August 23, 2012

# State Medicaid Integration Tracker©

*Review of State Medicaid Integration Plans*

Fourth 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.

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), states pursuing the Communities First Choice Option under §1915(k), and states participating in Health Homes.

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.

**Questions or Additions?**

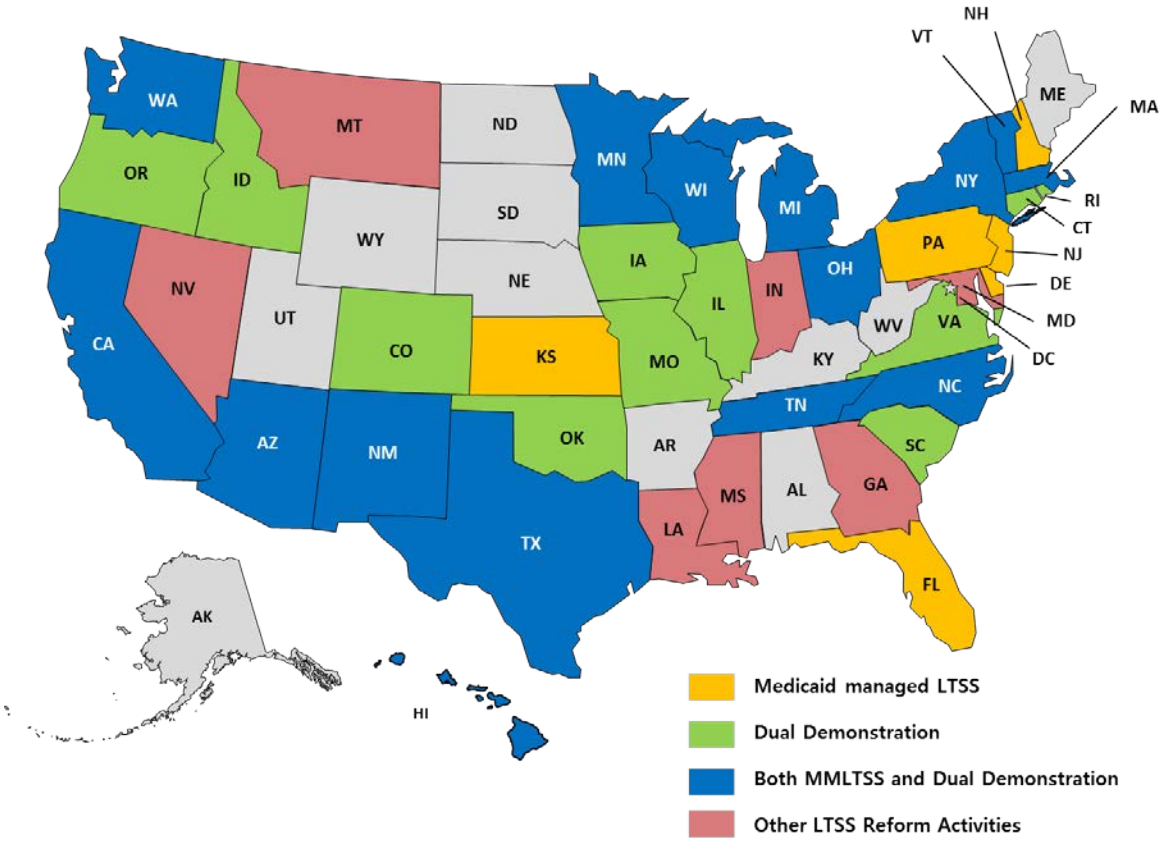
Do readers have any questions about information in this tracker or have new information to share?

If yes, please let NASUAD know by contacting:

Diana Scully
dscully@nasuad.org or

Eunhee (Grace) Cho
gcho@nasuad.org

## State Updates




States engaged in/pursuing **Medicaid Managed LTSS**
(AZ, CA, DE, FL, HI, KS, MA, MI, MN, NM, NV, NY, NC, NH, NJ, OH, PA, TN, TX, WA, WI)

States pursuing **Duals Demonstration**
(AZ, CA, CO, CT, HI, ID, IL, IA, MA, MI, MN, MO, NM, NV, NY, NC, OH, OK, OR, RI, SC, TN, TX, VA, WA, WI)

States engaged/pursing in **both Medicaid Managed LTSS and Dual Demonstration**
(AZ, CA, HI, MA, MI, MN, NM, NY, NC, OH, TN, TX, WA, WI)

States engaged/pursing in **other LTSS Reform Activities**:

- **Balancing Incentive Program** (GA, IA, IN, MD, MS, MO, NH, TX)
- **Section 1915(i) State Plan Option** (CA, CT, FL, IA, LA, MT, NM, NC, NV, OR, TX, WI)
- **Section 1915(k) Community First Choice** (AZ, CA, LA)
- **Health Home** (IA, MO, NC, NV, NY, OR, RI, WA)

# State Medicaid Integration Tracker

## Dual Demonstration Update

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

## State Medicaid Integration Tracker © (August 2012)

| State | Medicaid Managed LTSS and Other Updates | Duals Demonstration Status |
|---|---|---|
| **Arizona** | **Currently Operating Medicaid Managed LTSS Program**<br><br>Arizona is one of 16 states currently operating Medicaid managed LTSS. Under Medicaid Section 1115 waiver authority, **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)<br><br>State Program Website<br>Fact Sheet<br>Current Approval Document<br><br>Rate reductions were instituted for the 2011-2012 contract year for virtually all institutional and non-institutional services covered under AHCCCS. The State released (8/10/2012) final rule of the AHCCCS to maintain reimbursement reductions for inpatient and outpatient hospital services covered through the AHCCCS program that were instituted last contract year (October 1, 2011 through September 30, 2012) and to eliminate adjustments to those rates based on inflation. (Source: BNA Register, August 17, 2012)<br><br>**Section 1915(k) Community First Choice (CFC) Option**<br><br>Arizona submitted application for Community First Choice Option to CMS, targeting Fall 2012 for implementation.<br>Arizona Long Term Care System (ALTCS) Update (5/16/2012) | Proposal Submitted to CMS (5/31/2012)<br><br>Target implementation date: Jan 2014 |

| State | Medicaid Managed LTSS and Other Updates | Duals Demonstration Status |
|---|---|---|
| **Arizona** | **Arizona Health Care Cost Containment System (AHCCCS) Director Testifies before the U.S. Senate on Duals Demonstration**<br>Overview<br>Complete Testimony | |
| **California** | **Currently Operating Medicaid Managed LTSS Program**<br><br>California is one of 16 states currently operating Medicaid managed LTSS. **SCAN Connections at Home** provides Medicare-Medicaid enrollees of age 65 and older LTSS (Nursing facility and HCBS waiver-like services, including homemaker, home delivered meals, personal care, transportation escort, custodial care, in-home respite, adult day and DME) at capitated rate. The program operates in limited geographic area and enrollment is voluntary. (Source: CMS and Truven Health Analytics, The Growth of Managed Long-Term Services and Supports (MLTSS) Programs: A 2012 Update, July 2012)<br><br>**Duals Demonstration**<br><br>State officials proposed (05/25/2012) a three-month delay in the start date for the duals demonstration project, also known as the **Coordinated Care Initiative (CCI)**, 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)<br><br>The state submitted (05/31/2012) a revised demonstration proposal to the Centers for Medicare and Medicaid Services (CMS). (Source: Calduals.org, May 31, 2012)<br><br>On June 27, 2012, the governor approved a bill (SB 1008) to revise the existing law, which permitted implementation in 2013 in four counties – Los Angeles, Orange, San Diego, and San Mateo. The new legislation requires the Department of Health Care Services to establish demonstration sites in up to eight counties not sooner than March 1, 2013. The four additional counties are San Bernardino, Riverside, Santa Clara, and Alameda. (Source: Calduals.org, July 3, 2012)<br><br>**California Bridge to Health Reform—Section 1115 Demonstration Waiver** (Approved 3/30/2012)<br><br>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 | Selected by CMS for Demonstration Grants<br><br>Proposal Submitted to CMS (5/31/2012)<br><br>Target implementation date: Possible change of date from March 2013 to sometime between March and June 2013 |

