



February 3, 2006

Mr. Roger Perez
Acting Regional Administration
Centers for Medicare and Medicaid Services
Department of Health and Human Services
61 Forsyth Street, SW, Suite 4T20
Atlanta, Georgia 30303-8909

Dear Mr. Perez:

RE: Deferral Control Number GA/2005/2/E/01/MAP

This is in response to the January 13, 2006 deferral control number listed above deferring Therapeutic Residential Intervention Services (TRIS) submitted on Form CMS 64 for the quarter ended March 31, 2005. Information and documents to support these TRIS expenditures are submitted for your consideration. Please do not hesitate to call us if additional information is needed or helpful in your review. Additionally, we are available immediately to review the information with you if you desire.

1. CMS Issue: Provide a worksheet summary by facility reflecting the total cost, sources of funds (including private, State, Federal, and local revenue), number of employees and total number of patients.

Georgia Response: Attachment A provides the worksheet summary of the 2005 Cost Report information that reflects by provider, the total cost, sources of funds (including private, State, Federal and local revenue), and total number of patient days as well as number of children. The specific data requested was extracted from a more comprehensive worksheet of the cost report information. A similar worksheet summary is available for prior year cost reports.

The number of employees/full-time equivalent staff is included in the cost report information, but is not a data element that we routinely capture on the worksheet summaries. We will capture this data on the worksheet in the upcoming submissions. This information is found on page 2, Personnel Cost Detail of the cost reports by provider/program. Providers include the number of positions or FTEs by position title on this form, position title, as well as the personnel cost associated with the positions. At this point, we have pulled the Personnel Cost Detail sheet from the cost reports and are forwarding them to you for your review (Attachment B).

(Time study information discussed below also has full-time equivalent positions. The time study FTEs will be different from the total FTEs in that the time study includes only those employees or contractors that provide direct care and/or treatment services to children.)

2. CMS Issue: Provide complete time study documentation used to develop facility rates including the definitions of the time study codes used, and the procedures used for determining the Medicaid percentage in each participating facility.

Georgia Response: A two-week fifteen minute increment time study is conducted annually by the TRIS participating providers contracting with the Department of Human Resources and Department of Juvenile Justice. The time study is integrated with the data from the annual cost report to allocate cost to appropriate activities. The total number of employees by FTE is recorded on the personal service schedule of the cost report. Those employees who work directly with children in the program participate in the time study.

Each year before the start of the time study mandatory training is conducted with all contractors to review instructions for completing both the time study and cost report. Detailed instructions and forms are also provided at the training. The contractors are instructed to follow this process for the Time Study:

- a. Identify time study participant staff and record their names, job classification, and FTE on the participant roster. For the upcoming time study, we are also requesting degree information for time study participants.
- b. Provide each participating staff member with the two week activity log and list of children served.
- c. The employee records a code for each fifteen minute increment of time worked. Employees are to be trained to understand the codes using the detailed definitions found on pages 4 through 6 of the time study instructions. Time study code definitions found in the instructions are:

CODE A. LEAVE, BREAKS, MEALS

Code A should be used whenever the staff person is on leave during the log day, or whenever the staff person is taking a break for personal time or a meal. Leave time is recorded only on scheduled workdays. If the day is a non-work day, leave the column blank. If the employee was on sick or vacation leave during a scheduled workday then code one shift as A.

CODE B. GENERAL ADMINISTRATION

Code B should be used when the staff person is performing activities, which are necessary managerial functions of the program under study. Examples of such activities include:

- Executive direction and supervision;

- Secretarial and clerical support;
- Bookkeeping and fiscal management; and,
- Staff training.

CODE C. FUND RAISING, RESEARCH, OR OTHER ACTIVITIES

Code C should be used if the staff person is engaged in fund raising activities, research, religious activities, or in program development or other activities not related to the program under study. This code would also be used for any activities that are billed directly to Medicaid.

CODE D. ROOM AND BOARD

Code D should be used when the staff person is performing any activity, which contributes to providing the residents with housing, food, clothing, school supplies, or personal incidentals. Examples include:

- Night staff who are awake while children are sleeping and who are not engaged in treatment, milieu management, or administrative functions;
- Cooking, shopping, cleaning, housekeeping, laundry, janitorial activities;
- Maintenance activities related to the grounds, vehicles or equipment; and
- Any travel or paper work related to these activities.

CODE E. TREATMENT PLANNING AND SUPPORT

Code E should be used when the staff person is assisting a child gain access to necessary care and services as outlined in the child's treatment plan. This category is an integral and inseparable part of rehabilitation treatment service. Examples of this type of activity include:

- Intake and Assessment: Identifying the child's medical, social, educational, and other needs through face-to-face contact with the child, the child's family, and through consultation with other providers;
- Development of the Plan of Care: Determining what services and resources are necessary to meet the child's identified needs with the child, family, guardians or other providers, and how they can be best provided;
- Coordination and Advocacy: Facilitating the client's access to the services and resources identified in the care plan. This includes preparation or participation in any judicial proceedings, referral and follow up services, arranging and attending case conferences, arranging home visits, discharge and aftercare services; and
- Any travel or paper work related to these activities.

