



# State Medicaid Managed Care Program Design for Children and Youth with Special Health Care Needs

Updated: July 2020

Key Terms	
<p><b>1915(c) waivers</b> – Children enrolled in federal home- and community-based waivers</p> <p><b>ABD</b> – Children enrolled in the Medicaid aid category for Aged, Blind, or Disabled individuals</p> <p><b>AI/AN</b> – American Indian and Alaskan Natives</p> <p><b>BHO</b> – Behavioral health organization</p> <p>CMS – Centers for Medicare &amp; Medicaid Services</p> <p><b>CYSHCN</b> – Children enrolled in Medicaid based on income eligibility with special or chronic health care needs</p> <p><b>E</b> – Exempt from Medicaid managed care</p> <p><b>FC/AA</b> – Children enrolled in Medicaid due to foster care placement or receipt of adoption assistance</p> <p><b>FFS</b> – Fee for service</p> <p><b>HEDIS</b> - Healthcare Effectiveness Data and Information Set</p>	<p><b>M</b> – Mandatory enrollment in Medicaid managed care</p> <p><b>M/E</b> – 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><b>MCO</b> – Managed care organization</p> <p><b>MLTSS</b> – Managed long-term services and supports</p> <p><b>NS</b> – Not specified by state</p> <p><b>PCCM</b> – Primary care case management</p> <p><b>PIHP</b> – Prepaid inpatient health plans</p> <p><b>RAE</b> – Regional accountable entity</p> <p><b>SSI</b> – Children receiving Supplemental Security Income (SSI)</p> <p><b>Title V CSHCN</b> – Children with special health care needs enrolled in state programs supported by Title V Maternal and Child Health funding</p> <p><b>V</b> – Voluntary enrollment in Medicaid managed care</p>

State	CYSHCN enrolled 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)	
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AL	Yes	<a href="#">Standard – PCCM-E – Alabama Coordinated Health Network</a>	M	M	M	V	M	—	E	The ICN Program and certain waivers are excluded from the	PCCM-E provides behavioral health care coordination services	No	No

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											ACHN Program.			
AK	No – FFS	N/A	N/A								N/A	N/A	N/A	
AR*	Yes	Standard - PCCM	M	—	M	—	—	—	—	—	Carve-out FFS	No	No	
AZ	Yes	<a href="#">Standard – MCO</a>	M	M	M	V	M	—	—	American Indian children who do not have a serious mental illness are eligible for the ACC program.	MCO	No	Yes  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.”  <a href="#">Additional Quality Measures listed in contract, page 127.</a>	
CA	Yes	<a href="#">Standard - MCO</a> <sup>1</sup>	<a href="#">M</a>	M	M	—	M	M	M	Certain counties exempt enrollment in managed care for children in foster care or children enrolled in 1915(c) waivers.	MCO	Yes <sup>2</sup>	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.”	

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CO	Yes	<a href="#">Standard – MCO – Health First Colorado/Accountable Care Collaborative</a>	V	V	V	V	V	V	V	V	—	PIHP	No	Yes  Plans must establish “mechanisms to assess the quality and appropriateness of care furnished to members with special health care needs as defined by the department.” ( <a href="#">Page 120</a> )
		<a href="#">Standard – PCCM for PH Services with PIHP for BH Services (RAE) – Health First Colorado/Accountable Care Collaborative</a>	M	M	M	M	M	M	M	M	M			
CT	No – FFS	N/A	N/A								N/A	N/A	N/A	
DC	Yes	<a href="#">Specialized – MCO - Children and Adolescents for Supplemental Security Income Program (CASSIP)</a>	V	V	V	V	V	V	V	E	—	MCO	Yes <sup>3</sup>	No
DE*	Yes	<a href="#">Standard – MCO</a>	—	—	M	—	M	—	M	M	—	MCO	Yes <sup>4</sup>	Yes  “The contractor shall have in effect mechanisms to assess the quality and appropriateness of care furnished to members with special health care needs”.

