

March 3, 2012

Ms. Jennifer Burnett
Centers for Medicare and Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Reference: Application for the Balancing Incentives Program Grant

Dear Ms. Burnett:

Please accept this letter of intent to apply for the Balancing Incentive Program from the Georgia Department of Community Health, which serves as the State Medicaid Agency for Georgia.

Georgia's Medicaid Agency will serve as the lead organization for the project, titled Georgia's Balancing Incentives Project. Information regarding primary contact information for the Project is as follows:

Principal Investigator:	Catherine Ivy
Contact Person:	*Catherine Ivy
Amount of Funding Requested:	\$19,086,355 annually
Administered By:	Aging and Special Populations Section, Division of Medicaid Georgia Department of Community Health
Partnering Organizations:	Georgia Department of Behavioral Health and Developmental Disabilities Georgia Department of Human Services, Division of Aging Services Georgia Council on Developmental Disabilities Georgia Council on Aging Georgia Association of Area Agencies on Aging

* A permanent Project Director will be assigned within the first six months of program implementation.

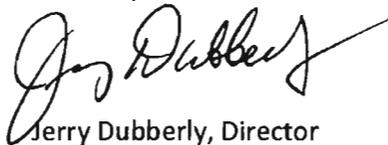
Ms. Jennifer Burnett

March 2, 2012

Page 2

Attached to this cover letter please find a Project Abstract and Profile, Preliminary Work Plan, letters of endorsement, proposed budget and the application narrative. Thank you for the opportunity to apply for this enhanced federal match for Georgia's community based programs, thus allowing Georgia to continue to expand community-based care as an alternative and compliment to institutional care.

Sincerely,

A handwritten signature in black ink, appearing to read "Jerry Dubberly", with a long, sweeping horizontal stroke extending to the right.

Jerry Dubberly, Director
Division of Medicaid

Attachments:

- Table of Contents
- Project Abstract
- Preliminary Work Plan
- Letters of Endorsement
- Proposed Budget
- Budget Narrative
- Application Narrative

Georgia's Balancing Incentives Program

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Georgia Advocacy Office

Georgia Council on Aging

Georgia Department of Behavioral Health and Developmental Disabilities

Georgia Department of Human Services, Division of Aging Services

Statewide Independent Living Council of Georgia

Georgia's Balancing Incentives Program Project Abstract and Profile

In 2007, Georgia was among the first states to submit an application to CMS under the Money Follows the Person Demonstration Grant Project. That same year, the State's Medicaid expenditures for home and community based services (HCBS) comprised 30.7% of total long term care dollars spent annually. Approved in May 2007 and fully implemented in late 2008, Georgia's Money Follows the Person program has successfully transitioned 737 individuals from skilled nursing and intermediate care facilities into community residences and helped to expand the use of community services, rebalancing the long term care expenditures for HCBS to 40.9% by 2010.

Georgia's proposed Balancing Incentives Program will be used to further expand the use of community-based long term care services through the following:

- Expand the number of slots in Georgia's five 1915(c) Medicaid Waiver Programs
- Provide an increase in reimbursement for pediatric home health services, thereby increasing access to home-based, post acute services and reduce days spent in the hospital
- Fund three new community-based services for Medicaid recipients with serious and persistent behavioral health needs. The services have been proposed through State Plan Amendment.
- Expand intensive community-based services to youth with serious emotional disturbances and their families.
- Expand the Georgia Pediatric Program's Medically-fragile Day Care service through slot expansion and age expansion.
- Adopt Georgia's twelve Aging and Disability Resource Centers as the primary point of entry for home and community services
- Provide web-based training on community-based long term care services available to targeted referral sources.

The proposed budget for Georgia's Balancing Incentives Program is \$19,086,355 per year, or a total of \$57,259,065 over a three-year period. Activities will begin immediately upon notification of an award with development of statewide training toward a no-wrong-door point of entry approach, with a focal point of entry through the Aging and Disability Resource Centers. The first five bullet points above are designed to significantly expand the use of home and community services, reducing the risk of institutional care for several diverse populations requiring long term care.

Application Narrative

Georgia's Balancing Incentive Program

Understanding of Balancing Incentives Program Objectives:

Since 2008 Georgia has participated in the Money Follows the Person Demonstration Grant, establishing a statewide system of transition coordination to assist residents of institutions in safely returning to their homes and communities. In 2007 the State's Medicaid expenditures for home and community based services (HCBS) comprised 30.7% of total long term care dollars spent annually. Georgia's Money Follows the Person (MFP) Program has successfully transitioned 737 individuals from skilled nursing and intermediate care facilities into community residences and helped expand the use of community services, rebalancing the long term care expenditures for HCBS to 40.9% by 2010. One aspect of the long term support and service system that Georgia has not yet been able to achieve is a single point of entry for all community-based services and programs. Entry into Georgia's long term care programs remains somewhat fragmented with many points of entry, some easier to find than others.

