



FOLLOW-UP REVIEW • REPORT NUMBER 23-05 • JUNE 2023

Behavioral Health Providers and Practitioners Issues have been partially addressed

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Why we did this review

This follow-up review was conducted to determine the extent to which the Department of Behavioral Health and Developmental Disabilities (DBHDD), Department of Community Health (DCH), Department of Human Services (DHS), and the General Assembly have addressed recommendations presented in our December 2020 special examination (Report #20-13).

The special examination assessed duplications faced by behavioral health care entities. The examination identified actions that could reduce duplication and cost to the entities and determined whether licensure requirements were outside norms.

About Behavioral Health Care in Georgia

Behavioral health practitioners offer services in a clinical setting and include counselors, therapists, nurses, physicians, and psychologists. They must be board-licensed to practice.

Behavioral health providers are individuals or groups working in settings such as clinics, Community Service Boards, or hospitals.

To serve Medicaid clients, providers and practitioners must be approved through multi-step processes overseen by the Department of Community Health and the Department of Behavioral Health and Developmental Disabilities.

Behavioral Health Providers and Practitioners Issues have been partially addressed

What we found

Since our 2020 special examination, DCH and DBHDD have taken steps to address report findings related to the provider application and prequalification processes; however, opportunities for improvement still remain. The General Assembly has not made changes to legislation related to the “Rap Back” program or the Drug Abuse Treatment and Education Program (DATEP); however, DCH indicated that it continues to evaluate ways to provide an exemption based on provider enrollment for DATEP providers.

Background Checks

As recommended in our special examination, DHS evaluated the possibility of waiving background checks for individuals who receive federally mandated background checks; however, DHS determined that under federal law it was not able share federal background checks with other agencies. The General Assembly has not modified “Rap Back” legislation, which would allow other agencies to retain employee and contractor fingerprints with the Georgia Bureau of Investigation’s Georgia Criminal Information Center for continuous criminal history status during employment.

Application Process

As recommended in our special examination, DCH has taken steps to track and analyze the applications in its review process. DCH created an online portal that serves as a single point for all applications, shortened the application, and can now track application progress through the review process. The application tracking and information management process allows DCH’s Healthcare Facility Regulation Division (HFRD) to track how long an application is pending, identify missing information, and follow up with providers who are applying. DCH is working to develop metrics and goals for the application review process, though it has already established a 60-day baseline for measuring application progress.

In response to our recommendation, DBHDD established a workgroup to evaluate the possibility of allowing electronic submissions for pre-qualification documents, though limited action has occurred to date. This workgroup has a goal of creating a portal to allow a new or existing provider to complete the credentialing process electronically. While the workgroup began work in early 2021, work was paused due to the pandemic and other priorities; however, monthly meetings have recently resumed. DBHDD's contractor has identified staff, documented the workflows and paper application needs, and considered IT needs. DBHDD estimated an implementation date of September 2024.

Drug Abuse Treatment Education Program (DATEP)

DCH rules continue to require that nonresidential DATEPs operated by DBHDD providers be subject to the same licensing requirements as residential facilities. Our special examination recommended that DCH's rules be revised to distinguish between residential and nonresidential DATEPs enrolled with DBHDD and set requirements accordingly. DCH disagreed with this recommendation; however, it reported that it continues to evaluate how to appropriately provide an exemption based on provider enrollment versus residential status. DCH officials indicated that its planned case management system will further streamline the process and allow for a more seamless Medicaid enrollment experience for providers. In addition, the General Assembly has not revised the DATEP Act to allow nonresidential facilities to forego the legal requirement to obtain a facility license if they have enrolled through DBHDD.

Auditee's Response: *The Department of Human Services concurred with the report's contents related to DHS and had no additional comments. The Department of Behavioral Health and Developmental Disabilities agreed with the findings, and the Department of Community Health had no additional comments to the draft.*

The following table summarizes the findings and recommendations in our 2020 report and actions taken to address them. A copy of the 2020 special examination report (#20-13) may be accessed at [Behavioral Health Providers and Practitioners Performance Audit Report](#).

