

Board of Community Health
Meeting
July 18, 2022

Members Present

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

Members Absent

Robert Cowles

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 June 2, 2022 meeting were unanimously approved.

Opening Comments

Chairman Boyd welcomed two new Board members:

- Shane Mobley (replacing Kenneth Davis' seat)
- Robert Cowles (replacing Russ Childers' seat)

Mr. Mobley thanked the Board for the opportunity to serve.

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:

- The federal public health emergency (PHE) was officially extended late last week. The extension will run through October 13, 2022. Most current Medicaid members will maintain eligibility, at least until October 13.

As a result, we will continue to suspend premiums and co-pays for our Peachcare for Kids' members, provide reimbursement at \$40 a dose for COVID-19 vaccine administration, and Appendix K will also remain in place.

We will continue to examine what flexibilities will remain in place for unwinding and re-determining eligibility for 2.5+million Medicaid members at the conclusion of the state of emergency.

- Comprehensive support waiver (COMP) renewal for five years was officially approved by CMS which will provide support to individuals with intellectual and developmental disabilities.

Publicly thanked: Lynnette Rhodes, her team, finance, and others that assisted with the renewal.

- CMO re-procurement Request for Information (RFI) period has concluded; received 50+ responses.
- Staff announcement: Russel Carlson, Chief Health Policy Officer.
- Recognition for employees' years of service milestones.

Lynnette Rhodes, Executive Director, Medical Assistance Plans presented to the Board for final adoption the Medical Assistance Plans, State Plan Amendment, and termination of 1115(a) Demonstration: Postpartum extension to twelve (12) months Public Notice.

Pending Centers for Medicare and Medicaid Services (CMS) approval, the Department of Community Health (Department or DCH) proposed to terminate its Postpartum Extension 1115(a) Demonstration, which extends postpartum services to six (6) months or 180 days. Upon receiving approval from CMS, the Department will extend postpartum services to twelve (12) months under the state plan.

In March 2021, the American Rescue Plan Act (ARPA) was signed into law. Section 9812 of ARPA extends postpartum coverage to 12 months under the state plan. Per the provisions of ARPA, state Medicaid agencies have the option, beginning April 1, 2022, to extend postpartum services to twelve (12) months. Accordingly, the Department is proposing to terminate its Postpartum Extension 1115(a) Waiver for the following reasons:

1. The current 1115(a) demonstration only extends postpartum services to six (6) months or 180 days.
2. Per section 9812 of ARPA, which was signed into law in March 2021, states have the option to extend postpartum services to twelve (12) months under the state plan.

3. DCH has opted to extend postpartum services to twelve (12) months under the state plan.

The eligibility groups will remain the same under the state plan twelve (12) months postpartum coverage option.

The transition to twelve (12) months postpartum services is estimated to increase Medicaid expenditures for SFY 2023 as follows:

SFY2023

Program	State Funds	Federal Funds	Total Funds
Low Income Medicaid (LIM)	\$27,395,603	\$57,624,504	\$85,020,107

SFY2024

Program	State Funds	Federal Funds	Total Funds
Low Income Medicaid (LIM)	\$29,744,567	\$57,790,945	\$87,535,512

An opportunity for public comment was held on June 6, 2022 at 11:00 a.m. and June 9, 2022 11:00 a.m. via Zoom. Written comments are due on or before July 1, 2022. No oral comments were received. Written comments were received from the following:

- Shelmekia Hodo, Director of Maternal and Infant Health Initiatives, March of Dimes.
 1. Ms. Hodo was in full support of the proposed change as it will reduce maternal mortality, improve maternal health, and promote early detection and treatment of postpartum depression and related mental health conditions. Additionally, Ms. Hodo noted that the extension to 12 months postpartum services will reduce the rate of low birthweight and pre-term births, provide wraparound services, reduce healthcare costs, and support providers delivering care in rural communities.

DCH Response: The Department thanks the commenter for their support.

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

Nelva Lee MADE a MOTION to approve for final adoption the Medical Assistance Plans, State Plan Amendment, and termination of 1115(a) Demonstration: Postpartum extension to twelve (12) months Public Notice. Cynthia Rucker SECONDED the MOTION. ON THE MOTION, the yeas were 8, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Medical Assistance Plans, State Plan Amendment, and termination of 1115(a) Demonstration: Postpartum extension to twelve (12) months Public Notice is attached hereto and made an official part of these minutes as Attachment #3).

Lynnette Rhodes, Executive Director, Medical Assistance Plans presented to the Board for final adoption the New Options 1915c Waiver Renewal Public Notice for an additional five years.

