



State Medicaid Managed Care (MMC) Program Design for Children and Youth with Special Health Care Needs (CYSHCN)

Key Terms	
<p>1915(c) waivers – children who are enrolled in federal home and community based waivers</p> <p>ABD – children enrolled in the Medicaid aid category for Aged, Blind, or Disabled individuals</p> <p>AI/AN – American Indian and Alaskan Natives</p> <p>BHO – Behavioral Health Organization</p> <p>CYSHCN – children enrolled in Medicaid based on income eligibility who have a special or chronic health care need(s)</p> <p>E – Exempt from Medicaid managed care</p> <p>FC/AA – children who are in Medicaid as a result of their Foster Care placement or their receiving of Adoption Assistance</p> <p>FFS – Fee-For-Service</p> <p>M – Mandatory enrollment in Medicaid managed care</p>	<p>M/E – Certain subgroups of the specified population type are mandatorily enrolled in Medicaid managed care, while other subgroups are exempt from Medicaid managed care</p> <p>MCO – Managed Care Organization</p> <p>MLTSS – Managed Long-Term Services and Supports</p> <p>NS – Not specified (by state)</p> <p>PCCM – Primary Care Case Management</p> <p>PIHP – Prepaid Inpatient Health Plans</p> <p>SSI – children who are receiving Supplemental Security Income (SSI)</p> <p>Title V CSHCN – children with special health care needs enrolled in state programs financed by Title V Maternal and Child Health funding</p> <p>V – Voluntary enrollment in Medicaid managed care</p>

State	Enrollment of CYSHCN in Medicaid Managed Care (YES/NO)	Type of Medicaid Managed Care Plan for CYSHCN (Standard or Specialized) and Managed Care Model Type (MCO, PCCM, PIHP)	CYSHCN Enrollment by Population Type (Voluntary-V, Mandatory-M, Exempt-E)								Provision of Behavioral Health Services (MCO or Carve Out) and BHO Enrollment	Inclusion of Specific Definition of CYSCHN in MMC Contract (YES/NO)	Availability of Specific Quality Measures for CYSHCN in MMC Contract (YES/NO)
			ABD	CYSHCN	FC/AA	AI/AN	SSI	Title V CSHCN	1915(c)	Other/Notes			
AL	YES	Standard - PCCM– Patient 1st	M	V	E	E	E	—	—	—	Carve-out FFS	NO	NO
AK	NO – Fee-for-Service system	n/a	—	—	—	—	—	—	—	—	n/a	n/a	n/a

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AR	YES	Standard - PCCM	M	—	M	—	—	—	—	—	Carve-out FFS	NO	NO
AZ ⁱ	YES	Standard – MCO	M	M	M	E*	—	—	—	*American Indian Health Program or ALTCS EPD Tribal program enrollees	MCO	YES ¹	YES
		Specialized – MCO for CYSHCN with conditions who qualify for Children’s Rehabilitative Services program	—	—	—	E*	—	M ⁱⁱⁱ	—				MCO Quality Management Plans are required to include “Mechanisms to assess the quality and appropriateness of care furnished to members with special health care needs” Additional Quality Measures listed in contract. ⁱⁱ
CA ^{iv}	YES	Standard - MCO + MLTSS	M	M	V	—	—	M	—	—	MCO	YES ²	YES Plans must establish a CYSHCN program that includes: “Methods for monitoring and improving the quality and appropriateness of care for children with special health care needs.”
CO	YES	Standard - PCCM – Accountable Care Collaborative ³	V	V ⁴	V	V	V	V	V	—	Carve-out BHO ⁵ : ABD (mandatory) CYSHCN (mandatory)	NO	NO

¹ Children with Special Health Care Needs (CSHCN) are defined as “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 – [CRS Renewal Amendment](#)

² Children with Special Health Care Needs (CSHCN) are defined as “those who have or are at increased risk for a chronic physical, behavioral, developmental, or emotional conditions and who also require health or related services of a type or amount beyond that required by children generally”. p. 84 – [Two Plan Boilerplate Contract Document](#)

³ Colorado 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.

⁴ As of September 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.

⁵ Colorado is currently in a procurement process in which the State will combine, under a comprehensive contract, the Medical PCCM entity responsibilities with the behavioral health PIHP responsibilities.– [Accountable Care Collaborative Phase II Webpage](#)

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			ABD	CYSHCN	FC/AA	AI/AN	SSI	Title V CSHCN	1915(c)	Other/Notes				
		Standard - MCO – Denver Health Medicaid Choice and ACC: Rocky Mountain Health Plan Prime	V	V	V	V	V	V	V	V		FC/AA (mandatory)		
CT ^v	NO – Fee-for-Service system	n/a	—	—	—	—	—	—	—	—	—	n/a	n/a	n/a
DC	YES	Specialized – MCO - Children and Adolescents for Supplemental Security Income Program (CASSIP)	V	V	V	V	V	V	V	E	—	MCO	YES ⁶	YES No specific measures listed in contract, but MCO is required to establish measures for certain aspects of care including health outcomes of enrollees and impact of care coordination on health outcomes. ^{vi}
DE ^{**}	YES	Standard - MCO	M	M	M	E	—	—	—	—	—	MCO	YES ⁷	YES “MCOs are required to have in place mechanisms to assess the quality and appropriateness of care furnished to all members with particular emphasis on CSHCN.” ^{vii}
FL ^{**viii}	YES	Standard – MCO	M	M	M	—	—	—	—	—	Voluntary: Specialized Plan ⁸	MCO	Standard – YES (enrollees,	Standard plan – NO Specialized plan (CMS) – YES

⁶ “Individuals enrolled in CASSIP (Enrollees) have or are suspected of having, serious or chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that required by children and adolescents generally.” – June 2016 contract between DC Department of Health Care Finance and Health Services for Children with Special Needs, Inc.

⁷ “Children with Special Health Care Needs: Children with developmental delays, children with vision or hearing impairments, and foster or adoptive children.” AND “Members with Special Health Care Needs: Members who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type and amount beyond that generally required by members. Includes Children with Special Health Care Needs.” – [Medicaid Managed Care Contract](#)

⁸ Must meet program clinical screening requirements or have a physician attest to child's qualifying medical conditions. (Medical, behavioral, or developmental condition that has lasted or is expected to last at least 12 months or congenital, genetic, chronic, or catastrophic conditions.)

