Georgia Department of Community Health

Medicaid Redesign Update

Presentation to: Medical Care Advisory Committee

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May 15, 2013

Medicaid Redesign Initiatives

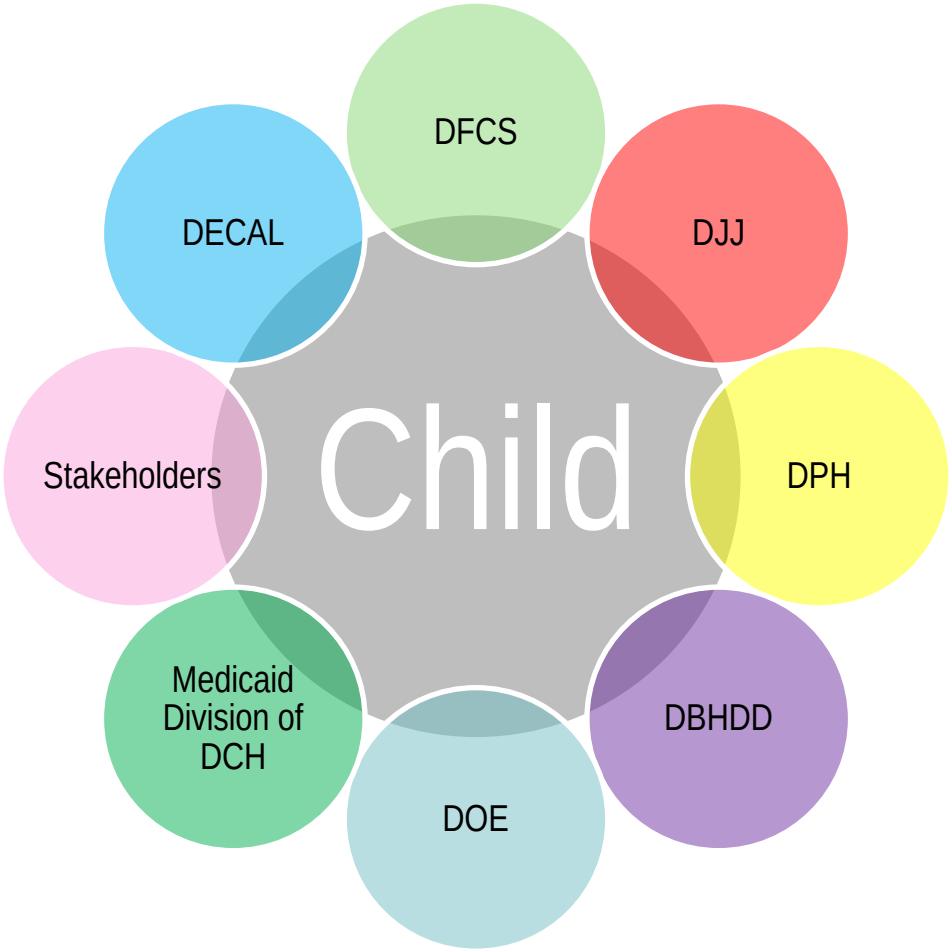
- DCH assessed opportunities for enhancing outcomes and coordination of care for populations currently in Medicaid Fee-for-Service (FFS)

- Two key initiatives:
  - Transition of children / youth in Foster Care / Adoption Assistance (FC/AA) to Georgia Families
  - Implementation of Medical Care Coordination program for ABD population

Transition of Children in Foster Care and Adoption Assistance to Georgia Families

Multi-Agency Effort

- An interagency task force was formed to address programmatic features, communication, health outcomes and education
  - 7 child-serving agencies
- DCH also sought input from the Children and Families Task Force, as well as the Mental Health and Substance Use/Abuse Work Group



Foster Care / Adoption Assistance

- GA Medicaid covers approximately 26,000 children in FC/AA each year
  - Includes youth in joint DFCS/DJJ custody

