

# Behavioral Health Coordinating Council Meeting

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**BE D·B·H·D·D**

Georgia Department of Behavioral Health & Developmental Disabilities

May 2<sup>nd</sup>, 2024



# Agenda

Roll Call

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Call to Order

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Recovery Speaker

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Action Items

- February 6, 2024 Meeting Minutes

BHCC Initiative Updates

- Mindworks Georgia
  - MATCH
- 

Rate Study

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Next Meeting Date

# Roll Call

Chelsee Nabritt

Community Outreach Manager

# Call to Order

Kevin Tanner

Commissioner

# Action Items:

- February 6, 2024 Meeting Minutes

# BHCC Initiatives

# OUR PATH TO INFORMED IMPACT

2024-2026



# FUTURE FORWARD

Mindworks Georgia envisions a thriving community that embraces prevention and long-term mental health and substance use recovery. Mindworks and its partners are committed to this vision by promoting evidence-

based policies that support prevention, intervention, and treatment services that are innovative, person-centered, well-coordinated, and easy to navigate for children, youth, and young adults. Mindworks is proud of its recent accomplishments, including our work to address infant and early childhood mental health, expand school-based behavioral health services, unravel complicated funding streams, and develop a culturally-responsive system of care.

These efforts, while insightful, impactful, and inspirational, are not enough. There are daily reminders of the impact that mental illness and substance use disorders are having on children and families across Georgia. So, our work continues.

We are committed to continue to address the challenges we face and to refine Georgia's System of Care (SOC).

Together with our partners, we are making notable progress—but we must continue to innovate and advance our system in ways that increase access to care, encourage prevention and early intervention, strengthen communication, promote accountability, and build workforce capacity. Mindworks must also help to inform improved care coordination and service integration as well as foster recovery and resilience.

This strategic plan provides a roadmap for Mindworks and its partners to align our collective efforts with our vision and to aspire to become a nationally-recognized children's behavioral health system.



# OUR PATH TO INFORMED IMPACT

2024-2026

MINDWORKS GEORGIA STRATEGIC PLAN



**THE OPPORTUNITY.**  
A FOCUS ON GEORGIA'S CHILDREN

4 - 6



**INFORMED IMPACT.**  
A SYSTEM-DESIGNED SOLUTION

7 - 10



**FUTURE FORWARD.**  
PRIORITIES, STRATEGIES, ACTION

11-26

EQUITABLE ACCESS  
SUSTAINABLE WORKFORCE  
WHOLE-PERSON HEALTH  
PURPOSEFUL FUNDING  
SYSTEM EVALUATION

[mindworksga.org](http://mindworksga.org)  
[info@mindworksga.org](mailto:info@mindworksga.org)

**mindworks**  
GEORGIA



## *The Opportunity*

Georgia's children, ages 0-26, and their families sit at the heart of a dynamic system of care. This complex web, which is comprised of multiple agencies with a range of objectives, programs, and services, was established to provide reliable access across a variety of settings to those in need. While the intentions are noble, the outcomes have not always met expectations—leaving families frustrated and locked out of the right to wellbeing.



## OUR UNIQUE APPROACH

As a collaborative, Mindworks exists to connect the dots of the behavioral health system to improve access and outcomes. In our role, we are well positioned to provide a platform that aligns people, policy, and practice. This structure allows us to design, manage, and adapt a system of care framework tailored to Georgia's realities and its children.

*people*

*policy*

*practice*



## OUR GUIDING PRINCIPLES

Beyond our mandate, we have developed a set of optimizing filters through which services are delivered across the system. These principles create an alignment lens for all collaborators to guide strategies and solutions.



## OUR COLLABORATORS

We bring together subject matter experts to coordinate, collaborate, and communicate across the system. Together, we set collective objectives, uncover common challenges, and share data and practices. Workflow is streamlined and solutions are surfaced as we work and learn together to illuminate pathways to progress.

