Motion for Immediate Relief

Exhibit 25

DBHDD

Georgia Department of Behavioral Health & Developmental Disabilities
Frank E. Shelp, M.D., M.P.H., Commissioner

State of Georgia Planning Initiative on Mental Health and Addictive Services

Background:

The State of Georgia is undertaking a strategic review of the structure, financing and capacity of the various elements that constitute its public mental health system. This review is being undertaken in response to several factors including:

- The December 2008 report of a gubernatorial Mental Health Service Delivery Commission;
- A new state organizational structure and new senior management hired in response to the recommendations of the Commission report;
- Concerns raised by advocates and providers over a prolonged period concerning the inadequacies of the system and the slowness of progress in addressing issues raised;
- A consent order with the federal Office of Civil Rights in the Department of Health and Human Services regarding Olmstead violations and the need to demonstrate compliance; and,
- A CRIPA investigation by the federal Department of Justice.

The State of Georgia has engaged resources from Emory University to assist with this effort. In addition, the federal Center for Mental Health Services has provided technical assistance in hospital discharge planning and in organization and financing so that the state can develop, evaluate and choose whether to alter its state Medicaid plan and its provider contracts to more appropriately achieve desired outcomes and access available federal funds. The federal Center for Medicare and Medicaid Services (CMS) has expressed their support for these efforts and is prepared to offer technical assistance as well.

Technical assistance Georgia has received from the federal Center for Mental Health Services has, thus far, focused on helping the state to develop a concept proposal to CMS to achieve these goals as well as to develop a plan to address the capacity and infrastructure issues required to implement and manage the system more effectively. In so doing, the State seeks to more effectively use available funding to achieve appropriate treatment and to foster recovery by individuals with mental health and co-occurring substance use condition treatment needs. It is recognized that a multi-year effort will be required to address all of the elements necessary for the State of Georgia to achieve the vision outlined herein. However, it also is recognized that achievement of specific plan elements can and must result in demonstrable changes over a much shorter time horizon. Building and maintaining momentum in effort and funding will be critical to long term success.

Overall Direction:

The December 2008 report of a gubernatorial Mental Health Service Delivery Commission offers many important findings and recommendations. However, since these recommendations are

numerous and expansive in scope it is essential to prioritize them and to determine how they should be sequenced, operationalized and implemented. The need for actions by the legislature to enable and fund these recommendations also is apt to impact the ability of the state staff to move on all of these items. This paper recommends that the state focus both on building a strategic plan as well as articulate and operationalize a focused set of actions that can serve both as a foundation stone for broader transformation as well as create demonstrable success in a relatively short period of time to address some of the most pressing needs.

The state of Georgia has determined that it will separate the work that it will do to address the needs of adults from those needed for children, adolescents and transition age youth. The focus in this paper is on the issues related to adults.

CMS has indicated that the State of Georgia currently has a robust Medicaid plan of benefits in place. All parties (state staff, state Medicaid officials, advocates, providers and technical assistance resources) agree that expansion of the state's Medicaid plan in the areas of supported housing, supported employment and targeted case management services is desired. It is clear that the State of Georgia also needs to develop and implement the steps required to create adequate community based treatment capacity and the infrastructure required to manage both this expansion and the remainder of the community based system. Processes and resources need to be put into place to ensure better continuity of care for those who have been or may need to be served in the state hospital system and the community based resources that must offer continuity of care as well as appropriate community based care options that will decrease the need for state hospitalization. Systems, processes and resources must be focused on improving access to entitlements, to appropriate and timely assessment of need, and to supporting recovery through a combination of treatment and support programs in housing and employment.

Populations of Focus:

The law of the State of Georgia requires that the State provide appropriate services "for those most in need." The broadness of this statement may be a contributing factor to the problems that the State is confronting. It is possible that the Commissioner may seek a clarifying change in this law to assist the State to more appropriately focus resources.

State staff as well as a sample of advocates and providers appears to be in consensus that there are four somewhat overlapping populations that require immediate attention:

- Long term residents of State Psychiatric Hospitals who can be served in the community and are subject to attention under the Olmsted decision and the consent decree with the federal Office of Civil Rights.
- People who are recently or frequently readmitted to the State Psychiatric Hospital. Their readmission reflects inadequacies in discharge planning, community capacity or both.
- People who currently are or recently were incarcerated and who have mental health and potentially co-occurring substance use condition treatment needs. Failure to adequately address these needs is apt to result in recidivism and lack of recovery.
- People who are chronically homeless and who have mental health and potentially co-occurring substance use condition treatment needs. This population typically is difficult to serve, more apt to have expensive and complex physical illnesses, and apt to deteriorate significantly in the absence of appropriate treatment and supports.