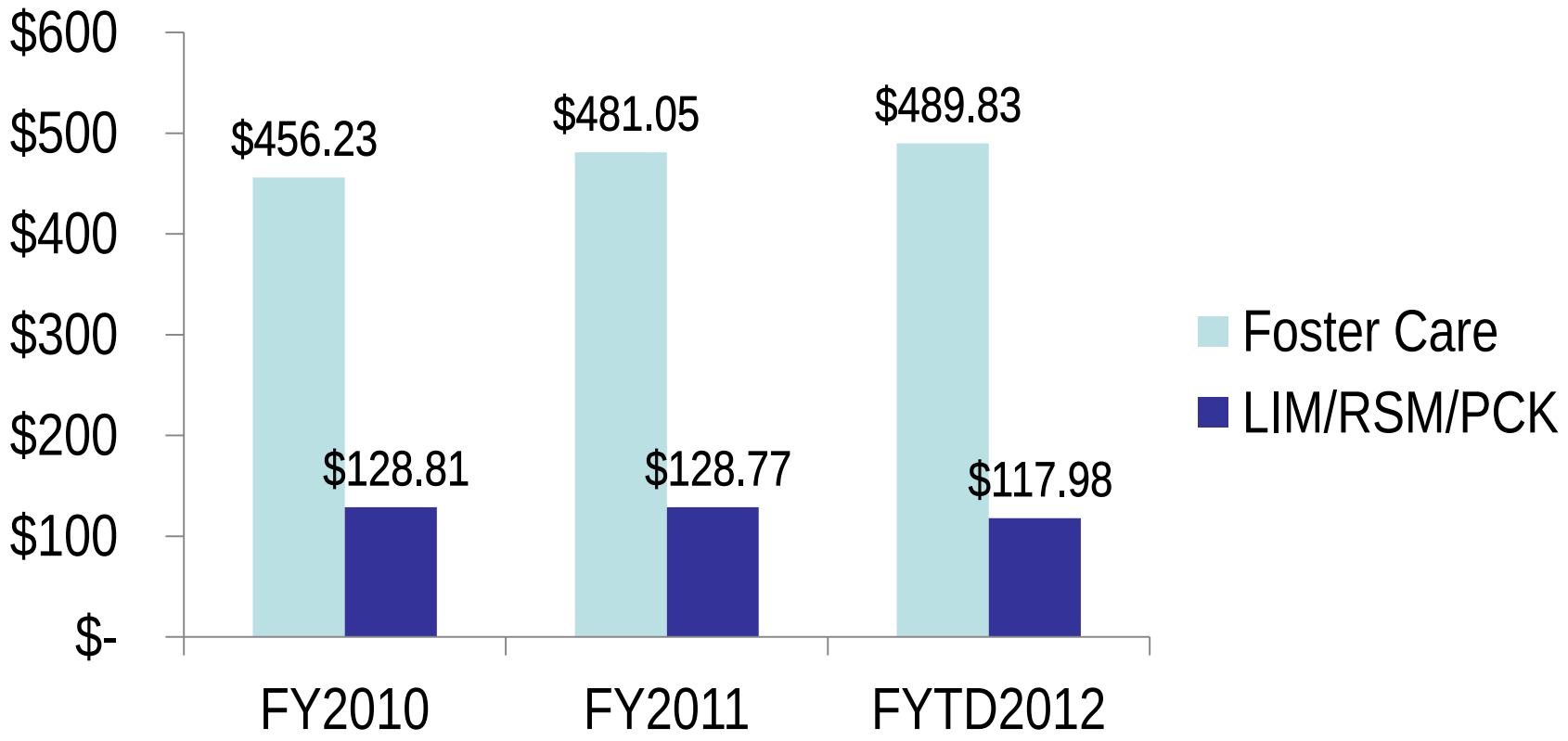
- Foster care children are enrolled an average of 9 months within a fiscal year

- Many different living arrangements
  - Typical placement is in a non-relative foster home with 2 or more placements during a child's time in care

Foster Care and DJJ Children / Youth

- Recidivism or "Reentry“
  - Defined as the percentage of foster children or DJJ youth who re-enter care/custody within 12 months of a prior episode
  - For foster care, the overall reentry rate in GA is 7% but varies based on DFCS region
  - For DJJ youth in non-secured residential placements, the reentry rate is 25.3%
- High behavioral health (BH) needs for these populations
  - BH services represent 70% of total health care costs for children in FC/AA
  - For DJJ youth in non-secure residential placements, BH services represent 87% of total costs

