

Florida's 1115 Managed Medical Assistance (MMA) and 1115 MEDS-AD Amendment Requests

Shevaun Harris

Assistant Deputy Secretary for Medicaid Policy and Quality

August 9, 2017 – Tallahassee Public Meeting

August 18, 2017 – Tampa Public Meeting



1115 Research and Demonstration Waivers

- Experimental, pilot, or demonstration projects that promote the objectives of the Medicaid and CHIP programs.
- The purpose of these demonstrations, which give states additional flexibility to design and improve their programs, is to demonstrate and evaluate policy approaches such as:
 - Expanding eligibility to individuals who are not otherwise Medicaid or CHIP eligible
 - Providing services not typically covered by Medicaid
 - Using innovative service delivery systems that improve care, increase efficiency, and reduce costs



1115 Research and Demonstration Waivers

- Demonstrations must be "budget neutral" to the federal government, which means that during the course of the project, federal Medicaid expenditures will not be more than federal spending without the waiver.
- The purpose of the meeting to today is to receive public input on an amendment to the 1115 Managed Medical Assistance Waiver, as a result of changes adopted into law during the 2017 legislative session.



Introduction

- During the 2017 legislative session, the Agency was directed to consolidate three waivers that offer similar services into the waivers that are used to operate the Statewide Medicaid Managed Care program.
- The three waivers are:
 - Project AIDS Care (PAC)
 - Traumatic Brain Injury and Spinal Cord Injury (TBI/SCI)
 - Adult Cystic Fibrosis (ACF)



Florida Medicaid Waiver Consolidation

- **Traumatic Brain and Spinal Cord Injury (TBI/SCI) and Adult Cystic Fibrosis (ACF) Waivers**
 - Individuals in these programs will move into the Statewide Medicaid Managed Care Long-term Care (LTC) program.



Florida Medicaid Waiver Consolidation

- **Project AIDS Care (PAC) Waiver**
 - Individuals who are receiving home and community-based services through the PAC Waiver will move into the LTC program
 - Individuals who have not been using the services offered through the PAC waiver will be able to keep their Medicaid eligibility. This will be accomplished through an amendment of the 1115 Managed Medical Assistance Waiver.



Florida Medicaid Waiver Consolidation

- **MEDS-AD Waiver**
 - The Agency is also seeking a technical change to transition the authority for the 1115 MEDS-AD waiver into the 1115 MMA Waiver.
- In order to accomplish this effort, several federal authority documents need to be amended.



Florida Medicaid Waiver Consolidation

- Our discussion today is relating to the changes needed to the 1115 Managed Medical Assistance Waiver in order to transition the PAC Waiver population and the MEDS-AD authority.
- For more information on the other waivers that are impacted, please visit our Web site at:
http://ahca.myflorida.com/Medicaid/Policy_and_Quality/Policy/federal_authorities/federal_waivers/index.shtml



Amendment Goals and Objectives

- The goals and objectives of this waiver amendment are to:
 - Ensure continued Medicaid coverage and access to needed health care services for vulnerable populations
 - Achieve administrative efficiencies through the consolidation of other federal authorities into the 1115 Managed Medical Assistance Waiver.



Background: PAC Waiver Recipients

- There are approximately 7,500 Medicaid recipients enrolled in the PAC Waiver
- The PAC Waiver covers 14 home and community-based services
 - The majority of people enrolled in the PAC Waiver are only using one waiver service -- case management.
 - Most people in PAC who are receiving more than case management services are only receiving 2 – 3 waiver services
 - 1,190 are receiving case management services AND are using services that can only be accessed through a waiver – this population is being transitioned into the LTC program.
 - The remaining individuals are receiving services that can be met through traditional Medicaid state plan benefits – however, they need a way to maintain their eligibility for Medicaid.



PAC Waiver Service Utilization

- Utilization data indicates individuals enrolled in the PAC Waiver primarily use:
 - restorative massage
 - home delivered meals
 - specialized medical equipment and supplies
 - homemaker services
 - personal care services



PAC Waiver Service Utilization

- Less than 200 individuals accessed the remaining services during the most recent federal waiver reporting year.
- There is no utilization for:
 - Therapeutic Management of Substance Abuse
 - Specialized Personal Care for Foster Children
 - Skilled Nursing, RN services



Medicaid Eligibility Changes – Individuals Diagnosed with AIDS

- The Agency is seeking to amend the 1115 MMA Waiver, effective January 1, 2018, to establish eligibility criteria that enable individuals diagnosed with AIDS to maintain or obtain Medicaid eligibility.
- The eligibility criteria (established in s. 409.904, F.S.) are:
 - Confirmed diagnosis of AIDS
 - Income at or below 222% of the federal poverty level
 - Assets that do not exceed \$2,000 (individual) or \$3,000 (couple)
 - Meet hospital level of care, as determined by the Department of Elder Affairs, Comprehensive Assessment and Review for Long-term Care Services



Medicaid Eligibility Changes – Individuals Diagnosed with AIDS

- This change enables the population to obtain and maintain Medicaid coverage without the need for enrollment in the PAC Waiver or any other home and community-based services waiver.



