

Board of Community Health
Meeting
June 12, 2014

Members Present

Norman Boyd
Bill Wallace
Allana Cummings
Jamie Pennington
Jack Chapman

Members Absent

Clay Cox
Kiera von Besser
Rick Jackson
Donna Moses

The Board of Community Health held its regularly scheduled meeting at the Department of Community Health, 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 10:29 a.m.

Minutes

The Minutes of the May 8, 2014 meeting were unanimously approved.

Opening Comments

None to report

Committee Reports

Bill Wallace, Policy Committee Chairman thanked all participants that attended the Policy meeting. Mr. Wallace informed the Board their special guest speaker was LaSharn Hughes, Executive Director of the Georgia Composite Medical Board.

Mr. Wallace shared with the Board the following points discussed in their meeting:

1. The Georgia Composite Medical Board regulates licensure for over 47,000 healthcare professionals.
2. For the past three months, a series of programs in which we have looked at the issue of physician shortages and healthcare access throughout our State has been a priority of our legislature and government.

3. Telemedicine and licensing of physicians.

Mr. Wallace thanked Ms. Hughes for the information she shared with the committee.

Chairman Norm Boyd noted that our State is making real progress with telemedicine and addressing rural health issues.

Commissioner's Report

Commissioner Reese thanked the Board, members of the public and staff for their attendance.

Commissioner Reese updated the Board on the following items:

1. Aged, Blind and Disabled (ABD) Care Coordination: The Department of Community Health (DCH) solicited proposals for a single statewide vendor to operate this care coordination model and help with enhanced case management care coordination for our most expensive Medicaid population. All of the proposals received were over budget and over the funds allocated. At the Department's request, the Department of Administrative Services (DOAS) canceled the procurement. The Department plans to re-bid and release the proposals on July 11, 2014 and be more explicit about savings the Department will require from bidders.
2. Integrated Eligibility System (IES): Efforts have been made to use 90/10 funding from the federal government to create this new web-based eligibility system. Georgia is an Integrated Eligibility model consisting of Medicaid, TANF, SNAP, subsidized childcare and ultimately the Women, Infants and Children's (WIC) will also become a part of this integrated system. During Phase I the Department was unable to reach an agreement with an outside vendor for the Medicaid component. Deloitte Consulting will work with the Department on Phase II to integrate the Human Services programs. Our goal is to have the system operational by December 31, 2015.
3. GA Bureau of Investigations (GBI): The Department is entering into a partnership with the GBI to assist with unlicensed personal care homes throughout the state where unscrupulous entrepreneurs are setting up substandard facilities and providing substandard care to our most vulnerable elderly and disabled population. The Department is going to work with Director Vernon M. Keenan and his intelligence gathering data unit with GBI and track down these unlicensed personal care homes and make an effort to put them out of business. One of the Departments major goals within our strategic plan for FY2015 and FY2016 is to increase the number of unlicensed personal care homes in which we sanction and take adverse action.

4. Rural Hospital Stabilization Committee: The first meeting was held at the Department of Community Health (DCH) Board room on June 9, 2014 at 9:00 a.m. The Committee is composed of 16 members, with a broad array of members from all sectors of the State's rural areas including, Chairman Terry England of the House Appropriations Committee and Senator David Lucas of Central Georgia are the two legislators and Charles Owens, Director of the Office of Rural Health will serve as the primary contact for rural healthcare issues. Commissioner Reese informed the Board the webinar from the meeting is on the DCH website (dch.ga.gov) for viewing.

Commissioner Reese shared the following speaking points from the meeting:

- The Rural Free Standing Emergency Departments Rule the DCH Board helped promulgate is now in place to allow some hospitals to downgrade to a lesser level of service as a rural free standing department if they feel they have to close.
- The Department has not received any applications to date, but some hospitals are considering this option. This new alternative does not solve the existing problems, but it is a positive first step.
- Details concerning the next meeting will be released.

5. State Health Benefit (SHBP) proposals for the 2015 plan year: Proposals for a second third party administrator in addition to Blue Cross Blue Shield (BCBS) are currently in the final stages of review. On or before July 1, 2014 a decision will be made.

6. Recognition to Board member Dr. Jack Chapman: Commissioner Reese informed the Board that Dr. Chapman submitted his resignation. Dr. Chapman has taken on additional responsibilities in other areas that will prevent him from continuing service on the Board. Commissioner Reese thanked Dr. Chapman for his support and service to the Board, Department and State. As recognition of his service, Commissioner Reese presented Dr. Chapman with a plaque as a token of appreciation.

