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State Medicaid Integration Tracker©

Review of State Medicaid Integration Plans

First Edition

NASUAD
National Association of States United for Aging and Disabilities

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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).

Founded in 1964, NASUAD represents the nation's 56 officially designated state and territorial agencies on aging, as well as state disability agencies. NASUAD's mission is to design, improve and sustain state systems delivering home and community-based services and supports for the elderly and individuals with disabilities and their family caregivers.

Questions or Additions?

Do readers have any questions about information in this tracker or have new information to share? If yes, please let NASUAD know by contacting either:

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On the Verge: The Transformation of Long-Term Services and Supports, a 2012 report by AARP, NASUAD and Health Management Associates found that, on the heels of the Great Recession, many states are on the verge of transforming the financing and delivery of long term services and supports (LTSS). The report describes a "dizzying array" of Medicaid reforms throughout the country.

The State Medicaid Integration Tracker focuses primarily on state actions in managed care for people who receive Medicaid-funded LTSS and on state initiatives relating to services and costs of services for people who are dually eligible for Medicaid and Medicare. Because so many states have informed the federal Center for Medicare and Medicaid Innovation that they intend to participate in the *State Demonstrations to Integrate Care for Dual Eligible Individuals*, the Tracker pays close attention to the status of state participation in this demonstration. The Tracker also includes updates on states participating in the Balancing Incentives Payment Program (BIPP), states developing or implementing Medicaid State Plan amendments under §1915(i), and states pursuing the Communities First Choice Option under §1915(k).

NASUAD uses many sources of information to find out what is happening across the country, including Medicaid.gov, CMS.gov, state websites, various Kaiser publications, Stateline, Bureau of National Affairs (BNA) Highlights, Commonwealth Fund's Washington Health Policy Week in Review, the National Association of Medicaid Directors newsletters, news reports, and more. Sources are listed with each month's Tracker.

In this changing environment tracking state level initiatives is a challenge. Because of this, NASUAD will update this NASUAD's State Medicaid Integration Tracker each month.

State Updates

In order to find out more about what states are doing, click on the State below, according to the following key:

1. States engaged in/pursuing only Medicaid managed LTSS
   (DE, FL, KS, LA, KY, NJ, PA, WV)
2. States pursuing only Dual Demonstrations
   (CO, CT, ID, IL, IA, MO, OH, OK, RI, SC, VA)
3. States engaged/pursuing in both Medicaid managed LTSS and Dual Demonstrations
   (AZ, CA, HI, MA, MI, MN, NM, NY, NC, TN, TX, VT, WA, WI)
4. States engaged in/pursuing only BIPP
   (GA, MD)
5. State engaged in/pursuing in both Medicaid managed LTSS and BIPP
   (NH)

Dual Demonstration Update

To see a cross comparison of states participating in federal Dual Demonstrations, click here.

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
Arizona	**CMS Overview of Medicaid Managed LTSS** Arizona is one of 16 states currently operating Medicaid managed LTSS, according to a map prepared for CMS by Thomson Reuters. (May 2012) **Arizona Health Care Cost Containment System—Section 1115 Demonstration Waiver** (Approved 4/6/2012) Arizona Health Care Cost Containment System provides health care services through a prepaid, capitated managed care delivery model that operates statewide for both Medicaid State plan groups as well as demonstration expansion groups. The goal of the demonstration is to provide organized and coordinated health care for both acute and long-term care that includes pre-established provider networks and payment arrangements, administrative and clinical systems for utilization review, quality improvement, patient and provider services, and management of health services. Beneficiaries receiving long-term care services receive additional benefits that would not otherwise be provided through the Medicaid State plan. (Source: Medicaid.gov) State Program Website Fact Sheet Current Approval Document	Posted on state website for public comment (4/17/2012) Target implementation date: Jan 2014
California	**CMS Overview of Medicaid Managed LTSS** California is one of 16 states currently operating Medicaid managed LTSS, according to a map prepared for CMS by Thomson Reuters. (May 2012) **California Bridge to Health Reform—Section 1115 Demonstration Waiver** (Approved 3/30/2012) Under California Bridge to Health Reform demonstration, the State is phasing in coverage in individual counties for adults ages 19-64 with incomes at or below 133 percent of the FPL who could be eligible under the Affordable Care Act early expansion state option as well as adults between 133% and 200% of the FPL who are not otherwise eligible for Medicaid.	Selected by CMS for Demonstration Grants Posted on state website for public comment (4/4/2012) Target implementation date: Jan 2013

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
California	The demonstration also expands the existing Safety Net Care Pool (SNCP) that was established to ensure continued government support for the provision of care to uninsured individuals by hospitals, clinics, and other providers. It also creates coordinated systems of care for Seniors and Persons with Disabilities (SPDs) in counties with new or existing Medi-Cal managed care organizations through the mandatory enrollment of the population into Medicaid managed care plans. (Source: Medicaid.gov) 1.1 million Californians eligible for both Medicare and Medi-Cal benefits will start with a pilot program in four counties -- Los Angeles, Orange, San Diego and San Mateo. (Source: Kaiser Daily Health Policy Report, May 3, 2012) Fact Sheet Vision Statement Current Approval Document **FY 2012 budget** Same copayment requirements and provider reductions that had been applied to managed care plans as part of the original FY 2012 budget will now be applied to managed care plans that had originally been exempted, including Program of All-Inclusive Care for the Elderly (PACE), Senior Care Aging Network (SCAN) and AIDS Healthcare Centers payments. Kaiser Publication (February 2012)	
Colorado		Selected by CMS for Demonstration Grants Posted on state website for public comment (4/13/2012) Target implementation date: 2013

