



What's New in Medicaid: 1115 Waivers, Innovations, and more



Agenda



Innovation and State Legislative Role



Section 1115 Waivers



2023 Legislative Session



Discussion & Activity









Innovation and the State Legislative Role







## What do you think of when you hear:

"Innovation"

"Health Care Innovation"

"Medicaid Innovation"



### Innovation is . . .

a *new* idea, method or device

## breakthrough

the introduction of *something new* 

**Practical implementation of ideas** that result in the **introduction of new** services or **improvement** in services.

Can refer to **something new** or to **a change** made to an **existing idea or field** 

The *development* of new products, designs, or ideas



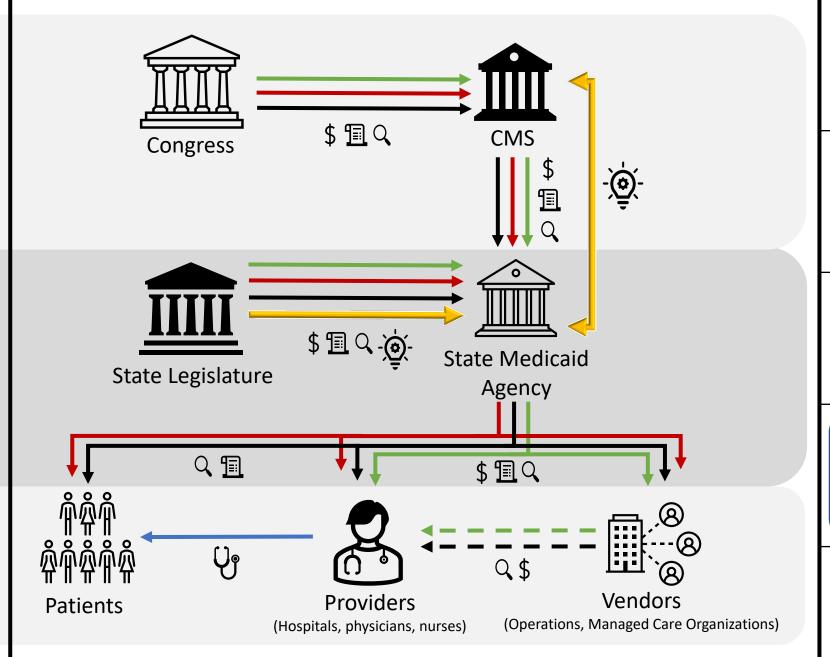
- Minimum requirements
- Funds

#### State

- Funds
- Operates program
- Tests innovations

#### Constituents

- Receive services
- Provide services
- Contract with the state
- Paid by state





Appropriations, Payments



Laws, Regulations, Guidance



Oversight, Data Collection





**Health Services** 

### Options for Medicaid Innovation

- 1. Waivers
  - *Section* 1115
  - Home- and Community-Based Services (HCBS) 1915(c), 1915(i)
  - Managed Care 1915(b)
  - Specific Purpose
- 2. State Plan Amendments and state flexibilities
- 3. State-funded programs
- 4. CMS Innovation Center Models
- 5. Pilot programs
- 6. Legislation authorizing, funding or evaluating any of the above





### Section 1115 Waivers







# Section 1115 Waivers: A Review of Recent Trends

Jennifer Tolbert, Associate Director, KFF May 2023



## Section 1115 waivers offer states an avenue to test new approaches in Medicaid that differ from federal requirements.

- Authority and Purpose: Federal government can approve waivers that permit states to use federal
  Medicaid funds in ways that federal rules do not otherwise allow, as long as the initiative is a
  demonstration project that is likely to assist in promoting Medicaid objectives.
- Financing: Section 1115 waivers must be budget neutral for the federal government.
- Transparency, Public Input, and Evaluation: Public notice and comment periods are required prior to waiver approval. States must have a publicly available evaluation strategy for the waiver.

#### Scope and Themes:

- States may obtain "comprehensive" Section 1115 waivers that make broad changes in Medicaid eligibility, benefits, provider payments, and other rules across their programs; other waivers may be more narrow and address specific populations or benefits.
- Waivers generally reflect priorities identified by the states and the federal CMS, as well as changing priorities from one presidential administration to another.



