July 25, 2012

State Medicaid Integration Tracker©

Review of State Medicaid Integration Plans

Third Edition

NASUAD
National Association of States United for Aging and Disabilities

Welcome to the State Medicaid Integration Tracker©

The State Medicaid Integration Tracker is published each month by the National Association of States United for Aging and Disabilities (NASUAD). **New information presented each month is highlighted in purple.**

Founded in 1964, NASUAD represents the nation's 56 officially designated state and territorial agencies on aging, as well as state disability agencies. NASUAD's mission is to design, improve and sustain state systems delivering home and community-based services and supports for the elderly and individuals with disabilities and their family caregivers.

On the Verge: The Transformation of Long-Term Services and Supports, a 2012 report by AARP, NASUAD and Health Management Associates found that, on the heels of the Great Recession, many states are on the verge of transforming the financing and delivery of long term services and supports (LTSS). The report describes a "dizzying array" of Medicaid reforms throughout the country.

Questions or Additions?

Do readers have any questions about information in this tracker or have new information to share?

If yes, please let NASUAD know by contacting either:

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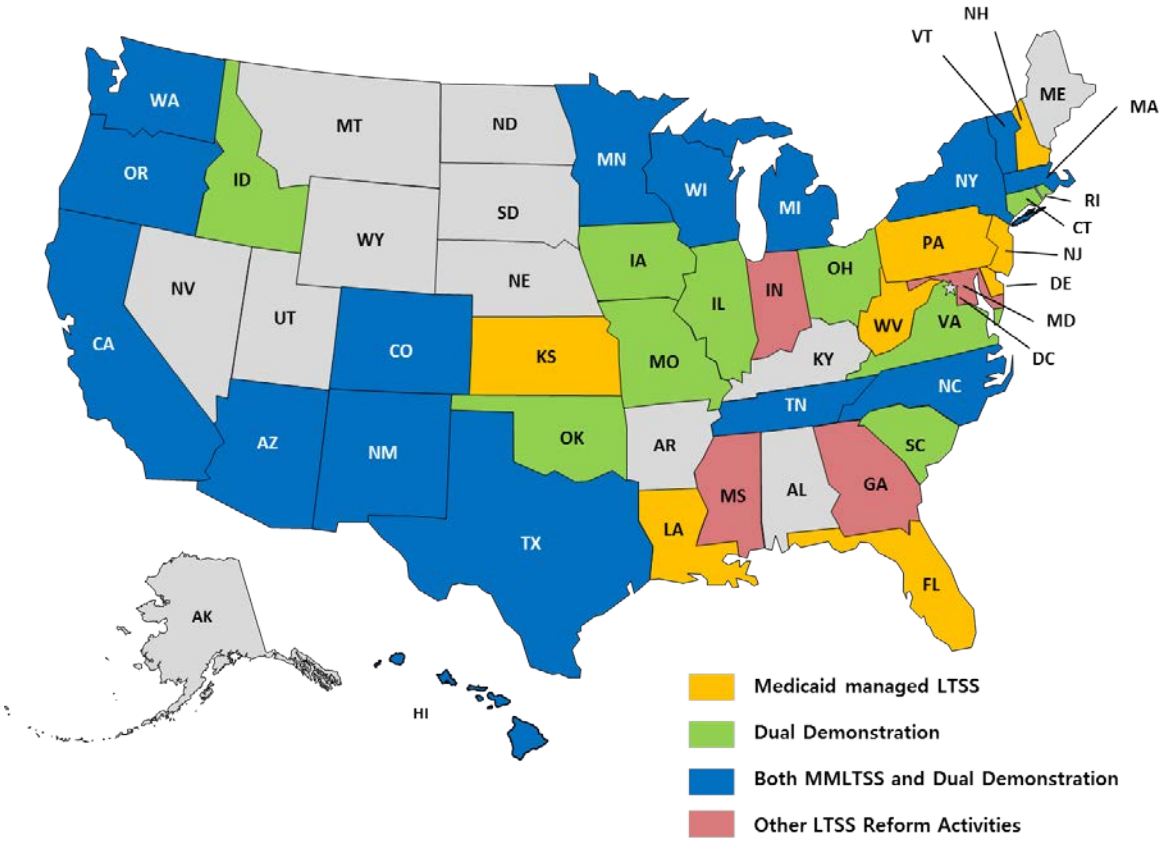
The State Medicaid Integration Tracker focuses primarily on state actions in managed care for people who receive Medicaid-funded LTSS and on state initiatives relating to services and costs of services for people who are dually eligible for Medicaid and Medicare. Because so many states have informed the federal Center for Medicare and Medicaid Innovation that they intend to participate in the State Demonstrations to Integrate Care for Dual Eligible Individuals, the Tracker pays close attention to the status of state participation in this demonstration. The Tracker also includes updates on states participating in the Balancing Incentive Program (BIP), states developing or implementing Medicaid State Plan amendments under §1915(i), and states pursuing the Communities First Choice Option under §1915(k).

NASUAD uses many sources of information to find out what is happening across the country, including Medicaid.gov, CMS.gov, state websites, various Kaiser publications, Stateline, Bureau of National Affairs (BNA) Highlights, Commonwealth Fund's Washington Health Policy Week in Review, the National Association of Medicaid Directors newsletters, news reports, and more. Sources are listed with each month's Tracker.

In this changing environment tracking state level initiatives is a challenge. Because of this, NASUAD will update this NASUAD's State Medicaid Integration Tracker each month.

State Updates



States engaged in/pursuing Medicaid managed LTSS
(DE, FL, KS, LA, NH, NJ, PA, WV)

States pursuing Dual Demonstration
(CT, ID, IL, IA, MO, OH, OK, RI, SC, VA)

States engaged/pursing in both Medicaid managed LTSS and Dual Demonstration
(AZ, CA, CO, HI, MA, MI, MN, NM, NY, NC, OR, TN, TX, VT, WA, WI)

States engaged in/pursuing Balancing Incentive Program
(GA, IA, IN, MD, MS, MO, NH, TX)

States engaged in/pursuing Section 1915(i) State Plan Option
(CA, CT, LA, NM, NC, OR, TX, WI)

States engaged in/pursuing Section 1915(k) Community First Choice
(AZ, CA, LA)

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Dual Demonstration Update

To see a cross-comparison of states participating in federal Dual Demonstrations, click **here**.

State Medicaid Integration Tracker

State	Medicaid Managed LTSS and Other Updates	Duals Demonstration Status
Arizona	**CMS Overview of Medicaid Managed LTSS** Arizona is one of 16 states currently operating Medicaid managed LTSS, according to a map prepared for CMS by Thomson Reuters. (May 2012) **Arizona Health Care Cost Containment System— Section 1115 Demonstration Waiver** (Approved 4/6/2012) Arizona Health Care Cost Containment System provides health care services through a prepaid, capitated managed care delivery model that operates statewide for both Medicaid State plan groups as well as demonstration expansion groups. The goal of the demonstration is to provide organized and coordinated health care for both acute and long-term care that includes pre-established provider networks and payment arrangements, administrative and clinical systems for utilization review, quality improvement, patient and provider services, and management of health services. Beneficiaries receiving long-term care services receive additional benefits that would not otherwise be provided through the Medicaid State plan. (Source: Medicaid.gov) State Program Website Fact Sheet Current Approval Document **Section 1915(k) Community First Choice (CFC) Option** Arizona submitted application for Community First Choice Option to CMS, targeting Fall 2012 for implementation. Arizona Long Term Care System (ALTCS) Update (5/16/2012) HHS released finalized rule for the Community First Choice (CFC) Option. The final rule provides states choosing to participate in this option a six percentage point increase in	Proposal Submitted to CMS (5/31/2012) Target implementation date: Jan 2014

