

Board of Community Health  
Meeting  
March 13, 2014

**Members Present**

Norman Boyd  
Bill Wallace  
Allana Cummings  
Rick Jackson  
Donna Moses  
Jack Chapman  
Kiera von Besser

**Members Absent**

Clay Cox  
Jamie Pennington

The Board of Community Health held its regularly scheduled meeting at the Department of Community Health (DCH), Fifth Floor Board Room, 2 Peachtree Street, N.W., Atlanta, Georgia. Commissioner Clyde L. Reese, III was also present. (An agenda and a List of Attendees are attached hereto and made official parts of these Minutes as Attachments #1 and #2). Chairman Norm Boyd presided and called the meeting to order at 10:30 a.m.

**Minutes**

The Minutes of the December 12, 2013 meeting were unanimously approved and also, the Minutes of the January 27, 2014 special called teleconference meeting were unanimously approved.

**Opening Comments**

Mr. Boyd acknowledged that the Board of Community Health had not met in a while due to the winter weather. He welcomed everyone in attendance.

**Committee Reports**

Chairman Boyd stated that there had been two Committee meetings held on this day. He called on Dr. Jack Chapman to provide an update on the Care Management Committee meeting. Dr. Chapman stated that the Care Management Committee heard an update on the State Health Benefit Plan (SHBP), Healthways overview. Going forward, the SHBP will continue to promote a Wellness program and Healthways is the selected vendor to lead that initiative. Healthways will sponsor the Biometric

Screenings and a team of three will go throughout Georgia to work directly with the members and promote the program. There is a statewide fitness challenge taking place right now called "step IT up!" to promote walking and participants have a chance to win a prize. For more information on the program you can go to the bewellshbp.com website.

Chairman Boyd called on Bill Wallace, Chairman of the Policy Committee, to report. Mr. Wallace stated there were two major items discussed initially: the Guiding Principles document and topics for the remainder of 2014. The Guiding Principles document was presented to Commissioner Reese and the Policy Committee. Having met everyone's approval, it was adopted by the Policy Committee unanimously. Commissioner Reese was able to provide some insight as to the important topics from the legislative session related to the Department of Community Health. The topics to be discussed during the remainder of the year include rural health, access to health care, small hospitals that are in financial distress; shortages in physician workforce in general and Medicaid Reform. The other commitment was that the Policy Committee would update the Commissioner on progress on topics on a quarterly basis.

**Commissioner's Report:**

Commissioner Reese stated that the General Assembly has been in full swing and scheduled to adjourn next Thursday on March 20, 2014. There has been a lot of activity on both the State Health Benefit Plan side and on the Medicaid side. A full report as to what has been signed by the Governor will be presented at the next meeting on April 10, 2014 that is germane to DCH. One of the topics discussed this year is the issue of rural health and rural health access, particularly in communities that are in danger of losing their healthcare facility or have lost their hospital in the last 12 months. There has been considerable work done on how to institute legislation to help those communities lay a foundation to support a healthcare infrastructure going forward. DCH has addressed some of that administratively and the DCH Board will be asked to allow DCH to promulgate rules to address a step down rural access for communities that have lost their hospital. The Governor is planning to discuss this soon and the DCH Board will be presented rules by phone call before the April 10, 2014 DCH Board.

I wanted to update you on the State Health Benefit Plan (SHBP). As you know, by Special Call you authorized us to make some changes to the Plan design that was approved for 2014, to allow us to institute co-pays for certain office visits and Tier 1,2 & 3 Pharmacy co-pays. We did this because it became apparent that on January 1, as we moved into the new Plan year, we had made some significant changes with the new Plan design that impacted the members in a way that they were not used to. We

wanted to relieve some of the financial stress from the cost sharing and high deductibles that were in place. We are on track to have that in place beginning tomorrow, March 14, 2014. We have been working with Blue Cross / Blue Shield and Express Scripts, our pharmacy vendor, to get this in place. Those people that have been impacted by the high deductibles will be reimbursed back to January 1, 2014. We have been working on methods to do that and for certain pharmacy expenses as well. We are hopeful that this is going to help members that started off the year in financial stress due to the Plan.

We have heard some of the comments and concerns about the movement to a strictly HRA only Plan design for 2014. We are under active discussions to look at possible changes for 2015. We will be coming back to you in April to talk to you about some ideas we have moving forward after listening to our members concerns.

As part of the Legislative session, we are moving toward the end of this budget cycle with FY 2014 Amended and closer to FY2015. There have been some changes as we moved through the process with the Governor's large budget, but all in all it has stayed largely intact and close to what you approved last fall. This was one of the first years in many that we were not asked to submit budget cuts. The economy has improved to the point that we think we will have what we need to do our work. We will have a full Budget report from our Chief Financial Officer for you in the April meeting on what was passed and final components approved by the Governor's office.

