

## **Table of Contents**

**State/Territory Name: Georgia**

**State Plan Amendment (SPA) #: 22-0006**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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March 17, 2023

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

Re: GA State Plan Amendment (SPA) 22-0006

Dear Executive Director Rhodes:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0006. This amendment seeks to add Behavioral Support Aides as a new service in the state of Georgia. This new service will provide in home behavioral support aides to children in the home and community-based setting with an effective date of July 1, 2022.

We conducted our review of your submittal according to statutory requirements in CFR 42 CFR 440.182 State Plan Home and Community-Based Services. This letter is to inform you that Georgia's Medicaid SPA 22-0006 was approved on March 17, 2023, with an effective date of July 1, 2022. Enclosed are copies of the approved CMS-179 summary form and approved SPA pages.

If you have any questions, please contact Etta Hawkins at (404) 562-7429 or via email at [Etta.Hawkins@cms.hhs.gov](mailto:Etta.Hawkins@cms.hhs.gov).

Sincerely,



Ruth A. Hughes, Acting Director  
Division of Program Operations

Enclosures  
cc: Brian Dowd

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 0 6

2. STATE

GA

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX  XXI

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

4. PROPOSED EFFECTIVE DATE

7/1/2022

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.182 State Plan Home and Community Based Service

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 0  
b. FFY 2023 \$ 35,924,381

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

NEW Attachment 3.1-A, Page 6b8  
Attachment 4.19-B, Page 5a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B, Page 5a  
Attachment 3.1-A, Page 6b8

9. SUBJECT OF AMENDMENT

Addition of a new state plan service. Behavioral Support Aides

10. GOVERNOR'S REVIEW (Check One)

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

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

Lynnette R. Rhodes

13. TITLE  
Executive Director, Medical Assistance Plans Division

14. DATE SUBMITTED  
8/3/2022

15. RETURN TO

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

**FOR CMS USE ONLY**

16. DATE RECEIVED  
08/03/2022

17. DATE APPROVED  
March 17, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
July 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL  
Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL  
Acting Director, Division of Program Operations

22. REMARKS

3-17-2023: State approved pen and ink changes to strike-through page numbers in Box 8 and add new page numbers to Box 7.

13d. **EPSDT Related Rehabilitative Services- Behavioral Support Aide Services**

Behavioral Support Services are one-to-one, face-to-face, behavior management intervention and stabilization services in home or community settings designed to teach and reinforce behavioral goals through training and direct support. Services will be authorized according to medical necessity criteria and require prior authorization.

- (1) Behavioral Support Aide Services are provided to eligible members based on medical necessity. Behavioral Support Aides utilize clinically validated practices to identify functions of target behaviors. Behavioral Support Aides monitor the member's behavior, assist with crisis intervention, provide social skills training, prevent the occurrence of problem/challenging behaviors, utilize crisis intervention strategies, teach appropriate functionally equivalent replacement behavior, react therapeutically to problematic behavior, and assess the success of the intervention through progress monitoring. Family support services aid the parent/primary care giver with knowledge and skills to address specific infant/young child medical, behavioral, and/or developmental treatment needs.

The following practitioner types are authorized to provide Behavioral Support Aide Services:

- (1) Registered Behavior Technician (RBT):  
Paraprofessional who implements the service plan under supervision of a Board-Certified Behavior Analyst (BCBA/BCBA-D) or Certified Assistant Behavior Analyst (BCaBA).  
*Education and Training Requirements:* High School Diploma or Equivalent and Completion of 40-hour RBT training course. Must be supervised by a Board-Certified Behavior Analyst (BCBA/BCBA-D) or a Certified Assistant Behavior Analyst (BCaBA) (See Attachment 3.1-A-Autism Spectrum Disorder Services)
- (2) Certified Nursing Assistant (CNA), trained by an RBT/BCBA:  
*Education and Training Requirements:* Certified Nursing Assistance Certificate or pass status for a written competency examination approved by the National League of Nursing, Community and Home Accreditation Program (CHAP); or Joint Commission on Accreditation of Healthcare Organization (JCAHO); or National Home Care (NAHC)

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POLICY AND METHODS FOR ESTABLISHING RATES FOR OTHER TYPES OF CARE OR SERVICE

EPSDT Behavioral Support Aides (EPSDT Related Rehabilitative Services- Behavioral Support Aide Services, Attachment 3.1-A)

The Department will reimburse for Behavioral Support Aide Services provided to persons under age 21, billed utilizing the following codes:

1. S9122 U1

Reimbursement is based upon an established fee schedule which can be located at

<https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Fee%20Schedules/tabId/20/Default.aspx>.

The established fee schedule is effective on July 1, 2022. The fee schedule is the same for governmental and non-governmental providers.

TN No.: 22-0006

Supersedes

Approval Date: March 17, 2023 Effective Date: July 1, 2022

TN No.: New