Florida Managed Medical Assistance Waiver

Section 1115 Research and Demonstration Waiver

Amendment Request:

Statewide Medicaid Managed Care Plan Procurement

Florida Agency for Health Care Administration

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Introduction and Demonstration Overview

Florida Medicaid's Managed Medical Assistance (MMA) Section 1115 Demonstration (project numbers 11-W-00206/4 and 21-W-00069/4), allows the state to operate a comprehensive managed care program called the MMA program. Under the demonstration, most Medicaid-eligible recipients are required to enroll in an MMA managed care plan and several Medicaid populations may also voluntarily enroll in the MMA program. Applicants for Medicaid are given informed choice to select MMA plans or are auto-assigned into an MMA plan if they are mandatory for enrollment but do not choose a plan upon affirmation of eligibility. Medicaid recipients who are mandatory for enrollment have the opportunity to change their plan during a 120-day change period post-enrollment; recipients who are voluntary for enrollment may disenroll at any time. The demonstration also includes a Dental managed care program that provides state plan oral health services to children and adults. Dental managed care plans provide State Plan dental services statewide to recipients required to enroll in a dental plan.

The MMA program improves health outcomes for Florida Medicaid recipients while maintaining fiscal responsibility. This is achieved through care coordination, patient engagement in their own health care, enhancing fiscal predictability and financial management, improving access to coordinated care, and improving overall program performance.

Amendment Request Overview

The Agency for Health Care Administration (Agency) is seeking federal authority to amend its MMA Demonstration program to implement operational changes resulting from the recent re-procurement of the Managed Medical Assistance and Dental plans. These changes expand the Behavioral Health and Supportive Housing Assistance Pilot, enhance the way in which some Medicaid recipients are enrolled into the MMA program, update specialty plan descriptions, remove obsolete details relating to performance improvement projects, include an additional service in the MMA program, and shift specific services from the MMA to the Dental program. As such, the Agency is seeking Medicaid federal matching funds for non-substantive conforming changes to the MMA program associated with the recent re-procurement. Among other benefits, these changes will allow all members of a family who are enrolled in Medicaid to receive services under a single plan that provides MMA, Long-Term Care, and specialty product benefits.

Purpose, Goals, and Objectives

Statement of Purpose

The Agency is seeking to amend the MMA Demonstration to implement the below list of operational changes resulting from the recent re-procurement of the MMA and Dental plans. The below changes will be effective with the new MMA and Dental plan contracts.

- Expand the Behavioral Health and Supportive Housing Assistance Pilot from regions 5 and 7 (re-named regions C and E) to include regions A and B.

- Provide voluntary populations a choice of managed care plans upon enrollment and auto-assign if no choice is made.
- Update provisions related to specialty plans to reflect that these are now specialty products incorporated into comprehensive managed care plans rather than standalone plans.
- Remove the detailed descriptions of now-obsolete performance improvement projects listed in the Special Terms and Conditions (STCs).
- Update the budget neutrality calculations to reflect that MMA plans will now cover behavior analysis services and that dental services provided in an ambulatory surgical center or hospital will move from being the responsibility of the MMA program to the Dental program.

Goals and Objectives

The goals of the MMA Demonstration are to promote an integrated health care delivery model that:

- Incentivizes quality and efficiency.
- Improves health outcomes through care coordination and recipient engagement in their own health care.
- Improves program performance, particularly improved scores on nationally recognized quality measures (such as Health Plan Effectiveness Data and Information Set).
- Improves access to coordinated care by enrolling all Medicaid recipients in MMA and Dental plans except those specifically exempted.
- Enhances access to primary and preventive care through robust provider networks.
- Enhances fiscal predictability and financial management by converting the purchase of Florida Medicaid services to capitated, risk-adjusted, payment systems. Strict financial oversight requirements are established for MMA and Dental plans to improve fiscal and program integrity.

Description of Proposed Amendment Changes

Behavioral Health and Supportive Housing Assistance Pilot

The Behavioral Health and Supportive Housing Assistance pilot approved under the demonstration is a voluntary pilot program for Medicaid recipients that offers 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 is approved to operate in two regions of the state, Region 5 (Pasco and Pinellas counties) and Region 7 (Brevard, Orange, Osceola, and Seminole counties). The pilot is showing promising improvements in reducing inpatient and emergency department utilization and other positive outcomes for pilot enrollees. For example, in the annual report for Demonstration Year 15 (DY 15), for the period of July 1, 2020, through June 30, 2021, from one quarter to the next the percentage of participants who had hospital admissions during the prior quarter who had reduced hospital admissions during the current quarter was high, ranging from 57-65%. Also, from one quarter to the next the percentage of participants who had emergency department (ED) visits

during the prior quarter who had reduced ED visits during the current quarter was high, ranging from 50-64%. Each quarter during DY 15 there were gains in participants achieving permanent stable housing and reducing days of homelessness.

This amendment will retain the design of the pilot to ensure the integrity of the evaluation but will expand the pilot to include regions A and B.[1] These two regions encompass 41 counties in the north and central parts of the state, and they are contiguous with the existing pilot regions 5 and 7 (re-named regions C and E). This expansion will broaden the pool of Medicaid recipients who can benefit from behavioral health and supportive housing assistance services by approximately 4,773 recipients over the remaining demonstration period. This estimate may fluctuate based on recruitment strategies and plan participation. The total dollar amount allocated for the pilot is remaining the same, so there is no impact on budget neutrality.

Proposed Conforming Changes to STC 54

- ***Subparagraph c.*** *The Behavioral Health and Supportive Housing Assistance Pilot will be available in MMA regions A, B, C, ~~5~~ and ~~7~~E only. The state may institute annual enrollment limits as specified in the table below:*

- ***Subparagraph d.*** *Participating MMA Plans in the pilot program must either be a plan that provides MMA services or ~~a~~ specialty ~~plan that provides MMA services~~ products, serving individuals diagnosed with an SMI, SUD or an SMI with a co-occurring SUD, who are homeless or at risk of homelessness due to their disability, who meet enrollment requirements as stated in STC 21, and who meet all of the following requirements:*
    - *i. Provide services under the MMA program in regions A, B, C, and E ~~five and/or seven,~~*

Choice and Assignment for Voluntary Populations Enrolled in MMA

This amendment seeks to update the demonstration authority described in STC 23 for new enrollees into managed care. STC 23 currently addresses individuals who are mandated to enroll in an MMA or Dental plan and requires these individuals to receive information about MMA and Dental plan choices in their area for the purpose of selecting an authorized MMA or Dental plan. The requested change will include voluntary populations that are not currently part of the MMA assignment process, such as individuals with other creditable health care coverage (excluding Medicare) and individuals with developmental or intellectual disabilities. This change will allow for voluntary populations to choose an MMA plan when they are applying for Medicaid and, if they do not, they will be assigned to a plan using the same approach used for individuals who are mandatory for MMA enrollment. A decade of results from the demonstration show that the MMA program provides expanded benefits, strong networks, quality outcomes, and high

[1] Region A includes the following Florida counties: Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, and Washington. Region B includes the following Florida counties: Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Nassau, Putnam, St. Johns, Sumter, Suwannee, Union, and Volusia.

enrollee satisfaction, and this change will encourage additional individuals to take advantage of the program. Voluntary enrollees will retain the right to disenroll from the program or change MMA plan at any time in accordance with STC 25.

Proposed Conforming Changes to STC 23

New Enrollees. 42 CFR § 438.71 requires choice counseling as part of the beneficiary support system. At the time of their application for Medicaid, individuals who are mandated to enroll in an MMA or dental plan or who are voluntary for enrollment in an MMA or dental plan must receive information about MMA and dental plan choices in their area. They must be informed of their options in selecting an authorized MMA/dental 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, both mandated and voluntary enrollees, will be enrolled in an MMA and dental 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 an MMA/dental plan. Upon enrollment, individuals will receive information on their MMA and dental plan assignments or selection and information about all plans in their area. Individuals may actively select a plan or change their plan selection during a 120-day change/disenrollment period without cause post-enrollment. All individuals will be provided with information regarding their rights to change plans. After the 120-day change/disenrollment period, individuals who are voluntary for disenrollment may still disenroll at any time. 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, and how to access those benefits.

Specialty Plans

Specialty plans that serve targeted populations have been part of the MMA demonstration since initial approval, and they will continue under this amendment with minor modifications. A specialty plan has been defined as a plan that exclusively enrolls, or enrolls a disproportionate percentage of, special needs individuals and that has been approved by the state as a specialty plan to provide medical services. Specialty plans are designed for a target population, for example, children with chronic conditions, or recipients who have been diagnosed with HIV/AIDS. Specialty plans will now be called "specialty products," as they will be incorporated into comprehensive managed care plans rather than being allowed to be standalone plans. (One exception to this is Children's Medical Services Plan, which will remain a standalone specialty plan.) This is a benefit to beneficiaries who are eligible for a specialty product, as it allows them to access the enhanced services, networks, and care coordination of specialty products while also allowing family members to be in the same plan. Previously, if a beneficiary was enrolled in a standalone specialty plan, Medicaid-eligible family members enrolled in an MMA plan would have to enroll in a different plan.

