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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.

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Overview

<p>Managed LTSS Programs:</p>	<p>AR, AZ, CA, DE, <u>FL</u>, <u>HI</u>, <u>IA</u>, <u>ID</u>, <u>IL</u>, <u>KS</u>, MA, <u>MI</u>, <u>MN</u>, <u>NC</u>, <u>NJ</u>, <u>NM</u>, <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
California	<p>Managed Long-Term Services and Supports</p> <p>On June 1, 2020 the Department of Health Care Services (DHCS) released a draft request for proposals (RFP) for feedback on the upcoming Medi-Cal managed care plan contract procurement. DHCS solicited feedback from health plans, providers, counties, and other stakeholders on the RFP through July 1, 2021. The draft RFP states potential applicants must have a plan for ensuring coordinated and integrated care for Californians with complex health needs that align with strategies in the state’s CalAIM initiative. Under this initiative beneficiaries dually eligible for both Medicaid and Medicare will enroll in a Medicaid managed care plan and a dual eligible special needs plan (D-SNP) operated by the same managed care entity to allow for greater integration and care coordination.</p> <p>(Source: Draft Request for Proposal; 6-1-2021, CalAIM Initiative Proposal; 1-8-2021)</p>
Colorado	<p>Medicare-Medicaid Integration</p> <p>On July 7, 2021, the Centers for Medicare & Medicaid Services (CMS) published a report on the Medicare savings estimates for Colorado’s managed fee-for-service (MFFS) demonstration for Demonstration Years 2 and 3. The demonstration, named the Accountable Care Collaborative: Medicare-Medicaid Program (ACC:MMP) took place in Colorado from September 1, 2014 to December 31, 2017. The demonstration sought to coordinate medical care, behavioral health services, and long-term services and supports for individuals dually eligible for both Medicare and Medicaid. This report is the third Medicare savings report for the demonstration and includes calculations on the final Medicare costs for Demonstration Year 2 and preliminary savings for Demonstration Year 2.</p> <p>(Source: Demonstration Year 2 Final and Demonstration Year 3 Preliminary Medicare Cost Savings Report for Colorado MFFS Demonstration; 7-7-2021)</p>
Delaware	<p>Managed Long-Term Services and Supports</p> <p>The State of Delaware Division of Medicaid & Medical Assistance (DMMA) announced the beginning of the procurement process for managed care organizations (MCOs). DMMA is hosting four virtual town hall meetings to obtain input and feedback on the managed care delivery system. DMMA will select health plans to deliver long-term services and supports to eligible Delawareans beginning January 1, 2023. Current contracts, awarded to AmeriHealth Caritas Delaware and Highmark Health</p>

	<p>Options are set to expire at the end of 2022. DMMA is expected to release the contract request for proposals (RFP) on December 1, 2021.</p> <p>(Source: DMMA MCO Procurement Announcement, 7-12-2021)</p>
<p>Illinois</p>	<p>Medicare-Medicaid Integration</p> <p>On April 30, 2021 the Illinois Department of Healthcare and Family Services (IHFS) announced that the Medicare-Medicaid Alignment Initiative (MMAI) would expand statewide. Illinois received approval for the MMAI program from CMS in 2013 and the program was implemented in Central Illinois and the Chicagoland area. Beginning July 1, 2021, the program will be available to all dually eligible individuals statewide. Eligible beneficiaries may choose to opt-in to a MMAI plan or be passively enrolled in a plan.</p> <p>(Source: Illinois DHFS Press Release; 4-30-2021)</p>
<p>Indiana</p>	<p>Managed Long-Term Services and Supports</p> <p>On July 12, 2021 The Indiana Family and Social Services Administration (FSSA) released a request for information (RFI) regarding managed long-term services and supports. The RFI is intended to gather feedback regarding the reform of Medicaid-funded long-term services and supports for older adults age 60 years and older in the state. The new program would provide quality and coordinate care for older adults receiving care in nursing facilities and older adults enrolled in the Aged & Disabled (A&D) Home and Community-Based waiver. Special attention will be given to improving care coordination for individuals dually eligible for Medicare and Medicaid.</p> <p>Goals of the transition to managed long-term services and supports for this group include: expanding access to care in HCBS settings, decreased wait times for qualifying and receiving HCBS, implementation of a person-centered mLTSS program that meets the needs of the eligible population, linking provider payments to improved health and wellness outcomes, integrating LTSS data for continuous outcomes measurement and improvement, addressing social determinants of health to achieve equitable health outcomes, enhancing the LTSS provider network and capacity, and supporting caregivers.</p> <p>FSSA is requesting feedback on eight different domains including:</p> <ol style="list-style-type: none"> 1. Care Management/Case Management/Service Coordination 2. Successful Duals and Duals Special Needs Plans (D-SNP) Coordination and Integration 3. Member Protections 4. Member, Caregiver, and Family Participation and Education 5. Network Development and Capacity Building