State	Medicaid Managed LTSS and Other Updates	Duals Demonstration Status
Arizona	federal Medicaid matching funds for providing community-based attendant services and supports to beneficiaries who would otherwise be confined to a nursing home or other institution. News Release Final Rule (Federal Register, May 7, 2012) **Arizona Health Care Cost Containment System (AHCCCS) Director Testifies before the U.S. Senate on Duals Demonstration** The state Medicaid Director Tom Betlach testified before the U.S. Senate Special Committee on Aging regarding the success of Medicaid managed care for dual eligible members in Arizona. Overview Complete Testimony	
California	**CMS Overview of Medicaid Managed LTSS** California is one of 16 states currently operating Medicaid managed LTSS, according to a map prepared for CMS by Thomson Reuters. (May 2012) **Duals Demonstration** State officials proposed (5/25/2012) a three-month delay in the start date for the duals demonstration project, also known as the Coordinated Care Initiative, which was originally slated to begin in March 2013. The state now plans to start the program in June 2013. (Source: www.californiahealthline.org, May 30, 2012) The state submitted a revised demonstration proposal Thursday to the federal Centers for Medicare and Medicaid Services (CMS) that reflects stakeholder input received during the 30-day state comment period. Next, CMS will hold a 30-day public comment period, independent from the State's process. The proposal will be posted for comment at the Integrated Care Resource Center website and CMS Medicare-Medicaid Coordination Office. (Source: Calduals.org, May 31, 2012) Current state law permits implementation in 2013 in four counties – Los Angeles, Orange, San Diego, and San Mateo.	Selected by CMS for Demonstration Grants Proposal Submitted to CMS (5/31/2012) Target implementation date: Jan 2013

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State	Medicaid Managed LTSS and Other Updates	Duals Demonstration Status
California	Pending further state and federal authority, readiness reviews and preparations, the state will possibly expand to four additional counties in 2013: San Bernardino, Riverside, Santa Clara, and Alameda. (Source: Calduals.org, April 14, 2012) The state is estimating the proposal will generate more than $400 million in additional General Fund savings from 2012 through 2016. Sixteen California counties began enrolling Medi-Cal recipients into managed care plans in 2010. Residents in the demonstration counties will be asked to enroll in the managed care program, but will have the choice to opt out of participating. (Source: www.times-standard.com, May 29, 2012) **California Bridge to Health Reform – Section 1115 Demonstration Waiver** (Approved 3/30/2012) Under California Bridge to Health Reform demonstration, the State is phasing in coverage in individual counties for adults ages 19-64 with incomes at or below 133 percent of the FPL who could be eligible under the Affordable Care Act early expansion state option as well as adults between 133% and 200% of the FPL who are not otherwise eligible for Medicaid. The demonstration also expands the existing Safety Net Care Pool (SNCP) that was established to ensure continued government support for the provision of care to uninsured individuals by hospitals, clinics, and other providers. It also creates coordinated systems of care for Seniors and Persons with Disabilities (SPDs) in counties with new or existing Medi-Cal managed care organizations through the mandatory enrollment of the population into Medicaid managed care plans. (Source: Medicaid.gov) 1.1 million Californians eligible for both Medicare and Medi-Cal benefits will start with a pilot program in four counties -- Los Angeles, Orange, San Diego and San Mateo. (Source: Kaiser Daily Health Policy Report, May 3, 2012) Fact Sheet Vision Statement Current Approval Document	

State	Medicaid Managed LTSS and Other Updates	Duals Demonstration Status
California	**FY 2012 budget** Same copayment requirements and provider reductions that had been applied to managed care plans as part of the original FY 2012 budget will now be applied to managed care plans that had originally been exempted, including Program of All-Inclusive Care for the Elderly (PACE), Senior Care Aging Network (SCAN) and AIDS Healthcare Centers payments. Kaiser Publication (February 2012) **Section 1915(k) Community First Choice (CFC) Option** California has submitted application for Community First Choice Option to CMS (Waiting for approval as of 5/9/2012). State Website Letter to County Welfare Directors and In-Home Supportive Services Program Managers According to a recent report published by the U.S. Government Accountability Office (GAO), the state plans to provide services required under the statute related to assistance with ADLs, IADLs, and health-related tasks. California's application indicated that the state had proposed to transition eligible individuals from the state plan personal care benefit to the Community First Choice program. GAO Report to Congressional Requesters (June 2012) **Section 1915(i) State Plan Option** Department of Health Care Services (DHCS) plans to submit SPA # 11-041 to CMS by December 31, 2011. This SPA will extend Medi-Cal coverage for existing specialized health and other HCBS provided to Medi-Cal eligible persons with developmental disabilities. Medi-Cal eligible persons with developmental disabilities who do not meet the criteria for institutional long-term care services will be covered under this State Plan option. (Source: Department of Health Care Services Long-Term Care Division) California has submitted application for Section 1915(i) State Plan Option. (Source: NASUAD, June 2012)	
Colorado	**Accountable Care Collaborative (ACC)**	Selected by CMS for

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State	Medicaid Managed LTSS and Other Updates	Duals Demonstration Status
Colorado	A bipartisan bill, which establishes a program to pilot-test Medicaid fee-for-service alternatives and Regional Care Collaborative Organizations (RCCO), was signed into law by Governor John Hickenlooper (6/4/2012). Pilots could incorporate elements such as global payments, risk sharing, and aligned payment incentives. The bill calls for the Department of Health Care Policy and Financing to select projects to be included in the program by April 1, 2013 and specifies that pilots proposing global payment methodologies should be given preference. (Source: ModernHealthcare.com; ModernPhysician.com) Legislation According to the state website, Medicaid clients in the ACC will receive the regular Medicaid benefit package, and will also belong to a "Regional Care Collaborative Organization" (RCCO). Medicaid clients will also choose a Primary Care Medical Provider (PCMP). **Regional Care Collaborative Organization (RCCO):** The RCCO connects Medicaid clients to Medicaid providers and also helps Medicaid clients find community and social services in their area. The RCCO helps providers to communicate with Medicaid clients and with each other, so Medicaid clients receive coordinated care. A RCCO will also help Medicaid clients get the right care when they are returning home from the hospital or a nursing facility, by providing the support needed for a quick recovery. A RCCO helps with other care transitions too, like moving from children's health services to adult health services, or moving from a hospital to nursing care. **Primary Care Medical Provider (PCMP):** A primary care medical provider (PCMP) is a Medicaid client's main health care provider. A PCMP is a Medicaid client's "medical home," where he/she will get most of their health care. When a Medicaid client needs specialist care, the PCMP will help him/her find the right specialist. All clients enrolled in the ACC have a PCMP. Accountable Care Collaborative State Website Accountable Care Collaborative Fact Sheet	Demonstration Grants Proposal Submitted to CMS (5/2012) Target implementation date: 2013

State	Medicaid Managed LTSS and Other Updates	Duals Demonstration Status
Connecticut	**Section 1915(i) State Plan Option** Connecticut submitted application for Section 1915(i) State Plan Option. (Source: NASUAD) The target populations are elderly and disabled individuals. The services covered by the option are adult day health, care management, homemaker, personal care assistant, respite, assisted living, assistive technology, chore services, companion, environmental accessibility adaptations, home delivered meals, mental health counseling, personal emergency response systems, and transportation. Effective date is February 1, 2012. State plan amendment **Connecticut restructures the state's relationships with Medicaid managed care plans** Starting January 1, 2012, Connecticut began directly reimbursing health care providers, while a non-profit organization, Community Health Network of Connecticut, Inc., provides care coordination and customer service for all of the state's Medicaid and Children's Health Insurance Program beneficiaries, plus members of a state-funded health programs for low-income adults — about 600,000 people in all. All services will be coordinated by the Department of Social Services' single, statewide administrative services organization, or ASO. (Source: Stateline; Community Health Network of Connecticut, Inc.) Press Release Request for Proposals (April 2011) HB06518. An Act Establishing An Administrative Services Organization For The Medicaid Program	Selected by CMS for Demonstration Grants Proposal Submitted to CMS (5/31/2012) Target implementation date: Dec 2012
Delaware	**CMS Overview of Medicaid Managed LTSS** DE is one of 16 states currently operating Medicaid managed LTSS, according to a map prepared for CMS by Thomson Reuters. (May 2012) DE is the most recent state to launch Medicaid managed LTSS. **Amendment to Diamond State Health Plan—Section 1115 Demonstration Waiver** (Approved 3/22/2012) Amendment to Diamond State Health Plan (DSHP) Section 1115 Medicaid managed care demonstration waiver adds	