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FL	Yes	<a href="#">Standard – MCO</a>	M	M	M	—	—	M	—	Voluntary if enrolled in Developmental Disabilities Individual Budgeting Waiver	MCO	Standard – Yes (enrollees, not specifically children) <sup>5</sup>	Standard plan – No  Specialized plan (CMSHP) – Yes  Contract includes a list of 30 HEDIS measures; one hybrid measure (HEDIS and agency-defined), one agency-defined measure, and six child core set measures for health plans to report on for CYSHCN enrolled population.
		<a href="#">Specialized MCO – Children’s Medical Services (CMS) Health Plan</a>	—	V	—	—	—	—	—	—			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) Enrollee safety” (g) Utilization review processes; (h) Grievance and appeals; and (i). Adverse/critical incident reporting <sup>6</sup>

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GA*	Yes	<a href="#">Standard – MCO - Georgia Families</a>	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.” <a href="#">(Page 132)</a>
		<a href="#">Specialized MCO for FC/AA– Georgia Families 360</a>	E	—	M/V	E	—	—	—	FC is mandatory, but AA is voluntary.		Yes <sup>7</sup>	Yes  MCO is required to “comply with the <a href="#">GF 360° DCH Quality Strategic Plan</a> requirements to improve the health outcomes for all embers. 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 HEDIS and the Agency for Healthcare Research and Quality

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													(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.”
HI*	Yes	<a href="#">Standard – MCO - Quest Integration Program</a>	M	M	M	—	—	—	—	—	MCO	Yes <sup>8</sup>	Yes “Establishing mechanisms for assessing and addressing the quality and appropriateness of care furnished to special populations across care settings.”
IA*	Yes	<a href="#">Standard – MCO – Iowa Health Link</a>	M	M	M	V	M	—	M	—	MCO	Yes <sup>9</sup>	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.”
ID	Yes	Standard – PCCM – <a href="#">Healthy Connections</a>	M	V	E	V	V	—	—	QMB, IM PLUS are exempt	<a href="#">Carve-out BHO:</a>	No	No

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										from enrollment in the PCCM. Participants eligible under 1902(e)(3) of the SSA (Qualified Disabled Children under Age 19) are exempt from enrollment in the PCCM.	ABD (mandatory) CYSHCN (mandatory) FC/AA (mandatory) NA/AN (mandatory)		
IL*	Yes	<a href="#">Standard - MCO – Family Health Program (not statewide)</a>	—	—	E	V	M	—	—	—	MCO	Yes <sup>10</sup>	Yes
		<a href="#">Specialized – MCO</a>	—	—	M	—	—	—	—	—	Due to COVID-19, the April 1, 2020 launch of YouthCare services for Carve-out FFS	No	“Mechanisms to assess the quality and appropriateness of care furnished to enrollees who have special health care needs.” <a href="#">(Page 29)</a>

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										DCFS youth in care has been postponed.			
IN	Yes	<a href="#">Standard – MCO – Hoosier Healthwise</a>	E	M	E	—	—	—	E	Children with certain chronic conditions can receive specialized managed care.	MCO	Yes (Hoosier Healthwise) <sup>11</sup> No (Hoosier Care Connect)	Yes (Hoosier Healthwise) “Analyzing, tracking, and reporting to the state issues related to children with special health care needs, including grievances and appeals data.” <a href="#">(Page 79)</a> No (Hoosier Care Connect)
		<a href="#">Specialized – MCO – Hoosier Care Connect</a>	M	—	V	—	—	—	E				
KS	Yes	<a href="#">Standard – MCO + MLTSS – KanCare</a>	M	—	M	V	M	—	M	—	MCO	Yes <sup>12</sup>	Yes “The contractor shall develop and implement mechanisms to assess the quality and appropriateness of care furnished to members with special health care needs”.
KY	Yes	<a href="#">Standard – MCO</a>	M	M	M	M	M	M	E	—	MCO: ABD (Mandatory) CYSHCN (Mandatory) FC/AA (Mandatory)	Yes – “Special Health Care Needs Population” <sup>13</sup>	Yes “The contractor shall also have mechanisms to assess the quality and appropriateness of care furnished to enrollees with



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												special health care needs.” ( <a href="#">Page 46</a> )
LA	Yes	<a href="#">Standard – MCO – Healthy Louisiana</a>	M	M	M	M	M	M	V	—	MCO	Yes – “special health care needs population” <sup>14</sup>  “The MCO shall assess the quality and appropriateness of care furnished to enrollees with special health care needs.”  “The MCO’s vendor shall perform CAHPS Adult surveys; and CAHPS Child surveys, including the Children with Chronic Conditions survey supplement.” ( <a href="#">Page 253</a> )  Incentive-based performance target related to follow up care for children prescribed an ADHD medication – NQF #0108 ( <a href="#">Page 406</a> )  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

