

***Select State Long Term Services and***

***Supports (LTSS) Summaries***

**Pennsylvania Long Term**

**Care Commission**

**May 22, 2014**

# State LTSS Model Summaries Part 1:

*States Identified During April 11th Commission Meeting Presentations*

*States ranked high nationally in the design and delivery of LTSS*

| **STATE** | **ALASKA** |
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| **RESPONSIBLE AGENCIES** | Alaska Dept. of Health & Social Services: Division of Senior & Disabilities Services and Division of Health Care Services |
| **NATIONAL RANKINGS[[1]](#footnote-1)** | AARP scorecard: Overall Rank = 5[[2]](#footnote-2) (Ranked #17 in 2011)2011 Medicaid Home and Community Based Services Percentage Rank: 62012 Medicaid Home and Community Based Services Percentage Rank: 3 |
| **RELATED LTSS VISION, VALUES, PRINCIPLES** | Vision:Choice, safety, independence and dignity in home and community-based livingService Principles:* We and our partners are responsible and accountable for the efficient and effective management of services.
* We and our partners foster an environment of fairness, equality, integrity and honesty.
* Individuals have a right to choice and self-determination and are treated with respect, dignity, and compassion.
* Individuals have knowledge of and access to community services.
* Individuals are safe and served in the least restrictive manner.
* Quality services promote independence and incorporate each individual’s culture and value system.
* Quality services are designed and delivered to build communities where all members are included, respected, and valued.
* Quality services are delivered through collaboration and community partnerships.
* Quality services are provided by competent, trained caregivers who are chosen by individuals and their families.[[3]](#footnote-3)
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| **LTSS MODELS DEPLOYED –****Includes Duals Models if Applicable** | HCBS waiver services are provided on fee for service basis.* Level of care assessment conducted by state nurse assessors
* State certifies and contracts with care coordination providers who complete service need assessments and develop plans of care which must be approved by the state.[[4]](#footnote-4)

Personal Care Assistance: agency directed and consumer directed models |
| **FEDERAL LTSS WAIVERS AND OPTIONS DEPLOYED** | 1915(c) Home and Community Based Services Waivers |

| **STATE** | **COLORADO** |
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| **RESPONSIBLE AGENCIES** | Department of Human Services, Office of Community Access and IndependenceDepartment of Health Care Policy and Financing |
| **NATIONAL RANKINGS[[5]](#footnote-5)** | AARP scorecard: Overall Rank = 4[[6]](#footnote-6) (Ranked #7 in 2011)2011 Medicaid Home and Community Based Services Percentage Rank: 102012 Medicaid Home and Community Based Services Percentage Rank: 10 |
| **RELATED LTSS VISION, VALUES, PRINCIPLES** | Governor’s Policy Priorities on Seniors and Aging:Values: Visionary leadership to ensure that all Coloradans have the opportunity to age well, with dignity, and where supportive services are based on choice, individual preference, and the least restrictive environment; and where quality of life is optimized in all public policies.[[7]](#footnote-7)Full Benefit Medicare-Medicaid Enrollees Demonstration:The initiative builds on the infrastructure, resources, and provider network found in the Accountable Care Collaborative (ACC) Program, which connects clients with providers, community, and social services to help meet client needs.Goals:* Improve care coordination;
* Improve client experience;
* Improve health outcomes for full Benefit Medicare-Medicaid enrollees;
* Decrease costs associated with unnecessary and duplicative services.[[8]](#footnote-8)
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| **LTSS MODELS DEPLOYED –****Includes Duals Models if Applicable** | System of Single Entry Point (SEP) agencies for HCBS case management, care planning, and referrals to other resources.* Uniform long term care assessment tool for all LTSS programs completed by case managers in SEP agencies
* SEP agency establishes care plan and provides care management

Voluntary enrollment in managed care medical program available for LTSS recipients; HCBS waivers services are fee for service[[9]](#footnote-9)Accountable Care Collaborative (ACC) model for Medical services utilizing Regional Care Collaborative Organizations (RCCOs) serving 7 regions across the state, Primary Care Medical Providers, and a Statewide Data and Analytics Contractor.[[10]](#footnote-10)* Regional Care Collaborative Organizations (RCCOs) responsible to coordinate medical services/care with other services including behavioral health, LTSS, Single Entry Point (SEP) programs and other government social service programs

