

August 4, 2017

# 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.

For more information, please contact **Damon Terzaghi** ([dterzaghi@nasuad.org](mailto:dterzaghi@nasuad.org)) or **Adam Mosey** ([amosey@nasuad.org](mailto:amosey@nasuad.org))

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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, 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  <b>**:</b> Pursuing alternative initiative <b>#:</b> Planning to terminate FA in December 2017	CA, CO, IL, MA, MI, MN**, NY, OH, RI, SC, TX, VA#, WA
<b>Other LTSS Reform Activities approved by CMS:</b>  <b>NOTE: For clarity, designation of approved and pending state actions have been modified. 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*, FL, 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(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
<b>Alabama</b>	<p><b>Managed LTSS Program</b></p> <p>On Thursday, July 27, 2017, Alabama’s governor announced the state would no longer move forward with implementing the regional care organizations (RCOs) program that has been in the works for approximately five years, and was set to go-live on October 1 of this year. Alabama will now pursue opportunities for additional flexibilities in its Medicaid program that may be attainable under the current administration. (Source: <a href="#">ABC 7/27/2017</a>)</p>
<b>Florida</b>	<p><b>Managed LTSS Program</b></p> <p>On June 22, 2017, Florida Politics reported that the Agency for Health Care Administration (AHCA) would post materials for the next re-procurement of the Statewide Medicaid Managed Care (SMMC) program in mid-July. Upon publication of the materials, the State would initiate its Invitation to Negotiate (ITN) process for interested parties, which is the Florida MCO procurement process. (Source: <a href="#">Florida Politics 6/22/2017</a>)</p> <p>On July 14, 2017, the Florida AHCA released the ITN to re-procure its MCOs for the SMMC, which includes MLTSS. The SMMC has two major programs: the Managed Medical Assistance (MMA), and Long-term Care (LTC). Potential respondents may submit a response for the following plan types: Comprehensive Long-term Care Plan, Managed Medical Assistance (MMA) Plan, Long-term Care Plus Plan (LTC), or a Specialty plan. Interested parties are able to submit additional Specialty plan responses broken out by target population.</p> <ul style="list-style-type: none"> <li>○ Comprehensive LTC Plan – is an MCO that is able to provide both MMA and LTC services to eligible beneficiaries.</li> <li>○ LTC Plus Plan – an MCO that is able to provide MMA services and LTSS to recipients enrolled in the LTC program; not eligible to serve recipients who are only eligible for MMA services.</li> <li>○ Managed Medical Assistance Plan – an MCO that provides MMA services only and does not serve recipients eligible for LTSS.</li> <li>○ Specialty Plan – provides MMA services to specialty populations as defined by the contract.</li> </ul> <p>Florida’s SMCC program covers over 3.2 million people, and has estimated spending of \$18.4 billion. Under this current procurement, in addition to the core</p>

	<p>requirements, AHCA is looking for health plans that offer innovative approaches in the following areas:</p> <ul style="list-style-type: none"> <li>○ Reducing preventable hospitalizations and unnecessary service use;</li> <li>○ Improving upon birth outcomes; and</li> <li>○ Continuing to rebalance the states' LTSS system away from institutions and towards more community-based care.</li> </ul> <p>Responses to the ITN are due by November 1, 2017, at 9:00 a.m. Bidders may submit proposals for both statewide or regional contracts. The anticipated notice of intent to award is April 16, 2018. The term of the contracts is from the date of execution of the contract through September 30, 2023. (Source: <a href="#">Invitation to Negotiate 7/14/2017</a>; <a href="#">HMA Weekly Roundup 7/19/2017</a>)</p> <p>On August 3, 2017, the Centers for Medicare &amp; Medicaid Services (CMS) approved Florida's section 1115 waiver—Managed Medical Assistance Program (MMA)—renewal application. The new demonstration period runs from August 3, 2017, through June 30, 2022. CMS also established the state's low-income pool (LIP) uncompensated care allotment, which is set at \$1.5 billion annually. (Source: <a href="#">Waiver Approval Letter 8/3/2017</a>)</p>
<p><b>Illinois</b></p>	<p><b>Managed LTSS Program</b></p> <p>On June 13, 2017, Crain's Chicago Business reported that Illinois' Department of Healthcare &amp; Family Services (DHFS), the agency responsible for re-procuring Medicaid managed care contracts, anticipates that it will need additional time before announcing awards. The state initially intended to announce awards June 30, 2017. (Source: <a href="#">Crain's 6/13/2017</a>)</p> <p>On July 2, 2017, the Herald &amp; Review reported that a U.S. District judge ordered Illinois to pay \$586 million a month for Medicaid vouchers that are submitted to the state after June 30, and also to begin paying back money owed to managed care organizations. Illinois has an estimated \$14.7 billion backlog of payments, \$3 billion of which is for payments to healthcare providers. (Source: <a href="#">Herald &amp; Review 7/2/2017</a>)</p>

