

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.

Department of Community Health, Medical Assistance Plans, State Plan Amendment (SPA): Therapeutic Care Model (TCM)

Pending approval by the Centers for Medicare and Medicaid Services (CMS), the Department of Community Health (DCH) proposes to include the Therapeutic Care Model in Georgia's Medicaid State Plan.

Context

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 young people in Medicaid. TCM is also uniquely positioned to shepherd this population through their emerging adulthood into stable and sustainable community placements following system age out or after 21.

The TCM is built on, and its programming delivered through, the philosophies of evidence-based care, family-centeredness, trauma-informed care, health equity, and cultural competence. It will include a residential component, where youth share living space with adult caregivers and peers. It hosts the delivery of specialized services and supports customized to meet the biopsychosocial needs of the young people who live there.

TCMs will look and be populated like houses and will not be distinguishable as institutions through either their built structure, operations, and/or their census size.

Member Population

TCMs will serve youth for whom in-state residential treatment is not an option (either because the member will not be admitted and/or such treatment is not/no longer efficacious) and for whom there exists no appropriate community-level placement. Youth may reside at a TCM until 21 or until a less restrictive/naturally supportive placement is found. The TCM's initial population will be those in foster care. Expansion of the program will include those not in foster care and/or at risk of entering foster care.

The TCM can be delivered through two tiers of programming intensity depending on member needs. Per diem rates will reflect those levels of intensity.

TCM Providers

Providers must meet enrollment eligibility requirements for Medicaid. Providers will be paid per diem to deliver or subcontract TCM services.

Modular Model Composition

The TCM is modular. It contains core components and add-on options. The core and add-on components in the full model will be available in the SPA. appropriate codes. Many iterations of the model can be developed and built, depending on the needs of the member and provider community.

The model will include a modifier to the per diem for intensity service level 2. Additionally, the model will feature a modifier for members who require services in rural settings.

The attached spreadsheet provides per diem information for the entire model as well as three modification examples.

Core Model Components with Example Caseloads

- High-quality Assessment and Treatment Planning
- Leadership level care management/supervision and program administration who cover all programs served by the agency
- Respite care for caregivers
- Family Coordinator who is the liaison between the family, leadership, and the community distinct from, but coordinated with case management
- Staff training supplement, for example for trauma-informed training for all program staff
- Transition coach
- Behavior Aid services that can support autism spectrum disorders and mental health needs

Add-on Components of Model

- Intensive In-home Therapies
- Capacity to treat the behavioral health needs of members, including Intensive In-home Services
- Rehabilitation services
- Case Management

Medical, including specialty services, and dental services will be billed outside the TCM.

The TCM model will be modular with core and customizable components necessary for short and long-term success.

Cost Impact

The per diem range for TCM is currently \$213-\$343 per day based on the composition of the service package for the member, the level of programming intensity, and their geographic location: urban or rural. Rural per diem rates will be enhanced for rural placements.

State Funds	Federal Funds	Total Funds
\$6,028,711	\$11,704,097	\$17,732,808

This public notice is available for review at each county Division of Family and Children Services office. An opportunity for public comment will be held on **January 15, 2025, at 1:30 p.m., via**

Zoom audio. There will be **no in-person** attendance at the Department of Community Health (DCH).

Individuals who are disabled and need assistance to participate during this meeting should call (404) 656-4479 at least three (3) business days before the scheduled public hearing to ensure any necessary accommodations can be provided.

Join Zoom Meeting

<https://us02web.zoom.us/j/81213321164?pwd=2CaEjUmOqrXfVcERz3JEZhSNd1Kgxp.1>

Meeting ID: 812 1332 1164

Passcode: 800770

One tap mobile

+16465588656,,81213321164#,,,*800770# US (New York)

+16469313860,,81213321164#,,,*800770# US

Dial by your location

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• +1 646 931 3860 US

• +1 301 715 8592 US (Washington DC)

• +1 305 224 1968 US

• +1 309 205 3325 US

• +1 312 626 6799 US (Chicago)

• +1 360 209 5623 US

• +1 386 347 5053 US

• +1 507 473 4847 US

• +1 564 217 2000 US

• +1 669 444 9171 US

• +1 669 900 9128 US (San Jose)

• +1 689 278 1000 US

• +1 719 359 4580 US

• +1 253 205 0468 US

• +1 253 215 8782 US (Tacoma)

• +1 346 248 7799 US (Houston)

Meeting ID: 812 1332 1164

Passcode: 800770

Individuals wishing to comment in writing on any of the proposed changes should do so on or before **January 22, 2025**, to Danisha Williams c/o the Board of Community Health, Post Office

Box 1966, Atlanta, Georgia 30301-1966. You may also email comments to Danisha Williams, danwilliams@dch.ga.gov or fax to 404-651-6880.

