June 8, 2017

State Medicaid Integration Tracker©

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). 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©** 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.

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Overview

Managed LTSS Programs:	AZ, CA, DE, FL, HI, IA, IL, KS, MA, MI, MN, NC, NJ, NM, NY, RI, TN, TX, WI
Medicare-Medicaid Care Coordination Initiatives: All states, except Minnesota, are operating a CMS-approved Financial Alignment (FA) demonstration program **: Pursuing alternative initiative # : Planning to terminate FA in December 2017	CA, CO, IL, MA, MI, MN**, NY, OH, RI, SC, TX, VA#, WA
Other LTSS Reform Activities approved by CMS: **NOTE: For clarity, designation of approved and pending state actions have been modified. Pending actions ONLY are noted with an asterisk. Otherwise, all states listed have approved programs.** *: Pending CMS approval	
○ **Balancing Incentive Program:**	AR, CT, GA, IL, IN, IA, KY, LA, ME, MD, MA, MS, MO, NE, NV, NH, NJ, NY, OH, PA, TX
○ **Medicaid State Plan Amendments under §1915(i):**	AR*, CA, CO, CT, DE*, DC*, FL, ID, IN, IA, LA, MD, MI, MN*, MS, MT, NV, OR, SC*, WI
○ **Community First Choice option under §1915(k):**	AR*, CA(2), CO*, CT, MD, MN*, MT, NY, OR, TX, WA, WI*
○ **Medicaid Health Homes:**	AL, AZ*, AR*, CA*, CT*, DE*, DC*, ID, IL*, IN*, IA(3), KS, KY*, ME(2), MD, MI, MN*, MS*, MO(2), NV*, NH*, NJ*, NM*, NY(3), NC, OH(2), OK, OR, RI(3), SD, VT(2), WA, WV*, WI(2)

State Updates

<table>
<tr><th>State</th><th>State Updates</th></tr>
<tr><td>Alabama</td><td>Managed LTSS Program

On April 5, 2017, Alabama’s Medicaid agency released a draft concept paper regarding Alabama’s Integrated Care Network (ICN) program. The ICN program is modeled, in part, on the Regional Care Organization (RCO) program—however, the ICN program is specifically designed to cover Alabama Medicaid members requiring LTSS, including dual eligibles. Beneficiaries will either be enrolled in either an RCO or an ICN but not both.

ICNs will be paid a monthly capitated amount per-member per-month (PMPM), similarly to other fully capitated risk-based MLTSS programs. Individuals in three of Alabama’s Medicaid HCBS waivers will be enrolled into the program: the Elderly and Disabled waiver; the Alabama Community Transition Waiver; and the HIV/AIDS waivers. Beneficiaries in the State of Alabama Independent Living (SAIL) waiver, the technology Assisted (TA) waiver, or both of the state’s waivers for individuals with I/DD will not be enrolled into the ICN program. Alabama aims for no more than two ICNs to begin delivering services by October 1, 2018. (Source: Draft Concept Paper 4/5/2017)</td></tr>
<tr><td>California</td><td>State Demonstration to Integrate Care for Dual Eligible Individuals

On May 11, 2017, Governor Brown released his revised budget for 2017-18. The budget proposal includes $158.7 billion for all health and human services, which includes $33.7 billion in state General Funds, and $125.1 billion in other funds. Altogether, this is a decrease of $324.8 million in General Funds from the governor’s original budget.

