Fully Integrated Managed Care National Review

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Healthier WASHINGTON

Executive Summary

The Health Care Authority is ensuring that individuals receive coordinated care for physical and behavioral health services in a way that works best for the individual.

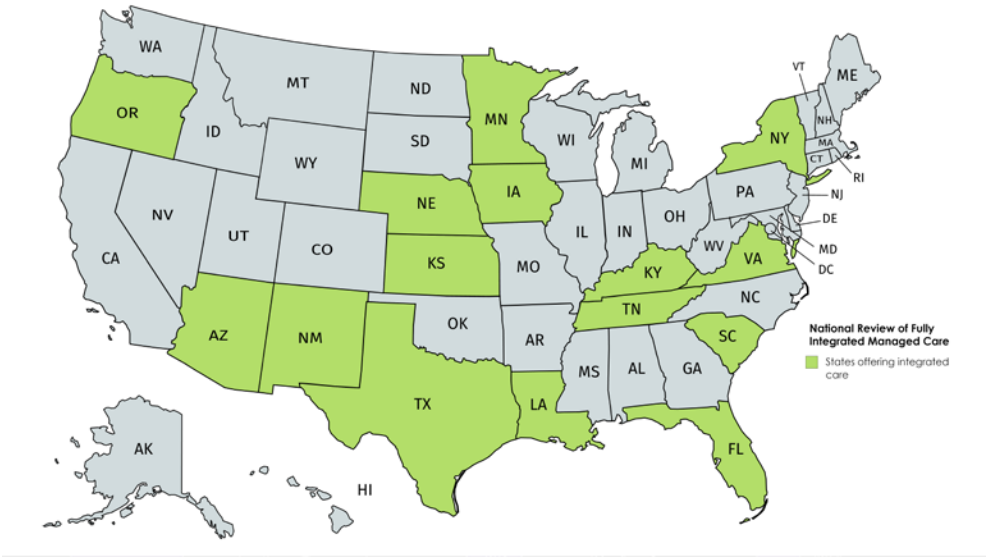
On April 1, 2016, Apple Health Managed Care Organizations (MCOs) began delivering the full continuum of physical health (PH), mental health (MH) and substance use disorder (SUD)[1] services in Clark and Skamania counties. On the same date, in all other Washington counties, behavioral health organizations (BHOs) began providing SUD services for all and specialty mental health services for individuals who meet Access to Care Standards.

By 2019, Washington State will shift 80 percent of state health care purchasing from paying for volume to paying for value and will integrate the purchasing of physical and behavioral health (BH) services in integrated managed care statewide.

Throughout the nation, there are many states integrating physical and behavioral health care in the best interest of the individuals that they serve. This report offers details on 15 states that have shifted to an integrated managed care model. A majority of the states offer a broad enrollment, providing whole-person care to all Medicaid clients, regardless of age or behavioral health issue. A strong trend among these states is an expansion of substance use disorder services. For example, in Virginia, all Medicaid community-based SUD services will be carved into the MCO health plans. A number of states are also addressing social determinants of health by including coverage for community support services, as in Iowa, Louisiana, New Mexico and New York. States are employing such tactics as "intensive targeted case management" (Florida) or "assertive community treatment" (Louisiana) at the client level.

It is notable that this trend goes as far back as 1996 with Minnesota, Tennessee, and Virginia and then a surge in 2014 when five states shifted to integrated care models. It is also noteworthy that this list includes states that have not participated in Medicaid expansion under the Affordable Care Act.

The map at right displays states applying integrated managed care. It is followed by a summary table and descriptions of the current integration activities of these 15 states.



Endnotes begin on page 13.

[1] The combination of mental health and SUD services is referred to as behavioral health (BH) services.

