



INARF Public Policy Review – January 2024

INARF has developed this document, updated monthly, which summarizes key industry trends, issues and developments that occurred in the previous month and is presented in executive summary format. If you have questions or comments, please contact any of the INARF Public Policy Team including Katy Stafford-Cunningham at katy@inarf.org or Courtney Scott at courtney@inarf.org.

Legislative Session Update:

INARF has several bills that are being watched closely as the second half of session beings. [HB 1156: Report on Medicaid Behavior Analysis Services](#) would require the Office of the Secretary of FSSA to prepare and submit a report to specified entities concerning data on the provision of ABA services in the Medicaid program. [HB 1187: Special Service Review Team and Emergency Placement](#) would establish a Special Service Review Team for applications for the CIH waiver and aligns the emergency placement CIH waiver requirements with current FSSA practices. [HB 1414: Managed Care Organization Reimbursement](#) would allow a managed care organization and a provider to mutually agree in writing to a reimbursement rate for a Medicaid service that is different than a rate set by the Office of the Secretary for the service. An amendment to the bill on January 30, clarified that this only applies during value-based health care negotiations. INARF does expect language changes to this bill as it moves through the Senate. [HB 1067: IDD Task Force and Program Oversight Boards](#) would sunset the 1102 Task Force at the end of 2024, and it would require the Task Force to study and recommend improvements to the MED Works program. [SB 148: Workforce Data Collection](#) would require employers to provide an employee's current primary standardized occupational classification code and starting compensation on the employees withholding allowance certificate or equivalent form. INARF's goal is to work the DSP data transparency language into SB 148 on the House side. INARF will keep close watch during the second half of Session and update the membership as needed.

[View the INARF Legislative Agenda](#)

[View the Bills Being Watched](#)

Medicaid Shortfall Update:

In December, FSSA presented the Medicaid Forecast to the State Budget Committee, and a shortfall in the Medicaid Budget of \$900 million was reported. Since then, FSSA has reviewed data, policies, and federally approved program authorities to identify the key drivers behind the variance. FSSA identified two categories: strategies related to the Aged & Disabled (A&D) Waiver and strategies across the Medicaid program. Strategies targeted for the A&D Waiver are effective immediately and include

- no new Legally Responsible Individuals (LRIs) may provide attendance care services

- FSSA is decreasing the number of auto-approvals for the A&D Waiver
- FSSA wants to target service definition compliance, ensuring that care managers and providers are trained on home and community assistance requirements and reinforce practices to align all services with federally approved definitions
- FSSA will adjust the continuity of care requirements in the transition into the PathWays program for existing service plans from 180 days to 90 days
- FSSA is looking at the pediatric eligibility review and how to better conduct level of care assessments for applicants aged 0-22
- FSSA will maintain current A&D Waiver slots, with plans to expand those waiver slots in 2025
- FSSA will implement system changes to restrict retroactive waiver coverage in compliance with current waiver authority.

For all waivers, FSSA will temporarily pause the 2% rate indexing. INARF is working with FSSA and will continue to provide updates to Members.

[View the FSSA Medicaid Forecast Update and Initiatives](#)

[View additional information on Attendant Care and Structured Family Care on the A&D Waiver](#)

[View the December 19, 2023 State Budget Committee Meeting](#)

[View the January 29, 2024 1102 Task Force Meeting](#)

Medicaid Eligibility Redetermination Issues:

With our return to normal operations for Medicaid, individuals are required to go through the Medicaid redetermination process and are now subject to eligibility rules that were in place prior to the PHE. INARF was able to contact the Division of Family Resources (DFR) to determine where the issues may lie. DFR stated that they typically fall into one of two scenarios. First, individuals turned 18 during the PHE and did not have a disability determination from the Social Security Administration (SSA). Once an individual turns 18, they must apply for Social Security Disability; failure to do so will result in the Medicaid disability being discontinued. During the PHE, DFR was not able to require this process to be completed. Now, individuals must apply for disability with SSA. If the application to SSA is denied, then the denial must be appealed with SSA for DFR to keep Medicaid open. The second situation is when individuals' claims for SSA disability are being denied or terminated, and they are not appealing the denial or termination with SSA. Failure to appeal the denial will result in Medicaid being closed or the individual being placed in a category that is not compatible with the waiver, such as HIP. DFR allows 65 days for individuals to appeal the SSA denial. If individuals are unable to independently address their concerns regarding their Medicaid eligibility, the family, provider, or case manager assisting the individual must be designated as an Authorized Representative for Medicaid.

1102 Task Force Special Meeting:

On January 29, 2024, the Intellectual and Developmental Disabilities Task Force met for a special meeting in order to discuss the Medicaid Shortfall and the strategies that FSSA has identified to address the \$900 million variance.

[View the 1102 Task Force Meeting Recording](#)

[View the 1102 Task Force PowerPoint](#)