| State | Medicaid Managed LTSS and Other Updates | Duals Demonstration Status |
|---|---|---|
| **California** | 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)<br><br>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)<br><br>Fact Sheet<br>Vision Statement<br>Current Approval Document<br><br>**Section 1915(k) Community First Choice (CFC) Option**<br><br>California has submitted application for Community First Choice Option to CMS (Waiting for approval as of 5/9/2012).<br>State Website<br>Letter to County Welfare Directors and In-Home Supportive Services Program Managers<br><br>According to a recent report published (June 2012) 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.<br>GAO Report to Congressional Requesters<br><br>**Section 1915(i) State Plan Option**<br><br>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 | |

| State | Medicaid Managed LTSS and Other Updates | Duals Demonstration Status |
|---|---|---|
| **California** | 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)**<br><br>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.<br>(Source: ModernHealthcare.com; ModernPhysician.com)<br>Legislation<br><br>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).<br><br>**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.<br><br>**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. | Selected by CMS for Demonstration Grants<br><br>Proposal Submitted to CMS (5/2012)<br><br>Target implementation date: 2013 |

# State Medicaid Integration Tracker

| State | Medicaid Managed LTSS and Other Updates | Duals Demonstration Status |
|---|---|---|
| **Colorado** | Accountable Care Collaborative State Website<br>Accountable Care Collaborative Fact Sheet<br><br>The Department of Health Care Policy and Financing is analyzing program outcome and cost data on a monthly basis, and plans to submit initial program results such as utilization and costs on November 1, 2012, in response to the legislative request for information concerning the ACC. (Source: ACC Updates and News, July 31, 2012) | |
| **Connecticut** | **Section 1915(i) State Plan Option**<br><br>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.<br>State plan amendment<br><br>**Connecticut restructures the state's relationships with Medicaid managed care plans**<br><br>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.)<br>Press Release<br>Request for Proposals (April 2011)<br>HB06518. An Act Establishing An Administrative Services Organization For The Medicaid Program | Selected by CMS for Demonstration Grants<br><br>Proposal Submitted to CMS (5/31/2012)<br><br>Target implementation date: Dec 2012 |
| **Delaware** | **Currently Operating Medicaid Managed LTSS Program**<br><br>Delaware is one of 16 states currently operating Medicaid managed LTSS. Amendment to Diamond State Health Plan (DSHP) Section | |

| State | Medicaid Managed LTSS and Other Updates | Duals Demonstration Status |
|---|---|---|
| **Delaware** | 1115 Medicaid managed care demonstration waiver (approved 3/22/2012) added **Diamond State Health Plan Plus (DSHP Plus)** in order to integrate Long Term Care Medicaid and other full-benefit dual eligible into the DSHP. DSHP Plus began on April 1, 2012.<br><br>Services provided in capitated rate include primary, acute, and behavioral services, and LTSS. Prescription drugs are carved out of both DSHP and DSHP Plus. Target population includes older persons, persons with physical disabilities, persons with HIV/AIDS, persons using Money Follows the Person services, workers with disabilities using Buy-in, Medicare-Medicaid enrollees, and all SSI-eligible children and adults except persons in ICF/MRs and persons in DD/MR 1915(c) waiver.<br><br>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. (Source: Medicaid.gov; CMS and Truven Health Analytics, The Growth of Managed Long-Term Services and Supports (MLTSS) Programs: A 2012 Update, July 2012)<br><br>DSHP Fact Sheet<br>Waiver Amendment Request Letter to CMS<br>Current Approval Document<br>Diamond State Health Plan website<br><br>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** | **Currently Operating Medicaid Managed LTSS Program**<br><br>Florida is one of 16 states currently operating Medicaid managed LTSS. Florida Long-term Care Community Diversion Program operating under 1915(a) and 1915(c) Medicaid authorities serves Medicare-Medicaid dual eligible of age 65 and older in 46 of 67 counties in the State. The State is currently processing applications for | |

| State | Medicaid Managed LTSS and Other Updates | Duals Demonstration Status |
|---|---|---|
| **Florida** | the remaining counties. Enrollment is voluntary with opt in. (Source: CMS and Truven Health Analytics, The Growth of Managed Long-Term Services and Supports (MLTSS) Programs: A 2012 Update, July 2012)<br><br>**Projected Medicaid Managed LTSS Program**<br><br>The Florida Agency for Health Care Administration (AHCA) submitted (8/1/2011) initial 1915(b) waiver application and a concurrent initial 1915(c) waiver application to the CMS to implement the **Florida Long Term Care Managed Care program** as mandated by the 2011 Florida Legislature to create a statewide long-term care managed care program for Medicaid recipients who are (a) 65 years of age or older, or age 18 or older and eligible for Medicaid by reason of a disability; and (b) determined to require nursing facility level of care.<br><br>The specific authorities requested in the 1915(b) and (c) waiver applications will allow the State to require eligible Medicaid recipients to receive their nursing facility, hospice, and home and community based (HCB) services through long term care (LTC) plans selected by the State through a competitive procurement process. With the implementation of Florida Long Term Care Managed Care, five of Florida's current HCBS waivers will be phased out, and eligible recipients (older persons or adults with physical disability who meet nursing facility level of care) will receive HCBS through a the new 1915(c) Florida Long Term Care Managed Care Program waiver that will operate concurrently with the 1915(b) Florida Long Term Care Managed Care Program. The program is expected to complete statewide implementation in October 2013. Enrollment will be mandatory. (Source: Long-term Care Managed Care Program website; CMS and Truven Health Analytics, July 2012)<br><br>1915(b) waiver application<br>1915(c) waiver application<br>Long-term Care Managed Care Program website<br><br>**Florida Medicaid Reform—Section 1115 Demonstration Waiver** (Approved 12/15/2011)<br><br>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 | |

| State | Medicaid Managed LTSS and Other Updates | Duals Demonstration Status |
|---|---|---|
| **Florida** | 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 the age of 21, or an ICF-DD; dual eligible individuals; and individuals with developmental disabilities. (Source: Medicaid.gov, Fact Sheet)<br><br>Fact Sheet<br>Current Approval Document<br>Medicaid Reform waiver website<br><br>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.<br>Letter to CMS - Medicaid Managed Care Policies<br><br>**Section 1915(i) state plan option**<br><br>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.<br>Section 1915(i) State plan amendment | |
| **Georgia** | **Balancing Incentive Program Grant Award**<br><br>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.<br>CMS Award Announcement (6/13/2012)<br>Balancing Incentive Program Grant Application (Submitted to CMS 3/3/2012)<br><br>For more information on Balancing Incentive Program, please visit Federal Register (11/29/2011).<br><br>**Medicaid & CHIP Redesign Initiative**<br><br>The state-commissioned report by a consultant recommended moving all people in Medicaid into managed care. That would include those | |

