

July - December 2024

# State Medicaid Integration Tracker©

## Welcome to the State Medicaid Integration Tracker<sup>®</sup>

The **State Medicaid Integration Tracker<sup>®</sup>** has been published by Advancing States since 2014. It was intended to provide a compilation of states' efforts to implement integrated care delivery-system models. Only publicly available and documented activities have been included in this tracker.

After this semi-annual update, Advancing States will cease publication of the tracker. Should state actions in the future suggest a need for the tracker to resume, we will do so.

This tracker includes new updates for each state that occurred since the previous tracker's publication. For comprehensive information on each state, as well as archived versions of the tracker, please visit: <http://www.advancingstates.org/publications/state-medicaid-integration-tracker>.

The **State Medicaid Integration Tracker<sup>®</sup>** 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:
  - Medicaid State Plan Amendments under §1915(j)
  - Community First Choice Option under §1915(k)
  - Medicaid Health Homes

Advancing States uses many information sources to learn what is happening across the country in these areas. Advancing States' 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 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. Advancing States lists sources for each update, as well as hyperlinks to related CMS and state documents and materials.

For more information, please contact **Camille Dobson** ([cdobson@advancingstates.org](mailto:cdobson@advancingstates.org)) or **Annie Kimbrel** ([akimbrel@advancingstates.org](mailto:akimbrel@advancingstates.org)).

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States strives to provide accurate and timely information, there may be inadvertent technical/factual inaccuracies and typographical errors in this document. If the user finds any errors or omissions, please report them to Annie Kimbrel at [akimbrel@advancingstates.org](mailto:akimbrel@advancingstates.org).

## Overview

<p><b>Managed LTSS Programs:</b></p> <p>(Bolded states have updates highlighted in this issue of the tracker)</p>	<p>AR, AZ, CA, DE, FL, HI, <b>IA</b>, ID, <b>IL</b>, <b>IN</b>, KS, <b>MA</b>, <b>MI</b>, MN, NJ, <b>NM</b>, NY, NC, <b>PA</b>, <b>RI</b>, TN, TX, VA, WI</p>
<p><b>States with MLTSS Delivered Through Section 1115 Waivers:</b></p>	<p>AZ, DE, HI, NJ, TX, TN, NM, NY</p>
<p><b>Medicare-Medicaid Care Coordination Initiatives:</b></p> <p>All states, except Minnesota, are operating a CMS-approved Financial Alignment Initiative (FAI) demonstration program. Pursuant to Final Rule CMS-4192-F, states must phase out or transition their FAIs no later than December 31, 2025. For links to transition plans, please see the chart at the bottom of the tracker.</p> <p>** : Pursuing alternative initiative</p>	<p>CA, IL, MA, MI, MN**, OH, RI, SC, TX, WA</p>

For details about state integration activities, visit the [Integrated Care Resource Center Map](#).

