

Minutes
Statewide Health Care Transition Services Task Force
for Youth and Young Adults with Disabilities

Finance and Structure Subcommittee
Teleconference Call
September 5, 2008

ATTENDEES:

Phyllis J. Sloyer, R.N., Ph.D., PAHM, FAAP, Chair, Division Director, Children's Medical Services
Joseph J. Chiaro, M.D., FAAP, Deputy Secretary, Children's Medical Services
Janet Hess, MPH, CHES, Director of Programs, Early Childhood Council
Lanetta B. Jordan, M.D., MPH, Director, Sickle Cell Services, Memorial Regional Hospital; Sickle Cell
Disease Association of America
Debbie Richards, MSW, Program Manager, Florida Developmental Disabilities Council,
Mary Beth Senkewicz, Deputy Commissioner for Life and Health, FL Office of Insurance Regulation

CALL TO ORDER:

The meeting was called to order by Dr. Sloyer, Chair, at 8:06 a.m. Janet Hess was introduced as the facilitator of the meetings. A roll call was taken for individuals on the call to include name and organization.

OVERVIEW:

Dr. Sloyer noted that this teleconference focus was to review the healthcare financing options that are available to young adults with disabilities from a national and state perspective. She discussed the financing documents that were posted on the project website. Two documents in particular provide good background information. One, written by the federal maternal and child health bureau' has a lot of information about health insurance options. The 2nd document, from the Commonwealth Fund, talks about why young adults become uninsured and new policies that offer some promises for healthcare coverage. The web site also contains a 2-page tools & tip sheet authored by the federally funded Healthy, Ready to Work National Center that addresses public and private plans, including Medicaid options.

Dr. Sloyer reviewed the abbreviated chart, "Insurance and Other Financing Options for Young Adult Healthcare," that catalogues the available Florida options. This draft document was used to generate comments and questions about current options. The options are discussed in the following paragraphs.

- **SSI** – In Florida, if you qualify for SSI, you automatically qualify for Medicaid benefits (as in most states). It was noted that when the individual turns 21, the scope of benefits available prior to age 21 is reduced. Therefore, items such as durable medical equipment, dental services, home health care coverage, and unlimited hospitalizations are either reduced or eliminated in the adult Medicaid benefit package. Additionally, about 30% of the children who qualify for SSI do not qualify for SSI as an adult when their continuing disability is reviewed. .
- **Medicaid Buy-In While Working** - Florida does not have this option. It allows people with disabilities who earn too much to be eligible for SSI, to buy into Medicaid for healthcare benefits.
- **Medicaid Waivers** - The Home-and-Community Based Waiver (HCBW) is often used in Medicaid. These waivers cover services that would not be covered under a Medicaid state plan. Florida has several such waivers that cover young adult who are technology dependent and individuals with developmental disabilities.

A state must demonstrate that use of this waiver option would be less costly than institutionalization. Because of this requirement, certain individuals would not qualify because of the level of their disability. Waivers are also limited to the number of approved “slots”, so when the enrollment threshold is reached no additional individuals can be enrolled in the waiver program.

Medically Needy – Florida has a Medically Needy Program, however, it is not continuous coverage and there are concerns that it may face significant reductions or elimination. It allows individuals who have high costs of care to use their healthcare bills to “spend down” their income to Medicaid income thresholds. And subsequently receive Medicaid benefits. Eligibility is reviewed monthly.

- **Ticket to Work** – Ticket to Work allows SSI-eligible individuals to work and continue to receive Medicaid benefits. Florida has been very interested in pursuing this and it was re-introduced during the last legislative session. Unfortunately, due to the economic climate, it was not approved. This option is a good option for transition-age individuals who meet SSI disability criteria since it allows them to keep their Medicaid benefits while employed.
- **Private Insurance** – Chapter 627.6041, F.S. entitled the “handicapped children continuation of coverage” allows an individual over the age of 18 to continue on their family’s plan as long as they are incapable of self-sustaining employment due to mental retardation and physical handicap, i.e., they are dependent upon the policy holder or subscriber for support or maintenance. It was noted substantial gainful employment generally means more than half-time employment.

