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# State Medicaid Integration Tracker©

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

The **State Medicaid Integration Tracker<sup>®</sup>** is published bimonthly by ADvancing States. 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://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:
  - Balancing Incentive Program
  - Medicaid State Plan Amendments under §1915(i)
  - 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 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. ADvancing States 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, <u>ID</u>, 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	State Updates
<p><b>California</b></p>	<p><b>Medicare-Medicaid Integration</b></p> <p>The Department of Health Care Services (DHCS) announced the new California Advancing and Innovating Medi-Cal (CalAIM) proposal on October 29, 2019. DHCS believes the proposal would address challenges in the current Cal MediConnect structure, enrollment, and administrative inefficiencies. The proposal includes discontinuing the Cal MediConnect program at the end of 2022 and transitioning to Dual Eligible Special Needs Plans (D-SNPs) for individuals who are dually eligible for Medicaid and Medicare. The proposal would also require all dually eligible individuals to be enrolled in a Medicaid managed care plan statewide, for long-term care to be integrated in managed care for all Medi-Cal enrollees by 2021, and for managed care plans to offer D-SNPs to dual eligible enrollees by January 2023.</p> <p>(Source: <a href="#">CalAIM Proposal</a>; 10-29-2019)</p> <p>CMS released California’s results from a quality withhold analysis of the state’s Medicare-Medicaid Plans (MMPs) under the Financial Alignment Initiative (FAI) for the program’s third demonstration year (CY 2017). A percentage of state Medicaid and federal Medicare capitation rates are withheld from the MMPs to ensure quality for dually eligible individuals. MMPs can earn back those withheld funds based on whether they meet Federal, CMS Core measures, and state specific quality performance measures. MMPs, named Cal MediConnect (CMC) plans in the state, were eligible to receive repayment of the withheld amounts based on their performance on both CMS Core and California-specific quality withhold measures.</p> <p>Plans in California met 75 percent of overall withhold measures, 83 percent of CMS Core measures, and 63 percent of California-specific measures.</p> <p>(Source: <a href="#">Cal MediConnect Plans Met 75% of State and Federak Quality Withhold Measures</a>; 8-19-2019, <a href="#">California Medicare-Medicaid Plan Quality Withhold Analysis Results</a> ; 8-14-2019)</p> <p><b>Managed Long-Term Services and Supports</b></p> <p>On September 3, 2019 the California Department of Health Care Services announced that the Multipurpose Senior Services Program (MSSP) benefit will be carved out from the Coordinated Care Initiative, including Medi-Cal MLTSS managed care health plans and Cal MediConnect plans, in all seven counties of operation. MSSP will operate as a separate waiver benefit beginning in 2021 in the same seven counties. MSSP operated as a separate waiver benefit prior to its inclusion in the Coordinated Care Initiative in 2014.</p> <p>(Source: <a href="#">DHCS Memorandum</a>, 9-3-2019)</p>

<p><b>Hawaii</b></p>	<p><b>Managed Long-Term Services and Supports/Medicare-Medicaid Integration</b></p> <p>The Hawaii Department of Human Services (DHS) released a request for proposals (RFP) for QUEST Integration (QI) Medicaid Managed Care. DHS intends on awarding contracts to four health plans to cover services to eligible Medicaid and CHIP members. All four plans will provide coverage to Oahu and two plans will provide statewide coverage. Applicants are also expected to have a plan to improve coordination and alignment with Medicare for dually eligible individuals. Health plans are required to have a dual-eligible special needs plan (D-SNP) for Medicare and Medicaid beneficiaries. Proposals were due November 8, 2019 with contracts expected to be awarded on January 6, 2020. Implementation will begin July 1, 2020 and the projected end date of the contract is December 31, 2025.</p> <p>(Source: <a href="#">QUEST Integration RFP; 8-26-2019</a>)</p>
<p><b>Illinois</b></p>	<p><b>Medicare-Medicaid Integration</b></p> <p>CMS released Illinois’ results from a quality withhold analysis of the state’s Medicare-Medicaid Plans (MMPs) under the Financial Alignment Initiative (FAI) for the program’s third demonstration year (CY 2017). A percentage of state Medicaid and federal Medicare capitation rates are withheld from the MMPs to ensure quality for dually eligible individuals. MMPs can earn back those withheld funds based on whether they meet Federal, CMS Core measures, and state specific quality performance measures. MMPs in Illinois met 70 percent of overall withhold measures, 69 percent of the CMS Core measures, and 71 percent of Illinois-specific measures.</p> <p>(Source: <a href="#">Illinois Medicare-Medicaid Plan Quality Withhold Analysis Results; 8-14-2019</a>)</p> <p>The Illinois Department of Healthcare and Family Services announced on September 17, 2019 that the department has requested to expand their Medicare-Medicaid Alignment Initiative (MMAI) demonstration throughout the state. The statewide demonstration would become effective January 1, 2021. Currently, the MMAI program and MLTSS programs are available to beneficiaries in the Greater Chicago and Central Illinois service areas. The expansion of the MMAI demonstration would provide all dually eligible individuals to receive the opportunity to have their Medicare and Medicaid services integrated in one health plan.</p> <p>(Source: <a href="#">Request to Expand MMAI Demonstration Statewide; 9-17-2019</a>)</p>
<p><b>Iowa</b></p>	<p><b>Managed Long-Term Services and Supports</b></p>

