



December 15, 2026

Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services  
Attn: Section 1115 Demonstration Review Team

*Re: Florida Managed Medical Assistance Waiver Section 1115(a) – Amendment Request: “Eligibility Redetermination Exemption”*

To Whom It May Concern:

On behalf of the Home Care Association of Florida (HCAF) and the home care provider community we represent, we respectfully submit these comments in strong support of Florida’s proposed amendment to the Florida Managed Medical Assistance (MMA) Section 1115(a) Research and Demonstration Waiver. The amendment would exempt Medicaid-eligible, permanently disabled individuals from the 12-month eligibility redetermination requirement under Title 42 of the Code of Federal Regulations section 435.916.

HCAF has been Florida’s voice for home care for more than 35 years. Founded in 1989, HCAF is a 501(c)(6) not-for-profit organization dedicated to strengthening access to high-quality, cost-effective care in the home through advocacy, education, and resources. HCAF represents more than 2,800 licensed home health agencies, including providers serving Medicare, Medicaid, and private pay populations.

### **Summary of the Amendment and Why HCAF Supports It**

The Florida Agency for Health Care Administration (AHCA) is seeking federal approval from the Centers for Medicare & Medicaid Services (CMS) to add a new component — titled the “Eligibility Redetermination Exemption” — to Florida’s MMA demonstration. The proposed exemption is designed to reduce procedural coverage loss for permanently disabled Medicaid recipients and promote continuity of care during the redetermination process.

As described in the amendment request, Florida’s statutory change (enacted through Senate Bill 2514) provides that an eligible person receiving Medicaid-covered institutional care services, hospice services, or home- and community-based services pursuant to section 393.066, Florida Statutes, or section 409.978, Florida Statutes, is presumed eligible for continued coverage for those Medicaid-covered services during a redetermination process, and AHCA continues payments unless there is a material change in disability or economic status resulting in loss of eligibility.

HCAF supports this amendment because it promotes continuity of care, reduces avoidable administrative churn, and protects medically vulnerable beneficiaries who rely on uninterrupted services to remain safely at home and in the community.

### **The Home Care Perspective: Why Coverage Stability Matters**

For permanently disabled individuals — particularly those with complex medical needs — coverage disruptions are not “paperwork problems.” They are disruptions in medically necessary care. In the home and community-based setting, even short gaps in eligibility can lead to:

- Missed skilled nursing visits, therapy visits, and aide services;
- Interruptions in medication management and care plan oversight;
- Avoidable emergency department utilization and hospitalizations;
- Caregiver strain and burnout; and
- Increased risk of institutional placement — often at higher cost to the Medicaid program.

Home health agencies experience these disruptions downstream in real time when services are paused, authorizations are delayed, or families lose access to benefits temporarily and must navigate reinstatement. These disruptions also undermine workforce stability and operational sustainability for providers who must manage schedules, staffing assignments, and patient safety responsibilities under uncertain coverage conditions.

Florida's amendment appropriately recognizes that for permanently disabled beneficiaries — especially those already receiving intensive services — annual redeterminations can drive avoidable churn that destabilizes medically necessary services.

### **Alignment With Demonstration Goals and Legislative Direction**

AHCA explains that the purpose of this amendment is to mitigate gaps in Medicaid coverage, streamline services, improve efficiency, and preserve a continuum of vital services for more than 150,000 Medicaid recipients. HCAF agrees that this is a reasonable and important objective, particularly for a population defined by permanent disability status and established service needs.

While CMS has indicated that it does not generally anticipate approving new Section 1115(a) waiver proposals that create continuous eligibility, HCAF is concerned that a categorical reluctance to consider such proposals may be counterproductive for narrowly defined, medically vulnerable populations. For permanently disabled Medicaid recipients, repeated eligibility redeterminations often create unnecessary administrative burden, increase the risk of procedural disenrollment, and shift costs and complexity downstream to states, providers, caregivers, and families — without corresponding program integrity benefits.

### **Program Integrity and Safeguards Are Built In**

HCAF also supports the structure of the amendment because it includes clear guardrails:

- No change to underlying eligibility standards. AHCA states the amendment does not change Medicaid eligibility criteria or trends; eligibility remains governed by the Florida Medicaid State Plan.
- Presumed eligibility is not unconditional. Continued coverage and payment are maintained only unless the person experiences a material change in disability or economic status that results in loss of eligibility.
- Notification and redetermination authority remain. If a material change occurs, the person or designated caregiver must notify AHCA and the Florida Department of Children and Families (DCF), and DCF may conduct a redetermination with notice to the beneficiary/caregiver.
- Budget neutrality is expected. AHCA anticipates no increase in Medicaid enrollment and states budget neutrality is expected to continue.

These features reflect a balanced approach: protecting continuity for permanently disabled beneficiaries while preserving mechanisms to address genuine changes in eligibility.

### **Implementation Recommendations From the Home Care Provider Community**

HCAF respectfully offers the following recommendations to strengthen implementation and maximize the amendment's impact on continuity of care:

- **Clear, plain-language guidance for families and caregivers.** Because the amendment relies in part on beneficiary/caregiver notification when a material change occurs, AHCA and DCF should provide standardized, accessible guidance explaining what constitutes a "material change," how to report it, and what to expect during any redetermination process.
- **Provider-facing operational guidance to prevent inappropriate service interruptions.** Home health agencies and other community providers should receive clear direction — through health plans and AHCA communications — confirming that services for eligible individuals should not be disrupted solely due to routine redetermination cycles, consistent with the presumed eligibility/payment continuation framework.
- **Data sharing and coordination with managed care plans.** Because most Medicaid recipients in the MMA program are enrolled in managed care plans, efficient coordination is essential so plans, providers, and families receive timely confirmation of continued eligibility status during the redetermination period, preventing unnecessary administrative delays.

- **Monitor access and continuity outcomes for home and community-based services.** Although AHCA states this change is not expected to impact evaluation design, HCAF encourages CMS and AHCA to monitor basic continuity indicators (for example: rate of procedural disenrollments for the affected population, time to reinstatement if disenrollment occurs, and frequency of service interruptions) to ensure the exemption is accomplishing its stated purpose of mitigating gaps.

## Conclusion

HCAF respectfully urges CMS to approve Florida's proposed Eligibility Redetermination Exemption amendment to the Florida MMA Section 1115(a) Demonstration. The proposal is appropriately targeted, grounded in continuity-of-care objectives, and structured with safeguards to preserve program integrity while preventing avoidable administrative coverage loss for permanently disabled beneficiaries.

Thank you for the opportunity to submit comments. HCAF stands ready to assist CMS and AHCA with implementation considerations affecting home health agencies and the patients/clients they serve.

Respectfully submitted,

A handwritten signature in black ink that reads "Denise Bellville". The signature is written in a cursive, flowing style.

Denise Bellville, RN, BS  
Executive Director