| State | Medicaid Managed LTSS and Other Updates | Duals Demonstration Status |
|---|---|---|
| **Georgia** | 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)<br><br>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 visit<br>State Medicaid Redesign Initiative website. | |
| **Hawaii** | **Currently Operating Medicaid Managed LTSS Program**<br><br>Hawaii is one of 16 states currently operating Medicaid managed LTSS. The State's QUEST Expanded (QEx) program is a statewide section 1115 demonstration (approved 6/14/2012). 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. T<br><br>The **QUEST Expanded Access (QExA)** component 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. Enrollment is mandatory regardless of need for LTSS. (Source: Medicaid.gov; CMS and Truven Health Analytics, July 2012)<br>Approval Document (6/14/2012) | Proposal Submitted to CMS (5/25/2012)<br><br>Target implementation date: Jan 2014 |

| State | Medicaid Managed LTSS and Other Updates | Duals Demonstration Status |
|---|---|---|
| **Hawaii** | Fact Sheet<br>Additional information<br><br>Department of Human Services (DHS) requested (05/29/2012) CMS for a three-year extension of the QUEST Expanded Section 1115 demonstration program, which otherwise would expire on June 30, 2013. DHS will submit a separate proposal, with a separate notice and opportunity for comment, to amend the Demonstration to reflect new requirements in the Affordable Care Act that take effect January 1, 2014. (Source: Hawaii State Med-QUEST Division)<br><br>**Governor signed two bills related to ADRC and QUEST Expanded Section 1115 Demonstration Waiver**<br><br>Governor Neil Abercrombie signed (7/3/2012) H.B. 2275 into law. The legislation establishes a hospital sustainability fee and the hospital sustainability program special fund to receive Medicaid matching funds under the QUEST Expanded Medicaid Section 1115 Demonstration Waiver. It requires the Department of Human Services (DHS) to charge and collect a provider fee on health care items or services provided by private hospitals. The law will be effective on July 1, 2012.<br><br>Governor also enacted (7/6/2012) S.B. 2779, which creates aging and disability resource centers (ADRC) in each county and authorizes appropriation of $1.4 million dollars for fiscal year 2012-2013 for the Executive Office on Aging to administer and establish those statewide centers.<br>Press Release (7/6/2012) | |
| **Idaho** | **Duals Demonstration**<br><br>**Idaho Demonstration to Integrate Care for Dual Eligibles** will replace the existing Medicare-Medicaid Coordinated Plan. The program will enroll all full dual eligible ages 18 and older, including older persons, persons with physical disabilities, persons with developmental/intellectual disabilities, and persons with severe mental illness. Enrollment is mandatory for Medicaid, and passive with opt out for Medicare. (Source: CMS and Truven Health Analytics, July 2012) | Proposal Submitted to CMS (5/2012) Target implementation date: Jan 2014 |
| **Illinois** | **Duals Demonstration** | Proposal Submitted to |

# State Medicaid Integration Tracker

| State | Medicaid Managed LTSS and Other Updates | Duals Demonstration Status |
|---|---|---|
| **Illinois** | **Illinois Medicare-Medicaid Alignment Initiative** will enroll Medicaid-only adults in the Aged, Blind and Disabled eligibility category, including older persons, adults with physical disabilities, and adults with developmental/intellectual disabilities in limited geographic area. Institutional and HCBS waiver services for persons with developmental/intellectual disabilities are carved out. Enrollment is voluntary with opt out. (Source: CMS and Truven Health Analytics, July 2012) | CMS (4/6/2012) Target implementation date: Possible change of date from January 2013 to April 2013 |
| **Indiana** | **Balancing Incentive Program**<br><br>The state recently submitted Balancing Incentive Program application to CMS. (Source: CMS official at CMS Meeting with Associations, July 17-18, 2012) | |
| **Iowa** | **Health Home**<br><br>The Centers for Medicare and Medicaid Services (CMS) approved (6/8/2012) Iowa's State Plan Amendment (SPA) to implement Health Home services for members with chronic conditions. Effective July 1, 2012, qualified providers will begin to offer advanced services to members with two chronic conditions or one chronic condition and the risk of developing another. Services will include comprehensive care management, care coordination, health promotion, comprehensive transitional care, individual and family support services, and referral to community and social support services. (Source: Integrated Care Resource Center, *State-by-State Health Home State Plan Amendment Matrix: Summary Overview*, Updated June 2012; Kaiser Commission on Medicaid and the Uninsured, *Medicaid Health Homes for Beneficiaries with Chronic Conditions*, August 2012)<br><br>**Section 1915(i) State Plan Amendment**<br><br>Habilitation Services is a program to provide Home and Community Based Services (HCBS) for Iowans with impairments typically associated with chronic mental illnesses. Services include case management, home-based habilitation, day habilitation, prevocational service, and supported employment. The program was approved in 2007.<br>Program website<br>State Plan Amendment (04/16/2007) | Proposal Submitted to CMS (5/29/2012)<br><br>Target implementation date: Jan 2013 |

| State | Medicaid Managed LTSS and Other Updates | Duals Demonstration Status |
|---|---|---|
| **Iowa** | **Balancing Incentive Program Grant Award**<br><br>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)<br>BIP application (Submitted to CMS: 4/30/2012)<br>Iowa Medicaid Enterprise Endeavors Update (May 2012)<br>CMS Award Announcement (6/13/2012)<br>Project Timeline | |
| **Kansas** | **Projected Medicaid Managed LTSS Program**<br><br>The Kansas Department of Health and Environment resubmitted (8/6/2012) application for **KanCare** Section 1115 Demonstration waiver to CMS. The resubmitted application revises and builds upon the Demonstration Project proposal initially submitted on April 26, 2012. According to the resubmitted application, the waiver will proceed on two separate tracks. In the first track, the State will work with CMS to develop and implement by 2013 an integrated care system, "KanCare," to provide Medicaid and Children's Health Insurance Program (CHIP) services, including long term services and supports (LTSS), through managed care to all beneficiaries. In the second track, the State will begin discussions with CMS to implement a global waiver that will administer an outcome-based Medicaid and CHIP program under a per-capita block grant. Groups to be included in the program are children with disabilities, adults with physical disabilities, adults with developmental/intellectual disabilities, and older persons ages 65 and older. Waiver authority is being sought to move all Medicaid populations into a person-centered integrated care system by January 1, 2013. (Source: Medicaid.gov; CMS and Truven Health Analytics, July 2012) | |

| State | Medicaid Managed LTSS and Other Updates | Duals Demonstration Status |
|---|---|---|
| **Kansas** | Waiver Application (8/6/2012)<br>Waiver Application (4/26/2012)<br><br>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. (Source: Press Release, 6/27/2012)<br><br>Officials at the Kansas Department for Aging and Disability Services sent (8/15/2012) a memo to managers of local agencies that provide Medicaid case management services to encourage workers currently employed as case managers for physically disabled and elderly Medicaid enrollees to apply for similar jobs with the three insurance companies chosen to implement KanCare. (Source: Kansas Health Institute News, 8/17/2012) | |
| **Louisiana** | **Section 1915(k) Community First Choice Option**<br><br>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 Program shall be terminated upon the Centers for Medicare and Medicaid Services' approval of the corresponding CFCO state plan amendment. (Source: BNA Register, 6/20/2012)<br>Proposed Rule<br><br>**Section 1915(i) state plan amendment**<br><br>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).<br>Section 1915(i) State plan amendment<br><br>**Mental Health Rehabilitation Services under a Statewide** | |