You approved earlier an Aged, Blind and Disabled (ABD) for Medicaid Care Coordination Program. This is an intermediary step from full risk based capitated care for that population, immediately. It will allow us to select a vendor who would in a voluntary program enroll ABD in Medicaid population to see what cost savings we could incur over a period of time. We don't think that in this program there will be immediate cost savings, but once we see who enrolled and what steps we need to take to enhance care management for this population that there may be some cost savings. We have gone through the RFP process, we have received the proposals last Friday, March 7<sup>th</sup> and they are under review now. We are looking to do something in the late fall, in November. After we go through the review and contract process we will choose a vendor and kick off that care coordination process. We will continue to talk to you about that and keep you informed. We think this is a good first step for that population.

Finally, you approved also our ability to move forward with selected kids in the Juvenile Justice system, our foster children and those receiving adoption assistance to move them from Fee for Service Medicaid to a managed care system under Amerigroup, which was kicked off on March 3<sup>rd</sup>. This is going to be a very positive benefit for this

population and these children, to enhance the continuity of care for them. We believe it's going to be successful and we will continue to report to you on how it goes.

Commissioner Reese turned the meeting back to Chairman Norm Boyd for any questions or comments and to introduce the next speaker, Kelly Gonzalez.

The update for the Division of Health IT was presented by Kelly Gonzalez, Chief for the Division of Health IT and the Georgia's State Health IT Coordinator. The Presentation gave an overview on health information technology and the different tools and services that are part of the Health IT infrastructure. Georgia's Health IT Continuum was discussed and provided attendees with details regarding EHR adoption and health information exchange (HIE). The overview of HIE, specifically the Georgia statewide HIE Network (GaHIN), outlined its purpose, progress-to-date in connecting providers, and the plan for transition to the private sector. Kelly presented the status of the different health IT projects and initiatives. She closed out by presenting the Next Generation of Health IT covering four areas of focus: Patient Engagement, Innovative Encounter Models, Population Health Management, and Data Coordination & Exchange. (A copy of the HealthIT PowerPoint Presentation is attached hereto and made an official part of these minutes as Attachment #3).

Chairman Boyd turned the meeting back to Commissioner Clyde Reese, who gave a background of the next topic. In 1999 the U.S. Supreme Court issued an Olmstead Decision which involved two ladies which were Georgia residents. Basically, the court said that it was a violation of Title II of the Americans with Disabilities Act to have people in an institution, or those at risk of being in an institution, if they could be better served in a community. Since then, Georgia has been trying in different ways, with some varying degrees of success, to comply with the Olmstead Decision, and also to move people with disabilities from institutions into the community. Commissioner Reese introduced Corinna Magelund, State Ombudsman and State Olmstead Coordinator. Ms. Magelund provided an update on Georgia's compliance with the 1999 Supreme Court Decision.

The following highlights were presented by Ms. Magelund regarding services and supports that Georgia has put in place to comply with Olmstead via the 2010 ADA Settlement Agreement:

- **Hospital Transitions:** Ms. Magelund reported that there were 482 DD individuals who transitioned from state hospitals to the community after the ADA Settlement began and over 90% were enrolled in Money Follows the Person. She noted that the Olmstead Decision specifically requires the state to move individuals to a less restrictive environment and to integrate them into the community.

- **Supported Employment Services:** Ms. Magelund explained that an important part of the community integration process is to allow individuals with developmental disabilities (DD) to work in typical jobs in the community at competitive wages in support of living an independent life, and she highlighted that in FY13 the state enrolled 2,430 individuals into Supported Employment Services.
- **Family Support:** Ms. Magelund emphasized that another major factor to a successful life of DD individuals in the community is family support and that providing strong supports to families will lead to successful community integration. She highlighted that in 2013, 9.8 million dollars were allocated for Family Support funding, 622 new families were enrolled services in FY2013, and a total of 3,909 families are being supported.
- **New Initiatives:** Ms. Magelund highlighted that some of the new initiatives that are aligned with Olmstead include: Supporting Family throughout Lifespan and Structured Family Caregiving; integrated and customized employment; integrated and independent housing or housing vouchers; community resource development such as dental care, education, primary care, and support groups; mental health and accountability courts; the Governor's Office of Transition, Support and Re-entry; and criminal justice reform.
- **Build-Up of Community Services:** Ms. Magelund provided highlights on the state's progress in building up community services for individuals with behavioral health disabilities. She reported that by July 1, 2014, all 159 counties will be served by Mobile Crisis Response Services. She also reported that Georgia's Crisis Stabilization Units and Crisis Service Centers are the major local alternatives to state hospitals, and that this year, there has been an expansion of these services most notable in the Valdosta and Thomasville regions. She highlighted that other expansions that are derived from the 2010 ADA Settlement agreement are: Intensive Community Treatment Services (such as Assertive Community Treatment & Community Support Teams); Case Management Services; and Supported Employment.
- **Department of Community Affairs – Housing Options:** Ms. Magelund shared that a critical part of helping individuals leave hospitals and stay out of institutions is stable housing. She reported that the Georgia Housing Voucher Program will have directly provided vouchers to more than 1400 individuals and that the Dept of Community Affairs (DCA) plays a major role in providing housing options for those individuals. Ms. Magelund emphasized that DCA has made Olmstead a priority by choosing strategic initiatives that promote the Olmstead philosophies and that involve the Settlement Agreement, and the Money Follows the Person Demonstration Grant.
- **Hospital Census Decline:** Ms. Magelund reported that the overall state hospital census has declined due to the following factors: No new admissions of individuals with developmental disabilities; the closure of the Northwest Georgia Regional Hospital, Central State Hospital, and Southwestern State Hospital; and

