

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 Behavioral Health Rehabilitation Services State Plan Amendment (Medicaid Rehabilitation Option)

Pending the Centers for Medicare and Medicaid Services (CMS) approval, modifications to the Georgia Medicaid State Plan are proposed for Community Behavioral Health Rehabilitation Services which are authorized under the Medicaid Rehabilitation Option per 42 CFR 440.130(d). Proposed changes include the additional of new services, service definition changes, and technical adjustments to current services including modification to support utilization of bundled procedure codes. The summary of changes below are categorized by target population for a particular service and are described below.

Added Services

The State Plan Amendment proposes to add new services for Children, Youth and Families:

Intensive Customized Care Coordination. A high fidelity wrap-around model for youth with severe emotional disturbance which provides for care coordination at much more intensive and frequent levels than traditionally warranted for children with less serious conditions.

Peer Support. Certified Peer Support for adults with mental illness is already an established service in the State Plan. This addition allows for the extension of both certified parent and youth peer support to be provided under the current peer support model for children with significant behavioral health issues and/or severe emotional disturbance.

Service Changes

Peer Support Whole Health & Wellness. Expanding modality of delivery to add a group code for Peer Support Whole Health billing.

Peer Support. Adding MH/AD modifier to more accurately track services provided to those with co-occurring conditions.

Crisis Stabilization. Currently, crisis stabilization is billable for Addictive Diseases (AD) and Mental Health in different modalities, one using a per diem procedure code and the other requiring discreet services provided by different practitioners in the same setting to be billed separately. This change is to support use of a standard per diem code for substance use and mental health crisis stabilization services to allow consistency in administrative and clinical practices for mental health and addictive diseases.

Addictive Disease Intensive Outpatient. Addictive Disease Intensive Outpatient is proposed to use a bundled procedure coding mechanism whereas previously discreet services provided by different practitioners in the same setting were billed separately. Changing the program model to utilize an hourly billable rate will enhance programmatic monitoring and integrity.

Technical Adjustments

1. Telemedicine Expansion only for individuals who need access as a result of a language challenge (e.g. deaf, hard-of-hearing, non-English speaking individuals).
2. Added Consultation codes to allow physicians and physician extenders to provide consultation.
3. Removing specifically named licenses and accreditation bodies to allow greater long-term flexibility.
4. Cover Certified Addiction Counselor II services under Practitioner Level 3.

Fiscal Impact

Mental Health Rate Increase - Fiscal Impact CMO			Mental Health Rate Increase - Fiscal Impact FFS		
(Funding in DCH Budget)			(Funding in DBHDD Budget)		
	FY 2017	FY 2018		FY 2017	FY 2018
Total	\$3,564,495	\$4,752,660	Total	\$6,769,085	\$9,025,447
Federal			Federal		
PeachCare	\$402,225	\$536,300	PeachCare	\$0	\$0
Medicaid	\$2,144,019	\$2,857,005	Medicaid	\$4,589,440	\$6,115,643
State	\$1,018,251	\$1,359,354	State	\$2,179,645	\$2,909,804

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 **September 21, 2016** 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. 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 **September 28, 2016**, to 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 Danisha Williams, danwilliams@dch.ga.gov. Comments from written and public testimony will be provided to the Board of Community Health prior to the **October 13, 2016** 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 8th DAY OF SEPTEMBER, 2016

Clyde L. Reese III, Esq., Commissioner