

Board of Community Health
Meeting
February 10, 2022

Members Present

Norman Boyd
Roger Folsom
Russell Crutchfield
David Crews
Anthony Williamson
Nelva Lee
Cynthia Rucker

Members Absent

Russ Childers
Kenneth Davis

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 10:30 a.m.

Minutes

The Minutes of the January 13, 2022 meeting were unanimously approved.

Opening Comments

None to report.

Audit Committee Report

Anthony Williamson, Chairman of the Care Management Committee provided the following update:

- Reviewed the draft committee charter.
- Presentations:
 - Kevin Holloway and Dr. Carla Willis:
 - CMO Performance Analysis Dashboard presentation.
 - Lynnette Rhodes:
 - Federal Public Health Emergency (PHE)
 - Procurements

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:

- Legislative Session Budget Highlights/Specifics
 - Medicaid growth and annual claw-back items.
 - Participation in clinical trials.
 - Cost coverage for donor breast milk for very low birth weight newborns.
 - Governor Brian P. Kemp's \$16 million recommendation includes an increase for contract service costs, Medicaid enterprise system transformation activities, and a \$5,000 pay increase for state employees.
- FY23:
 - Express lane enrollments
 - Attestation
 - Continuation of clinical trials coverage.
 - Postpartum Medicaid coverage extension from six months to 12 months.
 - Expanding therapeutic services statewide.
 - Additional behavioral health services codes.
 - Over \$500 million added in FY23 according to the Governor's budget recommendations.
 - House passed out of committee their version of the budget. Senate hearings will begin next week.
 - No agency legislation this year. Working in collaboration with legislators on various bills.
- Home and Community-Bases services:

Earlier this year the Board approved rate increases that were included in the FY22 appropriations bill and funded in part by additional federal funding for the enhanced Federal Medical Assistance Percentage (FMAP). Those rates and several other items were included in our initial spending plan submitted to Centers for Medicare & Medicaid Services (CMS). They have partially approved that plan.

A revision was submitted to include an additional rate increase that was not part of the budget for providers enrolled in the Georgia Pediatric Program (GAPP). This program provides in-home skilled nursing services to medically fragile children under the age of 21. Upon CMS approval, that HCBS piece of the spending plan will be presented to the Board as an action item.

- The Department requested several waiver approvals for federal regulatory requirements related to various flexibilities due to the Public Health Emergency (PHE). They were approved by CMS to ensure our members maintained access to healthcare services.

In November, the Department submitted an additional related waiver request, the Managed Care Risk Mitigation COVID-19 1115 Demonstration Waiver. This waiver provided the Department with flexibilities in our managed care rate setting process to provide certain risk adjustments related to COVID. The waiver was approved, effective January 18, with a written public comment period through March 14. No action is required from the Board.

- Psychiatric Residential Treatment Facilities (PRTFs):
Based on feedback, conversation, and analysis, you will hear a recommendation to further increase those rates.
- Advancing Innovation to Deliver Equity (AIDE):
A new multi-step process state directed payment program that will result in leveraging additional federal funding to ultimately reduce uncompensated care costs in Georgia.
- Staff announcements:
 - Rich Kim served as interim Budget Director for the past few months. Effective February 1, he was appointed permanent Budget Director.
 - Terry Conrad our current State Health Benefit Plan (SHBP) Accounting Manager will serve as Interim Comptroller.
 - David Graves, Director of Communications.
- Thanked the staff for their participation in the state charitable contributions campaign. The Department won a stellar award.
- Recognition of the life and service of Ellwood F. Oakley, who has served as a Certificate of Need (CON) appeal hearing officer for over a decade from 2008 to 2019, passed away in January. He was very passionate and committed to serving the healthcare community and took great pride in his work. He will be missed, and the Department would like to extend our condolences to his family.
- Recognition for employees' years of service milestones.

Rich Kim, Budget Director presented to the Board for final adoption the 2021 Nursing Home General and Professional Liability Insurance Public Notice.

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 was held on January 19, 2022 at 10:30 a.m. via Zoom. Written comments were due on or before January 26, 2022. No oral or written comments were received.

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

Nelva Lee MADE a MOTION to approve for initial adoption the Nursing Home General and Professional Liability Insurance Public Notice. David Crews SECONDED the

MOTION. ON THE MOTION, the yeas were 7 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 #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 (amended).

In response to public input, the Department revised the rate methodology from the January 13, 2022 Board meeting to present an amended notice for initial adoption and additional public input.

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 amended the per diem rate for each facility utilizing the 2019 PRTF submitted cost reports with a 5% inflation factor to utilizing the 2020 PRTF submitted cost reports with a 5% inflation factor. The previously held cost cap continued to be removed. Two facilities that previously did not receive an increase continued to not receive an increase as cost reporting utilizing 2020 data continued to show a decline in cost. The Medicaid State Plan has a hold harmless provision in these circumstances to protect provider network adequacy.