Progress toward a no-wrong-door approach was achieved in 2011 when Georgia funded a service, options counseling, provided through an interagency agreement with the State Unit on Aging. Today options counseling is provided through the Aging and Disabilities Resource Centers in all twelve regional Area Agency on Aging in Georgia, providing direct face-to-face assistance to any nursing home or ICF resident to determine available resources and services necessary to facilitate a successful, sustainable transition. Options Counselors provide the first contact with individuals identified for inclusion in the Money Follows the Person Program and serve as a referral point for nursing facility staff as nursing home residents self-identify for community transition through use of the Minimum Data Set's Section Q. Further, Options Counselors provide transition assistance regardless of intent to participate in the MFP Program, type of service need, age or income level. Despite this work, Georgia still operates several points of entry into LTSS, typically determined by population, disability or type of service required.

Current System's Strengths and Challenges:

As described above, Georgia's Aging and Disability Resource Centers are more widely recognized by the public, provider community and the medical care system than they were only a few years ago because of outreach efforts by the AAAs, the State Unit on Aging, the State Medicaid Agency and the State's Developmental Disability Agency. Part of the community recognition stems from a large resource database maintained by the ADRCs that currently houses over 24,000 service resources for older adults, adults with disabilities and individuals with developmental disabilities. This electronically-maintained resource database relies on

contributions that are regionally added and maintained by the AAAs. Each region employs information system staff who develop, update and maintain the database. Thus, all information is continually checked for contact accuracy and any needed changes to the services offered. One challenge of the system is its labor-intensive model, using information staff to check and update resources. BIP Program funding is expected to provide additional resources for the expansion of the existing Resource Database targeted toward services specific to populations not previously targeted.

Another strength of Georgia's LTSS is its traditional use of conflict-free case management. In three of the five waiver programs a requirement of case management enrollment is the absence of affiliation with a service agency, an affiliation that could serve as a focused referral point for LTSS. Georgia plans to develop structure for conflict free case management for the other two waiver programs and the other programs included in the Project: community mental health services provided through the rehabilitation option and the Georgia Pediatric Program in-home nursing service. Since neither has included a conflict-free case management service in the past, this is expected to present a development challenge.

NWD/SEP Agency Partners and Roles:

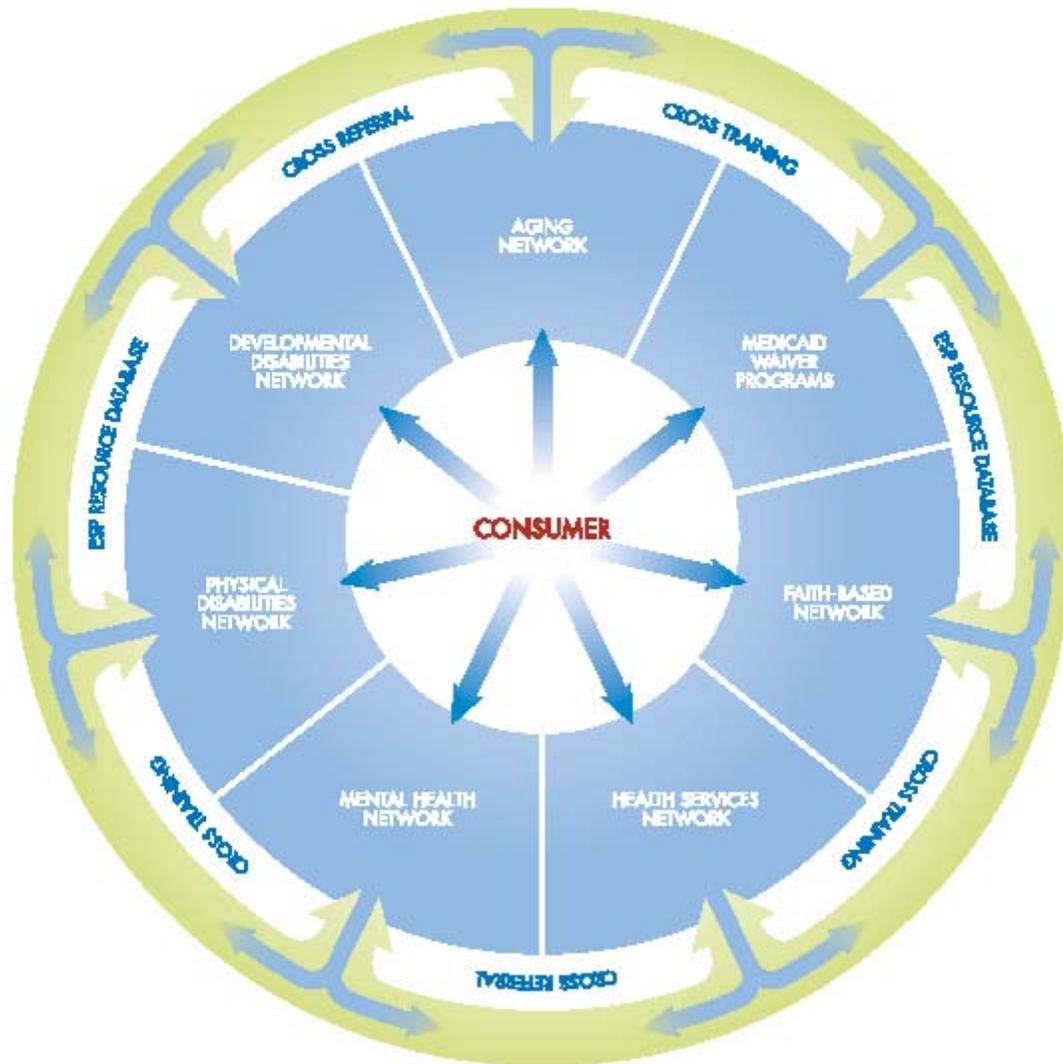
As described above, the primary partner to be fully engaged in the development of a no-wrong-door model of entry into LTSS is the State Unit on Aging, housed in the Georgia Department of Human Services. The Georgia DHS will provide a primary role through expansion of the statewide resource database. Additional partners include:

