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**State/Territory Name: Georgia**

**State Plan Amendment (SPA)#: 25-0007**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 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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September 30, 2025

Stuart Portman, Executive Director  
Medical Assistance Plans  
Georgia Department of Community Health  
2 Martin Luther King Jr. Drive SE  
East Tower, 19<sup>th</sup> Floor  
Atlanta, Georgia 30334

Re: Georgia State Plan Amendment (SPA) 25-0007

Dear Executive Director Portman:

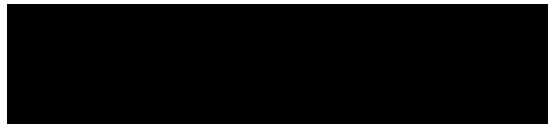
The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0007. This SPA proposes to add the Therapeutic Care Model (TCM) to Georgia's Medicaid State Plan as a Rehabilitative service.

We conducted our review of your submittal according to statutory requirements in Section 42 CFR 440.130. This letter informs you that Georgia's Medicaid SPA TN 25-0007 was approved on September 30, 2025, effective July 1, 2025.

Enclosed are copies of the approved Form CMS-179 and the approved SPA pages to be incorporated into the Georgia State Plan.

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,



Nicole McKnight  
On Behalf of Courtney Miller, MCOG Director

Enclosures

cc: Lynette Rhodes  
Brian Dowd  
Rebecca Dugger  
Maxine Elliott  
Melonie Wilson  
Perri Smith

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 7

2. STATE

GA3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID &amp; CHIP SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.130

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 25 \$ 2,927,687b. FFY 26 \$ 11,774,584

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1 6d-1, 6d-2, 6d-3

Attachment 4.19B 1a-A, 1a-B

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

N/A

9. SUBJECT OF AMENDMENT

This amendment will add the Therapeutic Care Model (TCM) to Georgia's Medicaid State Plan as a Rehabilitative service.

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:

CY OFFICIAL

12. TYPED NAME

Perri Nena Smith

13. TITLE

Medical Assistance Plans Attorney

14. DATE SUBMITTED

07/03/2025

15. RETURN TO

Stuart Portman

Executive Director, Division of Medical Assistance Plans

Georgia Department of Community Health

2 Martin Luther King Jr. Drive, 19th Floor

Atlanta, Georgia 30334

Email: stuart.portman@dch.ga.gov

**FOR CMS USE ONLY**

16. DATE RECEIVED

07/03/2025

17. DATE APPROVED

09/30/2025

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

07/01/2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Nicole McKnight

21. TITLE OF APPROVING OFFICIAL

On Behalf of Courtney Miller, MCOG Director

22. REMARKS

## THERAPEUTIC CARE MODEL

The Therapeutic Care Model (TCM) is a multi-disciplinary, whole-person-centered, and community-based program designed to reduce residential treatment for the state's most vulnerable youth in Medicaid which will be available statewide. Eligible Medicaid members under the age of 21 may enroll in this model upon recommendation by a licensed practitioner.

Prior Authorization is required for this model. The model is authorized in two parts, 1) Medical Necessity Assessment, and 2) Intake Assessment and Treatment Plan. A Medical Necessity Assessment will use clinical and systemic criteria with given facts to access services needed and is required for services. An Intake Assessment and Treatment Plan is a plan of care required to coordinate treatment.

TCM services may be delivered through two levels of programming intensity, tailored to align with the specific needs of each member. All services are for the maximum reduction of physical or mental disability and restoration of a beneficiary to their best possible functional level. The individualized TCM service package is developed based on the Intake Assessment and Treatment Plan, allowing for the provision of various core and add-on components. Services that involve the participation of a non-Medicaid member are for the direct benefit of the beneficiary. Below is a detailed list of the available core and add-on components. Applicable provider qualifications for each practitioner are defined in Attachment 3.1-A, pages 6(a)(2), 6b4, 6b8, 6c-1, and 6c-2.

	Services	Provider Qualifications
Core Components	Assessment and Treatment Planning refers to the process in which a provider engages directly with an individual—and family members when appropriate—to evaluate the person's mental health status, including the history and severity of emotional and behavioral issues. Based on this evaluation, the provider collaborates with the individual to develop a personalized care plan that includes the physician's diagnosis, specific treatment goals, and details about the type, amount, duration, and frequency of services needed.	Physician, Physician Assistant, Nurse Practitioner, Licensed Clinical Social Workers (LCSW), Licensed Professional Counselors (LPC), or Licensed Marriage and Family Therapists (LMFT)
	Behavioral Aide (BA) provide one-on-one, face-to-face behavior management interventions and stabilization services in home or community settings designed to teach and reinforce behavioral goals through training and direct support. These services are a combination of learning based on systemic interventions and strategies to assist the individual with the management of challenging behaviors that interfere with activities of daily living, social interactions, work, or similar situations with the outcome of the individual restoring skills and reducing or replacing problem behaviors.	Certified Peer Specialists- Youth (CPS-Y) and Certified Peer Specialists-Parent (CPS-P), LCSWs, LPCs, LMFTs, Registered Behavioral Technicians (RBTs) and Certified Nursing Assistant (CNAs) trained by RBTs
	Care Coordination is a supportive process that helps individuals access and navigate substance use, mental health, and medical services to improve their overall functioning and well-being. It	CPS-Y, CPS-P, Social worker (Bachelor of Social Work (BSW), Master of Social Work (MSW), Licensed