There are about 40 states that use this option and it is commonly referred to as adult disabled coverage. The Florida law applies to all policies and not just group policies. Ms. Senkewicz will research the HMO laws to determine if HMOs also are included under the provisions of the handicapped children continuation of coverage law.

Other states also allow dependents regardless of disability to remain on their family’s coverage up to age 30. Until this fiscal year, Florida limited that extension of coverage to age 25. However, with the enactment of “Cover Florida” Florida now extends coverage to age 30 provided that the young adult is unmarried, does not have a dependent of his or her own, is a resident of the state, a full time or part time student, and not provided coverage under any other plan or entitled to benefits under Title 18 of the Social Security Act. Ms. Senkewicz indicated that provisions in Florida law are irrespective of disability/health condition, but only include group policies. There are no pre-existing condition exclusions provided they have been continuously insured. (meaning no breaks in excess of 63 days)

Ms. Richards asked whether a child with Medicaid can be picked up under their parent’s group policy once he/she ages out of Medicaid and if the child is incapable of self sustaining employment. It was noted that individual’s can be covered by Medicaid and commercial insurance as long as they meet the Medicaid financial eligibility limits.

- **Local Safety Net Health Plans** - Hillsborough County, Jacksonville, and Palm Beach all have local health plans. They typically focus on lower income folks who don’t have other insurance but don’t qualify for Medicaid. Counties subsidize their plans through local tax dollars. Hillsborough’s program is also tied into county social services so that there is some integration between health care and social services; the same care coordinators hooking people into other community-based services. Hillsborough’s program has won national awards and has been held up as a model for other communities. It’s basically a full benefit package that includes hospitalization and drugs; the primary medical homes are health clinics. Dr. Jordan mentioned that Broward County has the Primary Care Center that serves as a safety net. County-based plans offer possibilities for low-income young adults, including those with disabilities. However, there are few of them in the state.

- **Student Insurance Policies** – Student insurance policies do not offer a wide array of benefits and typically require that the student carry a certain number of academic hours. These policies are available to students ages 18-22. It was noted that Florida law does not specify student hour requirements, so each policy will have its own unique requirements.
- **Other Financing Options** – The other financing options listed on the chart don't provide a full benefit package. Vocational Rehabilitation is listed because they offer some services into adulthood that are helpful for individuals with disabilities. Community Health Centers are local options for primary and some specialty care. Together with county health departments, community health centers serve as safety net providers for individuals. Payment for health care services is generally on a sliding-scale basis and benefits are limited. Finally, Voluntary Organizations include voluntary physician services such as We-Care.. Services are quite limited but afford access to primary or acute care.

A new option, “Cover Florida” was discussed. SB 2534 was approved during the 2008 legislative session and signed into law. Ms. Senkewicz indicated that it is a limited benefit product that will be offered this year. Currently, the Office of Insurance Regulation and the Agency for Healthcare Administration are reviewing the proposals. Generally a limited non-catastrophic coverage option will cost about \$150 per month. Insurers have the ability to develop their own packages and set limits on services in order to keep the costs low. The program is expected to be implemented in early 2009. This program is designed for the uninsured, i.e., need to be uninsured for six months unless coming off Medicaid or the KidCare program.. There are 7 or 8 required benefits, which includes drugs.

ACTION:

Dr. Chiaro suggested putting all of the financing options in a matrix to help identify gaps in coverage. Dr. Sloyer will draft the matrix for review and will seek input from some national experts to determine if all options have been identified. Additionally, Dr. Sloyer will obtain a list of procedure codes that have not been fully recognized by payers and may be of benefit as the group deliberates all of the financing issues.

Concerns were raised about workforce capacity and Dr. Chiaro indicated it would be important to include physician extenders as providers of services. Ms. Hess will refer these issues to the subcommittee on models of care and workforce development.

ADJOURNMENT:

The meeting was adjourned at 8:55.