

# MEDICAID BUDGET SURVEY FOR STATE FISCAL YEARS 2014 AND 2015

This survey is being conducted by Health Management Associates for the Kaiser Commission on Medicaid and the Uninsured. If you have any questions, please call Vern Smith at (517) 318-4819.

Return Completed Survey to: [Vsmith@healthmanagement.com](mailto:Vsmith@healthmanagement.com)

State \_\_\_\_\_ Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

## SECTION 1: MEDICAID EXPENDITURES

1. **Medicaid Expenditure Growth: State Fiscal Years 2013, 2014 and 2015.** For each year, please indicate the annual percentage change in total Medicaid expenditures for each source of funds. (Please exclude administration and Medicare Part D Clawback payments.)

| Fiscal Year (generally, July 1 to June 30)                                       | Percent Change of Each Fund Source |                |         |                  |
|--|------------------------------------|----------------|---------|------------------|
|  | State                              | Local or Other | Federal | All Fund Sources |
| <b>FY ending in 2013 (FY 2013)</b><br>a. Percentage change: FY 2013 over FY 2012 | %                                  | %              | %       | %                |
| <b>FY ending in 2014 (FY 2014)</b><br>b. Percentage change: FY 2014 over FY 2012 | %                                  | %              | %       | %                |
| <b>FY ending in 2015 (FY 2015)</b><br>c. Percentage change: FY 2015 over FY 2014 | %                                  | %              | %       | %                |

2. **Local or Other Funds:** If Local or Other funds are listed, please briefly describe the primary sources of funding included in this category (i.e. county matching funds, provider taxes, etc.) \_\_\_\_\_

3. **Shortfall:** Given the funding authorized for FY 15, how likely is a 15 Medicaid budget shortfall? <choose one>

**Comments for questions 1-3:** \_\_\_\_\_

4. **Factors Driving Total Expenditure Changes.** What were the most significant factors that affected growth or decline in *total* Medicaid spending (all funds) in FY 2014 and projected for FY 2015?

| Total Medicaid Spending         |                                | FY 2014 | FY 2015 (proj) |
|---------------------------------|--------------------------------|---------|----------------|
| <b>a. Upward</b><br>Pressures   | i. Most significant factor?    |         |                |
|                                 | ii. Other significant factors? |         |                |
| <b>b. Downward</b><br>Pressures | i. Most significant factor?    |         |                |
|                                 | ii. Other significant factors? |         |                |

5. **State GF/GR Spending:** If there were significant factors affecting state (non-federal, general fund) Medicaid spending, other than those listed above, please briefly identify them here: \_\_\_\_\_

**Comments on questions 4-5:** \_\_\_\_\_

6. **Expansion Impact:** For states implementing the ACA Medicaid expansion in FY 2014 or planning to implement in FY 2015:

- a. Does your state expect net state budget savings or costs from expansion in FY 2015? <choose one>
- b. Whether or not your state expects net state budget savings or costs, please identify any sources of budget savings outside of Medicaid (e.g. such as state mental health funding, uncompensated care, increased revenue, etc.): \_\_\_\_\_

**Comments regarding expansion impact:** \_\_\_\_\_

**SECTION 2: MEDICAID ENROLLMENT**

1. **Change in Total Enrollment:** Please indicate (or estimate) percentage changes in total Medicaid enrollment in FY 14 and the projected change for FY 15. (Exclude CHIP-funded Medicaid enrollees including “stair-step” kids).

| 2014 over 2013 |   | 2015 over 2014 (proj.) |   |
|----------------|---|------------------------|---|
| a.             | % | b.                     | % |

2. **Medicaid Expansion:** For states with an ACA Medicaid expansion, please also indicate (or estimate) the share of total enrollment growth that is contributable to enrollment among those newly eligible versus the rest of your state’s Medicaid program (the sum of line 1. + line 2. = 100%).

| Percentage growth/decline (+/-) in total Medicaid enrollment attributable to: | 2014 over 2013 | 2015 over 2014 (proj.) |
|---|----------------|------------------------|
| a. Newly Eligible under ACA Medicaid Expansion                                | i. %           | ii. %                  |
| b. Remaining Enrollment Growth  | i. %           | ii. %                  |

