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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

<b>Managed LTSS Programs:</b>	AZ, CA, DE, FL, HI, IA, IL, KS, MA, MI, MN, NC, NJ, NM, NY, PA, RI, TN, TX, VA, WI
<b>Medicare-Medicaid Care Coordination Initiatives:</b>  All states, except Minnesota, are operating a CMS-approved Financial Alignment (FA) demonstration program  **: Pursuing alternative initiative	CA, IL, MA, MI, MN**, NY, OH, RI, SC, TX, WA
<b>Other LTSS Reform Activities approved by CMS:</b>  <b>NOTE: Pending actions ONLY are noted with an asterisk. Otherwise, all states listed have approved programs.</b>  *: Pending CMS approval	
○ <b>Balancing Incentive Program:</b>	AR, CT, GA, IL, IN, IA, KY, LA, ME, MD, MA, MS, MO, NE, NV, NH, NJ, NY, OH, PA, TX
○ <b>Medicaid State Plan Amendments under §1915(i):</b>	AR*, CA, CO, CT, DE*, DC*, ID, IN, IA, LA, MD, MI, MN*, MS, MT, NV, OR, SC*, WI
○ <b>Community First Choice option under §1915(k):</b>	AR*, CA(2), CO*, CT, MD, MN*, MT, NY, OR, TX, WA, WI*
○ <b>Medicaid Health Homes:</b>	AL, AZ*, AR*, CA*, CT, DE*, DC*, ID, IL*, IN*, IA(3), KS, KY*, ME(3), 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
<b>California</b>	<p data-bbox="298 348 634 380"><b>Managed LTSS Program</b></p> <p data-bbox="298 426 1528 659">The SCAN Foundation has released a list of ten questions to better understand and serve complex care populations. The questions aim to look beyond the more strictly-focused medical model, and look at the whole person and the other aspects of a person’s life that might impact their health and overall wellbeing. The state of California has recently required all of its Medicaid MCOs to include the ten questions into their health risk assessments (HRAs). The ten questions address the following areas of functional and social need:</p> <ul data-bbox="347 711 656 1108" style="list-style-type: none"> <li>○ Daily living;</li> <li>○ Home environment;</li> <li>○ Health literacy;</li> <li>○ Social support;</li> <li>○ Caregiver stress;</li> <li>○ Potential for abuse;</li> <li>○ Memory;</li> <li>○ Fall risk;</li> <li>○ Financial; and</li> <li>○ Social isolation.</li> </ul> <p data-bbox="298 1163 1528 1276">California’s move in this direction was impacted by early evaluations of the state’s dual eligible demonstration that showed dual eligibles were not being sufficiently evaluated and connected to care coordination. (Source: <a href="#">SCAN Foundation</a> 4/2018)</p>
<b>Florida</b>	<p data-bbox="298 1304 634 1335"><b>Managed LTSS Program</b></p> <p data-bbox="298 1377 1511 1524">On April 24, 2018, the Florida Agency for Health Care Administration (AHCA) announced its intent to award contracts to nine managed care organizations (MCOs) to provide Managed Medical Assistance (MMA) and Long-term Care (LTC) services statewide to over three million beneficiaries. The nine MCOs awarded are:</p> <ul data-bbox="358 1570 935 1871" style="list-style-type: none"> <li>○ Coventry Health Care of Florida (Aetna);</li> <li>○ Florida Community Care;</li> <li>○ Horizon Health Plan;</li> <li>○ Humana;</li> <li>○ Sunshine State Health Plan (Centene);</li> <li>○ South Florida Community Care Network;</li> <li>○ UnitedHealthcare of Florida; and</li> <li>○ WellCare of Florida.</li> </ul>

