I. Use of Emergency Drugs

0. Has not received drugs given in an emrgency to control behavior in the past 12 months
1. Received medication before any medical or dental procedure
2. Has received emergency drugs to control behavior 1 time in last 12 months
3. Has received emergency drugs to control behavior 2-3 times in last 12 months.
4. Has needed emergency drugs to ocntrol behaior 4 or more times in the last 12 months.

J. Use of Psychotropic Medicationis

0. Receives no medication to control behavior or psychiatric disorder
1. Receives 1 medication not associated with or known to cause Tardive Dyskinesia (TD) to control behavior or psychiatric disorder
2. Receives 2 medications not associated with or known to cause TD to control behavior which are unchanged in the past year.
3. Receives more than 2 behavioral medications not associated with or known to cause TD or behavior medications have been changed in the past year.

Deliverable 3: 11.2 Sustainability- Funding sources and estimated annual budget necessary to maintain structural changes after award period ends.

The Department of Community Health (DCH), Division of Aging Services (DAS) as well as The Department of Behavioral Health and Developmental Disabilities (DBHDD) have met collectively and individually with the Governor's Office of Planning and Budget (OPB) to discuss program and funding sustainability beyond the award period.

DAS

Opportunity 1

Program	Proposed Request	Return on Investment	Rationale
ESS/ADRC	$200,000 annually for phone system $885,000 for 13 AAA FTEs Requires scale up as volume increases	BIP requirement Community living reduces more costly NF placement Assuming a 2% diversion annual savings approximately $2.5 mil in state funds	Integrated telephone system for the ADRCs Gateway will allow all areas to consistently track call volume for purposes of quality assurance and continued funding. Service delivery in this area can be improved which will lead to more customers being served, potential federal funds from grants and the ability to serve private pay individuals at a faster rate.

Opportunity 2
Expand points of entry – DAS to train & monitor certified Options Counselors and/or entry points and expand the number of certified counselors.

Increase state funding to cover cost/split cost between Aging and BH. Specialists will provide expertise for both aging and BH programs including cross-training/referral which will lead to an increase in individuals staying in communities and reduce hospital readmissions around BH issues.

Funding for Community Options Counselors:

- Current staff in hospitals, HCBS provider agencies and/or
- Additional staff would be paid 50% federal, 25% state, 25% local

Financial Impact:

Program	Proposed Request	Return on Investment
ESS/ADRC	Certification for Options Counselors: $475/person Fund Behavioral Health Specialists for ADRC: $250,000 12 AAA FTEs (Community OC Coordinator), $68,000 per FTE = $816,000 $17,000/year state funds per non-state Community Options Counselor	Expected diversions. Diverting 2 people from Medicaid NH covers cost of an FTE

Rationale: Options counseling evolved from collaboration between the Centers for Medicare and Medicaid Services, Administration on Aging and the Veterans Health Services. The intention is that this standard will replace the AIRS Certification currently required to be an ADRC counselor. As Georgia has been a leader in training many of the MFP staff in options counseling, the federal agencies have modeled much of the curriculum on our training. Options counseling is required as part of 1915c waiver renewal, BIP deliverables, designation as Local Contact Agency and consumer demand for alternatives to nursing home placement.

Sustainability:
Potential for Medicaid reimbursement, private pay market, estimated that state cost saving from diversions would cover expansion

Opportunity 3:

Increased rates would likely lead to improved quality of services/ qualified providers. If these rates were not increased, more providers may leave the program or reduce the quality and the amount of services, making it more difficult to serve the current number of clients as well. Due to enrollment as rates, few providers are choosing to remain in business or expand to the more rural parts of Georgia, thus placing individual in these communities at greater risk for institutionalization.

Financial Impact:

Program	Proposed Request	Return on Investment
Community Care Services Program	**Increased ALS F&G** Provider Rate $35.04 + $25.00 increase = $ 60.04/day **Increase PSS** from $4.74 per 15 min unit to $6.74 per 15 min unit **Increase HDM**- (food costs have increased significantly) from $6.84 to $7.50 per meal. **Increase ADH (**food costs, etc.): 4 rates **Level 1:** From $50.45 to $60 (full day) From 30.27 to $ 40 (1/2 day) **Level 2:** From $63.07 to $73 (full day) From $37.85 to $47 (1/2 day) Alternatively, increase all provider rates by a flat percent	Satisfied providers

IV. **Rationale:** As healthcare costs have significantly increased since 2002, the rates at which we provide for reimbursement have remained static. Quality providers are choosing to no longer be waiver providers as private pay/health insurance reimburses as a significantly higher rate. Additionally, variations within state reimbursement by waiver are forcing more and more providers to choose to only provide services to select waiver program participant. Changes within the affordable care act have the potential to further limit the providers willing to provide services as the reimbursement will not cover the cost of doing business.

V. **Sustainability**: Without state budget increase fewer clients will be served.

All of these requests OPB have agreed to include within its annual budget beginning FY 2015.

DBHDD

DBHDD has made a request to utilize all of its BIP spend on DD waiver slots during the award period. Thus, a proposal was submitted to continue to provide funding for these slots after the award period. OPB has made the financial commitment of $ 10,731,835.00. This is the amount of projected BIP earnings that will need to be replaced with state funds in the FY16 Base.