3. **Change in Enrollment by Group:** Please use the drop down boxes below to indicate whether enrollment is increasing, decreasing or staying about the same for each eligibility group listed:

| Percentage growth/decline (+/-) in total Medicaid enrollment attributable to: | 2014 over 2013  | 2015 over 2014 (proj.) |
|---|-----------------|------------------------|
| a. Children   | i. <choose one> | ii. <choose one>       |
| b. Non-Elderly, Non-Disabled Adults   | i. <choose one> | ii. <choose one>       |
| c. Aged and Disabled  | i. <choose one> | ii. <choose one>       |

4. **MAGI:** How have the new MAGI-based income eligibility standards affected enrollment growth rates, beyond any increased enrollment due to the ACA Medicaid expansion? \_\_\_\_\_

5. **Key Factors Driving Change in Enrollment:** In the table below, please describe what you believe were the key factors that were upward and downward pressures on enrollment in FY 2014, and will be in FY 2015.

|                              | FY 2014 | FY 2015 |
|------------------------------|---------|---------|
| a. <i>Upward</i> Pressures   |         |         |
| b. <i>Downward</i> Pressures |         |         |

Comments on questions 1-5: \_\_\_\_\_

**SECTION 3: MEDICAID ELIGIBILITY STANDARDS, APPLICATION AND RENEWAL PROCESSES**

1. **Optional Eligibility Groups.** Using the drop down boxes, indicate whether the groups listed below were covered in FY 2013. If covered, please indicate whether that coverage has or will be eliminated (with the advent of the new Medicaid and Marketplace coverage options) by checking the appropriate box. If you select “Other Coverage Change,” please describe the change in the comment line below the table. Please also provide an estimate of the number of people affected by an elimination or change.

| Optional Medicaid Eligibility Group            | Covered in FY 2013 (Yes, No) | Coverage Eliminated in:              |                          | No Plans to Eliminate    | Other Coverage Change    | Est. Number of People Affected |
|--|------------------------------|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|
|  |                              | FY 2014                              | FY 2015                  |                          |                          |                                |
|  |                              | <i>(Check only one box per line)</i> |                          |                          |                          |                                |
| a. Breast & Cervical Cancer Treatment Program  | <choose one>                 | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| b. Medically Needy Spend-Down Adults           | <choose one>                 | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| c. Pregnant Women over 133% FPL                | <choose one>                 | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| d. Family Planning waivers/ SPAs over 133% FPL | <choose one>                 | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                |

Comments on optional eligibility groups: \_\_\_\_\_

**2. Other changes in Medicaid eligibility standards:** Describe other changes in Medicaid eligibility standards\* implemented in FY 14 or adopted for FY 15 (other than required changes or those listed in question 1.) Use the drop down boxes to indicate the Year, the “Group Affected” (“Adults”, “ABD or Non-MAGI” or “Other”) and the “Nature of Impact” (“Expansion,” “Restriction,” or “Neutral” effect from the **beneficiary’s** perspective). **Include** changes related to the ACA Medicaid Expansion. **Exclude** changes in CHIP-funded programs (i.e. shifting “stairstep children” to Medicaid). If no changes, check the box on line “d.”

| Nature of Eligibility Change and Affected Eligibility Groups               | Year         | Group Affected | Est. Number of People Affected | Nature of Impact |
|--|--------------|----------------|--------------------------------|------------------|
| a.   | <choose one> | <choose one>   |                                | <choose one>     |
| b.   | <choose one> | <choose one>   |                                | <choose one>     |
| c.   | <choose one> | <choose one>   |                                | <choose one>     |
| d. <input type="checkbox"/> <b>No changes in either FY 2014 or FY 2015</b> |              |                |                                |                  |

\*“Eligibility standards” include income standards, asset tests, retroactivity, continuous eligibility, treatment of asset transfers or income, enrollment caps or buy-in options (including Ticket to Work and Work Incentive Improvement Act or the DRA Family Opportunity Act.)