Pending approval by the Centers for Medicare and Medicaid Services (CMS), the Department of Community Health (DCH) proposed to renew the 1915(c) New Options Waiver program (NOW) for an additional five years. The NOW is currently scheduled to expire on November 8, 2022.

The NOW provides services to individuals with intellectual disabilities and developmental delays who are at risk of placement in an Intermediate Care Facility for Persons with intellectual disabilities and developmental delays (ID/DD). The NOW provides the following services: adult occupational therapy, adult physical therapy, adult speech and language therapy, behavioral supports consultation, respite, specialized medical equipment and supplies, supported employment, vehicle adaptation, environmental accessibility adaptation, as well as several other services.

As part of its renewal, the Department proposes the following changes:

- Modify eligibility minimum age
- Add Assistive Technology as a new service
- Modify the following services to reflect telehealth service delivery
 - Adult Speech and Language
 - Adult Physical Therapy
 - Adult Occupational Therapy
 - Nutrition Services
 - Interpreter Services
 - Behavior Support Services
 - Supported Employment
- Allow two services with low utilization to expire
 - Community Guide
 - Natural Support Training
- Remove participant direction (self-direction) as a service model
 - Behavior Support Services
 - Supported Employment
- Permanently reset rates to reflect a 7 percent increase

Modify eligibility minimum age:

IQ testing in very young children is not predictable of future cognitive abilities. This is especially true for infants, as their language skills cannot be assessed. Additionally, young children may benefit significantly from early interventions services. It is best to determine eligibility for children after they have passed through the early developmental

phase and had the opportunity to benefit from early intervention services. This change does not impact anyone currently on the waiver or the planning list.

Add a New Service:

Assistive Technology

Assistive technology consists of any technology, whether acquired commercially, modified, or customized, that is used to maintain or improve functional capabilities of individuals with disabilities by providing an alternative method to perform a task.

Modify a Service:

DCH proposed allowing the following services to be provided via telehealth. Telehealth will promote member choice in treatment modality and increase availability of state-wide providers. Telehealth may only be used when clinically indicated and when preferred by the member.

- Adult Speech and Language
- Adult Physical Therapy
- Adult Occupational Therapy
- Nutrition Services
- Interpreter Services
- Behavior Support Services
- Supported Employment

The Fiscal Impact for the five-year renewal is as follows:

Waiver Year	Estimated State Share	Estimated Federal Share	Estimated Total Expenditure
Year 1	\$21,962,711	\$42,671,517	\$64,634,227
Year 2	\$22,915,393	\$44,522,492	\$67,437,884
Year 3	\$23,906,713	\$46,448,534	\$70,355,247
Year 4	\$24,943,622	\$48,463,153	\$73,406,774
Year 5	\$26,030,910	\$50,575,652	\$76,606,562
Total	\$119,759,349	\$232,681,348	\$352,440,697

An opportunity for public comment was held on June 6, 2022 at 12:00 p.m. via Zoom. Written comments are due on or before July 1, 2022. No oral comments were received. Written comments were received from the following:

- C. Edward Grogan, President, Home Care Association of America Georgia Chapter
- Dave Lamb, Legislative Chairman, Home Care Association of America Georgia Chapter

- Nicholaus Perry, Chairman, Georgia Council on Developmental Disabilities
- Ruby Moore, Executive Director, Georgia Advocacy Office
- Zolinda Stoneman, Director, Institute on Human Development and Disability, University of Georgia
- Emily Graybill, Director, Center for Leadership in Disability, Georgia State University
- Rena Harris, Executive Director, Georgia Options, Inc.
- Michelle Schwartz, Director, Sangha Unity Network, Inc.
- Shelly Simmons, Executive Director, Statewide Independent Living Council of Georgia
- Susan Walker Goico, Managing Attorney, Disability Integration Project, Atlanta Legal Aid

Below is a summary of the comments received and the Department's responses:

1. Commenters were in full support of the addition of assistive technology but requested that internet access be explicitly included as an allowable expense. The commenter further indicated that without this provision, waiver participants may not be able to access the full benefits of the assistive technology.

DCH Response: Medicaid members may obtain free mobile cell phones through the Lifeline Wireless Program. The program provides a free smartphone, and a free data plan, including unlimited minutes and text. Upon application, members may receive a phone within 3-5 days of application. Members may apply for a free mobile phone by calling 614-699-5741 or by logging onto www.galifeline.com. Mobile phones may be utilized to access the internet or utilized as a hot spot for internet use.

Commenters recommended that assistive technology be expanded to include additional opportunities to enhance care and reduce overall healthcare costs by incorporating various services such as motion monitors, vital sign remote wearables, gait analysis belts, etc.