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		Specialized MCO – Children’s Medical Services (CMS) Plan										not specifically children) ⁹	Contract includes a list of 33 HEDIS measures for health plans to report on for CYSHCN enrolled population. Quality Improvement (QI) Plan must be developed with the following elements: “(a) Service availability and accessibility; (b) Quality of services; (c) Network quality; (d) Care planning and implementation; (e) Coordination and continuity of care; and (f) Member safety” ^{ix}
GA**	YES	Standard – MCO - Georgia Families ^x	E	M	M	E	E	E	—	Children who are eligible for Georgia Families 360 but are already enrolled in Standard plan can remain	MCO	NO	YES MCOs are required to develop and implement “a method of monitoring, analysis, evaluation and improvement of the delivery, Quality and appropriateness of Health Care furnished to all Members (including under and over Utilization of services), including those with special Health Care needs.” ^{xi}

⁹ Children with Special Health Care Needs (CSHCN) are defined as “Enrollees who face physical, behavioral or environmental challenges daily that place at risk their health and ability to fully function in society. This includes individuals with intellectual disabilities or related conditions; individuals with serious chronic illnesses, such as human immunodeficiency virus (HIV), schizophrenia or degenerative neurological disorders; individuals with disabilities resulting from many years of chronic illness such as arthritis, emphysema or diabetes; children/adolescents and adults with certain environmental risk factors such as homelessness or family problems that lead to the need for placement in foster care; and all enrollees in LTC Managed Care Plans.” – [Medicaid Managed Care Contract Provisions](#)

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			ABD	CYSHCN	FC/AA	AI/AN	SSI	Title V CSHCN	1915(c)	Other/Notes				
		Specialized MCO for FC/AA– Georgia Families 360 ^{xii}	—	—	M/V*	—	—	—	—	—	*FC is mandatory, but AA is voluntary		YES ¹⁰	YES MCO is required to “comply with the GF 360° DCH Quality Strategic Plan requirements to improve the health outcomes for all Members. Improved health outcomes will be documented using established performance measures. [GA Department of Community Health] uses the CMS issued CHIPRA Core Set and the Adult Core Set of Quality Measures technical specifications along with the Healthcare Effectiveness Data and Information Set (HEDIS) and the Agency for Healthcare Research and Quality (AHRQ) technical specifications for the quality and health improvement performance measures. DCH will monitor Performance Measures and incent Contractor improvement through the Value-based Purchasing program.” ^{xiii}
HI**	YES	Standard – MCO - Quest Integration Program ^{xiv}	M	M	M	—	—	—	—	—	MCO		YES ¹¹	YES “The health plan shall submit to the DHS a Special Health Care Needs (SHCN) Report. Reports shall include a list of all new members (both children and adults) who are identified as having a ...In addition, the health

¹⁰ Children with Special Health Care Needs (CSHCN) are defined as “Any Member who: i. Ranges in age from birth up to but not including age twenty-one years (one (1) through < twenty-one (21)); ii. Requires regular, ongoing therapeutic intervention and evaluation by Medicaid enrolled Health Care Professionals; and either (a) has a serious ongoing illness, a complex chronic condition, or a disability that has lasted or is anticipated to last at least twelve (12) continuous months or more; or (b) has an illness, condition or disability that significantly limits Activities of Daily Living or social roles in comparison with accepted pediatric age related milestones in the general areas of physical, cognitive, emotional, and/or social growth and/or development.” – p. 36 Georgia Families Georgia Families 360° Shell Contract

¹¹ Children with Special Health Care Needs (CSHCN) are defined as “An individual under twenty-one (21) years of age who has a chronic physical, developmental, behavioral, or emotional condition and who requires health and related services of a type or amount beyond that generally required by children.” – p. 238, [Request for Proposals: QUEST Integration \(QI\) Managed Care to Cover Medicaid and Other Eligible Individuals](#)

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													plan shall provide information on the SHCN identified, service coordination, service plan, date identified as having a SHCN and date service plan was completed over the past quarter.” ^{xv}
IA ^{xvi}	YES	Standard – MCO – lowa Health Link	M	M	M	V	M	—	M	—	MCO	NO	YES “One hundred percent of members identified by the Contractor through the comprehensive health risk assessment as having a potential special health care need shall have a care plan developed. One hundred percent of care plans shall be updated, at minimum, annually.” ^{xvii}
ID ^{**}	YES	Standard – PCCM – Healthy Connections	M	V	M	M	—	—	—	—	Carve-out BHO ^{xviii} . ABD (mandatory) CYSHCN (mandatory) FC/AA (mandatory) NA/AN (mandatory)	Unknown	NO
IL ^{**12}	YES	Standard - MCO – Family Health Program (not statewide) ^{xix}	—	—	E	E	—	E	—	—	MCO	Unknown	YES “Healthcare and Quality of Life (HQOL) performance measures are written into each managed care entity contract with performance reported by each plan.” ^{xx}
IN ^{**}	YES	Standard – MCO – Hoosier Healthwise	E	M	E	—	E	—	—	Exempt: Medicaid waiver enrollees	MCO	YES	YES “Analyzing, tracking, and reporting to the State issues related to children with special

¹² Illinois is in the process of consolidating their managed care programs into a comprehensive statewide program which will serve “high-needs children.” The state is working through a procurement process as of summer 2017 and the new contracts are expected to begin January 2018. A model contract for this new managed care delivery system can be found here: [Model Contract](#).

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													health care needs, including grievances and appeals data.” ^{xxi}
KS** ^{xxii}	YES	Standard - MCO + MLTSS - KanCare	M	M	M	M	M	—	M	—	MCO	NO	YES “The Quality Assurance and Performance Improvement (QAPI) program shall include:...Establishing mechanisms for assessing the quality and appropriateness of care furnished to Members, including those with special health care needs” ^{xxiii}
KY	YES	Standard - MCO	M	M	M	M	M	M	E	—	MCO	YES ¹³	YES The Contractor in collaboration with the Department and the External Quality Review Organization (EQRO) shall develop and initiate a performance measure specific to Individual Members with Special Health Care Needs. ^{xxiv}
LA ^{xxv}	YES	Standard - MCO – Bayou Health Plan	M	M	M	M	M	M	M	—	MCO: ABD (mandatory) CYSHCN (mandatory) FC/AA (mandatory)	YES – “special health care needs population” ¹⁴	YES “The MCO shall assess the quality and appropriateness of care furnished to enrollees with special health care needs.” “The MCO’s vendor shall perform Consumer Assessment of Healthcare Providers and

¹³ Children with Special Health Care Needs (CSHCN) are defined as “Members who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally and who may be enrolled in a Children with Special Health Care Needs program operated by a local Title V funded Maternal and Child Health Program. Page 20 – [Kentucky Medicaid Managed Care Contract](#) (Further definition of Individuals with Special Health Care Needs on page 163).

