

November 3, 2014

State Medicaid Integration Tracker[®]

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).

Please note that the tracker has been reformatted beginning this month. In order to improve readability of the tracker, we are only including new updates for each state in the monthly publication. For comprehensive information on each state, as well as archived versions of the tracker, please visit: <http://nasuad.org/initiatives/tracking-state-activity/state-medicaid-integration-tracker>

The **State Medicaid Integration Tracker®** focuses on the status of the following state actions:

1. Managed Long Term Services and Supports (MLTSS)
2. State Demonstrations to Integrate Care for Dual Eligible Individuals and other Medicare-Medicaid Coordination Initiatives
3. Other LTSS Reform Activities, including:
 - Balancing Incentive Program
 - Medicaid State Plan Amendments under §1915(i)
 - Community First Choice Option under §1915(k)
 - Medicaid Health Homes

NASUAD uses many information sources to learn what is happening across the country in these areas. NASUAD's sources include: the CMS website on Managed Long Term Services and Supports ([link](#)), the CMS website on State Demonstrations to Integrate Care for Dual Eligible Individuals ([link](#)), the CMS Balancing Incentive Program website ([link](#)), the CMS website on Health Homes ([link](#)), the CMS list of Medicaid waivers ([link](#)), state Medicaid Agency websites, interviews with state officials, and presentations by state agencies. NASUAD lists sources for each update, as well as hyperlinks to related CMS and state documents and materials.

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Overview

<p>Managed LTSS:</p>	<p>AZ, CA, DE, FL, GA, HI, IL, KS, LA, MA, MI, MN, MO, NE, NV, NH, NJ, NM, NY, NC, OH, OR, PA, RI, TN, TX, WA, WI</p>
<p>Medicare-Medicaid Care Coordination Initiatives:</p> <p>*: Financial Alignment (FA) demonstration proposal approved by CMS</p> <p>** : Pursuing alternative initiative</p>	<p>CA*, CO*, CT, FL**, IL*, MA*, MI*, MN**, NH**, NJ**, NY*, OH*, OK, RI, SC*, TX, VA*, WA*</p>
<p>Other LTSS Reform Activities:</p> <p>*: Approved by CMS</p>	
<ul style="list-style-type: none"> Balancing Incentive Program: 	<p>AR*, CT*, DE, GA*, IL*, IN*, IA*, KY*, LA*, ME*, MD*, MA*, MS*, MO*, NE*, NV*, NH*, NJ*, NY*, OH*, PA*, RI, TX*</p>
<ul style="list-style-type: none"> Medicaid State Plan Amendments under §1915(i): <p>SPA withdrawn:</p>	<p>AR, CA*, CO*, CT*, DE, DC*, FL*, ID*, IN*, IA*, LA*, MD, MS*, MT*, NV*, OR*, WI*</p> <p>TX, WA</p>
<ul style="list-style-type: none"> Community First Choice option under §1915(k): <p>SPA withdrawn:</p>	<p>AR, CA*(2), CO, MD*, MN, MT, NY, OR*, TX, WA, WI</p> <p>AZ, LA</p>
<ul style="list-style-type: none"> Medicaid Health Homes: 	<p>AL*, AZ, AR, CA, CT, DE, DC, ID*, IL, IN, IA*(3), KS*, KY, ME*(2), MD*, MI, MN, MS, MO*(2), NV, NH, NJ, NM, NY*(3), NC*, OH*(2), OK, OR*, RI*(3), SD*, VT*(2), WA*, WV, WI*(2)</p>

