

**Proposal for a Section 1915(b) Waiver
MCO, PIHP, PAHP, and/or PCCM Program**

Facesheet

Please fill in and submit this Facesheet with each waiver proposal, renewal, or amendment request.

The **State of Florida** requests a waiver renewal under the authority of section 1915(b) of the Social Security Act. The Medicaid agency will directly operate the waiver.

The **name of the waiver program** is the "Florida Long-Term Care (LTC) Managed Care Program" (Please list each program name if the waiver authorizes more than one program)

Type of request.

Initial request for new waiver

Amendment request for existing waiver, which modifies Section/Part

Replacement pages are attached for specific Section/Part being amended.

The document is replaced in full, with changes highlighted and as noted in Summary of Changes document submitted with this amendment to phase out the waiver.

Renewal request

This is the first time the State is using this waiver format to renew an existing waiver. The full preprint (i.e. Sections A through D) is filled out.

Section A is Replaced in full

The state assures the same Program Description from the previous waiver period was used, except for technical changes.

Section B is Replaced in full

The state assures the same Monitoring Plan from the previous waiver period was used, except for technical changes.

Section C is Replaced in full

The state assures the same Monitoring Activity from the previous waiver period was used, except for technical changes.

Section D is Replaced in full

The state assures the same cost-effectiveness methodology was used from the previous waiver period for this amendment.

Effective Dates:

This waiver amendment is requested to be effective February 1, 2025 through March 31, 2027. (For beginning date for an initial or renewal request, please choose first day of a calendar quarter, if possible, or if not, the first day of a month. For an amendment, please identify the implementation date as the beginning date, and end of the waiver period as the end date)

This section 1915(b) waiver provides managed long-term care services to populations that include dual eligibles and operates concurrently with a section 1915(c) waiver.

State Contact:

The State contact person for this waiver is **Ann Dalton.**

Ann Dalton
Chief of Medicaid Policy
Agency for Health Care Administration
2727 Mahan Drive
Tallahassee, FL 32308
(850) 412-4257
Ann.Dalton@ahca.myflorida.com

Section A: Program Description

Part 1: Program Overview

Tribal consultation

For initial and renewal waiver requests, please describe the efforts the State has made to ensure Federally recognized tribes in the State are aware of and have had the opportunity to comment on this waiver proposal.

The State notified the two Tribal Organizations in the State of Florida. See **Attachment I** for tribal correspondence, e-mailed on November 26, 2024. This notification provides the Tribal Organizations with an opportunity to obtain additional information on Florida's Long-Term Care (LTC) program or to provide comments regarding the amendment of the LTC Waiver. This is consistent with the State of Florida's approved tribal consultation SPA #2010-011.

Program History

For renewal waivers, please provide a brief history of the program(s) authorized under the waiver. Include implementation date and major milestones (phase-in timeframe; new populations added; major new features of existing program; new programs added).

In 2011, the Florida Legislature created Part IV, Medicaid Managed Care, in Chapter 409, Florida Statutes (F.S.), to implement a Statewide Medicaid Managed Care (SMMC) program. The SMMC program is separated into two components, the Managed Medical Assistance (MMA) program and the Long-term Care (LTC) managed care program. Section 409.978, F.S, directed the Agency for Health Care Administration (AHCA) to develop a Long-term Care program for Florida Medicaid recipients who meet financial eligibility requirements and are (a) age 65 years or older, or (b) age 18 years or older and eligible for Florida Medicaid by reason of a disability, and (c) determined to require nursing facility level of care. The State requested 1915(b)/(c) Waiver authority to implement the LTC program. The 1915(b)/(c) Waiver authority allows the State to require eligible Florida Medicaid recipients to receive nursing facility, hospice, and home and community-based services (HCBS) through managed care plans. The State received federal approval from the Centers for Medicare & Medicaid Services (CMS) on February 1, 2013 for Florida's 1915(b)/(c) Long-term Care Waiver to begin on July 1, 2013.

The State selects LTC plans through a competitive procurement process. Nursing facility level of care is determined by the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Bureau. Medicaid recipients eligible for the Florida LTC managed care program have a choice of plans and may select any plan available in their region. The State is divided into eleven regions, each of which is required to have a specified number of LTC plans.

