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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*, GA*, IL*, IN*, IA*, KY*, LA*, ME*, MD*, MA*, MS*, MO*, NE*, NV*, NH*, NJ*, NY*, OH*, PA*, 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>Arkansas</p>	<p>Managed LTSS Program</p> <p>On May 21, 2016, the Northwest Arkansas Democrat Gazette reported that Arkansas and the Arkansas Health Care Association (AHCA)—an organization representing nursing homes in the state—signed a memorandum of understanding (MOU) that aims to save the state Medicaid program \$250 million over five years. The MOU requires the AHCA to hire consultants to create these savings while also improving facility and home-based care. The state will focus its managed care efforts on the ID/DD populations, while continuing to pay for nursing home benefits through fee-for-service (FFS). Also of note, the agreement will limit the number of nursing home beds in the state to their current level for a period of ten years. (Source: NWAonline 5/21/2016)</p>
<p>California</p>	<p>State Demonstration to Integrate Dual Eligible Individuals</p> <p>On May 9, 2016, FierceHealthPayer reported that California will cease passive enrollment of enrollees in the state’s Coordinated Care Initiative, which aims to better coordinate care and services for those jointly eligible for both Medicare and Medicaid. A number of states, including California, have faced challenges with enrollment in their dual eligible demonstrations. State officials did add, however, that they will consider returning to automatic enrollment if voluntary enrollment numbers are unsatisfactory. (Source: FierceHealthPayer 5/9/2016)</p>

<p>Florida</p>	<p>Managed LTSS Program</p> <p>The Florida Agency for Health Care Administration recently completed a public comment period on a draft application to renew Florida’s Long-term Care 1915(c) waiver, with an effective date of July 1, 2016. Comments on the application were due by May 27, 2016. Alterations to the Long-Term Care Waiver in the application, which authorizes LTSS benefits under the State’s MLTSS program, include:</p> <ul style="list-style-type: none"> ○ Revising case management provider qualifications; ○ Revising performance measures; ○ Updating spousal impoverishment policy; ○ Updating the personal needs allowance description; ○ Updating physical therapy requirements; ○ Removal of the structured family caregiver service; ○ Updating the waiver’s home and community-based settings transition plan; and ○ Updating the unduplicated enrollee numbers and related cost projections. (Source: AHCA Website 4/28/2016; Draft Application)
<p>Iowa</p>	<p>Managed LTSS Program</p> <p>On April 13, 2016 the Des Moines Register reported that Medicaid Director, Mikki Stier, has advised state lawmakers that the transition to managed care is going well. Despite some issues that have been identified the state’s call center has handled over 18,000 consumer calls, while reducing the wait time for callers to an average of 20 seconds. Some lawmakers remain skeptical of the shift to managed care, and continue to press for greater state oversight of the three MCOs responsible for managing care for Medicaid beneficiaries. (Source: Des Moines Register 4/13/2016)</p> <p>On May 13, the Iowa Legislature sent a bill that included additional oversight for the state’s Medicaid managed care organizations (MCOs) to the governor, which was signed into law on May 27, 2016. (Source: Des Moines Register 5/9/2016; Iowa Legislature 6/9/2016)</p>
<p>Nebraska</p>	<p>Managed LTSS Program</p> <p>On May 9, 2016, the Nebraska Department of Health and Human Services (DHHS) announced it had executed a contract with Automated Health Systems Inc. (AHS) to serve as its Medicaid enrollment broker. AHS will connect Heritage Health beneficiaries—Nebraska’s integrated managed care system—with one of three MCOs: Nebraska Total Care, United Healthcare of the Midlands, and WellCare of Nebraska. Beginning in the fall AHS will also be assisting beneficiaries with choosing a primary care</p>

	<p>provider (PCP). AHS will be serving an estimated 231,000 enrollees. Heritage Health coverage officially takes effect January 1, 2017. (Source: NE DHHS 5/9/2016)</p>
New Jersey	<p>Managed LTSS Program</p> <p>At a recent meeting of the New Jersey Medical Assistance Advisory Council, Stuart Dubin from the Division of Medical Assistance and Health Services (DMAHS) informed attendees that as of February 2016, the percentage of MLTSS program beneficiaries receiving HCBS has reached 37.5 percent, an increase of over 7 percent from the program’s start in 2014. Over 46,000 Medicaid members are receiving LTSS according to February 2016 numbers, 52 percent of which are enrolled under MLTSS. (Source: HMA Weekly Roundup 4/27/2016)</p>
New York	<p>Medicaid Health Homes</p> <p>On April 7, 2016 CMS approved New York’s State Plan Amendment (SPA) for pediatric health homes, with an implementation date of October 1, 2016. CMS also approved a rate structure that will be in place for two years and then reevaluated after that time. Health Homes will be responsible for providing six essential services: comprehensive care management; care coordination and health promotion; comprehensive transitional care; patient and family support; referral to community supports, and; use of Health Information Technology (HIT). (Source: HMA Weekly Roundup 4/13/2016)</p>
North Carolina	<p>Managed LTSS Program</p> <p>On June 1, 2016, the North Carolina Department of Health and Human Services (DHHS) submitted its Section 1115 demonstration waiver application, which aims to improve budget predictability, quality, efficiency, and delivery system reform of the state’s Medicaid program. The 1115 application includes the implementation of managed long-term services and supports (MLTSS) for Medicaid-only beneficiaries, with the goal of deferring or averting institutional placement. (Source: Press Release 6/1/2016; 1115 Application 6/1/2016)</p>
Oklahoma	<p>Managed LTSS Program</p> <p>On June 1, 2016, the Oklahoma Health Care Authority (OHCA) announced that it will recommence stakeholder meetings with the aim of developing a request for proposal (RFP) for a Care Coordination program for the Aged, Blind, and Disabled populations in the state, which may include coordination of LTSS services. The next stakeholder meeting will be on July 26 from 2-4 p.m. (Source: OHCA 6/1/2016)</p>
Pennsylvania	<p>Managed LTSS Program</p>

