

Closing the Coverage Gap:

Considerations for the Georgia Chamber of Commerce Task Force



DBHDD

BEHAVIORAL HEALTH COORDINATING COUNCIL

DECEMBER 14, 2016

Context

AS GEORGIA'S AUTHORITY ON MENTAL HEALTH, SUBSTANCE ABUSE, AND DEVELOPMENTAL DISABILITIES, DBHDD PARTICIPATES IN PUBLIC POLICY DISCUSSIONS THAT HOLD THE POTENTIAL TO AFFECT THE PEOPLE WE SERVE.

GEORGIA CHAMBER OF COMMERCE REQUESTED INPUT FOR ITS TASK FORCE: CLOSING THE COVERAGE GAP
(Report Published August 2016)

The Case to Increase Healthcare Access in Georgia?

Georgia's healthcare system is getting squeezed, and with Washington's dysfunction and gridlock, the state must act

Four rural hospitals have closed in Georgia since the beginning of 2013

Regions where a hospital closes and family doctors leave not only lose a major part of their tax base, but they also have no hope of attracting new high-paying jobs

26% Of the total population lives below 138% FPL

29% Of those below 138% FPL are uninsured



This problem affects every Georgian; patients with health coverage in Georgia today are already paying increased premiums to cover the cost of uncompensated care

Georgia is Ranked
48th In Uninsured Rate

Rural Hospitals are scaling back by reducing service offerings, including critical services like labor and delivery. Physicians' practices will not locate in a community where hospital privileges are limited or do not exist.

The "Georgia Way" should present the most conservative, most sustainable pathway under U.S. law to close the coverage gap and to save or improve our healthcare provider network

Source: America's Health Rankings

Target Population

- **SERIOUS MENTAL ILLNESS (SMI)**

- Vulnerable population that touch a number of health and social service systems;
- Complex health issues which require proactive and coordinated planning;
- Individuals with cognitive/thought disorders may be challenged to comply with basic eligibility requirements;
 - Choice;
 - Navigation and enrollment support;
- Research of other implementations:
 - Some have achieved measurable advances in accountability and efficiency;
 - Some have failed to live up to the promise of cost savings and success;
 - Limits of the extent to which reform can impact complex and fragmented systems.

Target Population

- **“DBHDD SERVES THE UNINSURED”**
 - Underinsured is large part of population, but this is an underrepresentation.
 - DBHDD also provides Supplemental Services to other Insurance Beneficiaries
 - Medicaid
 - Aged, Blind, Disabled
 - Medicaid CMO
 - Medicare
 - Other Private Insurance

DBHDD Benefits

Medicaid Benefits

Essential Health Benefits

Acute	Inpatient Psychiatric Acute Detoxification Crisis Stabilization Forensic Hospitalization PRTF BHCCs Mobile Crisis	Inpatient Psychiatric Acute Detoxification Crisis Stabilization PRTF	Inpatient Psychiatric Acute Detoxification
Outpatient	Individual Counseling Group Counseling Family Counseling Crisis Intervention Physician Assessment/Management Nursing Assessment/Care/Med Admin Case Management Community-Based Skills Training Assessment PT/OT/Speech Group Training Family Training Service Planning	Individual Counseling Group Counseling Family Counseling Crisis Intervention Physician Assessment/Management Nursing Assessment/Care/Med Admin Case Management Community-Based Skills Training Assessment PT/OT/Speech Group Training Family Training Service Planning	Individual Counseling Group Counseling Family Counseling Physician Assessment/Management Nursing Assessment/Care/Med Admin Assessment PT/OT/Speech
Rehabilitative	Assertive Community Treatment [IFI, CST] Peer Support Intensive Residential Semi-Independent Residential Community-Based Forensics Supported Employment Psychosocial Rehabilitation Medication Assisted Treatment [Opioid Maintenance] Community-based Detoxification Financial Assistance (Bridge, Transition) Intensive Community-based Care Coordination Transportation	Assertive Community Treatment [IFI, CST] Peer Support Intensive Residential Semi-Independent Residential Psychosocial Rehabilitation Medication Assisted Treatment [Opioid Maintenance] Community-based Detoxification Intensive Community-based Care Coordination Transportation	
LTSS	DD Waiver Services C&A MH Waiver Services PASRR	DD Waiver Services C&A MH Waiver Services PASRR	
Prevention	Peer Support Whole Health Wellness Centers Clubhouse Prevention/Early Intervention Activities	Peer Support Whole Health	

