

June 12, 2008

Audit Committee Meeting, 9:00 a.m., Fifth Floor Overflow Room
Department of Community Health
2 Peachtree Street, N.W.
Atlanta, Georgia 30303

**BOARD MEETING
FIFTH FLOOR BOARD ROOM, 10:30 A.M.
AGENDA**

- | | |
|---|--|
| A. Call to Order | Richard Holmes, Chairman |
| B. Approval/Adoption of Minutes | Richard Holmes |
| C. Opening Comments | Richard Holmes |
| D. Committee Reports
Audit Committee Report | Richard Robinson, Chair |
| E. Chief of Staff's Comments | Dr. Carladenise Edwards |
| F. Department Updates | |
| 1. General Counsel | Suzannahlouise Lipscomb
Counsel for the State Health Benefit Plan |
| ▪ SHBP Rules - Initial Adoption
111-4-1-.02, 111-4-1-.04 and 111-4-1-.10 | |
| 2. Chief Financial Officer | Carie Summers |
| ▪ Resolution - Amendment to Employer Rates for
State Health Benefit Plan for FY 2008 | |
| ▪ Public Notices - Final Approval | |
| Dental Services | |
| Digital Mammography | |
| Home Health Services | |
| Health Check | |
| Hospital Services | |
| Independent Care Waiver Program Personal
Support Services | |
| Physician and Physician-Related Providers | |
| Emergency Ambulance Services | |
| ▪ Public Notices – Initial Approval | |
| Psychiatric Residential Treatment Facilities (PRTF) | |
| Community Care Services Program | |
| Nursing Home Services | |

3. Chief of Medical Assistance Plans

Mark Trail

- Public Notices – Initial Approval
- New Options Waiver (NOW) and Comprehensive Support Waiver (COMP) Exceptional Rate Requests
- Targeted Case Management
 - Child Protective Services Case Management Services
 - Risk of Incarceration Case Management Services
 - Children at Risk; Adults with AIDS; Perinatal; and Early Intervention Services
 - Adult Protective Services Case Management

H. Adjourn

Next Meeting
Thursday, July 10, 2008, 10:30 a.m.
Department of Community Health
2 Peachtree Street, N.W., Fifth Floor Board Room
Atlanta, Georgia 30303

PUBLIC NOTICE

Pursuant to 42 C.F.R. § 447.205, the Georgia Department of Community Health is required to give public notice of any significant proposed change in its methods and standards for setting payment rates for services.

DENTAL SERVICES

Effective for services provided on or after July 1, 2008, and subject to payment at fee for service rates, the Department is proposing to increase the dental reimbursement rate by 2.5%.

Effective July 1, 2008, Care Management Organizations are required to increase their current per unit reimbursement rates for their contracted dental providers to effect a rate change comparable to the proposed change in fee-for-service rates.

The purpose of this change is to more accurately match payments to the level of services being provided. This change is estimated to increase annual expenditures as follows:

<u>Program</u>	<u>Total Funds</u>	<u>State Funds</u>
Aged, Blind, and Disabled	\$252,518	\$90,553
Low Income Medicaid	2,567,276	920,625
PeachCare for Kids	<u>864,251</u>	<u>216,322</u>
All Programs	<u>\$3,684,045</u>	<u>\$1,227,500</u>

This public notice is available for review at each county Department of Family and Children Services office. An opportunity for public comment will be held on **May 20, 2008**, 1 p.m., at the Department of Community Health (2 Peachtree Street, N.W., Atlanta, Georgia 30303) in the 5th Floor Board Room. Individuals who are disabled and need assistance to participate during this meeting should call (404) 656-4479. Citizens wishing to comment in writing on any of the proposed changes should do so on or before **May 30, 2008**, to the Board of Community Health, Post Office Box 38406, Atlanta, Georgia 30334.

Comments submitted will be available for review by the public at the Department of Community Health, Monday – Friday, 9:00 a.m. to 4:30 p.m., in Room 4074, 2 Peachtree Street, N.W., Atlanta, Georgia 30303.