- The Georgia Department of Behavioral Health and Developmental Disabilities: expected to participate in the expansion of the resource database to include services for people with developmental disabilities.
- The Statewide Independent Living Council: will serve as an additional database expert in the area of resources for individuals with physical disabilities.
- The Georgia Medical Care Foundation: will participate in independent, conflict free eligibility determination.
- The Georgia Healthcare Association: will continue to support referral of nursing facility residents who express the wish to return home or to community residences.

NWD/SEP Person Flow:

The following diagram illustrates the flow of an applicant through the no wrong door approach. The diagram outlines the process from point of initial inquiry to referral for a particular program or service, including initial determination of eligibility. Financial eligibility for the program is determined currently by the Georgia Department of Human Services through

GEORGIA AGING & DISABILITIES RESOURCE CONNECTION



its Division of Family and Children Services. Georgia is currently redesigning its financial eligibility function through a system change grant. The new eligibility system will house demographic and financial information submitted by partner agencies including the Georgia Department of Labor, Family and Children Services, the Division of Aging, the Department of Behavioral Health and Developmental Disabilities and others with approved access. Thus, other authorized partners of the State Medicaid Agency will participate in populating the financial eligibility system. Final functional eligibility for services and programs is now provided through independent case management entities, through interagency agreement with another state agency, or by a medical or psychiatric management contractor appropriate to the population served.

NWD/SEP Data Flow:

The current system in Georgia utilizes a data flow process originating with the ADRCs and moving to contractors who determine functional eligibility. This process is now in place for one of the five Medicaid Waiver Programs. The other four use a variety of systems, one mirrors the ADRC process but originates with Regional Offices of the Behavioral Health and Developmental Disabilities network. Using a no wrong door approach, with emphasis on coordination of data flow, partners will develop a shared platform or methodology for exchange of data. SEP agencies will not be used to determine financial eligibility for Medicaid services or programs but will provide financial information secured during intake and screening to the entity authorized to do so. Similarly, SEP agencies will provide functional information obtained during screening to case management entities or other agencies charged with determining functional eligibility through assessment.

Potential Automation of Initial Assessment:

Both ADRC and Regional Offices for developmental disability services use an automated screening system for initial assessment of need. Other LTSS in Georgia rely on intake and assessment systems maintained in non-electronic format at this time. Where feasible because of population similarities, current non-automated intake and Level I assessment will be folded into the current automated processes. All initial assessment methods will be reviewed for the potential for electronic processes.

Potential Automation of CSA:

Three of Georgia's five Medicaid Waiver programs use automated assessment and reassessment instruments currently. The other two, along with the Georgia Pediatric In-Home

Nursing Program and the State's independent Care Program for people with physical disabilities use a standardized assessment. Similarly, community mental health services in Georgia utilize a standard assessment submitted electronically to the Department of Behavioral Health to justify authorization of services. Though it is not expected that the programs will move toward use of one standard assessment tool because of the diversity of the populations served, efforts will be made to merge assessment processes where possible into an automated single functional assessment.

