



## **2012 Legislative Agenda and Talking Points**

The following are the 2012 legislative agenda and associated talking points approved by the Board of Directors of the Association on October 26, 2011 and as revised by the Association's Executive Committee on December 9, 2011.

### **1. Exempt Community Providers of Mental Health Services to Adults from Budget Cuts in the FY 2012 Amended and FY 2013 Appropriations Acts.**

On July 26, 2011, the Office of Planning and Budget notified state departments and agencies to prepare their FY 2012 Amended and FY 2013 Appropriations requests with a 2 percent cut in state dollars in each fiscal year. The Department of Behavioral Health and Developmental Disabilities negotiated with the Office of Planning and Budget to exempt services funded pursuant to the Settlement Agreement with the U.S. Department of Justice and certain services provided by state-operated regional hospitals and community providers. Community mental health services to adults were not exempt. As such, the 2 percent budget cut for FY 2012 effective November 1, 2011, is in effect is a 2.7 percent cut for the eight months remaining in the current fiscal year. On August 25, 2011, the Association sent a letter to Governor Nathan Deal asking him to exempt the Department of Behavioral Health and Developmental from any budget cuts. Former Governor Sonny Perdue had exempted the department from budget cuts in deference to the Settlement Agreement. Governor Deal has not responded to the Association's letter. The Association argues that any cuts in state funds supporting mental health services to adults has a negative effect on the services included in the Settlement Agreement.

### **2. Monitor House Bill 231.**

House Bill 231 is a carryover bill from the 2010 session of the General Assembly. If enacted into law, the bill would provide an alternative for professionals who sign authorizations (Forms 1013 and 2013) for peace officers to transport individuals who may have a mental illness or may be dependent on alcohol or other drugs to an emergency receiving facility. The legislation would permit transporting such individuals to local mental health centers for examination. The bill's author is Rep. Wendell Willard, but this legislation was proposed by Athens-Clarke County

Probate Judge Susan Tate. Representatives of the Association have met with Judge Tate to discuss concerns about providing such examinations in an outpatient setting where qualified staff may not be available as well as arranging subsequent transportation to an emergency receiving facility, if needed. A local mental health center would have to agree in advance to serve as an examination site.

### **3. Monitor Medicaid Reimbursement Re-Design.**

Navigant Consulting, a Chicago-based company, was awarded a \$3.3 million contract to study options for redesigning Georgia's Medicaid and PeachCare programs. The contract is for one year, with two possible one-year renewals. Navigant will review Georgia's current managed care program, which covers more than 1 million Medicaid and PeachCare for Kids beneficiaries, as well as models developed by other states.

Commissioner David Cook of the Department of Community Health has said he wants to take a comprehensive look at alternatives to the current HMO-like structure in which the state pays three CMOs (care management organizations) more than \$2.5 billion a year in state funds to serve the Medicaid and PeachCare populations.

The \$6 billion Georgia Medicaid program (including federal funds) faces continuing budget problems. It will also be confronted by a huge expansion of Medicaid beginning in 2014, adding perhaps 600,000 new enrollees, should the Affordable Care Act of 2010 survive court challenges. .

There is expressed interest in the Medicaid programs of two other states as possible models for Georgia. North Carolina's Community Care Program uses a "medical home" concept. The state is divided into 14 nonprofit, doctor-directed regional care networks. Hundreds of care managers help patients stay healthy, visiting them in their homes and helping keep them out of hospital emergency rooms. Physician panels decide quality parameters. Healthy Indiana has a benefits package modeled after a high-deductible, health savings account insurance plan. It covers Medicaid beneficiaries and also low-income uninsured adults.

### **4. Delay Approval by the State Board of Community Health of the Burns and Associates Report Recommending New Medicaid Rates for Community Developmental Disabilities Services.**

The Service Providers Association for Developmental Disabilities (SPADD) and the Georgia Association of Community Service Boards jointly expressed alarm over actions taken by the Division of Developmental Disabilities of the Georgia Department of Behavioral Health and Developmental Disabilities with respect to Medicaid reimbursement rates for community developmental disabilities services. Initially, the two provider organizations tried to influence the Division to rescind a June 30, 2011, memorandum from Beverly Rollins requiring providers to provide 5-day a week community access-group (CAG) services regardless of the amount of

reimbursement funds available. SPADD and the Association requested the Division set reimbursement at the 2002 annual rate of \$17,510.00.

Despite appeals to the State Board of Behavioral Health and Developmental Disabilities and Dr. Frank Shelp, no action was taken. In November, 2011, without any notice to providers, the Department of Behavioral Health and Developmental Disabilities forwarded the results of a Burns and Associates' study of proposed Medicaid rates for community developmental disabilities services to the Department of Community Health for action by the State Board of Community Health in January, 2012. The Association's position is that the proposed rates are based on un-reliable data and un-sound logic, and will result, in some cases, in rates lower than rates of twenty-years ago.

The Association requests the State Board of Community Health delay action on the request from the Department of Behavioral Health and Developmental Disabilities so that providers and advocates of developmental disabilities services have sufficient time to address concerns with the Burns and Associates report, and can resolve those concerns with the Department of Behavioral Health and Developmental Disabilities.

#### **5. Extend TANF Supplemental Funding for Women and Children's Addiction Recovery Programs.**

Recently, the United States Congress failed to extend benefits under TANF (Temporary Assistance to Needy Families). These benefits included supplemental TANF funds to certain states, including Georgia, that support outpatient and residential programs for women who are in recovery and their children. Georgia's share of the lost supplemental TANF funds is \$37 million of which \$20,134,088.00 supports the women's recovery programs. At the close of 2011, Congress was taking steps to extend basic TANF benefits, but these actions did not include restoring the supplemental funds. Unless Congress restores the supplemental funds, the result in Georgia would be the loss of (1) 120 residential slots, (2) the entire Outpatient IOP (Intensive Outpatient) program, (3) the START program, and (4) the transitional program.

The Division of Addictive Diseases in the Department of Behavioral Health and Developmental Disabilities has indicated that existing state dollars could be used to partially replace the expected lost TANF supplemental dollars, but that \$11.1 million in new state funds would still be needed in state fiscal year 2013. Should Congress fail to act to restore the TANF supplemental funds, the Association will ask the General Assembly to appropriate state funds in the amount of \$11.1 million so that these essential women's programs can continue.