¹⁴ Children with Special Health Care Needs (CSHCN) are defined as “Individuals of any age with mental disability, physical disability, or other circumstances that place their health and ability to fully function in society at risk, requiring individualized health care approaches.” –pg. 71 – [Bayou Health Managed Care Organizations: Request for Proposals](#)

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			ABD	CYSHCN	FC/AA	AI/AN	SSI	Title V CSHCN	1915(c)	Other/Notes			
													Systems (CAHPS) Adult surveys, CAHPS Child surveys, and CAHPS Children with Chronic Conditions survey.” ^{xxvi} Incentive-based Performance Target related to follow up care for children prescribed an ADHD medication – NQF #0108 ^{xxvii} Member Advisory Council: “At least one family member/caregiver of a child with special health care needs shall have representation on the committee. Members/families/significant others and member advocacy groups shall make up at least 50% of the membership.” ^{xxviii}
MA	YES	Standard – MCO	M	M	V ^{xxix}	M	M	—	V	—	Members enrolled in MCOs receive behavioral health (BH) services through the MCO.	YES ¹⁵	YES “Develop, implement, and maintain procedures for completing an initial Health Needs Assessment (HNA) for each Enrollee within 90 days of the Enrollee’s Effective Date of Enrollment.” “The Contractor shall implement and adhere to all processes relating to the Quality Improvement Goals, as directed by EOHHS and as specified in Appendix B.”
		Standard – PCCM - with PIHP for BH Services	M	M	V	M	M	—	V		Certain FFS members may also be enrolled in the PIHP for BH services.		

¹⁵ Children with Special Health Care Needs (CSHCN) are defined to include “children/adolescents who have, or are at increased risk for, chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type and amount beyond that required by children generally.”

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MD	YES	Standard – MCO - HealthChoice	M	M	M	—	M	M	M	—	Carve-out BHO	YES ¹⁶	YES Maryland collects a homegrown measure that tracks whether SSI children enrolled in MCOs have received at least one ambulatory care visit during each calendar year. The measure is part of the value-based purchasing incentive program. ¹⁷
ME**	YES	Standard - PCCM	V	V	V	—	—	—	—	—	Carve-out FFS	Unknown	Unknown
MI**	YES	Standard - MCO	M	V	M	V	M	M	—	Exempt: Persons authorized to receive private duty nursing services ^{xxx}	Carve-out BHO: ABD (mandatory) FC/AA (mandatory)	NO	YES “Contractor must utilize information such as claims data, pharmacy data, and laboratory results, supplemented by UM data, health risk assessment results and eligibility status, such as children in foster care, persons receiving Medicaid for the blind or disabled and Children's Special Health Care Services (CSHCS), to address health disparities, improve community collaboration, and enhance care coordination, care management, targeted interventions, and complex care management services for targeted populations.” ^{xxxi}
MN	YES	Standard - MCO	E	V	M/V*	M	—	—	—	*AA is voluntary, but FC is mandatory	MCO	NO	YES “The MCO must have effective mechanisms to assess the quality and appropriateness of

¹⁶“Child with a special health care need” means an individual younger than 21 years old, regardless of marital status, suffering from a moderate to severe chronic health condition: (a) With significant potential or actual impact on health and ability to function; (b) Which requires special health care services; and (c) Which is expected to last longer than 6 months.” [Maryland State Regulations](#)

¹⁷ This recent report about the value-based purchasing incentive results includes the measure: <https://mmcp.health.maryland.gov/healthchoice/Documents/2015%20VBP%20Report%20FINAL.pdf>.

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										Children with SED are voluntary Exempt: ID/DD waiver and American Indians living on a reservation per the choice of the tribal government			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." ^{xxxii}
MO** 18	YES ^{xxxiii}	Standard - MCO	M	M	M/V*	—	V	—	E	*AA is voluntary, but FC is mandatory	MCO	NO	YES "The health plan shall implement mechanisms to assess the quality and appropriateness of care furnished to members with special health care needs. The health plan's quality review mechanisms shall address members with special needs as well as COA 1, COA 2, COA 4, and COA 5 members in the written monitoring, assessment, evaluation, and improvement plan." ^{xxxiv} "2.22.14 Special Health Care Needs Report: The health plan shall submit to the state

¹⁸ Missouri started the process of implementing a statewide Medicaid managed care system as of May 2017 - <http://www.dss.mo.gov/business-processes/managed-care-2017/managed-care-addendum-5-effective-may-1-2017.docx>

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													agency a report of special needs in the format and frequency specified by the state agency in the Special Health Care Needs Report located and periodically updated on the MO HealthNet website at Health Plan Reporting Schedule and Templates.” ^{xxxv}
MS	YES	Standard - MCO - MississippiCAN	V	V	V	—	—	—	—	—	MCO	NO	YES “The Contractor must have in effect mechanisms to assess the quality and appropriateness of care furnished to Members with special health care needs. The assessment mechanism must use appropriate health care professionals.” ^{xxxvi}
MT	YES	Standard - PCCM	M	M	E	—	—	—	E	—	Carve-out FFS	NO	NO
NC** 19	YES	Standard – PCCM – Carolina ACCESS	V	V	V	V	—	—	—	—	Carve-out BHO: ABD (mandatory) CYSHCN (mandatory) FC/AA (mandatory) ^{xxxix}	Unknown	Unknown
ND**	YES	Specialized PAHP for disease management only – ExperienceHealth ND	V	V	V	V	—	—	—	—	MCO	Unknown	Unknown
NE ^{xl}	YES	Standard - MCO – Heritage Health	M	M	M	M	M	—	M*	*Long-Term Care	MCO	YES – individuals	YES

¹⁹ As of September 2017, North Carolina is in the process of transitioning from a PCCM model to an MCO model, with an anticipated launch date of June 2019.