Proposed Conforming Changes to STC 37

Specialty Products ~~Plans~~. A specialty product ~~plan~~ is defined as a part of an MMA plan that ~~exclusively enrolls, or~~ enrolls~~,~~ special needs individuals and that has been approved by the state to offer a specialty product ~~plan~~ to provide medical services. Specialty products ~~plan~~are designed for a target population, for example, children with chronic conditions, or recipients

who have been diagnosed with HIV/AIDS. Participation of specialty products ~~plans~~ will be subject to competitive procurement with the exception of the Children's Medical Services Plan, which will remain~~,~~ ~~is~~ a standalone specialty plan operated by the Florida Department of Health which is not subject to competitive procurement. ~~It is not subject to competitive procurement. and The~~ With the exception of child welfare, enrollment for specialty products and plans will not be automatic and will require enrollees to opt in to the services. Enrollees will receive written communication requiring they contact choice counseling to accept the enrollment. The aggregate enrollment of all specialty products and plans in a region may not exceed 10 percent of the demonstration enrollees of that region. The state will freeze enrollment for specialty products and plans if the aforementioned enrollment limit is reached in a region. ~~The Children's Medical Services Plan is a specialty plan operated by the Florida Department of Health. It is not subject to competitive procurement.~~

Proposed Conforming Changes to STC 38 (only the first and third paragraphs)

Paragraph 1: *The state may approve specialty products ~~plans~~ on a case-by-case basis using criteria that include appropriateness of the target population and the presence of clinical programs and/or providers with special expertise to serve that target population in the specialty products ~~plans~~ provider network. The state may not approve products ~~plans~~ that discriminate against members of the target population with greater health care needs.*

Paragraph 3: *In addition to meeting the solvency (42 CFR 438.116) and network adequacy and sufficiency (42 CFR 438.68, 438.206 and 438.207) requirements, specialty products ~~plans~~ must also meet enhanced standards developed by the state that may include but are not limited to:*

Proposed Conforming Changes to STC 39

a. HIV Specialty Products ~~Plans~~

i. *~~The state will auto-enroll Medicaid beneficiaries identified with a diagnosis of HIV or AIDS to a specialty plan, where available, if the beneficiary does not select an MMA plan. These beneficiaries may be identified with a combination of diagnosis codes on claims; HIV or AIDS prescription medications; and laboratory tests and results.~~*
ii. *The state will notify beneficiaries identified with a diagnosis of HIV or AIDS in writing ~~that the beneficiary must select~~ of their option to enroll in ~~an MMA plan or the beneficiary will be auto-assigned to~~ a specialty product, if available, in his or her region. The notification will provide the beneficiary with information regarding the benefits of enrolling in a specialty product ~~plan~~. The enrollee will have 120-day period following enrollment to change plans or disenroll without cause. These beneficiaries may be identified with a combination of diagnosis codes on claims; HIV or AIDS prescription medications; and laboratory tests and results.*
iii. *When making assignments to an HIV/AIDS specialty product ~~plan~~ the state will consider the beneficiary's PCP and/or current prescriber of HIV or AIDS medications.*
iv. *When making assignments to HIV/AIDS specialty products ~~plans~~ and the beneficiary's PCP or current prescriber of HIV or AIDS medications is not known or*

is not an enrolled provider with a specialty product ~~plan~~, the state will assign the beneficiary to a specialty product ~~plan~~ available on a rotating basis.

v. *When making assignments to HIV/AIDS specialty product ~~plan~~ of beneficiaries who are determined to have co-morbid conditions, the state may assign the beneficiary to the most appropriate specialty product ~~plan~~ available in the beneficiary's region.*

b. MMA Plans with Children's Specialty Products ~~Plans~~

i. *The state may elect to contract with MMA Plans with Children's Specialty Products ~~Plans~~ to serve Foster Care Children. These products ~~plans~~ will have special requirements for immediate assessment, care coordination, and treatment of Foster Care Children. The MMA Plans with Children's Specialty Products ~~Plans~~ are required to furnish EPSDT for Foster Care Children and follow the state's medication formulary.*

ii. *The Foster Care child's legal guardian may enroll the child in any MMA plan~~, or any specialty plan~~ for which the child is eligible, that are available in the child's region.*

iii. *Should a Foster Care child's legal guardian fail to make an affirmative selection of an MMA plan, the state may enroll the foster care child into an MMA Plan with a Children's Specialty Products ~~Plans~~ available in the region.*

Additional Conforming STC Changes

In addition to the above listed STCs that are specific to specialty plans, the term "specialty plan" should be replaced with "specialty products" throughout the STCs - see STC 54, 70, 131, and Attachment A.

Please note that the Agency will update the approved evaluation design with the correct term, "specialty products" with the next planned renewal of the MMA demonstration. The change in terminology does not impact the design or implementation of the evaluation activities occurring under the MMA demonstration.

Performance Improvement Projects

STC 131 lists specific performance improvement projects (PIPs) that MMA and Dental plans must undertake. These PIP topics are changing based on the recent MMA and Dental plan procurements. We are requesting to delete the specific listing of PIPs, which will become obsolete with the new managed care plan contracts. STC 131 would continue to require PIPs to be carried out by MMA and Dental plans, but without the limitation of being locked into a specific list of topics. Specifications of the PIPs could instead be included in demonstration monitoring and external quality review organization reports.

Proposed Conforming Changes to STC 131

Performance Improvement Projects (PIP). In accordance with 42 CFR §438.330, the state must require each managed care plan, including each dental plan and the Children's Medical Services Plan, to commit to improving care. In lieu of Performance Improvement Projects (PIPs) identified by CMS as described in § 438.330(a)(2), the state must require each managed care plan, including each dental plan and the Children's Medical Services Plan, to complete PIPs in

~~the following~~ focus areas that ~~which~~ have the significant potential for achieving the demonstration's approved goals ~~of improving patient care, population health, and reducing per capita Medicaid expenditure~~. Specialty products plans ~~that do not have sufficient numbers of eligible recipients for the PIP topics identified in 126(a) or 126(b)~~ may conduct ~~alternative~~ PIPs on topics more ~~relevant~~ specific to their enrolled population ~~in place of the required focus areas~~, subject to approval by the state.

~~a. A PIP combining a focus on improving primary C-section rates, pre-term delivery rates, and neonatal abstinence syndrome rates;~~
~~b. A PIP focused on reducing potentially preventable events, including hospital admissions, readmissions, and emergency department visits;~~
~~c. An administrative PIP focusing on the administration of the transportation benefit, specifically focusing on the rate of trips resulting in the enrollee arriving to their scheduled appointment on time; and~~
~~d. A PIP focused on improving follow-up after hospitalizations for mental illness, emergency department visits for mental illness, and emergency department visits for alcohol and other drug abuse or dependence.~~
~~e. Dental plans shall perform three PIPs as follows:~~
~~i. A PIP focused on increasing the rate of enrollees accessing preventive dental services;~~
~~ii. A PIP focused on reducing potentially preventable dental-related emergency department visits in collaboration with the Statewide Medicaid Managed Care (SMMC) plans.~~
~~iii. An administrative PIP focused on coordination of transportation services with the SMMC plans.~~
~~f. The state must conduct each PIP in accordance with 42 CFR §438.330 and 438.340. The state will meet its obligations under the regulations.~~

Budget Neutrality

Budget neutrality is updated to reflect that MMA plans will now cover state plan behavior analysis services as part of the comprehensive service package for children under age 21. Behavior analysis is a significant service that benefits from close coordination with other types of services covered by the MMA plans such as physical therapy, speech-language therapy, and early intervention services. The update also reflects that non-emergency dental services provided in an ambulatory surgical center and the hospital will move from being covered by the MMA program to being covered by the Dental program. This will help improve coordination of care, as both the location of the service and the provider of the service will be in the network of the Dental plan, and the Dental plan can ensure that authorization and payment are coordinated.

The state's total expenditures (inclusive of state and federal share) projected with the implementation of the proposed changes over the next five years of the demonstration period are listed in the table below. The projected total MMA expenditure amounts, inclusive of the proposed conforming changes, do not impact the CMS-approved "without waiver" budget neutrality ceiling for the demonstration. The full budget neutrality model as impacted by the amendment is detailed under Attachment I below.

Projected MMA Total Program Costs with Amendment						
DY18 (SFY 23-24)	**DY19 (SFY 24-25)**	**DY20 (SFY 25-26)**	**DY21 (SFY 26-27)**	**DY22 (SFY 27-28)**	**DY23 (SFY 28-29)**	**DY24 (SFY 29-30)**
$21,498,807,820	$26,031,268,394	$28,824,627,599	$31,925,647,693	$35,368,694,834	$39,192,005,507	$43,438,124,748

Program Impact on Medicaid Recipients

The conforming operational changes described under Section IV for the MMA and Dental plans authorized under the demonstration will allow qualifying individuals living in additional counties to access behavioral health and supportive housing assistance services, encourage more recipients to enroll in MMA to benefit from its quality healthcare outcomes and expanded benefits, and allow all members of a family who are enrolled in Medicaid to receive services under a single plan that provides MMA, Long-Term Care, and specialty product benefits. These changes are expected to further support the MMA Demonstration goals.

Evaluation Design

The evaluation of the demonstration is an ongoing process conducted by an independent contracted evaluator over the life of the demonstration. The purpose of evaluating demonstration components is to ensure that all of the programs authorized under the demonstration are operating successfully in alignment with the approved goals and objectives of the program. The below table outlines how the proposed demonstration changes are expected to impact the CMS-approved MMA Demonstration evaluation design.

Amendment Change	Impact on Evaluation Design
Expand the Behavioral Health and Supportive Housing Assistance Pilot from regions 5 and 7 (re-named regions C and E) to include regions A and B.	The expansion of coverage to include two new regions, comprising 41 counties, is not expected to impact the evaluation design. The broadening of geographic scope does not change the policy or impact how the evaluation is conducted. Thereby, this change will be evaluated under Component 10 of the CMS approved evaluation design that tests the impact of the behavioral health and supportive housing assistance pilot on beneficiaries who are 21 and older with serious mental illness (SMI), substance use disorder (SUD), or SMI with co-occurring SUD, and are homeless or at risk of homelessness due to their disability.
Include populations who can voluntarily enroll into managed care into the STC requirements related to choice of managed care plan enrollment and auto-	Since this amendment change is administrative in nature, it will not have an impact on the evaluation design. This change will be evaluated under Components 1 and 7 of the CMS approved

Amendment Change	Impact on Evaluation Design
assignment to managed care plans.	evaluation design. These components test the effect of managed care on access to care, quality and efficiency of care, and the cost of care and the effectiveness of enrolling individuals into a managed care plan upon eligibility determination in connecting beneficiaries with care in a timely manner (respectively).
Update provisions related to specialty plans to reflect that these are now specialty products incorporated into comprehensive managed care plans rather than standalone plans and to update beneficiary choice and auto-enrollment descriptions.	Since this amendment change is administrative in nature, it will not have an impact on the evaluation design. This change will be evaluated under Components 1 and 2 of the CMS approved evaluation design. These components test the effect of managed care on access to care, quality and efficiency of care, and the cost of care and the effect of customized benefit plans on beneficiaries' choice of plans, access to care, or quality of care (respectively).
Remove the detailed descriptions of now-obsolete performance improvement projects listed in the STC 131.	Since this amendment change is administrative in nature, it will not have an impact on the evaluation design. The evaluation design incorporates the qualitative approach and research questions that would be used to assess performance improvement projects undertaken by health plans, but not the specific focus areas that are described in STC 131. Thereby, this change does not have an impact on how the evaluation design will be conducted.
Updated budget neutrality calculations that reflect that MMA plans will now cover behavior analysis services and that dental services provided in an ambulatory surgical center or hospital will move from being the responsibility of the MMA program to the Dental program.	Since this amendment change reflects the costs associated with the requested administrative program changes, it does not have an impact on the policy or how the evaluation design will be conducted.

