## Thursday, September 19

**Social:** If you’re tuning in for MACPAC’s September meeting, please find all of the presentations live on our site! LINK

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Overview of Recently Published Final Rules

In this session, staff presented a summary of the provisions in four final rules that the Centers for Medicare & Medicaid Services (CMS) recently issued on eligibility and enrollment, access to care, managed care, and nursing facility staffing and payment transparency. For each rule, staff provided an overview of key requirements, highlighted how CMS responded to MACPAC comments on the rules, and discussed how the new rules relate to ongoing and future work during this analytic cycle.

**Social:** To kick off the meeting, staff present a summary of four recent rules that @CMSGov recently issued on eligibility and enrollment, access to care, managed care, and nursing facility staffing and payment transparency. Tune in now! LINK #Medicaid

Timely Access to Home- and Community-Based Services: Use of Presumptive Eligibility and Expedited Eligibility for Non-Modified Adjusted Gross Income Populations

States have a number of ways to expedite Medicaid eligibility determinations and enrollment for individuals in need of home- and community-based services (HCBS). This session focused specifically on the use of presumptive eligibility and expedited eligibility for individuals whose income is not determined using modified adjusted gross income (MAGI). MACPAC staff presented on the preliminary findings from interviews with state and federal officials, as well as other national experts. Interviews highlighted a large degree of state variation in how presumptive eligibility and expedited eligibility can be used for non-MAGI populations. However, MACPAC heard strong support for how these flexibilities can reduce the amount of time an applicant waits to receive HCBS.

**Social:** States have various ways to speed up #Medicaid eligibility for home- and community-based services. Staff present findings from interviews showing significant state variation but strong support for certain measures in reducing wait times for #HCBS. LINK

Section 1915 Medicaid Home- and Community-Based Services Authorities: Revisiting Policy Options

Section 1915 authorities allow states to provide home- and community-based services (HCBS) to Medicaid beneficiaries. Operationalizing HCBS programs can be administratively burdensome for states, and MACPAC has engaged in work to identify opportunities to alleviate some of that burden. We proposed policy options at the [March 2024 meeting](https://www.macpac.gov/meeting/march-2024-public-meeting/), and based on Commissioner feedback, conducted additional research to better understand the effects of those options. In this session, Commissioners discussed two policy options: (1) increasing the renewal time period for Section 1915(c) waivers and Section 1915(i) state plan amendments from 5 to 10 years, and (2) removing the requirement that states meet a cost neutrality test for Section 1915(c) waivers and direct the Secretary of the U.S. Department of Health & Human Services to release an annual report demonstrating the cost effectiveness of HCBS.

**Social:** (Megaphone) Interested in learning more about 1915 authorities providing #HCBS to #Medicaid beneficiaries? Commissioners now discuss two policy options to alleviate some of the states’ burden surrounding these programs. LINK

