



February 29, 2012

Commissioner David Cook  
Department of Community Health  
2 Peachtree St., NW  
Atlanta, GA 30303

RE: NAVIGANT REPORT & MEDICAID REDESIGN

Dear Commissioner Cook:

The Atlanta Regional Commission, as the designated Area Agency on Aging (AAA) for the 10-county Atlanta region, is aware of the ongoing discussions relative to the potential for Managed Care for Aged, Blind and Disabled. Indeed, we must all seek to identify cost savings and other solutions regarding health care for older Georgians, those with disabilities and the blind.

As the Department redesigns Medicaid and explores managed care options and also moves forward to rebalance Georgia's long-term care system with its application to CMS for potential Balancing Incentive Program (BIP) funding, we believe that there are tremendous cost savings to be realized if we look beyond the traditional models for managed care and create a model that builds upon the platform of existing cost-saving programs while integrating new risk models.

As the AAA, we encourage you to begin by considering the existing assets available in the state and that you build upon the current infrastructures that already have proven cost savings. Specifically we refer you to:

The Aging and Disability Resource Connection (ADRC), funded under the Older Americans Act with additional State support, has functioned on a highly efficient platform of information and resources, assisting older adults, persons with disabilities and caregivers at the right time with the right information. AAAs across the State have cooperated in the development of this strong infrastructure and partnered with agencies representing the Departments of Behavioral Health, Developmental Disabilities, Mental Health and the Brain & Spinal Injury Trust Fund Commission, to name a few. ADRC cross training and defined protocols have raised the bar for access and it has been heralded nationally as a model for information, intake and screening.

The ADRC has transformed the single point of entry into no wrong door for Georgians seeking services. Further, it demonstrates the ability to significantly divert people seeking services away from Medicaid and nursing homes, often into non-Medicaid Home and Community Based Services and/or fee-for-service options. Tens of thousands of people who never come into the Medicaid system are significant savings for the State of Georgia. ADRCs could be a significant piece of the puzzle in redesigning if designated as the CMO contracting source for intake and screening passing such savings to the State Redesigned model for implementation.

Georgia's Aging Services Network: The Aging Network currently provides services and supports for both Medicaid and non-Medicaid clients such as home-delivered meals, personal support services and the newly launched Care Transitions program designed to prevent hospital readmissions.

- a) Consider the savings to Medicaid and the potential for serving CMO clients if the network is contracted to provide the proper, cost efficient services.
- b) Consider too how a Care Transitions model could reduce acute costs for ALL Medicaid clients if required upon hospital discharge to fill a large gap in Georgia's ability to save money on acute, hospital/medical episodes. Likewise, the model can appropriately support Money Follows the Person transitions through appropriate Options Counseling provided by AAAs as the Local Contact Agency.

We urge the Department to evaluate the cost savings already being realized through the managed care approach incorporated in the existing waivers serving high-risk clients. If the intention is to move forward, then perhaps Georgia could design plans for a phased approach so that we can see the pros and cons that emerge as each new, diverse population is integrated.

We would appreciate the opportunity to submit a more thorough proposal covering the above suggestions and look forward to working with the Department in serving older adults and persons with disabilities.

Sincerely,



Cathie Berger, Director  
Area Agency on Aging

C: Jerry Dubberly, Chief, Medicaid