Specific to youth and adults with addictive disease issues, Addictive Diseases Support Services consist of substance abuse recovery services and supports necessary to assist the person in achieving recovery goals as identified in the individualized service plan. The service includes skills training in a variety of areas including identifying risk factors, problem-solving, interpersonal, communication, self-care and coping skills, including adaptation to home, school and work environments; including relapse planning and prevention, and aftercare. The focus of the interventions include engagement, assisting the individual in identification of service needs, minimizing the negative effects of addiction and use which interfere with the individual's daily living skills, motivational enhancement, and

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personal development; developing strategies and supportive interventions for avoiding out-of-home placement or the need for more intensive services; practicing personal responsibility, healthy behaviors and choice-making, assisting individuals to practice and increase social support skills that ameliorate life stresses resulting from the individual's use and coordinating recovery services as specified in the individualized service plan. These services may be provided in a clinic or outside the clinic setting in the community. Levels 1-5 practitioners may provide this service.

Peer Support

Peer Support provides structured, scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills, by Certified Peer Specialists under the direct supervision of a behavioral health professional. Youth and Adults actively participate in decision-making and services operation. Services are directed toward achievement of the specific, individualized, and result-oriented goals defined by the individual and specified in the Individual Recovery Plan. The service is provided under the direct supervision of a Behavioral Health Professional. The Peer Support service actively engages and empowers the participant and his/her identified supports in leading and directing the design of the service plan and thereby ensures that the plan reflects the needs and preferences of the individual with the goal of active participation in this process. Additionally, this service provides support and coaching interventions to individuals to promote recovery and healthy lifestyles and to reduce identifiable behavioral health and physical health risks and increase healthy behaviors intended to prevent the onset of disease or lessen the impact of existing chronic health conditions by teaching more effective management techniques that focus on the individual's self-management and decision making about healthy choices which ultimately extend the members' lifespan. The interpersonal interactions and activities within the program are directed, supervised, guided and facilitated by the Behavioral Health Professional in such a way to create the therapeutic community or therapeutic effect required to achieve individual treatment goals. These services may be provided in a clinic or outside the clinic setting in the community. Peer practitioners include individuals with lived experience with mental health conditions, severe emotional disturbances, substance use disorders, as well as parents providing support to other parents of those with behavioral health conditions. All certified peer specialists are required to hold current certification from the Georgia Department of Behavioral Health and Developmental Disabilities. Levels 4-5 practitioners may provide this service.

Community Living Supports

The Community Living Supports service provides four levels of support and service intensity which are medically required by an adult to remain in a community-based residence. The goals of the service are to restore and develop skills in functional areas which interfere with individual's ability to live in the community, to support the person to live independently, and to support the person to independently participate in social, interpersonal or community activities. Activities that are considered necessary to remain in the community include, but

are not limited to: supporting housing retention (such as crisis coping skills, dispute resolution and peer mentoring); building and maintaining independent living skills (such as meal planning and preparation, household cleaning, shopping, budgeting, community resource access and utilization and wellness, recreational and social activities); providing support to access and attend mental health, medical, dental and substance abuse appointments and treatment; providing support to access and follow-through with medical and non-medical transportation; to develop and support the maintenance of social relationships which provide natural supports to prevent escalation of symptoms into crisis situations; and monitoring and/or directly providing personal care services. All recovery-building activities are intended to support successful community living through utilization of skills training, cuing and/or guided supervision as identified in the person-centered service plan.

This service does not include care or treatment in an Institute for Mental Diseases. Services are provided in the community or in the person's residence which may be his/her own home, personal care home, or another community living situation. Providers are required to meet all applicable licensure requirements, hold a current license and, for practitioners, adhere to scope of practice definitions of licensure/certification boards. Levels 1-5 practitioners may provide elements of this service as appropriate to the model according to scope of practice by practitioner type.

Task-Oriented Rehabilitation Services

Task-Oriented Rehabilitation Services provide rehabilitative supports with the goals of successfully focusing on tasks and task-completion, promoting recovery/wellness, preventing the escalation of a mental health condition into a crisis situation or into a chronic/significantly disabling disorder, improving community-based functioning, and alleviating symptoms, and decreasing isolation. The goal of the service is to help people with the most severe mental health disabilities be prepared for community-living/activities which may ultimately result in employability. This service includes developing the person's skill-sets in pacing/communicating/accommodating mental illness while working; offering positive role modeling/mentoring specific to a working-individual with a mental illness; motivating the individual to develop meaningful roles while managing a mental illness; mitigating any learned helplessness associated with the individual's chronic mental illness; understanding work stress and its impact on the person's own recovery process, and supporting the individual in developing work-appropriate relationships with coworkers and supervisors. This service may be provided in a clinic or outside the clinic setting in the community. Levels 4-5 practitioners may provide this service.

