

Ombudsman

LONG TERM CARE

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July 3, 2011

Jerry Dubberly, Pharm. D., MBA
Medicaid Division Chief
Georgia Department of Community Health
2 Peachtree Street, N.W.
40th Floor
Atlanta, GA 30303

RE: Medicaid Redesign Recommendations for the Request for Proposal

Dear Chief Dubberly:

As a part of the aging network serving individuals with disabilities in long-term care facilities, the Long-Term Care Ombudsman Program supports the Department of Community Health (DCH) efforts to improve health outcomes for Medicaid members, utilizing resources as effectively as possible. Long-Term Care Ombudsmen (LTCO) recommend that the RFP for Medicaid should include adjustments to the Care Management Organization (CMO) contracts for the current Medicaid members they serve, before making changes in the management of care for the Aged, Blind and Disabled (ABD) populations. Many of the ABD members currently receive care management services whether served through a waiver program or in a long-term care facility. The RFP focus for ABD members should be on those ABD members who do not currently have care management services such as those on the Katie Beckett waiver, or children in foster care. Any other changes to ABD should be completed in a future RFP developed more slowly, taking into consideration the unique needs of the diverse ABD populations.

Affordable Care Act Implications – Medicaid Expansion

With the Supreme Court's decision on June 28, 2012 to uphold the constitutionality of the "Affordable Care Act" (ACA), features of the law are now more certain. The Supreme Court's decision did make a significant adjustment to the ACA, providing states flexibility to expand the Medicaid program, if the states so determine. With that option, rather than mandate, it seems an

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appropriate time to step back from adding ABD to the managed care contract, instead taking the time to assess whether and how to expand the low income Medicaid program and what requirements to include in a new CMO contract for that expanded low income population. If DCH determines to move forward with including ABD members, DCH should consider the following.

ABD populations are not homogenous

ABD Medicaid members, as a group, are not as similar as the children who are in the Medicaid program or PeachCare for Kids. The needs of aged Medicaid members are very different than the needs of a blind member or a member with developmental disabilities or a younger member with profound physical disabilities. ABD members have disparate needs requiring complicated and tailored solutions. Changes to care for ABD members should include a person centered approach recognizing that one size does not fit all for each member whether they live in the community or in a long-term care facility.

Person Centered Care

The RFP must require the bidder to describe how it will continue to encourage providers and consumers to take a person centered approach to care – requiring providers to listen to the consumers – what they need, what they want, and what they expect. Georgia and the Centers for Medicare and Medicaid Services (CMS) have invested in the Money Follows the Person (MFP) Program which provides hope to Medicaid members living in nursing homes that they may return to the community with supports through MFP. The RFP must require each bidder to describe how it will support the ongoing efforts of the MFP program.

Some Medicaid members reside in long-term care facilities to manage stable but chronic, serious conditions. Some live in long-term care facilities to manage the ongoing and active decline they are experiencing in the end of life process. The RFP must address the continued need for long-term care facilities for those Medicaid members who choose to live in such a setting to manage their ongoing care needs or to provide care at the end of life.

Specific Services

The RFP must require that therapies be available to Medicaid members including therapy not just for recovery but to maintain current level of ability, especially for those with stable but chronic conditions. For some ABD members, the conditions each has may not improve, but may be kept from worsening when therapy continues. The RFP must require that each bidder describe the programs each will provide for ABD members, particularly those programs related to pain management, wound care, chronic disease management, mobility, falls prevention, mental health

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and substance use issues, and other evidence based wellness/prevention programs specifically for ABD members.