The State transitioned recipients into the LTC program beginning August 2013 through March 2014. The Agency, together with DOEA, monitored plan performance, measure quality of service delivery, identifies and remediates any issues, and facilitates working relationships between LTC plans and providers. Through these efforts, the State provides incentives to serve recipients in the least restrictive setting and eligible recipients receive improved access to care and quality of care.

Florida finalized program contracts in June 2013 and submitted the documents to the Centers for

- Managed Medical Assistance Plans: Provides MMA services to eligible recipients. This plan type cannot provide services to recipients who are eligible for LTC services.
- Specialty Plans: Provides MMA services to eligible recipients who qualify as a member to a specialty population.
- Dental Plans: Provides preventive and therapeutic dental services to all recipients in managed care and all fully eligible fee-for-service individuals.

In the next phase of the program, contracts were extended until January 31, 2025, to allow for the second reprocurement of managed care contracts for the SMMC program. The Agency posted an invitation to negotiate for the Statewide Medicaid Managed Care (SMMC) program on April 11, 2023. On April 12, 2024, the Agency announced its intent to award contracts as a result of the SMMC procurement. Nine health plans were awarded contracts, which were executed in anticipation of services beginning on February 1, 2025. Additionally, the 11 numeric regions were updated to nine alphabetic regions.

The Agency is placing emphasis on a plan structure that puts Florida families, seniors, and adults with disabilities first, featuring the benefits of a one-stop plan that can serve the whole family. The Agency has designed a "Plus" plan structure to allow all family members to receive their services from a single plan providing Managed Medical Assistance, Long-term Care, and Specialty benefits. Enrollees will no longer need to change plans to access Specialty population services, split family members among multiple plans, or choose between accessing Specialty product benefits or LTC benefits.

1. Waiver Authority.

The State's waiver program is authorized under section 1915(b) of the Act, which permits the Secretary to waive provisions of section 1902 for certain purposes. Specifically, the State is relying upon authority provided in the following subsection(s) of the section 1915(b) of the Act (if more than one program authorized by this waiver, please list applicable programs below each relevant authority):

- 1915(b)(1) - The State requires enrollees to obtain medical care through a primary care case management (PCCM) system or specialty physician services arrangements. This includes mandatory capitated programs.
- 1915(b)(2)- A locality will act as a central broker (agent, facilitator, negotiator) in assisting eligible individuals in choosing among PCCMs or competing MCOs/PIHPs/PAHPs in order to provide enrollees with more information about the range of health care options open to them.
- 1915(b)(3) -The State will share cost savings resulting from the use of more cost-effective medical care with enrollees by providing them with additional services. The savings must be expended for the benefit of the Medicaid beneficiary enrolled in the waiver. Note: this can only be requested in conjunction with section 1915(b)(1) or (b)(4) authority.
- 1915(b)(4) -The State requires enrollees to obtain services only from specified providers who undertake to provide such services and meet reimbursement, quality, and utilization standards which are consistent with access, quality, and efficient and economic provision of covered care and services. The State assures it will comply with 42 CFR 431.55(f).

The 1915(b)(4) waiver applies to the following programs:

- MCO
- PIHP

B. Details

The State will provide enrollees with the following choices (please replicate for each program in waiver):

Two or more MCOs

Two or more primary care providers within one PCCM system. A PCCM or one or more MCOs

Two or more PIHPs.

Two or more PAHPs.

Other: (please describe)

In each of the nine geographic regions of the State, enrollees have a choice of at least two MCOs. The State contracts with four to nine MCOs in each region, depending on the size of the region and qualifications of the interested plans.

C. Rural Exception

The State seeks an exception for rural area residents under section 1932(a)(3)(B) of the Act and 42 CFR 438.52(b), and assures CMS that it will meet the requirements in that regulation, including choice of physicians or case managers, and ability to go out of network in specified circumstances. The State will use the rural exception in the following areas ("rural area" must be defined as any area other than an "urban area" as defined in 42 CFR 412.62(f)(l)(ii)).

