

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

May 22, 2025

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

Re: Georgia State Plan Amendment (SPA) 23-0010

Dear Executive Director Portman:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0010. This SPA proposes to establish coverage of Certified Community Behavioral Health Clinics (CCBHC) and reimbursement of CCBHC services.

We conducted our review of your submittal according to statutory requirements in Section 42 CFR § 440 and 42 CFR § 447. This letter informs you that Georgia's Medicaid SPA TN 23-0010 was approved on May 22, 2025, effective July 1, 2024.

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.

Sincerely,

Shantrina Roberts, Acting Director
Division of Program Operations

Enclosures

cc: Brian Dowd
Rebecca Dugger
Maxine Elliott
Melonie Wilson

Certified Community Behavioral Health Services (CCBHS) as provided by a Certified Community Behavioral Health Clinic (CCBHC) in accordance with 42 CFR 440.130(d)

Certified Community Behavioral Health Services (CCBHS) are a unique model of Community Behavioral Health Rehabilitation Services which will be available to all Medicaid eligible members with mental illness and substance use disorder services based on medical need. These services must be ordered by a physician or other licensed practitioner within the scope of his/her practice under state law and furnished by or under the direction of a physician or other licensed/certified practitioners operating within the scope of applicable state law, to:

- promote the maximum reduction of symptoms; and/or
- restore the recipient to his/her best possible functional level

Eligible Providers: This covered CCBHS is covered when delivered by enrolled agencies meeting the requirements listed herein. Individual practitioners are not enrolled in this program. NOTE: The term “practitioner” is used to denote an individual who provides direct services/supports under the auspices of a Provider Agency.

Provider Requirements include:

- A) The agency will hold a unique certification (Certified Community Behavioral Health Clinic – CCBHC) as required by the State of Georgia Department of Behavioral Health & Developmental Disabilities (DBHDD) in accordance with state and federal law/policy and U.S. Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration (HHS/SAMHSA) requirements for CCBHC certification; and
- B) Provider agency qualifications to provide these services are ensured by Provider Agency compliance with requirements and standards of The Joint Commission (TJC), Commission on Accreditation for Rehabilitation Facilities (CARF), Council on Accreditation of Services for Children and Families, Inc. (COA), or Council on Quality Leadership (CQL); **and** having accreditation through the National Association for Dually Diagnosed.
- C) Certified Community Behavioral Health Clinics (CCBHCs) will:

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- Be public, non-profit safety net programs in accordance with Georgia law (or identified by DBHDD as a designated safety net proxy in counties which do not have a behavioral health safety net system). This includes the financial capacity of the agency to serve all individuals, regardless of fund-source; and
- Are comprehensive community providers of all outpatient behavioral health and/or substance abuse services defined in federal CCBHC certification standards; and
- Meet state policy and certification requirements for CCBHCs, to include procedures and agreements in place to facilitate referral for services needed beyond the scope of the facility as mandated in federal CCBHC certification expectations; and
- Have a 24/7 walk-in crisis service center or crisis stabilization unit; OR have an agreement in place with a state-sanctioned alternative as certified by DBHDD; and
- Provide all CCBHC-required services which support individuals across the life span (children, youth and adults); and
- Competently serve individuals with Behavioral Health conditions **and** co-occurring Intellectual/Developmental Disabilities (as evidenced by qualifying as a Medicaid I/DD provider in order to promote collaborative care management), including having specialized staff capacity for this target population; and
- Actively use a comprehensive Electronic Health Record.

Individual practitioners working within these CCBHC provider agencies are required to meet all applicable licensure and certification requirements set forth in Georgia law, the scope of practice definitions of local and national licensure boards, and state agency policy regarding qualification. See Attachment 3.1-A, page 6c-1 and 6b8 for specific qualifications for all non-licensed and non-certified practitioner types. Practitioners include the following:

Physicians, Psychiatrists, Licensed Psychologists, Physician's Assistants, Nurse Practitioners, Clinical Nurse Specialists/PMHs, Pharmacists, Registered Nurses, Licensed Dietitians, Licensed Professional Counselors (LPCs), Licensed Associate Professional Counselor (LAPC); Licensed Clinical Social Workers (LCSWs), Licensed Master's Social Worker (LMSW); Licensed Marriage and Family Therapists (LMFTs), Licensed Associate Marriage and Family Therapist (LAMFT); Board Certified Behavior Analyst (BCBA); Board Certified Assistant Behavior Analyst (BCaBA) Registered Behavioral Technicians, Behavioral Support Aides, Occupational Therapists, Certified/Registered Addictions Counselor-II, Certified/Registered Addictions Counselors-I (CAC-Is), Licensed Practical Nurse (LPN), Certified Peer Specialists, Community Health Workers, Trained Paraprofessionals (in accordance with state DBHDD policy), Certified Psychiatric

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Rehabilitation Professionals (CPRPs), Registered Alcohol and Drug Technician, and Qualified Medication Aide.

Detailed guidance related to practitioners, licensure or title nomenclature, and revisions to Georgia practice standards, including any new adjustments made in Georgia law, are reflected in the State Medicaid Agency's Part II Policies and Procedures Manual for CBHRS. See Attachment 3.1-A, page 6c-1 and 6b8 for specific qualifications for all non-licensed and non-certified practitioner types.

The state also employs telemedicine and telephonic strategies to promote access to services, for example, where there are identified barriers due to either behavioral health care professional shortage areas or because of a need for access to a very specialized practice (i.e., an ASL-fluent licensed therapist).

Service Scope: The CCBHS is a comprehensive service which is all-inclusive of outpatient behavioral health service and rehabilitation elements defined in the Georgia Medicaid State Plan (Attachment 3.1-A, State: Georgia):

- Behavioral Health Assessment
- Recovery Plan Development
- Diagnostic Assessment
- Crisis Intervention Services
- Psychiatric Treatment
- Psychiatric-Medical Consultation
- Nursing Assessment and Care
- Substance Abuse Intensive Outpatient Program
- Individual Outpatient Services
- Family Outpatient Services
- Group Outpatient Services
- Medication Administration
- Intensive Family Intervention
- Psychosocial Rehabilitation
- Psychological Testing
- Case Management Support & Services
- Community Support Services
- Addictive Diseases Support Services
- Peer Support
- Assertive Community Treatment (ACT)

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- Detoxification Services (ambulatory only)
- Community Living Supports (Level IV only – non-residential)
- Task-Oriented Rehabilitation Services

These CCBHS are uniquely crafted to treat and support identified mental health and substance use disorder conditions in a comprehensive service model. Specific interventions are provided to participants in accordance with an individualized recovery plan (IRP) as medically necessary and include a comprehensive and integrated set of interventions including: coordination of care across the spectrum of health services and social services ; psychiatric and nursing services (including psychiatric/medical consultation); support and assistance in restoration and maintenance of daily living skills (grooming, personal hygiene, nutrition, health and mental health education, medication management and monitoring; self-medication training and support; money management and of the living environment); relapse prevention skills training; substance abuse counseling; problem-solving, social, interpersonal, and communication skills training; development of appropriate personal support networks; telephone and face-to-face behavioral health monitoring; counseling/crisis intervention services (including those provided in crisis walk-in facilities and temporary observation/stabilization); symptom assessment and management; individual supportive therapy; psychosocial rehabilitation and skill development including the performance of activities required in daily life (including task-oriented rehabilitation); peer support; whole health screening, integration, and monitoring; nutrition assessment/consultation/counseling; behavioral supports/modification; tobacco cessation; behavioral health consultation; psycho-educational support for adults and children/their families; ambulatory detoxification; community integration activities; and/or personal support services provided to the person as indicated on the individual recovery/resiliency plan and as necessary to facilitate the wellness and recovery of the whole person

Under clinical direction and through this comprehensive agency infrastructure, the practitioners for this service include any practitioners listed herein.

This service may be provided in a clinic or outside the clinic setting in the community.

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POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES FOR THE CCBHS AND EACH CCBHC

Certified Community Behavioral Health Services (CCBHS)

CCBHS include a comprehensive and integrated package of mental health and substance use disorder treatment services and supports listed under the CCBHS defined herein.