### There is a long history of Section 1115 Waivers in Medicaid.

1990s-2001 • Broad Coverage Expansions: Financed with savings from managed care or disproportionate share hospital payments\*

2001-2010  Health Insurance Flexibility and Accountability & Other Waivers: Limited coverage expansions, with cost-sharing and reduced benefits to offset costs\*

2010-2014 • Pre-Affordable Care Act (ACA) Expansion: Early ACA implementation with regular match rate

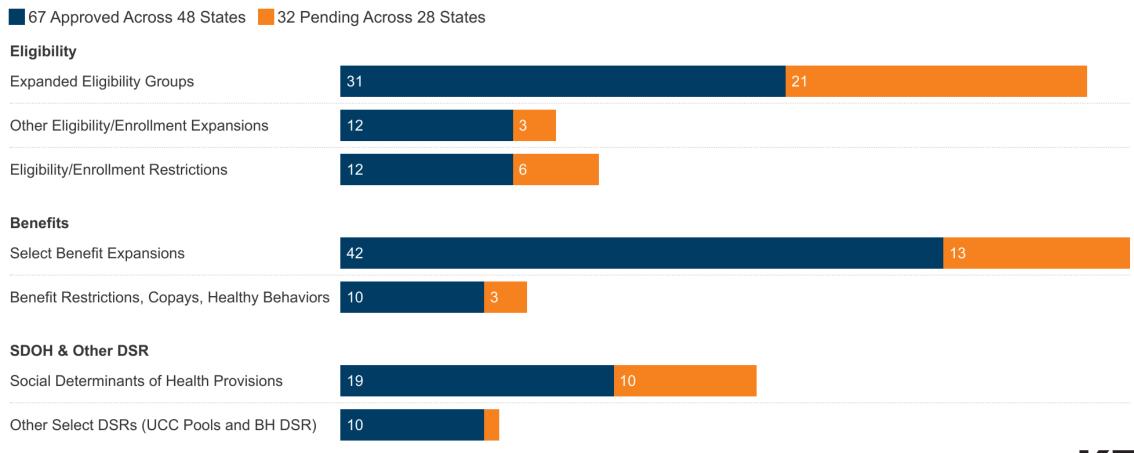
2014-2017 • Expansion Waivers / Delivery System Reform: Alternative ACA Medicaid expansion models and Delivery System Reform Incentive Payments

2017-2020  Condition Eligibility & Provide Payment for Institutions of Mental Disease (IMD) services: Work requirements & other eligibility restrictions; paying for IMD services to treat substance use disorder, serious mental illness and serious emotional disturbance. Over Time: Emergency Waivers (e.g., 9/11, Katrina, Flint, COVID-19)



Figure 12

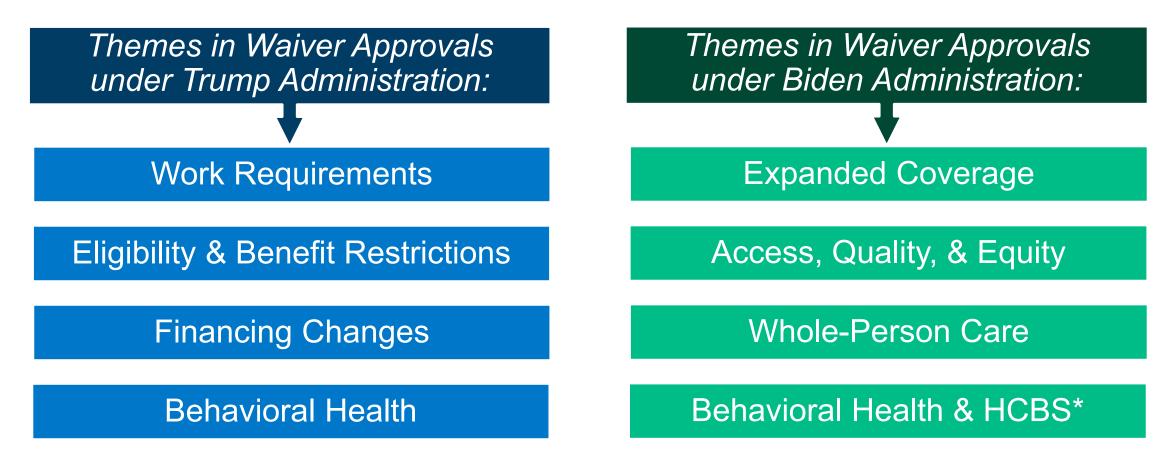
## There are 67 Section 1115 Medicaid demonstration waivers approved in 48 states, as of May 2023.





