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State Medicaid Integration Tracker©

NASUAD
National Association of States United for Aging and Disabilities

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

Managed LTSS:	AZ, CA, DE, FL, HI, IA, IL, KS, LA, MA, MI, MN, NC, NJ, NM, NY, PA, RI, TN, TX, WI
Medicare-Medicaid Care Coordination Initiatives: *: Financial Alignment (FA) demonstration proposal approved by CMS **: Pursuing alternative initiative	CA*, CO*, CT, FL**, IL*, MA*, MI*, MN**, NH**, NJ**, NY*, OH*, OK, RI*, SC*, TX*, VA*, WA*
Other LTSS Reform Activities: *: Approved by CMS	
• **Balancing Incentive Program:**	AR*, CT*, GA*, IL*, IN*, IA*, KY*, LA*, ME*, MD*, MA*, MS*, MO*, NE*, NV*, NH*, NJ*, NY*, OH*, PA*, TX*
• **Medicaid State Plan Amendments under §1915(i):** SPA withdrawn:	AR, CA*, CO*, CT*, DE, DC, FL*, ID*, IN*, IA*, LA*, MD*, MI*, MN, MS*, MT*, NV*, OR*, SC, WI* TX, WA
• **Community First Choice option under §1915(k):** SPA withdrawn:	AR, CA*(2), CO, CT, MD*, MN, MT*, NY*, OR*, TX*, WA*, WI AZ, LA
• **Medicaid Health Homes:**	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)

State Updates

State	State Updates
Iowa	**Managed LTSS Program** On July 14, 2016, The Gazette reported that at a meeting in Iowa, the Department of Health and Human Services (HHS) Secretary Sylvia Burwell stated that the Federal government would look into numerous claims of Medicaid providers receiving delayed payments or sometimes not being paid at all following the state's transition to Medicaid managed care. On April 1, 2016, Iowa transitioned its entire Medicaid program to managed care, which is overseen by three managed care organizations (MCOs): Amerigroup Iowa, AmeriHealth Caritas Iowa, and UnitedHealthcare of the River Valley. (Source: The Gazette 7/15/2016)
Kansas	**Medicaid Health Homes** On July 10, 2016, an article in the Lawrence Journal-World detailed the ramifications of state budget cuts in Kansas attempting to fill a hole in the state budget, which include a $56 million cut for the state's Medicaid program. Although the majority of the cuts stem from a 4 percent reimbursement reduction for Kansas providers, the article also notes that the state is also doing away with its Health Homes program, which aims to coordinate care for Medicaid mental health screening and individuals with serious mental illness (SMI). (Source: LJWorld.com 7/10/2016)
Massachusetts	**State Demonstration to Integrate Dual Eligible Individuals** MassHealth—Massachusetts' Medicaid program—released a request for letters of intent (LOI) for dual eligible plans interested in offering plans for the state's dual eligible demonstration, One Care. LOIs were due by August 1, 2016, and are non-binding. Tentatively, bids are expected to be due by November 2016, with enrollment effective as of January 1, 2018. (Source: Commbuys 7/7/2016)

