Florida Managed Medical Assistance Program
1115 Research and Demonstration Waiver
(Project Number 11-W-002064)

Waiver Amendment Request

Florida Agency for Health Care Administration

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I. Purpose, Goals and Objectives

A. Statement of Purpose

The State is seeking federal authority to amend Florida's 1115 Managed Medical Assistance (MMA) Waiver (Project Number 11-W-002064) as a result of changes in the law passed during the 2016 Legislative session. The State was directed to seek federal approval to pay for flexible services for persons with severe mental illness or substance use disorders, including, but not limited to, temporary housing assistance. Payments may be made to managed care plans that meet the requirements of section 409.968(4), Florida Statutes (F.S.).

The State is submitting this amendment to implement a pilot program that provides additional behavioral health services and supportive housing assistance services for persons aged 21 and older with serious mental illness (SMI), substance use disorder (SUD) or SMI with co-occurring SUD, who are homeless or at risk of homelessness due to their disability. The pilot program will be operated in two regions of the State.

1. Pilot Regions:

Medicaid regions five and seven have been identified as the pilot program service locations. Managed Medical Assistance plans will partner with community organizations and local housing coalitions in these regions to operate the pilot program.

2. Participating MMA Plans:

Plans participating in the pilot program must either be an MMA standard plan or an MMA specialty plan serving individuals diagnosed with an SMI, and must meet all of the following requirements:

- Provide services under the MMA program in regions five and/or seven,
- Include providers furnishing services in accordance with Chapters 394 and 397 F.S. in its provider network,
- Have the capability to provide housing assistance through agreements with housing providers and have relationships with local housing coalitions.

3. Services Provided

- Transitional housing services: Services that support a recipient in the preparation for, and transition into, housing. This is an intensive service that includes activities such as conducting a tenant screening and housing assessment, developing an individualized housing support plan, assisting with the search for housing and the application process, identifying resources to pay for on-going housing expenses such as rent, and ensuring that the living environment is safe and ready for move-in.

  Tenancy sustaining services: Services that support a recipient in being a successful tenant. Tenancy support services include activities such as early identification and intervention for behaviors that may jeopardize housing such as late rental payment or other lease violations, education and training on the roles, rights and responsibilities of the tenant and landlord, coaching on developing and maintaining key relationships with

landlord/property managers, assistance in resolving disputes with landlords and/or neighbors to reduce risk of eviction, advocacy and linkage with community resources to prevent eviction, assistance with the housing recertification process, and coordinating with the enrollee to review, update, and modify their housing support and crisis plans.

- Mobile crisis management: The delivery of immediate de-escalation services for emotional symptoms, and/or behaviors at the location in which the crisis occurs. This is provided to enrollees participating in the pilot experiencing a behavioral health crisis provided by a team of behavioral health professional who are available 24/7/365 for the purpose of preventing loss of a housing arrangement or emergency inpatient psychiatric service when possible.

- Self-help/peer support: Person centered service promoting skills for coping with and managing symptoms while utilizing natural resources and the preservation and enhancement of community living skills with the assistance of a peer support specialist.

4. Enrollee Eligibility Criteria:

Florida Medicaid recipients age 21 year and older with an SMI, SUD or an SMI with a co-occurring SUD who are homeless or at risk of homelessness due to their disability. The State will use the Department of Housing and Urban Development definition to determine risk of homelessness.

5. Amendment Summary and Objective:

The objective of this waiver amendment is to implement the law passed during the 2016 legislative session. The proposed housing assistance pilot program will seek to provide eligible enrollees with additional tools necessary to improve health outcomes, achieve stable tenancy, as well as reduce high utilization costs.

D. Federal and State Waiver Authority

The following is a historical description of the federal and state authority granted since the waiver was authorized in 2005.

Initial 5-Year Period (2006-2011):

On October 19, 2005, Florida's 1115 Research and Demonstration Waiver named “Medicaid Reform” was approved by CMS. The program was implemented in Broward and Duval counties on July 1, 2006, and expanded to Baker, Clay, and Nassau counties on July 1, 2007.

Three-Year Extension Period (2011-2014):

On December 15, 2011, the Agency received approval from CMS to extend Florida’s 1115 Medicaid Reform Waiver for the period July 1, 2011 through June 30, 2014.

MMA Waiver Amendment (2014):

On June 14, 2013, the Agency received CMS approval to amend the waiver to terminate the Medicaid Reform program, implement the MMA program, and rename the waiver, “Managed Medical Assistance”. The Reform program was terminated on August 1, 2014

with the implementation of the MMA program.

Three-Year Waiver Extension (2014-2017):

On November 27, 2013, the Agency submitted an extension request to extend authority for the 1115 MMA Waiver for an additional three years (July 31, 2014 - June 30, 2017). The Agency received approval for the three-year extension from CMS on July 31, 2014. The effective dates of the current waiver period are July 31, 2014 through June 30, 2017.

MMA Waiver Amendment (2015):

On October 15, 2015, the Agency received approval to:

1. Allow recipients under the age of 21 years who are receiving Prescribed Pediatric Extended Care services and recipients residing in group home facilities licensed under section 393.067, Florida Statutes (F.S.) to voluntarily enroll in an MMA plan.
2. Enroll newly Medicaid eligible recipients into a managed care plan immediately after their eligibility determination, and to make changes to the auto-assignment criteria.
3. Extend the LIP program through the remainder of the demonstration period ending June 30, 2017.

MMA Waiver Amendment (2016):

On October 12, 2016, the Agency received approval to:

1. Allow the Agency flexibility to contract with one to three vendors under the hemophilia program.
2. Include payments for nursing facility services in the MMA capitation rates for MMA enrollees under the age of 18 years.
3. Allow flexibility for specialty plans to conduct Performance Improvement Projects on topics that have more specific impacts to their enrollees, with Agency approval.

II. Public Process

This section provides a summary of the public notice and input process utilized by the Agency, which complies with the requirements in 42 CFR 431.408.

A. Consultation with Indian Health Programs

The Agency for Health Care Administration (Agency) consulted with the Indian Health programs[1] located in Florida through written correspondence, to solicit input on the amendment request.

B. Public Notice Process

The Agency notified stakeholders of the amendment and the public comment period as follows:

- Published public notice in the Florida Administrative Register (FAR) in compliance with Chapter 120, F.S., on June 22, 2016.
- Emailed the meeting information to individuals and organizations on the interested parties list.

The following information can be found posted on the Agency's web page by clicking the below link.

- Public Notice Document
- Public meeting schedule including dates, times and locations
- Meeting materials
- Link to FAR Notice

http://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/federal_authorities/federal_waivers/mma_fed_auth_amend_waiver_2016-06.shtml

D. Public Meetings

The Agency held two public meetings listed in the table below. Individuals who were unable to attend a meeting in person could participate via conference call by using the toll-free number provided in the FAR notice. During the meetings, the Agency provided an overview of the MMA Waiver, description of the amendment request, and allowed time for public comments. Table 1 provides the schedule of public meetings held regarding the proposed amendment.