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										services are carve-out FFS		with special health care needs ²⁰	The MCO must contract with a vendor that is certified by the National Committee for Quality Assurance (NCQA) to perform CAHPS surveys, including CAHPS Child surveys with children with chronic conditions (CCC) supplemental items. ^{xli}
NH**	YES	Standard - MCO	M	M	M	—	—	—	—	—	MCO	YES ²¹	YES <p>“The MCO shall have mechanisms to assess and report the quality and appropriateness of care furnished to members with special needs in order to identify any ongoing special conditions or members that require a course of treatment or regular care monitoring.”^{xlii}</p> <p>“MCO shall report annually...the following quality measure sets:...All available CAHPS measures and sections, including supplements, children with chronic conditions and mobility impairment.”^{xliii}</p>
NJ**	YES	Standard - MCO + MTLSS	M	M	M	—	—	—	—	—	MCO	YES ²²	Unknown

²⁰“The special health care needs (SHCNs) population is defined as individuals of any age with mental disability, physical disability, or other circumstances that place their health and ability to fully function in society at risk, requiring individualized health care approaches.” – pg. 83 – [Nebraska, Request for Proposals: Medicaid Managed Care Program](#)

²¹ Children with Special Health Care Needs (CSHCN) are defined as “Children who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.” – pg. 18 – [New Hampshire Medicaid Managed Care Contract](#)

²² The Contractor shall provide services to children with special health care needs, who may have or are suspected of having serious or chronic physical, developmental, behavioral, or emotional conditions (short-term, intermittent, persistent, or terminal), who manifest some degree of delay or disability in one or more of the following areas: communication, cognition, mobility, self-direction, and self-care; with specified clinically significant disturbance of thought, behavior, emotions, or relationships that can be described as a syndrome or pattern, generally resulting from neurochemical dysfunction, negative environmental influences, or some combination of both. – [New Jersey Managed Care Contract](#)

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			ABD	CYSHCN	FC/AA	AI/AN	SSI	Title V CSHCN	1915(c)	Other/Notes			
NM	YES	Standard - MCO + MLTSS – Centennial Care	M	M	M	—	M	—	M	—	MCO	NO	YES MCOs shall, "Detect over- and under-utilization of services to assess quality and appropriateness of services and to assess quality and appropriateness of care furnished to Member with special health care needs." ^{xliv}
NV**	YES	Standard - MCO – not statewide, only in urban areas	E	V	V	—	E	—	—	—	MCO	Unknown	Unknown
NY**	YES	Standard - MCO	M	—	M	E	—	—	—	—	MCO	YES - CYSHCN ²³ and Medically Fragile Children ²⁴	YES Quality measures that are relevant to CYSHCN include follow-up care for children prescribed ADHD medication, metabolic monitoring for children and adolescents on antipsychotics, and use of first-line psychosocial care for children/adolescents on antipsychotics. ^{xlv}

²³ Children with Special Health Care Needs (CSHCN) are defined as “those who have or are suspected of having a serious or chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.” – pg. 82 [New York Managed Care Model Contract](#)

²⁴ Children with Special Health Care Needs (CSHCN) are defined as “Medically fragile children are those individuals under 21 who have a chronic debilitating condition or conditions, who may or may not be hospitalized or institutionalized, and meet one or more of the following criteria: is technologically dependent for life or health sustaining functions; requires complex medication regimen or medical interventions to maintain or to improve their health status; or is in need of ongoing assessment or intervention to prevent serious deterioration of their health status or medical complications that place their life, health or development at risk.” - [New York Managed Care Model Contract](#) p.83

State	Enrollment of CYSHCN in Medicaid Managed Care (YES/NO)	Type of Medicaid Managed Care Plan for CYSHCN (Standard or Specialized) and Managed Care Model Type (MCO, PCCM, PIHP)	CYSHCN Enrollment by Population Type (Voluntary-V, Mandatory-M, Exempt-E)								Provision of Behavioral Health Services (MCO or Carve Out) and BHO Enrollment	Inclusion of Specific Definition of CYSCHN in MMC Contract (YES/NO)	Availability of Specific Quality Measures for CYSHCN in MMC Contract (YES/NO)
			ABD	CYSHCN	FC/AA	AI/AN	SSI	Title V CSHCN	1915(c)	Other/Notes			
OH ^{xlvi}	YES	Standard - MCO	M/E ²⁵	—	M ²⁶	—	M	M	M/E ²⁷	—	Carve-out FFS ²⁸	NO	YES Ohio Department of Medicaid uses the same quality measures across populations. “Each MCP must have mechanisms in place to assess the quality and appropriateness of care furnished to members with special health care needs.” ^{xlvi}
OK	YES	Standard - PCCM	M	M	—	V	—	—	—	—	Carve-out FFS	NO	NO
OR	YES	Standard - CCO ²⁹	M	M	E	E	—	—	—	—	MCO	YES – individuals with special	YES

²⁵ Individuals in the Specialized Recovery Services (SRS) program, Ohio’s 1915(i) program, as well as dual eligible individuals who are not enrolled in the MyCare Ohio program, will also be part of Ohio’s Managed Long-term Services and Supports (MLTSS) program. Medicaid members with developmental disabilities who are on community-based LTSS waiver administered by the Ohio Department of Developmental Disabilities (DODD) or living in an Intermediate Care Facility for Individuals with Intellectual Disabilities will be excluded from MLTSS enrollment, but may voluntarily enroll in Medicaid Managed care for management of their non-waiver acute services.

²⁶ Beginning January, 2017, enrollment in managed care for this population became mandatory.

²⁷ Individuals receiving community-based LTSS through a 1915 (c) waiver (such as PASSPORT, Home Care Waiver, or Assisted Living Waiver) or individuals receiving institutional-based LTSS (such as nursing facilities) will be enrolled in the Managed Long-term Services and Supports (MLTSS) program. Medicaid members with developmental disabilities who are on community-based LTSS waiver administered by the Ohio Department of Developmental Disabilities (DODD) or living in an Intermediate Care Facility for Individuals with Intellectual Disabilities will be excluded from MLTSS enrollment, but may voluntarily enroll in Medicaid Managed care for management of their non-waiver acute services.