	<p>The Iowa Department of Human Services (DHS) announced contracts with the state’s managed care organizations, Amerigroup Iowa and Iowa Total Care, have been signed for state Fiscal Year 2020. The new contracts include additional quality oversight for LTSS activities, particularly community-based case management activities. The contracts also include new protections for LTSS assessments related to level of care and Supports Intensity Scale (SIS) assessments; specifically, beneficiaries can have individuals of their choice present during assessments and MCOs must provide assessment notices to beneficiaries within three days.</p> <p>(Source: <a href="#">New IA Health Link Contracts Signed</a>; 7-10-2019)</p>
<p><b>Massachusetts</b></p>	<p><b>Medicare-Medicaid Integration</b></p> <p>On August 29, 2019, MassHealth announced that the demonstration period for One Care, Massachusetts financial alignment demonstration, was extended for another year through December 31, 2020. The extension was part of an addendum to the three-way contract between MassHealth, CMS, and the One Care Plans.</p> <p>(Source: <a href="#">Announcement for Organizations Interested in Participating as One Care Plans</a>, 8-29-2019)</p> <p>CMS released results of the quality withhold analysis of Massachusetts’ Medicare-Medicaid Plans (MMPs) under the Financial Alignment Initiative (FAI) for the fourth demonstration year of the program (CY 2017). A percentage of state Medicaid and federal Medicare capitation rates are withheld from the MMPs to ensure quality for dually eligible individuals. MMPs can earn back those withheld funds based on whether they meet Federal, CMS Core measures, and state specific quality performance measures. MMPs in Massachusetts met 88 percent of overall quality withhold performance measures, 83 percent of the CMS Core measures, and 88 percent of Massachusetts-specific measures.</p> <p>(Source: <a href="#">Massachusetts Medicare-Medicaid Plan Quality Withhold Analysis Results</a>; 8-14-2019)</p>
<p><b>Michigan</b></p>	<p><b>Medicare-Medicaid Integration</b></p> <p>CMS released a summary of a quality withhold analysis of Michigan’s Medicare-Medicaid Plans (MMPs) for the second demonstration year (CY 2017) of the Financial Alignment Initiative (FAI). A percentage of both state Medicaid and federal Medicare capitation rates are withheld from the MMPs to ensure quality for dually eligible individuals. MMPs can earn the withheld funds back if Federal, CMS Core, and state-specific quality withhold performance measures were met. MMPs in Michigan met 87 percent of overall quality withhold performance measures, 83 percent of CMS Core measures, and 93 percent of Michigan’s specific state measures.</p>

