June 26, 2012

State Medicaid Integration Tracker©

Review of State Medicaid Integration Plans

Second Edition

NASUAD
National Association of States United for Aging and Disabilities

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). **New information presented each month is highlighted in purple.**

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.

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 Incentive Program (BIP), 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.

Questions or Additions?

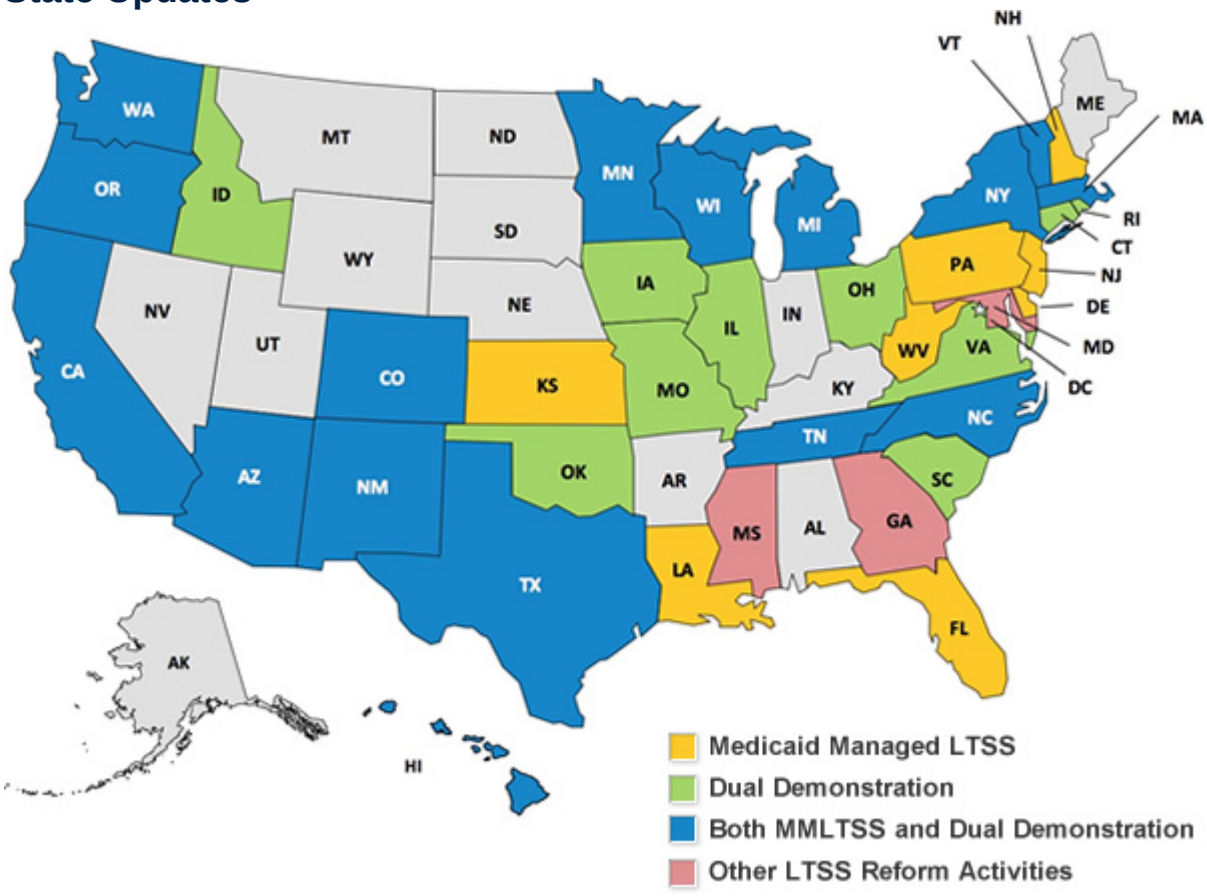
Do readers have any questions about information in this tracker or have new information to share?