Massachusetts	**Managed LTSS Program** On June 15, 2016, the Executive Office of Health and Human Services (EOHHS) of the Commonwealth of Massachusetts released an initial Section 1115 Demonstration Project Amendment and Extension Request for public comment, which was open through July 17, 2016. MassHealth, the state's Medicaid and CHIP program, currently has a Section 1115 waiver through June 30, 2019, but a critical component called the Safety Net Care Pool (SNCP) expires on June 30, 2017. SNCP contains major federal investments, including payments through Delivery System Transformation Initiatives and Capacity Building grants. Therefore, EOHHS is requesting from the Centers for Medicare and Medicaid Services (CMS) that it be allowed to begin a full five-year extension of the entire program starting on July 1, 2017, which seeks to include up to $1.8 billion in Delivery System Reform Incentive Program (DSRIP) payments over the five-year period to support transitions into accountable care models. The draft demonstration has five major goals: • Implement payment and delivery system reforms to better coordinate care and increase accountability; • Better integrate physical health, behavioral health, long term services and supports (LTSS), and other social services; • Maintain near-universal health insurance coverage; • Support safety net providers that care for Medicaid and other low-income individuals; and • Expand access to substance use disorder services in order to address the opioid crisis. To achieve these goals, EOHHS is placing a major focus on transitioning from fee-for-service (FFS) to better integrated and accountable care. The new demonstration will allow providers the ability to form accountable care organizations (ACOs) through three different, innovative models: • Model A: ACO/MCO: is a partnership where a provider-led ACO is also a health plan. • Model B: ACO: is when a provider-led organization will contract directly with MassHealth to deliver coordinated care, but have the ability to offer preferred provider networks. • Model C: ACO: is a provider-led ACO that contract with MassHealth MCOs, and shares in savings or losses with the MCOs. In addition to these reforms under the new demonstration, and following a re-procurement, MCOs will take on additional responsibility for the delivery and coordination of LTSS. MCOs will follow the model of Massachusetts's dual eligible demonstration—One Care—which coordinates care for beneficiaries jointly eligible for Medicare and Medicaid, and emphasizes person-centered care, community LTSS, and independent living. (Source: 1115 Draft Application 6/15/2016)

Minnesota	**State Demonstration to Integrate Dual Eligible Individuals** According to Bloomberg BNA, a recent report from the Urban Institute and RTI International conducted for the Assistant Secretary for Planning and Evaluation (ASPE) on Minnesota's dual eligible demonstration, Senior Health Options, notes positive outcomes for the program. Of particular note: dual eligibles in the program are 48 percent less likely to end up in the hospital, have a 6 percent lower chance of needing an outpatient emergency admission, and are 13 percent more likely to receive home and community based services (HCBS)—when compared to the regular Medicaid managed care population. (Source: Bloomberg 6/21/2016; ASPE report 3/31/2016)
New Jersey	**Managed LTSS Program** On June 10, 2016, the New Jersey Division of Medical Assistance and Health Services (DMAHS) submitted a renewal application for the state's comprehensive 1115 waiver demonstration, which is set to expire on June 30, 2017. The renewal application aims to build on the prior demonstrations' emphasis on integration across the continuum of care, including LTSS; advancing Managed Long Term Services and Supports (MLTSS) as well as its emphasis on increased access to HCBS, and; delivery system reform through the state's DSRIP. Two central components of the waiver renewal include continued modernization of the state's MLTSS program, as well as integrating cate for dual eligible individuals. New Jersey is one of a limited number of states that require all Dual-Eligible Special Needs Plans (D-SNPs) to achieve Fully Integrated Dual Eligible (FIDE) status in order to serve dually eligible beneficiaries. New Jersey is requesting the following changes in its renewal application: • The ability to mandate the states FIDE-SNP plans to automatically convert individuals into FIDE-SNP plans when they become eligible for Medicare and are already eligible for Medicaid. • The ability to auto-assign dual eligibles into a FIDE-SNP plan that is aligned with the beneficiary's Medicare plan selection. The public comment period on the renewal application was open from June 10 to July 10, 2016. (Source: NJ FamilyCare 1115 Waiver Application 6/10/2016) According to the HMA Weekly Roundup, the most recent numbers indicate that New Jersey's MLTSS program has 25,750 enrollees, 66 percent of whom are receiving HCBS services. (Source: HMA Weekly Roundup 6/22/2016)
New York	**Managed LTSS Program** The New York Department of Health (DOH) has announced intentions to eliminate its