CODE F. LIFE SKILLS DEVELOPMENT

Code F should be used when the staff person is performing client-centered activities directed at reducing mental disabilities of the child in care and restoring the child to his/her best possible functioning level. The child is helped to become responsible for his/her own actions and to be sensitive and considerate of other program participants. This category of activities is an integral and inseparable component of rehabilitative services. Examples of activities in this category include:

- Ensuring the health, safety, and well-being of the child;
- Ensuring that the child's behavior is consistent with the overall treatment plan;
- Providing guidance and direction to children in coping with the problems of day-to-day living;
- Supervising the children in productive work, play and recreational activities;
- Monitoring the child's interaction with peers and staff;
- Establishing limits and ensuring that children follow the "house rules;"
- Teaching restorative independent living skills to facilitate the child's transition from therapeutic residential care to more independent living; and,
- Any travel or paper work related to these activities.

CODE G. COUNSELING, THERAPY, CONSULTATION, ASSESSMENTS

Code G should be used when the staff person is providing individual, group or family counseling or therapy that is not being direct billed to Medicaid. The purpose of the activity is to ameliorate or remedy personal problems or behaviors and to restore the child to his/her best possible functioning level. This code also includes psychiatric/psychological evaluations and assessments. Examples of activities in this category include:

- Counseling or therapy to help with a child's adjustment in the program;
- Counseling or therapy with the child to change specific behaviors;
- Counseling or therapy with the child and his or her family to resolve the difficulties that led to the need for placement;
- Any consultation related to the treatment or counseling issues; and
- Any travel or paperwork related to any of the activities in this code.

CODE H. MEDICAL TREATMENT

Code H is used when the activity is performed by a staff person licensed under state law as a medical professional, administering medical procedures or treatment and is not billed to Medicaid. Typical activities would be:

- Medication administration;

- Medication reviews, writing of prescriptions;
 - Exams and diagnosis; and,
 - Medical treatment.
- d. The employee records once the name of each child served in the two week period and the child's assessed level of care. Children not placed by DHR or DJJ – such as private pay, are noted without name as for example private pay child #1 and recorded as N/L for not leveled.
 - e. At the end of the two week sample the employee sums the codes and children served by level and signs the time study sheets, a supervisor reviews and signs the sheets.
 - f. The census of DHR and DJJ children providing identifying data is prepared.
 - g. The List of Participants, Activity Logs and Child Lists by worker and Census of Children placed by DHR and DJJ are assembled and sent to DHR for logging.
 - h. The coded summary data from the activity logs and child served lists are reviewed and recorded with program identifying codes in the Time Study data worksheet.

Codes E,F, G and H are therapeutic time. Code D is custodial care/room and board . Code C is activity not allowable for claiming and codes A and B represent administrative time to be allocated by program activity.

Attachment C is one complete set of time study information from one contractor, The Bridge, in the time study completed February 2005, and the Time Study data spreadsheet (Attachment D, Excel file titled *gadfcc ts codes 06*) with the pivot table used to link program time with cost report information on the cost finding worksheet. For 2005 there were 4,082 worker activity and child lists recorded from 153 programs. The documentation from The Bridge is a complete copy of the participant list, worker activity logs and child served lists and census of DFCS and DJJ children. We have original source documentation in the DHR office at 2 Peachtree for the data in the Time Study spreadsheet. Also attached is the detailed Time Study instruction for the same year (Attachment E).

The cost report provides direct and allocable costs by activity. The time study result is used to distribute the allocable costs reported in the time study columns of the cost report and allocated to the time study cost as a percentage of total costs reported. For example, if 25 % of the provider/program time study summary related to room and board costs, 10% to medical, 15% to counseling and therapy, 25% to like skills development, 5% to unallowable and 20% to administrative codes these percentages would be applied to the total allowable cost to determine the amount of the time study cost allocable to cost centers. The TRIS unit of service treatment rate does contain a portion of the provider's allowable administration costs essential to the delivery of TRIS.

A detailed description of the column by column calculations in the cost finding spreadsheet is included in Attachment F titled Description of Spreadsheet: GA Cost Find 05. This worksheet incorporates summary information from the time study file.