**Comments:** \_\_\_\_\_

**3. Marketplace Interface:**

- a. For states with a Federally Facilitated Marketplace (FFM), were you able to receive FFM account transfers in a form that could be processed by your Medicaid eligibility system? \_\_\_\_\_
- b. For states with a State-Based Marketplace (SBM), were you able to receive Medicaid applications from the SBM in a form that could be processed by your Medicaid eligibility system? \_\_\_\_\_
- c. Was your Medicaid eligibility system able to transfer Medicaid applications to the FFM or SBM? \_\_\_\_\_
- d. Compared to the average processing time for MAGI-based applications received directly by the state, please use the drop down box to indicate whether the average processing time for Medicaid applications received from the FFM or SBM is longer, shorter or about the same. *<choose one>*

**Comments on Marketplace interface:** \_\_\_\_\_

**4. 2015 Open Enrollment:** Please briefly describe key issues that your state Medicaid program is focusing on to prepare for the 2015 Marketplace open enrollment period: \_\_\_\_\_

**5. Application Processing:**

- a. As of June 1, 2014, were there Medicaid application backlogs? *<choose one>*
- b. What were the primary reasons for the backlog (transfer issues, admin capacity, verification, etc.) \_\_\_\_\_

**Comments on Application Processing:** \_\_\_\_\_

**6. Streamlining Options:** If your state has not already done so, do you plan to adopt any of the following application and renewal streamlining options in FY 2015?

- a. Enroll individuals based on SNAP eligibility *<choose one>*
- b. Enroll parents based on children’s income eligibility *<choose one>*
- c. Adopt 12-month continuous eligibility for parents and other adults *<choose one>*

**Comments:** \_\_\_\_\_

- 7. Hospital Presumptive Eligibility (HPE):** Starting January 1, 2014, the ACA allows qualified hospitals to make Medicaid presumptive eligibility determinations if they choose to do so and agree to abide by the state’s policies and procedures.
- Where is your state in the process of implementing HPE? (e.g. SPA under development, SPA submitted, etc.) \_\_\_\_\_
  - Please briefly describe your state’s experience so far with HPE (e.g., issues or challenges, opportunities or positive benefits): \_\_\_\_\_
  - Please briefly describe the level of participation by hospitals in your HPE program (e.g. approx. % of hospitals participating) and how significant HPE enrollments have been so far: \_\_\_\_\_
- 8. Administrative Efficiencies.** Please briefly describe administrative efficiencies, if any, from the perspective of state staff and beneficiaries that you expect to result from your state’s ACA eligibility-related investments and system changes. \_\_\_\_\_

**SECTION 4: PROVIDER PAYMENT RATES AND PROVIDER TAXES / ASSESSMENTS**

- 1. Provider Payment Rates:** Compared to the prior year, please indicate by provider type any rate changes implemented in FY 2014 or to be implemented in FY 2015. Use “+” for an increase, “-“ for a decrease, and “0” for no change. (Include COLA or inflationary changes as increases.) *Note: the actual percentage change is helpful but a plus, minus or 0 is sufficient.*

| Provider Type                                  | FY 2014 | FY 2015 |
|--|---------|---------|
| a. Inpatient hospital                          |         |         |
| b. Outpatient hospital                         |         |         |
| c. Doctors – specialists                       |         |         |
| d. Dentists                                    |         |         |
| e. Managed Care Organizations                  |         |         |
| f. Nursing Homes                               |         |         |
| g. Pharmacy Ingredient Cost <i>Methodology</i> |         |         |
| h. Pharmacy Dispensing Fees                    |         |         |

- 2. ACA-Required Payment Increases for Primary Care Physician Services:** Will your state continue the ACA primary care payment increases beyond December 31, 2014? <choose one>
- 3. Pharmacy Reimbursement:** Briefly describe any change in ingredient cost reimbursement methodology (e.g., a change from/to AWP, WAC, AAC, NADAC, or other benchmark) and whether an increase in dispensing fees was associated with a change in ingredient cost methodology: \_\_\_\_\_

**Comments on provider payment rates:** \_\_\_\_\_

- 4. Provider Taxes / Assessments:** Please use the drop down boxes in the table below to indicate provider taxes in place in FY 2013 and new taxes or changes for FY 14 and FY 15. In the far right columns, indicate whether caps of 3.5% or 5.5% of net patient revenues would require the state to decrease its established rate(s).