Federal Waiver and Expenditure Authorities

The Agency is not requesting any changes to the waiver or expenditure authorities authorized by CMS with the state's last amendment approved on May 25, 2022. The conforming program changes requested with this amendment are not substantive and align with the authorities as currently approved. Florida's MMA amendment approval that lists the approved section 1115(a)(1) waiver and section 1115(a)(2) expenditures authorities are available for review on the Agency's Federal Authorities webpage here: https://ahca.myflorida.com/content/download/20392/file/FL_MMA_Approval_Package_20220525.pdf.

Public Notice Process

Public notice was published on September 16, 2024 on the Agency for Health Care Administration's website, AHCA.myflorida.com. Notice for tribal consultation was sent on September 16, 2024 to the Miccosukee and Seminole tribes. As outlined in these public notices, the Agency provided a minimum 30-day public comment period from September 17, 2024 through October 16, 2024. The draft section 1115 demonstration application and related public notice materials were posted for the minimum 30-day public comment period starting September 16, 2024, on the Agency's website: https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/federal-authorities/federal-waivers/federal-authorities-mma-cms-approval-and-reports-2020-22.

Attachments

- Attachment I – Budget Neutrality
- Attachment II – Tribal Notification
- Attachment III – Florida Issued Public Notices (i.e., Florida administrative register, abbreviated public notice, and full public notice)
- Attachment IV – Notice of Rescheduled Public Meeting due to Hurricane Helene
- Attachment V – Public Comments

Attachment I – Budget Neutrality

Summary of Budget Neutrality Changes

The behavior analysis services being included in MMA will be budget neutral. As Medicaid State Plan services, behavior analysis expenditures are considered hypothetical costs under both the "without waiver" (WOW) and the "with waiver" (WW) estimates. There are no changes in the projected member months. The only change is that behavior analysis services will no longer be a part of fee-for-service (FFS) and will be moving to managed care.

The "Projected Cost Per Eligible" for the behavior analysis services was calculated by adding the projected cost of the services to the total "cost per eligible" then multiplied by eligible member months. The data used to calculate the Projected Cost Per Eligible is derived from AHCA's July 2024 estimates for the Social Services Estimating Conference.

The "MMA Historical Current Period" tab contains the total amounts by demonstration year (DY) from the CMS Medicaid and Children's Health Insurance Program (CHIP) Budget and Expenditure System (MBES/CBES). The MBES/CBES Schedule C includes total 1115 expenditures categorized by demonstration year. The tab includes the most recent five-year historical demonstration period from the state's last demonstration approval, which is DY11 (SFY 16-17) through DY15 (SFY 20-21). It includes the MMA population and the voluntary population not in MMA who are still served under FFS. This tab also includes PPEC expenditures and member months, representing a voluntary population. MMA DY16 - DY18 has been updated to reflect enrollment and costs. Note that data used for DY18 is preliminary as of 7/26/2024.

The "MMA WOW w-Beh Anly" tab projects the costs of the MMA program without section 1115 demonstration authority, while the "MMA WW w-Beh Anly" tab projects the costs with the impact of the MMA managed care demonstration in place. Both the WOW and WW tab includes the Behavior Analysis Cost Per Eligible based on the projected expenditure costs from the July 2024 Social Services Estimating Conference.

The "Summary" tab provides a comparison of the WOW and WW baseline projections to show a projected savings under the current CMS WOW ceiling for the demonstration.

Actual MMA population + voluntary population in FFS

		DY9 SFY 14-15	DY10 SFY 15-16	DY11 SFY 16-17	DY12 SFY 17-18	DY13 SFY 18-19	DY14 SFY 19-20	DY15 SFY 20-21	Updated DYs (with CMS phase-down in effect) to reflect actual expenditures to date: DY16 SFY 21-22	DY17 SFY 22-23	DY18 SFY 23-24
MEG 1	TOTAL EXPENDITURES *	4,934,785,545	5,403,159,453	5,844,885,916	6,356,170,066	6,249,650,941	7,279,025,731	10,611,092,089	11,581,146,583	9,969,761,865	9,587,973,804
MEG 1	ELIGIBLE MEMBER MONTHS *	6,368,401	6,633,863	5,815,815	7,078,486	6,916,059	6,923,144	7,190,174	5,741,220	6,175,616	5,917,918
MEG 1	COST PER ELIGIBLE	$ 774.89	$ 814.48	$ 1,005.00	$ 897.96	$ 903.64	$ 1,051.40	$ 1,475.78	$ 2,017.19	$ 1,614.38	$ 1,620.16
MEG 2	TOTAL EXPENDITURES *	6,235,681,388	7,887,980,444	8,314,934,936	8,179,298,892	8,685,655,305	7,733,751,494	8,813,894,477	10,184,102,555	10,876,711,487	9,780,190,154
MEG 2	ELIGIBLE MEMBER MONTHS *	26,061,091	29,674,900	32,984,952	29,027,829	28,185,956	28,022,432	34,588,807	39,651,080	42,138,104	32,443,699
MEG 2	COST PER ELIGIBLE	$ 239.27	$ 265.81	$ 252.08	$ 281.77	$ 308.16	$ 275.98	$ 254.82	$ 256.84	$ 258.12	$ 301.45
MEG 4	TOTAL EXPENDITURES *	903,694,302	942,443,039	916,219,020	856,875,752	856,428,812	945,077,860	1,147,778,020	957,612,873	802,423,250	731,845,519
MEG 4	ELIGIBLE MEMBER MONTHS *	628,819	639,166	605,171	711,108	694,198	749,407	909,926	781,845	872,100	710,740
MEG 4	COST PER ELIGIBLE	$ 1,437.13	$ 1,474.49	$ 1,513.98	$ 1,204.99	$ 1,233.70	$ 1,261.10	$ 1,261.40	$ 1,224.81	$ 920.10	$ 1,029.70
MEG 9	TOTAL EXPENDITURES *				151,427,728	134,879,993	250,029,861	302,015,012	323,533,576	283,862,715	229,432,104
MEG 9	ELIGIBLE MEMBER MONTHS *				441,615	382,375	775,014	815,386	1,037,577	943,916	769,485
MEG 9	COST PER ELIGIBLE				$ 342.90	$ 352.74	$ 322.61	$ 370.40	$ 311.82	$ 300.73	$ 298.16

MMA voluntary population in FFS

		DY5 SFY 10-11	DY6 SFY 11-12	DY7 SFY 12-13	DY8 SFY 13-14	DY9 SFY 14-15	DY10 SFY 15-16	DY11 SFY 16-17	DY12 SFY 17-18	DY13 SFY 18-19	DY14 SFY 19-20	DY15 SFY 20-21	DY16 SFY 21-22	DY17 SFY 22-23	DY18 SFY 23-24	
MEG 1	TOTAL EXPENDITURES *	$ 3,146,350,357	$ 2,945,530,066	$ 3,221,107,997	$ 3,300,737,989	$ 758,325,082	$ 668,314,458	$ 623,834,508	$ 642,735,405	$ 711,329,956	$ 831,722,575	$ 966,209,692	$ 1,827,450,589	$ 2,353,739,972	$ 2,092,503,618	
MEG 1	ELIGIBLE MEMBER MONTHS *	5,236,555	4,754,654	5,302,891	5,305,893	662,458	570,608	519,540	534,475	521,655	615,165	629,672	472,352	479,639	426,306	
MEG 1	COST PER ELIGIBLE	$ 600.84	$ 619.50	$ 607.42	$ 622.09	$ 1,144.71	$ 1,171.23	$ 1,200.74	$ 1,202.55	$ 1,363.60	$ 1,352.03	$ 1,534.47	$ 3,868.83	$ 4,907.32	$ 4,908.45	
MEG 2	TOTAL EXPENDITURES *	2,890,302,363	$ 2,955,651,564	$ 3,137,503,598	$ 3,425,003,006	$ 64,328,507	$ 54,391,282	$ 49,547,744	$ 50,328,534	$ 58,596,599	$ 59,595,072	$ 69,356,524	$ 54,533,068	$ 65,910,439	$ 51,210,322	
MEG 2	ELIGIBLE MEMBER MONTHS *	11,980,985	12,515,883	12,815,851	13,365,317	410,854	439,488	411,619	421,619	509,714	528,914	545,853	827,395	838,388	585,816	
MEG 2	COST PER ELIGIBLE	$ 241.24	$ 236.15	$ 244.81	$ 256.26	$ 156.57	$ 123.76	$ 120.37	$ 119.37	$ 114.96	$ 112.67	$ 127.06	$ 65.91	$ 78.62	$ 87.42	
MEG 4	TOTAL EXPENDITURES *	384,534,858	399,928,934	379,521,086	408,376,758	241,703,912	245,006,681	292,092,374	205,858,736	181,836,361	248,381,393	299,556,773	14,422,504	20,182,046	14,297,111	
MEG 4	ELIGIBLE MEMBER MONTHS *	275,937	293,588	279,346	289,913	162,716	163,600	149,784	138,164	112,635	160,883	169,770	10,769	15,905	13,247	MEDS AD
MEG 4	COST PER ELIGIBLE	$ 1,393.56	$ 1,362.21	$ 1,358.61	$ 1,408.62	$ 1,485.43	$ 1,497.60	$ 1,950.09	$ 1,489.96	$ 1,614.39	$ 1,543.86	$ 1,764.49	$ 1,339.26	$ 1,268.91	$ 1,079.27	
** LTC costs have been excluded.																
MEG 1	TOTAL EXPENDITURES	$ 94,641,230	$ 94,030,508	$ 101,783,548	$ 124,993,671	$ 101,055,412	$ 115,619,946	$ 125,714,661	$ 142,577,330	$ 165,928,675	$ 130,393,688	$ 196,402,390	$ 236,908,269	$ 269,902,423	$ 238,781,575	
MEG 1	MEMBER MONTHS	12,373	13,204	15,217	18,219	19,921	22,279	23,033	26,109	28,119	24,443	28,950	34,907	36,820	33,289	PPEC
	COST PER PPEC MONTH	$ 7,649	$ 7,121	$ 6,689	$ 6,861	$ 5,073	$ 5,190	$ 5,458	$ 5,461	$ 5,901	$ 5,335	$ 6,784	$ 6,787	$ 7,330	$ 7,173	
MEG 1	TOTAL EXPENDITURES	$ 26,848,491	$ 27,475,918	$ 25,464,566	$ 21,013,498	$ 21,373,855	$ 22,865,725	$ 17,891,446	$ 2,444,104	$ 2,401,023	$ 1,767,705	$ 759,100	$ 929,805	$ 715,446	$ 849,254	
MEG 1	MEMBER MONTHS	2,147	2,180	2,030	1,587	1,440	1,519	1,036	163	144	111	46	44	35	44	Nursing Home children
	COST PER NH Children MONTH	$ 12,505	$ 12,604	$ 12,544	$ 13,241	$ 14,843	$ 15,053	$ 17,270	$ 14,995	$ 16,674	$ 15,925	$ 16,502	$ 21,132	$ 20,441	$ 19,301	

*Total Expenditures and Eligible Member Months updated.