Community First Choice model being developed by the CFC Development Implementation Council following completion of a feasibility study in Dec. 2013.[[11]](#footnote-11)**DUALS FINANCIAL ALIGNMENT DEMONSTRATON DESCRIPTON:*****Model***: Managed Fee for Service[[12]](#footnote-12)***Estimated # Eligible***: 48,000 full benefit dual eligible adults statewide***Enrollment, Implementation Phases, and Dates***: Enrollment will commence no earlier than July 2014. All eligible beneficiaries will be passively enrolled in the RCCO serving their area and to a primary care medical provider based on an existing care relationship.[[13]](#footnote-13) Enrollment to be phased in over 6 months with a maximum number of 7500 enrollees per month; newly eligible will be added on a monthly basis. Beneficiaries can opt-out of the demonstration at any time.***Care Model Features***: RCCO is responsible to perform in-person screening and develop care plans, provide care coordination directly or through arrangements with local providers, provide a network of PCMPs, and establish “informal arrangements” with ancillary providers. PCMPs receive PMPM payments and must offer increased access to care.***Services Included***: Existing Medicare and Medicaid services; RCCOs and PCMPs will work with the state to integrate/coordinate behavioral health and LTSS with primary, acute, and prescription drug care.***Ombuds Provision(s)***: Beneficiary Rights and Protection Alliance, which includes the state, plans, LTC Ombudsman, Medicaid managed care ombudsman, SHIP, CO Center on Law & Policy, and CO Cross-Disability Coalition.***Financing***: Medicaid and Medicare FFS payments to providers continue; the state is responsible for “new investments and operating costs” for the demonstration and is eligible for retrospective performance payments if savings targets and quality standards are met; performance payments are based on an independent evaluation and if cost reductions fall below the Medicare minimum savings rate (MSR) which ranges from 2‒4.5% based on the number of enrollees; the performance payment maximum is 6%. |
| **FEDERAL LTSS WAIVERS AND OPTIONS DEPLOYED** | 1915(c) Home and Community Based Services Waivers1915(i) Home and Community Based Services State Plan AmendmentMoney Follows the Person DemonstrationDuals Financial Alignment Initiative Demonstration – Managed FFS Model |
| **MANAGED CARE CONTRACTING** | Competitive procurement: 1 Regional Care Collaborative Organization was selected for each of 7 Regions |

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| **STATE** | **HAWAII** |
| **RESPONSIBLE AGENCIES** | Department of Human Services, Med-Quest DivisionDepartment of Health, Executive Office on Aging |
| **NATIONAL RANKINGS[[14]](#footnote-14)** | AARP scorecard: Overall Rank = 6[[15]](#footnote-15) (Ranked #4 in 20112011 Medicaid Home and Community Based Services Percentage Rank: 302011 Medicaid Home and Community Based Services Percentage Rank: NA[[16]](#footnote-16) |
| **RELATED LTSS VISION, VALUES, PRINCIPLES** | QExA – QUEST Expanded Access for Healthy Long-Term Living:Medicaid managed care program that incorporates long-term services and supports.Goals:* Improve the health of our Medicaid clients.
* Connect Medicaid clients with a doctor who will be responsible for addressing their health care needs.
* Support client independence, responsibility, and choices for health care.
* Provide quality health services in the homes and/or communities of clients, whenever possible.[[17]](#footnote-17)
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| **LTSS MODELS DEPLOYED –****Includes Duals Models if Applicable** | QUEST Expanded Access (QExA) - Statewide mandatory managed care system encompassing acute care, primary care and institutional & community based LTSS using capitated payment model[[18]](#footnote-18)* MCO completes face-to-face assessment using state assessment tool and develops care plan
* Face to face reassessment required every 90 days for HCBS and every 180 days for NFs
* Contractors at risk for all covered benefits including primary and acute medical care, behavioral health, pharmacy, transportation, HCBS, NF, residential living services, adult residential care and foster family homes

Beginning in January 2015, the four separate managed care programs, including QExA, will be integrated into new comprehensive QUEST Integration (QI) program.[[19]](#footnote-19) |
| **FEDERAL LTSS WAIVERS AND OPTIONS DEPLOYED** | 1115 Demonstration Waiver |
| **CONTRACTING** | Current QExA program: Competitive procurement with 2 current MCOsQUEST Integration program: Competitive procurement with 5 incumbent MCOs serving both QUEST and QExA enrollees awarded contracts with enrollment beginning in January 2015 |

| **STATE** | **MINNESOTA** |
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| **RESPONSIBLE AGENCIES** | Department of Human Services:Continuing Care Administration and Health Care Administration |
| **NATIONAL RANKINGS[[20]](#footnote-20)** | AARP scorecard: Overall Rank = 1[[21]](#footnote-21) (Also ranked #1 in 2011) 2011 Medicaid Home and Community Based Services Percentage Rank: 32012 Medicaid Home and Community Based Services Percentage Rank: 2 |
| **RELATED LTSS VISION, VALUES, PRINCIPLES** | Reform 2020: Pathways to Independence[[22]](#footnote-22)Values and Vision:* Achieve better health outcomes.
* Simplify administration of the program and access to the program.
* LTSS support people in having a meaningful life at all stages of life, according to their own goals, providing opportunities to make meaningful contributions, and built upon what is important to them.
* LTSS system is flexible, responsive, and accessible by people who have an assessed need for LTSS.
* The Medicaid program and LTSS system are well-managed to ensure its sustainability in order to be available to those who need it in the future.[[23]](#footnote-23)
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| **LTSS MODELS DEPLOYED –****Includes Duals Models if Applicable** | Minnesota Senior Care Plus (MSC+) – mandatory Medicaid managed care medical care and LTSS system using capitated payment model* MCOs responsible for coordination of all covered services, development of care/service plan and assisting enrollees in selecting and accessing providers
* Plan responsible for first 180 days of nursing facility care to incent community based services; beyond 180 days, NF is paid on FFS basis