State	Medicaid Managed LTSS and Other Updates	Duals Demonstration Status
Delaware	Diamond State Health Plan Plus (DSHP Plus) in order to integrate Long Term Care Medicaid and other full-benefit dual eligible into the DSHP. The LTC expansion and the existing DSHP program will therefore be a single, combined managed care program with two benefit packages, DSHP and DSHP Plus. DSHP Plus began on April 1, 2012. The amendment also consolidates Elderly/Disabled, Acquired Brain Injury, and Assisted Living 1915(i) waivers into one Elderly and Disabled waiver program. Elderly and Disabled waiver program and AIDS/HIV waiver will be incorporated into the long-term care managed care program. DSHP Fact Sheet Waiver Amendment Request Letter to CMS Current Approval Document State website Final rule of the Department of Health and Social Services, Division of Medicaid and Medical Assistance, amends and adopts regulations regarding the Diamond State Health Plan (DSHP) Section 1115 Medicaid managed care demonstration waiver. The rule expands the DSHP to include Long-Term Care Medicaid and other full-benefit dual eligible beneficiaries under the name Diamond State Health Plan Plus. The rule is effective June 10, 2012. For more information, please click here. (Source: BNA Register, 6/12/2012)	
Florida	**CMS Overview of Medicaid Managed LTSS** Florida is one of 16 states currently operating Medicaid managed LTSS, according to a map prepared for CMS by Thomson Reuters. (2012) **Florida Medicaid Reform—Section 1115 Demonstration Waiver** (Approved 12/15/2011) Under Florida Medicaid Reform waiver, most Medicaid beneficiaries in five counties are required to enroll in a managed care plan (either a capitated health plan or a fee-for-service Provider Service Network plan) as a condition of eligibility for Medicaid. Participation is mandatory for TANF-related populations. Voluntary participants include individuals residing in an institution such as a nursing home, sub-acute inpatient psychiatric facility for individuals under	

State	Medicaid Managed LTSS and Other Updates	Duals Demonstration Status
Florida	the age of 21, or an ICF-DD; dual eligible individuals; and individuals with developmental disabilities. (Source: Medicaid.gov, Fact Sheet) Fact Sheet Current Approval Document Medicaid Reform waiver website On March 13, 2012, the Agency submitted to the Centers for Medicare and Medicaid Services (CMS) Florida's Medicaid managed care policies as required by Special Term and Condition #14 of Florida's Section 1115 Research and Demonstration Waiver. Letter to CMS - Medicaid Managed Care Policies **Section 1915(i) state plan option** The State implements the optional 1915(i) State plan Home and Community-Based Services (HCBS) benefit for delinquent youth with serious emotional disturbances and their families. The operating agency is the Department of Juvenile Justice. Section 1915(i) State plan amendment	
Georgia	**Balancing Incentive Program Grant Award** The Centers for Medicare & Medicaid Services (CMS) announced (6/13/2012) that Georgia will receive estimated $64.4 million of enhanced Medicaid funds (2% enhanced rate). The award is a vital component of a broad State-based approach to expand community-based care provided by the Affordable Care Act's Balancing Incentive Program. CMS Award Announcement (6/13/2012) Balancing Incentive Program Grant Application (Submitted to CMS 3/3/2012) **Balancing Incentive Program** The Balancing Incentive Program requires that States undertake three structural changes to their long-term services and supports (LTSS) systems to increase nursing home diversions and access to community-based care: implementation of a No Wrong Door/ Single Entry Point System, conflict-free case management, and the use of a core standardized assessment for supporting eligibility determination and service planning. In addition, grantee	

State	Medicaid Managed LTSS and Other Updates	Duals Demonstration Status
Georgia	States must increase their community-based LTSS expenditures relative to their overall expenditures on LTSS to a minimum of 25% or 50%. State Medicaid agencies are responsible for developing the submissions to CMS in order to participate in this opportunity. If the statutory requirements are met, CMS will approve the State's submission, giving the State the authority to implement the changes in the program and to draw down the increased FMAP funds. For more information on Balancing Incentive Program, please click here. (Source: Federal Register) Federal Register (11/29/2011) **Medicaid & CHIP Redesign Initiative** The state-commissioned report by a consultant recommended moving all people in Medicaid into managed care. That would include those in nursing homes and people with disabilities, who are currently in a traditional fee-for-service system. The Department of Community Health, which runs Medicaid and PeachCare, expressed interest in protecting UPL in a manner similar to Texas and California, should the program be changed to "full-risk" managed care. Under UPL, the state is able to get a higher reimbursement rate (at the Medicare level) for delivering Medicaid services. Texas received a five-year waiver from the CMS to move almost 1 million additional Medicaid enrollees into managed care plans, while still keeping federal matching funds for hospitals. The waiver requires hospitals to increase primary care access and health quality. (Source: Kaiser Daily Health Policy Report, May 31, 2012) The full implementation of the Georgia Medicaid changes was set to start in January 2014. (Source: GeorgiaHealthNews.com, March 29, 2012). The state's Medicaid agency recently announced (6/4/2012) an updated timeline for its decision on how the health program will be restructured. Officials plan to award the vendor contract(s) in early 2013, with a projected implementation roll-out starting in the first half of 2014. (Source: Georgia Department of Community Health) For the updated timeline, please click here. State Medicaid Redesign Initiative website	
Hawaii	**CMS Overview of Medicaid Managed LTSS** Hawaii is one of 16 states currently operating Medicaid	Proposal Submitted to CMS (5/25/2012)

State	Medicaid Managed LTSS and Other Updates	Duals Demonstration Status
Hawaii	managed LTSS, according to a map prepared for CMS by Thomson Reuters. (May 2012) **Section 1115 Demonstration Waiver** (Approved 4/5/2012) Hawaii's QUEST Expanded (QEx) program is a statewide section 1115 demonstration. The Demonstration enables the State to operate QUEST, which provides Medicaid coverage for medical, dental, and behavioral health services through competitive managed care delivery systems. The four programs included in QEx (QUEST; QUEST-Net; QUEST-ACE; QExA) use capitated managed care as a delivery system unless otherwise noted. The QExA component will provide acute and primary care using managed care as well as institutional and home and community-based long-term-care services through comprehensive and specialized managed care plans to individuals eligible as ABD under the Medicaid State Plan. Approval Document Fact Sheet Additional information **ADRC and QUEST funding for long-term care** The Hawaiian Legislature has sent the state's governor, Neil Abercrombie, two bills that could affect people who need long-term care. One bill, S.B. 2779, would appropriate $1.4 million to create aging and disability resource centers in each county. The other bill, S.B. 2466, would increase funding for Hawaii's QUEST Medicaid managed program by imposing a "provider fee" of up to 4% on health care items and services provided by private hospitals and large nursing homes. The QUEST program would use the fee revenue to increase nursing home reimbursement rates for the low-income QUEST plan enrollees who need long-term care. The bill would exempt many facilities, such as nursing homes with 28 or fewer licensed beds and state-owned nursing homes, from the fee requirement. (Source: lifehealthpro.com, May 29, 2012)	Target implementation date: Jan 2014
Idaho		Proposal Submitted to CMS (5/2012) Target implementation date: Jan 2014

