March 14, 2018

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 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©** 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 Programs:	AZ, CA, DE, FL, HI, IA, IL, KS, MA, MI, MN, NC, NJ, NM, NY, PA, RI, TN, TX, VA, WI
Medicare-Medicaid Care Coordination Initiatives: 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
Other LTSS Reform Activities approved by CMS: **NOTE: Pending actions ONLY are noted with an asterisk. Otherwise, all states listed have approved programs.** *: Pending CMS approval	
○ **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):**	AR*, CA, CO, CT, DE*, DC*, ID, IN, IA, LA, MD, MI, MN*, MS, MT, NV, OR, SC*, WI
○ **Community First Choice option under §1915(k):**	AR*, CA(2), CO*, CT, MD, MN*, MT, NY, OR, TX, WA, WI*
○ **Medicaid Health Homes:**	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
Alabama	**Managed LTSS Program** On January 11, 2018, in a presentation to stakeholders, the Alabama Medicaid agency announced updates to its plan for the Integrated Care Network (ICN) program, which has been in the works since 2015. The state now intends to proceed with a Primary Care Case Management entity (PCCM entity) delivery model instead of full-risk managed care. Alabama will use a competitive procurement to select one ICN, which will maintain relationships with key LTSS providers such as Area Agencies on Aging (AAAs), nursing facilities, and the Department of Senior Services. The ICN will serve individuals both in nursing facilities and populations receiving HCBS waiver services. The state expects to release a request for proposals (RFP) for the ICN in March 2018, and hopes to implement the program on October 1, 2018, pending Centers for Medicare & Medicaid Services (CMS) approval. (Source: Stakeholder Update 1/11/2018)
California	**State Demonstration to Integrate Care for Dual Eligible Individuals** On February 5, 2018, CMS posted the newly re-executed Cal MediConnect three-way contract with the state, CMS, and the participating health plans. Cal MediConnect is the state's dual eligible financial alignment demonstration for those jointly eligible for Medicare and Medicaid. The new contract allowed the state to update contract language and make technical changes related to care coordination, the In-Home Supportive Services (IHSS) program, and grievances and appeals, among other areas. (Source: CMS FAD Site 2/5/2018)
Florida	**Managed LTSS Program** On February 28, 2018, the News Service Florida reported on SB 440, which would establish the Florida Veterans Care program. SB 440 would allow Florida to serve veterans and their families via the states' Medicaid managed care system while utilizing only federal dollars. The bill, if enacted, would authorize three state agencies—the Agency for Health Care Administration, the Department of Veterans' Affairs, and the Department of Children and Families—to negotiate with the relevant federal agencies for a waiver to implement the program. SB 440 unanimously passed out of the Senate Health Policy Committee in November and is expected to be voted on by the whole Senate this week. SB 440 was also discussed in the November Edition of the State Medicaid Integration Tracker. The federal Department of Veterans Affairs (VA) serves over 1.5 million individuals in Florida. The Florida House has not taken up the companion bill (HB 403) for consideration yet. (Source: The News Service of Florida 2/28/2018) On March 1, 2018, News Service Florida reported that the Florida State Senate has eliminated a proposal that would have decreased Medicaid MCOs reimbursement rates starting July 1, 2018.

