

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

October 10, 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) 24-0014

Dear Executive Director Portman:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0014. This SPA proposes to implement Qualified Residential Treatment Programs (QRTP).

We conducted our review of your submittal according to statutory requirements in Section 42 CFR 440.130 (d), Families First Prevention Services Act. This letter informs you that Georgia's Medicaid SPA TN 24-0014 was approved on October 10, 2025, effective October 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,

Nicole McKnight
On Behalf of Courtney Miller, MCOG Director

Enclosures

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

Qualified Residential Treatment Program

Qualified Residential Treatment Programs (QRTP) provide trauma informed treatment designed to address the needs, including clinical needs as appropriate, to children with serious emotional or behavioral disorders or disturbances through age 18. Qualified Residential Treatment Programs are classified as Child Caring Institutions (CCIs). Qualified Residential Treatment Programs must meet the following requirements:

- (A) Qualified Residential Treatment Program services shall not be provided in an Institution for Mental Diseases (IMD) setting.
- (B) Services must be recommended by a physician or other licensed practitioner within the scope of practice under state law.
- (C) Have a trauma-informed treatment model that is designed to address the needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances, and able to implement the treatment identified by the assessment used to determine appropriateness of placement. Covered services include assessments, evaluations, development and monitoring of treatment plans, substance use disorder services, psychiatric treatment, psychiatric consultation services, behavioral health services to include crisis stabilization, crisis intervention, and behavioral support aids, care coordination, counseling, therapy (individual, family, and group), discharge planning, medication management, and nursing services as defined in Attachment 3.1-A, page 6b8 and Attachment 3.1-A pages 6c-3 through 6c-29.
- (D) Facilitate participation of family members in the child's treatment program, in accordance with the child's best interest.
- (E) Facilitate outreach to the family members of the child, including siblings; document how the outreach is made, including contact information, and maintain contact information for any known biological family and fictive kin of the child.
- (F) Document how family members are integrated into the treatment process for the child, including post-discharge, and how sibling connections are maintained
- (G) Provide discharge planning and family-based aftercare support for at least six months post-discharge.
- (H) Meet the following staffing requirements:
 - (1) Registered Nurse (RN) or Licensed Practical Nurse who:
 - (i) Are onsite during business hours.

- (ii) Are available 24 hours a day and seven days a week.
- (iii) Hold a current license and required certifications as defined by the applicable licensure board.
- (iv) Provide care for all services within the scope of practice.

(2) Behavioral Health Clinicians that include Licensed Professional Counselor (LPC), Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), Licensed Psychologist, and Board-Certified Psychiatrist who:

- (i) Are onsite during business hours.
- (ii) Hold a current license and required certifications as defined by the applicable licensure board.
- (iii) Provide care for all services within the scope of practice.

(3) Behavioral Support Aides who:

- (i) Are onsite during business hours
- (ii) Are available 24 hours a day and seven days a week, and
- (iii) Provide care within the scope of practice as defined in Attachment 3.1-A, page 6b8.

(4) Licensed Master Social Worker (LMSW) or Licensed Clinical Social Worker (LCSW) who:

- (i) Are onsite during business hours.
- (ii) Hold a current license and required certifications as defined by the applicable licensure board.
- (iii) Provide psychosocial assessments, individual and group therapy, crisis intervention, treatment planning and care coordination within the scope of practice.

Equivalent services are available in the state plan for children aged 19 and 20.

Services provided in a QRTP are also available to children under the age of 21 in other settings.

POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES FOR OTHER TYPES
OF CARE OR SERVICES

Qualified Residential Treatment Program (QRTP)

Effective for services provided on or after October 1, 2024, the DCH per-diem rate is \$474.21. The Part II Policies and Procedures Manual for QRTP services outlines the reimbursement methodology. Reimbursement for room and board or other unallowable facility costs is prohibited. The total per-diem rate reflects the average costs for all eligible members and services regardless of individual costs. The per-diem rate is based upon the following assumptions:

1. Direct Personnel Costs: There are three sets of wages in the QRTP reimbursement model: Behavioral Health Clinician, Behavioral Health Aide, and Registered Nurse. All wages were derived utilizing data from the U.S Bureau of Labor Statistics Occupational Employment and Wage Statistics Query System. Additionally, an inflation factor was applied to bring each wage up to the rating period.
2. Benefits Factor: The benefits factor represents taxes and benefits for the direct care employee. The benefits factor is calculated using reported costs from the wage survey data. The same benefit factor of 20.80 percent was used for all of the proposed rates.
3. Hours per bed day: Measures the total hours of care provided by direct care staff within a 24-hour period. The hours per day vary based upon the type of practitioner.

Any provider delivering services through the Qualified Residential Treatment Program will be paid through the per-diem reimbursement rate and may not bill separately. Medicaid providers delivering separate services outside of the Qualified Residential Treatment Program may bill for those separate services in accordance with the state's Medicaid billing procedures.

At least one of the services referenced in Attachment 3.1-A, page 6c-30 and 6c-31 must be provided within the service payment unit in order for providers to bill the per-diem rate.

The Department of Community Health will periodically monitor the actual provision of services paid under the per-diem rate to ensure that beneficiaries receive the types, quantity, and intensity of services required to meet their medical needs and to ensure that the rates remain economic and efficient based on the services that are actually provided as part of the per diem rate.*DFCS refers to the Georgia Department of Human Services, Division of Family and Children Services