State	Medicaid Managed LTSS and Other Updates	Duals Demonstration Status
Illinois		Proposal Submitted to CMS (4/6/2012) Target implementation date: Jan 2013
Indiana	**Balancing Incentive Program** The state recently submitted Balancing Incentive Program application to CMS. (Source: CMS official at CMS Meeting with Associations, July 17-18, 2012)	
Iowa	**Balancing Incentive Program Grant Award** CMS announced (6/13/2012) that Iowa will receive estimated $61.8 million of enhanced Medicaid funds (2% enhanced rate). The award is a vital component of a broad State-based approach to expand community-based care provided by the Affordable Care Act's Balancing Incentive Program. For more information on Balancing Incentive Program, please click here. When approved, the state must have finalized a work plan submitted by January 1, 2013. The finalized work plan will have detailed descriptions of how the key components – NWD/SEP, CSA, and conflict-free case management – will be operationalized through October 11, 2015. During this time, the state must also demonstrate rebalancing of community LTSS expenditures to equal or exceed the expenditures spent for institutional LTSS. (Source: Iowa Medicaid Enterprise Endeavors Update) BIP application (Submitted to CMS: 4/30/2012) Iowa Medicaid Enterprise Endeavors Update (May 2012) CMS Award Announcement (6/13/2012) Project Timeline	Proposal Submitted to CMS (5/29/2012) Target implementation date: Jan 2013
Kansas	**KanCare Section 1115 Demonstration Waiver** The Kansas Department of Health and Environment submitted (4/26/2012) Section 1115 waiver application to the CMS. The Department however recently submitted (6/5/2012) a letter to the CMS requesting that CMS allow the State to submit its Section 1115 waiver application after further consultation with representatives of tribal governments and IHS (Indian Health Service), tribal and urban Indian health (I/T/U) providers, in accordance with the State's tribal consultation policy. The State has asked CMS to not consider the April 26 submission a formal application, which will allow for submission of the Section	

State	Medicaid Managed LTSS and Other Updates	Duals Demonstration Status
Kansas	1115 waiver application in July after continued tribal consultation. KanCare 1115 Demonstration proposes to move all Medicaid populations, including seniors and people with disabilities, into managed care. The proposal also establishes safety net care pools to reimburse hospital uncompensated care costs and creates programs to transition current Medicaid beneficiaries to private insurance coverage. (Source: Medicaid.gov) Waiver authority is being sought to move all Medicaid populations into a person-centered integrated care system by January 1, 2013, with the long-term services and supports for the intellectually and developmentally disabled consumers beginning in the new system in 2014. Waiver Application Press Release (4/27/2012) Press Release (6/5/2012) Kansas awarded (6/27/2012) contracts to three health insurance companies to manage its Medicaid program. KanCare will cover the medical, behavioral health, and long-term care services for all Medicaid consumers beginning January 1, 2013. Long-term services for people with developmental disabilities will be launched January 1, 2014, while pilot programs will be allowed. Press Release Awarded contracts	
Louisiana	**Mental Health Rehabilitation Services under a Statewide Management Organization** On March 2012, the fee-for-service mental health rehabilitation services program was transitioned to the Louisiana Behavioral Health Partnership managed by a Statewide Management Organization (SMO). State website **Section 1915(k) Community First Choice Option** The Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services propose to replace the current Long-Term Personal Care Services (LT-PCS) Program by adopting provisions to establish Community First Choice Option services as a covered service under the Medicaid state plan. The LT-PCS	

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Louisiana	Program shall be terminated upon the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services' approval of the corresponding CFCO state plan amendment. (Source: BNA Register, 6/20/2012) Proposed Rule **Section 1915(i) state plan option** The Department of Health and Hospitals submitted (3/10/2011) Section 1915(i) state plan amendment to the CMS with effective date of January 1, 2012. The covered service is Adult Behavioral Health Services concurrent with the Behavioral Health 1915(b) waiver under a capitated contract reimbursement methodology. The operating agency is Office of Behavioral Health (OBH) within Department of Health and Hospitals (DHH). Section 1915(i) State plan option	
Maryland	**Balancing Incentive Program Grant Award** Maryland is the second state after New Hampshire to be awarded Balancing Incentive Payment Program (BIPP) funding from CMS. The Maryland Department of Health and Mental Hygiene has been awarded $106.34 million through September 2015. BIP application (2/10/2012) Award Letter (3/20/2012) The Department submitted final work plan to CMS. (Source: CMS official at CMS Meeting with Associations, July 17-18, 2012)	
Massachusetts	**CMS Overview of Medicaid Managed LTSS** Massachusetts is one of 16 states currently operating Medicaid managed LTSS, according to a map prepared for CMS by Thomson Reuters. (May 2012) **MassHealth Coverage Types** Final rule of the Executive Office of Health and Human Services, Division of Medical Assistance, establishes three new home and community-based services waivers for persons with an intellectual disability to replace the single	Selected by CMS for Demonstration Grants Proposal Submitted to CMS (2/16/2012) Target implementation date: Jan 2013

State	Medicaid Managed LTSS and Other Updates	Duals Demonstration Status
Massachusetts	home and community-based services waiver for persons with mental retardation. The rule also includes the individual eligibility requirements for each of the three new waivers. The rule is effective May 1, 2012. (Source: BNA May 3, 2012) Final Rule State Medicaid Director's Letter to MassHealth Staff (4/15/2012)	
Michigan	**CMS Overview of Medicaid Managed LTSS** Michigan is one of 16 states operating a Medicaid managed LTSS, according to a map prepared for CMS by Thomson Reuters. (May 2012)	Selected by CMS for Demonstration Grants Proposal submitted to CMS (4/26/2012) Target implementation date: July 2012
Minnesota	**CMS Overview of Medicaid Managed LTSS** Minnesota is one of 16 states currently operating Medicaid managed LTSS, according to a map prepared for CMS by Thomson Reuters. (May 2012) **Reform 2020 Draft Section 1115 Waiver Proposal** DHS is announcing a 30-day comment period on the Reform 2020 Section 1115 Medicaid waiver Request. The 2011 Minnesota Legislature directed the Department of Human Services (DHS) to develop a proposal to reform the Medical Assistance Program. Goals of the reform include: community integration and independence; improved health; reduced reliance on institutional care; maintained or obtained employment and housing; and long-term sustainability of needed services through better alignment of available services that most effectively meet people's needs. (Source: State Register notice, page 1580, June 18, 2012) Section 1115 Waiver Draft Proposal Medical Assistance Reform website **Minnesota Long Term Care Realignment Section 1115 Demonstration Waiver** (Pending as of July 2012; Submitted 2/13/2012) Minnesota has proposed to Minnesota Long Term Care Realignment Section 1115 Waiver to revise its nursing facility	Selected by CMS for Demonstration Grants Proposal submitted to CMS (4/26/2012) Target implementation date: Dec 2012

State	Medicaid Managed LTSS and Other Updates	Duals Demonstration Status
Minnesota	level of care criteria (LOC) up from its current minimum of one ADL or IADL, with additional changes to LOC criteria regarding clinical need, cognition/behavior and frailty/vulnerability. This will impact not only eligibility for nursing facilities, but also for three of the State's 1915(c) Home and Community-Based Services (HCBS) waivers: Community Alternatives for Disabled Individuals (CADI), Brain Injury (BI), and Elderly Waiver (EW). The State is also requesting Federal Financial Participation (FFP) for two limited benefit HCBS programs: Alternative Care Program (AC) and Essential Community Supports (ECS). AC serves individuals age 65 and older who meet the LOC criteria but whose income exceeds Medicaid standards, while ECS will serve individuals who do not meet the revised LOC criteria regardless of whether or not their income meets Medicaid standards. (Source: Medicaid.gov) Waiver Application	
Mississippi	**Balancing Incentive Program Grant Award** The Centers for Medicare & Medicaid Services (CMS) announced (6/13/2012) that Mississippi will receive estimated $68.5 million of enhanced Medicaid funds (5% enhanced rate). The award is a vital component of a broad State-based approach to expand community-based care provided by the Affordable Care Act's Balancing Incentive Program. For more information on Balancing Incentive Program, please click here. CMS Award Announcement (6/13/2012) BIP application (Submitted to CMS 5/1/2012)	
Missouri	**Balancing Incentive Program Grant Award** The Centers for Medicare & Medicaid Services (CMS) announced (6/13/2012) that Missouri will receive estimated $100.9 million of enhanced Medicaid funds (2% enhanced rate). The award is a vital component of a broad State-based approach to expand community-based care provided by the Affordable Care Act's Balancing Incentive Program. CMS Award Announcement (6/13/2012) BIP application (Submitted to CMS 3/28/2012)	Proposal submitted to CMS (5/31/2012) Target implementation date: Oct 2012

