State Differences in the Application of Medical Frailty Under the Affordable Care Act: 2017 Update

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PRINCIPAL FINDINGS

There remain substantial differences in how the 14 states identify the medically frail population. 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). In contrast, Arkansas has created a scoring tool that identifies applicants as medically frail based on their medical diagnosis or utilization. North Dakota has developed a questionnaire to determine those likely to qualify as medically frail. Then a medical professional evaluates the questionnaire and, if applicable, a possible candidate for medically frail, they obtain additional medical information, which is then reviewed by the state Department of Human Services. Michigan and Arizona have approved waivers that include ‘medical frailty’ but neither of these states has yet fully developed their protocols for identification of the medically frail.

• Self-Report: Ten states (AK, AL, IA, KY, MA, MT, ND, NH, NM, WI)

  Data Review: Five states (AK, IA, KY, MT, MI)

  Administrative Review: Seven states (CA, IA, KY, MT, ND, NH, NM)

  Clinical Review: Seven states (CA, IA, KY, MT, ND, NH, NM)

Medical Frailty in ACA Expansion States

Status of State Medicaid Expansion in 2017

- Expanded with Medical Frailty (14)
- Expanded without Medical Frailty (18)
- Not expanded (19)

CONCLUSIONS

The updated investigation found that there remain substantial differences in how states with Medicaid expansion identify their medically frail populations. The findings highlight how states can tailor their approach to the Affordable Care Act in a manner that results in state-to-state variation in access to needed services among those with high levels of medical need. Early data in two states finds that 7% (Arkansas) and 10% (Montana) of the expansion population have status as medically frail and receive full state plan Medicaid instead of the alternative benefit plan.

IMPLICATIONS FOR POLICY OR PRACTICE

The results provide needed information to policymakers in states that have not implemented Medicaid expansion or that want to modify alternative benefit plans while ensuring access among vulnerable populations. The picture is complicated by the likelihood that there will be significant legislative changes in the ACA in the near future. If some form of Medicaid expansion still prevails, the likelihood of more state flexibility may well increase the probability that states will implement medically frail provisions. There remains a need for ongoing study of whether medical frailty policy provides as well as it can in applications among states, effectively address issues of access for persons with high medical need.