September 14, 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 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©** 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, VA, 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: 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

State	State Updates
Alabama	**Managed LTSS Program** On August 24, 2017, the Alabama Medicaid agency announced they are extending the deadline for integrated care network (ICN) probationary certification applications. Applications will be due after the mandated competitive procurement is released. (Source: Announcement 8/24/2017)
Illinois	**Managed LTSS Program** On August 11, 2017, the Chicago Tribune reported that the Illinois Department of Healthcare and Family Services announced the six MCOs selected to manage the state's Medicaid managed care program, which includes MLTSS. MLTSS will also now be expanding statewide, as it was previously only available regionally. Illinois selected the following MCOs for the program: o BlueCross BlueShield of Illinois; o Harmony Health Plan; o IlliniCare Health (Centene Corp.); o Meridian Health Plan; o Molina HealthCare; and o CountyCare Health Plan. The state estimates that it will save between $200 and $300 million dollars a year under the new, expanded program. (Source: Chicago Tribune 8/11/2017)
Kansas	**Managed LTSS Program** On July 31, 2017, the Kansas Department of Health and Environment (KDHE) released a request for a one-year extension of the state's 1115 demonstration, DSRIP pool, and uncompensated care (UC) pool, from January 1, 2018 through December 31, 2018. The current waiver expires on December 31, 2017. Kansas' Medicaid managed care program, KanCare, includes LTSS services. (Source: KS 1115 Waiver Extension Application 7/31/2017)

Massachusetts	**Managed LTSS Program** On August 17, 2017, MassHealth, Massachusetts' Medicaid program, announced it has contracted with 17 healthcare organizations to serve as Accountable Care Organizations (ACOs) under the state's Medicaid redesign via a section 1115 waiver. On August 28, 2017, Massachusetts also announced the selection of 26 Community Partners to begin contract negotiations as a part of the implementation of the MassHealth ACO program. These community-based organizations will partner with ACOs to integrate and coordinate care for roughly 60,000 MassHealth members that have LTSS and/or behavioral health needs. Eight partners were selected for LTSS, and 18 were selected for behavioral health. Up to $145 million over a five-year period is available for the eight organizations selected as a LTSS Community Partner. (Source: ACO Announcement 8/17/2017; Community Partner Announcement 8/28/2017)
Minnesota	**1915(i), 1915(k)** On July 19, 2017, Minnesota submitted a request to renew the state's section 1115 waiver, Reform 2020, with an effective date of July 1, 2018. First approved in 2013, the waiver renewal would extend the Reform 2020 waiver through June 30, 2021. The renewal request aims to continue to promote community integration, and contains the following programmatic changes: o Extending the Alternative Care program that allows community supports for older adults that are near but not fully eligible for Medicaid in order to support those individuals in their homes, and avoid institutionalization; o Implementing a new Community First Services and Supports (CFSS) program that will include both the 1915(k) Community First Choice option and 1915(i) state plan option. o Continuing to cover individuals under 21 who now do not meet the states revised institutional level of care requirements. The Alternative Care Program was first authorized in 2013 under the Reform 2020 waiver and provides HCBS to adults over 65 that require nursing facility (NF) level of care, but are not yet eligible for Medicaid medical assistance and do not have excess assets that would allow them to pay for over 135 days of NF care. The program aims to prevent institutionalization of individuals and also facilitate effective use of services if individuals became fully Medicaid eligible.

	The Community First Services and Supports (CFSS) program aims to redesign the state's personal care assistance (PCA) benefit by implementing two state plan amendments, 1915(k) and 1915(i). CFSS will be available to individuals who meet institutional level of care (LOC) under 1915(k), and 1915(i) will be available to those who do not meet institutional LOC. CFSS will also be available to two additional populations through the 1115 waiver: individuals with income over 150 percent of FPL who will receive CFSS services but do not meet an institutional LOC (the 1915(i)-like group); and the 1915(k)-like group, who meet an institutional LOC and will receive CFSS services, but would have met financial eligibility rules for HCBS waivers. CFSS will be implemented for all relevant populations once CMS approves the state's state plan amendments. (Source: MN 1115 Waiver 7/19/2017)
Nebraska	**Managed LTSS Program** On August 9, 2017, the Nebraska Department of Health and Human Services (DHHS) published a final long-term care (LTC) redesign plan, which was prepared for the state by Mercer Government Human Services Consulting, and the National Association of States United for Aging and Disabilities (NASUAD). The report is the final version of the draft LTC redesign plan released in March 2017, which was discussed at length in the April edition of the State Medicaid Integration Tracker©. Mercer/NASUAD continue to recommend that the state move towards an MLTSS system utilizing existing MCOs, with phased-in implementation over a period of 18 months for older adults and individuals with disabilities, and a period of over 27 months for individuals with I/DD. (Source: Final LTC Redesign Plan 8/9/2017; April State Medicaid Integration Tracker 4/7/2017)
New Hampshire	**Managed LTSS Program** On July 22, 2017, the New Hampshire legislature passed Senate Bill 155, which postpones step 2 of the implementation of Medicaid managed care in the state. Step 2 would implement a MLTSS program. SB 155 requires that this step not be implemented before July 1, 2019. (Source: SB 155 7/22/2017)
New Jersey	**Managed LTSS Program** On July 27, 2017, CMS notified the New Jersey Department of Human Services that they have received approval for the renewal of the state's section 1115(a) demonstration, NJ FamilyCare Comprehensive Demonstration, which includes MLTSS. NJ FamilyCare is extended through June 30, 2022. New Jersey aims to continue to enhance the current demonstration programs, including increasing access for HCBS LTSS; simplifying eligibility for LTSS; and overhauling the

