

Board of Community Health
Meeting
January 13, 2022

Members Present

Norman Boyd
Roger Folsom
Russell Crutchfield
David Crews
Russ Childers
Anthony Williamson
Kenneth Davis
Nelva Lee
Cynthia Rucker

Members Absent

The Board of Community Health held its meeting via Zoom teleconference. (An agenda and a List of Attendees are attached hereto and made an official part of these Minutes as Attachments #1 and #2). Chairman Norman Boyd presided and called the meeting to order at 9:30 a.m.

Minutes

The Minutes of the December 9, 2021 and December 14, 2021 meetings were unanimously approved.

Opening Comments

None to report.

Commissioner's Report

Commissioner Noggle thanked the Board, members of the public and staff for their participation via Zoom.

The following updates were provided to the Board:

- No agency legislation this session. The Department's main priority is to support Governor Brian P. Kemp's budget recommendations and other agencies that may impact DCH.
- January 20, 2022 Joint budget hearing.
- Staff announcements:
 - Chad Purcell, Chief Technology Officer
 - David Graves, Director of Communications
 - Lisa Walker, Chief Financial Officer has accepted a position at another state agency.

- Omicron variant
 - Governor Kemp announced deployment of the National Guard, and authorized DCH to re-engage staff augmentation around the state.
- Extended appreciation and thanks again to the Psychiatric Residential Treatment Facilities (PRTF) workgroup partners.
- Centers for Medicare and Medicaid Services (CMS) approvals:
 - Ground ambulance upper payment limit (UPL) program funding methodology. Distribution of payments expected late February.
 - Medicaid Enterprise System Transformation (MEST) contract with our provider services module. Anticipated implementation later this month.
- Office of Analytics and Program Improvement lead by Daphanie Keit completed phase 3 of the pilot, Enterprise Analytics Solution for Everyone (EASE) which brings all our data warehouse architecture and infrastructure internal resulting in less reliance on external vendors. They will continue toward full implementation.
- New state directed payment program (tentative at this time):
 - If approved, will improve managed care reimbursement rates at hospitals in the state.
 - Will take a series of moves, but ultimately result in a significant decrease in uncompensated care costs.
 - Positive conversations with partners, providers, and legislators.
 - Requires budget support.
- DCH received a letter from CMS regarding the Pathways project. The Department is currently looking at options and next steps.
- Recognition for employees' 5 and 10 years of service milestones.

Lynnette Rhodes, Executive Director, Medical Assistance Plans Division presented to the Board for final adoption the Medicaid Coverage of Routine Patient Costs Furnished in Connection with Participation in Qualifying Clinical Trials Public Notice.

Effective January 1, 2022, pending Centers for Medicare and Medicaid Services (CMS) approval, DCH proposes to cover any item or service provided to a Medicaid member who is participating in a qualifying clinical trial beginning January 1, 2022.

This request was based upon a December 7, 2021 directive from CMS in which they mandated coverage of items and services associated with a qualifying clinical trial to the extent that the provision of such items or services would otherwise be covered outside the course of participation in the qualifying clinical trial under the state plan or waiver, including a demonstration project under section 1115 of the Social Security Act.

There are certain items and services that should not be covered by state Medicaid agencies. This includes any investigational item or service that is the subject of the qualifying clinical trial and is not otherwise covered outside of the clinical trial under the state plan, waiver, or demonstration project. Additionally, routine patient costs do not include any item or service that is provided to the member solely to satisfy data

collection and analysis for the qualifying clinical trial that is not used in the direct clinical management of the member and is not otherwise covered under the state plan, waiver, or demonstration project.

An opportunity for public comment was held on December 20, 2021 at 10:30 a.m. via Zoom. Written comments were due on or before December 27, 2021.

No oral comments were received. Written comments were received from the following:

- Lynn M. Durham, President and CEO, Georgia Center for Oncology Research & Education (CORE)
- American Cancer Society Cancer Action Network
- American Urological Association
- AnCan
- Cancer and Careers
- Malecare Cancer Support
- Patient Empowerment Network
- Prostate Cancer International
- Prostate Cancer Research Institute
- Society of Women in Urology
- University of Illinois at Chicago
- ZERO-The End of Prostate Cancer

The commenters were in full support of the proposed change as it will improve access in underserved communities, eliminate barriers, and help to eliminate health disparities. Additionally, the commenters noted the importance of having a diverse population of participants in clinical trials as it informs how various medications and treatment impact people of different races, ethnicities, and genders.

The Department thanks the commenters for their written comments and their support.

Ms. Rhodes respectfully asked for the Board's favorable consideration of final adoption.

Russell Crutchfield MADE a MOTION to approve for final adoption Medicaid Coverage of Routine Patient Costs Furnished in Connection with Participation in Qualifying Clinical Trials Public Notice. Nelva Lee SECONDED the MOTION. ON THE MOTION, the yeas were 9, nays 0, abstained 0, and the MOTION was APPROVED

(A copy of the Medicaid Coverage of Routine Patient Costs Furnished in Connection with Participation in Qualifying Clinical Trials Public Notice is attached hereto and made an official part of these minutes as Attachment #3).