State	Update
Illinois	<p><b>Dual-Eligible Special Needs Plan</b></p> <p>On September 3, the Illinois Department of Healthcare and Family Services (HFS) released a Request for Proposals (RFP) to obtain one or more Dual Eligible Special Needs Plans (D-SNP). HFS is transitioning its Medicare-Medicaid Alignment Initiative (MMAI) demonstration to a D-SNP model using Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNP). The D-SNPs will focus on advancing health equity, including a requirement that outcomes be broken out by race, ethnicity, and geography. Bids were due October 18, 2024 for a coverage period beginning January 1, 2026.</p> <p>(Source: <a href="https://www.illinois.gov">Illinois.gov</a>; 9-3-2024)</p>
Indiana	<p><b>Managed Long-Term Services and Supports</b></p> <p>On July 1, the Indiana Family and Social Services Administration (FSSA) launched the Indiana PathWays for Aging Medicaid managed care program. PathWays is available for Indiana Medicaid members who are 60 years of age and older and eligible for full coverage aged, blind, or disabled Medicaid coverage, with or without Medicare. PathWays is Indiana’s fourth managed care program and is designed to help members improve their health and wellbeing, provide choice for people who want to age in their homes and communities, and better manage the rising costs of Medicaid coverage. PathWays members can choose one of three health plans, offered through Anthem Blue Cross and Blue Shield, Humana Healthy Horizons, and UnitedHealthcare Community Plan of Indiana. PathWays for Aging will serve more than 123,000 eligible Hoosiers, and a subset of those individuals who meet nursing facility level of care will also be eligible for the PathWays for Aging HCBS waiver.</p> <p>(Source: <a href="https://www.in.gov/fssa">Indiana Family &amp; Social Services Administration</a>; 7-1-2024)</p>
Iowa	<p><b>Managed Long-Term Services and Supports</b></p> <p>On September 3, the Iowa Department of Health and Human Services (HHS) announced its intent to award Iowa Total Care, Inc. for delivery of healthcare services for Iowa Medicaid, Iowa Health and Wellness Plan, and Healthy and Well Kids in Iowa (Hawki) programs. Iowa Total Care, Inc. will be responsible for delivering covered benefits in a coordinated manner, including physical health, behavioral health, and LTSS. HHS is currently contracting with three MCOs for the IA Health Link program and one of these contracts is set to expire on 6/30/25. The start date for the provision of services is July 1, 2025.</p> <p>(Source: <a href="https://www.iowa.gov">Iowa Department of Health and Human Services</a>; 9-3-2024)</p>

<p>Massachusetts</p>	<p><b>Medicare-Medicaid Integration</b></p> <p>On September 6, the Massachusetts Executive Office of Health and Human Services announced that it has awarded contracts for the One Care and Senior Care Options (SCO) programs.</p> <p>One Care is an integrated care option available for Dual Eligible adults with disabilities ages 21-64 at the time of enrollment. One Care enrollees can get full Medicare and Medicaid coverage, plus additional behavioral health services, LTSS, and other community services. As of January 1, 2026, One Care will consist of Medicare Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs) with companion Medicaid managed care plans. One Care awardees are Commonwealth Care Alliance, Tufts, UnitedHealthcare, Molina/Senior Whole Health, Mass General Brigham Health Plan and Community Care Cooperative.</p> <p>Senior Care Options (SCO) is a coordinated health plan option for adults ages 65 and older, with or without Medicare. SCO enrollees can get all their MassHealth and Medicare services (for those enrolled in Medicare), plus additional behavioral health and home care services, through a health plan contracted with both Medicare and MassHealth. SCO currently consists of Medicare FIDE SNPs with companion Medicaid managed care plans. SCO awardees are the same six awardees as One Care plus Fallon Health.</p> <p>Source: <a href="#">Massachusetts Executive Office of Health and Human Services</a> and <a href="#">HMA Weekly Roundup</a>; 9-11-2024)</p>
<p>Michigan</p>	<p><b>Dual-Eligible Special Needs Plan</b></p> <p>On October 9, the Michigan Department of Health and Human Services (MDHHS) initially announced contract awards for nine health plans to provide a new benefit plan, MI Coordinated Health, launching January 1, 2026, and running for seven years with three, one-year optional extensions. On December 6, MDHHS updated the contract awards to make changes to health plan regional assignments.</p> <p>Awarded plans include Aetna Better Health of Michigan, Inc.; AmeriHealth Michigan, Inc.; HAP Care Source; Humana Medical Plan of Michigan, Inc.; Meridian Health Plan of Michigan; Molina Healthcare of Michigan, Inc.; Priority Health Choice, Inc.; UnitedHealthcare Community Plan, Inc.; and Upper Peninsula Health Plan, LLC.</p> <p>MI Coordinated Health is a Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP) model and is the successor to the MI Health Link program, the state’s FAI demonstration. The HIDE SNP will include capitated LTSS. Contracted MCOs will provide all Medicare and most Medicaid covered benefits for their dual-eligible</p>

