

Appendix A

Key Terms	
<p>1915(c) Waivers – States develop home- and community-based services waivers for children who receive services in their home or community.</p> <p>ABD – Aged, blind and disabled</p> <p>ACO – Accountable care organization</p> <p>AI/AN – American Indians and Alaskan Natives (Native Americans)</p> <p>BHO – Behavioral health organization</p> <p>CRS – Children’s Rehabilitative Services</p> <p>CYSHCN – Children enrolled in Medicaid based on income eligibility who have special or chronic health care need(s)</p> <p>FC/AA – Children who are in Medicaid as a result of their foster care placement or for adoption assistance</p> <p>FFS – Fee for service</p> <p>ID/DD – Intellectual disabilities/developmental disabilities</p>	<p>MCO – Managed care organization</p> <p>MLTSS – Managed long-term services and supports</p> <p>MMC – Medicaid managed care</p> <p>N/A – Not applicable</p> <p>PCCM – Primary care case management</p> <p>PCMP – Primary care medical provider</p> <p>PIHP – Prepaid inpatient health plans</p> <p>RCCO – Regional care collaborative organization</p> <p>SED – Serious emotional disturbance</p> <p>SSI – Children who receive Supplemental Security Income (SSI)</p> <p>Title V CSHCN – Children with special health care needs enrolled in state programs funded by Title V Maternal and Child Health funding</p>

Overview of Selected State Medicaid Managed Care Program Characteristics						
	Arizona ¹	Colorado	Minnesota	Ohio	Texas	Virginia
<p>Type of Medicaid Managed Care Plan for CYSHCN (Standard or Specialized) and Managed Care Model Type (MCO, PCCM, PIHP)</p>	<p>Standard – MCO</p> <p>Specialized MCO for CYSHCN whose conditions qualify for Children’s Rehabilitative Services program</p>	<p>Standard – PCCM – Accountable Care Collaborative²</p>	<p>Standard – MCO</p>	<p>Standard – MCO</p>	<p>Standard – MCO - STAR³</p> <p>Specialized MCO for FC/AA – STAR Health⁴</p> <p>Specialized MCO for ABD/1915(c) – STAR Kids⁵</p>	<p>Standard - MCO - Medallion 3.0⁶</p> <p>Specialized MCO for ABD, SSI, and 1915(c) – CCC Plus⁷</p>
<p>Inclusion of Specific Definition of CYSCHN in MMC Contract</p>	<p>Yes⁸</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>Yes⁹</p>

		Arizona	Colorado	Minnesota	Ohio	Texas	Virginia
CYSHCN Enrollment by Population Type: Voluntary, Mandatory, Exempt, or Not Specified in the Contract (N/A)	ABD	Mandatory – Standard plan	Voluntary	Exempt	Mandatory	Mandatory – STAR Kids	Mandatory – CCC Plus
	CYSHCN	Mandatory – Standard plan	Voluntary	Voluntary	N/A	Mandatory - STAR	Mandatory - Medallion
	FC/AA	Mandatory – Standard plan	Voluntary ¹⁰	FC: Mandatory AA: Voluntary	Mandatory	Mandatory – STAR Health	Mandatory - Medallion
	AI/AN¹¹	Exempt under both plans ¹²	Voluntary	Mandatory	N/A	N/A	Exempt
	SSI	N/A	Voluntary	N/A	Mandatory	Mandatory – STAR Kids	Mandatory – CCC Plus
	Title V CYSHCN	Mandatory – Specialized CYSHCN program ¹³	Voluntary	N/A	Mandatory	N/A	Mandatory - Medallion
	1915(c)	N/A	Voluntary	N/A	Individuals enrolled in a 1915(c) administered through Ohio Department of Developmental Disabilities – voluntary/exempt	Mandatory – STAR Kids	Mandatory – CCC Plus
Other		--	Exempt – ID/DD waiver and ID/DD who live on a reservation ¹⁴ Voluntary -Children with SED	--	--	--	
Risk Structure of Delivery System		Managed care plans receive capitated payments and are responsible for all contracted services.	RCCOs receive per-member-per-month payments to coordinate the care of their respective beneficiaries.	Managed care plans receive capitated payments. Dept. of Human Services also establishes a total cost of care target for ACOs, and managed care plans pay a portion of their capitated payment to ACOs that achieve savings (or receive payment back if the ACO has losses).	Managed care plans receive monthly capitation rates and are responsible for all contracted services.	Managed care plans receive capitated payments and are responsible for all contracted services.	Managed care plans receive capitated payments and are responsible for all contracted services.