This paper primarily concentrates on the steps required to address these populations. Focusing immediate attention on these populations is not intended to decrease focus on the broader population served or needing services. Instead, the state intends to use progress on the needs of this limited population to create an anchor point from which other needed reforms can be instituted.

Service Package:

Currently, the state on paper has a relatively complete array of services available. It is recognized that not all services are available in all parts of the state and that capacity of some services is limited in many parts of the state. These issues are addressed in the plan below. The state lacks Medicaid authority for three critical services – residential treatment supports, supported employment programs, and case management services (current case management authority is out of date and needs to be reapproved). Additionally, the state lacks an adequate approach to the issues of transportation and specialized mental health/developmental disabilities programs. The total array of services in place and envisioned is as follows:

- Core Treatment Services
  - Hospitalization
  - Medication management/physician services
  - Nursing assessments and health services
  - Individual, group and family counseling and training
  - Community support
  - Crisis stabilization and intervention
  - Psychological testing
  - Behavioral health and diagnostic assessments
  - Medications and laboratory services
  - Substance abuse and co-occurring disorders treatments
- Psychosocial Rehabilitation Day Programs
- Peer Supported Day Programs
- Housing Supports - in conjunction with Department of Housing
- Residential Supports – both with congregate and independent housing
- Supported Employment
- Assertive Community Treatment
- Mobile Crisis
- Case Management
- Respite
- Community Living Supports, including recovery supports and transportation
- Specialized Mental Health/Developmental Disability Programs
- Crisis and Telephonic Referral Line – both general and suicide prevention

A Plan To Address The State's Needs:

The state must address several interrelated issues in order to develop the community based capacity to address the needs of its populations of focus and to put into place the means to monitor and manage an integrated hospital and community based system of care. The following observations and recommendations highlight the key steps in this plan:

- **Ensuring Adequate Capacity for Community Based Alternatives to Hospitalization** - The 2008 Mental Health Service Delivery Commission report noted that "Georgia's adult

community mental health infrastructure is at risk of losing vital ground because of budget reductions. One example where significant losses have occurred is within the network of Supported Employment providers. Some Supported Employment providers have discontinued services altogether while others have had to decrease the number of staff and consumers served. During the current fiscal year, approximately 550 persons will be served in Supported Employment programs. In FY08, 2,241 persons were served in Supported Employment programs throughout the state. FY10 looks to be equally challenging for Supported Employment in Georgia. Other areas of the current service delivery system are also challenged. In rural Georgia, there is an insufficient workforce to meet the growing demands of a community-based mental health delivery system. As a result, there is a lack of a continuum of care that ranges from the most intensive outpatient services to the most basic case management." Since the time of the report the economic situation has continued to deteriorate. Tax revenues have declined and state budget cuts have been made. The FY11 budget looks to be as challenging as FY10.

There are a limited set of alternatives to address this issue, all of which should be employed. They are:

- Increase efforts to ensure that all people who are eligible for Medicaid are enrolled. The state has successfully piloted the SOAR process. It is cost effective to bring this program to scale and if possible to expand the venues in which this service is provided. Take all available steps to ensure that when a person is discharged from a state hospital or released from a prison or jail that as much work has been completed as is possible to support the processing of eligibility for Medicaid. Institute an effective process to continue to monitor the individual until eligibility determination is made and available benefits are in place.
- Develop Medicaid plan changes and waivers to permit the state to leverage its available state dollars for case management, supported housing and supported employment services. To maximize the value of this leveraging expand the availability of these services to all major and secondary population centers that can serve enough people to sustain a financially viable provider network. This step is detailed in the next section of this report.
- Reprogram existing money to increase funding to community based services. While it is logical to assume that money currently allocated to the state hospitals can be redirected to community based care if more people are released from the hospital it is important to ensure that the state's needed staffing requirements are in place for the remaining population. Often, smaller hospital populations require higher unit costs for staffing to address the increased acuity of the remaining population as well as inefficiencies in staffing of smaller units. Some reprogramming will be possible, but it is unlikely that it will be a dollar for dollar transfer and also unlikely that it will occur contemporaneous with transfer of an individual from a state hospital to community based care.
- Strengthen the role, criteria to be used, contracts and infrastructure to manage providers' responsibility to make determinations on whether a state hospital level of care is required. The goal is to use community based crisis capacity and hospital alternatives whenever possible. This alternative both will be less expensive and better aligned with the recovery goal.
- Review the process currently used to collect cost information and develop provider rates to ensure that services purchased are appropriately financed.
- Revise the contracts used to purchase state funded treatment and support services. While their current structure does succeed in capping state expenditures it has the

unintended consequence of penalizing providers that increase capacity. This is contrary to what is needed.