| State | Medicaid Managed LTSS and Other Updates | Duals Demonstration Status |
|---|---|---|
| **Louisiana** | **Management Organization**<br><br>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). (Source: State website) | |
| **Maryland** | **Balancing Incentive Program Grant Award**<br><br>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.<br>BIP application (2/10/2012)<br>Award Letter (3/20/2012)<br><br>The Department submitted final work plan to CMS. (Source: CMS official at CMS Meeting with Associations, July 17-18, 2012) | |
| **Massachusetts** | **Currently Operating Medicaid Managed LTSS Program**<br><br>Massachusetts is one of 16 states currently operating Medicaid managed LTSS. **Massachusetts Senior Care Options** provides eligible adults of age 65 and older primary, acute, behavioral, prescription drugs, and LTSS in capitated rate. LTSS include nursing facility, adult foster care, group adult foster care, adult day health, and other community-based LTSS. Enrollment is voluntary, and the program covers most part of the state. (Source: CMS and Truven Health Analytics, July 2012)<br><br>**Duals Demonstration**<br><br>**State Demonstration to Integrate Care for Dual Eligible Individuals** is projected to cover full dual eligibles of ages 21-64, who are not currently enrolled in an HCBS waiver program nor living in an ICF/MR. The proposal currently carves out ICF/MR services, HCBS waiver services for persons with developmental disabilities, and HCBS waiver services for persons with brain injury. (Source: CMS and Truven Health Analytics, July 2012)<br><br>CMS announced on August 23, 2012 that Massachusetts was the first state to enter into a Memorandum of Understanding (MOU) to test a new model for dually eligible Medicare-Medicaid enrollees. This | Selected by CMS for Demonstration Grants<br><br>Proposal Submitted to CMS (2/16/2012)<br><br>Target implementation date: Possible change of date from January 2013 to April 2013<br><br>Approved by CMS (8/23/2012) |

# State Medicaid Integration Tracker

| State | Medicaid Managed LTSS and Other Updates | Duals Demonstration Status |
|---|---|---|
| **Massachusetts** | MOU will allow CMS and Massachusetts to contract with an integrated care organization to oversee the care of 110,000 Massachusetts residents who are enrolled in both Medicare and Medicaid. (Source: CMS)<br>CMS Press Release (8/23/12) | |
| **Michigan** | **Currently Operating Medicaid Managed LTSS Program**<br><br>Michigan is one of 16 states operating a Medicaid managed LTSS. Under 1915(b) and 1915(c), **Medicaid Managed Specialty Support & Services Program** provides behavioral service and LTSS in capitated rate to adults with intellectual/developmental disabilities, adults with serious mental illness (SMI), children with intellectual/developmental disabilities, as well as children with serious emotional disturbance. LTSS includes nursing facility, ICF/MR, personal care services, targeted case management, and HCBS waiver services for persons with developmental disabilities. Enrollment is mandatory. (Source: CMS and Truven Health Analytics, July 2012)<br><br>**Duals Demonstration**<br><br>Projected to begin in 2013, **Michigan Integrated Care for People who are Medicare-Medicaid eligible** proposes to cover all dual eligibles, including children with disabilities, adults with physical disabilities, adults with developmental/intellectual disabilities, adults with serious mental illness (SMI), and older persons of age 65 and older. Enrollment is voluntary with opt out. (Source: CMS and Truven Health Analytics, July 2012) | Selected by CMS for Demonstration Grants<br><br>Proposal submitted to CMS (4/26/2012)<br><br>Target implementation date: July 2012 |
| **Minnesota** | **Currently Operating Medicaid Managed LTSS Program**<br><br>Minnesota is one of 16 states currently operating Medicaid managed LTSS. Under Medicaid authority 1915(b) and 1915(c), **Minnesota Senior Care Plus** has provided primary, acute, behavioral, prescription drugs services and LTSS in capitated rate to older adults of age 65 and over. Enrollment is mandatory, while duals can choose **Minnesota Senior Health Options** (MSHO). **Minnesota Senior Health Options** (MSHO) provides the same services as Minnesota Senior Care Plus does to adults of age 65 and older who are eligible for both Medicaid and Medicare Parts A and B. Enrollment is voluntary with opt in. MSHO operates under 1915(a) and 1915(c). (Source: CMS and Truven Health Analytics, July 2012) | Selected by CMS for Demonstration Grants<br><br>Proposal submitted to CMS (4/26/2012)<br><br>Target implementation date: Dec 2012 |

| State | Medicaid Managed LTSS and Other Updates | Duals Demonstration Status |
|---|---|---|
| **Minnesota** | **Reform 2020 Draft Section 1115 Waiver Proposal**<br><br>The 2011 Minnesota Legislature directed the Department of Human Services (DHS) to develop a proposal to reform the Medical Assistance Program. DHS is currently in the process of finalizing the proposal to send to CMS. 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)<br><br>Section 1115 Waiver Draft Proposal<br>Reform 2020 Section 1115 Waiver Proposal website<br><br>**Minnesota Long Term Care Realignment Section 1115 Demonstration Waiver** (Pending as of August 2012; Submitted 2/13/2012)<br><br>Minnesota has proposed to Minnesota Long Term Care Realignment Section 1115 Waiver to revise its nursing facility 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)<br>Waiver Application | |
| **Mississippi** | **Balancing Incentive Program Grant Award**<br><br>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- | |

| State | Medicaid Managed LTSS and Other Updates | Duals Demonstration Status |
|---|---|---|
| **Mississippi** | based care provided by the Affordable Care Act's Balancing Incentive Program. For more information on Balancing Incentive Program, please click here.<br>CMS Award Announcement (6/13/2012)<br>BIP application (Submitted to CMS 5/1/2012) | |
| **Missouri** | **Balancing Incentive Program Grant Award**<br><br>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.<br>CMS Award Announcement (6/13/2012)<br>BIP application (Submitted to CMS 3/28/2012)<br><br>**Health Home**<br><br>Missouri became the first state to receive CMS approval of a Medicaid Health Home State Plan Amendment. Missouri Community Mental Health Center Health Homes State Plan Amendment (approved 10/20/11) targets Medicaid beneficiaries with (1) serious and persistent mental health condition, or (2) a mental health or substance abuse condition and another chronic condition or a risk of developing another due to tobacco use. Missouri Primary Care Practice Health Homes (PCP-HH) Clinic – State Plan Amendment (approved 12/22/11) targets Medicaid beneficiaries who have two or more chronic physical conditions or with one chronic condition and are at risk of developing another. Effective January 1, 2012, both programs were implemented statewide. (Source: Integrated Care Resource Center, *State-by-State Health Home State Plan Amendment Matrix: Summary Overview*, Updated June 2012; Kaiser Commission on Medicaid and the Uninsured, *Medicaid Health Homes for Beneficiaries with Chronic Conditions*, August 2012) | Proposal submitted to CMS (5/31/2012)<br><br>Target implementation date: Oct 2012 |
| **Montana** | **Section 1915(i) state plan option**<br><br>The Department of Public Health and Human Services has submitted a 1915(i) Home and Community Based Service (HCBS) State Plan amendment to the Centers for Medicare and Medicaid Services (CMS) to establish a 1915(i) HCBS State Plan program of Medicaid funded home and community services for **youth who have serious emotional** | |