SOURCE: KFF Medicaid Waiver Tracker, <a href="https://www.kff.org/medicaid/issue-brief/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/">https://www.kff.org/medicaid/issue-brief/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/</a>

## Section 1115 waiver themes and priority areas change under different administrations.



<sup>\*</sup>HCBS = home and community-based services.



Figure 14

## Seven states have recently sought waivers to extend continuous eligibility beyond what is otherwise allowed.

State	Eligible Population	Duration
Approved		
Kansas	Parents and caretaker relatives	12 months
Massachusetts	Individuals following release from correctional institution; individuals experiencing homelessness	12 months for individuals following release from correctional institution; 24 months for individuals experiencing homelessness
New Jersey	Adults	12 months
New York	Adults	12 months
Oregon	Adults and children	Through age 6 for children; 24 months for individuals age 6 and up
Washington	Children	Through age 6
Pending		
New Mexico	Children	Through age 6



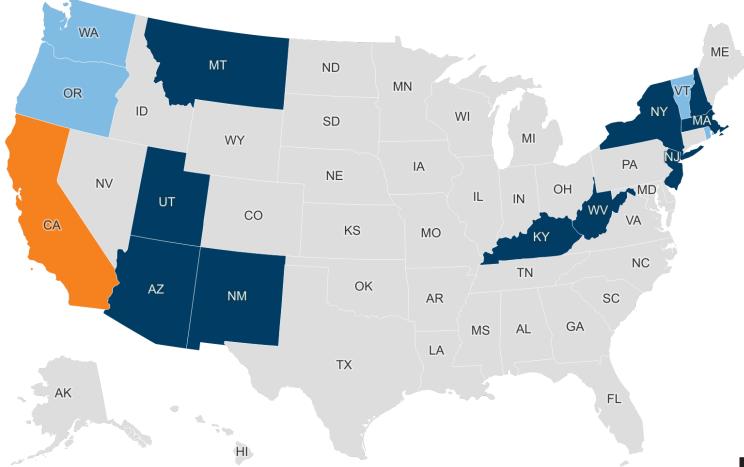
## California is the first state with approval to cover reentry services for certain incarcerated individuals pre-release.

#### # of states with:

Approved waiver (inmates that meet health criteria) (1)

Pending request (all Medicaid-eligible inmates) (4)

Pending request (inmates that meet health criteria) (10)





SOURCE: KFF Medicaid Waiver Tracker, <a href="https://www.kff.org/medicaid/issue-brief/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/">https://www.kff.org/medicaid/issue-brief/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/</a>

## Key Aspects of California's Approved Section 1115 Reentry Demonstration Initiative



- Population: All Medicaid-eligible adults who are inmates & meet health criteria, beginning 90 days pre-release
- **Benefits:** Limited reentry benefit package includes case management, clinical consultation services, lab services, Rx, medication-assisted treatment, and community health worker services; minimum supply of Rx and durable medical equipment upon release
- **Implementation & funding:** \$410 million to spent on pre-release application planning & info technology. CA will use these funds to provide capacity grants and case management services beginning April 2024, with the pre-release service package phased in over 2 years

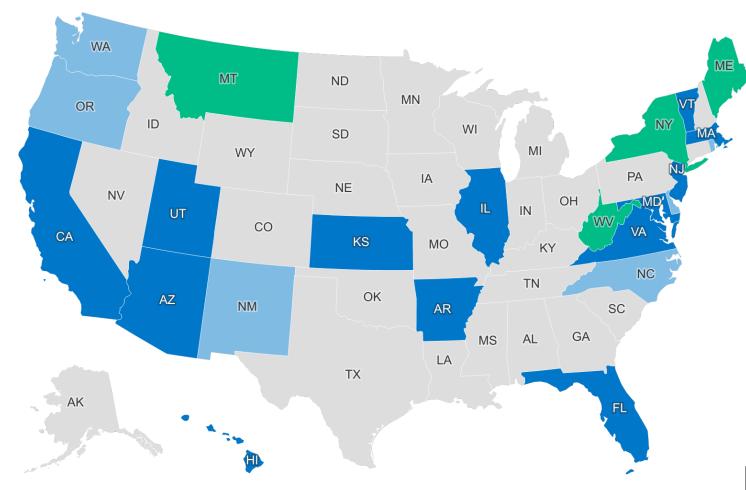
CA estimates that approximately 200,000 people each year will be eligible to receive pre-release services under the waiver