Pursuant to the provisions of the Americans with Disabilities Act, any person that required special accommodations to participate in this workshop/meeting was asked to advise the agency at least seven days before the workshop/meeting by contacting Heather Morrison at

[1] The State of Florida has two federally recognized tribes: Seminole Tribe and Miccosukee Tribe; and does not have any Urban Indian Organizations.

(850) 412-4034 or by email at Heather.Morrison@ahca.myflorida.com.

If you were hearing or speech impaired, you were asked to contact the Agency using the Florida Relay Service, 1 (800) 955-8771 (TDD) or 1 (800) 955-8770 (Voice).

Table 1
Schedule of Public Meetings

Location	Date	Time
Largo Mary Grizzle Building, 11351 Ulmerton Road Largo, Fl. 33778 Conference Line: 1 877 299.4502 Participant Code: 985 653 67#	July 5, 2016	2:00pm – 3:00pm
Orlando Agency for Health Care Administration, 400 W Robinson St, Suite S309 Conference Room S309 Orlando, FL 32801 Conference Line: 1 877 809 7263 Participant Code: 835 393 65#	July 6, 2016	10:30am – 11:30am

E. Public Notice Document Made Available to the Public

The Agency posted the public notice document and the dates, times, and locations of the two public meetings on its web site (link provided on page 5) from June 22, 2016 through July 22, 2016.

F. Submission of Written Comments

Written comments on the waiver extension may be submitted to the Agency during the public comment period as follows:

Mail: 1115 MMA Waiver Extension Request
Bureau of Medicaid Policy
Agency for Health Care Administration
2727 Mahan Drive, MS #8
Tallahassee, Florida 32308

Email: FLMedicaidWaivers@ahca.myflorida.com

Comment Cards: Distributed to public meeting attendees.

G. Summary of Public Comments

The following summarizes the public comments received on this amendment request during the 30-day comment period.

Regardless of the method of communication, each comment has been categorized into topics which summarize areas of concern or interest, and the commenter's sentiment of the issues described.

Summary of Comments

There were approximately 20 comments with a direct or indirect reference to the draft supportive housing pilot program received from the July 5th & 6th public meetings or during the allowed comment period.

I. Selection/Recommendation of pilot program locations

Respondents showed a great interest in how regions were selected for the pilot program and Miami-Dade County was recommended for inclusion. Other recommendations included extending the proposed waiver services statewide to individuals meeting the eligibility criteria.

II. Clearly defined eligibility criteria, verification requirements, service definition, and service titles

Several questions were raised about the scope of the targeted population, documentation requirements to prove instance of homelessness, and the scope of "covered" services. It was suggested that eligibility criteria, "homelessness verification" requirements, and service definitions be defined in sufficient detail in the waiver terms and contracts to prevent consumers from being arbitrarily denied service in one plan, but being eligible in another.

Respondents suggested that the Agency consider using different service titles/names to reduce confusion between services provided by supportive housing organizations and those services provided by recovery peer specialists as allowed in the Community Behavioral Health Handbook.

Respondents want to ensure the Agency makes a clear distinction between the recommended waiver services and services that are currently provided by or through HUD and State plan. Specific attention was placed on targeted case management and care coordination services provided by plans.

III. Specific requirements/identifications of an agreement for health plans

Comments were offered to ensure consideration is placed on determining the level of rigor expected within an agreement between the health plans, housing entities, and/or managing entities. It is requested that the waiver require plans using the housing services follow housing best practices especially Housing First.

Public access to plan eligibility screening and protocol for accessing services was also an area of concern. It was suggested that some plans have refused to make this type of

information public stating that it is a “trade secret”. Therefore, it is recommended that the waiver terms and plan contracts clearly state that this information is public and must be easily accessible by consumers.

IV. Time limits placed on services

Respondents stressed that no time limits should be placed on the recommended waiver services because homelessness is a chronic situation that needs ongoing supports.

V. Quality measures

It was suggested that the outcomes be measured against national researched outcomes so that pilot data can easily show the successful pilot program areas and the areas of the pilot that may need some revision.

VI. Service Recommendations

Respondents recommend the Agency consider creating a Supportive Housing or Stability Management Service position, which is a staff person responsible for all the coordination of services, housing resource, working with landlords, working with tenants, and with service providers.

Respondents suggested these services be delivered by a person with expertise on homelessness and local affordable housing programs. It was recommended that health plans be encouraged and capable of delivering coordination services “on the ground” to meet people where they are (e.g., homeless shelters).

VII. Stakeholder involvement/opportunity for public comment on proposed contract revisions

It was recommended that the Agency continue to engage stakeholders and relevant State agencies as it moves forward with implementation of the program if the waiver is approved, and allow for opportunity to make suggestions regarding the MMA plan contract amendment.

VIII. Suggestion for Additional services

Commenters suggested the State use the June 26, 2015 CMCS Informational Bulletin to identify and cover services that have proven to be helpful in obtaining and maintaining housing for this vulnerable population.

III. Current Program Overview

The following provides a description of the current MMA program, an integrated health care delivery system by which eligible recipients receive their primary and acute medical care services as specified in Florida law, and as approved by CMS.

A. Eligibility

1. Eligibility for Medicaid: The Florida Department of Children and Families is the administering agency responsible for processing Florida Medicaid applications and determining Florida Medicaid eligibility. The State will continue to use the same application and eligibility processes for all individuals, including participants in the MMA program. Current income and asset limits will apply under the program, as will current residency and citizenship standards. There will be no limit on the number of individuals eligible for Florida Medicaid as specified in the State Plan. The State assures that all applications will be processed in a timely manner.

2. Eligibility for the MMA Program: MMA program participants are individuals eligible under the approved State Plan, who reside in the MMA program regions and who are described below as "mandatory participants" or as "voluntary participants". Mandatory participants are required to enroll in a MMA plan or as a condition of receipt of Florida Medicaid benefits. Voluntary participants are exempt from mandatory enrollment, but have elected to enroll in a MMA plan to receive Florida Medicaid benefits.

a. Mandatory Managed Care Participants – Individuals who belong to the categories of Medicaid eligibles listed in the following table, and who are not listed as excluded from mandatory participation are required to be MMA program participants. Table 2 provides a listing of the mandatory managed care participants.