| Provider Group Subject to Tax | In place in FY 2013 (Yes, No) | Provider Tax Changes (New, Increased, Decreased, Eliminated, No Change or N/A) in: |              | Does tax exceed specified percentage of Net Patient Revenues |              |
|-------------------------------|-------------------------------|--|--------------|--|--------------|
|                               |                               | FY 2014  | FY 2015      | Exceeds 3.5%   | Exceeds 5.5% |
| a. Hospitals                  | <choose one>                  | <choose one>   | <choose one> | <choose one>   | <choose one> |
| b. ICF/ID                     | <choose one>                  | <choose one>   | <choose one> | <choose one>   | <choose one> |
| c. Nursing Facilities         | <choose one>                  | <choose one>   | <choose one> | <choose one>   | <choose one> |
| d. Other:                     | <choose one>                  | <choose one>   | <choose one> | <choose one>   | <choose one> |
| e. Other:                     | <choose one>                  | <choose one>   | <choose one> | <choose one>   | <choose one> |

**Comments on provider taxes / assessments:** \_\_\_\_\_

**SECTION 5: MONTHLY CONTRIBUTIONS / PREMIUMS AND OTHER COST-SHARING CHANGES**

1. **Changes in Monthly Contributions / Premiums:** In the table below, please describe any monthly contribution or premium policy changes in FY 2014 or planned for FY 2015. Use drop down boxes to indicate Year and the Nature of Impact (“New,” “Increase,” “Decrease,” or “Elimination” of an existing requirement, or a “Neutral Effect.”) Please **exclude** inflationary increases/decreases as well as monthly contribution requirements for CHIP-funded programs or premium assistance programs where Medicaid pays premiums to other insurers on behalf of beneficiaries.) If there are no changes to report for either year, check the box on line “c.”

| Monthly Contribution Action   | Fiscal Year  | Effective Date | Eligibility Groups Affected | Nature of Impact |
|---|--------------|----------------|-----------------------------|------------------|
| a.  | <choose one> |                |                             | <choose one>     |
| b.  | <choose one> |                |                             | <choose one>     |
| c.  | <choose one> |                |                             | <choose one>     |
| d. <input type="checkbox"/> No premium changes in either FY 2014 or FY 2015 |              |                |                             |                  |

2. **Changes in Cost-Sharing:** In the table below, please describe any cost-sharing policy changes in FY 2014 or planned for FY 2015. Use drop down boxes to indicate Year and the Nature of Impact (“New,” “Increase,” “Decrease,” or “Elimination” of an existing cost sharing requirement, or a “Neutral Effect.”) If there are no cost-sharing changes to report for either year, check the box on line “c.”

| Cost-Sharing Action  | Fiscal Year  | Effective Date | Eligibility Groups Affected | Nature of Impact |
|--|--------------|----------------|-----------------------------|------------------|
| a.   | <choose one> |                |                             | <choose one>     |
| b.   | <choose one> |                |                             | <choose one>     |
| c.   | <choose one> |                |                             | <choose one>     |
| d. <input type="checkbox"/> No cost-sharing changes in either FY 2014 or FY 2015 |              |                |                             |                  |

**Comments on monthly contributions and other cost sharing:** \_\_\_\_\_

**SECTION 6: BENEFIT AND PHARMACY CHANGES**

1. **ACA Medicaid Expansion Benefits.** If your state implemented or plans to implement the ACA Medicaid expansion, please identify any key differences between the Alternative Benefits Plan for newly-eligible adults and your traditional Medicaid State Plan benefit: \_\_\_\_\_

2. **Other Benefit Actions.** Describe below any change in benefits (*including State Plan or waiver authorized long term services and supports*) **implemented** during FY 2014 or planned for FY 2015. Use drop down boxes to indicate Year, Nature of Impact (from perspective of beneficiary, is it an “Expansion,” “Limitation,” a benefit “Elimination,” or a change with a “Neutral Effect”). If there are no benefit changes for either year (other than ACA Medicaid expansion-related changes reported above), please check the box on line “e.” **Exclude** changes to pharmacy benefits from this question (discussed below.)

| Benefit Change  | Year         | Effective Date | Eligibility Groups Affected | Nature of Impact |
|---|--------------|----------------|-----------------------------|------------------|
| a.  | <choose one> |                |                             | <choose one>     |
| b.  | <choose one> |                |                             | <choose one>     |
| c.  | <choose one> |                |                             | <choose one>     |
| d. <input type="checkbox"/> No changes in either FY 2014 or FY 2015 |              |                |                             |                  |