Incorporation of a CSA in the Eligibility Determination Process:

Georgia does not require a core standardized assessment instrument for all LTSS at this time. The tool used for elderly and disabled populations is the InterRAI Minimum Data Set – HC. A different tool that reflects similar core elements is used to assess the population of young individuals with physical disabilities but use of the InterRAI for this population will be considered as part of the BIP initiative. The waiver programs for people with developmental disabilities adopted the use of the Supports Intensity Scale assessment through waiver redesign and renewal five years ago, coupled with a Health Screening Tool designed to capture the medical domains outlined in the core requirements. As noted in the Implementation Manual, the State has expended significant effort and financial resources in the development and automation of the two assessment instruments noted above. For this reason, the BIP efforts in ensuring a core standardized assessment will focus on ensuring compliance with the required data elements for all populations served. Georgia plans to request technical assistance in determining the most appropriate validated assessment tool for children in need of LTSS to ensure that the required domains are assessed.

Staff Qualifications and Training:

Georgia requires that assessment for LTSS through waiver programs be conducted by professional nurses with oversight and review by a physician. Though the State requirements will not change, additional training in the use of the tool(s) will be provided to nurses charged with conducting assessments. The State plans to adopt a training methodology that includes web-based workshops and modules in both live broadcasts and videotaped format for continuing training to newly-hired assessment staff.

Location of SEP Agencies:

Single entry point agencies will include the ADRCs which already provide statewide coverage in Georgia. Twelve ADRCs operate regionally, serving populations defined by

demographic and geographic factors. Similarly, developmental disability services are accessed through six regional offices where intake and initial assessment takes place. The SEP agencies currently use telephone access and screening for eligibility for all applicants. Additionally, the ADRC system utilizes Options Counselors in the MFP Program to make face-to-face contact with nursing home residents wishing to return to the community. The behavioral health system relies on a point of entry, Georgia Crisis and Access Line, which provides screening and linkage to community mental health services. Also relying on a no-wrong-door approach, individuals in need of behavioral health services may contact individual community agencies as well. The BIP initiative will expand the use of Options Counselors with applicants unable or unwilling to use the telephone for relaying functional needs.

Outreach and Advertising:

Outreach to populations in need of long term care has been a long time challenge in Georgia. Georgia's Money Follows the Person Program uses the following approaches to reach out to individuals in need:

- Printed materials such as flyers and brochures
- Outreach to targeted audiences: referral sources such as hospitals and physicians, nursing facility staff; older adult groups, and advocacy organizations
- Education through websites

Funding Plan:

Georgia will continue to request state funding to match federal Medicaid funds in order to expand home and community services through the Balancing Incentive Plan. For more specific information on funding, please refer to the Budget Narrative contained in a separate document.

Challenges:

One significant challenge in Georgia will be the multiple electronic information systems built to accommodate points of entry. Over time organizations in Georgia have independently developed population-specific or program-specific points of entry as well as electronic clinical record systems. These systems have evolved over decades involving significant state, nonprofit and private resources. In some programs, there are no existing electronic record-keeping systems. To mitigate this challenge, the ADRCs began working with various entry points for developmental disability services and over time have expanded the ADRC staff expertise and resource database to include this population.

Through its MFP Program Georgia has begun exploring technology options that could provide a platform for transfer of information from multiple electronic recordkeeping systems.

NWD/SEP Effect on Rebalancing:

Georgia expects to expand the use of community-based long term supports and services in the following areas:

- Expand the number of slots in Georgia's five 1915(c) Medicaid Waiver Programs
- Provide an increase in reimbursement for pediatric home health services, thereby increasing access to home-based, post acute services and reduce days spent in the hospital
- Fund three new community-based services for Medicaid recipients with serious and persistent behavioral health needs. The services are being reviewed at this time through State Plan Amendment.
- Expand the Georgia Pediatric Program's Medically-fragile Day Care service through slot expansion and age expansion.
- Expand intensive community-based services to youth with serious emotional disturbances and their families.
- Adopt Georgia's twelve Aging and Disability Resource Centers as the primary point of entry for home and community services.

Other Balancing Initiatives:

As noted previously, Georgia was one of the first states to be awarded a Money Follows the Person Grant by CMS. Additionally, Georgia is operating one of the demonstration waivers for children with severe emotional disorders to avoid the use of psychiatric residential treatment facilities whenever possible.

Technical Assistance:

Expectations for requests for technical assistance fall in the areas of:

- 1) Adopting a standardized, validated pediatric assessment tool for children at risk of hospitalization or institutional long term care because of fragile medical conditions
- 2) Researching an information technology platform to facilitate the transfer of data electronically for purposes of functional and financial eligibility for long term care.