State Updates

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<p>Alabama</p>	<p>Regional Care Organizations</p> <p>On October 14, 2014, Alabama Medicaid reported twelve organizations had submitted applications for Regional Care Organization probationary certification by the September 30 application deadline. These organizations must finalize their applications and receive official approval from the state Medicaid agency by the end of the year. Probationary RCOs will be eligible to respond to the Health Home RFP scheduled to be released in January 2015. (Source: Alabama Medicaid website)</p>
<p>California</p>	<p>Managed LTSS Program</p> <p>On September 29, 2014, Governor Jerry Brown vetoed Assembly Bill 1552 to codify Community-Based Adult Services (CBAS) as a Medi-Cal benefit. The CBAS program provided adult day health for many of the oldest and most frail Medi-Cal beneficiaries as a result of a 2011 settlement agreement that expired in August 2014. Although a proposed Medicaid waiver amendment that will include CBAS as a Medi-Cal benefit is expected to be approved by the end of October, the governor’s veto leaves an uncertain future for the CBAS program. (Source: CaliforniaHealthline.org/Capitol Desk, 10/1/2014) Veto of Assembly Bill 1552 (9/29/2014)</p> <p>On December 1, 2014, the state will shift Medi-Cal seniors and persons with disabilities in 28 rural counties into Medi-Cal managed care plans, as a continuation of an extended effort by the state to expand Medi-Cal managed care to rural areas. (Source: CaliforniaHealthline.org/Capitol Desk, 10/28/2014)</p> <p>State Demonstration to Integrate Care for Dual Eligible Individuals</p> <p>On September 30, 2014, L.A. Care Health Plan, the nation’s largest publicly operated health plan, announced it received an improved Medicare Part D Star Rating from CMS; with its new rating, L.A. Care will begin accepting passive enrollment into the Cal MediConnect duals demonstration project in January 2015. (Source: L.A. Care News, 9/30/2014)</p> <p>On October 3, 2014, California Healthline reported that advocates have dropped their efforts to seek a preliminary injunction against Cal MediConnect. (Source: CaliforniaHealthline.org/Capitol Desk, 10/3/2014)</p> <p>As of October 3, 2014, the state has sent Cal MediConnect enrollment notices to almost half of the 456,000 people eligible for California’s duals</p>

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<p>California</p>	<p>demonstration project; and about 36% have opted out of the program. (Source: CaliforniaHealthline.org/Capitol Desk, 10/3/2014)</p> <p>On November 1, 2014, federal regulators will lift an enrollment freeze on CalOptima, Orange County’s only health plan participating in the Cal MediConnect duals demonstration project. The freeze was enacted earlier this year when auditors from CMS found serious threats to patient health and safety at CalOptima. Regulators will reassess the plan’s progress in January 2015. (Source: Orange County Register, 10/27/2014)</p>
<p>Colorado</p>	<p>Accountable Care Collaborative</p> <p>On October 21, 2014, the Colorado Department of Health Care Policy and Financing (DHCPF) issued a Request for Information (RFI) seeking stakeholder input and feedback on the future of the Accountable Care Collaborative (ACC). Input received during this RFI will help the DHCPF design what the ACC will look like in the future through the upcoming Request for Proposals (RFP) process for each Regional Care Collaborative Organization (RCCO). Responses to the RFI are due by November 24, 2014. (Source: Colorado DHCPF website) ACC Request for Information (10/21/2014)</p>
<p>Florida</p>	<p>§1115 Demonstration Waiver</p> <p>On October 8, 2014, the Florida chapter of the American Academy of Pediatrics sent a letter to the secretaries of the Florida Department of Health and the Agency for Health Care Administration requesting urgent, face-to-face talks about barriers to care for medically fragile children related to the state’s rollout of its Managed Medicaid Assistance (MMA) program. The MMA program requires nearly all of the 3.6 million Floridians on Medicaid to be enrolled in managed care plans. Under the program, medically fragile children were supposed to be able to continue seeing their current doctors through the Children’s Medical Services (CMS) program; however, some families of CMS recipients were mistakenly told that they had to switch to a private plan, thereby dropping some CMS patients from their doctors’ network. (Source: Health News Florida, 10/16/2014; HMA Weekly Roundup, 10/22/2014)</p>
<p>Kansas</p>	<p>Managed LTSS Program</p> <p>On October 8, 2014, the Sacramento Bee reported that Democratic gubernatorial candidate Paul Davis has proposed reversing part of Republican Sam Brownback’s Medicaid overhaul in order to improve access for the DD population. If elected, Davis plans to remove in-home support services for individuals with developmental disabilities from KanCare. (Source: HMA Weekly Roundup, 10/15/2014)</p>