Comments from written and public testimony will be provided to the Board of Community Health prior to the **June 12, 2008** Board meeting. The Board will vote on the proposed changes at the Board meeting to be held at 10:30 a.m. at the Department of Community Health (2 Peachtree Street, N.W., Atlanta, Georgia 30303) in the 5th Floor Board Room.

NOTICE IS HEREBY GIVEN THIS 8th DAY OF MAY, 2008

Rhonda M. Medows, M.D., Commissioner

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COVERAGE OF DIGITAL MAMMOGRAPHY

Effective July 1, 2008, the Department proposes to provide coverage for digital mammography services. Such services will be reimbursed based on 80% of the 2007 RBRVS as specified by Medicare for the Atlanta area for participating Medicare providers. This change is estimated to increase annual expenditures as follows:

<u>Program</u>	<u>Total Funds</u>	<u>State Funds</u>
Aged, Blind, and Disabled	\$316,487	\$113,492
Low Income Medicaid	624,031	223,778
PeachCare for Kids	84,483	21,146
All Programs	<u>\$1,025,001</u>	<u>\$358,416</u>

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HOME HEALTH

Effective for services provided on and after July 1, 2008, and subject to payment at fee-for-services rates, the Department is proposing to increase the cap for home health services to \$90 and pay the lesser of the cap or 100% of cost, according to the FY2006 cost reports.

Effective July 1, 2008, Care Management Organizations are required to increase their current per unit reimbursement rates for their contracted Home Health providers to effect a rate change comparable to the proposed change in fee-for-service rates.

The purpose of this change is to more accurately match payments to the level of service being provided. This change is estimated to increase annual expenditures as follows:

<u>Program</u>	<u>Total Funds</u>	<u>State Funds</u>
Aged, Blind, and Disabled	\$3,168,664	\$1,136,283
Low Income Medicaid	649,519	232,918
PeachCare for Kids	16,997	4,254
All Programs	<u>\$3,835,180</u>	<u>\$1,373,455</u>

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HEALTH CHECK SERVICES

Effective for services provided on and after July 1, 2008, and subject to payment at fee for service rates, the Department is proposing to increase the Health Check reimbursement rate by 2.5%.

Effective July 1, 2008, Care Management Organizations are required to increase their current per unit reimbursement rates for Health Check services for their contracted providers to effect a rate change comparable to the proposed change in fee-for-service rates.

The purpose of this change is to more accurately match payments to the level of services being provided. This change is estimated to increase annual expenditures as follows:

<u>Program</u>	<u>Total Funds</u>	<u>State Funds</u>
Aged, Blind, and Disabled	\$50,924	\$18,261
Low Income Medicaid	1,370,224	491,362
PeachCare for Kids	<u>190,503</u>	<u>47,683</u>
All Programs	<u>\$1,611,651</u>	<u>\$557,306</u>

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HOSPITAL SERVICES

Inpatient Services

Effective for admissions on and after July 1, 2008, the Department is proposing the following changes:

Current DRG base rates for designated trauma hospitals Levels I through III will be increased by 3.68%. DRG base rates for all other hospitals will be increased by 2.7746%. This change will not result in cost based settlements for inpatient claims.

Effective July 1, 2008, Care Management Organizations are required to increase their current per unit or per admission reimbursement rates for their contracted inpatient hospital providers to effect a rate change comparable to the proposed change in fee-for-service rates.

This change is estimated to increase annual expenditures as follows:

<u>Program</u>	<u>Total Funds</u>	<u>State Funds</u>
Aged, Blind, and Disabled	\$18,354,264	\$6,581,839
Low Income Medicaid	24,514,205	8,790,794
PeachCare for Kids	895,158	224,058
All Programs	<u>\$43,763,627</u>	<u>\$15,596,691</u>

Outpatient Services

The Department is proposing to modify the payment method for hospitals services as follows:

Payments to hospitals that are designated as a Critical Access Hospital, a historically minority owned hospital or as a state owned hospital are not affected by this public notice and will continue to be reimbursed in accordance with current policy.

