

# Georgia

Data as of July 2003

## Mental Health and Substance Abuse Services in Medicaid and SCHIP in Georgia

As of July 2003, 1,469,626 people were covered under Georgia's Medicaid and SCHIP programs. There were 1,280,499 enrolled in the Medicaid program, and 189,127 enrolled in the Separate SCHIP program. In state fiscal year 2000, Georgia spent \$5.4 billion to provide Medicaid services.

In Georgia low-income children may be enrolled in the Medicaid program, or in the Separate SCHIP program.

- Medicaid covers infants from families with incomes of no more than 185% FPL; children age 1-6 from families with incomes of 133% FPL or less; and children age 6-18 from families with incomes of 100% FPL or less.
- The separate SCHIP program covers uninsured children from families with incomes of 235% FPL or less who do not qualify for Medicaid. For SCHIP, families pay premiums on a sliding scale up to a maximum of \$20 per month per family.

In Georgia, all substance abuse and mental health services are provided on a fee-for-service basis to both Medicaid and SCHIP participants. In addition the same providers serve both groups of people.

### Medicaid

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#### *Who is Eligible for Medicaid?*

##### **Families and Children**

1. Low income families with children that would have qualified for the state's AFDC program as of July 16, 1996
2. Pregnant women from families with incomes of 235% FPL or less
3. Infants born to Medicaid eligible mothers.
4. Infants under 1 in families earning less than 185% FPL.
5. Children aged 1-6 years from families with incomes of 133% FPL or less.
6. Children aged 6-18 from families with income of 100% FPL or less.
7. Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act

##### **Aged, Blind, and Disabled**

1. All individuals receiving SSI.
2. Individuals who have been in institutions for at least 30 consecutive days and who have incomes of no more than 300% of the maximum SSI benefit.

##### **Medically Needy**

Members of the following groups may qualify for Medicaid coverage as Medically Needy if they have sufficient medical expenses to reduce their net income to a limit established by the state.

1. Pregnant women and children under 18
2. Aged, Blind, and Disabled

##### **Waiver Populations**

Georgia has 1115 waivers, but does not use them to expand eligibility for behavioral health services.

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## **What Mental Health/Substance Abuse Services are Covered by Medicaid?**

Medicaid must cover some types of services (mandatory services) and may cover some other types of services (optional services). The information presented here identifies the types of service Georgia Medicaid covers and the coverage requirements for those services. These services are presented grouped as they are in the Medicaid State plan that Georgia must maintain under Medicaid law. Only those types of services that include mental health or substance abuse services are discussed.

### **Mandatory Services**

<b>Inpatient Hospital Services</b>		
Service	Description	Coverage Requirements
Inpatient psychiatric services	Psychiatric care provided in an inpatient hospital acute care setting.	<ul style="list-style-type: none"> <li>• A beneficiary may receive no more than 30 days of psychiatric inpatient services per year without the prior authorization of the Medicaid agency or it's designated agency</li> <li>• All admissions are subject to pre-admission screening and concurrent review for medical necessity</li> </ul>

<b>Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services</b>		
Service	Description	Coverage Requirements
Outpatient Psychiatric and Substance Abuse Care	Mental health and substance abuse services delivered in an outpatient hospital setting	<ul style="list-style-type: none"> <li>• Services provided in an outpatient hospital setting must meet the same coverage requirements as those delivered in another setting.</li> </ul>
Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)	Substance abuse and mental health services that would be covered in another setting may be provided by FQHCs and RHCs,	<ul style="list-style-type: none"> <li>• Services provided in an FQHC or RHC setting must meet the same coverage requirements as those delivered in another setting.</li> </ul>

<b>Physician Services</b>		
Service	Description	Coverage Requirements
Physician Services	Physicians may provide Medicaid-covered mental health and substance abuse services that are within their scope of practice as defined in state law.	<ul style="list-style-type: none"> <li>• A beneficiary may receive no more than 12 physician visits in a year without the prior authorization of the Medicaid agency.</li> <li>• Mental health and substance abuse services provided by a physician must               <ul style="list-style-type: none"> <li>- Meet the same coverage requirements as those provided by another type of provider.</li> <li>- Be within the provider's scope of practice as defined in state law.</li> </ul> </li> </ul>