Summary table

State	Year implemented	Broad enrollment or serious mental illness only	Inpatient/ outpatient BH in managed care	Crisis services included[i]	Subcontracted BH services[ii]
Arizona	2014	Serious mental illness only (Adults only)	Yes	Yes	Yes
Florida	2014	Broad enrollment	Yes	No	No
Iowa	2016	Broad enrollment	Yes	Only for age 20 or younger	Details not available
Kansas	2013	Broad enrollment (Adults Only)	Yes	Yes	Yes
Kentucky	2011	Broad enrollment	Yes	Yes	Details not available
Louisiana	2015	Broad enrollment	Yes	Details not available	Details not available
Minnesota	1996	Broad enrollment	Yes	Details not available	Details not available
Nebraska	2017	Broad enrollment	Yes	Details not available	Details not available
New Mexico	2014	Broad enrollment	Inpatient BH only	No	Yes
New York	2014	Broad enrollment (Adults only)	Yes	MH only	Details not available
Oregon	2012	Broad enrollment	Yes	Details not available	Details not available
South Carolina	2016	Broad enrollment	Yes	No	Yes, and all SUD services must be sub-contracted out to the 33 county authorities
Tennessee	1996	Broad enrollment	Yes	Yes	Yes
Texas	2014	Broad enrollment (Adults only)	MH targeted case management and MH rehabilitation services only	No	Yes
Virginia	1996	Broad enrollment	Yes	Details not available	Details not available

Arizona: The Arizona Health Care Cost Containment System oversees all Medicaid services in the state and contracts with the Arizona Department of Health Services, Division of Behavioral Health Services, which contracts with Regional Behavioral Health Authorities (RBHAs) to deliver BH services. In December 2014, the Centers for Medicare and Medicaid Services (CMS) approved Arizona's 1115 Waiver to expand integration of PH and BH services for adults with serious mental illness (SMI) throughout the state. In October 2015 dual eligible clients were offered integrated BH and PH care services. The Department of Health Services subcontracts with RBHAs and (tribal) TRBHAs only for BH services.[iii] These contracts are only integrating PH/BH service delivery for Medicaid and Medicare eligible adults with SMI. The RBHAs/TRBHAs subcontracted to deliver BH services include: Mercy Maricopa Integrated Care, Health Choice Integrated Care, Cenpatico Integrated Care, Pascua Yaqui Tribe, Navajo Nation, Gila River Regional Behavioral Health Authority, and White Mountain Apache Tribe.[iv]

The following BH services are included in their RBHA/TRBHA contracts: BH counseling and therapy, BH family counseling and therapy, SUD intensive outpatient, acupuncture, rehabilitation, skills training and development, psychosocial rehabilitation living skills training, cognitive rehabilitation, BH prevention/promotion education, medication training and support services, psychoeducational services and ongoing support to maintain employment, supportive housing, transportation, crisis intervention services, MH and SUD inpatient services. Subcontracting is allowed: to hospitals for physical health service for SMI members (20.2), for management services including grievances, quality management, medical management, provider relations, network and provider services, member services and corporate compliance (20.3.2), prevention services (20.4), and training (20.6).

Florida: The Agency for Health Care Administration (AHCA) received approval to extend its 1115 Waiver authorization period from July 31, 2014 to June 30, 2017. The AHCA's Bureau of Medicaid Services completed the implementation of the Statewide Medicaid Managed Care (SMMC) program in 2014, with 11 regions and 13 managed medical assistance (MMA) standard plans.

All MMA plans[v] include traditional physical health services as well as mental health services and SUD treatment services. Within the SMMC program (effective July 15, 2015) the following services were included:[vi] BH inpatient hospital services, BH outpatient hospital services, BH psychiatric physician services, community BH services, MH targeted and intensive targeted case management, specialized therapeutic foster care, therapeutic group care services, comprehensive BH assessment, BH overlay services in child welfare settings, BH residential care, statewide inpatient psychiatric program services (for individuals under 21 years old), BH peer services, BH partial hospitalization services, BH short term residential, MH services NOS, mobile crisis assessment and intervention, comprehensive community outreach services, BH day care services, detoxification services, and community wraparound services. This appears to be an integrated contract and does not appear to allow subcontracting.

In addition, Florida offers six MMA specialty plans, including Magellan Complete Care – Serious Mental Illness (in all but three regions). Magellan Complete Care includes dental, physical, unlimited substance use intensive outpatient services, pharmacy, and vision services.