MMA AMENDMENT WITHOUT WAIVER (WOW) PROJECTION

STC #97 CMS Composite Share WOW Adjustment			
DY16	PCCM MEG 1	MEG 2	MEG 4
FY2021	$ 1,202.01	$ 320.55	$ 1,004.22

Projected President's Budget Trend:

All Populations (adults/ABD/child)	5.6%

ELIGIBILITY GROUP	MMA TREND RATE	MONTHS OF AGING	DY17 (SFY 22-23)	DY18 (SFY 23-24)	DY19 (SFY 24-25)	DY20 (SFY 25-26)	DY21 (SFY 26-27)	DY22 (SFY 27-28)	DY23 (SFY 28-29)	DY24 (SFY 29-30)	TOTAL WOW
MEG 1 - SSI RELATED											
Eligible Member Months (state historic trend)	5.98%	12	7,337,148.01	7,775,909	8,240,909	8,733,715	9,255,991	9,809,500	10,396,108	11,017,795	72,567,075
Total Cost Per Eligible (President's Budget Trend)	5.60%	12	$ 1,269.32	$ 1,340.40	$ 1,415.47	$ 1,494.73	$ 1,578.44	$ 1,666.83	$ 1,760.17	$ 1,858.74	
Behavior Analysis Projected Cost Per Eligible					$89.79	$89.79	$89.79	$89.79	$89.79	$89.79	
Total Expenditure			$ 9,313,207,497	$ 10,422,864,994	$ 12,404,688,056	$ 13,838,776,536	$ 15,441,108,808	$ 17,231,573,875	$ 19,232,421,099	$ 21,468,540,877	$ 119,353,181,742
MEG 2 - CHILD & FAMILY											
Eligible Member Months (state historic trend)	4.83%	12	41,566,227	43,573,876	45,678,494	47,884,765	50,197,600	52,622,144	55,163,793	57,828,204	394,515,103
Total Cost Per Eligible (President's Budget Trend)	5.60%	12	$ 338.50	$ 354.85	$ 371.99	$ 389.96	$ 408.79	$ 428.54	$ 449.23	$ 470.93	
Behavior Analysis Projected Cost Per Eligible					$30.24	$30.24	$30.24	$30.24	$30.24	$30.24	
Total Expenditure			$ 14,070,201,148	$ 14,749,791,863	$ 18,373,245,279	$ 20,121,023,428	$ 22,038,336,213	$ 24,141,793,023	$ 26,449,638,582	$ 28,981,914,353	$ 168,925,943,889
MEG 4 - MEDS AD											
Eligible Member Months (state historic trend)	7.39%	12	804,788	864,262	928,131	996,720	1,070,377	1,149,478	1,234,425	1,325,649	8,373,830
Total Cost Per Eligible (President's Budget Trend)	5.60%	12	$ 1,060.46	1,119.84	1,182.55	1,248.78	1,318.71	1,392.56	1,470.54	1,552.89	
Behavior Analysis Projected Cost Per Eligible					$2.14	$2.14	$2.14	$2.14	$2.14	$2.14	
Total Expenditure			$ 853,442,709	$ 916,512,125	$ 1,099,550,301	$ 1,246,812,817	$ 1,413,805,338	$ 1,603,171,790	$ 1,817,910,439	$ 2,061,421,379	$ 11,012,626,899
MEG 8 - BH SH Pilot											
Eligible Member Months (capped enrollment per STC 54)	0.00%		50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	400,000
Total Cost Per Eligible (flat trend per STC 101)	0.00%		$ 194.29	$ 194.29	$ 194.29	$ 194.29	$ 194.29	$ 194.29	$ 194.29	$ 194.29	
Total Expenditure			$ 9,714,500	$ 9,714,500	$ 9,714,500	$ 9,714,500	$ 9,714,500	$ 9,714,500	$ 9,714,500	$ 9,714,500	$ 77,716,000
MEG 9 - POST-PARTUM											
Eligible Member Months (state historic trend)	8.00%	12	880,617	951,066	1,027,152	1,109,324	1,198,070	1,293,915	1,397,428	1,509,223	9,366,794
Total Cost Per Eligible (President's Budget Trend)	5.60%	12	$ 391.14	$ 413.04	$ 436.17	$ 460.60	$ 486.39	$ 513.63	$ 542.39	$ 572.77	
Behavior Analysis Projected Cost Per Eligible	0.24%				$0.25	$0.25	$0.25	$0.25	$0.25	$0.25	
Total Expenditure			$ 344,442,081	$ 392,829,304	$ 448,270,753	$ 511,228,298	$ 583,028,876	$ 664,914,658	$ 758,302,305	$ 864,807,484	$ 4,567,823,759

Note: The Behavior Analysis (BA) Projected Cost Per Eligible was calculated by adding the BA Projected Cost to the total cost per eligible then multiplied by Eligible Member Months. The data used to calculate the Projected Cost Per Eligible is from the July 2024 estimates for the Social Service Estimating Conference. Based on expenditure/claims history, costs are expected to be consistent for each remaining demonstration year and AHCA has projected a flat cost rate for each applicable MEG.

MMA AMENDMENT WITH WAIVER (WW) PROJECTION

ELIGIBILITY GROUP	DEMO TREND RATE	MONTHS OF AGING	DY17 (SFY 22-23)	DY18 (SFY 23-24)	DY19 (SFY 24-25)	DY20 (SFY 25-26)	DY21 (SFY 26-27)	DY22 (SFY 27-28)	DY23 (SFY 28-29)	DY24 (SFY 29-30)	TOTAL WW
MEG 1: SSI RELATED											
Eligible Member Months	5.98%	12	7,337,148	7,775,909	8,240,909	8,733,715	9,255,991	9,809,500	10,396,108	11,017,795	72,567,075
PMPM Cost	5.60%	12	$ 1,110.28	$ 1,172.46	$ 1,238.12	$ 1,307.45	$ 1,380.67	$ 1,457.99	$ 1,539.63	$ 1,625.85	
Behavior Analaysis Projected Cost Per Eligible					$89.79	$89.79	$89.79	$89.79	$89.79	$89.79	
Total Expenditure			$ 8,146,312,912	$ 9,116,936,320	$ 10,943,159,547	$ 12,203,108,660	$ 13,610,553,067	$ 15,182,909,613	$ 16,939,660,950	$ 18,902,601,107	$ 105,045,242,175
MEG 2: CHILD & FAMILY											
Eligible Member Months	4.83%	12	41,566,227	43,573,876	45,678,494	47,884,765	50,197,600	52,622,144	55,163,793	57,828,204	394,515,103
PMPM Cost	5.60%	12	$ 269.09	$ 284.16	$ 300.07	$ 316.87	$ 334.62	$ 353.36	$ 373.15	$ 394.04	
Behavior Analaysis Projected Cost Per Eligible					$30.24	$30.24	$30.24	$30.24	$30.24	$30.24	
Total Expenditures			$ 11,185,020,608	$ 12,381,871,501	$ 15,088,108,847	$ 16,621,518,940	$ 18,315,094,626	$ 20,185,785,221	$ 22,252,344,557	$ 24,535,523,642	$ 140,565,267,941
MEG 4: MEDS AD											
Eligible Member Months	7.39%	12	804,788	864,262	928,131	996,720	1,070,377	1,149,478	1,234,425	1,325,649	8,373,830
PMPM Cost	5.60%	12	$ 971.63	$ 1,026.04	$ 1,083.50	$ 1,144.18	$ 1,208.25	$ 1,275.91	$ 1,347.36	$ 1,422.82	
Behavior Analaysis Projected Cost Per Eligible					$2.14	$2.14	$2.14	$2.14	$2.14	$2.14	
Total Expenditure			$ 781,956,733	$ 886,768,962	$ 1,007,616,256	$ 1,142,556,079	$ 1,295,574,194	$ 1,469,093,133	$ 1,665,860,092	$ 1,888,990,448	$ 10,138,415,898
MEG 8 - BH SH Pilot											
Eligible Member Months	0.00%	12	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	400,000
PMPM Cost	0.00%	12	$ 194.29	$ 194.29	$ 194.29	$ 194.29	$ 194.29	$ 194.29	$ 194.29	$ 194.29	
Total Expenditure			$ 9,714,500	$ 9,714,500	$ 9,714,500	$ 9,714,500	$ 9,714,500	$ 9,714,500	$ 9,714,500	$ 9,714,500	$ 77,716,000
MEG 9: POST-PARTUM											
Eligible Member Months	8.00%	12	880,617	951,066	1,027,152	1,109,324	1,198,070	1,293,915	1,397,428	1,509,223	9,366,794
PMPM Cost	5.60%	12	$ 391.14	$ 413.04	$ 436.17	$ 460.60	$ 486.39	$ 513.63	$ 542.39	$ 572.77	
Behavior Analaysis Projected Cost Per Eligible	0.24%				$0.25	$0.25	$0.25	$0.25	$0.25	$0.25	
Total Expenditure			$ 344,442,081	$ 392,829,304	$ 448,270,753	$ 511,228,298	$ 583,028,876	$ 664,914,658	$ 758,302,305	$ 864,807,484	$ 4,567,823,759

Note: The Behavior Analysis (BA) Projected Cost Per Eligible was calculated by adding the BA Projected Cost to the total cost per eligible then multiplied by Eligible Member Months. The data used to calculate the Projected Cost Per Eligible is from the July 2024 estimates for the Social Service Estimating Conference. Based on expenditure/claims history, costs are expected to be consistent for each remaining demonstration year and AHCA has projected a flat cost rate for each applicable MEG.