	<p>(Source: <a href="#">Michigan Medicare-Medicaid Plan Quality Withhold Analysis Results</a>; 8-14-2019)</p> <p>CMS released the first evaluation report for the Michigan MI Health Link demonstration. This demonstration is to improve quality of care and care coordination for dually eligible Medicare and Medicaid beneficiaries. The report includes an analysis of data collected from 2015 to 2017 from key informant interviews, results from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, MMP encounter data, and other sources. The report highlights evaluation results in eligibility and enrollment, care coordination, service utilization, and beneficiary experience.</p> <p>(Source: <a href="#">FAI Michigan MI Health Link First Evaluation Report</a>; 9-24-2019)</p>
<b>Minnesota</b>	<p><b>Managed Long-Term Services and Supports</b></p> <p>On September 3, the Minnesota Department of Human Services (DHS) announced that it was cancelling its request for proposals for the state’s Medicaid programs, including Minnesota Senior Health Options (MSHO) and Senior Care Plus (MSC+). An August 30 court decision regarding health care coverage contracts would have prevented the state from completing the contracts on a timeline that would not result in disrupted coverage for enrollees. DHS will instead renew the current contracts for the next year.</p> <p>(Source: <a href="#">Minnesota DHS Cancels Medicaid RFPs</a>; 9-3-2019)</p>
<b>New Jersey</b>	<p><b>Managed Long-Term Services and Supports</b></p> <p>The New Jersey Division of Medical Assistance and Health Services (DMAHS) will transition coverage of long-term residential services for substance use disorder treatment from fee-for-service to managed care. Individuals who are eligible for managed long-term services and supports or are enrolled in FIDE-SNPs will have these services carved into managed care beginning October 1, 2019.</p> <p>(Source: <a href="#">HMA Weekly Roundup</a>; 9-4-2019)</p>
<b>New York</b>	<p><b>Medicare-Medicaid Integration</b></p> <p>The New York State Department of Health (NYSDOH) published the phase-out plan for the Fully Integrated Dual Advantage (FIDA) demonstration on June 24, 2019. Current FIDA plans offer a Medicaid Advantage Plus (MAP) plan aligned with a D-SNP. NYSDOH is working with CMS to transition the 2,706 demonstration participants into MAP plans and D-SNPs. NYSDOH plans to passively enroll individuals from FIDA plans into a MAP-participating D-SNP plan with the approval of CMS. Passive enrollments are expected to begin January 1, 2020. Medicaid plans are expected to accept the transfer enrollment of demonstration participants that select or are automatically assigned to a plan to ensure continuity of care, effective October 2019.</p>

	<p>(Source: <a href="#">FIDA Demonstration Phase-Out Plan</a>, 6-24-2019)</p> <p>CMS released the results of quality withhold analyses of both of New York’s Financial Alignment Initiative (FAI) programs: the Fully Integrated Duals Advantage (FIDA) demonstration , and Fully Integrated Duals Advantage for Individuals with Intellectual and Developmental Disabilities (FIDA-IDD) demonstration A percentage of both state Medicaid and federal Medicare capitation rates are withheld from the Medicare -Medicaid Plans (MMPs to ensure quality for dually eligible individuals. MMPs can earn the withheld funds back if Federal, CMS Core, and state-specific quality withhold performance measures were met.</p> <p>New York’s FIDA MMPs met 91 percent of overall quality withhold measures, 81 percent of federal quality withhold measures, 96 percent of New York-specific measures, and 100 percent of alternative measures for the third demonstration year (CY 2017). Alternative measures are used in quality withhold analysis when an MMP is unable to report at least three quality withhold measures for a given demonstration year.</p> <p>New York’s FIDA-IDD MMPs met 100 percent of overall, federal, and state quality withhold measures for calendar years 2016 and 2017.</p> <p>(Sources: <a href="#">New York FIDA Medicare-Medicaid Plan Quality Withhold Analysis Results</a>; 8-14-2019, <a href="#">New York FIDA-IDD Medicare-Medicaid Plan</a>; 8-14-2019)</p> <p>CMS released the first evaluation report for the New York Fully Integrated Duals Advantage (FIDA) Program. The report provides an overview of the implementation of the FIDA demonstration and results from the first round of evaluation. Findings are from the demonstration period between January 1, 2015 and December 31, 2015. Areas evaluated include: eligibility and enrollment, care coordination, beneficiary experience, financing and payment, and service utilization. Data for the evaluation comes from key informant interviews, focus groups, results from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, Medicare claims data, and other sources.</p> <p>(Source: <a href="#">FAI New York Fully Integrated Duals</a>; 9-24-2019).</p>
<p><b>North Carolina</b></p>	<p><b>Managed Long-Term Services and Supports</b></p> <p>The North Carolina Department of Health and Human Services (DHHS) announced the statewide transition to managed care will be suspended. The North Carolina General Assembly adjourned without passing certain appropriations and programmatic authority that DHHS needed prior to implementation. NC Medicaid will continue to provide care for beneficiaries under a fee-for-service structure. North Carolina’s managed care structure was expected to begin on February 1, 2020, but</p>