### Child-Serving State Agencies

Council of Juvenile Court Judges of Georgia, Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), Georgia Department of Community Health (DCH), Georgia Department of Early Care and Learning (DECAL), Georgia Department of Education (GaDOE), Georgia Department of Human Services Division of Family and Child Services (DFCS), Georgia Department of Juvenile Justice (DJJ), Georgia Department of Public Health (DPH), and Georgia Vocational Rehabilitation Agency (GVRA)

### Nonprofits

American Academy of Pediatrics, Georgia Chapter, Georgia Appleseed Center for Law and Justice, Georgia Association of Community Service Boards, Georgia Early Education Alliance for Ready Students (GEEARS), Georgia Family Connection Partnership, Georgia Head Start Association, Georgia Parent Support Network, Jesse Parker Williams Foundation, Mental Health America of Georgia, National Alliance on Mental Illness (NAMI), Georgia Chapter, Resilient Georgia, Robert W. Woodruff Foundation, Robert W. Woodruff Foundation, Silence the Shame, The Carter Center, Together Georgia, United Way of Greater Atlanta, and Voices for Georgia's Children

### Care Management Entities (CME)

Aspire CME, CSB of Middle Georgia CME, View Point Health CME, WinGeorgia CME Universities

### Family/Youth Agencies

Georgia Superior Court Clerks' Cooperative Authority, and Juvenile Court of Cobb County

### Managed Care Organizations

Amerigroup, CareSource, Peach State Health Plan

### Federal Partners

Centers for Disease Control and Prevention

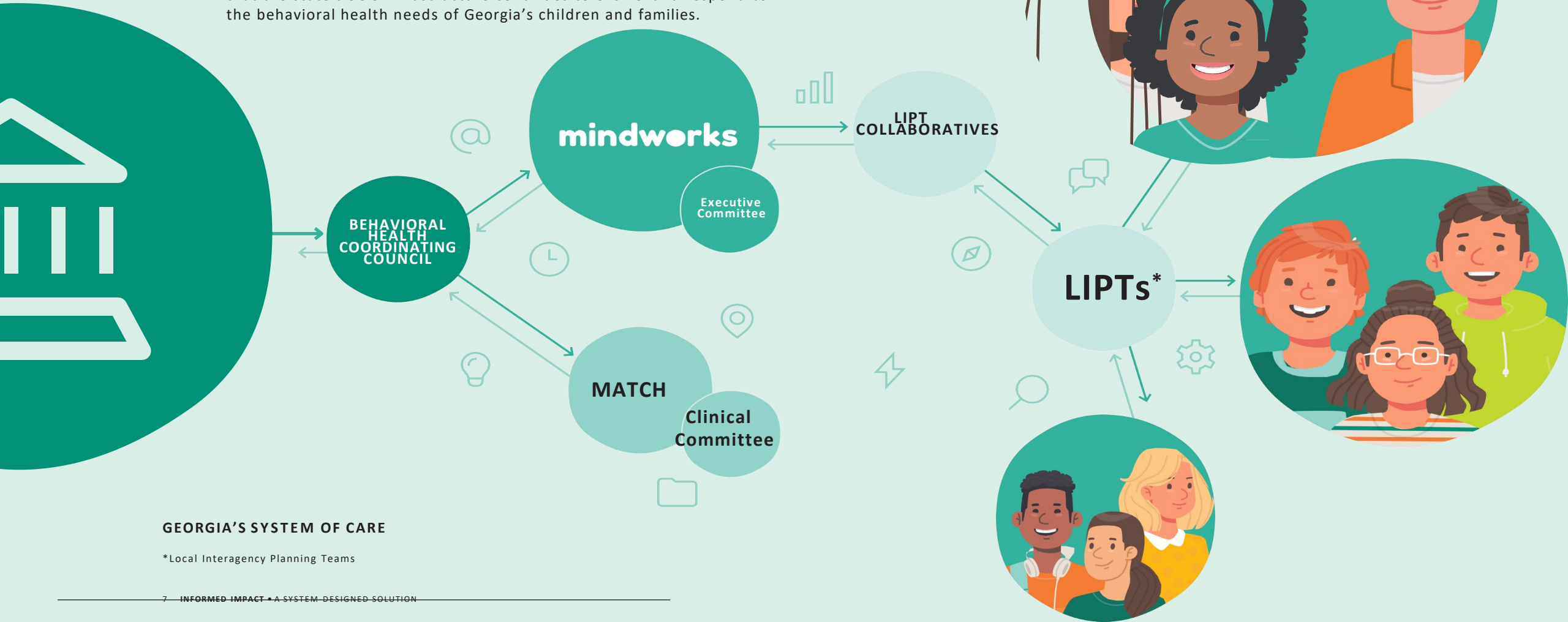
### Children's Health Systems

Children's Healthcare of Atlanta

## *Informed Impact*

Our promise to deliver *informed impact* is predicated on Georgia's System of Care (SOC) infrastructure. Silos are eliminated as we open a continuous collaboration flow and communication loop between the highest echelons of Georgia state government to beneficiaries. The work, as a result, is humanized as intents are monitored along the way to confirm realities at the service level.