Table 2
Mandatory Managed Care Participants

Mandatory State Plan Eligibility Groups	Population Description	Funding Stream	CMS-64 Eligibility
Infants under the age of 1 year. Population 2	No more than 206% of the Federal Poverty Level (FPL).	Title XIX	TANF & Related Grp
Children ages 1 through 5 years old. Population 2	No more than 140% of the FPL.	Title XIX	TANF & Related Grp
Children ages 6 through 18 years old. Population 2	No more than 133% of the FPL.	Title XIX	TANF & Related Grp
Blind/Disabled Children. Population 1	Children eligible under Supplemental Security Income (SSI), or deemed to be receiving SSI.	Title XIX	Aged/Disabled
IV-E Foster Care and Adoption Subsidy. Population 2	Children for whom IV-E foster care maintenance payments or adoption subsidy payments are received – no Medicaid income limit.	Title XIX	TANF & Related Grp
Pregnant women. Population 2	Income not exceeding 191% of FPL.	Title XIX	TANF & Related Grp

Table 2 Mandatory Managed Care Participants			
Mandatory State Plan Eligibility Groups	**Population Description**	**Funding Stream**	**CMS-64 Eligibility**
Section 1931 parents or other caretaker relatives. Population 2	No more than Aid to Families with Dependent Children (AFDC) Income Level (Families whose income is no more than about 31% of the FPL or $486 per month for a family of 3.)	Title XIX	TANF & Related Grp
Aged/Disabled Adults. Population 1	Individuals receiving SSI, or deemed to be receiving SSI, whose eligibility is determined by the Social Security Administration (SSA).	Title XIX	Aged/Disabled
Former foster care children under the age of 26 years.	Individuals who are under the age of 26 years and who were in foster care and receiving Medicaid when they aged out.	Title XIX	TANF & Related Grp
Optional State Plan Groups			
State-funded Foster Care or Adoption assistance under the age of 18 years. Population 2	Individuals who receive a state Foster Care or adoption subsidy, not under title IV-E.	Title XIX	TANF & Related Grp
Individuals eligible under a hospice-related eligibility group. Population 1	Up to 300% of SSI limit. Income of up to $2,130 for an individual and $4,260 for an eligible couple.	Title XIX	Aged/Disabled
Institutionalized individuals eligible under the special income level group specified in 42 CFR 435.236. Population 1	This group includes institutionalized individuals eligible under this special income level group who do not qualify for an exclusion, or are not included in a voluntary participant category.	Title XIX	Aged/Disabled
Institutionalized individuals eligible under the special home and community-based waiver group specified in 42 CFR 435.217. Population 1	This group includes institutionalized individuals eligible under this special Home and Community Based Services waiver group who do not qualify for an exclusion, or are not included in a voluntary participant category.	Title XIX	Aged/Disabled

b. Medicare-Medicaid Eligible Enrollees - Individuals fully eligible for both Medicare and Medicaid are required to participate in the MMA program for covered Florida Medicaid services. These individuals will continue to have their choice of Medicare providers as this program will not impact individuals' Medicare benefits. Medicare-Medicaid beneficiaries will be afforded the opportunity to choose an MMA plan. However, to facilitate enrollment, if the individual does not elect an MMA plan, then the individual will be assigned to an MMA plan by the State using the criteria outlined in STC #22.

c. Voluntary Participants – The following individuals are excluded from mandatory participation under subparagraph (a) but may choose to be voluntary enrollees in an MMA plan:

    i. Florida Medicaid recipients who have other creditable health care coverage, excluding Medicare.

ii. Persons eligible for refugee assistance.

iii. Florida Medicaid recipients who are residents of an intermediate care facility for individuals with intellectual disabilities, including Sunland Center in Marianna and Tacachale in Gainesville.

iv. Florida Medicaid recipients enrolled in the Developmental Disabilities Individual Budgeting (iBudget) home and community-based services waiver pursuant to Chapter 393, F.S., and Florida Medicaid recipients waiting for iBudget waiver services.

v. Florida Medicaid recipients residing in a group home facility licensed under Chapter 393, F.S.

vi. Children receiving services in a Prescribed Pediatric Extended Care center.

d. Excluded From MMA Program Participation - The following groups of Florida Medicaid eligibles are excluded from participation in the demonstration.

i. Individuals who are eligible for emergency Medicaid for aliens.

ii. Women who are eligible only for family planning services

iii. Women who are eligible through the breast and cervical cancer services program.

iv. Individuals who are residing in residential commitment facilities operated through the Department of Juvenile Justice, as defined in State law. (These individuals are inmates who are not eligible for covered services under the State Plan but may be covered as inpatients in a medical institution).

v. Individuals who are eligible for the Medically Needy program.

B. Current Enrollment and Disenrollment

The following describes the current enrollment and disenrollment process in accordance with STCs #21 through #25 of the MMA Waiver. The STCs can be found at the link provided on page 5 of this document.

1. New Enrollees. At the time of their application for Medicaid, individuals who would be mandated to enroll in managed care under MMA must receive information about managed care plan choices in their area. They must be informed of their options in selecting an authorized managed care plan. Individuals must be provided the opportunity to meet or speak with a choice counselor to obtain additional information in making a choice, and to indicate a plan choice selection if they are prepared to do so. Eligible individuals will be enrolled in a managed care plan upon eligibility determination. If the individual has not selected a plan at the time of the approval of eligibility, the State may auto-assign the individual into a managed care plan. Individuals who have been auto-assigned at enrollment will receive both their managed care plan assignment and information about choice of plans in their area. Such individuals then may actively select a plan during a 120-day change/disenrollment-period without cause post-enrollment. All individuals will be provided with information regarding their rights to change plans.

Once the plan selection is registered and takes effect, the plan must communicate to the enrollee, in accordance with 42 CFR 438.10, the benefits covered under the plan, including dental benefits, and how to access those benefits.

2. Auto-Enrollment Criteria. Each enrollee must have an opportunity to select a managed care plan before or upon being determined eligible for Medicaid. Individuals must be provided information to encourage an active selection electronically or in print.

Enrollees who fail to choose a plan by the time their eligibility is determined will be auto-assigned to a managed care plan. At a minimum, the State must use the criteria listed below when assigning an enrollee to a managed care plan. When more than one managed care plan meets the assignment criteria, the State will make enrollee assignments consecutively by family unit. The criteria include but are not limited to:

a. Whether the plan has sufficient provider network capacity, including dental network capacity, to meet the needs of the enrollee;

a. Whether the recipient has previously received services from one of the plan's primary care providers;

b. Whether primary care providers in one plan are more geographically accessible to the recipient's residence than those in other plans.

3. Auto Enrollment for Special Populations. For an enrollee who is also a recipient of Supplemental Security Income (SSI), prior to assigning the SSI beneficiary to a managed care plan, the State must determine whether the SSI beneficiary has an ongoing relationship with a provider or managed care plan; and if so, the State must assign the SSI recipient to that managed care plan whenever feasible. Those SSI recipients who do not have such a provider relationship must be assigned to a managed care plan using the assignment criteria previously outlined.