	<p>On April 23, 2016, the Pennsylvania Department of Human Services (DHS) released draft Community HealthChoices (CHC) Section 1915(b) Managed Care and 1915(c) Home and Community-based Waivers for public comment. Pennsylvania intends to operate CHC, the state’s MLTSS program, concurrently under 1915(b) and 1915(c) waivers, which will allow delivery of HCBS services, and mandatory managed care enrollment. The comment period was open through May 23, 2016. (Source: PA DHS 4/28/2016)</p> <p>On May 6, 2016, the Pennsylvania DHS announced that 14 MCOs have responded to the request for proposal (RFP) to implement the states Community Health Choices (CHC) program, which will manage physical health and LTSS for older adults, individuals with physical disabilities, and those jointly eligible for Medicare and Medicaid. DHS estimates that 420,000 individuals will be served by the program. The list of MCOs that submitted responses are as follows:</p> <ul style="list-style-type: none"> ○ Accenda; ○ Aetna; ○ AmeriHealth Caritas; ○ Cedar Woods Care Management; ○ Cigna-Health; ○ Gateway Health Plan; ○ Geisinger Health Plan; ○ Health Partners Plus; ○ Molina Healthcare; ○ PA Health & Wellness; ○ Trusted Health Plan; ○ United Healthcare; ○ UPMC for You; and ○ WellCare. (Source: PA DHS 5/6/2016)
<p>Rhode Island</p>	<p>State Demonstration to Integrate Dual Eligible Individuals</p> <p>Rhode Island has officially finalized plans and begun the enrollment process for Phase 2 of the state’s Integrated Care Initiative, a fully capitated dual eligible demonstration. Phase 2 is a collaboration between CMS, the State of Rhode Island, and Neighborhood Health Plan of Rhode Island. Opt-in enrollment commenced on June 1, 2016, and will be followed by two additional enrollment waves beginning July 1 and August 1. All three enrollment waves include all populations, for example, beneficiaries in institutional facilities, duals with LTSS, and duals without LTSS. (Source: EOHHS 6/2/2016; MOU; HMA Weekly Roundup 5/11/2016)</p>
<p>Virginia</p>	<p>Managed LTSS Program</p>

	<p>The Virginia Department of Medical Assistance Services (DMAS) released the request for proposals (RFP) for the state’s statewide managed long term services and supports (MLTSS) program, which will begin phased enrollment in the summer of 2017. In addition to covering members who are aged, blind, and disabled (ABD), the MLTSS initiative will eventually replace the state’s dual eligible demonstration, Commonwealth Coordinated Care (CCC), when it sunsets near the end of 2017. MLTSS MCOs will manage the following services: LTSS, primary, acute, behavioral, and care coordination. In addition, all MCOs will be required to operate a Dual-Eligible Special Needs Plan (D-SNP) within two years from when the contracts are awarded. Following a mandatory preproposal conference on May 10, 2016, proposals will be due by June 30, 2016, with notice of intent to award issued by December 9, 2016. (Source: HMA Weekly Roundup 5/4/2016; RFP 4/29/2016)</p>
<p>Washington</p>	<p>Medicaid Health Homes</p> <p>On March 29, 2016, the Washington State Hospital Association noted the State House and Senate’s compromise on a supplemental budget that invests in a number of health care priorities. Included in the budget are \$3.9 million in state and \$4 million federal funds to expand the state’s Health Homes program for high-risk individuals that are jointly eligible for Medicare and Medicaid. (Source: WA State Hosp. Assoc. 3/29/2016)</p>
<p>Wisconsin</p>	<p>Managed LTSS Program</p> <p>The Wisconsin Department of Health Services (DHS) recently projected that switching to statewide, managed long-term services and supports—which would be handled by Integrated Health Agencies (IHAs)—would save the state \$300 million over six years. Family Care/IRIS 2.0, as the program will be called, would manage care for 55,000 Wisconsin Medicaid enrollees. This, among other changes, are detailed in a concept paper DHS released in March 2016. (Source: Concept Paper 3/2016; WI DHS 4/25/2016)</p>

STATE TRACKER FOR DUALS DEMONSTRATION
(Updated as of: 6/3/2016)

	States	Proposed Financing Model	Submitted to CMS	Status	Target Implementation Date ¹
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
7	Illinois	Capitated	4/6/2012	MOU Signed 2/22/2013	3/2014 (opt-in); 6/2014 (passive)
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)
14	New York	Capitated ²	5/25/2012	MOU Signed 8/26/2013	1/2015 (opt-in); 4/2015 (passive)
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
19	Rhode Island	Capitated	5/31/2012	MOU Signed	three phases of opt-in enrollment: 7/2016; 8/2016; and 9/2016

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	Target Implementation Date ¹
20	S. Carolina	Capitated	5/25/2012	MOU Signed	1/2015 (opt-in); 4/2015 (passive)
22	Texas	Capitated	5/2012	MOU Signed	3/2015 (opt-in); 4/2015 (passive)
24	Virginia	Capitated	5/31/2012	MOU Signed 5/21/2013	5/2014 (opt-in); 8/2014 (passive)
3					

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³ AZ, HI, ID, IA, MO, NM, NC, OR, TN, VT, and WI withdrew their sole application to the Medicare-Medicaid Coordination Office (MMCO). MN and WA withdrew their capitated demonstration application to CMS. The applications of CT and OK remain pending with MMCO.



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