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
Connecticut	**Connecticut restructures the state's relationships with Medicaid managed care plans** Starting January 1, 2012, Connecticut began directly reimbursing health care providers, while a non-profit organization, Community Health Network of Connecticut, provides care coordination and customer service for all of the state's Medicaid and Children's Health Insurance Program beneficiaries, plus members of a state-funded health programs for low-income adults — about 600,000 people in all. All services will be coordinated by the Department of Social Services' single, statewide administrative services organization, or ASO. (Source: Stateline; Community Health Network of Connecticut) Press Release	Selected by CMS for Demonstration Grants Posted on state website for public comment (4/24/2012) Target implementation date: Dec 2012
Delaware	**CMS Overview of Medicaid Managed LTSS** DE is one of 16 states currently operating Medicaid managed LTSS, according to a map prepared for CMS by Thomson Reuters. (May 2012) DE is the most recent state to launch Medicaid managed LTSS. **Amendment to Diamond State Health Plan—Section 1115 Demonstration Waiver** (Approved 3/22/2012) Amendment to Diamond State Health Plan (DSHP) Section 1115 Medicaid managed care demonstration waiver adds Diamond State Health Plan Plus (DSHP Plus) in order to integrate Long Term Care Medicaid and other full-benefit dual eligibles into the DSHP. The LTC expansion and the existing DSHP program will therefore be a single, combined managed care program with two benefit packages, DSHP and DSHP Plus. Delaware Diamond State Health Plan mandatorily enrolls most Medicaid recipients into managed care organizations. Before the amendment, dual eligible and individuals receiving institutional and home and community-based services were excluded from DSHP and managed care enrollment, and were served through DMMA's Medicaid fee-for-service program and through	

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
Delaware	three Section 1915(c) waiver programs. The demonstration expands Medicaid State plan coverage to uninsured adults below 100 percent of the FPL and family planning services to women who lose Medicaid eligibility or comprehensive DSHP benefits. The demonstration also provides long-term care services and support (LTSS) to eligible individuals through a mandated managed care delivery system, entitled DSHP-Plus. DSHP Plus began on April 1, 2012. The amendment also consolidates Elderly/Disabled, Acquired Brain Injury, and Assisted Living 1915(c) waivers into one Elderly and Disabled waiver program. Division of Medicaid & Medical Assistance (DMMA), Delaware Department of Health and Social Services intends to transition the authority for providing HCBS services currently authorized for the Elderly and Disabled and AIDS waivers under 1915(c) authority to a section 1115 demonstration authority. (i.e. Elderly and Disabled waiver program and AIDS/HIV waiver will be incorporated into the long-term care managed care program.) DSHP Fact Sheet Waiver Amendment Request Letter to CMS Current Approval Document State website	
Florida	**CMS Overview of Medicaid Managed LTSS** Florida is one of 16 states currently operating Medicaid managed LTSS, according to a map prepared for CMS by Thomson Reuters. (2012) **Florida Medicaid Reform—Section 1115 Demonstration Waiver** (Approved 12/15/2011) Under Florida Medicaid Reform waiver, most Medicaid beneficiaries in five counties are required to enroll in a managed care plan (either a capitated health plan or a fee-for-service Provider Service Network plan) as a	

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
Florida	condition of eligibility for Medicaid. Participation is mandatory for TANF-related populations. Voluntary participants include individuals residing in an institution such as a nursing home, sub-acute inpatient psychiatric facility for individuals under the age of 21, or an ICF-DD; dual eligible individuals; and individuals with developmental disabilities. (Source: Medicaid.gov, Fact Sheet) Fact Sheet Current Approval Document	
Georgia	**Georgia to submit BIPP application to CMS** Georgia Department of Community Health (DCH) submitted State Balancing Incentive Payment Program (BIPP) application to CMS in early March 2012. The anticipated funding amount is $19.1 million. (Source: AARP Roundtable meeting April 16-17, 2012; Georgia Department of Community Health FY 2012 & 2013 Budget Highlights). The Balancing Incentive Program requires that States undertake three structural changes to their long-term services and supports (LTSS) systems to increase nursing home diversions and access to community-based care: implementation of a No Wrong Door/ Single Entry Point System, conflict-free case management, and the use of a core standardized assessment for supporting eligibility determination and service planning. In addition, grantee States must increase their community-based LTSS expenditures relative to their overall expenditures on LTSS to a minimum of 25% or 50%. State Medicaid agencies are responsible for developing the submissions to CMS in order to participate in this opportunity. If the statutory requirements are met, CMS will approve the State's submission, giving the State the authority to implement the changes in the program and to draw down the increased FMAP funds. (Source: Federal Register, November 29, 2011)	

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Hawaii	**CMS Overview of Medicaid Managed LTSS** Hawaii is one of 16 states currently operating Medicaid managed LTSS, according to a map prepared for CMS by Thomson Reuters. (May 2012)	Posted on state website for public comment (4/17/2012) Target implementation date: Jan 2014
Idaho		Posted on state website for public comment (4/13/2012) Target implementation date: Jan 2014
Illinois		Posted on state website for public comment (2/17/2012) Submitted to CMS (4/6/2012) Federal comment period CLOSED Target implementation date: Jan 2013
Iowa		Posted on state website for public comment (4/16/2012) Submitted to CMS (4/6/2012) Target implementation date: Jan 2013
Kansas	**KanCare – Section 1115 Demonstration Waiver** (Pending; Submitted 4/26/2012) KanCare 1115 Demonstration proposes to move all Medicaid populations, including seniors and people with disabilities, into managed care. The proposal also establishes safety net care pools to reimburse hospital uncompensated care costs and creates programs to transition current Medicaid beneficiaries to private insurance coverage. (Source: Medicaid.gov) Waiver	

