

Board of Community Health
Meeting
December 16, 2015

Members Present

Norman Boyd
Clay Cox
Donna Thomas Moses
Michael Kleinpeter
Allana Cummings
Anthony Williamson
Mark Trail
Roger Folsom

Members Absent

Russ Childers

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. Sharon D. King, Esq., Chief of Staff 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). Sharon D. King, Esq., Chief of Staff presided and called the meeting to order at 10:30 a.m.

Minutes

None to approve.

Opening Comments

Chairman Boyd thanked Sharon King for presiding over the meeting as well as the Board members for their attendance. Chairman Boyd advised that the purpose of this Special Called Teleconference Board meeting is to obtain approval to release for public comment an initial adoption of the Comprehensive Supports Waiver Renewal Program (COMP) public notice.

Committee Report

None to report.

Commissioner's Report

None to report.

Marcey Alter, Assistant Chief of Medicaid for Policy and Provider Services presented the Public Notice for Initial Adoption on the renewal of the Comprehensive Supports Waiver.

The Comprehensive Supports waiver is one of two home and community-based services programs for individuals with developmental disabilities. The Comprehensive Supports Waiver (COMP) is for members with most intensive support needs. The Centers for Medicare and Medicaid Services (CMS) approves waivers for five years at a time and it is time to renew COMP.

As part of the renewal process, the state has an opportunity to revisit the scope of services provided by the waiver as well as the rates of reimbursement. Toward that end, the state engaged in a rate study for certain services as part of the renewal, specifically residential services including Community Residential Alternative Services for both Group and Host Home providers, Community Living Supports, those personal supports provided in a member's own home, and Respite.

The goal of the rate study was to recognize differences in member's needs, improve the system of supports especially to support transition needs of those moving into the community from an institution, and to establish a rate-setting methodology that CMS would approve.

As part of new regulations that went into effect in 2014 under the Home and Community Based Services Settings Rule, states must seek CMS approval for rate changes prospectively (in advance of the effective date) and must demonstrate a sound rate methodology.

The rates study was conducted by an independent entity and considered five primary factors: 1) Direct care worker wages, 2) Direct care worker benefits, 3) Direct care worker productivity, 4) program support, and 5) administration. Additional factors included transportation, occupancy rates, and staffing ratios.

Twelve percent of enrolled providers representing 44% of waiver spending participated in the cost study.

The results led to identification of seven levels of need which were collapsed into four tiers with common levels of direct care staffing at each tier.

It also resulted in an add-on service for individuals whose support needs exceed the model assumptions.

The proposed rates also allow for the implementation of greater flexibility in how respite services are delivered. With the proposed changes, it allows for an increased annual cap of a combination of either or both in-home and out-of-home respite.

Opportunities to participate in and provide input to the rate study were many including presentations to targeted audiences of family member and providers, town hall meetings, a core committee of stakeholders and written comment over a six month period of planning.

The public notice presents proposed changes to several services:

- Establish eight rates for Community Residential Services (CRS) on a tiered basis commensurate with level of clinical need of the waiver participant and size of the residence. The current rate is a flat \$158.67. Under the tiered system, the rates will range from \$154.74 to \$277.44. The lower end of the tier is not a reduction; it is a reallocation of the fee from being available currently for up to 324 days to being available for 344 days under the new model.
- Establish six rates for Community Living Support (CLS) services including an “extended” rate which recognizes the lower overhead costs related to providing services in a single home for several hours versus for short amounts of time in multiple homes per day (i.e., saves on travel time costs). The rates also reflect the addition of Shared Community Living Support Services which supports the ability of 2 or 3 waiver participants to live semi-independently through sharing one staff member for oversight and limited assistance. The current rate is \$5.03 per 15-minute unit and a per diem rate of \$131.09. The proposed rates range from \$2.30 to \$6.35 per 15-minute unit and eliminates the per diem fee with an annual maximum of \$51,300, approximately \$3,500 more than available under the current per diem rate.
- Establish five rates for Respite Services that can be used in a combination of in-home and out-of-home respite services not to exceed a total annual limit of \$4,608. The current rate is \$4.21 per 15-minute unit and \$96 per day. The proposed rates range from \$1.93 to \$4.83 per 15-minute unit and from \$153.61 to \$209.51 per day.
- Establish a new Additional Residential Staffing service to provide support to medically or behaviorally complex waiver participants whose needs exceed the staff hours compensated through the CRS or Community Living Arrangement (CLA) rates at \$4.67 to \$5.01 per 15-minute unit for basic and enhanced respectively.
- Add Adult Nutrition Services, a new service to the waiver, using the current reimbursement rate and procedure codes approved in the Medicaid State Plan and provided under the Children’s Intervention Services Program at \$14.89 per 15-minute unit.

- The proposal also establishes an increase to the maximum allowable Adult Therapy Services as follows from \$1,800 annually to \$5,400.

The effective date of the proposed changes is 4/1/2016.

The total annualized fiscal impact of these proposed changes is \$73.4 million once fully implemented after a 2-year phase in.

If approved for initial adoption, a public hearing to receive comments will be held on December 22, 2015 at 10:30 am at the Department of Community Health (2 Peachtree Street, N.W., Atlanta, Georgia 30303) in the 5th Floor Board Room. Written comments may be submitted to the Department through December 29, 2015. This public notice will be presented to the Board for final adoption at the January 14, 2016 Board Meeting.

Norman Boyd MADE a MOTION to approve for Initial adoption Comprehensive Supports Waiver Renewal Program (COMP) Public Notice. Mark Trail SECONDED the MOTION. ON THE MOTION, the yeas were 7, nays 0, abstained 0, and the MOTION was APPROVED. One Board member was disconnected from the call prior to voting due to technical issues. (A copy of the Comprehensive Supports Waiver Renewal Program (COMP) Public Notice is attached hereto and made an official part of these minutes as Attachment #3).

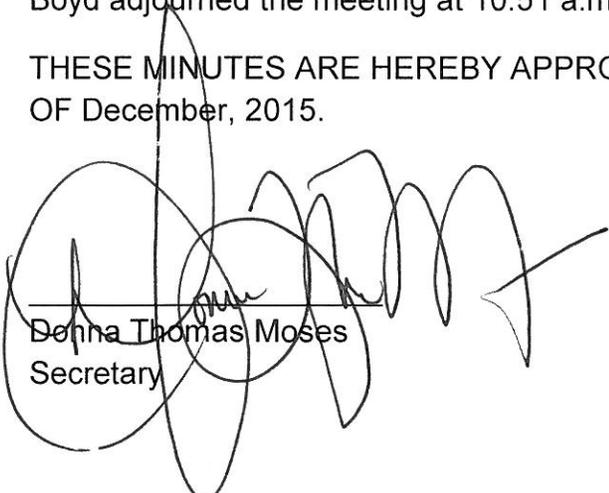
New Business/Closing Comments

Chairman Boyd wished everyone a happy holiday and advised that the next Board meeting will be held on January 14, 2016.

Adjournment

There being no further business to be brought before the Board, Chairman Norman Boyd adjourned the meeting at 10:51 a.m.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 16th DAY OF December, 2015.



Donna Thomas Moses
Secretary



Norman Boyd
Chairman

Official Attachments:

#1 List of Attendees

#2 Agenda

#3 Comprehensive Supports Waiver Renewal Program (COMP) Public Notice