D. 1915(b)(4) Selective Contracting

Beneficiaries will be limited to a single provider in their service area (please define service area).

Beneficiaries will be given a choice of providers in their service area.

D. Geographic Areas Served by the Waiver

1. General.

Please indicate the area of the State where the waiver program will be implemented. (If the waiver authorizes more than one program, please list applicable programs below item(s) the State checks.

Statewide -- all counties, zip codes, or regions of the State

Less than Statewide

2. Details.

Regardless of whether item 1 or 2 is checked above, please list in the chart below the areas (i.e., cities, counties, and/or regions) and the name and type of entity or program (MCO, PIHP, PAHP, HIO, PCCM or other entity) with which the State will contract.

Region	County	Type of Program (PCCM, MCO, PIHP, or PAHP)	Name of Entity (for MCO, PIHP, PAHP)*
Region A	Escambia, Santa Rosa, Walton, and Okaloosa, Holmes, Washington, Jackson, Leon, Gadsden, Liberty, Calhoun, Franklin Wakulla, Jefferson, Madison, Gulf, Bay, and Taylor	MCO	<ul style="list-style-type: none"> Humana Medical Plan Sunshine State Health Plan Inc. Florida Community Care Simply Healthcare Plan
Region B	Hamilton, Suwannee, Columbia, Union, Gilchrist, Alachua, Marion, Lake, Sumter, Levy, Dixie, Lafayette, Bradford, Citrus, Hernando, and Putnam, Baker, Nassau, Duval, Flagler, Clay, St. Johns, and Volusia.	MCO	<ul style="list-style-type: none"> Humana Medical Plan Sunshine State Health Plan Inc. Florida Community Care Simply Healthcare Plan United Health Care
Region C	Pinellas and Pasco	MCO	<ul style="list-style-type: none"> Humana Medical Plan Sunshine State Health Plan Inc. Florida Community Care Simply Healthcare Plan
Region D	Hillsborough, Manatee, Polk, Hardee, and Highlands	MCO	<ul style="list-style-type: none"> Humana Medical Plan Sunshine State Health Plan Inc. Florida Community Care Simply Healthcare Plan United Healthcare of Florida, Inc. Aetna Better Health
Region E	Orange, Osceola, Brevard, and Seminole	MCO	<ul style="list-style-type: none"> Humana Medical Plan Sunshine State Health Plan Inc. Florida Community Care Simply Healthcare Plan Aetna Better Health Community Care Plan
Region F	Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota	MCO	<ul style="list-style-type: none"> Humana Medical Plan Sunshine State Health Plan Inc. Florida Community Care Simply Healthcare Plan Community Care Plan
Region G	Okeechobee, Indian River, St. Lucie, Martin and Palm Beach	MCO	<ul style="list-style-type: none"> Humana Medical Plan Sunshine State Health Plan Inc. Florida Community Care Simply Healthcare Plan Community Care Plan
Region H	Broward	MCO	<ul style="list-style-type: none"> Humana Medical Plan Sunshine State Health Plan Inc. Florida Community Care Simply Healthcare Plan Community Care Plan
Region I	Miami-Dade and Monroe	MCO	<ul style="list-style-type: none"> Humana Medical Plan Sunshine State Health Plan Inc. Florida Community Care Simply Healthcare Plan United Healthcare of Florida, Inc. Aetna Better Health Community Care Plan Molina Healthcare

b. X Enrollee Information

The State has designated the following as responsible for providing required information to enrollees:

 the State

X State contractor (please specify): *Automated Health Systems*

 the MCO/PIHP/PAHP/PCCM/FFS selective contracting providers.

C. Enrollment and Disenrollment

1. Assurances.

X The State assures CMS that it complies with section 1932(a)(4) of the Act and 42 CFR 438.56 Disenrollment; in so far as these regulations are applicable.