In accordance with California law, the budget revision ends the Coordinated Care Initiative (CCI) that includes the states’ dual eligible demonstration, Cal MediConnect. However, the budget includes language that would:
Extend the Cal Mediconnect program;
Require mandatory enrollment of dual eligible beneficiaries; and
Continues the integration of long-term services and supports (LTSS) into managed care except for the In-Home Supportive Services (IHSS) program.
The state anticipates it will save $8 million over the course of the first year of the extension of Cal Mediconnect. (Source: Revised Budget Document 5/11/2017)</td></tr>
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California	**Managed LTSS Program** The California Department of Health Care Services (DHCS) released a proposed request for proposal (RFP) and request for application (RFA) reprocurement schedule for the Medi-Cal managed care program, which is broken down by model type and county. DHCS intends to issue RFPs/RFAs between 2019 and 2021, with potential implementation dates ranging from 2021 to 2024. Implementation dates may also fluctuate based upon health plan readiness. (Source: RFP/RFA Schedule 5/16/2017)
Connecticut	**Community First Choice Option** On May 18, 2017, the Hartford Courant reported that a recent budget proposal would eliminate Connecticut's share of funding for the Community First Choice Option (CFCO) program, effectively ending the initiative. Currently, 1,000 individuals are enrolled in CFCO and an additional 3,000 have applied and are awaiting a final eligibility determination. Advocates for the program argue that the program is cost effective, as it allows individuals to remain in their homes and communities and avoid costlier institutional care. The state, however, under significant financial duress, contends that the program has attracted significantly more applicants than anticipated and that it is unsustainable under current fiscal conditions. (Source: Hartford Courant 5/18/2017)
Delaware	**Managed LTSS Program** On May 1, 2017, the Delaware Department of Health and Social Services (DHSS) Division of Medicaid & Medical Assistance (DMMA) released a request for qualifications (RFQ) for delivery system transformation regarding the states' Diamond State Health Plan (DSHP) and Diamond State Health Plan Plus (DSHP Plus) Medicaid managed care programs. DSHP has been in operation since 1996 and provides physical and behavioral health services through MCOs. DSHP Plus was implemented in 2012 and expanded to populations including dual eligibles and individuals receiving services in a nursing facility and HCBS. Roughly 92 percent of the state's Medicaid population—170,000—are enrolled in DSHP or DSHP Plus. The intent of the RFQ is to garner innovative feedback regarding the enhancement of quality and delivery of services to individuals enrolled in the DSHP and DHSP Plus programs. DMMA notes that it is exempt from certain procurement requirements in fiscal year (FY) 2017, and therefore DMMA has the option to contract directly with respondents to the RFQ without going through an RFP

Delaware	process. Respondents were encouraged to submit a notice of intent to respond by May 15, 2017. Responses to the RFQ are due no later than June 15, 2017, 11:00 a.m. Eastern Time. DMMA intends the contracts to be operational, if the state chooses, on January 1, 2018. (Source: RFQ 5/1/2017)
Florida	**Managed LTSS Program** On April 18, 2017, the Palm Beach Post reported on a bill that passed the Florida House Health Care Appropriations Subcommittee that includes a change to financing for the state's MLTSS program. Currently, the Agency for Health Care Administration (AHCA) defines payment rates for each nursing facility. However, HB 7117, if implemented, would change the law to have nursing facilities and managed care plans negotiate over their payment rates as opposed to having them set by the state. The move is opposed by the states' nursing home lobby. (Source: PalmBeachPost.com 4/18/2017; HB 7117 Text 5/1/2017) On May 8, 2017, the Florida legislature ended its legislative session with the passage of an $82.4 billion dollar budget. The budget and related health care amendment contained the following changes that may impact the states' MLTSS program: o The Agency for Healthcare Administration (AHCA) is instructed to establish a working group to analyze instituting a prospective payment system for nursing homes. The work group is to submit a report by December 1, 2017, with hopes of implanting a PPS system by October 1, 2018. o Florida will aim to enroll individuals with cystic fibrosis that qualify for hospital care to be enrolled into MLTSS, and also – pending Federal approval – requiring enrollees in the states Traumatic Brain and Spinal Cord Injury Waiver, the Adult Cystic Fibrosis Waiver, and the Project AIDS Care Waiver to be carved into MLTSS on January 1, 2018. The budget did not, however, contain language that was included in HB 7117 that would have required nursing homes and managed LTC plans to negotiate over payment rates. (Source: SB 2514 5/8/2017)
Illinois	**Managed LTSS Program** On May 2, 2017, the State Journal-Register reported on a letter from Illinois' Comptroller to the state's governor expressing concerns regarding expanding the state's Medicaid managed care program. The proposal, which was released in February 2017, would expand managed care statewide and include additional