Understanding the Program of All-Inclusive Care for the Elderly (PACE) Model

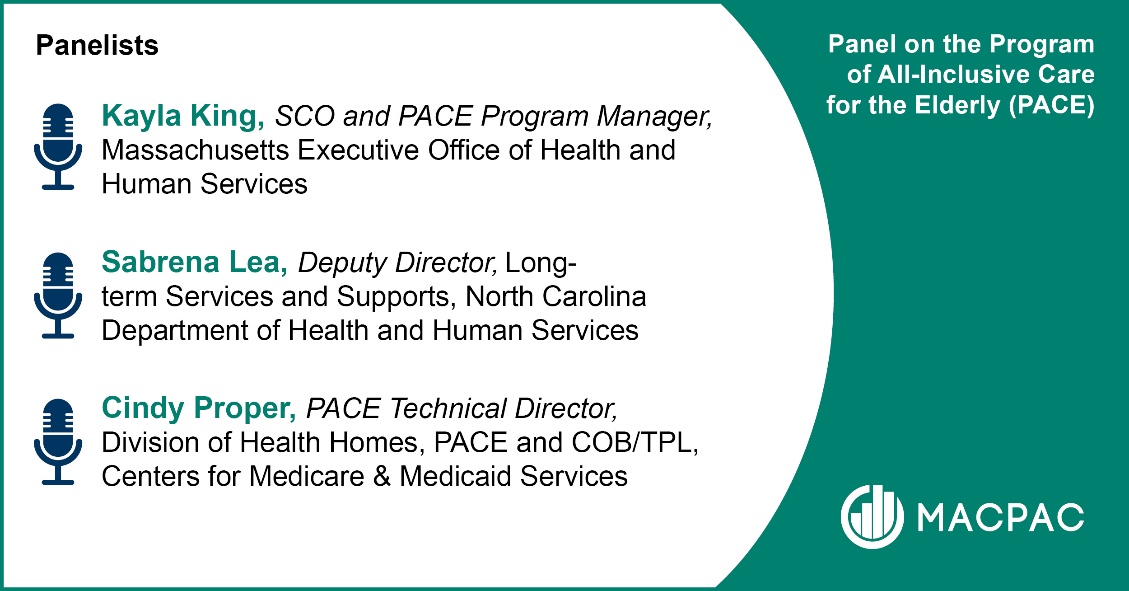
The Program of All-Inclusive Care for the Elderly (PACE) is a provider-led model that provides fully integrated care to frail adults ages 55 and older with nursing facility level of care needs while still allowing them to remain in the community. MACPAC has built a body of work on other forms of integrated care for dually eligible individuals, such as Medicare Advantage dual eligible special needs plans and Medicare-Medicaid Plans under the Financial Alignment Initiative demonstration, but the Commission has not yet provided an overview of the PACE model. Eighty-four percent of the nearly 60,000 individuals enrolled in PACE programs in 2021 were dually eligible for Medicare and Medicaid.

In this session, MACPAC staff presented an overview of the PACE model, including information on the regulatory framework, design elements, enrollment and spending data, and outcome evaluations. Then the Commissioners heard a panel discussion from experts on PACE and discussed areas of interest regarding the model, and highlighted priority issues to address in subsequent stakeholder interviews with state and federal officials, PACE providers, and consumer advocates.

Panelists included:

* Kayla King, PACE and Senior Care Options (SCO) Program Manager at the MassHealth Office of Long-Term Services and Supports
* Sabrena Lea, Deputy Director for Long-Term Services and Supports (LTSS) in the North Carolina Department of Health and Human Services, Division of Health Benefits
* Cindy Proper, PACE Technical Director within the Division of Health Homes, PACE and COB/TPL in the Medicaid Benefits and Health Programs Group, Centers for Medicare & Medicaid Services

**Social:** HAPPENING NOW! (Pointing Emoji) Tune in for a special panel discussion on the Program of All-Inclusive Care for the Elderly featuring key speakers from [@MassGov](https://x.com/MassGov), [@ncdhhs](https://x.com/ncdhhs), and [@CMSGov](https://x.com/CMSGov)! LINK