Minnesota Senior Health Options (MSHO) – voluntary Medicaid/Medicare managed care medical and LTSS system[[24]](#footnote-24)* MCOs responsible to conduct determination of need for NF screening and Level 1 screening
* Each enrollee assigned a care coordinator (nurse or social worker) who is responsible for assessing service needs, development of care plan, and coordination of all medical and social services

**DUALS FINANCIAL ALIGNMENT DEMONSTRATON DESCRIPTON:*****Model***: Alternative model; tests integration of administrative functions without financial alignment.[[25]](#footnote-25)***Estimated # Eligible***: 36,000 full benefit dual eligible adults who are enrolled in the Senior Health Options Program statewide.***Enrollment, Implementation Phases, and Dates***: Voluntary enrollment with no passive enrollment; an integrated system of forms, notices, and processes will allow enrollment and disenrollment for Medicare and Medicaid managed care simultaneously; initiated in the fall of 2013.***Care Model Features***: Services provided through Medicaid managed care plans that are also Medicare Advantage D-SNPs; claims will be integrated; uses a health home model with additional care coordination payments.***Services Included***: Existing Medicare Part A, B and D benefits; existing Medicaid benefits as provided in MCO contracts; the demo will explore options to reduce Part D copayments to test the impact on improved health outcomes.***Ombuds Provision(s)***: Ombudsman for Managed Care. ***Financing***: Administrative alignment only; maintains existing capitated financing arrangements through separate plan contracts with the state for Medicaid and with CMS for Medicare Advantage and Part D. |
| **FEDERAL LTSS WAIVERS AND OPTIONS DEPLOYED** | 1115 Demonstration Waiver1915(c) Home and Community Based Services Waivers Money Follows the Person DemonstrationDuals Financial Alignment Initiative Demonstration – Alternative ModelTesting Experience and Functional Tools (TEFT) in Community-Based Long Term Services and Supports planning and demonstration grant |
| **MANAGED CARE CONTRACTING** | Competitive procurement for both MSHO and MSC+; currently 8 Plans selected for each programState is in the midst of a re-procurement process for both programs with awards expected to be announced in August and begin in January 2015.[[26]](#footnote-26) |

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| **STATE** | **NEW MEXICO** |
| **RESPONSIBLE AGENCIES** | Department of Human Services, Medical Assistance DivisionAging & Long-Term Services Department |
| **NATIONAL RANKINGS[[27]](#footnote-27)** | AARP scorecard: Overall Rank = 14[[28]](#footnote-28) (Ranked #26 in 2011)2011 Medicaid Home and Community Based Services Percentage Rank: 12012 Medicaid Home and Community Based Services Percentage Rank: NA[[29]](#footnote-29) |
| **RELATED LTSS VISION, VALUES, PRINCIPLES** | **Centennial Care**:Our vision is to build a service delivery system that delivers the right amount of care at the right time in the right setting.Our vision is to educate our recipients to become more savvy health care consumers, promote more integrated care, properly case manage the most at-risk members, involve members in their own wellness, and pay providers for outcomes rather than process.[[30]](#footnote-30)Mission:The Aging and Long Term Services Department provides accessible, integrated services to older adults, adults with disabilities, and caregivers to assist them in maintaining their independence, dignity, autonomy, health, safety, and economic well-being, thereby empowering them to live on their own terms in their own communities as productively as possible.[[31]](#footnote-31) |
| **LTSS MODELS DEPLOYED –****Includes Duals Models if Applicable** | Centennial Care implemented in January 2014 - Statewide mandatory managed medical, behavioral health and LTSS system using a capitated payment model* MCOs responsible to complete assessments and develop care plans
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| **FEDERAL LTSS WAIVERS AND OPTIONS DEPLOYED** | 1115 Demonstration Waiver1915(c) Home and Community Based Services Waivers |
| **MANAGED CARE CONTRACTING** | Competitive procurement; 4 MCOs awarded statewide contracts |

