

Navigating Opportunities for Medicaid Payment for Evidence-Based Programs

Business Acumen Office Hour

May 26, 2021



Agenda

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

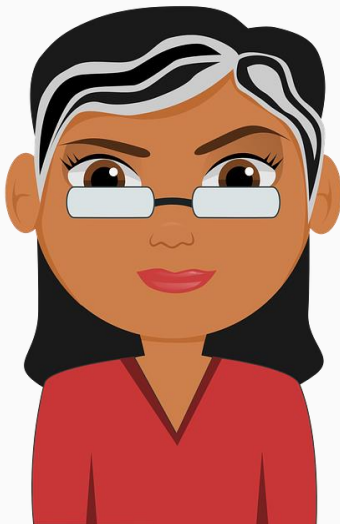
- Senior Program Manager, Center for Healthy Aging, NCOA

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

Medicaid Regulation Exceptions



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
- Experiment with new program options-financing, modes of delivery, population health

State Plan Amendment

States must document their Medicaid program design in a [State Plan Amendment](#) (SPA).



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?

Waiver Type/Section	Purpose
1115	States can apply this waiver to test experimental, pilot, or demonstration projects, such as the Dual Demonstrations
1905t	Allows states to create voluntary primary care case management (PCCM) managed care programs, another managed care alternative.
1915a	States this waiver to enter into a contract with an entity to provide State plan services. Enrollment is voluntary.
1915b	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.
1915c	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.
1915i-k	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.
1932a	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.

Utilizing Medicaid Program Design Options for EBP

EBP as covered Medicaid benefits

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

- 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

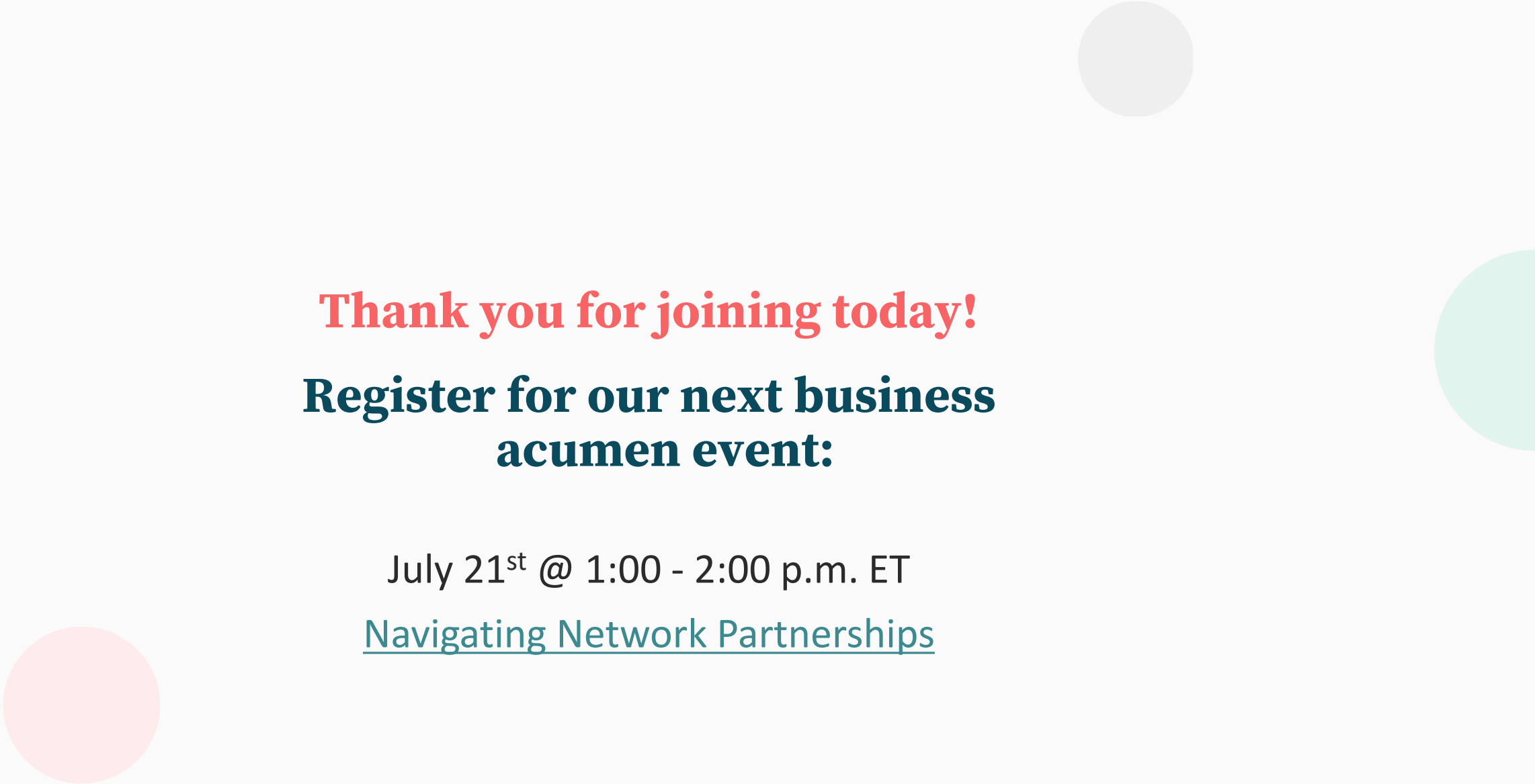
Open Discussion



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

[Navigating Network Partnerships](#)

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Age+Action

2021 Virtual Conference

June 7—June 10