Agenda

• Welcome and introductions
• Objectives of this call
• Presentation from ASTHO on changing Medicaid waiver landscape
• State share from Kentucky
• Presentation on implications of Medicaid waivers on tobacco cessation
• Lightening round robin
• Wrap up and next steps
Section 1115 Research and Demonstration Waivers:
New Flexibility and Opportunities

Medicaid Innovations Group
March 27, 2018
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Section 1115 Waivers

• Section 1115 Medicaid Research and Demonstration waivers provide states an avenue to test new approaches in Medicaid that may differ from federal program rules, so long as the approaches are likely to further the objectives of the Medicaid program.

• While there is great diversity in how states have used waivers over time, waivers generally reflect priorities identified by states and the Centers for Medicare and Medicaid Services (CMS).

• As of March 5, 2018, there were 44 approved 1115 waivers operating across 36 different states.

• As of March 5, 2018, there were 24 pending 1115 applications across 23 different states.

Figure 1

Landscape of Approved vs. Pending Section 1115 Medicaid Demonstration Waivers, March 5, 2018

Notes: Some states have multiple approved and/or multiple pending waivers, and many waivers are comprehensive and may fall into a few different areas. Therefore, the total number of pending or approved waivers across states cannot be calculated by summing counts of waivers in each category. Pending waiver applications are not included here until they are officially accepted by CMS and posted on Medicaid.gov. For more detailed information on each Section 1115 waiver, download the detailed approved and pending waiver tables posted on the tracker page. "MLTSS" = Managed long-term services and supports.
Section 1115 Waivers and Behavioral Health

• As of March 5, 2018, 19 states are using Section 1115 waivers for behavioral health purposes. Waivers included:
  • Providing enhanced behavioral health services (mental health and substance use disorder (SUD) services) to targeted populations.
  • Expanding Medicaid eligibility to additional populations with behavioral health needs.
  • Support integration of physical and behavioral health services.

• Relevant guidance:
  • [2015 guidance](#) on continuum of care available to individuals with SUD.
  • [2017 guidance](#) on waivers providing coverage for institutions for mental disease (IMDs) for short-term acute SUD treatment.
Work Requirements through 1115

• CMS has approved work requirements in three states: Kentucky, Indiana, and Arkansas.
  • In KY and IN, beneficiaries who fail to comply with the work or reporting requirements will be able to regain coverage after coming back into compliance.
  • In AR, beneficiaries deemed non-compliant with the work or reporting requirements for any three months within a plan year will be locked out of coverage until the next plan year. At the next plan year, they must file a new application to receive an eligibility determination.

• Seven more waiver applications for work requirements are pending:
  • AZ, KS, ME, MS, NH, UT, and WI are seeking to require work as a condition of eligibility for expansion adults and/or traditional populations.
  • NC has an 1115 waiver pending that includes provisions (premiums and work requirements) that would affect newly eligible adults only if proposed state legislation (“Carolina Cares”) is enacted that requires them.
  • AL has announced it seeking federal permission through a Section 1115 waiver to require parents and caregivers to fulfill work requirements as a condition of eligibility.
Figure 1

Work Status and Reason for Not Working Among Non-SSI, Nonelderly Medicaid Adults, 2016

- Working Full Time: 42%
- Working Part-Time: 18%
- Not Working Due to Illness or Disability: 14%
- Not Working Due to School Attendance: 6%
- Not Working Due to Caregiving: 12%
- Not Working for Other Reason: 7%

Total = 24.6 million

Notes: “Not Working for Other Reason” includes retired, could not find work, or other reason. Working Full-Time is based on total number of hours worked per week (at least 35 hours). Full-time workers may be simultaneously working more than one job. Source: Kaiser Family Foundation analysis of March 2017 Current Population Survey.
Lifetime Limits through 1115 Waivers