For all other hospitals:

- Effective for outpatient services provided on and after July 1, 2008 and subject to cost settlement, the percentage of cost coverage will be increased to 90.7% for designated trauma hospitals Levels I through III and 88.3% for all other hospitals.
- Effective for payments made on and after July 1, 2008, the hospital-specific, annual percentage of charges, used to determine interim reimbursement amounts, will be

recalculated to consider the increase in cost coverage to 90.7% of cost for designated trauma hospitals Levels I through III and 88.3% for all other hospitals.

- Effective for payments made on and after July 1, 2008, for out of state enrolled hospitals, payments will be made at the statewide average percentage of charges that will be paid to Georgia hospitals being reimbursed at 88.3% of costs.
- Effective for payments made on and after July 1, 2008, the flat rate for non-emergency use of the Emergency Room will be increased from \$50 to \$60.

Effective July 1, 2008, Care Management Organizations are required to increase their current per unit, per admission, or percentage of charges reimbursement rates for their contracted outpatient hospital providers to effect a rate change comparable to the proposed change in fee-for-service rates.

This change is estimated to increase annual expenditures as follows:

<u>Program</u>	<u>Total Funds</u>	<u>State Funds</u>
Aged, Blind, and Disabled	\$5,822,103	\$2,087,806
Low Income Medicaid	11,479,702	4,116,621
PeachCare for Kids	1,554,966	389,208
All Programs	<u>\$18,856,771</u>	<u>\$6,593,635</u>

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INDEPENDENT CARE WAIVER PROGRAM

Effective for services provided on and after July 1, 2008, and subject to payment at fee for service rates, the Department is proposing to increase the reimbursement rate for personal support provided through the Independent Care Waiver Program by 3%.

The purpose of this change is to more accurately match payments to the level of services being provided. This change is estimated to increase annual expenditures as follows:

<u>Program</u>	<u>Total Funds</u>	<u>State Funds</u>
Aged, Blind, and Disabled	\$989,070	\$354,680
Low Income Medicaid	2,560	918
PeachCare for Kids	0	0
All Programs	<u>\$991,630</u>	<u>\$355,598</u>

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PHYSICIAN AND PHYSICIAN-RELATED PROVIDERS

RBRVS

The Department is proposing to update the maximum allowable reimbursement for physician and physician-related services currently paid based on Medicare's Resource Based Relative Value Scale (RBRVS) reimbursement. Effective for services provided on or after July 1, 2008, and subject to payment at fee for service rates, such services will be reimbursed based on 80% of the 2007 RBRVS as specified by Medicare for the Atlanta area for participating Medicare providers. Medicaid and PeachCare for Kids providers subject to this change include: Physicians, Physician Assistants, Nurse Midwives, Advanced Nurse Practitioners, Podiatrists, Oral Maxillofacial Surgeons, providers of Children's Intervention Services and Children's Intervention School Services, Psychologists, Optometrists, and providers of Family Planning. The update does not apply to providers billing for speech therapy, dialysis professional services, or the following CPT codes: 99296, 99294, 99299, 99300, 99431, 99298, 99436, 99433, 92586, 99440, 31500, 76811, 76820, 99238, 99293, 59409, 76819, 59515, and 59514.

Effective July 1, 2008, Care Management Organizations are required to increase their current per unit reimbursement rates for physician and physician related services as prescribed above for their contracted providers to effect a rate change comparable to the proposed change in fee-for-service rates.

This change is estimated to increase annual expenditures as follows:

<u>Program</u>	<u>Total Funds</u>	<u>State Funds</u>
Aged, Blind, and Disabled	\$9,537,986	\$3,420,322
Low Income Medicaid	18,500,525	6,634,288
PeachCare for Kids	920,100	230,301
All Programs	<u>\$28,958,611</u>	<u>\$10,284,911</u>

Global Maternity

Effective July 1, 2008, and subject to payment at fee for service rates, the Department is proposing to increase payment for global maternity delivery physician services as billed under CPT codes 59400, 59510, 59610, and 59618 by 5%. The purpose of this change is to more accurately match payments to the level of services being provided.

Effective July 1, 2008, Care Management Organizations are required to increase their current per unit reimbursement rates for global maternity delivery payments for CPT codes 59400, 59510, 59610, and 59618 for their contracted providers to effect a rate change comparable to the proposed change in fee-for-service rates.