DCH Response: The Department thanks the commenter for their support and notes that Assistive Technology is broadly defined within the waiver application to capture technology that will maintain or improve functional capabilities of individuals with disabilities and enhance care. Assistive technology consists of any technology, whether acquired commercially, modified, or customized, that is used to maintain or improve functional capabilities of individuals with disabilities by providing an alternative method to perform a task.

2. Commenters recommended the addition of specific language that clarifies that telehealth is optional and only to be used when it is determined to be the best modality available to meet the needs of the waiver recipient.

DCH Response: Appendix C of the waiver application contains language which provides that telehealth is only to be used when appropriate. The Department will also include similar language in the accompanying policy and procedures manuals.

3. Commenters objected to the revised definition of Community Living Supports (CLS)-Extended Services.

DCH Response: The Department agrees with the commenter and notes that this was included in error and an oversight. The language will be removed.

4. Commenters indicated that waiver participants have benefitted from the flexibility offered under the Appendix K and recommend that the Department continue to allow family members to serve as paid support.

DCH Response: The Department will consider this request for a future waiver amendment and reminds the commenters that members will be allowed this flexibility throughout the duration of the Public Health Emergency.

5. Commenters recommended that the Department maintain the flexibility for services to be provided in alternative settings.

DCH Response: Settings are defined in the service specification section (C1/C3) of the waiver application. As a result of the public health emergency, members were granted the flexibility to receive services in alternative settings. This flexibility was allowed pursuant to an Appendix K and will continue throughout the duration of the public health emergency. We request that the commenter submit additional information regarding the specific setting referenced and the specific service for future consideration.

6. Commenters were in full support of the addition of telemedicine options to existing services and the 7% increase in the reimbursement rates.

DCH Response: The Department thanks the commenters for their support.

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

Cynthia Rucker MADE a MOTION to approve for final adoption the New Options 1915c Waiver Renewal Public Notice. Nelva Lee SECONDED the MOTION. ON THE MOTION, the yeas were 8, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the New Options 1915c Waiver Renewal Public Notice is attached hereto and made an official part of these minutes as Attachment #4).

Lynnette Rhodes, Executive Director, Medical Assistance Plans presented to the Board for final adoption the Elderly and Disabled (E&D) 1915(c) Waiver Renewal Public Notice for an additional five years.

Pending approval from the Centers for Medicare and Medicaid Services (CMS), the Department of Community Health (DCH) proposed to renew the 1915(c) Elderly and Disabled Waiver Program (EDWP) for an additional five years. The EDWP is currently scheduled to expire on November 8, 2022.

EDWP is a home and community-based program. The current approved EDWP, which includes the Community Care Services Program (CCSP) and the Service Options Using Resources for Community Environments (SOURCE) Program, expires November 8, 2022, and must be renewed by the Centers for Medicare and Medicaid Services (CMS).

As part of its renewal, the Department proposed the following changes:

- Add Assistive Technology as a new service
- Modify Personal Support Services to allow a relative to deliver the service
- Allow five services with no utilization to expire
 - Transition Coordination (Pre-discharge)
 - Transition Coordination (Month 1-6)
 - Transition Coordination (Month 7-12)
 - Transition Services and Supports
 - Transition Community Integration Services
- Reset rates to reflect a 10 percent increase

The Fiscal Impact for the five-year renewal is as follows:

Waiver Year	Estimated State Share	Estimated Federal Share	Estimated Total Expenditure
Year 1	\$303,219,743	\$589,127,940	\$892,347,682
Year 2	\$330,246,841	\$641,639,093	\$971,885,933
Year 3	\$359,688,664	\$698,841,837	\$1,058,530,501
Year 4	\$391,758,736	\$761,151,023	\$1,152,909,758
Year 5	\$426,718,552	\$829,074,714	\$1,255,793,266
Total	\$1,811,632,536	\$3,519,834,607	\$5,331,467,140

An opportunity for public comment was held on June 7, 2022 at 10:30 a.m. via Zoom. Written comments are due on or before July 1, 2022.