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Kansas	authority is being sought to move all Medicaid populations into a person-centered integrated care system by January 1, 2013, with the long-term services and supports for the intellectually and developmentally disabled consumers beginning in the new system in 2014. Waiver Application Press Release	
Kentucky	**Kentucky Receives Federal Approval to Implement Medicaid Managed Care** (September 12th, 2011) The Kentucky Cabinet for Health and Family Services (CHFS) has received approval from the Centers for Medicaid and Medicare Services (CMS) to operate a Medicaid managed care organization waiver program. The waiver allows Kentucky to implement a mandatory managed care program for virtually all Medicaid recipients in the state outside of the Passport region, which operates under a separate CMS waiver. Certain groups, including Medicaid members who reside in institutional settings and in waivers that serve as alternatives to institutional care, will not be enrolled in managed care. They will continue to receive benefits administered by the Kentucky Department for Medicaid Services. Medicaid provides health care coverage for approximately 20 percent of the state's population. News Release Program Website	
Louisiana	**Mental Health Rehabilitation Services under a Statewide Management Organization** On March 2012, the fee-for-service mental health rehabilitation services program was transitioned to the Louisiana Behavioral Health Partnership managed by a Statewide Management Organization (SMO). State website	

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
Maryland	**Balancing Incentive Payment Program** Maryland is the second state after New Hampshire to be awarded Balancing Incentive Payment Program (BIPP) funding from CMS. The Maryland Department of Health and Mental Hygiene has been awarded $106.34 million through September 2015. Application (2/10/2012) Award Letter (3/20/2012)	
Massachusetts	**CMS Overview of Medicaid Managed LTSS** Massachusetts is one of 16 states currently operating Medicaid managed LTSS, according to a map prepared for CMS by Thomson Reuters. (May 2012) **MassHealth Coverage Types** Final rule of the Executive Office of Health and Human Services, Division of Medical Assistance, establishes three new home and community-based services waivers for persons with an intellectual disability to replace the single home and community-based services waiver for persons with mental retardation. The rule also includes the individual eligibility requirements for each of the three new waivers. The rule is effective May 1, 2012. (Source: BNA May 3, 2012) Final Rule State Medicaid Director's Letter to MassHealth Staff (4/15/2012)	Selected by CMS for Demonstration Grants Proposal submitted to CMS (2/16/2012) Federal comment period CLOSED Target implementation date: Jan 2013
Michigan	**CMS Overview of Medicaid Managed LTSS** Michigan is one of 16 states operating a Medicaid managed LTSS, according to a map prepared for CMS by Thomson Reuters. (May 2012)	Selected by CMS for Demonstration Grants Posted on state website for public comment (3/5/2012) Proposal submitted to CMS (4/26/2012) Posted for federal public comment period

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
Michigan		(4/30/2012) Target implementation date: July 2012
Minnesota	**CMS Overview of Medicaid Managed LTSS** Minnesota is one of 16 states currently operating Medicaid managed LTSS, according to a map prepared for CMS by Thomson Reuters. (May 2012) **Minnesota Long Term Care Realignment Section 1115 Demonstration Waiver** (Pending; Submitted 2/13/2012) Minnesota has proposed to Minnesota Long Term Care Realignment Section 1115 Waiver to revise its nursing facility level of care criteria (LOC) up from its current minimum of one ADL or IADL, with additional changes to LOC criteria regarding clinical need, cognition/behavior and frailty/vulnerability. This will impact not only eligibility for nursing facilities, but also for three of the State's 1915(c) Home and Community-Based Services (HCBS) waivers: Community Alternatives for Disabled Individuals (CADI), Brain Injury (BI), and Elderly Waiver (EW). The State is also requesting Federal Financial Participation (FFP) for two limited benefit HCBS programs: Alternative Care Program (AC) and Essential Community Supports (ECS). AC serves individuals age 65 and older who meet the LOC criteria but whose income exceeds Medicaid standards, while ECS will serve individuals who do not meet the revised LOC criteria regardless of whether or not their income meets Medicaid standards. (Source: Medicaid.gov) Waiver Application	Selected by CMS for Demonstration Grants Posted on state website for public comment (3/19/2012) Proposal submitted to CMS (4/26/2012) Posted for federal public comment period (5/1/2012) Target implementation date: Dec 2012
Missouri		Posted on state website for public review (4/24/2012) Target implementation date: Oct 2012

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
New Hampshire	**Medicaid Managed Care** Under Senate Bill 147, models for managed care may include but not be limited to a capitated managed care organization contract, an administrative services organization, an accountable care organization, a primary care case management model, or a combination the above models. Services managed within the model include all mandatory Medicaid covered services and may include, but not be limited to home and community based care services and supports for all long-term care populations, care coordination, utilization management, disease management, pharmacy benefit management, provider network management, quality management, and customer services. Covered populations include aid for the permanently and totally disabled, those utilizing Medicaid long-term care services (both community and institutional), and children with severe disabilities. (Source: NASUAD Tracker 2011) Senate Bill (SB 147) passed by the New Hampshire Legislature on June 2, 2011 requires the Department of Health and Human Services to transition the state's Medicaid system to a managed care model, administered by private companies. The target date for implementation of Care Management is July 1, 2012, and all Medicaid members are to be enrolled within 12 months. (Source: NAMD Update, April 2 2012 & State website) Senate Bill 147 Proposed rule (BNA, May 3, 2012) On May 9, 2012, members of the governor's Executive Council approved a $2.3 billion contract establishing a managed care system for Medicaid recipients. The care management system will be launched in three phases over the course of three years. In year one, all 130,000 to 140,000 Medicaid patients in the state will be required to enroll in one of the new care management plans offered	