<p><b>Iowa</b></p>	<p><b>Managed LTSS Program</b></p> <p>On June 19, 2017, the Iowa Department of Human Services (DHS) released the third quarterly report for state fiscal year (SFY) 2017, which covers the January – March period. As of April 10, 2017, total enrollment in Medicaid managed care in Iowa stands at 573,001.</p> <p>In terms of LTSS enrollment, 13,692, or 36.7 percent, are receiving facility-based services, and 23,655 enrollees—63.3 percent—are receiving community-based care. The LTSS managed care enrollment of 37,347 breaks down by health plan as follows:</p> <table border="1" data-bbox="483 745 1437 1060"> <thead> <tr> <th>Plan</th> <th>Total LTSS Enrollment</th> <th>Percent in institutional settings</th> <th>Percent in HCB settings</th> </tr> </thead> <tbody> <tr> <td>Amerigroup</td> <td>7,641</td> <td>55.9</td> <td>44.1</td> </tr> <tr> <td>AmeriHealth Caritas</td> <td>23,403</td> <td>25.5</td> <td>74.5</td> </tr> <tr> <td>UnitedHealthcare</td> <td>6,303</td> <td>54.7</td> <td>45.3</td> </tr> </tbody> </table> <p>Iowa DHS continues to estimate it will save \$118 million through its shift to managed care this year. (Source: <a href="#">Quarterly Report 6/19/2017</a>)</p>	Plan	Total LTSS Enrollment	Percent in institutional settings	Percent in HCB settings	Amerigroup	7,641	55.9	44.1	AmeriHealth Caritas	23,403	25.5	74.5	UnitedHealthcare	6,303	54.7	45.3
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<p><b>Maine</b></p>	<p><b>Medicaid Health Homes</b></p> <p>On July 10, 2017, the Maine Department of Health &amp; Human Services (DHHS) codified what had been an emergency rule that lays out the framework for the establishment of Opioid Health Homes (OHH), which will serve the state’s Medicaid program, MaineCare. Opioid Health Homes will be responsible for providing the following services:</p> <ul style="list-style-type: none"> <li>○ Counseling;</li> <li>○ Care coordination;</li> <li>○ Medication-assisted treatment;</li> <li>○ Peer support; and</li> <li>○ Medical consultation.</li> </ul> <p>The new initiative aims to provide comprehensive and coordinated care to MaineCare members with a substance abuse dependency. DHHS notes that they have submitted a State Plan Amendment (SPA) to CMS for approval. Maine currently</p>																