**Comments on benefit changes:** \_\_\_\_\_



If "yes," please check all types of policy changes that apply below:

| RBMC Expansions   | FY 2014                  | FY 2015                  |
|---|--------------------------|--------------------------|
| a. Implement a new RBMC program   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Expand geographic service area   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Enroll additional eligibility groups in RBMC plans<br>i. If so, which group(s) has been/will be added: | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Change from voluntary to mandatory enrollment<br>i. If so, which group(s) has been/will be shifted:    | <input type="checkbox"/> | <input type="checkbox"/> |

2. If your state implemented, or plans to implement, policy changes designed to **decrease** the number of enrollees served in risk-based managed care plans in FY 14 or FY 15, please briefly describe the changes:
- 

Comments on RBMC enrollment changes: \_\_\_\_\_

3. **RBMC Covered Benefits:** For each of the benefits listed in the table, please use the drop down boxes to indicate their carve-out status *as of July 1, 2014* ("Always carved out," "Sometimes carved out," "Sometimes partially carved out," "Never carved out," or "NA—No RBMC").

| Benefit                     | Status as of July 1, 2014 | Benefit                    | Status as of July 1, 2014 |
|-----------------------------|---------------------------|----------------------------|---------------------------|
| a. Prescription drugs       | <choose one>              | e. Dental care (for kids)  | <choose one>              |
| b. Outpatient mental health | <choose one>              | f. Inpatient mental health | <choose one>              |
| c. HCBS LTSS                | <choose one>              | g. Institutional LTSS      | <choose one>              |
| d. Substance abuse services | <choose one>              | h. Other:                  | <choose one>              |

4. **Carve-out Changes:** In the table below, please describe any changes in RBMC benefit carve-outs in FY 2014 or planned for FY 2015. Use drop down boxes to indicate Year and the Nature of Impact ("Benefits added" to RBMC, or "Benefits removed" from RBMC). If there are no benefit carve-out changes to report for either year, check the box on line "d."

| Benefit Carve Out Changes   | Fiscal Year  | Eligibility Groups Affected | Nature of Impact |
|---|--------------|-----------------------------|------------------|
| a.  | <choose one> |                             | <choose one>     |
| b.  | <choose one> |                             | <choose one>     |
| c.  | <choose one> |                             | <choose one>     |
| d. <input type="checkbox"/> No benefit carve-out changes in either FY 2014 or FY 2015 |              |                             |                  |

Comments on RBMC covered benefits: \_\_\_\_\_

5. **Rate-Setting.** Please indicate which process(es) your state uses to set capitation rates. *Check all that apply*

- |  |  |
|--|--|
| <input type="checkbox"/> Competitive bid                                     | <input type="checkbox"/> Negotiation                 |
| <input type="checkbox"/> Competitive bid within actuarially determined range | <input type="checkbox"/> Administrative rate-setting |
|  | <input type="checkbox"/> Other: _____                |

Comments on rate-setting: \_\_\_\_\_

6. **Medical Loss Ratio (MLR):** Does your state impose a minimum MLR requirement on MCO/RBMC plans? <choose one>

Comments on MLR: \_\_\_\_\_

7. **Auto-Enrollment:** Does your state use an auto-enrollment process for enrollees who do not select a plan? <choose one>

- a. If yes, approximately what share of enrollees was auto-assigned on an average monthly basis? \_\_\_\_\_% (If this varies significantly by program and/or geographic area, explain in the comment line.)

Comments on auto-enrollment process: \_\_\_\_\_

8. **Access Initiatives:** Please briefly describe any initiatives implemented in FY 2014 or planned for FY 2015 intended to address issues or challenges relating to access to care for persons enrolled in RBMC (e.g. urban or rural areas of the state, participation of select providers, wait times for select providers, etc.)