This change is estimated to increase annual expenditures as follows:

<u>Program</u>	<u>Total Funds</u>	<u>State Funds</u>
Aged, Blind, and Disabled	\$1,217,546	\$436,612
Low Income Medicaid	3,474,144	1,245,828
PeachCare for Kids	<u>415,813</u>	<u>104,078</u>
All Programs	<u>\$5,107,503</u>	<u>\$1,786,518</u>

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EMERGENCY AMBULANCE SERVICE

Effective for services provided on and after July 1, 2008, and subject to payment at fee for service rates, the Department is proposing to make the following change to the Medicaid Emergency Ambulance Service (EAS) program as follows:

Utilize 86% of the CY 2007 Medicare fee schedule for Georgia Locality 01 as the basis for reimbursement for Medicaid covered procedure codes in the EAS program. The purpose of the change is to more accurately reimburse for the cost of services provided.

Effective July 1, 2008, Care Management Organizations are required to increase their current per unit reimbursement rates for their contracted emergency ambulance service providers to effect a rate change comparable to the proposed change in fee-for-service rates.

This change is estimated to increase annual expenditures as follows:

<u>Program</u>	<u>Total Funds</u>	<u>State Funds</u>
Aged, Blind, and Disabled	\$3,906,143	\$1,400,743
Low Income Medicaid	137,867	49,439
PeachCare for Kids	191,236	47,866
All Programs	<u>\$4,235,246</u>	<u>\$1,498,048</u>

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PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES (PRTFs)

Effective for services provided on and after July 1, 2008, and subject to payment at fee for service rates, the Department is proposing to make the following change to Medicaid reimbursement for Psychiatric Residential Treatment Facilities:

Utilize FY 2006 provider-specific cost reports to determine provider-specific per diem rates for the reimbursement of psychiatric residential treatment services. The FY 2006 cost report data will be adjusted to consider inflation based on the CMS Hospital Market Basket (Global Insight's Health Care Cost Service Forecast, Table 6.3). Per Diems will be subject to a cap of \$370 per day. Rates for PRTFs who do not have a 2006 cost report reflective of the provision of PRTF services will be based on the median rate of other PRTF providers.

Effective July 1, 2008, Care Management Organizations are required to increase their current per unit reimbursement rates for their contracted PRTFs to effect a rate change comparable to the proposed change in fee-for-service rates.

This change is subject to federal approval and estimated to increase annual expenditures as follows:

<u>Program</u>	<u>Total Funds</u>	<u>State Funds</u>
Aged, Blind, and Disabled	\$837,537	\$301,262
Low Income Medicaid	2,652,200	953,996
PeachCare for Kids	<u>0</u>	<u>0</u>
All Programs	<u>\$3,489,737</u>	<u>\$1,255,258</u>

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COMMUNITY CARE SERVICES PROGRAM

Effective for services provided on and after July 1, 2008, and subject to payment at fee for service rates, the Department is proposing to increase the reimbursement rate for services provided through the Community Care Services Program by 3%.

The purpose of this change is to more accurately match payments to the level of services being provided. This change is estimated to increase annual expenditures in the Aged, Blind, and Disabled Medicaid program by approximately \$7,723,793 in total funds (\$1,350,227 in DHR State funds and \$1,419,525 in DCH state funds). This change is contingent on approval of a pending federal waiver amendment by the Centers for Medicare and Medicaid Services. A summary of proposed rates may be obtained by written request to the Department of Community Health, 2 Peachtree Street, N.W., Atlanta, Georgia 30303.

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NEW OPTIONS WAIVER (NOW) AND COMPREHENSIVE SUPPORT WAIVER (COMP) EXCEPTIONAL RATE REQUESTS

Effective for dates of services on and after July 1, 2008, the Department is proposing to utilize a formalized process whereby additional and/or more intensive resources can be accessed in order to serve individuals in transition from an institution or who may be at risk of institutionalization.