## As of May 2023, 23 states have an approved or pending Section 1115 waiver with SDOH-related provisions.

#### # of states with:

- Approved waiver (13)
- Approved waiver & pending request (6)
- Pending request (4)





SOURCE: KFF Medicaid Waiver Tracker, <a href="https://www.kff.org/medicaid/issue-brief/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/">https://www.kff.org/medicaid/issue-brief/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/</a>

## In 2022, CMS presented a framework for states to use waivers to address health-related social needs (HRSN).

## Covered HRSN Services

- Housing supports
- Nutrition supports
- HRSN case management
- Additional services may be allowed (e.g. transportation)

#### Service Delivery

- States can define target populations
- HRSN services must be medically appropriate and the choice of the enrollee
- Must be integrated with existing social services

## Associated Fiscal Policy

- HRSN spending can't exceed 3% of total Medicaid spend
- State spending on related social services pre-waiver must be maintained or increased

#### Related Requirements

- To strengthen access, states must meet certain minimum provider rate requirements
- Monitoring and evaluation requirements



## Examples of States with Approved Section 1115 Waiver Provisions to Address Social Determinants of Health (SDOH)



- Healthy Opportunities
   Pilot approved in 2018
- Pilot services address housing instability, transportation insecurity, interpersonal violence, and toxic stress
- Population: high-need managed care enrollees who meet health and social risk factors



- Health-related social needs (HRSN) services available to enrollees participating in a Life360 Home
- Housing and nutrition supports; services must be medically appropriate
- Population: HOME participants (meet health/social risk factors)



- HRSN services available through Housing and Health Opportunities (H2O) Program
- Housing supports, including up to 6 months of post-transition rent/temporary housing
- Population: homeless enrollees who meet clinical/social risk factors



#### What are Section 1115 waiver issues to watch?

#### **Implementation of Approved Waivers**

Provision of HRSN services & re-entry services; continuous eligibility

#### **Approvals of Current Pending Requests**

Range of re-entry & SDOH requests; health equity incentives; behavioral health benefits

#### **Use of Waivers During COVID-19 Unwinding**

Waivers to minimize coverage loss; resumption of charging premiums authorized by waivers

#### **Potential Administration Change**

Could reflect prior administration priorities or something new



## Questions?





2023 Legislative Session







Trend: Oversight of Medicaid Managed Care Organizations (MCOs)

#### **New York**

#### AB 289 (2021)

Clarifies medical necessity standard and utilization review processes applicable to medically fragile children covered by health maintenance organizations and Medicaid managed care organizations.

## Oklahoma

#### HB 1657 (2023)

Establishes a single consolidated provider enrollment and credentialing process for providers who contract with MCOs.

## Virginia

#### HB 2262 / SB 1154 (2023)

Establishes minimum procedures and timelines for MCOs to process new provider credentialing applications and reimburse new providers for services during the time when application pending.

### Indiana

#### SB 400 (2023)

Establishes standards and timelines for a clean credentialing process that applies to providers who contract with MCOs and requiring MCOs to post certain information about prior authorizations on its website.



Trend: Value-Based Purchasing



### Washington

#### HB 1515 (2023)

Requires integration of value-based purchasing for behavioral health into MCO contract and procurement processes, as well as standards for network adequacy and minimizing provider burden.

#### Louisiana

#### HR 248 (2023)

Requests the
Department of Health
to form a group to
study alternative tools
to inform
reimbursement rates
for outpatient
behavioral health
services.

### Maryland

#### HB 1148 / HB 322 (2023)

Establishes the Behavioral Health Care Coordination Value-Based Purchasing Pilot Program and authorizes a pilot to evaluate value-based purchasing for HCBS provided to children with behavioral health needs.