	The decrease would have resulted in a nearly $230 million reduction in combined state and Federal funds. Budget negotiations continue in the state, and legislative leadership has stated that they will have the final say over the final budget product. (Source: News Service Florida 3/1/2018)
Iowa	**Managed LTSS Program** On February 1, 2018, the Des Moines Register reported that Iowa Medicaid will not renew their contract with the actuarial consulting firm Milliman, which provided the state with the utilization estimates for the state's MLTSS program, Iowa Health Link. The HealthLink MCOs have argued for months that the initial rates paid by the state were too low, and the firms experienced significant losses in the initial implementation of the program. Iowa has contracted a new firm, Optimus, to assist it with setting Medicaid rates moving forward. (Source: Des Moines Register 2/1/2018) On February 2, 2018, the Quad-City Times reported that Amerigroup Iowa, one of the two remaining MCOs in Iowa's Health Link program, would begin accepting new Medicaid members, including the approximately 10,000 that had been previously moved back to the fee-for-service system. Any Medicaid member will have the option to select Amerigroup again starting May 1, 2018. Iowa continues its search for a new MCO to replace AmeriHealth Caritas. Iowa Total Care (Centene) and Trusted Health Plan were the only MCOs that have indicated their intent to bid as of February 2018. (Source: Quad-City Times 2/2/2018) On February 10, 2018, The Gazette reported on a proposal from the Iowa Hospital Association (IHA) to move away from risk-based Medicaid managed care. In a brief policy paper, the IHA suggest moving towards a system characterized by the following core components: o A Statewide Administrative Services Organization (ASO); o Provider-Led Care Management Initiatives; o Incentives for Care Management and Quality Improvement and a Roadmap for Value-Based Payment; o Enhanced State Oversight and Accountability. The position paper draws upon two other state systems, Colorado and Connecticut, which utilize provider-driven care management models. The position paper was prepared for IHA by Manatt Health, a national legal and consulting firm. (Source: The Gazette 2/10/2018) On March 8, 2018, the Des Moines Register reported that the Iowa House of Representatives passed a bill that would enhance oversight of the Iowa Health Link MCOs. The bill, House File 2462, aims to improve areas such as claims and payments to providers, appeals processes,

