

Georgia's Role in the Balancing Incentive Program

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Presentation to: Board of Directors,
Georgia Department of Human Services

Date:



Georgia Department of Human Services

Vision, Mission and Core Values

Vision

Stronger Families for a Stronger Georgia.

Mission

Strengthen Georgia by providing Individuals and Families access to services that promote self-sufficiency, independence, and protect Georgia's vulnerable children and adults.

Core Values

- **Provide access to resources that offer support and empower Georgians and their families.**
- **Deliver services professionally and treat all clients with dignity and respect. Manage business operations effectively and efficiently by aligning resources across the agency.**
- **Promote accountability, transparency and quality in all services we deliver and programs we administer.**
- **Develop our employees at all levels of the agency.**

The Balancing Incentive Program (BIP)



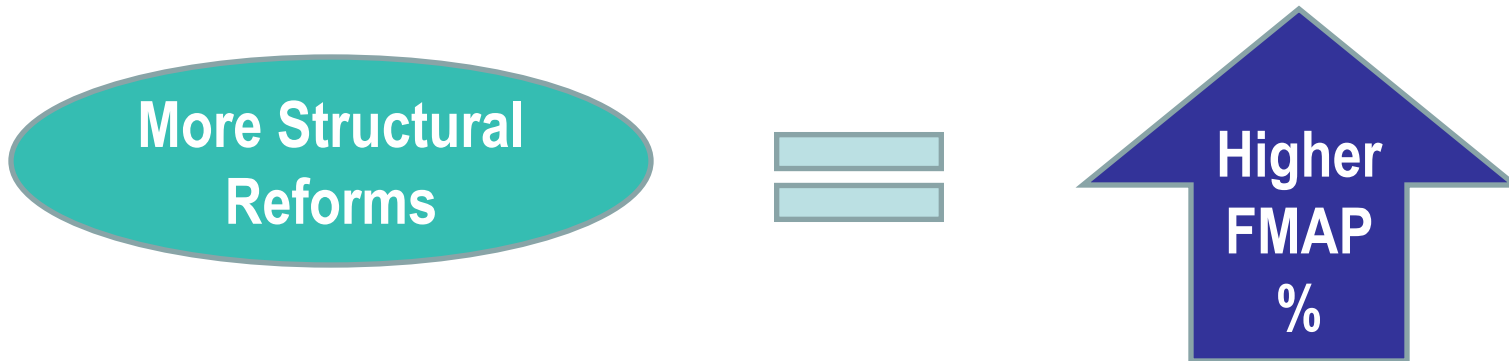
What is BIP?

Grants to States to increase access to non-institutional long-term services and supports
Created by the Affordable Care Act of 2010 (Section 10202)

What will it do?

- Lower costs through improved systems performance and efficiency
- Create consumer tools for care planning and assessment
- Improve quality measurement and oversight
- Create new ways to serve more people in home- and community-based settings

How is BIP financed?



More structural reforms lead to

- Increased nursing home diversions
- Increased access to non-institutional LTSS (long-term supports & services)
- Higher increases to the state's Federal Matching Assistance Percentage (FMAP)



Up to \$3 billion = Total Federal Funding over 4 Years (*Oct 2011-Sept 2015*)

\$57,259,065 = Georgia's Budget (*4-year total*)

Sustainability: Georgia will request state funds to match federal dollars.

What are BIP's four main elements?