3. CMS Issue: Cost report instructions for allocating and determining TRIS cost and non Medicaid cost per facility.

Georgia Response: Cost Report instructions and related forms to be completed by providers are included in Attachment E. The cost report provides information on costs to allocate by category of expense. Cost report instructions provide specific detail on the capture of unallowable costs, which are not included in the computation to arrive at an allowable unit of service. Program licensure capacity and functional capacity are captured in the cost report information. Actual children served, as well as total child days are captured. Service day detail by purchaser type (state DFCS, DJJ, Level of Care, or DFCS/DJJ days prior to Level of Care Annual; state mental health; private, etc) is captured. Total service days are compared to licensed program capacity and functional program capacity. To the extent that a provider/program is not operating at 85% capacity for most programs, and 75% for child emergency and assessment centers, service days are adjusted to 75% or 85% of functional capacity to minimize cost associated with underutilized capacity or services. The actual service days or adjusted service days are divided by total allowable costs to derive a unit of service cost. Cost detail is captured by the following types of expenses: administrative, room and board, property and occupancy, payments to foster parents, consumable supplies, equipment, travel, consultant, counseling or therapy, medical treatment and unallowed. Education costs are captured separately, as they are considered unallowable for distribution to room and board or treatment costs. Certain costs are reported as direct charges, while others such as fringe benefits and costs associated with the time study staff require allocation. A bookkeeper's salary would be direct charged to administration, while another position may work on several activities and would need to be included in the time study. Costs are classified by allowable and unallowable by: administrative, time study, room and board, counseling and therapy, medical, and education. Time study salaries/costs are distributed on a percentage basis to these cost categories – including administration and unallowable - based on the provider summaries of percentage of 15-minute increments of time reported for each of the categories.

Administrative, property and occupancy are spread on a percentage basis to room and board and treatment related costs to arrive at a cost for room and board and treatment. Education costs are captured separately. Cost information is then used to inform the rate setting process which may be established on a statewide basis, class basis or individual provider basis. Rates are set on an individual provider basis, at a percentile of costs, or a median cost or median cost plus to ensure that rates are reasonable and encourage efficiency and do not exceed allowable costs.

4. CMS Issue: Methodology used for determining TRIS activities eligible for Medicaid administration.

Georgia Response: Only the provider's costs are considered in the annual rate determination process. There are no administrative costs of DHR or DJJ incorporated in these calculations. Cost report and time study information is used to compute a unit of service rate by provider groupings of similar program licensure type that are serving similar child service needs. Total allowable costs and the total number of days of service are considered in calculating unit of service rates. Total days of service provided (children eligible for Medicaid as well as all other children served by the provider) is compared to the licensed capacity, and to functional or staffed capacity. A utilization adjustment is applied to those programs that are not operating at 75 – 85 percent of functional capacity such that we do not pay for under-utilized capacity. In accounting for total allowable costs, and 100% of the children served by the provider (which may be adjusted for utilization as necessary) the resulting unit of service rate would apply to all authorized children receiving TRIS through a contractual arrangement with DHR or DJJ whether they are eligible for Medicaid or not. Medicaid claims for TRIS would only be submitted for Medicaid eligible children. Allowable provider administrative costs are allocated to cost centers including: room and board, treatment services, education and unallowable costs. The TRIS unit of service treatment rate does contain a portion of the provider's allowable administration costs essential to the delivery of TRIS. The majority of children served by contracted providers of TRIS services are Medicaid eligible.

5. CMS Issue: Protocols used by DCH to monitor the quality, efficiency, and effectiveness of the TRIS program.

Georgia Response: The DCH provides a single point of contact for the TRIS program, currently Maya Carter, to provide on-going guidance, technical assistance, oversight and project coordination for TRIS. She is actively involved in program and policy issues and provision of technical assistance. As the single state agency responsible for these services, DCH ensures that policies and procedures for the TRIS program are in place and establish provisions to ensure that providers are in compliance. DCH, DHR and DJJ, in conjunction with the Governor's Office of Planning and Budget monitor the program's expenditures. Through DCH contractual agreement with the DHR and DJJ as enrolled TRIS providers that may subcontract for TRIS services, DCH requires the following to monitor the quality, efficiency, and effectiveness of TRIS, requiring that:

- a. All rendering providers or subcontractors of TRIS have met applicable standards set by the State, that they maintain an appropriate State license, that they have a signed contract with DHR or DJJ to provide TRIS, and that providers comply with the policies and procedures governing the provision of services as set forth in the Policies and Procedures for TRIS.