- Five states (AZ, KS, UT, ME, and WI) are also seeking waivers to impose lifetime Medicaid coverage limits.
  - AZ and UT want a 5 year lifetime limit on coverage.
  - AZ time-limited coverage would only accrue during months when enrollees don’t meet work requirements.
  - UT would only apply lifetime cap to childless adults, even those who do meet work requirements.
  - WI wants time-limited coverage for childless adults no longer than 48 months.
  - KS would limit coverage to 36 months to those who are subject to work requirements and meet the work requirements. They would limit coverage to 3 months within a 36 month period to those who are subject to work requirements and do not meet it.
1915 (b) & (c) Waiver Authority

- Renewable waiver authority that allows states to mandate coverage by a managed care delivery system(b) or provide long-term care services delivered in community settings as an alternative to institutional settings(c). The state must select the specific target population and/or sub-population the waiver will serve.
- 1915(b)& (c) waivers are renewable for 5 years after the initial approval period.
GAO Critique of Waiver Evaluations

• Recent Government Accountability Office (GAO) report published in January noted that selected states' evaluations of 1115 demonstrations often had significant limitations that affected their usefulness in informing policy decisions.

• GAO recommendations:
  1. CMS Administrator should establish written procedures for implementing the agency's policy that requires all states to submit a final evaluation report after the end of each demonstration cycle, regardless of renewal status.
  2. CMS Administrator should issue written criteria for when CMS will allow limited evaluation of a demonstration or a portion of a demonstration, including defining conditions, such as what it means for a demonstration to be longstanding or noncomplex, as applicable.
  3. CMS Administrator should establish and implement a policy for publicly releasing findings from federal evaluations of demonstrations, including findings from rapid cycle, interim, and final reports; and this policy should include standards for timely release.
What to Watch in Waivers Going Forward

Each administration has some discretion to approve waivers, although that discretion is ultimately limited by the Medicaid program purposes set out by Congress in federal law.

The direction of recent waivers may test the bounds of administrative flexibility through waivers as litigation challenging CMS’ authority to issue the work requirement guidance and approve Kentucky’s waiver has been filed.

As more waivers are submitted and approved, Kaiser identified the following key questions to consider:

• What are the stated goals and objectives? What does research or experience in other states show about provisions in the waiver?
• What populations are affected by the proposal? What are the anticipated effects on enrollment?
• What is the implementation plan and timeline? What are the administrative costs and challenges? What new systems will be necessary to implement the waiver?
• What is the process to receive public input on new waivers, amendments and operational protocols?
• What are the requirements for reporting and evaluation? How often do states need to submit data?

Questions?
State Share: Kentucky

Connie White, MD, MS, FACOG
Senior Deputy Commissioner
Kentucky Department for Public Health
Medicaid 1115 Waivers and Tobacco Cessation

March 27, 2018

Anne DiGiulio
National Manager, Lung Health Policy
American Lung Association
SMOKING CESSATION BACKGROUND
BACKGROUND

Comprehensive Benefit

• 3 Types of Counseling
  – Individual (face-to-face)
  – Group
  – Phone

• 7 Medications
  – 5 NRTs (Gum, Patch, Lozenge, Nasal Spray, Inhaler)
  – Bupropion
  – Varenicline
Background

Common Barriers to Access Care

• Cost Sharing
• Prior Authorization
• Duration Limits
• Yearly or Lifetime Limits
• Dollar Limits
• Stepped Care Therapy
• Required Counseling
BACKGROUND

Smoking in the Medicaid Population

• Medicaid enrollees smoke at a high rate
  – 25.3 percent

• Medicaid enrollees want to quit and are trying to quit
  – Over 70 percent smokers tried to quit in the last year

• Medication utilization remains low
1115 WAIVERS, PUBLIC HEALTH AND SMOKING CESSATION
1115 Waivers Policies Impacting Cessation

✓ Tobacco Surcharge

✓ Enrollment

✓ Accessing Medication
Questions?

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Round Robin
Thank You!

• Contact us with questions, suggestions, and feedback:
  • Mary Ann Cooney (mcooney@astho.org)
  • Deborah Fournier (dfournier@astho.org)
  • Emily Moore (emoore@astho.org)

• Additional resources: http://www.astho.org/Programs/Clinical-to-Community/

• Next call: May 2018 (date TBD)