<b>Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services to Children Under 21</b>		
Service	Description	Coverage Requirements
Community Mental Health Rehabilitative Services	Occupational Therapy, Physical Therapy. Speech and Hearing Therapies, Activity Therapy, Day Treatment for Children and Adolescents with Severe Emotional Disturbances, Family Counseling, Child and Adolescent Day Supports, Substance Abuse Adolescent Day Treatment.	These services are available, in addition to those noted below, only to EPSDT eligible children upon referral. Medical necessity criteria for these services reflect special treatment approaches designed for EPSDT eligible consumers requiring mental health and substance abuse/alcohol abuse treatment

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<b>Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services to Children Under 21</b>		
Service	Description	Coverage Requirements
Inpatient services EPSDT	Inpatient psychiatric stays exceeding 30 days.	<ul style="list-style-type: none"> <li>• Stays beyond 30 days require prior approval.</li> <li>• To receive these services:               <ul style="list-style-type: none"> <li>- The beneficiary must be under age 21</li> <li>- The service must be needed to treat or ameliorate a condition identified in an EPSDT screen</li> </ul> </li> </ul>
Psychological Services	Services provided by a licensed psychologist	<ul style="list-style-type: none"> <li>• To receive these services:               <ul style="list-style-type: none"> <li>- The beneficiary must be under age 21</li> <li>- The service must be needed to treat or ameliorate a condition identified in an EPSDT screen</li> <li>- The beneficiary must be referred by an EPSDT screening provider.</li> </ul> </li> <li>• Services exceeding 24 hours of services per recipient per calendar year require prior approval from the Medicaid agency</li> </ul>

## Optional State Plan Services

<b>Other Licensed Practitioners</b>		
Service	Description	Coverage Requirements
Psychologist services	Psychological services provided by those fully and permanently licensed Psychologists.	<ul style="list-style-type: none"> <li>• These services are provided only as EPSDT services (see description of EPSDT services for details.)</li> <li>• A beneficiary may receive no more than 24 hours (48 units) of service per calendar year without the prior authorization of the Medicaid agency.</li> </ul>

<b>Clinic Services</b>		
Service	Description	Coverage Requirements
Mental Health Clinics	Services for emotionally or mentally disturbed people, drug or alcohol abusers, mentally retarded or developmentally disabled people. Services: <ul style="list-style-type: none"> <li>• Partial hospitalization.</li> <li>• Day Treatment.</li> <li>• Methadone Maintenance.</li> <li>• Individual therapy</li> <li>• Group therapy, including ambulatory detoxification.</li> <li>• Psychiatric/medical assessment.</li> <li>• Special services--includes physical, speech, hearing and occupational therapies.</li> </ul>	<ul style="list-style-type: none"> <li>• All services in the CMHCs are prior authorized.</li> </ul>

<b>Rehabilitative Services</b>		
Service	Description	Coverage Requirements
Community Mental Health Rehabilitative Services	Services include: <ul style="list-style-type: none"> <li>• initial screening and referral,</li> <li>• diagnostic/functional</li> </ul>	<ul style="list-style-type: none"> <li>• Services must be recommended by a physician or other practitioner and provided under physician supervision.</li> </ul>