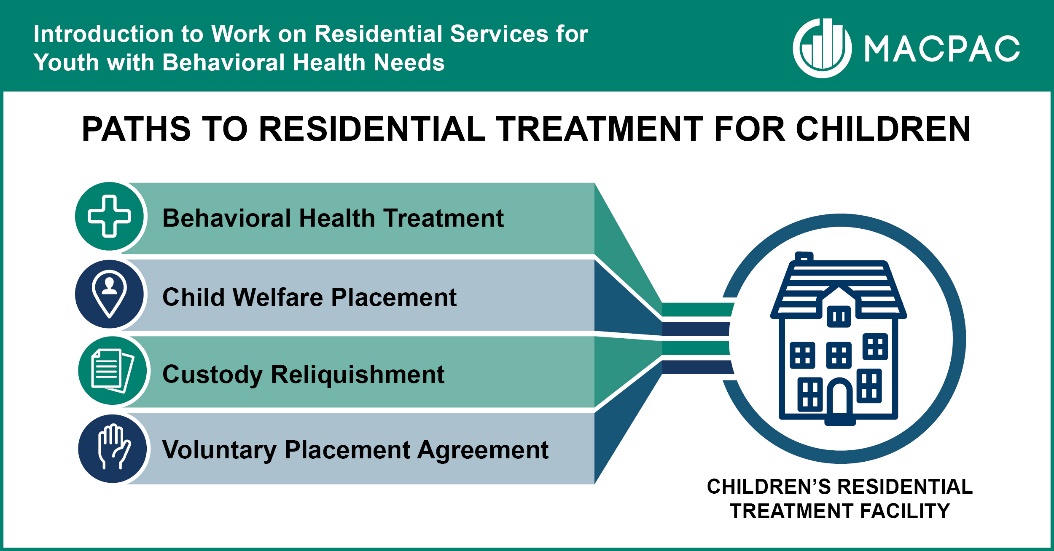


## Friday, September 20, 2024

Introduction to Work on Residential Services for Youth with Behavioral Health Needs

Medicaid supports a wide range of behavioral health services for children including residential treatment programs. In response to the Commission’s continued interest in services for Medicaid-enrolled children and youth, MACPAC has initiated work to examine how Medicaid ensures that children and youth with serious behavioral health conditions appropriately access intensive services in residential settings following an assessment of their needs and the certification of medical necessity for this level of care. In this first phase of work, we are examining the challenges states face in providing appropriate and timely access to intensive residential treatment services for youth, including older age youth, those with prior admission to acute care settings, and youth with co-occurring conditions such as intellectual or developmental disabilities. This work on appropriate access to children’s residential services is the first part of our ongoing focus on children’s behavioral health in this and future analytic cycles.

**Social:** #Medicaid supports a broad range of behavioral health services for children, including residential treatment programs. The Commission discusses appropriate access to children’s residential services. Learn more! 📋💡LINK



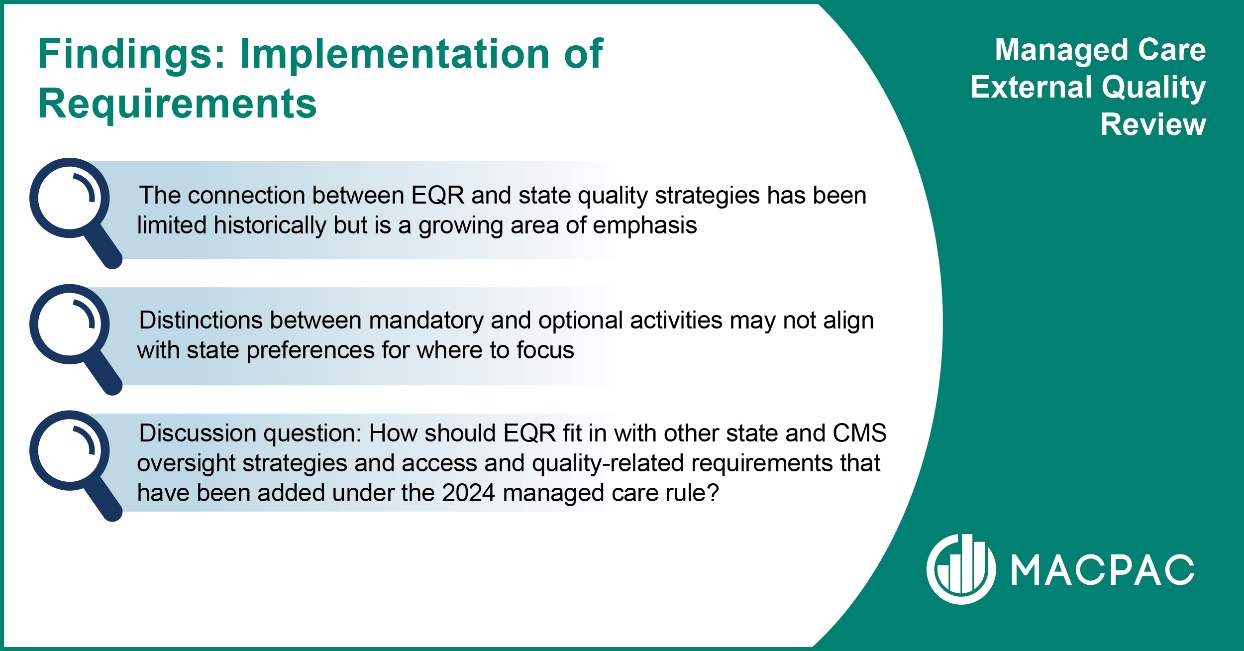
Managed Care External Quality Review: Project Recap and Next Steps

