

Board of Community Health
Meeting
September 11, 2014

Members Present

Norman Boyd
Bill Wallace
Jamie Pennington
Rick Jackson
Clay Cox

Members Absent

Allana Cummings
Donna Moses
Kiera von Besser

The Board of Community Health held its regularly scheduled meeting at the Department of Community Health, Fifth Floor Board Room, 2 Peachtree Street, N.W., Atlanta, Georgia. Commissioner Clyde L. Reese, III was also present. (An agenda and a List of Attendees are attached hereto and made official parts of these Minutes as Attachments #1 and #2). Chairman Norm Boyd presided and called the meeting to order at 10:30 a.m.

Minutes

The Minutes of the August 14, 2014 and August 28, 2014 meeting were unanimously approved.

Opening Comments

Norm Boyd, Chairman expressed the importance of remembering the victims, United States military and all those affected by 9/11.

Committee Reports

Norman Boyd, Audit Committee Chairman indicated that Tim Connell, Chief Financial Officer presented an excellent presentation to the Committee about the FY13 Audit Findings and Management Points. Mr. Boyd informed the Board of the following additional meeting speaking points:

1. Review of the activities taken place as a result of the previous audit.

2. The previous audit was good and yielded four findings and 10 management points. The Committee feels that adequate progress is being made in all identified areas.
3. There is a need for more efficiency with the Information Technology (IT) system to cut down on manual paperwork resulting in improvement of the Department being able to meet deadlines.
4. A review of the upcoming audit was provided and the Committee feels that things are on schedule and the audit completion will be consist with the required time table.

Commissioner's Report

Commissioner Reese thanked the Board, members of the public and staff for their attendance.

Commissioner Reese updated the Board on the following items:

1. There are several major Procurements that the Department is working on to post to the public.
 - a. The Care Coordination project for the Aged, Blind and Disabled (ABD) population:

The Department of Community Health (DCH) received proposals for a vendor to institute enhanced case management care coordination, but had to rescind the procurement in order to address cost savings. DCH will continue to work with the Centers for Medicare and Medicaid Services (CMS) in order to have a single statewide vendor provide enhanced case management for its most expensive population in Medicaid.

- b. Care Management Organizations (CMO's):

Over the past seven to eight years in which Georgia has had risk based decapitated managed care; one major concern and issue is the length of time that it takes to get providers credentialed to be able to participate in the program and receive payments. This procurement will require a single vendor to do procurement across all three plans, whereas each plan will not have complete their own credentialing. This will lessen the timeframe it takes to credential a provider and enable payments to be processed in a timely manner. The tentative goal is to post the Request for Proposal (RFP) in October.

c. Medical Review Contractor:

Currently, Georgia Medical Care Foundation (GMCF) is used. This important contract is up for re-procurement for vendors to do medical review work for Medicaid. GMCF provides an array of services, so a decision is being made as to the specific components of the procurement.

d. Re-Procuring Care Management Organizations (CMO's):

All of the CMO's will be re-procured. The current contracts end June 30, 2016. The plan is to present a procurement later this year and make a decision by July 1, 2015, resulting in a one year transition period before going live July 1, 2016. This is a very important procurement and DCH has received input from stakeholders about concerns as well as what has been learned as it relates to managed care.

Commissioner Reese indicated that he will be reviewing a "draft" RFP within the next couple months, with a goal to post in December.

2. The State Health Benefits Plan (SHBP):

DCH is working on education and communication in preparation for open enrollment. The open enrollment period is October 27th-November 14, 2014. The selected vendors are BlueCross BlueShield (BCBS), Kaiser Permanente (KP) and United Healthcare (UHC). This year DCH wants to make sure that we do the best job possible in educating members, providers and retirees about available options and ramifications of the options chosen. The goal is to go around the state relaying information to members.

3. Hospital Provider Fee:

- a. Tier I: Public Hospitals
- b. Tier II: Private Hospitals

There was an issue with the Tier II Inpatient Methodology. The Department was able to resolve this with CMS in a positive manner for 2014, but a new Methodology Inpatient formula will have to be submitted for 2015. The process will need to begin by the end of this month so that the hospitals "upper payment limit" supplemental payments will retro back to July 1st. As a result, there will be a Special Call Teleconference Board meeting by the end of the month to present for public notice the 2015 Tier II Inpatient Methodology. Information will be accessible once the meeting is scheduled.

Dr. Dubberly presented an action for the Board's final adoption related to changes to the Independent Care Waiver Program (ICWP). This Board action calls for a 6.67% rate increase for Personal Support Service Levels 1, 2, and 3 effective upon CMS approval. This is an increase over the 5% that was originally appropriated through the 2014 General Assembly. The 6.67% is an attempt to more closely preserve the funds appropriated by the General Assembly for SFY2015. The funding source for this increase utilizes enhanced federal funds available through the Balancing Incentives Payment Program through the third quarter of SFY2016. Starting in the fourth quarter in SFY2016 and thereafter, the increase is funding through funds allocated to DCH through the General Assembly.