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9. **MCO / RBMC Program Initiatives to Improve Quality of Care.** While all states have some initiatives underway to enhance quality, in the table below, please identify any **new** initiatives or **significant enhancements** of existing initiatives in **RBMC programs** implemented in FY 2014 or planned for FY 2015 aimed at improving quality of care (e.g. pay for performance, withholds, publicly reporting metrics, etc.)

| MCO / Risk-based Managed Care Quality Initiatives | FY 2014 or FY 2015 |
|---|--------------------|
| a.  | <choose one>       |
| b.  | <choose one>       |
| c.  | <choose one>       |

Comments on Quality Initiatives: \_\_\_\_\_

10. **Coordination between Medicaid and the Marketplace/Exchange**

- a. Does your state require, or is it considering requiring, that one or more QHPs operating in the Marketplace also participate in Medicaid? *<choose one>*
- b. Does your state require, or is it considering requiring, that one or more Medicaid managed care plans be QHPs offering coverage through Marketplaces? *<choose one>*
- c. Even if not required, are some or all Medicaid managed care plans also participating as QHPs in the state Marketplace? *<choose one>*

Comments: \_\_\_\_\_

**SECTION 7B: PRIMARY CARE CASE MANAGEMENT (PCCM)**

*(For states with PCCM in FY 2014 or planning to implement PCCM in FY 2015)*

- 1. Did your state implement, or does it plan to implement, policy changes designed to **increase** the number of enrollees served through your PCCM program in FY 2014 or FY 2015? *<choose one>*
  - a. If so, please briefly describe the change(s): \_\_\_\_\_
- 2. Did your state implement, or plan to implement, policy changes designed to **decrease** the number of enrollees served through your PCCM program? *<choose one>*
  - a. If so, please briefly describe the change(s): \_\_\_\_\_

**SECTION 7C: DELIVERY SYSTEM OR PAYMENT REFORMS**

- 1. Did your state implement or expand, or does it plan to implement or expand, delivery system or payment reform initiatives (including multi-payer initiatives) in FY 2014 or FY 2015? *<choose one>*

If "yes," please check below all applicable initiatives implemented or expanded:

| Delivery System/Payment Reform Initiatives  | In Place in FY 13        | FY 14                    | FY 15                    |
|---|--------------------------|--------------------------|--------------------------|
| a. Patient-Centered Medical Home  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Health Homes (under ACA Section 2703)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Dual Eligible Initiative ( <b>Financial Alignment Demonstrations</b> )             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Dual Eligible Initiative ( <b>Outside the Financial Alignment Demonstrations</b> ) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Accountable Care Organization  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Episode of care based payments   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Hospital DSRIP (Delivery System Reform Incentive Payment) program                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Other hospital penalties/incentives (hospital acquired conditions, etc.)           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



2. Please briefly describe any of the Delivery System/Payment Reform initiatives **reflected** in the table above or provide a web link where a description or additional information can be found: \_\_\_\_\_

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3. Please briefly describe any other Delivery System/Payment Reform initiatives **not reflected** in the table above or provide a web link where a description or additional information can be found: \_\_\_\_\_

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4. If your state has or will implement an initiative focused on **the dual-eligible population**, please briefly describe the initiative and your experience so far (issues or challenges, opportunities or positive benefits): \_\_\_\_\_

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5. If your state has or will implement an initiative focused on **coordinating behavioral and physical health**, please briefly describe the initiative and your experience so far (issues or challenges, opportunities, etc.): \_\_\_\_\_

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6. If your state has or will implement an initiative focused on **population/community health or the social determinants of health**, please briefly describe the initiative and your experience so far (issues or challenges, opportunities, etc.): \_\_\_\_\_

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7. **Initiatives to Improve Quality of Care.** While all states have some initiatives underway to enhance quality, in the table below, please identify any **new** initiatives or **significant enhancements** of existing initiatives **outside RBMC programs** implemented in FY 2014 or planned for FY 2015 aimed at improving quality of care (e.g. pay for performance, withholds, publicly reporting quality metrics, etc.)

| Quality Initiatives outside of RBMC / MCOs | FY 2014 or FY 2015 |
|--|--------------------|
| a.   | <choose one>       |
| b.   | <choose one>       |

### SECTION 8: LONG TERM SERVICES AND SUPPORTS (LTSS) REBALANCING

1. Did your state increase, or does it plan to increase, the number of persons receiving LTSS in home and community based settings in FY 2014 or 2015? <choose one>

