State Updates

Quarter 3, 2022

State Medicaid Integration Tracker©

Welcome to the State Medicaid Integration Tracker©

The **State Medicaid Integration Tracker©** is published quarterly 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

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

State	Update
Arizona	**Managed Long-Term Services and Supports** On August 11, Arizona Health Care Cost Containment System (AHCCCS) announced development of new health plan contracts for the Arizona Long Term Care System for Elderly and Physically Disabled (ALTCS-EPD) program. Feedback was solicited from stakeholders in public listening sessions on August 23 and 24. (Source: AHCCCS General News; 08-11-2022)
California	**Medicare-Medicaid Integration** On August 18, ahead of the demonstration close-out and transition to D-SNPs, CMS released the *Three-way Contract* for CA MMPs executed on June 1, 2022. The contract changes added or adjusted include: • Removal of requirement that enrollment in MMPs terminate six months prior to demonstration end. Eligible beneficiaries can elect an MMP through the end of 2022, and will be automatically transitioned to a D-SNP operated by the same parent organization as their MMP effective January 1, 2023. • Allow MMPs to discuss the MMP transition with their current enrollees earlier than 90 days until the end of the demonstration. • Allow plans to utilize a special integrated Annual Notice of Change/Evidence of Coverage for 2023. • Updated to reflect carve-out of Multi-Purpose Senior Services Program (MSSP) benefit effective January 1, 2022. • Updated the underlying rate structure for the Medi-Cal rate component (Section 4.2.1) and updated the underlying demonstration authority to a 1915(b) for DY8. • Added a requirement that MMPs provide CMS and DHCS with information related to the plans' latest NCQA accreditation review, as applicable (Section 2.1.9) (Source: Summary of Changes; 06.01.2022)
Delaware	**Medicare-Medicaid Integration** On July 8, Delaware submitted to CMS a request to amend the Delaware Diamond State Health Plan Section 1115 Medicaid demonstration. The requested amendments include adding • Permanent coverage for a second home-delivered meal for members receiving HCBS in the DSHP Plus program

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	• Coverage of Delaware's Nursing Home Transition Program The federal comment period was open July 26, 2022, through August 25, 2022. **Managed Long-Term Services and Supports** On July 12, Department of Health and Social Services (DHSS) announced the selection of three companies to operate its Medicaid Managed Care Program, continuing its partnership with Highmark Health Options Blue Cross Blue Shield and AmeriHealth Caritas, and a new partnership with Centene's Delaware Health First. The health plans will provide integrated services for physical health, behavioral health, and long-term services and supports. (Source: Amendment to the Waiver; 07-06-2022, Press Release; 07-12-2022)
Illinois	**Medicare-Medicaid Integration** On August 15, Illinois Governor JB Pritzker announced eight awardees to launch PACE in the state. The Illinois State Legislature passed the Program of All-Inclusive Care for the Elderly Act on July 6, 2021. Provision of services is anticipated to begin in June 2024. (Source: Press Release; 08-15-2022, PACE Act; 07-08-2021)
Indiana	**Managed Long-Term Services and Supports** On June 30, the Indiana Department of Administration, on behalf of the Family and Social Services Administration (FSSA), released a Request for Proposals (RFP) to managed care organizations (MCOs) to integrate long-term services and supports (LTSS) for approximately 120,000 Medicaid-eligible older adults and persons with disabilities. The state plans to award contracts in early 2023. (Source: Indiana RFP; 6-30-2022, HMA Weekly Roundup; 7-14-2022)
Iowa	**Managed Long-Term Services and Supports** On August 31, after evaluating bids from five managed care organizations, the Department of Health Services (DHS) released a Notice to Intent to Award managed care contracts to Amerigroup Iowa, Inc. Molina Healthcare of Iowa, Inc. for delivery of services in its Iowa Medicaid, Iowa Health and Wellness Plan, and Healthy and Well Kids in Iowa (Hawki) programs. The contractors are expected to coordinate covered benefits, including LTSS. The original RFP anticipated initial four-year contract terms, with the ability to extend for one additional two-year term. (Source: Notice of Intent to Award; 08-31-2022, RFP; 06-24-2020)
Kentucky	**Medicare-Medicaid Integration**

