

CY Q3 & Q4 2023

# State Medicaid Integration Tracker©

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

The **State Medicaid Integration Tracker<sup>®</sup>** is published 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 since the previous tracker's publication. 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<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:
  - 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 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.

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## Overview

<p><b>Managed LTSS Programs:</b></p> <p>(Bolded states have updates highlighted in this issue of the tracker)</p> <p>*: Indiana’s MLTSS program is in active development</p>	<p><b>AR, AZ, CA, DE, FL, HI, IA, ID, IL, IN*, KS, MA, MI, MN, NJ, NM, NY, NC, PA, RI, TN, TX, VA, WI</b></p>
<p><b>States with MLTSS Delivered Through Section 1115 Waivers:</b></p>	<p>AZ, DE, NJ, TX, TN, NM, NY</p>
<p><b>Medicare-Medicaid Care Coordination Initiatives:</b></p> <p>All states, except Minnesota, are operating a CMS-approved Financial Alignment Initiative (FAI) demonstration program. Pursuant to Final Rule CMS-4192-F, states must phase out or transition their FAIs no later than December 31, 2025. For links to transition plans, please see the chart at the bottom of the tracker.</p> <p>** : Pursuing alternative initiative</p>	<p>CA, IL, MA, MI, MN**, OH, RI, SC, TX, WA</p>

For details about state integration activities, visit the [Integrated Care Resource Center Map](#).

State	Update
Arizona	<p><b>Managed Long-Term Services and Supports</b></p> <p>On August 1, the Arizona Health Care Cost Containment System (AHCCCS) released a Request for Proposals (RFP) for the Arizona Long Term Care System (ALTCS) Program for people who are elderly and/or have a physical disability. The selected Contractor(s) will be responsible for providing integrated care addressing physical and behavioral health needs and LTSS for older adults and people with physical disabilities, including adults and children with and without General Mental Health/Substance Use needs; adults with a Serious Mental Illness designation; children with a Serious Emotional Disturbance designation; and children with special health care needs; and excluding AHCCCS Complete Care; Department of Economic Security/Division of Developmental Disabilities; Department of Child Safety/Comprehensive Health Plan; and AHCCCS Complete Care-Regional Behavioral Health Agreement enrolled members.</p> <p>On December 1, AHCCCS announced contracts were awarded to two health plans, Health Net Access, Inc. (dba Arizona Complete Health-Complete Care Plan) and Arizona Physicians IPA, Inc. (dba UnitedHealthcare Community Plan), effective October 1, 2024.</p> <p>(Source: <a href="#">Arizona Health Care Cost Containment System Bidders Link</a>; 8-1-2023 and <a href="#">AHCCCS News</a>; 12-1-2023)</p> <p>On September 27, AHCCCS requested to amend its 1115 demonstration to allow parents of minor children eligible for the Arizona Long Term Care Services (ALTCS) to receive payment for personal care and habilitation services, which had been approved under an Appendix K amendment during the public health emergency. Under the 1115 demonstration, AHCCCS seeks to mitigate the direct care worker shortage, increase member satisfaction and promote positive health outcomes, extend an additional support to restore, enhance, and maintain family functioning to preserve effective care for the member, and ensure that members receive high-quality care while increasing timely accessibility to care providers.</p> <p>(Source: <a href="#">AHCCCS 1115 Demonstration Waiver Amendment Request</a>; 9-27-2023)</p>
Florida	<p><b>Managed Long-Term Services and Supports</b></p> <p>On November 3, 2023, the State of Florida Agency for Health Care Administration (AHCA) issued an Intent to Negotiate (ITN) to select a vendor to provide comprehensive IDD services through a pilot program that utilizes a managed care model. The pilot program is being conducted in two regions and the initial phase will include up to 600 slots. Goals for the pilot program include maximizing managed care flexibility to provide additional services, increase access to providers and services,</p>

