

February 1, 2015

State Medicaid Integration Tracker[©]

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).

Please note that the tracker has been reformatted as of November 2014. In order to improve readability of the tracker, we are only including new updates for each state in the monthly publication. 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.

For more information, please contact **Damon Terzaghi** (dterzaghi@nasuad.org) or **Erin White** (ewhite@nasuad.org).

DISCLAIMERS. This document is provided on an "as is" basis, and is made available without representation or warranty of any kind. NASUAD 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 NASUAD 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 **Erin White** at ewhite@nasuad.org.

Overview

<p>Managed LTSS:</p>	<p>AZ, CA, DE, FL, GA, HI, ID, IL, KS, LA, MA, MI, MN, MO, NE, NV, NH, NJ, NM, NY, NC, OH, OR, PA, RI, TN, TX, WI</p>
<p>Medicare-Medicaid Care Coordination Initiatives:</p> <p>*: Financial Alignment (FA) demonstration proposal approved by CMS</p> <p>** : Pursuing alternative initiative</p>	<p>CA*, CO*, CT, FL**, IL*, MA*, MI*, MN**, NH**, NJ**, NY*, OH*, OK, RI, SC*, TX*, VA*, WA*</p>
<p>Other LTSS Reform Activities:</p> <p>*: Approved by CMS</p>	
<ul style="list-style-type: none"> • Balancing Incentive Program: 	<p>AR*, CT*, DE, GA*, IL*, IN*, IA*, KY*, LA*, ME*, MD*, MA*, MS*, MO*, NE*, NV*, NH*, NJ*, NY*, OH*, PA*, RI, TX*</p>
<ul style="list-style-type: none"> • Medicaid State Plan Amendments under §1915(i): <p>SPA withdrawn:</p>	<p>AR, CA*, CO*, CT*, DE, DC, FL*, ID*, IN*, IA*, LA*, MD*, MI*, MS*, MT*, NV*, OR*, TX, WI*</p> <p>TX, WA</p>
<ul style="list-style-type: none"> • Community First Choice option under §1915(k): <p>SPA withdrawn:</p>	<p>AR, CA*(2), CO, CT, MD*, MN, MT*, NY, OR*, TX, WA, WI</p> <p>AZ, LA</p>
<ul style="list-style-type: none"> • Medicaid Health Homes: 	<p>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)</p>

State Updates

State	State Updates
<p>Alabama</p>	<p>Regional Care Organizations</p> <p>On December 30, 2014, the state certified five additional organizations as probationary Regional Care Organizations (RCOs). These five organizations join six previously-certified organizations, as all eleven probationary RCOs work toward final approval. Final approval will require the probationary RCOs to demonstrate by April 1, 2015, the ability to develop an adequate provider network and demonstrate by October 1, 2015, the financial solvency to operate a viable program no later than October 1, 2016. (Source: Alabama Medicaid website)</p>
<p>California</p>	<p>Senate Select Committee on Aging and Long-Term Care Recommends Long-Term Care System Overhaul</p> <p>The State Senate Select Committee on Aging and Long-Term Care released a December 2014 report identifying major deficiencies in the state’s programs and services for older adults and individuals with disabilities and recommending extensive changes to the state’s long-term care system to correct these deficiencies. The report describes the current long-term care system as fragmented, inefficient, and lacking accountability. The changes outlined in the report include 30 legislative recommendations and a detailed strategy to establish a more efficient and integrated system of care for the state’s aging and disabled population. (Source: Senator Carol Liu website) Senate Select Committee on Aging and LTC Final Report (12/2014)</p> <p>State Demonstration to Integrate Care for Dual Eligible Individuals</p> <p>On November 20, 2014, the state released an updated enrollment timeline for the demonstration. (Source: Calduals.org) CCI Revised Timeline (11/20/2014)</p> <p>In December 2014, the Department of Health Care Services released Cal MediConnecToons, a series of four animated informational videos to explain Cal MediConnect. (Source: Calduals.org) Cal MediConnecToons (12/2014)</p> <p>On January 1, 2015, the state began passive enrollment in Santa Clara County. (Source: Calduals.org)</p> <p>On January 15, 2015, California released enrollment information detailing the current participation across the demonstration counties. The statistics show that 40% of potential enrollees are participating in the program; 48%</p>