In addition, the State must use the following parameters when assigning a recipient to a plan.

a. To promote alignment between Medicaid and Medicare, each beneficiary who is enrolled with a Medicare Advantage Organization, must first be assigned to any MMA plan in the beneficiary's region that is operated by the same parent organization as the beneficiary's Medicare Advantage Organization. If there is no match of parent organization or appropriate plan within the organization, then the beneficiary should be assigned as in (a) - (c) above.

b. If an applicable specialty plan is available, the recipient should be assigned to the specialty plan.

c. If, in the first year of the first contract term only, a recipient was previously enrolled in a plan that is still available in the region, the recipient should be assigned to that plan.

d. Newborns of eligible mothers enrolled in a plan at the time of the child's birth will be automatically enrolled in that plan; however, the mother may choose another plan for the newborn within 120 days after the child's birth.

e. Foster care children will be assigned/re-assigned to the same plan/PCP to which the child was most recently assigned in the last 12 months, if applicable.

4. Lock-In/Disenrollment. Once a mandatory enrollee has selected or been assigned an MMA plan, the enrollee shall be enrolled for a total of 12 months, until the next open enrollment period, unless the individual is determined ineligible for Medicaid. The 12-month period includes a 120-day period upon initial eligibility or re-eligibility determination to change or voluntarily disenroll from a plan without cause and select another plan. If an individual chooses to remain in a plan past 120 days, the individual will be permitted no further changes in enrollment until the next open enrollment period, except for cause. Good cause reasons for disenrollment from a plan are defined in Rule 59-G-8.600, Florida Administrative Code. Voluntary enrollees may disenroll from the plan at any time.

The choice counselor or State will record the plan change/disenrollment reason for all recipients who request such a change. The State or the state's designee will be responsible for processing all enrollments and disenrollments.

5. Re-enrollment. In instances of a temporary loss of Medicaid eligibility, which the State is defining as six months or less, the State will re-enroll demonstration enrollees in the same capitated managed care plan or FFS PSN they were enrolled in prior to the temporary loss of eligibility unless enrollment into the entity has been suspended. The individual will have the same change/disenrollment period without cause as upon initial enrollment.

C. Information and Choice

1. Enrollee Choice: The State assures CMS that it will comply with section 1932(a)(3) and 42 CFR 438.52, relating to choice since at least two options will be available in all MMA regions. The State will operate the choice counseling program in accordance with STCs #54-58 of the waiver.

2. Enrollee Information: The Agency's designated contractor will ensure that enrollees are provided with full and complete information about their plan options. The Agency's designated contractor will provide information regarding an individual's choice to select a plan.

Through the designated contractor, the Agency offers an extensive enrollee education and rating system so individuals will fully understand their choices and be able to make an informed selection. Outcomes important to enrollees will be measured consistently for each plan, and the data will be made available publicly.

Enrollment materials have been provided in a variety of ways including the internet, print, telephone, and face-to-face. All written materials are written at the fourth-grade reading level and available in a language other than English when five percent of the county speaks a language other than English. The Agency will ensure to provide oral interpretation services, regardless of the language, and other services for impaired recipients, such as TTD/TTY, without charge to the enrollee as needed. The call center will be operational during business days, with extended hours and will be staffed with professionals qualified to address the needs of the enrollees and potential enrollees.

The State assures CMS that it will provide information in accordance with Section 1932(a)(5) of the SSA and 42 CFR 438.10, Information Requirements.

The Agency or the Agency's designated contractor will retain responsibility for all enrollment and disenrollment activities into the plans.

D. Benefits

1. Customized Benefit Packages: Currently, none of the MMA plans have chosen to offer Customized Benefits Packages and chose to provide all State Plan services as well as Expanded Benefits. Customized benefits are described in STCs #26 - #31 of the waiver. The STCs of the MMA Waiver can be found on the Agency's Web site.

2. Expanded Benefits under MMA program: Expanded benefits are those services or benefits not otherwise covered in the MMA program's list of required services, or that exceed limits outlined in the Florida Medicaid State plan and the Florida Medicaid Coverage and Limitations Handbooks and the Florida Medicaid Fee Schedules. The plans may offer expanded benefits in addition to the required services listed in the MMA Exhibit for MMA plans and Comprehensive LTC plans, and the LTC Exhibit for Comprehensive LTC plans and LTC plans, upon approval by the State. The plans may request changes to expanded benefits on a contract year basis, and any changes must be approved in writing by the State. Table 4 provides a list of the expanded benefits approved by the Agency that are being offered by the MMA standard plans and the MMA specialty plans in 2016.

Table 4
Expanded Benefits

	Standard Plans											Specialty Plans					
	Amerigroup	Better Health	Coventry	Humana	Molina	Prestige	Community Care Network	Simply	Staywell	Sunshine	United	CMSN	Magellan	Freedom	Sunshine	Clear Health Alliance	Positive Health
Adult dental services	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Adult hearing services	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y				Y	Y	Y
Adult vision services	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Art therapy	Y			Y	Y				Y	Y					Y		
Equine therapy									Y								Y
Home health care for non-pregnant adults	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	
Influenza vaccine	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Medically related lodging & food		Y	Y	Y	Y	Y	Y	Y	Y	Y			Y		Y	Y	Y
Newborn circumcisions	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Nutritional counseling	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y			Y		Y	Y	
Outpatient hospital services	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y

Over the counter medication	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y		Y		Y	Y	Y
Pet therapy				Y	Y				Y								
Physician home visits	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y				Y	Y	
Pneumonia vaccine	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Post-discharge meals	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y		Y		Y	Y	
Prenatal/perinatal visits	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Primary care visits for non-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Shingles vaccine	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Waived co-payments	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Specialty Plans Only																	
Home and community-based services													Y			Y	
Intensive outpatient therapy													Y			Y	

3. Benefit Packages: In addition to the expanded benefits available under the MMA program that are listed in Tables 4 of this document, the MMA plans will provide standard benefits in accordance with the Florida Medicaid State Plan, the Florida Medicaid coverage and limitations handbooks, and the Florida Medicaid fee schedules. Table 5 provides the standard benefits that will be provided under the MMA contracts that were executed by the MMA plans.

Table 5 **MMA Plan Services**	
(1)	**Advanced Registered Nurse Practitioner**
(2)	**Ambulatory Surgical Center Services**
(3)	**Assistive Care Services**
(4)	**Behavioral Health Services**
(5)	**Birth Center and Licensed Midwife Services**
(6)	**Clinic Services**
(7)	**Chiropractic Services**
(8)	**Dental Services**
(9)	**Child Health Check Up**
(10)	**Immunizations**
(11)	**Emergency Services**
(12)	**Emergency Behavioral Health Services**
(13)	**Family Planning Services and Supplies**
(14)	**Healthy Start Services**
(15)	**Hearing Services**
(16)	**Home Health Services and Nursing Care**
(17)	**Hospice Services**
(18)	**Hospital Services**
(19)	**Laboratory and Imaging Services**
(20)	**Medical Supplies, Equipment, Protheses and Orthoses**
(21)	**Optometric and Vision Services**
(22)	**Physician Assistant Services**

(23)	**Podiatric Services**
(24)	**Practitioner Services**
(25)	**Prescribed Drug Services**
(26)	**Renal Dialysis Services**
(27)	**Therapy Services**
(28)	**Transportation Services**

E. Cost Sharing

1. **Premiums and Co-Payments**. The State must pre-approve all cost-sharing allowed by MMA plans. Cost-sharing must be consistent with the State plan except that managed care plans may elect to assess cost-sharing that is less than what is allowed under the State plan.

