GEORGIA

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Types of Facilities

Mental Health (MH) and Substance Use Disorder (SUD): Georgia regulates or otherwise oversees:

- Crisis Stabilization Unit (CSU) is a medically monitored short-term residential program which is an emergency receiving and evaluating facility to provide emergency services that include psychiatric stabilization and detoxification services. The average annual length of stay is no more than 8 days. The CSU may not operate solely as a 24 hour residential service offering detoxification. The CSU is designed to serve as a first-line alternative to hospitalization. The target population is ages 18 years or older; individuals may have co-occurring diagnoses. The following may be components of a CSU:
  - Crisis Service Center (CSC): Provides short-term intervention that is time limited, generally a single episode that stabilizes the individual and moves them to the appropriate level. CSCs are generally open 24 hours, 7 days a week and provide walk-in capacity for assessment, stabilization, and referral.
  - Temporary Observation (Temp Obs): A facility-based program that provides a physically secure and medically safe environment during which an individual in crisis is further assessed, stabilized, and referred to the next appropriate level of care.
  - CSUs may include Transitional Beds which are used for individuals on a voluntary status who are transferred from a crisis bed but who remain within the CSU in a transitional bed during transition into the community.

Substance Use Disorder (SUD): Georgia regulates or otherwise oversees:

- Residential Substance Withdrawal Management (Detoxification) is an organized and voluntary service that provides 24-hour per day, 7 days per week supervision, observation, and support during withdrawal. It is characterized by its emphasis on medical monitoring and should reflect a range of residential withdrawal management service that intensifies from ASAM Level 3.7 Medically Monitored.

- AD Semi-Independent Residential Services provide or coordinate on-site or off-site treatment services in conjunction with on-site recovery support programming that aligns with a supportive and structured living environment. It is designed to strengthen living skills and focus on creating financial, environmental, and social stability to increase the

probability of long-term recovery. Residential Care maintains a basic rehabilitation focus on early recovery skills; including the negative impact of substances, tools for developing support, and relapse prevention skills.

- AD Intensive Residential Service (associated with ASAM Level 3.5) provides a planned regimen of 24 - hour observation, monitoring, treatment and recovery supports utilizing a multi-disciplinary staff for individuals who require a supportive and structured environment. This intensive level of residential service maintains a basic rehabilitative focus on early recovery skills; including the negative impact of substances, tools for developing support, and relapse prevention skills.

- Residential Transitional Treatment Program is a residential program which provides therapeutic services to persons with SUD, who are transitioning to the community or to other treatment modalities, and who typically lack a stable living situation and require variable levels of therapeutic services.

- Women's Treatment and Recovery Support (WTRS) Residential Treatment is a subset of the residential services in these levels of treatment.

Unregulated Facilities: Regulations and licensure requirements do not exist for any adult MH-specific (non-crisis) residential treatment. Even though SUD treatment providers not under contract to DBHDD are not regulated by that agency, they must be licensed and regulated by HFR. We exclude, as not within the scope of this summary, Community Residential Rehabilitation levels I-IV; MH Independent, Semi-Independent, and Intensive Residential Services; AD Independent Residential Services; and Crisis Respite Apartments, because they do not include required in-house clinical treatment.

Approach

Mental Health (MH) and Substance Use Disorder (SUD): The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) provides both MH and SUD services to the citizens of Georgia through providers contracted with the department. The DBHDD establishes requirements via contract with providers and via its Provider Manual for Community Behavioral Health Providers. In addition to contracted providers, these standards also apply to obtain Medicaid reimbursement. The DBHDD also regulates and licenses CSUs and may designate them as an emergency receiving and evaluating facility.

Substance Use Disorder (SUD): In addition to oversight of SUD providers under contract with the DBHDD by that department, the Georgia Department of Community Health, Division of Healthcare Facility Regulation (HFR), regulates and licenses all SUD residential treatment programs, other than CSUs (discussed above) or licensed Narcotic Treatment Programs.