Benefits

- **SMI EVIDENCE-BASED PRACTICES ARE NOT COVERED BY INSURANCE**
 - Assertive Community Treatment
 - Peer Support
- **ACCESS**
 - Working with Individuals who often do not seek Healthcare
 - Typical Insurance (CMOs and Others) do not have targeted SMI alternatives
- **CARE COORDINATION/HEALTH HOMES**
 - Typical health plans do not aggressively engage in side-by-side, community-based Care Coordination

Unique System Considerations

- **ENGAGEMENT WITH COMMUNITIES**
 - Law Enforcement
 - Schools
 - Courts
- **SERVING THOSE WHO ARE SOMETIMES RELUCTANT TO BE SERVED**
 - Engagement for Personal Well-being
 - Engagement for Community Well-Being
 - Outreach

Unique System Considerations

- **BH SYSTEM REDESIGN**

- Clarification of provider standards and re-organization of responsibilities through a tiered network of providers to promote statewide consistency;
- Development/implementation of key performance indicators (KPIs); and
- Transformation of the financing infrastructure beginning with transition from a grant-in-aid model to a fee-for-service model as of July 1, 2016.

Unique System Considerations

- **BH SYSTEM REDESIGN**

- Safety Net (Comprehensive Community Providers (CCPs))
 - Network of providers that offers treatment and recovery supports to individuals regardless of their ability to pay for services.
 - See a mixture of uninsured (and not eligible for insurance benefits), Medicaid-covered, and other vulnerable individuals.
 - Contracted expectations and mandates that ensure access to the appropriate level of care, treatment and coordination of services.

Unique System Considerations

- **BH SYSTEM REDESIGN**

- Safety Net

- The designation creates a standardized public benefit across all counties, accountable and transparent to recipients of services, their families and supporters, and payers.
- Promotes focus of limited resources to a select group of publicly-funded providers
- Have the unique capacity and infrastructure to provide a seamless continuum of care for the target population identified by DBHDD
- Have community stature, visibility, accountability, and the credibility to be seen as the local and reliable safety-net for the delivery of supports and services.

Unique System Considerations

- **BH SYSTEM REDESIGN**

- Safety Net
 - DBHDD continues to work with a broad array of other public and private providers to promote choice and specialization.
- Global Community-Based Service Infrastructure
 - 24/7 Georgia Crisis and Access Line
 - Crisis Stabilization Units
 - Mobile Crisis Units

Unique System Considerations

- **BH SYSTEM REDESIGN**

- Measuring Outcomes

- Creation of standards with key performance indicators related to access to care have been implemented and are now measured annually.
- Addressing critical access needs including:
 - timeliness to services,
 - crisis response,
 - engagement,
 - crisis management,
 - financial stability,
 - quality, and
 - competency to treat.

Unique System Considerations

- **BH SYSTEM REDESIGN**

- Partnership with an Administrative Services Organization (ASO): The Georgia Collaborative
 - Allows DBHDD to use private industry practice in its management of public sector business.
 - Functionally assists DBHDD in managing:
 - Prior Authorization
 - Information Management
 - Reviews of provider performance, compliance, quality to promote improvement
 - Access to services including crisis access.

Unique System Considerations

- **RESPONSIVENESS TO THE DEPARTMENT OF JUSTICE'S SETTLEMENT AGREEMENT**
 - Continued Federal Scrutiny of this critical work in serving individuals with SMI

Closing

- **DBHDD BELIEVES THE FOLLOWING SHOULD INFORM GEORGIA'S EFFORTS MOVING FORWARD:**

- DBHDD's unique knowledge and history of the individuals and safety-net providers currently serving Georgians with SMI, coupled with an unwavering commitment to this complex and vulnerable population.
- DBHDD's current relationships with elected officials, community leaders, sister agencies, providers, and consumer and advocacy groups will be invaluable to the multi-faceted planning conversations that may lie ahead.
- DBHDD understands the need for health access, cost management, improved efficiency and quality goals.
- DBHDD looks forward to the opportunity to work closely with various stakeholders to inform any planning efforts to assure minimal disruption of services, supports, and infrastructure as transformation strategies are considered.
- DBHDD urges extreme caution so as to avoid overly simplistic solutions in attempts to address the unique health, behavioral health and support needs of the SPMI population.