



FLORIDA HEALTH JUSTICE PROJECT

May 21,2021

Beth Kidder
Deputy Secretary
Division of Medicaid
Florida Agency for Healthcare Administration

via email: Beth.Kidder@ahca.myflorida.com

Re: Suggested Use of Bump in HCBS FMAP

Dear Beth,

As always, thank you for getting back to me so quickly and for underscoring the need for providing specifics suggestions asap.

Florida Health Justice Project is submitting the following requests for use of the FMAP bump.

1. Workforce support: increase HCBS provider rate to increase wages and benefits.

If possible, provide these increases immediately and outside of the managed care plans so that the increased funding can more quickly go directly to address the issue of an underfunded workforce. This need is urgent and immediate. It is currently causing grievous gaps in coverage, e.g. [Alene](#), [Shirely](#).

If the rate increases need to be provided through managed care plans, consider an immediate contract amendment requiring that MCOs include home health agencies in their provider networks, in addition to nurse registries. As Lauren Papalas explained in our recent meeting, nurse registry payment rates are much lower than those of home health agencies. She explained how this is contributing to the dire lack of workforce personnel

-- most especially on weekends. Thus, a raise in rates for weekends is also critically needed, on top of an across-the-board raise.

We also would prioritize using the FMAP funds to support activities to recruit and retain home health workers, including incentive payments.

2. Require plans to provide the live-in caregiver service.

This would address problems faced by people like [Thelma](#) and [Diwante](#). They gave up full time jobs to take care of parents who require 24/7 care and, without their full time care, would be in a nursing facility, at much greater expense.

3. Outreach and Educational materials

We also recommend preparation of educational materials. Given the complexity of the HCBS program, this is extremely helpful. An example would be funding to update the [consumer video](#) which FHJP prepared, and that AHCA and DOEA reviewed.

4. Address social determinants of health (SDOH)

As allowed under the CMS May 14 guidance, the HCBS program could be expanded to include testing alternative payment methodologies or delivery of new services that address SDOH. Especially in light of the time frame for accessing the FMAP bump and current dire need in some communities with, e.g. elder homelessness, we support directly funding entities outside of the MCO system that are best positioned to coordinate this effort.

For example, Title III providers who can effectively integrate caregiver education and training into Medicaid Managed Long-Term Care offer one possible mechanism for addressing SDOH. ADRCs are well positioned to expand some of their current programs for supporting elders with dementia, as well as caregiver support. They can also leverage their network of community partners currently working on the range of efforts to improve SDOH for low-income seniors.

Going forward, organizations like AgeWell, whose staff already have extensive expertise in the LTC Waiver and community resources should be included in planning for how Florida can most effectively use this incredible opportunity to leverage additional FMAP for addressing the SDOH for the HCBS population.

Thank you so much for considering these comments and for all the work you do on this critical program. It is exciting to have this opportunity for additional funding.

All my best,
Miriam

s/ Miriam Harmatz

Miriam Harmatz
Advocacy Director & Founder
Florida Health Justice Project