	has two other Health Home programs, one targeted at individuals with chronic conditions, and another targeted towards those with significant behavioral health needs. (Source: <a href="http://Maine.gov">Maine.gov</a> 7/12/2017)
<b>Nebraska</b>	<p><b>Managed LTSS Program</b></p> <p>On July 28, 2017, Omaha.com reported on the Nebraska Department of Health and Human Services (DHHS) priorities for the coming year that are contained in the department's second business plan. The state has 20 priorities contained within five key areas: integrating services, leveraging technology, increasing efficiency, prioritizing prevention, and promoting independence. One of Nebraska DHHS' priorities is to move toward a MLTSS system for the frail elderly and persons with disabilities, in order to provide greater opportunities for individuals to be served in the community as opposed to institutions. (Source: <a href="http://Omaha.com">Omaha.com</a> 7/28/2017)</p>
<b>New Mexico</b>	<p><b>Managed LTSS Program</b></p> <p>On May 19, 2017, the New Mexico Human Services Department (HSD) released a section 1115 waiver demonstration concept paper for the state's Centennial Care program. First approved in 2014, HSD notes some of the advances that Centennial Care has made in the Medicaid program, including:</p> <ul style="list-style-type: none"> <li>○ Streamlined administration;</li> <li>○ Created a care coordination infrastructure;</li> <li>○ Increased access to LTSS for individuals residing in the community;</li> <li>○ Advanced value-based purchasing (VBP) initiatives; and</li> <li>○ Reduced per capita costs.</li> </ul> <p>For the next iteration of the program, referred to as Centennial Care 2.0, the state hopes to make the following targeted improvements regarding LTSS:</p> <ul style="list-style-type: none"> <li>○ Streamline services between the agency-based community benefit (ABCD) and self-directed community benefit (SDCB) program options;</li> <li>○ Create an allowance for start-up goods for when members transition between the ABCD and SDCB programs;</li> <li>○ Increase the number of hours available for caregiver respite;</li> <li>○ Limit the costs of certain services in the SDCB model;</li> <li>○ Establish automatic nursing facility (NF) level of care (LOC) approval for individuals with specific criteria and whose condition is not expected to change; and</li> <li>○ Include nursing facilities in VBP initiatives. (Source: <a href="#">Concept Paper</a> 5/19/2017)</li> </ul>

<p><b>New York</b></p>	<p><b>Managed LTSS Program</b></p> <p>On May 25, 2017, the New York Department of Health (DOH) held a webinar for stakeholders interested in learning more about the state Workforce Investment Program for the long-term care sector workforce. The initiative is funded via the state’s section 1115 waiver and there is up to \$245 million available until March 2020. The Workforce Investment Program will mandate long-term care (MLTC) health plans to contract with designated workforce training centers in order to:</p> <ul style="list-style-type: none"> <li>○ Invest in innovative initiatives;</li> <li>○ Target workers toward underserved communities;</li> <li>○ Develop new trainings and retraining strategies; and</li> <li>○ Enhance opportunities for home and community-based care, as well as respite.</li> </ul> <p>The workforce training centers, which will be known as Long-Term Care Workforce Investment Organizations (LTC WIOs), will be selected on a competitive basis and will be broken down on the same regional basis as the MLTC program: Central Region; Hudson Valley Region; Long Island Region; North End Region; North East Region; New York City Region, and; Western Region. On June 30, 2017, DOH released a draft of the application criteria for LTC WIOs. (Source: <a href="#">DOH 6/26/2017</a>; <a href="#">DOH 6/30/2017</a>)</p> <p><b>Medicaid Health Homes</b></p> <p>The New York Department of Health (DOH) and the New York State Office for People with Developmental Disabilities (OPWDD) are collaborating to expand the state’s Health Home Program to serve individuals with intellectual and/or developmental disabilities (I/DD). Health Homes designated for individuals with I/DD will be referred to as People First Care Coordination Organization Health Homes (CCO/HHs). This marks the initial step in a process to transition I/DD services into Medicaid managed care. Ultimately, the state envisions CCO/HHs will transition into specialized MCOs (I/DD MCOs) or contract with existing I/DD MCOs to provide Health Home and care management services to the I/DD population. The anticipated timeline the state has released is as follows:</p> <div style="background-color: #003366; color: white; padding: 5px; margin-top: 10px;"> <p>Timeline</p> </div>
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	<table border="1"> <tr> <td data-bbox="402 279 946 401">Draft Health Home Application Released</td> <td data-bbox="954 279 1485 401">June 30, 2017</td> </tr> <tr> <td data-bbox="402 411 946 485">Due Date to Submit Letter of Interest</td> <td data-bbox="954 411 1485 485">August 4, 2017</td> </tr> <tr> <td data-bbox="402 495 946 569">Final Application Released</td> <td data-bbox="954 495 1485 569">September 30, 2017</td> </tr> <tr> <td data-bbox="402 579 946 653">Application Due</td> <td data-bbox="954 579 1485 653">November 30, 2017</td> </tr> <tr> <td data-bbox="402 663 946 772">Transition to CCO/HH for individuals with I/DD</td> <td data-bbox="954 663 1485 772">July 2018</td> </tr> </table> <p>(Source: <a href="http://DOH.gov">DOH.gov</a> 7/28/2017)</p>	Draft Health Home Application Released	June 30, 2017	Due Date to Submit Letter of Interest	August 4, 2017	Final Application Released	September 30, 2017	Application Due	November 30, 2017	Transition to CCO/HH for individuals with I/DD	July 2018
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<p><b>Ohio</b></p>	<p><b>Managed LTSS Program</b></p> <p>On June 14, 2017, the Ohio Office of Health Transformation sent an update to stakeholders that included letters of support for the state’s proposed move to an MLTSS system. The letters of support were from the following:</p> <ul style="list-style-type: none"> <li>○ The Ohio Association of Area Agencies on Aging (o4a);</li> <li>○ The Academy of Senior Health Sciences Inc. (which represents Ohio skilled nursing and assisted living facilities);</li> <li>○ LeadingAge Ohio; and</li> <li>○ The Ohio Association of Health Plans.</li> </ul> <p>The o4a noted in their comments that they appreciated the dialogue with the state on proposed move to MLTSS, and specifically addressed the legislature’s proposal to establish an Advisory Committee to work with the state on design and effectuation of the MLTSS program; commitment by the state to require that Area Agencies on Aging (AAAs) be waiver service coordinators for MLTSS plans; and further discussion regarding additional inclusion of AAAs in the new MLTSS framework. (Source: <a href="#">Office of Health Transformation</a> 6/14/2017)</p> <p>On Wednesday, June 28, 2017, both houses of the Ohio legislature passed a revised version of H.B. 49, the legislative vehicle by which the legislature passed a budget for state fiscal years 2018 and 2019. The budget funds the government at \$132.8 billion over two years. On June 30 Governor Kasich signed the budget into law, while using his line-item authority to veto 47 items. Two notable items in the budget that Governor Kasich vetoed were:</p>										