This systems-level thinking, and action allows us to rally around shared goals. Sustained investment in this robust framework will help ensure that the state's SOC infrastructure continues to evolve and respond to the behavioral health needs of Georgia's children and families.



### GEORGIA'S SYSTEM OF CARE

\*Local Interagency Planning Teams

The Behavioral Health Coordinating Council (BHCC), formed by O.C.G.A. §37-2-4, exists to develop solutions to systemic barriers impacting behavioral health services through the implementation of funding, policy and practice changes, and evaluating specific goals designed to improve delivery, increase access, and affect positive outcomes. Further, O.C.G.A §49-5-220 calls for the development of a state plan for the coordinated system of care. The BHCC delegates the state plan development and implementation to its formal workgroup, Mindworks Georgia. Comprised of members representing child-serving agencies and interests across the state, dedicated individuals with broad subject matter expertise, collaborate throughout the year to resolve systemic barriers, evaluate progress to goals, and share lessons learned for the betterment of Georgia's system of care supporting youth and families. Thank you to Mindworks Georgia for their work throughout the year and in preparation of the 2024-2026 System of Care State Plan.

*Kevin Tanner*

Commissioner, Georgia DBHDD

Mindworks, as the system's change agent, is undergoing a transformation. As a result of our recent strategic planning process, we are reframing our work, reimagining our operations, and reinvigorating our collaborative platform. The future is in focus as we elevate the energy of our purpose, sharpen the sophistication of our process, and chart the course of the road ahead. Moving forward with this refined sense of clarity, Mindworks will fulfill its role as a respected authority to deliver on our promise to Georgia's children.

*Renee Johnson*

Executive Director, Mindworks  
Georgia



EQUITABLE  
ACCESS



SUSTAINABLE  
WORKFORCE



WHOLE-PERSON  
HEALTH



PURPOSEFUL  
FUNDING



SYSTEM  
EVALUATION



## *Priorities*

The thought of complex systems-level change can at times feel overwhelming. The sheer number of moving parts and players can make it difficult to understand what matters most and where a good starting point might be to affect change. Near-term tasks and responsibilities can obscure a vision for a brighter future when the stress of decision-making and deadlines loom daily. To address this complexity, we have prioritized the path ahead to ensure that decisions, resources, and efforts are focused to accomplish our goals.

### PREVENTION

Early identification, accurate diagnosis, and effective treatment are critical for children, young adults, and their families dealing with behavioral health challenges.

### EARLY INTERVENTION

Early intervention requires identifying and providing effective early supports to children and young adults who are at risk of poor outcomes.

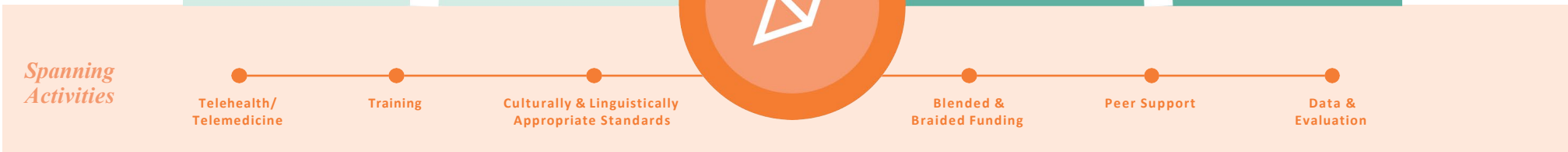
### INTERVENTION

This level consists of skills-based interventions focused on reducing behavioral health challenges that are provided in individual, family, and/or group settings.

### LATE INTERVENTION

This area provides interventions and supports for improving mental health among children and adolescents with higher acuities.

*Levels of Care*



## BEHAVIORAL HEALTH CONTINUUM OF CARE

## EQUITABLE ACCESS

Structural inequalities like lack of insurance coverage, income inequality, and an underrepresented workforce contribute to the persistent gaps in access to behavioral health services.

In addition, early life adversity, such as Adverse Childhood Experiences (ACEs), increases the need for behavioral health services and requires access to preventative behavioral health care as early as possible.