This change impacts the New Options Waiver (NOW) and the Comprehensive Support Waiver (COMP) and will formally raise the waiver caps for Exceptional Rates by \$6,000 above the current individual annual cost limit of \$25,000 for NOW for a period of no more than 12 months. The current individual annual cost limit for COMP will remain at 130% of the average cost of an ICF/MR facility. Total costs under COMP, to include Exceptional Rate requests, will not exceed 130% of the average cost of an ICF/MR facility. Any approval of an exceptional rate is time limited up to a maximum of one year.

This change is contingent on approval of a federal waiver amendment by the Centers for Medicare and Medicaid Services. The federal waiver amendment is estimated to be budget neutral.

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Comments from written and public testimony will be provided to the Board of Community Health prior to the **July 10, 2008**, Board meeting. The Board will vote on the proposed changes at the Board meeting to be held at 10:30 a.m. at the Department of Community Health (2 Peachtree Street, N.W., Atlanta, Georgia 30303) in the 5th Floor Board Room.

NOTICE IS HEREBY GIVEN THIS 12th DAY OF JUNE, 2008
Rhonda M. Medows, M.D., Commissioner

PUBLIC NOTICE

Pursuant to 42 CFR 447.205, the Georgia Department of Community Health, Division of Medical Assistance, is required to give public notice of any significant proposed changes in its methods and standards for setting payment rates for services.

TARGETED CASE MANAGEMENT (TCM) CHILD PROTECTIVE SERVICES CASE MANAGEMENT SERVICES (CPS)

Effective for dates of service on and after July 1, 2008, the Department is proposing to eliminate coverage of CPS TCM services.

The purpose of these changes is to reflect recent guidance from CMS regarding federal TCM compliance. These changes are estimated to eliminate annual expenditures previously committed to the CPS TCM program for FY 2009 which would be \$25,640,263 in total funds and \$9,222,803 in State funds.

This public notice is available for review at each county Department of Family and Children Services office. An opportunity for public comment will be held on **June 23, 2008**, at 1 p.m., at the Department of Community Health, 2 Peachtree Street, N.W., 5th Floor Board Room, Atlanta, Georgia 30303. Individuals who are disabled and need assistance to participate during this meeting should call (404) 656-4479. Citizens wishing to comment in writing on any of the proposed changes should do so on or before **June 23, 2008**, to the Board of Community Health, Post Office Box 38406, Atlanta, Georgia 30334.

Comments submitted will be available for review by the public at the Department of Community Health, Monday – Friday, 9:00 a.m. to 4:30 p.m., in Room 4074, 2 Peachtree Street, N.W., Atlanta, Georgia 30303.

Comments will be summarized and provided to the Board of Community Health prior to the **July 10, 2008** Board meeting. The Board will vote on the proposed changes after comments have been received. The July Board meeting will be held at 10:30 a.m. at the Department of Community Health (2 Peachtree Street, N.W., Atlanta, Georgia 30303) in the 5th Floor Board Room.

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Rhonda M. Medows, M.D., Commissioner

PUBLIC NOTICE

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TARGETED CASE MANAGEMENT (TCM) RISK OF INCARCERATION CASE MANAGEMENT SERVICES (ROI)

Effective for dates of service on and after July 1, 2008, the Department is proposing to eliminate coverage of ROI TCM services.

The purpose of these changes is to reflect recent guidance from CMS regarding federal TCM compliance. These changes are estimated to eliminate annual expenditures previously committed to the ROI TCM program for FY 2009 which would be \$899,985 in total funds and \$34,530 in State funds.

This public notice is available for review at each county Department of Family and Children Services office. An opportunity for public comment will be held on **June 23, 2008**, at 1 p.m., at the Department of Community Health, 2 Peachtree Street, N.W., 5th Floor Board Room, Atlanta, Georgia 30303. Individuals who are disabled and need assistance to participate during this meeting should call (404) 656-4479. Citizens wishing to comment in writing on any of the proposed changes should do so on or before **June 23, 2008**, to the Board of Community Health, Post Office Box 38406, Atlanta, Georgia 30334.

Comments submitted will be available for review by the public at the Department of Community Health, Monday – Friday, 9:00 a.m. to 4:30 p.m., in Room 4074, 2 Peachtree Street, N.W., Atlanta, Georgia 30303.

