Centers for Medicare & Medicaid Services
Office of Information Services
Information Services Design & Development Group
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Section 1115 Demonstration Program

Florida MEDS AD Section 1115 Demonstration CMS11-W-00205/4
Public Notice of Renewal Request
For the Period January 1, 2014 through December 31, 2016

Florida MEDS AD Section 1115 Demonstration CMS11-W-00205/4 Renewal Request

Section I - Program Description

Program Summary

The MEDS-AD Program Section 1115 demonstration CMS 11-W-00205/4 provides Medicaid eligibility for individuals who are disabled or age 65 or over, and who are also eligible for and receiving Medicaid-covered institutional care services, hospice services, or home and community-based services; and whose incomes do not exceed 88 percent of the federal poverty level and whose assets do not exceed $5,000 for individuals or $6,000 for couples. Individuals enrolled in the demonstration receive State plan benefits and may also receive pharmacy case management services. Applicable Medicaid State plan co-payments apply and services are delivered through the same delivery system available to State plan enrollees.

Rationale and Hypothesis

The intent is to demonstrate that access to health care services and voluntary pharmacy case reviews result in measurably improved outcomes. The continued coverage, as well as the High-Intensity Pharmacy Case Management program, will be funded through savings obtained by avoiding institutional costs that would otherwise occur in the next five years had these vulnerable individuals not had access to prescribed drugs and other medical services.

Statewide Eligibility Criteria for the Demonstration

Medicaid services for eligible individuals are authorized statewide through the MEDS AD Waiver in Florida Statutes as follows:

> "409.904 Optional payments for eligible persons.—The agency may make payments for medical assistance and related services on behalf of the following persons who are determined to be eligible subject to the income, assets, and categorical eligibility tests set forth in federal and state law. Payment on behalf of these Medicaid eligible persons is subject to the availability of moneys and any limitations established by the General Appropriations Act or chapter 216.
> (1) Subject to federal waiver approval, a person who is age 65 or older or is determined to be disabled, whose income is at or below 88 percent of the federal poverty level, whose assets do not exceed established limitations, and who is not eligible for Medicare or, if eligible for Medicare, is also eligible for and receiving Medicaid-covered institutional care services, hospice services, or home and community-based services. The agency shall seek federal authorization through a waiver to provide this coverage."

Timeframe for the Demonstration

The State seeks a renewal of this waiver authority for three years, from January 1, 2014 through December 31, 2016.

Impact of this Renewal on other Components of the State Medicaid and CHIP Programs

The renewal would not impact any other eligibility or service provisions of the State's Medicaid or CHIP programs. Renewal of the waiver would simply allow the State to maintain eligibility for this population, and all services would continue as provided under the State plan.

Section II – Demonstration Eligibility

Waiver Population

Expansion Populations

Eligibility Group Name	N/A	Income Level
Florida MEDS AD Waiver: a person who is age 65 or older or is determined to be disabled, whose income is at or below 88 percent of the federal poverty level, whose assets do not exceed established limitations, and who is not eligible for Medicare or, if eligible for Medicare, is also eligible for and receiving Medicaid-covered institutional care services, hospice services, or home and community-based services.	(waiver request)	Between State plan eligibility income level and 88% FPL, with assets not more than $5,000 for an individual or $6,000 for a couple

Eligibility Standards and Methodologies

Under this renewal authority, the State will continue to use the applicable State plan standards and methodologies to determine eligibility.

Enrollment Limits

There is no cap on enrollment in this waiver; all individuals who meet the eligibility standard are provided Medicaid services.

Enrollment History, Current Enrollment and Projected Enrollment through Renewal Period

Please see the following chart for historical enrollment under this waiver for the past three waiver years, and projected enrollment under the waiver through the renewal period.