	<ul style="list-style-type: none"> 6. Provider Relationships 7. Quality Strategy 8. Social Determinants of Health <p>The deadline to submit responses to the RFI is on August 27, 2021. A request for proposal (RFP) is expected to be released in early 2022.</p> <p>(Source: FSSA RFI Regarding Managed Long Term Services and Supports; 7-12-2021)</p>
Massachusetts	<p>Managed Long-Term Services and Supports</p> <p>On July 19, 2021, WWLP.com/22 News reported that Governor Charlie Baker and the state are preparing to submit a five-year 1115 demonstration renewal waiver for the MassHealth Medicaid program. The new waiver request would continue to use accountable care organizations (ACOs) to reward value-based care; improve the integration of physical health, behavioral health, and long-term services; and measure and promote health equity. The current waiver expires June 30, 2022.</p> <p>(Source: MassHealth 1115 Demonstration Renewal; 7-19-2021, MassHealth Waiver Extension Factsheet; 7-15-2021)</p>
Minnesota	<p>Medicare-Medicaid Integration</p> <p>On July 7, 2021, CMS released a third evaluation report analyzing the Minnesota Demonstration to Align Administrative Functions for Improvements in Beneficiary Experience. This demonstration authorizes a set of administrative activities designed to further the integration of Medicare and Medicaid in the Minnesota Senior Health Options (MSHO) program. It also formalizes certain prior informal agreements between CMS and Minnesota that allowed flexibility for the Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs) participating in MSHO.</p> <p>Results from this evaluation found that although there were no major changes due to administrative alignment activities during the report’s time frame (July 2017 to December 2019), there were some incremental improvements and feedback on earlier improvements, as well as challenges that arose in implementing provisions in the CMS/Minnesota MOU.</p> <p>(Source: Minnesota Demonstration to Align Administrative Functions for Improvements in Beneficiary Experience: Third Evaluation Report; 7-7-2021)</p>
New York	<p>Medicare-Medicaid Integration</p> <p>On June 7, 2021, the Centers for Medicare & Medicaid Services (CMS) and the New York State Department of Health (NYSDOH) released a Three-Way Contract Amendment and Summary of Contract Changes for the state’s Fully Integrated Duals Advantage for Individuals with Intellectual</p>

	<p>and Developmental Disabilities (FIDA-IDD) demonstration. The updated contract states a new end date for the demonstration, December 31, 2023. The contract amendment also includes the following changes:</p> <ul style="list-style-type: none"> • Allows for Qualified Intellectual Disabilities Professionals (QIDPs) to serve as a Care Manager and conduct Comprehensive Service Planning Assessments (CSPAs) • Increases the target medical loss ratio (MLR) in Demonstrations Years 5-7 • Applies an additional 1 percent withhold to the Medicare Parts A and B rate component of the Quality Withhold Measures for Demonstration Years 5-7 • Extends the parameters on the administrative cost limit for Demonstration Year 1 to Demonstration Years 2-3 • Includes a new Appendix J which allows dually eligible participants to change enrollment on a monthly basis <p>(Source: Summary of Changes; 6-7-2021, Three-Way Contract Amendment; 6-7-2021)</p> <p>On July 7, 2021, CMS released a combined second and third evaluation report for the New York Fully Integrated Duals Advantage (FIDA) demonstration. The demonstration began on January 1, 2015 and ended on December 31, 2019. The report provides an overview of the implementation of the FIDA demonstration and results from the second and third rounds of evaluation. Findings are from the demonstration period between 2017 to 2019 and fall into categories including: integration of Medicare and Medicaid, eligibility and enrollment, care coordination, beneficiary experience, and quality of care. The report also describes the planning activities during the demonstration final year to transition duals to Medicare Advantage Plus plans in early 2020.</p> <p>(Source: NY FIDA Combined Second and Third Evaluation Report; 7-7-2021)</p>
<p>South Carolina</p>	<p>Medicare-Medicaid Integration</p> <p>On May 12, 2021, the South Carolina Department of Health and Human Services (SCDHHS) released a brief summary of member experience interviews from the Healthy Connections Prime program, South Carolina’s financial alignment model demonstration for individuals dually eligible for Medicare and Medicaid. Partnering and CMS and an independent research firm, SCDHHS interviewed plan beneficiaries in urban and rural regions of the state in December 2020 and January 2021.</p> <p>(Source: Healthy Connections Prime Member Interview Summary; 5-12-2021)</p>
<p>Tennessee</p>	<p>Managed Long-Term Services and Supports</p>

