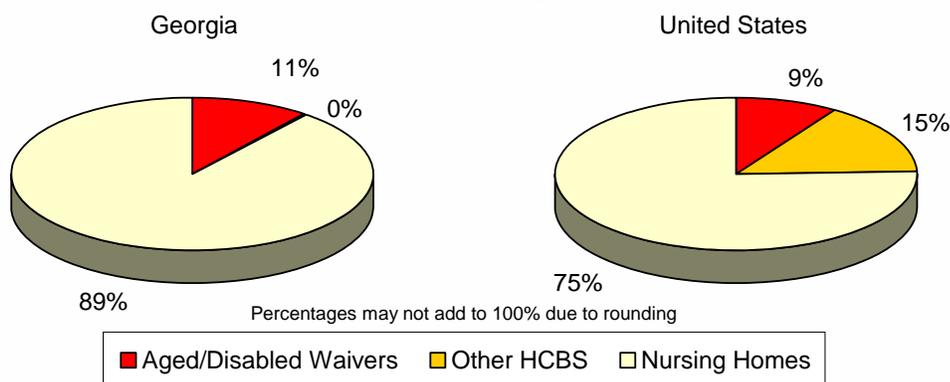


State Long-Term Care Reform in
GEORGIA

Medicaid Long-Term Care Spending for Older People and Adults with Physical Disabilities in Georgia and the U.S., 2006



Compared to the U.S. average, Georgia allocates a greater percentage (89 percent) of its Medicaid long-term care (LTC) spending for older people and adults with physical disabilities to nursing homes, even though most people prefer to remain in their own homes and communities. In FY 2006, Georgia spent 11 percent on waiver services and less than 0.5 percent on personal care services (PCS).

Type of Service	Medicaid Participants ¹			Expenditures (millions)		
	1999	2004	Change	2001	2006	Change
HCBS	14,018	15,418	+1,400	\$90	\$157	+\$67
Nursing Homes	39,720	43,349	+3,629	\$760	\$1,287	+\$526

Despite recent efforts, Georgia still has an unbalanced LTC system for older people and adults with physical disabilities. Many more Medicaid participants received nursing home services than received home and community-based services (HCBS), and the number of participants in nursing homes increased more than the number of participants receiving HCBS from 1999 to 2004. From FY 2001 to FY 2006, the increase in Medicaid spending on nursing homes was nearly eight times as great as the increase in spending on HCBS. In fact, the increase in nursing home spending (\$526 million) was more than three times the total

¹ This analysis separates Medicaid participation and spending data for older people and adults with physical disabilities from the population with mental retardation/development disabilities (MR/DD) and other LTC populations. Participants and expenditures for HCBS include all 1915(c) waivers for older people and adults with physical disabilities, and the personal care services option, if the state offers it. All participants and expenditures for nursing homes are included, regardless of the participants' type of disability or reason for admission. Excluded are participants and expenditures for intermediate care facilities for mental retardation (ICF/MR), HCBS waivers for other populations such as MR/DD, home health, and individuals receiving LTC services through managed care programs. Participant numbers include all persons receiving services during the year, not the average number on a given day; the number of nursing home participants is greater than the number of nursing home beds in each state. The average number of Medicaid nursing home residents on any given day for each state appears in the *Tables* tab at the end of the full report *A Balancing Act: State Long-Term Care Reform (#2008-10)*.

HCBS spending for older people and adults with physical disabilities (\$157 million) in FY 2006.

The Medicaid waiver program, called Community Care Services Program (CCSP), served 14,534 people in FY 2006, a 15 percent increase over 10 years. The state estimates that each consumer in CCSP saves the state \$11,534 a year compared to the cost of nursing home care for that individual.

Major Initiative

In 2006, Georgia put its service coordination demonstration project, called Service Options Using Resources in a Community Environment (SOURCE), under its Medicaid State Plan. The program had been a demonstration project to provide enhanced primary care case management for frail older adults and persons with disabilities. One of the major differences between the CCSP and the SOURCE programs is that the CCSP program is open to those with higher incomes.

The goal of SOURCE is to improve health outcomes and reduce hospitalizations and emergency room visits for persons with chronic health conditions by linking primary medical care with HCBS. A case manager conducts an assessment during a home visit before the appointment with the disciplinary team. Case managers contact participants at least once a month and make home visits at least four times a year, and care path protocols are followed at each quarterly home visit. Based on functional ability (*not* on diagnosis), care paths include keeping medical appointments, service provider performance, skin care, medication compliance, and key clinical indicators.

SOURCE contractors receive a flat per member/per month case management fee. State officials estimated that there are over 6,900 elderly and disabled beneficiaries statewide.

“SOURCE”

Georgia’s Service Options Using Resources in a Community Environment (SOURCE) program seeks to improve health outcomes and reduce hospitalizations for people with chronic conditions by providing enhanced primary care case management for frail elders and people with disabilities.

Other Developments

Gateway. A statewide Aging and Disability Information Management System network, “Gateway,” provides a single point of consumer access to information, referral, and assessment for Medicaid and non-Medicaid community services and resources. Each of the state’s 12 Area Agencies on Aging uses Gateway.

Money Follows the Person. In 2007, the state was awarded a \$34.1 million, five-year federal Money Follows the Person grant to relocate 1,347 persons from institutional care to community settings. In the grant narrative, Georgia officials noted that the funding allows the state “to take rebalancing to the next level.”