	<p>The contracts are for five years, and include 55 new benefits. AHCA also continues to prioritize home and community-based services (HCBS), by incentivizing health plans to offer HCBS through their payment rates. (Source: <a href="#">AHCA Press Release 4/24/2018</a>; <a href="#">Modern Healthcare 4/24/2018</a>)</p> <p>On May 1, 2018, Florida Politics reported that a dozen MCOs have indicated that they will formally protest AHCA’s managed care awards. Thus far, protests have been filed by Molina Healthcare, Magellan Health, and Prestige Health Choice. (<a href="#">Florida Politics 5/1/2018</a>; <a href="#">WLRN 4/27/2018</a>)</p>
<b>Iowa</b>	<p><b>Managed LTSS Program</b></p> <p>On May 4, 2018, the Iowa legislature passed a \$2.2 billion budget measure funding health and human services agencies and programs. The budget measure included new oversight provisions and responsibilities for the state Medicaid agency to enforce over its Iowa Health Link MLTSS program. The new oversight provisions largely pertain to claims processing, timeliness of payments, and credentialing. The bill also requires the Department of Human Services to conduct a review of the state’s health home programs. Not included in the bill was a proposed amendment to carve out beneficiaries receiving LTSS, which was narrowly defeated. (Source: <a href="#">Des Moines Register 5/4/2018</a>; <a href="#">Senate File 2418</a>)</p> <p>On May 22, 2018, Centene Corporation announced that it has been tentatively awarded a contract with Iowa’s Health Link Program, which provides Medicaid to roughly 600,000 beneficiaries, including LTSS. The contract would begin July 1, 2019. Centene replaces AmeriHealth Caritas as the third MCO in Iowa, alongside Amerigroup and United Healthcare. AmeriHealth Caritas withdrew from the Iowa Medicaid program in November 2017. (Source: <a href="#">Press Release 5/22/2018</a>)</p>
<b>Louisiana</b>	<p><b>Managed LTSS Program</b></p> <p>On March 27, 2018, the Louisiana legislature defeated a bill that would have authorized the state to implement a managed LTSS program for both nursing home and HCBS services. The bill, SB 357, was expected to increase revenues, which could potentially have been used to fund services for the 28,000 individuals that are on a waiting list for HCBS. The vast majority of Louisiana’s Medicaid population receive services under managed care, estimated at 91 percent in 2016. The bill was voted down 6-2 in the Senate Health and Welfare committee. (<a href="#">The Advocate 3/27/2018</a>; <a href="#">Bill 3/27/2018</a>; <a href="#">Kaiser Family Foundation 5/22/2018</a>)</p>
<b>New Hampshire</b>	<p><b>Managed LTSS Program</b></p> <p>On April 25, 2018, the New Hampshire State Senate passed a bill, HB 1816, that included an amendment that would exclude LTSS from the state’s managed care program, essentially ending the state’s years-long efforts to implement an MLTSS program. The state will continue</p>

	<p>to pursue implementation of voluntary PACE sites or a similar ACO model. The bill passed the Senate 24-0, and was also approved by the House. (Source: <a href="#">Bill</a> 4/25/2018)</p>
<b>New Jersey</b>	<p><b>Managed LTSS Program</b></p> <p>The New Jersey Department of Human Services (DHS) released a proposed amendment to its Section 1115 Comprehensive Demonstration Waiver. The state intends to:</p> <ul style="list-style-type: none"> <li>○ Pilot a new, expedited financial eligibility determination for individuals looking for LTSS that are under guardianship of the New Jersey State Office of the Public Guardian; and</li> <li>○ Include a one-time allowance for pantry stocking and clothing to the state’s community transition benefit in its MLTSS program. (Source: <a href="#">Legal Notice</a>)</li> </ul> <p>Enrollment in New Jersey’s MLTSS program, as of February 2018, is 41,860. In terms of spending, nursing facilities are the costliest expenditure under MLTSS, equaling \$1.7 billion in state fiscal year 2017. PCA/home-based supports was the second highest area of expenditure, at \$222 million. (Source: <a href="#">HMA Weekly Roundup</a> 4/18/2018)</p>
<b>New Mexico</b>	<p><b>Managed LTSS Program</b></p> <p>On May 17, 2018, the Santa Fe New Mexican reported that the New Mexico Human Services Department (HSD) rejected the protest bids of four MCOs that were not selected to contract with the state under its recent reprocurement, which includes MLTSS. In January HSD announced that it had selected Blue Cross Blue Shield of New Mexico, Western Sky Community Care (Centene), and Presbyterian Health Plan as its new contractors. The four bidders that were not selected for contracts, which includes AmeriHealth Caritas, Molina Healthcare, United Healthcare, and WellCare, are now expected to take their protests to state District Court. (Sources: <a href="#">Santa Fe New Mexican</a> 5/17/2018; <a href="#">New Mexico HSD RFP Website</a>)</p>
<b>New York</b>	<p><b>Managed LTSS Program</b></p> <p>In the most recent budget cycle, the Governor and both houses of the New York legislature have agreed to the following programmatic changes to the state’s managed long-term care (MLTC) program:</p> <ul style="list-style-type: none"> <li>○ Disenrolling Medicaid beneficiaries that become permanent residents of a nursing facility, which will be defined as three months or longer; and</li> <li>○ Establishing a new rate cell specifically for high need/high cost individuals in need of HCBS. (Source: <a href="#">HMA Weekly Roundup</a> 3/21/2018)</li> </ul> <p><b>Medicaid Health Homes</b></p> <p>On March 29, 2019, the New York legislature passed its final state fiscal year 2018-19 budget, which included a few changes to the state’s Medicaid Health Homes program. A few additional</p>