| **STATE** | **OREGON** |
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| **RESPONSIBLE AGENCIES** | Department of Human Services, Seniors and People with Disabilities (SPD) ServicesOregon Health Authority |
| **NATIONAL RANKINGS[[32]](#footnote-32)** | AARP scorecard: Overall Rank = 3[[33]](#footnote-33) (Also ranked #3 in 2011)2011 Medicaid Home and Community Based Services Percentage Rank: 22012 Medicaid Home and Community Based Services Percentage Rank: 1 |
| **RELATED LTSS VISION, VALUES, PRINCIPLES** | Legislative Intent:General policy:(1) The State of Oregon finds:(a) That the needs of the elderly population can be best served and planned for at the local community level;(b) That a longer life expectancy and a growing elderly population demands services be provided in a coordinated manner and a single local agency system for such services be instituted;(c) That local resources and volunteer help will augment state funds and needed personnel;(d) That local flexibility in providing services should be encouraged; and(e) That a single state agency should regulate and provide leadership to ensure that the elderly citizens of Oregon will receive the necessary care and services at the least cost and in the least confining situation.(2) The State of Oregon further finds that within budgetary constraints, it is appropriate that savings in nursing home services allocations within a planning and service area be reallocated to alternative care services under Title XIX and Oregon Project Independence in that area.[[34]](#footnote-34)DHS/SPD Mission:The Seniors and People with Disabilities mission is to make it possible to become independent, healthy, and safe. SPD contributes to the DHS mission by helping seniors and people with disabilities of all ages achieve well-being through opportunities for community living, employment, family support, and services that promote independence, choice, and dignity.[[35]](#footnote-35) |
| **LTSS MODELS DEPLOYED –****Includes Duals Models if Applicable** | Consolidated long-term service and support programs and budgets under a single administrative agency. Medicaid financial eligibility determinations are made by the same entity that completes functional eligibility determinations.* State DHS and AAAs complete assessments, develop care plans and provide care management
* HCBS waiver services provided on fee for service basis

Medical, dental and behavioral health services under the Oregon Health Plan coordinated and provided through regional Coordinated Care Organizations (CCOs) that receive a “global budget” and are at risk for all services under their contract.[[36]](#footnote-36) |
| **FEDERAL LTSS WAIVERS AND OPTIONS DEPLOYED** | 1915(c) Home and Community Based Services Waivers Money Follows the Person Demonstration1915(i) Home and Community Based Services State Plan Amendment1915(k) Community First Choice State Plan Amendment |
| **CONTRACTING** | Open procurement for CCOs; current 16 CCOs are approved and operating under contract with the Oregon Health Plan |

| **STATE** | **WASHINGTON STATE** |
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| **RESPONSIBLE AGENCIES** | Department of Social & Health Services, Aging & Long Term Support AdministrationHealth Care Authority |
| **NATIONAL RANKINGS[[37]](#footnote-37)** | AARP scorecard: Overall Rank = 2[[38]](#footnote-38) (Also ranked #2 in 2011)2011 Medicaid Home and Community Based Services Percentage Rank: 72012 Medicaid Home and Community Based Services Percentage Rank: 6 |
| **RELATED LTSS VISION, VALUES, PRINCIPLES** | Legislative Purpose and Intent:(1) Long-term care services administered by the department of social and health services include a balanced array of health, social, and supportive services that promote individual choice, dignity, and the highest practicable level of independence;(2) Home and community-based services be developed, expanded, or maintained in order to meet the needs of consumers and to maximize effective use of limited resources;(3) Long-term care services be responsive and appropriate to individual need and also cost-effective for the state;(4) Nursing home care is provided in such a manner and in such an environment as will promote maintenance or enhancement of the quality of life of each resident and timely discharge to a less restrictive care setting when appropriate; (5) State health planning for nursing home bed supply take into account increased availability of other home and community-based service options.[[39]](#footnote-39) |
| **LTSS MODELS DEPLOYED –****Includes Duals Models if Applicable** | Consolidated long-term service and support programs and budgets under a single administrative agency.[[40]](#footnote-40) Medicaid financial eligibility determinations are made by the same entity that completes functional eligibility determinations.* AAAs complete uniform assessment, develop care plan, and provide care management