Processes of Licensure or Certification and Accreditation

Mental Health (MH) and Substance Use Disorder (SUD): Licensure by the DBHDD is required for all CSUs and their associated CSC and Temp Obs functions.

- Accreditation is not required but, if a CSU does have accreditation otherwise required, documentation is required as part of licensure.
- An inspection is required for licensure and renewal and may be announced or unannounced.
- The state does not require a Certificate of Need.
- Initial licensure duration is one year and subsequent licensure is for two years.

Substance Use Disorder (SUD): All SUD treatment programs must be licensed by the HFR to operate in the state.

- Accreditation is not required but the HFR may issue a license to a program that provides proof of accreditation by an HFR-approved accreditation agency.
- Onsite inspection is required prior to the HFR granting any type of license unless a facility is granted licensure due to approved accreditation.
- The state does not require a Certificate of Need.
- Licensure is required for a "period determined by the department" (fees are annual). A provisional license may be issued for up to 90 days.

Cause-Based Monitoring

Mental Health (MH) and Substance Use Disorder (SUD): The DBHDD has the authority to conduct announced or unannounced on-site reviews at its discretion at any time or as part of the investigation of complaints or incidents at a CSU. The Department shall issue written findings within a reasonable period of time. Based on its findings of the review, the Department may require corrective action. A CSU license also may be denied, suspended, or revoked, and admissions may be suspended. Other sanctions also may be imposed.

Substance Use Disorder (SUD): Licenses may be denied, suspended, or revoked and inspections, typically unannounced, may occur at any time. If deficiencies are found, a plan of correction will be required. Fines and other sanctions may be imposed. The HFR also reserves the right to

inspect accredited programs on a sample validation basis or whenever there is reason to believe that the regulatory requirements are not being met.

Access Requirements

Mental Health (MH) and Substance Use Disorder (SUD): A CSU may not refuse service to receive, evaluate, or stabilize any individual who meets criteria for services. The CSU and any associated CSC and/or Temp Obs must provide emergency receiving, screening, and evaluation services 24 hours a day, 7 days a week and have the ability to admit and discharge 7 days a week.

Substance Use Disorder (SUD): The HFR requires that drug dependent pregnant females must be given priority for admission and services when a program has a waiting list for admissions. Programs under contract with DBHDD have extensive requirements related to nondiscrimination and physical or linguistic accessibility in the provision of SUD residential treatment. DBHDD also sets priority treatment standards for pregnant women, women with children, and intravenous drug users.

- WTRS Residential: Providers must maintain a waiting list. All individuals placed on the waiting list should be contacted at least twice a month. If the provider has a priority admission on the waiting list, interim services must be offered and documentation provided monthly to the state office. When a pregnant woman is seeking services, the agency is required to give her preference in admission or on the waiting list. If the provider has insufficient capacity to provide services to any such pregnant woman, the provider is required to refer the pregnant woman to the DBHDD Women's Treatment Coordinator. The provider is required to make interim services available within 48 hours if the pregnant woman cannot be admitted because of lack of capacity. The program is required to offer interim services that include specified minimum services related to HIV and TB and the effects of alcohol and other drugs use on the fetus and referrals for prenatal care for pregnant women.

Staffing

Mental Health (MH) and Substance Use Disorder (SUD): Providers must ensure an adequate staffing pattern to provide access to services. The program description identifies staff to individual served ratios for each service offered. Detailed training requirements exist, including for orientation and on-going trainings including, among others, suicide risk assessment. Detailed credential and supervision requirements are included.

- For a CSU, requirements include, among others, that a physician or psychiatrist be on call 24 hours a day and shall make rounds 7 days a week. The CSU must have a full-time

nursing administrator and additional nursing staff, with nursing to resident ratios. State-required licensing and other credentials must be in place and staff functioning within allowed scope of practice. Facilities must ensure that the type and number of professional staff attached to the unit are present in numbers to provide adequate supervision to staff and to provide services, supports, care and treatment to individuals as required. All staff, volunteers, and contractors must satisfy training requirements.