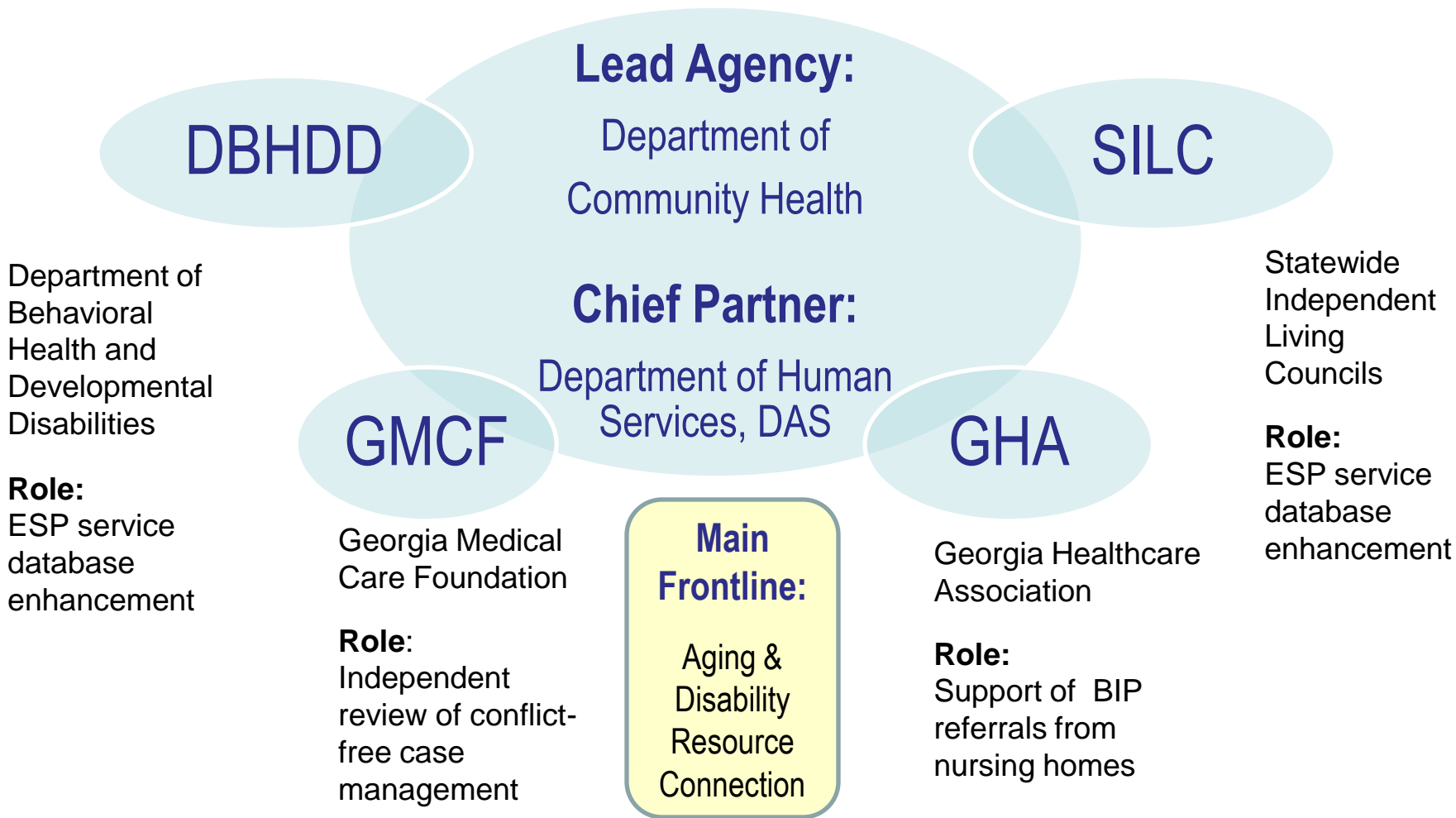
No Wrong Door / Single Point of Entry

Outreach & Structure Development

Core Standardized Assessment

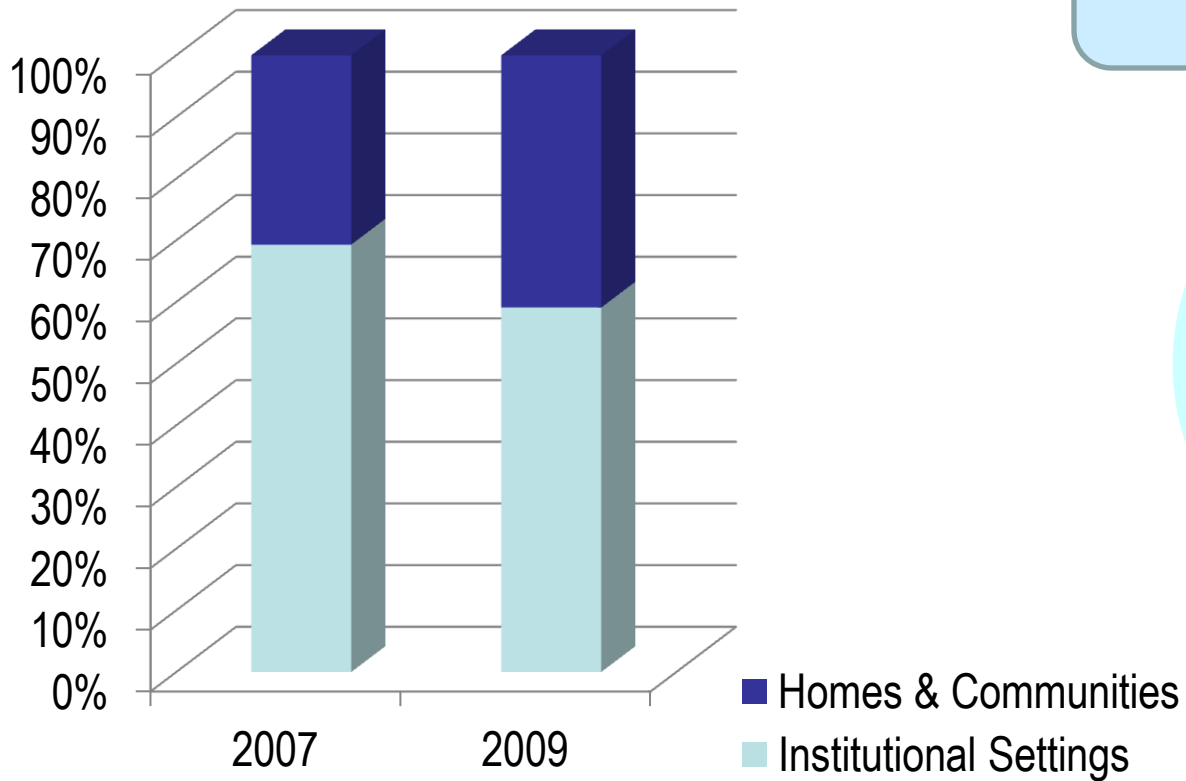
Conflict-Free Case Management

Who's on Georgia's BIP team?



What have we already done right?

\$ for Medicaid Long-Term Services & Supports



Money Follows the Person
A Georgia Success Story

1,400
Transitions
2007-2012

What will BIP success look like?

- More 1915(c) Medicaid Waiver slots
- Higher pediatric home health reimbursement
- 3 new community-based services for behavioral health
- More community-based services for youth with emotional problems
- Expanded GA Pediatric Program Medically Fragile Day Care Service
- ADRCs established as primary point of entry for services
- Web-based training for community referral sources

Money Follows the Person

Principal Aims

- Reduce reliance on institutional care
- Develop community-based LTC opportunities
- Enable people with disabilities to participate fully in their communities



Money Follows the Person

- Medicaid beneficiaries in institutional care for at least 90 days
 - Nursing homes, hospitals, intermediate care facilities for the mentally retarded, institutions for mental diseases
- Transition to a “qualified” residence
 - Home, apartment, or group home with four or fewer people
- Quality assurance
 - 24-hour backup
 - Risk assessment and mitigation processes
 - Incidence reporting and management systems