MEDS AD Waiver Enrollment History January 2010 through February 2013
Projected Enrollment* March 2013-December 2016

Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10
31,147	32,023	33,169	33,612	34,384	34,702	34,932	35,452	36,119	36,382	36,199	35,927
Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
36,618	36,960	37,287	37,554	38,377	38,405	38,994	39,006	39,004	39,753	40,394	40,513
Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
41,231	42,297	42,620	42,888	42,541	42,464	42,564	42,387	42,823	42,635	42,064	41,924
Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
41,275	41,374	43,580	43,769	43,958	44,147	44,336	44,525	44,714	44,903	45,092	45,281
Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
45,640	45,999	46,358	46,717	47,076	47,435	47,794	48,153	48,512	48,871	49,230	49,589
Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
49,948	50,307	50,666	51,025	51,384	51,743	52,102	52,461	52,820	53,179	53,538	53,897
Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
54,256	54,615	54,974	55,333	55,692	56,051	56,410	56,769	57,128	57,487	57,846	58,205

*Source: Florida Social Services Estimating Conference, January 2013

Post-eligibility Treatment of Income for Long-Term Services and Supports

The State's current eligibility rule (Rule 65A-1.716, Florida Administrative Code, Income and Resource Criteria), which utilizes spousal impoverishment rules under section 1924, of the Act, states:

> (c) Spousal Impoverishment Standards.
> 1. State's Resource Allocation Standard. The amount of the couple's total countable resources which may be allocated to the community spouse is equal to the maximum allowed by 42 U.S.C. § 1396r-5.
> 2. State's Minimum Monthly Maintenance Income Allowance (MMMIA). The minimum monthly income allowance the department recognizes for a community spouse is equal to 150 percent of the federal poverty level for a family of two.
> 3. Excess Shelter Expense Standard. The community spouse's shelter expenses must exceed 30 percent of the MMMIA to be considered excess shelter expenses to be included in the maximum income allowance: MMIA × 30% = Excess Shelter Expense Standard. This standard changes July 1 of each year.

After an individual satisfies all non-financial and financial eligibility criteria institutional care services, the department determines the amount of the individual's patient responsibility. This process is called "post eligibility treatment of income". Individuals residing in medical institutions shall have $35 of their monthly income protected for their personal need allowance. The department applies the formula and policies in 42 U.S.C. section 1396r-5 to compute the community spouse income allowance after the institutionalized spouse is determined eligible for institutional care benefits. The department allows a deduction for the actual amount of health insurance premiums, deductibles, coinsurance charges and medical expenses, not subject to payment by a third party, incurred by a Medicaid recipient for programs involving post eligibility

calculation of a patient responsibility, as authorized by the Medicaid State Plan and in accordance with 42 CFR 435.725.

Eligibility Procedures

Eligibility methodologies and standards will be the same as those used in determining eligibility under the State plan, and this waiver will continue to include only those persons age 65 or older or disabled, with income at or below 88 percent of the federal poverty level, whose assets do not exceed established limitations ($5,000 for individuals and $6,000 for a couple), and who are not eligible for Medicare or, if eligible for Medicare, are also eligible for and receiving Medicaid-covered institutional care services, hospice services, or home and community-based services.

Eligibility Changes

The State is planning to implement the applicable MAGI methodologies and MAGI equivalent income standards as required by federal law and regulation, excluding exempt individuals 65 or older.

Section III – Demonstration Benefits and Cost Sharing Requirements

1) Indicate whether the benefits provided under the Demonstration differ from those provided under the Medicaid and/or CHIP State plan:

☐ Yes ☒ No (if no, please skip questions 3 – 7)

2) Indicate whether the cost sharing requirements under the Demonstration differ from those provided under the Medicaid and/or CHIP State plan:

☐ Yes ☒ No (if no, please skip questions 8 - 11)

Section IV – Delivery System and Payment Rates for Services

1) Indicate whether the delivery system used to provide benefits to Demonstration participants will differ from the Medicaid and/or CHIP State plan:

☐ Yes

☒ No (if no, please skip questions 2 – 7 and the applicable payment rate questions)

8) If fee-for-service payment will be made for any services, specify any deviation from State plan provider payment rates. If the services are not otherwise covered under the State plan, please specify the rate methodology (if additional space is needed, please supplement your answer with a Word attachment);

Payment will be the same as State plan provider payment rates.

9) If payment is being made through managed care entities on a capitated basis, specify the methodology for setting capitation rates, and any deviations from the payment and contracting requirements under 42 CFR Part 438 (if additional space is needed, please supplement your answer with a Word attachment); and

   Capitation rate methodology and managed care entities are same as for State plan.