Substance Use Disorder (SUD): HFR requires the governing body of the program to designate an administrator who is authorized to manage the program and a clinical director who is responsible for all treatment services provided. The program must have sufficient types and numbers of staff as required by these rules to provide the treatment and services offered to clients and outlined in its program description. Staff must satisfy certain qualifications, including those providing counseling services, medical services, and professional mental health services. Prior to working with clients, all staff who provide treatment and services must be oriented and receive additional training in accordance with the rules. Additional requirements are in place regarding staffing for the following program types:

- Residential Substance Withdrawal Management
- Residential Intensive Treatment Programs
- Residential Transitional Treatment Programs

DBHDD has additional staffing requirements for those programs with which it contracts, specifically including the following types of treatment and including staffing ratios:

- AD Intensive Residential Services
- AD Semi-Independent Residential Services
- Residential Substance Withdrawal Management
- WTRS Residential

Placement

Mental Health (MH) and Substance Use Disorder (SUD): The CSU must have written protocols for screening individuals presenting for evaluation. Level of Care instruments defined in the DBHDD Provider Manual for Community Behavioral Health Providers will be utilized to determine the required need and resulting level of care for admission to the CSU. The CSU may not admit individuals presenting with issues listed under "Exclusion Criteria" in the DBHDD policy on medical exclusion guidelines and criteria. An initial screening for risk of suicide or

harm to others must be conducted for each individual presenting to the CSU for evaluation. A physician must assess each individual within 24 hours of admission to the CSU. A physician also must write an order for the individual's change in status from CSU crisis status to transition status.

Substance Use Disorder (SUD): HFR requires there be written policies and procedures to provide priority access to services and admissions to programs for drug dependent pregnant females. All persons referred to the program or who present themselves for services must be initially screened by qualified staff to determine if the prospective client appears to meet the program's admission criteria. At admission a preliminary physical assessment must be done by, at a minimum, an RN or LPN under the supervision of a RN or physician. At the time of admission or as soon as clinically appropriate (but no longer than ten working days), a comprehensive psycho-social assessment must be done. HFR regulations include additional requirements for placements specific to facility type, such as type of assessments and staff to perform them. In addition, regulations indicate the type of recipient facility types are designed to treat:

- Residential Intensive Treatment Programs: Such residences provide services for clients with significant substance abuse impairment, and who, typically, have not progressed in a less intensive setting, or lack supports and require a highly structured and specialized environment, or are transitioning from detoxification.

- Residential Transitional Treatment Programs: Such residences provide services on an intermediate basis for clients characterized as chronic substance abusers who are transitioning to the community or to other treatment modalities, and who, typically, lack a stable living situation and require variable levels of therapeutic services. In addition to the general rules set forth, programs offering residential transitional treatment programs shall meet the requirements of this subsection.

DBHDD imposes additional requirements on its contract SUD treatment facilities, including admission, clinical exclusion, continuing stay, and discharge criteria. This includes the following facility types:

- AD Intensive Residential Service

- AD Semi-Independent Residential Services

- Residential Substance Withdrawal Management

- WTRS Residential: Admission Criteria: The Level of Care must be determined according to the American Society of Addiction Medicine (ASAM) 3rd edition for assessing severity and intensity of services and the Adult Needs and Strengths Assessment (ANSA).

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH) and Substance Use Disorder (SUD): An Individualized Recovery/Resiliency Plan (IRP) must be developed and reassessed as indicated but at least annually. Discharge planning must begin at the onset of service delivery.

- At CSUs, orders for care shall include the clinically appropriate level of observation for the individual. An IRP must be developed and written within 72 hours of admission on the basis of assessments conducted by the physician, registered nurse and professional social work or counseling staff. For individuals with both SUD and MH diagnoses, the IRP must address issues relative to both diagnoses. The IRP must be reviewed at a minimum every 72 hours by a treatment team to assess the need for the individual's continued stay. The IRP must be updated as appropriate when the individual's condition or needs change. The CSU must have protocols with respect to stabilization and transfer of individuals to a different level of care. The patient's records must include discharge notes and aftercare plans, including the individual's status at discharge, ongoing needs, aftercare plan, and the date, time and method of discharge.