The state reimburses CCBHC providers for the delivery of CCBHS on a basis using a provider-specific bundled daily payment rate. The bundled payment represents the estimated cost of providing all CCBHS. A CCBHC provider receives payment for each day CCBHS are provided to a Medicaid beneficiary. Payment is limited to one payment per day, per CCBHC, per beneficiary for CCBHS (so even if an individual receives multiple CCBHS in one day, there is only a single payment for the day).

CCBHS Rate Methodology

The following methodology for CCBHS is effective for services provided on or after July 1, 2024.

The payment rate for CCBHS is calculated by dividing the total annual allowable CCBHS costs by the total annual number of CCBHC daily visits as reported on the CMS CCBHC Cost report. Allowable direct costs include the salaries and benefits of Medicaid providers, the cost of services provided under agreement, and other costs such as clinical supervision needed to provide CCBHS. Indirect costs include site and administrative costs associated with providing CCBHS. For the purposes of calculating rates, visits include all encounters for CCBHS including both Medicaid and non-Medicaid visits and also include services delivered in the community, including, but not limited to, school and home-based support. Allowable costs are identified using requirements in 2 CFR §200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards and 45 CFR §75 as implemented for HHS.

Daily rates are developed based on provider-specific cost report data from the most recent previous state fiscal year as well as estimated costs for enhanced CCBHC services. Initial rates for CCBHCs are effective upon certification and will be based on that CCBHC's unique cost report data from the most recent completed full and audited state fiscal year (SFY). The rates include allowable CCBHC costs for services rendered by a certified provider, including all qualifying sites of the certified provider established prior to this date.

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Updates to the initial bundled payment

The State will review CCBHC costs and expenses annually using the CMS CCBHC cost report. Upon receipt from the CCBHC, the cost reports from the previous fiscal year are reviewed and approved by the state. Rate rebasing will occur at the end of Year 1 for a new CCBHC, and then, at a minimum, at 3-year intervals. To rebase rates the state will review the complete, CCBHC’s submitted prior year cost report, supporting data, and state audited financial statements and once approved, recalculate a rebased bundled payment rate by dividing the total annual allowable CCBHS costs by the total annual number of CCBHC daily visits. The updated bundled payment rates will be effective July 1st immediately following state approval and finalization of the rebased rates. The state will rebase rates prior to the scheduled 3-year interval when the MEI or cost of CCBHS operations identified in the annual cost/expense review result in a variance of greater than + or – 3%.

The daily CCBHC bundled payment is inclusive of the following services:

1. CCBHS rehabilitative services described under the Rehabilitative Services benefit (§13.d.) in Attachment 3.1-A
2. Other State Plan Covered Services – The daily CCBHC bundled payment includes services covered elsewhere in the state plan (see table below).

CCBHS Activity/Service	Medicaid Authority	State Plan Page
Tobacco Cessation	State Plan	Attachment 3.1-A Page 3a-1.a. State: Georgia
Primary Care Screening & Monitoring	State Plan	Attachment 3.1-A Page 6.a. State: Georgia

The bundled daily payment rate is inclusive of all services and related costs described herein; however, the daily bundled rate for CCBHS will be paid anytime a CCBHS delivers a CCBHC covered service as defined in Attachment 3.1.A with the exception of the following services which do not trigger a daily bundled rate payment:

- Task-Oriented Rehabilitation Services (TORS) and Community Living Support Services (Level 4) The CCBHC and related policy manuals are available at: <https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/54/Default.aspx>.

Limitations

CCBHS do not include reimbursement for room nor board, and reimbursement will not be provided for services provided to individuals in an Institution for Mental Diseases (IMD).

The covered services are available only to Medicaid eligible recipients with a written service plan, which contains medically necessary services ordered by a physician or other licensed practitioners operating within the scope of state law. All treatment, rehabilitative, and prevention services are focused on the Medicaid eligible individual. Any consultation or treatment involving families or other persons is solely for the purpose of addressing the behavioral health needs of the Medicaid recipient.

The bundled payment does not include costs nor is payable for:

- a. room and board;
- b. habilitation services;
- c. services to individuals residing in Institutions for Mental Diseases as described in 42 CFR§435.1010, ICF/IDDs, or Nursing Facilities;
- d. recreational and social activities; and
- e. services which are not included in CCBHS and must be covered elsewhere in the state Medicaid plan.

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