

April 30, 2021

State Medicaid Integration Tracker©

Welcome to the State Medicaid Integration Tracker[®]

The **State Medicaid Integration Tracker[®]** is published bimonthly by Advancing States. 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://www.advancingstates.org/publications/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

Advancing States uses many information sources to learn what is happening across the country in these areas. Advancing States' 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. Advancing States 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@AdvancingStates.org) or **Elaine Sawyer** (esawyer@AdvancingStates.org)

DISCLAIMERS. This document is provided on an "as is" basis, and is made available without representation or warranty of any kind. Advancing States makes no commitment to update the information contained herein, and may make modifications and/or changes to the content at any time, without notice. While Advancing States strives to provide accurate and timely information, there may be inadvertent technical/factual inaccuracies and typographical errors in this document. If the user finds any errors or omissions, please report them to **Elaine Sawyer** at esawyer@AdvancingStates.org

Overview

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

State Updates



State	State Updates
<p>Arizona</p>	<p>Medicare-Medicaid Integration</p> <p>On January 2, 2020 Blue Cross Blue Shield of Arizona (BCBSAZ) announced that the health plan acquired Steward Health Choice Arizona, LLC. BCBSAZ will provide health coverage and LTSS services to Arizonans who are dually eligible for Medicare and Medicaid, including those in the Arizona Health Care Cost Containment System (AHCCCS).</p> <p>(Source: Blue Cross Blue Shield of Arizona Press Release; 1-2-2020)</p>
<p>Arkansas</p>	<p>Managed Long-Term Services and Supports</p> <p>On April 7, 2021, CareSource PASSE announced that the health plan filed for the license to participate in Arkansas’ PASSE program. CareSoure will join the three health plans currently participating in the PASSE program -Anthem, Centene, and Empower Health– in coordinating LTSS for individuals with I/DD. CareSource PASSE will comprise of five health care organizations in Arkansas. These organizations include: Zini Medical Clinic, Ashley County Medical Center, Acadia Healthcare Company, Chenal Family Therapy, Rehabilitation Network Outpatient Services, and CareSource.</p> <p>(Source: CareSource Press Release; 4-7-2021)</p>
<p>California</p>	<p>Managed Long-Term Services and Supports</p> <p>On December 29, 2020 CMS approved California’s request to extend the Medi-Cal 2020 1115 demonstration waiver until December 31, 2021. The California Department of Health Care Services (DHCS) sought to extend the waiver, originally expected to in on December 31, 2020, due to the COVID-19 pandemic.</p> <p>(Source: Medi-Cal 2020 1115 Waiver Request Approval Letter; 12-29-2020)</p> <p>The California Department of Health Care Service released a revised version of its CalAIM proposal on January 8, 2021. This revised version includes updated implementation date in the state’s transition to statewide MLTSS. DHCS believes the proposal would create a standardized approach to care coordination. The proposal includes discontinuing the Cal MediConnect program at the end of 2022 and transitioning to Dual Eligible Special Needs Plans (D-SNPs) for individuals who are dually eligible for Medicaid and Medicare. The proposal would also require all dually eligible individuals to be enrolled in a Medicaid managed care plan statewide, for long-term care to be integrated in</p>