	Arizona	Colorado	Minnesota	Ohio	Texas	Virginia
Services Carved out of Medicaid Managed Care (e.g., Behavioral Health, LTSS, Care in Nursing Facilities – what are nursing facilities?)	LTSS	Behavioral health services are currently provided through a BHO carve-out ⁵ with the following populations mandatorily enrolled: ABD, CYSHCN, FC/AA.	LTSS and care in nursing facilities	LTSS, behavioral health ⁶ , and care delivered in nursing facilities	Children enrolled in Medicaid waiver programs receive their acute care through the STAR Kids program but receive waiver services separately.	Non-traditional behavioral health services (state plan option) are currently carved out, but will be integrated in 2018. ¹⁷ LTSS are carved out of Medallion programs only.
Structure of Care Coordination under Medicaid Managed Care	Managed care plans pay a supplemental fee to multi-specialty, interdisciplinary clinics, which may serve as the health home for CRS enrollees, to conduct care coordination.	RCCOs provide care coordination services, or they contract with a PCMP or community-based organization for care coordination.	Managed care plans provide care coordination, or a health care home or ACO provides care coordination.	Managed care plans or comprehensive primary care practices provide care coordination. ¹⁸	Managed care plans serve as the lead care coordinators.	Managed care plans serve as the lead care coordinators in both Medallion and CCC Plus programs.
Availability of Specific Quality Measures for CYSHCN in MMC Contracts (Yes/No)	Yes ¹⁹	No	Yes ²⁰	Yes ²¹	Yes ²²	Yes (for Medallion ²³ and CCC Plus ²⁴)

