

**From:** Susan Radovich [mailto:[stherad@gmail.com](mailto:stherad@gmail.com)]  
**Sent:** Tuesday, February 28, 2012 4:58 PM  
**To:** My Opinion  
**Cc:** Don Cole  
**Subject:** Redesign to managed care

Dear Commissioner Cook and DCH Board Members,

As a current member of the DBHDD Board, I am very concerned about the results of the latest study regarding the redesign of the medicaid program in Georgia. As I read the executive summary it seemed that the only option being seriously considered is to farm out the program to managed care. Particularly in the mental health arena of treatment this seems ill-advised at best. This very vulnerable segment of our population has never fit the "cookie cutter" model of treatment. There are other low cost options available such as the Open Doors to Recovery project currently being used in Region V. The department of corrections recognizes the success of this project and has requested teams to follow incarcerated mental health inmates as they are released as they have seen a significant lowering of the repeat arrest numbers.

Managed care has not been successful in the general medical community and our vulnerable populations who have difficulty expressing themselves will find even less consideration in a managed care environment. I agree that there needs to be a screening tool of some sort to avoid over use use of medical treatment, however a non-local, uninvolved (usually out of state) managed care agency is not the best option for any of Georgia's vulnerable medicaid recipients. Behavioral health issues, serving the DD population and young children's problems are expensive, there is no denying this, but an impersonal managed care program is not the answer to solving this problem. The state, through the guidance of your agency, would be better served by other options.

Your task is certainly not enviable, but please take a hard look at the states cited in the study. Many are currently in litigation regarding these very issues. Likewise, the financial status {particularly in the Midwestern states cited} has not improved since moving to managed care. Level of care would be an interesting follow up study, and should be included before replicating any program. Please take time to seriously consider these problems before embracing managed care.

Thank you for your guardianship of the vulnerable segment of Georgia's population.

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