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New Hampshire	by the MCOs, which will take over responsibility for all medical services. Medicaid recipients who fail to enroll in one of the new managed care plans during a 60-day window before the system goes lives will be divided between the three MCOs based on the scores their bids received. "Step 2" will be implemented on July 1, 2013, when the care management system will expand as the MCOs will take over financial and administrative responsibility for people who require long-term care services. In year three, the program will include those who are newly eligible for Medicaid benefits by the Affordable Care Act, should it remain in effect. 1 percent of each Medicaid enrollee's capitated payment will be withheld by the state and repaid to the MCOs only if they satisfy performance measures. (Source: "Executive Council OKs $2.3 billion Medicaid contract," Fosters.com, May 11, 2012) Contract New Hampshire Medicaid Care Management Description Program Website **Balancing Incentive Payment Program** New Hampshire is the first state to apply for and to receive CMS approval for Balancing Incentive Payment Program (BIPP). BIPP Application (12/30/2011) Award Letter (3/1/2012)	
New Jersey	**Medicaid Managed Care Enrollment Initiative** As of April 2011, about 75 percent of New Jersey Medicaid and Children's Health Insurance Program enrollees were enrolled in a managed care plan. With the changes proposed in the FY'12 budget, nearly 92% of enrollees will be served through managed care plans offered by four participating HMOs. As of October 2011, Medicaid beneficiaries were expected to receive the following services through their HMO: home health	

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
New Jersey	services, pharmacy services, personal care assistant services, outpatient rehabilitation therapies (Physical Therapy, Occupational Therapy, Speech Therapy); and adult and pediatric medical day care services. Covered services include virtually all long-term care services except nursing facilities. The first phase started on July 1, 2011 and includes the non-dual population of aging, blind and disabled Medicaid beneficiaries, populations served by the Department of Developmental Disabilities (DDD) including Community Care Waiver clients, clients already covered by a commercial or Medicare HMO, and breast or cervical cancer clients. The second stage, scheduled to begin October 1, 2011, includes all dual eligibles, an increased range of waiver clients, clients with traumatic brain injury, and those clients participating in the AIDS Community Care Alternatives Program and Community Resources for People with Disabilities. Services which will remain covered by Medicaid fee-for-for service include mental health and substance abuse services except for DD clients, nursing facility care beyond 30 days, transportation through LogistiCare except for emergency ground transportation, and institutional services. New Jersey DHHS on Changes to Medicaid Managed Care New Jersey DHHS Power Point Explaining Changes to Medicaid Managed Care **New Jersey Section 1115 Demonstration Waiver** (Pending; Submitted 9/9/2011) New Jersey 1115 waiver seeks to provide Medicaid and CHIP beneficiaries with State plan benefits as well as long term care services and supports. The State is requesting to consolidate several existing Medicaid and CHIP demonstrations into one comprehensive demonstration. The pending request would consolidate its existing Medicaid and CHIP comprehensive	

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
New Jersey	demonstrations, 1915(b) managed care waivers, and it would change the delivery system from fee-for-service to managed care for a majority of its existing Home and Community-Based waivers. (Source: Medicaid.gov) During the Assembly Budget Committee testimony in February, Jennifer Velez, Commissioner of New Jersey Department of Human Services briefly mentioned the possibility of pushing back a July 2012 implementation date to January 2013. Waiver Description Testimony	
New Mexico	**CMS Overview of Medicaid Managed LTSS** New Mexico is one of 16 states currently operating Medicaid managed LTSS, according to a map prepared for CMS by Thomson Reuters. (May 2012) **Client Transitions of Care** The Human Services Department, Medical Assistance Division has proposed rule to amend regulations regarding client transitions of care for Medicaid managed care organizations (MCOs) and coordinated long-term services. The rule requires that prior authorizations be honored for longer periods of time for mass transfer than those timeframes required for individual transfers. The rule also requires participation by all MCOs and the statewide entity in a workgroup to define transition processes necessary to begin the transfer of encounter data and member data in mass transfer situations. Proposed Rule	Posted on state website for public comment (4/30/2012) Target implementation date: Jan 2014
New York	**CMS Overview of Medicaid Managed LTSS** New York is one of 16 states operating a Medicaid managed LTSS, according to a map prepared for CMS by Thomson Reuters. (May 2012) **Medicaid Redesign** On January 5, 2011, Governor Cuomo signed an	Selected by CMS for Demonstration Grants Posted on state website for public comment (3/22/2012) Target implementation date: Jan 2014