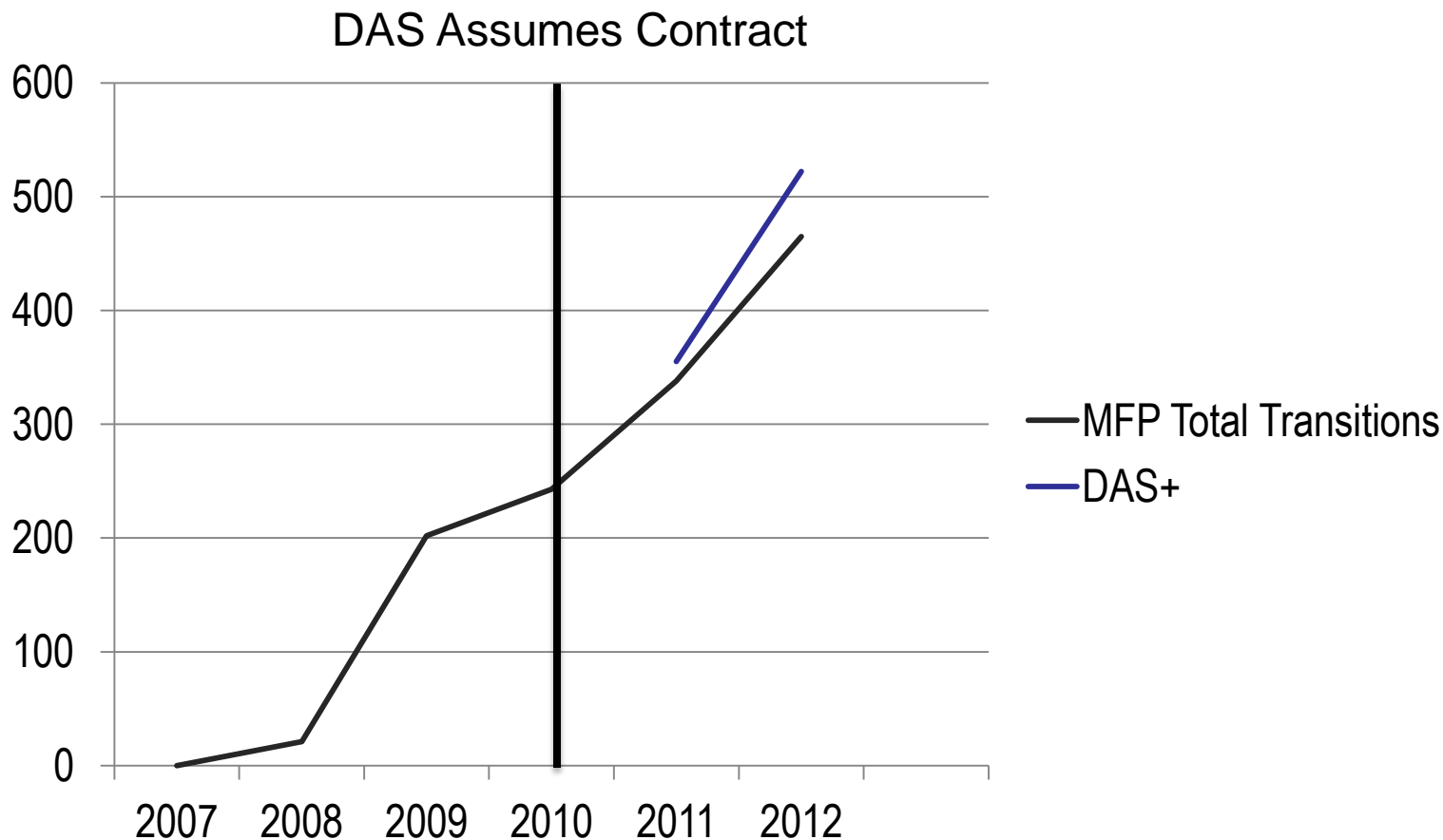
Money Follows the Person

- **MFP Services**
 - Eligible for one year – 365 days
 - Package of home- and community-based services (HCBS)
 - Qualified HCBS
 - Demonstration HCBS
 - Supplemental services
- **Continuity of services**
 - After MFP eligibility ends, qualified HCBS must continue based on beneficiary's Medicaid eligibility status

Money Follows the Person

- Program Overview of MFP