Budget Neutrality Summary

WOW Original & MMA Populations Combined

	DY17 (SFY 22-23)	DY18 (SFY 23-24)	DY19 (SFY 24-25)	DY20 (SFY 25-26)	DY21 (SFY 26-27)	DY22 (SFY 27-28)	DY23 (SFY 28-29)	DY24 (SFY 29-30)	TOTAL
MEG 1	$ 9,313,207,497	$ 10,422,864,994	$ 12,404,688,056	$ 13,838,776,536	$ 15,441,108,808	$ 17,231,573,875	$ 19,232,421,099	$ 21,468,540,877	$ 119,353,181,742
MEG 2	$ 14,070,201,148	$ 14,749,791,863	$ 18,373,245,279	$ 20,121,023,428	$ 22,038,336,213	$ 24,141,793,023	$ 26,449,638,582	$ 28,981,914,353	$ 168,925,943,889
TOTAL	**$ 23,383,408,645**	**$ 25,172,656,857**	**$ 30,777,933,335**	**$ 33,959,799,964**	**$ 37,479,445,021**	**$ 41,373,366,898**	**$ 45,682,059,681**	**$ 50,450,455,230**	**$ 288,279,125,631**

WW Original & MMA Populations Combined

	DY17 (SFY 22-23)	DY18 (SFY 23-24)	DY19 (SFY 24-25)	DY20 (SFY 25-26)	DY21 (SFY 26-27)	DY22 (SFY 27-28)	DY23 (SFY 28-29)	DY24 (SFY 29-30)	TOTAL
MEG 1	$ 8,146,312,912	$ 9,116,936,320	$ 10,943,159,547	$ 12,203,108,660	$ 13,610,553,067	$ 15,182,909,613	$ 16,939,660,950	$ 18,902,601,107	$ 105,045,242,175
MEG 2	$ 11,185,020,608	$ 12,381,871,501	$ 15,088,108,847	$ 16,621,518,940	$ 18,315,094,626	$ 20,185,785,221	$ 22,252,344,557	$ 24,535,523,642	$ 140,565,267,941
TOTAL	**$ 19,331,333,519**	**$ 21,498,807,820**	**$ 26,031,268,394**	**$ 28,824,627,599**	**$ 31,925,647,693**	**$ 35,368,694,834**	**$ 39,192,005,507**	**$ 43,438,124,748**	**$ 245,610,510,116**

	DY17 (SFY 22-23)	DY18 (SFY 23-24)	DY19 (SFY 24-25)	DY20 (SFY 25-26)	DY21 (SFY 26-27)	DY22 (SFY 27-28)	DY23 (SFY 28-29)	DY24 (SFY 29-30)	TOTAL
VARIANCE	**$ 4,052,075,125**	**$ 3,673,849,037**	**$ 4,746,664,941**	**$ 5,135,172,365**	**$ 5,553,797,328**	**$ 6,004,672,064**	**$ 6,490,054,174**	**$ 7,012,330,482**	**$ 42,668,615,515**
CNOM HEALTHY START	$ 49,822,417	$ 61,356,275	$ 64,533,770	$ 67,875,820	$ 71,390,948	$ 75,088,115	$ 78,976,750	$ 83,066,768	$ 502,288,445
CNOM PACC	$ 843	$ 1,172	$ 1,197	$ 1,222	$ 1,248	$ 1,274	$ 1,301	$ 1,329	$ 8,744
CNOM HIV/AIDS	$ 16,211,880	$ 8,792,925	$ 15,049,925	$ 25,759,371	$ 44,089,604	$ 75,463,532	$ 129,162,983	$ 221,074,678	$ 519,393,019
NET OVERSPEND FROM HYPOS	$71,485,976	$29,743,163	$91,934,045	$104,256,738	$118,231,144	$134,078,657	$152,050,346	$172,430,931	$874,211,001
VARIANCE LESS CNOM COSTS:	**$ 3,914,554,009**	**$ 3,573,955,502**	**$ 4,575,146,003**	**$ 4,937,279,213**	**$ 5,320,084,384**	**$ 5,720,040,484**	**$ 6,129,862,794**	**$ 6,535,756,776**	**$40,772,714,307**

Cumulative Variance from Most Recent 5 Years (DY11-DY15)	$ 2,025,794,843
Total Cumulative Variance	$ 42,798,509,150

LOW INCOME POOL (LIP)

	DY17 (SFY 22-23)	DY18 (SFY 23-24)	DY19 (SFY 24-25)	DY20 (SFY 25-26)	DY21 (SFY 26-27)	DY22 (SFY 27-28)	DY23 (SFY 28-29)	DY24 (SFY 29-30)	TOTAL
Total Expenditures	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	$ -

SUPPLEMENTAL HYPOTHETICAL TEST - BH SH PILOT AND MEDS AD

Without-Waiver Total Expenditures	DY17 (SFY 22-23)	DY18 (SFY 23-24)	DY19 (SFY 24-25)	DY20 (SFY 25-26)	DY21 (SFY 26-27)	DY22 (SFY 27-28)	DY23 (SFY 28-29)	DY24 (SFY 29-30)	TOTAL
MEG 4 - MEDS AD	$853,442,709	$916,512,125	$1,099,550,301	$1,246,812,817	$1,413,805,338	$1,603,171,790	$1,817,910,439	$2,061,421,379	$11,012,626,899
MEG 8 BH SH Pilot	$9,714,500	$9,714,500	$9,714,500	$9,714,500	$9,714,500	$9,714,500	$9,714,500	$9,714,500	$77,716,000
MEG 9 Postpartum	$344,442,081	$392,829,304	$448,270,753	$511,228,298	$583,028,876	$664,914,658	$758,302,305	$864,807,484	$4,567,823,759
With-Waiver Total Expenditures									
MEG 4 - MEDS AD	$781,956,733	$886,768,962	$1,007,616,256	$1,142,556,079	$1,295,574,194	$1,469,093,133	$1,665,860,092	$1,888,990,448	$10,138,415,898
MEG 8 BH SH Pilot	$9,714,500	$9,714,500	$9,714,500	$9,714,500	$9,714,500	$9,714,500	$9,714,500	$9,714,500	$58,287,000
MEG 9 Postpartum	$344,442,081	$392,829,304	$448,270,753	$511,228,298	$583,028,876	$664,914,658	$758,302,305	$864,807,484	$4,567,823,759
Net Overspend	**$71,485,976**	**$29,743,163**	**$91,934,045**	**$104,256,738**	**$118,231,144**	**$134,078,657**	**$152,050,346**	**$172,430,931**	**$874,211,001**

Attachment 2 – Tribal Notification

Medicaid Managed Medical Assistance Amendment

Dear Dr. Kiswani-Barley,

The Agency for Health Care Administration (Agency) is seeking federal authority to amend its Managed Medical Assistance (MMA) Section 1115 Demonstration program (project numbers 11-W-00206/4 and 21-W-00069/4) to implement operational changes resulting from the recent re-procurement of the Managed Medical Assistance and Dental plans. These changes expand the Behavioral Health and Supportive Housing Assistance Pilot, enhance the way in which some Medicaid recipients are enrolled into the MMA program, update specialty plan descriptions, remove obsolete details relating to performance improvement projects, include an additional service in the MMA program, and shift specific services from the MMA to the Dental program. As such, the Agency is seeking Medicaid federal matching funds for non-substantive conforming changes to the MMA program associated with the recent re-procurement. Among other benefits, these changes will allow all members of a family who are enrolled in Medicaid to receive services under a single plan that provides MMA, Long-Term Care, and specialty product benefits.

The Agency is providing this notice in alignment with federal public notice rules at 42 CFR 431.408 to offer an opportunity for input on the key components of the proposed demonstration amendment as described below.

MMA Demonstration Program and Amendment Overview

Overview of MMA Demonstration Program

Under the MMA demonstration, most Medicaid-eligible recipients are required to enroll in an MMA managed care plan and several Medicaid populations may also voluntarily enroll in the MMA program. Applicants for Medicaid are given informed choice to select MMA plans or are auto-assigned into an MMA plan if they are mandatory for enrollment but do not choose a plan upon affirmation of eligibility. Medicaid recipients who are mandatory for enrollment have the opportunity to change their plan during a 120-day change period post-enrollment; recipients who are voluntary for enrollment may disenroll at any time. The demonstration also includes a Dental managed care program that provides state plan oral health services to children and adults. Dental managed care plans provide State Plan dental services statewide to recipients required to enroll in a dental plan.

The MMA demonstration improves health outcomes for Florida Medicaid recipients while maintaining fiscal responsibility. This is achieved through care coordination, patient engagement in their own health care, enhancing fiscal predictability and financial management, improving access to coordinated care, and improving overall program performance. The overall goals of the MMA Demonstration are to promote an integrated health care delivery model that:

- Incentivizes quality and efficiency.
- Improves health outcomes through care coordination and recipient engagement in their own health care.
- Improves program performance, particularly improved scores on nationally recognized quality measures (such as Health Plan Effectiveness Data and Information Set).
- Improves access to coordinated care by enrolling all Medicaid recipients in MMA and Dental plans except those specifically exempted.
- Enhances access to primary and preventive care through robust provider networks.
- Enhances fiscal predictability and financial management by converting the purchase of Florida Medicaid services to capitated, risk-adjusted, payment systems. Strict financial oversight requirements are established for MMA and Dental plans to improve fiscal and program integrity.