Iowa: Iowa has offered managed care to Medicaid enrollees since 1990 through an MCO pilot program that expanded significantly over time. Iowa carved-out all BH services, establishing the Plan for Behavioral Health to provide all inpatient and outpatient BH and SUD services through a pre-paid plan.[vii] In January 1, 2016, the Iowa Department of Human Services moved towards full integration of physical health and BH and selected three Medicaid MCOs: United Healthcare, Amerihealth Caritas, and Amerigroup to provide both physical and BH services to Medicaid enrollees.[viii & ix]

The following BH services are now provided by all the Medicaid MCOs: Inpatient MH and SUD treatment, outpatient MH and SUD treatment, office visits, assertive community treatment, behavioral health intervention services, including applied behavior analysis (this also includes crisis services), psychiatric medical institutions for children, intensive psychiatric rehabilitation, community support services, peer support, and residential SUD treatment.[x] The Behavioral Health Intervention Services Provider Manual dated May 2014 indicated crisis services are covered, but only for Medicaid members age 20 or younger.[xi] It is unclear whether BH services can be subcontracted.

Kansas: Kansas began Medicaid reform in January 2011, submitted an 1115(a) Waiver application in April 2012 and KanCare went live in January 2013. KanCare replaced several former managed care programs, including HealthConnect Kansas, HealthWave 19, mental health and substance use services (formerly provided through a prepaid inpatient health plan), and non-emergency medical transportation (NEMT) services.[xii] Kansas has three MCOs. KanCare is administered by the Kansas Department of Health and Environment (KDHE) and the Kansas Department of Aging and Disability Services (KDADS). The KanCare Medicaid contracts are integrated contracts. As of November 2015, Kansas is integrating seven 1915(c) Waivers into their 1115 Waiver.

All physical health, mental health and substance use disorder (SUD) services are the same in each MCO. The following services are Medicaid services covered in capitation in KanCare: Acute medical detox, inpatient psychiatric services, criminal court referrals (SUD), civil commitments (SUD), SUD outpatient and intensive outpatient, community-based residential SUD treatment, SUD intermediate residential treatment, BH case management, BH peer support, BH crisis intervention, MH outpatient therapy and assessment, and MH medication management. KanCare health plans can subcontract for the following services: pharmacy, BH services, dental, vision, and non-emergency medical transportation. Only Amerigroup will not use a BH subcontractor. Sunflower subcontracts with Cenpatico, and United subcontracts with Optum Behavioral Health for BH services.

Kentucky: Kentucky currently operates two managed care programs for its Medicaid enrollees: Kentucky Medicaid Managed Care and the Kentucky Health Partnership program (KHP). KHP covers acute, primary, and some specialty care through a regional partnership of health care providers. It was implemented in 1997 and does not include BH services.[xiii] KHP was created through an 1115 Waiver Demonstration project and still operates today.[xiv] The majority of Medicaid beneficiaries are mandatorily enrolled in Medicaid Managed Care, which was established in 2011. While KHP uses regional networks to deliver care, Medicaid Managed Care uses contracts between the Commonwealth of Kentucky: Finance and Administration Cabinet and MCOs to cover acute, primary, and specialty services, including dental and behavioral health services. There are currently five Medicaid MCOs operating in Kentucky: Aetna Better Health of Kentucky, Anthem, Humana CareSource, Passport Health Plan, and WellCare of Kentucky.[xv]

BH services/benefits covered under Medicaid Managed Care include: Inpatient MH services, outpatient MH services, community MH services, SUD services, medical detoxification, BH prescription and over-the-counter drugs, psychiatric residential treatment facilities, and targeted case management. Crisis services are also covered under the Managed Care plans; section 34.6 of the contract states that the contractor must have an emergency and crisis BH services hotline.

Section 6.2 of the contract indicates that the contractor can subcontract to provide Medicaid services and it did not appear to limit what services can be subcontracted.[xvi] However, it is unclear whether BH services actually are subcontracted.

Louisiana: In December 2015 the Louisiana Department of Health and Hospitals (DHH) transformed its Medicaid program, then known as Bayou Health, by integrating all behavioral health services into its existing Medicaid managed care system, now called Healthy Louisiana.[xvii] Healthy Louisiana requires enrollment statewide by most Medicaid beneficiaries, except for dual eligibles, institutional residents, and beneficiaries entitled to limited benefits.[xviii] DHH contracts with five MCOs to administer Medicaid benefits: Aetna, Amerigroup, AmeriHealth Caritas Louisiana, Louisiana Healthcare Connections, and United Healthcare.[xix] DHH contracts with Magellan Health to operate a Coordinated Systems of Care (CSoC) program, established under 1915(c) Waiver authority, which provides and coordinates BH wraparound services, such as Home and Community Based Services (HCBS), for Medicaid eligible children and youth.[xx]

The BH services available to Medicaid enrollees varies based on the enrollee's age. See the table below detailing which BH services are available to which enrollee age group. [xxi] In order to receive MH rehabilitation services, the enrollee must be at least 21 years old and either have an MH diagnosis, assessed by a licensed MH professional, or have a LOCUS score of 2. It is unclear whether these BH services can be subcontracted.