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Status: 5 Findings			
Substantially Addressed: 0	Partially Addressed: 3	Not Addressed: 0	No Recommendation: 2

Finding 1: Georgia’s professional licensure requirements and fees are within industry norms.	
Original Recommendations	Action Taken
No Recommendations	No Recommendations
<p>Finding 2: Behavioral health care practitioners and providers working with the state are subject to ongoing administrative costs associated with background checks, which should be mitigated by recent legislative changes and interagency cooperation.</p> <p>Partially Addressed –The General Assembly has not made any changes to the “Rap Back” legislation. DHS assessed but determined that it cannot share federally mandated background check information with other state agencies.</p>	
Original Recommendations	Action Taken
<p>2.1 The General Assembly should evaluate its “Rap Back” legislation as it is implemented and consider opening the program to other agencies, such as the Department of Juvenile Justice (DJJ), that employ behavioral health care practitioners.</p>	<p>Not Implemented – The General Assembly has not opened the “Rap Back” program to other agencies that employ behavioral health care practitioners. Rap Back allows an agency to retain employee or contractor fingerprints for monitoring or evaluation of criminal history status.</p>
<p>2.2 DHS should determine whether there are required background checks for some or all individuals employed as providers that could be waived if those same individuals receive federally mandated background checks through another state agency such as DCH or DJJ.</p>	<p>Fully Implemented – DHS determined that DHS, DBHDD, DCH, and DJJ do not meet requirements for sharing federally mandated background checks under federal regulations. As a result, background checks cannot be waived.</p>

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Finding 3: While the administrative requirements to operate as a behavioral health care Medicaid provider are not duplicative, the process is lengthy, and inefficiencies increase the perception of a burdensome process.

Partially Addressed – DCH has taken a number of steps to address the process, including shortening the application and creating an online portal that allows tracking of application processing. It is also developing metrics to help identify improvements needed in the application process. DBHDD is in the early stages of creating a portal to allow electronic submissions of pre-qualification documents.

Original Recommendations	Action Taken
3.1 DBHDD should pursue methods to allow electronic submissions of pre-qualification documents.	Partially Implemented – DBHDD is developing a portal to allow electronic submissions of pre-qualification documents and estimates it will be operational in September 2024.
3.2 DCH should collect and analyze application processing information to identify areas for improvement; this information should be used to develop training that is well-advertised.	Partially Implemented – DCH has implemented an online application that allows it to collect and analyze application processing information. It is developing metrics to use in identifying needed improvements to the application process. DCH does not believe that training is necessary because the application has been shortened.
3.3 HFRD should implement an application tracking and information management process to identify areas for improvements; information should be used to establish goals and metrics for application review.	Partially Implemented – HFRD uses the DCH online portal, which allows it to track application submissions, pending applications, and the length of time an application is in the review process. HFRD is also developing goals and metrics for the application review process.

Finding 4: Drug Abuse Treatment and Education Program (DATEP) licensing rules should be revised to distinguish residential and non-residential facilities.

Partially Addressed – DCH has not revised its rules between residential and non-residential DATEPs but has taken steps in conjunction with DBHDD to reduce duplication in provider licensing and enrollment. The General Assembly has not revised the DATEP Act.

Original Recommendations	Action Taken
4.1 DCH should revise its rules to distinguish between residential and non-residential DATEPs enrolled with DBHDD and set requirements appropriately.	Partially Implemented – DCH reported that it has shortened the application process and now exempts accredited DATEP programs from routine onsite inspections. DCH also indicated that its planned case management system would further improve the Medicaid enrollment process.

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<p>4.2 The General Assembly should consider revising the DATEP Act to allow non-residential facilities to forgo the legal requirement to obtain a facility license if they have enrolled with DBHDD. DCH should accordingly update their HFRD rules to accommodate any statutory changes.</p>	<p>Not Implemented – The General Assembly has not modified the DATEP Act.</p>
<p>4.3 In consultation with DBHDD and DCH policy experts, the General Assembly should consider updating other language in the DATEP Act to currently utilized terminology.</p>	<p>Not Implemented – The General Assembly has not modified the DATEP Act.</p>
<p>Finding 5: Georgia’s administrative requirements for behavioral health providers are generally in line with other states.</p>	
Original Recommendations	Action Taken
<p>No Recommendations</p>	<p>No Recommendations</p>

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