**Preliminary Work Plan
Georgia's Balancing Incentive Program**

Category	Major Objective/Interim Tasks	Due Date from Work Plan Submission	Lead Person	Status of Task	Deliverables
No Wrong Door/Single Point of Entry	Regardless of point of entry, all individuals seeking LTSS will receive standardized information and access.				
	Convene a stakeholder work group to oversee and assist in development of the NWD Entry System.	Within first month and continuing through the Project August 1, 2012	*		No Wrong Door Map Training Materials Outreach Materials
	Evaluate the various points of entry for LTSS and develop a NWD map.	Within first 3 months October 1, 2012			No Wrong Door Map of Georgia LTSS
	Determine where the points of entry intersect currently.	Within first 3 months October 1, 2012			NWD Map
	Engage all points of entry in training to create greater cross-referral	By the end of the first year August 1, 2013			Training materials Web access to training
NWD/SEP Outreach and Structure	The State will use standardized outreach materials and a variety of outreach methods to educate the public about LTSS.				
	Develop outreach materials	Within the first 18 months December 1, 2013			Brochures, posters Other form of written communication
	Distribute outreach materials through stakeholders, partners and to traditional LTSS referral sources	Begin at month 18 and ongoing Begin December 1, 2013			Distribution list
	Track volume of referrals using Plan approval date as baseline	Ongoing through end of project			Report of LTSS inquiry volume
	Enhance and expand existing websites related to LTSS, offering "contact us" feature	Within the first 12 months Completion by August 1, 2013			Website design easily accessible by the public, consumers, and stakeholders

**Preliminary Work Plan
Georgia's Balancing Incentive Program**

Category	Major Objective/Interim Tasks	Due Date from Work Plan Submission	Lead Person	Status of Task	Deliverables
Core Standardized Assessment	The State will assure standardized core elements in all assessments used for LTSS regardless of population.				
	Evaluate all assessment tools currently used for LTSS admission for compliance with core requirements	Within first 12 months August 1, 2013			Report of areas of compliance/areas with challenges
	Merge or combine evaluation instruments where possible, adopting validated assessment tools	Within first 24 months Completion by August 1, 2014			Validated and/or standardized assessment tools used in all programs. Use of standardized assessment process in all programs.
	Adopt use of a pediatric assessment instrument for Georgia's programs for medically fragile children (plan to request TA)	Within first 24 months August 1, 2014			Standardized pediatric assessment tool and process used.

**Preliminary Work Plan
Georgia's Balancing Incentive Program**

Category	Major Objective/Interim Tasks	Due Date from Work Plan Submission	Lead Person	Status of Task	Deliverables
Conflict-free Case Management	All case management agencies and/or individual providers will comply with conflict-free case management standards developed by the State.				
	Compile and analyze by program systems of referral, entry and admission to all LTSS programs to determine where conflict of interest exists	Within first 12 months By August 1, 2013			Report outlining all potential sources of conflict of interest.
	Develop redesign strategies to include funding strategies for development of conflict-free case management where potential conflict exists	Within first 24 months By August 1, 2014			Redesign plan
	Implement new case management systems, firewall requirements, or networks for referral and assessment to reduce risk	By project end September 30, 2015			Description of new case management systems

***Note: Georgia plans to hire a Balancing Incentive Coordinator for management of activities outlined in the proposed work plan.**

BIP Budget

Attachment B

Department of Health and Human Services

Centers for Medicaid and Medicare Services

Balancing Incentive Payments Program (Balancing Incentive Program) Applicant Funding Estimate

Long Term Services and Supports

State	Georgia				State FMAP Rate	66.16%
Agency Name	Dept of Comm Health				(2% or 5%)	2%
Quarter Ended	2nd					
Year of Service	FFY12					