State	State Updates
California	of individuals opted out of the demonstration; and 12% were involuntarily disenrolled. Los Angeles county has the highest opt-out rate in the state. (Source: Calduals.org)
Colorado	<p>State Demonstration to Integrate Care for Dual Eligible Individuals</p> <p>On November 19, 2014, CMS posted the Evaluation Design Plan for Colorado’s duals demonstration. (Source: CMS website) Colorado Evaluation Design Plan (10/30/2014)</p>
Illinois	<p>Managed LTSS Program</p> <p>As of the January 6, 2015 meeting of the Medicaid Advisory Committee (MAC) Care Coordination Subcommittee, the state had enrolled more than 1.4 million Medicaid beneficiaries in care coordination plans, which include Managed Care Organizations (MCOs), Accountable Care Entities (ACEs), and Care Coordination Entities (CCEs). State Healthcare and Family Services (HFS) officials estimate that an additional 700,000 Medicaid beneficiaries will be enrolled in care coordination plans by May 2015. (Source: HMA Weekly Roundup, 1/14/2015)</p> <p>Health Homes</p> <p>As of February 2015, Illinois Medicaid has submitted to CMS a proposed Health Home State Plan Amendment to implement Health Homes for individuals with two chronic conditions or one chronic condition and at risk for developing another chronic condition. HFS officials expect the Health Homes to be developed and operating by October 2015. (Source: Illinois HFS website) Illinois Health Home State Plan Amendment Concept Paper (1/9/2015)</p>
Indiana	<p>Hoosier Care Connect Coordinated Care Program</p> <p>On November 26, 2014, the Family and Social Services Administration (FSSA) announced its selection of three managed care contractors to provide coordinated healthcare services for qualifying aged, blind, and disabled Medicaid enrollees through Indiana’s new Hoosier Care Connect coordinated care program. Hoosier Care Connect (HCC) will rollout April 1, 2015; enrollees will include Medicaid recipients aged 65 and over, along with children and adults with blindness or a disability. Individuals who are enrolled in Medicare, reside in an institutional setting, or are enrolled in a HCBS waiver will not be eligible for the program. (Source: Indiana FSSA News Release, 11/26/2014)</p>

State	State Updates
<p>Iowa</p>	<p>Medicaid Managed Care</p> <p>On January 20, 2015, state legislators announced Governor Terry Branstad’s plan to transition Iowa’s Medicaid program to private MCOs. The Department of Human Services plans to release an RFP for managed care plans by March 1, 2015; the new program’s implementation target date is January 2016. The estimated cost savings during the first six months of 2016 is \$51.3 million. (Source: Des Moines Register, 1/20/2015)</p>
<p>Kansas</p>	<p>Managed LTSS Program</p> <p>On December 31, 2014, the Kansas Department for Aging and Disability Services (KDADS) filed with CMS several HCBS waiver renewals for the state’s Frail Elderly, I/DD, Physical Disability and TBI waiver programs. The waiver renewals included several proposed changes; the most significant change would eliminate the automatic transition of individuals with PD from the PD waiver program to the Frail Elderly waiver program at age 65. (Source: HMA Weekly Roundup, 1/14/2015; Kansas Health Institute, 1/13/2015; KDADS website) Frail Elderly Program Renewal Application (Submitted 12/31/2014) I/DD Program Renewal Application (Submitted 12/31/2014) Physical Disability Program Renewal Application (Submitted 12/31/2014) TBI Program Renewal Application (Submitted 12/31/2014)</p>
<p>Maine</p>	<p>Health Homes</p> <p>On December 17, 2014, CMS approved Maine’s second Health Home State Plan Amendment to implement Behavioral Health Homes for adults and children with significant mental health and co-occurring diagnoses, effective April 1, 2014. In April 2014, Maine began implementing Behavioral Health Homes as Stage B of its MaineCare Health Home Initiative. (Source: Medicaid SPA website, 1/2015) Health Homes State Plan Amendment (Approved 12/17/2014)</p>
<p>Michigan</p>	<p>Health Homes</p> <p>On December 11, 2014, CMS approved Michigan’s Health Home State Plan Amendment to implement Health Homes for individuals with serious and persistent mental health conditions, effective July 1, 2014. The state will pilot Health Homes in three counties: Manistee, Grand Traverse, and Washtenaw. (Source: Michigan DCH website, 1/2015) Health Homes State Plan Amendment (Approved 12/11/2014)</p>

