

January 1, 2015

# State Medicaid Integration Tracker<sup>®</sup>

## 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).

Please note that the tracker has been reformatted as of November 2014. In order to improve readability of the tracker, we are only including new updates for each state in the monthly publication. For comprehensive information on each state, as well as archived versions of the tracker, please visit: <http://nasuad.org/initiatives/tracking-state-activity/state-medicaid-integration-tracker>

The **State Medicaid Integration Tracker®** focuses on the status of the following state actions:

1. Managed Long Term Services and Supports (MLTSS)
2. State Demonstrations to Integrate Care for Dual Eligible Individuals and other Medicare-Medicaid Coordination Initiatives
3. Other LTSS Reform Activities, including:
  - Balancing Incentive Program
  - Medicaid State Plan Amendments under §1915(i)
  - Community First Choice Option under §1915(k)
  - Medicaid Health Homes

NASUAD uses many information sources to learn what is happening across the country in these areas. NASUAD's sources include: the CMS website on Managed Long Term Services and Supports ([link](#)), the CMS website on State Demonstrations to Integrate Care for Dual Eligible Individuals ([link](#)), the CMS Balancing Incentive Program website ([link](#)), the CMS website on Health Homes ([link](#)), the CMS list of Medicaid waivers ([link](#)), state Medicaid Agency websites, interviews with state officials, and presentations by state agencies. NASUAD lists sources for each update, as well as hyperlinks to related CMS and state documents and materials.

For more information, please contact **Damon Terzaghi** ([dterzaghi@nasuad.org](mailto:dterzaghi@nasuad.org)) or **Erin White** ([ewhite@nasuad.org](mailto:ewhite@nasuad.org)).

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## Overview

<p><b>Managed LTSS:</b></p>	<p>AZ, CA, DE, FL, GA, HI, ID, IL, KS, LA, MA, MI, MN, MO, NE, NV, NH, NJ, NM, NY, NC, OH, OR, PA, RI, TN, TX, WI</p>
<p><b>Medicare-Medicaid Care Coordination Initiatives:</b></p> <p>*: Financial Alignment (FA) demonstration proposal approved by CMS</p> <p>** : Pursuing alternative initiative</p>	<p>CA*, CO*, CT, FL**, IL*, MA*, MI*, MN**, NH**, NJ**, NY*, OH*, OK, RI, SC*, TX*, VA*, WA*</p>
<p><b>Other LTSS Reform Activities:</b></p> <p>*: Approved by CMS</p>	
<ul style="list-style-type: none"> <li>• <b>Balancing Incentive Program:</b></li> </ul>	<p>AR*, CT*, DE, GA*, IL*, IN*, IA*, KY*, LA*, ME*, MD*, MA*, MS*, MO*, NE*, NV*, NH*, NJ*, NY*, OH*, PA*, RI, TX*</p>
<ul style="list-style-type: none"> <li>• <b>Medicaid State Plan Amendments under §1915(i):</b></li> </ul> <p>SPA withdrawn:</p>	<p>AR, CA*, CO*, CT*, DE, DC, FL*, ID*, IN*, IA*, LA*, MD*, MI*, MS*, MT*, NV*, OR*, TX, WI*</p> <p>TX, WA</p>
<ul style="list-style-type: none"> <li>• <b>Community First Choice option under §1915(k):</b></li> </ul> <p>SPA withdrawn:</p>	<p>AR, CA*(2), CO, CT, MD*, MN, MT*, NY, OR*, TX, WA, WI</p> <p>AZ, LA</p>
<ul style="list-style-type: none"> <li>• <b>Medicaid Health Homes:</b></li> </ul>	<p>AL*, AZ, AR, CA, CT, DE, DC, ID*, IL, IN, IA*(3), KS*, KY, ME*(2), MD*, MI, MN, MS, MO*(2), NV, NH, NJ, NM, NY*(3), NC*, OH*(2), OK, OR*, RI*(3), SD*, VT*(2), WA*, WV, WI*(2)</p>