BH, Evaluation, and Therapy Services- Medicaid Enrollees ages 3-20	**EPSDT (early and periodic screening, diagnosis and treatment) BH Services- Medicaid enrollees under age 21**	**BH Services- Medicaid Adults**
Psychological therapy - Medicaid Enrollees under 3 years of age[2]	Psychosocial rehabilitation Crisis intervention Community psychiatric support & treatment Therapeutic group home Addiction services (outpatient & residential) Inpatient hospital Psychiatric residential treatment facility Outpatient therapy (medication management, individual, family, and group counseling) Multi-systemic therapy Functional family therapy Homebuilders Assertive community treatment Coordinated system of care (CSoC)	Addiction services (outpatient and residential) Psychiatric inpatient hospital Treatment plan development Psychosocial rehabilitation Crisis Intervention Community psychiatric support & treatment Assertive community treatment Outpatient therapy

Minnesota: The Minnesota Department of Human Services operates several Medicaid managed care programs, with the two major ones being the Prepaid Medical Assistance Program (PMAP) and MinnesotaCare. Before 1996 PMAP and MinnesotaCare were separate insurance programs, but in 1996 they were merged into one mandatory enrollment managed care program. PMAP operates under 1932(a) federal authority, while MinnesotaCare operates under 1115(c) authority. The programs operate in all counties in the state and serve enrollees through eight MCOs. PMAP and MinnesotaCare currently provide acute, primary, specialty, long-term, and behavioral health services to children and low-income adults. Older adults are served

[2] http://dhh.louisiana.gov/assets/docs/Making_Medicaid_Better/Medicaid_Services_Chart.pdf

through a separate managed care program, Minnesota Senior Care Plus (MSC+). Dual eligibles over age 65 who want to receive both their Medicaid and Medicare benefits through the same plan can enroll in Minnesota Senior Health Options (MSHO), a managed care program that provides acute, specialty care, long-term supports and services, behavioral health and pharmacy benefits through Medicare Advantage Special Needs Plans. Seniors must enroll in MSC+ unless they have chosen to enroll in MSHO. Minnesota residents under age 65 who have a disability, including dual eligibles, can participate in the Special Needs Basic Care (SNBC) program, another managed care program that provides Medicaid-covered acute and behavioral health services, as well as some nursing facility care.[xxii]

The MCOs cover a limited range of mental health and substance use disorder/chemical dependency services. For example, MCOs cover chemical dependency assessment and inpatient hospital services/treatment, but do not cover halfway house care, extended care, transition care, or detoxification (unless detoxification is required for medical treatment). However, those services are covered under the Consolidated Chemical Dependency Treatment Fund (CCDTF). MCOs are not responsible for paying for room and board (R&B) services provided by residential chemical dependency treatment providers, but those services are covered under FFS. Mental health services not covered by the MCOs include: Adult rehabilitation mental health services, mental health case management for person with serious and persistent mental illness (SPMI) and for children with severe emotional disturbances (SED), and adult mental health crisis services. It appears that Medicaid enrollees can still receive these services, but they are not covered by the MCO.[xxiii] It is unclear whether Minnesota allows BH services to be subcontracted.

Nebraska: Before 2017, Nebraska Medicaid enrollees received their health care services through several separate plans: physical health benefits were provided through a regional plan, behavioral health services were provided through a separate state plan, and pharmacy benefits were provided through another separate state-managed pharmacy program.[xxiv] Beginning January 1, 2017,[xxv] the Nebraska Department of Health & Human Services transformed its Medicaid program, now called Heritage Health, to provide all of a Medicaid enrollee's physical health, behavioral health, and pharmacy benefits in one statewide managed care plan. Heritage Health enrollees can join one of three MCOs: Nebraska Total Care, UnitedHealthcare Community Plan of Nebraska or WellCare of Nebraska. All Medicaid beneficiaries are enrolled in a Heritage Health plan, except for participants in the Program for All-Inclusive Care for the Elderly, beneficiaries with Medicare coverage for whom Medicaid only pays co-insurance and deductibles, aliens who are eligible for emergency conditions only, and those who are required to pay a premium and are not continuously eligible due to a share of cost obligation. Nebraska has not expanded Medicaid under the Affordable Care Act.[xxvi]