MACPAC is examining the managed care external quality review (EQR) process as part of its work on strengthening managed care oversight and accountability.

Continuing the Commission’s work on EQR from 2023, staff reviewed prior work on EQR and presented an update on EQR requirements in light of the final Medicaid managed care rule released on May 10, 2024. The managed care rule requires that the annual technical report include any outcomes data and results from quantitative assessments of performance improvement plans, performance measures, and network adequacy.

The Commission discussed the findings from the prior work and if there were areas to explore for potential policy options regarding how EQR could be structured to use outcomes data and improve the transparency and usability of EQR findings by the Centers for Medicare & Medicaid Services, states, and other stakeholders.

**Social:** 🔍 Looking to understand the managed care external quality review (EQR)? Join now as the Commission examines the managed care EQR process as part of its work on strengthening managed care oversight and accountability. LINK #Medicaid



Introduction to Work on Justice-Involved Youth

Medicaid and the criminal justice system share responsibility for providing health care to Medicaid enrollees who are involved in the justice system. MACPAC has examined the health needs of justice-involved adults but the Commission has not yet explored the specific needs of justice-involved youth. Federal law generally prohibits states from receiving federal matching funds for services provided to individuals who are eligible for Medicaid or the State Children's Health Insurance Program (CHIP) while they are incarcerated.

In this session, staff revisited the Commission's prior chapter on adults in criminal justice system before introducing new work on justice-involved youth. The session explores the health needs of and access to care for justice-involved youth and Medicaid’s evolving role in covering services for youth who are detained, incarcerated, or recently released from carceral settings.

**Social:** This session examines the shared responsibilities of #Medicaid and the criminal justice system in delivering health care to justice-involved youth. Understand Medicaid’s evolving role in providing services to youth who are detained, incarcerated, or recently released. LINK

Themes from Hospital Payment Index Technical Expert Panel

In 2017, MACPAC constructed a state-level hospital payment index to compare fee-for-service (FFS) inpatient hospital payments across states and to Medicare payment rates. To update the payment index, we convened a Technical Expert Panel (TEP) with representatives from federal and state government, hospitals, consultants, and researchers. The purpose of the TEP was to discuss ways to leverage current data sources, including newly available data on supplemental and managed care directed payments, to update and expand the prior methodology to include inpatient and outpatient hospital services across FFS and managed care delivery systems. Key themes from the TEP include methods to calculate Medicaid payments using available data sources, meaningful benchmarks for Medicaid payment comparison, methods to account for supplemental payments and provider financing, and uses for the payment index.

**Social:** Staff share findings from a technical expert panel, featuring federal & state reps, hospitals, consultants, and researchers. Hear key themes including methods to calculate #Medicaid payments using available data sources. 🔍 LINK

**Social:** Missed our September meeting? No worries! You can find all of the presentations here on our site: LINK



**Week of the 23rd Social:** Missed our September meeting? We’ve got the transcript here! LINK