State	Medicaid Managed LTSS and Other Updates	Duals Demonstration Status
New Hampshire	**Medicaid Managed Care** Senate Bill (SB 147) passed by the New Hampshire Legislature on June 2, 2011 requires the Department of Health and Human Services to transition the state's Medicaid system to a managed care model, administered by private companies. The target date for implementation of Care Management is July 1, 2012, and all Medicaid members are to be enrolled within 12 months. (Source: NAMD Update, April 2, 2012 & State website) Senate Bill 147 Proposed rule (BNA, 5/3/2012) On May 9, 2012, members of the governor's Executive Council approved a $2.3 billion contract establishing a managed care system for Medicaid recipients. The care management system will be launched in three phases over the course of three years. In Step 1, all 130,000 to 140,000 Medicaid patients in the state will be required to enroll in one of the new care management plans offered by the MCOs, which will take over responsibility for all medical services. Medicaid recipients who fail to enroll in one of the new managed care plans during a 60-day window before the system goes lives will be divided between the three MCOs based on the scores their bids received. "Step 2" will be implemented on July 1, 2013, when the care management system will expand as the MCOs will take over financial and administrative responsibility for people who require long-term care services. In year three, the program will include those who are newly eligible for Medicaid benefits by the Affordable Care Act, should it remain in effect. 1 percent of each Medicaid enrollee's capitated payment will be withheld by the state and repaid to the MCOs only if they satisfy performance measures. (Source: Fosters.com, May 11, 2012) Care Management Program Website Request for Proposals (10/17/2011) Contract (3/21/2012) The Department submitted (3/30/2012) state plan amendment to the CMS for authorization of the implementation of a state wide managed care delivery system. CMS requested (6/28/2012) additional information with 90-day response period. Care Management State Plan Amendment (3/30/2012)	

State	Medicaid Managed LTSS and Other Updates	Duals Demonstration Status
New Hampshire	CMS Request for Information (6/28/2012) (Draft) Quality Strategy for the New Hampshire Medicaid Care Management Program (7/16/2012) Step 1 will begin in December 2012 with enrollment starting in October. Step 2 will be implemented in the year of 2013, and will include community-based Medicaid waiver services and long-term care services including nursing facilities. Specific elements of Step 2 have not been identified yet. NH Department of Health and Human Services Medicaid Care Management Information Meeting (7/12/2012) **Balancing Incentive Program Grant Award** New Hampshire is the first state to apply for and to receive CMS approval for Balancing Incentive Program (BIP). BIP application (12/30/2011) Award Letter (3/1/2012) The state submitted final work plan to CMS. (Source: CMS official at CMS Meeting with Associations, July 17-18, 2012)	
New Jersey	**Medicaid Managed Care Enrollment Initiative** As of October 2011, Medicaid beneficiaries were expected to receive the following services through their HMO: home health services, pharmacy services, personal care assistant services, outpatient rehabilitation therapies (Physical Therapy, Occupational Therapy, Speech Therapy); and adult and pediatric medical day care services. Covered services include virtually all long-term care services. Services which will remain covered by Medicaid fee-for-for service include mental health and substance abuse services except for DD clients, nursing facility care beyond 30 days, transportation except for emergency ground transportation, and institutional services. The first phase started on July 1, 2011 and includes the non-dual population of aging, blind and disabled Medicaid beneficiaries, populations served by the Department of Developmental Disabilities (DDD) including Community Care Waiver clients, clients already covered by a commercial or Medicare HMO, and breast or cervical cancer clients.	

State	Medicaid Managed LTSS and Other Updates	Duals Demonstration Status
New Jersey	The second stage, scheduled to begin October 1, 2011, includes all dual eligibles, an increased range of waiver clients, clients with traumatic brain injury, and those clients participating in the AIDS Community Care Alternatives Program and Community Resources for People with Disabilities. New Jersey DHHS Presentation **New Jersey Section 1115 Demonstration Waiver** (Pending as of July 2012; Submitted 9/9/2011) New Jersey 1115 waiver seeks to provide Medicaid and CHIP beneficiaries with State plan benefits as well as long term care services and supports. The State is requesting to consolidate several existing Medicaid and CHIP demonstrations into one comprehensive demonstration. The pending request would consolidate its existing Medicaid and CHIP comprehensive demonstrations, 1915(b) managed care waivers, and it would change the delivery system from fee-for-service to managed care for a majority of its existing Home and Community-Based waivers. (Source: Medicaid.gov) During the Assembly Budget Committee testimony in February, Jennifer Velez, Commissioner of New Jersey Department of Human Services briefly mentioned the possibility of pushing back a July 2012 implementation date to January 2013. Waiver Description Testimony	
New Mexico	**CMS Overview of Medicaid Managed LTSS** New Mexico is one of 16 states currently operating Medicaid managed LTSS, according to a map prepared for CMS by Thomson Reuters. (May 2012) **Section 1915(i) State Plan Option** Application has been submitted to CMS. (Source: NASUAD) **Client Transitions of Care** The Human Services Department, Medical Assistance	Proposal submitted to CMS (5/31/2012) Target implementation date: Jan 2014

State	Medicaid Managed LTSS and Other Updates	Duals Demonstration Status
New Mexico	Division has proposed rule to amend regulations regarding client transitions of care for Medicaid managed care organizations (MCOs) and coordinated long-term services. The rule requires that prior authorizations be honored for longer periods of time for mass transfer than those timeframes required for individual transfers. The rule also requires participation by all MCOs and the statewide entity in a workgroup to define transition processes necessary to begin the transfer of encounter data and member data in mass transfer situations. Proposed Rule * Change to the proposed rule: Notice of the Human Services Department, Medical Assistance Division, announces the withdrawal of a portion of a May 15, 2012, proposed rule. The withdrawn portion affects provisions under 8.307.16 NMAC regarding coordinated long-term services. For more information, please click here. (Source: BNA, June 12, 2012)	
New York	**CMS Overview of Medicaid Managed LTSS** New York is one of 16 states operating a Medicaid managed LTSS, according to a map prepared for CMS by Thomson Reuters. (May 2012) **Medicaid Redesign Team** Governor Cuomo signed (1/5/2011) an Executive Order creating the Medicaid Redesign Team, tasked with identifying strategies to reduce costs while improving the quality of health care in New York. Many of the specific recommendations of the Medicaid Redesign Team focused on increasing managed care for Medicaid beneficiaries. Executive Order: Medicaid Redesign Team Updates on Medicaid Redesign Team Recommendations (text) Updates on Medicaid Redesign Team Recommendations (chart) **Medicaid Redesign Team (MRT) Waiver** Governor Cuomo recently announced (6/4/2012) that the	Selected by CMS for Demonstration Grants Proposal submitted to CMS (5/25/2012) Target implementation date: Jan 2014

State	Medicaid Managed LTSS and Other Updates	Duals Demonstration Status
New York	state will request a federal waiver that will allow the state to invest up to $10 billion of $17.1 billion in federal savings generated by the Medicaid Redesign Team (MRT) reforms in order to implement an action plan to transform the state's health care system. More information on the Medicaid 1115 waiver is available at Medicaid Redesign State Website. (Source: Press Release, 6/4/2012) Medicaid Redesign Multi-year Action Plan Medicaid Redesign Team (MRT) waiver website The MRT waiver will be restricted to the portion of the Medicaid program controlled by the Department of Health. Services excluded from this 1115 waiver are those Medicaid services provided through waivers administered by the Office for People with Developmental Disabilities (OPWDD). The state is currently pursuing a different waiver agreement that will encompass services/waivers that relate to people with developmental disabilities. Both this waiver and the OPWDD waiver will rely on care management as the primary method for driving change and innovation. (Source: BNA Register, June 26, 2012) Public Notice **New Enrollment Plan for Mandatory Managed Long Term Care and Care Coordination Models** Medicaid Redesign Team Proposal #90 and 2011 budget legislation requires the transition and enrollment of certain community-based long term care services recipients into Managed Long Term Care Plans (MLTCPs) or Care Coordination Models (CCMs). New York State operates three models of MLTCP: the Program of All-Inclusive Care for the Elderly (PACE); Medicaid Advantage Plus Plans; and partially capitated managed long term care plans (PCMLTCP). All models of MLTCPs and CCMs provide community-based long term care services, nursing home care and many ancillary services, including individualized care management. Beginning July 2, 2012, certain populations are required to enroll in MLTCP/CCM. These populations include dual eligible, aged 21 and over, in need of community-based long term care services for over 120 days, excluding the following groups who will be enrolled in the final phase (anticipated to	