Substance Use Disorder (SUD): HFR requires SUD treatment programs to develop and implement a complete individualized treatment plan for each client. Such treatment plans must be modified and updated as necessary, depending on the clients' needs. An initial treatment plan will be formulated at the time of admission after assessment (within a minimum of ten working days) and will include the initial treatment recommendation for the client. The complete treatment plan must be comprehensive, formulated by a multi-disciplinary team with the input of the client, approved by the clinical director, and completed within thirty days from admission. Plans shall be reviewed and updated, as needed, by the staff member who has primary responsibility for coordinating or providing for the care of the client. Reviews shall be done whenever necessary as indicated by the client's needs or at least every 30 days for residential. Aftercare plans for continuing services and support must be developed and completed prior to discharge. Each program must have a formal plan of cooperation with other programs in the state for referral of clients to allow for continuity of care or for emergency hospitalization. The licensed programs must have identified resources that would be available to continue the person's care and to have worked out referral/transfer arrangements where appropriate.

Treatment Services

Mental Health (MH) and Substance Use Disorder (SUD): CSU psychiatric stabilization and residential detoxification services are offered at a clinical intensity level which supports the level of care in DBHDD contracts and the DBHDD Provider Manual for Community Behavioral Health Providers. The CSU must have policies and procedures for identifying and managing

individuals who meet the diagnostic criteria for an SUD and individuals at high risk of suicide or intentional self- harm. Program offerings for the CSU must be designed to meet the biopsychosocial stabilization needs of each individual, and the therapeutic content of the program (group therapy/training, individual therapy/training, education support, etc.) must be annually approved by a licensed/certified clinician. Requirements for physician assessment also are in place. Consultation by a psychiatrist shall be available if the covering physician is not a psychiatrist. The CSU must assist in the coordination of necessary transportation through transfer and/or discharge to community-based services. A CSU must pursue with due diligence operating agreements in writing, with one or more healthcare providers, to provide care that is beyond its scope, as elaborated in the regulations. Individuals served in transitional beds may access an array of community-based services in preparation for their transition out of the CSU and are expected to engage in community-based services daily while in a transitional bed.

DBHDD also has a High Utilizer Management (HUM) service that provides support to individuals who experience challenges and barriers in accessing and remaining enrolled in desired community-based services and supports. The criteria for receipt of these services include that the person be an adult with a primary SUD, MH, or co-occurring diagnosis who has been admitted to a crisis setting meeting certain frequency rates; and/or other specified crisis utilization indicators. The HUM program identifies and provides assertive linkage, referral, and short-term care coordination for individuals with behavioral health challenges who have a demonstrated history of high crisis service utilization.

Substance Use Disorder (SUD): HFR requires that SUD residential treatment programs have policies and procedures that include a description of the range of treatment and services provided by the program to be reviewed annually and updated as needed, specifying which American Society of Addiction Medicine (ASAM) levels of care will be offered, what services will be provided directly by the program, and what services are provided in cooperation with available community or contract resources. A licensed program must provide certain services related to HIV/AIDS education and must conduct random urine drug screens. HFR regulations specific to the following facility types include requirements regarding services and, other than for withdrawal management, hours of services required:

- Residential Substance Withdrawal Management
- Residential Intensive Treatment Programs
- Residential Transitional Treatment Programs

Additional requirements are in place for programs contracting with DBHDD, including types and quantity of required services for the following:

- AD Intensive Residential Service
- AD Semi-Independent Residential Services

- WTRS Residential: This program provides services that encompass ASAM level 3.1 Clinically Managed Low -Intensity Residential Services and 3.5 Clinically Managed High-Intensity Residential Services level of care and Therapeutic ChildCare, depending on the location of the WTRS service. Evidence Based Practices and curriculums are to be utilized and practitioners providing these services are expected to maintain knowledge and skills regarding current research trends in best evidence-based practices. If a WTRS provider cannot accommodate a pregnant woman within 48 hours, interim services must be provided until a bed is available.