## State Updates

State	State Updates
<p><b>Alabama</b></p>	<p><b>Regional Care Organizations</b></p> <p>On December 18, 2014, Governor Robert Bentley announced that six Regional Care Organizations have received probationary certification from the state to provide managed care for specific regions of the state. These groups may now proceed to work with health care providers to show they have the ability to develop an adequate provider network by April 1, 2015. (Source: <a href="#">Alabama Medicaid website</a>)</p>
<p><b>California</b></p>	<p><b>State Demonstration to Integrate Care for Dual Eligible Individuals</b></p> <p>On December 4, 2014, California Healthline reported the Cal MediConnect opt-out rate continues to be significantly higher in Los Angeles County than the other six counties in the state’s seven-county duals demonstration pilot project. State and federal health officials are analyzing data to understand why so many more people in Los Angeles County have been rejecting enrollment; although they didn’t release an official time frame for completing this analysis, officials hope to make preliminary results available in the coming months. (Source: <a href="#">California Healthline.org</a>, 12/4/2014)</p>
<p><b>Connecticut</b></p>	<p><b>Coordinated Autism Spectrum Disorder HCBS</b></p> <p>On November 24, 2014, the Hartford Courant reported that Connecticut Medicaid is planning to begin providing HCBS to thousands of individuals under 21 who have autism spectrum disorder (ASD), starting on January 1, 2015. The Connecticut Department of Developmental Services (DDS) is working with the Department of Social Services (DSS) to draft a new plan; and the state’s Autism Spectrum Disorder Advisory Council has until December 15 to make recommendations on the proposed plan. Under the proposed plan, Medicaid would cover medically necessary evidence-based ASD services based on a diagnostic evaluation, behavior assessment, and individualized plan of care for beneficiaries under age 21. The plan would also provide care coordination and family navigator services to both children and adults with ASD. (Source: <a href="#">Hartford Courant</a>, 11/24/2014)</p>
<p><b>District of Columbia</b></p>	<p><b>Section 1915(i) HCBS State Plan Option</b></p> <p>As of December 2014, the District of Columbia has officially submitted to CMS a §1915(i) HCBS State Plan Amendment; however, CMS has not yet approved the SPA. (Source: <a href="#">Kaiser Section 1915(i) website</a>, 12/2014)</p>

State	State Updates
<p><b>Kansas</b></p>	<p><b>Managed LTSS Program</b></p> <p>On November 10, 2014, the Kansas Department for Aging and Disability Services (KDADS) posted its Proposed Changes to HCBS Programs for public comment through December 20, 2014. The posting included a summary of proposed changes in the draft HCBS waiver renewals for the Frail Elderly, I/DD, Physical Disability, and TBI programs. According to the Kansas Health Institute, advocates for frail seniors and Kansans with disabilities plan to file objections to the proposed waiver changes due to concerns about service reductions. KDADS officials plan to submit the final proposed waiver changes to CMS by January 1, 2015. (Source: <a href="#">Kansas DADS website, 12/2014</a>; <a href="#">Kansas Health Institute, 12/15/2014</a>)  <a href="#">Proposed Changes to HCBS Programs for Public Comment (11/10/2014)</a></p>
<p><b>Maryland</b></p>	<p><b>Section 1915(i) HCBS State Plan Option</b></p> <p>As of December 2014, CMS has approved a §1915(i) HCBS State Plan Amendment for Maryland. (Source: <a href="#">Kaiser Section 1915(i) website, 12/2014</a>)</p>
<p><b>New Jersey</b></p>	<p><b>Managed LTSS Program</b></p> <p>On December 1, 2014, the state enacted a §1115 Comprehensive Medicaid Waiver amendment to establish Qualified Income Trusts for Medically Needy Individuals. This change allows individuals with a monthly income above the state’s special income limit (SIL) to qualify for MLTSS by transferring any income that exceeds the SIL to a trust; this offers an alternative for individuals who can’t afford their medical costs but earn too much to qualify for full Medicaid assistance. (Source: <a href="#">NorthJersey.com/Health News, 11/30/2014</a>; <a href="#">State Public Legal Notice, 6/25/2014</a>)</p> <p>On December 15, 2014, the New Jersey Division of Developmental Disabilities (DDD) presented a webinar overview of its Supports Program and proposed program amendments. The Division is requesting stakeholder input through January 7, 2015; the Division is planning to submit the Supports Program amendments to CMS in January 2015 and implement the Supports Program in July 2015. The Supports Program is a Medicaid program that will provide HCBS for New Jersey adults with intellectual and developmental disabilities who do not meet the Community Care Waiver Level of Care through MCOs. (Source: <a href="#">New Jersey DDD Supports Program website, 12/2014</a>)  <a href="#">Stakeholder Input into Supports Program Amendments: Slide Presentation</a></p>