Assertive Community Treatment (ACT)

ACT is an intensive behavioral health service for individuals discharged from a hospital after multiple\extended stays, or who, because of their illness, have not previously been successful in engaging in traditional outpatient treatment and rehabilitative supports. Specific interventions provided to participants are included on the individualized recovery plan (IRP)

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as medically necessary and include a comprehensive and integrated set of interventions including psychiatric and nursing services; support and assistance in restoration and maintenance of daily living skills (grooming, personal hygiene, nutrition; health and mental health education; medication management and monitoring; self-medication training and support; money management and maintenance of the living environment); relapse prevention skills training and substance abuse counseling; problem-solving, social, interpersonal, and communication skills training; development of appropriate personal support networks; telephone and face-to-face monitoring and counseling/crisis intervention services; and symptom assessment, management and individual supportive therapy; psychosocial rehabilitation and skill development; consultation and psycho-educational support for individuals and their families.

The composition of the team includes the following practitioners: Psychiatrist, Registered Nurse, Certified Addiction Counselor, Certified Peer Specialist, one licensed practitioner who must be either a Psychologist, Licensed Clinical Social Workers, Licensed Professional Counselors, or Licensed Marriage and Family Therapy, and at least two other team members, such as Licensed Associate Marriage and Family Therapists, Licensed Associate Professional Counselors, and Licensed Master's Social Workers and certified paraprofessionals, who must work under the supervision of the licensed staff. The team may also include any additional staff members listed in the practitioner table below. Psychiatrists, physicians, physician's assistants, nurse practitioners, and clinical nurse specialists—psychiatry/mental health will provide medical services including psychiatric diagnosis and treatment including management of pharmacotherapy regimens. Registered nurses, licensed practical nurses and advanced practice nurses will provide necessary nursing care, health evaluation/reevaluation, and medication administration. Licensed professionals, including Psychologists, Licensed Clinical Social Workers, Licensed Professional Counselors, or Licensed Marriage and Family Therapists and their supervisees on the team, including Licensed Associate Marriage and Family Therapists, Licensed Associate Professional Counselors, Licensed Master's Social Workers and certified addictions counselors will provide any needed counseling. These professionals as well as certified peer specialists and trained paraprofessionals will provide skills training and psycho-educational services. These interventions may be provided in a clinic setting but must be primarily provided in non-office settings, such as the participant's home, and are available 24 hours a day/seven days a week. There are two billing models to accommodate a fully-staffed model and a model with staffing variation for areas in which access calls for different team capacity to meet the specialized needs of the population and community at a less-intensive staffing pattern, while maintaining model integrity.

This service may be provided in a clinic or outside the clinic setting in the community. Levels 1-5 practitioners may provide elements of this service as appropriate to the model and under approved scope of practice by practitioner type.

POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES FOR OTHER TYPES OF CARE FOR SERVICES

C. Community Behavioral Health Rehabilitation Services

Effective for services provided on or after July 1, 2009, providers of Community Behavioral Health Rehabilitation Services (CBHRS) will be reimbursed at fee for service rates based on:

- Practitioner type;
- Service costs (salaries, fringe benefits, allocable direct and appropriate indirect costs);
- Location of services (in-clinic and out-of-clinic) and productivity factors;

State-developed fee schedule rates are the same for both governmental and private providers of all community mental health services. The fee schedule and any annual/periodic adjustments to the fee schedule are published in provider correspondence and policy manuals available at <https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/54/Default.aspx>.

CBHRS are primarily billed and rated for reimbursement utilizing the most discreet procedure code. Some services and the associated treatment modalities, however, are more appropriately clinically correlated to the most comprehensive procedure code. Utilizing a comprehensive code in effect bundles a set of discreet codes. CBHRS that bundle a set of codes in this way are: Substance Abuse/Addictive Disease Intensive Outpatient Services, Crisis Stabilization Unit Services, and Assertive Community Treatment. As an example, the discreet codes representing each of the following services when billed independently including Behavioral Health Assessment & Service Plan Development, Diagnostic Assessment, Psychiatric Treatment, Nursing Assessment & Care, Community Support, Individual Outpatient Services, Group Outpatient Services, and Family Outpatient Services are combined to represent a program service such as Substance Abuse Intensive Outpatient Services and billed at an hourly rate under a single comprehensive code.