	behavioral health system. New Jersey also has updated the state's level of care requirements for children eligible for MLTSS. Finally, CMS approved a three-year renewal of New Jersey's Delivery System Reform Incentive Payment (DSRIP) program. DSRIP will continue until June 30, 2020, at which point CMS will continue to work with the state to transition to a different payment structure. (Source: NJ Approval Letter 7/27/2017)
New Mexico	**Managed LTSS Program** On September 1, 2017, the New Mexico Human Services Department (HSD) released a request for proposals (RFP) to procure MCOs for Centennial Care 2.0, which is the state's comprehensive Medicaid managed care program that includes LTSS. A concept paper on Centennial Care 2.0 was examined in the August edition of the State Medicaid Integration Tracker©. HSD expects that Centennial Care 2.0 will cover approximately 700,000 Medicaid beneficiaries, but will continue to exclude the following populations from Medicaid managed care: o Native American individuals who do not need LTSS and have previously opted out of managed care; o Individuals residing in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IDD); o Partial benefits individuals; o Beneficiaries participating in the Program of All Inclusive Care for the Elderly (PACE); and o Individuals enrolled in a 1915(c) waiver for individuals with IDD—this population will receive acute care benefits only through Centennial Care. Centennial Care 2.0 does not contain major programmatic changes, but instead builds on program successes, including with rebalancing the state's LTSS system away from institutions and towards community-based care. HSD intends to award contracts to between three and five MCOs, for an initial five-year period with opportunities to renew. Implementation of the new contracts is scheduled for January 1, 2019. (Source: RFP 9/1/2017; August State Medicaid Integration Tracker 8/4/2017)
North Carolina	**Managed LTSS Program** The North Carolina Department of Health and Human Services (DHHS) has released a detailed design plan for Medicaid managed care that includes the implementation of capitated Prepaid Health Plans (PHPs). The program aims to: o Create an innovative, integrated, and coordinated delivery system; o Support beneficiaries and providers throughout the transition;

- Increase access to care;
- Enhance quality and value;
- Establish relations for success.

The new program will be a significant transformation of North Carolina Medicaid, which has primarily been characterized by fee-for-service (FFS) and a primary care case management (PCCM) system. The state now intends, over a lengthy timeline, to enroll as much of 90 percent of its Medicaid population into managed care. Managed care in NC was traditionally limited to a subset of behavioral health and I/DD services provided via capitated arrangements with Local Management Entities – Managed Care Organizations (LME-MCOs).

Beginning in July, 2019, NC DHHS intends to contract with two types of PHPs: commercial plans (CPs), which must be statewide, and regional, provider-led entities, or PLEs. DHHS will award three commercial plans as required under state law, and has also divided the state into six different regions for PHPs to manage. Upon legislative approval, CPs and PLEs will be able to offer two different types of plans, standard plans and tailored plans.

- Standard plans – will serve the majority of Medicaid recipients, and will integrate physical and behavioral health, as well as pharmacy services.
- Tailored plans – will serve particular populations, including behavioral health, and I/DD.

Initial implementation of managed care will exclude the following populations:

- Dual eligibles;
- PACE participants;
- Medically needy individuals;
- Individuals only eligible for emergency services;
- Presumptively eligible enrollees;
- Health Insurance Premium Payment (HIPP) enrollees.

DHHS proposes a phased-in timeline for enrolling additional special populations into managed care over time, including:

Certain Medicaid and NC Health Choice enrollees with a serious mental illness (SMI), a substance use disorder (SUD) or I/DD diagnosis as well as those in the TBI waiver;	Two years after implementation date

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<tr><td></td><td>
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<tr><td>Medicaid-only long-stay nursing facility residents (nursing facility stays under 90 days are covered immediately under the implementation);</td><td>Four years after implementation date</td></tr>
<tr><td>Medicaid-only Community Alternatives for Disabled Adults (CAP/DA) waiver enrollees; and</td><td>Four years after implementation date</td></tr>
<tr><td>Dually eligible beneficiaries.</td><td>Four years after implementation date</td></tr>
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DHHS intends to pursue funding for a managed care ombudsman that would provide oversight, monitoring trends, and working to proactively address enrollee issues. (Source: Proposed Program Design 8/2017)</td></tr>
<tr><td>Ohio</td><td>Managed LTSS Program

On August 22, 2017, the Akron Beacon Journal/Ohio.com reported that the Ohio Senate voted to override six of the governor's vetoes. Notably, the Senate did not vote to override a veto of a provision that would have limited the administration's ability to implement an MLTSS program. However, on August 21, 2017, the Ohio Department of Medicaid sent a letter to legislative leadership that the state would not move forward with implementing an MLTSS program until the recently-created study committee on MLTSS issues its report, which is due by December 31, 2018. (Source: Ohio.com 8/22/2017; HMA Weekly Roundup 8/23/2017)</td></tr>
<tr><td>Pennsylvania</td><td>Managed LTSS Program

On August 4, 2017, the Pittsburgh Post-Gazette reported that the Pennsylvania Department of Human Services has begun sending notifications to older adults and individuals with disabilities enrolled in Medicaid who will be impacted by the state's launch of its MLTSS program—Community HealthChoices—which commences in 14 counties on January 1, 2018. Approximately 100,000 individuals will be affected by the initial shift. (Source: Pittsburgh Post-Gazette 8/4/2017)</td></tr>
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STATE TRACKER FOR DUALS DEMONSTRATION

(Updated as of: 9/12/2017)

	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
6	**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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