

**Care of Aged, Blind and Disabled Citizens of Georgia**  
**Home and Community-Based Services**  
**Visiting Nurse Health System comments**  
**February 29, 2012**

**Background**

Visiting Nurse Health System, Georgia's largest nonprofit provider of healthcare services at home, has served the Aged, Blind and Disabled citizens of metro Atlanta for over 60 years. We deliver:

- Short and long-term primary care services in the homes of seniors with chronic health conditions that limit their ability to benefit from traditional office-based care.
- Short and long-term nursing and therapy services in the homes of seniors and the disabled who require follow-up care after being discharged from inpatient facilities.
- Long-term coordination of services and supports required by home-bound functionally impaired seniors and the disabled with chronic health conditions. In partnership with the Atlanta Regional Commission, we have served clients of the Community Care Services Program (CCSP) administered by the Georgia Department of Human Resources since 1996. In addition, also in partnership with the Atlanta Regional Commission, we have served clients of Service Options Using Resources in Community Environments (SOURCE) administered by the Department of Community Health since 2006.
- End-of-life care in patient's homes and the Hospice Atlanta Center.

We served 25,000 metro Atlanta residents last year and believe we are having a positive impact on the overall cost of medical care in metro Atlanta by reducing unneeded higher cost and less efficient inpatient services. We would like to share a few comments based on our experience.

**Key Information**

The following points are important to an understanding of the Aged, Blind and Disabled (ABD) Medicaid population in Georgia and are from the Kaiser Family Foundation at [statehealthfacts.org](http://statehealthfacts.org), using 2008 data

- **Georgia's ABD Medicaid enrollment totals 425,000**, which is 25% of Georgia's total Medicaid enrollment.
- **Georgia spends one third less per ABD Medicaid enrollee** than the US annual \$14,000 spend.
- **Georgia Medicaid spends less on long-term care services**, 25% of total annual spend as compared to the 33% US average.
- Georgia has 15,000 ABD Section 1915(c) Home and Community-Based Service Waiver participants. *Note: Current participants total 25,000 per Georgia Department of Community Health.*
- **Georgia spends 8% less** per ABD Section 1915(c) Home and Community-Based Service Waiver participant than the US annual \$9800 spend
- **Between 2005 and 2010, the utilization of inpatient nursing facility beds by ABD Medicaid enrollees dropped by more than 20% in Georgia** (Kaiser 2005 and 2010 data supplemented with cost report information submitted to the Georgia Healthcare Association).<sup>1</sup>

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The following sections from the Navigant report are relevant:

- "Georgia already experiences lower-than-the-national-average Medicaid long-term-care expenditures" (page 4-29).
- "Recent reports find that the expansion of HCBS {Home and Community-Based Services} can cause a short-term increase in overall spending, followed by a reduction in institutional spending, netting long-term cost savings overall" (page 4-31).
- "Medicaid managed long-term care is an area currently receiving much focus nationally and which, in light of the diverse needs of the enrollees receiving long-term care services, requires particularly careful consideration" (page M-1).
- "Examination of the nursing home admissions in Georgia might reveal opportunities to further enhance reliance on Home and Community-Based Services" (page M-2).

### **Consideration for Improvement**

We believe the CCSP and SOURCE Section 1915(c) Waiver programs should be merged and the best practices of each be preserved. The following considerations may improve the current programs:

- **Remove all participant limits**, so patients have improved access to these cost effective waiver programs, as opposed to the unlimited access to higher cost inpatient hospital and nursing home services.
- **Expand eligibility** to include aged, blind and disabled at high risk for hospital and nursing facility inpatient care, emergency care and high pharmacy cost. The objective is lower total cost of healthcare.
- **Revise the payment model** to provide for shared savings based on outcomes and process quality. A focus on the reduction of unnecessary hospital and nursing facility inpatient days would be a critical driver of any shared savings mechanism. The Medicare Independence at Home demonstration may provide additional insight in developing a shared savings structure.
- **Improve information systems** and data collection tools to provide transparency into enrollee outcomes including enrollee utilization of hospital and nursing facility inpatient days. The current CCSP information system platform is a statewide preferred solution.
- **Utilize the proven clinical model of the SOURCE program**, which includes primary care physicians and oversight by a Medical Director.

### **Conclusions**

The following conclusions are based on our experience with the aged, blind and disabled population and the key information from the Kaiser Family Foundation and Navigant.

- The Section 1915(c) Home and Community-Based Service Waiver programs, including CCSP and the nationally recognized SOURCE program, **are managed care models already in place**. Case management is a proven managed care technique.

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- The Section 1915(c) Home and Community-Based Service Waiver **programs have been effective in reducing total spend** on Aged, Blind and Disabled Medicaid enrollees in Georgia. Reduced spend results from reduced hospital and nursing facility inpatient days, reduced emergency services and reduced pharmacy costs.
- The **success of the CCSP and SOURCE** programs is based on:
  - the understanding that **healthcare delivery is both personal and local**
  - an **existing and working state-wide care management and provider network** delivering services to every county in Georgia
  - **clear cooperation and sharing of best practices** among local and regional providers and among the providers and state agencies
- **Opportunities for change exist** including the expansion of eligibility and the implementation of shared savings based on improved outcomes and process quality.
- **Moving components of existing high functioning Section 1915(c) Home and Community-Based Service Waiver programs to a new home under an independent managed care administration organization seems a high-risk move with little, if any, upside.**

**Submitted by:**

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<sup>1</sup> Source: 2005 and 2010 nursing facility bed days of 9.96 million and 9.08 million, respectively (Cost report data submitted to the Georgia Healthcare Association) and 2005 and 2010 Aged and Disabled enrollment in Georgia Medicaid of 352,000 and 411,000, respectively (Kaiser Family Foundation).