Heritage Health Plans cover additional benefits for enrollees that were not previously covered, such as BH peer support and crisis support services. Nebraska Total Care and UnitedHealthcare Community Plan of Nebraska offer a mobile app with 24-hour crisis and nurse lines, and all of the plans cover 100 percent of all BH and substance use treatment services.[xxvii] The following services are not covered under the Heritage Health plans, but are still available to Medicaid enrollees under fee for service: dental, non-emergency transportation, personal assistance services (PAS), long-term care, and home and community-based waiver services (HCBS) for those who are eligible.[xxviii] HCA was unable to obtain more information regarding on specific BH services covered under Heritage Health or whether those services can be subcontracted.

New Mexico: New Mexico's Medicaid program, now referred to as Centennial Care, is administered by the State Department of Human Services.[xxix] The Centennial Care 1115 Demonstration became effective January 1, 2014 (through 12/31/18) and their Behavioral Health (BH) 1915(b) Waiver authorizes managed BH services through a statewide BH organization. Medicaid BH managed care services are contracts as a part of an

Interagency BH Purchasing Collaborative Contract, a contract between the State of New Mexico Interagency Behavioral Health Purchasing Collaborative and United HealthCare Insurance Company/United Behavioral Health through their joint venture OptumHealth New Mexico.[xxx] The contract includes services provided by many state agencies, with one statewide entity for BH services.

The MCO (OptumHealth) is responsible for all covered services rendered by a BH provider; the services covered under the Medicaid BH Benefit Package vary based on the age of the Medicaid enrollee:

Adults and children	**Children ages 0-21 only**	**Adults only (over age 18)**
Psychiatric inpatient hospital services in a psychiatric unit of a general hospital Inpatient professional services by a BH professional Partial hospitalization services Hospital outpatient services in a general hospital Outpatient BH professional services (includes evaluation, testing, assessment, medication management, & therapy) Lab services (when provided by a BH provider) Comprehensive community support services Telehealth services Pharmacy services (when prescribed by a BH provider) Intensive outpatient services for substance abuse smoking cessation Smoking cessation Transportation (provided through the physical health MCOs) Medication assisted treatment (Methadone)	Inpatient hospitalization in a free standing psychiatric hospital BH outpatient services Accredited Residential Treatment Center Services (ARTC) Non-Accredited Residential Treatment Center Services (RTC) Group Home Services (GH) Treatment Foster Care (TFC) Day treatment services Multi-Systemic Therapy (MST) Behavior Management Skills Development Services (BMS) Counseling, Evaluation, Therapy in a School Based Setting (but not when part of an individual education plan (IEP)	Psychosocial Rehabilitation Programs (PSR) Assertive Community Therapy (ACT) Suboxone (age 16 and older)[xxxi]

The interagency BH purchasing collaborative contract encourages physical health linkages and referrals (pg. 30), and ensures coordination of covered services for non-Medicaid consumers. This is not a truly integrated PH/BH contract, in that although the contract calls for coordination of services and programs, there is not a full explanation of PH benefits. Article 19 of the contract notes that subcontracting is allowed for all covered BH services or "any other required SE function" (SE = MCO). In delivering covered services, the SE must also take into consideration the need for the following services: School-based BH services, public and private inpatient and residential BH care facilities, housing, employment and community education programs, DWI councils, domestic violence service providers, specialty services for persons in corrections, probation and parole, as well as coordination with the Children, Youth and Families Department (similar to our Children's Administration), and disability agencies.