If yes, please let NASUAD know by contacting either:

Diana Scully
dscully@nasuad.org or

Eunhee (Grace) Cho
gcho@nasuad.org

State Updates



1. States engaged in/pursuing Medicaid managed LTSS
   (DE, FL, KS, LA, NH, NJ, PA, WV)

2. States pursuing Dual Demonstration
   (CT, ID, IL, IA, MO, OH, OK, RI, SC, VA)

3. States engaged/pursing in both Medicaid managed LTSS and Dual Demonstration
   (AZ, CA, CO, HI, MA, MI, MN, NM, NY, NC, OR, TN, TX, VT, WA, WI)

4. States engaged in/pursuing Balancing Incentive Program
   (GA, IA, MD, MS, MO, NH)

5. States engaged in/pursuing Section 1915(i) State Plan Option
   (CA, CT, NM, NC, OR)

6. States engaged in/pursuing Section 1915(k) Community First Choice
   (AZ, CA)

State Medicaid Integration Tracker

Dual Demonstration Update

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

State Medicaid Integration Tracker

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
Arizona	**Section 1915(k) Community First Choice (CFC) Option** Arizona submitted application for Community First Choice Option to CMS, targeting Fall 2012 for implementation. Arizona Long Term Care System (ALTCS) Update HHS released finalized rule for the Community First Choice (CFC) Option. The final rule provides states choosing to participate in this option a six percentage point increase in federal Medicaid matching funds for providing community-based attendant services and supports to beneficiaries who would otherwise be confined to a nursing home or other institution. News Release Final Rule (Federal Register, May 7, 2012) **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.	Proposal Submitted to CMS (5/31/2012) Posted for 30 day Federal Comment Period (6/1/2012) Target implementation date: Jan 2014

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
Arizona	(Source: Medicaid.gov) State Program Website Fact Sheet Current Approval Document	
California	**Section 1915(k) Community First Choice (CFC) Option** California has submitted application for Community First Choice Option to CMS (Waiting for approval as of 5/9/2012). Letter to County Welfare Directors and In-Home Supportive Services Program Managers State Website **Section 1915(i) State Plan Option** California has submitted application for Section 1915(i) State Plan Option. (Source: NASUAD) **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) **Dual Demonstration** State officials proposed (5/25/2012) a three-month delay in the start date for the duals demonstration project, also known as the Coordinated Care Initiative, which was originally slated to begin in March 2013. The state now plans to start the program in June 2013. (Source: www.californiahealthline.org, May 30, 2012) The state submitted a revised demonstration proposal Thursday to the federal Centers for Medicare and Medicaid Services (CMS) that reflects stakeholder input received during the 30-day state comment period. Next, CMS will hold a 30-day public comment period, independent from the State's process. The proposal will be posted for comment at the Integrated Care Resource Center website and CMS Medicare-Medicaid Coordination Office. (Source: Calduals.org, May 31, 2012)	Selected by CMS for Demonstration Grants Proposal Submitted to CMS (5/31/2012) Posted for 30 day Federal Comment Period (5/31/2012) Target implementation date: Jan 2013

State Medicaid Integration Tracker

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
California	Current state law permits implementation in 2013 in four counties – Los Angeles, Orange, San Diego, and San Mateo. Pending further state and federal authority, readiness reviews and preparations, the state will possibly expand to four additional counties in 2013: San Bernardino, Riverside, Santa Clara, and Alameda. (Source: Calduals.org, April 14, 2012) The state is estimating the proposal will generate more than $400 million in additional General Fund savings from 2012 through 2016. Sixteen California counties began enrolling Medi-Cal recipients into managed care plans in 2010. Residents in the demonstration counties will be asked to enroll in the managed care program, but will have the choice to opt out of participating. (Source: www.times-standard.com, May 29, 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. 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	

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
California	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	**Medicaid Reform** A bipartisan bill, which establishes a program to pilot-test Medicaid fee-for-service alternatives and regional care collaborative organizations, was signed into law by Governor John Hickenlooper (6/4/2012). Pilots could incorporate elements such as global payments, risk sharing, and aligned payment incentives. The bill calls for the Department of Health Care Policy and Financing to select projects to be included in the program by April 1, 2013 and specifies that pilots proposing global payment methodologies should be given preference. (Source: ModernHealthcare.com; ModernPhysician.com) Legislation For more information on Medicaid Reform, please click here.	Selected by CMS for Demonstration Grants Proposal Submitted to CMS (5/2012) Posted for 30 day Federal Comment Period (5/31/2012) Target implementation date: 2013
Connecticut	**Section 1915(i) State Plan Option** Connecticut submitted application for Section 1915(i) State Plan Option. (Source: NASUAD) **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	Selected by CMS for Demonstration Grants Proposal Submitted to CMS (5/31/2012) Posted for 30 day Federal Comment Period (5/31/2012) Target implementation date: Dec 2012