Projected LTSS Spending

LTSS	Total Service Expenditures	Regular Federal Portion	Regular State Portion	Amount Funded by Balancing Incentive Program (4 year total)	Year 1 (July-Sept)	Year 2	Year 3	Year 4
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Population/Program								
Home Health Services	\$ 18,907,021	\$ 12,508,885	\$ 6,398,136	\$ 368,895	\$1,401,929	\$ 5,719,871	\$ 5,834,268	\$ 5,950,953
Independent Care Waiver	\$ 123,508,192	\$ 81,713,020	\$ 41,795,172	\$ 2,470,164	\$9,157,959	\$ 37,364,473	\$ 38,111,762	\$ 38,873,998
Enhanced Case Mgmt	\$ 124,898,135	\$ 82,632,606	\$ 42,265,529	\$ 2,497,963	\$9,261,021	\$ 37,784,967	\$ 38,540,666	\$ 39,311,480
HCBS Svcs (SOURCE)	\$ 684,899,566	\$ 453,129,553	\$ 231,770,013	\$ 13,697,991	\$50,784,341	\$ 207,200,112	\$ 211,344,115	\$ 215,570,997
Pediatric Home Nursing	\$ 144,391,137	\$ 95,529,176	\$ 48,861,961	\$ 2,887,823	\$10,706,400	\$ 43,682,112	\$ 44,555,755	\$ 45,446,870
Pediatric Day Care	\$ 55,197,159	\$ 36,518,441	\$ 18,678,719	\$ 1,103,943	\$4,092,792	\$ 16,698,591	\$ 17,032,563	\$ 17,373,214
Elderly Waiver Program	\$ 378,042,620	\$ 250,112,997	\$ 127,929,622	\$ 7,560,852	\$28,031,330	\$ 114,367,824	\$ 116,655,181	\$ 118,988,285
NOW Waiver (Dev Dis)	\$ 202,195,855	\$ 133,772,778	\$ 68,423,077	\$ 4,043,917	\$14,992,539	\$ 61,169,558	\$ 62,392,950	\$ 63,640,809
COMP Waiver (Dev Dis)	\$ 981,526,507	\$ 649,377,937	\$ 332,148,570	\$ 19,630,530	\$72,778,813	\$ 296,937,555	\$ 302,876,306	\$ 308,933,832
Rehab Option (Mental Health)	\$ 504,019,190	\$ 333,459,096	\$ 170,560,094	\$ 10,080,384	\$37,372,315	\$ 152,479,047	\$ 155,528,628	\$ 158,639,200
Total	\$ 3,217,585,382	\$ 2,128,754,489	\$ 1,088,830,893	\$ 64,342,462	\$ 238,579,439	\$ 973,404,111	\$ 992,872,194	\$1,012,729,638

Georgia's Balancing Incentive Program

Budget Narrative

Long Term Supports and Services Expansion/Access to Services

The following is a description of the areas of Georgia's Medicaid HCBS programs that will be expanded in various ways to provide additional services, serve additional Georgians, or enhance access to services.

- Expand the number of slots in Georgia's five 1915(c) Medicaid Waiver Programs. The enhanced federal match available through the Balancing Incentive Program will increase admissions to the Elderly and Disabled Waiver Program, the Georgia Pediatric Waiver Program for medically fragile children, the two Waiver Programs for people with developmental disabilities, and the Waiver Program for young adults with severe physical disabilities.
- Provide an increase in reimbursement for pediatric home health services, thereby increasing access to home-based, post acute services and reducing days spent in the hospital. Georgia's home health care rates for post acute skilled services currently offer no differential in rates for adult care and the care of children. Home health providers report a shortage of pediatric nurses, physical and occupational therapists available to provide the care; thus, worker shortage results in higher costs. In addition to the higher cost of care related to the labor market, pediatric home health care is not provided as frequently as that for adults with greater geographic distances involved in care provision.
- Fund three new community-based services for Medicaid recipients with serious and persistent behavioral health needs. The services are being reviewed at this time through State Plan Amendment. If approved by CMS, the new services will offer case management, rehabilitation-targeted employment services, and community living supports to individuals with serious and persistent mental illness. BIP funds will also be used to expand Assertive Community Treatment and a rural model of Assertive Community Treatment for non-urban areas of Georgia.
- Expand the Georgia Pediatric Program's Medically-fragile Day Care service through slot expansion and age expansion. Georgia's Pediatric Waiver program offers medically-fragile day care to children who qualify through medical necessity determination. At this time, Program eligibility is limited to children age five or younger. There is a need to

expand the age eligibility restrictions, providing after school care for medically fragile children who attend school but need after school care.

Budget Items to Support Balancing Incentive Program Requirements:

The following is a description of the plans for compliance with the requirements of the Balancing Incentive Program and the budget implications with budget projections if known.

- Adopt Georgia’s twelve Aging and Disability Resource Centers as the primary point of entry for home and community services:

Facilitate the addition of services and resources specific to populations not currently included in the 24,000-service database. This expansion of the ADRC resource database is expected to require an increased number of ADRC staff or may require contracts with other points of entry for cross referral and coordination of resources.

- Provide web-based training on community-based long term care services available to targeted referral sources:

Will require that the Medicaid Agency purchase or subscribe to a web-based training package to accommodate 150 – 200 participants in online training sessions for the purpose of cross-referral and communication between points of access.

- Develop an outreach plan and materials in order to raise awareness of Georgians about the availability of alternatives to institutional care.

A preliminary Communication Plan includes media releases and articles, brochure and poster printing, social media postings, and website hosting. The budget for communications is projected to be \$150,000.

- Development or purchase of an information technology system designed to facilitate communication between various state agencies and other points of participant access and eligibility determination.