### GOAL

Mindworks is committed to advancing behavioral health equity by elevating evidence-based policies that address disparities, advancing access to services, and working to ensure that every individual can be as healthy as possible.



### OBJECTIVE 1

Increase awareness of and counteract stigma toward mental and substance-use disorders.

#### STRATEGY

Promote evidence-based two-generational whole school, whole community, whole child approaches that provide parents, educators, school staff, and childcare providers access to trainings on how to communicate effectively about behavioral health.

Further mental health literacy through outreach, training, and technical assistance.

Conduct statewide training and capacity building on how ACEs impact and drive poor behavioral health outcomes across Georgia's System of Care.

Establish a youth and family council for the state.

### OBJECTIVE 2

Reduce barriers to care.

#### STRATEGY

Further screening for social determinants of health and other barriers that hinder care coordination and develop enhanced referral mechanisms.

Promote culturally-competent outreach and community response through a multidisciplinary, 24/7 model of care to improve behavioral health outcomes throughout the state.

### OBJECTIVE 3

Advance expanded roles and capacity of child-serving state agencies and community-based organizations in prevention and early intervention.

#### STRATEGY

Review and highlight statewide community-based prevention and early intervention resources.

Promote screenings and early intervention activities in non-clinical targeted settings such as schools, early care and learning centers, and other community settings.

**PRIORITY TWO**

## **SUSTAINABLE WORKFORCE**

Georgia, like nearly every other state in the country, is facing a workforce shortage among those who serve children with behavioral health needs.

### **GOAL**

Mindworks will advance the development of resources, policies, and innovative solutions to recruit, develop, retain, and diversify Georgia's behavioral health workforce.



### **OBJECTIVE 1**

**Foster a vibrant and diverse behavioral health workforce.**

#### **STRATEGY**

- Engage Black, Indigenous, and People of Color (BIPOC) communities in system of care planning, outreach, program development and evaluation.
- Incorporate justice, equity, diversity, and inclusion (JEDI) into state workforce planning efforts.

### **OBJECTIVE 2**

**Enhance professional capacity-building.**

#### **STRATEGY**

- Promote coordinated behavioral health trainings across the child-serving workforce.
- Further expand behavioral health career pathways and mentoring programs.
- Support interstate licensure simplification.

### **OBJECTIVE 3**

**Assess behavioral health workforce needs.**

#### **STRATEGY**

- Identify, quantify, and describe the behavioral health workforce throughout the state.
- Pursue state plan amendments in collaboration with DCH for new provider classes and expanded scope and settings for interns and associates.





## WHOLE-PERSON HEALTH

Whole-person health involves looking at the whole person—not just separate organs or body systems. This approach considers multiple factors that promote either health or disease and nurtures the delicate equilibrium between mind and body through evidence-based conventional and complementary treatments and services.

### GOAL

Mindworks is committed to endeavors that fundamentally restructure the way care is delivered to support better outcomes and experiences for children and young adults who need access to quality behavioral health services.



### OBJECTIVE 1

**Increase care coordination to ensure that children and families can move seamlessly across the continuum of care.**

#### STRATEGY

Highlight collaborative best practices across youth-serving agencies, including child welfare, juvenile justice, education, and pediatric primary care.

### OBJECTIVE 2

**Expand the integration of mental and primary care services in primary care clinics across the state.**

#### STRATEGY

Promote evidence-based best practices to support integrated mental and primary care services.

Launch targeted learning communities across DBHDD and DCH provider communities to adopt integrated behavioral health practice and standardized reimbursement policies.



## PURPOSEFUL FUNDING

Robust and reliable funding for behavioral healthcare services is essential for closing the treatment gap, addressing the lack of access to care, and improving outcomes for children and young adults with behavioral health care needs. Georgia requires a comprehensive, adequately financed system in which every child with a behavioral health disorder — regardless of their economic circumstances — has the opportunity to readily access evidence-based care.

### GOAL

Mindworks will target opportunities to diversify funding and generate new revenue, including leveraging Medicaid programs to innovate behavioral health coverage, delivery, and payment models to reach those with disproportionately high needs.



### OBJECTIVE 1

**Expand revenue generation.**

#### STRATEGY

Advance increased federal matching funds.

Support investment in the growth development of community behavioral health providers.

### OBJECTIVE 2

**Increase funding and revenue source diversity.**

#### STRATEGY



Identify philanthropic support to demonstrate new approaches or cover gaps like capital projects.