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
Connecticut	organization, or ASO. (Source: Stateline; Community Health Network of Connecticut) Press Release	
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 eligible 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 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 1915I 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	

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
Delaware	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 **Diamond State Health Plan Plus** Final rule of the Department of Health and Social Services, Division of Medicaid and Medical Assistance, amends and adopts regulations regarding the Diamond State Health Plan (DSHP) Section 1115 Medicaid managed care demonstration waiver. The rule expands the DSHP to include Long-Term Care Medicaid and other full-benefit dual eligibles under the name Diamond State Health Plan Plus. The rule is effective June 10, 2012. For more information, please click here. (Source: BNA, 6/12/2012) **Home and Community-Based Services Waivers** Final rule of the Department of Health and Social Services, Division of Medicaid and Medical Assistance, amends regulations under Section 20700 of the Division of Social Services Manual regarding home and community-based services waivers. The rule reflects the consolidation of the Elderly/Disabled, Acquired Brain Injury, and Assisted Living 1915(c) waivers into one Elderly and Disabled waiver program. The rule also reflects that the Elderly and Disabled waiver program and the AIDS/HIV waiver will be incorporated into the long-term care managed care program. In addition, the rule increases the daily living needs allowance for individuals residing in the community. The rule is effective June 10, 2012. For more information, please click here. (Source: BNA, 6/12/2012)	
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	

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
Florida	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 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	**Balancing Incentive Program Grant Award** The Centers for Medicare & Medicaid Services (CMS) announced (6/13/2012) that Georgia will receive estimated $64.4 million of enhanced Medicaid funds (2% enhanced rate). The award is a vital component of a broad State-based approach to expand community-based care provided by the Affordable Care Act's Balancing Incentive Program. CMS Award Announcement (6/13/2012) Balancing Incentive Program Grant Application (Submitted to CMS 3/3/2012) 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	

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
Georgia	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. For more information on Balancing Incentive Program, please click here. (Source: Federal Register, November 29, 2011) **Medicaid Redesign** The state-commissioned report by a consultant recommended moving all people in Medicaid into managed care. That would include those in nursing homes and people with disabilities, who are currently in a traditional fee-for-service system. The Department of Community Health, which runs Medicaid and PeachCare, expressed interest in protecting UPL in a manner similar to Texas and California, should the program be changed to "full-risk" managed care. Under UPL, the state is able to get a higher reimbursement rate (at the Medicare level) for delivering Medicaid services. Texas received a five-year waiver from the CMS to move almost 1 million additional Medicaid enrollees into managed care plans, while still keeping federal matching funds for hospitals. The waiver requires hospitals to increase primary care access and health quality. (Source: Kaiser Daily Health Policy Report, May 31, 2012) The full implementation of the Georgia Medicaid changes was set to start in January 2014. (Source: GeorgiaHealthNews.com, March 29, 2012). The state's Medicaid agency recently announced (6/4/2012) an updated timeline for its decision on how the health program will be restructured. Officials plan to award the vendor contract(s) in early 2013, with a projected implementation roll-out starting in the first half of 2014. (Source: Georgia Department of Community Health) For the updated timeline, please click here. State Medicaid Redesign Initiative website	
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)	Proposal Submitted to CMS (5/25/2012) Posted for 30 day Federal Comment Period (5/30/2012)

State Medicaid Integration Tracker

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
Hawaii	**Section 1115 Demonstration Waiver** (Approved 4/5/2012) Hawaii's QUEST Expanded (QEx) program is a statewide section 1115 demonstration. The Demonstration enables the State to operate QUEST, which provides Medicaid coverage for medical, dental, and behavioral health services through competitive managed care delivery systems. The four programs included in QEx (QUEST; QUEST-Net; QUEST-ACE; QExA) use capitated managed care as a delivery system unless otherwise noted. The QExA component will provide acute and primary care using managed care as well as institutional and home and community-based long-term-care services through comprehensive and specialized managed care plans to individuals eligible as ABD under the Medicaid State Plan. Approval Document Fact Sheet Additional information **ADRC and QUEST funding for long-term care** The Hawaiian Legislature has sent the state's governor, Neil Abercrombie, two bills that could affect people who need long-term care. One bill, S.B. 2779, would appropriate $1.4 million to create aging and disability resource centers in each county. The other bill, S.B. 2466, would increase funding for Hawaii's QUEST Medicaid managed program by imposing a "provider fee" of up to 4% on health care items and services provided by private hospitals and large nursing homes. The QUEST program would use the fee revenue to increase nursing home reimbursement rates for the low-income QUEST plan enrollees who need long-term care. The bill would exempt many facilities, such as nursing homes with 28 or fewer licensed beds and state-owned nursing homes, from the fee requirement. (Source: lifehealthpro.com, May 29, 2012)	Target implementation date: Jan 2014
Idaho		Proposal Submitted to CMS (5/2012) Posted for 30 day Federal Comment Period (5/31/2012) Target implementation