Brian Dowd, Deputy Executive Director, Medical Assistance Plans Division presented to the Board for initial adoption the Medical Assistance Plans, State Plan Amendment:

Psychiatric Residential Treatment Facilities (PRTF) Rate Adjustment Public Notice. A brief overview of DCH's efforts to examine and enhance the System of Care for children with Behavioral Health diagnoses was given. The overview included information on a specific PRTF workgroup with DCH, the Department of Behavioral Health and Developmental Disabilities (DBHDD) and Voices for Georgia's Children and PRTF site visits completed by DCH.

Effective January 14, 2022, the Department proposed a rate adjustment in two parts: 1) a per diem rate adjustment for existing facilities, and 2) a per diem rate adjustment for children with a co-occurring diagnosis of autism.

Part 1 – A per diem rate adjustment for existing facilities. The proposal adjusts the per diem rate for each facility based on the 2019 PRTF submitted cost reports with a 5% inflation factor. The previously held cost cap was removed. Two facilities did not receive an increase as the cost reports showed a decline in costs. The Medicaid State Plan has a hold harmless provision in these circumstances in order to protect provider network adequacy.

Per diem proposed rates by facility are as follows:

Psychiatric Residential Treatment Facility	Current Rate	Proposed Rate	Billing Code
Coastal Harbor Treatment Center	\$351.62	\$351.62	T2048
Devereux Advanced Behavioral Health	\$407.00	\$455.83	T2048
Hillside, Inc.	\$407.00	\$539.59	T2048
Laurel Heights Hospital	\$363.57	\$399.51	T2048
Lighthouse Care Center of Augusta	\$318.14	\$318.14	T2048
Youth Villages Inner Harbour	\$407.00	\$487.39	T2048

The Georgia Legislature funds the State match for PRTF services in the Fee-for-Service program in the budget allocation to DBHDD.

Part 2 – A per diem rate adjustment for children with a co-occurring diagnosis of autism was proposed. The proposed PRTF per diem rate is \$597.65 for all facilities. The per diem rate was established from the 2020 cost report of the Georgia PRTF currently providing co-occurring services per policy. The Georgia Legislature funds this rate increase for PRTFs in the DCH budget.

Cost impact for the Part 1 and Part 2 rate adjustments were presented for the remainder of SFY 2022 and SFY 2023.

SFY 2022				
Bill Code Description	Agency Impact	State Funds	Federal Funds	Total Funds
Per Diem Rate Increase	DBHDD	\$78,795.58	\$182,549.64	\$261,345.22
Per Diem Rate Increase with co-occurring diagnosis of autism	DCH	\$147,094.44	\$340,780.98	\$487,875.42

SFY 2023				
Bill Code Description	Agency Impact	State Funds	Federal Funds	Total Funds
Per Diem Rate Increase	DBHDD	\$176,512.56	\$346,177.88	\$522,690.44
Per Diem Rate Increase with co-occurring diagnosis of autism	DCH	\$329,511.05	\$646,239.77	\$975,750.82

An opportunity for public comment will be held on January 19, 2022 at 11:30 a.m. via Zoom. Written comments are due on or before January 26, 2022.

Mr. Dowd respectfully asked for the Board’s favorable consideration of initial adoption.

Nelva Lee MADE a MOTION to approve for initial adoption the Medical Assistance Plans, State Plan Amendment: Psychiatric Residential Treatment Facilities (PRTF) Rate Adjustment Public Notice. Kenneth Davis SECONDED the MOTION. ON THE MOTION, the yeas were 9, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Medical Assistance Plans, State Plan Amendment: Psychiatric Residential Treatment Facilities (PRTF) Rate Adjustment Public Notice is attached hereto and made an official part of these minutes as Attachment #4).

Rich Kim, Interim Budget Director presented to the Board for initial adoption the 2021 Nursing Home General and Professional Liability Insurance Public Notice. Currently, the Nursing Home reimbursement rates are based on the 2019 cost report inclusive of general and professional liability insurance, property tax pass through rate, a 5% growth allowance inflation factor, and a hold harmless provision for the first year.

COVID-19 has substantially disrupted an already fragile senior care marketplace, further impacting the nursing home industry's general and professional liability cost. Insurers continue to cite the substantial increase in the frequency of high severity claims and their negative impact on loss ratios. These trends are driving insurers to adjust the structure, coverage, and pricing of most towers of insurance.

Effective February 1, 2022, the 2021 general and professional liability costs will be used in the nursing home reimbursement rate calculation. The cost report year will be updated at a minimum, every two (2) years. During the transition year, the Department will apply a hold harmless provision to the nursing home reimbursement rate. Finally, the hold harmless provision will be in effect through June 30, 2022.

An opportunity for public comment will be held on January 19, 2022 at 10:30 a.m. via Zoom. Written comments are due on or before January 26, 2022.