Favorable comments were received during the public comment period from the Georgia Association of Community Care Providers, Atlanta Legal Aid Services, and the Georgia Council on Developmental Disabilities (GCDD). Among those in favor of the increase, Atlanta Legal Aid Services raised the need for higher rates and the specific need for higher rates for those with traumatic brain injuries. The GCDD spoke of the need for further increases to address the disparity in service reimbursement rates across this and other waivers. The Board's favorable consideration was requested.

Rick Jackson MADE a MOTION to approve for final adoption Independent Care Waiver Program (ICWP) Rate Increase Public Notice. Bill Wallace SECONDED the MOTION. ON THE MOTION, the yeas were 5, nays 0, abstained 0, and the MOTION was APPROVED. (A copy of Independent Care Waiver Program (ICWP) Rate Increase Public Notice is attached hereto and made an official part of these minutes as Attachment #3).

Dr. Dubberly presented a public notice for final adoption of changes to the Comprehensive Supports Waiver (COMP) Program. This action consisted of three changes effective upon CMS approval. First, a 2% rate increase for the following services was proposed: Community Access Services; Prevocational Services; Supported Employment; Community Residential Alternative Services; Community Living Supports; and Support Coordination. This is an increase over the 1.5% that was originally appropriated through the 2014 General Assembly. The 2% is an attempt to more closely preserve the funds appropriated by the General Assembly for SFY2015.

The second component of the public notice called for the addition of a new service, Behavioral Supports Services. This additional service was proposed at a reimbursement of \$18.75 per 15 minute unit.

The third component of the public notice was an unbundling of skilled nursing services from its current bundled rate. Skilled nursing services will be billed under the

established nursing services rate that already exists in the waiver. The unbundling is being proposed to give greater flexibility in the setting in which the service is rendered. Dr. Dubberly advised that the funding source for this change is the Department of Behavioral Health and Developmental Disabilities (DBHDD) budget. No DCH funds are required for this change. The Board's favorable consideration was requested.

The Department received favorable comments to this proposed action during the public comment period. One comment from the GCDD advised of their future position to not support rate increases for services provided in a facility setting. Instead, they would favor incentives and increases for services provided in community-based and most integrated settings.

Bill Wallace MADE a MOTION to approve for final adoption Comprehensive Supports Waiver Program (COMP) Rate Increase Public Notice. Rick Jackson SECONDED the MOTION. ON THE MOTION, the yeas were 5, nays 0, abstained 0, and the MOTION was APPROVED. (A copy of Comprehensive Supports Waiver Program (COMP) Rate Increase Public Notice is attached hereto and made an official part of these minutes as Attachment #4).

Dr. Dubberly presented a public notice for initial adoption of changes to the New Options Waiver (NOW) Program. This action consisted of three changes effective upon CMS approval. First, a 2% rate increase for the following services was proposed: Community Access Services; Prevocational Services; Supported Employment; Community Living Supports; and Support Coordination. This is an increase over the 1.5% that was originally appropriated through the 2014 General Assembly. The 2% is an attempt to more closely preserve the funds appropriated by the General Assembly for SFY2015.

The second component of the public notice called for the addition of a new service, Behavioral Supports Services. This additional service was proposed at a reimbursement of \$18.75 per 15 minute unit. The third component of the public notice was an unbundling of skilled nursing services from its current bundled rate. Skilled nursing services will be billed under the established nursing services rate that already exists in the waiver. The unbundling is being proposed to give greater flexibility in the setting in which the service is rendered. Dr. Dubberly advised that the funding source for this change is the Department of Behavioral Health and Developmental Disabilities (DBHDD) budget. No DCH funds are required for this change. The Board's favorable consideration was requested.

Mr. Jackson asked if this increase rate would only be in effect for SFY2015 and then reduced to the 1.5% in subsequent years. Dr. Dubberly responded that with this notice and each of the waiver rate increases discussed at today's meeting, the intent of DCH

and involved sister agencies is to continue the rate increases at the higher rate. Dr. Dubberly emphasized that the continuation at the higher rate is contingent upon the availability of state funds.

The Department received favorable comments to this proposed action during the public comment period. One comment from the GCDD advised of their future position to not support rate increases for services provided in a facility setting. Instead, they would favor incentives and increases for services provided in community-based and most integrated settings.