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
New York	Executive Order creating the Medicaid Redesign Team, tasked with identifying strategies to reduce costs while improving the quality of health care in New York. Many of the specific recommendations of the Medicaid Redesign Team focused on increasing managed care for Medicaid beneficiaries including: a) moving more high-cost, high-need Medicaid beneficiaries into managed care though facilitating access to patient-centered medical homes with a focused on care coordination; b) creating an office for the development of patient-centered primary care initiatives; c) increasing use of care management (entire Medicaid population to be enrolled in care management within three years); d) mandating enrollment in Managed Long Term Care plans for adults in need of community-based long term care; and e) developing initiatives to integrate managed care for dual eligibles. Among other recommendations of the Medicaid Redesign Team were developing a uniform assessment tool for statewide long term care services, restructuring reimbursement for proprietary nursing homes,and applying a 60-month look back period to non-institutional long term care beneficiaries. Executive Order: Medicaid Redesign Team Additional Details on Medicaid Redesign Team Updates on Medicaid Redesign Team Recommendations - text Updates on Medicaid Redesign Team Recommendations – chart **New Enrollment Plan for Mandatory Managed Long Term Care and Care Coordination Models** Medicaid Redesign Team Proposal #90 and 2011 budget legislation requires the transition and enrollment of certain community-based long term care services recipients into Managed Long Term Care Plans (MLTCPs) or Care Coordination Models (CCMs). New York State operates three models of MLTCP: the Program of All-Inclusive Care for the Elderly (PACE); Medicaid	

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
New York	Advantage Plus Plans; and partially capitated managed long term care plans (PCMLTCP). All models of MLTCPs and CCMs provide community-based long term care services, nursing home care and many ancillary services, including individualized care management. Beginning July 2, 2012, certain populations will be required to enroll in MLTCP/CCM. These populations include dual eligible, aged 21 and over, in need of community-based long term care services for over 120 days, excluding the following groups who will be enrolled in the final phase (anticipated to end in 2014): Nursing Home Transition and Diversion Waiver participants, Traumatic Brain Injury Waiver participants, nursing home residents; Assisted Living Program participants; dual eligible individuals who do not require community-based long term care services. State Website **Federal-State Health Reform Partnership (F-SHRP) Section 1115 Demonstration Waiver** (Approved 3/30/2012) New York Federal-State Health Reform Partnership (F-SHRP) demonstration provides Federal financial support for a health reform program in New York that addresses the State's need to modernize its acute and long-term care infrastructure, increase capacity in primary and ambulatory care, and make investments in health information technology. The demonstration also allows the State to enroll certain Medicaid populations into managed care on a mandatory basis: aged, blind and disabled individuals statewide, and children, caretaker relatives, and pregnant women in selected counties. The F-SHRP demonstration complements New York's comprehensive section 1115 demonstration (The Partnership Plan). (Source: Medicaid.gov) Fact Sheet Current Approval Document State Website	

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
New York	**Amendment to Federal-State Health Reform Partnership (F-SHRP) 1115 Waiver** (Pending; Submitted 10/31/2011) The state proposes that the program provide single nursing home residents who are discharged back to the community with a Housing Disregard as an incentive to join managed long term care (MLTC). This income disregard will be available to nursing home residents who are discharged back to the community if they join a MLTC plan. This change is effective on or after April 1, 2012. Application for Amendment State Website **New York State's People First Waiver—Section 1115 Demonstration Waiver** (Pending; Submitted 11/04/2011) New York State's People First Waiver proposes to develop and implement creative service delivery and payment models that integrate acute and long-term care to achieve improved health outcomes and quality of care while lowering health care costs for the developmentally disabled (DD) population. The target population for the People First Waiver is the 100,000 New Yorkers who are enrolled in Medicaid (via six different 1915(c) waivers) and have substantial developmental disabilities. (Source: Medicaid.gov) Waiver Application Concept Paper **New York State's Health Home Program** (Effective 1/1/2012) Health Homes will be implemented in three population waves, with each wave targeting a different eligible population. This first wave will focus on those with mental health/substance abuse and other chronic conditions. The long-term care population is targeted for	

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
New York	the second wave. The third wave of Health Home implementation targets the developmentally disabled population. State Website	
North Carolina	**CMS Overview of Medicaid Managed LTSS** North Carolina is one of 16 states currently operating Medicaid managed LTSS, according to a map prepared for CMS by Thomson Reuters. (May 2012)	Selected by CMS for Demonstration Grants Posted on state website for public comment (3/15/2012) Submitted to CMS (5/2/2012) Posted for federal public comment period (5/2/2012) Target implementation date: Apr 2014
Ohio		Posted on state website for public comment (2/27/2012) Submitted to CMS (4/2/2012) Federal comment period CLOSED Target implementation date: Jan 2013
Oklahoma		Selected by CMS for Demonstration Grants Posted on state website for public comment (3/22/2012) Target implementation date: July 2013
Oregon	**Coordinated Care Organizations** On July 1, 2011, Oregon Governor John Kitzhaber, signed House Bill 3650 to establish Coordinated Care	Selected by CMS for Demonstration Grants Posted on state website

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
Oregon	Organizations (CCOs) for recipients of the Oregon Health Plan which includes Medicaid and other state-based public insurance programs. A CCO is a local entity that receives a global (set) budget for management of prevention, physical health services, mental health, and dental care. The goal of the legislation is to hold down costs while improving the coordination and quality of services provided. If savings are achieved and quality metrics are met, providers in the CCO can share in the savings. Oregon House Bill 3650 – Summary of CCO Legislation Governor Kitzhaber on "Remaking Health Care" **Regulations on Implementing Coordinated Care Organizations** Temporary rule of the Oregon Health Authority, Division of Medical Assistance Programs, adopts regulations regarding requirements that coordinated care organizations must meet to provide care for medical assistance recipients under the state's Integrated and Coordinated Health Care Delivery System. The rule sets forth requirements concerning certification, administration, implementation and transition, enrollment and disenrollment, the pharmaceutical drug list, emergency and urgent care services, and community health assessments. The rule also establishes requirements concerning integration and care coordination, intensive care coordination, recordkeeping, outcome and quality measures, accessibility, grievances and appeals, contested case hearings, member information and education, member rights and responsibilities, and billing and payment. The rule is effective March 26, 2012, and expires Sept. 21, 2012. Temporary Rule Adoption Financial solvency requirements Operational requirements	for public comment (3/5/2012) Target implementation date: Jan 2013