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	On August 18, Governor Beshear announced the expansion of Kentucky's PACE service area. The state currently has two PACE providers and announced its intension to expand into many more counties. The Department of Medicaid Services (DMS) will begin accepting PACE Provider letters of intent. Timeline of review is unclear. (Source: Governor's Announcement; 08-18-2022)
Massachusetts	**Medicare-Medicaid Integration** On June 30, CMS released a revised *Three-Way Contract & Summary of Contract Changes* for the state's One Care demonstration. The contract extends the demonstration through December 31, 2023 (Demonstration Year 10) and includes the following changes: • Strengthens 'Local Control' levers in the following areas: Authorization of services; Marketing, outreach, and enrollee communication materials; Massachusetts-based staffing and resources; Training requirements; Network adequacy, access, and availability. • Incorporates several 2019 RFR policy updates for One Care Plans directly into the Contract including: Clarifying combined scope of Medicare/Medicaid benefits; Adding accessibility and accommodations compliance officer to key management position list; Eligibility protections and redetermination assistance; Assessment timelines; Personal Assistance Service Network. • Explicitly requires One Care Plans provide enrollees access to their coordinator(s) using the enrollee's communications preferences (i.e., email, text, phone, etc.) • Updates definitions of Actual Non-Service Expenditures, Deemed Eligibility, and adds definition of Community Support Program for Individuals with Justice Involvement. • Expands eligibility for cueing and monitoring benefit. • Adds option for deeming of members who lose Medicaid eligibility. **Managed Long-Term Services and Supports** On July 18, in anticipation of the extension of its Section 1115 waiver extension, issued an RFR for Qualified Vendors. Procurement goals include improving experience and quality, assisting members in identifying appropriate settings and levels of care through person-centered planning; increasing integration across the physical health, behavioral health, Long Term Services and Support (LTSS), and health-related social needs (HRSN) delivery systems; increasing timely access to mental health and substance use disorder treatment services; promoting health equity, including increasing the cultural and linguistic appropriateness of member care; establishing the Community Partners (CP)

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	Program as an integral part of the MassHealth ACO and MCO programs by transitioning away from full state administration of the provision of CP Supports to ACO and MCO enrollees by Community Partners. Notices of intent to bid and written questions were due by August 5; electronic responses by September 16. Anticipated contract operational start date is April 1, 2023. On September 28, CMS approved the extension of the state's Section 1115 demonstration, "MassHealth." The extension will add funding to address health-related social needs (HRSN), including housing, food services, nutrition services; strengthen coverage for members with disabilities, including streamlining access to CommonHealth coverage, required reporting of quality measures stratified by disability, and making improvements to the LTSS Community Partners program. Highlights include • $2B initiative over five years to hold ACOs and ACO-participating hospitals accountable for reducing disparities in health care quality and access. This will include more robust demographic data collection, evidence-based clinical interventions, and financial incentives for improving quality and reducing disparities. • Expanding the Flexible Services and Community Supports Programs to address health-related social needs such as nutrition and housing, and to provide post-release transition supports for justice-involved members. • Targeted updates to MassHealth eligibility to support coverage and equity, including simplified process for adults with disabilities to qualify for CommonHealth; 3-month retroactive eligibility for pregnant individuals and children; at least 12 months of continuous eligibility for members experiencing homelessness and members recently released from a correctional institution; and expanded access to Medicare Savings Programs for members with MassHealth Standard. (Source: Summary of Changes; 09-01-2022, RFR for Qualified Vendors; 07-18-2022, Waiver Extension Fact Sheet; 09-28-2022)
New Mexico	**Managed Long-Term Services and Supports** On September 2, New Mexico announced it would delay Medicaid managed care RFP until Q3 2022. The RFP was first scheduled to be released on September 2. Current incumbents are Blue Cross Blue Shield of New Mexico, Presbyterian Health Plan, and Centene/Western Sky Community Care. (Source: HMA Weekly Roundup; 09-07-2022)