Proposed Demonstration Changes

The Agency is seeking to amend the MMA Demonstration to implement operational changes resulting from the recent re-procurement of the MMA and Dental plans. These changes will be effective with the new MMA and Dental plan contracts:

- Expand the Behavioral Health and Supportive Housing Assistance Pilot from regions 5 and 7 (re-named regions C and E) to include regions A and B.
- Provide voluntary populations a choice of managed care plans upon enrollment and auto-assign if no choice is made.
- Update provisions related to specialty plans to reflect that these are now specialty products incorporated into comprehensive managed care plans rather than standalone plans.
- Remove the detailed descriptions of now-obsolete performance improvement projects listed in the CMS' Special Terms and Conditions (STCs).
- Update the budget neutrality calculations to reflect that MMA plans will now cover behavior analysis services and that dental services provided in an ambulatory surgical center or hospital will move from being the responsibility of the MMA program to the Dental program.

Behavioral Health and Supportive Housing Assistance Pilot

The Behavioral Health and Supportive Housing Assistance pilot approved under the demonstration is a voluntary pilot program for Medicaid recipients that offers 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.

This amendment will retain the design of the pilot to ensure the integrity of the evaluation but will expand the pilot to include regions A and B.[1] These two regions encompass 41 counties in the north and central parts of the state, and they are contiguous with the existing pilot regions 5 and 7 (re-named regions C and D). This expansion will broaden the pool of Medicaid recipients who can benefit from behavioral health and supportive housing assistance services by approximately 4,773 recipients over the remaining demonstration period. This estimate may fluctuate based on recruitment strategies and plan participation. The total dollar amount allocated for the pilot is remaining the same, so there is no impact on budget neutrality.

Choice and Assignment for Voluntary Populations Enrolled in MMA

This amendment seeks to update the demonstration authority described in STC 23 for new enrollees into managed care. STC 23 currently addresses individuals who are mandated to enroll in an MMA or Dental plan and requires these individuals to receive information about MMA and Dental plan choices in their area for the purpose of selecting an authorized MMA or Dental plan. The requested change will include voluntary populations that are not currently part of the MMA assignment process, such as individuals with other creditable health care coverage (excluding Medicare) and individuals with developmental or intellectual disabilities. This change will allow for voluntary populations to choose an MMA plan when they are applying for Medicaid and, if they do not, they will be assigned to a plan using the same approach used for individuals who are mandatory for MMA enrollment.

Specialty Projects

Specialty plans that serve targeted populations have been part of the MMA demonstration since initial approval, and they will continue under this amendment with minor modifications. Specialty plans will now be called "specialty products," as they will be incorporated into comprehensive managed care plans rather than being allowed to be standalone plans. (One exception to this is Children's Medical Services Plan, which will remain a standalone specialty plan.) This is a benefit to beneficiaries who are eligible for a specialty product, as it allows them to access the enhanced services, networks, and care coordination of specialty products while also allowing family members to be in the same plan. Previously, if a beneficiary was enrolled in a standalone specialty plan, Medicaid-eligible family members enrolled in an MMA plan would have to enroll in a different plan.

Performance Improvement Projects (PIPs)

We are requesting to delete the specific listing of PIPs, which will become obsolete with the new managed care plan contracts. STC 131 would continue to require PIPs to be carried out by MMA and Dental plans, but without the limitation of being locked into a specific list of topics. Specifications of the PIPs could instead be included in demonstration monitoring and external quality review organization reports.

Projected Impact on Program Enrollment and Expenditures

The conforming operational changes for the MMA and Dental plans authorized under the demonstration will allow qualifying individuals living in additional counties to access behavioral health and supportive housing assistance services, encourage more recipients to enroll in MMA to benefit from its quality healthcare outcomes and expanded benefits, and allow all members of a family who are enrolled in Medicaid to receive services under a single plan that provides MMA, Long-Term Care, and specialty product benefits. These changes do not revise eligibility or enrollment processes to impact member enrollment into the MMA program. These conforming changes are expected to further support the MMA Demonstration goals.

Budget neutrality is not significantly impacted by the proposed conforming changes. The projected total MMA expenditure amounts, inclusive of the proposed conforming changes, do not impact the CMS-approved "without waiver" budget neutrality ceiling for the demonstration.

To make comments or to request additional information on the proposed demonstration amendment, please contact me, Meagan Owens by phone at (850) 412-4232 or email at Meagan.Owens@ahca.myflorida.com. If we do not hear from you within 30 days from the receipt of this notice, we will assume that you have no comments.

Meagan Owens
Administrator, Federal Authorities
Bureau of Medicaid Policy
Agency for Health Care Administration

Dear Ms. Osceola:

The Agency for Health Care Administration (Agency) is seeking federal authority to amend its Managed Medical Assistance (MMA) Section 1115 Demonstration program (project numbers 11-W-00206/4 and 21-W-00069/4) to implement operational changes resulting from the recent re-procurement of the Managed Medical Assistance and Dental plans. These changes expand the Behavioral Health and Supportive Housing Assistance Pilot, enhance the way in which some Medicaid recipients are enrolled into the MMA program, update specialty plan descriptions, remove obsolete details relating to performance improvement projects, include an additional service in the MMA program, and shift specific services from the MMA to the Dental program. As such, the Agency is seeking Medicaid federal matching funds for non-substantive conforming changes to the MMA program associated with the recent re-procurement. Among other benefits, these changes will allow all members of a family who are enrolled in Medicaid to receive services under a single plan that provides MMA, Long-Term Care, and specialty product benefits.

The Agency is providing this notice in alignment with federal public notice rules at 42 CFR 431.408 to offer an opportunity for input on the key components of the proposed demonstration amendment as described below.

MMA Demonstration Program and Amendment Overview

Overview of MMA Demonstration Program

Under the MMA demonstration, most Medicaid-eligible recipients are required to enroll in an MMA managed care plan and several Medicaid populations may also voluntarily enroll in the MMA program. Applicants for Medicaid are given informed choice to select MMA plans or are auto-assigned into an MMA plan if they are mandatory for enrollment but do not choose a plan upon affirmation of eligibility. Medicaid recipients who are mandatory for enrollment have the opportunity to change their plan during a 120-day change period post-enrollment; recipients who are voluntary for enrollment may disenroll at any time. The demonstration also includes a Dental managed care program that provides state plan oral health services to children and adults. Dental managed care plans provide State Plan dental services statewide to recipients required to enroll in a dental plan.

The MMA demonstration improves health outcomes for Florida Medicaid recipients while maintaining fiscal responsibility. This is achieved through care coordination, patient engagement in their own health care, enhancing fiscal predictability and financial management, improving access to coordinated care, and improving overall program performance. The overall goals of the MMA Demonstration are to promote an integrated health care delivery model that:

- Incentivizes quality and efficiency.
- Improves health outcomes through care coordination and recipient engagement in their own health care.
- Improves program performance, particularly improved scores on nationally recognized quality measures (such as Health Plan Effectiveness Data and Information Set).
- Improves access to coordinated care by enrolling all Medicaid recipients in MMA and Dental plans except those specifically exempted.
- Enhances access to primary and preventive care through robust provider networks.
- Enhances fiscal predictability and financial management by converting the purchase of Florida Medicaid services to capitated, risk-adjusted, payment systems. Strict financial oversight requirements are established for MMA and Dental plans to improve fiscal and program integrity.

Proposed Demonstration Changes

The Agency is seeking to amend the MMA Demonstration to implement operational changes resulting from the recent re-procurement of the MMA and Dental plans. These changes will be effective with the new MMA and Dental plan contracts:

- Expand the Behavioral Health and Supportive Housing Assistance Pilot from regions 5 and 7 (re-named regions C and E) to include regions A and B.
- Provide voluntary populations a choice of managed care plans upon enrollment and auto-assign if no choice is made.
- Update provisions related to specialty plans to reflect that these are now specialty products incorporated into comprehensive managed care plans rather than standalone plans.
- Remove the detailed descriptions of now-obsolete performance improvement projects listed in the CMS' Special Terms and Conditions (STCs).
- Update the budget neutrality calculations to reflect that MMA plans will now cover behavior analysis services and that dental services provided in an ambulatory surgical center or hospital will move from being the responsibility of the MMA program to the Dental program.

Behavioral Health and Supportive Housing Assistance Pilot

The Behavioral Health and Supportive Housing Assistance pilot approved under the demonstration is a voluntary pilot program for Medicaid recipients that offers 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.

This amendment will retain the design of the pilot to ensure the integrity of the evaluation but will expand the pilot to include regions A and B.[1] These two regions encompass 41 counties in the north and central parts of the state, and they are contiguous with the existing pilot regions 5 and 7 (re-named regions C and D). This expansion will broaden the pool of Medicaid recipients who can benefit from behavioral health and supportive housing assistance services by approximately 4,773 recipients over the remaining demonstration period. This estimate may fluctuate based on recruitment strategies and plan participation. The total dollar amount allocated for the pilot is remaining the same, so there is no impact on budget neutrality.

Choice and Assignment for Voluntary Populations Enrolled in MMA

This amendment seeks to update the demonstration authority described in STC 23 for new enrollees into managed care. STC 23 currently addresses individuals who are mandated to enroll in an MMA or Dental plan and requires these individuals to receive information about MMA and Dental plan choices in their area for the purpose of selecting an authorized MMA or Dental plan. The requested change will include voluntary populations that are not currently part of the MMA assignment process, such as individuals with other creditable health care coverage (excluding Medicare) and individuals with developmental or intellectual disabilities. This change will allow for voluntary populations to choose an MMA plan when they are applying for Medicaid and, if they do not, they will be assigned to a plan using the same approach used for individuals who are mandatory for MMA enrollment.

Specialty Projects

Specialty plans that serve targeted populations have been part of the MMA demonstration since initial approval, and they will continue under this amendment with minor modifications. Specialty plans will now be called "specialty products," as they will be incorporated into comprehensive managed care plans rather than being allowed to be standalone plans. (One exception to this is Children's Medical Services Plan, which will remain a standalone specialty plan.) This is a benefit to beneficiaries who are eligible for a specialty product, as it allows them to access the enhanced services, networks, and care coordination of specialty products while also allowing family members to be in the same plan. Previously, if a beneficiary was enrolled in a standalone specialty plan, Medicaid-eligible family members enrolled in an MMA plan would have to enroll in a different plan.

