Comprehensive Intellectual and Developmental Disabilities Managed Care Pilot Program

Status Report



December 2023

Table of Contents

Introduction	1
Federal Authority	
Procurement	
Procurement Timeline	
Implementation	

Introduction

During the 2023 legislative session, Senate Bill 2510 passed, which included a provision to create a pilot program to provide Medicaid managed care services to individuals with developmental disabilities. Section 409.9855, Florida Statutes (F.S.), includes the broad programmatic requirements and timelines for pilot program implementation.

The Agency for Health Care Administration (AHCA), in coordination with the Agency for Persons with Disabilities (APD), was directed to implement a voluntary pilot program in Statewide Medicaid Managed Care Regions D (Hardee, Highlands, Hillsborough, Manatee, and Polk Counties) and I (Miami-Dade and Monroe Counties). The Comprehensive Intellectual and Developmental Disabilities Managed Care Pilot (Pilot) Program will provide comprehensive Managed Medical Assistance, Long Term Care, and Developmental Disabilities Individual Budgeting (iBudget) Waiver services to individuals residing in a pilot program region who are 18 years of age or older and in pre-enrollment categories 1 - 6 for iBudget Waiver enrollment. The initial phase of Pilot program enrollment will include up to 600 recipients.

AHCA and APD intend to invite eligible enrollees to the pilot program using a phased approach. Pursuant to s. 409.9885(6)(a), F.S., enrollment will occur upon authorization and availability of sufficient state and federal authority. Initial enrollment will occur for eligible individuals in Miami-Dade County. Subsequent phases will be determined as authorization and state and federal funds become available.

Federal Authority

Section 409.9855(1)(b), F.S., directs AHCA to submit a request for any federal approval needed to implement the pilot program by September 1, 2023. AHCA began preliminary talks with CMS in the early Summer of 2023, and was advised to submit a 1915(c) waiver application in order to authorize the services, waive Social Security Act statewideness requirements, and limit enrollment. This authority would then be overlaid with 1915(a) authority in order to provide services through a managed care delivery model.

AHCA submitted the 1915(c) home and community-based services waiver to the Centers for Medicare & Medicaid Services (CMS) on September 1, 2023. CMS submitted a formal request for additional information to AHCA on November 28, 2023. AHCA has collaborated with APD to respond to the questions from CMS and anticipates submission prior to December 31, 2023.

The 1915(a) authority will be approved as part of the federal managed care contract approval process, which will occur once a managed care plan is procured by the State and the Pilot program contract negotiated and finalized. As part of this process, AHCA must submit the managed care scope of services, capitation rate package, and rate certification letter to CMS.

Procurement

The requirements for procuring a managed care plan to provide comprehensive services are included in s. 409.9855(4)(a),(b), F.S. To be eligible to participate in the pilot program a managed care plan must have been awarded a contract to provide long-term care services pursuant to s. 409.981, F.S., as a result of an invitation to negotiate. AHCA, in coordination with APD, was directed to select one plan to participate in the pilot program for each of the two regions.

AHCA and APD ensured the invitation to negotiate specified the criteria and the relative weight assigned to each criterion that will be used for determining the acceptability of submitted responses and guiding the selection of the plan(s) with which AHCA and APD will negotiate. The following factors were included in statute and will be utilized in the selection of the eligible plan(s):

- a. Experience serving similar populations, including the plan's record in achieving specific quality standards with similar populations.
- b. Establishment of community partnerships with providers which create opportunities for reinvestment in community-based services.
- c. Provision of additional benefits, particularly behavioral health services, the coordination of dental care, and other initiatives that improve overall well-being.
- d. Provision of and capacity to provide mental health therapies and analysis designed to meet the needs of individuals with developmental disabilities.
- e. Evidence that an eligible plan has written agreements or signed contracts or has made substantial progress in establishing relationships with providers before submitting its response.
- f. Experience in the provision of person-centered planning as described in 42 Code of Federal Regulations (CFR) s. 441.301(c)(1).
- g. Experience in robust provider development programs that result in increased availability of Medicaid providers to serve the developmental disabilities community.

Goals of the pilot program included within the invitation to negotiate are:

- Maximizing managed care flexibility to provide additional services.
- Increasing access to providers and services.
- Maintaining highest quality of care coordination and person-centered care plans.
- Increasing opportunities for community integration.

In accordance with s. 409.9855(4)(b)2., F.S., AHCA and APD intend to select the eligible plan(s) determined to be responsive and provide the best value to the state, with preference given to plans that:

- Have signed contracts in sufficient numbers to meet the specific standards established under s. 409.967(2)(c), F.S. including contracts for personal supports, skilled nursing, residential habilitation, adult day training, mental health services, respite care, companion services, and supported employment, as those services are defined in the Florida Medicaid Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook as adopted by reference in rule 59G-13.070, Florida Administrative Code.
- Have well-defined programs for recognizing patient-centered medical homes and providing increased compensation to recognized medical homes, as defined by the plan.
- Have well-defined programs related to person-centered planning as described in 42 CFR s. 441.301(c)(1).
- Have robust and innovative programs for provider development and collaboration with the Agency for Persons with Disabilities.

Procurement Timeline

Activity	Date/Time
Solicitation Issued by AHCA	November 3, 2023
Deadline for Receipt of Written Questions	November 17, 2023
AHCA Responses to Written Questions	November 30, 2023
Deadline for Receipt of Responses	December 8, 2023, 2:00 pm
Public Opening of Responses	December 8, 2023, 3:00 pm
Anticipated Dates for Negotiations	January 22, 2024 – January 26, 2024
Anticipated Posting of Notice of Intent to Award	January 31, 2024

Implementation

AHCA and APD continue to work together to operationalize the implementation process in accordance with the timeline in s. 409.9855(6)(a), which specifies that AHCA shall select participating plans and begin enrollment no later than January 31, 2024, with coverage for enrollees becoming effective upon authorization and availability of sufficient state and federal resources.