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# State Medicaid Integration Tracker<sup>©</sup>

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

The **State Medicaid Integration Tracker**<sup>®</sup> is published bimonthly by the National Association of States United for Aging and Disabilities (NASUAD). It is intended to provide a compilation of states' efforts to implement integrated care delivery-system models. Only publicly available and documented activities are included in this tracker.

This tracker includes new updates for each state that occurred during the most recent month. 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**<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:
  - 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><b>Managed LTSS Programs:</b></p>	<p>AR, AZ, CA, DE, FL, HI, IA, ID, IL, KS, MA, MI, MN, NC, NJ, NM, NY, PA, RI, TN, TX, VA, WI</p>
<p><b>Medicare-Medicaid Care Coordination Initiatives:</b></p> <p>All states, except Minnesota, are operating a CMS-approved Financial Alignment (FA) demonstration program</p> <p>** : Pursuing alternative initiative</p>	<p>CA, IL, MA, MI, MN**, NY, OH, RI, SC, TX, WA</p>

State Updates

State	State Updates
<p><b>Arizona</b></p>	<p><b>Managed LTSS</b></p> <p>The Arizona Department of Economic Security (DES) Division of Developmental Disabilities (DDD) announced that UnitedHealthcare Community Plan and Mercy Care were awarded contracts to manage DDD Health Plans. DDD Health Plans will offer physical and behavioral health services as well as limited long-term services and supports to eligible members. DDD Health Plans will coordinate with other LTSS and related supports not covered by the health plan. Arizonans enrolled in the Arizona Long Term Care System (ALTCS), which include older adults with fixed incomes and individuals with disabilities, are eligible to enroll in DDD Health Plans. DDD Health Plans are expected to start October 1, 2019. (Source: <a href="#">DDD Health Plans</a>, 3-21-2019)</p>
<p><b>Arkansas</b></p>	<p>The Arkansas Department of Human Services (DHS) announced on January 16, 2019 that Arkansas Total Care (Centene), Empower Healthcare Solutions, and Summit Community Care (Anthem) have chosen to move on to Phase II of the Provider-led Arkansas Share Savings Entity (PASSE) program. ForeverCare Health Plan is no longer participating in Phase II and those clients will be reassigned among the remaining managed care organizations (MCOs). On February 12, 2019 Arkansas DHS announced they have signed agreements with the three MCOs after they successfully passed readiness reviews. Each MCO will now be responsible for managing both acute and LTSS for individuals with intellectual/developmental disabilities and intensive behavioral health needs. Phase II of the program began on March 1, 2019 and the three managed care organizations are estimated to cover nearly 45,000 Medicaid-eligible individuals.</p> <p>On April 30<sup>th</sup>, Arkansas DHS announced that they would be modifying some of the roll-out timelines in response to public feedback. Some of the changes include:</p> <ul style="list-style-type: none"> <li>• Delaying open enrollment from the previously-scheduled May 2019 period until October 2019;</li> <li>• Extending the client transition period where PASSE plans pay for the previously existing plans of care and service authorizations until September 1, 2019; and</li> <li>• Extending the period where PASSE plans must pay all providers the in-network rate, regardless of whether they are enrolled in the plan network, until September 1, 2019.</li> </ul> <p>(Sources: <a href="#">Three PASSEs Sign, Move Forward in DHS PASSE Model</a>, 1-16-2019; <a href="#">DHS Conducts Review, Signs Agreements with Three PASSEs</a>, 2-12-2019; <a href="#">Arkansas Department of Human Services and PASSEs Respond to Feedback, Adjust Open Enrollment and Transition Period</a>, 4-30-19)</p>
<p><b>California</b></p>	<p><b>Medicare Medicaid Integration</b></p> <p>On April 24, 2019, CMS announced a three-year extension by the California Department of Health Care Services (DHCS) has been approved for the Cal MediConnect (CMC) program for Medicare and Medicaid beneficiaries. The contract between CMS, DHCS, and CMC plans will formalize the extension through an amendment. (Source: <a href="#">CA Duals Program Extended Through 2022</a>; 4-24-2019)</p>
<p><b>Florida</b></p>	<p>CMS has approved Florida’s section 1115 pilot program to provide adult Medicaid beneficiaries with mental illness and developmental and intellectual disabilities with behavioral health services and housing. The Behavioral</p>