HCBS waiver services are provided on fee for service basisPilot Managed Medical/LTSS/Behavioral Health model[[41]](#footnote-41) using a capitated payment model**DUALS FINANCIAL ALIGNMENT DEMONSTRATON DESCRIPTON PART 1:*****Model***: HealthPath Washington, Managed FFS model[[42]](#footnote-42)***Estimated # Eligible***: 21,000 full benefit dual eligible adults who are considered high cost/high risk and eligible for Medicaid personal care statewide (except for two urban counties using capitated models).***Enrollment, Implementation Phases, and Dates***: Automatic enrollment in a health home network; beneficiaries choose whether to receive health home services; enrollment was phased in by geographic area beginning in July 2013; beneficiaries are identified and receive notice 30 days prior to passive enrollment. ***Care Model Features***: Health home model; **Qualified Health Homes** coordinate all Medicare and Medicaid services across primary, acute, behavioral health, and LTSS providers.***Services Included***: Existing Medicare and Medicaid benefits with additional health home services provided under a 2703 Health Home SPA.***Ombuds Provision(s)***: Existing Ombuds services, State Health Insurance Benefits Advisors (SHIBA), and LTSS care managers. ***Financing***: Medicaid and Medicare FFS payments to providers continue; the state is responsible for “new investments and operating costs” for the demonstration and is eligible for retrospective performance payments if savings targets and quality standards are met; performance payments are based on an independent evaluation and if cost reductions fall below the Medicare minimum savings rate (MSR) which ranges from 2‒4.5% based on the number of enrollees; the performance payment maximum is 6%.**DUALS FINANCIAL ALIGNMENT DEMONSTRATON DESCRIPTON PART 2:*****Model***: HealthPath Washington Capitated risk based model[[43]](#footnote-43)***Estimated # Eligible***: 27,000 full benefit dual eligible adults age 21+ in urban King and Snohomish counties; eligible for Medicaid HCBS waivers and/or personal care services, or enrollees in a Medicare Advantage plan operated by participating health plans.***Enrollment, Implementation Phases, and Dates***: Voluntary enrollment is planned to begin July 2014; passive enrollment is planned to begin Sept. 2014 and occur in three phases with on-going monthly enrollment beginning in Feb. 2015. Beneficiaries can opt out prior to passive enrollment and at any time after on a monthly basis.***Care Model Features***: Enrollment assistance and counseling is provided by ADRCs operated by AAAs; services are provided by Medicare-Medicaid Integrated Plans selected through a competitive bid process; screening, assessment and utilization data is used to assign enrollees to either Tier 1 (supported self-intervention), Tier 2 (disease/episodic care management), or Tier 3 (intensive care management). A continuity of care period is required: For existing beneficiaries in ESRD, a nursing facility, or an adult family home or assisted living facility, current providers and service authorizations must continue for 180 days or for the completion of a care plan, whichever is later; for all other service recipients, current providers and service authorizations must continue for 90 days or for the completion of a care plan, whichever is later. Plans must continue LTSS providers throughout an existing authorization period or continuity of care period, whichever is later.***Services Included***: Existing Medicare Part A, B and D benefits except hospice; most Medicaid state plan services and HCBS waiver services; plans can offer additional benefits.***Ombuds Provision(s)***: Insurance Commissioner, State Health Insurance Benefits Advisors (SHIBA), and the Consumer Advocacy Unit.***Financing***: Capitated rate with a savings percentage of 1% in year 1, 2% in year 2, and 3% in year 3 applied upfront; risk adjustments applied; quality withhold of 1% in year 1, 2% in year 2, 3% in year 3. |
| **FEDERAL LTSS WAIVERS AND OPTIONS DEPLOYED** | 1915(c) Home and Community Based Services WaiversMoney Follows the Person DemonstrationDuals Financial Alignment Initiative Demonstration – Risk Based Capitated Model and Managed FFS ModelSection 2703 Health Home State Plan AmendmentEffective in 2015 - 1915(k) Community First Choice State Plan Amendment |
| **CONTRACTING** | For Managed FFS model, procurement for Qualified Health Homes for all qualified applicants[[44]](#footnote-44)For Risk Based Capitated model, procurement for limited number of plans; 2 MCOs selected[[45]](#footnote-45) |

| **STATE** | **WISCONSIN** |
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| **RESPONSIBLE AGENCIES** | Department of Health Services:Division of Long Term Care and Division of Health Care Access & Accountability |
| **NATIONAL RANKINGS[[46]](#footnote-46)** | AARP scorecard: Overall Rank = 8[[47]](#footnote-47) (Ranked #5 in 2011)2011 Medicaid Home and Community Based Services Percentage Rank: 82012 Medicaid Home and Community Based Services Percentage Rank: 8 |
| **RELATED LTSS VISION, VALUES, PRINCIPLES** | Family Care Options for Long-Term CareGoals:* CHOICE – Give people better choices about the services and supports available to meet their needs.
* ACCESS – Improve people's access to services.
* QUALITY – Improve the overall quality of the long-term care system by focusing on achieving people's health and social outcomes.
* COST-EFFECTIVENESS – Create a cost-effective long-term care system for the future.[[48]](#footnote-48)
 |
| **LTSS MODELS DEPLOYED –****Includes Duals Models if Applicable** | Family Care - managed LTSS model using a capitated payment model[[49]](#footnote-49)* Aging and Disability Resource Centers (ADRCs) serve as single point of entry for information and advice; most level of care assessments completed by ADRC; if no ADRC in area, then MCO completes
* MCOs are responsible to conduct comprehensive assessments and develop member-centered care plan using interdisciplinary team
* MCO authorizes services
* Currently available in 57 counties; expanding to 7 additional counties in Northeast WI in 2015

Family Care Partnership – managed medical and LTSS model using a capitated payments[[50]](#footnote-50)* Available in 14 counties
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| **FEDERAL LTSS WAIVERS AND OPTIONS DEPLOYED** | 1915(c) Home and Community Based Services Waivers 1915(b) and (c) Home and Community Based Services Waiver Section 2703 Health Home State Plan AmendmentMoney Follows the Person Demonstration1915(i) Home and Community Based Services State Plan Amendment |
| **MANAGED CARE PROCUREMENT** | Competitive procurement with two Family Care plans selected in each geographic service region; 3 plans currently approved for Family Care Partnership |