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
Oregon	**CMS Agrees on the Creation of Coordinated Care Organizations in Oregon** On May 3, 2011, CMS and Oregon announced that they have reached an agreement on a $1.9 billion demonstration program to create Coordinated Care Organizations in the state's Medicaid program, which Oregon estimates will save $11 billion over coming years by setting a "global budget" for the state's Medicaid program and lowering the percentage it will grow each year. (Source: Washington Health Policy Week in Review, May 7, 2012 & Kaiser Daily Health Policy Report, May 4, 2012) State Information on Coordinated Care Organization **Amendment to Oregon Health Plan 2 Section 1115 Demonstration Waiver** (Pending; Submitted 3/1/2012) Oregon Health Plan 2 Section 1115 Demonstration provides coverage to mandatory and optional State Plan populations through the OHP Plus benefits package, and expands populations with a limited benefits package through OHP Standard. Medicaid eligibles may also elect to receive benefits through a premium assistance program which allows individuals to purchase coverage through the commercial insurance market. (Source: Medicaid.gov) On March 1, 2012, the State submitted a Request for Amended Waiver to CMS to seek federal flexibility in several areas including the following: (1) Alternative payment methodologies to reimburse providers on the basis of outcomes and quality through shared savings and incentives; (2) Ability to reimburse non-traditional health care workers such as community health workers, peer wellness specialists, Doulas, and personal health navigators; (3) Flexibility to provide services that may not always traditionally be reimbursed as a Medicaid State Plan service but help keep people living in the community; (4) Developing an alternative payment methodology to allow a unique prospective payment system/alternative payment methodology for Federal Qualified Health Centers. (Source: Oregon	

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
Oregon	Division of Medical Assistance Programs (DMAP) Update, April 2012) Application for Amendment and Renewal Current Approval Document	
Pennsylvania	**CMS Overview of Medicaid Managed LTSS** Pennsylvania is one of 16 states currently operating Medicaid managed LTSS, according to a map prepared for CMS by Thomson Reuters. (May 2012)	
Rhode Island		Posted on state website for public comment (4/26/2012) Target implementation date: Jan 2013
South Carolina		Selected by CMS for Demonstration Grants Posted on state website for public comment (4/16/2012) Target implementation date: Jan 2014
Tennessee	**CMS Overview of Medicaid Managed LTSS** Tennessee is one of 16 states currently operating Medicaid managed LTSS, according to a map prepared for CMS by Thomson Reuters. (May 2012) **Provider Rate Reductions** 4.25 percent rate reductions for selected providers went into effect January 1, 2012. The reductions affect nursing homes, the PACE program, home health providers, dentists, transportation providers, lab and x-ray providers, managed care administrative rates, and private ICF-MR providers. (Source: A Mid-Year State Medicaid Update for FY 2012 and a Look Forward to FY 2013 (February 2012), Kaiser Commission on Medicaid	Selected by CMS for Demonstration Grants; Posted on state website for public comment (4/13/2012) Target implementation date: Jan 2014

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
Tennessee	and the Uninsured. http://www.tn.gov/tenncare/budget12.shtml http://www.tnpca.org/displaycommon.cfm?an=1&subarticlenbr=152) & Kaiser Publication (February 2012) **Amendments to Section 1115 Demonstration Waiver** (Submitted 3/1/2012) Under TennCare II demonstration, all Medicaid State plan eligibles (except those eligible only for Medicare premiums) are enrolled in TennCare Medicaid and receive most of the State plan services through the demonstration's managed care delivery system. The recently submitted amendment pertains to the CHOICES program, which is Tennessee's Medicaid managed long-term care program. CHOICES serve three groups: CHOICES 1 serves nursing facility residents; CHOICES 2 serves elderly adults or adults with physical disabilities who meet nursing facility level of care, but who have elected to receive home and community based services; CHOICES 3 serves elderly adults or adults with physical disabilities who do not meet nursing facility level of care, but are "at risk" for institutionalization. The amendment seeks to increase the enrollment target for CHOICES 2, effective July 1, 2012. (Source: Medicaid.gov & application to CMS) Application for Amendment	
Texas	**CMS Overview of Medicaid Managed LTSS** Texas is one of 16 states currently operating Medicaid managed LTSS, according to a map prepared for CMS by Thomson Reuters. (May 2012) **Healthcare Transformation and Quality Improvement Program Section 1115 demonstration waiver** (Approved12/12/2011) Under this demonstration, the State is expanding its	Posted on state website for public comment (4/12/2012) Target implementation date: Jan 2014