	<p>Health and Supportive Housing Assistance Pilot program will provide enrollees with transitional housing, supportive services, self-support and peer-support. (Source: <a href="#">FL Medicaid Behavioral Health Housing Pilot</a>, 3-26-2019).</p>
<b>Iowa</b>	<p><b>Managed LTSS Program</b></p> <p>On January 7, 2019 the Iowa Department of Human Services (DHS) published the Managed Care Annual Performance report for the 2018 fiscal year. The total managed care organization (MCO) enrollment for FY18 was 617,607. 37,637 beneficiaries were enrolled in MCO long-term services and support programs (13,837 were enrolled in facility-based services and 23,800 were enrolled in community-based services). Among the three MCOs with LTSS enrollees Amerigroup had 10,119 enrolled, UnitedHealthcare has 27,518 enrolled, and AmeriHealth had 23,051 enrolled. (Source: <a href="#">2018 MCO Annual Report</a>, 1-7-2019)</p> <p>On March 29, 2019, UnitedHealthcare advised DHS of their intent to exit the IA Health Link program effective June 30, 2019. United’s 425,000 members will be transitioned to one of the two remaining MCOs, Amerigroup and Iowa Total Care (a new entrant effective July 1, 2019). (Source: <a href="#">IA Health Link Update</a>; 3-29-2019)</p>
<b>Massachusetts</b>	<p><b>Medicare – Medicaid Coordination</b></p> <p>The Massachusetts Executive Office of Health and Human Services (EOHHS) released a request for responses (RFR) for the One Care Duals Demonstration 2.0. The current program serves approximately 22,500 Medicare and Medicaid dual eligible beneficiaries through the Commonwealth Care Alliance and Tufts Health Plan. One Care serves adults with disabilities ages 21 to 64 and provides managed medical, LTSS, behavioral, care management, and community-based services. One Care will focus on providing integrated care management through an Interdisciplinary Care Team, supporting enrollees to live independently in their community, improving enrollees’ outcomes and quality of life, and innovating provider contracting and purchasing. EOHHS expects to award between 3-5 contracts.</p> <p>The timeline for procurement is:</p> <ul style="list-style-type: none"> <li>• Responses Due: May 24, 2019</li> <li>• Anticipated Award Date: Early Fall 2019</li> <li>• Anticipated Contract Finalization: Late Spring/Summer 2020</li> <li>• Anticipated Service Start Date: January 1, 2021</li> </ul> <p>(Source: <a href="#">One Care Duals Demonstration RFR</a>, 12-24-2018)</p>
<b>Michigan</b>	<p><b>Managed LTSS Program</b></p> <p>The Michigan Department of Health and Human Services (MDHHS) released a report detailing the feasibility of establishing a Managed Long Term Services and Supports (MLTSS) program. MDHHS collaborated with the Center for Health and Research Transformation, Health Policy Matters, and Public Sector consultants to analyzed Michigan’s current LTSS system and develop solutions for improving and expanding managed LTSS. The report includes a comparison of other states with MLTSS systems and how those models could be adapted and</p>

	<p>implemented in Michigan, stakeholder feedback on current managed care programs and opportunities for improvement, an analysis of the current LTSS system, and a proposed implementation timeline. (Source: <a href="#">Michigan Medicaid Long-Term Services and Supports Final Report</a>, 3-6-2019)</p>
<p><b>Minnesota</b></p>	<p><b>Medicare-Medicaid Coordination</b></p> <p>On February 25, 2019 the Minnesota Department of Human Services announced a request for proposals (RFP) to provide Medicare-Medical Assistance (Minnesota’s Medicaid program) integrated health care and long-term care services for seniors through the Minnesota Senior Health Options (MSHO) and Minnesota Senior Care Plus (MSC+) programs. For the first time, for-profit MCOs may be awarded contracts for MSHO and MSC+. This RFP applies to all of Minnesota’s 87 counties. The deadline for proposals is May 17, 2019, contracts are set to be awarded July 19, 2019, with a January 1, 2020 start date. (Source: <a href="#">Minnesota DHS RFP</a>, 2-25-2019)</p>
<p><b>New Jersey</b></p>	<p><b>Managed LTSS Program</b></p> <p>The New Jersey Department of Human Services announced the launch of the Office of Medicaid Innovation. The office will focus on improving the quality, delivery, and cost of care for the state’s Medicaid program. One of the priorities for the new office is finding innovative approaches to the Medicare and Medicaid dual-eligible population.</p> <p>The New Jersey Department of Human Services released the updated Medicaid managed care organization contract. HMA compared the new contract to the previous version and provides highlights from these amendments below.</p> <ul style="list-style-type: none"> <li>• Behavioral Health benefit alignment: Behavioral health benefits are now aligned across the populations who receive BH benefits from their MCO. This applies to members with developmental disabilities under the Division of Developmental Disabilities, members who qualify for MLTSS and members enrolled with a FIDE SNP</li> <li>• Any Willing Providers (AWP) Extends the AWP status of nursing facilities, special care nursing facilities, assisted living providers and community residential service providers by one more year (until June 30, 2019).</li> <li>• Care management compliance: Revises compliance measurement standards for MLTSS category measures</li> <li>• MLTSS Service Initiation: Revises the requirement for beginning MLTSS services from within 30 calendar days of enrollment to within 45 calendar days of enrollment</li> </ul> <p>(Source: <a href="#">NJ Office of Medicaid Innovation</a>, 2-6-2019); <a href="#">HMA Weekly Roundup</a>, 2-27-2019)</p> <p><b>Medicare Medicaid Integration</b></p> <p>New Jersey Medicaid released the 2018 results of their Consumer Assessment of Healthcare Providers and Systems (CAHPS) for the state’s managed care plans. Results for the Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) Program are broken down by participant’s satisfaction with the care they receive, the overall health plan, their personal doctor, and their specialists. United Health Care Dual Complete One scored highest in the health plan (90 percent satisfaction) and personal doctor (93 percent satisfaction) rankings. Amerivantage</p>