Detail on each of the factors involved in the CBHRS reimbursement methodology is described below (practitioner type, service costs (direct and indirect) and including location of service delivery and productivity rates). The fee schedule for Community Behavioral Health Rehabilitation Services as reflected in the policy manual is grouped

by service type to correspond with the section 3.1-A of the Georgia Medicaid Plan. In addition, provider qualifications are detailed in section 3.1-A.

Practitioner Type

Practitioner types are grouped into levels consistent with specific credentials and ranges of salaries. Salary data was derived from the May 2007 Occupational Employment and Wage Estimates for Georgia from the United States Department of Labor's Bureau of Labor Statistics and revalidated using the 2010 Standard Occupational Classification System. The Practitioner Types are generally classified below by the following levels:

Level 1:	Physician, Psychiatrist
Level 2:	Licensed Practitioners of healthcare and behavioral health (highly trained and specialized [or specialty skilled] salary scale): Includes practitioners such as Psychologists, Physician's Assistants, Nurse Practitioners, Clinical Nurse Specialists/PMHs, Pharmacists
Level 3:	Licensed/Certified Practitioners of healthcare and behavioral health (highly trained and skilled salary scale): Includes practitioners such as Registered Nurse, Licensed Dietician, Licensed Professional Counselor (LPC), Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), Certified/Registered Addictions Counselor-II
Level 4:	Associate Licensed and other Certified Practitioner (significantly trained and skilled salary scale): including Licensed Practical Nurse (LPN); Licensed Associate Professional Counselor (LAPC); Licensed Master's Social Worker (LMSW); Licensed Associate Marriage and Family Therapist (LAMFT); Certified/Registered Addictions Counselor), Certified Peer Specialist, Trained Paraprofessional or Certified Psychiatric Rehabilitation Professional (CPRP) with Bachelor's degree or higher in the social sciences/helping professions
Level 5:	Non-Licensed, Non-degreed and Trained Paraprofessionals (moderately trained and skilled salary scale): including practitioners such as Certified/Registered Addiction Counselor (CAC-I or Registered Alcohol and Drug Technician), Certified Peer Specialist, Certified Psychiatric Rehabilitation Professional, and Qualified Medication Aide

Service Costs

Service costs include practitioner salaries, fringe benefits, allocable direct and appropriate indirect costs and were calculated as follows:

Salaries and Fringe Benefits

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Using the annual salaries of the practitioners that were included within a level (data source described above), a median salary was calculated for each band. Salaries are increased by 41.71% to account for employee fringe benefits.

Allocable Direct and Appropriate Indirect Costs

The Community Behavioral Health Rehabilitation Services rates also take into account costs that are directly allocable to individual practitioners and indirectly allocable to the enrolled facilities/agencies for which the individual practitioners are employed.

Allocable direct costs include those costs which are critical to the practitioner in providing treatment services to the individual. These costs include:

- Program clinical supervisors and support staff
- Staff training costs
- Staff mileage and vehicle costs
- Telephone costs
- Office supplies
- Computer costs
- Office space allocated to staff providing MRO services
- Liability/malpractice insurance

Indirect costs include:

- Management personnel costs (CEO, Medical Director, CFO)
- Support staff personnel costs such as human resources, payroll, quality improvement/accreditation, procurement, billing, accounting, information system technicians
- Management information system costs such as billing and general ledger accounting systems
- Occupancy costs not directly allocated to programs
- Professional costs such as audits and legal fees.

CBHRS FFP is not available for:

- a. room and board services;
- b. educational, vocational and job training services;
- c. habilitation services;
- d. services to inmates in public institutions as defined in 42 CFR §435.1010;
- e. services to individuals residing in institutions for mental diseases as described in 42 CFR§435.1010 (except in situations in which an individual in an IMD for psychiatric treatment and stabilization needs transition and planning support from a CBHRS-enrolled provider prior to the planned and documented discharge);
- f. recreational and social activities; or
- g. services that must be covered elsewhere in the state Medicaid plan.

