




Georgia Department of Behavioral Health
& Developmental Disabilities

Judy Fitzgerald, Commissioner

Office of Information Technology

October 5, 2021

To: Chief Executive Officer
Community Behavioral Health Service Provider

From: John Quesenberry, Director 
Office of Decision Support and Information Management

Subject: New Housing Supports Program Implementation

The purpose of this memorandum is to communicate changes being made to the ProviderConnect system for a new program being implemented by the Office of Supported Housing. This information is only applicable to those providers who have been contracted for this new Housing Supports Program. The attachment provides details related to the authorization and claims payment for services rendered to individuals in this program.

These changes are described in the following attachments to this letter:

Attachment 1: Housing Supports Program Implementation Details

We request that you communicate the information in this letter as soon as possible to the appropriate personnel in your organization, including specifically: (a) clinical and utilization management staff and (b) billing managers, (c) any other staff responsible for authorizations and claims, and, if applicable, (d) your information system vendors.

Please direct questions concerning to the Georgia Collaborative ASO at GACollaborativePR@beaconhealthoptions.com. Should you have any other questions concerning this letter, please contact John Quesenberry at john.quesenberry@dbhdd.ga.gov.

As always, we appreciate your cooperation in providing complete, accurate, and timely data concerning the services you deliver.

c: Anna McLaughlin
Jessica Wilhite (Georgia Collaborative ASO)
Maxwell Ruppensburg
Letitia Robinson
Wendy Tiegreen

ATTACHMENT 1 – FY22.Q1 Housing Supports Program

Effective 8/1/2021, DBHDD is implementing a new service configuration for the Housing Supports Program. Providers contracted for this new program will be required to submit authorizations and claims for payment. Below are details to assist providers with implementing this in their local EMR or reporting through Provider Connect.

1. Authorizations

A new combination of care (HSUP) is being created for this program (see attachment 1). Providers will be required to request this combination of care when an individual is enrolled in the program. This combination of care should **NOT** be used for routine CORE services that are not being performed in the line of work for this program. Providers would continue to request the Non-Intensive Outpatient combination of care for routine CORE services. It will be critical that providers track these authorization numbers separately so that DBHDD can get an actual depiction of utilization for this new program when claims are submitted. Authorization requests may be submitted via Provider Connect or through exiting batch file processes directly to Beacon Health Options (ASO).

Beacon is currently working on the configuration for this new combination of care. It will likely not be available until 11/1/2021. However, providers will be able to retroactively enter authorization requests back to 9/1/2021 and submit claims for any services that were delivered as part of the Housing Supports program.

2. Claims Payment

When submitting claims to Beacon for state funded individuals or to GAMMIS for Medicaid covered individuals, providers **must** use the authorization number that was issued for the HSUP authorization. This will allow these claims to be tracked separate from other CORE services. When an individual has both HSUP and NIO or some other combination of care, providers should ensure they are billing the appropriate authorization number. This will allow DBHDD to identify these claims as part of the Housing Supports Program. It will be important that billing staff understand which authorization to bill for services rendered.

3. Tier 1 Provider Accumulators

For those providers who have CORE contract Maximum Reimbursement Levels (MRL), all claims paid for the Housing Supports Program will be deducted from the provider's annual contract cap accumulator. There will be quarterly adjustments made for those services that were billed using the HSUP authorization numbers. Thus, it will be important for appropriate finance staff who monitor accumulators to know that the accumulator amount will increase throughout the year but the CORE contract amount will remain the same.

4. CMO Covered Individuals

It is expected that providers will be enrolled on each CMO's panel to serve those with coverage by one of the managed care entities. For those individuals who have CMO coverage, providers will need to bill the CMO for services except for Community Transition Planning (CT1) as it is not covered by Medicaid. Any claims submitted to the ASO, with the exception of CT1, will deny due to CMO coverage.

FY2022 Behavioral Health Services
Housing Supports

revised: 8/1/2021

Level of Service	Type of Service	Level of Care	Type of Care Code	Type of Care Description	Service Class Code	Service Description	Initial Auth		Concurrent Auth		Max Daily Units	Place of Service
							Max Auth Length	Max Units Auth'd	Max Auth Length	Max Units Auth'd		
OP	MH, SU, MHSU	OP	HSUP	GHV Housing Supports	CMS	Case Management	180	140	180	140	24	11, 12, 53, 99
					PSI	Peer Support - Adult - Individual	180	520	180	520	48	11, 12, 53, 99
					PSR	Psychosocial Rehabilitation - Individual	180	300	180	300	48	11, 12, 53, 99
					ADS	Addictive Disease Support Services	180	100	180	100	48	11, 12, 53, 99
					CIN	Crisis Intervention	180	64	180	64	16	11, 12, 53, 99
					CSI	Community Support - Individual	180	100	180	100	48	11, 12, 53, 99
					CT1	Community Transition Planning	180	32	180	32	24	11, 12, 53, 99
					CL4	Community Residential Rehabilitation IV	180	36	180	36	8	11, 12, 53, 99