²⁸ Ohio is tentatively planning to integrate behavioral health services into managed care beginning in January 2018. The Ohio Legislature is still negotiating the SFY 18/19 budget/initiatives, which could lead to the behavioral health carve-in being removed from the budget or the implementation timeline being changed.

²⁹ “In 2012, Oregon launched a new managed care model that replaced the existing Oregon Health Plan (OHP) contractors with risk-bearing, locally-governed provider networks called Coordinated Care Organizations (CCOs). These entities provide all Medicaid enrollees with physical health services, as well as behavioral health and dental care which were formerly carved out of the OHP benefit package. The CCOs are paid a single global Medicaid budget that grows at a fixed rate, while allowing for some flexibility in the services that a plan provides. The CCOs will be held accountable for performance based metrics and quality standards that align with industry standards, new systems of governance, and payment incentives that reward improved health outcomes.” - [The Center for Medicare and Medicaid Services Oregon managed care profile](#)

State	Enrollment of CYSHCN in Medicaid Managed Care (YES/NO)	Type of Medicaid Managed Care Plan for CYSHCN (Standard or Specialized) and Managed Care Model Type (MCO, PCCM, PIHP)	CYSHCN Enrollment by Population Type (Voluntary-V, Mandatory-M, Exempt-E)								Provision of Behavioral Health Services (MCO or Carve Out) and BHO Enrollment	Inclusion of Specific Definition of CYSCHN in MMC Contract (YES/NO)	Availability of Specific Quality Measures for CYSHCN in MMC Contract (YES/NO)
			ABD	CYSHCN	FC/AA	AI/AN	SSI	Title V CSHCN	1915(c)	Other/Notes			
												health care needs ³⁰	<p>“Title V work also aligns with and supports the Community health improvement plans of the CCOs, as well as their performance metrics”^{xlvi}</p> <p>“The Contractor shall include in the annual QAPI program evaluation: [...] An assessment of the quality and appropriateness of care furnished to Members with special health care needs, with a report of aggregate data indicating the number of enrollees identified and methods used to evaluate the need for direct access to specialists.”^{xlix}</p>
PA ^{li}	YES	Standard - MCO	M	M	E	—	M	—	—	—	Carve-out BHO: ABD (mandatory) CYSHCN (mandatory) FC/AA (mandatory) NA/AN (exempt)	YES – “member with special needs” ³¹	<p>YES</p> <p>“The Special Needs Unit will track, analyze, report, and, when appropriate, develop plans of correction around quality activities for indicators including, but not limited to, Special Needs Unit access measures; PCP access measures; specialist access measures; ancillary services’ access measures; and Complaints, Grievances, and DHS Fair Hearings by Members with Special Needs. The Special Needs Unit coordinator will be responsible for the submission of the</p>

³⁰ Children with Special Health Care Needs (CSHCN) are defined as “ individuals who have high health care needs, multiple chronic conditions, mental illness or Substance Use Disorders and either 1) have functional disabilities, or 2) live with health or social conditions that place them at risk of developing functional disabilities (for example, serious chronic illnesses, or certain environmental risk factors such as homelessness or family problems that lead to the need for placement in foster care).” p. 25 – [CCO Model Contract](#)

³¹ “The circumstances for which a member will be classified as having a special need will be based on a non-categorical or generic perspective that identifies key attributes of ongoing physical, developmental, emotional, or behavioral conditions, including, but not limited to, HIV/AIDS, Children in Substitute Care, and Intellectual Disabilities/Developmental Disabilities.” – p. 323 – [Managed Care Regulatory Compliance Guidelines](#) (examples of factors that could lead to special needs designation listed in document).

State	Enrollment of CYSHCN in Medicaid Managed Care (YES/NO)	Type of Medicaid Managed Care Plan for CYSHCN (Standard or Specialized) and Managed Care Model Type (MCO, PCCM, PIHP)	CYSHCN Enrollment by Population Type (Voluntary-V, Mandatory-M, Exempt-E)								Provision of Behavioral Health Services (MCO or Carve Out) and BHO Enrollment	Inclusion of Specific Definition of CYSHCN in MMC Contract (YES/NO)	Availability of Specific Quality Measures for CYSHCN in MMC Contract (YES/NO)
			ABD	CYSHCN	FC/AA	AI/AN	SSI	Title V CSHCN	1915(c)	Other/Notes			
													quarterly reports to the Office of Medical Assistance Programs' Special Needs Section..." ^{lii}
RI	YES	Standard – MCO – Rite Care	M	M	M	V	V	V	V	—	MCO	YES ³²	YES MCOs are responsible for providing the State with reporting specific to BH services to CYSHCN at intervals defined by the State. Within six months of the executed contract, the State and Contractor will collaboratively identify reportable quality outcome metrics.
SC	YES	Standard - MCO	V	V	V	V	V ^{liii}	V	E	—	MCO	NO	YES "Have mechanisms to assess the quality and appropriateness of care furnished to Members with special health care needs" ^{liv} "To facilitate the submissions of the quality measures by the Department to CMS, the MCO must implement and submit to the Department results from...CAHPS Health Plan Survey, Child Version (with Children with Chronic Conditions questions)" ^{lv}
SD** ^{lvi}	YES	Standard - PCCM	—	M	E ^{lvii}	M	E	E	E	—	Carve-out FFS	NO	NO
TN	YES	Standard - MCO + MTLSS - TennCare	M	M	M	M	M	—	M	—	MCO	NO	NO
TX**	YES	Standard – MCO - STAR	M	M	M	—	—	—	M	—	MCO	NO	YES

³² Children with Special Health Care Needs (CSHCN) are defined as “those children with complex health conditions who are enrolled in managed care.” – p. 18 – Rhode Island MCO Base Contract