- b. TRIS services are prior authorized by DHR or DJJ, and that these services are appropriately authorized by practitioners of the healing arts.
- c. Semi-annual utilization reviews of children served by TRIS be conducted by practitioners of the healing arts to assure that services are provided in accordance with the clinical recommendations, that treatment needs are reviewed, and that a revised utilization review summary is developed and services are reauthorized by DHR or DJJ.
- d. Site inspections of potential providers are made to review and approve licensure of programs according to applicable State licensing rules and regulations. Additionally, periodic on-site inspection of all licensed TRIS providers is made to determine compliance with applicable state licensing rules and regulations. These inspections are generally conducted on an annual basis with additional visits conducted for newly-licensed providers, or to follow up on findings of non-compliance or in response to complaints.
- e. In addition to the licensure screening and approval described above, once a potential provider has received an appropriate license, the DHR or DJJ are required by DCH to screen and approve rendering potential providers of TRIS to ensure that their program and services comply with TRIS program standards and requirements.
- f. Cost report and time studies be conducted annually, in conjunction with receipt and review of the provider's annual certified audit report, to inform the rate setting process to establish rates that are reasonable and adequate to meet the costs of efficient and economically operated services and to ensure reasonable access.

The DCH has procedure and system edits in place to ensure that TRIS services for which Medicaid reimbursement is claimed are only incurred for Medicaid eligible children, and other system edits are in place to ensure appropriate claims processing, including third party liability compliance.

- 6. CMS Issue: The total number of full time employee (FTEs) on staff, and the number of FTE's who are licensed to provide mental health rehabilitation services at each facility.

Georgia Response: The total number of full time employee (FTEs) on staff is included in Column AB of Attachment A. The time study includes the FTEs that are involved in direct care and/or treatment services. The number of FTEs who are licensed to provide mental health rehabilitation services at each facility is not readily available. As stated in our November 14, 2005 correspondence to you, we indicated that TRIS rehabilitative services are provided by the licensed or certified providers. It is the provider that is licensed to provide the service, and state licensure requirements set forth the staff qualifications for services. Individual licensed practitioners are not required when they are providing services under the auspices of the licensed entity to provide this service. Within broad national guidelines established by Federal statutes, regulations, and policies, each State (1) establishes its own eligibility standards; (2) determines the type, amount,

duration, and scope of services; (3) sets the rate of payment for services; and (4) administers its own program. As allowed, licensure and program standards indicate the personnel qualifications required and supervision requirements to provide TRIS rehabilitative services.

Licensure requirements for staffing are as follows by program type:

CHILD CARING INSTITUTION STAFFING QUALIFICATION REQUIREMENTS

290-2-5-.08 ADMINISTRATION AND ORGANIZATION

(3) Director. The governing body of the institution shall designate a director who shall be authorized to manage the institution.

(a) Any director employed on or after the effective date of these rules shall possess at least one of the following qualifications:*

1. A masters degree from an accredited college or university in the area of social sciences, social work, childhood education, or business or public administration or a related field plus two years experience in the field of child care;*
2. A bachelors degree from an accredited college or university in the area of social sciences, social work, childhood education, or business or public administration or a related field plus four years of experience in the field of child care.*

(b) Any director employed on or after the effective date of these rules must meet the following additional minimum qualifications.*

1. Never have been shown by credible evidence (e.g. a court or jury, a department investigation, or other reliable evidence) to have abused, neglected, sexually exploited, or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral or written statement to this effect obtained at the time of application; and*
2. Participate in the orientation and training required by these rules; and*
3. Not have made any material false statements concerning qualifications requirements either to the department or the proposed licensee.*

(6) Staffing. The institution shall have sufficient numbers of qualified staff as required by these rules to provide for the needs, care, protection, and supervision of children. All staff and volunteers shall be supervised to ensure that assigned duties are performed adequately and to protect the health, safety and well-being of the children in care.*

(b) Human Services Professionals. The institution shall have designated human service professionals to provide services to children and their families. Within six

months of the effective date of these rules, there shall be one human services professional employed for every thirty children in care or fraction thereof. However, a human services professional assigned referral and intake duties and responsibilities shall provide services to not more than twenty children. The institution's director, if qualified by education, may perform the duties of a human services professional. (During the phase-in period of this rule, there shall be one human service professional employed for every 36 children in care or fraction thereof, and a human service professional assigned referral and intake duties and responsibilities shall provide services to not more than 25 children or fraction thereof.)

1. Any human services professional employed on or after the effective date of these rules shall either:

- (i) possess a bachelor's degree from an accredited college or university in social work, psychology, childhood education, education counseling and psychology, or a related field and either have two years experience in the field of child care or be supervised by another Human Service Professional with a master's degree in one of the above disciplines; or
- (ii) possess a master's degree from an accredited college or university in one of the above disciplines.

(c) Child Care Workers. The institution shall have designated child care workers to supervise children and be responsible for living units where the children reside.*

1. There shall be one child care worker for every ten children, or fraction thereof, in a living unit.

2. Any child care worker shall be at least 21 years of age and possess a high school diploma or general education diploma (GED) and have current evidence of successful completion of a biennial training program in cardiopulmonary resuscitation (CPR) and a triennial training program in first aid which have been offered by certified or licensed health care professionals. Such training programs shall be completed within the first year of employment.*

CHILD PLACING AGENCY STAFFING QUALIFICATION REQUIREMENTS

290-9-2-.04 Agency Personnel.