	<ul style="list-style-type: none"> <li>○ Freezing enrollment in the state’s Medicaid expansion, and</li> <li>○ Prohibiting the state’s department of Medicaid from implementing an MLTSS program without specific authorizing authority from the legislature.</li> </ul> <p>On July 6, the legislature voted to override 11 of the governor’s vetoes, including the prohibition on establishing MLTSS without legislative authorization. The legislature did not vote on Medicaid expansion at this time. Section 333.283 requires that the Ohio General Assembly must vote to approve inclusion of additional Medicaid LTSS services in managed care beyond the existing Integrated Care Delivery System, which is the state’s dual eligible demonstration, MyCare Ohio.</p> <p>Section 333.270 of the bill would also mandate the creation of a study committee on Medicaid managed care, made up of legislators, state officials, and numerous provider, trade, and consumer groups. The committee is directed to produce a report no later than December 31, 2018 outlining recommendations regarding Medicaid LTSS. Once the report is submitted, the committee will be disbanded. (Source: <a href="#">HB 49 7/6/2017</a>; <a href="#">OH Veto Message 6/30/2017</a>; <a href="#">Cleveland.com</a>)</p>
<b>Oklahoma</b>	<p><b>Managed LTSS Program</b></p> <p>On June 14, 2017, the Oklahoma Health Care Authority (OHCA) announced the cancellation of the RFP to procure contracts for SoonerHealth+, which would have implemented a fully capitated MLTSS program to coordinate care for Oklahoma’s aged, blind, and disabled (ABD) population. OHCA stated the reason for the cancellation was due to a lack of funds being appropriated from the legislature to support the new care model. (Source: <a href="#">OHCA 6/14/2017</a>)</p>
<b>Pennsylvania</b>	<p><b>Managed LTSS Program</b></p> <p>On June 21, 2017, the Pennsylvania Office of Long-term Living (OLTL) announced a home and community-based services (HCBS) loan program, with loan amounts between \$50,000 – \$200,000 dollars available for LTSS providers to assist with projects aimed at increasing opportunities for community-based LTSS. The initiative is aimed specifically at preparing LTSS providers and service coordinator organizations for a successful transition to Community HealthChoices (CHC), the state’s incipient MLTSS program. (Source: <a href="#">PA.gov 6/21/2017</a>)</p>