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
Texas	existing Medicaid managed care programs, STAR and STAR+PLUS (MMLTC), statewide, and use savings from the expansion of managed care and the discontinuation of supplemental provider payments to finance new funding pools to assist hospitals and other providers with uncompensated care costs and to promote delivery system transformation and improvement. (Source: Medicaid.gov) State Program Website Current Approval Document	
Vermont	**Vermont Choice for Care—Section 1115 Demonstration Waiver** (Current) The Vermont long-term care section 1115 demonstration, known as "Choice for Care," is a statewide initiative to rebalance long-term care services through managing nursing facility admissions and increasing community-based options. The demonstration does not include children or individuals receiving institutional services through Intermediate Care Facilities for persons with Mental Retardation (ICF/MR). Choices for Care created an entitlement to Home and Community-Based Services (HCBS) for individuals with the highest need for services and also implemented a person-centered assessment and options counseling process to identify what services would be needed to enable individuals to remain in their own homes. The State also implemented the Program of All-inclusive Care for the Elderly (PACE) in two locations, one of which is rural. (Source: Medicaid.gov) Fact Sheet Current Approval Document	Selected by CMS for Demonstration Grants Posted on state website for public comment (3/30/2012) Target implementation date: Jan 2014
Virginia		Posted on state website for public comment (4/13/2012) Target implementation date: Jan 2014

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
Washington	**CMS Overview of Medicaid Managed LTSS** Washington is one of 16 states currently operating Medicaid managed LTSS, according to a map prepared for CMS by Thomson Reuters. (May 2012) **HCBS Waiver Consolidation** Emergency rule of the Department of Social and Health Services, Aging and Disability Services Administration, amends regulations regarding home and community-based waivers. The rule combines medically needy and categorically needy home and community-based waivers per federal approval. The rule also specifies that Medicaid will not pay for long-term care services for individuals whose equity interest in their home exceeds $506,000, effective Jan. 1, 2011.	Selected by CMS for Demonstration Grants Posted on state website for public comment (3/12/2012) Proposal submitted to CMS (4/26/2012) Posted for federal public comment period (4/30/2012) Target implementation date: Jan 2013
West Virginia	**West Virginia looking to expand Medicaid managed care** The state Department of Health and Human Resources' Bureau of Medical Services aims to shift people who are 65 or older or are disabled to managed care, starting in December in its more populous counties. The state is counting on $65 million in surplus general tax revenues this budget year to ensure sufficient Medicaid funding during the next one. At Gov. Earl Ray Tomblin's request, the Legislature budgeted an additional $132 million for Medicaid to that new spending plan, which begins July 1. (Source: "W.Va. looking to expand Medicaid managed care," The Associated Press, Messina, May 13, 2012)	
Wisconsin	**CMS Overview of Medicaid Managed LTSS** Wisconsin is one of 16 states currently operating Medicaid managed LTSS, according to a map prepared for CMS by Thomson Reuters. (May 2012) **Medicaid Managed LTSS Statewide Expansion by 2013** During the past 3 years Wisconsin DHS has carried out a significant expansion of its 1915(c) Family Care waiver. As of December 2009, Managed Care Organizations	Selected by CMS for Demonstration Grants Posted on state website for public comment (3/16/2012) Proposal submitted to CMS (4/26/2012) Posted for federal public comment period

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
Wisconsin	(PIHPs or MCOs) will have completed or be in the midst of their transition of eligible elders and people with physical disabilities to this waiver in over half of Wisconsin's counties. During the next 3 years this transition will occur in the remainder of Wisconsin's counties. Every eligible person will have entitlement to Family Care within 36 months of implementation of the Family Care waiver in his or her county. Every person with a nursing home level of care will have the choice of receiving the Family Care (or in some parts of the state Partnership) benefit by enrolling in a managed care organization or to choose Medicaid fee-for-service benefits including participation in IRIS Wisconsin's self-directed supports waiver if desired. Aging and Disability Resource Centers (ADRCs), the entry point for long-term support services in Wisconsin, will also be available to all Wisconsin residents when Family Care is available statewide. Finally, with the implementation of Family Care in each county, Family Care applicants and members have access to both elder and disability independent ombudsman services for aged individuals ages 65 - no max age and physically disabled/disabled other ages 18-64. (Source: 1915(c) waiver application; NASUAD AND n4a presentation http://www.nasuad.org/documentation/san/NASUAD%20Medicaid%20Managed%20LTC%20Overview%20033011.pdf) WI Family Care Waiver Application	(5/2/2012) Target implementation date: Jan 2013

NASUAD
National Association of States United for Aging and Disabilities

Status of States' Dual Demonstration Grants

STATES	Selected by CMS for Demonstration Grants[1]	Model Chosen in Letter of Intent to CMS[2]	Posted on State Website for Public Comment	Submitted to CMS	Date Posted for 30 Day Federal Comment Period[3]	Approved by CMS	Target Implementation Date[4]
Arizona		Capitated	4/17/2012				Jan 2014
California	X	Both	4/4/2012				Jan 2013
Colorado	X	FFS	4/13/2012				2013
Connecticut	X	FFS	4/24/2012				Dec 2012
Hawaii		Capitated	4/17/2012				Jan 2014
Idaho		Capitated	4/13/2012				Jan 2014
Illinois		Both	2/17/2012	4/6/2012	CLOSED		Jan 2013
Iowa		FFS	4/16/2012				Jan 2013
Kansas		Capitated					
Maine		FFS					

[1] https://www.cms.gov/medicare-medicaid-coordination/04_StateDemonstrationstoIntegrateCareforDualEligibleIndividuals.asp

[2] CMS provided two potential Medicare-Medicaid financial alignment models: 1. Capitated model where the state & CMS would enter into a 3 way contract with a health plan to provide coordinated care; and 2. Managed Fee-for-Service where the state would share in any savings as a result of an initiative designed to reduce costs. On chart, models are listed as Capitated, FFS (Fee for Service) or both.

[3] Under CMS's Transparency regulation, they will post any of the proposed plans on their website for 30 days. (see http://www.cms.gov/apps/media/press/factsheet.asp?Counter=4284). If the 30 day comment period is still open, this column will indicate the date the 30 day period began. Otherwise, it will indicate the comment period is "CLOSED."