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	ensures that care is connected, consistent, and tailored to the person's needs—whether provided in a clinic, community setting, or at home.	Master's Social Worker (LMSW), LCSW, Licensed Associate Professional Counselor (LAPC), LPC, Licensed Associate Marriage and Family Therapist (LAMFT), LMFT
	Peer Support refers to a service, as defined in Attachment 3.1-A page 6c-10, provided by individuals with lived experience of mental health or substance use challenges who are trained to offer guidance, encouragement, and practical assistance.	Certified Peer Specialists: CPS-Y and CPS-P
Add-On Components	Rehab Care including Occupational Therapy (OT), Physical Therapy (PT), Speech Therapy (ST), depending on needs of the member	Rehabilitation Providers: occupation therapist, speech therapists, physical therapists
	Intensive In-Home (IIH) Services refers to a evidenced based mental health/substance abuse service that can be provided through age 20 in order to diffuse current crisis as a first responder, intervene to reduce likelihood of re-occurrence, ensure linkage to community services and resources, monitor and manage presenting psychiatric and/or addictions, provide self-help and living skills for youth and, work with caregivers in implementation of home-based supports and other rehabilitative supports to prevent out of borne placement for the child.	LCSWs, LPCs, or LMFTs
	Individual Psychotherapy in the form of evidence-based trauma-responsive behavioral health services and trauma treatment services.	LCSWs, LPCs, or LMFTs
	Applied Behavioral Analysis to address complex behaviors including all of the component services defined in Attachment 3.1-A, pages 6(a)(2) through 6(a)(5).	Board Certified Behavior Analysts, RBTs
	Substance Abuse/Substance Use Disorder Services including all services as defined in Attachment 3.1-A, pages 6c-3 and 6c-7 excluding Detoxification Services that are delivered independently of TCM.	Certified Addiction Counselors: MAC, Certified Addiction Counselor II (CAC-II), Certified Alcohol & Drug Counselor (CADC), Certified Clinical Alcohol and Drug Counselor (CCADC), GCADC (II, III); Certified Addiction Counselor, Level I (CAC-I), Psychiatrists, Advanced-Practice Registered Nurse, LMFT, LCSW, LPC.
	Family Therapy provides systematic interactions between the identified individual, staff and the individual's family members directed toward the restoration of functioning of the identified individual/family unit. This may include specific clinical interventions/activities to enhance family roles; relationships, communication and functioning that promote the resiliency of the individual/family unit. Specific goals/issues to be addressed though these services may include the restoration of: 1. Cognitive processing skills; 2. Healthy coping mechanisms; 3. Adaptive behaviors and skills; 4. Interpersonal skills; 5. Family	LCSWs, LPCs, or LMFTs

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	roles and relationships; and 6. The family's understanding of the person's mental health condition and substance use disorders and methods of intervention, interaction and mutual support the family can use to assist their family member therapeutic goals	
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**Limitation of Services:**

These services are inclusive in nature and cannot be delivered concurrently with Psychosocial Rehabilitative or Behavioral Health Services. Similarly, Psychosocial Rehabilitative Services may not overlap on the same day as TCM services.

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POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES FOR  
THE THERAPEUTIC CARE MODEL

**Therapeutic Care Model (TCM)**

TCM consists of core and add-on components for eligible Medicaid beneficiaries. The state reimburses TCM providers based on a daily per diem rate, determined by Level 1 or Level 2 classification, the geographic setting (urban or rural), and the duration of the member's participation in the model. TCM levels are solely based on service utilization, established through an analysis of the most frequently billed daily units within each assigned level. The TCM provider group receives payment for each day services are delivered to a Medicaid beneficiary, with reimbursement limited to one payment per day, per TCM entity, per beneficiary.

<b>Therapeutic Care Model (TCM) Components</b>	
<b>Core Components</b>	
Assessment and Treatment Planning	Peer Support
Behavioral Aide	Care Coordination
<b>Add-On Components</b>	
Intensive In-Home (IIH) Services	Individual Psychotherapy
Applied Behavioral Analysis (ABA)	Rehab Care including Occupational Therapy (OT), Physical Therapy (PT), Speech Therapy (ST)
Substance Abuse and Substance Use Disorder Services	Family Therapy
<b>Delivered Outside of Per Diem</b>	
Medical	Dental
Psychiatry (Med Management)	Other specialty services

	Level 1 or Level 2
Urban	Urban Per Diem (first 6 months with IIH, based on median rates)
	Urban Per Diem (after first 6 months, with IC3, based on median rates)
	Urban Per Diem (after first 6 months, with CSI, based on median rates)
Rural	Rural Per Diem (first 6 months with FFT, based on median rates)
	Rural Per Diem (after first 6 months, with IC3, based on median rates)

At least the core component services must be provided within the service payment unit in order the entity to bill the per diem rate. The Medicaid entity must maintain records which fully demonstrate the extent, nature and medical necessity of services and items provided to the Medicaid members. Room and board or other unallowable facility costs are excluded from all rates.

#### Effective Date Fee Schedule Language

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of the Therapeutic Care Model. The agency's fee schedule rate was set as of July 1, 2025, and is effective for services provided on or after that date. All rates are published on the Georgia MMIS website,

<https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/18/Default.aspx>