2. **Healthy Behaviors Programs Under the MMA Program**: Through its procurement process, the State must require the managed care plans operating in the MMA program counties to establish Healthy Behaviors programs to encourage and reward healthy behaviors. For Medicare and Medicaid recipients who are enrolled in both an MMA plan and a Medicare Advantage plan, the MMA plan must coordinate their Healthy Behaviors programs with the Medicare Advantage plan to ensure proper coordination.

    a. The State must monitor to ensure that each plan has, at a minimum, a medically approved smoking cessation program, a medically directed weight loss program, an alcohol or substance abuse treatment program that meet all State requirements.

    b. Programs administered by plans must comply with all applicable laws, including fraud and abuse laws that fall within the purview of the United States Department of Health and Human Services, Office of Inspector General (OIG). Plans are encouraged to seek an advisory opinion from OIG once the specifics of their Healthy Behaviors programs are determined**.**

3. **Additional Programs:** The Healthy Start program, the Program for All Inclusive Care for Children and the Comprehensive Hemophilia Program are new programs added to this demonstration. They were previously authorized under Florida's Section 1915(b) Medicaid Managed Care Waiver.

F. Health Care Delivery System

1. MMA Program: The MMA program operates statewide and is guided by principles designed to improve coordination and patient care while fostering fiscal responsibility. Mandatory recipients are required to participate in the MMA program to receive their health care services.

The program ensures individual choice, increased access, improved quality, efficiency and fiscal integrity while stabilizing cost. The program is an integrated model that manages all care. The plans are required to use the State's preferred drug list.

2. Regions: Florida law established 11 regions within the State of Florida for the MMA program, and outlines the number of plans authorized to provide services in each region. Table 6 provides a list of the counties by the 11 regions.

Table 6 Regions for the MMA Program	
Region	**Counties**
Region 1:	Escambia, Okaloosa, Santa Rosa and Walton
Region 2:	Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla and Washington
Region 3:	Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee and Union
Region 4:	Baker, Clay, Duval, Flagler, Nassau, St. Johns and Volusia
Region 5:	Pasco and Pinellas
Region 6:	Hardee, Highlands, Hillsborough, Manatee and Polk
Region 7:	Brevard, Orange, Osceola and Seminole
Region 8:	Charlotte, Collier, DeSoto, Glades, Hendry, Lee and Sarasota
Region 9:	Indian River, Martin, Okeechobee, Palm Beach and St. Lucie
Region 10:	Broward
Region 11:	Miami-Dade and Monroe

3. MMA Plans: Table 7 provides a listing of contracted MMA plans.

Table 7 MMA Plans	
Plan Type	**Plan Name**
Standard Plans	**Better Health** **Florida True Health, d/b/a/ Prestige Health Choice** **Simply** **Staywell** **South Florida Community Care Network**
Specialty Plans Plans contracted to provide services to a targeted population	**Children's Medical Services Plan** **Clear Health Alliance** **Freedom Health** **Magellan Complete Care** **Positive Health Care**
Comprehensive Plan Plans also contracted to provide LTC services under the 1915(b)(c) Long-term Care Waiver.	**Amerigroup Florida** **Coventry** **Humana Medical Plan** **Molina** **United Healthcare**

Comprehensive & Specialty Plan This MMA plan is also contracted as a LTC & specialty plan providing services to a targeted population and LTC services under the 1915(b)(c) Long-term Care Waiver.	**Sunshine Health**

4. Number of Plans per Region: Florida law specified a minimum and maximum number of plans, along with the requirement that, of the total contracts awarded per region, at least one plan shall be a provider service network (PSN) if any PSNs submit a responsive bid. As noted in Table 8, there is a minimum of two plan choices in each of the 11 regions.

Table 8
MMA Plans by Region

	REGION										
MMA Plan Name	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
Standard Plans											
Amerigroup Florida, Inc.					X	X	X				X
Better Health, LLC – PSN						X				X	
Coventry Health Care of Florida, Inc.											X
Humana Medical Plan, Inc.	X					X			X	X	X
Molina Healthcare of Florida	X			X		X	X	X	X		X
Prestige Health Choice – PSN		X	X		X	X	X	X	X		X
Simply Healthcare Plans, Inc.											X
Community Care Plan										X	
Sunshine State Health Plan, Inc.			X	X	X	X	X	X	X	X	X
UnitedHealthcare of Florida, Inc.			X	X			X				X
Wellcare of Florida, Inc. d/b/a Staywell Health Plan of Florida		X	X	X	X	X	X	X			X
Specialty Plans											
AHF MCO of Florida, Inc. d/b/a Positive Healthcare Florida HIV/AIDS Specialty Plan										X	X
Florida MHS, Inc. d/b/a Magellan Complete Care Serious Mental Illness Specialty Plan		X		X	X	X	X		X	X	X
Freedom Health, Inc. Chronic Conditions/Duals Specialty Plan			X		X	X	X	X	X	X	X
Simply Healthcare Plans, Inc. d/b/a Clear Health Alliance HIV/AIDS Specialty Plan	X	X	X		X	X	X	X	X	X	X
Sunshine State Health Plan, Inc. Child Welfare Specialty Plan	X	X	X	X	X	X	X	X	X	X	X
Children's Medical Services Children with Chronic Conditions Specialty Plan	X	X	X	X	X	X	X	X	X	X	X

5. Specialty plans are designed for a specific population such as, plans that primarily serve children with chronic conditions or recipients who have been diagnosed with the human immunodeficiency virus or acquired immunodeficiency syndrome (HIV/AIDS).

IV. Budget Neutrality

The State is required to provide an estimate of the expected increase or decrease in annual enrollment, and in annual aggregate expenditures, including historic enrollment or budgetary data, if applicable. This includes a financial analysis of any changes to the demonstration requested by the State in its amendment request.

The Agency is implementing a pilot program in MMA regions 5 and 7 to provide additional behavioral health reform waiver services. These services will be targeted to members 21 and older that have a SMI, SUD, or co-occurring SMI/SUD diagnosis.

The Agency contracted with Milliman to calculate the per-user per-month cost. Milliman based the cost on data provided to them by the Florida Department of Children and Families. To ensure the pilot program does not exceed the allocated funds, the program has been capped at 42,500 member months.