	<p>enrollees. Specialty Medicaid behavioral health services will remain carved out. The five pillars of the Integrated Care transition are: foster integration and continuity; reduce racial disparities; improve care delivery; promote self-determination; and build a culture of quality. MI Coordinated Health will be operational in some regions of the state on 1/1/2026 and will extend to the entire state on 1/1/2027.</p> <p>(Source: <a href="#">Michigan Department of Health and Human Services</a>; 10-9-2024 and <a href="#">Michigan Department of Health and Human Services</a>; 12-6-2024)</p>
New Mexico	<p><b>Section 1115(a) Demonstration Approval</b></p> <p>On July 25, CMS approved New Mexico’s request to extend the state’s 1115(a) demonstration, now renamed “New Mexico Turquoise Care.” This approval includes renewed authority to provide LTSS through the Community Benefit program and new authority to provide health-related social needs (HRSN) to people who meet the needs-based criteria. The demonstration is effective from July 25, 2024 through December 31, 2029.</p> <p>(Source: <a href="#">Medicaid.gov</a>; 7-25-2024)</p>
Pennsylvania	<p><b>Managed Long-Term Services and Supports</b></p> <p>On August 22, the Pennsylvania Department of Human Services (DHS) announced five Managed Care Organizations (MCOs) selected to administer PA’s Community HealthChoices (CHC) program, which covers adults dually eligible for Medicare and Medicaid and those who qualify for LTSS. Selected plans include incumbents PA Health and Wellness, UPMC For You, and Vista Health Plan (AmeriHealth Caritas/Keystone First), joined by Aetna Better Health of Pennsylvania and Health Partners Plans.</p> <p>(Source: <a href="#">Pennsylvania Department of Human Services</a>; 08-22-2024)</p>
Rhode Island	<p><b>Managed Long-Term Services and Supports</b></p> <p>On July 16, the Rhode Island Executive Office of Health and Human Services announced tentative contract awards for the statewide Medicaid managed care program to incumbents Neighborhood Health Plan and UnitedHealthcare. The new contracts include LTSS and expanding managed care to include people who are dually eligible. The contracts are set to begin on July 1, 2025. Incumbent Tufts and non-incumbent Blue Cross Blue Shield were not awarded contracts; both organizations protested the contract awards.</p> <p>(Source: <a href="#">The Providence Journal</a> and <a href="#">HMA Weekly Roundup</a>; 07-16-2024)</p>

STATE TRACKER FOR DUALS DEMONSTRATIONS  
(Updated as of: 12/30/2024)

	States	Proposed Financing Model	Status	Anticipated End Date
1	California	Capitated	TRANSITIONED on 01/01/2023	N/A
2	Colorado	Managed FFS	TERMINATED on 12/31/2017	N/A
3	Illinois	Capitated	INTENDS TO TRANSITION <a href="#">Link to Transition Plan</a>	12/31/2025
4	Massachusetts	Capitated	INTENDS TO TRANSITION <a href="#">Link to Transition Plan</a>	12/31/2025; Duals Demo 2.0 pending
5	Michigan	Capitated	INTENDS TO TRANSITION <a href="#">Link to Transition Plan</a>	12/31/2025
6	Minnesota	Admin. Alignment	Admin. Alignment MOU Signed (9/12/2013)	12/31/2025
7	New York	Capitated <sup>1</sup>	TERMINATED on 12/31/2019	N/A
8	Ohio	Capitated	INTENDS TO TRANSITION <a href="#">Link to Transition Plan</a>	12/31/2025
9	Rhode Island	Capitated	INTENDS TO TRANSITION <a href="#">Link to Transition Plan</a>	12/31/2025
10	South Carolina	Capitated	INTENDS TO TRANSITION	12/31/2025
11	Texas	Capitated	INTENDS TO TRANSITION	12/31/2025



	States	Proposed Financing Model	Status	Anticipated End Date
			<a href="#">Link to Transition Plan</a>	
12	Virginia	Capitated	<b>TERMINATED on</b> 12/31/17	N/A
13	Washington	Managed FFS	<b>MOU Signed</b> 10/25/2012	12/31/2023

**ADvancing States**

241 18<sup>th</sup> Street South, Suite 403

Arlington, VA 22202

Phone: 202-898-2578

[www.ADvancingstates.org](http://www.ADvancingstates.org)