

September 9, 2015

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). 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®** 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, HI, IA, ID, IL, KS, LA, MA, MI, MN, NC, NE, NH, NJ, NM, NY, OK, 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*, MI*, MN, MS*, MT*, NV*, OR*, SC, 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, CT, 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

State	State Updates
<p>California</p>	<p>State Demonstration to Integrate Dual Eligible Individuals</p> <p>On July 10, 2015, the California Department of Health Care Services (DHCS) announced that passive enrollment in the dual eligible demonstration in Orange County, which aims to coordinate care for those jointly enrolled in Medicare and the state’s Medicaid program, Medi-Cal, will not begin before November 1, 2015 for those in Long Term Care facilities (LTC). For Medi-Cal beneficiaries not residing in an LTC, passive enrollment began August 1, 2015. (Source: CalDuals, 7/10/2015)</p> <p>On August 10, 2015, CaliforniaHealthline reported that dual eligible individuals in California may now designate someone whom they trust as an enrollment assistant to aid them in making choices regarding Medi-Cal and enrollment in managed care plans. (Source: CaliforniaHealthline, 8/10/2015)</p>
<p>Iowa</p>	<p>Managed LTSS Program</p> <p>On August 17, 2015, the Iowa Department of Human Services announced the four managed care organizations (MCOs) that will provide services to the states’ 560,000 Medicaid beneficiaries beginning January 1, 2016. The four firms are Amerigroup Iowa, AmeriHealth Caritas Iowa, UnitedHealthcare Plan of the River Valley, and WellCare of Iowa. The new managed care program includes responsibility for long term services and supports (LTSS). (Source: Iowa DHS , 8/17/2015)</p>
<p>Kansas</p>	<p>Managed LTSS Program</p> <p>On July 7, 2015, the Kansas Health Institute (KHI) reported on a National Disability Council forum in Topeka, Kansas. The forum was filled with disability advocates—individuals with disabilities currently account for 25 percent of the state’s Medicaid managed care model, or KanCare—who were expressing frustration with changes in service authorizations under KanCare. KanCare has responsibility for operation of the states’ MLTSS program. The Kansas model is widely viewed as important because it was the first state in the nation to enroll virtually all of its Medicaid recipients, most importantly individuals with intellectual/developmental disabilities, in commercial managed care plans. (Source: KHI, 7/7/2015)</p>
<p>Maryland</p>	<p>State Demonstration to Integrate Care for Dual Eligible Individuals</p> <p>On July 6, 2015, OpenMinds reported that the Maryland Department of Health and Mental Hygiene (DHMH) is in the process of establishing an Accountable Care Organization-like (ACO) model for dual eligible</p>

State	State Updates
	<p>individuals, or those that are jointly eligible for the Medicare and Medicaid programs. The pilot program would take place in Baltimore City, with hopes to expand to the rest of the state after data and outcomes are reviewed. (OpenMinds, 7/6/2015)</p>
<p>New Jersey</p>	<p>Managed LTSS Program</p> <p>On July 10, 2015, the NJ Spotlight noted that the New Jersey legislature and Governor Christie agreed to supply \$10 million in state and matching federal funds to the states managed long-term services and supports (MLTSS) program that will be directed toward nursing home facilities. This comes out to a reimbursement increase of approximately \$1 per patient per day. The funds were allocated due to an increased focus on HCBS versus institutional services that has heavily impacted nursing facilities, pressure from labor groups, and support for nursing facilities in the state legislature. (NJ Spotlight, 7/10/2015)</p>
<p>New York</p>	<p>Medicaid Health Homes</p> <p>A new report, “Who’s Going to Care? Analysis and Recommendations for Building New York’s Care Coordination and Care Management Workforce,” discusses the challenges facing Medicaid Health Homes in New York. Specifically, the report discusses issues with hiring and retaining care management and care coordination personnel. Low salaries, heavy caseloads, and a lack of essential skills are noted as key drivers of these challenges. (Source: PCDC.org, 7/2015)</p>
<p>North Carolina</p>	<p>Managed LTSS Program</p> <p>On August 20, 2015, North Carolina Health News provided an update on the ongoing debate between the North Carolina House and Senate regarding reforming the states’ Medicaid program. The debate centers around transitioning the program to incorporate a capitated managed care model, but the two houses of the legislature disagree what form it should take. The most recent Senate proposal includes—for the first time—a carve out for dual eligibles, meaning that those individuals would remain excluded from managed care. Dual eligibles are routinely among the most expensive individuals in Medicaid programs, largely due to LTSS utilization. (Source: NC Health News, 8/20/2015)</p>
<p>Ohio</p>	<p>Balancing Incentive Program</p> <p>A new report published by the Ohio Department of Medicaid notes significant improvement in the states’ Balancing Incentive Program (BIP). Ohio has reached the 50 percent spending target for home and community-based services (HCBS) as a proportion of overall long-term care funding. In</p>