Demonstration Year 11 State Fiscal Year 16/17	
Total Expenditures	$9,262,625
Participants Member Months	42,500
Cost per member	$218.65

V. Quality Initiatives

A comprehensive description of the State's quality initiatives can be found in Section VI of the waiver extension. The State is measuring plan performance by requiring the MMA plans to collect and report the following performance measures, certified via qualified auditor. Table 9 lists the MMA plan performance measures by measure steward/source. Performance measure reporting is based on all enrolled members (or a random sample of them) who meet the eligibility criteria for each performance measure, so if enrollees in the (proposed) newly added populations meet the eligibility criteria for a measure, they will be included in the performance measure calculation.

Table 9 HEDIS Plan Measures	
1	Adolescent Well Care Visits - (AWC)
2	Adults' Access to Preventive/Ambulatory Health Services - (AAP)
3	Annual Dental Visits - (ADV)
4	Antidepressant Medication Management - (AMM)
5	BMI Assessment – (ABA)
6	Breast Cancer Screening – (BCS)
7	Cervical Cancer Screening – (CCS)
8	Childhood Immunization Status – (CIS) – Combo 2 and 3
9	Comprehensive Diabetes Care – (CDC) · Hemoglobin A1c (HbA1c) testing · HbA1c poor control · HbA1c control (<8%) · Eye exam (retinal) performed · LDL-C screening · LDL-C control (<100 mg/dL) · Medical attention for nephropathy
10	Controlling High Blood Pressure – (CBP)
11	Follow-up Care for Children Prescribed ADHD Medication – (ADD)
12	Immunizations for Adolescents – (IMA)
13	Chlamydia Screening for Women – (CHL)
14	Prenatal and Postpartum Care – (PPC)
15	Use of Appropriate Medications for People With Asthma – (ASM)
16	Well-Child Visits in the First 15 Months of Life – (W15)
17	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life(W34)
18	Children and Adolescents' Access to Primary Care - (CAP)
19	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
20	Ambulatory Care - (AMB)
21	Lead Screening in Children – (LSC)
22	Annual Monitoring for Patients on Persistent Medications (MPM)
23	Plan All-Cause Readmissions (PCR)
Agency-Defined	
1	Mental Health Readmission Rate – (RER)
2	Transportation Timeliness (TRT)
3	Transportation Availability (TRA)

Table 9 HEDIS Plan Measures	
4	Dental Treatment Services (TDENT)
HEDIS & Agency-Defined	
1	Follow-Up after Hospitalization for Mental Illness – (FHM)
2	Prenatal Care Frequency (PCF)
Health Resources and Services Administration – HIV/AIDS Bureau	
1	CD4 Cell Count (CD4)
2	Viral Load Monitoring (VLM)
3	Antiretroviral Therapy (ART)
4	Viral Load Suppression (VLS)
CHIPRA Child Core Set/Child Health Check Up Report (CMS-416)	
1	Preventive Dental Services (PDENT)
2	Sealants (SEA)
CMS Adult Medicaid Core Set/Joint Commission	
1	Antenatal Steroids (ANT)
CAHPS Health Plan Survey	
1	Medical Assistance with Smoking and Tobacco Use Cessation

The MMA plans that serve children only (Child Welfare Specialty Plan and Children's Medical Services Plan) are not required to report on performance measures specific to adults. However, these plans are required to report on additional children's measures listed in Table 10.

Table 10 CHIPRA Child Core Set	
1	HPV Vaccine for Female Adolescents – (HPV)
2	Medication Management for People with Asthma – (MMA)
3	Developmental Screening in the First Three Years of Life – (DEVSCR)
AHRQ-CMS CHIPRA National Collaboration for Innovation in Quality Measurement (NCINQ)	
1	Children on Higher than Recommended Doses of Antipsychotics (HRDPSY)
2	Use of Antipsychotics in Very Young Children (PSYVYC)
3	Use of Multiple Concurrent Antipsychotics in Children (CONPSY)

VI. Evaluation Status and Findings

The status and findings of the evaluation for the entire demonstration are provided in Section VII of the waiver extension. The Agency is working with CMS to make any needed updates to the evaluation design, comprehensive quality strategy or the oversight, monitoring and measurement of the provisions previously outlined in the MMA Waiver extension document.

Evaluation Design - Amendment

The current evaluation design of the demonstration includes research questions that sufficiently analyze the effect of managed care on access to care under this demonstration. The evaluation of additional behavioral health services and supportive housing assistance services for persons with serious mental illness or substance use disorder covered through this amendment will be included in the analyses of enrollees' access to services. Therefore, this amendment will not affect the approved MMA evaluation design.

VII. Waiver and Expenditure Authorities

The State is requesting changes to the current waiver authorities and expenditure authorities authorized October 12, 2016. The State is requesting Cost Not Otherwise Matchable authority for the services provided related to this pilot program. The current approved STCs of the MMA waiver can be found on the Agency's Web site.

Appendix A is the Waiver Authorities document and Appendix B is the Expenditure Authorities document of the MMA Waiver as approved by CMS October 12, 2016.

Appendix A
Letters to Miccosukee and Seminole Tribes

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 23, 2016

Ms. Cassandra Osceola
Health Director
Miccosukee Tribe of Florida
P.O. Box 440021, Tamiami Station
Miami, FL 33144

Dear Ms. Osceola:

This letter is being sent to notify the Miccosukee Tribe of Florida that the State of Florida plans to submit an amendment to Florida's 1115 Managed Medical Assistance (MMA) Waiver to the Centers for Medicare and Medicaid Services (CMS), as a result of changes in the law passed during the 2016 Legislative session. The State was directed to seek federal approval to pay for flexible services for persons with severe mental illness or substance use disorders, including, but not limited to, temporary housing assistance. Payments may be made as enhanced capitation rates or incentive payments to managed care plans that meet the requirements of section 409.968(4), Florida Statutes.

A full description of the proposed amendment is located on the Agency for Health Care Administration's (Agency) Web site at the following link:

http://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/federal_authorities/federal_waivers/mma_fed_auth_amend_waiver_2016-06.shtml

The Agency will conduct a 30-day public notice and comment period prior to the submission of the proposed amendment request to CMS. The 30-day public notice and public comment period will be held June 22, 2016 through July 22, 2016. The Agency has scheduled two public meetings to solicit meaningful input on the proposed waiver amendment from the public. The meetings will be held in:

- largo, Florida on July 5, 2016, 2:00 p.m. – 3:00 p.m. at the Mary Grizzle Building, 11351 Ulmerton Road, Largo, FL 33778. To participate by phone, please call 1 877 299.4502, and enter the participant passcode: 985 653 67#
- Orlando, Florida on July 6, 2016, 10:30 a.m. – 11:30 a.m. at the Agency, 400 W. Robinson St, Suite S309, Conference Room 309, Orlando, FL 32801, please call 1 877 809 7263 and enter the participant passcode: 835 393 65#.