LTC Program Enrollment – Individuals Diagnosed with AIDS

- PAC Waiver recipients who require home and community-based services in order to live safely in the community are also eligible for the Long-term Care (LTC) Waiver.
- The LTC program offers a more robust benefit package than the PAC Waiver, including enhanced case management standards and expanded benefits.
- The Agency will transition these individuals into the LTC program; services will be provided by a LTC plan.
- Individuals will receive information about the plans that serve their region and will have the opportunity to be counseled about their LTC plan options prior to transition.
- The Agency has a separate amendment request for the LTC Waiver which is available on the Web at

http://ahca.myflorida.com/Medicaid/Policy_and_Quality/Policy/federal_authorities/federal_waivers/index.shtml



Effect on Recipients -- Eligibility

- Individuals enrolled in the PAC Waiver will NOT lose Medicaid eligibility as a result of this transition.
- Individuals diagnosed with AIDS will continue to be eligible for Florida Medicaid using the eligibility standards established in s. 409.904, F.S. or through the LTC program.



Effect on Recipients -- Services

- All recipients will continue to have access to all of the services they have been utilizing.
- Individuals will maintain access to medical care services through the Medicaid state plan:
 - Recipients ages 21 years and older will continue to access all state plan services that are currently covered for adults.
 - Recipients under the age of 21 years will continue to have access to all state plan services and Early and Periodic Screening, Diagnosis and Treatment benefits that are currently covered for children.



Effect on Recipients - Services

- Most people enrolled in the PAC Waiver currently receive their medical, dental, behavioral health, and prescribed drug services from an MMA plan.
- There will be no change in how these individuals receive MMA services, unless they choose to change plans.



Benefit Comparison

Current PAC Waiver Services	Covered under the LTC Program	Covered under the Medicaid State Plan
Case Management	X	
Home Delivered Meals	X	
Education/Support Services	X	
Restorative Massage		X (Physical Therapy and Chiropractic)
Personal Care	X	X
Specialized Medical Equipment and Supplies	X	X
Pest Control (Monthly)	X	
Day Health Care	X	
Chore Services	X	
Homemaker Services	X	
Environmental Accessibility Adaptations	X	
Skilled Care (RN)	X	X
Skilled Care (LPN)	X	X
Therapeutic Management of Substance Abuse		X

Effect on Recipients – Quality of Care

- The Managed Medical Assistance program measures health plan quality to ensure our recipients are receiving the excellent care.
- Since the implementation of the program, the Agency has seen the highest quality ratings in program history.
- There is an overall 6% improvement in calendar year 2016 over 2015 quality scores and an 18% increase over quality scores prior to the program.
- People in the program are also highly satisfied with their care.

CAHPS Survey Item	Adults	Parents
Overall Plan Satisfaction	73%	84%
Quality of Care Received	75%	86%
Ease in Getting Needed Care	80%	82%
Ease in Getting Care Quickly	82%	89%



Continuity of Care

- **The Agency is committed to** individuals do not experience a disruption in care or services during transition.
 - This is often referred to as “Continuity of Care.”
- The Agency will ensure the timely and secure transfer of existing care plans to the individual's health plan (for those who are receiving home and community based services) to facilitate a smooth transition
- The health plan contract requires that individuals be allowed to get services from their existing providers during the first 60 days of enrollment, or until the new plan has assessed their needs



Outreach and Information

- The Agency has begun to contact PAC recipients by phone. In addition, individuals will receive written notifications beginning approximately 90 days prior to transition.
- The Agency has called all PAC case management agencies.
- Each person will receive at least three letters with details about the transition, prior to any action being taken.
- The Agency is conducting monthly webinars to keep stakeholders apprised of this transition.



Post Implementation

- Once the PAC Waiver ends, recipients will have their Medicaid eligibility re-determined on annual basis.
 - DCF will determine eligibility using the financial standards for the benefit plan that the recipient is assigned.