State	Medicaid Managed LTSS and Other Updates	Duals Demonstration Status
New York	end in 2014): Nursing Home Transition and Diversion Waiver participants, Traumatic Brain Injury Waiver participants, nursing home residents; Assisted Living Program participants; dual eligible individuals who do not require community-based long term care services. Department of Health posted a list of currently operating MLTCPs online. To see the list, please click here. Effective June 2012, managed care enrollment will be required for most Medicaid beneficiaries residing in Tioga County. Once a mandatory managed care program is implemented in a county, it is expected that the enrollment of all eligible Medicaid beneficiaries will take up to twelve months to complete. State New York State Medicaid Update (April 2012) State New York State Medicaid Update (May 2012) **Amendment to Section 1115 Demonstration Waiver New York Federal-State Health Reform Partnership (F-SHRP)** (Approved 3/30/2012) New York Federal-State Health Reform Partnership (F-SHRP) demonstration provides Federal financial support for a health reform program in New York that addresses the State's need to modernize its acute and long-term care infrastructure, increase capacity in primary and ambulatory care, and make investments in health information technology. The demonstration also allows the State to enroll certain Medicaid populations into managed care on a mandatory basis: aged, blind and disabled individuals statewide, and children, caretaker relatives, and pregnant women in selected counties. The F-SHRP demonstration complements New York's comprehensive section 1115 demonstration (The Partnership Plan). (Source: Medicaid.gov) Fact Sheet Current Approval Document State Website **Amendment to Section 1115 Waiver New York Partnership Plan** (Approved 3/30/2012) The Partnership Plan section 1115 demonstration uses a managed care delivery system to create efficiencies in the Medicaid program and enable the extension of coverage to	

State	Medicaid Managed LTSS and Other Updates	Duals Demonstration Status
New York	certain individuals who would otherwise be without health insurance. The State's goal in implementing the Demonstration is to improve the health status of low-income New Yorkers by: 1) Improving access to health care for the Medicaid population; 2) Improving quality of health care services delivered; and 3) Expanding coverage to additional low-income New Yorkers with resources generated through managed care efficiencies. The Partnership Demonstration operates separately from, and complements, New York's F-SHRP Demonstration. In the amendment, the state proposes that the program provide single nursing home residents who are discharged back to the community with a Housing Disregard as an incentive to join managed long term care (MLTC). This income disregard will be available to nursing home residents who are discharged back to the community if they join a MLTC plan. This change is effective on or after April 1, 2012. Current Approval Document State Website **New York State Medicaid Director Testified before the U.S. Senate on its Medicaid Redesign and Duals Demonstration** The state Medicaid Director Jason A. Helgerson testified (7/18/2012) before the U.S. Senate Special Committee on Aging regarding the state's Medicaid Redesign Team and duals demonstration. Complete Testimony	

State Medicaid Integration Tracker

State	Medicaid Managed LTSS and Other Updates	Duals Demonstration Status
North Carolina	**CMS Overview of Medicaid Managed LTSS** North Carolina is one of 16 states currently operating Medicaid managed LTSS, according to a map prepared for CMS by Thomson Reuters. (May 2012) **Section 1915(i) State Plan Option** Personal Assistance provided under this 1915(i) program consists of assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) for three distinct target populations: individuals with physical disabilities; adults with a diagnosis of mental illness, mental retardation/developmental disability, or dementia; and elderly individuals with functional disabilities. The Consolidated Personal Care Services (PCS) program is designed to provide personal care services to individuals residing in a private living arrangement, or a residential facility licensed by the State of North Carolina as an adult care home, or a combination home as defined in G.S. 131E-101(1a).G.S. 131E-101(1a); or resides in a group home licensed under Chapter 122C of the General Statutes and under 10A NCAC 27G .5601 as a supervised living facility for two or more adults whose primary diagnosis is mental illness, a developmental disability, or substance abuse dependency. Effective date is January 1, 2013. (Source: North Carolina Department of Health and Human Services) State plan amendment (04/30/2012) Consolidated Personal Care Services (PCS) state website	Selected by CMS for Demonstration Grants Proposal Submitted to CMS (5/2/2012) Target implementation date: Apr 2014
Ohio		Proposal submitted to CMS (4/2/2012) Target implementation date: Jan 2013
Oklahoma		Selected by CMS for Demonstration Grants Proposal submitted to CMS (5/31/2012) Target implementation date: July 2013

State	Medicaid Managed LTSS and Other Updates	Duals Demonstration Status
Oregon	**Section 1915(i) State Plan Option** Section 1915(i) state plan option was approved on February 14th, 2012. Covered services include Home Based Habilitation, HCBS Behavioral Habilitation, HCBS Psychosocial Rehabilitation for persons with Chronic Mental Illness (Source: DMAP Update, March 2012) **Amendment to Oregon Health Plan Section 1115 Demonstration Waiver** (Approved 7/5/2012; Submitted to CMS 3/1/2012) Oregon Health Plan 2 Section 1115 Demonstration provides coverage to mandatory and optional State Plan populations through the OHP Plus benefits package, and expands populations with a limited benefits package through OHP Standard. Medicaid eligibles may also elect to receive benefits through a premium assistance program which allows individuals to purchase coverage through the commercial insurance market. (Source: Medicaid.gov) The state (3/1/2012) submitted a Request for Amended Waiver to CMS to seek federal flexibility in several areas including the following: (1) Alternative payment methodologies to reimburse providers on the basis of outcomes and quality through shared savings and incentives; (2) Ability to reimburse non-traditional health care workers such as community health workers, peer wellness specialists, Duals, and personal health navigators; (3) Flexibility to provide services that may not always traditionally be reimbursed as a Medicaid State Plan service but help keep people living in the community; (4) Developing an alternative payment methodology to allow a unique prospective payment system/alternative payment methodology for Federal Qualified Health Centers. (Source: Oregon Division of Medical Assistance Programs Update) Application for Amendment and Renewal (3/1/2012) The amendment was approved (7/5/2012) by CMS. The demonstration has been extended through June 30, 2017. Under the demonstration, Oregon will launch new Coordinated Care Organizations (CCOs), which are managed care entities that will operate on a regional basis, with enhanced local governance and provider payment	Selected by CMS for Demonstration Grants Proposal submitted to CMS (5/11/2012) Target implementation date: Jan 2013

State	Medicaid Managed LTSS and Other Updates	Duals Demonstration Status
Oregon	structures that promote transparency and accountability. CCOs will replace the specialized managed care entities currently contracted through the Oregon Health Plan. (Source: Current Approval Document, 7/5/2012) Current Approval Document (7/5/2012) Demonstration Website **Coordinated Care Organizations** On May 3, 2012, the U.S. Department of Health and Human Services (HHS) has given the state preliminary approval of a five-year, $1.9 billion demonstration program to create Coordinated Care Organizations in the state's Medicaid program, which Oregon estimates will save $11 billion over coming years by setting a "global budget" for the state's Medicaid program and lowering the percentage it will grow each year. Press Release (5/3/2012) State information on Coordinated Care Organization 1 State information on Coordinated Care Organization 2	
Pennsylvania	**CMS Overview of Medicaid Managed LTSS** Pennsylvania is one of 16 states currently operating Medicaid managed LTSS, according to a map prepared for CMS by Thomson Reuters. (May 2012)	
Rhode Island		Proposal submitted to CMS (5/31/2012) Target implementation date: Jan 2013
South Carolina		Selected by CMS for Demonstration Grants Proposal submitted to CMS (5/25/2012) Target implementation date: Jan 2014
Tennessee	**CMS Overview of Medicaid Managed LTSS** Tennessee is one of 16 states currently operating Medicaid managed LTSS, according to a map prepared for CMS by Thomson Reuters. (May 2012) **Amendments to TennCare II Section 1115 Demonstration**	Selected by CMS for Demonstration Grants Proposal submitted to CMS (5/17/2012) Target implementation