10) If quality-based supplemental payments are being made to any providers or class of providers, please describe the methodologies, including the quality markers that will be measured and the data that will be collected (if additional space is needed, please supplement your answer with a Word attachment).

    No quality-based supplemental payments are being made to providers under this waiver.

Section V – Implementation of Demonstration

Implementation Schedule

Under this proposed renewal, the waiver would continue to operate as currently implemented for an additional three years, from January 1, 2014 through December 31, 2016.

How Potential Demonstration Participants Will be Notified and Enrolled into the Demonstration

Recipients will continue to be identified and notified in the State's routine eligibility determination process if they are eligible through this waiver.

Demonstration Benefits through Contracts with Managed Care Organizations

Waiver recipients will continue to receive services through the same MCOs contracted to provide State plan services. No procurement is planned.

Section VI – Demonstration Financing and Budget Neutrality

The State's assurance of budget neutrality that will be submitted with this renewal request is based upon the same methodology used for the initial waiver approval and prior renewal, and will not require an increase in the ceiling established for the current waiver period.

Section VII – List of Proposed Waivers and Expenditure Authorities

The State requests waiver of Sections 1902(a)(10)(C) and 1903(a)(1) of the Social Security Act in order to provide eligibility and cover costs not otherwise matchable for this specific expansion population.

Section VIII – Public Notice

Dates for Public Notice Elements Required in 42 CFR 431.408:

April 24, 2013 In accordance with the consultation process outlined in the State's approved Medicaid State plan, letters were sent soliciting input and requesting consultation with Florida's two federally recognized Tribes, the Seminole Tribe and the Miccosukee Tribe.

April 29, 2013 Public Notice Document and public meeting schedule posted to Agency website at this link, http://ahca.myflorida.com/Medicaid/index.shtml (note Quick Link for MEDS-AD Renewal); and notice published in the Florida Administrative Register, which will include a link to the MEDS-AD Renewal website: http://ahca.myflorida.com/Medicaid/MEDS-AD.shtml

May 1, 2014 through May 30, 2013 Public Comment Period
Comments may be submitted by postal mail to Agency for Health Care Administration, 2727 Mahan Drive, Bldg. 3 Room 2332A, Tallahassee, FL 32308, Attn: Marie Donnelly, or via electronic mail at MEDS-ADRenewal@ahca.myflorida.com . Comments received will be posted to the Agency website at the MEDS-AD Renewal page as noted above, and will be considered prior to submission of the waiver renewal request.

May 15, 2013, 2:00 p.m. First public meeting and webinar at Medicaid Area Office 6, 6800 Dale Mabry Hwy., Suite 220, Tampa, Florida 33614. Please click the following link for instructions how to access the webinar http://ahca.myflorida.com/Medicaid/MEDS-AD.shtml .

May 28, 2013, 1:00 p.m. Second public meeting with scheduled Medical Care Advisory Committee at the Agency for Health Care Administration Headquarters, 2727 Mahan Drive, Tallahassee, Florida 32308. Hearing summaries will be included with the final submission of the waiver renewal request.

Mechanism Used to Notify the Public

In the notice published April 29, 2013 in the Florida Administrative Register and on its website, the agency has provided a MEDS-AD Renewal link, http://ahca.myflorida.com/Medicaid/MEDS-AD.shtml , which can be readily accessed on the Agency's Medicaid Landing Page http://ahca.myflorida.com/Medicaid/index.shtml . The MEDS-AD Renewal page includes a link to submit comments via electronic mail to MEDS-ADRenewal@ahca.myflorida.com , or to the postal address to Agency for Health Care Administration, 2727 Mahan Drive, Bldg. 3 Room 2332A, Tallahassee, FL 32308, Attn: Marie Donnelly. A list of interested parties will be compiled from comments received.

Comments Received by the State during the 30-day Public Notice Period

Comments received will be posted to the Agency website at the MEDS-AD Renewal page as noted above, and will be considered prior to submission of the waiver renewal request.

Summary of the State's Responses to Submitted Comments

A summary of the state's responses to comments will be submitted with the renewal application.

Section IX – Demonstration Administration

Please provide the contact information for the State's point of contact for the Demonstration application.

Name and Title:	Marie Donnelly, Government Analyst II
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Email Address:	Marie.Donnelly@ahca.myflorida.com