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<p>Louisiana</p>	<p>Bayou Health Reprourement</p> <p>On October 24, 2014, the Louisiana Department of Health and Hospitals (DHH) announced the recommendation of five managed care organizations (MCOs) to administer the next contract period for Bayou Health; all of the health plans selected will operate statewide. The recommended Bayou health plans include: Aetna Better Health of Louisiana; Amerigroup Louisiana, Inc.; AmeriHealth Caritas Louisiana, Inc.; Louisiana Healthcare Connections; and UnitedHealthcare Community Plan. Although several additional steps remain before the MCO contracts are final and the MCOs are ready to begin operations, the new contracts are expected to begin February 1, 2015. Recipients will have the opportunity to choose an MCO during a 60-day annual open enrollment period beginning in November of each year. Current prepaid health plan members will automatically remain with their current health plan if they do not choose an alternative plan. Current shared savings plan members will be auto-enrolled in a plan based on historical MCO relationships and PCP network participation, among other variables. All members have the option to change health plans for up to 90 days after enrollment.</p> <p>The MCOs will coordinate services for more than 919,000 Medicaid recipients, including: children under age 19 and their parents; adults with disabilities who do not receive Medicare; and pregnant women. Medicaid recipients who will not be covered in MCOs include: dual eligibles; nursing home residents; and individuals enrolled in some specialty service Medicaid programs. Individuals who receive HCBS can voluntarily opt in, but will not be auto-enrolled in a health plan. Individuals who are not enrolled in Bayou Health will continue to receive care through the current FFS system. Dental care and specialized behavioral health services will continue to be managed separately by Managed Care of North America (MCNA) and a specialized behavioral health MCO that is expected to be recommended for a contract award on October 31, 2014. (Source: Louisiana DHH website, 10/24/2014)</p>
<p>Massachusetts</p>	<p>State Demonstration to Integrate Care for Dual Eligible Individuals</p> <p>In October 2014, the Massachusetts Executive Office of Health and Human Services released its OneCare October Enrollment Report. As of October 1, 2014, the total number of enrollees in the OneCare duals demonstration program is 17,465. The total number that has opted out of the demonstration is 25,840. While the planned October 2014 passive enrollment has been canceled, MassHealth and CMS will look into plans' capacities to accept passive enrollees in 2015. (Source: Community Catalyst State Highlights, 10/1/2014; OneCare October Enrollment Report, 10/2014) OneCare October Enrollment Report (10/2014))</p>

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<p>Missouri</p>	<p>State Initiative to Integrate Care for Dual Eligible Individuals</p> <p>Anthem is launching a Dual-Eligible Special Needs Medicare Plan (DSNP) to help coordinate care and benefits for dual eligibles in Jefferson, St. Charles, St. Louis, and St. Louis City counties. The plan is called Anthem Dual Advantage; it was available for enrollment beginning October 15, 2014 with an effective date of January 1, 2015. (Source: Business Wire, 10/22/2014)</p>
<p>New Hampshire</p>	<p>Managed LTSS Program</p> <p>On October 2, 2014, the state announced it is delaying the second phase of the state’s transition to managed care to allow more time to prepare for implementation. Previously scheduled to begin January 1, 2015, this second phase would have required LTSS recipients (including individuals with DD and people in nursing homes) to enroll in managed care plans. On November 6, 2014, the state Department of Health and Human Services announced that it would be reevaluating the nursing home carve-in. (Source: Concord Monitor, 10/3/2014; NH Business Review, 11/5/2014)</p>
<p>New Jersey</p>	<p>Managed LTSS Program</p> <p>On October 6, 2014, New Jersey DoAS provided an update to the Medical Assistance Advisory Council about the state’s transition to MLTSS since its July 1, 2014 launch. As of October 6: 11,138 1915(c) waiver participants had been transferred from over one hundred community-based care management agencies to four MCOs. (Source: New Jersey DMAHS website) DMAHS Presentation (10/6/2014)</p> <p>Also on October 6, 2014, New Jersey DMAHS provided the Medical Assistance Advisory Council with an update on the draft personal care assistant (PCA) assessment tool beta test. DMAHS plans to release the final PCA assessment tool in February 2015 for use by its four MCOs as a common assessment tool. (Source: New Jersey DMAHS website; HMA Weekly Roundup, 10/8/2014) DMAHS Presentation (10/6/2014)</p> <p>New Jersey DMAHS has published a MLTSS Service Dictionary on its website. The MLTSS Service Dictionary names every service available to individuals who meet the clinical, functional and financial eligibility requirements for nursing facility level of care, and therefore qualify for MLTSS. The publication also lists the service limitations; provider specifications; billing codes; HIPAA compliant codes; units of service; licensing entities; accrediting entities; regulation cites; and taxonomy codes for each MLTSS service. (Source: HMA Weekly Roundup, 10/29/2014) New Jersey MLTSS Service Dictionary</p>