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												at least 50% of the membership." <a href="#">(Page 255)</a>	
MA	Yes	Standard – MCO (Managed Care Organization and Accountable Care Partnership Plan (ACPP))	M	M	V	M	M	—	V	—	MCO and ACPP enrollees receive behavioral health (BH) services through their plan. PCC Plan and Primary Care ACO enrollees receive BH services.	Yes <sup>15</sup>	Yes “The contractor shall assess the quality and appropriateness of care furnished to enrollees with special health care needs” MCO and ACPP contracts.
		Standard – PCCM (PCC Plan) and PCCM Entity (Primary Care ACO); PIHP (behavioral health vendor)	M	M	V	M	M	—	V				“The contractor shall ensure that enrollees with special health care needs are comprehensively assessed within 180 days of their enrollment date in contract Year 1, and the contractor shall ensure that new enrollees with special health care needs enrolled in each subsequent year are comprehensively assessed within 90 days of enrollment.” MCO, ACPP and Primary Care ACO contracts.  “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.” MCO and ACPP contracts.

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MD	Yes	<a href="#">Standard – MCO – HealthChoice</a>	M	M	M	—	M	M	M	—	Carve-out BHO	Yes <sup>16</sup>	<p>Yes</p> <p>“Mechanisms to assess the quality and appropriateness of care furnished to enrollees with special health care needs”</p> <p>“An MCO shall have a continuous, systematic program designed to monitor, measure, evaluate, and improve the quality of health care services delivered to enrollees including individuals with special health care needs.”</p> <p>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-</p>

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													based purchasing incentive program. <sup>17</sup>
ME*	Yes	<a href="#">Standard - PCCM</a>	V	E	V	E	—	—	E	—	Carve-out FFS	Unknown	Yes  “Initial Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication” and “Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication” are included as part of Primary Care Provider Incentive Payment.
MI*	Yes	<a href="#">Standard - MCO</a>	M	V	M	V	M	M	—	<b>Exempt:</b> Persons authorized to receive private duty nursing services ( <a href="#">Page 27</a> )	Carve-out BHO	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

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												interventions, and complex care management services for targeted populations.” <a href="#">(Page 65)</a>	
MN	Yes	<a href="#">Standard - MCO</a>	M/E	M	M/V	M/V	—	—	V	<p>AA is voluntary, but FC is mandatory.</p> <p>Children with SED are voluntary.</p> <p>Children are mandatorily enrolled in MCOs but may opt out of MCO if disabled. They may voluntarily enroll in special needs plans.</p> <p>HCBS is available to children with a disability. Services are</p>	MCO	No	<p>Yes</p> <p>“The MCO must have effective mechanisms to assess the quality and appropriateness of care furnished to enrollees with special health care needs. If the MCO has in place an alternative mechanism(s), or is proposing a new mechanism(s) that meets or exceeds the requirements of section 7.1.4(A), the MCO must submit a written description to the state for approval. If the MCO’s mechanism(s) have been approved by the state and there has been a material change, the MCO must timely submit a revised description to the state for approval.” <a href="#">(Page 134)</a></p>

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										not delivered FFS.  The MSC+ waiver provides MN federal authority to require the following groups to enroll in managed care: American Indians, as defined in 25 U.S.C. 1603(c), who would not otherwise be mandatorily enrolled in managed care; Children under age 21 who are			

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										in state-subsidized foster care or another out-of-home placement; and children under age 21 who are receiving foster care under Title IV-E.			
MO	<a href="#">Yes</a>	<a href="#">Standard – MCO</a>	E	M	M/V	—	V	V	M	FC/AA are mandatorily involved but may opt out.  The following 1915(c) waivers are eligible: Partnership for Hope, DD Comprehensive, DD Community	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.” ( <a href="#">Page 120</a> )

