

# Fee-for-Service Initiative



DBHDD

**TIER 2 PLUS PROVIDERS**

# Fee-for-Service Initiative

The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) is phasing in changes to the way it pays providers for delivering state-funded behavioral health services.

These changes begin July 1, 2016, and include a migration to a fee-for-service payment structure for specific DBHDD provider categories.

Tier Two Plus providers deliver Medicaid billable services, as well as the core benefit package under a state-funded, grant-in-aid contract with DBHDD. The following information only applies to Tier Two Plus providers.

# July 1, 2017 Transition

Limited roll-out of Fee-for-Service effective July 1, 2016 to include:

- ❖ Adult MH Core Benefit Package
- ❖ Adult AD Core Benefit Package
- ❖ Substance Abuse Intensive Outpatient Program
- ❖ Psychosocial Rehabilitation - Individual and Group
- ❖ Peer Support – Individual, Group, and Whole Health and Wellness

# Adult MH and AD Core Benefits Package

## Core services transitioning to fee-for service on July 1, 2017

- BH Assessment and Service Plan Development
- Psychological Testing
- Diagnostic Assessment
- Crisis Intervention
- Psychiatric Treatment (E&M)
- Nursing Services
- Medication Administration
- Psychosocial Rehabilitation - Individual
- Addictive Diseases Support Services
- Case Management
- Outpatient Services – Individual and Group
- Outpatient Services – Family
- Community Transition Planning
- Peer Support – Individual
- Peer Support – Whole Health and Wellness

# Fee-for-service Transition

- Phased transition of other Specialty Services beginning in calendar year 2017
- Phased transition of remaining Grant-in-Aid based services to Fully Costed Reimbursement contracts beginning in calendar year 2017
- Implementation of approval-based Supplemental Support Funds requests begins in July 1, 2017

# Tier Two Plus Provider Funding

- **Maximum Reimbursement Limits**
  - Providers will only be reimbursed for claimed services up to the amount of their current contract for affected services (i.e. their maximum reimbursement limit).
  - Maximum reimbursement limits are being assigned to Tier Two Plus providers as a statewide budgetary control mechanism. This limit provides a reasonable assurance that the state allocation for community behavioral health services is not exceeded on an annual basis.
  - Initial limits for FY17 will be based upon FY16 contracted values for the core benefit package and other selected services transitioning to FFS on July 1, 2016.
  - Maximum reimbursement limits will be reviewed for potential adjustment to allow for possible redirects of funding at mid-year and year-end.
  - Reviews will be based upon actual utilization data collected.

# Tier Two Plus Provider Funding

- **Minimum Reimbursement Limits**
  - Tier Two Plus providers will be eligible for one year of transitional revenue protection in the form of guaranteed minimum levels of reimbursement.
  - Minimum reimbursement limits for FY17 will be set at 70% of a provider's FY16 funding levels for the core benefit package and other services being transitioned to FFS on July 1, 2016. Actual earned revenues will be reviewed and compared to initial Minimum Reimbursement Limits at mid-year and year-end.
  - Any shortfall between actual earned revenues and Minimum Reimbursement Limits will be addressed through an increase in supplemental support funding at year-end or upon approved intermediate request by contractor.

# Tier Two Plus Provider Funding

- **Supplemental Support Funding**
  - Adjustments will be made based upon required additional funding resulting from minimum reimbursement limits, if applicable
- **Future FFS Transitions**
  - Remaining services not transitioning to FFS on July 1, 2016 will transition to FFS or to fully-costed reimbursement beginning in calendar year 2017

# Questions?

Please submit any questions to [FFS.questions@dbhdd.ga.gov](mailto:FFS.questions@dbhdd.ga.gov)