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State/Territory Name: Georgia

State Plan Amendment (SPA) #: GA-23-0008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

February 15, 2024

Stuart Portman
Executive Director, Medical Assistance Plans
Department of Community Health
2 Martin Luther King Jr. Drive SE
East Tower, 18th Floor
Atlanta, Georgia 30334

RE: State Plan Amendment (SPA) GA-23-0008

Dear Director Rhodes:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State Plan submitted under transmittal number (TN) 23-0008. This State Plan Amendment adjusts Fee-for-Service rates for Psychiatric Residential Treatment Facilities (PRTF) to seventy-five percent (75%) of the 2023 Medicare Inpatient Psychiatric Facility Rates. The rate increase will be for both the base rate and the rate for children with a co-occurring diagnosis of autism.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C.

This is to inform you that Medicaid State Plan Amendment GA-23-0008 is approved effective October 1, 2023. The CMS-179 and the amended plan pages are attached.

If you have any questions or need further assistance, please contact James Francis at 857-357-6378 or via email at James.Francis@cms.hhs.gov.

Sincerely,



Rory Howe
Director

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 3 — 0 0 0 8

2. STATE

GA

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447.300

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 1,012,220
b. FFY 2025 \$ 1,012,220

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-A, Page 25 and Attachment 4.19-A, Page 26

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-A, Page 25 and Attachment 4.19-A, Page 26

9. SUBJECT OF AMENDMENT

Revise the methodology utilized to reimburse Psychiatric Residential Treatment Facilities (PRTF). The new PRTF rates will be bas

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

15. RETURN TO

Lynnette R. Rhodes
Chief Health Policy Officer
Medical Assistance Plans Division
Georgia Department of Community Health
2 Martin Luther King Jr. Drive SE
East Tower, 18th Floor
Atlanta, Georgia 30334
(404) 656-7513

12. TYPED NAME
Lynnette R. Rhodes

13. TITLE
Chief Health Policy Officer

14. DATE SUBMITTED
10/24/2023

FOR CMS USE ONLY

16. DATE RECEIVED
10/24/2023

17. DATE APPROVED
February 15, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
10/1/2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Rory Howe

21. TITLE OF APPROVING OFFICIAL
Director, Financial Management Group

22. REMARKS

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES FOR
OTHER TYPES OF CARE OR SERVICE

VI. Inpatient Psychiatric Facility Services (Psychiatric Residential Treatment
Facility Services)

For claims with dates of service July 1, 2008, through December 31, 2018, Psychiatric Residential Treatment Facilities (PRTFs) will be reimbursed at provider specific prospective rates based on 2006, or more recently available cost reports, not to exceed the maximum amount of \$370 per day (the cap). PRTFs will be reimbursed at a provider-specific, prospective per diem rate based on allowable costs as reported on the provider's Fiscal Year 2006, or more recent, cost reports filed with the Department of Community Health (DCH).

Effective January 1, 2019, PRTFs will be reimbursed at provider specific prospective rates based on 2017, or more recently available cost reports, not to exceed the maximum amount of \$407 per day (the cap). PRTFs will be reimbursed at a provider-specific, prospective per diem rate based on allowable costs as reported on the provider's Fiscal Year 2017, or more recent, cost reports filed with the DCH.

Effective January 1, 2019, for members with a co-occurring diagnosis of autism, PRTFs will be reimbursed at prospective rates based on 2017, or more recently available cost reports, not to exceed the maximum amount of \$440 per day (the cap). PRTFs will be reimbursed at a prospective per diem rate based on allowable costs as reported on the Fiscal Year 2017, or more recent, cost reports filed with the DCH. Annual reporting of audited allowable costs and utilization data adjusted to 90% of licensed capacity is used to find the program specific per-diem costs. DCH will apply the utilization standard of 90% of operational capacity for those PRTFs demonstrating appropriate staff to child ratios as described in Section 600.5.B. of the provider manual (Part II: Policies and Procedures for Psychiatric Residential Treatment Facilities).

Effective January 14, 2022, PRTFs will be reimbursed at provider specific prospective rates based on the 2020, or more recently available cost reports. Cost caps that limit the reimbursement rates have been removed. A five percent inflation factor will be added to the reimbursement rates. For members with a co-occurring diagnosis of autism, PRTFs will be reimbursed at prospective rates based on 2020, or more recently available cost reports, specific to service delivery of children with co-occurring diagnoses. Cost reports filed with the DCH annually are subject to auditing. Utilization standard of 90% operation capacity have been removed.

Effective October 1, 2023, PRTFs will be reimbursed at seventy-five percent (75%) of the 2023 Medicare Inpatient Psychiatric Facility rates. All PRTFs for all children regardless of diagnosis will receive the seventy-five percent of the 2023 Medicare Inpatient Psychiatric Facility rates.

T.N: 23-0008
Supersedes
T.N.: 22-0003

Approved: February 15, 2024

Effective: October 1, 2023

New PRTF providers will receive the same reimbursement rate upon enrollment.

PRTFs shall submit a cost report annually using a uniform cost report form prescribed by DCH and supported by the facilities most recent certified financial audit. Cost reports are used as one data point to inform DCH of future rate setting adjustments.

The definitions for allowable and unallowable costs and expenditures for federal claiming are based on federal criteria. Cost principles defining allowability for non-governmental entities follow Medicare reimbursement principles in the CMS Provider Reimbursement Manual (PRM 15-I).

Allocation of reasonable costs to the program shall be supported by approved methodology and documentation retained by the reporting agency.

Cost reports are subject to federal and state audit.