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											Support, and Autism.			
MS	Yes	<a href="#">Standard – MCO – MississippiCAN</a>	V	—	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.” ( <a href="#">Page 129</a> )	
MT	Yes	<a href="#">Standard – PCCM – Passport to Health</a>	M	M	E	—	—	—	E	—	Carve-out FFS	No	No	
NC* <sup>18</sup>	Yes	<a href="#">Standard – PCCM – ACCESS</a>	V	V	V	V	—	—	—	—	<a href="#">Carve-out BHO:</a> ABD (mandatory) CYSHCN (mandatory) FC/AA (mandatory) 1915(c) (mandatory)	Unknown	Unknown	
ND*	<a href="#">Yes</a>	<a href="#">Specialized PAHP for disease management only – ExperienceHealth ND</a>	V	V	V	V	—	—	V	—	MCO	Unknown	Unknown	



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NE	Yes	<a href="#">Standard – MCO – Heritage Health</a>	M	M	M	M	M	—	M	1915(c) Long-Term Care services are carve-out FFS	MCO	Yes – “special needs client” <sup>19</sup>	Yes  The MCO is required to report the CAHPS Child surveys with children with chronic conditions (CCC) supplemental items annually. ( <a href="#">Page 31 and 69</a> )
NH*	Yes	<a href="#">Standard - MCO</a>	M	M	M	M	M	M	—	—	MCO	Yes <sup>20</sup>	Yes  “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.” ( <a href="#">Page 146</a> )  “MCO shall report annually...the following quality measure sets:...All available CAHPS measures and sections, including supplements, children with chronic conditions and mobility impairment.” ( <a href="#">Page 147</a> )
NJ*	Yes	<a href="#">Standard - MCO + MTLSS</a>	M	M	M	V	—	—	M	—	MCO	Yes <sup>21</sup>	No

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NM	Yes	<a href="#">Standard – MCO + MLTSS – Centennial Care</a>	M	M	M	V	M	—	M	AI/AN can elect to be exempt from managed care.	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” and “use the most recent version of the CAHPS Adult and Child Survey instruments, including the children with chronic conditions (CCC). ( <a href="#">Page 178</a> )
NV*	Yes	<a href="#">Standard - MCO – not statewide, only in urban areas</a>	E	V	V	V	E	V	—	—	MCO	Unknown	Unknown
NY	Yes	<a href="#">Standard - MCO</a>	M/V/E	M/V/E	M/E	V	M/V/E	—	M/V/E	Most individuals are mandatory, but subgroups may qualify for voluntary	MCO	Yes - CYSHCN <sup>22</sup> and Medically Fragile Children <sup>23</sup>	Yes  <a href="#">Quality measures</a> that are relevant to CYSHCN include follow-up care for children prescribed ADHD medication, metabolic monitoring for children and adolescents on

State	CYSHCN enrolled 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
										enrollment or exemption. ( <a href="#">Page 20-23</a> )			antipsychotics, and use of first-line psychosocial care for children/adolescents on antipsychotics.
OH	Yes	<a href="#">Standard – MCO</a>	M/E <sup>24</sup>	—	M <sup>25</sup>	—	M	M	M/E <sup>26</sup>	—	MCO	No	Yes  Ohio Department of Medicaid uses the same quality measures across populations.  “The MCP shall have mechanisms in place to assess the quality and appropriateness of care furnished to members with special health care needs.”
OK*	Yes	<a href="#">Standard – PCCM</a>	M	M	V	V	—	—	—	—	Carve-out FFS	No	No
OR	Yes	<a href="#">Standard – MCO - CCO</a> <sup>27</sup>	M	M	V	V	M	—	V	FC/AA are automatically enrolled in CCO but may voluntarily opt out.	MCO	Yes – Individuals with special health care needs. <sup>28</sup>	Yes  “Title V work also aligns with and supports the Community health improvement plans of the CCOs, as well as their performance metrics” ( <a href="#">Page 19</a> )  “...Contractor shall create a Transformation and Quality Strategy (TQS)... The TQS must include... quality and appropriateness of care furnished to members with