Explore collaborative funding opportunities involving the private sector.

Pursue grants and other short-term funding to complement Medicaid.

### OBJECTIVE 3

**Foster shared alignment and accountability.**

#### STRATEGY



Develop return on investment (ROI) metrics for training the workforce and for behavioral health services.

Produce updated financial mapping reports.



## SYSTEM EVALUATION

Evaluation and evidence-informed decision making are central to developing effective system practices. System Evaluation emphasizes the role of critical reflection, interpersonal competence, cultural responsiveness, and situational awareness in evaluation practice, including the need for ongoing evaluation capacity building to conduct high-quality evaluations.

### GOAL

Mindworks is committed to driving the importance of embedding evidence and evaluation to enhance Georgia's System of Care services and supports.



### OBJECTIVE 1

Improve mental health and substance use services through enhancing program monitoring, evaluation, and continuous quality improvement activities.

### STRATEGY

Access and leverage the All-Payer Claims Database and the Georgia Data and Analytic Center to support evaluation.

Analyze and publicize data on key topics.

### OBJECTIVE 2

Monitor and analyze Care Management Organization (CMO) data.

### STRATEGY



Publish annual CMO report card with dedicated focus on youth behavioral health utilization, outcomes, and recommendations.





## *Thriving Outcomes Start Here*

Our platform is only as strong as the people who power it. We are grateful for the many individuals and organizations that contributed time and expertise to ensure that Mindworks has an informed roadmap to carry out the vision and mission of Georgia's System of Care. We're energized by our continued journey and invite all to connect dots with us. Together we will uncover opportunities to streamline a system that delivers the excellent behavioral health outcomes Georgia's children deserve.

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# BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Heather Stanley, ATR-BC, LPAT

*MATCH Program Director, Office of Children, Young  
Adults and Families*



# **Multi-Agency Treatment for Children (MATCH)**

# MATCH Legislation (House Bill 1013)

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- The state MATCH team shall facilitate collaboration across state agencies to explore resources and solutions for complex and unmet treatment needs for children in this state and to provide for solutions, including both public and private providers, as necessary.
- The state agencies and entities represented on the state MATCH team shall coordinate with each other and take all reasonable steps necessary to provide for collaboration and coordination to facilitate the purpose of the state MATCH team.

# MATCH Planning Committee Recommendations (May 2023)

**VISION:** Georgia's children and youth with complex behavioral health challenges, and their families, will receive the services and supports **when, where and how they need them**, with attention to cultural and linguistic needs:

- **Access to a pool of available funds** to enable the provision of treatment services in a timely manner for children and youth with complex treatment needs that are not met at the local level. 
- **Designated authority to make temporary exceptions** to identified state policies and regulations that create barriers to accessing the most appropriate treatment options that are not met at the local level.
- **Document state policies and regulations that are found to create barriers** to needed treatment options in order that required exceptions do not become the default solution in lieu of implementing systems change.
- Adequately invest in MATCH infrastructure (**staff and technology**). 
- Test MATCH structure and process using **pilot projects** prior to full roll-out. 
- Incorporate the **voices** of key state and local stakeholders into the design of MATCH.
- **Avoid** creating an alternate or additional bureaucracy.



# MATCH Implementation

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- **Access to a pool of available funds**

Interagency funds transfer from the Georgia Department of Human Services to DBHDD

- **Adequately invest in MATCH infrastructure (staff and technology)**

- Dedicated DBHDD MATCH staff

- DOAS statewide contract for cross-sector care coordination IT solution

- **Test MATCH structure and process using pilot projects**

(Additional info on the following slides)

# MATCH Continuum of Care

Continuum of Care			
In-Home with Guardian Support	Out-of-Home, Reunification not an Option	Step-Down	Community (Long-Term)
Urgent Care (MATCH)		Transitional Home Pilot (MATCH)	BRIGHT Homes (DBHDD)
Emergency Department Pilot (MATCH)			
High-Fidelity Wraparound (DBHDD)			
Respite (DBHDD)			

- **Urgent Care** - To address gaps or system barriers. (e.g., intensive in-home, housing)
- **Emergency Department (ED) Pilot** - To embed connection coordinators (View Point Health) within the ED at Children’s Healthcare of Atlanta to reduce boarding and speed access to care.
- **Devereux Transitional Home** - To provide transitional support for males between the ages of 18 and 21 with a diagnosis of an intellectual disability with concurrent serious behavioral and psychiatric concerns and/or Autism Spectrum Disorder.

