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.[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 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.

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.

[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.

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 projects undertaken by health plans, but not the

Amendment Change	Impact on Evaluation Design
	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).