

STATE: Georgia

**METHODS FOR ESTABLISHING PAYMENT RATES FOR MEDICALLY NECESSARY SERVICES
FOR EPSDT RECIPIENTS WHEN SUCH SERVICES ARE NOT NORMALLY COVERED
UNDER THE PLAN**

	<u>Service</u>	<u>Place</u>	<u>Provider</u>	<u>Methodology</u>
1.	Private Duty Nursing	Home	RN or LPN	The rate established for nursing services under the Waivered Services Program.
2.	Physical Therapy, Speech Therapy	Hospital, Home	Licensed Physical Therapist, Licensed Speech Therapist	According to the methodology used and rates established in the Home Health Services Program (Attachment 4.19-A, Item G), Outpatient Hospital Services (Attachment 4.19-B, Item R) and Physician Services (Attachment 4.19-B, Item J) wherein these services are Reimbursed.
3.	Occupational Therapy	Home Hospital	Licensed Occupational Therapist	According to the methodology used and rates established in the Community Care Services Program and Outpatient Hospital Services (Attachment 4.19-B, Item R).
4.	Respiratory Care Services	Home	Licensed Respiratory Therapist	The rate established for respiratory care under the Model Waiver Services Program.
5.	Chiropractor	Office, Hospital	D.C.	50 th percentile of sample charges.
6.	Child and Adolescent Mental Health Services	Home, School, Therapeutic Foster Care, Child Caring Institutions (IMDs excluded)	Community Mental Health Centers and other providers who meet the standards of participation	Reimbursement for Community Mental Health Centers will be based on pre-established flat rates in a fee schedule by procedure code. Reimbursement for other providers will be based on reasonable costs from cost reports submitted annually by participating providers. The base period will be a state fiscal year. Rates will be set not to exceed actual costs adjusted for inflation. The inflation rate will be based on the DRI McGraw Hill Health costs: Regional Forecasts Tables.

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