	<p>changes were not included in legislation but the state Medicaid agency agreed to address them via administrative processes. Items included in the budget:</p> <ul style="list-style-type: none"> <li>○ Providing incentive payments to health home beneficiaries that participated in wellness programs;</li> <li>○ New incentives for health homes participants that avoided preventable emergency department use and hospitalizations.</li> </ul> <p>The item not included in the budget that the state agency will address is to create requirements for MCOs and health homes to enroll a targeted number of high-risk individuals into the program. (Source: <a href="#">HMA Weekly Roundup</a> 4/11/2018)</p> <p>On May 1, 2018, the New York Citizens Budget Commission (CBC) released a new report entitled <i>Options for Enhancing New York's Health Home Initiative</i>. Included in the report are the following suggested improvements for the state's health home program:</p> <ul style="list-style-type: none"> <li>○ Enhanced targeting of priority populations;</li> <li>○ Increased focus on specialized health home organizations;</li> <li>○ Better relationships between health homes and MCOs;</li> <li>○ Alternative payment rates for health homes;</li> <li>○ Consolidated development of marketing and training materials; and</li> <li>○ New programs to support electronic health record interoperability between MCOs, health homes, and providers. (Source: <a href="#">CBC Site</a> 5/1/2018)</li> </ul>
<p><b>North Carolina</b></p>	<p><b>Managed LTSS Program</b></p> <p>On May 16, 2018, the North Carolina Department of Health and Human Services (DHHS) released a revised Medicaid Managed Care Policy Paper on prepaid health plans (PHPs) in the state. This paper is the next in a series of policy papers published by DHHS as the state works to implement expand Medicaid managed care, including LTSS, to additional populations and statewide. A more detailed overview of North Carolina's proposed changes can be found in the September 2017 edition of the <a href="#">State Medicaid Integration Tracker</a>.</p> <p>North Carolina intends to contract with eligible PHPs through a request for proposal (RFP) process. PHPs will be one of two types: a commercial plan (CP), or a provider-led entity (PLE). DHHS will set actuarially sound rates for all PHPs selected to contract with the state—therefore, PHPs will not submit price bids as a part of their RFP applications. RFP responses will be evaluated primarily on bidders' qualifications, and the PHPs proposals to meet contract expectations and requirements. DHHS intends on awarding three PHP contracts statewide, and up to 12 PHP contracts with PLEs for regional contracts. The state has set out six PHP regions, which are as follows:</p>



**Table 1: List of Counties by PHP Regions**

PHP Regions	Counties
Region 1	Avery, Buncombe, Burke, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey
Region 2	Alleghany, Ashe, Davidson, Davie, Forsyth, Guilford, Randolph, Rockingham, Stokes, Surry, Watauga, Wilkes, Yadkin
Region 3	Alexander, Anson, Cabarrus, Catawba, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, Union
Region 4	Alamance, Caswell, Chatham, Durham, Franklin, Granville, Johnston, Nash, Orange, Person, Vance, Wake, Warren, Wilson
Region 5	Bladen, Brunswick, Columbus, Cumberland, Harnett, Hoke, Lee, Montgomery, Moore, New Hanover, Pender, Richmond, Robeson, Sampson, Scotland
Region 6	Beaufort, Bertie, Camden, Carteret, Chowan, Craven, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, Northampton, Onslow, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington, Wayne

Beneficiaries that do not select a health plan will be assigned one by DHHS. Contracted PHPs will be held to rigorous monitoring, including financial and quality oversight. Comments on the paper are due to North Carolina DHHS by June 11, 2018. (Source: [NC DHHS 5/16/2018](#))

**Pennsylvania**

**Managed LTSS Program**

On April 23, 2018, Lancaster Online reported that Pennsylvania’s Department of Human Services (DHS) announced a delay to the implementation of Community HealthChoices (CHC) in Lancaster County. The delay will affect approximately 10,000 beneficiaries in Lancaster County. CHC will go live in Lancaster County beginning January 2020 as opposed to January 2019. (Source: [Lancaster Online 4/23/2018](#))

**Wisconsin**

**Managed LTSS Program**

The Wisconsin Department of Health Services (DHS) is requesting public comments on proposed amendments to the 1915(b) and 1915(c) waivers that provide authority for the Family Care program, one of the state’s two MLTSS programs. Specifically, changes to the 1915(b) waiver would:

- Clarify that enrollment with an MCO is mandatory to receive services under Family Care; and
- Establish non-risk payments to MCOs for Indian members that receive services from an Indian health Care Provider.

The 1915(c) amendments will allow American Indian Health Care Providers to serve as care management entities for enrolled American Indian members, establish a rate methodology for those providers, and ensure that American Indian members have access to choice counseling supports. DHS is accepting comments through May 30, 2018. (Source: [Wisconsin DHS Site 5/22/2018](#))



## STATE TRACKER FOR DUALS DEMONSTRATION

(Updated as of: 5/22/2018)

	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	12/31/2019
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	12/31/2018
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 MOU Signed</b> (9/12/2013)	Fully implemented	12/31/2018
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; 12/31/2020
8	Ohio	Capitated	4/2/2012	<b>MOU Signed</b> 12/12/2012	Fully implemented in 29 counties	12/31/2019
9	Rhode Island	Capitated	5/31/2012	<b>MOU Signed</b>	Three phases of opt-in enrollment:	12/31/2018

<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	12/31/2018
11	<b>Texas</b>	Capitated	5/2012	<b>MOU Signed</b>	Fully implemented in 6 counties	12/31/2018
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



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