Patient Rights and Safety Standards

Mental Health (MH) and Substance Use Disorder (SUD): At CSUs, restrictions apply to personal searches of individuals. Restraint and seclusion are restricted to emergency safety interventions of last resort. Chemical restraint is prohibited. The CSU must safeguard the rights of individuals treated pursuant to applicable state laws and rules and regulations. The CSU must maintain and provide a written statement of rights and responsibilities for individuals receiving services. Among other things, rights include confidentiality. Critical incidents must be reported to DBHDD and other incidents and complaints not required to be reported must be documented and investigated in accordance with policies.

Substance Use Disorder (SUD): HFR requires that all SUD treatment programs establish and implement written policies and procedures regarding the rights and responsibilities of clients, and the handling and resolution of complaints. Among others, rights include humane treatment, freedom from abuse, freedom from restraint or seclusion unless it is determined that there are no less restrictive methods of controlling behavior to reasonably ensure the safety of the client and other persons, confidentiality, communication, and grievance/complaint. Regulations govern emergency safety interventions. Written summary reports and detailed investigative reports shall be made to the HSR regarding serious occurrences involving clients that happened either at the facility or were connected with the care that the client received at the facility. Programs under contract with the DBHDD have additional obligations regarding service recipient rights including, but not limited to, that grievance, complaint and appeals of internal and external policies and processes are clearly written in language accessible to individuals served and are promulgated and consistent with all applicable DBHDD policies. Personal restraints (also known as manual restraints) are restricted to limited situations in these residential settings. Chemical restraints are never allowed. Both physical (also known as mechanical) restraint and seclusion are restricted and limited to CSUs.

Quality Assurance or Improvement

Mental Health (MH) and Substance Use Disorder (SUD): Providers must have a well-defined quality improvement plan for assessing and improving organizational quality. Detailed requirements are in place including but not limited to that the plan be reviewed/updated at least annually and that indicators of performance are in place for assessing and improving organizational quality. Quality improvement findings must be distributed on a quarterly basis to specified individuals. The provider must participate in DBHDD consumer satisfaction and perception of care surveys for all identified populations.

- CSUs have specific reporting requirements and must put in place a quality assurance plan that is updated annually with a quarterly report required. The plan must meet specific regulatory requirements including, among others, the use of performance measures and data collection that continually assess and improve the quality of the services being delivered.

Substance Use Disorder (SUD): The HFR requires that written policies and procedures for an ongoing quality assurance process be established and implemented. Such process shall identify areas of treatment or treatment problems to be addressed; establish and monitor criteria by which the quality and appropriateness of the treatment are to be measured; analyze the outcomes; make recommendations for change, as needed; and monitor changes to ensure problem resolution. A qualified staff person is responsible for administering and coordinating the quality assurance process and, if the program provides medical services, the medical director must be actively involved.

Governance

Mental Health (MH) and Substance Use Disorder (SUD): A governing body is required that is legally responsible for operation of the CSU and any associated CSC and/or Temp Obs functions. Specific policies and procedures must be established.

Substance Use Disorder (SUD): HFR requires each licensed program to have a clearly identified governing body and provisions are in place for program officers. A licensed program must develop and implement specified written policies and procedures for operations.

Special Populations

Mental Health (MH) and Substance Use Disorder (SUD): The CSU must give priority consideration to serving individuals without private health care coverage.

Substance Use Disorder (SUD): HFR requires that, when the program serves persons with special needs, the policies and procedures must explain how those special needs will be met. Written policies and procedures must be developed for providing priority access to services and admissions for drug dependent pregnant females. DBHDD also sets priority treatment standards for pregnant women, women with children, and intravenous drug users, in programs contracting with the department.

Location of Regulatory and Licensing Requirements

Rules And Regulations for Drug Abuse Treatment and Education Programs[1]; Licensing Regulations[2]; DBHDD Provider Manual for Community Behavioral Health Providers[3]; Adult Crisis Stabilization regulations[4]; CSU statutes[5]; Patients' Rights regulations[6]; DBHDD Provider Manual for Community Behavioral Health Providers[7]. Regulatory data collected September 3, 2019.