New York: In April 2014, New York finalized terms and conditions with the federal government for an 1115 Waiver through their Medicaid Redesign Team (MRT) reforms. The Delivery System Reform Incentive Payment (DSRIP) Year One began April 2015. As part of the 1115 waiver demonstration, New York is transitioning all adult recipients who are eligible into Medicaid Managed Care and they will receive full PH and BH benefits. All adult enrollees in Medicaid and 21 years or older with SMI or SUD diagnoses having serious BH issues will be eligible to enroll in a Health and Recovery Plan (HARP) or in a mainstream Medicaid Managed Care (MMC) plan. Children's BH services transition into MMC in 2017.[xxxii] The New York State Department of Health contracts with different MCOs to offer MMC plans; the number of plans offered varies by county and not all plans are available in all counties.[xxxiii]

According to the New York State Medicaid Managed Care Model Member Handbook revised October 2015, New York provides the following BH services to Medicaid enrollees:

- MH Services
    - Intensive psychiatric rehabilitation treatment
    - Day treatment
    - Clinic continuing day treatment
    - Inpatient and outpatient MH Treatment
    - Partial hospital care
    - Rehabilitation services if you are in a community home or in family-based treatment
    - Continuing day treatment
    - Personalized recovery oriented services
    - Assertive community treatment services
    - Individual and group counseling
    - Crisis intervention services
- SUD Services
    - Inpatient and outpatient SUD (alcohol and drug) treatment
    - Inpatient and outpatient detoxification services
    - Opioid, including Methadone Maintenance treatment
    - Residential SUD Treatment
- Other Covered Services
    - Case management
    - Help getting social support services

Appendix R of the Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan Model Contract, dated March 1, 2014, appears to allow subcontracting, but it is unclear whether BH services are currently subcontracted.[xxxiv]

Oregon: Before 2012, the Oregon Medicaid program (Oregon Health Program (OHP) Plus) mandatorily enrolled benefit groups, except childless adults, into fully-capitated MCOs, or offered primary care case managers in counties where managed care was not available. Services covered included acute, primary and specialty care, while dental and BH services were covered through separate prepaid health plans, often operated by counties. In August 2012, the Oregon Health Authority replaced its OHP MCOs with a new managed care model consisting of risk-bearing, locally-governed provider networks called Coordinated Care Organizations (CCOs). Some CCOs are collaborations between existing MCOs and MH organizations, but other models can be used as long as the entity can assume financial risk and meet certain established criteria, such as coordination of care and governance requirements.[xxxv] The financing of these new models came in part from Oregon's 1115 Medicaid Demonstration, which was approved right before the implementation of the CCOs in

July 2012. CCOs are paid on a global Medicaid budget that grows at a fixed rate, but they do have some flexibility in what services they can provide.

There are currently 16 CCOs operating in Oregon that cover 95 percent of Medicaid members.[xxxvi] Most counties only have one CCO, but there are up to four in some urban areas. CCOs provide all Medicaid enrollees with physical, dental, and BH services. Specific BH services include: Inpatient BH services, outpatient BH services, chemical dependency care, and MH therapy.[xxxvii] CCOs can subcontract for BH services.

South Carolina: South Carolina Medicaid has been operating as a managed care model through MCOs since 1996. By 2011, all Medicaid beneficiaries were in some form of managed care.[xxxviii] In February 2016, the South Carolina Department of Health and Human Services (DHHS) announced that a category of community mental health services called rehabilitative behavioral health services would be carved into the five contracts DHHS currently has with the Medicaid MCOs. The carve-in became effective July 1, 2016.[xxxix] The five MCOs include: Absolute Total Care, BlueChoice Healthplan, First Choice by Select Health, Molina Healthcare of South Carolina, and WellCare of South Carolina.[xl]

Section 4 of the Medicaid MCO contract details the BH benefits and services that the MCOs provide to Medicaid enrollees: Psychiatric inpatient hospital services, outpatient mental health services, disease management and care management/coordination, diagnostic services, physician services (which include the full range of physical and behavioral health services), and substance use services.[xli] Covered BH services also include rehabilitation, marriage counseling, family and child counseling services, and licensed clinical social worker services.[xlii] The contract does not mention crisis services, and it is unclear whether South Carolina contracts with an ASO or other entity to provide crisis services. However, since there was no mention of crisis services in the MCO contract it would appear that crisis services are not carved into the managed care model.

The contract indicates that the contractor can subcontract with another provider for Medicaid services. It appears that substance use services are subcontracted because Section 4 of the contract says SUD services are provided by the Department of Alcohol and Other Drug Abuse Services (DAODAS) and it's subcontracted to 33 county alcohol and drug use authorities. The MCO is still responsible for all medically necessary services provided by DAODAS, and the MCO must provide SUD services that are necessary and appropriate for the Medicaid patient.