	<p>maintain quality of care coordination and person-centered care plans, and increase opportunities for community integration. Responses were due December 8, 2023 and anticipated posting of notice of intent to award will be January 31, 2024.</p> <p>(Source: <a href="#">Florida Agency for Health Care Administration</a>; 11-3-2023)</p>
<p>Indiana</p>	<p><b>Managed Long-Term Services and Supports</b></p> <p>On October 3, the Indiana Family and Social Services Administration (FSSA) announced that Molina Healthcare was unable to secure a D-SNP contract with Centers for Medicare and Medicaid Services to operate a Dual-Eligible Special Needs Plan by January 1, 2024. As a result, FSSA is not continuing readiness review activities and will not offer Molina a contract for the IN PathWays for Aging program.</p> <p>The state will work with the selected MCEs in the contracting and readiness review process with an anticipated go-live date of summer 2024.</p> <p>(Source: <a href="#">IN Family and Social Services Administration</a>; 10-3-2023)</p> <p>On November 6, FSSA submitted a draft waiver application for the new 1915(c) HCBS waiver, PathWays for Aging waiver (PathWays). This waiver splits the previously approved Aging and Disabled Waiver into two waivers, PathWays and the Health and Wellness waiver. The draft waiver application was open for public comment from November 8 through December 14, 2023.</p> <p>(Source: <a href="#">IN Family and Social Services Administration</a>; 11-6-2023)</p>
<p>Kansas</p>	<p><b>Managed Long-Term Services and Supports</b></p> <p>On October 2, the Kansas Department of Health and Environment and Department for Aging and Disability Services released the KanCare Medicaid capitated managed care RFP.</p> <p>Kansas expects to select three managed care organizations. The main goals of procurement are to improve member experience and satisfaction, improve health outcomes, reduce healthcare disparities, expand provider network and direct care workforce capacity and skill sets, improve provider experience and encourage provider participation in Medicaid, increase the use of cost-effective strategies, and to leverage data to promote continuous quality improvement. Proposals are due January 4, 2024, with awards expected April 12, 2024 and implementation on January 1, 2025.</p> <p>(Source: <a href="#">State of Kansas</a>; 10-3-2023)</p>

<p>Massachusetts</p>	<p><b>Medicare-Medicaid Integration</b></p> <p>On November 30, the Massachusetts Executive Office of Health and Human Services (EOHHS) released a Request for Responses (RFR) for One Care Plans and Senior Care Options (SCO) Plans. Bidders may submit a response to operate both One Care and SCO Plans or may submit a response to operate a One Care Plan or a SCO Plan only. EOHHS intends to enter into the number of Contracts it determines will provide comprehensive integrated care to its members in a manner that optimizes geographic coverage, member choice of plans, and administrative efficiencies. EOHHS intends to enter into a contract with selected organizations to provide covered services for an initial five-year contract term, effective January 1, 2026 through December 31, 2030.</p> <p>One Care is an integrated care option available for Dual Eligible adults with disabilities ages 21-64 at the time of enrollment. One Care enrollees can get full Medicare and Medicaid coverage, plus additional behavioral health services, LTSS, and other community services. As of January 1, 2026, One Care will consist of Medicare Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs) with companion Medicaid managed care plans.</p> <p>Senior Care Options (SCO) is a coordinated health plan option for adults ages 65 and older, with or without Medicare. SCO enrollees can get all their MassHealth and Medicare services (for those enrolled in Medicare), plus additional behavioral health and home care services, through a health plan contracted with both Medicare and MassHealth. SCO currently consists of Medicare FIDE SNPs with companion Medicaid managed care plans.</p> <p>EOHHS requests that organizations planning to submit a response to the RFR submit letters of intent by February 15, 2024.</p> <p>Source: <a href="#">Massachusetts Executive Office of Health and Human Services; 11-3-2023</a>)</p>
<p>New Mexico</p>	<p><b>Managed Long-Term Services and Supports</b></p> <p>The New Mexico Human Services Department (HSD) announced its intention to award Medicaid managed care organization (MCO) contracts to four health plans for Turquoise Care, the state’s Medicaid managed care program. The state will negotiate contracts with BlueCross BlueShield, Presbyterian Health Plan, United Health Plan, and Molina Health Plan with a start date of July 1, 2024. The state announced that it does not intend to negotiate a Medicaid contract with current MCO Western Sky Community Care.</p> <p>The Human Services Department also announced a decision to rescind the cancellation of the Turquoise Care Request for Proposals (RFP), which was made on</p>