the ongoing work to close the James B. Craig Nursing Center this year. She also highlighted that some major contributing factors to the decline in the state hospital census is the transition of individuals with developmental disabilities into the community as well as the community build-up and improved community system of care that prevents those at-risk from going into an institution. She reported that the overall hospital census as of this week is at 1,164 (Adult Mental Health – 258, Developmental Disabilities – 243, Forensics – 587, Craig Center – 76), which are historically low numbers and a testament to the transition work and community build up being done. She also noted that the 2010 ADA Settlement Agreement includes requirements for continued reductions through 2015 and that one of Georgia's Olmstead initiatives for the next two years is to sustain the reductions in hospital census beyond 2015.

Ms. Magelund closed her presentation by emphasizing that it takes a lot of partnerships to accomplish the intent of Olmstead and the ADA Settlement, especially the commitment from the Department of Community Health. She also noted that Olmstead encompasses all disabilities and that the Settlement Agreement is only the beginning and that we will work to do more for physical disability, brain injury, and substance use disorder populations and for individuals who are in other facilities besides our state institutions that want to live in the community.

Ms. Magelund thanked the Board and invited the Board to ask questions. (A copy of the ODSO PowerPoint Presentation is attached hereto and made an official part of these minutes as Attachment #4).

Dr. Kiera Von Besser made comment regarding the Mobile Crisis Response Service that is being provided as part of this program and the significant and magnificent quality of services that are being provided at the state hospitals to help prevent further ER visits. Commissioner Reese thanked Ms. Magelund again for presenting.

Chairman Boyd called on Jerry Dubberly cover the Emergency Air Ambulance for Adults that is up for Initial Adoption. Dr. Jerry Dubberly presented, for initial adoption, an action to establish a reimbursement methodology for air ambulance, specifically Rotary Wing Air Ambulance. That methodology would apply to adult members age twenty-one or older and would apply to fee-for-service claims with dates of service on or after March 14, 2014. He provided history saying that traditionally, Medicaid has not covered Rotary Wing Air Ambulance for adults. Subsequent to the State Appropriations Bill that establishes the 2014 budget, this item is being brought forth to establish reimbursement of the rotary wing air ambulance services for adults at the ground reimbursement rate. Dr. Dubberly went on to explain that the public notice included some financial information attempting to estimate the fiscal impact. The anticipated fiscal impact was \$95,000 dollars for a full fiscal year. Dr. Dubberly noted that this is only an estimate, and it is difficult to project the impact of a service that has not been provided previously.

With this notice, the opportunity for public comment will be on March 20, 2014, with written comments received by March 27, 2014. Dr. Dubberly will receive those comments and provide feedback to the board for their final consideration on this matter in the April 10, 2014 Board Meeting.

Mr. Rick Jackson asked if Medicaid already, at the federal level, allows for this. Dr. Dubberly responded by saying that CMS already allows for this at the federal level, but as an optional service, so states may elect to cover this service or not. Traditionally, this service has been allowed for children under the EPSDT (The Early and Periodic Screening, Diagnosis and Treatment) standard. This action is a mechanism to provide some degree of reimbursement for the adult services.

Dr. Von Besser asked for clarification on who determines if this service is needed. Dr. Dubberly answers by saying that GMCF is our vendor who will review the cases and determine the medical necessity of the transport.

Dr. Donna Moses MADE a MOTION to approve for initial adoption Emergency Air Ambulance for Adults Public Notice. Dr. Jack Chapman SECONDED the MOTION. Being that none opposed, the vote to approve was unanimous.

(A copy of the Public Notice Air Ambulance for Medicaid Adults is attached hereto and made an official part of these minutes as Attachment #5).

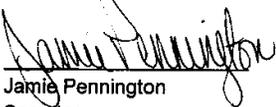
**New Business**

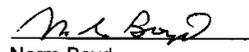
No new business to report.

**Adjournment**

There being no further business to be brought before the Board, Chairman Boyd adjourned the meeting at 11:38 a.m.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 10<sup>TH</sup> DAY OF APRIL, 2014.

  
Jamie Pennington  
Secretary

  
Norm Boyd  
Chairman

**Official Attachments:**

- #1 List of Attendees**
- #2 Agenda**
- #3 DCH Health Information Technology Division PowerPoint Presentation**
- #4 Office of Disability Services Ombudsman PowerPoint Presentation**
- #5 Emergency Air Ambulance for Adults Public Notice**