Oral comments were received from the following:

- Juliane Jones, Caregiver
- Jennifer Crosbie, Senior Link
- Vicki Clark

Written comments were received from the following:

- Donna Nackers, Vice President of Reimbursement, Georgia Health Care Association GHCA SOURCE
- Nancy Pitra, Director of Government Affairs, Alzheimer's Association, Georgia Chapter
- C. Edward Grogan, President, Home Care Association of America Georgia Chapter
- Dave Lamb, Legislative Chairman, Home Care Association of America Georgia Chapter

The following summary of comments was received:

1. Three commenters objected to the new restriction included in the waiver application which prohibits reimbursement to family caregivers who are also approved by the Social Security Administration as a member's representative payee. In many instances, the member's family caregiver also serves as the member's representative payee for the receipt of Social Security benefits. Commenters identified instances wherein a family member serving as the caregiver may be the only individual available to provide care to the member and receive the member's social security benefits. An example would be a daughter who serves as the caregiver and representative payee for her elderly mother who has multiple chronic health conditions. These family caregivers help to manage the member's finances, pay for food, clothing, and other personal items needed for the member.

DCH Response: The Department thanked the commenters for their written comments. After further consideration, the Department agreed to remove the restriction which prohibits reimbursement to family caregivers who are also the member's representative payee. However, the Department will continue to explore additional options to ensure program and payment integrity.

2. One commenter objected to the new restriction included in the waiver application which prohibits reimbursement to a caregiver who is caring for an unemancipated adult.

DCH Response: The Department thanked the commenter for her written comment. After further consideration, the Department agreed to remove the restriction which prohibits reimbursement to a caregiver who is caring for an unemancipated adult. However, the Department will continue to explore additional options to ensure program and payment integrity.

3. One commenter supported the waiver renewal and the addition of Assistive Technology services that will enrich the lives and independence of the Elderly and Disabled Waiver Program participants.

DCH Response: The Department thanked the commenter for their support.

4. Two commenters supported the addition of Assistive Technology but requested that the services be expansive and innovative so that individuals with Alzheimer's and Dementia can maintain the highest quality of life, dignity, and independence. Additionally, the commenters requested that Assistive Technology be expanded to include remote patient monitoring, motion monitors, medication reminders, gait analysis belts, as well as a few other items.

DCH Response: The Department thanked the commenters for their support and noted that Assistive Technology is broadly defined within the waiver application to capture technology that will maintain or improve functional capabilities of individuals with disabilities.

Assistive technology consists of any technology, whether acquired commercially, modified, or customized, that is used to maintain or improve functional capabilities of individuals with disabilities by providing an alternative method to perform a task.

5. One commenter recommended that DCH remove the twenty-four (24) member limit for Alternative Living Services-Group Model from the waiver application. The commenter suggested that removal of this prohibition will ensure that Medicaid-eligible individuals living in these community settings have access to Elderly & Disabled waiver services regardless of the size of the community setting in which the member resides.

DCH Response: The Department thanked the commenter for their response. At this time, the current limitations will remain in place.

6. One commenter requested that the Department allow family caregivers to provide personal support services.

DCH Response: With certain exceptions, Structured Family Caregiving allows family members who live in the home of the member or the reverse to provide care and support to the member. The waiver participant and primary caregiver must be related biologically or by marriage but may not include legally responsible adults such as parents of minor children or spouses of the waiver participants. Additionally, as noted in the public notice document, the Department proposed to allow relatives to deliver Personal Support Services, whether family live in the home of the member or the reverse.

7. One commenter recommended that additional slots and funding be provided to keep up with the current demand and the future demand as the population ages. The commenter indicated that the elderly and disabled population will exceed 3 million by 2023 and that those who qualify for Medicaid and need CCSP and SOURCE services should be able to receive services.

DCH Response: Currently, there is no waiting list for the EDWP. Approved applicants are receiving services. The Department will take this under advisement.

8. One commenter was in support of allowing a relative to provide Personal Support Services.

DCH Response: The Department thanked the commenter for their support.

9. One commenter recommended that there be parity in reimbursement rates for all of Georgia's 1915(c)waivers.

DCH Response: Reimbursement rates are based upon available funding. Thus, depending on the funding for each specific program, there may be variations in reimbursement rates. Additionally, reimbursement rates incorporate the various acuity levels and populations served.

10. One commenter recommended that the Out of Home Respite Care reimbursement rate be increased to mirror the rate for Extended Personal Support Services.

DCH Response: The Department appreciates the comment and will take this under advisement.

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

David Crews MADE a MOTION to approve for initial adoption the Elderly and Disabled (E&D) 1915(c) Waiver Renewal Public Notice. Roger Folsom SECONDED the MOTION. ON THE MOTION, the yeas were 8, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Elderly and Disabled (E&D) 1915(c) Waiver Renewal Public Notice is attached hereto and made an official part of these minutes as Attachment #5).

Brian Lipton, Senior Policy Advisor shared the following background:

The rule change that I am presenting here today for final adoption is another component of DCH's new Medicaid Innovation Advancement Project to increase available Medicaid

revenue dollars through CMS approval of a series of State Directed Payment Programs (DPP), State Plan Amendments, and department rule changes.