(1) The Agency shall have the administrative and professional service staff necessary to provide the services it is authorized to provide. Agencies operating multi-state programs under the supervision of an Executive Director who resides outside of Georgia shall employ an assistant director to whom the responsibility for administration of the Georgia program shall be delegated.

(2) Executive Director. The Executive Director or assistant director with responsibility for the administration of the Georgia program shall have as a

minimum a Bachelor's degree and two years administrative experience in the field of human services. If the Executive Director or assistant director is responsible for supervision of casework services or provides direct placement services he/she shall also meet the educational and experience requirements for a caseworker supervisor.

(3) The Executive Director or the assistant director with responsibility for the administration of the Georgia program shall:

- (a) Be a full-time resident of the State of Georgia;
- (b) Be responsible for administration of policies and procedures established by the Board for operation of the Agency;
- (c) Be responsible for preparation, or assisting in the preparation of the annual budget, and control of expenditures according to budget allowance;
- (d) Be responsible for personnel matters including hiring, assigning duties, in-service training, supervision, evaluation of staff and terminations;
- (e) Be responsible for professional leadership and technical consultation to the Board, determination of policy, and for periodic evaluations of the Agency's performance in terms of the conditions of licensure;

(4) Casework Supervisor. There shall be at least one casework supervisor employed by the Agency.

- (a) The casework supervisor shall have the minimum qualifications of a master's degree from an accredited college or university in social work, psychology, childhood education, education counseling and psychology, or other human service or behavioral science field, with a minimum of two years of casework experience in a Child-Placing Agency.
- (b) The Executive Director or assistant director may perform this function if qualified.
- (c) The casework supervisor shall be responsible for the supervision of the placement services provided by the agency, and for the designation of approval for adoptive and foster families.

(5) Caseworker(s). There shall be at least one caseworker employed by the Agency.

- (a) The caseworker shall have the minimum qualification of a bachelor's degree from an accredited college or university.
- (b) The caseworker shall provide direct placement services and supervision following placements.
- (c) A casework supervisor may perform this function.

OUTDOOR THERAPEUTIC STAFFING QUALIFICATION REQUIREMENTS:

290-2-7-.04 Personnel. Amended.

- (1) The Therapeutic Camp shall employ and provide training and supervision for an adequate number of staff necessary to ensure the health and safety of the campers in its care.
- (2) Therapeutic Camps shall have written job descriptions which specify what duties employees are expected to perform. A copy of the job descriptions shall be available to employees and to the Department.
- (3) The Administrator or Executive Director shall have a masters degree from an accredited college or university and a minimum of three years of increasingly responsible experience in the human service, mental health or health care field, or a Bachelors Degree plus 5 years experience in the field of child care, human services, mental health, at least 2 of which includes supervisory and/or administrative responsibility.
- (4) The Administrator shall be responsible for implementing the policies adopted by the Governing Body, the on-going operation of the Therapeutic Camp, and compliance with the "Rules and Regulations for Therapeutic Camps."
- (5) The Administrator or his/her designee (qualified under subparts (3), (7), or (9) hereof) shall be present and responsible for the operation of the camp at all times. Staff on duty shall be made aware of the designated person.
- (6) There shall be a written plan for staff supervision of the therapeutic groups. The plan shall include the line of supervision, support staff, their location and accessibility.
- (7) The staff member with primary responsibility for planning, developing, implementing treatment services, supervising staff who deliver the treatment and ancillary services, and developing in-service training shall have a master's degree in psychology, social work, education or other related fields and experience and/or training in working with children in an outdoor therapeutic environment.
- (8) Each Therapeutic Camp shall have a social service worker on staff.
- (9) The social service worker shall have at least a Bachelor's Degree from an accredited college or university. Social service workers with less than formal graduate training in social work shall have a minimum of an average of two hours per week supervision/consultation from a professionally trained (MSW) social worker or person with equivalent professional training.
- (10) Each Therapeutic Camp shall employ or contract with an adequate number of qualified staff who provide professional services, e.g., physicians, dentists, psychiatrists, psychologists, teachers, nurses, recreational therapists and other specialists as those services may be appropriate or needed to provide the treatment program. All specialists used by the Camp shall be qualified and/or licensed in their respective professional fields.
- (11) The Therapeutic Camp shall have staff coverage throughout the 24-hour period.
 - (a) There shall be at least one child care staff on duty at all times with each therapeutic group for every 8-10 campers.
 - (b) Supervisory staff shall be accessible to campers and to child care staff 24 hours per day.
 - (c) If volunteers are used as a supplement to child care staff, they shall meet the same requirements as the regular child care staff.

