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

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We examined states that previously had Medicaid expansion and noted if there were changes regarding coverage for the expansion population, i.e., if states were offering the expansion population an alternative benefit plan different from the same as full state plan Medicaid. We further identified any newly expanded states with respect to the same factors. We examined state plan amendments, waiver materials submitted to CMS and primary documents from states, including claim informational materials and policy documents, to understand the methodology used to assess medical frailty in each state, and to examine differences in covered services between the expansion and traditional Medicaid groups.

The new population was the 14 states with Medicaid expansion with a difference in services between the alternative benefit plan and traditional Medicaid. These are states in which medical frailty applies.

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-identifies” that they have “special medical needs” (medically frail). In contrast, Arkansas has created a screening tool that identifies applicants as medically frail based on their diagnosis or medical 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 the applicant is a possible candidate for medical frailty, 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**

<table>
<thead>
<tr>
<th>State</th>
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<th>Data Review</th>
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<th>Clinical Review</th>
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**Medical Frailty in ACA Expansion States**

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**Expanded with Medical Frailty (14)**

- Arkansas
- California
- Iowa
- Indiana
- Kentucky
- Massachusetts
- Michigan
- New Hampshire
- New Jersey
- New Mexico
- North Dakota
- West Virginia
- **Not expanded (10)**

**Expanded without Medical Frailty (10)**

- Arizona
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Kansas
- Louisiana
- Maryland
- Maine
- Minnesota
- Missouri
- Nebraska
- Nevada
- New York
- North Carolina
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Virginia
- Washington
- Wisconsin
- Wyoming

**Not expanded (10)**

- Alabama
- Alaska
- Alabama
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Kansas
- Louisiana
- Maryland
- Maine
- Minnesota
- Missouri
- Nebraska
- Nevada
- New York
- North Carolina
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Virginia
- Washington
- Wisconsin
- Wyoming

**Expanding with Medical Frailty**

- Arkansas
- California
- Iowa
- Indiana
- Kentucky
- Massachusetts
- Michigan
- New Hampshire
- New Jersey
- New Mexico
- North Dakota
- West Virginia

**Not expanding**

- Arizona
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Kansas
- Louisiana
- Maryland
- Maine
- Minnesota
- Missouri
- Nebraska
- Nevada
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- Ohio
- Oklahoma
- Oregon
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- South Carolina
- South Dakota
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- Texas
- Utah
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- Washington
- Wisconsin
- Wyoming

**CONCLUSIONS**

The updated investigation found that there remain substantial differences in how states with Medicaid expansion identify their medically frail populations. The results from this new study suggest that any future changes to the Affordable Care Act will continue to result in state-to-state variation in access to needed services among persons with high levels of medical need. Early data in two states finds that 7% (Arkansas) and 10% (Montana) of the expansion population have been identified 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 assessing 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 Medicaid (8) provisions. There remains a need for ongoing study of whether medical frailty policy may eventually be in application among states, effectively address issues of access for persons with high medical need.