# State LTSS Model Summaries Part 2:

*Additional Requested State Information for New York and Massachusetts*

*Medicare and Medicaid Financial Alignment Model Descriptions*

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| **STATE** | **NEW YORK** |
| **RESPONSIBLE AGENCY** | State Department of Health  |
| **DUALS MODEL**  | **DUALS FINANCIAL ALIGNMENT DEMONSTRATON DESCRIPTON:*****Model***: Capitated risk based model[[51]](#footnote-51)***Estimated # Eligible***: 170,000 full benefit dual eligible adults age 21+ in 8 counties who meet nursing home level of care criteria and are receiving facility-based LTSS, or are eligible for nursing home transition and diversion, or who require more than 120 days of community based LTSS provided through the managed long term care waiver.***Enrollment, Implementation, Phases and Dates***: Voluntary enrollment scheduled to begin Oct. 2014 followed by passive enrollment beginning in Jan. 2015; passive enrollment of existing clients is phased in over 4 months; beneficiaries can opt out prior to enrollment or on monthly basis after enrollment; passive enrollment will use “intelligent assignment” based on prior plan enrollment and provider utilization.***Care Model Features***: Fully Integrated Duals Advantage (FIDA) plans are responsible to provide assessments, using state approved tools, and care management. Interdisciplinary teams authorize services which may only be modified by the team. Enrollees can choose and change care managers. A continuity of care period is required: Beneficiaries must maintain providers and services for at least 90 days after enrollment or completion of a care assessment whichever is later; nursing facility enrollees must maintain providers for the duration of the demonstration.***Services Included***: All Medicare services, except hospice, and most Medicaid services; includes 1115 managed LTC services and 1915(c) nursing home diversion and transition HCBS; FIDA plans can enhance covered services and provide services and items not traditionally covered.***Ombuds Provision(s)***: Independent FIDA participant ombudsman program. ***Financing***: Capitated rate with savings percentage of 1% in year 1, 1.5% in year 2, and 3% in year 3 applied upfront; risk adjustments applied; quality withhold of 1% in year 1, 2% in year 2, and 3% in year 3. |
| **STATE** | **MASSACHUSETTS** |
| **RESPONSIBLE AGENCY** | Massachusetts Executive Office of Health and Human Services  |
| **DUALS MODEL**  | **DUALS FINANCIAL ALIGNMENT DEMONSTRATON DESCRIPTON:*****Model***: Capitated risk based model[[52]](#footnote-52)***Estimated # Eligible***: 90,240 full benefit dual eligible adults age 21-64 in 9 counties; excludes those with other comprehensive coverage (i.e. PACE), ICF/DD residents, and 1915(c) HCBS waiver enrollees.***Enrollment, Implementation Phases, and Dates***: Initial voluntary enrollment in fall of 2013 followed by passive enrollment in the 5 counties with more than one participating plan beginning in Jan. 2014; beneficiaries can opt out prior to enrollment or on monthly basis after enrollment; passive enrollment uses “intelligent assignment” based on prior service and provider utilization.***Care Model Features***: One Care plans provide a PCMH model that integrates primary and behavioral health services as well as care coordination; care teams must include independent community based organization LTSS coordinators. A continuity of care period is required: Beneficiaries are allowed to maintain providers and services for at least 90 days or until completion of an initial assessment, whichever is later.***Services Included***: All Medicare services except hospice and existing Medicaid state plan services (except mental health, the mental health rehab option, and DD targeted case management services); adds supplemental behavioral health and community support services; One Care plans have the flexibility to provide additional benefits.***Ombuds Provision(s)***: Independent FIDA participant ombudsman program.***Financing***: Capitated rate with savings percentage of 1% in year 1, 2% in year 2, and >4% in year 3 applied upfront; risk adjustments applied; quality withhold of 1% in year 1, 2% in year 2, and 3% in year 3. |

