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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:	AZ, CA, DE, FL, HI, IA, ID, IL, KS, LA, MA, MI, MN, NC, NE, NH, NJ, NM, NY, OK, PA, RI, TN, TX, WA, WI
Medicare-Medicaid Care Coordination Initiatives: *: Financial Alignment (FA) demonstration proposal approved by CMS **: Pursuing alternative initiative	CA*, CO*, CT, FL**, IL*, MA*, MI*, MN**, NH**, NJ**, NY*, OH*, OK, RI, SC*, TX*, VA*, WA*
Other LTSS Reform Activities: *: Approved by CMS	
• **Balancing Incentive Program:**	AR*, CT*, DE, GA*, IL*, IN*, IA*, KY*, LA*, ME*, MD*, MA*, MS*, MO*, NE*, NV*, NH*, NJ*, NY*, OH*, PA*, RI, TX*
• **Medicaid State Plan Amendments under §1915(i):** SPA withdrawn:	AR, CA*, CO*, CT*, DE, DC, FL*, ID*, IN*, IA*, LA*, MD*, MI*, MN, MS*, MT*, NV*, OR*, SC, WI* TX, WA
• **Community First Choice option under §1915(k):** SPA withdrawn:	AR, CA*(2), CO, CT, MD*, MN, MT*, NY, OR*, TX, WA, WI AZ, LA
• **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
Arkansas	**Managed LTSS Program** The Arkansas Health Reform Legislative Task Force received a report from The Stephen Group on October 7th, outlining recommendations for changes in Arkansas' Medicaid program. While focused on Arkansas' Private Option Medicaid expansion program, the report did recommend a move towards managed care for at least some beneficiaries (Source: Arkansas News 10/7/2015) The director of the Arkansas Department of Human Services recently testified to state legislators over the potential cost savings of contracting with managed care organizations (MCOs) to manage care for Medicaid beneficiaries with complex conditions and needs. Relevant populations would include dual eligible individuals, the ABD population, and individuals needing long-term services and supports (LTSS). (Source: ArkansasOnline 10/21/2015)
California	**State Demonstration to Integrate Dual Eligible Individuals** The head of California's Medicaid program has written a letter to CMS expressing interest in potentially extending the state's dual eligible demonstration—Cal MediConnect—albeit with some significant refinements. With the Coordinated Care Initiative set to end in the coming year, CMS reached out to the 12 participating states to explore possibilities for program extension. (Source: Calduals.org 8/2015) **Managed LTSS Program** California state health officials operating the state's Medicaid program, Medi-Cal, are facing pushback over plans to transition individuals in the California Children's Services program into managed care by 2017—a year later than initially planned. The program provides fee-for-service Medicaid services to an estimated 180,000 children under age 21. Parents and advocates, citing a recently published report outlining network adequacy challenges with Medi-Cal, are stating that the transition timeline is too short and does not allow for proper preparation by families and providers. The California Children's Services program also has responsibility for operating LTSS services for enrollees. The decision to officially delay implementation until 2017 was made when the governor signed bill AB 187 into law. (Source: AJMC 9/8/2015; KHN 9/7/2015)

Iowa	**Managed LTSS Program** Iowa's plan for transitioning its Medicaid program to managed care by January 1, 2016, has continued to face criticism for its very ambitious timeline and concerns regarding the impact on beneficiaries. On October 9, 2015, the state officially announced the signing of contracts with the four managed care organizations (MCOs) that will have responsibility for the states approximately 560,000 Medicaid enrollees. However, the plan has faced pushback from state Senate Democrats who say the transition should be delayed, and have raised questions over the estimated $51 million dollars in savings over the first six months of the transition. (Source: AJMC 10/20/2015)
Kansas	**Medicaid Health Homes** Case managers and legislators have expressed concerns regarding the state's Medicaid Health Homes initiative, which falls under the state's Medicaid managed care program, or KanCare, and aims to better coordinate health care services. Case managers cited issues surrounding beneficiaries being informed of their enrollment in the program but then lacking the ability to fully understand what it entails, or thinking to inform their case manager. Some legislators have expressed interest in letting the program sunset once the 90 percent in federal matching funds—a key feature of the Health Homes initiative—expire. (Source: KCUR.org 8/24/2015)
Massachusetts	**State Demonstration to Integrate Dual Eligible Individuals** On September 24, 2015, the Worcester Business Journal Online reported two new updates to the Massachusetts duals demonstration, or One Care. First, MassHealth has requested a two-year extension of the program that would expire in 2018. Second, the state intends to infuse the program with an additional $47.6 million dollars in combined state and federal funding over the next two years. (Source: WBJournal 9/24/2015)
Nebraska	**Managed LTSS Program** On October 21, 2015, Nebraska issued a request for proposals (RFP) for statewide contracts to integrate services under a managed care delivery system for approximately 240,000 Medicaid beneficiaries. The contracts will: • Integrate care for physical and behavioral health, as well as pharmacy benefits; • Enroll children, adults, ABD, dual eligible individuals, and enrollees needing long-term care that are institutionalized or in HCBS; and • Continue to carve out long-term services and supports, as the state still plans on implementing a full MLTSS program at a later date.