(d) Teachers who supervise campers' activities may be counted in the staff-camper ratio during the time they are responsible for a group.

INTENSIVE RESIDENTIAL TREATMENT FACILITIES FOR CHILDREN AND YOUTH : STAFFING QUALIFICATION REQUIREMENTS

.....
290-4-4-.04(5) Personnel

(a) Composition. The composition of the staff shall be determined by the needs of the patients being served and the goals of the facility, and shall have available a sufficient number of mental health professionals, child care workers and administrative personnel to meet these goals.

1. The administrator of the facility shall have a masters degree in administration or be of a professional discipline related to child and adolescent mental health and have at least three (3) years' administrative experience. A person with a baccalaureate degree may also qualify for administrator with seven (7) years' experience in child and adolescent mental health care with no less than three (3) years' administrative experience. Persons occupying this position when standards are accepted shall be grandfathered in, based on experience, etc.

2. The clinical director shall be at least board eligible in psychiatry with experience in child and adolescent mental health;

3. If the clinical director is not full time, then there shall also be a full-time service coordinator who is a professional person experienced in child and adolescent mental health and is responsible for the coordination of treatment aspects of the program;

4. Mental health professionals shall include, but are not limited to, child psychiatrists, qualified psychologists, qualified social workers and qualified psychiatric nurses. These persons, if not a full-time basis, must be on a continuing consulting basis. The authority and participation of such mental health professionals shall be such that they are able to assume professional responsibility for supervising and reviewing the needs of the patients and the services being provided. Such individuals shall participate in certain specific functions, e.g., assessment, treatment planning, treatment plan and individual case reviews, and program planning and policy and procedure development and review.

5. Other professional and paraprofessional staff shall include, but not be limited to, other physicians, registered nurses, educators and 24-hour a day child care staff. Also included on a regular staff basis, or as consultants on a continuing basis, shall be activity therapists and vocational counselors; and

6. Consultation shall be available as needed from dietitians, speech, hearing and language specialists, etc.

MINIMUM STANDARD FOR LEVEL OF CARE PROVIDERS

For children assessed as needing levels 2 through 5 services, the program Minimum Standards for Level of Care Providers staffing standards require more stringent staffing qualifications and standards for TRIS Providers. Excerpts from these standards are as follows:

Specialized Standards for Level of Care Providers Child Caring Institutions

The following standards are for child caring institutions serving children with Level One through Level Five needs. The provider must have a Child Caring Institution (CCI) license and be on an approved list of DFCS, Mental Health or DJJ providers.

These Specialized Standards for Levels Two through Five build on the CCI rules and regulations and reflect the increasing needs and service requirements of the children at each level. The chapter numbers correspond with those in the CCI rulebook.

See Rules and Regulations for Child Caring Institutions

290-2-5-.08 Administration and Organization

(3) Director

Levels Two and Three

1. The Director must have a master's degree in the area of social sciences, social work, or childhood education or a related field from an accredited college or university and three years of experience in the field of child care; or a bachelor's degree in the areas listed and five years of experience in the field of child care.
2. Ideally, the Director should not serve in any other capacity, particularly as the Human Service Professional (HSP). In determining the appropriateness of this dual role, the agency should consider what other supports are available throughout the organization. If the agency is a stand-alone, not connected to a larger organization, the director may not serve as the HSP for more than eight children. The Director must meet the HSP requirements for education and experience listed under Levels Two and Three (6b).

Levels Four and Five

1. The Director must have a master's degree in behavioral or social science, social work, or a related field, from an accredited college or university and a minimum of five years of increasingly responsible experience in the human service, mental health or health care field, at least three of which have been in an administrative or supervisory capacity.
2. The Director must not assume another position within the agency.

Note: If the number of children with Level Four needs is less than 25% of the population in the facility, the Level Two and Three standards for the Director apply.

(6) Staffing

(b) Human Services Professional (and related staff)

Levels Two and Three

1. There must be one Human Services Professional (HSP) who is responsible for providing and/or coordinating ancillary, social and treatment services for no more than 20 children.
 - a. An HSP assigned to admissions and intake may be responsible for no more than 16 children.
 - b. The HSP must have i) a master's degree in social work, psychology, childhood education, education counseling or psychology or a related field and one year of child care experience or ii) a bachelor's degree in one of the above disciplines, a year's experience in child care and is supervised by a master's level professional.
2. The program has documented access to or contracts with a Georgia licensed clinical psychologist who is available, as needed, to provide direct services, including testing, for the children and consultation and support to program staff.
3. The program has documented access to or contracts with a Georgia licensed psychiatrist who is available, as needed, for the provision of direct services, including prescribing psychotropic medication, and consultation and support to program staff.
4. The program has documented access to or contracts with other licensed or certified professionals, such as speech therapists, audiologists, physical therapists, occupational therapists, local mental health and so forth, as needed to implement the individualized service plan.