Rick Jackson MADE a MOTION to approve for final adoption New Options Waiver Program (NOW) Rate Increase and New Services Public Notice. Clay Cox SECONDED the MOTION. ON THE MOTION, the yeas were 5, nays 0, abstained 0, and the MOTION was APPROVED. (A copy of New Options Waiver Program (NOW) Rate Increase and New Services Public Notice is attached hereto and made an official part of these minutes as Attachment #5).

Dr. Dubberly presented a final item for the Board's final adoption related to changes to the Elderly and Disabled (E&D) Waiver Program. The first component of this item calls for a 5% rate increase in certain services: Enhanced Case Management; Personal Support Services; Personal Support Services Extended; and Alternate Living Services. These increases are proposed for effective dates upon CMS approval. This was an increase over the 5% that was originally appropriated through the 2014 General Assembly. The 6.67% is an attempt to more closely preserve the funds appropriated by the General Assembly for SFY2015. The funding source for this increase utilizes enhanced federal funds available through the Balancing Incentives Payment Program through the third quarter of SFY2016. Starting in the fourth quarter in SFY2016 and thereafter, the increase is funding through funds allocated to DCH through the General Assembly.

The second component of the E&D Waiver changes includes the establishment of a provider quality incentive payment program for enhanced case management services. This incentive allows an additional 1 to 3 percent increase to be earned by the provider based upon three domains – improvements to baseline quality measures; program measures; and consumer measures. The quality incentive funding source is funds made available through the Georgia General Assembly.

The Department received comments in support of this proposed action during the public comment period. The Board's favorable consideration was requested.

Clay Cox MADE a MOTION to approve for final adoption Elderly and Disabled Waiver (E&D) Rate Increase and Quality Incentive Program Public Notice. Bill Wallace SECONDED the MOTION. ON THE MOTION, the yeas were 5, nays 0, abstained 0, and the MOTION was APPROVED. (A copy of Elderly and Disabled Waiver (E&D) Rate Increase and Quality Incentive Program Public Notice is attached hereto and made an official part of these minutes as Attachment #6).

Commissioner Reese informed the Board that the next agenda item to be presented was a request for final adoption of the Nursing Home Services Rate Increase. Commissioner Reese indicated that the decision has been made to not present this item for a vote in order to further study and evaluate. There is strong merit to recognizing expenditures that a new owner of a nursing facility may incur and to be able to adjust reimbursements to reflect the improvements made to provide better facilities for our citizens.

Commissioner Reese expressed that the Department wants to take a look at an approach that is more global to work on narrowing the timeframe of the cost reports that are used. Currently, 2012 reports are being used to reimburse nursing facilities; which is approximately an 18 month lag. This lag makes it necessary to ask for the rationale to have this add-on expenditure to reflect the improvements being made. The Department would like to go back and study and evaluate whether the timeframe can be significantly narrowed for the cost reports that are used so that expenses incurred can be accurately reflected for everyone on an annual basis. The Department will share findings and solutions to address this issue that have definite merit for nursing facilities.

A copy of Nursing Homes Services Rate Increase Public Notice Change Public Notice is attached hereto and made an official part of these minutes as Attachment #7).

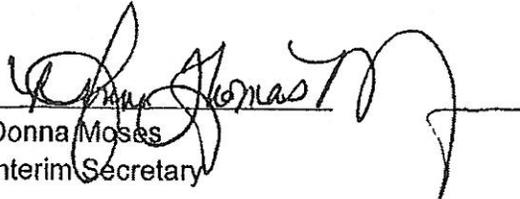
New Business

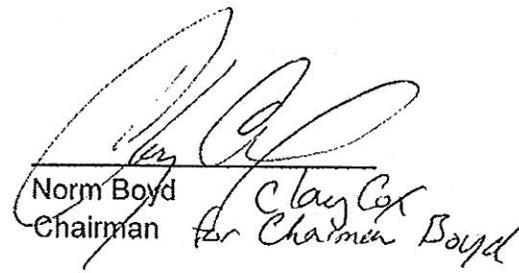
None to report.

Adjournment

There being no further business to be brought before the Board, Chairman Boyd adjourned the meeting at 10:59 a.m.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 11th DAY OF September, 2014.


Donna Moses
Interim Secretary


Norm Boyd
Chairman

*Clay Cox
for Chairman Boyd*

Official Attachments:

- #1 List of Attendees
- #2 Agenda
- #3 Independent Care Waiver Program (ICWP) Rate Increase Public Notice
- #4 Comprehensive Supports Waiver Program (COMP) Rate Increase Public Notice
- #5 New Options Waiver Program (NOW) Rate Increase and New Services Public Notice
- #6 Elderly and Disabled Waiver (E&D) Rate Increase and Quality Incentive Program Public Notice
- #7 Nursing Homes Services Rate Increase Public Notice Change Public Notice