

July 10, 2019

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

## Welcome to the State Medicaid Integration Tracker<sup>®</sup>

The **State Medicaid Integration Tracker<sup>®</sup>** is published bimonthly by the National Association of States United for Aging and Disabilities (NASUAD). It is intended to provide a compilation of states' efforts to implement integrated care delivery-system models. Only publicly available and documented activities are included in this tracker.

This tracker includes new updates for each state that occurred during the most recent month. For comprehensive information on each state, as well as archived versions of the tracker, please visit: <http://nasuad.org/initiatives/tracking-state-activity/state-medicaid-integration-tracker>

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

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

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

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## Overview

<p><b>Managed LTSS Programs:</b></p>	<p>AR, AZ, CA, DE, FL, HI, IA, <u>ID</u>, IL, KS, MA, MI, MN, NC, NJ, NM, NY, PA, RI, TN, TX, VA, WI</p>
<p><b>Medicare-Medicaid Care Coordination Initiatives:</b></p> <p>All states, except Minnesota, are operating a CMS-approved Financial Alignment (FA) demonstration program</p> <p>** : Pursuing alternative initiative</p>	<p>CA, IL, MA, MI, MN**, NY, OH, RI, SC, TX, WA</p>

**State Updates**

State	State Updates
<b>California</b>	<p><b>Medicaid Medicare Integration</b></p> <p>The California Department of Health Care Services (DHCS) released a summary report on how the dual demonstration program, Cal MediConnect (CMC), improved the integration and coordination of behavioral health for enrollees. The report was released May 28, 2019. CMC plans provided details on their internal processes, operations, and shared their promising practices and lessons learned in coordinating behavioral health services for their members. Areas highlighted in the summary report include identification and assessment of members’ behavioral health service needs, development and strengthening relationship with counties participating in the demonstration, referrals processes, sharing data, care coordination, challenges, and next steps for improvement.</p> <p>(Source: <a href="#">Behavioral Health Integration Summary Report for CMC Members</a>; 5-28-2019)</p>
<b>Colorado</b>	<p><b>Medicaid Medicare Integration</b></p> <p>CMS released a preliminary savings report for the Colorado Managed Fee-for-Service (MFFS) demonstration project. The report contains the gross Medicare savings calculation results for Demonstration Period 1 and 2. The gross Medicare savings were determined by comparing expenditure growth rates and other states, specifically per member per month costs, between Colorado. The demonstration was meant to coordinate long-term services and supports, medical care, and behavioral health services for individuals enrolled in the Accountable Care Collaborative: Medicare-Medicaid Program (ACC:MMP). The demonstration was implemented in September 2014 and ended December 2017.</p> <p>This report was published in January 2019 and announced the CMS website in May 24, 2019.</p> <p>(Source: <a href="#">Preliminary Savings Report for Colorado MFFS Demonstration Period 2</a>; January 2019)</p>
<b>Illinois</b>	<p><b>Managed LTSS</b></p> <p>The Illinois Department of Healthcare and Family Services announced that MLTSS will be implemented statewide for residents in nursing facilities and individuals enrolled in 1915(c) waivers, as well as dual eligibles beginning July 1, 2019. Individuals dually eligible for Medicare and Medicaid will be enrolled in the HealthChoice Illinois MLTSS program unless they are already enrolled in Illinois’ Medicare-Medicaid Alignment Initiative (MMAI). . The HealthChoice Illinois MLTSS program is served by six MCOs: Blue Cross Blue Shield of Illinois, County Care, IlliniCare Health Plan, Meridian Health, Molina Healthcare of Illinois, and NextLevel Health.</p> <p>(Source: <a href="#">Statewide HealthChoice Illinois MLTSS Implementation</a>; 5-14-2019)</p>
<b>Iowa</b>	<p><b>Managed LTSS</b></p> <p>The Iowa Department of Human Services (DHS) announced on May 6, 2019 that UnitedHealthcare is departing from the IA Health Link program. Iowa Total Care, operated by Centene, will be joining the</p>