| State | Medicaid Managed LTSS and Other Updates | Duals Demonstration Status |
|---|---|---|
| **Montana** | **disturbance**. The purpose of this program is to provide mental health services to qualifying youth in the community setting. The 1915(i) HCBS state plan does not require eligible youth to meet the institutional level of care that is required under a 1915(c) HCBS waiver. The 1915(i) HCBS State Plan program is available statewide. (Source: 1915(i) State Plan Program Implementation Policy Manual – DRAFT) | |
| **Nevada** | **Projected Medicaid Managed LTSS Program**<br><br>The state applied for a Section 1115 waiver, called **Nevada Comprehensive Care Waiver** (NCCW) (Pending as of August 2012; Submitted 4/19/2012). According to the waiver application, the State proposes to implement a **Care Management Organization (CMO)** to provide mandatory care management services for Medicaid fee-for-service (FFS) population with chronic conditions or high utilization patterns who are not currently receiving case management assistance. The CMO would also provide the infrastructure needed to help small medical practices become **Medicaid medical homes** or **health homes**. For its Medicaid managed care population, the State will develop systems that will expedite enrollment in the managed care organization to better enable consistency of care and care management processes.<br><br>**Phase One** excludes those receiving services through the Targeted Case Management (TCM) services, the Home and Community-Based Services Waivers, or the Child Welfare system, as they already receive case management services. Dual-eligible populations would also be excluded until Phase Two, when the State will work with CMS to determine if it would be beneficial to participate in the State Demonstration to Integrate Care for Dual Eligible Individuals initiative.<br><br>**Phase Two** could expand Phase One by providing care management to all Medicaid FFS recipients who have increased care needs. The State will evaluate the results of Phase One to determine which methods were most successful (i.e. the Care Management Organization, medical/health homes and/or MCOs). (Source: Nevada Comprehensive Care Waiver Application)<br><br>**Section 1915(i) State Plan Amendment**<br><br>Home Based Habilitation Services (HBHS) is an optional Medicaid | |

| State | Medicaid Managed LTSS and Other Updates | Duals Demonstration Status |
|---|---|---|
| **Nevada** | State Plan service authorized under State Plan authority titled Nevada 1915(i) State Plan Home and Community-Based Services (HCBS). The State Plan was amended in 2008 in response to the Deficit Reduction Act, Section 6086. Home Based Habilitation Services (HBHS) are medically prescribed treatment for improving or restoring functions, which have been impaired by illness or injury or, where function has been permanently lost or reduced by illness or injury. Services include Home and Community Based (HCBS) Adult Day Health Care, Habilitation, and Home and Community Based Services (HCBS) Day Treatment or Other Partial Hospitalization Services for Individuals with Chronic Mental Illness.<br>State Plan Amendment<br>Medicaid Services Manual (updated 02/15/2012) | |
| **New Hampshire** | **Projected Medicaid Managed LTSS Program**<br><br>Senate Bill 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. (Source: NAMD Update, April 2, 2012)<br><br>The Department submitted (3/31/2012) state plan amendment to the CMS for authorization of the implementation of a state wide managed care delivery system, called **New Hampshire Medicaid Care Management Program.** The care management system will be launched in three phases over the course of three years. In Phase 1, all Medicaid patients in the state will be required to enroll in one of the new care management plans offered by the MCOs. **LTSS** will be added in Phase 2, currently estimated to begin January, 2014. Groups projected to be enrolled by January 1, 2014 include children with physical, cognitive, or behavioral disabilities, adults with physical disabilities, adults with developmental/intellectual disabilities, and older persons. Enrollment is mandatory. In the last phase, the program will include those who are newly eligible for Medicaid benefits by the Affordable Care Act. 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: Care Management Program Website; CMS and Truven Health Analytics, July 2012)<br><br>On May 9, 2012, members of the governor's Executive Council approved a $2.3 billion contract establishing a managed care system | |

| State | Medicaid Managed LTSS and Other Updates | Duals Demonstration Status |
|---|---|---|
| **New Hampshire** | for Medicaid recipients. CMS requested (6/28/2012) additional information with 90-day response period, and the State's Health and Human Services department responded (8/7/2012) to those questions in a 14-page letter. As of August 22, 2012, the State's proposal is still under review by the CMS. (Source: fosters.com, August 22, 2012)<br><br>Care Management Program Website<br>Care Management State Plan Amendment (3/30/2012)<br>Proposed rule (BNA Register, 5/3/2012)<br>CMS Request for Information (6/28/2012)<br>(Draft) Quality Strategy for the New Hampshire Medicaid Care Management Program (7/16/2012)<br><br>**Balancing Incentive Program Grant Award**<br><br>New Hampshire is the first state to apply for and to receive CMS approval for Balancing Incentive Program (BIP).<br>BIP application (12/30/2011)<br>Award Letter (3/1/2012)<br><br>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**<br><br>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.<br><br>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.<br><br>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.<br>New Jersey DHHS Presentation<br><br>**Projected Medicaid Managed LTSS Program**<br><br>**New Jersey 1115 Comprehensive Waiver** (Pending as of August 2012; Submitted 9/9/2011) 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) Projected implementation date is January 2013. LTSS component will cover persons of age 65 and older, and adults with physical disabilities. (Source: CMS and Truven Health Analytics, July 2012)<br>Waiver Description | |
| **New Mexico** | **Currently Operating Medicaid Managed LTSS Program**<br><br>New Mexico is one of 16 states currently operating Medicaid managed LTSS. Since 2008, **Coordination of Long-Term Services** (CoLTS) has provided LTSS to children with LTSS needs, adults less than age 65 with physical disabilities, and adults of age 65 and older through State Plan Personal Care Options and 1915(c) HCBS waivers. The State is currently seeking to merge CoLTS with Salud! (Medicaid managed care for other populations) and the State's behavioral health carve out plan via a Section 1115 demonstration waiver. (Source: CMS and Truven Health Analytics, July 2012)<br><br>**Section 1915(i) State Plan Option**<br>Application has been submitted to CMS. (Source: NASUAD) | Proposal submitted to CMS (5/31/2012)<br><br>Target implementation date: Jan 2014 |
| **New York** | **Currently Operating Medicaid Managed LTSS Program**<br><br>New York is one of 16 states operating Medicaid managed LTSS. **New** | Selected by CMS for Demonstration |

| State | Medicaid Managed LTSS and Other Updates | Duals Demonstration Status |
|---|---|---|
| **New York** | **York Medicaid Advantage Plus (MAP)**, operating under 1915(a), provides LTSS in capitated rate to adults age 18-64 with physical disabilities and adults of age 65 and older. Enrollment is voluntary with opt in. (Source: CMS and Truven Health Analytics, July 2012)<br><br>**Projected Medicaid Managed LTSS Program**<br><br>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.<br><br>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 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.<br>State New York State Medicaid Update (May 2012)<br><br>**Duals Demonstration**<br><br>The State proposes to offer integrating care for the dual eligible population through two models: (1) Managed Care Model (Fully-Integrated Duals Advantage; FIDA), and (2) Managed Fee-for-Service Model (Health Homes).<br><br>Beginning in January 2013, the **Managed Fee-for-Service (FFS) Health** | Grants<br><br>Proposal submitted to CMS (5/25/2012)<br><br>Target implementation date: Jan 2014 |