Amended 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	\$507.59	T2048
Hillside, Inc.	\$407.00	\$595.90	T2048
Laurel Heights Hospital	\$363.57	\$520.07	T2048
Lighthouse Care Center of Augusta	\$318.14	\$318.14	T2048
Youth Villages Inner Harbour	\$407.00	\$517.89	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 – The per diem rate adjustment for children with a co-occurring diagnosis of autism that was proposed at the January 13th Board meeting was not altered. 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	\$139,048.23	\$322,139.94	\$461,188.17
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	\$552,062.90	\$1,082,710.27	\$1,634,773.17
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 February 16, 2022 at 11:00 a.m. via Zoom. Written comments are due on or before February 23, 2022.

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

Russell Crutchfield MADE a MOTION to approve for initial adoption the Medical Assistance Plans, State Plan Amendment: Psychiatric Residential Treatment Facilities (PRTF) Rate Adjustment Public Notice (amended). Nelva Lee SECONDED the MOTION. ON THE MOTION, the yeas were 7, 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 (amended) is attached hereto and made an official part of these minutes as Attachment #4).

Ryan Loke, Deputy Commissioner & Chief Health Policy Officer presented to the Board for initial adoption the Medical Assistance Plans, State Plan Amendment: Advancing Innovation to Deliver Equity (AIDE) Public Notice.

Mr. Loke provided the following background:

The program presented today, will be specifically targeted, and limited.

Pending Centers for Medicare Medicaid Services (CMS) approval, the Department proposes to implement over the next couple months, a new value-based, hospital directed payment program. This is the first of a multi-step series.

The goal of this program is to build upon advancing quality, accountability, and transparency.

Eligible hospitals are defined as state-owned acute care hospitals, or non-state governmental, individual acute care hospitals providing more than 63,000 total Medicaid inpatient days based on the 2020 Medicare cost report and has over 100,000 total In-State Medicaid inpatient days as reported in the 2021 DCH Disproportionate Share Hospital (DSH) Final Payment Eligibility Report.

Initially, this will be limited to two hospitals, a guest University Health System and Grady Health System. This will ensure that staff and teams are prepared on the regulatory side to handle the workload, build upon the success in future iterations of this program, and expand the pool to additional eligible hospitals.

	State Cost	Federal Cost	Total Cost
SFY 2023	\$116,391,341	\$228,242,138	\$344,633,479

Payment of At-Risk Dollars by Program Year

Ten percent of program payments will be at risk based on performance on ten quality measures. The table below shows the requirements for payout of the at-risk dollars.

Program Year	Measures Required to Meet
Year 1	3 of 10 measures
Year 2	4 of 10 measures
Year 3	5 of 10 measures

Mr. Loke thanked the following individuals for their hard work and contributions.

DCH staff:

Kim Morris, Director of Reimbursement, Financial Management Division

Rich Kim, Budget Director

Joe Hood, Senior Advisor

Brian Lipton, Senior Policy Advisor

Lynnette Rhodes, Executive Director, Medical Assistance Plans Division, and her team

External partners:

Matt Hicks, Grady Health System

Carie Summers and Anna Adams, Georgia Hospital Association (GHA)

An opportunity for public comment will be held on February 17, 2022 at 10:30 a.m. via Zoom. Written comments are due on or before February 24, 2022.

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

Roger Folsom MADE a MOTION to approve for initial adoption the Medical Assistance Plans, State Plan Amendment: Advancing Innovation to Deliver Equity (AIDE) Public Notice. Cynthia Rucker SECONDED the MOTION. ON THE MOTION, the yeas were 7, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Medical Assistance Plans, State Plan Amendment: Advancing Innovation to Deliver Equity (AIDE) Public Notice is attached hereto and made an official part of these minutes as Attachment #5).

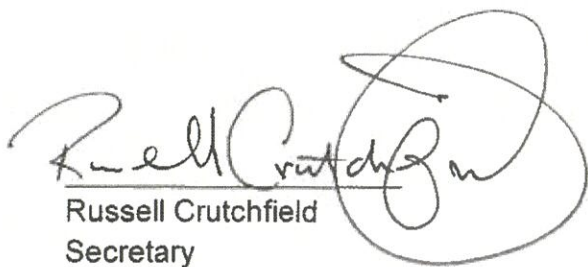
New Business/Closing Comments

None to report.


Adjournment

There being no further business to be brought before the Board, Chairman Norman Boyd adjourned the meeting at 11:03 a.m.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 10th DAY OF February, 2022.



Russell Crutchfield
Secretary



Norman Boyd
Chairman

Official Attachments:

- #1 Agenda
- #2 List of Attendees
- #3 2021 Nursing Home General and Professional Liability Insurance Public Notice
- #4 Medical Assistance Plans, State Plan Amendment: Psychiatric Residential Treatment Facilities (PRTF) Rate Adjustment Public Notice (amended)
- #5 Medical Assistance Plans, State Plan Amendment: Advancing Innovation to Deliver Equity (AIDE) Public Notice