State	CYSHCN enrolled 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			
													special health care needs.” ( <a href="#">Page 165</a> )
PA	Yes	<a href="#">Standard – MCO</a>	M	M	M	<a href="#">M</a>	M	—	—	—	Carve-out BHO: ABD (mandatory) CYSHCN (mandatory) FC/AA (mandatory) AI/AN (mandatory)	Yes – “member with special needs” <sup>29</sup>	Yes “The PH-MCO [physical health managed care organization] will develop, implement, and maintain a targeted quality management component focused on members with special needs... the Special Needs Unit will provide data as required for special needs related to existing and new operations reports...”( <a href="#">Page 405</a> )
RI	Yes	<a href="#">Standard – MCO – Rite Care</a>	M	M	M	V	V	V	V	—	MCO	Yes <sup>30</sup>	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. ( <a href="#">Page 375 – 376</a> )
SC*	<a href="#">Yes</a>	<a href="#">Standard - MCO</a>	V	V	V	V	V	V	E	—	MCO	No	Yes “Have mechanisms to assess the quality and appropriateness of

State	CYSHCN enrolled 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			
													care furnished to members with special health care needs” ( <a href="#">Page 186</a> )  “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)” ( <a href="#">Page 127</a> )
SD	<a href="#">Yes</a>	<a href="#">Standard – PCCM</a>	M	M	E	M	M	E	E	—	FFS	No	No
TN*	Yes	<a href="#">Standard – MCO + MTLSS – TennCare</a>	M	M	E	M	E	—	E	ABD, CYSHCN, and AI/AN may qualify for TennCare Select.	MCO	No	Yes  The specialized MCO is responsible for reporting on HEDIS measures, which is used for incentive payments. ( <a href="#">Amendment 45, Page 18</a> )
		<a href="#">Specialized for children in foster care, SSI,1915(c) – MCO – TennCare Select</a>	—	—	M	—	M	—	M		MCO	Yes <sup>31</sup>	Yes  The specialized MCO is responsible for reporting on HEDIS measures, which is used for incentive payments. ( <a href="#">Amendment 45, Page 18</a> )

State	CYSHCN enrolled 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)			
TX	Yes <sup>32</sup>	Standard – MCO - <a href="#">STAR</a>	E	M	M/E	—	—	—	E	CYSHCN may qualify for STAR Kids or STAR Health.  AA is mandatory unless eligible for SSI or 1915(c). FC is exempt.	MCO	Yes – “Members with special health care needs” <sup>33</sup>  The External Quality Review Organization (EQRO) collects and evaluates STAR Health and STAR Kids quality using performance on administrative data and surveys. Administrative data is used to calculate HEDIS measures, 3M measures of Potentially Preventable Events (PPEs), and Agency for Healthcare Research and Quality (AHRQ) Pediatric Quality Indicators (PDIs). The state conducts and collects data from the CAHPS Health Plan Survey 5.0 for Children with Chronic Conditions (Medicaid module), the National Survey of
		<a href="#">Specific for FC/AA – MCO – STAR Health</a>	—	—	M/E	—	—	—	—	FC is mandatory unless eligible for SSI or 1915(c). AA is exempt.	MCO	
		<a href="#">Specific – for ABD/1915c – MCO STAR Kids</a>	M	—	—	—	M	—	M	FC/AA is mandatory if eligible for SSI or 1915(c).	MCO	

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			ABD	CYSHCN	FC/AA	AI/AN	SSI	Title V CSHCN	1915(c)				Other/Notes
												Children’s Health (NSCH), and the National Core Indicators Child Family Survey (NCI-CFS).	
UT*	Yes	<a href="#">Standard – MCO – Accountable Care Organizations</a>	M	—	M	V	—	M	—	Enrollment varies based on location. <sup>34</sup> Enrollment in HOME is voluntary for those who qualify.	Carve-out BHO: ABD (mandatory) CYSHCN (mandatory) FC/AA (mandatory)	Yes <sup>35</sup>	<a href="#">Yes</a> Requires ACOs to report on pediatric HEDIS and CAHPS measures
		<a href="#">Specialized for people with developmental disabilities – MCO – HOME Program</a>	V	V	—	—	—	—	—	Must have a developmental disability and mental health/behavioral health needs.	MCO		
VA	Yes	<a href="#">Standard - MCO - Medallion 4.0</a>	E	M	M	—	—	—	E	CYSHCN and FC/AA may qualify for CCC plus.	MCO	Yes <sup>36</sup>	Yes The Medallion 4.0 contract requires MCOs to assess quality of care of CYSHCN in the following areas: ( <a href="#">Page 247</a> ) 1) Program development 2) Enrollment procedures 3) Provider networks 4) Care coordination 5) Access to specialists