Comments will be summarized and provided to the Board of Community Health prior to the **July 10, 2008** Board meeting. The Board will vote on the proposed changes after comments have been received. The July Board meeting will be held at 10:30 a.m. at the Department of Community Health (2 Peachtree Street, N.W., Atlanta, Georgia 30303) in the 5th Floor Board Room.

NOTICE IS HEREBY GIVEN THIS 12th DAY OF JUNE, 2008
Rhonda M. Medows, M.D., Commissioner

PUBLIC NOTICE

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TARGETED CASE MANAGEMENT (TCM) FOR CHILDREN AT RISK; ADULTS WITH AIDS; PERINATAL; AND EARLY INTERVENTION SERVICES

Effective for services provided on and after July 1, 2008 and subject to approval by the Centers for Medicare and Medicaid Services (CMS), the Department is proposing to modify the payment method for TCM services as follows:

1) Payment:

- a) TCM providers are paid on a unit-of-service basis where a unit is equivalent to 15 minutes.
- b) Clinicians providing TCM services will be grouped into one of three bands, based on their levels of experience, education, and credentialing. Depending on the clinician band, the department will pay a different rate for each unit of service provided. To set the band-specific unit rate, the department will utilize the 2007 Bureau of Labor Statistics' annual salary surveys to determine an average salary for each clinician band and will add fringe benefits and administrative costs to determine total annual costs. The total annual cost will be converted to a cost for each 15 minutes of productive time.
- c) Payment for TCM services under the state plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. Close coordination will occur with the member's Care Management Organization (CMO), for members enrolled with a CMO, and their Primary Care Physician to assure no duplication of case management of medical services that are managed by the CMO.

2) Limitations:

TCM does not include the following:

- a) Case management activities that are an integral component of another covered Medicaid service;
- b) The direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred.
- c) Activities integral to the administration of foster care programs;
- d) Activities, for which a child may be eligible, that are integral to the administration of another non-medical program, except for case management that is included in an individualized education program or individualized family service plan consistent with section 1903© of the Social Security Act.

The purpose of these changes is to reflect recent guidance from CMS regarding federal TCM compliance. These changes are estimated to be budget neutral. This change is contingent on approval of available federal financial participation by the Centers for Medicare and Medicaid Services. A summary of proposed rate methodology may be obtained by written request to the Department of Community Health, 2 Peachtree Street, N.W., Atlanta, Georgia 30303.

This public notice is available for review at each county Department of Family and Children Services office. An opportunity for public comment will be held on **June 23, 2008**, at 1 p.m., at the Department of Community Health, 2 Peachtree Street, N.W., 5th Floor Board Room, Atlanta, Georgia 30303. Individuals who are disabled and need assistance to participate during this meeting should call (404) 656-4479. Citizens wishing to comment in writing on any of the proposed changes should do so on or before **June 23, 2008**, to the Board of Community Health, Post Office Box 38406, Atlanta, Georgia 30334.

Comments submitted will be available for review by the public at the Department of Community Health, Monday – Friday, 9:00 a.m. to 4:30 p.m., in Room 4074, 2 Peachtree Street, N.W., Atlanta, Georgia 30303.

Comments will be summarized and provided to the Board of Community Health prior to the **July 10, 2008** Board meeting. The Board will vote on the proposed changes after comments have been received. The July Board meeting will be held at 10:30 a.m. at the Department of Community Health (2 Peachtree Street, N.W., Atlanta, Georgia 30303) in the 5th Floor Board Room.

NOTICE IS HEREBY GIVEN THIS 12th DAY OF JUNE, 2008
Rhonda M. Medows, M.D., Commissioner

PUBLIC NOTICE

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TARGETED CASE MANAGEMENT (TCM) ADULT PROTECTIVE SERVICES CASE MANAGEMENT SERVICES (APS)

Effective for dates of service on and after July 1, 2008, the Department is proposing to eliminate coverage of APS TCM services.

The purpose of these changes is to reflect recent guidance from CMS regarding federal TCM compliance. These changes are estimated to eliminate annual expenditures previously committed to the APS TCM program for FY 2009 which would be \$1,364,410 in total funds and \$490,778 in State funds.