Comments submitted will be available for review by submitting a request via email to openrecordsrequest@dch.ga.gov. *Please note that any comments submitted are subject to open records.*

If the proposed changes are presented to the Board for final action, relevant comments from written and public testimony will be provided to the Board. The Board expects to vote on the proposed changes at the Board meeting to be held on **February 13, 2025**, at 10:30 a.m. at the Department of Community Health unless withdrawn or withheld by the Department for further review.

NOTICE IS HEREBY GIVEN THIS 9th DAY OF JANUARY 2025

Russel Carlson, Commissioner

<p>TCM: all components from rows 3-16 will be included and itemized in the TCM SPA package. Items highlighted green are core to the model and must be available to every member who receives this service. Items in yellow are add-ons that can be attached to the core as indicated by the member's needs.</p>	<p>Per Diem Calculations by Care Level: the values presented are the median of the rate ranges for each service in the provider manuals. All rates are normalized to 1 hour per week.</p>	
	<p>Therapeutic Care (Level 1)</p>	<p>Therapeutic Care (Level 2)</p>
<p>Clinical Supervision and Care Coordination (not in State plan), (could be an administrative supplement to the per diem)</p>	<p>\$10</p>	<p>\$11</p>
<p>High-Fidelity Intensive In-Home (IIH) Services (for example, FFT/MST, first 4-6 months; caseload =/< 6 members, depending on intensity level), not in state plan, rate comes from CJCC contract rates)</p>	<p>\$83</p>	<p>\$87</p>
<p>ASD: ABA, BA; dosed based on member's needs; ongoing; caseload =/< 8 members, depending on intensity level), (rate based on average and mean of treatment services for all provider types, multiplied by 4 to normalize at 1 hour</p>	<p>\$17</p>	<p>\$18</p>
<p>BA per diem based on GAPP Rate of 6.63(4)(8) to normalized @ 1 hour provided over 8 hours</p>	<p>\$106</p>	<p>\$111</p>
<p>Mental Health (based on all provider types and lengths of sessions, 20, 45, 60 min for out of clinic individual therapy per 440 manual)</p>	<p>\$11</p>	<p>\$11</p>
<p>Children's Intervention Services (OT, PT, Speech Therapy; dosed based on member's need; ongoing), (median value = median of OT, PT, ST medians; mean value=mean of OT, PT, ST means) see CIS tab</p>	<p>\$5</p>	<p>\$5</p>
<p>Case Management (IC3, CSI) depending on member's needs, follows (IIH), and includes whole health and wellness programming and age-out transition support)</p> <p>IC3 will have smaller caseload sizes than CSI</p>	<p>\$0</p>	<p>\$0</p>
<p>IC3</p>	<p>\$31</p>	<p>\$32</p>
<p>CSI</p>	<p>\$11</p>	<p>\$12</p>

Family Preservation: efforts to re/engage caregivers to assist with the transition back to natural supports prior to or at the time of the discharge.		
Family Coordination (liaison between the family, leadership, and the community—distinct from, but coordinated with case management; ongoing; caseload =/< 10 members, depending on intensity level)	\$20	\$21
Age-out/transition services for members begin as soon as possible prior to member's age out of Medicaid and off comprehensive training on negotiating the first N number of years following age-out.		
Caregiver Respite (=/< 5 hours/month, depending on intensity level)	\$23	\$24
Peer Support for Parent (following IIH, caseload =/< 10 members depending on intensity level),	\$10	\$11
Delivered Outside of Per Diem		
Medical		
Psychiatry (Med Management)		
Dental		
Other specialty services		
Urban Sub-Total Descriptions	Sub-Total Level 1	Sub-Total Level 2
Urban Per Diem Sub-Total (first 4-6 months with IIH, based on median rates)	\$326	\$342.62
Urban Per Diem Sub-Total (after first 4-6 months, with IC3, based on median rates)	\$232	\$243.99
Urban Per Diem Sub-Total (after first 4-6 months, with CSI, based on median rates)	\$213	\$223.93
Rural Sub-Total Descriptions	Sub-Total Level 1	Sub-Total Level 2
Rural Per Diem Sub-Total (first 4-6 months with FFT, based on median rates)	\$343	\$359.75
Rural Per Diem Sub-Total (after first 4-6 months, with IC3, based on median rates)	\$244	\$256.19
Rural Per Diem Sub-Total (after first 4-6 months, with CSI, based on median rates)	\$224	\$235.13