# State Differences in the Application of Medical Frailty Under the Affordable Care Act and Medicaid Work Requirements

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## RESEARCH OBJECTIVE

When states first expanded Medicaid under the Affordable Care Act (ACA) they had the option of expanding by offering full state plan Medicaid to the expansion group or offering an Alternative Benefit Plan (ABP) different or less than traditional Medicaid. Those in these ABPs may, for example, not be covered for such services as nonemergency medical transportation, durable medical equipment or long-term care. Recently, a number of states have required or are proposing that certain individuals must work or engage in other approved activities (community engagement) such as vocational training or community service to be eligible for or continue with Medicaid coverage.

Work requirements are independent of whether a state has implemented Medicaid expansion or how it has implemented Medicaid expansion. As of April 2019, 14 of the 37 expansion states (plus the District of Columbia) use medical frailty to determine who is eligible for full state plan Medicaid and/or exempt from Medicaid work requirements. We plan to describe how states with Medicaid expansion identify those who are medically frail and to understand the methodology used to identify individuals who are medically frail in each state whether for access to full state plan Medicaid or to be exempt from Medicaid work requirements.

#### **Medical Frailty Definition:**

Centers for Medicare & Medicaid Services (CMS) defines medical frailty as involving individuals who encompass having:

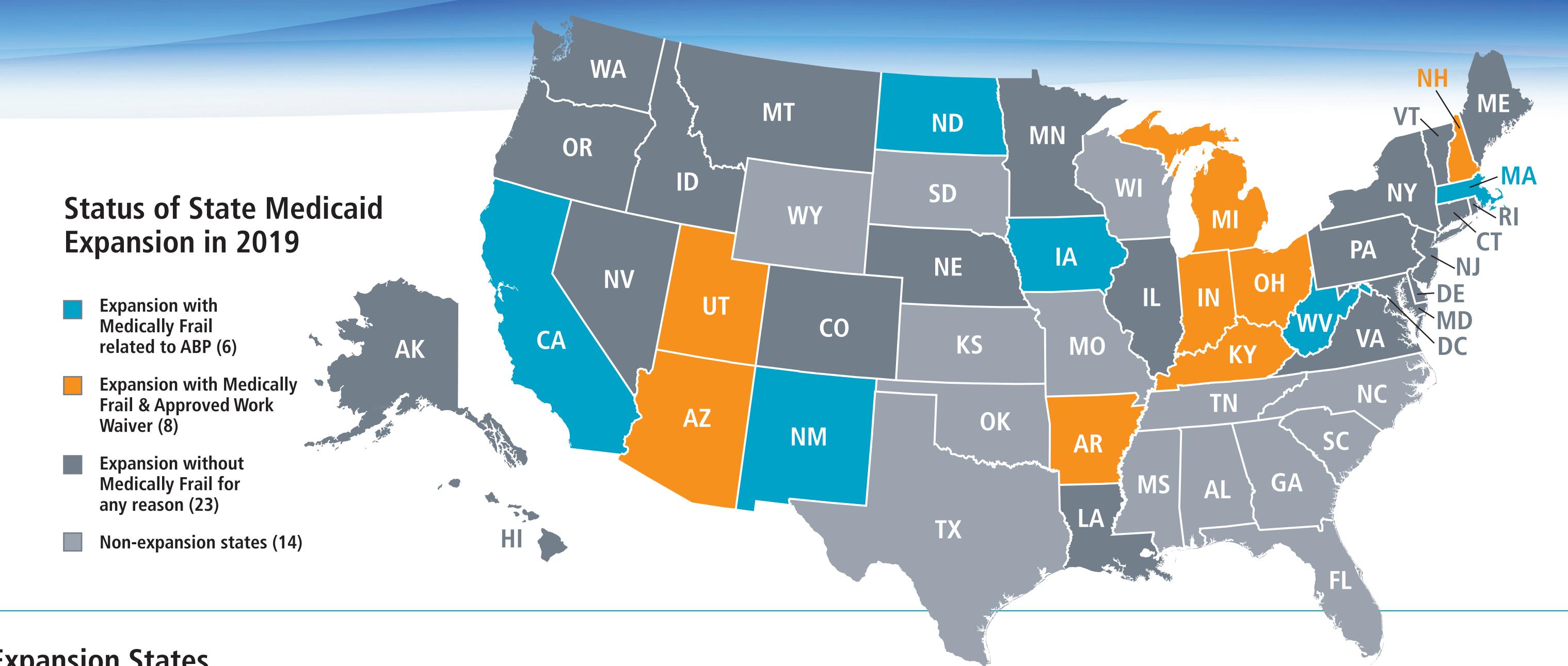
- Disabling mental disorders
- Chronic substance abuse disorders
- Serious and complex medical conditions
- Physical, intellectual, or developmental disability that impairs one or more activities of daily living
- Disability determination by Social Security criteria or state plan criteria

# STUDY DESIGN

We examined states that had Medicaid expansion/and or work requirements and determined if there were differences in covered services between the Medicaid expansion group and traditional Medicaid. We examined state plan amendments, waivers approved by CMS and primary documents from states, including client informational materials and policy documents to understand the methodology used to assess medical frailty in each state.