Dr. Chapman shared that it has been an honor and privilege to serve on the Board and thanked Governor Deal for appointing him to the Board, Commissioner Reese and Board members. He also expressed appreciation for the continued hard work from DCH staff.

Chairman Boyd thanked Dr. Chapman on behalf of the Board for his service and contributions.

John Upchurch, Director of Reimbursement, presented the Nursing Facility Services payment rates proposed action for the Board's final adoption. With this action, 2012 nursing facility cost reports will be used to determine a facility's allowable cost. DCH

currently uses 2010 nursing facility cost reports to determine allowable cost. Additionally, DCH will use the 2012 RSMeans cost per square foot value to determine the fair rental value component of nursing facility rates. The 2010 RSMeans cost per square foot value is currently being used. This rate update, subject to CMS approval, will be effective for services provided on and after July 1, 2014.

Subsequent to the Board's initial adoption of this item at the May 8, 2014 Board meeting, DCH held a public comment period. During that time period, there was no testimony at the public hearing and one written comment was received. The written comment was from the Georgia Health Care Association and they expressed support for the proposed action.

Bill Wallace MADE a MOTION to approve for final adoption Nursing Homes Services Rate Increase Public Notice. Allana Cummings SECONDED the MOTION. ON THE MOTION, the yeas were 5, nays 0, and the MOTION was APPROVED. (A copy of Nursing Homes Services Rate Increase Public Notice is attached hereto and made an official part of these minutes as Attachment #3).

Dr. Jerry Dubberly presented for initial adoption a public notice that called for the Department to end the use of Qualified Income Trusts (QITs) and move to an Adult Medically Needy (AMN) process for nursing home and institutional hospice Medicaid coverage determinations for the Aged, Blind, and Disabled (ABD) populations. An explanation was offered that individuals above the maximum income permitted for eligibility in these areas are currently allowed to establish a QIT to become Medicaid eligible. The movement of the excess income to a QIT makes the funds unavailable to the individual, and the funds revert to DCH upon the member's death. The proposed use of an AMN process requires the individual to "spend down" the excess income through payments to the nursing home or institutional hospice before Medicaid payments are generated. The nursing home/institutional hospice collects the excess income and DCH only allows the facility to bill Medicaid the difference. The movement from QIT to AMN is an administrative simplification for the State and the member. Dr. Jerry Dubberly advised that this action does not expand eligibility or lessen the Medicaid eligibility standards for affected individuals. This proposed action carries a July 1, 2014 effective date. The Board's favorable consideration was requested.

Jack Chapman MADE a MOTION to approve for initial adoption Reinstatement of the Aged, Blind, and Disabled Nursing Home and Institutionalized Hospice Medically Needy Medicaid Coverage Program in the Medicaid State Plan Public Notice. Allana Cummings SECONDED the MOTION. ON THE MOTION, the yeas were 5, nays 0, and the MOTION was APPROVED. (A copy of Reinstatement of the Aged, Blind, and Disabled Nursing Home and Institutionalized Hospice Medically Needy Medicaid

Coverage Program in the Medicaid State Plan Public Notice is attached hereto and made an official part of these minutes as Attachment #4).

Dr. Jerry Dubberly presented a public notice for initial adoption of changes to the New Options Waiver (NOW) Program. This action consisted of three changes effective for dates of service on and after July 1, 2014. First, a 1.5% rate increase for the following services was proposed: Community Access Services; Prevocational Services; Supported Employment; Community Living Supports; and Support Coordination. The second component of the public notice called for the addition of a new service, Behavioral Supports Services. This additional service was proposed at a reimbursement of \$18.75 per 15 minute unit. The third component of the public notice was an unbundling of skilled nursing services from its current bundled rate. Skilled nursing services will be billed under the established nursing services rate that already exists in the waiver. The unbundling is being proposed to give greater flexibility in the setting in which the service is rendered. Dr. Jerry Dubberly advised that the funding source for this change is the Department of Behavioral Health and Developmental Disabilities (DBHDD) budget. No DCH funds are required for this change. The Board's favorable consideration was requested.

Bill Wallace MADE a MOTION to approve for initial adoption New Options Waiver Program (NOW) Public Notice. Jack Chapman SECONDED the MOTION. ON THE MOTION, the yeas were 5, nays 0, and the MOTION was APPROVED. (A copy of New Options Waiver Program (NOW) Public Notice is attached hereto and made an official part of these minutes as Attachment #5).