	<p>managed care for all Medi-Cal enrollees by 2023, and for managed care plans to offer D-SNPs to dual eligible enrollees by January 2025.</p> <p>(Source: CalAIM Proposal; 1-28-2021, CalAIM Executive Summary; 2-17-2021)</p>
Florida	<p>Managed Long-Term Services and Supports</p> <p>On September 17, 2020 CBS Miami reported that the Florida Agency for Health Care Administration (AHCA) will remove individual on the waitlist for Florida’s Medicaid managed long-term care program. Due to a law passed in 2020, waitlists are require to only include individuals who are most at-risk for being placed in a nursing home. Individuals with an assessment score of “low priority” will not be placed on the waitlist. 1,562 of the 59,259 people on the waitlist are considered high-risk.</p> <p>(Source: CBS Miami Medicaid Waitlist; 9-17-2020)</p>
Hawaii	<p>Medicare-Medicaid Integration/Managed Long-Term Services and Supports</p> <p>On March 18, 2021 the Hawaii Department of Human Services (DHS) announced the managed care contract awardees for the QUEST Integration (QI) Program. ALOHACARE, Hawaii Medical Service Association, WellCare Health Insurance of Arizona, Inc., United HealthCare Insurance Company will provide statewide coverage to beneficiaries, while Kaiser Foundation Health Plan will serve Oahu and Maui only. Awardees are also expected to have a plan to improve coordination and alignment with Medicare for dually eligible individuals, including operating a dual-eligible special needs plan (D-SNP) for Medicare and Medicaid beneficiaries. Implementation is expected to begin July 1, 2021.</p> <p>(Source: QUEST Managed Care Contract Award Announcement; 3-18-2021)</p>
Illinois	<p>Medicaid Health Homes</p> <p>On January 24, 2020 the Illinois Department of Healthcare and Family Services (IHFS) announced its proposal to begin coverage for Integrated Health Home Services for children and adults who are Medicaid beneficiaries with chronic conditions. These health home would integrate physical and behavioral health needs and social care needs and use care coordinators to manage and individual’s services. State Medicaid Managed Care organizations would be reimbursed through a capitation fee for care coordination services with an increased \$390 million in capitated payment expenditures. Coverage for Integrated Health Home Services was expected to begin April 1, 2020 subject to approval by CMS.</p> <p>(Source: Illinois DHFS Press Release; 1-24-2020)</p>

<p>Massachusetts</p>	<p>Medicare-Medicaid Integration</p> <p>On January 7, 2020 the Massachusetts Executive Office of Health and Human Services (EOHHS) announced the selection of organizations to participate as One Care Plans, which provide comprehensive care and long-term services and supports for individuals with disabilities and those eligible for both Medicaid and Medicare. The five organizations include Boston Medical Center HealthNet Plan, Commonwealth Care Alliance, Fallon Community Health Plan, Tufts Health Public Plans, and UnitedHealthcare Community Plan. Implementation was set to begin in January 2021.</p> <p>(Source: Massachusetts EOHHS Award Announcement; 1-7-2020)</p>
<p>New York</p>	<p>Managed Long-Term Services and Supports</p> <p>On March 25, 2021, the New York Department of Health submitted an amendment request for the New York Medicaid Redesign Team 1115 demonstration waiver. The state is seeking to change the federally required 60-month transfer of assets lookback for community based long-term care services (CBLTCS) to 30 months. CBLTCS are available through managed long-term care (MLTC) and Medicaid managed care (MMC). This initiative would impact the following services:</p> <ul style="list-style-type: none"> • Adult day health care • Assisted living program (ALP) • Certified home health agency (CHHA) services • Personal care services • Consumer directed personal assistance program • Limited licensed home care services • Private duty nursing services • Managed long-term care in the community <p>(Source: New York Medicaid Redesign Team Waiver Amendment Request; 3-25-2021)</p> <p>On November 10, 2020 the New York Department of Health submitted an amendment request for the New York Medicaid Redesign Team 1115 waiver. This amendment would modify the eligibility criteria for MLTC plans by requiring assessed individuals to need assistance with at least two activities of daily living (ADL). The amendment would also allow dually eligible individuals who are not assessed to need CBLTCS (well duals) and are enrolled in a D-SNP to remain or enroll in a Mainstream Medicaid Managed Care Plan (MMMMC).</p> <p>(Source: New York Medicaid Redesign Team Waiver Amendment Request; 11-10-2020)</p> <p>On December 19, 2019, the New York Medicaid Managed Care Advisory Review Panel announced that CMS approved two changes to the state’s Managed Long Term Care (MLTC) program. These</p>

