

## **Public Notice**

### **Idaho Department of Health and Welfare Demonstration Waiver for Complex Medical Needs**

#### **Notice of Public Hearing and Public Comment Period**

Pursuant to 42 CFR §431.408, §440.386 and §440.345 and in compliance with the provisions of section 5006(e) of the ARRA of 2009, the Idaho Department of Health and Welfare (IDHW), gives notice of its intent to apply for a demonstration waiver to the Centers for Medicare and Medicaid Services (CMS). The waiver is requested under the authority provided in §1115(d) of the Social Security Act. The waiver application will be submitted on or after January 1, 2018. The proposed effective date for the waiver is July 1, 2018.

#### **Description and Goal of the Waiver**

The Department intends to submit an application to the Centers for Medicare and Medicaid Services (CMS) for a demonstration waiver. The purpose of the waiver is to provide Medicaid coverage to children and adults with a complex medical condition with the goal of improving access to consistent and comprehensive coverage which fully meets their needs.

Today Idahoans afflicted with a complex life-threatening medical condition rely on a mix of federally subsidized insurance, catastrophic health care fund coverage, and charity care to meet their needs. Accessing these variable methods of coverage results in an additional burden for Idahoans and their families at a time when they have the most difficulty in effectively managing the daily challenges of life related to their condition. By providing a reliable and comprehensive source of coverage, the CMN waiver will allow for better outcomes for this population while reducing the negative impacts of unpredictable costs for these consumers and for the healthcare marketplace.

The waiver application is available for review on our website at [www.cmnwaiver@dhw.idaho.gov](http://www.cmnwaiver@dhw.idaho.gov). The Department is seeking public comment through the website, public hearings, via email, through the website or USPS mail through the contact provided at the end of this notice.

#### **Evaluation of the Demonstration**

The Department will conduct an evaluation to determine if the needs of those with complex medical needs had their medical needs more effectively met prior to or after coverage by Medicaid and to determine if their outcomes and experience of care improved, stayed the same or declined.

The Department will leverage available data resources to conduct the evaluation which will include obtaining information regarding experience of care and services prior to the waiver, Medicaid claims data and standardized survey tools to measure quality, outcomes and care experiences after the implementation and on an annual basis. This will provide a baseline and an ongoing assessment of the waivers status.

## **Eligibility Requirements**

Participants must meet the following requirements:

- Children and adults, up through age 64, with household income between 0 - 400% of the Federal Poverty Level (FPL)
- Not otherwise eligible for Medicaid
- Do not have access to an affordable employer-sponsored plan as defined in 26 CFR 1.36
- Diagnosis of a targeted medically complex health care condition as listed in the table below:

<b>HCC</b>	<b>HCC Label</b>
66	Hemophilia
8	Metastatic Cancer
G07	Diseases of the Blood (Hemolytic anemia, sickle cell anemia, thalassemia major, etc)
159	Cystic Fibrosis
9	Lung, Brain, and Other Severe Cancers, Including Pediatric Acute Lymphoid Leukemia
118	Multiple Sclerosis
G06	Disorders of Bone Marrow (Myelodysplastic syndromes, Myelofibrosis, Aplastic Anemia)

## **Services and Delivery System**

Participants eligible for the demonstration will have access to all inpatient, outpatient, primary care, physician specialty care, surgical, diagnostic, rehabilitative, hospice, dental, transportation, long-term supports, prescription drug and behavioral health services currently approved in the Idaho Medicaid State Plan. Services are currently delivered under a delivery system of both fee-for-service and managed care provider networks.

## **Cost-Sharing**

Consistent with other Idaho Medicaid programs, participants of CNM will be subject to the assessment of a premium based on household income and not to exceed the maximums set forth in federal law and regulations for the Medicaid program. The Department will establish a premium fee schedule and publish it on its website. Eligible individuals will be notified of their eligibility for Medicaid and cost-sharing requirements.

## **Financing and Enrollment**

The projected fiscal impact for State Fiscal Year 2019 is an approximate federal cost of \$29,000,000 and an approximate State General Funds cost of \$13,000,000, which equals a total approximate fiscal impact of \$42 million. The Department projects enrollment during the first year of the demonstration will be approximately 1,500 participants. Enrollment in years two through five is expected to increase incrementally by approximately 5%.

## **Public Hearings**

Pursuant to CFR 431.408(C)(iv), Idaho Medicaid will hold public hearings to provide an opportunity for stakeholders to provide comment on the waiver application. Interested stakeholders are afforded three opportunities to attend in person or by teleconference.

**Boise Public Hearing**

Location: Pete T. Cenarrusa Bldg.  
7<sup>th</sup> Floor, Conference Rm. 7A  
450 W. State St.  
Date: December 7, 2017  
Time: 11:00AM - 1:00 PM

**Pocatello Public Hearing**

Location: DHW Region VI  
Suite #230  
1070 Hilina Rd.  
Date: December 8, 2017  
Time: 11:00AM - 1:00PM

**Coeur d'Alene Public Hearing**

Location: DHW Region I  
Large Conference Rm.  
1120 Ironwood Dr.  
Date: December 12, 2017  
Time: 10:00AM - 12:00PM PDT

**Conference line for all dates and locations:**

**Call: 1-877-820-7831**

**Guest Code: 701700**

**Tribal Notification Process**

The Department has implemented its Medicaid Tribal Notification Process regarding this waiver application. The process includes providing a written notice to the Tribes (via USPS mail) sixty (60) days prior to the submission of the waiver application, posting of the notice on the Tribal website and engaging Tribal representatives during our routine quarterly meeting on November 8, 2017 in Lapwai, ID.

**Public Review and Comment Opportunities**

Copies of all notices regarding the waiver application and the waiver application itself are available for viewing at any Idaho Department of Health and Welfare office or on our website at [www.cmnwaiver@dhw.idaho.gov](http://www.cmnwaiver@dhw.idaho.gov). Interested parties may also request hard copies of the waiver application or submit comments via email or traditional USPS mail to:

Attention: Cindy Brock  
Alternative Care Coordinator  
Division of Medicaid  
P.O. Box 83720; Boise, Idaho 83720-0009  
**E-mail to:** [cmnwaiver@dhw.idaho.gov](mailto:cmnwaiver@dhw.idaho.gov)

**Public comments will be accepted until December 15, 2017.**