

January – June 2024

State Medicaid Integration Tracker©



Welcome to the State Medicaid Integration Tracker®

The **State Medicaid Integration Tracker**© 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**© 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.

For more information, please contact **Camille Dobson** (<u>cdobson@advancingstates.org</u>) or **Annie Kimbrel** (<u>akimbrel@advancingstates.org</u>).

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Overview

Managed LTSS Programs: (Bolded states have updates highlighted in this issue of the tracker) *: Indiana's MLTSS program is in active development	AR, AZ, CA, DE, FL , HI , IA , ID , IL, IN*, KS , MA, MI , MN , NJ, NM, NY , NC, PA, RI, TN , TX, VA , WI
States with MLTSS Delivered Through Section 1115 Waivers:	AZ, DE, HI, NJ, TX, TN, NM, NY
Medicare-Medicaid Care Coordination Initiatives:	CA, IL, MA, MI, MN**, OH, RI, SC, TX, WA
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. **: Pursuing alternative initiative	

For details about state integration activities, visit the <u>Integrated Care Resource Center Map</u>.



State	Update			
Florida	Managed Long-Term Services and Supports			
	On February 12, Florida's Agency for Health Care Administration announced their intent to award a contract to Florida Community Care for the managed care pilot program that includes comprehensive IDD services.			
	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, maintain quality of care coordination and person-centered care plans, and increase opportunities for community integration.			
	(Source: HMA Roundup and FloridaPolitics.com; 2-12-2024)			
Hawaii	Managed Long-Term Services and Supports			
	On January 17, Hawaii submitted a five-year extension request for its Medicaid section 1115 demonstration, Hawaii QUEST Integration. The extension includes new authorities, including pre-release services for justice-involved individuals and builds on existing authorities, including expanding rental assistance and adding medical respite. The federal public comment period ended March 6, 2024.			
	(Source: Center for Medicaid and CHIP Services; 2-5-2024)			
Idaho	Managed Long-Term Services and Supports			
	On June 14, the Idaho Department of Health and Welfare, Division of Medicaid, opened a Request for Proposals for the Medicare Medicaid Coordinated Plan (MMCP) and the Idaho Medicaid Plus (IMPlus). The MMCP is a fully integrated special needs plan (FIDE-SNP) and IMPlus is a capitated LTSS managed care program. The awarded vendors must offer both MMCP and IMPlus. The RFP closes 8/15/24 with an expected go live date of January 2026.			
	(Source: <u>Idaho Department of Health & Welfare</u> and <u>Idaho Department of Administration</u> ; 6-14-2024)			
Iowa	Managed Long-Term Services and Supports			
	On March 1, the Iowa Department of Health and Human Services (HHS) released a request for proposals for delivery of healthcare services for Iowa Medicaid, Iowa Health and Wellness Plan, and Healthy and Well Kids in Iowa programs. Contractors will be responsible for delivering covered benefits in a coordinated manner, including			



	physical health, behavioral health, and LTSS. HHS is currently contracting with three MCOs for the IA Health Link program and one of these contracts is set to expire on 6/30/25. HHS intends to contract on a statewide basis with one bidder with a demonstrated capacity to coordinate care and provide quality outcomes for the Medicaid and CHIP populations. Bidder proposals are due by May 8 and HHS intends to issue a notice of intent to award on September 3, with anticipated start date for the provision of services on July 1, 2025. (Source: Iowa Department of Health and Human Services ; 3-1-2024)			
Kansas	Managed Long-Term Services and Supports			
	On May 14, the Kansas Department of Health and Environment (KDHE) announced the selection of three MCOs that will serve the Kansas Medicaid program, KanCare, beginning January 1, 2025. Contracts were awarded to incumbent plans Sunflower Health Plan (a Centene affiliate) and United Healthcare Community Plan, and a new plan, Healthy Blue.			
	(Source: Kansas Department of Health and Environment; 5-14-2024)			
	CVS/Aetna and CareSource have filed protests over the KanCare Medicaid awards. An administrative decision on the protests is expected by mid-July.			
	(Source: HMA Weekly Roundup; 6-26-2024)			
Michigan	Dual-Eligible Special Needs Plan			
	On June 6, the Michigan Department of Health and Human Services (MDHHS) released a request for proposals to transition its FAI demonstration, MI Health Link, into a permanent Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP). The HIDE SNP will include capitated LTSS (one of the required benefits to be considered a HIDE SNP). Contracted MCOs will provide all Medicare and most Medicaid covered benefits for their dual-eligible enrollees. Specialty Medicaid behavioral health services will remain carved out. The five pillars of the Integrated Care transition are: foster integration and continuity; reduce racial disparities; improve care delivery; promote self-determination; and build a culture of quality. The HIDE SNP program will be operational in some regions of the state on 1/1/2026 and will extend to the entire state on 1/1/2027.			
	(Source: Michigan Department of Health and Human Services; 6-6-2024)			
Minnesota	Integrated Health Partnerships Demonstration			