<p><b>Texas</b></p>	<p><b>Managed LTSS Program</b></p> <p>On June 29, 2017, HealthPayer Intelligence reported that the Texas Health &amp; Human Services Commission has submitted an extension request to CMS for the state’s section 1115 waiver, which includes three key programs: Medicaid managed care, including MLTSS; the state’s uncompensated care (UC) funding; and the Delivery System Reform Incentive Payment (DSRIP) program. If approved, the 1115 waiver would be extended through September 30, 2019 (Source: <a href="#">HealthPayer Intelligence 6/29/2017</a>)</p> <p>On June 19, 2017, the Texas Health &amp; Human Services Commission selected Molina Healthcare of Texas, and United Healthcare Community Plan of Texas, as the two MCOs for the state’s Intellectual and Developmental Disability (IDD) Pilot Program. The program will pilot a fully capitated Medicaid managed care arrangement that includes both LTSS and acute care services for the I/DD population.</p> <p>The authorizing legislation behind the program is S.B. 7, which was passed in 2013, and requires HHSC and the Department of Aging and Disability Services (DADS) to establish a program to serve Medicaid enrollees with I/DD through a coordinated system of managed care for their acute and LTSS benefits. Initial implementation commenced in 2014, when certain individuals receiving care in ICF/IDD facilities and enrollees in I/DD waivers were enrolled in STAR+PLUS for their acute care services. Ultimately, the state intends to gradually implement full integration of all ICFs/IDD and IDD waivers into managed care by 2021.</p> <p>The pilot will be voluntary, and is allowed to operate for up to two years. Individuals enrolled in the following waivers may opt-in to the program:</p> <ul style="list-style-type: none"> <li>○ Home and community-based Services (HCS)</li> <li>○ Deaf Blind with Multiple Disabilities (DBMD)</li> <li>○ Community Living Assistance and Supports Services (CLASS) (Source: <a href="#">Award Notice 6/19/2017</a>; <a href="#">Pilot RFP</a>)</li> </ul> <p>The Texas Health and Human Services Commission announced that it will align the procurement cycles and operational start dates for the following programs: STAR+PLUS, STAR, and CHIP. The revised operational start date for all three programs will now be September 1, 2019. (Source: <a href="#">Texas.gov 7/28/2017</a>)</p>
<p><b>Virginia</b></p>	<p><b>Managed LTSS Program</b></p> <p>August 1, 2017, was the official start date of Virginia’s statewide MLTSS program, Commonwealth Coordinated Care (CCC) Plus. CCC Plus will serve an estimated 214,000 Virginians with complex needs. The program is launching regionally, with the Tidewater regional going into effect on August 1; CCC Plus will be fully implemented statewide by January 1, 2018. (Source: <a href="#">DMAS 8/1/2017</a>)</p>

<p><b>Washington</b></p>	<p><b>Medicaid Health Homes</b></p> <p>On July 13, 2017, RTI International released a report produced for CMS on Washington State’s managed fee-for-service dual eligible financial alignment demonstration. The report contains substantial data on the first demonstration period of the program, from July 1, 2013, through December 31, 2014, and preliminary data on the second demonstration period, which ran January 1 through December 31, 2015. The authors note that this report only contains estimated savings to the Medicare program due to insufficient Medicaid data at this time. The report estimates a total of \$34.9 million in savings for demonstration period one, and \$32.1 million for demonstration period two, for a total savings to Medicare of \$67 million. (Source: <a href="#">RTI Report 7/13/2017</a>)</p>
<p><b>Wisconsin</b></p>	<p><b>Managed LTSS Program</b></p> <p>On July 7, 2017, the Wisconsin Department of Health Services (DHS) announced the MCOs selected to cover services under an expansion of the state’s two MLTSS programs – Family Care and Include, Respect, I Self Direct (IRIS) – into Dane County Wisconsin. The MCOs selected are Care Wisconsin, and My Choice Family Care. The transition to MLTSS in Dane County will commence during the first quarter of 2018. (Source: <a href="#">Press Release 7/6/2017</a>)</p>

## STATE TRACKER FOR DUALS DEMONSTRATION

(Updated as of: 7/28/2017)

	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>MOU Signed</b> 2/28/2014	Fully implemented statewide	12/31/2017
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</b> <b>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	Fully implemented in NYC, Nassau, Westchester and Suffolk counties	12/31/2019
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	12/31/2017
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>MOU Signed</b> 5/21/2013	Fully implemented in 104 localities	12/31/2017
13	<b>Washington</b>	Managed FFS	4/26/2012	<b>MOU Signed</b> 10/25/2012	Fully implemented in 36 counties	12/31/2018



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