Tennessee: More than 70 percent of the Medicaid population is enrolled in Tennessee's managed care coverage TennCare. In 1996, Tennessee began offering behavioral health (BH) services to managed care enrollees through a prepaid limited benefit plan and reintegrated BH services into MCO contracts in 2007. Tennessee contracts with two national MCOs and one local MCO. Tennessee is working with the Centers for Medicare and Medicaid (CMS) to extend their waiver authority to June 30, 2021.

The Tennessee Managed Care Program features statewide under 1115(a) authority as Medicaid Service: Inpatient Hospital, Primary Care and Outpatient Services, Pharmacy, Institutional LTC, Personal Care/Home and Community-Based Services (HCBS), Outpatient BH Services, Inpatient BH services, Dental, Transportation. Specifically, the following BH services are noted within the MCO and Prepaid Inpatient Health Plan (PIHP) contracts: BH crisis services (MH & SUD), inpatient and outpatient SUD services, mental health case management, outpatient BH services, psychiatric inpatient facilities services, psychiatric rehabilitation services, and psychiatric residential treatment services.

All TennCare subcontractors who provide or manage BH services are required to integrate physical and BH services (as per A.2.6.1.2 and A.2.26.4).[xliii] MCOs can subcontract for the following services: BH services, care coordination, transportation, claims processing, and utilization management.

Texas: Texas has three Medicaid managed care programs: STAR, STAR+PLUS and STAR Health. STAR is Medicaid for children, newborns, pregnant women and some families and children. STAR+PLUS is Medicaid for people who have disabilities or are 65 years or older. STAR+PLUS expanded statewide September 1, 2014 and provides services through an HCBS Waiver, which include primary home care services, as well as basic health services for people with intellectual and developmental disabilities and people living in nursing facilities. STAR Health is Medicaid for children who get coverage through the Texas Department of Family and Protective Services. STAR Kids began September 1, 2016 for children up to age 20 and younger who have Medicaid through SSI or 1915(c) Waiver programs. Texas is not a Medicaid expansion state. There are 19 MCOs in Texas. Texas' 1115 Waiver expired September 30, 2016[xliv] and Texas is requesting an extension or renewal.

The Office of Mental Health Coordination is responsible for coordinating the policy and delivery of mental health services throughout the state. SB 58 (83-R) Section 1 directed the Health and Human Services Commission to integrate Medicaid BH services to persons eligible for such services through existing Medicaid managed care entities by September 2014; these services include: MH targeted case management, MH rehabilitation services and physical health services.[xlv] As of early 2015, Texas was currently working to expand MH targeted case management and MH rehabilitation services to children in foster care (STAR Health). Texas DSHS has trained 3,500 caseworkers and supervisors on an array of substance use disorder (SUD) services and how to refer to these SUD services, in order to support better collaboration between MH and SUD treatment for individuals with co-occurring disorders.

There are initiatives and pilot programs in Texas around integrating mental health, substance use disorder treatment and physical health services within Medicaid. However, they are fairly siloed in terms of integrating MH and SUD into BH, and then into physical health MCO contracts. The Cross-Agency BH Initiatives does provide detail about their implementation plans and contacts from multiple agencies for reference. Mental health targeted case management and mental health rehabilitation services in Medicaid contracts can be subcontracted.

Virginia: Virginia's experience with Medicaid managed care dates back to 1996, when it created a Medicaid managed care program that covered acute, primary, and specialty services, including outpatient BH. The managed care program was expanded over time to cover additional regions and populations. For most children, low-income adults, and non-dual aged and disabled enrollees, enrollment was mandatory.[xlvi] As of November 2016, 75 percent of Medicaid enrollees received their benefits through an MCO, while the rest of enrollees participated in FFS. However, this year the Virginia Department of Medical Assistance Services (DMAS) will implement a new Commonwealth Coordinated Care Program that will move more than 200,000 enrollees from fee for service to managed care.[xlvii] There are currently six Medicaid MCOs operating in Virginia: Aetna, Anthem, Optima, INTotal Health, VA Premier, and Kaiser Permanente. Most cities and counties have three to four MCOs operating in their region.[xlviii]