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<p><b>New York</b></p>	<p><b>§1115 Demonstration Waiver</b></p> <p>On December 4, 2014, New York Department of Health (DOH) published Frequently Asked Questions about its MRT Waiver Amendment Delivery System Reform Incentive Payment (DSRIP) Plan. DOH also published an updated DSRIP Timeline. (Source: <a href="#">NY DSRIP website</a>, 12/2014)  <a href="#">FAQ: MRT Waiver Amendment DSRIP Plan</a> (12/4/2014)  <a href="#">DSRIP Timeline</a> (12/4/2014)</p> <p>On December 11, 2014, New York DOH and the Center for Health Care Strategies (CHCS) presented a webinar that included an overview of the state’s DSRIP model and details on the plan’s financing structure, project domains, measurement approach, and evaluation criteria. (Source: <a href="#">NY DSRIP website</a>, 12/2014)  <a href="#">NY’s DSRIP Program: A Model for Reforming the Medicaid Delivery System Webinar</a> (12/11/2014)</p> <p>Also on December 11, 2014, the Medicaid Managed Care Advisory Review Panel (MMCARP) provided an update on the state’s Medicaid Managed Care (MMC) programs: (1) The nursing home transition is still set for January 1, 2015; and (2) The Behavioral Health transition is still set for April 1, 2015, despite pending approval from CMS on the state’s Behavioral Health 1115 Amendment. (Source: <a href="#">HMA Weekly Roundup</a>, 12/17/2014)</p> <p>New York DOH has extended the due date for its Capital Restructuring Financing Program (CRFP) Request for Applications from the current deadline of December 22, 2014 to February 20, 2015. The CRFP will provide \$1.2 billion in funding to eligible facilities that can demonstrate that a capital project will assist in meeting the goals of DSRIP. (Source: <a href="#">NY DOH website</a>, 12/2014)</p> <p><b>State Demonstration to Integrate Care for Dual Eligible Individuals</b></p> <p>On December 11, 2014, the Medicaid Managed Care Advisory Review Panel (MMCARP) provided an update on the state’s Fully-Integrated Duals Advantage (FIDA) program: (1) Region 1 opt-in enrollment will begin January 1, 2015, and passive enrollment will begin April 1, 2015; (2) Region 2 opt-in enrollment will begin April 1, 2015, and passive enrollment will begin July 1, 2015; and (3) The earliest FIDA passive enrollment for nursing homes will begin in August 2015. (Source: <a href="#">HMA Weekly Roundup</a>, 12/17/2014)</p>

State	State Updates
<p><b>Tennessee</b></p>	<p><b>Medicaid Expansion</b></p> <p>On December 15, 2014, Governor Bill Haslam announced the Insure Tennessee plan, a two-year pilot program to expand Medicaid to Tennesseans with no or limited access to health insurance options. Insure Tennessee would offer uninsured adults with access to employer-sponsored insurance a voucher to make that coverage affordable. For those without access to employer-based insurance, individuals would be enrolled in TennCare, Tennessee’s Medicaid managed care program. Enrollees in TennCare would have a Healthy Incentives for Tennesseans (HIT) account, which are modeled after Health Reimbursement Accounts (HRAs). Enrollees would also be subject to copays and monthly premiums, depending on income level. The governor plans to call a special legislative session in January to focus on the proposal; approval from CMS is also required. (Source: Source: <a href="#">HMA Weekly Roundup</a>, 12/17/2014)</p>