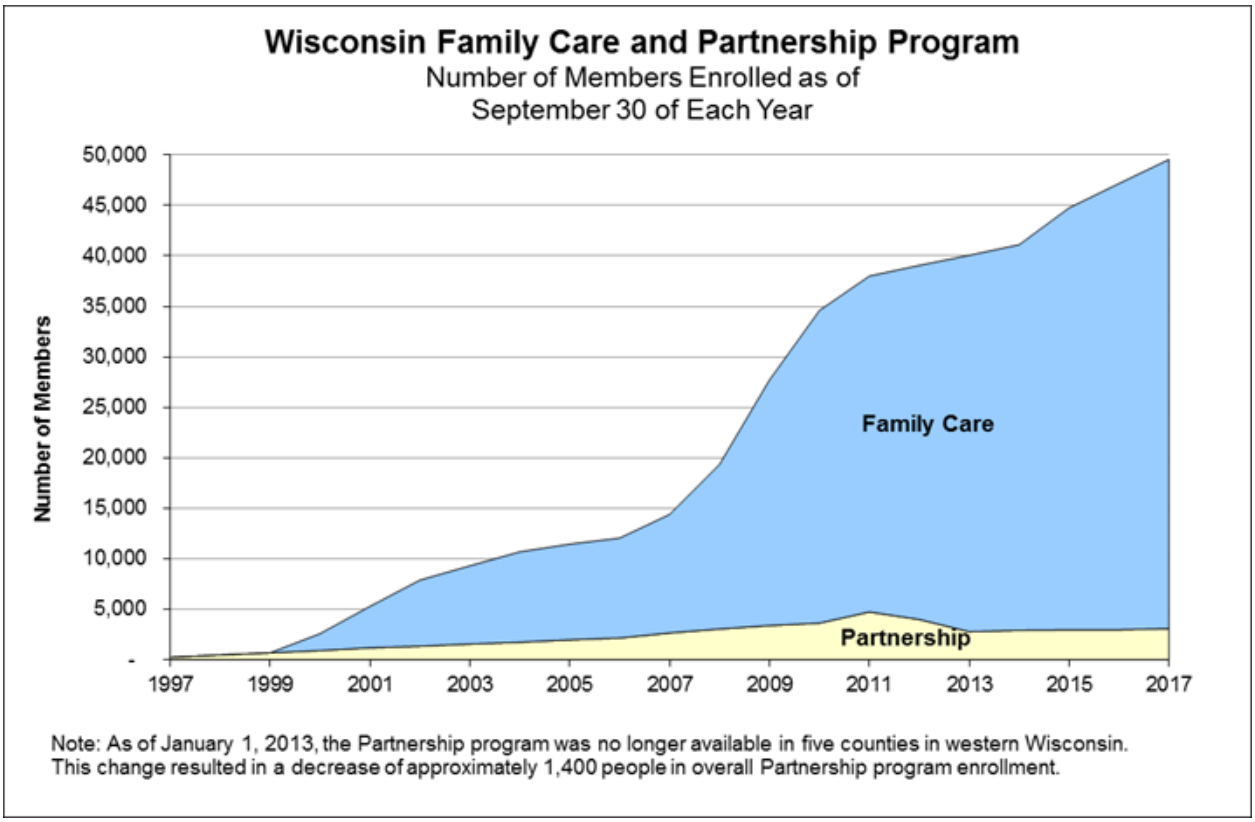
	prior authorization, and credentialing concerns. The bill also instructs the Iowa Department of Human Services to contract with an independent auditor to review small dollar claims approved or denied by Medicaid LTSS providers. The bill passed the House 97-0, but must now be considered by the Senate to advance further. (Source: The Des Moines Register 3/8/2018; House File 2462 3/8/2018)
Maine	**Medicaid Health Homes** On February 15, 2018, the Portland Press Herald reported on challenges the Maine Department of Health and Human Services (DHHS) has experienced with getting the state's Opioid Health Homes program up and running. Thus far, the state has only spent $60,000 out of a planned $4.8 million in combined federal and state funds, and served five uninsured individuals and 50 Medicaid beneficiaries. Stakeholders argue that challenges surrounding reimbursements rates and numerous regulations are causing barriers to provider participation in the program. (Source: Portland Press Herald 2/15/2018)
Michigan	**Managed LTSS Program** On February 18, 2018, Crain's Detroit Business reported on ongoing deliberations by the state of Michigan to establish a comprehensive managed long-term services and supports system (MLTSS). The state currently provides MLTSS via concurrent 1915(b) and 1915(c) waivers that cover adults with I/DD or SMI and children with I/DD or SED. The 2017- 2018 state budget contained a brief instruction for the Department of Health and Human Services (HHS) to explore implementation of an MLTSS system. HSS is due to release an initial review of such a move by July 1, 2018. State officials have indicated that they are interested in carving in the full range of LTSS into MLTSS: nursing facilities, assisted living, and various HCBS programs such as the MI Choice waiver. The move could also include the state's dual eligible demonstration, MI Health Link, and the PACE program. Michigan currently spends $2.8 billion on LTSS. (Source: Crain's Detroit Business 2/18/2018) **State Demonstration to Integrate Care for Dual Eligible Individuals** On January 25, 2018, CMS posted the newly re-executed three-way contract between the state, CMS, and the participating health plans for MI Health Link, the state's dual eligible demonstration. The new contract allowed the state to revise the contract to reflect the 2016 Medicaid managed care regulations, updating provider network and care coordination requirements, and add new definitions, among others. (Source: CMS FAD Site 1/25/2018)
New Hampshire	**Managed LTSS Program**

	The New Hampshire Department of Health and Human Services (DHHS) has released an implementation plan for a fully capitated MLTSS program that will integrate both nursing facility (NF) and HCBS LTSS into the state's current Medicaid managed care program. DHHS indicates that it will solicit MCOs through a reprocurement that will be responsible for the management of the full suite of acute, behavioral, and LTSS services for older adults and individuals with physical disabilities receiving services either in a NF or through the state's Choices for Independence (CFI) waiver. The CFI waiver currently serves approximately 4,000 individuals. New Hampshire also intends to expand the capacity of its LTSS system by providing additional choice for beneficiaries by establishing local Program of All-Inclusive Care for the Elderly (PACE) sites throughout the state. Once up and running, eligible beneficiaries will be able to choose between an MCO and participation in a PACE program. New Hampshire does not currently operate any PACE sites. DHHS notes that integrating NF and CFI payments into the state's risk adjustment processes will enable the state to: • Improve the current managed care infrastructure, including oversight, readiness, MMIS, and EQRO; • Strengthen MCO contract language; • Use the private market to implement a more integrated program with MCOs that best suit the state's needs. The states proposed implementation timeline is as follows: • Winter 2018 – Planning Design; • Spring 2018 – RFP, Contract, Waiver development; • Spring 2018 – RFP procurement and award; • Summer 2018 – PACE application process initiation; • July 2018-July 2019 – Readiness; • July 2019 – MCOs at risk for acute care services; • December 2019 – MCOs at risk for CFI and NF facilities; go-live for PACE. DHHS anticipates releasing an RFP on or near May 30, 2018. MCOs selected will be responsible for acute care services beginning July 1, 2019. Six months later, in December 2019, CFI and NF services will be officially carved in. DHHS will be amending its current 1915(c) CFI and 1915(b) waivers to allow for it to implement MLTSS. DHHS will be hosting a public hearing on March 27, 2018. (Source: MLTSS Implementation Plan 3/2018; DHHS Website 3/14/2018)