Cost Comparison – FY10 to FY12



Foster care children cost the state over 200% more per month when compared to PCK, LIM/RSM children based on based on net payment for FFS and CMO Plan paid amounts for CMO encounter claims

Transition to Georgia Families

- DCH will select a single, statewide CMO to coordinate care and services for the eligible populations
- The transition will occur on *January 1, 2014*
- CMO must work with DFCS case managers to provide additional care coordination, improve continuity of care when members transition into and out of foster care, and improve access to necessary physical and behavioral health services covered by the Medicaid program

Transition to Georgia Families

- Provide intensive case management and care coordination
  - Care coordination teams designed around the child's needs
- Improve medical oversight
- Provides for Continuity of Care after child/youth leaves foster care
- Enhance coordination across sister agencies

Eligible Populations

- Children and young adults in foster care and adoption assistance
- DJJ youth placed in community non-secure residential care
- Children and youth enrolled in a home- and community-based waivers (excluding the GAPP waiver) and in SSI

New Initiatives

- Implementation of a virtual health record to facilitate sharing of information among agencies, providers and caregivers
- Monitoring and Oversight Committee with subcommittees
- Value-based purchasing

Timeline for Transition

Date	Deliverable
March – mid-May 2013	• Interview and select Foster Care/Adoption Assistance CMO • Conduct interagency planning meetings
May – July 2013	• Execution of contract addendum • Public Comment period for 1115 demonstration waiver (30 days) • Submission of waiver application to CMS

May – December 2013	• Onsite meeting with CMO
	• Conduct operations meetings with CMO and partner agencies –
	  • Eligibility, implementation planning, etc.
	  • Development of policies/procedures
	• Develop and implement member and provider outreach,
	• Develop and implement communication and education plan

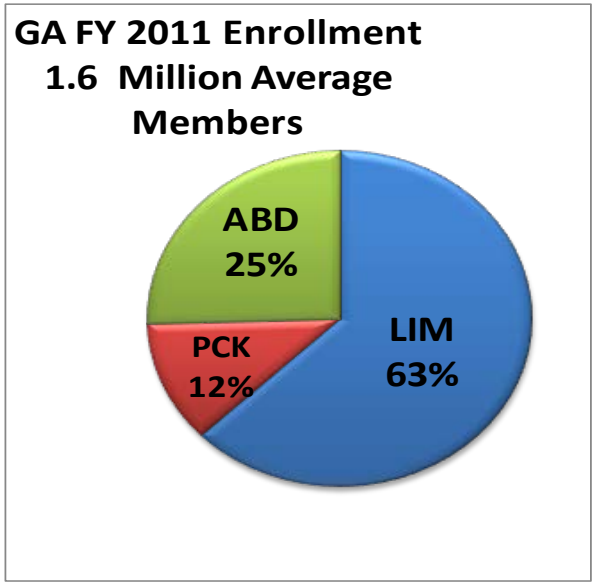
3rd Quarter 2013	Develop Monitoring and Oversight Committee
October – December 2013	Conduct CMO Readiness Reviews
January 1, 2014	*Launch Foster Care / Adoption Assistance in Georgia Families*