	<p>On June 11, 2021, the Division of TennCare, Tennessee’s Medicaid agency, released a managed care request for proposals (RFP). Managed care organizations (MCOs) that submit proposals must present approaches and strategies to provide services for beneficiaries in TennCare’s LTSS-CHOICES, which provides home and community-based services to adults 21 years and older with physical disabilities and older adults age 65 years and older; Employment and Community First CHOICES; other integrated MLTSS programs for individuals with I/DD; and D-SNPs.</p> <p>The RFP also includes language stating that respondents must include plans to incorporate person-centered planning and practices, improving access to LTSS in rural areas using telehealth, and implementing consumer direction in LTSS. MCOs will also be expected to administer Medicare services for dual eligible beneficiaries who enroll in the MCO’s aligned D-SNP. D-SNPs will operate statewide for TennCare members who are eligible for both Medicare and Medicaid.</p> <p>Proposals from MCOs are due August 13, 2021, with awards expected to be announced on October 8, 2021 and implementation expected to begin on January 1, 2023.</p> <p>(Source: Managed Care RFP; 6-11-2021, RFP Amendment 1; 6-15-2021)</p>
<p>Texas</p>	<p>Managed Long-Term Services and Supports</p> <p>On June 8, 2021, the Centers for Medicare & Medicaid Services (CMS) approved Texas’ request to amend the Texas Healthcare Transformation and Quality Improvement Program (THTQIP) 1115 demonstration waiver. This amendment approves 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 for managed care organizations (MCOs) in the state. The change in the transportation delivery system will extend through September 30, 2022.</p> <p>(Source: Texas Healthcare Transformation and Quality Improvement Program Waiver Amendment Approval; 6-8-2021)</p>
<p>Vermont</p>	<p>Managed Long-Term Services and Supports</p> <p>On June 30, 2021, the Vermont Agency of Human Services submitted a renewal application for the Global Commitment to Health 1115 demonstration waiver. The application proposes a five-year extension of the demonstration in which the Department of Vermont Health Access (DVHA) would transition into a public risk-bearing managed care organization (MCO) for the state’s Medicaid population. Beginning January 1, 2022, DVHA will cover long-term services and supports in a rebalancing effort. The transition of DVHA into an MCO is expected to incentivize the development and implementation of innovative care models that produce value and strengthen care coordination and population health management capabilities.</p>

	(Source: VT Global Commitment to Health 1115 Demonstration Renewal Application ; 6-30-2021)
Virginia	<p>Medicare-Medicaid Integration</p> <p>On July 7, 2021, CMS released a combined evaluation report for the Virginia Commonwealth Coordinated Care (CCC) demonstration. The demonstration began in April 2014 and ended on December 31, 2017. The report describes the implementation of CCC for the state’s dually eligible population as well as an analysis of the impact of the demonstration which include qualitative and quantitative data. Results from the report include findings on the integration of Medicare and Medicaid, enrollment, care management, beneficiary experience, and cost savings and service utilization.</p> <p>(Source: Virginia Commonwealth Coordinated Care Evaluation Report; 7-7-2021)</p>
Washington	<p>Medicare-Medicaid Integration</p> <p>On July 7, 2021, CMS released a fourth evaluation report of Washington’s Managed Fee-for-Service (MFFS) Financial Alignment Initiative (FAI) demonstration, which uses a health home model. The demonstration launched in July 2013 and this report reflects findings from demonstration year 4 and 5 (2017-2018). The evaluation describes how the program is implemented and changes made to the program’s structure, beneficiary experience with the health homes, quality, and cost savings.</p> <p>(Source: WA Health Home MFFS Demonstration: Fourth Evaluation Report; 7-7-2021, WA Health Home Evaluation Summary; 7-7-2021)</p> <p>On July 7, 2020, CMS published a report summarizing Medicare savings estimates from the Washington’s Managed Fee-for-Service Financial Alignment Initiative (FAI) demonstration. The report includes a final Medicare savings analysis from demonstration year 4 (2017) and a preliminary analysis of Medicare savings for demonstration year 5 (2018). Based on findings from the report the final grand total of Medicare savings for demonstration year 4 amounted to \$56 million. Preliminary Medicare savings were estimated at \$64.6 million for demonstration year 5.</p> <p>(Source: WA MFFS Final Demonstration Year 4 and Preliminary Demonstration Year 5 Medicare Savings Estimates; 7-7-2021)</p>

STATE TRACKER FOR DUALS DEMONSTRATIONS
(Updated as of: 7/22/2021)

	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	12/31/2023
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	12/31/2023
8	Ohio	Capitated	4/2/2012	MOU Signed 12/12/2012	Fully implemented in 29 counties	12/31/2022 2023
9	Rhode Island	Capitated	5/31/2012	MOU Signed	Three phases of opt-in enrollment:	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
					7/2016; 8/2016; and 9/2016	
10	South Carolina	Capitated	5/25/2012	MOU Signed	Fully implemented	12/31/2023
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	12/31/2022

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