| State | Medicaid Managed LTSS and Other Updates | Duals Demonstration Status |
|---|---|---|
| **New York** | **Home** program would provide care coordination for the high-needs, high cost, dual eligible Medicaid population that have complex medical, behavioral, social service and long term care needs requiring less than 120 days of long term care services. Managed FFS dual eligible Health Home members are eligible for Medicare (Part A, B and D) and Medicaid State Plan services provided via FFS. The program would operate statewide.<br><br>Built off of the State's **Medicaid Advantage Plus** program, **Fully-Integrated Duals Advantage (FIDA)** program would cover full dual eligibles (age 21 or older) who require 120 or more days of Long-Term Supports and Services (LTSS). Starting January 2014, these individuals would be provided the entire range of Medicare and Medicaid services as well as an extensive list of LTSS many of which were previously only available in New York State's Home and Community-Based Services Waiver programs. The FIDA program would serve eight NY counties of Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk, and Westchester.<br><br>Full dual eligible (age 21 or older) who are receiving services through the Office of Persons with Developmental Disabilities (OPWDD) system will be served under **FIDA OPWDD** statewide. Developmental disabilities waiver services and ICF/MR services will only be included in FIDA OPWDD program. (Source: CMS and Truven Health Analytics, July 2012; New York State Department of Health's Demonstration to Integrate Care for Dual Eligible Individuals)<br><br>**Medicaid Redesign Team (MRT) Waiver**<br><br>The State recently submitted (8/6/2012) Medicaid Redesign Team (MRT) waiver, which 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. More information on the Medicaid 1115 waiver is available at Medicaid Redesign State Website. (Source: Press Release, 6/4/2012)<br>Medicaid Redesign Multi-year Action Plan<br>Medicaid Redesign Team (MRT) waiver application (8/6/2012)<br><br>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 | |

| State | Medicaid Managed LTSS and Other Updates | Duals Demonstration Status |
|---|---|---|
| **New York** | 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)<br>Public Notice<br><br>**Amendment to Section 1115 Demonstration Waiver New York Federal-State Health Reform Partnership (F-SHRP)** (Approved 3/30/2012)<br><br>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)<br>Fact Sheet<br>Current Approval Document<br>State Website<br><br>**Amendment to Section 1115 Waiver New York Partnership Plan** (Approved 3/30/2012)<br><br>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 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 | |

| State | Medicaid Managed LTSS and Other Updates | Duals Demonstration Status |
|---|---|---|
| **New York** | 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.<br>Current Approval Document<br>State Website<br><br>**Projected Medicaid Managed LTSS Program**<br><br>**New York People First Waiver** (Pending as of August 2012)**:** The target population for the People First Waiver is Medicaid enrollees of all ages with developmental disabilities. The State proposes to develop and implement creative service delivery and payment models that integrate acute and long-term care to achieve improved health outcomes and quality of care while lowering health care costs for the developmentally disabled population. (Source: Medicaid.gov)<br><br>According to the state's response to CMS Request for Additional Information, mandatory services provided in capitation rate will include (1) family and individual support, integration and community habilitation, flexible goods and services, home and community-based clinical and behavioral supports; (2) Adult Day Health Care; (3) Assisted Living Facility; (4) Home Care (Nursing, Home Health Aide, PT, OT, SP, Medical Social Services); (5) ICF/MR; and (6) Skilled Nursing Facility. Pilot projects are projected to begin in October 1, 2012. Statewide launch of partial and fully capitated DISCOs begins in Summer 2015. (Source: New York's Response to Centers for Medicare & Medicaid Services' Request for Additional Information, April 2012) Enrollment is voluntary in pilot phase, and becomes mandatory when fully implemented. (Source: CMS and Truven Health Analytics, July 2012)<br><br>**New York State Medicaid Director Testified before the U.S. Senate on its Medicaid Redesign and Duals Demonstration** (7/18/2012)<br>Complete Testimony<br><br>**Health Home**<br><br>New York Health Home State Plan Amendment for Individuals with Chronic Behavioral and Mental Health Conditions (approved 2/3/12) targets Medicaid enrollees with two or more chronic conditions; or HIV/AIDS and a risk of developing another chronic condition; or one | |

| State | Medicaid Managed LTSS and Other Updates | Duals Demonstration Status |
|---|---|---|
| **New York** | serious mental illness. The initiative does not include those receiving long-term care and those with intellectual disabilities, and the State intends to seek approval of a separate health home SPA that will specifically target these populations. (Source: Integrated Care Resource Center, *State-by-State Health Home State Plan Amendment Matrix: Summary Overview*, Updated June 2012; Kaiser Commission on Medicaid and the Uninsured, *Medicaid Health Homes for Beneficiaries with Chronic Conditions*, August 2012) | |
| **North Carolina** | **Currently Operating Medicaid Managed LTSS Program**<br><br>North Carolina is one of 16 states currently operating Medicaid managed LTSS. **MH/DD/SAS Health Plan Waiver** (formerly Piedmont Cardinal Health Plan – Innovations (PCHP)) began operating in 2005 as a 5-county pilot, and is scheduled to become statewide in 2013. The program targets Children and adults of all ages with serious emotional disturbance, developmental disabilities, mental illness, or substance abuse disorders. Services provided in capitated rate are inpatient and outpatient behavioral health (mental health and substance abuse), including enhanced community services, Psychiatric Residential Treatment Facilities (PRTFs), Emergency Room visits for behavioral health treatment, and LTSS (ICF/MR, HCBS waiver services for persons with developmental and intellectual disabilities, Therapeutic Foster Care (TFC), Residential Child Care). (Source: CMS and Truven Health Analytics, July 2012)<br><br>**Section 1915(i) State Plan Option**<br><br>Personal Assistance Services 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 | Selected by CMS for Demonstration Grants<br><br>Proposal Submitted to CMS (5/2/2012)<br><br>Target implementation date: Apr 2014 |

| State | Medicaid Managed LTSS and Other Updates | Duals Demonstration Status |
|---|---|---|
| **North Carolina** | Services)<br>State plan amendment (04/30/2012)<br>Consolidated Personal Care Services (PCS) state website<br><br>**Health Home**<br><br>North Carolina Health Home State Plan Amendment (approved 5/24/12) targets beneficiaries with two chronic medical conditions or one and at risk of another condition. The State also adds ten qualifying conditions to the list, including blindness, congenital anomalies, and chronic neurological diseases. Enrollment in the program is voluntary through Community Care of North Carolina (CCNC), which will provide health home services. (Source: Integrated Care Resource Center, *State-by-State Health Home State Plan Amendment Matrix: Summary Overview*, Updated June 2012; Kaiser Commission on Medicaid and the Uninsured, *Medicaid Health Homes for Beneficiaries with Chronic Conditions*, August 2012) | |
| **Ohio** | **Projected Medicaid Managed LTSS Program**<br><br>**Integrated Care Delivery System** is projected to begin in April 2013, serving most dual eligible of age 18 and older in 29 counties (out of 88 counties). The program will not include persons served in developmental disabilities waiver programs or in ICF/MR facilities. Enrollment is mandatory for Medicaid, with opt-out for Medicare. (Source: CMS and Truven Health Analytics, July 2012) | Proposal submitted to CMS (4/2/2012)<br><br>Target implementation date: Possible change of date from January 2013 to April 2013 |
| **Oklahoma** | | Selected by CMS for Demonstration Grants<br><br>Proposal submitted to CMS (5/31/2012)<br><br>Target implementation date: July 2013 |