Other Information Sources

Y. Makanjuola (GADBHDD), D. Atkins (DBH), T. Timberlake (DBH), T. Kight (DBH), J. Mays (DBH); National Conference of State Legislatures CON Program Overview, http://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx

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[1] See http://rules.sos.state.ga.us/gac/111-8-19.

[2] See http://rules.sos.state.ga.us/GAC/111-8-25.

[3] See http://dbhdd.org/files/Provider-Manual-BH.pdf.

[4] See http://rules.sos.state.ga.us/gac/82-3-1?urlRedirected=yes&data=admin&lookingfor=82-3-1.

[5] See https://codes.findlaw.com/ga/title-37-mental-health/ga-code-sect-37-1-29.html.

[6] See http://rules.sos.state.ga.us/GAC/290-4-9.

[7] See http://dbhdd.org/files/Provider-Manual-BH.pdf.

GEORGIA MEDICAID

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Approach

Mental Health (MH) and Substance Use Disorder (SUD): The Georgia Department of Community Health (DCH) oversees the state Medicaid program. The state does not have a relevant section 1115 waiver that affects reimbursement of residential services in Institutions for Mental Diseases (IMDs). Georgia also historically has not relied on either the in lieu of provision or on Disproportionate Share Hospital (DSH) payments to reimburse certain services in IMDs.

Researchers did not locate Medicaid regulations specifically applicable to adult behavioral health MH or SUD services in residential treatment facilities. Rather, the DBHDD establishes requirements for residential MH and SUD treatment providers, that are either reimbursed via Medicaid or that contract with the department. The DBHDD establishes those requirements via contract with providers and via its Provider Manual for Community Behavioral Health Providers. The requirements summarized above applicable to providers under contract with the DBHDD also apply to Medicaid enrolled providers.

Types of Facilities

Mental Health (MH) and Substance Use Disorder (SUD): See above regarding residential facilities that may contract with the DBHDD.

Processes of Medicaid Enrollment

Mental Health (MH) and Substance Use Disorder (SUD): Providers who wish to be part of the Georgia Medicaid program must be appropriately licensed under Georgia law. To enroll as a Medicaid provider, a provider must complete the DBHDD Application and the Medicaid Provider Enrollment packet. The DBHDD recommends providers for approval or denial of enrollment to the DCH. The provider must be fully and appropriately nationally accredited by one of the following: The Joint Commission on Accreditation for Healthcare Organizations (TJC), Commission on Accreditation for Rehabilitation Facilities (CARF), Council on Accreditation of Services for Children and Families, Inc.(COA), or the Council on Quality Leadership (CQL).

Location of Medicaid Requirements

Georgia Medicaid Rules and Regulations[8]; Georgia Medicaid Provider Enrollment Guide[9]; Georgia Medicaid Part II Policies and Procedures for Community Behavioral Health and Rehabilitation Services[10]; DBHDD Provider Manual for Community Behavioral Health Providers[11]. Regulatory data collected December 2019.

Other Information Sources

Kaiser Family Foundation. State Options for Medicaid Coverage of Inpatient Behavioral Health Services. KFF: San Francisco. November 2019. http://files.kff.org/attachment/Report-Brief-State-Options-for-Medicaid-Coverage-of-Inpatient-Behavioral-Health-Services

This state summary is part of the report **"State Residential Treatment for Behavioral Health Conditions: Regulation and Policy"**. The full report and other state summaries are available at https://aspe.hhs.gov/state-bh-residential-treatment.

[8] See http://rules.sos.state.ga.us/gac/111-3.

[9] See https://dch.georgia.gov/sites/dch.georgia.gov/files/related_files/site_page/Medicaid-Provider-Enrollment-Guide-2011.pdf.

[10] See https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/Community%20Behavioral%20Health%20Rehabilitation%20Services%2020200103120205.pdf.

[11] See http://dbhdd.org/files/Provider-Manual-BH.pdf.