# MATCH Continuum of Care

Continuum of Care	
Step-Down	Community (Long-Term)
Transitional Home Pilot <input checked="" type="checkbox"/>	BRIGHT Homes (DBHDD) <input checked="" type="checkbox"/>

To address gaps between levels of care for transition age young adults


## Devereux Transitional Home

To provide transitional support for males between the ages of 18 and 21 with a diagnosis of an intellectual disability with concurrent serious behavioral and psychiatric concerns and/or Autism Spectrum Disorder.

## BRIGHT Homes

Provides specialized residential services for young adults who require structured support to achieve and enhance their recovery and wellness, increase self-sufficiency and independence, while maintaining community integration. (MATCH informed IDD funded intervention)

# MATCH Continuum of Care

Continuum of Care	
In-Home with Guardian Support	Out-of-Home, Reunification not an Option
Emergency Department Pilot 	

**Intent:** To embed connection coordinators from View Point Health within the ED at Children's Healthcare of Atlanta to reduce boarding and speed access to care.

# MATCH Continuum of Care

Continuum of Care	
In-Home with Guardian Support	Out-of-Home, Reunification not an Option
Urgent Care	

To address gaps or system barriers for youth and families

## Urgent Care

Intensive in-home, housing

- Model review
- Pilot implementation

# MATCH Pilot Updates

Agency	Intervention Type	Amount	Stage	Youth Served
<b>Other Projects (\$3,327,444)</b>				
Children's Healthcare of Atlanta & View Point Health	Emergency department pilot	\$300,000	Memorandum of understanding in development	N/A
Devereux Georgia	Step down treatment program	\$2,937,444	Implementing	3

# MATCH Pilot Updates

Agency	Intervention Type	Amount	Stage	Youth Served
<b>Urgent Care (\$5,762,556)</b>				
Unite Us	Care coordination IT platform	\$402,840	Contract development	N/A
Positive Growth	Housing + treatment	\$698,988	Implementing	N/A
Murphy-Harpst	Intensive in home, in community	?	Proposal	N/A
Wellroot	Intensive in home, in community	\$255,200	Contract development	N/A
Youth Villages	Intensive in home, in community	\$824,900	Contract development	N/A
Murphy-Harpst	Respite	?	Proposal	N/A
Hillside	Urgent care beds	\$537,160	Contract development	N/A

# MATCH Clinical Team Updates

- To date, we have officially staffed 24 individuals
- DBHDD MATCH staff have been involved with staffing 50+ individuals outside the Clinical MATCH Team
- We have two contracts in process for intensive in-home family interventions: Functional Family Therapy and Intercept
- We have one respite proposal under review
- Lexicon Strategies and Polly McKinney created a short 2-page MATCH report that was shared with Georgia legislators this session. A longer format report has also been created and should be released in late spring.
  - MATCH Basics Overview  
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  - Designing Success  
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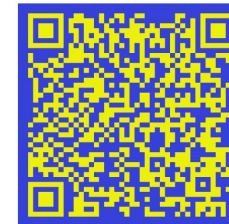


# MATCH Renovations

- The MATCH Clinical team has drafted a Charter
  - Voting via Survey Monkey.
- From the feedback received from surveys with the MCT, we have revised the MATCH Criteria:  
<https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:09dc5ab4-a0ae-3d53-a61c-b874e052d7e7>
- With support from the Center of Excellence, an interactive referral workflow is under development

DBHDD MATCH staff are working with Zendesk to create a rapid response portal for FAQs and Referral questions that will be available on the DBHDD MATCH webpage.

We have a MATCH page on the DBHDD website



# MCT Success Stories

**Situation Overview:** A female, age 17, with behavioral health and ASD complexities was referred by a PRTF where the child was placed.

**Past Services and/or Experiences:**

- In the past, the youth had been admitted to acute in-patient units, and PRTF stays several times a year, would get stabilized, return to the community and then need re-stabilization.

**MATCH Clinical Team Recommendations:**

- Her therapeutic team at the PRTF sought support from the MCT to ensure support and therapeutic services were in place and to have community teams help with effective discharge planning.

**Success Update:**

- The youth was discharged from the PRTF in January 2024. The PRTF team received support from DCH and a community-based provider, which helped the youth and her family transition back into the community successfully, ensuring she has the appropriate behavioral health support and ASD support in place as she reentered the community.