Levels Four and Five

1. There must be one Human Services Professional (HSP) who is responsible for providing and/or coordinating ancillary, social and treatment services to no more than 18 children.

- a. An HSP assigned to admissions and intake may be responsible for no more than 14 children.
 - b. The HSP must have i) a master's degree in behavioral, social science, social work, or a related field with one year paid experience in mental health or human services in the area of child and adolescent services, or ii) a bachelor's degree in behavioral, social science, social work or a related field and three years paid experience in the human services or mental health field in the area of child and adolescent services.
 - c. An HSP who does not meet the qualifications as a Mental Health Professional (see Appendix B) must receive one hour a week of supervision from an MHP.
 - d. In an agency with 18 or less children, the HSP must meet the MHP qualifications.
2. A Georgia licensed Registered Nurse is available on a full-time or part-time (less than 30 hours per week) depending on the needs of the children being served. There must be at least one part-time nurse for each agency serving up to 39 children. There must be at least one full-time nurse if the agency is serving more than 40 children.
 3. A Georgia licensed clinical psychologist is available on a full-time, part-time or consultative basis and is responsible for:
 - a. Diagnosis, admission certification, treatment service planning, and the provision of direct services;
 - b. Psychological testing;
 - c. Participation in staff development and training, consultation and case staffings.
 4. A Georgia licensed psychiatrist is available on a full-time, part-time or consultative basis. The psychiatrist is responsible for:
 - a. Diagnosis admission certification, treatment service planning, and the provision of direct services;
 - b. Evaluating, prescribing, and monitoring all psychotropic medications;
 - c. Participating in staff development, consultation with treatment staff and case staffings; and
 - d. Participating in the planning, development and implementation of the agency's program and the evaluation of program effectiveness.
 5. The program employs or contracts with other licensed or certified professionals, such as speech therapists, audiologists, physical therapists, occupational therapists and so forth, as needed, to implement the individualized service plan.

Note: For those professionals listed in items 2 through 5 who are not employees of the agency, there must be a current letter of agreement or contract on file defining the services they are providing.

(c) Child Care Workers

Levels Two and Three

1. The provider should constantly assess the adequacy of the ORS 1:10 staff to child ratio (1:8 for emergency shelters) based on the percentage of children with Level Three needs being served in the program.
2. Relief staff must have the same qualifications as regularly assigned child care staff.
3. If only one child care worker is on duty, day or night, there must be a designated, proximate back-up person on-call at all times in case of an emergency. The back-up person must be listed on the daily schedule.

Levels Four and Five

1. The child care worker must have experience working with children.
2. The child care worker to child ratio is 1:8 during the day. The ratio at night may be 1:10 unless the program is serving children who require constant supervision e.g. children with histories sexual offending, chronic running away. Under that circumstance, the ratio should be a minimum of 1:8.

Specialized Standards for Level of Care Providers: Child Placing Agencies

The following standards are for providers serving children with Levels Two through Five needs in family foster care. The provider must have a Child Placing Agency license and be on an approved list of DFCS, Mental Health or DJJ providers.

These Specialized Standards for Levels Two through Five build on the Child Placing Agency rules and regulations and reflect the increasing needs and service requirements of the child at each level. The chapter numbers correspond with those in the CPA rule book.

Note: It may be possible to serve a child with Level Six needs in a foster home depending upon the services and supports that can be provided and the skills and experience of the foster family.

See Rules and Regulations for Child Placing Agencies

290-9-2-.04 Agency Personnel

(2) Executive Director

Levels Two and Three

The Executive Director must have a bachelor's degree in behavioral or social science or a related field, such as special education, from an accredited college or

university and a minimum of three years of experience in human service or mental health, with at least one year as an administrator or supervisor.
Levels Four and Five

The Executive Director must have a master's degree in behavioral or social science or a related field, such as special education, from an accredited college or university and a minimum of five years of experience in the human service or mental health field, with at least three years as an administrator or supervisor.

(4) Casework Supervisor

Levels Two and Three

The Casework Supervisor must have a master's degree in social work, psychology, special education, guidance counseling or other human service or behavioral science field and a minimum of three years paid experience in child and adolescent mental health or human services.

Levels Four and Five

The Casework Supervisor must meet the qualifications of a Mental Health Professional (MHP) and have a minimum of three years paid experience in child and adolescent mental health or human services.

(5) Caseworker

Levels Two and Three

The Caseworker must have a bachelor's degree in social work, psychology, special education, guidance counseling, or other human service or behavioral science field plus two years of direct service experience with children and families, or a master's degree in one of the aforementioned areas.