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
Idaho		date: Jan 2014
Illinois	**Evidence-based payment methodology** Proposed rule of the Department of Healthcare and Family Services amends regulations to implement an evidence-based payment methodology for the reimbursement of nursing facility services. (Source: BNA, June 1, 2012)	Proposal Submitted to CMS (4/6/2012) Federal comment period CLOSED Target implementation date: Jan 2013
Iowa	**Balancing Incentive Program Grant Award** The Centers for Medicare & Medicaid Services (CMS) announced (6/13/2012) that Iowa will receive estimated $61.8 million of enhanced Medicaid funds (2% enhanced rate). The award is a vital component of a broad State-based approach to expand community-based care provided by the Affordable Care Act's Balancing Incentive Program. For more information on Balancing Incentive Program, please click here. When approved, the state must have finalized a work plan submitted by January 1, 2013. The finalized work plan will have detailed descriptions of how the key components – NWD/SEP, CSA, and conflict-free case management – will be operationalized through October 11, 2015. During this time, the state must also demonstrate rebalancing of community LTSS expenditures to equal or exceed the expenditures spent for institutional LTSS. (Source: Iowa Medicaid Enterprise Endeavors Update, May 2012) Balancing Incentive Program Grant Application (Submitted to CMS: 4/30/2012) CMS Award Announcement (6/13/2012) Iowa Medicaid Enterprise Endeavors Update Project Timeline	Proposal Submitted to CMS (5/29/2012) Posted for 30 day Federal Comment Period (5/30/2012) Target implementation date: Jan 2013
Kansas	**KanCare—Section 1115 Demonstration Waiver** The Kansas Department of Health and Environment submitted (4/26/2012) Section 1115 waiver application to the CMS. The Department however recently submitted	

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
Kansas	(6/5/2012) a letter to the CMS requesting that CMS allow the State to submit its Section 1115 waiver application after further consultation with representatives of tribal governments and IHS (Indian Health Service), tribal and urban Indian health (I/T/U) providers, in accordance with the State's tribal consultation policy. The State has asked CMS to not consider the April 26 submission a formal application, which will allow for submission of the Section 1115 waiver application in July after continued tribal consultation. 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 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 (4/27/2012) Press Release (6/5/2012)	
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	
Maryland	**Balancing Incentive Program Grant Award** 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	

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
Maryland	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 Proposal submitted to CMS (4/26/2012) Posted for federal public comment period CLOSED 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) **Reform 2020 Draft Section 1115 Waiver Proposal** DHS is announcing a 30-day comment period on the *Reform*	Selected by CMS for Demonstration Grants Proposal submitted to CMS (4/26/2012) Posted for federal public comment period CLOSED

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
Minnesota	*2020* Section 1115 Medicaid waiver Request. The 2011 Minnesota Legislature directed the Department of Human Services (DHS) to develop a proposal to reform the Medical Assistance Program. Goals of the reform include: community integration and independence; improved health; reduced reliance on institutional care; maintained or obtained employment and housing; and long-term sustainability of needed services through better alignment of available services that most effectively meet people's needs. (Source: State Register notice, page 1580, June 18, 2012) Section 1115 Waiver Draft Proposal Medical Assistance Reform website **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	Target implementation date: Dec 2012
Mississippi	**Balancing Incentive Program Grant Award** The Centers for Medicare & Medicaid Services (CMS) announced (6/13/2012) that Mississippi will receive estimated $68.5 million of enhanced Medicaid funds (5% enhanced rate). The award is a vital component of a broad	

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
Mississippi	State-based approach to expand community-based care provided by the Affordable Care Act's Balancing Incentive Program. For more information on Balancing Incentive Program, please click here. CMS Award Announcement (6/13/2012) Application (Submitted to CMS 5/1/2012)	
Missouri	**Balancing Incentive Program Grant Award** The Centers for Medicare & Medicaid Services (CMS) announced (6/13/2012) that Missouri will receive estimated $100.9 million of enhanced Medicaid funds (2% enhanced rate). The award is a vital component of a broad State-based approach to expand community-based care provided by the Affordable Care Act's Balancing Incentive Program. For more information on Balancing Incentive Program, please click here. CMS Award Announcement (6/13/2012) Application (Submitted to CMS 3/28/2012)	Proposal submitted to CMS (5/31/2012) Posted for federal public comment period (6/1/2012) Target implementation date: Oct 2012
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	