	<p>program effective July 1, 2019. Approximately 425,000 Iowans had coverage under UnitedHealthcare before given the choice to switch to Iowa Total Care or Amerigroup (the other remaining MCOs).</p> <p>(Source: <a href="#">Iowa DHS Press Release</a>; 5-6-2019, <a href="#">Des Moines Register</a>; 5-6-2019, <a href="#">IA Total Care</a>)</p>
<p><b>Kansas</b></p>	<p><b>Managed LTSS</b></p> <p>The Kansas Department for Aging and Disability Services (KDADS) announced they will be submitting an extension for the current Intellectual/Developmental Disability (I/DD) waiver to CMS to allow more time for stakeholder feedback. The I/DD waiver is scheduled to renew July 1, 2019. The Frail Elderly (FE) and Physical Disability (PD) waivers are currently scheduled to renew January 1, 2020. Enrollees in all three waivers are served by Kancare, Kansas’ MLTSS program which has been in operation since January 2014.</p> <p>(Source: <a href="#">KDADS HCBS Waiver Extension Request</a> ; 6-10-2019)</p>
<p><b>Massachusetts</b></p>	<p><b>Medicaid Medicare Integration</b></p> <p>The Massachusetts Executive Office of Health and Human Services (EOHHS) announced June 10, 2019 that six health plans provided responses to the Request for Responses for One Care Plans. Announcement of awarded contracts are expected in Fall 2019. One Care provides coverage for Medicaid and Medicare dual eligible individuals in Massachusetts under the age of 65. Respondents include:</p> <ul style="list-style-type: none"> <li>• Boston Medical Center HealthNet Plan</li> <li>• Commonwealth Care Alliance</li> <li>• Fallon Health</li> <li>• Senior Whole Health</li> <li>• Tufts Health Plan</li> <li>• United Healthcare Community Plan</li> </ul> <p>(Source: <a href="#">EOHHS RFR for One Care Plans</a>; 6-10-2019)</p> <p>CMS released the second and third evaluation report of the Massachusetts One Care Financial Alignment Initiative. The second report presents data for the second (CY 2015) and third (CY 2016) years of the demonstration and the third report includes data from the fourth demonstration year (CY 2017). These reports include updates to the first annual report and highlights key areas such as enrollment, care coordination, beneficiary experience within the program, stakeholder engagement activities, service utilization, quality of care, and demonstration costs. Data from the report did not include information on the demonstration’s impact on LTSS costs, however the results from the evaluation showed no impact on Medicare costs.</p> <p>(Source: <a href="#">Third Evaluation Report</a>; 5-24-2019, <a href="#">Second Evaluation Report</a>; 5-24-2019)</p>

<p><b>New Jersey</b></p>	<p><b>Managed LTSS</b></p> <p>The New Jersey Department of Human Services Division of Medical Assistance and Health Services (DMAHS) released the “Core Medicaid and MLTSS Quality Technical Report”. The report contains the results of quality review activities and assessments for MLTSS services and core Medicaid services provided by MCOs during January 2018 to December 2018 and an evaluation of MLTSS Performance Measures. The report includes an audit of the MLTSS HCBS Care Management program’s effectiveness, and in particular, Performance Measure #13, a care management record review that evaluated the delivery of MLTSS services compared with services listed in members’ plan of care (POC). The overall compliance rate across all MCOs was 32.4 percent, based off the average service delivery percentage for all weeks or months for each service.</p> <p>(Source: <a href="#">Medicaid and MLTSS Quality Report 2018</a>; 6-2019)</p>
<p><b>North Carolina</b></p>	<p><b>Managed LTSS</b></p> <p>The state Senate budget proposal included an increase in intellectual/developmental disabilities waiver (the NC Innovations Waiver) slots by a maximum of 1,000. The slots would be made available on January 1, 2020. The bill also includes another increase in slots, up to 1,000 to be made available in January 1, 2021. The addition of the slots would cost \$41 million over two years. Services under the NC Innovations Waiver are administered through managed care organizations and other local organizations (called local management entities) to provide LTSS to individuals living in community settings.</p> <p>(Source: <a href="#">Winston-Salem Journal: 1,000 Slots for In-Home Care</a>; 5-29-2019, <a href="#">NC Senate Bill</a>)</p>
<p><b>Ohio</b></p>	<p><b>Managed LTSS</b></p> <p>The Ohio Department of Medicaid (ODM) released a Request for Information (RFI) in preparation for a new competitive managed care contract. ODM is interested in feedback and comments about current managed care programs and the new program from beneficiaries and providers. ODM is asking for input on the following general topics:</p> <ul style="list-style-type: none"> <li>• Communication and engagement with individuals</li> <li>• Grievances and appeals</li> <li>• Provider support</li> <li>• Benefits and delivery system</li> <li>• Care coordination and case management</li> <li>• Population health</li> <li>• Performance measurement and management</li> <li>• General feedback</li> </ul> <p>The RFI submission period ends July 31, 2019.</p> <p>(Source: <a href="#">ODM Request for Information</a>; 6-13-2019)</p>