Illinois	populations not previously enrolled in Medicaid managed care. The proposal would also reduce the number of MCOs the state contracts with. Illinois has been without an official state budget for approximately two years, and owes current MCOs $2 billion in back payments. (Source: State Journal-Register 5/2/2017; Comptroller Letter 5/2/2017) On May 15, 2017 the Chicago Tribune reported that nine MCOs responded to Illinois' request for proposals (RFP) to reprocure the state's Medicaid managed care program, which includes increasing the geographic footprint of MLTSS statewide. Illinois also intends to decrease the number of MCOs participating in the program from the current 12 to seven following the reprocurement. Four of the current MCOs in Illinois' Medicaid managed care program did not submit responses to the RFP, including: Family Health Network, Humana, Cigna-HealthSpring, and Community Care Alliance of Illinois. The nine plans that did respond to the RFP include: o Aetna Better Health; o Blue Cross Blue Shield of Illinois; o County Care Health Plan; o Harmony Health Plan; o IlliniCare Health Plan; o Meridian Health; o Molina Healthcare of Illinois Inc,; o NextLevel Health; and o Trusted Health Plan (District of Columbia) Inc. Eight of the nine respondents are incumbents in the current program, except for Trusted Health Plan. (Source: Chicago Tribune 5/15/2017; List of RFP Respondents 5/15/2017) On May 29, 2017, the State Journal-Register reported that the Illinois House passed legislation to slow down the expansion of Medicaid managed care in the state, by requiring the Department of Healthcare and Family Services to use the regular procurement process as opposed to what has been done in the past. The Illinois State Senate will now decide the fate of the bill, SB 1446. (Source: State Journal-Register 5/29/2017)

Louisiana	**Managed LTSS Program** On May 1, 2017, the Advertiser reported that a recent bill filed in the Louisiana House would require that the state implement an MLTSS program in order enhance quality of care, expand service options, and promote greater fiscal sustainability for the states' Medicaid program. The bill, HB 152, directs Louisiana's Department of Health to submit an application to CMS for a 1915(b) waiver, which is commonly used to implement Medicaid managed care. The bill would also require the state to begin moving towards MLTSS starting in October 1, 2017, and have a fully implemented system on or before October 1, 2018. If implemented, the state will select one or more interested managed care plans via a request for proposals (RFP) process. Representative Bacala, the bill's sponsor, estimates the state could save as much as $30 million dollars a year under MLTSS, and possibly more. As of this writing, HB 152 had been involuntarily deferred in the Louisiana House Committee on Health and Welfare, which means that the bill can be rescheduled for a committee hearing but only by a vote of two-thirds of the committee members. (Source: The Advertiser 5/2/2017; HB 152 4/10/2017)
New Mexico	**Managed LTSS Program** The New Mexico Human Services Department (HSD) has released a procurement schedule for MCOs to serve in the Centennial Care Medicaid managed care program, which includes MLTSS. The state proposes the following timeline, but HSD notes that all dates are subject to its discretion: o Release of RFP – September 1, 2017; o Proposals due – November 15, 2017; o Contract award date – March 15, 2018; o Program start date – January 1, 2019. (Source: Procurement Schedule 6/1/2017)
New York	**Managed LTSS Program** New York is launching a Managed Long Term Care (MLTC) Workforce Investment Program as a part of the state's Section 1115 waiver. The program aims to enhance the state's LTSS workforce and help prepare it for the increased focus on home and community based services versus institutional care. The state hosted a webinar on May 25, 2017, to launch of the program. New York can allocate up to $245 million through 2020 in support of initiatives to retain and recruit long-term care workers. (Source: Webinar Link 5/25/2017)