Brian Lipton, Senior Policy Advisor presented to the Board for final adoption the Medical Assistance Plans, Medicaid Care Management Organizations (CMOs) Hospital Directed Payments for Private Hospitals Public Notice.

Pending CMS approval, DCH proposes implementing a hospital state directed payment program on July 1, 2022 for eligible private hospitals. Eligible private hospitals are defined as all private, acute hospitals excluding general cancer hospitals, free-standing children's hospitals, and rehabilitative/psychiatric/long term acute hospitals. All critical access hospitals are excluded.

The proposed rule changes amend the Rules and Regulations for Medical Assistance, Ga. Comp. Rules & Regs. r. 111-3, to create a new section 111-3-11, titled Hospital Directed Payment Programs. These changes establish a new hospital provider payment program pursuant to the authority granted to the Department in O.C.G.A. § 31-8-179.2. Such payments will provide the necessary funding to obtain federal financial participation for two state directed payment programs that the board has approved for final adoption- Hospital Directed Payments for Private Hospitals and GA Strengthening The Reinvestment Of a Necessary-workforce in Georgia (STRONG) pending Centers for Medicare and Medicaid Services (CMS) approval.

Provider payments under this proposed rule shall only be used for the specific purpose of Hospital Directed Payment Programs, and the amount shall not exceed the amount necessary to obtain federal financial participation.

The total estimated funding increase:

	State Funds	Federal Funds	Total Funds
SFY 2023	\$51,748,450	\$101,478,140	\$153,226,590

An opportunity for public comment was held on June 7, 2022 at 11:30 a.m. via Zoom. Written comments are due on or before June 14, 2022. No oral comments were received. Written comments were received from the following:

- Carie Summers, Chief Financial Officer and Executive Vice President, Georgia Hospital Association
- Bryce Gartland, Co-Chief of Clinical Operations, Emory Healthcare
- Victor Moldovan, on behalf of the Southeastern Regional Medical Center (SERMC)

1. The comments from Ms. Summers and Dr. Gartland were in full support of the proposed rule change as an essential component of the Hospital Directed Payment program. *Additionally, the commenters noted that this initiative, GA-STRONG, and Hospital Directed Payments for Private Hospitals all support each other.*

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

2. The final comment was written by Victor Moldovan, a partner at Holland & Knight LLP, on behalf of the Southeastern Regional Medical Center, a general cancer hospital under the applicable certificate of need laws. This comment demonstrates that general cancer hospitals are specifically named as an exclusion for eligibility to receive payments through STRONG and Hospital Directed Payments for Private Providers. In comparison, this proposed rule makes exclusions under the umbrella of multiple provider groups, including, among others, "public, long term acute care, children's rehabilitative, geriatric, osteopathic, and other specialty hospitals...". Mr. Moldovan proposes amending the rule to duplicate the language from the Directed Payment Programs to specifically name general cancer hospitals as an exclusion.

DCH Response: The Department thanks Mr. Moldovan and SERMC for their comment and interest in the proposed rule change, but no amendment is necessary as general cancer hospitals are excluded from the provider payment under the language as proposed.

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

Shane Mobley MADE a MOTION to approve for final adoption the Medical Assistance Plans, Medicaid Care Management Organizations (CMOs) Hospital Directed Payments for Private Hospitals Public Notice. Russell Crutchfield SECONDED the MOTION. ON THE MOTION, the yeas were 8, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Medical Assistance Plans, Medicaid Care Management Organizations (CMOs) Hospital Directed Payments for Private Hospitals Public Notice is attached hereto and made an official part of these minutes as Attachment #6).


New Business/Closing Comments

None to report.

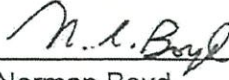
Adjournment

There being no further business to be brought before the Board, Chairman Norman Boyd adjourned the meeting at 11:17 a.m.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 18th DAY OF July, 2022.



Roger Folsom
Vice Chairman



Norman Boyd
Chairman

Official Attachments:

- #1 Agenda
- #2 List of Attendees
- #3 Medical Assistance Plans, State Plan Amendment, and termination of 1115(a) Demonstration: Postpartum extension to twelve (12) months Public Notice
- #4 New Options 1915c Waiver Renewal Public Notice
- #5 Elderly and Disabled (E&D) 1915(c) Waiver Renewal Public Notice
- #6 Medical Assistance Plans, Medicaid Care Management Organizations (CMOs) Hospital Directed Payments for Private Hospitals Public Notice