Notes

1. In addition to its standard MMC program and CRS, Arizona has an MLTSS program - Arizona Long Term Care System (ALTCS). Children with developmental disabilities may qualify for ALTCS, in which case they are enrolled in a MLTSS health plan that includes all acute, behavioral health and LTSS services.
2. "Utilizes a network of Regional Care Collaborative Organizations (RCCOs) to coordinate acute, primary, and specialty care, pharmacy, and select behavioral health services to most Medicaid beneficiaries in the state." – [Managed Care in Colorado](#)
3. [Texas Medicaid and CHIP – Uniform Managed Care Manual](#), Texas Health and Human Services
4. [STAR Health – A Guide to Medical Services at CPS](#), Texas Department of Family and Protective Services
5. [STAR Kids Contract Terms](#), Texas Health and Human Services Commission
6. [Medallion 3.0 Managed Care Contract](#), Commonwealth of Virginia Department of Medical Assistance Services
7. [Commonwealth Coordinated Care Plus MCO Contract for Managed Long Term Services and Supports](#), Commonwealth of Virginia Department of Medical Assistance Services
8. "*Children under age 19 who are blind, children with disabilities, and related populations (eligible for SSI under Title XVI). Children eligible under section 1902(e)(3) of the Social Security Act (Katie Beckett); in foster care or other out-of-home placement; receiving foster care or adoption assistance; or receiving services through a family-centered, community-based coordinated care system that receives grant funds under section 501(a)(1)(D) of Title V (CRS)*" – p. 10 – [Managed Care Contract Amendment](#), Arizona Health Care Cost Containment System
9. "*Children and Youth with Special Health Care Needs (CYSHCN) include children under age 21 who have or are at increased risk for a chronic physical, developmental, behavioral or emotional condition(s) and may need health and related services of a type or amount over and above those usually expected for the child's age. CYSHCN consist of at a minimum, children in the eligibility category of SSI, children identified as Early Intervention (Part C) participants, Foster care or Adoption Assistance (includes any individuals who have been enrolled in a particular health plan under a nondisabled or Foster Care/Adoption Assistance when the individual becomes enrolled in a disabled or Foster Care/Adoption Assistance) and others as identified through the Contractor's assessment or by the Department.*" – p. 91 – [Medallion 3.0 Managed Care Contract](#), Commonwealth of Virginia Department of Medical Assistance Services
10. As of Spring 2017, Colorado is in the procurement process for Phase II of their ACO managed care program which will include a shift from voluntary enrollment to mandatory.
11. Under federal Medicaid regulations, states are not authorized to mandatorily enroll AI/ANs in managed care unless they are approved to do so through a 1915(b) or 1115(a) waiver, or the MCO is operated by the Indian Health Service, a tribe, or an urban American Indian health program.
12. American Indian Health Program enrollees or Arizona Long Term Care System for the Elderly and Physically Disabled Tribal (ALTCS EPD) program enrollees
13. [Overview of Five States' Programs for Children and Youth with Special Health Care Needs](#), 2015, California Children's Services Program Redesign
14. American Indians living on a reservation per the choice of the tribal government are exempt from managed care enrollment
15. Colorado is currently in a procurement process to integrate behavioral health services into managed care - [Accountable Care Collaborative Phase II](#), Colorado Department of Health Care Policy and Financing
16. On July 1, 2018 behavioral health will be carved-into managed care
17. Virginia currently carves out non-traditional behavioral health service of both Medallion and CCC Plus. However, beginning in January 2018, these services will be integrated into CCC Plus. Virginia also plans to integrate the non-traditional behavioral health services in Medallion 4.0 (the next iteration of its managed care program), which is expected to launch in August 2018.
18. In the state of Ohio, the Patient-Centered Medical Home model is called the [Comprehensive Primary Care Program](#). CPC practices take the lead care coordination role for members enrolled in managed care.
19. [Managed Care Contract Amendment](#), Arizona Health Care Cost Containment System - p. 73
20. "The MCO must have effective mechanisms to assess the quality and appropriateness of care furnished to Enrollees with special health care needs. If the MCO has in place an alternative mechanism(s), or is proposing a new mechanism(s) that meets or exceeds the requirements of section 7.1.4(A), the MCO must submit a written description to the STATE for approval. If the MCO's mechanism(s) have been approved by the STATE and there has been a material change, the MCO must timely submit a revised description to the STATE for approval." [Contract for Medical Assistance and MinnesotaCare Services](#), Minnesota Department of Human Services - p. 153
21. Ohio Department of Medicaid uses the same quality measures across populations. The managed care contract specifies that, "each MCP must have mechanisms in place to assess the quality and appropriateness of care furnished to members with special health care needs. The MCP must specify the mechanisms used in the annual submission of the QAPI program to ODM." The Ohio Department of Medicaid, [Ohio Medical Assistance Provider Agreement for Managed Care Plan](#), Revised July 2016.
22. For both STAR Kids and STAR Health, their contracts require that they develop and implement Quality Assurance and Program Improvement programs, which is designed to monitor and assess their clinical and non-clinical processes and outcomes, for their respective populations of CYSHCN. STAR Health and STAR Kids plans are also required to address and report on the measures identified by the state as part of the Performance Indicator Dashboard for Quality Measures, which is designed to assess "many of the most important dimensions of MCO performance, and include measures that, when publicly shared, will also serve to incentivize MCO excellence." The STAR Health [Performance Indicator Dashboard](#) has been implemented, while the Performance Indicator Dashboard for STAR Kids is under development.
23. The Medallion 3.0 contract requires MCOs to assess quality of care of CYSHCN in the following areas: 1) program development; 2) enrollment procedures; 3) provider networks; 4) care coordination; and 5) access to Specialists. [Medallion 3.0 Managed Care Contract](#), Commonwealth of Virginia Department of Medical Assistance Services – p. 92
24. The CCC Plus contract specifies that MCOs must report on the "CCC Plus Core Performance Measures List" that covers the following domains: 1) enhance Member experience and engagement in person-centered care; 2) improve quality of care; 3) improve population health; and 4) reduce per capita costs. MCOs participating in CCC Plus must also identify and implement behavioral health outcome measures (e.g., recidivism, employment or school attendance, utilization measures, member satisfaction, etc.). [Commonwealth Coordinated Care Plus MCO Contract](#), Commonwealth of Virginia, Department of Medical Assistance Services – p. 146 & 154