Dr. Jerry Dubberly presented a public notice for initial adoption of changes to the Comprehensive Supports Waiver (COMP) Program. This action consisted of three changes effective for dates of services on and after July 1, 2014. First, a 1.5% rate increase for the following services was proposed: Community Access Services; Prevocational Services; Supported Employment; Community Residential Alternative Services; Community Living Supports; and Support Coordination. The second component of the public notice called for the addition of a new service, Behavioral Supports Services. This additional service was proposed at a reimbursement of \$18.75 per 15 minute unit. The third component of the public notice was an unbundling of skilled nursing services from its current bundled rate. Skilled nursing services will be billed under the established nursing services rate that already exists in the waiver. The unbundling is being proposed to give greater flexibility in the setting in which the service is rendered. Dr. Jerry Dubberly advised that the funding source for this change is the Department of Behavioral Health and Developmental Disabilities (DBHDD) budget. No DCH funds are required for this change. The Board's favorable consideration was requested.

Allana Cummings MADE a MOTION to approve for initial adoption Comprehensive Supports Waiver Program (COMP) Public Notice. Jack Chapman SECONDED the MOTION. ON THE MOTION, the yeas were 5, nays 0, and the MOTION was APPROVED. (A copy of Comprehensive Supports Waiver Program (COMP) Public Notice is attached hereto and made an official part of these minutes as Attachment #6).

Dr. Jerry Dubberly presented an action for the Board's initial consideration related to changes to the Independent Care Waiver Program (ICWP). This Board action calls for a 5% rate increase for Personal Support Service Levels 1, 2, and 3 effective for dates of service on or after July 1, 2014. The funding source for this increase utilizes enhanced federal funds available through the Balancing Incentives Payment Program through the third quarter of SFY2016. Starting in the fourth quarter in SFY2016 and thereafter, the increase will be funded through allocations to DCH through the General Assembly. The Board's favorable consideration was requested.

Jack Chapman MADE a MOTION to approve for initial adoption Independent Care Waiver Program (ICWP) Public Notice. Bill Wallace SECONDED the MOTION. ON THE MOTION, the yeas were 5, nays 0, and the MOTION was APPROVED. (A copy of Independent Care Waiver Program (ICWP) Public Notice is attached hereto and made an official part of these minutes as Attachment #7).

Dr. Jerry Dubberly presented a final item for the Board's initial adoption related to changes to the Elderly and Disabled (E&D) Waiver Program. The first component of this item calls for a 5% rate increase in certain services: Enhanced Case Management; Personal Support Services; Personal Support Services Extended; and Alternate Living Services. These increases are proposed for dates of service on and after July 1, 2014. The funding source for this increase utilizes enhanced federal funds available through the Balancing Incentives Payment Program through the third quarter of SFY2016. Starting in the fourth quarter in SFY2016 and thereafter, the increase will be funded through allocations to DCH through the General Assembly.

The second component of the E&D Waiver changes includes the establishment of a provider quality incentive payment program for enhanced case management services. This incentive allows an additional 1 to 3 percent increase to be earned by the provider based upon three domains – improvements to baseline quality measures; program measures; and consumer measures. The effective date proposed for the quality incentive fee depending on CMS approval is April 1, 2014. The quality incentive funding source are funds made available through the Georgia General Assembly. The Board's favorable consideration was requested.

Allana Cummings MADE a MOTION to approve for initial adoption Elderly and Disabled Waiver (E&D) Rate Increase and Incentive Program Public Notice. Jack Chapman

SECONDED the MOTION. ON THE MOTION, the yeas were 5, nays 0, and the MOTION was APPROVED. (A copy of Elderly and Disabled Waiver (E&D) Rate Increase and Incentive Program Public Notice is attached hereto and made an official part of these minutes as Attachment #8).

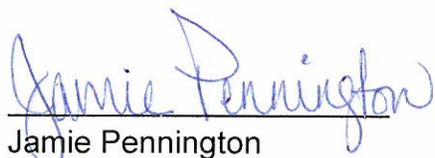
New Business

None to report

Adjournment

There being no further business to be brought before the Board, Chairman Boyd adjourned the meeting at 11:02 a.m.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 12th DAY OF June, 2014.



Jamie Pennington
Secretary



Norm Boyd
Chairman

Official Attachments:

- #1 List of Attendees
- #2 Agenda
- #3 Nursing Homes Services Rate Increase Public Notice Change Public Notice
- #4 Reinstatement of the Aged, Blind, and Disabled Nursing Home and Institutionalized Hospice Medically Needy Medicaid Coverage Program in the Medicaid State Plan Public Notice
- #5 New Options Waiver Program (NOW) Public Notice
- #6 Comprehensive Supports Waiver Program (COMP) Public Notice
- #7 Independent Care Waiver Program (ICWP) Public Notice
- #8 Elderly and Disabled Waiver (E&D) Rate Increase and Incentive Program Public Notice