State	Medicaid Managed LTSS and Other Updates	Duals Demonstration Status
Tennessee	**Waiver** (Approved 6/15/2012; Submitted to CMS 3/1/2012) Under this demonstration, all Medicaid State plan eligibles (except those eligible only for Medicare premiums) are enrolled in TennCare Medicaid and receive most of the State plan services through the demonstration's managed care delivery system. The recently submitted amendment pertains to the CHOICES program, which is Tennessee's Medicaid managed long-term care program. CHOICES serve three groups: CHOICES 1 serves nursing facility residents; CHOICES 2 serves elderly adults or adults with physical disabilities who meet nursing facility level of care, but who have elected to receive home and community based services; CHOICES 3 serves elderly adults or adults with physical disabilities who do not meet nursing facility level of care, but are "at risk" for institutionalization. The amendment seeks to increase the enrollment target for CHOICES 2, effective July 1, 2012. (Source: Medicaid.gov & application to CMS) Application for Amendment Amendments #14 and #16 for the demonstration were approved by CMS (6/15/2012). Amendment #14, effective as of July 1, 2012, authorizes an increase to the enrollment targets for the CHOICES 2 program and approves the rebalancing of the CHOICES managed long-term care program and the creation of *Interim* CHOICES 3. Amendment #16 pertains to Disproportionate Share Hospital allotment. Current Approval Document	date: Jan 2014
Texas	**CMS Overview of Medicaid Managed LTSS** Texas is one of 16 states currently operating Medicaid managed LTSS, according to a map prepared for CMS by Thomson Reuters. (May 2012) **Healthcare Transformation and Quality Improvement Program Section 1115 demonstration waiver** (Approved 12/12/2011) Under this demonstration, the State is expanding its existing Medicaid managed care programs, STAR and STAR+PLUS (MMLTC), statewide, and use savings from the expansion of	Proposal submitted to CMS (5/2012) Target implementation date: Jan 2014

State	Medicaid Managed LTSS and Other Updates	Duals Demonstration Status
Texas	managed care and the discontinuation of supplemental provider payments to finance new funding pools to assist hospitals and other providers with uncompensated care costs and to promote delivery system transformation and improvement. (Source: Medicaid.gov) STAR+PLUS State Website Current Approval Document The Texas Health and Human Services Commission (HHSC) is adopting new permanent payment rules that implement the provider eligibility requirements and payment methodologies approved by CMS under Healthcare Transformation and Quality Improvement Program waiver. (Source: Texas Register, June 22, 2012) State information on the adopted rules **Cost-sharing methodology for Dual Eligibles** HHSC also amends regulations regarding the coordination of Medicaid with Medicare Parts A, B, and C. The rule authorizes the commission to make higher cost-sharing payments for dual eligibles for certain services if the commission determines that a higher payment amount is necessary to ensure adequate access to care or would be more cost-effective to the state. HHSC will have to request and receive approval for a Medicaid State Plan amendment from the Centers for Medicare and Medicaid Services in order to implement specific adjustments to the Medicare Equalization policy. The changes will be implemented to coincide with the effective date of the State Plan amendment. (Source: Texas Register, June 22, 2012) State information on the adopted rules **Balancing Incentive Program** The Texas Health and Human Services Commission (HHSC) and the Texas Department of Aging and Disability Services (DADS) recently submitted (6/29/2012) an application to the federal Centers for Medicare and Medicaid Services (CMS) to participate in the BIP. BIP application (6/29/2012) State website	

State	Medicaid Managed LTSS and Other Updates	Duals Demonstration Status
Texas	**Section 1915(i) HCBS State plan option** The state plans to cover Day Activity and Health Services (DAHS) under Section 1915(i) State plan HCBS benefit. Target population include aged and disabled individuals living in the community, unless they qualify for nursing facility 1915(c) waiver services or are individuals with Intellectual Disabilities. For Year 1 (9/1/2012 – 8/31/2013), projected number of participants is 14,493 in STAR+PLUS (managed care) Service Areas, and 1,845 outside the managed care service areas. In the STAR+PLUS Service Areas, the SMA conducts annual desk and on-site reviews of each contracted managed care organization (MCO). Outside the STAR+PLUS Service Areas, the Department of Aging and Disability Services (DADS) reviews a statistically valid randomly selected sample, proportionate to consumer enrollment in each long term services and support region. All Day Activity and Health Services (DAHS) consumers are subject to random selection Application (draft)	
Vermont	**Vermont Choice for Care—Section 1115 Demonstration Waiver** The Vermont long-term care section 1115 demonstration, known as "Choice for Care," is a statewide initiative to rebalance long-term care services through managing nursing facility admissions and increasing community-based options. The demonstration does not include children or individuals receiving institutional services through Intermediate Care Facilities for persons with Mental Retardation (ICF/MR). Choices for Care created an entitlement to Home and Community-Based Services (HCBS) for individuals with the highest need for services and also implemented a person-centered assessment and options counseling process to identify what services would be needed to enable individuals to remain in their own homes. The State also implemented the Program of All-inclusive Care for the Elderly (PACE) in two locations, one of which is rural. (Source: Medicaid.gov) Fact Sheet Current Approval Document (9/21/2010)	Selected by CMS for Demonstration Grants Proposal submitted to CMS (5/10/2012) Target implementation date: Jan 2014

State	Medicaid Managed LTSS and Other Updates	Duals Demonstration Status
Virginia		Proposal submitted to CMS (5/31/2012) Target implementation date: Jan 2014
Washington	**CMS Overview of Medicaid Managed LTSS** Washington is one of 16 states currently operating Medicaid managed LTSS, according to a map prepared for CMS by Thomson Reuters. (May 2012)	Selected by CMS for Demonstration Grants Proposal submitted to CMS (4/26/2012) Target implementation date: Jan 2013
West Virginia	**West Virginia looking to expand Medicaid managed care** The state Department of Health and Human Resources' Bureau of Medical Services aims to shift people who are 65 or older or are disabled to managed care, starting in December in its more populous counties. The state is counting on $65 million in surplus general tax revenues this budget year to ensure sufficient Medicaid funding during the next one. At Gov. Earl Ray Tomblin's request, the Legislature budgeted an additional $132 million for Medicaid to that new spending plan, which begins July 1. (Source: The Associated Press, May 13, 2012)	
Wisconsin	**CMS Overview of Medicaid Managed LTSS** Wisconsin is one of 16 states currently operating Medicaid managed LTSS, according to a map prepared for CMS by Thomson Reuters. (May 2012) **Medicaid Managed LTSS Statewide Expansion by 2013** During the past 3 years Wisconsin DHS has carried out a significant expansion of its 1915(c) Family Care waiver. As of December 2009, Managed Care Organizations (PIHPs or MCOs) will have completed or be in the midst of their transition of eligible elders and people with physical disabilities to this waiver in over half of Wisconsin's counties. During the next 3 years this transition will occur in the remainder of Wisconsin's counties. Every eligible person will have entitlement to Family Care within 36 months of implementation of the Family Care waiver in his or her county. Every person with a nursing home level of care will	Selected by CMS for Demonstration Grants Proposal submitted to CMS (4/26/2012) Target implementation date: Jan 2013