New York	**Medicaid Health Homes** New York will require organizations participating in one of the states' Medicaid Health Homes initiative to operate a Quality Management Program beginning on June 1, 2017, in the hopes that it will contribute to enhanced quality and oversight of that program. To be eligible for Health Home services in New York, Medicaid enrollees must have one of the following: two or more chronic conditions; or, one single qualifying condition, such as HIV/AIDs, Serious Mental Illness (SMI) for adults, or Serious Emotional Disturbance (SED) or complex trauma for children. (Source: HMA Weekly Roundup 5/10/2017; NY Dept. of Health 5/18/2017)
Ohio	**Managed LTSS Program** On April 28, 2017 Cleveland.com reported that Ohio House Republicans included an amendment that would prevent the state from moving to MLTSS until at least 2021. This amendment had been pushed for by the state's nursing home lobby. The matter will now be taken up by the Ohio Senate. On April 25, 2017, the Ohio Department of Medicaid released a three-year progress report on MyCare Ohio, the states' initiative to integrate care for dual eligible individuals. The report has a number of interesting highlights that add to Ohio's debate over moving to MLTSS, including: o In terms of enrollment, MyCare Ohio has been one of the more successful in the country, with close to 107,000 enrollees. o Close to 70 percent of enrollees chose to opt-in to the program, the highest rate in the nation. o Over the 2014-2015 period, the program decreased the number of nursing facility days for residents by 4 percent. o Ohio Medicaid estimates that the program accrues $2.4 million in monthly savings to the state compared to traditional fee-for-service (FFS) Medicaid. This was achieved while also reducing MyCare Ohio's capitation rates, which decreased 6.8 percent from 2015 to 2016. The state also has a new landing page specifically for MLTSS. (Source: Cleveland.com 4/28/2017; MyCare Ohio Progress Report 4/25/2017; Ohio Medicaid MLTSS Page 5/10/2017) The Ohio State Senate continues to debate the governor's proposal to implement a comprehensive MLTSS program, according to Statehouse News Bureau. The Ohio Association of Health Plans (OAHP) is advocating for the move, while the states' nursing home association—the Ohio Health Care Association—opposes it.

Ohio	The OAHP recently released a new report on MLTSS, *The Impact of Managed Care on the Delivery of Medicaid Long Term Services and Supports,* which sketches some of the successes of the states that have implemented MLTSS programs and how this applies to Ohio. The report notes some of the potential benefits of MLTSS programs versus FFS Medicaid including: ○ Comprehensive service coordination; ○ Increased focus on home and community based services; ○ Having a single entity that is held accountable for quality and health outcomes (Source: Statehouse News Bureau 5/24/2017; OAHP Report 5/2017)
Oklahoma	**Managed LTSS Program** On May 18, 2017, NON DOC reported that political leaders in Oklahoma are growing increasingly cautious as the state moves toward the implementation of an MLTSS program. In a letter dated May 10, 2017, Governor Fallin instructed the Oklahoma Health Care Authority (OHCA) to delay implementation of the program until July 1, 2018. Also, the Oklahoma House of Representatives passed a resolution—without the force of law—asking OHCA to hold off awarding or signing any contracts with MCOs until more information becomes available from the Federal government regarding supplemental payments to hospitals. Stakeholders are concerned that the state's Supplemental Hospital Offset Program (SHOP) may be in jeopardy under a new rule released in January 2017 that impacts states implementing new managed care programs. (Source: Non Doc 5/18/2017)
Pennsylvania	**Managed LTSS Program** On April 10, 2017, the Pennsylvania Department of Human Services (DHS) issued a request for proposals (RFP) seeking an Independent Enrollment Broker, or IEB, to serve the Community HealthChoices (CHC) MLTSS program and other LTSS programs. The IEB will provide choice counseling and enrollment services for consumers who enroll in Community HealthChoices – the state's MLTSS program and Living Independent for the Elderly (LIFE) – the state's PACE program. The IEB will also serve the consumers in the following HCBS programs: ○ Aging Waiver; ○ Attendant Care Waiver;