## North Dakota

#### SB 2030 (2023)

Requires the state
Medicaid agency to
participate in
payment reforms for
prescription drugs
like rebate programs
and value-based
purchasing.



Trend: Pilots and Evaluations



## Kentucky

#### SJR 54 (2023)

Directs the Department for Medicaid Services to examine the payment models that effectively address social risks and health-related social needs and develop a proposal to modify reimbursement.

### Utah

#### **SB 269 (2023)**

Directs agency to seek a waiver for a pilot program to provide coordinated care to enrollees with chronic health conditions. Includes initial home visit, daily remote monitoring, peer monitoring, at-home medication delivery, and telehealth.

## Colorado

#### HB 1300 (2023)

Requires the state agency to conduct a study to determine the feasibility of extending continuous eligibility medical coverage for eligible children and adults and how to better meet health-related social needs.



Trend: Other



## **Arkansas**

#### HB 1261 (2023)

Allows an ambulance service to triage, treat, and transport a patient to an alternative destination and mandates coverage in the state Medicaid program.

## Kentucky

#### **HB 391 (2023)**

Requires Medicaid agency to include long-term care provider associations in the process to plan and provide joint training to surveyors and provider associations when new guidelines and regulations are announced.

## Colorado

#### **SB 2** (2023)

Requires agency to seek federal approval to reimburse community health workers for preventive services, education, navigation, care transitions, and screening for clinical and social needs.

### **New York**

#### SB 559 (2021)

Directs agency to request guidance on federal financial participation for coverage and payment for prescription digital therapeutics approved by the FDA to treat substance use disorder.



## Questions?





## Discussion & Activity





#### Medicaid Innovation in Your State



- 1. 15 minutes, Table-Top Discussion
  - In the last legislative session, did your state pass any innovative Medicaid legislation? What made it innovative in your state?
  - What innovations excite you most or that you want to learn more about?
- 2. 10 minutes, Report Out
- 3. 5 minutes, Walk Away with a Takeaway

## Walk Away With a Takeaway!

## Capture:

- -One thing you learned
- -One action step



#### Resources

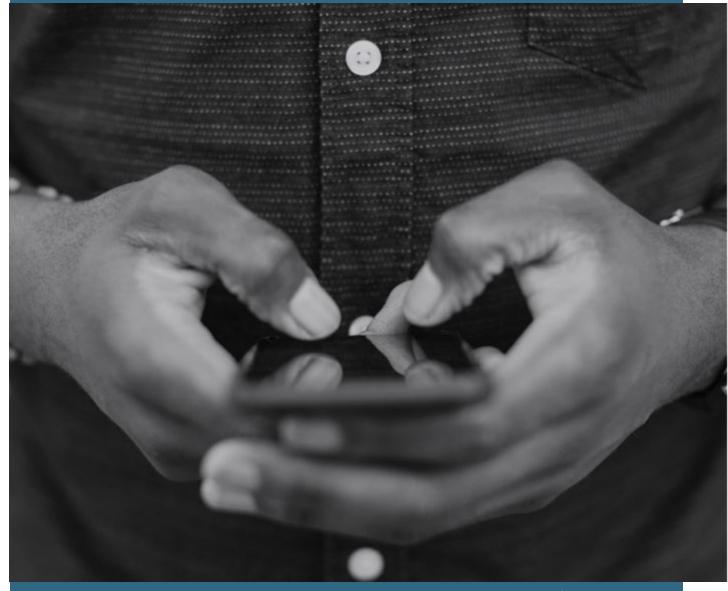
- Health Costs, Coverage and **Delivery State Legislation, NCSL** Database
- Connecting Recently Released Prisoners to Health Care - How to Leverage Medicaid, NCSL
- Section 1115 Waiver Tracker: **Pending and Approved Waivers** by State, KFF
- Research requests, technical assistance, publications, webinars and more!





#### Stay Connected

- <u>Learn</u> about NCSL training
- <u>Subscribe</u> to policy newsletters
- Read State Legislatures magazine
- <u>Listen</u> to an NCSL podcast
- Watch recorded policy webinars and training sessions
- **Attend** a meeting or training
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## Reach Out Anytime!







### **2023 Indy Legislative Summit**



Aug. 14-16, 2023

