

Table of Contents

State/Territory Name: Georgia

State Plan Amendment (SPA) #: 19-0011

This file contains the following documents in the order listed:

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



Financial Management Group

December 9, 2019

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

RE: Georgia State Plan Amendment 19-0011

Dear Ms. Rhodes:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number 19-0011. This amendment proposes a new supplemental payment for acute care hospitals that have inpatient child and adolescent behavioral health units. This supplemental payment will bring total Medicaid payments for services rendered by the units to the equivalent of \$750 per covered day.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We have found that the proposed reimbursement methodology complies with applicable requirements and therefore have approved them with an effective date of July 1, 2019. We are enclosing the CMS-179 and the amended approved plan pages.

If you have any questions, please call Anna Dubois at (850) 878-0916.

Sincerely,

/s/

Kristin Fan
Director

cc:
Anna Dubois
Dan Yablochnikov

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 19-0011	2. STATE Georgia
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE July 1, 2019	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION: 42 USC§ 1396d(a)(1) (Section 1905(a)(1) of the Social Security Act)	7. FEDERAL BUDGET IMPACT: a. FFY 2019 \$298,518 b. FFY 2020 \$297,105
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A, Page 22	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Not Applicable

10. SUBJECT OF AMENDMENT:

Implement a new annual supplemental payment to acute care hospitals that have inpatient child and adolescent behavioral health units. The supplemental payment will bring total Medicaid payments for services rendered by the units to the equivalent of \$750 per covered day.

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/	16. RETURN TO: Georgia Department of Community Health Division of Medical Assistance Plans 2 Peachtree Street, NW, 36th Floor Atlanta, Georgia 30303-3159
13. TYPED NAME: LYNNETTE R. RHODES, ESQ.	
14. TITLE: Executive Director, Medical Assistance Plan	
15. DATE SUBMITTED: 09/27/19	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 09/27/19	18. DATE APPROVED: 12/09/19
-----------------------------	-----------------------------

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/19	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Kristin Fan	22. TITLE: Director, FMG

23. REMARKS:

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - INPATIENT SERVICES

Supplemental Payments for Inpatient Child and Adolescent Behavioral Health Units

Effective on and after July 1, 2019, the Department will make an annual supplemental payment to acute care hospitals that have inpatient child and adolescent behavioral health units. The annual supplemental payments will be made after all claims have been received and validated for the state fiscal year end. The supplemental payment will provide additional reimbursement to eligible hospitals, bringing the total Medicaid payments for inpatient mental health services provided by the units to the equivalent of \$750 per covered day.

The following acute care hospitals with inpatient child and adolescent behavioral health units will be eligible to receive the annual supplemental payment:

- Donalsonville Hospital, Inc.
- Northeast Georgia Medical Center
- Saint Francis Hospital
- Tanner Medical Center Villa Rica

The supplemental payment for each eligible hospital shall be calculated as follows:

(1) Calculate the total amount paid by Georgia Medicaid to the eligible hospital for fee-for-service inpatient claims in which the hospital rendered services to a child under 18 years old and the claim was assigned to one of the diagnosis related groups (DRGs) listed below. The claims data to be utilized in the first state fiscal year (SFY) of the program will be claims incurred during SFY 2018. The claims data utilized in each subsequent year of the program will be updated by one state fiscal year.

- | | |
|--|--|
| • 880 Acute Adjustment Reaction and Psychosocial Dysfunction | • 884 Organic Disturbances and Intellectual Disability |
| • 881 Depressive Neuroses | • 885 Psychoses |
| • 882 Neuroses Except Depressive | • 886 Behavioral and Developmental Disorders |
| • 883 Disorders of Personality and Impulse Control | • 887 Other Mental Disorder Diagnoses |

(2) Calculate the total covered days for the claims identified in step (1).

(3) Multiply the covered days from step (2) by \$750.

(4) Subtract the amount calculated in step (1) from the amount calculated in step (3) to determine the supplemental payment.

TN No. 19-0011

Supersedes

TN No. NEW

Approval Date: 12/09/19

Effective Date: July 1, 2019