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# BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities



D·B·H·D·D



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

# Community Behavioral Health Rehabilitation Services (CBHRS) State Plan Amendment

Brian Dowd  
Deputy Executive Director  
Medical Assistance Plans

Date: 5/2/24





What is Medicaid	Slide 1	CBHRS Amendment	Slide 6
Optional/Mandatory	Slide 2	Where are we?	Slide 7
State Plan/Waivers	Slide 3	Future Amendments	Slide 8
Amendment Process	Slide 5		



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

# Our Purpose

Shaping the future of *A Healthy Georgia* by improving access and ensuring quality to strengthen the communities we serve.

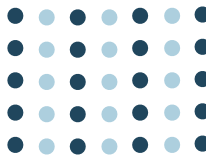




# What is Medicaid?



Medicaid is a health insurance program supported with state and federal funds that pays medical bills for eligible low-income families, including pregnant women and women with breast or cervical cancer, foster and adoptive children, individuals meeting community engagement criteria through the Pathways to Coverage initiative, and aged, blind and/or disabled individuals whose income is insufficient to meet the cost of necessary medical services.



States are not required to participate in the Medicaid program. However, if they do participate, certain services must be covered under the **State Plan**. Others are optional services that states may or may not choose to cover.

## Mandatory Medicaid Services

- Physician Services
- Inpatient Hospital Services
- Outpatient Hospital Services
- Laboratory and X-Ray Services
- Home Health Services
- Nursing Home Care
- Early and Periodic Screening, Diagnostic, and Treatment Services for Individuals under age 21
- Family Planning and Supplies
- Federally Qualified Health Care Center Services
- Nurse Midwife Services
- Non-Emergency Transportation

## Optional Medicaid Services

- Pharmacy
- Dental Care for Adults
- Orthotics, prosthetics and durable medical equipment
- Primary care case management
- Mental Health clinical services
- Psychological Services
- Vision Care
- Hospice Care
- Inpatient Hospital Care for Individuals under age 21 (psychiatric)
- **Home and Community Based Waivers (not State Plan)**





- A Medicaid and CHIP state plan is an agreement between a state and the Federal government describing how that state administers its Medicaid and CHIP programs.
- Gives an assurance that a state will abide by Federal rules and may claim Federal matching funds for its program activities.
- The state plan sets out groups of individuals to be covered, services to be provided, methodologies for providers to be reimbursed and the administrative activities that are underway in the state.
- When a state is planning to make a change to its program policies or operational approach, states send state plan amendments (SPAs) to the Centers for Medicare & Medicaid Services (CMS) for review and approval. States also submit SPAs to request permissible program changes, make corrections, or update their Medicaid or CHIP state plan with new information.



- States seeking additional flexibility in design of their Medicaid programs may apply for formal waivers of some statutory requirements from the Secretary of the U.S. Department of Health and Human Services (HHS).
- Certain eligibility and benefit provisions of the Medicaid statute may be waived in order to explore new approaches to the delivery of and payment for acute care and long-term services and supports (LTSS).
- States can use waivers to offer a specialized benefit package to a subset of Medicaid beneficiaries, to restrict enrollees to a specific network of providers, or to extend coverage to groups beyond those defined in Medicaid law. States can also use waivers to make policy changes to respond to disasters and public health emergencies.



1. Draft what you are changing
2. Obtain fiscal impact
3. Public Comment (DCH Board process)
4. Submission to CMS (90-day clock)
5. Informal and Formal Request for Information-CMS
6. CMS approval or denial
7. Policy manual changes-Banner messages
8. System changes (GAMMIS, PA Systems, Gateway, EVV)



- Update accreditation language for its Administrative Services Organization (ASO);
- Add Community Health Workers (CHW) to the list of accepted practitioners who provide rehabilitation and skills training services under the qualified agency structure; and
- Modify rates in accordance with the most recent Medicaid rate study

[2024 Board Meeting Schedule | Georgia Department of Community Health](#)



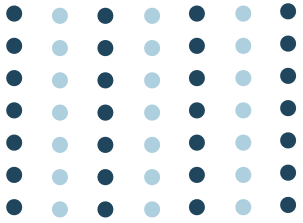
- Presented to DCH Board Initial Adoption-March Board Meeting
- Only favorable comments received
- DCH Board Final Adoption-May 9<sup>th</sup> Board Meeting
- SPA submission following DCH Board approval
- System updates to work concurrent with SPA submission for 7/1/24 start date