If “yes,” please check below all of the rebalancing tools/methods used:

| LTSS Rebalancing Tools/Methods  | FY 14                    | FY 15                    |
|---|--------------------------|--------------------------|
| a. Expand the number of persons served in home and community-based services (HCBS) waivers (including Money Follows the Person program waivers) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Expand the number of persons served under the HCBS State Plan Option - 1915(i)   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Build rebalancing incentives into managed care contracts covering LTSS   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Add a new PACE site or increase the number of persons served at PACE sites   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Close/down-size a state institution and transition residents into community settings   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Implement (or tighten) a Certificate of Need program or Moratorium on the construction of new institutional beds                             | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Other:   | <input type="checkbox"/> | <input type="checkbox"/> |

**Comments on Rebalancing Tools/Methods:** \_\_\_\_\_

2. If your state added new **restrictions or limitations**, or plans to add new restrictions or limitations (such as eliminating a PACE site or cap HCBS waiver enrollment), to **HCBS services** in FY 2014 or FY 2015 (other than benefit changes described under Question 9 above), please briefly describe the changes: \_\_\_\_\_
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3. If your state removed **restrictions or limitations**, or plans to remove restrictions or limitations, on **institutional LTSS** (e.g., lift or liberalize a Certificate of Need program or moratorium) in FY 2014 or FY 2015, please briefly describe the changes: \_\_\_\_\_
4. **ACA LTC State Options.** For each option below, please indicate if your state has adopted or plans to adopt the option by checking the appropriate box (in place in FY 2013, new in FY 2014, plan to implement in 2015, no plans to implement, or don't know at this time - check this box if you state is considering adopting the option in a later period and please note this in the comments section below.)

| ACA LTC State Options                        | In Place in FY 2013      | New in FY 2014           | Plan to implement in FY 2015 | No Plans to Implement    | Don't Know               |
|--|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|
| a. HCBS State Plan Option (Not HCBS waiver)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| b. State Balancing Incentive Payment Program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Community First Choice Option             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |

5. **HCBS Final Rule:** In January 2014, CMS released a final rule on the provision of HCB services under multiple authorities (1915(i), 1915(c), etc.) What does your state see as the top issues/concerns or opportunities with implementation of the final rule on HCBS? \_\_\_\_\_
6. **Department of Labor Final Rule Applying FLSA to Medicaid Home Care Providers:** In October 2013, the Department of Labor issued a final rule on the application of the Fair Labor Standards Act to Domestic Service which has implications for Medicaid home care providers. How would you describe the potential impact of this rule on your state's Medicaid program? \_\_\_\_\_

Other LTSS Comments: \_\_\_\_\_

#### SECTION 9: MEDICAID ADMINISTRATIVE CAPACITY FOR ACA IMPLEMENTATION EFFORTS

1. **ACA and Administrative Capacity:** Regarding mandatory Medicaid ACA-related requirements for FY 2015, has your state had sufficient administrative capacity to implement the requirements: \_\_\_\_\_
2. **Adding Staff:** Did, or will, your state add administrative staff in either FY 2014 or FY 2015 to address added requirements? \_\_\_\_\_
3. **Key Staffing Challenges:** Are there key types of staff or skill sets that you are having a challenge hiring/retaining (i.e. contracting, actuarial, IT, procurement, etc.)? Please briefly describe the challenge. \_\_\_\_\_
4. **Program Integrity:** Please briefly describe any significant new program integrity initiatives or enhancements implemented or planned for FY 2014 or FY 2015 (i.e. advanced data analytics and/or predictive modeling, enhanced provider screening outside of the ACA requirements, public/private data sharing.) \_\_\_\_\_

Comments: \_\_\_\_\_

#### SECTION 10: FUTURE OUTLOOK FOR THE MEDICAID PROGRAM AND ACCOMPLISHMENTS / SUCCESSES TO DATE

1. What do you foresee as the two or three top priorities your state's Medicaid program will focus over the next year or two? \_\_\_\_\_
2. Looking at your Medicaid program, including its administration, its impact in the community and health care marketplace, what you have accomplished and what you are accomplishing, what is it that you take the most pride in about Medicaid in your state? \_\_\_\_\_

*This completes the survey. Thank you very much.*