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	<p>June, 2013, Ohio was awarded roughly \$169 million in increased federal medical assistance percentage (FMAP) by participating in BIP. (Source: Medicaid.Ohio.gov, 8/1/2015)</p>
<p>Pennsylvania</p>	<p>Managed LTSS Program</p> <p>On July 22, 2015, the PR Newswire reported on new steps that the Pennsylvania Departments of Human Services (DHS) and Aging (PDA) are taking to implement Governor Wolf's Managed Long-Term Services and Supports (MLTSS) plan. Following substantial feedback and commentary regarding the plan, DHS and PDA will now: double the number of staff assigned to the Nursing Home Transition (NHT); establish an advisory committee with at least half the representatives being caregivers and beneficiaries that will also conduct monthly webinars; and restructure contracts to give participants in the program greater choice. (Source: PR Newswire, 7/22/2015; Discussion Document)</p>
<p>Rhode Island</p>	<p>State Demonstration to Integrate Care for Dual Eligible Individuals</p> <p>On July 30, 2015, the Centers for Medicare and Medicaid Services (CMS) and the State of Rhode Island announced an initiative to better coordinate care for the states' dual eligible population. The program will expand upon the state's Integrated Care Initiative, Rhody Health Options (RHO), that currently only coordinates care for Medicaid services, including LTSS. The initiative will allow qualified RHO plans to act as a Medicare-Medicaid Plan (MMP) that will cover Medicare in addition to Medicaid benefits. An estimated 30,000 Medicare-Medicaid beneficiaries are eligible to participate in the demonstration. (Source: CMS, 7/30/2015; MOU)</p>
<p>Texas</p>	<p>Managed LTSS Program</p> <p>The Texas Health and Human Services Commission (HHSC) circulated a Request for Information (RFI) for MCOs that are interested in establishing a managed LTSS program for individuals with intellectual and developmental disabilities, or the IDD population, in Texas. Responses were due to HHSC by August 20, 2015. (Source: Texas HHSC, 7/20/2015; HMA Roundup, 7/29/2015)</p>
<p>Washington</p>	<p>Managed LTSS Program</p> <p>On July 23, 2015, the State of Washington announced it is seeking a Section 1115 Waiver to reform its Medicaid program, known as Apple Health. Initiative 2 of the program adds two additional limited benefits packages that aim to target LTSS services to those most at risk of using intensive care. The first package is called Medicaid Alternative Care (MAC), and is targeted toward family caregivers. The second is Tailored Supports for</p>

State	State Updates
	<p>Older Adults (TSOA), which adds a new eligibility category in addition to being a limited benefits package for those individuals most at risk of having to use Medicaid LTSS but do not, at that moment, meet the Medicaid financial eligibility levels. Washington’s proposal adds to a short, but growing, list of states that are interested in providing more limited HCBS to the pre-nursing home level of care population in order to prevent more costly LTSS in the future (Source: WA.gov, 7/23/2015)</p>

STATE TRACKER FOR DUALS DEMONSTRATION
(Updated as of: 8/21/2015)

	States	Proposed Financing Model	Submitted to CMS	Status	Target Implementation Date ¹
1	Arizona	Capitated	5/31/2012	Withdrawn	1/2014
2	California	Capitated	5/31/2012	MOU Signed 3/27/2013	4/2014, 7/2015 (opt-in); 8/2014, 10/2014, 1/2015, 8/2015 (passive), Org. Cnty. LTC after 11/2015
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	Withdrawn	1/2014
6	Idaho	Capitated	5/2012	Withdrawn	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	Withdrawn	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	3/2015 (opt-in); 7/2015 (passive)
	Minnesota	Admin.	4/26/2012	Admin. Alignment MOU Signed	9/2013 (opt-in)

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
11		Alignment Capitated		(9/12/2013) Withdrew Capit.	12/2012
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	MOU Signed	12/2015 (opt-in); (passive TBD)
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 Managed FFS	4/26/2012	2 MOUs Signed MFFS (10/25/2012) Capit. (11/25/2013) Withdrew	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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