Levels Four and Five

The Caseworker must have a bachelor's degree in social work, psychology, special education, guidance counseling, or other human service or behavioral science field plus three years of direct service experience with children and families, or a master's degree in one of the aforementioned areas and one year of direct service experience working with children and families.

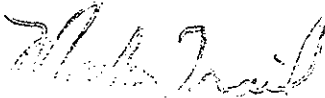
Mental Health Professionals

Mental health professionals are involved in the treatment service delivery for children served in TRIS. The following are considered to be mental health professionals who often function in job titles other than their discipline titles:

1. Psychiatrist – A licensed M.D. or DO. Who has completed a residency in psychiatry approved by the American Board of Psychiatry and Neurology.
2. Psychiatric Nurse – A registered nurse, licensed in Georgia, who holds a master's degree from a school of nursing of recognized standing with a specialty in psychiatry or mental health.
3. Physician – A person who is licensed to practice medicine in Georgia.
4. Social Worker – The holder of a master's degree in social work from an accredited university, and with documentation of supervised clinical experience in field placements.
5. Clinical Psychologist – A holder of a doctoral degree in psychology from an accredited university or college and who is licensed in the State of Georgia.
6. Master or Doctoral Degree Holders – In one of the behavioral or social sciences that is primarily psychological in nature, and documentation of supervised clinical experience in an internship/practicum placement program, and/or those persons licensed in Georgia to practice independently.
7. Any other person having professional education, training, and/or experience in another mental health discipline or behavioral science that is deemed equivalent to those described in one through six above provided that: prior individual equivalency status is approved, and documented, with written approval, by the Director and Medical Director of the agency and the agency's identified quality improvement process.

As indicated above we believe the staffing requirements and program standards and operations of TRIS are appropriate and within the broad national guidelines established by Federal statutes, regulations, and policies. As allowed, licensure and program standards indicate the personnel qualifications required and supervision requirements to provide TRIS rehabilitative services.

Sincerely,



Mark Trail, Chief
Medical Assistance Plans

ATTACHMENTS

- A: Summary Worksheet by Provider with Total Cost, Revenue, Child Days and Children Served (Paper and e-file: CMS Req Data 33105)
- B. Provider Personnel Cost Detail worksheets (paper only)
- C. Time Study Submission example for the Bridge (paper copy)
- D. E-file (only): Time Study data worksheet: gadfcs ts codes 06 (Excel)
- E. Time Study and Cost Report Instructions (paper copy and e-file: Word)
- F. Description of Time Study and Cost Report Spreadsheet (paper copy and e-file: Word)

Attachment A - Worksheet Summary by Provider - Column Descriptions

Column	Heading	Description
	R_	Reported Data from Cost Reports
A	W_COST RPT CODE	Provider Cost Report Code
B	TIME STUDY CODE	Provider Time Study Code
C	R_PARENT AGENCY	Parent Agency
D	R_PROGRAM	Program Name
E	TOTALS ALL COST	Total All Costs, Allowable and Unallowable
	R_COST EXCLUDES Pg 5	
F	UNALLOW	Costs, Excluding Page 5 Cost Report Unallowables
G	R_REVUSDA	Revenue - USDA (US Dept of Agriculture)
H	R_REV FED GRANTS	Revenue - Federal Grants
I	R_REVFDED	Revenue - Education
J	R_LOC DFCS LEVEL OF CARE	Revenue - Level of Care (LOC) DFCS
	R_MATCH FUNDS (DFCS	
K	ONLY)	Revenue - Match Funds (DFCS Only)
L	R_REV DFCS OTHER	Revenue - DFCS Other
M	R_REVDJJ LOC	Revenue - Dept of Juvenile Justice (DJJ) Level of Care
N	R_REV DJJ ALL OTHER	Revenue - DJJ All Other
O	R_REVMH	Revenue - Mental Health
		Revenue - MAAC (Multi Alliance Agency for Children - LOC provider)
P	R_REVMAAC	
	R_REV OTH PUBLIC (LOCAL,	
Q	SSI, OTH STATES)	Revenue - Other Public (Local, SSI, other states)
R	R_REV PUBLIC TOT	Revenue - Public Total
S	R_REVUWA	Revenue - UWA
T	R_REV DONATIONS	Revenue - Donations
U	R_REV INT/DIV	Revenue - Interest/Dividends
V	R_REV FEE	Revenue - Fees
W	R_REV PRIV OTH	Revenue - Private Other
X	R_REV DONATED SERVICES	Revenue - Donated Services
Y	R_REV PRIV TOT	Revenue - Private Total
Z	R_REVTOT	Revenue - Total
AA	R_TOTAL DAYS PROVIDED	Total Patient Days of Service Provided
AB	R_TOTAL CHILDREN SERVED	Total Children Served