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<p>New Jersey</p>	<p>New Jersey DMAHS has provided a Qualified Income Trust (QIT) template on its website for people to use to establish income eligibility for MLTSS. The state is currently seeking a State Plan Amendment from CMS for use of trust devices in home-based settings, nursing facilities, and assisted living facilities. (Source: DMAHS QIT website; HMA Weekly Roundup, 10/8/2014) QIT Template</p>
<p>New York</p>	<p>§1115 Demonstration Waiver</p> <p>The New York State Department of Health posted Draft DSRIP PPS Plan Application materials for public review and comment; comments may be submitted via email through October 29, 2014. (Source: State DSRIP Program website) Draft DSRIP Project Plan Application</p> <p>The New York State Department of Health and the Dormitory Authority of the State of New York announced the availability of funds under the Capital Restructuring Financing Program (CRFP), a state grant program with awards totaling up to \$1.2 billion over seven years to support capital projects to strengthen and improve infrastructure, promote integrated health systems, and support increased primary care capacity. The grant program is meant to complement awards granted by the DSRIP Program. The Department of Health will accept public comments about the CRFP through November 1, 2014. (Source: State DSRIP Program website) Capital Restructuring Financing Program Information Sheet</p> <p>The New York State Department of Health posted the DSRIP PPS Lead & PPS Financial Stability Test on the state’s DSRIP website for completion by potential PPS Lead organizations. Potential PPS Lead organizations must complete the Test document and the Test Excel Tool and submit completed application documents by November 7, 2014 to be eligible to serve as a PPS Lead organization. (Source: State DSRIP Program website)</p> <p>The New York State Department of Health posted a Draft DSRIP Measure Specification and Reporting Manual for public review and comment; comments may be submitted via email through November 10, 2014. The manual includes information about DSRIP project measure requirements, reporting mechanisms, and PPS reporting requirements. The manual also includes information about performance goals and methods for establishing improvement targets. (Source: Community Health Care Association of NY State, 10/2014) Draft DSRIP Measure Specification and Reporting Manual</p> <p>On January 1, 2015, transportation services (emergency and non-emergency) will be carved-out of the managed care benefit package for all</p>

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New York	managed care enrollees in seven additional upstate counties in Western New York: Allegany; Cattaraugus; Chautauqua; Erie; Genesee; Niagara; and Wyoming. (Source: NY Department of Health website)
North Carolina	<p>Managed LTSS Program</p> <p>During an October 6, 2014 committee meeting, North Carolina lawmakers heard from the Medicaid directors of Virginia, Florida, and Ohio in an attempt to learn how other states run their Medicaid programs. The state directors emphasized the differences between state Medicaid programs and touched on common themes: change should be slow; and all stakeholders should cooperate on making changes. (Source: North Carolina Health News, 10/7/2014).</p>
Ohio	<p>State Demonstration to Integrate Care for Dual Eligible Individuals</p> <p>On October 12, 2014, the Columbus Dispatch reported that MyCare Ohio enrollees are experiencing limitations in access to care, due to delays with health home worker payments and service authorization delays. Sam Rossi, the state's Medicaid spokesperson, said MyCare Ohio health plans have started programs to help independent caregivers and home-health agencies quickly resolve payment problems. (Source: Columbus Dispatch, 10/12/2014)</p>
Rhode Island	<p>State Demonstration to Integrate Care for Dual Eligible Individuals</p> <p>On October 1, 2014, Rhode Island's Executive Office of Health and Human Services (EOHHS) provided an enrollment update for its Integrated Care Initiative (ICI) dual eligible demonstration. As of October 1, 2014: 22,435 individuals were enrolled in Phase One of the ICI. This includes 17,162 individuals enrolled in Rhody Health Options (RHO); 4,964 individuals enrolled in Connect Care Choice (CCC) Community Partners; and 309 individuals enrolled in the PACE Program. (Source: HMA Weekly Roundup, 10/22/2014; ICI Phase I Presentation by Rhode Island EOHHS, 10/1/2014) EOHHS Rhody Health Options Fact Sheet (9/5/2014) EOHHS CCC Community Partners Fact Sheet (9/5/2014) EOHHS RHO, CCC Community Partners, PACE Comparison Chart (9/5/2014))</p>
Virginia	<p>State Demonstration to Integrate Care for Dual Eligible Individuals</p> <p>Effective October 6, 2014, Virginia Premier CompleteCare – a health plan in the Commonwealth Coordinated Care (CCC) duals demonstration program - has entered into an agreement with Magellan Healthcare, Inc. to implement a behavioral health management program to promote quality improvement for services provided to Virginia Premier CompleteCare members. (Source: Virginia DMAS website; Virginia Premier CompleteCare website)</p>