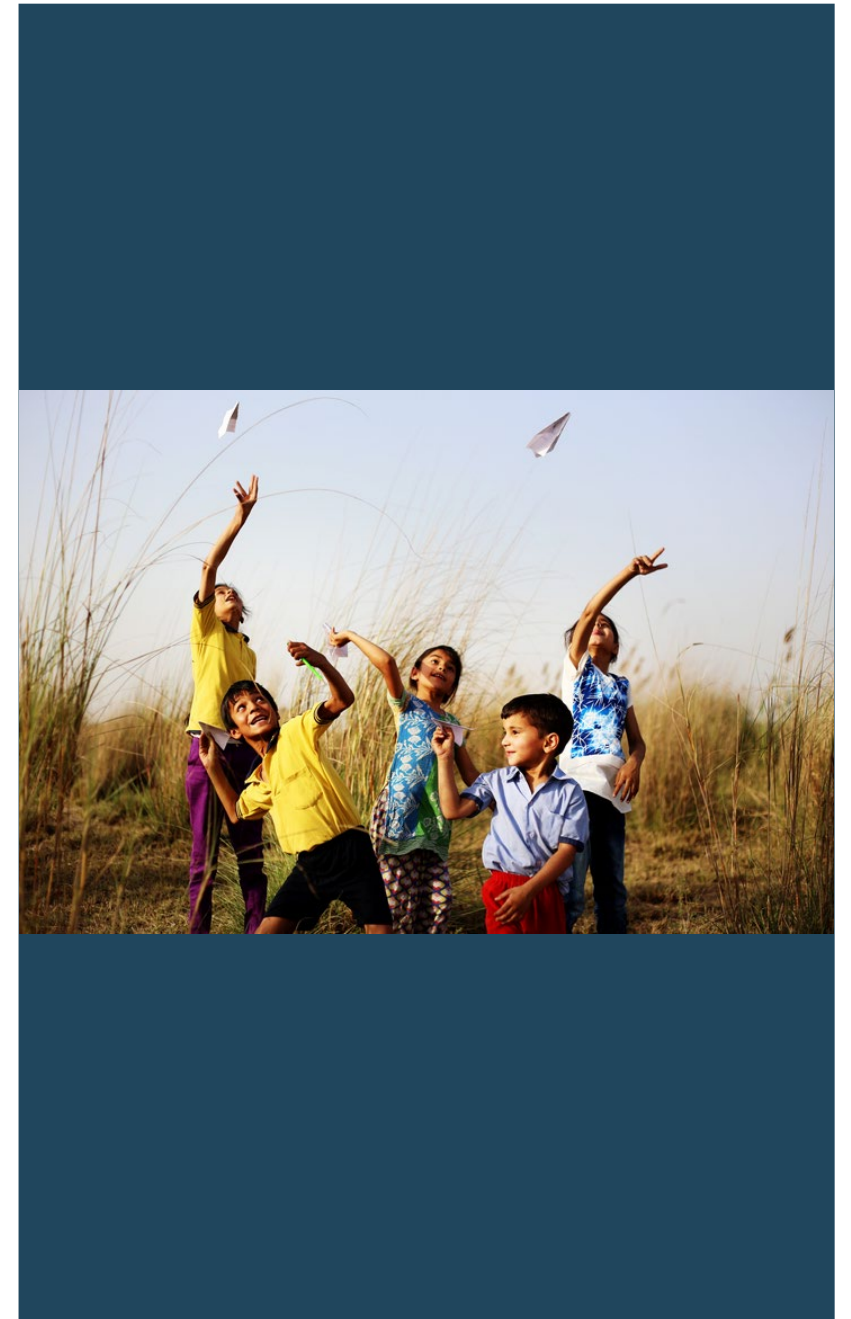
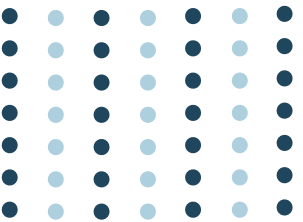
- Can be submitted at anytime once SPA approved
- Cannot be submitted while a SPA is outstanding would have to withdraw amendment and submit new SPA





GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

**THANK YOU!**  
**QUESTIONS /**  
**COMMENTS?**



# Closing Comments



Next BHCC Meeting:

August 6<sup>th</sup>, 2024

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# BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities



D·B·H·D·D