Performance Improvement Projects (PIPs)

We are requesting to delete the specific listing of PIPs, which will become obsolete with the new managed care plan contracts. STC 131 would continue to require PIPs to be carried out by MMA and Dental plans, but without the limitation of being locked into a specific list of topics. Specifications of the PIPs could instead be included in demonstration monitoring and external quality review organization reports.

Projected Impact on Program Enrollment and Expenditures

The conforming operational changes for the MMA and Dental plans authorized under the demonstration will allow qualifying individuals living in additional counties to access behavioral health and supportive housing assistance services, encourage more recipients to enroll in MMA to benefit from its quality healthcare outcomes and expanded benefits, and allow all members of a family who are enrolled in Medicaid to receive services under a single plan that provides MMA, Long-Term Care, and specialty product benefits. These changes do not revise eligibility or enrollment processes to impact member enrollment into the MMA program. These conforming changes are expected to further support the MMA Demonstration goals.

Budget neutrality is not significantly impacted by the proposed conforming changes. The projected total MMA expenditure amounts, inclusive of the proposed conforming changes, do not impact the CMS-approved "without waiver" budget neutrality ceiling for the demonstration.

To make comments or to request additional information on the proposed demonstration amendment, please contact me, Meagan Owens by phone at 850) 412-4232 or email at Meagan.Owens@ahca.myflorida.com. If we do not hear from you within 30 days from the receipt of this notice, we will assume that you have no comments.

Meagan Owens
Administrator, Federal Authorities
Bureau of Medicaid Policy
Agency for Health Care Administration

Attachment 3 – Florida Issued Public Notices

Notice of Meeting/Workshop Hearing

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

Subject: The Agency for Health Care Administration (Agency) is seeking federal authority to amend its Managed Medical Assistance (MMA) Demonstration program to implement operational changes resulting from the recent re-procurement of the MMA and Dental plans. These changes expand the Behavioral Health and Supportive Housing Assistance Pilot, enhance the way in which some Medicaid recipients are enrolled into the MMA program, update specialty plan descriptions, remove obsolete details relating to performance improvement projects, include an additional service in the MMA program, and shift specific services from the MMA to the Dental program. The Agency provides this notice in accordance with federal requirements to inform the public that we are providing a 30-day public comment period on the proposed new demonstration starting on September 17, 2024. The draft application proposal and more detailed information for submitting public comments is available at: https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/federal-authorities/federal-waivers. Hard copies of the application may be obtained by contacting Meagan Owens at (850) 412-4232 or by email, Meagan.Owens@ahca.myflorida.com.

Date/Time: September 25, 2024, 1:00 – 2:00 pm

Location: Zora Neal Hurston State Building, 400 W Robinson St, North Tower, Room N901, Orlando, FL 32801

Date/Time: September 26, 2024, 1:00 – 2:00 pm

Location: Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Conference Room A Tallahassee, FL 32308

Florida Agency for Health Care Administration
Managed Medical Assistance (MMA) Section 1115 Demonstration Amendment

ABBREVIATED PUBLIC NOTICE

The Agency for Health Care Administration (Agency) is seeking federal authority to amend its Managed Medical Assistance (MMA) Section 1115 Demonstration program (project numbers 11-W-00206/4 and 21-W-00069/4) to implement operational changes resulting from the recent re-procurement of the Managed Medical Assistance and Dental plans. These changes expand the Behavioral Health and Supportive Housing Assistance Pilot, enhance the way in which some Medicaid recipients are enrolled into the MMA program, update specialty plan descriptions, remove obsolete details relating to performance improvement projects, include an additional service in the MMA program, and shift specific services from the MMA to the Dental program. As such, the Agency is seeking Medicaid federal matching funds for non-substantive conforming changes to the MMA program associated with the recent re-procurement. Among other benefits, these changes will allow all members of a family who are enrolled in Medicaid to receive services under a single plan that provides MMA, Long-Term Care, and specialty product benefits.

The Agency provides this notice in accordance with federal requirements to inform the public that we are providing a 30-day public comment period on the proposed demonstration amendment starting on September 17, 2024. The draft application proposal and more detailed information for submitting public comments will be available on that date at: https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/federal-authorities/federal-waivers/federal-authorities-mma-cms-approval-and-reports-2020-22

Hard copies of the application may be obtained contacting Meagan Owens at (850) 412-4232 or by email at Meagan.Owens@ahca.myflorida.com.

The Agency will hold two public hearings to solicit comments on the proposed demonstration as listed below:

Public Hearing 1:

September 25, 2024, 1:00 – 2:00 pm
Zora Neal Hurston State Building
400 W Robinson St
North Tower, Room N901
Orlando, FL 32801

Public Hearing 2:

September 26, 2024, 1:00 – 2:00 pm
Agency for Health Care Administration
2727 Mahan Drive
Building 3, Conference Room A
Tallahassee, FL 32308

Florida Agency for Health Care Administration
Managed Medical Assistance (MMA) Section 1115 Demonstration Amendment

FULL PUBLIC NOTICE

The Agency for Health Care Administration (Agency) is seeking federal authority to amend its Managed Medical Assistance (MMA) Section 1115 Demonstration program (project numbers 11-W-00206/4 and 21-W-00069/4) to implement operational changes resulting from the recent re-procurement of the Managed Medical Assistance and Dental plans. These changes expand the Behavioral Health and Supportive Housing Assistance Pilot, enhance the way in which some Medicaid recipients are enrolled into the MMA program, update specialty plan descriptions, remove obsolete details relating to performance improvement projects, include an additional service in the MMA program, and shift specific services from the MMA to the Dental program. As such, the Agency is seeking Medicaid federal matching funds for non-substantive conforming changes to the MMA program associated with the recent re-procurement. Among other benefits, these changes will allow all members of a family who are enrolled in Medicaid to receive services under a single plan that provides MMA, Long-Term Care, and specialty product benefits.

The Agency is providing this full public notice in alignment with federal public notice rules at 42 CFR 431.408 to describe the key components of the proposed demonstration amendment. The proposed draft application and other related public notice materials are available for review and public input for a minimum 30-day period starting September 17, 2024, through October 17, 2024, as described in this notice.

I. Overview of MMA Demonstration Goals and Objectives

Under the MMA demonstration program, most Medicaid-eligibles are required to enroll in an MMA managed care plan and several Medicaid populations may also voluntarily enroll in the MMA program. Applicants for Medicaid are given informed choice to select MMA plans or are auto-assigned into an MMA plan if they are mandatory for enrollment but do not choose a plan upon affirmation of eligibility. Medicaid recipients who are mandatory for enrollment have the opportunity to change a plan during a 120-day change period post-enrollment; recipients who are voluntary for enrollment may disenroll at any time. The demonstration also includes a Dental managed care program that provides state plan oral health services to children and adults. Dental managed care plans provide State Plan dental services statewide to recipients required to enroll in a dental plan.

The MMA demonstration program improves health outcomes for Florida Medicaid recipients while maintaining fiscal responsibility. This is achieved through care coordination, patient engagement in their own health care, enhancing fiscal predictability and financial management, improving access to coordinated care, and improving overall program performance. The overall goals of the MMA Demonstration are to promote an integrated health care delivery model that:

- Incentivizes quality and efficiency.
- Improves health outcomes through care coordination and recipient engagement in their own health care.
- Improves program performance, particularly improved scores on nationally recognized quality measures (such as Health Plan Effectiveness Data and Information Set).
- Improves access to coordinated care by enrolling all Medicaid recipients in MMA and Dental plans except those specifically exempted.
- Enhances access to primary and preventive care through robust provider networks.
- Enhances fiscal predictability and financial management by converting the purchase of Florida Medicaid services to capitated, risk-adjusted, payment systems. Strict financial oversight requirements are established for MMA and Dental plans to improve fiscal and program integrity.

II. Proposed Demonstration Changes

The Agency is seeking to amend the MMA Demonstration to implement operational changes resulting from the recent re-procurement of the MMA and Dental plans. These changes will be effective with the new MMA and Dental plan contracts:

- Expand the Behavioral Health and Supportive Housing Assistance Pilot from regions 5 and 7 (re-named regions C and E) to include regions A and B.
- Include populations that are voluntary for enrollment in the requirements related to choice of managed care plan enrollment and auto-assignment to managed care plans.
- Update provisions related to specialty plans to reflect that these are now specialty products incorporated into comprehensive managed care plans rather than standalone plans.
- Remove the detailed descriptions of now-obsolete performance improvement projects listed in the CMS' Special Terms and Conditions (STCs).
- Update the budget neutrality calculations to reflect that MMA plans will now cover behavior analysis services and that dental services provided in an ambulatory surgical center or hospital will move from being the responsibility of the MMA program to the Dental program.

Behavioral Health and Supportive Housing Assistance Pilot

The Behavioral Health and Supportive Housing Assistance pilot approved under the demonstration is a voluntary pilot program for Medicaid recipients that offers 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.

This amendment will retain the design of the pilot to ensure the integrity of the evaluation but will expand the pilot to include regions A and B.[2] These two regions encompass 41 counties in the north and central parts of the state, and they are contiguous with the existing pilot regions 5 and 7 (re-named regions C and D). This expansion will broaden the pool of Medicaid recipients who can benefit from behavioral health and supportive housing assistance services by approximately 4,773 recipients over the remaining demonstration period. This estimate may fluctuate based on recruitment strategies and plan participation. The total dollar amount allocated for the pilot is remaining the same, so there is no impact on budget neutrality.

Choice and Assignment for Voluntary Populations Enrolled in MMA

This amendment seeks to update the demonstration authority described in STC 23 for new enrollees into managed care. STC 23 currently addresses individuals who are mandated to enroll in an MMA or Dental plan and requires these individuals to receive information about MMA and Dental plan choices in their area for the purpose of selecting an authorized MMA or Dental plan. The requested change will include voluntary populations that are not currently part of the MMA managed care plan assignment process, such as individuals with other creditable health care coverage (excluding Medicare) and individuals with developmental or intellectual disabilities. This change will allow for voluntary populations to choose an MMA plan when they are applying for Medicaid and, if they do not, they will be assigned to a plan using the same approach used for individuals who are mandatory for MMA enrollment.