Post Implementation

- Floridians diagnosed with AIDS who are newly interested in pursuing Medicaid eligibility will have two options for obtaining Medicaid benefits:
 - Those needing home and community-based services can apply for enrollment in the LTC program through the normal processes. For more information, please visit: <http://elderaffairs.state.fl.us/doea/arc.php>
 - Those only needing access to medical benefits provided through Medicaid can submit a Medicaid application to the Department of Children and Families.



Background Information: MEDS- AD Waiver

- The MEDS-AD Research and Demonstration Waiver provides Florida Medicaid coverage for aged or disabled recipients who meet certain income and asset requirements.
- The waiver is designed to delay or prevent the need for institutionalization of these vulnerable individuals through provision of:
 - Health care services
 - High-intensity pharmacy case management services for non-institutionalized individuals (the “Medication Therapy Management program”)



MEDS-AD Transition

- The Agency is amending the 1115 MMA Waiver to make a technical amendment request to transition the authority to operate the MEDS-AD demonstration from one 1115 waiver to another.
- The eligibility, enrollment, and benefit design elements that are currently approved in the 1115 MEDS-AD Waiver will not substantively change.
- Once the transition is complete, individuals currently enrolled in the MEDS-AD Waiver will continue to be eligible for Florida Medicaid and will continue to receive their acute care services in the same manner they do now.



MEDS-AD: Eligible Population

Eligible Groups	Qualifying Criteria
<p>Aged or disabled individuals – Medicaid Only</p>	<ul style="list-style-type: none"> • Income at or below 88% FPL • Assets that do not exceed \$5,000 (individual) or \$6,000 (couple) • Medicaid-only eligibles not receiving hospice, HCBS, or institutional care services
<p>Aged or disabled individuals – Medicaid Institutional</p>	<ul style="list-style-type: none"> • Income at or below 88% FPL • Assets that do not exceed \$5,000 (individual) or \$6,000 (couple) • Medicaid-only eligibles receiving hospice, HCBS, or institutional care services
<p>Aged or disabled individuals – Dual Eligibles</p>	<ul style="list-style-type: none"> • Income at or below 88% FPL • Assets that do not exceed \$5,000 (individual) or \$6,000 (couple) • Medicare Eligible • Receiving hospice, HCBS, or institutional care services



MEDS- AD: Medication Therapy Management (MTM) Program

- There are approximately 50,000 recipients enrolled in the MEDS-AD Waiver. Approximately 91% are enrolled in a Managed Medical Assistance (MMA) plan.
- The MMA plans must provide case management/care coordination services and programs that have similar objectives to the MTM program.
- To avoid duplication of services, only people receiving services through the fee-for-service delivery system are eligible to participate in the MTM program.
- Since the majority of MEDS-AD recipients are in the MMA program, and are already eligible to receive care coordination through their MMA plan, the Agency believes that the goals and objectives of the MTM program are satisfied by the MMA program.



Evaluation

- 1115 waivers are required to be evaluated by an independent entity.
- The Agency contracts with the University of Florida for this evaluation.
- The evaluation design already includes individuals with AIDS and the MEDS-AD population, as they currently receive services through the MMA program. Therefore, the evaluation design will not change.



Public Notice and Comment Period

- Prior to submitting an amendment to an 1115 waiver, states must publish a comprehensive description of the program for review and comment for at least 30 days:
- The public notice document is available at the following link for review and comment from **August 1, 2017 though August 30, 2017**:

http://ahca.myflorida.com/Medicaid/Policy_and_Quality/Policy/federal_authorities/federal_waivers/index.shtml



MMA/MEDS-AD Amendment Public Meetings

Location	Date	Time
<p>Tallahassee Agency for Health Care Administration 2727 Mahan Drive, Building 3 Tallahassee, FL 32308</p> <p>Conference Line: 1-877-309-2071 Participant Code: 798-884-808</p>	<p>August 9, 2017</p>	<p>11:00 am – 12:00 p.m.</p>
<p>Tampa Agency for Health Care Administration 6800 N. Dale Mabry Highway, Suite 220 Main Training Conference Room Tampa, FL 33614</p> <p>Conference Line: 1-877-309-2071 Participant Code: 536-371-224</p>	<p>August 18, 2017</p>	<p>1:00 p.m. – 3:00 p.m.</p>



Public Comment Period

Written comments with the subject “1115 MMA Amendment – Waiver Consolidation” can be e-mailed to FLMedicaidWaivers@ahca.myflorida.com or mailed to:

Agency for Health Care Administration
Bureau of Medicaid Policy
2727 Mahan Drive, MS #20
Tallahassee, Florida 32308

Comments must be submitted to the Agency by August 30, 2017.