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
New Hampshire	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 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 The Health and Human Services Commissioner expects the state's new Medicaid program to begin in December, which is five months later than planned. The state had planned on launching its new Medicaid program on July 1st. (Source: nhpr.org, May 24, 2012) **Balancing Incentive Program Grant Award** New Hampshire is the first state to apply for and to receive	

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
New Hampshire	CMS approval for Balancing Incentive Program (BIP). 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 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)	

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
New Jersey	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 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	**Section 1915(i) State Plan Option** Application has been submitted to CMS. (Source: NASUAD) **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 * Change to the proposed rule: Notice of the Human Services Department, Medical Assistance Division,	Proposal submitted to CMS (5/31/2012) Posted for federal public comment period (6/1/2012) Target implementation date: Jan 2014

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
New Mexico	announces the withdrawal of a portion of a May 15, 2012, proposed rule. The withdrawn portion affects provisions under 8.307.16 NMAC regarding coordinated long-term services. For more information, please click here. (Source: BNA, June 12, 2012)	
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 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 Updates on Medicaid Redesign Team Recommendations (text) Updates on Medicaid Redesign Team Recommendations (chart)	Selected by CMS for Demonstration Grants Proposal submitted to CMS (5/25/2012) Posted for federal public comment period (5/31/2012) Target implementation date: Jan 2014

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
New York	**Medicaid Redesign Team (MRT) Waiver** Governor Cuomo recently announced (6/4/2012) that the state will request a federal waiver that will allow the state to invest up to $10 billion in savings generated by the Medicaid Redesign Team (MRT) reforms to implement an action plan to transform the state's health care system. More information on the Medicaid 1115 waiver is available at Medicaid Redesign State Website. Medicaid Redesign Multi-year Action Plan Medicaid Redesign Team (MRT) waiver website Press Release **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 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 Phase-in of mandatory enrollment of people dually eligible for Medicare and Medicaid into MLTCPs begins in July. The 2011-2012 state budget increased the number of certificates of authority Department of Health could issue to managed	

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
New York	long-term care plans from 50 to 75. Department of Health posted a list of currently operating MLTCPs online. To see the list, please click here.(Source: hanys.org, June 13, 2012) **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 **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	

State Medicaid Integration Tracker

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
North Carolina	**Section 1915(i) State Plan Option - Personal Assistance Services (PAS)** Effective Date: January 1, 2013. Personal Assistance provided under this 1915(i) program consists of assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) for three distinct target populations: individuals with physical disabilities; adults with a diagnosis of mental illness, mental retardation/developmental disability, or dementia; and elderly individuals with functional disabilities. (Source: North Carolina Department of Health and Human Services) 1915(i) Application State Website **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 Submitted to CMS (5/2/2012) Posted for federal public comment period CLOSED Target implementation date: Apr 2014
Ohio		Submitted to CMS (4/2/2012) Federal comment period CLOSED Target implementation date: Jan 2013
Oklahoma		Selected by CMS for Demonstration Grants Proposal submitted to CMS (5/31/2012) Posted for federal public comment period (6/1/2012) Target implementation date: July 2013
Oregon	**Section 1915(i) State Plan Option** Section 1915(i) state plan option was approved on February 14th, 2012. (Source: DMAP Update, March 2012)	Selected by CMS for Demonstration Grants Proposal submitted to CMS (5/11/2012)

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
Oregon	**Coordinated Care Organizations** On May 3, 2012, the U.S. Department of Health and Human Services (HHS) has given preliminary approval of a five-year, $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. For more information on Coordinated Care Organizations (CCOs), please click here. Press Release **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, Duals, 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. For more information, please click here. (Source: Oregon Division of Medical Assistance Programs Update)	Posted for federal public comment period CLOSED Target implementation date: Jan 2013

