

Comments for the Medicaid Redesign Age Blind and Disabled Task Force

Submitted by

Georgia Association of Area Agencies on Aging

Aged Population

In order to meet the goals of Medicaid redesign it is recommended that Georgia's Medicaid Redesign be fully aligned with DCH's CMS approved application to the Balancing Incentives Payment Program (BIPP). The goal of the BIPP program is to provide a greater number of non-institutional long-term care options. Georgia's approved proposal has to fully implement the three core components of a more balanced system as identified by the BIPP: a no-wrong door entry point system, conflict free case management and standardized instruments to determine eligibility and appropriate services. It is our strong recommendation that any changes to Georgia's Medicaid system build on the more balanced program created through the BIPP effort, incorporating all three of these components into the Medicaid redesign.

- **Permanently adopt the no-wrong door system outlined in GA's BIPP application.**

The no wrong door system ensures that all Georgia residents will have access to and be screened for all appropriate programs. It not only streamlines the system for consumers who are often in crisis but it connects individuals to the program that best meets their needs reducing both the undercare and overcare that can increase costs to the Medicaid system. GA's CMS approved No Wrong Door system appoints the state's network of twelve Aging and Disability Resource Centers as a primary point of entry for home and community services. This system is built on a comprehensive statewide database with over 24,000 updated resources that allows all residents of GA to receive quality counseling and information, eligibility screening and appropriate referrals.

Adopt conflict-free screening, enrollment and case management across the entire long term care system and employ a standardized assessment tool.

Conflict-free case management ensures that the entity reviewing the consumer's current financial and health status and reviewing their care options is not in any way connected to the entity that will provide and therefore benefit financially from the service delivery. The ADRC's are well positioned to support and provide this conflict free case management for the state. Current intake and screening processes with options counselors using standardized screening tools (DON-R) and the large aging and disabilities resource database (with 24,000 listings) will ensure that individuals access their preferred choice of home and community based options to remain in their homes. But the only way to provide the needed cost efficiencies to the Medicaid system is if the No Wrong Door serves as the central intake point for all long term care services including nursing facility admissions. This will achieve one mandatory intake procedure for the entire Medicaid nursing facility and waiver populations.

- **Divert and transition individuals from high cost institutional care to lower cost home and community based services.**

In addition to the conflict free and persons centered options counseling provided to all applicants seeking long-term care services, Medicaid funded ADRC options counseling to nursing facility residents and the Money Follows the Person program must continue to successfully transition individuals from an institutional setting to their preferred community options. Seventy six percent (76%) of the Medicaid expenditures for the Aged population pays for nursing facility services. It is imperative to contain these costs, if the entire Medicaid system is going to realize savings. Nursing facilities are a critical part of the long term care system, but they are also one of the most expensive long term care services. Wherever possible and wherever appropriate, residents must be provided community based options The 2011 CCSP Annual Report shows the cost saving of home and community based services from \$25,873 for nursing facility care versus \$9,006 for CCSP home and community based care.

- **Leverage other public and private resources.** Comprehensive intake, screening and counseling allows an individual to consider all their options. Counselors in the ADRC are able to consider not only what Medicaid services are appropriate but help individuals maximize their own personal resources and use existing the Older Americans Act, state and local service system to augment the services under the Medicaid Waiver program. In many cases these non-Medicaid resources diverts those applying for Medicaid Waiver services to other, more appropriate programs, keeping individuals out of the Medicaid system. In FY 2011, 20,600 requests for the Medicaid Waiver programs were received. By using the ADRC options counseling process, only 2,525 were recommended for CCSP, with the remaining individuals were directed to other alternative options, including private pay. The Medicaid redesign should not fragment the coordinated supportive services delivery system, but bolster the ability to bring other resources to bear.