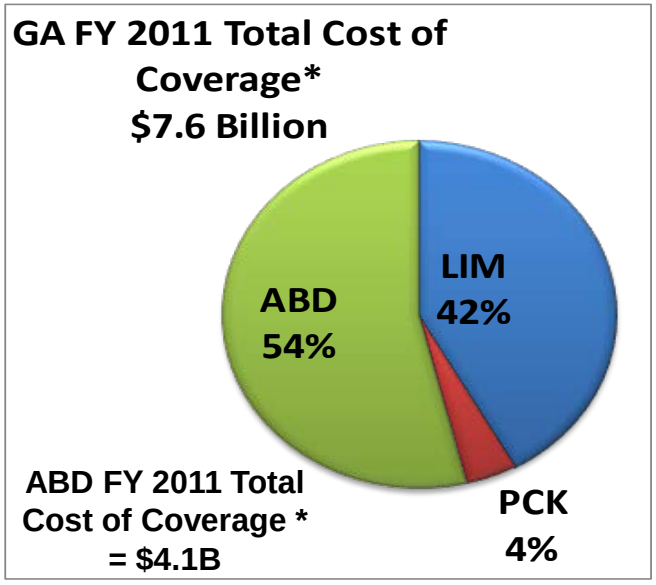
Georgia Department of Community Health

ABD Intensive Medical Care Coordination Overview

Georgia Medicaid - SFY 2011

- The Georgia ABD population accounts for 25% of Medicaid enrollment, but 54% of Medicaid spending in FY 2011
- Nationally, in 2011, ABD enrollees accounted for 23% of the Medicaid population, but accounted for nearly 64% of expenditures





*Total Cost of Coverage includes Net Payment, Capitation Amount and Administrative Fees

ABD Approach

- ABD data illustrates opportunities for improving clinical, quality and financial outcomes
- Intensive Medical Care Coordination model
- Features:
  - Single statewide vendor
  - Fee-for-Service environment
  - Intensive Medical Care Coordination
  - Patient Centered Medical Home
  - Primary Care Case Management Model
  - Provider Engagement
  - Value Based Purchasing

Program Design for Medical Care Coordination

Issue Area	High-level Overview
Populations	• *Included Populations (Members):* Individuals in aged, blind or disabled eligibility category, including children with special health care needs, dually eligible individuals and individuals who are enrolled in HCBS waiver programs or who are in long-term institutional settings • *Excluded Populations:* Individuals in Georgia Families or in the following eligibility categories: Qualifying Medicare Beneficiaries (QMBs), Specified Low-Income Medicare Beneficiaries (SLMBs) and Qualifying Individuals 1 (QI1s).

Program Design

Issue Area	High-level Overview
Program Administration	• DCH will conduct procurement to select single statewide Vendor to administer Program • DCH will provide oversight and monitoring of the Vendor's activities
Medicaid State Plan Benefits and Home- and Community-based Services	• DCH will continue to provide and reimburse Medicaid benefits and home- and community-based services (HCBS) through the fee-for-service delivery system • Vendor will coordinate with DCH sister agencies as needed specific to medical coordination activities • Services will complement existing waiver case management services

Program Design

Issue Area	High-level Overview
Identifying Level of Service Needs	• Vendor will conduct ongoing analysis and screening of Members to identify individuals in need of intensive medical coordination services • Members identified as potentially in need of intensive medical coordination services will receive health risk assessments • Members identified as needing intensive medical coordination services will receive those services, but may opt out at any time

Program Design

Issue Area	High-level Overview
General Medical Coordination Services	All *included populations* will have access to the following services, among others: • Access to a Care Coordinator for assistance with issues such as locating providers, appointment scheduling and with navigating the health care system upon request • Access to a 24-hour nurse telephone line or other cost-effective clinical support • Member outreach and education

Program Design

Issue Area	High-level Overview
Intensive Medical Coordination Services	Members identified as "highly impactable", "high risk" or "potential high risk" and in need of intensive medical coordination services will receive: • Assignment of an Intensive Medical Coordinator to provide support such as helping to obtain medically necessary care and health-related services and coordinating care • Enrollment into a medical home, which could be a primary care provider or a specialist based upon member needs • Access to inter-disciplinary treatment teams to assist with development and implementation of individual medical treatment plans Scope of intensive medical coordination services will be tiered based upon the results of Members' health risk assessments, with "highly impactable" and "high risk" members receiving more intensive medical coordination services

Timeline

The timeline is contingent upon CMS' response and turnaround time:

- Release ABD Medical Care Coordination RFP – early summer
- Bidders have 75-90 days to respond to RFP
- DCH: 45 days to evaluate responses
- Vendor selection: 60-75 days after receipt of bidders' responses
- ABD Medical Care Coordination Program launch – 2014