 - Medicaid Grant to Department of Community Health
 - DAS & DBHDD contracted to execute program
 - Goal is to Rebalance Medicaid dollars from Institution to HCBS (Medicaid Waivers)
 - Evaluated at national level with Quality of Life Survey
 - Transitions Medicaid beneficiaries from inpatient facilities to community settings

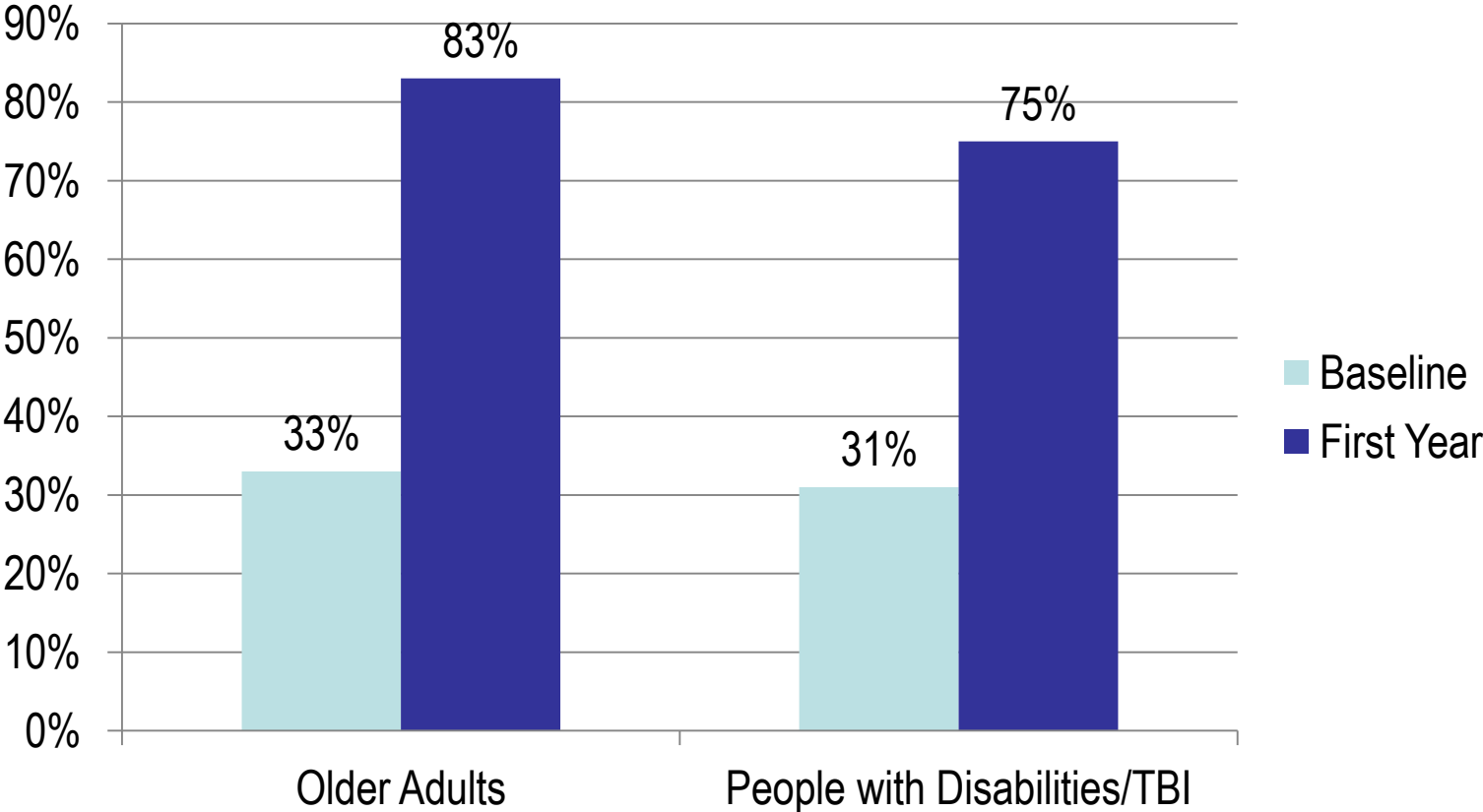
MFP Transition Goals by Demonstration Year



