

December 3, 2019

Mr. Blake Fulenwider  
Chief Health Policy Officer  
Georgia Department of Community Health  
2 Peachtree Street, N.W.  
40<sup>th</sup> Floor  
Atlanta, Georgia 30303

Re: Georgia Pathways

Dear Blake,

Writing in my personal capacity as a mental health advocate, I want to make a suggestion about the “activity” eligibility criteria contained in the 1115 waiver proposal. As we have discussed on several occasions, my hope is that there will be opportunities throughout the current process and future discussions about Medicaid eligibility to assure that additional uninsured Georgians who suffer from serious mental illness or substance abuse diagnoses may have increased access to health services through Medicaid reimbursement as well as through the public mental health service systems Georgia already operates or finances. As we are all aware, any additional insurance provided for unattached adults whose incomes are below 100% of the federal poverty level is likely to experience a significant number of claims for mental health or addiction services. Some estimates run as high as 70% of the newly eligible population may have significant mental illness or addiction diagnoses. My hope is that Georgia may be able to take advantage of significant federal cost sharing for services in any discussion of new beneficiaries.

Let me readily say upfront that I respect the enormity of the task you and Ryan have led and the policy choices that are being made to bolster the use of private insurance and encourage Georgia citizens to take responsibility for their lives and health. I can guess at the difficulty of finding a solution that satisfies the goals of our elected leaders, fulfills the several federal and state statutory requirements in place and that advances our health and economic security. I know well and admire your deep commitment to make a positive addition to the delivery system in Georgia and think Georgia is lucky to have you at the helm of its discussion for increased access to health

Mr. Blake Fulenwider

December 3, 2019

Page 2

care. I know it has been helpful to have Ryan join you in these discussions that have defined your public service career for over a decade.

My premise is that some, if not many, of our citizens who have a diagnosis of severe mental illness or substance abuse may not be currently able to engage in the work, educational or volunteer activities proposed as eligibility conditions in the proposed 1115 waiver, as those concepts are typically defined. Homelessness is probably the best example of a destabilizing economic condition that compounds whatever symptoms accompany mental illness or substance abuse. The fact of homelessness conjoined to a serious illness or condition can make it very difficult to engage in work or school.

But I also believe that many of our fellow citizens in these conditions have an earnest wish and desire to lead lives of recovery and resilience where they are able to be productive and have their health be more stable. Indeed, Georgia has been a national leader in initiating, supporting and paying for peer support therapeutic services where citizens in recovery help those seeking to begin that journey. Peer supports are now part of the existing, low income Medicaid benefit package nationally and central to our service benefit packages in the public mental health system.

I have been trying to imagine a set of measurable conditions that might enable an uninsured citizen who wishes to begin recovery to meet the "activity" criterion for service under Georgia Pathways. Such conditions could fulfill the political and philosophical goals of the proposal to help those citizens who are willing to help themselves, as the Governor has phrased it, to offer a hand up, not a hand out. They can be conceived as steps toward the ability to participate in the state's economy, through employment or education. They could be characterized as volunteer engagement in a community, a patient health education activity, or some new category of "activity" such as "personal health promotion" or "recovery enrollment." Because Georgia is financing 100% of the cost of services for many indigent persons who suffer from mental illness, disability or substance abuse, who do not and often cannot qualify for ABD Medicaid, there are available state funds to match significantly increased federal dollars for services, to pay for physical health as well as mental health services for qualifying Georgians, and to enrich and expand the capacity of our public mental health system and safety net at the same time.

Mr. Blake Fulenwider

December 3, 2019

Page 3

What I would suggest as measurable activities that indicate a person suffering from these conditions is willing to engage and then becomes engaged in improving his or her life are the prescription and refill of psychotropic or other mental health or substance abuse medication; engagement in one or more individual or group counseling therapy session; engagement with a certified peer specialist; or utilization of other services in the Medicaid benefit package, such as family support, intensive case management, or intensive family intervention, following admission to a provider of psychiatric services, such as a hospital, crisis stabilization unit, or MAT drug abuse center. The possession of a housing voucher might be an additional measurable activity. Participation in each of these activities is capturable in one or more Medicaid or other state agency billing or quality assurance monitoring activities. The Deloitte environmental scan released in July of this year used available data on behavioral health encounters to define the scale of services provided, for one example.