#### POPULATION STUDIED

The study population consists of two groups, with some overlap between them. The first group to be studied involves states with Medicaid expansion which have ABP different or lesser than full state plan Medicaid. The second study population consists of states which have obtained waivers that allow them to have work requirements for Medicaid applicants who are non-disabled and childless adults.



# PRINCIPAL FINDINGS

There are substantial differences in how states assess medical frailty. In some states, such as Massachusetts, individuals who are applying for disability based Medicaid simply "self-declare" that they have "special medical needs" (medically frail). Michigan utilizes both self-identification and claims analysis. North Dakota has developed a questionnaire which is evaluated by a medical professional and then reviewed by the State Department of

Human Services to determine medical frailty.

#### Self-Report:

Ten states (AR, IA, IN, KY, MA, MI, ND, NM, WV, UT)

- <u>Data Review Based</u>: Four states (AR, IA, MI, UT)
- Administrative:
   Six states
   (AR, CA, IA, ND, NH, WV)
- Clinical:

   Eight states
   (IA, IN, KY, MI, ND, NH, NM, UT)

## Medically Frail Identification in ACA Expansion States

	Self-Report	Data Review Based	Administrative	Clinical
Expansion with Medically Frail related to ABP				
California (CA)			Criteria for Medicaid Long Term Services and Supports (LTSS) are equivalent to 'medical frailty'—no separate assessment	
Iowa (IA)	Self-attestation method of screening if SSDI or assert ADL limitations then client completes questionnaire	Questionnaire score calculated based on weighted algorithm determines if meets criteria for exemption	Agency review of provider referral	Provider attestation to exempt status
Massachusetts (MA)	Self-identification as medically frail (member booklet directs client to call Customer Service)			
New Mexico (NM)	Self-identification			Identified/documented through MCO Care coordination process
North Dakota (ND)	Medically frail questionnaire		Medical professional review of responses	Client must submit report by physician
West Virginia (WV)	Response to question on application; self-identification at any time triggers 'choice counseling.'		"Medical Frailty" notice with eligibility determination; worker counseling, Rights and Responsibilities notices "Your Guide to Medicaid" booklet	
Expansion with Medically Frail & Approved Work Waiver				
Arkansas (AR)	Self-identify on application/electronic submission online; receive Choices Counseling	Application information and data obtained systematically	Notices and informational materials to request determination of medically frail	
Arizona (AZ)	TBD — Community Engagement not in effect till January 2020 or later (Arizona Health Care Cost Containment System 4/2019)			
Indiana (IN)	Self-initiation with Medicaid agency			Health plan screening/health plan confirms status
Kentucky (KY)	Self-identification to MCO			MCO verifies by appointment/exam or review of health services provided
Michigan (MI)	Self-identification	Claims analysis		Health care provider referral
New Hampshire (NH)			Notices to the following categories: Mandatory, previously 'medically frail'; exempt; subject to another work requirement	"Licensed Medical Professional Certification of Medical Frailty" to be submitted by client
Ohio (OH)	TBD in Community Development Implementation Plan 90 days from approval of 1115 work waiver 3/15/19			
Utah (UT)	Self-report exemption due to physical/mental inability to meet requirements	State systems data documents exemption		Physician documents inability to meet requirements due to physical of mental disability

## CONCLUSIONS

There are substantial differences in how states with Medicaid expansion/work requirements identify individuals who are medically frail. These differences may result in state-to-state variation in access to needed services among persons with high levels of medical need especially as implementation of Medicaid work requirements progress.

# IMPLICATIONS FOR POLICY OR PRACTICE

The results provide needed information to policymakers that are interested in improving access among vulnerable populations in the 14 states that have not yet implemented Medicaid expansion, but may do so in the future. There is a need for ongoing study to determine whether state differences in how medical frailty is addressed are associated with differences in access by persons with high medical need.

#### **CURRENT STATUS**

It should be noted that, as of 4/1/2019, eight expansion states had waivers approved for implementing work requirements for Medicaid recipients and/or "community engagement" which allows such activities as attending school or work training programs to substitute for actual paid work. Some states allow participation in an approved substance abuse treatment program (MI). A federal judge has blocked implementation of work requirements in KY and AK. States that were approved but not implemented included AZ, MI, and OH. NH was approved and implemented in March 2019 but does not require reporting of community engagement activities until June 2019. IN has an approved program but no work hours are required during the first six months of the program.