State	Enrollment of CYSHCN in Medicaid Managed Care (YES/NO)	Type of Medicaid Managed Care Plan for CYSHCN (Standard or Specialized) and Managed Care Model Type (MCO, PCCM, PIHP)	CYSHCN Enrollment by Population Type (Voluntary-V, Mandatory-M, Exempt-E)								Provision of Behavioral Health Services (MCO or Carve Out) and BHO Enrollment	Inclusion of Specific Definition of CYSCHN in MMC Contract (YES/NO)	Availability of Specific Quality Measures for CYSHCN in MMC Contract (YES/NO)
			ABD	CYSHCN	FC/AA	AI/AN	SSI	Title V CSHCN	1915(c)	Other/Notes			
		Specific for FC/AA – MCO - STAR Health Specific – for ABD/1915c – MCO STAR Kids											STAR Kids ^{lviii} and STAR Health ^{lix} plans are required to develop and implement Quality Assurance and Program Improvement programs, which are designed to monitor and assess the clinical and non-clinical processes and outcomes, for the respective populations of CYSHCN that they serve. 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.”
UT	YES	Standard - MCO - Accountable Care Organizations	M*	—	M*	—	—	M*	—	*Enrollment varies based on location ³³	Carve-out BHO: ABD (mandatory) CYSHCN (mandatory) FC/AA (mandatory)	YES ³⁴	YES Requires ACOs to report on pediatric HEDIS and CAHPS measures ^{lx}

³³ Enrollment is mandatory for enrollees living in 13 counties. For those living in other areas of the state, enrollment is voluntary.

³⁴ *Children with Special Health Care Needs (CSHCN) are defined as “A child under 21 years of age who has or is at increased risk for chronic physical, developmental, behavioral, or emotional conditions and requires health and related services of a type or amount beyond that required by children generally, including a child who, consistent with Section 1932(a) (2) (A) of the Social Security Act, 42 U.S.C.1396u-2(a) (2) (A): 1.is blind or disabled or in a related population (eligible for SSI under title XVI of the Social Security Act); 2.is in Foster Care or other out-of-home placement; 3.is receiving Foster Care or adoption assistance; or 4.is receiving services through a family-centered, community-based coordinated care system that receives grant funds described in Section 501(a) (1)(D) of Title V of the Social Security Act.” – p.3 - [ACO Model Contract](#)*

State	Enrollment of CYSHCN in Medicaid Managed Care (YES/NO)	Type of Medicaid Managed Care Plan for CYSHCN (Standard or Specialized) and Managed Care Model Type (MCO, PCCM, PIHP)	CYSHCN Enrollment by Population Type (Voluntary-V, Mandatory-M, Exempt-E)								Provision of Behavioral Health Services (MCO or Carve Out) and BHO Enrollment	Inclusion of Specific Definition of CYSHCN in MMC Contract (YES/NO)	Availability of Specific Quality Measures for CYSHCN in MMC Contract (YES/NO)
			ABD	CYSHCN	FC/AA	AI/AN	SSI	Title V CSHCN	1915(c)	Other/Notes			
VA	YES	Standard - MCO - Medallion 3.0 ³⁵ Specialized MCO for adults and children with complex care needs (ABD, 1915(c), SSSI) - Commonwealth Coordinated Care (CCC) Plus	M	M	M	E	M	M	M	—	MCO* *Non-traditional behavioral health services (state plan option services) are currently carved out. VA will integrate these services into CCC Plus in January 2018 and into Medallion 4.0 (the next iteration of its standard managed care program) before the end of 2018.	YES ³⁶	YES The Medallion 3.0 contract requires MCOs to assess quality of care of CYSHCN in the following areas. ^{lxi} 1) Program development 2) Enrollment Procedures 3) Provider networks 4) Care Coordination 5) Access to Specialists 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.). ^{lxii}

³⁵ [Commonwealth Coordinated Care Plus \(CCC Plus\)](#) is a new statewide Medicaid MCO program beginning in August 2017 that will mandatorily enroll adults and children with complex care needs (including all Medicare/Medicaid dual eligibles, the aged, blind, and disabled Medicaid groups, enrollees in five home and community based services waivers, and individuals in nursing facilities) into an integrated delivery model providing physical and behavioral health services and long-term care services and supports (LTSS).

³⁶ *Children with Special Health Care Needs (CSHCN) 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 non-disabled 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](#)

State	Enrollment of CYSHCN in Medicaid Managed Care (YES/NO)	Type of Medicaid Managed Care Plan for CYSHCN (Standard or Specialized) and Managed Care Model Type (MCO, PCCM, PIHP)	CYSHCN Enrollment by Population Type (Voluntary-V, Mandatory-M, Exempt-E)								Provision of Behavioral Health Services (MCO or Carve Out) and BHO Enrollment	Inclusion of Specific Definition of CYSHCN in MMC Contract (YES/NO)	Availability of Specific Quality Measures for CYSHCN in MMC Contract (YES/NO)
			ABD	CYSHCN	FC/AA	AI/AN	SSI	Title V CSHCN	1915(c)	Other/Notes			
VT**37	YES	Standard - MCO	M	M	M	M	—	—	—	—	MCO	Unknown	Unknown
WA	YES	Standard – MCO – Apple Health	M	M	V	—	—	—	—	—	Carve-out BHO in certain regions – ABD (mandatory) CYSHCN (mandatory) FC/AA (mandatory) WA is moving to full statewide integration of BH services into Medicaid managed care in 2018.	YES ³⁸	YES “The Quality Assessment and Performance Improvement (QAPI) program structure shall include the following elements: [...] An annual quality work plan, including objectives for serving individuals with special health care needs and Enrollees from diverse communities.” “On the 15 th of the month following each quarter, the Contractor shall submit a report to HCA of individuals identified with special health care needs”
WI	YES	Standard - MCO – BadgerCare Plus Managed Care ^{lxiii} Specialized for Foster Care – MCO – Care4Kids (not statewide)	E	M	V ³⁹	—	M	—	—	Mandatory enrollment for SSI members over age 18. ABD members 18 and under are exempt.	MCO (Certain community services are carved out of managed care)	YES ⁴⁰	YES “The HMO must: ...Have in effect mechanisms to assess the quality and appropriateness of care furnished to enrollees with special health care needs.” ^{lxiv} Care4Kids has specific quality measures for the foster care PIHP.

³⁷ Vermont is involved in a procurement process to move to an ACO model for Medicaid service delivery. More information can be found here: <http://dvha.vermont.gov/administration/1aco-rfp-final.pdf>

³⁸ [Washington Apple Health 2017 Managed Care Contract](#) - p.13

³⁹ Care4Kids is a specialized MCO for children in Foster Care and enrollment is voluntary. Youth in Foster Care are exempt from enrollment in BadgerCare Plus HMOs, and can enroll voluntarily for the Children Come First and Wraparound Milwaukee programs.