- Review and model the service array that is provided to determine if it is affordable at this time. If not, revise the service package to alter the definition, scope, clinical criteria and definition of provider for each service to ensure that it is as efficient and cost effective as possible.
- Current transportation services are uncoordinated among different state agencies. Medicaid and state funded programs need to be reassessed to ensure that appropriate transportation services are available and that more expensive alternative are used only as a last resort. This will require coordination and collaboration between state departments, local governments, providers and families. It is possible that budget transfers and other methodologies may need to be developed to address this need.
- Develop multi-year funding requests to accompany the plan to address the problems discussed herein. While it is understood that the state must balance its budget and appropriates funds on an annual basis it also is understood that these problems cannot be fully addressed without a stable funding base.

- **Improve the Hospital Discharge Process** – Several areas of improvement have been identified. All should be addressed in order to ensure that the discharge process results in an appropriate, timely and smooth transition to community based care:
  - Implement the Commission's recommendations to "establish an electronic medication exchange that includes a common, preferred medication list and prior authorization processes between departments that fund or provide mental health services. Providing easy access to medication in a way that reduces medical errors and identifies possible allergies and negative medication interaction will enhance community support and treatment. The Commission recognizes that an electronic medication exchange will take time and funding to develop; until this resource becomes available, departments should develop procedures to share paper records to achieve easy, safe access to medication. They should also develop a process to "grandfather" in prior authorizations approved by another state department." Also, ensure that individuals are discharged with enough medication to address their needs until such time they have been seen by a community based provider for a medication check. This will require addressing necessary budget issues.
  - All individuals being released from a state hospital or prison should be scheduled for and taken to a first community based appointment within two-three days of their discharge. Resolution of any impediments to sharing of information and to ensuring that copies of the medical record are received by the new provider must be overcome. It is recognized that resolution of these issues is fundamental to ensuring that the community based placement works. The state potentially can build on the structure used for the telephone crisis line to assist with scheduling.

- **Develop Medicaid Plan Changes To Cover Supported Housing, Supported Employment and Case Management** – Currently, the limited capacity to offer these benefits is paid for through state funds. Adding the ability to offer these services to the GA state Medicaid plan will permit the state to receive a federal match for those individuals who need these services and who are eligible for Medicaid. The steps in this process are:
  - Develop the definition of these services; the need based criteria that would be used to determine for whom each service would be medically necessary and clinically

efficacious; and the criteria that will define who appropriately can offer the service. It is understood by all that Medicaid cannot pay for housing. However, it can appropriately pay for the clinical services that support rehabilitation and community based living. Coordination of these Medicaid plan changes with a coordinated housing partnership of responsible departments within the state of GA will be essential to ensuring that appropriate community based housing alternatives are available.

- Determine whether the service can/will be offered statewide as well as whether the state desires to limit the number of slots that will be available. This information is necessary both to model the financial impact of the service as well as to identify the appropriate Medicaid plan design element or waiver that is to be used to achieve the desired outcome.
- Determine how the state will contract to provide each service and how initial rates are to be developed.
- Determine what data will be collected to monitor the clinical impact of providing each service, the outcomes achieved and the cost basis to be used for development of renewal rates.
- Determine the quality assurance and contract management processes that will be instituted to monitor and manage this expansion of services. It should be noted that this should be a component of a broader effort to institute robust quality assurance and contract management processes both for Medicaid and for state funded services.
- Develop a concept plan for discussion with CMS. Through these discussions finalize a plan submission and the processes necessary to implement these community based service additions and modifications. This will include changes to provider contracts and to the state infrastructure needed to monitor and manage the system.
- Refine the processes necessary to address Medicaid enrollment and reconciliation of that eligibility to better protect the state and providers against potential audit liability.