<p><b>Pennsylvania</b></p>	<p><b>Managed LTSS</b></p> <p>The Department of Human Services (DHS) announced they have begun information sessions for service providers of the Community HealthChoices (CHC) program. The CHC program provides coordinated health care coverage to older adults and individuals with physical disabilities. The third phase of the CHC program is scheduled to begin January 1, 2020 in central, northeast, and northwest Pennsylvania and the Lehigh Valley. The state expects approximately 400,000 Pennsylvanians to be enrolled in the CHC program, with 94 percent of those enrollees being dually eligible for Medicaid and Medicare.</p> <p>(Source: <a href="#">Community HealthChoices Third Phase Launch</a>; 5-13-2019)</p>
<p><b>Texas</b></p>	<p><b>Medicaid Medicare Integration</b></p> <p>CMS released the first evaluation report for the Texas Dual Eligible Integrated Care Demonstration Project on May 24, 2019. The report explains the implementation and provides an early analysis of the demonstration project using data from key informant interviews, focus groups, Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey results, and other data. Results from the evaluation include findings from the project’s inception in March 2015 to December 2017. The demonstration is implemented in six Texas counties with the highest number of Medicare and Medicaid beneficiaries. Highlights from the report include:</p> <ul style="list-style-type: none"> <li>• Of the more than 155,000 Medicare-Medicaid enrollees eligible for the demonstration, approximately 43,000, or 28 percent, were enrolled as of November 2017. The enrollment rate has remained between 25 and 30 percent in most months.</li> <li>• Most focus group participants in 2016 and 2017 indicated that their health or quality of life had improved in the previous 2 years, due to factors such as access to providers or new health benefits, weight loss achieved through Medicare-Medicaid Plan (MMP) programs, reduced out-of-pocket costs, and diminished financial stress. Most enrollees who participated in in depth interviews indicated that MMPs had little or no impact on their lives.</li> <li>• Sixty-four percent of MMP enrollees responding to the CAHPS survey in 2017 rated their health plan a 9 or 10 on a scale of 0 to 10. This result is consistent with the national MMP average and the national average for Medicare Advantage plans.</li> </ul> <p>(Source: <a href="#">TX Demonstration Project: First Evaluation Report</a>; 5-24-2019)</p>

## STATE TRACKER FOR DUALS DEMONSTRATION

(Updated as of: 7/10/2019)

	States	Proposed Financing Model	Submitted to CMS	Status	Implementation Date <sup>1</sup>	Anticipated End Date
1	California	Capitated	5/31/2012	<b>MOU Signed</b> 3/27/2013	Fully implemented in 7 counties	12/31/2022
2	Colorado	Managed FFS	5/2012	<b>TERMINATED on</b> 12/31/2017		N/A
3	Illinois	Capitated	4/6/2012	<b>MOU Signed</b> 2/22/2013	Fully implemented in greater Chicago and central Illinois areas	12/31/2019
4	Massachusetts	Capitated	2/16/2012	<b>MOU Signed</b> 8/23/2012	Fully implemented statewide	12/31/2019; Duals Demo 2.0 pending
5	Michigan	Capitated	4/26/2012	<b>MOU Signed</b> 4/2014	Fully implemented in 10 counties and the Upper Peninsula	12/31/2020
6	Minnesota	Admin. Alignment	4/26/2012	<b>Admin. Alignment</b> <b>MOU Signed</b> (9/12/2013)	Fully implemented	12/31/2020
7	New York	Capitated <sup>2</sup>	5/25/2012	<b>MOU Signed</b> 8/26/2013; 11/5/2015	Fully implemented in NYC, Nassau, Westchester and Suffolk counties	12/31/2019 for FIDA 12/31/2020 fo ID/DD
8	Ohio	Capitated	4/2/2012	<b>MOU Signed</b> 12/12/2012	Fully implemented in 29 counties	12/31/2019; Seeking three-year extension
9	Rhode Island	Capitated	5/31/2012	<b>MOU Signed</b>	Three phases of opt-in enrollment:	12/31/2020

<sup>1</sup> Implementation dates are based on demonstration proposals submitted to CMS, Memoranda of Understanding, and Financial and Administrative Alignment Demonstrations for Dual Eligible Beneficiaries Compared: States with Memoranda of Understanding Approved by CMS, 1/6/2016.

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



	States	Proposed Financing Model	Submitted to CMS	Status	Implementation Date <sup>1</sup>	Anticipated End Date
					7/2016; 8/2016; and 9/2016	
10	<b>S. Carolina</b>	Capitated	5/25/2012	<b>MOU Signed</b>	Fully implemented	12/31/2020
11	<b>Texas</b>	Capitated	5/2012	<b>MOU Signed</b>	Fully implemented in 6 counties	12/31/2020
12	<b>Virginia</b>	Capitated	5/31/2012	<b>TERMINATED on 12/31/17</b>		N/A
13	<b>Washington</b>	Managed FFS	4/26/2012	<b>MOU Signed 10/25/2012</b>	Fully implemented in 36 counties	12/31/2018; Extension to 12/31/2020 has been approved



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