

**WAIVER AUTHORITIES FOR FLORIDA'S
MEDICAID REFORM SECTION 1115 DEMONSTRATION**

NUMBER: 11-W-00206/4

TITLE: Florida Medicaid Reform Section 1115 Demonstration

AWARDEE: Agency for Health Care Administration

All requirements of the Medicaid program expressed in law, regulation and policy statement, not expressly waived or identified as not applicable in this list, shall apply to the demonstration project beginning July 1, 2006, through June 30, 2011.

The following waivers shall enable the State to implement the approved Special Terms and Conditions (STCs) for the Florida Medicaid Reform section 1115 Demonstration.

Title XIX Waivers

1. Statewideness/Uniformity **Section 1902(a)(1)**

To enable Florida to operate the demonstration and provide managed care plans or certain types of managed care plans, including provider sponsored networks, only in certain geographical areas.

2. Amount, Duration, and Scope and Comparability **Section 1902(a)(10)(B)**

To enable Florida to vary the amount, duration, and scope of services offered to individuals, regardless of eligibility category, based on differing managed care arrangements, or in the absence of managed care arrangements and to permit Florida to offer different benefits to demonstration populations one and two than to the categorically needy group.

3. Income and Resource Test **Section 1902(a)(10)(C)(i)**

To enable Florida to exclude funds in an enhanced benefit account from the income and resource tests established under State and Federal law for purposes of determining Medicaid eligibility. Beneficiaries will also be permitted to accumulate financial resources in a separate account for special approved services.

4. Cost Sharing **Section 1902(a)(14)
insofar as it incorporates
Section 1916**

To enable Florida to authorize coverage of employer-based or private plans that have cost sharing requirements for participants covered under the demonstration in excess of statutory limits.

5. Freedom of Choice **Section 1902(a)(23)**

To enable Florida to restrict the freedom of choice of providers.

6. Provider Agreements **Section 1902(a)(27)**

To permit the provision of care by entities who have not executed a provider agreement with the State Medicaid Agency for the purpose of providing enhanced benefits to beneficiaries for authorized expenditures under the enhanced benefits account.

7. Retroactive Eligibility **Section 1902(a)(34)**

To enable Florida to waive the requirement to provide medical assistance for up to 3 months prior to the date that the application for assistance is made.

8. Eligibility **Section 1902(a)(10)(A)**

To allow the State to provide only emergency medical services and nursing home level of care for up to 30 days from the time the applicant is determined eligible until the newly eligible beneficiary selects a managed care plan or is automatically enrolled into a managed care plan.

To allow the State to not provide Medicaid covered State plan services for individuals who voluntarily elect to opt out of Medicaid into an employer sponsored insurance program or private health plan for the duration of the individual's voluntary enrollment into the plans covered outside the parameters of the demonstration.

9. Payment Review **1902(a)(37)(B)**

To the extent that prepayment review may not be available for disbursements by individual beneficiaries to their providers.

**EXPENDITURE AUTHORITY
FOR FLORIDA'S MEDICAID REFORM
SECTION 1115 DEMONSTRATION**

NUMBER: 11-W-00206/4

TITLE: Florida Medicaid Reform Section 1115 Demonstration

AWARDEE: Agency for Health Care Administration

Under the authority of section 1115(a)(2) of the Social Security Act (the Act), expenditures made by the State for the items identified below (which are not otherwise included as expenditures under section 1903) shall, for the period of this demonstration July 1, 2006, through June 30, 2011, be regarded as expenditures under the State's Title XIX plan.

The following costs not otherwise matchable expenditure authorities shall enable the State to implement the approved Special Terms and Conditions (STCs) for the Florida Medicaid Reform section 1115 Demonstration.

- 1. Demonstration Population 1.** Expenditures for employee costs of authorized employer-sponsored individual or family insurance coverage for individuals who would be eligible under the State plan but have elected not to apply under the State Plan, or expenditures for the costs of an authorized private plan for such individuals who are self employed, not to exceed the amount that would be expended as the State-established premium under this demonstration for individuals eligible under the State Plan.
- 2. Demonstration Population 2.** Expenditures for health care related costs under enhanced benefit accounts for individuals who lose eligibility for Medicaid or demonstration population 1 benefits, with incomes at or below 200 percent of the Federal poverty level. This expansion population shall be allowed to retain access to the enhanced benefit account for up to p years, except in the instance of termination of the demonstration or the enhanced benefit accounts provision under the demonstration.
- 3.** Expenditures for costs incurred as a result of the automatic re-enrollment, in the last plan of enrollment, for enrollees who have regained eligibility within six months, and which would not otherwise be eligible for automatic re-enrollment under Section 1903(m)(2)(H) of the Act.
- 4.** Expenditures made by Florida for costs related to providing health care services to uninsured and or underinsured, subject to the restrictions placed on the Low Income Pool, as defined in the STCs.
- 5.** Expenditures for enhanced benefits accounts.

Medicaid Requirements Not Applicable to the Expenditure Authorities:

In order to permit the demonstration project to function as amended, in addition to and/or consistent with previously approved waiver and expenditure authorities described above, the following Medicaid requirements are not applicable to the Expenditure Authorities:

1. Provision of Medical Assistance **Section 1902(a)(10)(A)**

To enable Florida to limit the medical assistance for demonstration populations 1 and 2 available to the types of assistance described in these expenditure authorities.

2. Amount, Duration, Scope and Comparability of Benefits **Section 1902(a)(10)(B)**

To enable Florida to vary the amount, duration, and scope of benefits offered to demonstration populations 1 and 2 from that offered to other beneficiaries under the plan, and to enable those benefits to be non-comparable to those offered to the categorically needy group.

3. Provider Agreements **Section 1902(a)(27)**

To permit the provision of care by entities who have not executed a provider agreement with the State Medicaid Agency for the purpose of providing enhanced benefits to beneficiaries for authorized expenditures under the enhanced benefits account.