DCH seeks to transition 2,142 individuals from institutional setting to the community.

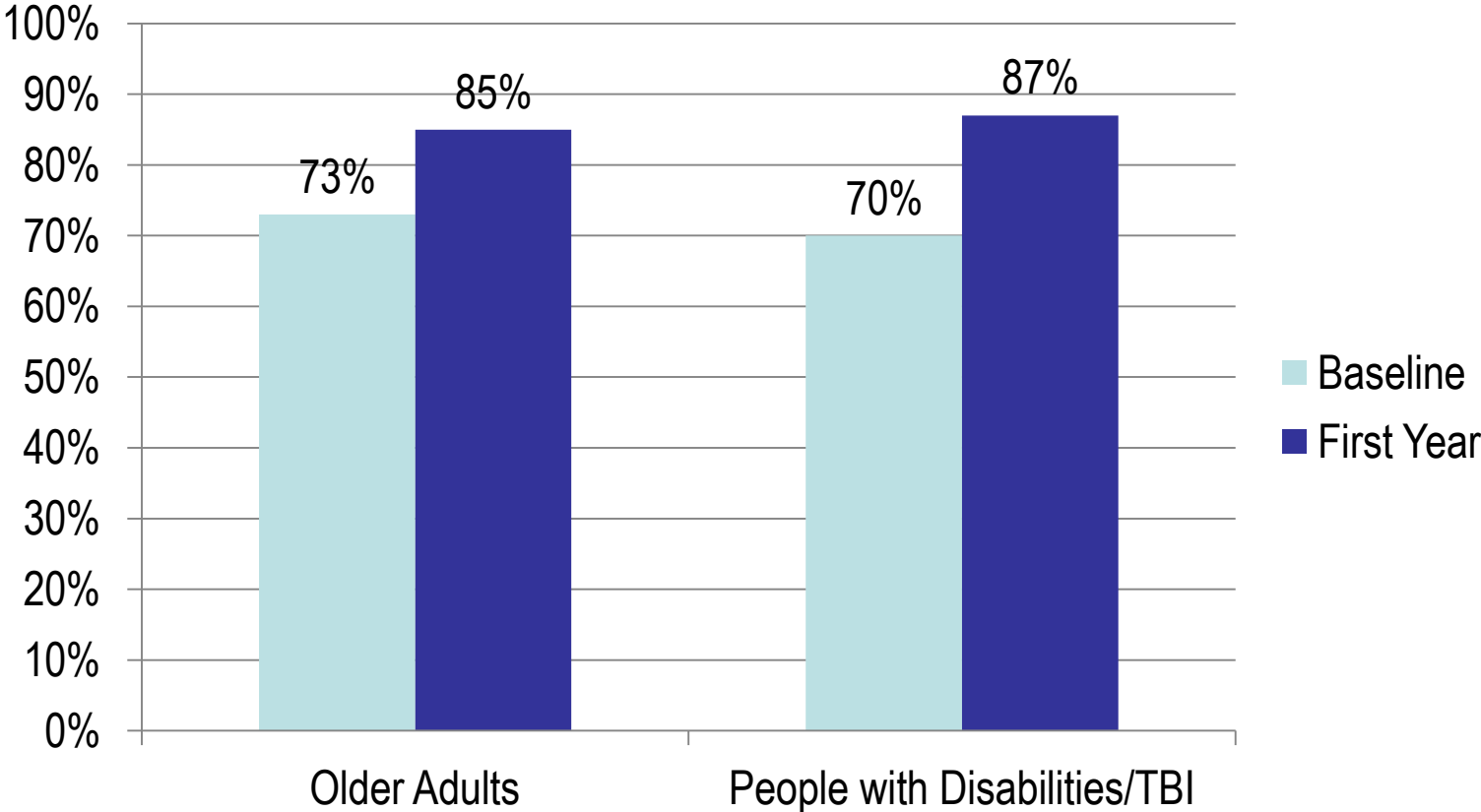
MFP Quality of Life Dashboard

M1Q3: Do you like where you live



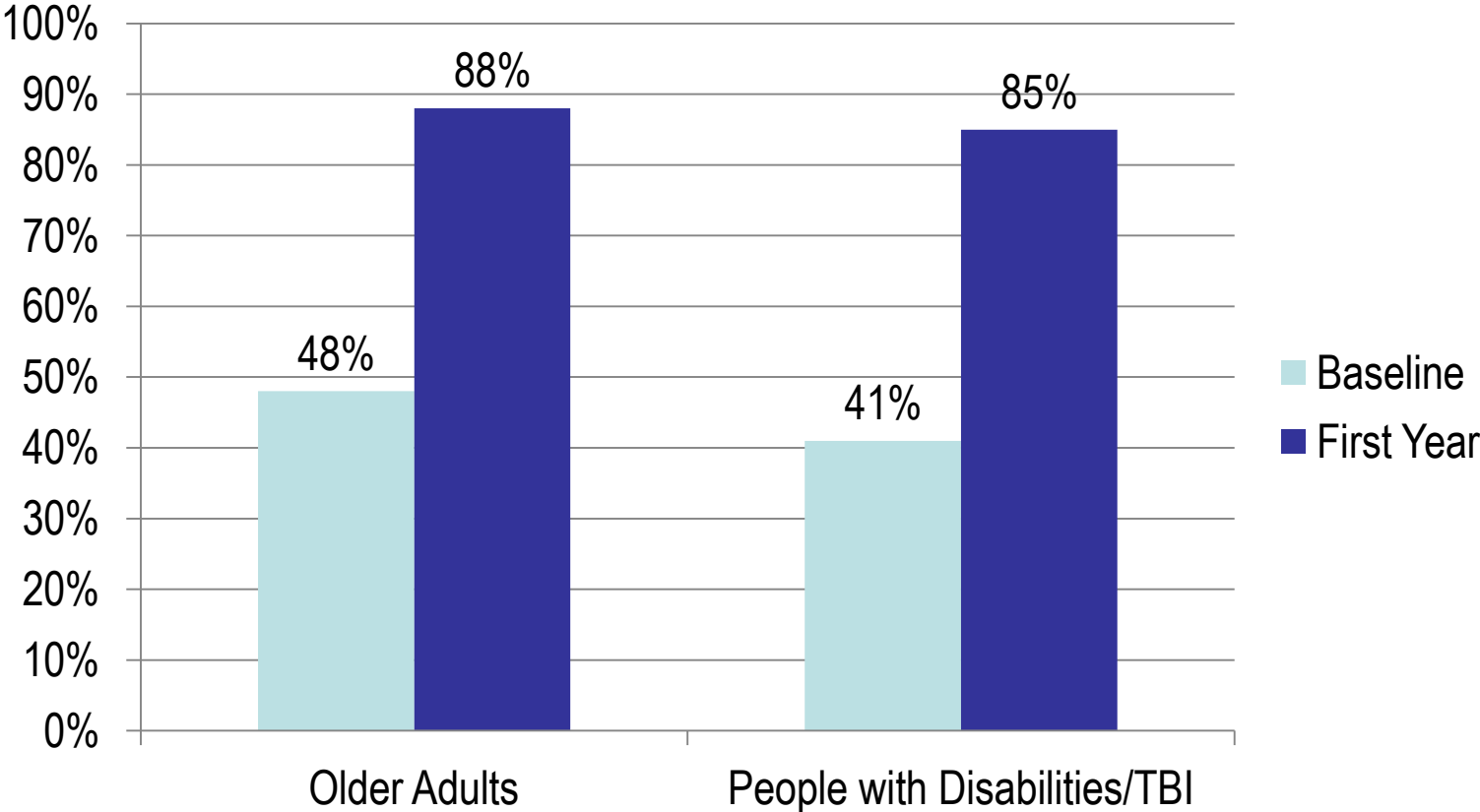
MFP Quality of Life Dashboard

M2Q9: When you are at home, can you et when you want to? Yes



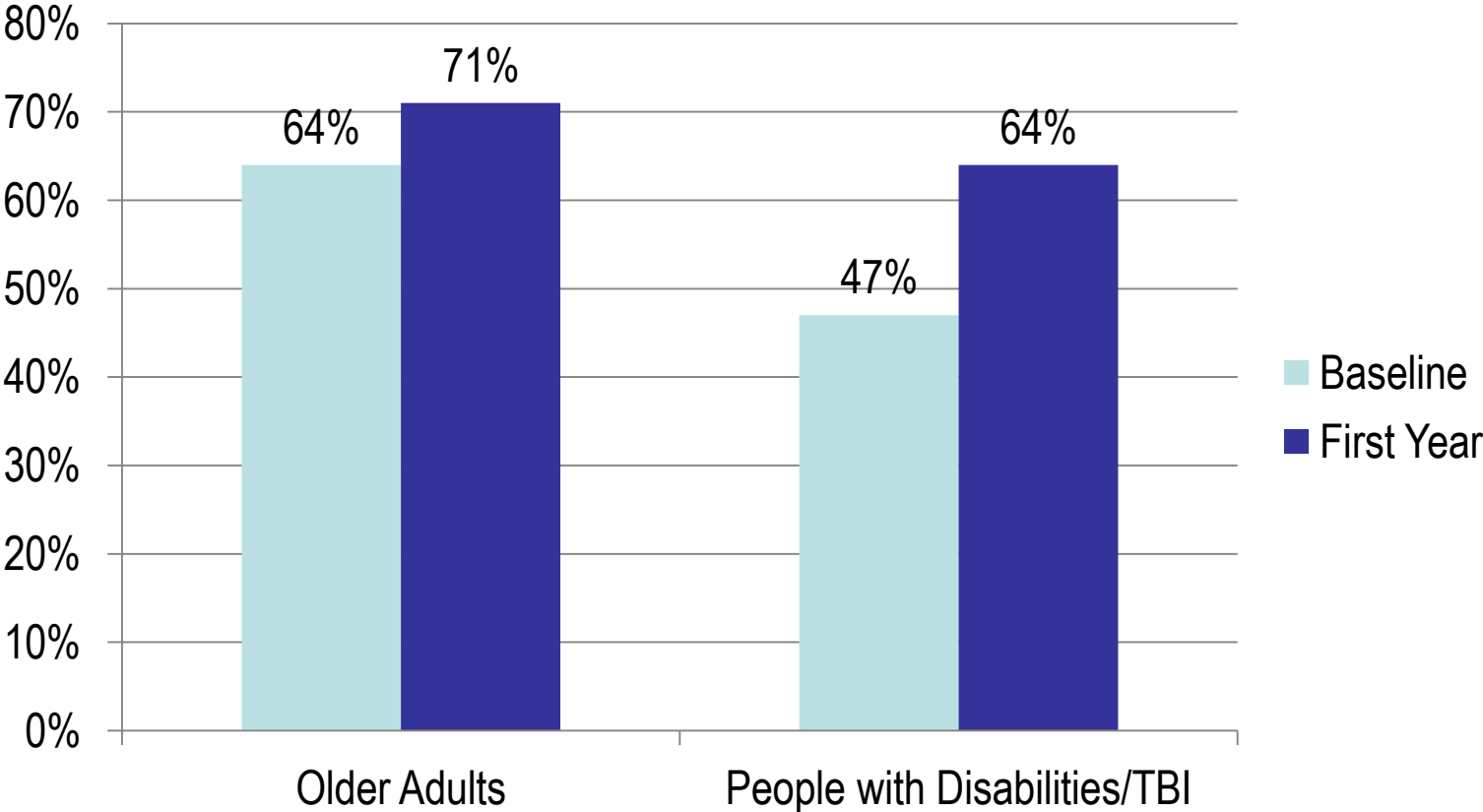
MFP Quality of Life Dashboard

M3Q14: Do you ever go without a bath or shower when you need on? No



MFP Quality of Life Dashboard

M6Q23: During the past week have you felt happy or unhappy with the way you live your life? Happy



Program Improvement Project (PIP)

- DCH 2 Year, \$968,297 grant from CMS
 - Incorporate Adult Health Care Quality Measures into Medicaid Programs
 - Generate, report and validate adult quality performance measure rates for the Medicaid Adult-Only members
 - \$360,000 year to DAS/Care Coordination Agencies for implementation and monitoring