The State Medicaid Agency is exploring the use of the eligibility system scheduled for implementation in 2014 as the platform through which approved partners will share demographic, financial and functional information for the purpose of eligibility determination. An additional function of the system is that of data sharing during cross-referral to avoid applicant confusion and facilitate admission to service without duplication of data collection.

GEORGIA ADVOCACY OFFICE

THE PROTECTION AND ADVOCACY SYSTEM FOR GEORGIA

150 EAST PONCE DE LEON AVENUE, SUITE 430

DECATUR, GEORGIA 30030

(404) 885-1234

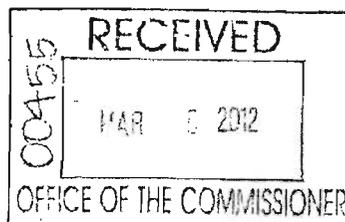
WATS 1-800-537-2329

VOICE AND TDD

FAX (404) 378-0031

March 1, 2012

Commissioner David Cook
Georgia Department of Community Health
2 Peachtree Street, 40th Floor
Atlanta, GA 30303



Re: Support for Georgia's Balancing Incentive Program

Dear Commissioner Cook:

Please accept this letter in support of Georgia's application for the Balancing Incentive Program offered to States by CMS to enhance and expand community-based services as an alternative to institutional care. The Georgia Advocacy Office (GAO) intends to work closely with the Department of Community Health (DCH) in developing and implementing the various required elements of the Program including a No-Wrong-Door approach to admission for long term support services as well as continuing and expanding the work of Money Follows the Person as a separately-funded but related program.

The GAO is the independent, federally funded protection and advocacy system in Georgia. We work with a range of nursing home transition initiatives and with individuals to ensure they receive appropriate home and community based services. The Balancing Incentive Program is expected to have significant positive impact in the continuing rebalancing efforts in Georgia. With regard to the Money Follows the Person Program, GAO has significant expertise in the area of supported employment, an area that the MFP Program expects to expand in the next year. GAO will commit the resources necessary to play an influential role in the development of employment initiatives since this is a high priority for people with disabilities and a recognized area of our expertise.

A broad spectrum of stakeholders have an opportunity through the Balance Incentive Program to work toward greater integration of various areas of knowledge as Georgia strives to rebalance the Medicaid long term care spending toward home and community based services and good lives for people with disabilities. We understand that once awarded, Georgia has six months to solicit input and expertise from stakeholders in creating a final work plan. This rebalancing opportunity can move the system closer toward the goal of an easily accessed, effective, long term supports and services system for people with disabilities. Thank you for the opportunity to partner in this effort.

Sincerely,

Ruby Moore
Executive Director



Two Peachtree St. N.W., Suite 32-270, Atlanta, GA. 30303-3142
(404) 657-5343 Fax (404) 657-1722
Visit www.gcoa.org

March 2, 2012

Commissioner David Cook
Georgia Department of Community Health
2 Peachtree Street, 40th floor
Atlanta, GA 30303

Re: Support for Georgia's Balancing Incentive Program

Dear Commissioner Cook:

Please accept this letter in support of Georgia's application for the Balancing Incentive Program offered to States by CMS to enhance and expand community-based services as an alternative to institutional care. The Georgia Council on Aging supports the principals of the BIP Program including a No-Wrong-Door approach to admission for long term support services, conflict-free case management and standardization of assessment requirements.

The Council has worked collaboratively for years with both the Department of Community Health in its Medicaid Waiver Program for the Elderly and Disabled population and with the Division of Aging Services in Georgia which operationally manages the Program. The Council has followed with interest the Money Follows the Person Project activities as many functions transitioned to the Division of Aging in 2011. The Balancing Incentive Program is expected to have significant positive impact in the Waiver Programs and other long term support initiatives.

As the statewide advocacy organization operated at the discretion of the Governor, the Council on Aging is active in supporting all initiatives to rebalance long term care expenditures and increase community-based services for older adults. We are very pleased by the opportunity through the BIP Program to work toward greater integration of the use of ADRCs as the primary point of entry for a variety of population groups, streamlining the no-wrong-door approach to service access.

This federal initiative moves Georgia closer toward the goal of an easily accessed long term supports and services system. The Council will provide active participation on the Stakeholders Group in order to assure that older adults are included in the planning and implementation of the Project. Thank you for the opportunity to partner in this effort.

Sincerely,

Kay H. Hind

Kay H. Hind
Chair

Kathryn D. Fowler

Kathryn D. Fowler
Executive Director



Georgia's Generations Sharing Their Gifts



DBHDD

Georgia Department of Behavioral Health & Developmental Disabilities
Frank E. Shelp, M.D., M.P.H., Commissioner

Office of the Commissioner
Two Peachtree Street, NW, Suite 24-280, Atlanta, Georgia, 30303

February 23, 2012

Commissioner David Cook
Georgia Department of Community Health
2 Peachtree Street, 40th floor
Atlanta, Georgia 30303

Dear Commissioner Cook,

Please accept this letter in support of Georgia's application for the Balancing Incentive Program, offered to States by CMS to enhance and expand community-based services as an alternative to institutional care. The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) intends to work closely with the Department of Community Health (DCH) in developing and implementing the various required elements of the Program including a No-Wrong-Door approach to admission for long term support services.