Conflict Free Assessment for Services

Federal and state dollars have been invested in developing Aging and Disability Resource Connections (ADRCs) in Georgia to provide options counseling to individuals with long-term services and supports needs to find the resources – private or public – that will allow the individual to live as independently as possible, for as long as possible. This investment in infrastructure means that Georgia is prepared to take the next step to require that any Medicaid member needing long-term services and supports must be screened by the ADRC to assess the most appropriate setting for services. Particularly if long-term services and supports are included in the RFP for the CMOs to manage, screening through the ADRC must be a mandatory component. This requirement assists with the person centered approach as well as eliminating any conflict of interest the CMO would have. For many long-term care facility residents, if those involved had a better sense of the supports and services available before entering the nursing home, the resident may have been able to stay in the community longer, preserving their home and continuity of environment longer.

The RFP should require the bidder to describe how it will maintain continuity of the ABD member's current services and supports. Significant changes to the ABD member's routine for care can trigger decline in the member's health. When the member's health declines, the member needs more services and costs increase.

The RFP should require the bidder to describe how it will establish positive health goals for ABD members when the natural progression of the ABD member's age or disability makes the health outcomes less stable and predictable than is the case for low income Medicaid members.

More Coordination of Health Care with Long-Term Services and Supports

Whether an ABD member receives long-term services and supports in the community or in an institution, more coordination of health care among primary care and specialist physicians, pharmacists, therapists, direct care workers, and social services providers may help some Medicaid members improve their health outcomes and, in other instances, may slow the expected decline of the member's health. Even for individuals with terminal conditions, managing care for the best quality of life possible through the decline of life is a worthy goal. The RFP should require each bidder to describe how it will coordinate the health care with long-term services and supports and how it will work with the existing infrastructure of providers in Georgia to ensure continuity of care.

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Health Care Innovations/Technology

ABD members are able to manage their health care and quality of life using technology including communication devices, mobility devices, etc. The RFP must include a requirement that the bidder describe how it will engage telemedicine, assistive technology, electronic medical records and other innovations to improve access, improve health outcomes and manage the cost of care for ABD members.

Barriers

The RFP must require each bidder to describe how it will address barriers to success. Such barriers include lack of transportation and of local providers. Challenges include developing effective outreach efforts to identify ABD Medicaid members, on-boarding activities to timely and effectively engage ABD members in the services each ABD member requires, and strategies to encourage compliance of ABD members in the management of each member's health.

Care Problems

The RFP must require each bidder to describe how it will provide ABD members with an unbiased, independent advocate that will assist the ABD member with problems with Medicaid health care delivery. The advocate must be independent of the successful bidder and the advocate must have authority to access the ABD member and the health care provider to assist the ABD member to resolve the care problem. The RFP must build into the program, funding for such advocates to assist ABD members in overcoming barriers to obtaining health services.

The RFP should also require that each bidder offer health care navigators that assist ABD members to navigate the health care system – follow up phone calls after a provider visit to assure medications were obtained, instructions understood, follow up appointments scheduled, etc.

Continued Stakeholder Participation

Tasks forces and work groups advising DCH in the redesign effort must continue as real partners in the ongoing implementation of the Medicaid redesign. The task forces and work groups are the eyes and ears for DCH, providing to DCH the story that explains the data. The program will not be successful if problems go unheeded and unresolved.

Recommendations for the Redesign

The Office of the State Long-Term Care Ombudsman recommends the following:

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1. Focus the RFP on bids for the low income Medicaid members currently managed by CMOs, and for those newly eligible low income members, if the state chooses to expand the eligibility for low income Medicaid;
2. Plan for an RFP at some time in the future to address any changes to ABD;
3. Take the time to determine the cost drivers for each group within ABD to evaluate what is currently working and should be continued versus what needs to be changed to improve health outcomes and reduce costs;
4. If DCH determines that ABD must be included in the current RFP, include only those ABD members in categories that are not currently receiving care management services including Katie Beckett Waiver members and foster children.

Thank you for the opportunity to participate in the Medicaid Redesign planning and implementation. I look forward to continuing participation in this effort.

Sincerely,

Melanie S. McNeil, Esq.
State Long-Term Care Ombudsman

Cc: Ann Williams, Long-Term Care Advisory Council Chair

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