[4] For states doing a phased approach, the implementation date listed is for the earliest phase.

State Medicaid Integration Tracker

STATES	Selected by CMS for Demonstration Grants[1]	Model Chosen in Letter of Intent to CMS[2]	Posted on State Website for Public Comment	Submitted to CMS	Date Posted for 30 Day Federal Comment Period[3]	Approved by CMS	Target Implementation Date[4]
Massachusetts	X	Capitated	12/7/2011	2/16/2012	CLOSED		Jan 2013
Michigan	X	Capitated	3/5/2012	4/26/2012	4/30/2012		July 2013
Minnesota	X	Capitated	3/19/2012	4/26/2012	5/1/2012		Dec 2012
Missouri		FFS	4/24/2012				Oct 2012
New Mexico		Capitated	4/30/2012				Jan 2014
New York	X	Capitated	3/22/2012				Jan 2014
North Carolina	X	FFS	3/15/2012	5/2/2012	5/3/2012		April 2014
Ohio		Capitated	2/27/2012	4/2/2012	CLOSED		Jan 2013
Oklahoma	X	FFS	3/22/2012				July 2013
Oregon	X	Capitated	3/5/2012				Jan 2013
Pennsylvania		Both					
Rhode Island		Capitated	4/26/2012				Jan 2013
South Carolina	X	Both	4/16/2012				Jan 2014
Tennessee	X	Capitated	4/13/2012				Jan 2014
Texas		Capitated	4/12/2012				Jan 2014
Vermont	X	Capitated	3/30/2012				Jan 2014
Virginia		Capitated	4/13/2012				Jan 2014
Washington	X	Capitated	3/12/2012	4/26/2012	4/30/2012		Jan 2013
Wisconsin	X	Both	3/16/2012	4/26/2012	5/2/2012		Jan 2013

State Plans can be found at the following links:
(Note: some states take down plans after 30 day comment period so links may no longer be active)

Arizona: http://www.azahcccs.gov/reporting/Downloads/Integration/Duals_DemoProposalDraftFINAL4_17_12.pdf

California: http://www.dhcs.ca.gov/provgovpart/Documents/Duals/Proposal_Documents/Draft%20Demonstration%20Proposal%20040412.pdf

Colorado: http://www.colorado.gov/cs/Satellite?c=Document_C&childpagename=HCPF%2FDocument_C%2FHCPFDetail&cid=1251621252837&pagename=HCPFWrapper

Connecticut: http://www.ct.gov/dss/cwp/view.asp?a=2345&pm=1&Q=503056

Hawaii: http://hawaii.gov/dhs/health/Proposed%20Integration%20of%20Medicaid-Medicare%20Services.pdf

Idaho: http://healthandwelfare.idaho.gov/Portals/0/Medical/Managed%20Care/Idaho%20Demonstration%20Proposal%20Draft%20for%20Public%20Comment%20April%202012.pdf

Illinois: http://www2.illinois.gov/hfs/PublicInvolvement/cc/Documents/cc_capitatedmodelproposal.pdf

Iowa: https://secure.iowai.org/wack/web/sites/iowa_medicaid_enterprise/work/docs/DualEligiblesProposal.pdf

Massachusetts: http://www.mass.gov/eohhs/provider/guidelines-resources/services-planning/national-health-care-reform-plan/federal-health-care-reform-initiatives/integrating-medicare-and-medicaid/draft-demonstration-proposal.html

Michigan: www.michigan.gov/mdch/0,4612,7-132--259203--,00.html.

Minnesota: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Primary&allowInterrupt=1&noSaveAs=1&dDocName=dhs16_167870

Missouri: http://dss.mo.gov/mhd/general/pdf/financial-models-integrate-care-medicare-medicaid-enrollees.pdf

New Mexico: http://www.hsd.state.nm.us/mad/pdf_files/NewMexico_DemoProposal_DRAFT043012.pdf

New York: http://www.health.ny.gov/facilities/long_term_care/docs/demo_integrate_care_for_dual_elig.pdf

North Carolina: https://www.communitycarenc.org/elements/media/files/dual-eligible-beneficiaries-integrated-delivery-model-pdf.pdf

Ohio: http://www.healthtransformation.ohio.gov/LinkClick.aspx?fileticket=IQIJ64KDmdI%3d&tabid=105

Oklahoma: http://okhca.org/providers.aspx?id=13291

Oregon: https://cco.health.oregon.gov/DraftDocuments/Documents/Duals%20Demonstration%20Proposal%20-%20Final%20Public%20Comment%20Draft%203-2-12.pdf

Rhode Island: http://www.eohhs.ri.gov/

South Carolina: https://msp.scdhhs.gov/scdue/sites/default/files/SCDuEProposal_DRAFT%20PUBLIC.pdf

Tennessee: http://www.tn.gov/tenncare/forms/dualsdemo.pdf

Texas: http://www.hhsc.state.tx.us/medicaid/dep/docs/Proposal-for-Integration-of-Care-for-Dual-Eligibles.pdf

Vermont: http://humanservices.vermont.gov/dual-eligibles-project/proposal-vermonts-demonstration-grant-to-integrate-care-for-dual-eligible-individuals/view

Virginia: http://dmasva.dmas.virginia.gov/Content_atchs/altc/altc-icp1.pdf

Washington: http://www.aasa.dshs.wa.gov/duals/documents/GrantProposal.pdf

Wisconsin: http://www.dhs.wisconsin.gov/wipartnership/pace/index.htm

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