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New York	**Managed Long-term Services and Supports** On September 2, New York to CMS an application to amend its Section 1115 Waiver, seeking $13.52 billion over five years to reduce health disparities, advance health equity, and support the delivery of social care. The amendment would overlap with and extend beyond the current 1115 Waiver demonstration period to December 31, 2027. Inspired by the success of New York's Delivery System Reform Incentive Payment (DSRIP) program, the amendment would integrate health equity as a fundamental standard for the investments in advanced VBP arrangements, providing support through the development of Social Determinants of Health Networks (SDHNs) and Health Equity Regional Organizations (HEROs). HEROs will include, MCOs, local health departments, hospitals and health systems, community-based providers, behavioral health networks, LTSS providers, including those who serve individuals with I/DD or physical disabilities and nursing homes, among others. **Medicare-Medicaid Integration** On September 8, CMS released the revised *Memorandum of Understanding* (MOU) for the NY Integrated Appeals and Grievances Demonstration under the Medicare-Medicaid Financial Alignment Initiative. The Demonstration is intended improve member experience by streamlining and simplifying the appeals and grievances processes for Medicare Advantage Plus (MAP) plans and Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPS) with exclusively aligned enrollment. The Demonstration will end December 31, 2022. On September 21, *Crain's New York Business* reported the Program of All-Inclusive Care for the Elderly (PACE) could expand dramatically in New York if Governor Hochul signs a bill passed by the legislature. Currently, for-profit PACE operators are effectively precluded. The bill would create a uniform licensure process for PACE organizations and could allow the state to reconsider structural options for PACE expansion, including (Source: Final Amendment Request; 09-02-2022, Memorandum of Understanding; 08-02-2022, Crain's New York Business; 09-21-22, Discussion of Structural Alternatives for PACE Expansion; 06-02-2022)
Rhode Island	**Medicare-Medicaid Integration** On July 1, the three-way contract for Rhode Island's Integrated Care Demonstration was updated. The amendments include language to ensure the MMP provides information about high-risk members whose assessments indicate a need for long term services and supports (LTSS) to Rhode Island Executive Office of Health & Human Services (EOHHS) for a Medicaid LTSS eligibility assessment and level of care determination; clarified that

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	the continuity of care period is 180 days and that the MMP may only transition a member to a network provider before the 180-day period if certain conditions are met; Updated contract language to reflect recent changes to the Federal Medicare appeals regulations; and updated rates language to reflect EOHHS changes to the Medicaid component of MMP rates, including rate increases for certain Medicaid providers. (Source: Summary of Changes; 07-01-2022)
Texas	**Medicare-Medicaid Integration** On August 18, *Open Minds* reported that the Texas Dual Eligible Integrated Care demonstration showed a 6.6 percent reduction in per member per month (PMPM) Medicaid costs to $1,141 from 2015 to 2018, according to a controlled study by RTI International; PMPM Medicare costs fell 0.33 percent to $1,492. **Managed Long-term Services and Supports** On September 23, the Texas Health and Human Services Commission (HHSC) delivered a report to the state Legislature recommending transitioning Medicaid-only services, services not covered by Medicare, for dual eligible beneficiaries from fee-for-service into Medicaid managed care to resolve some of the administrative burden for providers. (Source: HMA Weekly Roundup; 09-28-2022; Texas Health and Human Services Report; 09-2022)
Washington	**Managed Fee-for-Service** On July 27, CMS released the *Fourth Final Demonstration Agreement Amendment* on 04/15/2022 for the Washington managed fee-for-service model demonstration under the Medicare-Medicaid Financial Alignment Initiative. Year 10 demonstration period is from January 1, 2023, to December 31, 2023. (Source: Summary of One-Year Amendment Request; 07-19-2022; Fourth Final Demonstration Agreement; 4-15-22)

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