STATE TRACKER FOR DUALS DEMONSTRATION
(Updated as of: 11/3/2014)

	States	Proposed Financing Model	Submitted to CMS	Status	Target Implementation Date ¹
1	Arizona	Capitated	5/31/2012	Withdrew	1/2014
2	California	Capitated	5/31/2012	MOU Signed 3/27/2013	4/2014 (opt-in); 8/2014, 10/2014, 1/2015, 7/2015 (passive)
3	Colorado	Managed FFS	5/2012	MOU Signed 2/28/2014	9/2014 (passive)
4	Connecticut	Managed FFS	5/31/2012		N/A
5	Hawaii	Capitated	5/25/2012	Withdrew	1/2014
6	Idaho	Capitated	5/2012	Withdrew	1/2014
7	Illinois	Capitated	4/6/2012	MOU Signed 2/22/2013	3/2014 (opt-in); 6/2014 (passive)
8	Iowa	Managed FFS	5/29/2012	Withdrew	N/A
9	Massachusetts	Capitated	2/16/2012	MOU Signed 8/23/2012	10/2013 (opt-in); 1/2014, 4/2014, & 7/2014 (passive)
10	Michigan	Capitated	4/26/2012	MOU Signed 4/2014	1/2015 (opt-in); 4/2015 (passive)
11	Minnesota	Admin. Alignment Capitated	4/26/2012	Admin. Alignment MOU Signed (9/12/2013) Withdrew Capit.	9/2013 (opt-in) 12/2012

¹ Implementation dates are based on demonstration proposals submitted to CMS, Memoranda of Understanding, and Financial and Administrative Alignment Demonstrations for Dual Eligible Beneficiaries Compared: States with Memoranda of Understanding Approved by CMS, 7/24/2014.

	States	Proposed Financing Model	Submitted to CMS	Status	Target Implementation Date ¹
12	Missouri	Managed FFS	5/31/2012	Withdrew	10/2012
13	New Mexico	Capitated	5/31/2012	Withdrew	1/2014
14	New York	Capitated ²	5/25/2012	MOU Signed 8/26/2013	1/2015 (opt-in); 4/2015 (passive)
15	North Carolina	Managed FFS	5/2/2012	Withdrew	1/2013
16	Ohio	Capitated	4/2/2012	MOU Signed 12/12/2012	5/2014 (opt-in); 1/2015 (passive)
17	Oklahoma	Both	5/31/2012		N/A
18	Oregon	Capitated	5/11/2012	Withdrew	1/2013
19	Rhode Island	Capitated	5/31/2012		N/A
20	S. Carolina	Capitated	5/25/2012	MOU Signed	1/2015 (opt-in); 4/2015 (passive)
21	Tennessee	Capitated	5/17/2012	Withdrew	1/2014
22	Texas	Capitated	5/2012	MOU Signed	3/2015 (opt-in); 4/2015 (passive)
23	Vermont	Capitated	5/10/2012	Withdrew	Jan 2014
24	Virginia	Capitated	5/31/2012	MOU Signed 5/21/2013	5/2014 (opt-in); 8/2014 (passive)
25	Washington	Both	4/26/2012	2 MOUs Signed MFFS (10/25/2012) Capit. (11/25/2013)	MFFS (7/2013) Capit. (7/2015)
26	Wisconsin	Both	4/26/2012	Withdrew	1/2013

² New York initially submitted demonstration proposal for both financial models, but later withdrew Managed FFS model. Please refer to text in New York section.



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