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ABOUT THE INTEGRATED CARE RESOURCE CENTER

The Integrated Care Resource Center (ICRC) is a national initiative of the Centers for Medicare & Medicaid Services to help states improve the quality and cost-effectiveness of care for Medicare-Medicaid enrollees.

The state technical assistance activities are coordinated by Mathematica Policy Research and the Center for Health Care Strategies. For more information, visit the ICRC website.

Integrated Care Update

Request for Information on Accelerating Access to Home- and Community-Based Services

On November 9, 2016, the Centers for Medicare & Medicaid Services (CMS) published a Request for Information on [Federal Government Interventions to Ensure the Provision of Timely and Quality Home and Community Based Services](#). Recent efforts have helped to rebalance the provision of long-term services and supports (LTSS) from institutional settings to the community. To further support these efforts, CMS is now seeking public input on the following questions related to additional reforms and policy options to accelerate access to home- and community-based services (HCBS):

- What are the additional reforms that CMS can take to accelerate the progress of access to HCBS and achieve an appropriate balance of HCBS and institutional services in the Medicaid LTSS system to meet the needs and preferences of beneficiaries?
- What actions can CMS take, independently or in partnership with states and stakeholders, to ensure quality of HCBS including beneficiary health and safety?
- What program integrity safeguards should states have in place to ensure beneficiary safety and reduce fraud, waste and abuse in HCBS?
- What are specific steps CMS could take to strengthen the HCBS home care workforce, including establishing requirements, standards or procedures to ensure rates paid to home care providers are sufficient to attract enough providers to meet service needs of beneficiaries and that wages supported by those rates are sufficient to attract enough qualified home care workers?

More information on how to submit comments can be found in the [November 9, 2016 Federal Register notice](#). **Comments can be made through January 7, 2017.**

Medicaid LTSS Report

CMS also recently posted a September 2016 report [Medicaid Long-Term Services and Supports Beneficiaries 2012](#), which provides updated estimates of the number of people who receive Medicaid LTSS. The report uses data from Medicaid Analytic eXtract (MAX) files to examine the setting of care, types of services used, and the ages of beneficiaries using LTSS.

November 2016 Enrollment in Medicare-Medicaid Plans

Between October and November, total Medicare-Medicaid Plan enrollment in the ten states (CA, IL, MA, MI, NY, OH, RI, SC, TX, and VA) currently implementing capitated model financial alignment demonstrations increased from 363,585 to 373,625 as shown in ICRC's table [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, November 2015 to November 2016](#). The majority of this gain can be attributed to OH, which saw a nearly 11

percent increase in enrollment over the previous month. Enrollment also increased in RI as the state's demonstration ramps up from its launch earlier this year.

November 2016 Enrollment in PACE Organizations

PACE organizations provide comprehensive medical and social services to frail, community-dwelling individuals age 55 and older, most of whom are Medicare-Medicaid enrollees. As shown in ICRC's table [Program of All Inclusive Care for the Elderly \(PACE\) Total Enrollment by State and by Organization](#), there were a total of 37,348 individuals enrolled in 122 PACE organizations in November 2016, operating in 32 states.

New Resources on the ICRC Website

- [Update on State Contracting with D-SNPs](#) (Integrated Care Resource Center/November 2016) This webinar provides an update on the current status of state contracting with D-SNPs and explores strategies that states can use to further Medicare-Medicaid integration on a D-SNP-based platform. [Recording](#)
- [State Contracting with Medicare Advantage Dual Eligible Special Needs Plans: Issues and Options](#) (Integrated Care Resource Center/November 2016) This revised and updated tool describes how 13 states use their contracts with D-SNPs to more effectively coordinate care and services for Medicare-Medicaid beneficiaries.
- [Identifying Newly Eligible Medicare-Medicaid Enrollees for Enrollment in Capitated Financial Alignment Demonstrations](#) (Integrated Care Resource Center/November 2016) This webinar describes a new opportunity for states to identify prospective Medicare-Medicaid enrollees for enrollment into capitated financial alignment demonstrations and provides perspectives from Massachusetts and Michigan on states' use of this process. [Recording](#)
- [New and Departing Dual Eligible Special Needs Plans \(D-SNPs\) in Calendar Year 2017, by State](#) (Integrated Care Resource Center/November 2016) This table lists new and departing D-SNPs by state for 2017.

News and Key Upcoming Dates

Recent Integrated Care News	
October 19	CMS releases Notice of Intent to Apply (NOIA) for organizations seeking to offer new MA-PDs or PDPs and service area expansions for existing MA-PDs, PDPs, and applicable MMPs for CY2018.
November 14	NOIAs due for new MA or PDP contracts or extensions.
Key Upcoming Dates	
October 15 – December 7	Annual Coordinated Election Period; Medicare-only beneficiaries can enroll in Medicare Advantage or Medicare Part D plans; (Medicare-Medicaid beneficiaries have a year-round special election period (SEP)).

January 1	Contract year starts and enrollment effective date. Also, LIS Medicare Part D reassignment for Medicare-Medicaid enrollees, or movement of LIS Medicare beneficiaries from their current Medicare Prescription Drug Plan (PDP) or terminating Medicare Advantage Prescription Drug Plan (MA-PD) to another PDP.
February 15	Applications due for MA-PDs.