	<p>NC DHHS stated they will not announce a new implementation date until they have a budget that supports the managed care program.</p> <p>(Source: <a href="#">DHHC Suspends Implementation of Managed Care; 11-19-2019</a>)</p>
<b>Ohio</b>	<p><b>Medicare-Medicaid Integration</b></p> <p>CMS released the results of a quality withhold analysis of Ohio’s Medicare-Medicaid Plans (MMPs) for the second demonstration year (CY 2017) of the Financial Alignment Initiative (FAI), called MyCare Ohio. A percentage of both state Medicaid and federal Medicare capitation rates are withheld from the MMPs to ensure quality for dually eligible individuals. MMPs can earn the withheld funds back if Federal, CMS Core, and state-specific quality withhold performance measures were met. State-specific measures for Ohio were not included for this analysis due to the state considering new measures. MyCare Ohio MMPs met 87 percent of CMS core measures.</p> <p>(Source: <a href="#">Ohio Medicare-Medicaid Plan Quality Withhold Analysis Results; 8-14-2019</a>)</p>
<b>Rhode Island</b>	<p><b>Medicare-Medicaid Integration</b></p> <p>CMS released a summary of quality withhold analyses of Rhode Island’s Medicare-Medicaid Plan (MMP) for the first demonstration year (CY 2016-2017) of the Financial Alignment Initiative (FAI), called the Rhode Island Integrated Care Initiative. A percentage of both state Medicaid and federal Medicare capitation rates are withheld from the MMPs to ensure quality for dually eligible individuals. MMPs can earn the withheld funds back if Federal, CMS Core, and state-specific quality withhold performance measures were met. In CY 2016, Rhode Island’s MMP met 88 percent of the overall withhold quality measures, 100 percent of the CMS core measures, and 83 percent of the state’s specific measures. In CY 2017, Rhode Island’s MMP met 56 percent of the overall withhold quality measures, 67 percent of the CMS core measures, and 50 percent of the state’s specific measures.</p> <p>(Source: <a href="#">Rhode Island Medicare-Medicaid Plan Quality Withhold Analysis Results, 8-14-2019</a>)</p>
<b>South Carolina</b>	<p><b>Medicare-Medicaid Integration</b></p> <p>CMS released a summary of quality withhold analyses of South Carolina’s Medicare-Medicaid Plans (MMPs) for the second demonstration year (CY 2017) of the Financial Alignment Initiative (FAI), called Healthy Connections Prime. A percentage of both state Medicaid and federal Medicare capitation rates are withheld from the MMPs to ensure quality for dually eligible individuals. MMPs can earn the withheld funds back if Federal, CMS Core, and state-specific quality withhold performance measures were met. MMPs in South Carolina met 90 percent of overall withhold</p>

	<p>quality measures, 87 percent of federal measures, and 100 percent of South Carolina-specific measures.</p> <p>(Source: <a href="#">South Carolina Medicare-Medicaid Plan Quality Withhold Analysis Results</a>; 8-14-2019)</p> <p>CMS released the first evaluation report for South Carolina’s Health Connections Prime demonstration. The report includes findings on the evaluation of eligibility and enrollment processes, care coordination requirements and assessment processes, beneficiary experience, stakeholder engagement strategies, financing and payment, service utilization, quality of care, and cost saving calculation. The report also provides an overview on Medicare and Medicaid integration successes and challenges.</p> <p>(Source <a href="#">South Carolina Healthy Connections Prime: First Evaluation Report</a>; 9-24-2019)</p>
<p><b>Texas</b></p>	<p><b>Managed Long-Term Services and Supports</b></p> <p>In October, Texas Health and Human Services Commission (HHSC) announced the contract award winners for the STAR+ PLUS MLTSS program for thirteen service areas throughout the state. Contracts have been awarded to Aetna, Amerigroup, Molina, United Health Care, Superior, and El Paso Health. STAR+PLUS serves approximately 526,000 older adults, blind individuals, and individuals with disabilities.</p> <p>(Source: <a href="#">Medicaid STAR+PLUS Procurement Announcement</a>; 10-29-2019)</p> <p>The Texas Health and Human Services Commission, Office of Inspector General released an audit report of STAR+PLUS on August 22, 2019. The audit focused on Cigna’s compliance with contractual requirements for service coordination for STAR+PLUS enrollees with home and community-based services. Auditors tested if members receiving HCBS had individual service plans (ISPs) created for them, if service coordinators followed up with members to ensure they received their ISPs, and if members had two annual face-to-face visits from service coordinators. Auditors found that 38 percent of members receiving HCBS did not receive one or more of the activities required of service coordinators. The report includes recommendations for Cigna to improve service coordination for STAR+PLUS members.</p> <p>(Source: <a href="#">Audit of STAR+PLUS Service Coordination: Cigna-HealthSpring</a>; 8-22-2019)</p> <p><b>Medicare-Medicaid Integration</b></p> <p>CMS released a summary of quality withhold analyses of Texas’ Medicare-Medicaid Plans (MMPs) for the second demonstration year (CY 2017) of the Financial Alignment Initiative (FAI), called Texas Dual Eligible Integrated Care Project. A percentage of both state Medicaid and federal Medicare capitation rates are withheld from the MMPs to ensure quality for dually eligible individuals. MMPs can earn the withheld funds back if Federal, CMS Core, and state-specific quality withhold</p>