| State | Medicaid Managed LTSS and Other Updates | Duals Demonstration Status |
|---|---|---|
| **Oregon** | **Section 1915(i) State Plan Option**<br><br>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)<br><br>**Amendment to Oregon Health Plan Section 1115 Demonstration Waiver** (Approved 7/5/2012; Submitted to CMS 3/1/2012)<br><br>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)<br><br>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)<br>Application for Amendment and Renewal (3/1/2012)<br><br>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 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)<br>Current Approval Document (7/5/2012) | Selected by CMS for Demonstration Grants<br><br>Proposal submitted to CMS (5/11/2012)<br><br>Target implementation date: Jan 2013 |

| State | Medicaid Managed LTSS and Other Updates | Duals Demonstration Status |
|---|---|---|
| **Oregon** | Program Website<br><br>**Coordinated Care Organizations**<br><br>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 (CCOs) 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.<br>Press Release (5/3/2012)<br>State information on Coordinated Care Organization 1<br>State information on Coordinated Care Organization 2<br>Senate Bill 1580 (2012 CCO Implementation)<br>HB 3650 (2011 CCO Creation)<br><br>**Health Home**<br><br>Oregon's Health Home services targets individuals with two chronic conditions, one chronic condition and a risk of developing another, or one serious mental illness. Services are offered statewide.<br>(Source: Kaiser Commission on Medicaid and the Uninsured, *Medicaid Health Homes for Beneficiaries with Chronic Conditions*, August 2012)<br><br>Oregon Health Home State Plan Amendment (approved 3/13/12) | |
| **Pennsylvania** | **Currently Operating Medicaid Managed LTSS Program**<br><br>Pennsylvania is one of 16 states currently operating Medicaid managed LTSS. Since 2009, Pennsylvania has provided **Adult Community Autism Program** to adults of age 21 or higher with diagnosis of Autism Spectrum Disorder under the authority of Medicaid Section 1915(a). Services included in the capitation rate are primary, behavioral, dental, ICF/MR, targeted case management, adult day, and occupational therapy/physical therapy/speech therapy (OT/PT/ST). The program is operating in four (out of 67) counties, and enrollment is voluntary. (Source: CMS and Truven Health Analytics, The Growth of Managed Long-Term Services and Supports (MLTSS) Programs: A 2012 Update, July 2012) | |

| State | Medicaid Managed LTSS and Other Updates | Duals Demonstration Status |
|---|---|---|
| **Rhode Island** | **Duals Demonstration**<br><br>**Integrated Care for Medicare and Medicaid Beneficiaries** is Rhode Island's Medicare-Medicaid Financial Alignment initiative. The demonstration proposes to enroll approximately 12,000 Medicaid-only enrollees and 23,000 Medicare-Medicaid enrollees. Services for persons with Intellectual/developmental disabilities and persons with serious mental illness are carved out in 2013, with possibility of being included in 2014. (Source: CMS and Truven Health Analytics, The Growth of Managed Long-Term Services and Supports (MLTSS) Programs: A 2012 Update, July 2012)<br><br>State Duals Demonstration Website<br>Duals Demonstration (Submitted 5/31/2012)<br><br>**Health Home**<br><br>Rhode Island has two approved health home state plan amendments implemented statewide, effective October 1, 2011. Rhode Island Community Mental Health Organization Health Homes State Plan Amendment (approved 11/23/2011) targets individuals with a serious and persistent illness (SPMI). Rhode Island CEDARR Family Center Health Homes State Plan Amendment (approved 11/23/2011) is for children and youth under age 21 with diagnosis of severe mental illness or serious emotional disturbance, or with two of the following chronic conditions, or have one and at risk of developing another: mental health condition, asthma, diabetes, DD, Down syndrome, mental retardation, or seizure disorder. (Source: Integrated Care Resource Center, *State-by-State Health Home State Plan Amendment Matrix: Summary Overview*, Updated June 2012; Kaiser Commission on Medicaid and the Uninsured, *Medicaid Health Homes for Beneficiaries with Chronic Conditions*, August 2012) | Proposal submitted to CMS (5/31/2012)<br><br>Target implementation date: Jan 2013 |
| **South Carolina** | **Duals Demonstration**<br><br>**South Carolina Dual Eligible Demonstration** (SCDuE) is projected to enroll full benefit Medicare-Medicaid enrollees who are 65 years of age and older, not living in institutions at time of enrollment, and not enrolled in a PACE program by January 1, 2014. Enrollment is voluntary with opt out, and there will be no exclusions based on diagnosis or condition(s). HCBS waiver services will not be included in capitation, and will continue to be reimbursed on a fee-for-service basis. The program will operate statewide by July 2014. (Source: CMS | Selected by CMS for Demonstration Grants<br><br>Proposal submitted to CMS (5/25/2012) |

| State | Medicaid Managed LTSS and Other Updates | Duals Demonstration Status |
|---|---|---|
| **South Carolina** | and Truven Health Analytics, The Growth of Managed Long-Term Services and Supports (MLTSS) Programs: A 2012 Update, July 2012) | Target implementation date: Jan 2014 |
| **Tennessee** | **Currently Operating Medicaid Managed LTSS Program**<br><br>Tennessee is one of 16 states currently operating Medicaid managed LTSS. Under TennCare II Section 1115 Demonstration Waiver, **TennCare CHOICES** provides primary, acute, behavioral, nursing facility, and HCBS waiver-type services to eligible persons of all ages residing in nursing homes, adults under age 65 with physical disabilities, and adults age 65 and higher. At inception in 2010, LTSS was added to the existing TennCare managed care demonstration. The program is operating statewide, and enrollment is mandatory. (Source: CMS and Truven Health Analytics, The Growth of Managed Long-Term Services and Supports (MLTSS) Programs: A 2012 Update, July 2012)<br><br>**Amendments to TennCare II Section 1115 Demonstration Waiver**<br>(Approved 6/15/2012; Submitted to CMS 3/1/2012)<br>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)<br>Application for Amendment<br><br>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.<br>Current Approval Document | Selected by CMS for Demonstration Grants<br><br>Proposal submitted to CMS (5/17/2012)<br><br>Target implementation date: Jan 2014 |

| State | Medicaid Managed LTSS and Other Updates | Duals Demonstration Status |
|---|---|---|
| **Texas** | **Currently Operating Medicaid Managed LTSS Program**<br><br>Texas is one of 16 states currently operating Medicaid managed LTSS. Through Medicaid Section 1115 authority, **Texas STAR+PLUS** (inception: 1998) provides primary, acute, behavioral, and LTSS (Personal Attendant, Assisted Living, PERS, nursing, Adult Foster Care, dental, respite, home-delivered meals, OT/PT/ST, consumer directed services, home mods, medical supplies) to eligible adults age 21 and older with disability (SSI), adults age 21 and older in Community-based alternatives HCBS waiver, adults age 65 and older, and full-benefit Medicare-Medicaid enrollees. Certain groups are excluded, such as people living in nursing facilities, ICFs-MR, and in HCBS waivers other than the community-based alternatives waiver. Enrollment is mandatory for full-benefit Medicare-Medicaid enrollees. (Source: CMS and Truven Health Analytics, The Growth of Managed Long-Term Services and Supports (MLTSS) Programs: A 2012 Update, July 2012)<br>STAR+PLUS State Website<br><br>Under **Healthcare Transformation and Quality Improvement Program Section 1115 demonstration waiver** (Approved 12/12/2011), the State is expanding STAR and STAR+PLUS (MMLTC) statewide and using savings from the expansion of 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)<br>Current Approval Document<br><br>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)<br>State information on the adopted rules<br><br>**Cost-sharing methodology for Dual Eligibles**<br><br>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 | Proposal submitted to CMS (5/2012)<br><br>Target implementation date: Jan 2014 |

