

Briefing Sheet: Consolidation of Behavioral Health Services for Children and Adolescents within DHR
March 28, 2006

Statement of the Problem and Facts

- Centers for Medical and Medicaid Services (CMS) has mandated that Georgia eliminate the bundled Therapeutic Residential Intervention Services (TRIS) per diem rate which contains costs charged for a mix of behavioral health services in favor of a system in which various behavioral health care services to children are individually authorized and billed to Medicaid.
- CMS is deferring payment of at least \$70M in Medicaid reimbursements to Georgia until their concerns are resolved. Major changes are required to get the funds released and move the system forward.
- CMS has indicated they are willing to (1) work with us on a transition plan, and (2) consider payment on a portion of the deferred funds.
- Between DFCS and MHDDAD, Georgia now spends over \$220M on behavioral health services for children. The children most likely to get served are those who enter through the DFCS door. \$20M/year of the \$220M is spent on children in parental custody who should be served by MHDDAD.
- CSBs have historically underserved children and adolescents using C&A funds to meet the demand for adult services
- There has always been a need for community based services for children and adolescents but little incentive to develop them. The end result is, more children than necessary are in residential placements.
- Throughout Georgia, access to services is difficult for parents and there is inconsistency in what services are available from county to county. To make matters worse, there are not enough crisis stabilization and intervention services available.

Opportunities

- CSBs and DHR Leadership have agreed to move to a fee for service system for serving children and adolescents. Details are still being worked out.
- DHR is implementing recommendations from The Governor's Commission for a New Georgia.
 - Move system to a fee for service
 - Construct a comprehensive system of care for children and adolescents
 - Operate a single point of entry (SPOE)
 - Conduct utilization management reviews through an external ASO
- The Kenny A Consent Decree established a Rate Reimbursement Task Force to make recommendations for Georgia's child welfare system.

- DCH has proposed to CMS a transition process that will address federal concerns with TRIS without creating traumatic service disruption for children with behavioral health care needs.
- It is our plan for Georgia's existing Rehab Option Services to replace TRIS. DCH will submit an amendment to CMS to allow inpatient care for those under age 21 in appropriately licensed inpatient facilities, such as a Psychiatric Residential Treatment Facility (PRTF). Once approved, a Medicaid per diem rate will be established for PRTFs in Georgia that is consistent with published federal guidelines.
- DHR's current initiative to "Bring the Children Home" will serve as a pilot to help all of us understand transition issues.
- Georgia has a 5-year State Infrastructure Grant (SIG) to plan for the development of a comprehensive system of services for children and adolescents. Savannah is a pilot site.
 - We have set aside DD waivers for children and adolescents to be used to return them to their homes and communities.
 - It is home to the state's first Crisis Stabilization Unit for children and adolescents.
 - It is the first time we have been able to provide Crisis Stabilization in conjunction with mobile crisis stabilization.
 - Dollars saved from closing the Child and Adolescent Unit at Savannah Regional Hospital are being systematically re-invested in expanding services for children and adolescents and their families.
 - Lessons learned in Savannah will be used statewide.
- MHDDAD has proposed to open three additional Crisis Stabilization Units for children and adolescents in the SFY07 Budget.

Benefits of the Proposed Changes

- \$ will follow the Child.
- Effective July 1, there will be one consistent, single point of entry (SPOE) for behavioral health services for children and adolescents.
- External utilization management will ensure that children and adolescents are getting the "right services, at the right time, and in the right amount."
- The alignment of regional boundaries for DFCS, DJJ, and MHDDAD will facilitate coordination and working together on behalf of children and adolescents. In addition, resources can be allocated to ensure that "every county in Georgia gets their fair share."
- More importantly, we can be sure that children and adolescents in Georgia are receiving their fair share of services.
- Agencies should serve their intended purpose. DFCS is not a behavioral health agency; that is the purpose of MHDDAD. These changes will position MHDDAD to fulfill its purpose while allowing DFCS to focus on its purpose of prevention, protection, and placement of children and adolescents.

- You are key to this effort to consolidate behavioral health services. It is our commitment to you to keep you informed as we move forward.