Program Improvement Project (PIP)

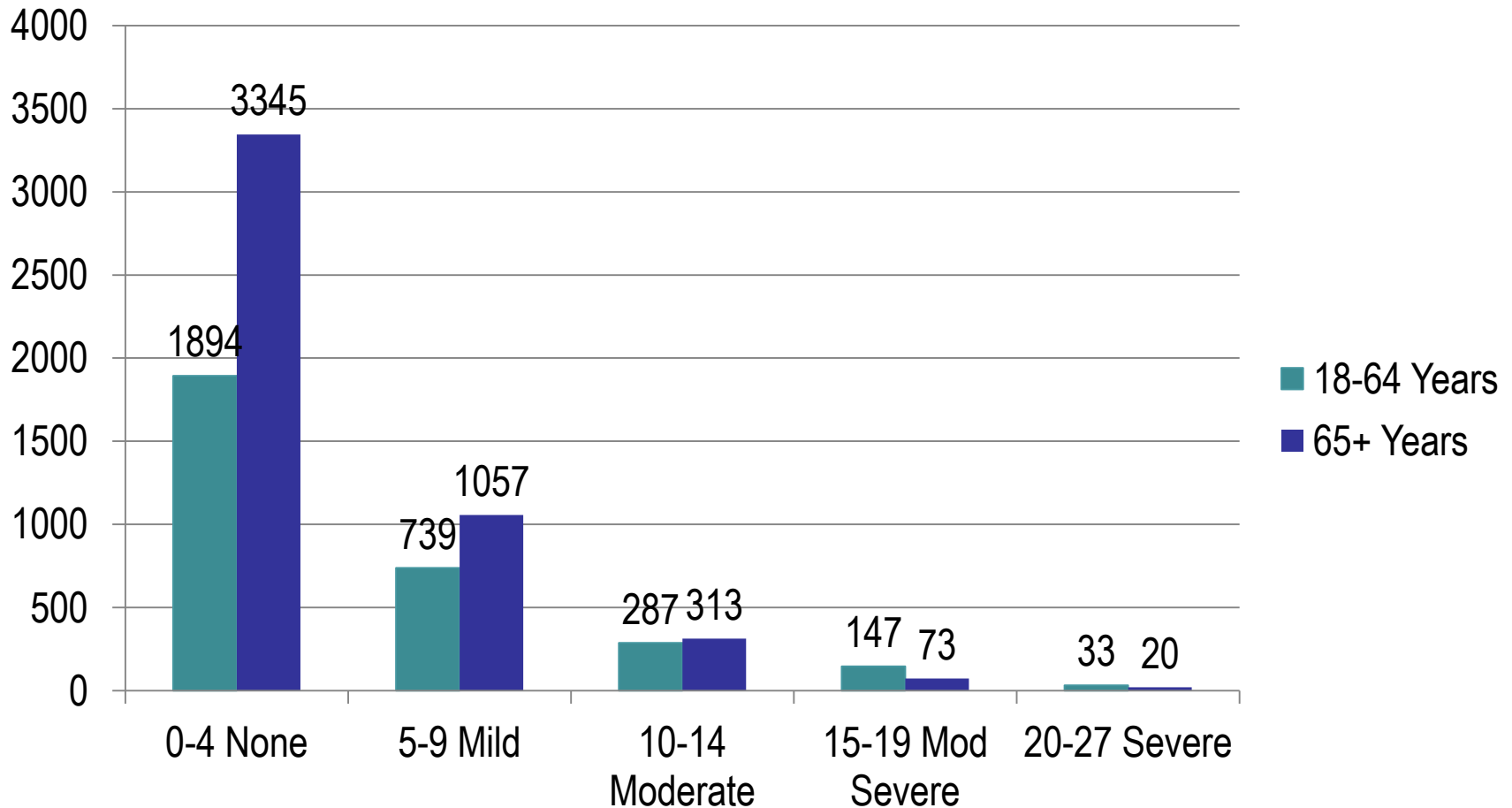
- CCSP PIPs will focus on:
 - improvements in screening for clinical depression and
 - improvements in the management of antidepressant medications for the elderly

CCSP/PIP

- Deliverables
 - PHQ-9 (Depression Screening) on all new enrollees
 - Tailor Care Plan
 - to include referral to PCP
 - to facilitate Rx “picked up & taken”
 - Record Data in AIMS
 - New AIMS data fields, reports needed
 - Integrate AIMS with GAMMIS to facilitate formulary and health data transfers for CCSP clients and wards

Program Improvement Project (PIP)

CCSP - PIP Baseline Data Report





Questions?

Contact

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