This public notice is available for review at each county Department of Family and Children Services office. An opportunity for public comment will be held on **June 23, 2008**, at 1 p.m., at the Department of Community Health, 2 Peachtree Street, N.W., 5th Floor Board Room, Atlanta, Georgia 30303. Individuals who are disabled and need assistance to participate during this meeting should call (404) 656-4479. Citizens wishing to comment in writing on any of the proposed changes should do so on or before **June 23, 2008**, to the Board of Community Health, Post Office Box 38406, Atlanta, Georgia 30334.

Comments submitted will be available for review by the public at the Department of Community Health, Monday – Friday, 9:00 a.m. to 4:30 p.m., in Room 4074, 2 Peachtree Street, N.W., Atlanta, Georgia 30303.

Comments will be summarized and provided to the Board of Community Health prior to the **July 10, 2008** Board meeting. The Board will vote on the proposed changes after comments have been received. The July Board meeting will be held at 10:30 a.m. at the Department of Community Health (2 Peachtree Street, N.W., Atlanta, Georgia 30303) in the 5th Floor Board Room.

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Rhonda M. Medows, M.D., Commissioner

PUBLIC NOTICE

Pursuant to 42 C.F.R. § 447.205, the Georgia Department of Community Health, Division of Medical Assistance, is required to give public notice of any significant proposed change in its methods and standards for setting payment rates for services.

NURSING HOME SERVICES

Effective for services provided on or after July 1, 2008 and subject to payment at fee for service rates, the Department is proposing to modify the payment for nursing facility services as follows:

- The nursing facility's property rate component will be reimbursed based on a fair rental value (FRV) methodology. Values used for each variable in Table 1 may be adjusted to promote and recognize the impact of renovations, replacements and additions or to obtain federal approval.

TABLE 1	
FRV Characteristics / Variables	Proposed
Base Year For Aging Purposes	2008
Cost per Square Foot from <u>RSM</u> means (annually updated July 1)	\$141.25
Construction Cost Index	1.0000
Location Factor	ZIP Code-based
Minimum Square Feet per Bed	350
Maximum Square Feet per Bed	700
Land Allowance (Percentage of Replacement Value)	15.0%
Equipment Allowance per Bed	\$5,000
Equipment Cost Index	1.0000
Depreciation Rate if FRVS Age is \geq 32.5 Years	2.00%
Depreciation Rate if FRVS Age is \geq 25.0 and $<$ 32.5 Years	1.90%
Depreciation Rate if FRVS Age is \geq 17.5 and $<$ 25.0 Years	1.75%
Depreciation Rate if FRVS Age is \geq 10.0 and $<$ 17.5 Years	1.50%
Depreciation Rate if FRVS Age is $<$ 10.0 Years	1.00%
Maximum Age to Apply Depreciation	32.5
Rental Rate	9.00%
Minimum Bed Day Occupancy	80.00%
Depreciation Rate Used in Determining Initial Age	2.0%

The Department will consider all bed replacements and additions in calculating initial provider-specific FRV rates. The Department will consider the value of facility-reported renovations that can be validated with sufficient documentation as determined by the Department. The Department will apply the impact of renovations, bed replacements, and/or bed additions completed after July 1, 2008 on the provider-specific FRV upon request. The Department may adjust the construction cost index to a value less than one if necessary to remain within available appropriations for FRV payments.

For purposes of FRV calculations, renovations are defined as follows:

A Renovation Project shall mean a capital expenditure or series of capital expenditures that exceed \$500 per licensed bed over a 12 month period. The 12 month time period may be exceeded for a project where the construction period for a bed addition, replacement, or renovation reasonably requires a longer time frame. Up to five unrelated Renovation Projects may be aggregated for purposes of meeting the \$500 threshold. Allowable capital expenditures include the costs of land, building, machinery, fixtures, furniture and equipment. Capital expenditures are asset acquisitions that meet the criteria of §108.1 of the Provider Reimbursement Manual (CMS-Pub. 15-1) or are betterments or improvements which meet the criteria of §108.2 of the Provider Reimbursement Manual (CMS-Pub. 15-1) or which materially (a) expand the capacity, (b) reduce the operating and maintenance costs, (c) significantly improve safety or (d) promote energy conservation.