⁴⁰ *Children with Special Health Care Needs (CSHCN) are defined as “Children with or at increased risk for chronic physical, developmental, behavioral, or emotional conditions who also require health and related services of a type or amount beyond that required by children generally and who are enrolled in a Children with Special Health Care Needs program operated by a Local Health Department or a local Title V funded Maternal and Child Health Program.”* – p. 11 – [Managed Care Contract for BadgerCare Plus and/or Medicaid SSI](#)

State	Enrollment of CYSHCN in Medicaid Managed Care (YES/NO)	Type of Medicaid Managed Care Plan for CYSHCN (Standard or Specialized) and Managed Care Model Type (MCO, PCCM, PIHP)	CYSHCN Enrollment by Population Type (Voluntary-V, Mandatory-M, Exempt-E)								Provision of Behavioral Health Services (MCO or Carve Out) and BHO Enrollment	Inclusion of Specific Definition of CYSHCN in MMC Contract (YES/NO)	Availability of Specific Quality Measures for CYSHCN in MMC Contract (YES/NO)
			ABD	CYSHCN	FC/AA	AI/AN	SSI	Title V CSHCN	1915(c)	Other/Notes			
WV	YES	Standard - MCO	E	M	E	M	M*	M	—	* if not dual eligible for Medicare	MCO (July 2015)	NO	NO
WY	NO	n/a	—	—	—	—	—	—	—	—	n/a	n/a	n/a
TOTAL (51)	YES (48) NO (3)	Standard* CCO (1) MCO (33) MCO + MLTSS (5) PCCM (10) Specialized* MCO (7) PAHP (1) * Some states have more than one managed care program	M (33) V (8) E (6) M/E (1) NS (4) n/a (3)	M (32) V (13) NS (7) n/a (3)	FC M (28) V (14) E (8) NS (2) n/a (3) AA M (25) V (17) E (8) NS (2) n/a (3)	M (12) V (10) E (9) NS (21) n/a (3)	M (16) V (6) E (5) NS (25) n/a (3)	M (10) V (5) E (3) NS (34) n/a (3)	M (9) V (5) E (6) M/E (1) NS (31) n/a (3)	N/A	MCO (33) Carve-Out BHO (8) Carve-Out FFS (7) n/a (3)	YES (23) NO (18) Unknown (7) n/a (3)	YES (33) NO (9) Unknown (6) n/a (3)

** The information NASHP compiled about this state was not confirmed by the state’s Medicaid agency.

Notes on the Sources used:

General background information on state Medicaid managed care programs was collected from:

- The Center for Medicare and Medicaid Services Spring 2016 Report on *Medicaid Managed Care Enrollment and Program Characteristics, 2014*. Read the report here: <https://www.medicare.gov/medicaid-chip-program-information/by-topics/data-and-systems/medicaid-managed-care/downloads/2014-medicare-managed-care-enrollment-report.pdf>
- The Center for Medicare and Medicaid Services individual state managed care enrollment profiles, which can be found here: <https://www.medicare.gov/medicaid/managed-care/state-profiles/index.html>

Specific Information about state Medicaid managed care arrangements was collected and analyzed from state Medicaid managed care program websites and contracts between state Medicaid agencies and managed care organizations.