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Rehabilitative Services		
Service	Description	Coverage Requirements
	<ul style="list-style-type: none"> <li>• assessment,</li> <li>• clinic-based crisis management,</li> <li>• out of clinic crisis management,</li> <li>• individual outpatient services,</li> <li>• family outpatient services,</li> <li>• group outpatient services,</li> <li>• assertive community treatment</li> <li>• medication administration,</li> <li>• methadone administration,</li> <li>• ambulatory detoxification,</li> <li>• physician assessment,</li> <li>• nursing assessment and care,</li> <li>• intensive day treatment,</li> <li>• substance abuse intensive outpatient services,</li> <li>• day treatment,</li> <li>• day support, and</li> <li>• peer support.</li> </ul>	<ul style="list-style-type: none"> <li>• All services to adults must be delivered in a clinic setting except out of clinic crisis management</li> <li>• All services beyond initial services must be prior authorized by the Medicaid agency</li> <li>• Only beneficiaries who have a serious or persistent mental illness that limits one or more daily life functions, are drug or alcohol abusers, mentally retarded or are developmentally disabled may receive services</li> </ul>
EPSDT rehabilitative services	Mental health and substance abuse services, including <ul style="list-style-type: none"> <li>• Activity therapy</li> <li>• Day Treatment for Children and Adolescents with Severe Emotional Disturbances.</li> <li>• Child and Adolescent Day Supports.</li> <li>• Substance Abuse Adolescent Day Treatment.</li> </ul>	<ul style="list-style-type: none"> <li>• To receive these services:               <ul style="list-style-type: none"> <li>- The beneficiary must be under age 21</li> <li>- The service must be needed to treat or ameliorate a condition identified in an EPSDT screen.</li> </ul> </li> <li>• All services beyond initial services must be prior authorized by the Medicaid agency</li> </ul>

Targeted Case Management		
Service	Description	Coverage Requirements
Targeted Case Management Services for those most in need, mentally or emotionally disturbed, drug or alcohol abusers, mentally retarded or developmentally disabled beneficiaries	Medically Necessary Services Include: <ul style="list-style-type: none"> <li>• Assessment of physician prescribed services and identification of additional services that may be needed.</li> <li>• Development of specific 24 hour service plan, as well as monitoring and review of that plan .</li> <li>• Establishment of relationships between patient and medically necessary services.</li> <li>• Assisting the patient in attaining or retaining capability for independence or self care.</li> <li>• Discharge planning coordination to hospital inpatients.</li> </ul>	<ul style="list-style-type: none"> <li>• Services must be prior authorized.</li> <li>• A Physician must order the service, and               <ul style="list-style-type: none"> <li>- The client must meet the Division of Mental Health, Mental Retardation and Substance Abuse criteria for Most-In-Need status, or,</li> <li>- One or more of the following:                   <ul style="list-style-type: none"> <li>▪ discharged from "inpatient" service two or more times in the previous 12 months,</li> <li>▪ residing in a living arrangement financially supported by the Department of Human Resources,</li> <li>▪ has a history of severe and disabling mental illness or substance abuse and is "homeless."</li> <li>▪ the client is on an outpatient court ordered commitment status,</li> <li>▪ would be eligible for services under the provisions of Medicaid home and community-based Waivers</li> <li>▪ the client is receiving Clozaril as a part of a treatment plan formulated</li> </ul> </li> <li>- The client must exhibit one or more of the following:</li> </ul> </li> </ul>

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Targeted Case Management		
Service	Description	Coverage Requirements
		<ul style="list-style-type: none"><li>▪ Repeated, long term use of restrictive intensive care settings.</li><li>▪ Noncompliance with treatment or failure to access needed services.</li><li>▪ Frequent crisis episodes.</li><li>▪ Multiple programs (dual diagnoses, medical fragility).</li><li>▪ Need for multiple services and their coordination.</li><li>▪ Lack or inadequacy of natural supports.</li></ul> <ul style="list-style-type: none"><li>• Children's eligibility varies somewhat from this list and is slightly different in each county in Georgia.</li></ul>

## SCHIP Medicaid Expansion Program

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*Georgia does not have a SCHIP Medicaid Expansion Program*

## Separate SCHIP Program

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### ***Who is Eligible for the Separate SCHIP Program?***

The Separate SCHIP program serves all children from families with income up to 235% FPL, who are not otherwise eligible for Medicaid, who do not have third party insurance coverage or access to insurance through a parent's state employment. Families pay a \$15 per member per month premium with a family limit of \$20 per month. Children under six do not pay a premium.

### ***What Mental Health/Substance Abuse Services are Covered by the Separate SCHIP Program?***

Benefits in Separate SCHIP programs must be actuarially equivalent to a benchmark selected by the State, among federally established options. Georgia provides benefits substantially the same as the state's Medicaid plan, discussed above.