**STATE TRACKER FOR DUALS DEMONSTRATION**  
(Updated as of: 1/1/2015)

	States	Proposed Financing Model	Submitted to CMS	Status	Target Implementation Date <sup>1</sup>
1	Arizona	Capitated	5/31/2012	Withdrew	1/2014
2	California	Capitated	5/31/2012	MOU Signed 3/27/2013	4/2014 (opt-in); 8/2014, 10/2014, 1/2015, 7/2015 (passive)
3	Colorado	Managed FFS	5/2012	MOU Signed 2/28/2014	9/2014 (passive)
4	Connecticut	Managed FFS	5/31/2012		N/A
5	Hawaii	Capitated	5/25/2012	Withdrew	1/2014
6	Idaho	Capitated	5/2012	Withdrew	1/2014
7	Illinois	Capitated	4/6/2012	MOU Signed 2/22/2013	3/2014 (opt-in); 6/2014 (passive)
8	Iowa	Managed FFS	5/29/2012	Withdrew	N/A
9	Massachusetts	Capitated	2/16/2012	MOU Signed 8/23/2012	10/2013 (opt-in); 1/2014, 4/2014, & 7/2014 (passive)
10	Michigan	Capitated	4/26/2012	MOU Signed 4/2014	3/2015 (opt-in); 7/2015 (passive)
11	Minnesota	Admin. Alignment Capitated	4/26/2012	Admin. Alignment MOU Signed (9/12/2013) Withdrew Capit.	9/2013 (opt-in) 12/2012

<sup>1</sup> Implementation dates are based on demonstration proposals submitted to CMS, Memoranda of Understanding, and Financial and Administrative Alignment Demonstrations for Dual Eligible Beneficiaries Compared: States with Memoranda of Understanding Approved by CMS, 7/24/2014.



	States	Proposed Financing Model	Submitted to CMS	Status	Target Implementation Date <sup>1</sup>
12	Missouri	Managed FFS	5/31/2012	Withdrawn	10/2012
13	New Mexico	Capitated	5/31/2012	Withdrawn	1/2014
14	New York	Capitated <sup>2</sup>	5/25/2012	MOU Signed 8/26/2013	1/2015 (opt-in); 4/2015 (passive)
15	North Carolina	Managed FFS	5/2/2012	Withdrawn	1/2013
16	Ohio	Capitated	4/2/2012	MOU Signed 12/12/2012	5/2014 (opt-in); 1/2015 (passive)
17	Oklahoma	Both	5/31/2012		N/A
18	Oregon	Capitated	5/11/2012	Withdrawn	1/2013
19	Rhode Island	Capitated	5/31/2012		N/A
20	S. Carolina	Capitated	5/25/2012	MOU Signed	1/2015 (opt-in); 4/2015 (passive)
21	Tennessee	Capitated	5/17/2012	Withdrawn	1/2014
22	Texas	Capitated	5/2012	MOU Signed	3/2015 (opt-in); 4/2015 (passive)
23	Vermont	Capitated	5/10/2012	Withdrawn	Jan 2014
24	Virginia	Capitated	5/31/2012	MOU Signed 5/21/2013	5/2014 (opt-in); 8/2014 (passive)
25	Washington	Both	4/26/2012	2 MOUs Signed MFFS (10/25/2012) Capit. (11/25/2013)	MFFS (7/2013) Capit. (7/2015)
26	Wisconsin	Both	4/26/2012	Withdrawn	1/2013

<sup>2</sup> New York initially submitted demonstration proposal for both financial models, but later withdrew Managed FFS model. Please refer to text in New York section.



**National Association of States**

**United for Aging and Disabilities**

1201 15<sup>th</sup> Street NW, Suite 350

Washington, DC 20005

Phone: 202-898-2578

[www.nasuad.org](http://www.nasuad.org)