State	Medicaid Managed LTSS and Other Updates	Duals Demonstration Status
Wisconsin	have the choice of receiving the Family Care (or in some parts of the state Partnership) benefit by enrolling in a managed care organization or to choose Medicaid fee-for-service benefits including participation in IRIS Wisconsin's self-directed supports waiver if desired. Aging and Disability Resource Centers (ADRCs), the entry point for long-term support services in Wisconsin, will also be available to all Wisconsin residents when Family Care is available statewide. Finally, with the implementation of Family Care in each county, Family Care applicants and members have access to both elder and disability independent ombudsman services for aged individuals ages 65 - no max age and physically disabled/disabled other ages 18-64. (Source: Medicaid 1915(c) HCBS waiver application; NASUAD & n4a presentation) State Program Website Waiver Application NASUAD & n4a presentation Effective April 3, 2012, temporary caps on enrollment in the Family Care or IRIS programs were lifted. More information on Family Care is available here and here. (Source: dhs.wisconsin.gov) **Section 1915(i) State plan option** Wisconsin's Medicaid State Plan Amendment (SPA) under 1915(i) State Plan Home and Community-Based Services is called Community Recovery Services and provides three (3) specific services: Community Living Supportive Services, Supported Employment, and Peer Supports, under the umbrella of psychosocial rehabilitation. Populations covered are elderly and disabled individuals. The SPA was approved June 3, 2010. State Plan Amendment Program website	

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STATE TRACKER FOR DUAL INTEGRATION PLANS

(Updated as of: 7/25/2012)

STATES	Selected by CMS for Demonstration Grants[1]	Model Chosen in Letter of Intent to CMS[2]	Posted on State Website for Public Comment	Submitted to CMS[3]	Approved by CMS	Target Implementation Date[4]
Arizona		Capitated	4/17/2012	5/31/2012		Jan 2014
California	X	Both	4/4/2012	5/31/2012		Jan 2013
Colorado	X	FFS	4/13/2012	5/2012		2013
Connecticut	X	FFS	4/24/2012	5/31/2012		Dec 2012
Hawaii		Capitated	4/17/2012	5/25/2012		Jan 2014
Idaho		Capitated	4/13/2012	5/2012		Jan 2014
Illinois		Both	2/17/2012	4/6/2012		Jan 2013
Iowa		FFS	4/16/2012	5/29/2012		Jan 2013
Massachusetts	X	Capitated	12/7/2011	2/16/2012		Jan 2013
Michigan	X	Capitated	3/5/2012	4/26/2012		July 2013
Minnesota	X	Capitated	3/19/2012	4/26/2012		Dec 2012
Missouri		FFS	4/24/2012	5/31/2012		Oct 2012
New Mexico		Capitated	4/30/2012	5/31/2012		Jan 2014
New York	X	Capitated	5/3/2012[5]	5/25/2012		Jan 2013

[1] https://www.cms.gov/medicare-medicaid-coordination/04_StateDemonstrationstoIntegrateCareforDualEligibleIndividuals.asp

[2] CMS provided two potential Medicare-Medicaid financial alignment models: 1. Capitated model where the state & CMS would enter into a 3 way contract with a health plan to provide coordinated care; and 2. Managed Fee-for-Service where the state would share in any savings as a result of an initiative designed to reduce costs. On chart, models are listed as Capitated, FFS (Fee for Service) or both.

[3] Under CMS's Transparency regulation, CMS posted the proposed plans for 30 days. (http://www.cms.gov/apps/media/press/factsheet.asp?Counter=4284). At this point, all of the comment periods have closed.

[4] For states doing a phased approach, the implementation date listed is for the earliest phase.

North Carolina	X	FFS	3/15/2012	5/2/2012	April 2014
Ohio		Capitated	2/27/2012	4/2/2012	Jan 2013
Oklahoma	X	FFS	3/22/2012	5/31/2012	July 2013
Oregon	X	Capitated	3/5/2012	5/11/2012	Jan 2013
Rhode Island		Capitated	4/26/2012	5/31/2012	Jan 2013
South Carolina	X	Both	4/16/2012	5/25/2012	Jan 2014
Tennessee	X	Capitated	4/13/2012	5/17/2012	Jan 2014
Texas		Capitated	4/12/2012	5/2012	Jan 2014
Vermont	X	Capitated	3/30/2012	5/10/2012	Jan 2014
Virginia		Capitated	4/13/2012	5/31/2012	Jan 2014
Washington	X	Capitated	3/12/2012	4/26/2012	Jan 2013
Wisconsin	X	Both	3/16/2012	4/26/2012	Jan 2013

State Plans can be found at the following links:
(Note: some states take down plans after 30 day comment period so links may no longer be active)

Arizona: http://www.azahcccs.gov/reporting/Downloads/Integration/Duals_DemoProposalDraftFINAL4_17_12.pdf

California: http://www.dhcs.ca.gov/provgovpart/Documents/Duals/Proposal_Documents/Draft%20Demonstration%20Proposal%20040412.pdf

Colorado: http://www.colorado.gov/cs/Satellite?c=Document_C&childpagename=HCPF%2FDocument_C%2FHCPFDetail&cid=1251621252837&pagename=HCPFWrapper

Connecticut: http://www.ct.gov/dss/cwp/view.asp?a=2345&pm=1&Q=503056

Hawaii: http://hawaii.gov/dhs/health/Proposed%20Integration%20of%20Medicaid-Medicare%20Services.pdf

[5] This is the date of New York's most recent proposal. They had previously posted a proposal on 3/22/2012, but that proposal was revised and a new one posted at the state level on 5/3/2012.

State Medicaid Integration Tracker

Idaho: http://healthandwelfare.idaho.gov/Portals/0/Medical/Managed%20Care/Idaho%20Demonstration%20Proposal%20Draft%20for%20Public%20Comment%20April%202012.pdf

Illinois: http://www2.illinois.gov/hfs/PublicInvolvement/cc/Documents/cc_capitatedmodelproposal.pdf

Iowa: https://secure.iowai.org/wack/web/sites/iowa_medicaid_enterprise/work/docs/DualEligiblesProposal.pdf

Massachusetts: http://www.mass.gov/eohhs/provider/guidelines-resources/services-planning/national-health-care-reform-plan/federal-health-care-reform-initiatives/integrating-medicare-and-medicaid/draft-demonstration-proposal.html

Michigan: www.michigan.gov/mdch/0,4612,7-132--259203--,00.html.

Minnesota: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Primary&allowInterrupt=1&noSaveAs=1&dDocName=dhs16_167870

Missouri: http://dss.mo.gov/mhd/general/pdf/financial-models-integrate-care-medicare-medicaid-enrollees.pdf

New Mexico: http://www.hsd.state.nm.us/mad/pdf_files/NewMexico_DemoProposal_DRAFT043012.pdf

New York: http://www.health.ny.gov/facilities/long_term_care/dual_elig.htm

North Carolina: https://www.communitycarenc.org/elements/media/files/dual-eligible-beneficiaries-integrated-delivery-model-pdf.pdf

Ohio: http://www.healthtransformation.ohio.gov/LinkClick.aspx?fileticket=IQIJ64KDmdI%3d&tabid=105

Oklahoma: http://okhca.org/providers.aspx?id=13291

Oregon: https://cco.health.oregon.gov/DraftDocuments/Documents/Duals%20Demonstration%20Proposal%20-%20Final%20Public%20Comment%20Draft%203-2-12.pdf

Rhode Island: http://www.eohhs.ri.gov/

South Carolina: https://msp.scdhhs.gov/scdue/sites/default/files/SCDuEProposal_DRAFT%20PUBLIC.pdf

Tennessee: http://www.tn.gov/tenncare/forms/dualsdemo.pdf

Texas: http://www.hhsc.state.tx.us/medicaid/dep/docs/Proposal-for-Integration-of-Care-for-Dual-Eligibles.pdf

Vermont: http://humanservices.vermont.gov/dual-eligibles-project/proposal-vermonts-demonstration-grant-to-integrate-care-for-dual-eligible-individuals/view

Virginia: http://dmasva.dmas.virginia.gov/Content_atchs/altc/altc-icp1.pdf

Washington: http://www.aasa.dshs.wa.gov/duals/documents/GrantProposal.pdf

Wisconsin: http://www.dhs.wisconsin.gov/wipartnership/pace/index.htm

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