

## PUBLIC NOTICE

Pursuant to 42 C.F.R. § 447.205, the Georgia Department of Community Health is required to give public notice of any significant proposed change in its methods and standards for setting payment rates for services.

### COMMUNITY BASED ALTERNATIVES FOR YOUTH (CBAY)

The Community-Based Alternatives for Youth (CBAY) program has operated a demonstration waiver through a grant from the Centers for Medicare and Medicaid Services (CMS) since 2009. The demonstration is authorized under the §6063 (c) of the Deficit Reduction Act of 2005 and has sunset provisions to enable the continuance of the program for the purposes of allowing members served as of 9/30/12 to age out or graduate from the program. This public notice reflects the intent of DCH to officially implement this waiver in accordance with the sunset provisions.

The CBAY waiver provides alternatives to treatment provided in a Psychiatric Residential Treatment Facility. The target population includes individuals ages four through 21 with serious emotional and behavioral disturbances who have a primary diagnosis of mental illness. CBAY focuses on an intensive, family-driven care management service which coordinates behavioral health services to help sustain the family in the community and reduce the reliance on residential treatment.

CBAY is operated by the Department of Behavioral Health and Developmental Disabilities (DBHDD) which uses an External Review Organization to determine PRTF level of care and authorize services under the waiver program. The DCH will be responsible for overseeing the functions performed by the DBHDD and its contracted entities under the waiver. The effective date of the CBAY Waiver program is October 1, 2012 and will continue until all waiver participants served as of that date have aged out or no longer qualify. Covered waiver services and rates are available at [www.dch.georgia.gov/cbayrates](http://www.dch.georgia.gov/cbayrates).

This public notice is available for review at each county Department of Family and Children Services office. An opportunity for public comment will be held on **June 20, 2012**, 1:00p.m., at the Department of Community Health (2 Peachtree Street, N.W., Atlanta, Georgia 30303) in the 5th Floor Board Room. Individuals who are disabled and need assistance to participate during this meeting should call (404) 656-4479. Citizens wishing to comment in writing on any of the proposed changes should do so on or before **June 27, 2012**, to the Board of Community Health, Post Office Box 1966, Atlanta, Georgia 30301.

Comments submitted will be available for review by the public at the Department of Community Health, Monday – Friday, 9:00 a.m. to 4:30 p.m., in Room 4074, 2 Peachtree Street, N.W., Atlanta, Georgia 30303.

Comments from written and public testimony will be provided to the Board of Community Health prior to the **July 12, 2012**, Board meeting. The Board will vote on the proposed changes at the Board meeting to be held at 10:30 a.m. at the Department of Community Health (2 Peachtree Street, N.W., Atlanta, Georgia 30303) in the 5th Floor Board Room.