The two Departments have worked collaboratively for years in the Medicaid Waiver Programs for people with developmental disabilities as well as in Medicaid-funded community mental health services. In the area of behavioral health, the Georgia DBHDD is currently working with DCH as the Medicaid authority to expand Medicaid-funded community mental health services for adults with serious and persistent mental illness and children with serious emotional disorders. The Balancing Incentive Program is expected to have significant positive impact on the waiver programs. But in addition to the waivers Georgia's Medicaid State Plan authorizes funding for behavioral health services through the Mental Health Rehabilitation Option, thus community mental health services may be included in the Balancing Incentive Program as well.

The two Departments have an opportunity through the BIP Program to work toward greater integration of behavioral health and long term care in several population groups, expand the use of the developmental disabilities waiver programs, and create a no-wrong-door approach to service access.

Thank you for this opportunity.

Sincerely,

Frank E. Shelp, M.D., M.P.H., Commissioner



Clyde L. Reese, Esq. Commissioner

Georgia Department of Human Services • Division of Aging Services • Dr. James J. Bulot, Director
Two Peachtree Street, NW • Suite 9-270 • Atlanta, GA 30303 • 404-657-5258 • FAX 404-657-5285

February 24, 2012

Commissioner David Cook
Georgia Department of Community Health
2 Peachtree Street, 40th floor
Atlanta, GA 30303

Re: Support for Georgia's Balancing Incentive Program

Dear Commissioner Cook:

Please accept this letter in support of Georgia's application for the Balancing Incentive Program offered to States by CMS to enhance and expand community-based services as an alternative to institutional care. The Georgia Department of Human Services, Division of Aging (DAS) intends to work closely with the Department of Community Health (DCH) in developing and implementing the various required elements of the Program including a No-Wrong-Door approach to admission for long term support services.

The two Departments have worked collaboratively for years in the Medicaid Waiver Program for the Elderly and Disabled population, and the Balancing Incentive Program is expected to have significant positive impact in that area. In addition to our partnership through the Medicaid Waiver Program, in 2011 the Division of Aging entered into an Interagency Agreement with DCH for activities related to Georgia's Money Follows the Person Program. Through that Interagency Agreement the Division provides options counseling through its regional Aging and Disability Resource Connection centers to nursing home residents wishing to transition to the community and then follows up with transition coordination.

The two Departments have an opportunity through the BIP Program to work toward greater integration of the use of ADRCs as the primary point of entry for a variety of population groups, streamlining the no-wrong-door approach to service access. This opportunity moves both Departments closer toward the goal of an easily accessed long term supports and services system. Thank you for the opportunity to partner in this effort.

Sincerely,

Dr. James J. Bulot, Director
DHS Division of Aging Services

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Statewide Independent Living Council of Georgia

March 2, 2012

Commissioner David Cook
Georgia Department of Community Health
2 Peachtree Street, 40th floor
Atlanta, GA 30303

Re: Support for Georgia's Balancing Incentive Program

Dear Commissioner Cook:

Please accept this letter in support of Georgia's application for the Balancing Incentive Program offered to States by CMS to enhance and expand community-based services as an alternative to institutional care. The Georgia Network of Centers for Independent Living will work closely with the Department of Community Health (DCH) in developing and implementing the various required elements of the Program including a No-Wrong-Door approach to admission for long term support services as well as continuing and expanding the work of Money Follows the Person as a separately-funded but related program.

The Centers for Independent Living have worked on nursing home transition initiatives for many years. The Balancing Incentive Program is expected to have significant positive impact in the continuing rebalancing efforts in Georgia. With regard to the Money Follows the Person Program, CILs have significant expertise in reaching out to people in nursing facilities, teaching them about community-based alternatives and assisting with transition services particularly when assistive technology is needed to enable greater independence.

The various stakeholders have an opportunity through the BIP Program to work toward greater integration of various areas of knowledge as Georgia strives to rebalance the Medicaid long term care spending toward home and community based services. I understand that once awarded, Georgia has six months to solicit input and expertise from various stakeholders in creating a final work plan. This new rebalancing opportunity moves all stakeholders closer toward the goal of an easily accessed, effective long term supports and services system.

Thank you for the opportunity to partner in this effort.

Kindest Regards,

Patricia L. Puckett
c: SILC Board
CILs

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