	<p>changes included removing nursing home coverage from the MLTC benefit, which would disenroll an individual from MLTC if they reside in a nursing home for more than three months; and a new lock-in policy for MLTC members that allowed enrollees to transfer to another Medicaid managed care plan during a 90-day window at the beginning of a 12-month period.</p> <p>(Source: HMA Newsletter; 1-8-2020)</p>
<p>Rhode Island</p>	<p>Medicare-Medicaid Integration</p> <p>On January 6, 2020 the Rhode Island Executive Office of Health & Human Services (EOHHS) released a request for information (RFI) regarding payment and delivery system model for duals. The RFI is asking for information of a model that coordinates care for duals under a Medicare-Medicaid Plan (MMP) or Dual Eligible Special Needs Plan (D-SNP).</p> <p>(Source: HMA Newsletter; 1-8-2020)</p> <p>On November 9, 2020 <i>GoLocalProv</i> published an article announcing the Neighborhood Health Plan of Rhode Island signed a three-year extension with Rhode Island Executive Office of Health & Human Services (EOHHS) and CMS for the Medicare-Medicaid Duals Programs. Neighborhood’s INTEGRITY plan serves 13,000 duals and the extension will ensure continued service for beneficiaries.</p> <p>(Source: GoLocalProv Neighborhood Health Plan of Rhode Island; 11-9-2020)</p>
<p>Tennessee</p>	<p>Managed Long-Term Services and Supports</p> <p>On March 31, 2021 Tennessee submitted a request to amend the 1115 demonstration waiver TennCare III. The amended waiver, to be named TennCare III, would integrate services for beneficiaries with intellectual or development disabilities (I/DD) into the state’s current managed care system. The Department of Intellectual and Developmental Disabilities (DIDD) would provide oversight and management of all Medicaid LTSS for members with I/DD enrolled in the 1915(c) waivers, the Employment and Community First CHOICES Program, and ICF services. These services would become benefits administered by managed care organizations (MCOs) through the state’s managed care service delivery system.</p> <p>(Source: TennCare III Waiver Amendment Request; 3-31-2021)</p>
<p>Texas</p>	<p>Managed Long-Term Services and Supports</p>

On January 20, 2021 Texas submitted an amendment to the Texas Healthcare Transformation and Quality Improvement Program (THTQIP) 1115 demonstration waiver. This amendment would include non-emergency medical transportation (NEMT) for Medicaid managed care and MLTSS members, including older adults in the STAR+PLUS waiver, as a required covered service. This amendment stems from a state law (H.B. 1576) that requires all Medicaid managed care organizations to provide NEMT for trips requested less than 48 hours' notice.

(Source: [Texas Healthcare Transformation and Quality Improvement Program Waiver Amendment Request; 1-20-2021](#))

STATE TRACKER FOR DUALS DEMONSTRATIONS

(Updated as of: 4/30/2021)

	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	12/31/2022
2	Colorado	Managed FFS	5/2012	TERMINATED on 12/31/2017		N/A
3	Illinois	Capitated	4/6/2012	MOU Signed 2/22/2013	Fully implemented in greater Chicago and central Illinois areas	12/31/2022
4	Massachusetts	Capitated	2/16/2012	MOU Signed 8/23/2012	Fully implemented statewide	12/31/2021; Duals Demo 2.0 pending
5	Michigan	Capitated	4/26/2012	MOU Signed 4/2014	Fully implemented in 10 counties and the Upper Peninsula	12/31/2021
6	Minnesota	Admin. Alignment	4/26/2012	Admin. Alignment MOU Signed (9/12/2013)	Fully implemented	12/31/2020
7	New York	Capitated ²	5/25/2012	MOU Signed 8/26/2013; 11/5/2015	Fully implemented in NYC, Nassau, Westchester and Suffolk counties	FIDA Terminated 12/31/2019 12/31/2020 for ID/DD
8	Ohio	Capitated	4/2/2012	MOU Signed 12/12/2012	Fully implemented in 29 counties	12/31/2019; Seeking three-year extension
9	Rhode Island	Capitated	5/31/2012	MOU Signed	Three phases of opt-in enrollment: 7/2016; 8/2016; and 9/2016	12/31/2023
	South Carolina	Capitated	5/25/2012	MOU Signed	Fully implemented	12/31/2023

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
10						
11	Texas	Capitated	5/2012	MOU Signed	Fully implemented in 6 counties	12/31/2021
12	Virginia	Capitated	5/31/2012	TERMINATED on 12/31/17		N/A
13	Washington	Managed FFS	4/26/2012	MOU Signed 10/25/2012	Fully implemented in 36 counties	12/31/2020

ADvancing States

241 18th Street South, Suite 403

Arlington, VA 22202

Phone: 202-898-2578

www.ADvancingStates.org