Navigating Opportunities for Medicaid Payment for Evidence-Based Programs

Business Acumen Office Hour

May 26, 2021
Welcome

Brief Introduction of Medicaid Waivers

Advocacy Strategies and Next Step Suggestions

Open Discussion
Welcome!

Please share your organization and location in the chat box to say hello!

Today's Facilitators:

Sharon R. Williams
• CEO, Williams Jaxon Consulting, LLC
• NCOA Consultant

Laura Plunkett
• Program Specialist, Center for Healthy Aging, NCOA

Katie Zuke
• Senior Program Manager, Center for Healthy Aging, NCOA
Poll Question

Were you able to find the status of Medicaid reimbursement for EBPs in your state?
Evidence Based Programs

Most EBPs are funded under Title III D of the Older Americans Act

Older Americans Act Title III D

- Preventive and health promotion for older Americans
- Requires utilization of Evidence Based Programs
- Affordable Care Act - Prevention and Public Health Fund
- Limited federal funding
- Sustainability strategies are essential
States deploy Medicaid waivers to create more flexibility in the design of their Medicaid programs, most states operate under multiple waivers.

What are Medicaid waivers?

Social Security Act Title XIX
- Options to amend state Medicaid program
- Expand coverage
- Experient with new program options-financing, modes of delivery, population health
State Plan Amendment

Medicaid Plan Road Map

- An agreement between a state and the Federal government
- Defines beneficiary eligibility standards, covered services, provider payment methodologies, Medicaid managed care waivers, etc.
- How does your state’s SPA address needs/services unique to older Americans/persons living with disabilities?
<table>
<thead>
<tr>
<th>Waiver Type/Section</th>
<th>Purpose</th>
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<tbody>
<tr>
<td>1115</td>
<td>States can apply this waiver to test experimental, pilot, or demonstration projects, such as the Dual Demonstrations</td>
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<td>1905t</td>
<td>Allows states to create voluntary primary care case management (PCCM) managed care programs, another managed care alternative.</td>
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<td>1915a</td>
<td>States this waiver to enter into a contract with an entity to provide State plan services. Enrollment is voluntary.</td>
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<td>1915b</td>
<td>States can use Section 1915(b) waivers to mandate enrollment of special populations into managed care delivery systems or limited their choice of providers. Most state Medicaid managed care programs include mandatory enrollment provisions.</td>
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<td>1915c</td>
<td>These waivers provide states with the option delivering long-term services and supports (LTSS) in home and community settings rather than institutional settings. By combining 1915(c) waivers with 1915(a), 1932(a), or 1915(b) waivers, states can provide LTSS through managed care.</td>
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<tr>
<td>1915i-k</td>
<td>States can offer a variety of home and community-based services, including self-directed personal assistance and attendant services and supports services (whether enrollees meet the institutional level of care.) By using 1915i-k authority in conjunction with 1915(a), 1932(a), or 1915(b) authorities, states can provide LTSS through managed care.</td>
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<tr>
<td>1932a</td>
<td>Section 1932(a) mandates enrollment of Medicaid beneficiaries into managed care entities without section 1915(b) or 1115 waiver authority. Under this solo waiver, certain beneficiaries are exempt from mandatory enrollment such as, dual eligibles, Native Americans and children with special health care needs). This provision also requires states to offer at least two managed care options, except for some rural areas.</td>
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Utilizing Medicaid Program Design Options for EBP

Medicaid pays for LTSS costs; EBPs can reduce cost of care, improve health outcomes, and more

EBP as covered Medicaid benefits

- EBP embedded in Medicaid covered services
- In Lieu of Services (ILS) options
- Advocate for inclusion/alignment with Medicaid SPA goals
Waiver Development/CBO engagement

Actively participate in waiver development and renewal

Action Plan

- Review the HMA/NCOA report and other NCOA resources
- Be proactive
- Value Proposition
- Understand your state’s waivers
- Identify champions/stakeholders
- Leverage waiver/SPA public comment period solicitations
- ARPA/CARES funding decision making
Open Discussion
Medicaid Payment Resources

- Report: Reimbursement for Evidence-Based Health Promotion Programs in the Community
- Lessons Learned from Health Management Associates Report on Medicaid Reimbursement for Evidence-Based Programs
- Working with Your State Medicaid Waiver
- Connecting with your State Medicaid Agency
- Opportunities for Partnering with State Medicaid for CDSME Coverage
- Covering the Cost of Chronic Disease Self-Management Education with Medicaid
Thank you for joining today!

Register for our next business acumen event:

July 21st @ 1:00 - 2:00 p.m. ET

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2021 Virtual Conference
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