If you have any questions about this amendment or would like to hold a call please contact Heather Morrison of my staff via email at Heather.Morrison@ahca.myflorida.com or by phone at (850) 412-4034.

Sincerely,

/s/

Justin M. Senior
Deputy Secretary for Medicaid

JMS/hm

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 23, 2016

Ms. Connie Whidden, MSW
Health Director
Seminole Tribe of Florida
3006 Josie Billie Avenue
Hollywood, FL 33024

Dear Ms. Whidden:

This letter is being sent to notify the Seminole Tribe of Florida that the State of Florida plans to submit an amendment to Florida's 1115 Managed Medical Assistance (MMA), as a result of changes in the law passed during the 2016 Legislative session. The State was directed to seek federal approval to pay for flexible services for persons with severe mental illness or substance use disorders, including, but not limited to, temporary housing assistance. Payments may be made as enhanced capitation rates or incentive payments to managed care plans that meet the requirements of section 409.968(4), Florida Statutes.

A full description of the proposed amendment is located on the Agency for Health Care Administrations (Agency) Web site at the following link:

http://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/federal_authorities/federal_waivers/mma_fed_auth_amend_waiver_2016-06.shtml

The Agency will conduct a 30-day public notice and comment period prior to the submission of the proposed amendment request to CMS. The 30-day public notice and public comment period will be held June 22, 2016 through July 22, 2016. The Agency has scheduled two public meetings to solicit meaningful input on the proposed waiver amendment from the public. The meetings will be held in:

- Largo, Florida on July 5, 2016, 2:00 p.m. – 3:00 p.m. at the Mary Grizzle Building, 11351 Ulmerton Road, Largo, FL 33778. To participate by phone, please call 1 877 299.4502, and enter the participant passcode: 985 653 67#
- Orlando, Florida on July 6, 2016, 10:30 a.m. – 11:30 a.m. at the Agency, 400 W. Robinson St, Suite S309, Conference Room 309, Orlando, FL 32801, please call 1 877 809 7263 and enter the participant passcode: 835 393 65#.

If you have any questions about this amendment or would like to hold a call please contact Heather Morrison of my staff via email at Heather.Morrison@ahca.myflorida.com or by phone at (850) 412-4034.

Sincerely,

/s/

Justin M. Senior
Deputy Secretary for Medicaid

JMS/hm

Appendix B
FAR Notice

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

The Agency for Health Care Administration (Agency) announces public meetings to which all persons are invited.

DATES AND TIMES:

July 5, 2016, 2:00 p.m. – 3:00 p.m.

July 6, 2016, 10:30 a.m. – 11:30 a.m.

PLACES:

July 5, 2016, 2:00 p.m. – 3:00 p.m.: Mary Grizzle Building, 11351 Ulmerton Road, Largo, FL 33778. To participate by phone, please call 1 877 299 4502, and enter the participant passcode: 985 653 67#

July 6, 2016, 10:30 a.m. – 11:30 a.m.: Agency for Health Care Administration, 400 W. Robinson St, Suite S309, Conference Room S309, Orlando, FL 32801. To participate by phone, please call 1 877 809 7263 and enter the participant passcode: 835 393 65#

GENERAL SUBJECT MATTER TO BE CONSIDERED: Proposed Amendment to Florida's 1115 Managed Medical Assistance (MMA) Waiver

SUMMARY DESCRIPTION OF PROPOSED AMENDMENT: The State is seeking federal authority to amend Florida's 1115 Managed Medical Assistance (MMA) Waiver (Project Number 11-W-002064) as a result of changes in the law passed during the 2016 Legislative session. The State was directed to seek federal approval to pay for flexible services for persons with severe mental illness or substance use disorders, including, but not limited to, temporary housing assistance. Payments may be made as enhanced capitation rates or incentive payments to managed care plans that meet the requirements of section 409.968(4), Florida Statutes.

The State is submitting this amendment to implement a pilot program for housing assistance in region 5 and 7 of the State. The Pilot program would provide additional behavioral health services and supportive housing assistance services for persons aged 21 an older with serious mental illness (SMI), substance use disorder (SUD) or SMI with co-occurring SUD, who are homeless or at risk of homelessness due to their disability.

To view the full description of the proposed amendment request please see the public notice document published on the Agency's website at the following link:

http://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/federal_authorities/federal_waivers/mma_fed_auth_amend_waiver_2016-06.shtml

PUBLIC NOTICE AND PUBLIC COMMENT PERIOD: The Agency will conduct a 30-day public notice and comment period prior to the submission of the proposed amendment request to Federal Centers for Medicare and Medicaid Services (CMS). The Agency will consider all public comments received regarding the proposed amendment request. The 30-day public notice and public comment period is from June 22, 2016 through July 22, 2016. This public notice and public comment period is being held to solicit public input from recipients, providers and all stakeholders and interested parties on the development of the proposed amendment request to Florida's 1115 MMA Waiver.

To submit comments by postal service or Internet email, please follow the directions outlined below. When providing comments regarding the proposed amendment to the 1115 MMA Waiver please have 'Proposed Amendment to 1115 MMA Waiver' referenced in the subject line. Mail comments and suggestions to: Proposed Amendment to 1115 MMA Waiver, Office of the Deputy Secretary for Medicaid, Agency for Health Care Administration, 2727 Mahan Drive, MS 8, Tallahassee, Florida 32308. Email your comments and suggestions to FLMedicaidWaivers@ahca.myflorida.com.

A copy of the agenda may be obtained by contacting Heather Morrison at (850)412-4034 or by email, Heather.Morrison@ahca.myflorida.com

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least seven days before the workshop/meeting by contacting: Heather Morrison at (850)412-4034 or by email, Heather.Morrison@ahca.myflorida.com. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

Appendix C
Provider Alert

Dear Interested Parties:

The Agency for Health Care Administration (Agency) will host two public meetings to solicit public input on an upcoming amendment request for Florida's 1115 Managed Medical Assistance (MMA) Waiver. The State is seeking federal authority to amend Florida's 1115 Managed Medical Assistance (MMA) Waiver (Project Number 11-W-002064) as a result of changes in the law passed during the 2016 Legislative session. The State was directed to seek federal approval to pay for flexible services for persons with severe mental illness or substance use disorders, including, but not limited to, temporary housing assistance. Payments may be made as enhanced capitation rates or incentive payments to managed care plans that meet the requirements of section 409.968(4), Florida Statutes.

The State is submitting this amendment to implement a pilot program for housing assistance in region 5 and 7 of the State. The pilot program would provide additional behavioral health services and supportive housing assistance services for persons aged 21 an older with serious mental illness (SMI), substance use disorder (SUD) or SMI with co-occurring SUD, who are homeless or at risk of homelessness due to their disability.

During the meetings, the Agency will provide a description of the amendment request; and time for public comments. *Please visit:*

http://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/federal_authorities/federal_waivers/mma_fed_auth_amend_waiver_2016-06.shtml

for more information on the public meetings, information on submitting comments, and to view a comprehensive description of the waiver amendment request.