	<p>earned the highest satisfaction score for the health care category (86 percent). Amerivantage and Wellcare FIDE SNP both received 91 percent satisfaction scores from participants in the specialists category. (Source: <a href="#">NJ Family Care CAHPS Results</a>, 3-27-2019)</p>
<p><b>New Mexico</b></p>	<p>The New Mexico Department of Health (DOH) announced that Governor Lujan Grisham has instructed DOH and the Human Service Department (HSD) to develop a new Medicaid waiver program to serve people with developmental disabilities who are waiting for services. The Medicaid supports waiver program would serve approximately 5,000 people currently on the waitlist for New Mexico’s three other waiver programs.</p> <p>The work of DOH and HSD will include:</p> <ul style="list-style-type: none"> <li>• Researching how other states administer their Supports Waivers and incorporating best practices.</li> <li>• Looking at program elements such as populations served.</li> <li>• Funding allotments for service plans.</li> <li>• Surveying home and community-based services for people on the wait list</li> </ul> <p>(Source: <a href="#">New Mexico Medicaid HCBS Waiver Program</a>, 3-22-2019)</p>
<p><b>New York</b></p>	<p><b>Managed LTSS Program</b></p> <p>The Quarterly Medicaid Managed Care Advisory Review Panel was held on February 21, 2019. Three managed long-term care plans, Partners Health Plan, Hamaspik Choice, and iCircle Care, are interested in expanding into broader Medicaid managed care to participate in New York’s upcoming Specialized I/DD plan, if their 1115 waiver is approved by CMS. (Source: <a href="#">New York Health Access</a>, 3-4-2019; <a href="#">HMA Weekly Roundup</a>, 2-27-2019)</p> <p><b>Medicare Medicaid Integration</b></p> <p>New York’s Fully Integrated Duals Advantage (FIDA) demonstration is set to end at the end of 2019. The six FIDA plans have a Medicaid Advantage Plus (MAP) plan aligned with D-SNPs in the same service areas. FIDA members will be able to join a MAP plan, which the state is seeking to enhance to resemble FIDA plans. The Department of Health is looking to integrate the grievance and appeals processes, aligned and default enrollment processes, and integrated marketing materials and models from FIDA plans in the MAP plans. (Source: <a href="#">Providing Integrated Care for New York’s Dual-Eligible Members</a>, 2-28-2019)</p>
<p><b>North Carolina</b></p>	<p><b>Medicaid Managed Care</b></p> <p>The North Carolina Department of Health and Human Services (DHHS) announced that Medicaid managed care contracts were awarded to AmeriHealth Caritas, WellCare, United Health Care, Blue Cross and Blue Shield of North Carolina, and Carolina Complete Health (regional contracts) as part of the state’s new Medicaid managed care program for 1.6 million Medicaid beneficiaries. The managed care program is expected to launch in November 2019. The program will launch in two phases, the first in November 2019 in 27 counties and the second in February 2020 in the remaining counties. Medicaid beneficiaries who will transition to Medicaid managed care in November will start receiving information on PHPs in June 2019. Phase I participants will select a plan starting July 2019, Phase II participants will select a plan starting October 2019.</p>