	<p>performance measures were met. MMPs in Texas met 71 percent of the overall quality withhold measures, 73 percent of the federal measures, and 67 percent of the state’s specific measures.</p> <p>(Source: <a href="#">Texas Medicare-Medicaid Plan Quality Withhold Analysis Results</a>; 8-14-2019)</p>
<p><b>Virginia</b></p>	<p><b>Medicare-Medicaid Integration</b></p> <p>CMS released a summary of quality withhold analyses of Virginia’s Medicare-Medicaid Plans (MMPs) for the second demonstration year (CY 2017) of the Financial Alignment Initiative (FAI), called Commonwealth Coordinated Care. A percentage of both state Medicaid and federal Medicare capitation rates are withheld from the MMPs to ensure quality for dually eligible individuals. MMPs can earn the withheld funds back if Federal, CMS Core, and state-specific quality withhold performance measures were met. MMPs in Virginia met 72 percent of overall measures, 78 percent of the federal measures, and 67 percent of the state’s specific measures.</p> <p>(Source: <a href="#">Virginia Medicare-Medicaid Plan Quality Withhold Analysis Results</a>; 8-14-2019)</p>
<p><b>Washington</b></p>	<p><b>Medicare-Medicaid Integration</b></p> <p>CMS released a third evaluation report of Washington’s Managed Fee-for-Service Financial Alignment Initiative (FAI), which uses a health home model. The evaluation describes how the program is implemented and changes made to the program’s structure, beneficiary experience with the health homes, and cost savings. Highlights from the evaluations include: the program decreased beneficiaries’ use of institutional care; participants in the program self-reported an improvement in their health and/or quality of life in the past 3 years; and 87 percent of respondents to the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey were satisfied or very satisfied with care coordination.</p> <p>(Source: <a href="#">FAI Washington Health Home MFFS Demonstration Third Evaluation Report</a>; 9-24-2019)</p> <p>CMS recently published a report summarizing the final Medicare savings estimates from the Washington’s Managed Fee-for-Service Financial Alignment Initiative (FAI), which uses a health home model. The report includes final analysis from 2016 and a preliminary analysis of savings for 2017.</p> <p>In 2016, Washington demonstrated a final gross Medicare savings of \$38.8 million. The preliminary gross Medicare savings for 2016 are \$46.5 million.</p> <p>(Source: <a href="#">Washington Health Homes MFFS Medicare Savings Report</a>; 9-24-2019)</p>

**STATE TRACKER FOR DUALS DEMONSTRATION**  
(Updated as of: 12/2/2019)

	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	12/31/2020; 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

<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
9	Rhode Island	Capitated	5/31/2012	MOU Signed	Three phases of opt-in enrollment: 7/2016; 8/2016; and 9/2016	12/31/2020; Seeking three-year extension
10	S. Carolina	Capitated	5/25/2012	MOU Signed	Fully implemented	12/31/2020
11	Texas	Capitated	5/2012	MOU Signed	Fully implemented in 6 counties	12/31/2020
12	Virginia	Capitated	5/31/2012	TERMINATED on 12/31/17		N/A
13	Washington	Managed FFS	4/26/2012	MOU Signed 10/25/2012	Fully implemented in 36 counties	12/31/2020

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