The MMA Waiver amendment meetings will take place:

Tuesday, July 5, 2016 from 2:00 p.m. – 3:00 p.m.

Mary Grizzle Building,

11351 Ulmerton Road

Largo, FL. 33778

Conference Line: 1 877 299.4502

Participant Code: 985 653 67#

Wednesday, July 6, 2016 from 10:30 a.m. – 11:30 a.m.

Agency for Health Care Administration,

400 W Robinson St, Suite S309

Conference Room S309D

Orlando, FL 32801

Conference Line: 1 877 809 7263

Participant Code: 835 393 65#

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least seven days before the workshop/meeting by contacting Heather Morrison at (850) 412-4034 or by email at Heather.Morrison@ahca.myflorida.com.

Appendix C
Provider Alert

If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1 (800) 955-8771 (TTY) or 1 (800) 955-8770 (Voice).

In addition to at the public meetings, comments can be submitted via mail or email. Comments will be accepted from June 22 - July 22, 2016.

Mail comments and suggestions to:

1115 MMA Waiver Amendment Request
Office of the Deputy Secretary for Medicaid
Agency for Health Care Administration
2727 Mahan Drive, MS #8
Tallahassee, Florida 32308

E-mail comments and suggestions to: FLMedicaidWaivers@ahca.myflorida.com with "1115 MMA Waiver Amendment Request" referenced in the subject line.

Additional information about the Statewide Medicaid Managed Care program can be accessed by visiting www.ahca.myflorida.com/SMMC. Specific information about the waiver amendment and all federal authorities sought and granted can be viewed under the *Federal Authorities* tab.

The Agency for Health Care Administration is committed to better health care for all Floridians. The Agency administers Florida's Medicaid program, licenses and regulates more than 45,000 health care facilities and 37 health maintenance organizations, and publishes health care data and statistics at www.FloridaHealthFinder.gov. Additional information about Agency initiatives is available via Facebook (AHCAFlorida), Twitter (@AHCA_FL) and YouTube (/AHCAFlorida).

Appendix D
Waiver Authorities

FLORIDA
MANAGED MEDICAL ASSISTANCE SECTION 1115
DEMONSTRATION WAIVER AUTHORITIES

NUMBER: **11-W-00206/4**

TITLE: **Managed Medical Assistance Program**

AWARDEE: **Agency for Health Care Administration**

All requirements of the Medicaid program expressed in law, regulation and policy statement, not expressly waived in this list, shall apply to the demonstration project.

The following waivers are granted under the authority of section 1115(a)(1) of the Social Security Act (Act) and shall enable the State to implement the Florida Managed Medical Assistance Program section 1115 demonstration (formerly titled Medicaid Reform) consistent with the approved Special Terms and Conditions (STCs). The State acknowledges that it has not asked for, nor has it received, a waiver to Section 1902(a)(2). These waivers are effective beginning July 31, 2014, through June 30, 2017.

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) and 1902(a)(17)**

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, as long as the benefit package meets certain actuarial benefit equivalency and benefit sufficiency requirements. This waiver does not permit limitation of family planning benefits.

3. Freedom of Choice **Section 1902(a)(23)(A)**

To enable Florida to require mandatory enrollment into managed care plans with restricted networks of providers. This does not authorize restricting freedom of choice of family planning providers.

EXPENDITURE AUTHORITIES FOR
FLORIDA'S
MANAGED MEDICAL ASSISTANCE SECTION 1115
DEMONSTRATION

NUMBER: **11-W-00206/4**

TITLE: **Managed Medical Assistance Program**

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 of the Act, shall, for the period of this demonstration from July
31, 2014, through June 30, 2017, be regarded as expenditures under the state's Title XIX plan.

The following expenditure authorities shall enable Florida to operate the Florida Managed Medical Assistance program section 1115 demonstration (formerly titled Medicaid Reform). The authorities also promote the objectives of title XIX in the following ways:

- Expenditure Authorities 1 and 3 promote the objectives of title XIX by improving health outcomes for Medicaid and other low-income populations in the state; and
- Expenditure Authority 2 promotes the objectives of title XIX by increasing access to, stabilizing, and strengthening providers to serve uninsured, low-income populations in the state

1. Expenditures for payments to managed care organizations, in which individuals who regain Medicaid eligibility within six months of losing it may be re-enrolled automatically into the last plan in which they were enrolled, notwithstanding the limits on automatic re-enrollment defined in section 1903(m)(2)(H) of the Act.

2. For demonstration year 10, through June 30, 2016—and demonstration year 11, July 1, 2016 through June 30, 2017—expenditures made by Florida for uncompensated care costs incurred by providers for health care services for the uninsured and or underinsured, subject to the restrictions placed on the Low Income Pool, as defined in the STCs.

3. Expenditures for the Program for All Inclusive Care for Children services and the Healthy Start program as previously approved under the 1915(b) waiver (control #FL-01) and as described in STCs 64 and 65.

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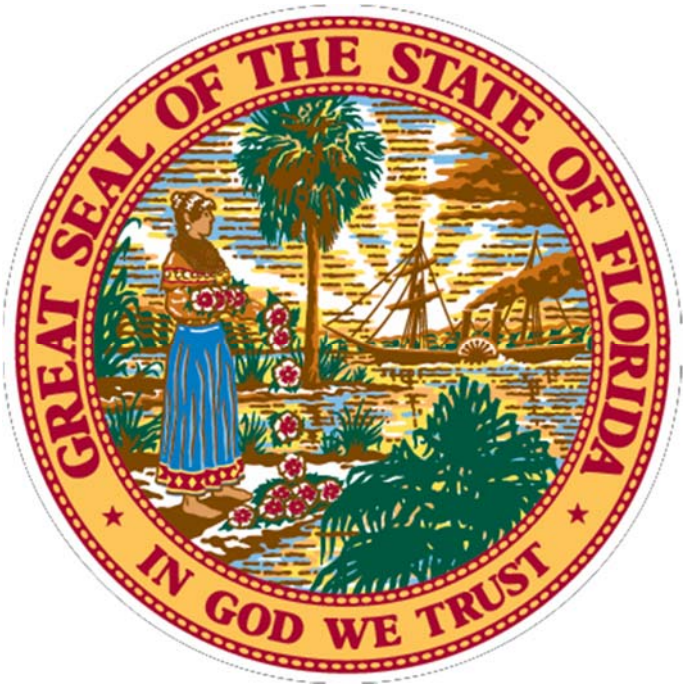

State of Florida
Rick Scott, Governor

Agency for Health Care Administration
Justin M. Senior, Interim Secretary

2727 Mahan Drive
Tallahassee, FL 32308
ahca.myflorida.com

Mission Statement
Better Healthcare for All Floridians.