	<p>The MCOs will be expected to deliver state-plan LTSS services (nursing facility services up to 90 days, home health, personal care, hospice and private duty nursing) to enrollees currently receiving those services FFS. Waiver participants and services will be moved to managed care in later phases of the program. (Source: <a href="#">DHHS Announces Contracts for Medicaid Managed Care</a>, 2-4-2019; <a href="#">Medicaid Managed Care RFP, August 2018</a>)</p>
<b>Ohio</b>	<p><b>Medicare Medicaid Integration</b></p> <p>The Ohio Association of Health Plans released report about the state’s Medicaid managed care program. The report included information on MyCare Ohio, the state’s duals demonstration program for those eligible for Medicare and Medicaid. 113,000 dual eligible were served by five managed care organizations. Results from the MyCare 2017 Care Management Satisfaction Survey found that 92 percent of participants participated in the development of their care plan, 90 percent knew the goals of their care plan, and 70 percent were satisfied with their case manager. The report also included data from the National Core Indicators-Aging and Disabilities (NCI-AD) Adult Consumer Survey: 86 percent of enrollees felt their received enough assistance with everyday activities when needed, the same amount reported being able to choose and change the frequency and timing of their services, and enrollees reported having an annual exam or well-check visit. 79 percent of enrollees found their services met their needs and goals, 88 percent knew who to contact for service changes, and 86 percent reported liking their current living situation. (Source: <a href="#">Ohio Association of Health Plans 2019 Report</a>, 2-2019)</p>
<b>Tennessee</b>	<p>Tennessee lawmakers agreed to fund the Katie Beckett waiver program at \$27 million and pass the state’s \$38.5 billion budget after negotiations between the House and the Senate. The Senate initially proposed a \$15.6 million allocation for the program to cover services for only 300 most-at-need children. (Source: <a href="#">Lawmakers Fund Katie Beckett Waiver Program</a>, 4-29-2019)</p>
<b>Wisconsin</b>	<p><b>Managed LTSS Program</b></p> <p>On February 20, 2019 the Wisconsin Department of Health Services (DHS) released a request for proposals (RFP) to contract as Managed Care Organizations (MCOs) for the Family Care Program and the Family Care Partnership Program. Both programs are long-term services and supports programs serving low-income frail older adults and adults with I/DD and physical disabilities with LTSS needs. Proposals were due April 12, 2019 with an implementation date of January 2020. (Source: <a href="#">Wisconsin DHS RFP</a>; 2-20-2019)</p>



## STATE TRACKER FOR DUALS DEMONSTRATION

(Updated as of: 12/21/2018)

	States	Proposed Financing Model	Submitted to CMS	Status	Implementation Date <sup>1</sup>	Anticipated End Date
1	California	Capitated	5/31/2012	<b>MOU Signed</b> 3/27/2013	Fully implemented in 7 counties	12/31/2022
2	Colorado	Managed FFS	5/2012	<b>TERMINATED on</b> 12/31/2017		N/A
3	Illinois	Capitated	4/6/2012	<b>MOU Signed</b> 2/22/2013	Fully implemented in greater Chicago and central Illinois areas	12/31/2019
4	Massachusetts	Capitated	2/16/2012	<b>MOU Signed</b> 8/23/2012	Fully implemented statewide	12/31/2019; Duals Demo 2.0 pending
5	Michigan	Capitated	4/26/2012	<b>MOU Signed</b> 4/2014	Fully implemented in 10 counties and the Upper Peninsula	12/31/2020
6	Minnesota	Admin. Alignment	4/26/2012	<b>Admin. Alignment</b> <b>MOU Signed</b> (9/12/2013)	Fully implemented	12/31/2020
7	New York	Capitated <sup>2</sup>	5/25/2012	<b>MOU Signed</b> 8/26/2013; 11/5/2015	Fully implemented in NYC, Nassau, Westchester and Suffolk counties	12/31/2019 for FIDA; 12/31/2020 for ID/DD
8	Ohio	Capitated	4/2/2012	<b>MOU Signed</b> 12/12/2012	Fully implemented in 29 counties	12/31/2019; Seeking three-year extension
9	Rhode Island	Capitated	5/31/2012	<b>MOU Signed</b>	Three phases of opt-in enrollment:	12/31/2020

<sup>1</sup> 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, 1/6/2016.

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

	States	Proposed Financing Model	Submitted to CMS	Status	Implementation Date <sup>1</sup>	Anticipated End Date
					7/2016; 8/2016; and 9/2016	
10	<b>S. Carolina</b>	Capitated	5/25/2012	<b>MOU Signed</b>	Fully implemented	12/31/2020
11	<b>Texas</b>	Capitated	5/2012	<b>MOU Signed</b>	Fully implemented in 6 counties	12/31/2020
12	<b>Virginia</b>	Capitated	5/31/2012	<b>TERMINATED on 12/31/17</b>		N/A
13	<b>Washington</b>	Managed FFS	4/26/2012	<b>MOU Signed 10/25/2012</b>	Fully implemented in 36 counties	12/31/2018; Extension to 12/31/2020 has been approved



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