	1915(c) HCBS waivers for Traumatic Brain Injury (TBI) and the Nursing Home Transition and Diversion (NHTD) programs. Program participants will either be enrolled into a mainstream managed care plan, or a managed long-term care plan, with a target implementation date of January 1, 2018. According to a draft transition plan from DOH, benefits will be coordinated with the Community First Choice Option, a program that allows for enhanced state plan HCBS services and an increased federal medical assistance percentage (FMAP). DOH will be accepting public input on the draft plan through August 24, 2016. (Source: Draft Plan; HMA Weekly Roundup 6/15/2016)
Pennsylvania	**Managed LTSS Program** The Pennsylvania Departments of Human Services and Aging recently announced that the first phase of implementation of Community HealthChoices, the state's MLTSS program, will be pushed back from January 1, 2017, to July 1, 2017. The rest of the implementation timeline remains as is at this time. (Source: PA DHS 7/5/2016; HMA Weekly Roundup 6/15/2016)
South Carolina	**State Demonstration to Integrate Dual Eligible Individuals** The South Carolina Department of Health and Human Services (SCDHHS) recently announced that Advicare Corp., a MCO, will no longer participate in South Carolina's dual eligible demonstration following its purchase by WellCare on June 1, 2016. All of Advicare Advocate's members in South Carolina—which number approximately 3,650—will have to choose a new MCO by August 30, 2016, or be passively enrolled into another plan. (Source: SCDHHS 7/6/2016; HMA Weekly Roundup 7/6/2016)
Tennessee	**Managed LTSS Program** On June 30, 2016, CMS gave Tennessee a brief two month extension of its Section 1115 waiver, which authorizes managed care—including MLTSS—in the state. This will allow Tennessee and CMS additional time to negotiate on the details of the waiver renewal, including the status of the state's access to additional uncompensated care funds through the Unreimbursed Hospital Cost pool, which has been a sticking point in other states 1115 renewal negotiations. (Source: Modern Healthcare 6/30/2016)
Wisconsin	**Managed LTSS Program** On June 9, 2016, the Secretary of the Wisconsin Department of Health Services (DHS) formally notified the state Joint Finance Committee that DHS is withdrawing its concept plan for changes to Family Care/IRIS 2.0, which includes a statewide MLTSS program. The plan faced resistance from some advocates and lawmakers in the state. Although DHS did not offer a specific timeline for future reforms moving forward, DHS remains committed to working toward better integrated and coordinated care. (Source: Wisconsin Health News 6/10/2016)

STATE TRACKER FOR DUALS DEMONSTRATION

(Updated as of: 8/19/2016)

	States	Proposed Financing Model	Submitted to CMS	Status	Implementation Date[1]
2	**California**	Capitated	5/31/2012	**MOU Signed** 3/27/2013	Fully implemented in 8 counties
3	**Colorado**	Managed FFS	5/2012	**MOU Signed** 2/28/2014	Fully implemented statewide
4	**Connecticut**	Managed FFS	5/31/2012		N/A
7	**Illinois**	Capitated	4/6/2012	**MOU Signed** 2/22/2013	Fully implemented in greater Chicago and central Illinois areas
9	**Massachusetts**	Capitated	2/16/2012	**MOU Signed** 8/23/2012	Fully implemented statewide
10	**Michigan**	Capitated	4/26/2012	**MOU Signed** 4/2014	Fully implemented in 10 counties and the Upper Peninsula
14	**New York**	Capitated[2]	5/25/2012	**MOU Signed** 8/26/2013	Fully implemented in NYC, Nassau, Westchester and Suffolk counties
16	**Ohio**	Capitated	4/2/2012	**MOU Signed** 12/12/2012	Fully implemented in 29 counties
17	**Oklahoma**	Both	5/31/2012		N/A
	Rhode Island	Capitated	5/31/2012	**MOU Signed**	Three phases of

[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, 1/6/2016.

[2] 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[1]
19					opt-in enrollment: 7/2016; 8/2016; and 9/2016
20	**S. Carolina**	Capitated	5/25/2012	**MOU Signed**	Fully implemented in XX
22	**Texas**	Capitated	5/2012	**MOU Signed**	Fully implemented in 6 counties
24	**Virginia**	Capitated	5/31/2012	**MOU Signed** 5/21/2013	Fully implemented in 104 localities

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