The repetition of eligible claims can be used as a gauge of sustained engagement over a number of months. Enrollment in the activity can be managed and monitored by existing community service boards, federally qualified health centers, rural health clinics, accountability courts, or other providers of mental health, disability, or substance abuse services under contract with one of several state agencies. Such a contract affords the State of Georgia some control over monitoring the engagement in treatment to assure the seriousness of a citizen's effort at recovery. This notion can easily be conjoined with some management of a citizen's mental and physical health in a behavioral health home, a health center, a care management organization, or some kind of integrated health care delivery model.

While I do not underestimate the need for and complexity of monitoring sustained involvement in treatment (or in work or school for that matter), I do not think any such addition to the definition of required "activities" as a condition of eligibility for Georgia Pathways necessarily increases the work load of any agency. Because some systems are already in place, enforcing or monitoring this kind of activity might actually be easier than the monitoring of documentation of employment or education by new entities necessary in the Georgia Pathways proposal. This kind of "activity" condition can be added to the waiver application in very short order, with enough time to develop its details and administration after submission of the application.

It is difficult to measure how many Georgians this addition might affect, although the Deloitte environmental scan referenced the participation by low-income persons in behavioral health claims. The population used to estimate the per member per month cost of Georgia Pathways (currently enrolled Medicaid beneficiaries between the ages of 19 and 64) may also afford a view of the number of eligible uninsured persons who meet the income tests proposed for the conditions enumerated above.

Mr. Blake Fulenwider

December 3, 2019

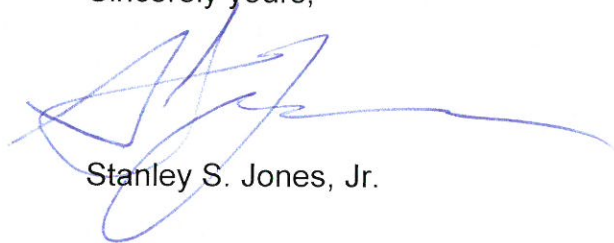
Page 4

I know some counts of uninsured individuals who may suffer from serious mental illness diagnoses are based on the incidence of serious mental illness in the general population, roughly 6%, would project that 20,000 -30,000 uninsured Georgians could become eligible for Medicaid services. This number is not a large portion of the estimated 408,000 uninsured Georgians with incomes below 400% of FPL or in comparison to the 70,000 or so Georgians expected to be eligible for Georgia Pathways or the Georgia Access Model. Importantly, as noted above, state dollar financing for the cost of this suggestion already exists. Existing funds could be well spent to cover the cost of both physical and mental health.

I offer this suggestion in a spirit of supporting and improving the waiver proposal Georgia chooses to submit within the goals and concepts of the proposal. I would be pleased to engage in further discussion of this and other options and know of many stakeholders who wish to salute the initial proposals and concentrate on extending them, particularly to improve access to mental illness or substance abuse care.

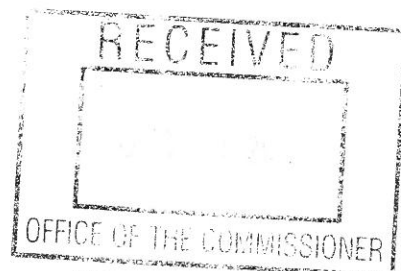
Thank you for your consideration.

Sincerely yours,

A handwritten signature in blue ink, appearing to read 'Stanley S. Jones, Jr.', with a long horizontal flourish extending to the right.

Stanley S. Jones, Jr.





Dec 05 2019