[2] Region A includes the following Florida counties: Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, and Washington. Region B includes the following Florida counties: Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Nassau, Putnam, St. Johns, Sumter, Suwannee, Union, and Volusia.

Specialty Projects
Specialty plans that serve targeted populations have been part of the MMA demonstration since initial approval, and they will continue under this amendment with minor modifications. Specialty plans will now be called "specialty products," as they will be incorporated into comprehensive managed care plans rather than being allowed to be standalone plans. (One exception to this is Children's Medical Services Plan, which will remain a standalone specialty plan.) This is a benefit to beneficiaries who are eligible for a specialty product, as it allows them to access the enhanced services, networks, and care coordination of specialty products while also allowing family members to be in the same plan. Previously, if a beneficiary was enrolled in a standalone specialty plan, Medicaid-eligible family members mandatory or voluntary for enrollment in an MMA plan would have to enroll in a different plan.

Performance Improvement Projects (PIPs)
We are requesting to delete the specific listing of PIPs, which will become obsolete with the new managed care plan contracts. STC 131 would continue to require PIPs to be carried out by MMA and Dental plans, but without the limitation of being locked into a specific list of topics. Specifications of the PIPs could instead be included in demonstration monitoring and external quality review organization reports.

III. Projected Impact on Program Enrollment and Expenditures

The conforming operational changes for the MMA and Dental plans authorized under the demonstration will allow qualifying individuals living in additional counties to access behavioral health and supportive housing assistance services, encourage more recipients to enroll in MMA to benefit from its quality healthcare outcomes and expanded benefits, and allow all members of a family who are enrolled in Medicaid to receive services under a single plan that provides MMA, Long-Term Care, and specialty product benefits. These changes do not revise eligibility or enrollment processes to impact member enrollment into the MMA program. These conforming changes are expected to further support the MMA Demonstration goals.

Budget neutrality is not significantly impacted by the proposed conforming changes. The budget neutrality was updated to reflect that MMA plans will now cover state plan behavior analysis services as part of the comprehensive service package for children under age 21. Behavior analysis is a significant service that benefits from close coordination with other types of services covered by the MMA plans such as physical therapy, speech-language therapy, and early intervention services. The update also reflects that non-emergency dental services provided in an ambulatory surgical center and the hospital will move from being covered by the MMA program to being covered by the Dental program. This will help improve coordination of care, as both the location of the service and the provider of the service will be in the network of the Dental plan, and the Dental plan can ensure that authorization and payment are coordinated.

The state's total expenditures (inclusive of state and federal share) projected with the implementation of the proposed changes over the next five years of the demonstration period are listed in the table below. The projected total MMA expenditure amounts, inclusive of the proposed conforming changes, do not impact the CMS-approved "without waiver" budget neutrality ceiling for the demonstration.

Projected MMA Total Program Costs with Amendment						
DY18 (SFY 23-24)	**DY19 (SFY 24-25)**	**DY20 (SFY 25-26)**	**DY21 (SFY 26-27)**	**DY22 (SFY 27-28)**	**DY23 (SFY 28-29)**	**DY24 (SFY 29-30)**
$21,498,807,820	$26,031,268,394	$28,824,627,599	$31,925,647,693	$35,368,694,834	$39,192,005,507	$43,438,124,748

IV. Evaluation Parameters

The below table outlines how the proposed demonstration changes are expected to impact the CMS-approved MMA Demonstration evaluation design.

Amendment Change	Impact on Evaluation Design
Expand the Behavioral Health and Supportive Housing Assistance Pilot from regions 5 and 7 (re-named regions C and E) to include regions A and B.	The expansion of coverage to include two new regions, comprising 41 counties, is not expected to impact the evaluation design. The broadening of geographic scope does not change the policy or impact how the evaluation is conducted. Thereby, this change will be evaluated under Component 10 of the CMS approved evaluation design that tests the impact of the behavioral health and supportive housing assistance pilot on beneficiaries who are 21 and older with serious mental illness (SMI), substance use disorder (SUD), or SMI with co-occurring SUD, and are homeless or at risk of homelessness due to their disability.
Include populations who can voluntarily enroll into managed care into the STC requirements related to choice of managed care plan enrollment and auto-assignment to managed care plans.	Since this amendment change is administrative in nature, it will not have an impact on the evaluation design. This change will be evaluated under Components 1 and 7 of the CMS approved evaluation design. These components test the effect of managed care on access to care, quality and efficiency of care, and the cost of care and the effectiveness of enrolling individuals into a managed care plan upon eligibility determination in connecting beneficiaries with care in a timely manner (respectively).
Update provisions related to specialty plans to reflect that these are now specialty products incorporated into comprehensive managed care plans rather than standalone plans and to update beneficiary choice and auto-enrollment descriptions.	Since this amendment change is administrative in nature, it will not have an impact on the evaluation design. This change will be evaluated under Components 1 and 2 of the CMS approved evaluation design. These components test the effect of managed care on access to care, quality and efficiency of care, and the cost of care and the effect of customized benefit plans on beneficiaries' choice of plans, access to care, or quality of care (respectively).
Remove the detailed descriptions of now-obsolete performance improvement projects listed in the STC 131.	Since this amendment change is administrative in nature, it will not have an impact on the evaluation design. The evaluation design incorporates the qualitative approach and research questions that would be used to assess performance improvement

Amendment Change	Impact on Evaluation Design
	projects undertaken by health plans, but not the specific focus areas that are described in STC 131. Thereby, this change does not have an impact on how the evaluation will be conducted.
Updated budget neutrality calculations that reflect that MMA plans will now cover behavior analysis services and that dental services provided in an ambulatory surgical center or hospital will move from being the responsibility of the MMA program to the Dental program.	Since this amendment change reflects the costs associated with the requested administrative program changes, it does not have an impact on the policy or how the evaluation will be conducted.

V. Proposed Waiver and Expenditure Authorities

The Agency is not requesting any changes to the waiver or expenditure authorities authorized by CMS with the state's last amendment approved on May 25, 2022. The conforming program changes requested with this amendment are not substantive and align with the authorities as currently approved. Florida's MMA amendment approval that lists the approved section 1115(a)(1) waiver and section 1115(a)(2) expenditures authorities are available for review on the Agency's Federal Authorities webpage here: https://ahca.myflorida.com/content/download/20392/file/FL_MMA_Approval_Package_20220525.pdf.

VI. Public Notice and Comment Process

As announced in the abbreviated public notice released in the Florida Administrative Registrar on September 17, 2024, the draft section 1115 demonstration amendment proposal and related public notice materials are posted for a minimum 30-day public comment period starting September 17, 2024 through October 17, 2024, on the Federal Waivers Home page located on the Agency's website: https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/federal-authorities/federal-waivers/federal-authorities-mma-cms-approval-and-reports-2020-22.

The Agency will conduct two public hearings on the proposed application as listed below:

Public Hearing 1:
September 25, 2024, 1:00 – 2:00 pm
Zora Neal Hurston State Building
400 W Robinson St
North Tower, Room N901
Orlando, FL 32801

Public Hearing 2:
September 26, 2024, 1:00 – 2:00 pm
Agency for Health Care Administration
2727 Mahan Drive
Building 3, Conference Room A
Tallahassee, FL 32308

Interested parties may submit written comments electronically via email to FLMedicaidWaivers@ahca.myflorida.com with "Managed Medical Assistance Amendment" referenced in the subject line or may send written comments concerning the proposed new demonstration to:

Agency for Health Care Administration
Managed Medical Assistance Amendment
2727 Mahan Drive, MS #20
Tallahassee, Florida 32308

Hard copies of the application may be obtained by contacting Meagan Owens at (850) 412-4232 or by email at Meagan.Owens@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 Meagan Owens at (850) 412-4232 or by email at Meagan.Owens@ahca.myflorida.com.

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).

Attachment IV - Notice of Rescheduled Public Meeting due to Hurricane Helene

RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

Home | About Us | Medicaid | Licensure & Regulation | Report Fraud | Report Medicaid Issue/Complaint

FLORIDA MEDICAID

A Division of the Agency for Health Care Administration

Florida Medicaid Health Care Alert

September 24, 2024

Provider Type(s): ALL
Managed Medical Assistance Amendment Public Meeting Rescheduled

Rescheduled Public Meeting

Due to Tropical Strom Helene, the Agency for Health Care Administration is rescheduling the September 26, 2024, public meeting in Tallahassee published in Vol. 50/182 on September 17, 2024, for the purpose of discussing the amendment of the Managed Medical Assistance (MMA) Demonstration Vol 50/182. The new date and time is as follows:

DATE/TIME: October 4, 2024, from 11:00 a.m. to 12:00 p.m.

LOCATION: Agency for Health Care Administration
2727 Mahan Drive, Building 3
Tallahassee, FL 32308

A virtual option or call-in number will **not** be available for this meeting.

QUESTIONS? FLMedicaidManagedCare@ahca.myflorida.com
COMPLAINTS OR ISSUES? ON LINE ahca.myflorida.com/Medicaid/complaints/ | **CALL** 1-877-254-1055Ca

The Agency for Health Care Administration is committed to its mission of providing "Better Health Care for All Floridians." The Agency administers Florida's Medicaid program, licenses and regulates more than 48,000 health care facilities and 47 health maintenance organizations, and publishes health care data and statistics at FloridaHealthFinder.gov. Additional information about Agency initiatives is available via Facebook (AHCAFlorida) and Twitter (@AHCA_FL).

Agency for Health Care Administration | 2727 Mahan Drive, Tallahassee, FL 32308 | http://ahca.myflorida.com

Attachment V - Public Comments

The Agency carefully considered all comments received on the proposed amendment. A summary of comments is included below:

Summary of Comments 1115 MMA Amendment		
Comment	**Actioned (Y/N)**	**Notes**
Comments favorable to the expansion of the Supportive Housing Assistance Pilot	N	
Inquiries received regarding the Supportive Housing Assistance Pilot providers, billing, and payments	N	
Support for the Amendment	N	
Technical edit needed to typo of region names	Y	Amendment updated with correct region
Inquiries received from Behavior Analysis providers on enrollment and billing processes with managed care plans	N	
Inquiries received regarding changes in the plan enrollment process for voluntary populations	N	