The 2013 managed care contract details which BH services were carved into the health plans at that time and thus sheds some light on what services Virginia is probably still providing. Section 7.2.A and Attachment II of the contract state that, as of 2013, the Medicaid MCOs covered "traditional" BH services, which include: Inpatient psychiatric services rendered in a general acute care hospital, inpatient psychiatric services in a freestanding psychiatric hospital (if age 21-64), substance use assessment and evaluation, inpatient substance use treatment services for children under age 21 in accordance with early and periodic screening, diagnosis and treatment criteria, outpatient BH treatment services, transportation, and pharmacy services. "Non-traditional" BH services were carved-out of the plans and managed through Virginia's DMAS FFS program. "Non-traditional" BH services are community-based services, such as community MH rehabilitation and community-

based substance use treatment. Intensive outpatient services, day treatment, substance use case management, and crisis services were also carved-out of the managed care plans.[xlix]

However, on April 1, 2017 all Medicaid community-based SUD services will be carved into the MCO health plans. These newly carved-in services include: Inpatient detox, residential treatment, partial hospitalization, intensive outpatient programs, opioid treatment, case management, peer recovery supports (starting July 1, 2017), and crisis intervention. It appears that MH crisis services are still carved-out of the managed care plans. Section 3.16 of the managed care contract states the contractor can subcontract the provision/administration of any of the covered or enhanced services to a subcontractor. However, because this contract is from 2013 it is not clear whether subcontracting is still permitted or whether there are new limits on what BH services can be subcontracted.

It should also be noted that back in January 2015, Virginia implemented the Governor's Access Plan (GAP), a program funded through a Medicaid 1115 waiver, which provides primary care and BH services for uninsured Virginians aged 19 through 64 who have SMI and have income below 80 percent of the federal poverty level. Services include outpatient and inpatient BH services, as well as additional services covered by Magellan of Virginia (the BH services administrative organization). In August 2016, Virginia submitted an 1115 wavier demonstration amendment for GAP to request that CMS allow federal matching for services provided in an IMD and allow Virginia Medicaid to pay for services provided in residential treatment facilities greater than 16 beds.[l]

ENDNOTES

[i] HCA could not obtain the 2016 or 2017 contracts for Iowa, Louisiana, Minnesota, Nebraska Oregon, and Virginia, so it is unclear whether some of these states carve-in crisis services.

[ii] Due to the inability to obtain the 2016 or 2017 contracts for the six states listedabove , HCA was unable to determine whether BH services could be subcontracted in those states. The Kentucky managed care contract appears to allow subcontracting, but it is unclear whether those services are actually subcontracted.

[iii] ADHS/RBHA Contracts: http://www.azdhs.gov/bhs/contracts/index.htm

[iv] https://www.azahcccs.gov/Members/ProgramsAndCoveredServices/behavioralhealthservicesmap.html

[v] http://www.ahca.myflorida.com/Medicaid/statewide_mc/pdf/mma/MMA_Standard_Plans.pdf

[vi] http://ahca.myflorida.com/medicaid/statewide_mc/pdf/Contracts/Exhibit_II_A-Managed_Medical_Assistance_Program_2015-07-15.pdf

[vii] https://www.medicaid.gov/medicaid-chip-program-information/by-topics/delivery-systems/managed-care/downloads/iowa-mcp.pdf

[viii] https://www.openminds.com/market-intelligence/news/iowa-medicaid-moving-statewide-integrated-managed-care-behavioral-health-affected/

[ix] https://www.ihaonline.org/managedcare

[x] https://dhs.iowa.gov/sites/default/files/Benefit_Comparison_Final_March2016_0.pdf

[xi] http://dhs.iowa.gov/sites/default/files/BHlthInter_2.pdf

[xii] https://www.medicaid.gov/medicaid-chip-program-information/by-topics/delivery-systems/managed-care/downloads/kansas-mcp.pdf

[xiii] https://www.medicaid.gov/medicaid-chip-program-information/by-topics/delivery-systems/managed-care/downloads/kentucky-mcp.pdf

[xiv] http://chfs.ky.gov/dms/services.htm

[xv] http://chfs.ky.gov/dms/mcolinks.htm

[xvi] http://chfs.ky.gov/NR/rdonlyres/BB1059AE-24A8-45F2-92DA-BC03E3C5543F/0/AetnaSFY172HExecutedContractFINAL.pdf

[xvii] http://new.dhh.louisiana.gov/index.cfm/subhome/43

[xviii] https://www.medicaid.gov/medicaid-chip-program-information/by-topics/delivery-systems/managed-care/downloads/lousiana-mcp.pdf

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