	On May 31, the Minnesota Department of Human Services released an RFP, seeking providers to provide health care services to Medical Assistance and MinnesotaCare enrollees under alternative payment arrangements through the Integrated Health Partnerships Demonstration. The term of any resulting contracts is expected to be for 4 years, from 1/1/25 through 12/31/2028, and the state may extend the contract up to a total of 5 years. Proposals are due August 14, 2024.	
	(Source: Minnesota Department of Human Services; 5-31-2024)	
New York Section 1115(a) Demonstration Approval		
	On January 9, CMS approved New York's request to amend its Medicaid 1115(a) demonstration entitled, "Medicaid Redesign Team." Approval of the demonstration amendment will allow New York to advance health equity, reduce health disparities, support the delivery of health-related social needs, and promote workforce development. The amendment also provides the state with substance use disorder demonstration authority. The amendment is effective January 9 and will remain in effect throughout the demonstration approval period, which is set to expire on March 31, 2027.	
	(Source: Centers for Medicare & Medicaid Services; 01-09-2024)	
Tennessee	Section 1115(a) Demonstration Approval	
	On May 17, CMS approved Tennessee's request to amend its Medicaid section 1115(a) demonstration, Tenncare III. The amendment is effective 5/17/24 for the rest of the demonstration period through 12/31/2030. The amendment expands eligibility for parents and caretaker relatives of dependent children; provides a new benefit to cover a supply of diapers for infants and young children; and enhances HCBS available to people with disabilities, with a particular emphasis on employment supports.	
	(Source: Centers for Medicare & Medicaid Services; 05-17-2024)	
Virginia	Managed Long-Term Services and Supports	
	On February 28, the Virginia Department of Medical Assistance Services (DMAS) announced a Notice of Intent to Award statewide contracts for the Cardinal Care managed care program. Cardinal Care combines previously separate managed care programs for TANF and LTSS populations into one program.	
	Selected contractors include Aetna Better Health of Virginia, Anthem HealthKeepers, Inc., Humana Healthy Horizons of Virginia, Sentara Health Plans, and United Healthcare of the Mid-Atlantic, Inc. The anticipated start date is July 1, 2024.	



	(Source: Virginia Department of Medical Assistance; 2-28-2024)		
Wisconsin	Managed Long-Term Services and Supports		
	On January 12 th , Wisconsin's Department of Health Services released an RFP seeking managed care organizations for the delivery of the Family Care Program and the Family Care Partnership Program for geographic service region (GSR) five. Family Care and Family Care Partnership are long-term care programs for low-income older adults and adults with developmental, intellectual, or physical disabilities who have long-term care needs. This RFP is the first part of a three-part process that will result in the award of multiple contracts with MCOs.		
	Family Care is a Medicaid program with a benefit package that integrates the Medicaid home and community-based waiver services with the long-term care services that are part of the Medicaid State Plan. Family Care Partnership is a FIDE SNP that includes all Medicaid services, including home and community-based waiver services, Medicaid State plan services, and Medicare services.		
	Proposals were due March 7, 2024, notification of intent to award is estimated to be June 14, 2024, with an estimated contract start date of January 1, 2025.		
	Source: State of Wisconsin Department of Health Services; 01-12-2024)		



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 Link to Transition Plan	12/31/2025
4	Massachusetts	Capitated	INTENDS TO TRANSITION Link to Transition Plan	12/31/2025; Duals Demo 2.0 pending
5	Michigan	Capitated	INTENDS TO TRANSITION Link to Transition Plan	12/31/2025
6	Minnesota	Admin. Alignment	Admin. Alignment MOU Signed (9/12/2013)	12/31/2025
7	New York	Capitated ¹	TERMINATED on 12/31/2019	N/A
8	Ohio	Capitated	INTENDS TO TRANSITION Link to Transition Plan	12/31/2025
9	Rhode Island	Capitated	INTENDS TO TRANSITION Link to Transition Plan	12/31/2025
10	South Carolina	Capitated	INTENDS TO TRANSITION	12/31/2025
11	Texas	Capitated	INTENDS TO TRANSITION	12/31/2025



	States	Proposed Financing Model	Status	Anticipated End Date
			Link to Transition Plan	
12	Virginia	Capitated	TERMINATED on 12/31/17	N/A
13	Washington	Managed FFS	MOU Signed 10/25/2012	12/31/2023



ADvancing States

241 18th Street South, Suite 403

Arlington, VA 22202

Phone: 202-898-2578

www.ADvancingstates.org