**NOTICE IS HEREBY GIVEN THIS 14<sup>th</sup> DAY OF JUNE, 2012**

**David A. Cook, Commissioner**

**CBAY SERVICES AND RATES**  
Effective October 1, 2012

<b>Service Name</b>	<b>Rate / Unit</b>	<b>Annual Service Limits Per Year/Participant</b>
<b>Care Management</b>		
Care Management	\$721.05/month	12 units, \$8,652.60
Care Management - Transition	540.75/month	4 Units, \$2,163.00
<b>Supported Employment</b>		
Supported Employment, Individual	\$10.00 / 15 min unit	
Supported Employment, Multi Disc Team	\$10.00 / 15 min unit	
Supported Employment, Group	\$5.00 / 15 min unit	
Supported Employment, Job	\$500 / job	
<b>Community Transition Services - Expenses</b>		
Community Transition Services	Claim / Actual Cost	\$1,500 / yr
Community Transition Services - Self Directed	Claim / Actual Cost	\$1,500 / yr
<b>Youth Peer Support Services</b>		
Youth Peer Support Services	\$8.93 / 15 min	
<b>Customized Goods and Services</b>		
Customized Goods and Services	Claim / Actual Cost	\$2,000 / year cap
Customized Goods and Services, Self Directed	Claim / Actual Cost	\$2,000 / year cap
<b>Expressive Clinical and Consultative Services</b>		
Practitioner Level 3, In Clinic	\$28.75 / 15 min	
Practitioner Level 3, In Clinic, Client Present	\$28.75 / 15 min	
Practitioner Level 3, In Clinic, Client not Present	\$28.75 / 15 min	
Practitioner Level 3, In Clinic, Collateral Contact	\$28.75 / 15 min	
Practitioner Level 3, Out of Clinic	\$28.75 / 15 min	
Practitioner Level 3, Out of Clinic, Client Present	\$28.75 / 15 min	
Practitioner Level 3, Out of Clinic, Client Not	\$28.75 / 15 min	
Practitioner Level 3, Out of Clinic, Collateral	\$28.75 / 15 min	
Practitioner Level 3, Multi-Disciplinary Team	\$28.75 / 15 min	
Practitioner Level 4, In Clinic	\$23.56 / 15 min	
Practitioner Level 4, In Clinic, Client Present	\$23.56 / 15 min	
Practitioner Level 4, In Clinic, Client Not Present	\$23.56 / 15 min	
Practitioner Level 4, In Clinic, Collateral Contact	\$23.56 / 15 min	
Practitioner Level 4, Out of Clinic	\$23.56 / 15 min	
Practitioner Level 4, Out of Clinic, Client Present	\$23.56 / 15 min	
Practitioner Level 4, Out of Clinic, Client not	\$23.56 / 15 min	
Practitioner Level 4, Out of Clinic, Collateral	\$23.56 / 15 min	
Practitioner Level 4, Multi Disciplinary Team	\$23.56 / 15 min	
<b>Waiver Transportation</b>		
Transportation	\$10.40 / 1 Way	\$1,500 / yr cap
Transportation, Self directed	\$10.40 / 1 Way	\$1,500 / yr cap
<b>Family Peer Support Services</b>		

**CBAY SERVICES AND RATES**  
**Effective October 1, 2012**

<b>Service Name</b>	<b>Rate / Unit</b>	<b>Annual Service Limits Per Year/Participant</b>
In Clinic	\$20.78 / 15 min	
In Clinic, Client Present	\$20.78 / 15 min	
In Clinic, Client Not Present	\$20.78 / 15 min	
Out of Clinic	\$20.78 / 15 min	
Out of Clinic, Client Present	\$20.78 / 15 min	
Out of Clinic, Client Not Present	\$20.78 / 15 min	
Multi-Disciplinary Team	\$20.78 / 15 min	
Self Directed, Client Present	\$20.78 / 15 min	
Self Directed, Client Not Present	\$20.78 / 15 min	
<b>Respite</b>		
Respite	\$4.00 / 15 min	
Respite, Self Directed	\$4.00 / 15 min	
Respite	\$128 / per diem	
Respite, Self Directed	\$128 / per diem	
<b>Behavioral Assistance</b>		
In Clinic	\$20.78 / 15 min	
In Clinic, Client Present	\$20.78 / 15 min	
In Clinic, Client Not Present	\$20.78 / 15 min	
In Clinic, Collateral Contact	\$20.78 / 15 min	
Out of Clinic	\$20.78 / 15 min	
Out of Clinic, Client Present	\$20.78 / 15 min	
Out of Clinic, Client Not Present	\$20.78 / 15 min	
Out of Clinic, Collateral Contact	\$20.78 / 15 min	
In Clinic, Multi - Family Group	\$20.78 / 15 min	
In Clinic, Multi - Family Group, Client Present	\$20.78 / 15 min	
In Clinic, Multi - Family Group, Client Not Present	\$20.78 / 15 min	
Out of Clinic, Multi-Family Group	\$20.78 / 15 min	
Out of Clinic, Multi-Family Group, Client Present	\$20.78 / 15 min	
Out of Clinic, Multi-Family Group, Client not	\$20.78 / 15 min	
Multi-Disciplinary Team	\$20.78 / 15 min	