New Jersey	**Managed LTSS Program** The New Jersey Division of Aging Services and Division of Medical Assistance & Health Services have announced an updated framework for the state's quality improvement program for nursing facilities serving MLTSS members in the state's NJ Family Care MLTSS program. Currently, all nursing facilities (NF) are included in all MCO networks under an 'any willing provider' requirement. The state is proposing a modified any willing and qualified provider (AWQP) program that will identify NFs that are performing well on 5 state-set benchmark measures (pulled from Minimum Data Set data). By January, 2019, NFs will be identified as an AWQP provider, which is intended to lead to quality-based contracting between the MCOs and the NFs. NFs that are not designated as an AWQP provider may have residents relocate to another NF; cease getting new MLTSS long-term care admissions; or have contracts terminated by MCOs. (Source: AWQP Site 3/5/2018; Provider FAQs 2/2018) According to December 2017 figures, New Jersey currently has 40,500 beneficiaries enrolled in MLTSS. MLTSS enrollment by setting is: ○ 21, 604 – HCBS; ○ 3,094 – assisted living; ○ 15, 522 – nursing facility; ○ 280 – specialty care nursing facility. (Source: HMA Weekly Roundup 2/14/2018)
New Mexico	**Managed LTSS Program** On January 31, 2018, The New Mexican reported that Molina Healthcare filed a suit against the New Mexico Human Services Department (HSD) overall alleged irregularities in the reprocurement of the state's Medicaid managed care program, Centennial Care. Molina is one of two incumbent MCOs that was not selected for contractual renewal starting in 2019; the other is UnitedHealthcare. At issue is alleged changes to evaluation factors for contracts, and alterations to the timeline. The suit also alleges that the state may have been influenced by a consultant that it has used to assist with evaluating MCO bids. (Source: The New Mexican 1/31/2018) On February 16, 2018, The New Mexican reported on the response from the New Mexico HSD regarding any irregularities or issues with the state's recent reprocurement of its Medicaid managed care contracts. In addition to the lawsuit filed by Molina, both Molina and UnitedHealthcare have filed administrative protests with the HSD. The state, in its court filings

	and public statements, defends its process and the results of the reprocurement. (Source: The New Mexican 2/16/2018) On February 26, 2018, a District judge dismissed Molina's lawsuit, stating it was inappropriate at this time given that the company's administrative protest was still being reviewed. If the company's protest is denied, a new lawsuit is considered likely. (Source: The New Mexican 2/26/2018)
New York	**Medicaid Health Homes** The New York Office for People with Developmental Disabilities (OPWDD) released a draft waiver transition plan for HCBS, Health Home Care Management for Individuals with I/DD, and the Development of Specialized Managed Care. As a part of the Health Home model, New York has selected new Care Coordination Organizations (CCOs), made up of existing I/DD providers, to coordinate all services for I/DD individuals via an individualized Life Plan. The six CCOs selected are: • Advance Care Alliance; • Care Design NY; • LIFEPlan; • Person Centered Services; • Prime Care Coordination; • Tri-County Care. The six CCOs will begin providing services on July 1, 2018. The state notes that the Health Home Care Management program does not constitute Medicaid managed care, but that managed care will be available statewide for individuals with I/DD at a later date. (Source: Draft Transition Plan 2/21/2018)
North Carolina	**Managed LTSS Program** On March 2, 2018, the North Carolina Department of Health and Human Services (DHHS) released an RFP seeking an enrollment broker that will assist the state with transitioning to Medicaid managed care, which is scheduled to begin July 1, 2019. The independent enrollment broker will assist with individuals understanding Medicaid managed care, choosing a health plan and primary care physician, and navigating the new system. DHHS has also released a new concept paper, which covers managed care benefits and clinical coverage policies. (Source: Press Release 3/1/2018; Concept Paper 3/1/2018)
Pennsylvania	**Managed LTSS Program**