 The State seeks a waiver of section 1902(a)(4) of the Act, to waive one or more of more of the regulatory requirements listed above for PIHP or PAHP programs. Please identify each regulatory requirement for which a waiver is requested, the managed care program(s) to which the waiver will apply, and what the State proposes as an alternative requirement, if any. (Please check this item if the State has requested a waiver of the choice of plan requirements in section A.I.C)

X The CMS Regional Office has reviewed and approved the MCO, PIHP, PAHP, or PCCM contracts for compliance with the provisions of section 1932(a)(4) of the Act and 42 CFR 438.56 Disenrollment requirements. If this is an initial waiver, the State assures that contracts that comply with these provisions will be submitted to the CMS Regional Office for approval prior to enrollment of beneficiaries in the MCO, PIHP, PAHP, or PCCM.

This is a proposal for a 1915(b)(4) FFS Selective Contracting Program only and the managed care regulations do not apply.

2. Details.

Please describe the State's enrollment process for MCOs/PIHPs/PAHP/PCCMs and FFS selective contracting provider by checking the applicable items below.

- a. X Outreach. The State conducts outreach to inform potential enrollees, providers, and other interested parties of the managed care program. Please describe the outreach process, and specify any special efforts made to reach and provide information to special populations included in the waiver program:

The State of Florida conducted public information sessions, including outreach to tribal organizations, about this program in each of the State's nine geographic regions. The State contracts with an independent enrollment broker to handle outreach and enrollment-related activities.

The State developed strategies to inform potential enrollees, providers, and others of the LTC Program. The outreach and education efforts helped to facilitate the transition of all affected individuals by ensuring they were informed of changes and potential impacts. The State assessed all outreach strategies to identify additional information that was needed to conduct an effective outreach

Attachment I: Tribal Letters

Miccosukee Tribe of Florida

Dear Ms. Osceola:

This email is being sent to notify the Miccosukee Tribe of Florida on the amendment requests for Florida Medicaid's 1915(b) Long-Term Care (LTC) Waiver (FL-17). The purpose of the Medicaid Long-term Care Waiver is to provide services to eligible individuals age 18 or older who need long-term services and supports, including individuals over the age of 18 with a diagnosis of cystic fibrosis, AIDS, or a traumatic brain or spinal cord injury. The Long-term Care Waiver is designed to delay or prevent institutionalization and allow waiver recipients to maintain stable health while receiving services at home and in the community. Individuals in the program may also be served in a nursing facility setting.

This amendment will include minor changes to the approved waiver to include updates to the Geographic regions from eleven numeric regions to nine alphabetic regions with their new awarded contract vendors.

Information on this waiver is available at:

https://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/federal_authorities/federal_waivers/ltc_fed_auth.s.html

If you have any questions about this amendment or would like to hold a call, please contact Jacqueline Davis via email at Jacqueline.Davis@ahca.myflorida.com or by phone at (850) 412-4255.

Sincerely,

Jacqueline
Davis

Seminole Tribe of Florida

Dear Dr. Kiswani-Barley:

This email is being sent to notify the Seminole Tribe of Florida on the amendment requests for Florida Medicaid's 1915(b) Long-Term Care (LTC) Waiver (FL-17). The purpose of the Medicaid Long-term Care Waiver is to provide services to eligible individuals age 18 or older who need long-term services and supports, including individuals over the age of 18 with a diagnosis of cystic fibrosis, AIDS, or a traumatic brain or spinal cord injury. The Long-term Care Waiver is designed to delay or prevent institutionalization and allow waiver recipients to maintain stable health while receiving services at home and in the community. Individuals in the program may also be served in a nursing facility setting.

This amendment will include minor changes to the approved waiver to include updates to the Geographic regions from eleven numeric regions to nine alphabetic regions with their new awarded contract vendors.

Information on this waiver is available at:

[https://ahca.myflorida.com/medicaid/Policy and Quality/Policy/federal authorities/federal waivers/ltc fed auth.s.html](https://ahca.myflorida.com/medicaid/Policy%20and%20Quality/Policy/federal%20authorities/federal%20waivers/ltc%20fed%20auth.s.html)

If you have any questions about this amendment or would like to hold a call, please contact Jacqueline Davis via email at Jacqueline.Davis@ahca.myflorida.com or by phone at (850) 412-4255.

Sincerely,

Jacqueline
Davis