Based on data received through surveys of a large sample of agencies currently providing Community Behavioral Health Rehabilitation Services in multiple states, average allocable direct and indirect cost factors were calculated as a percentage of direct personnel costs. These costs were then calculated for each service and for each applicable practitioner level. All of these cost components were summed to yield an annual cost for the service for the particular practitioner level. Due to the large difference between the median annual salaries in Level 1 (physicians/psychiatrists) and the other levels, it was necessary to adjust the support and administrative factors applied to the highest level versus the other levels so that the support and administrative costs associated with the highest levels were not over-inflated. This was accomplished by adjusting the direct and indirect cost factors according to the proportion of personnel costs in an average agency accounted for by the top level versus the other four practitioner levels. The overall direct services cost factor is 39% and indirect is 15%. Once the factors were adjusted to account for the disparity between physician salaries and the other levels the cost factors became 19% for direct costs and 7% for indirect costs for Level 1 and 45% for direct costs and 17% indirect costs for the remaining four levels.

Once the total cost of a service for a practitioner at a particular level was calculated, the cost was distributed to billable time for staff providing CBHRS in the following manner:

- Total hours were reduced by the average paid time off for vacation, holiday and sick time to yield available time per practitioner per year.
- Productivity factors were established based on the CBHRS requirements for the service; national and state experience with the amount of billable time that can be expected over the course of an average week or month; consideration of travel time required for a community-based service in a large, rural state; time associated with missed appointments; and staff time required for chart documentation, record-keeping, supervision, training, meetings and other administrative activities.

Location of Services (In-Clinic and Out-of-Clinic) and Associated Productivity Factors

Except as noted below, for services provided in clinic locations the targeted productivity is 60-70% of available hours depending on the service and practitioner. Productivity factors were set at 70% for in-clinic services provided by physicians and for all medication administration services and 60% for most other in-clinic services. Except as noted otherwise below for out-of-clinic services, the productivity time was 45-55% of available hours, with physician and medication administration services calculated using the 55% factor and most other out-of-clinic service rates calculated using the 50% factor. In addition, the following adjustments were made: productivity factors were reduced by 5% for services provided in a group setting to account for additional documentation time; productivity for Level 3 professionals for most services was also reduced by 5% to account for the required supervisory responsibilities of these

licensed staff (e.g. RNs, LPCs, LCSWs) that reduce the amount of time available for direct billable services; productivity for Intensive Family Intervention team members was set at 45% to account for additional time required for team meetings and contacts in which two team members are providing services in conjunction but only one is billing. Available hours times (x) the productivity factor yields (=) billable hours for each service for each practitioner level/band, and the total program costs (salary, fringe, direct and indirect costs) are then divided by billable time to arrive at a unit rate.

Program-Specific Costs

With respect to Assertive Community Treatment, the State Mental Health Agency, as designated by law and on behalf of the State Medicaid agency, will require that the entity furnish to the Medicaid agency on an annual basis the following:

- a. data, by practitioner, on the utilization by Medicaid beneficiaries of the services included in the unit rate; and
- b. cost information by practitioner type and by type of service actually delivered within the service unit.

The Medicaid Agency will base future rates on information obtained from the providers.

With respect to Community Living Supports (CLS), there are four intensity levels of service delivery. No rate includes any room and/or board. Rates use the detail stated earlier in this document specific to Practitioner Costs and Service Costs as a base and then are calculated on the assumptions below to create units for each level:

- **CLS Level I** is intensive and provides 24/7/365 awake staff support generally in a licensed community-living setting (in no case exceeding 16 beds). In order to directly support the individual, there will be a minimum of five hours weekly of skills training, community integration activities, and/or personal services provided to the person if indicated on the individual supports plan. This skills training is provided by one or more Community Living Supports specialists who may be practitioner Level 3, 4 or 5.
- **CLS Level II** is intensive and provides 24/7/365 staff support generally in a licensed community-living setting (in no case exceeding 16 beds). In order to directly support the individual, there will be a minimum of five hours weekly of skills training, community integration activities, and/or personal services provided to the person if indicated on the individual supports plan. This skills training is

provided by one or more Community Living Supports specialists who may be practitioner Level 3, 4 or 5.

- **CLS Level III** is semi-independent support which provides 36 hours per week staff support generally in a licensed community-living setting (in no case exceeding 16 beds). In order to directly support the individual, there will be a minimum of three hours per week of skills training, community integration activities, and/or personal services provided to the person if indicated on the individual supports plan. This skills training is provided by one or more Community Living Supports specialists who may be practitioner Level 4 or 5.
- **CLS IV** is support to provide a minimum of one face-to-face contact and an average of 10 15-minute units per week of skills training, community integration activities, and/or personal services provided to the person as indicated on the individual supports plan. A Community Living Supports specialist is a practitioner Level 5 operating on 65% productivity and is on call and available to individuals 24/7/365