	On February 16, 2018, the Pittsburgh Post-Gazette provided an overview of the roll-out of Community HealthChoices, Pennsylvania's new MLTSS program that officially launched January 1, 2018. Overall, state officials were pleased with the launch, noting they had received relatively minimal complaints, aside from a few billing issues with the MCOs. The state also noted that they hoped to do a better job of educating dual eligibles about their options moving forward as CHC expands statewide in 2019 and 2020. To date, 52 percent of CHC enrollees have chosen UPMC Community HealthChoices; 28 percent have selected PA Health & Wellness; and 20 percent selected AmeriHealth Caritas. (Source: Pittsburgh Post-Gazette 2/16/2018) On February 16, 2018, the Pennsylvania Department of Human Services (DHS) announced that the governor, in his FY 2018-19 budget request, included an additional $69 million for continued implementation of the CHC program. The release also noted that 40 percent of CHC enrollees made an active selection of an MCO (rather than being auto-assigned to an MCO by the state); that percentage of 'active choice' exceeds the national average. (Source: Press Release 2/16/2018)
Wisconsin	**Managed LTSS Program** On February 27, 2018, the Wisconsin Department of Health Services (DHS) released an RFP for MCOs to serve beneficiaries in one of the state's MLTSS programs, Family Care Partnership Program, which serves older adults and adults with a physical disability or I/DD. The RFP pertains to geographic service areas eight and 12. Responses to the RFP are due April 11, 2018, with implementation expected January 2019. The state has also released recent enrollment figures for its Family Care and Partnership Program:



(Source: WI Bidder Portal 2/27/2018; Enrollment Report 1/1/2018)

STATE TRACKER FOR DUALS DEMONSTRATION

(Updated as of: 3/5/2018)

	States	Proposed Financing Model	Submitted to CMS	Status	Implementation Date[1]	Anticipated End Date
1	**California**	Capitated	5/31/2012	**MOU Signed** 3/27/2013	Fully implemented in 7 counties	12/31/2019
2	**Colorado**	Managed FFS	5/2012	**TERMINATED on** 12/31/2017		N/A
3	**Illinois**	Capitated	4/6/2012	**MOU Signed** 2/22/2013	Fully implemented in greater Chicago and central Illinois areas	12/31/2019
4	**Massachusetts**	Capitated	2/16/2012	**MOU Signed** 8/23/2012	Fully implemented statewide	12/31/2018
5	**Michigan**	Capitated	4/26/2012	**MOU Signed** 4/2014	Fully implemented in 10 counties and the Upper Peninsula	12/31/2020
6	**Minnesota**	Admin. Alignment	4/26/2012	**Admin. Alignment MOU Signed** (9/12/2013)	Fully implemented	12/31/2018
7	**New York**	Capitated[2]	5/25/2012	**MOU Signed** 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	**MOU Signed** 12/12/2012	Fully implemented in 29 counties	12/31/2019
9	**Rhode Island**	Capitated	5/31/2012	**MOU Signed**	Three phases of opt-in enrollment:	12/31/2018

[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]	Anticipated End Date
					7/2016; 8/2016; and 9/2016	
10	**S. Carolina**	Capitated	5/25/2012	**MOU Signed**	Fully implemented	12/31/2018
11	**Texas**	Capitated	5/2012	**MOU Signed**	Fully implemented in 6 counties	12/31/2018
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	12/31/2018

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