Mr. Kim respectfully asked for the Board's favorable consideration of initial adoption.

Cynthia Rucker MADE a MOTION to approve for initial adoption the Nursing Home General and Professional Liability Insurance Public Notice. Russ Childers SECONDED the MOTION. ON THE MOTION, the yeas were 9, nays 0, abstained 0, and the MOTION was APPROVED

(A copy of the Nursing Home General and Professional Liability Insurance Public Notice is attached hereto and made an official part of these minutes as Attachment #5).

Stacey Hillock, Esq., Executive Director, Office of Health Planning presented to the Board for initial adoption the Rules and Regulations for Health Planning, Administration, Chapter 111-2-1.

These rules are found in Chapter 111-2-1 of the Department's rules and regulations and are necessary in order to reflect legislative amendments to the State Health Planning and Development Act, to correct grammar, to provide clarity, and to modernize the rules.

The proposed changes make updates to the functions of the Office of Health Planning to include references to utilizing technical advisory committees to prepare and revise a draft State Health Plan; to seek advice from technical advisory committees, at the department's discretion; to provide for a fee exemption for a Certificate of Need application filing by a rural county hospital; and to study, recommend requirements for, and track the amount of uncompensated indigent and charity care required by each type of health care facility. The proposed changes include empowering the Commissioner to establish and abolish technical advisory committees in consultant with the Board in order to inform effective strategy development and execution.

An opportunity for public comment will be held on February 15, 2022 at 10:00 a.m. via Zoom. Written comments are due on or before February 18, 2022.

Ms. Hillock respectfully asked for the Board's favorable consideration of initial adoption.

Roger Folsom MADE a MOTION to approve for initial adoption the Rules and Regulations for Health Planning, Administration, Chapter 111-2-1. David Crews SECONDED the MOTION. ON THE MOTION, the yeas were 9, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Rules and Regulations for Health Planning, Administration, Chapter 111-2-1 is attached hereto and made an official part of these minutes as Attachment #6).

Stacey Hillock, Esq., Executive Director, Office of Health Planning presented to the Board for initial adoption the Rules and Regulations for Health Planning, Certificate of Need, Chapter 111-2-2.

The proposed changes make updates to the health planning regulations so as to revise provisions relating to certificate of need requirements; to revise and provide for new definitions relative to health planning and development; to prohibit certain actions relating to medical use rights; to revise provisions regarding when a certificate of need is required; to authorize destination cancer hospitals to be converted to general cancer hospitals; to revise and provide for additional exemptions to certificate of need requirements; to provide for requests and objections to letters of determination that an activity is exempt or excluded from certificate of need requirements; and to provide for annual reports to be made publicly available. Additional changes are proposed to allow for electronic filing.

An opportunity for public comment will be held on February 15, 2022 at 11:00 a.m. via Zoom. Written comments are due on or before February 18, 2022.

Ms. Hillock respectfully asked for the Board's favorable consideration of initial adoption.

Anthony Williamson MADE a MOTION to approve for initial adoption the Rules and Regulations for Health Planning, Certificate of Need, Chapter 111-2-2. Russ Childers SECONDED the MOTION. ON THE MOTION, the yeas were 9, nays 0, abstained 0, and the MOTION was APPROVED

(A copy of the Rules and Regulations for Health Planning, Certificate of Need, Chapter 111-2-2 is attached hereto and made an official part of these minutes as Attachment #7).

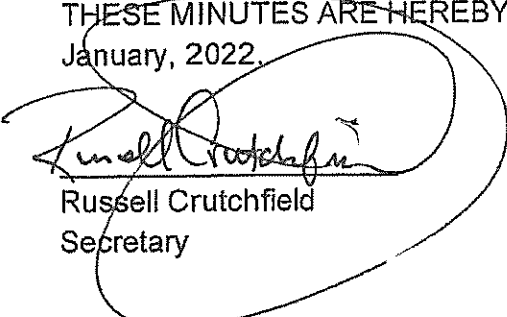
New Business/Closing Comments

Chairman Boyd thanked the Department for sharing the relevant documents in advance of the meeting.


Adjournment

There being no further business to be brought before the Board, Chairman Norman Boyd adjourned the meeting at 10:03 a.m.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 13th DAY OF January, 2022.



Russell Crutchfield
Secretary



Norman Boyd
Chairman

Official Attachments:

- #1 Agenda
- #2 List of Attendees
- #3 Medical Assistance Plans, State Plan Amendment: Medicaid Coverage of Routine Patient Costs Furnished in Connection with Participation in Qualifying Clinical Trials Public Notice
- #4 Medical Assistance Plans, State Plan Amendment: Psychiatric Residential Treatment Facilities (PRTF) Rate Adjustment Public Notice
- #5 Nursing Home General and Professional Liability Insurance Public Notice
- #6 Rules and Regulations for Health Planning, Administration, Chapter 111-2-1
- #7 Rules and Regulations for Health Planning, Certificate of Need, Chapter 111-2-2