- The 2007 cost report, using the reporting format and underlying instructions established by the Department, will be used to determine a facility's allowable cost that will be the basis for computing a rate.
- The incentive fees paid to providers who meet specific criteria for quality measures as determined by the Department will be based on the program parameters in Table 2. The 1% incentive for Nurse Staff Hours/Participation in Quality Initiative will continue in addition to these Quality Initiative add-ons.

TABLE 2	
SYSTEM FOR CALCULATING INCENTIVE PAYMENTS	<p>Data sets to be used in the calculation for incentive payments (4 non clinical, 6 clinical):</p> <p>4 Non Clinical Measures:</p> <ul style="list-style-type: none"> • Most Current Family Satisfaction Survey Score for "Would you recommend this facility?" Percentage of responses either "excellent" or "good" to meet or exceed the state average of 85% combined (participation required to be eligible for the incentive). Point Value 1 • Participation in the Employee Satisfaction Survey. Point Value 1 • Quarterly average for RNs/LVNs/LPNs Stability (retention). Point Value 1 • Quarterly average for CNAs /NA Stability (retention). Point Value 1 <p>6 Clinical Measures:</p> <ul style="list-style-type: none"> • Percent of High Risk Long-Stay Residents Who Have Pressure Sores. Point Value 1

	<ul style="list-style-type: none"> • Percent of Long-Stay Residents Who Were Physically Restrained. Point Value 1 • Percent of Long-Stay Residents Who have Moderate to Severe Pain. Point Value 1 • Percent of Short-Stay Residents Who had Moderate to Severe Pain. Point Value 1 • Percent of Residents Who Received Influenza Vaccine. Point Value 1 • Percent of Low Risk Long – Stay Residents Who Have Pressure Sores. Point Value 1
<p>SCORING METHODOLOGY</p>	<p>A facility is listed as eligible for an award based on the following:</p> <p>To receive a 1% add-on to the routine service component of the facility's per diem, the facility must meet the following criteria: A minimum of three (3) points is required for the incentive. At least one from the clinical and one from the non clinical and a third point from either clinical or non clinical. The threshold for each indicator will be exceeding the state average.</p> <p>To receive a 2% add-on to the routine service component of the facility's per diem, the facility must meet the following criteria: A minimum of six (6) points is required for the incentive. At least three from clinical and one from the non-clinical and the remaining two points from either clinical or non clinical. The threshold for each indicator will be exceeding the state average.</p> <p>Clinical:</p> <ul style="list-style-type: none"> • Facilities that do not generate enough data to report on the CMS website (due to not meeting the minimum number of assessments for a reporting in a quarter) will use predetermined values from the MIV Quality Profile. The values used from MIV Quality Profile will be compared to MIV Georgia average values for those metrics. • Facilities not having met minimum assessment threshold to generate QM will have the following MIV data substituted for the designated QM. <ul style="list-style-type: none"> Chronic Care Pain – Residents without unplanned weight loss / gain PAC Pain – Residents without antipsychotic medication use High Risk Pressure Ulcer – Residents without acquired pressure ulcers. Physical Restraints – Residents without acquired

	restraints Vaccination: Flu – Residents without falls Low Risk Pressure Ulcer – Residents without acquired catheters Non Clinical: <ul style="list-style-type: none"> • For the Family Satisfaction, exceeding the threshold yields one point. • For the Employee Satisfaction Survey criteria, a point is awarded for participation, not reaching a threshold. • One point is awarded for exceeding the threshold of either staff stability criteria. The total points awarded based on staff stability metrics will not exceed one.
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The purpose of these changes is to more accurately match payments to the level of services being provided. These changes are estimated to increase annual expenditures by approximately \$56,009,915 (\$19,443,154 in state funds). These changes are contingent on approval of available federal financial participation by the Centers for Medicare and Medicaid Services. A summary of proposed rates may be obtained by written request to the Department of Community Health, 2 Peachtree Street, N.W., Atlanta, Georgia 30303.

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