	Proposals must be submitted to the state by December 22, 2015, with a scheduled start date of January, 2017. (Source: HMA Roundup 10/21/2015; RFP)
New Jersey	**Managed LTSS Program** A new report from the Rutgers Center for State Health Policy, *Initial Stakeholder Feedback on Implementation of the Managed Care Expansion in Long-Term Services and Supports*, offers a first-look at the transition of New Jersey's long-term services and supports program into managed care (MLTSS). The report brings together 13 broad themes, and also notes that home and community-based service (HCBS) use went up by 4 percent, and institutional-based care shrank by approximately 1,500 persons. (Source: HMA Roundup 10/7/2015; Report)
New York	**State Demonstration to Integrate Dual Eligible Individuals** New York has officially applied to CMS for an extension of its dual eligible demonstration, Fully Integrated Duals Advantage, or FIDA, for two more years. Despite lower than expected enrollment, New York hopes to see increased numbers through additional educational and outreach strategies. Enrollment in the demonstration witnessed a marginal decline from August to September, from 7,676 to 7,280, even with the passive enrollment of 1,020 new enrollees. In September, the New York Department of Health and CMS jointly hosted events illuminating positive experiences and best practices from the demonstration. (CMS.gov 8/24/2015; HMA Roundup 9/23/2015) On October 21, 2015, Modern Healthcare reported that CMS will assist New York's dual eligible demonstration in reaching out to providers in an attempt to increase enrollment. Beneficiaries in the program are allowed to change plans every month, which has destabilized the continuity of the demonstration. Other state dual eligible demonstrations have needed mid-course corrections to ensure success. (Source: ModernHealthcare 10/21/2015)
North Carolina	**Managed LTSS Program** The North Carolina legislature, after months of back-and-forth between the two Houses, has passed a compromise bill—Medicaid Transformation and Reorganization (House Bill 372)—that is set to revamp the state's Medicaid program. The bill was officially signed into law on September 23, 2015. In summary, the state will move to a capitated managed care program, The bill includes the following:

	• Establishes the Division of Health Benefits under the state Department of Health and Human Services (DHHS) to administer the program; • Permits both commercial MCOs and Provider Led Entities (PLEs) to provide services, including long-term services and supports; • Excludes dual eligibles from the managed care program but the Division of Health Benefits is to explore ways to incorporate dual eligibles in the long-term and report back to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice by January 31, 2017; • Authority to award three statewide contracts with either MCOs or PLEs, and up to ten regional contracts with PLEs; and • Risk-adjusted growth rates must be 2 percent below national Medicaid spending growth, and plans must meet a medical loss ratio (MLR) of 88 percent. (Source: HB272 9/23/2015)
Ohio	**State Demonstration to Integrate Care for Dual Eligible Individuals** Ohio's State Medicaid Director recently discussed updates to the state's duals demonstration, MyCare Ohio, with the Joint Medicaid Oversight Committee. The changes include the following: new requirements for MCOs to report to the Ohio Department of Medicaid (ODM) any major changes in provider availability that would affect 100-plus enrollees; new transportation standards, including pick-up times and keeping the member appraised of any changes; clearer payment requirements; reinforcement of the Coordination of Benefits Agreement (COBA), and; guidelines for participating plans for assigning appropriate caseload ratios. (Testimony 8/20/2015)
Pennsylvania	**Managed LTSS Program** On September 16, 2015, the Pennsylvania Departments of Human Services (DHS) and Aging (PDA) disseminated a new concept paper on the state's transition to managed long-term services and supports (MLTSS), and is seeking stakeholder feedback. The new paper was developed using public input and addresses the Community HealthChoices program, which looks to provide long-term services and supports for up to 450,000 enrollees, including dual eligibles. Public comments on the paper were due by October 16, 2015. PR Newswire 9/16/2015; Concept paper)
Texas	**Managed LTSS Program** On October 1, 2015, the Texas Health and Human Services Commission (HHSC) announced awards regarding a request for proposal (RFP) that integrates children eligible for Supplemental Security Income (SSI) and other SSI-related home and community-based service (HCBS) programs into

	the state's STAR Kids managed care program. The program goes into effect in the fall of 2016. (Source: RFP Announcement 10/1/2015)
Virginia	**Managed LTSS Program** On October 5, 2015, the state of Virginia released a fact sheet regarding the state's proposed MLTSS program. According to the fact sheet, populations that will be included in the Virginia MLTSS program are 50,000 dual eligibles who receive full Medicaid benefits, 20,000 non-dual eligibles that receive LTSS, and Commonwealth Coordinated Care (CCC)—the state's dual eligible demonstration—participants when the demonstration ends in December 2017. Implementation will be phased starting in 2017. Individuals with intellectual/developmental disabilities will receive acute care through health plans, but will receive HCBS services through fee-for-service. The MLTSS program aims to improve quality, access and efficacy of LTSS delivery. (Source: Fact sheet 10/5/2015)

STATE TRACKER FOR DUALS DEMONSTRATION

(Updated as of: 10/26/2015)

	States	Proposed Financing Model	Submitted to CMS	Status	Target Implementation Date[1]
1	**Arizona**	~~Capitated~~	~~5/31/2012~~	**Withdrew**	~~1/2014~~
2	**California**	Capitated	5/31/2012	**MOU Signed** 3/27/2013	4/2014, 7/2015 (opt-in); 8/2014, 10/2014, 1/2015, 8/2015 (passive), Org. Cnty. LTC after 11/2015
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)
	Minnesota	Admin. Alignment	~~4/26/2012~~	**Admin. Alignment MOU Signed** (9/12/2013)	9/2013 (opt-in) ~~12/2012~~

[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, 7/24/2014.

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

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

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