1. Based on AARP 2014 State Scorecard on LTSS for Older Adults, People with Physical Disabilities and Family Caregivers; available at: <http://www.longtermscorecard.org/> and on Eiken S, Sredl K, Gold L, Kasten J, Burwell B, Saucier P. Medicaid Expenditures for Long Term Services and Supports in 2011 and FFY 2012. Truven Health Analytics: June 2013 and April 2014. [↑](#footnote-ref-1)
2. Affordability & Access rank = 38; Choice of Setting & Provider rank = 3; Quality of Life & Quality of Care rank = 2; Support for Family Caregivers rank = 4; Effective Transitions rank = 8. [↑](#footnote-ref-2)
3. Alaska Department of Health and Social Services, Senior and Disabilities Services website: <http://dhss.alaska.gov/dsds/Pages/mission.aspx> [↑](#footnote-ref-3)
4. For more details on waiver policies and services see: <http://dhss.alaska.gov/dsds/Pages/nfloc/nfloc.aspx> [↑](#footnote-ref-4)
5. Based on AARP 2014 State Scorecard on LTSS for Older Adults, People with Physical Disabilities and Family Caregivers; available at: <http://www.longtermscorecard.org/> and on Eiken S, Sredl K, Gold L, Kasten J, Burwell B, Saucier P. Medicaid Expenditures for Long Term Services and Supports in 2011 and FFY 2012. Truven Health Analytics: June 2013 and April 2014. [↑](#footnote-ref-5)
6. Affordability & Access rank = 5; Choice of Setting & Provider rank = 14; Quality of Life & Quality of Care rank = 7; Support for Family Caregivers rank = 16; Effective Transitions rank = 11. [↑](#footnote-ref-6)
7. Colorado Department of Human Services, Aging and Disabilities, State Plan on Aging 2011-2015, available at: <http://www.colorado.gov/cs/Satellite/CDHS-VetDis/CBON/1251595435948> [↑](#footnote-ref-7)
8. Colorado Department of Health Care Policy and Financing website: <http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1251610502140> [↑](#footnote-ref-8)
9. For more details on waiver policy and services see: <http://www.colorado.gov/cs/Satellite?c=Page&cid=1213781362679&pagename=HCPF%2FHCPFLayout> [↑](#footnote-ref-9)
10. For more information on RCCO model see: <http://www.colorado.gov/cs/Satellite?c=Page&childpagename=HCPF%2FHCPFLayout&cid=1233759745246&pagename=HCPFWrapper> [↑](#footnote-ref-10)
11. Colorado Community First Choice Council website: <http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1251631756927> [↑](#footnote-ref-11)
12. For complete copy of MOU see: <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/COMOU.pdf> [↑](#footnote-ref-12)
13. If the individual’s primary care provider is not participating in the ACC, the RCCO will outreach to include the provider; if unsuccessful, beneficiary can opt out or be assisted in finding a participating PCMP. [↑](#footnote-ref-13)
14. Based on AARP 2014 State Scorecard on LTSS for Older Adults, People with Physical Disabilities and Family Caregivers; available at: <http://www.longtermscorecard.org/> and on Eiken S, Sredl K, Gold L, Kasten J, Burwell B, Saucier P. Medicaid Expenditures for Long Term Services and Supports in 2011 and FFY 2012. Truven Health Analytics: June 2013 and April 2014. [↑](#footnote-ref-14)
15. Affordability & Access rank = 2; Choice of Setting & Provider rank = 36; Quality of Life & Quality of Care rank = 9; Support for Family Caregivers rank = 1; Effective Transitions rank = 9. [↑](#footnote-ref-15)
16. Hawaii was not included in the FFY 2012 report due to unavailability of managed care expenditure data [↑](#footnote-ref-16)
17. Hawaii Dept. of Human Services, QExA website, <http://www.qexa.org/reference/Brochure_What_is_QExA.pdf> [↑](#footnote-ref-17)
18. Ibid. [↑](#footnote-ref-18)
19. For more details on QUEST Integration see: <http://www.med-quest.us/Quest/QuestIntegration.html> [↑](#footnote-ref-19)
20. Based on AARP 2014 State Scorecard on LTSS for Older Adults, People with Physical Disabilities and Family Caregivers; available at: <http://www.longtermscorecard.org/> and on Eiken S, Sredl K, Gold L, Kasten J, Burwell B, Saucier P. Medicaid Expenditures for Long Term Services and Supports in 2011 and FFY 2012. Truven Health Analytics: June 2013 and April 2014. [↑](#footnote-ref-20)
21. Affordability & Access rank = 3; Choice of Setting & Provider rank = 1; Quality of Life & Quality of Care rank = 1; Support for Family Caregivers rank = 3; Effective Transitions rank = 12. [↑](#footnote-ref-21)
22. More information available at: [http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\_DYNAMIC\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16\_169839#](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_169839) [↑](#footnote-ref-22)
23. See: <http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Primary&allowInterrupt=1&noSaveAs=1&dDocName=dhs16_170338> [↑](#footnote-ref-23)
24. For more details on MSHO see: <http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_006271> [↑](#footnote-ref-24)
25. For a copy of the MOU see: <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/MNMOU.pdf> [↑](#footnote-ref-25)