State Medicaid Integration Tracker

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
Oregon	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		Proposal submitted to CMS (5/31/2012) Posted for federal public comment period (6/1/2012) Target implementation date: Jan 2013
South Carolina		Selected by CMS for Demonstration Grants Proposal submitted to CMS (5/25/2012) Posted for federal public comment period (5/29/2012) 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) **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,	Selected by CMS for Demonstration Grants; Proposal submitted to CMS (5/17/2012) Posted for federal public comment period CLOSED (6/22/2012) Target implementation date: Jan 2014

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
Tennessee	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 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) STAR+PLUS State Website Current Approval Document	Proposal submitted to CMS (5/2012) Posted for federal public comment period (5/31/2012) Target implementation date: Jan 2014
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	Selected by CMS for Demonstration Grants Proposal submitted to CMS (5/10/2012) Posted for federal public comment period CLOSED Target implementation date: Jan 2014

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
	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	
Virginia		Proposal submitted to CMS (5/31/2012) Posted for federal public comment period (5/31/2012) Target implementation date: Jan 2014
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 Proposal submitted to CMS (4/26/2012) Posted for federal public comment period CLOSED 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: The Associated Press, Messina, May 13, 2012)	

State	Medicaid Managed LTSS and Other Updates	Dual Demonstration Status
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 (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 & n4a presentation) WI Family Care Waiver Application NASUAD & n4a presentation Effective April 3, 2012, temporary caps on enrollment in the Family Care or IRIS programs were lifted. (Source: dhs.wisconsin.gov) More information on Family Care is available here and here.	Selected by CMS for Demonstration Grants Proposal submitted to CMS (4/26/2012) Posted for federal public comment period CLOSED Target implementation date: Jan 2013

STATE TRACKER FOR DUAL INTEGRATION PLANS

(Updated as of: 6/22/2012)

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	5/31/2012	6/1/2012		Jan 2014
California	X	Both	4/4/2012	5/31/2012	5/31/2012		Jan 2013
Colorado	X	FFS	4/13/2012	5/2012	5/31/2012		2013
Connecticut	X	FFS	4/24/2012	5/31/2012	5/31/2012		Dec 2012
Hawaii		Capitated	4/17/2012	5/25/2012	5/30/2012		Jan 2014
Idaho		Capitated	4/13/2012	5/2012	5/31/2012		Jan 2014
Illinois		Both	2/17/2012	4/6/2012	CLOSED		Jan 2013
Iowa		FFS	4/16/2012	5/29/2012	5/30/2012		Jan 2013
Massachusetts	X	Capitated	12/7/2011	2/16/2012	CLOSED		Jan 2013
Michigan	X	Capitated	3/5/2012	4/26/2012	CLOSED		July 2013
Minnesota	X	Capitated	3/19/2012	4/26/2012	CLOSED		Dec 2012

[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]
Missouri		FFS	4/24/2012	5/31/2012	6/1/2012		Oct 2012
New Mexico		Capitated	4/30/2012	5/31/2012	6/1/2012		Jan 2014
New York	X	Capitated	5/3/2012[5]	5/25/2012	5/31/2012		Jan 2013
North Carolina	X	FFS	3/15/2012	5/2/2012	CLOSED		April 2014
Ohio		Capitated	2/27/2012	4/2/2012	CLOSED		Jan 2013
Oklahoma	X	FFS	3/22/2012	5/31/2012	6/1/2012		July 2013
Oregon	X	Capitated	3/5/2012	5/11/2012	CLOSED		Jan 2013
Rhode Island		Capitated	4/26/2012	5/31/2012	6/1/2012		Jan 2013
South Carolina	X	Both	4/16/2012	5/25/2012	5/29/2012		Jan 2014
Tennessee	X	Capitated	4/13/2012	5/17/2012	CLOSED		Jan 2014
Texas		Capitated	4/12/2012	5/2012	5/31/2012		Jan 2014
Vermont	X	Capitated	3/30/2012	5/10/2012	CLOSED		Jan 2014
Virginia		Capitated	4/13/2012	5/31/2012	5/31/2012		Jan 2014
Washington	X	Capitated	3/12/2012	4/26/2012	CLOSED		Jan 2013
Wisconsin	X	Both	3/16/2012	4/26/2012	CLOSED		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

[5] This is the date of New York's most recent proposal. They had previously posted a proposal on 3/22/2012, but that proposal was revised and a new one posted at the state level on 5/3/2012.

State Medicaid Integration Tracker

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/dual_elig.htm

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

National Association of States
United for Aging and Disabilities
1201 15th Street NW, Suite 350
Washington, DC 20005
Phone: 202-898-2578
www.nasuad.org