State	State Updates
<p>New York</p>	<p>Managed LTSS Program</p> <p>As of January 2015, the behavioral health carve-in (using Health and Recovery Plans or HARPs) has been delayed an additional 3 months. The state anticipates CMS approval by March 2015, and expects Medicaid managed care plans in New York City to begin managing the full behavioral health benefit on July 1, 2015, with the rest of the state following in approximately 6 months. HARPs will rely on passive enrollment with an opt-out. Individuals enrolled in Medicaid managed care who have been identified as HARP-eligible will be passively enrolled in the HARP that is operated by the managed care plan in which they are enrolled, and they will be informed of their ability to opt-out. (Source: HMA Weekly Roundup, 1/14/2015)</p> <p>Effective February 1, 2015, managed care plans began covering the full range of Nursing Home (NH) services to current managed care enrollees new to NH care. Effective February 1, 2015, in New York City, all eligible beneficiaries age 21 and over in need of long term placement in a nursing facility will be required to join a Medicaid Managed Care Plan (MMCP) or a Managed Long-Term Care Plan (MLTCP). On April 1, 2015, the counties of Nassau, Suffolk, and Westchester will be phased in; the rest of the State is scheduled to transition in July 2015 for both dual and non-dual eligible populations. All current long term placed beneficiaries in a Medicaid certified skilled nursing facility (NH) prior to February 1, 2015 for Phase 1; April 1, 2015 for Phase 2; and July 1, 2015 for the upstate phase-in will remain in fee-for-service (FFS) Medicaid and will not be required to enroll in a managed care plan. No individual will be required to change nursing homes resulting from this transition; however, new placements will be based upon the MMCP's or MLTC's contractual arrangements and the needs of the individual. Effective October 1, 2015, voluntary enrollment into managed care will become available to individuals residing in NHs who are in FFS Medicaid. (Source: NY DOH Medicaid Update Vol. 31, 1/2015)</p> <p>§1115 Demonstration Waiver</p> <p>On December 24, 2014, CMS approved the 2014 Quality Strategy for the New York State Medicaid Managed Care Program. The 2014 Quality Strategy delineates the updated and expanded goals of the state's Medicaid managed care program and the actions taken by New York DOH to ensure the quality of care delivered to Medicaid managed care enrollees. (Source: NY DOH website, 2/2014) 2014 Quality Strategy for the NYS Medicaid Managed Care Program</p> <p>On December 31, 2014, CMS granted a temporary extension to New York's §1115 demonstration waiver, the Partnership Plan, effective through March</p>

State	State Updates
<p>New York</p>	<p>31, 2015. The waiver was originally scheduled to expire at the end of 2014. (Source: NY DOH 1115 Waiver website) CMS Temporary Extension Approval Letter (12/31/2014)</p> <p>The New York State Department of Health has posted a presentation on its DSRIP website about shared savings and value-based payments. (Source: NY DOH DSRIP website; HMA Weekly Roundup, 1/21/2015) DSRIP, Shared Savings, and the Path Toward Value-Based Payment Slides</p> <p>State Demonstration to Integrate Care for Dual Eligible Individuals</p> <p>On January 7, 2015, CMS posted the Evaluation Design Plan for New York’s duals demonstration. (Source: CMS website) New York Evaluation Design Plan (1/7/2015)</p>
<p>Pennsylvania</p>	<p>Governor Accepts Recommendations for Improving LTSS System</p> <p>On January 8, 2015, outgoing Governor Tom Corbett accepted the Pennsylvania Long-Term Care Commission’s December 2014 Final Report. The report establishes a foundation for strengthening the state’s LTSS system, recommending strategies for improving care coordination; service delivery; quality outcomes; and fiscal sustainability. Included in the report is a recommendation for the state to develop and implement a LTSS coordinated integrated demonstration program to pilot service delivery and financing models that provide coordinated, integrated, person-centered physical health, mental health, substance abuse, and LTSS services. (Source: State DHS LTSS website; PR Newswire, 1/8/2015) Pennsylvania LTC Commission Final Report (December 2014)</p> <p>Balancing Incentive Program</p> <p>As of January 2015, Pennsylvania has submitted to CMS a Structural Change Work Plan for the state’s Balancing Incentive Program. (Source: Medicaid Balancing Incentive Program website, 1/2015) Structural Change Work Plan</p>
<p>Washington</p>	<p>State Demonstration to Integrate Care for Dual Eligible Individuals</p> <p>On February 3, 2015, the state announced that it was not moving forward with its capitated financial demonstration in King and Snohomish Counties (covering Seattle and Everett, Washington) after the withdrawal of one of its two participating health plans, Community Health Plan of Washington. CMS has required that dual eligible individuals have a choice of at least 2 health plans, so with one plan, Washington could not move forward. (Source: Washington Health Care Authority Press Release, 2/2015)</p>

STATE TRACKER FOR DUALS DEMONSTRATION
(Updated as of: 2/1/2015)

	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)
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)
11	Minnesota	Admin. Alignment Capitated	4/26/2012	Admin. Alignment MOU Signed (9/12/2013) Withdrew Capit.	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
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		N/A
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.



National Association of States

United for Aging and Disabilities

1201 15th Street NW, Suite 350

Washington, DC 20005

Phone: 202-898-2578

www.nasuad.org