26. RFP available at: <http://www.dhs.state.mn.us/main/groups/business_partners/documents/pub/dhs16_183084.pdf> [↑](#footnote-ref-26)
27. Based on AARP 2014 State Scorecard on LTSS for Older Adults, People with Physical Disabilities and Family Caregivers; available at: <http://www.longtermscorecard.org/> and on Eiken S, Sredl K, Gold L, Kasten J, Burwell B, Saucier P. Medicaid Expenditures for Long Term Services and Supports in 2011 and FFY 2012. Truven Health Analytics: June 2013 and April 2014. [↑](#footnote-ref-27)
28. Affordability & Access rank = 12; Choice of Setting & Provider rank = 6; Quality of Life & Quality of Care rank = 38; Support for Family Caregivers rank = 37; Effective Transitions rank = 17. [↑](#footnote-ref-28)
29. New Mexico was not included in the FFY 2012 report due to unavailability of managed care expenditure data [↑](#footnote-ref-29)
30. New Mexico Department of Human Services, Centennial Care website: <http://www.hsd.state.nm.us/Centennial_Care.aspx> [↑](#footnote-ref-30)
31. New Mexico Aging and Long-Term Services Department, Strategic Plan SFY 2013, available at: <http://www.nmaging.state.nm.us/uploads/FileLinks/363c8188926e46b79e1e74888bf40f54/ALTSD_Strategic_Plan_FY13.pdf> [↑](#footnote-ref-31)
32. Based on AARP 2014 State Scorecard on LTSS for Older Adults, People with Physical Disabilities and Family Caregivers; available at: <http://www.longtermscorecard.org/> and on Eiken S, Sredl K, Gold L, Kasten J, Burwell B, Saucier P. Medicaid Expenditures for Long Term Services and Supports in 2011 and FFY 2012. Truven Health Analytics: June 2013 and April 2014. [↑](#footnote-ref-32)
33. Affordability & Access rank = 20; Choice of Setting & Provider rank = 5; Quality of Life & Quality of Care rank = 13; Support for Family Caregivers rank = 14; Effective Transitions rank = 1. [↑](#footnote-ref-33)
34. Oregon Revised Statutes, §410-050, available at: <http://www.oregonlaws.org/ors/410.050> [↑](#footnote-ref-34)
35. Oregon Dept. of Human Services, Seniors and People with Disabilities Overview, available at: <http://www.oregon.gov/dhs/spd/pubs/spd-overview-v11-100927.pdf> [↑](#footnote-ref-35)
36. For more information on CCOs see: <http://www.oregon.gov/oha/ohpb/pages/health-reform/ccos.aspx> [↑](#footnote-ref-36)
37. Based on AARP 2014 State Scorecard on LTSS for Older Adults, People with Physical Disabilities and Family Caregivers; available at: <http://www.longtermscorecard.org/> and on Eiken S, Sredl K, Gold L, Kasten J, Burwell B, Saucier P. Medicaid Expenditures for Long Term Services and Supports in 2011 and FFY 2012. Truven Health Analytics: June 2013 and April 2014. [↑](#footnote-ref-37)
38. Affordability & Access rank = 7; Choice of Setting & Provider rank = 4; Quality of Life & Quality of Care rank = 19; Support for Family Caregivers rank = 7; Effective Transitions rank = 4. [↑](#footnote-ref-38)
39. Revised Code of Washington, §74.39A.007, available at: <http://apps.leg.wa.gov/RCW/default.aspx?cite=74.39A.007> [↑](#footnote-ref-39)
40. For more information see: <http://www.altsa.dshs.wa.gov/about/> [↑](#footnote-ref-40)
41. Washington State has operated an integrated primary, acute, behavioral health and LTSS model in Snohomish County since 2005; this program is scheduled to end at the end of June 2014. [↑](#footnote-ref-41)
42. For a copy of the MOU see: <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/WAMFFSFDA.pdf> [↑](#footnote-ref-42)
43. For a copy of the MOU see: <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/WACAPMOU.pdf> [↑](#footnote-ref-43)
44. For additional information see: <http://www.hca.wa.gov/Pages/health_homes.aspx> [↑](#footnote-ref-44)
45. For additional information see: <http://www.hca.wa.gov/rfp/Forms/contracts_view.aspx?RootFolder=%2frfp%2fHealthpath%20Washington&FolderCTID=0x0120005762AA51FB8AC2459B1C017AE724AEA0> [↑](#footnote-ref-45)
46. Based on AARP 2014 State Scorecard on LTSS for Older Adults, People with Physical Disabilities and Family Caregivers; available at: <http://www.longtermscorecard.org/> and on Eiken S, Sredl K, Gold L, Kasten J, Burwell B, Saucier P. Medicaid Expenditures for Long Term Services and Supports in 2011 and FFY 2012. Truven Health Analytics: June 2013 and April 2014. [↑](#footnote-ref-46)
47. Affordability & Access rank = 18; Choice of Setting & Provider rank = 7; Quality of Life & Quality of Care rank = 7; Support for Family Caregivers rank = 14; Effective Transitions rank = 13. [↑](#footnote-ref-47)
48. Wisconsin Department of Health Services, Family Care Homepage: <http://www.dhs.wisconsin.gov/LTCare/> [↑](#footnote-ref-48)
49. For more details on Family Care see: http://www.dhs.wisconsin.gov/LTCare/ [↑](#footnote-ref-49)
50. For more details on Family Care Partnership see: <http://www.dhs.wisconsin.gov/wipartnership/> [↑](#footnote-ref-50)
51. For a copy of the MOU see: <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/NYMOU.pdf> [↑](#footnote-ref-51)
52. For a copy of the MOU see: <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/MassMOU.pdf> [↑](#footnote-ref-52)