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- ⁱ Arizona Health Care Cost Containment System – Children’s Rehabilitative Services Contract Amendment #12, December 2016 - <https://www.azahcccs.gov/Resources/Downloads/ContractAmendments/CRS/CRSRenewalAmendment12Final.pdf>
- ⁱⁱ Arizona Health Care Cost Containment System – Children’s Rehabilitative Services Contract Amendment #12, December 2016 - Quality Management, Page 73 - <https://www.azahcccs.gov/Resources/Downloads/ContractAmendments/CRS/CRSRenewalAmendment12Final.pdf>
- ⁱⁱⁱ California Children’s Services (CCS) Program Redesign: Overview of Five States’ Programs for Children and Youth with Special Health Care Needs (CYSHCN), July 2, 2015. <http://www.dhcs.ca.gov/services/ccs/Documents/FiveStates.pdf>
- ^{iv} Medi-Cal Regional/Imperial/San Benito/Two Plan Model Contract, California Department of Health Care Services, 2014. <http://www.dhcs.ca.gov/provgovpart/Documents/ImpRegSB2PlanBp32014.pdf>
- ^v “Connecticut Drops Insurers from Medicaid,” Kaiser Health News. December 29, 2011. <http://khn.org/news/connecticut-drops-insurers-from-medicaid/>
- ^{vi} Contract between DC Department of Health Care Finance and Health Care Services for Children with Special Needs, Inc., Signed March 22, 2016 – Page 208.
- ^{vii} Delaware Health and Social Services (DHSS) Division of Medicaid and Medical Assistance QUALITY MANAGEMENT STRATEGY 2014 - http://bidcondocs.delaware.gov/HSS/HSS_14019Medicaid_Att1.pdf
- ^{viii} Florida Department of Health. “Children’s Medical Services Program Overview” http://www.floridahealth.gov/alternatesites/cms-kids/home/resources/documents/cms_overview_08.pdf
- ^{ix} Children’s Medical Services Plan Contract. Effective January 2017. The Florida Department of Health (DOH) is the Title V, Maternal and Child Health agency in Florida and operates the Children’s Medical Service Network (CMS) authorized under Chapter 391, F.S.
- ^x Contract between the Georgia Department of Community Health and Care Management Organization for Provision of Services to Georgia Families. Contract Amendment #12. https://dch.georgia.gov/sites/dch.georgia.gov/files/imported/vgn/images/portal/cit_1210/27/43/164261788CMO_Restatement_12-General.pdf
- ^{xi} *Ibid.*
- ^{xii} Contract between the Georgia Department of Community Health and Care Management Organization for Provision of Services to Georgia Families. Addendum #1. <http://dch.georgia.gov/sites/dch.georgia.gov/files/FCAA%20CMO%20Addendum%20-%20EXECUTED%20-%20rates%20redacted%20and%20corrected%20page%2029.pdf>
- ^{xiii} State of Georgia, Contract Between the Georgia Department Of Community Health and Amerigroup Georgia Managed Care Company for Provision of Services to Georgia Families 360°, Effective June 30, 2017, page 224.
- ^{xiv} State of Hawaii Department of Human Services, Med-QUEST Division, Health Care Services Branch. Request for Proposals RFP-MQD-2014-005 QUEST Integration (QI) Managed Care to Cover Medicaid and Other Eligible Individuals, August 5, 2013. <http://clpc.ucsf.edu/sites/clpc.ucsf.edu/files/Quest%20Integration%20RFP%202013.pdf>
- ^{xv} *Ibid.*
- ^{xvi} Iowa Department of Human Services. Iowa Health Link contract with Amerigroup, effective January 2016. http://dhs.iowa.gov/sites/default/files/AmeriGroup_Contract.pdf
- ^{xvii} *Ibid.*
- ^{xviii} State of Idaho Department of Health and Welfare Contract with United Health Care Behavioral Health. <http://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/OptumIdahoContract.pdf>
- ^{xix} Illinois Department of Healthcare and Family Services. Care Coordination Map. July 1, 2016. <https://www.illinois.gov/hfs/SiteCollectionDocuments/CCExpansionMap.pdf>
- ^{xx} Maternal and Child Health Services Title V Block Grant: Illinois - FY 2017 Application/ FY 2015 Annual Report https://mchb.tvisdata.hrsa.gov/uploadedfiles/StateSubmittedFiles/2017/IL/IL_TitleV_PrintVersion.pdf
- ^{xxi} Hoosier Healthwise and Healthy Indiana Plan MCE Policies and Procedures Manual. Policies and Procedures as of February 1, 2016. Version 6.0 http://www.indianamedicaid.com/ihcp/HoosierHealthwise/content/MCO_QA/Hoosier%20Healthwise%20and%20HIP%20MCE%20Policies%20and%20Procedures%20Manual%20MC10009.pdf
- ^{xxii} Kansas Department of Health and Environment and Sunflower State Health Plan Contract. Effective 2011. <http://da.ks.gov/purch/Sunflower.pdf>
- ^{xxiii} KanCare Medicaid and CHIP Capitated Managed Care Services - <https://admin.ks.gov/offices/procurement-and-contracts/kancare-award>
- ^{xxiv} Commonwealth of Kentucky Medicaid Managed Care Contract. Effective January 2017. Page 75 - <http://chfs.ky.gov/NR/rdonlyres/BB1059AE-24A8-45F2-92DA-BC03E3C5543F/0/AetnaSFY172HExecutedContractFINAL.pdf>
- ^{xxv} Louisiana Medicaid Program, Department of Health and Hospitals, Bureau of Health Service Financing. Bayou Health Managed Care Request for Proposals. Release Date July 2014. <http://www.dhh.louisiana.gov/assets/docs/contracts/BayouHealthPrepaidFINAL72814.pdf>
- ^{xxvi} *Ibid.*
- ^{xxvii} Contract between Louisiana Department of Health and Hospitals and UnitedHealthcare Inc. Effective February 2015. http://new.dhh.louisiana.gov/assets/docs/BayouHealth/Contract_Amendments/2015Contracts/UnitedHealthcare_ApprovedContract.pdf

- ^{xxviii} Louisiana Medicaid Program, Department of Health and Hospitals, Bureau of Health Service Financing. Bayou Health Managed Care Request for Proposals. Release Date July 2014. <http://www.dhh.louisiana.gov/assets/docs/contracts/BayouHealthPrepaidFINAL72814.pdf>
- ^{xxix} MassHealth Managed Care Regulations, Chapter 508, Page 508.000. <http://www.mass.gov/eohhs/docs/mashealth/regulations/member-eligibility/130-cmr-508-000.pdf>
- ^{xxx} State of Michigan Medicaid Managed Care Standard Contract Terms. Effective January 1, 2016. Page 19. http://www.michigan.gov/documents/contract_7696_7.pdf
- ^{xxxi} State of Michigan Medicaid Managed Care Standard Contract Terms. Effective January 1, 2016. Page 47. http://www.michigan.gov/documents/contract_7696_7.pdf
- ^{xxxii} Minnesota Department of Human Services Contract for Medical Assistance and MinnesotaCare Services with UCare Minnesota. Effective January 1, 2017. Page 153. https://mn.gov/dhs/assets/2017-fc-contract-ucare_tcm1053-270733.pdf
- ^{xxxiii} Missouri Department of Social Services. MO HealthNet Managed Care Population. <http://www.dss.mo.gov/mhd/mc/pages/population.htm>
- ^{xxxiv} Missouri HealthNet Request for Proposals. Released July 2016. Page 107. <http://www.dss.mo.gov/business-processes/managed-care-2017/managed-care-addendum-5-effective-may-1-2017.docx>
- ^{xxxv} Missouri Department of Social Services. Request for Proposals Health Plan Reporting Schedule and Templates. Effective May 1, 2017. <http://dss.mo.gov/business-processes/managed-care-2017/health-plan-reporting-schedules-templates/>
- ^{xxxvi} Contract between the State of Mississippi Division of Medicaid, Office of the Governor and a Coordinated Care Organization. Page 109. <https://medicaid.ms.gov/wp-content/uploads/2015/12/2015-MississippiCAN-Contract.pdf>
- ^{xxxvii} Montana Department of Public Health and Human Services, Primary Care Provider Agreement and Signature Addendum for Enrollment in the Passport to Health and Team Care Programs. <http://medicaidprovider.mt.gov/Portals/68/docs/enrollment/09passportandteamcare.pdf>
- ^{xxxviii} Montana Department of Public Health and Human Services, Passport to Health Manual, November 2015. <http://medicaidprovider.mt.gov/Portals/68/docs/manuals/passport112015.pdf>
- ^{xxxix} Contract between North Carolina Department of Health and Human Services, Division of Medical Services and Alliance Behavioral Healthcare. Effective July 2015. https://ncdma.s3.amazonaws.com/s3fs-public/documents/files/Alliance_Contract.pdf
- ^{xl} State of Nebraska Medicaid Managed Care Request for Proposals. Released October 2015. <http://das.nebraska.gov/materiel/purchasing/5151/5151Z1%20MCO%20SPB%2010%2020%2015%20djo.pdf>
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