Pennsylvania	
Pennsylvania	○ Independence Waiver; ○ OBRA Waiver; ○ Act 150 Attendant Care Program. (Source: RFP 4/10/2017) On April 19, 2017, the Rehabilitation & Community Providers Association (RCPA) noted that the Pennsylvania DHS has released an infographic for consumers and providers to assist with understanding the similarities and differences between HealthChoices, which is the state's Medicaid managed care program for physical and behavioral health, and Community HealthChoices, the state's MLTSS program. The infographic includes information on the three MCOs selected, and the timelines for implementation for both programs. (Source: Infographic 4/19/2017; HMA Weekly Roundup 4/26/2017) On June 7, 2017, the Pennsylvania Departments of Aging and Human Services announced a new partnership with Aging Well—a subsidiary of the PA Association of Area Agencies on Aging (AAAs)—that pertains to the implementation of the state's upcoming MLTSS program, Community HealthChoices (CHC). Under the agreement between the state and Aging Well, Aging Well will be responsible for: ○ Completing the Functional Eligibility Determinations (FEDs) for applicants for seeking LTSS, and re-determinations for individuals over 60; ○ Conducting Preadmission Screening Resident Review Evaluations (PASRR-EV Level II Tool); ○ Prior to CHC implementation, Aging Well will do annual in-person reassessments with service coordinating organizations for Aging Waiver participants. Once CHC is implemented, Aging Well will conduct desk reviews of MCO data for CHC waiver participants in order to confirm level of care determinations; and ○ Conduct CHC outreach and education activities statewide, including 20 public information sessions and training for service coordinators and nursing facility staff. FEDs, PASRR screenings, and level of care determinations reviews will all be accomplished using subcontracts with AAAs. (Source: Email to stakeholders 6/7/2017)

Rhode Island	**Managed LTSS Program** On April 20, 2017, the Rhode Island Executive Office of Health & Human Services (EOHHS) announced that it has signed five-year contracts with three managed care organizations to coordinate care and provide comprehensive services for 250,000 individuals enrolled in Medicaid managed care. The MCOs selected are: Neighborhood Health Plan of Rhode Island, UnitedHealthcare Community Plan, and Tufts Health Plan. Neighborhood Health Plan and UnitedHealthcare were incumbents and have contracted with the state since 1994, while Tufts Health Plan is new to the Medicaid managed care market in Rhode Island, but has experience elsewhere. The state intends to hold an open enrollment period during the summer for Medicaid enrollees. Currently, Neighborhood Health Plan holds approximately 66 percent of the market, and UnitedHealthcare holds 33 percent. (Source: Press Release 4/20/2017)

STATE TRACKER FOR DUALS DEMONSTRATION
(Updated as of: 5/25/2017)

	States	Proposed Financing Model	Submitted to CMS	Status	Implementation Date[1]	Anticipated End Date
1	**California**	Capitated	5/31/2012	**MOU Signed** 3/27/2013	Fully implemented in 7 counties	12/31/2019
2	**Colorado**	Managed FFS	5/2012	**MOU Signed** 2/28/2014	Fully implemented statewide	12/31/2017
3	**Illinois**	Capitated	4/6/2012	**MOU Signed** 2/22/2013	Fully implemented in greater Chicago and central Illinois areas	12/31/2019
4	**Massachusetts**	Capitated	2/16/2012	**MOU Signed** 8/23/2012	Fully implemented statewide	12/31/2018
5	**Michigan**	Capitated	4/26/2012	**MOU Signed** 4/2014	Fully implemented in 10 counties and the Upper Peninsula	12/31/2020
5	**Minnesota**	Admin. Alignment	4/26/2012	**Admin. Alignment MOU Signed** (9/12/2013)	Fully implemented	12/31/2018
7	**New York**	Capitated[2]	5/25/2012	**MOU Signed** 8/26/2013	Fully implemented in NYC, Nassau, Westchester and Suffolk counties	12/31/2019
8	**Ohio**	Capitated	4/2/2012	**MOU Signed** 12/12/2012	Fully implemented in 29 counties	12/31/2019
9	**Rhode Island**	Capitated	5/31/2012	**MOU Signed**	Three phases of opt-in enrollment:	12/31/2018

[1] 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.

[2] 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[1]	Anticipated End Date
					7/2016; 8/2016; and 9/2016	
10	**S. Carolina**	Capitated	5/25/2012	**MOU Signed**	Fully implemented	12/31/2017
11	**Texas**	Capitated	5/2012	**MOU Signed**	Fully implemented in 6 counties	12/31/2018
12	**Virginia**	Capitated	5/31/2012	**MOU Signed** 5/21/2013	Fully implemented in 104 localities	12/31/2017
13	**Washington**	Managed FFS	4/26/2012	**MOU Signed** 10/25/2012	Fully implemented in 36 counties	12/31/2018

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