| State | Medicaid Managed LTSS and Other Updates | Duals Demonstration Status |
|---|---|---|
| **Texas** | 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)<br>State information on the adopted rules<br><br>**Balancing Incentive Program**<br><br>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.<br>BIP application (6/29/2012)<br>State website<br><br>**Section 1915(i) HCBS State plan option**<br><br>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<br>State plan amendment (draft) | |
| **Vermont** | **Vermont Choice for Care—Section 1115 Demonstration Waiver**<br><br>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 | Selected by CMS for Demonstration Grants<br><br>Proposal submitted to |

| State | Medicaid Managed LTSS and Other Updates | Duals Demonstration Status |
|---|---|---|
| **Vermont** | 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<br>Current Approval Document (9/21/2010) | CMS (5/10/2012)<br><br>Target implementation date: Jan 2014 |
| **Virginia** | **Duals Demonstration**<br><br>**State Demonstration to Integrate Care for Dual Eligible Individuals** is projected to cover full benefit Medicare-Medicaid enrollees (age 21 and older), older persons and persons with physical disabilities, nursing facility residents, and persons who receive services through the Elderly or Disabled with Consumer Direction (EDCD) Waiver. Persons with intellectual/developmental disabilities who are not in the EDCD Waiver are excluded from the program. Assisted living services, intellectual/developmental disability services, and PACE programs will be carved out. The program will initially start in four regions in January 2014, with voluntary enrollment with opt out. (Source: CMS and Truven Health Analytics, The Growth of Managed Long-Term Services and Supports (MLTSS) Programs: A 2012 Update, July 2012) | Proposal submitted to CMS (5/31/2012)<br><br>Target implementation date: Jan 2014 |
| **Washington** | **Currently Operating Medicaid Managed LTSS Program**<br><br>Washington is one of 16 states currently operating Medicaid managed LTSS. After inception in 2005, LTSS component was added to **Washington Medicaid Integration Partnership** (WMIP). Under the program, primary, acute, behavioral, prescription drugs, and LTSS (nursing facilities and community-based services) are provided in capitated rate. Groups enrolled include adults age 21-64 with SSI or SSI-related Medicaid and adults age 65 and older. Enrollment is voluntary, and very limited geographic area is covered. (Source: CMS and Truven Health Analytics, The Growth of Managed Long-Term Services and Supports (MLTSS) Programs: A 2012 Update, July 2012)<br><br>**Duals Demonstration (Health Home & Medicaid Managed LTSS)**<br><br>**HealthPath Washington (formerly Pathways to Health): A Medicare & Medicaid Integration Project** proposes to realign and integrate care | Selected by CMS for Demonstration Grants<br><br>Proposal submitted to CMS (4/26/2012)<br><br>Target implementation date: Jan 2013 |

| State | Medicaid Managed LTSS and Other Updates | Duals Demonstration Status |
|---|---|---|
| **Washington** | through three strategies: 1. Health Homes (managed fee-for-service financial model); 2. Full Financial Integration Capitation (three-way capitation financial model); and 3. Modernized and Consolidated Service Delivery with Shared Outcomes and Aligned Financial Incentives (capitation and fee-for-service). The project's target population is full benefit Medicare-Medicaid enrollees of all ages.<br>Duals Demonstration Proposal (submitted 4/26/2012)<br>HealthPath Washington project website<br><br>**Strategy 1: Health Home**<br>Health Home services for all high-cost/high-risk dual eligible will be implemented statewide beginning January 2013.<br>HealthPath Washington Medicaid Health Homes Website<br>HealthPath Washington Medicaid Health Homes Presentation<br><br>**Strategy 2: Medicaid Managed LTSS**<br>Full integration of mental substance abuse and long-term services and supports into managed care will begin in January 2014. Older adults, adults with physical disabilities, and adults with intellectual/developmental disabilities are projected to be enrolled by January 2014, with voluntary enrollment with opt out. Waiver services for persons with intellectual/developmental disabilities will be carved out.<br>(Source: Duals Demonstration Proposal; CMS and Truven Health Analytics, The Growth of Managed Long-Term Services and Supports (MLTSS) Programs: A 2012 Update, July 2012) | |
| **West Virginia** | **West Virginia looking to expand Medicaid managed care**<br><br>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) | |

| State | Medicaid Managed LTSS and Other Updates | Duals Demonstration Status |
|---|---|---|
| **Wisconsin** | **Currently Operating Medicaid Managed LTSS Programs**<br><br>Wisconsin is one of 16 states currently operating Medicaid managed LTSS. The State has two MLTSS programs. **Wisconsin Family Care** (under 1915(b) and 1915(c)) provides LTSS to adults under age 65 with physical disabilities, adults under age 65 with intellectual/developmental disabilities, and adults of age 65 and older. HCBS waiver services are only available to members who are a nursing home level of care, and primary, acute, and prescription drugs services are excluded from capitation rate. Enrollment is voluntary (choice of Family Care, Family Care Partnership, PACE, or IRIS depending on what is offered in the county and individual's functional level of care) with opt in. The program covers 57 counties in the State (out of 72 counties). 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)<br><br>**Wisconsin Family Care Partnership** (FC-P) (under 1932(a) and 1915(c)) provides Medicare cost-sharing, behavioral health (not covered by Medicare), prescription drugs (not covered by Medicare), LTSS (HCBS and institutional), and other services including case management, dental, hospital, hospice, and therapies. Groups enrolled are adults under age 65 with physical disabilities, adults under age 65 with developmental disabilities, and frail adults of age 65 and older. Enrollment is voluntary with opt in. The program covers 19 counties in the State (out of 72 counties). (Source: CMS and Truven Health Analytics, The Growth of Managed Long-Term Services and Supports (MLTSS) Programs: A 2012 Update, July 2012<br>State Program Website<br>Waiver Application<br>NASUAD & n4a presentation<br><br>**Section 1915(i) State plan option**<br>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 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. (Source: State Plan Amendment; Program website) | Selected by CMS for Demonstration Grants<br><br>Proposal submitted to CMS (4/26/2012)<br><br>Target implementation date: Jan 2013 |

NASUAD
National Association of States United for Aging and Disabilities

# STATE TRACKER FOR DUAL INTEGRATION PLANS

(Updated as of: 8/23/2012)

| 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 | | March 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 | | April 2013 |
| Iowa | | FFS | 4/16/2012 | 5/29/2012 | | Jan 2013 |
| Massachusetts | X | Capitated | 12/7/2011 | 2/16/2012 | 8/23/2012 | April 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/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/StateDemonstrationstoIntegrateCareforDualEligibleIndividuals.html

[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. At this point, all of the comment periods have closed. (See http://www.cms.gov/apps/media/press/factsheet.asp?Counter=4284).

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

| 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] |
|---|---|---|---|---|---|---|
| North Carolina | X | FFS | 3/15/2012 | 5/2/2012 | | April 2014 |
| Ohio | | Capitated | 2/27/2012 | 4/2/2012 | | April 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
- Idaho: http://healthandwelfare.idaho.gov/Portals/0/Medical/Managed%20Care/Idaho%20Demonstration%20Proposal%20Draft%20for%20Public%20Comment%20April%202012.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

- 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


**National Association of States**
**United for Aging and Disabilities**
1201 15th Street NW, Suite 350
Washington, DC 20005
Phone: 202-898-2578
www.nasuad.org