	<p>January 30, 2023, to allow agency leadership an opportunity to assess the design of the procurement.</p> <p>(Source: <a href="#">NM Human Services Department</a>; 8-11-2023)</p>
North Carolina	<p><b>Managed Long-Term Services and Supports</b></p> <p>On October 31, North Carolina submitted an application to extend it’s 1115 demonstration, “North Carolina Medicaid Reform Demonstration.” Through the renewal request, North Carolina asks for extensions of ongoing managed care authorities, an expansion of and refinements to the Healthy Opportunities Pilot program, and authority for four new initiatives.</p> <p>(Source: <a href="#">NC Section 1115 Demonstration Renewal Application</a>; 10-31-2023)</p>
Rhode Island	<p><b>Managed Long-Term Services and Supports</b></p> <p>On December 15, the Rhode Island Executive Office of Health and Human Services (EOHHS) released an RFP for procurement for Medicaid managed care organizations. The new RFP and contract requirements seek to enhance quality, oversight, and financial management of managed care services through measures including a reduction of unnecessary prior authorizations, executive level transparency, increased market competition among MCOs, increased accountability for the use of Pharmacy Benefit Managers, and others. The RFP will also include LTSS services and enhance coordination efforts for dually-eligible individuals.</p> <p>This new program will replace Rhode Island’s dual eligible demonstration which is due to expire on December 31, 2025.</p> <p>RFP responses are due February 23, 2024 and the new contracts are expected to begin on July 1, 2025.</p> <p>(Source: <a href="#">State of Rhode Island</a>; 12-15-2024)</p>
Tennessee	<p><b>Managed Long-Term Services and Supports</b></p> <p>On November 13, Tennessee requested an amendment to the TennCare III Demonstration. The proposed amendments would expand coverage of parents and caretaker relatives of dependent children, covering a supply of diapers for infants and young children under age two enrolled in TennCare, and enhancing HCBS available to people with disabilities. Specifically with regard to HCBS, the amendment would add employment services and supports for some individuals enrolled in CHOICES; revise service definitions to combine attendant care and personal care in CHOICES; revise</p>

	<p>the definitions of individualized integrated employment, benefits counseling, and self-employment; add community transportation as a covered CHOICES benefit; provide exceptions to individual cost neutrality tests and expenditure caps; and add electronic signatures/verbal authorizations as an option for the person-centered support plan.</p> <p>(Source: <a href="#">Division of TennCare</a>; 11-13-2023)</p>
Virginia	<p><b>Managed Long-Term Services and Supports</b></p> <p>On August 31<sup>st</sup>, the Virginia Department of Medical Assistance Services (DMAS) released an RFP for Cardinal Care. Cardinal Care Managed Care will be a comprehensive managed care program serving all populations, including those who receive LTSS. DMAS anticipates it will establish contracts with up to five MCOs, all of which must operate a Dual-Eligible Special Needs Plan (DSNP). Proposals were due October 27, 2023 and the anticipated start date is July 1, 2024.</p> <p>(Source: <a href="#">Virginia Department of Medical Assistance</a>; 08-31-2023)</p>



STATE TRACKER FOR DUALS DEMONSTRATIONS  
(Updated as of: 12/30/2023)

	States	Proposed Financing Model	Status	Anticipated End Date
1	California	Capitated	TRANSITIONED on 01/01/2023	N/A
2	Colorado	Managed FFS	TERMINATED on 12/31/2017	N/A
3	Illinois	Capitated	INTENDS TO TRANSITION <a href="#">Link to Transition Plan</a>	12/31/2025
4	Massachusetts	Capitated	INTENDS TO TRANSITION <a href="#">Link to Transition Plan</a>	12/31/2025; Duals Demo 2.0 pending
5	Michigan	Capitated	INTENDS TO TRANSITION <a href="#">Link to Transition Plan</a>	12/31/2025
6	Minnesota	Admin. Alignment	Admin. Alignment MOU Signed (9/12/2013)	12/31/2025
7	New York	Capitated <sup>1</sup>	TERMINATED on 12/31/2019	N/A
8	Ohio	Capitated	INTENDS TO TRANSITION <a href="#">Link to Transition Plan</a>	12/31/2025
9	Rhode Island	Capitated	INTENDS TO TRANSITION <a href="#">Link to Transition Plan</a>	12/31/2025
10	South Carolina	Capitated	INTENDS TO TRANSITION	12/31/2025

	States	Proposed Financing Model	Status	Anticipated End Date
11	Texas	Capitated	INTENDS TO TRANSITION <a href="#">Link to Transition Plan</a>	12/31/2025
12	Virginia	Capitated	TERMINATED on 12/31/17	N/A
13	Washington	Managed FFS	MOU Signed 10/25/2012	12/31/2023

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