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			ABD	CYSHCN	FC/AA	AI/AN	SSI	Title V CSHCN	1915(c)				Other/Notes
		<a href="#">Specialized MCO for adults and children with complex care needs (ABD, 1915(c)) - Commonwealth Coordinated Care (CCC) Plus<sup>37</sup></a>	M	—	—	—	—	—	M		MCO	Yes <sup>38</sup>	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.). ( <a href="#">Page 202, 212</a> )



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			ABD	CYSHCN	FC/AA	AI/AN	SSI	Title V CSHCN	1915(c)				Other/Notes
VT	Yes	<a href="#">PIHP (public, non-risk)</a> <sup>39</sup>	M	—	M	M	M	—	M	Vermont provides HCBS through its 1115 waiver. All CYSHCN enrolled in these services are mandatory.	MCO	No	No
WA	Yes	<a href="#">Standard – MCO – Integrated Managed Care (IMC)</a>	M	M	E	V	M	M	—	—	MCO	Yes <sup>40</sup>	<p>Yes</p> <p>“A written Quality Assessment and Performance Improvement (QAPI) program description 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.” <a href="#">(Page 135)</a></p> <p>“On the 15<sup>th</sup> of the month following each quarter, the contractor shall submit a report to HCA of individuals identified with special health care needs”</p>
		<a href="#">Specialized for Foster Care – MCO – Integrated Foster Care (IFC)</a>	—	—	V	—	—	—	—	—	PIHP enrollment for those not eligible for IMC or IFC (dual-eligible Medicaid/Medicare or medically needy).		

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			ABD	CYSHCN	FC/AA	AI/AN	SSI	Title V CSHCN	1915(c)				Other/Notes
WI	Yes	<a href="#">Standard - MCO – BadgerCare Plus Managed Care</a>	M/E	M/E	M/E <sup>41</sup>	V	M/E	—	E	<p>Enrollment is mandatory as long as there are two or more HMOs with sufficient space, or one HMO in rural areas.</p> <p>FC/AA is mandatory if outside specialized FC/AA plan area.</p> <p>ABD and SSI enrollment begins at age 19. Those under age 19 are exempt.</p>	MCO (Certain community services are carved out of managed care.)	Yes <sup>42</sup>	<p>Yes</p> <p>“The HMO must: ...Have in effect mechanisms to assess the quality and appropriateness of care furnished to enrollees with special health care needs.” <a href="#">(Page 165)</a></p> <p>Care4Kids has specific quality measures for the foster care PIHP.</p>
		<a href="#">Specialized for Foster Care – PIHP – Care4Kids (not statewide)</a>	—	—	V	—	—	—	—	Voluntary for those in designated regions receiving			

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			ABD	CYSHCN	FC/AA	AI/AN	SSI	Title V CSHCN	1915(c)				Other/Notes
										out-of-home care. May include CYSHCN, AI/AN, ABD, and SSI.			
WV	Yes	<a href="#">Standard - MCO</a>	E	M	E	M	M	M	E	SSI is mandatory if not dual eligible for Medicare.	MCO (July 2015)	No	Yes  "The QAPI must include mechanisms to... assess the quality and appropriateness of care provided to enrollees with special health care needs."
		<a href="#">Specialized for foster care and 1915(c) SED – MCO</a>	—	—	M	—	—	—	M/E	AA can opt back into FFS.  Mandatory for the 1915(c) Children with Serious Emotional Disturbance (SED) waiver. All other 1915(c) waivers are exempt.	MCO	Yes <sup>43</sup>	
WY	No - FFS	N/A	N/A							N/A	N/A	N/A	

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			ABD	CYSHCN	FC/AA	AI/AN	SSI	Title V CSHCN	1915(c)				Other/Notes
<b>TOTAL (51)</b>	Yes (48) No (3)	<p><b>Standard</b> CCO (1) MCO (32) MCO + MLTSS (4) PCCM (10) PIHP (1)</p> <p><b>Specialized</b> MCO (12) PAHP/PIHP (2)</p> <p>Some states have more than one managed care program.</p>	M (33) V (8) E (8) M/E (3) M/V/E (1) NS (9) N/A (3)	M (31) V (10) NS (18) M/V/E (1) M/E (1) N/A (3)	<p><b>FC</b> M (34) V (15) E (9) NS (4) n/a (3)</p> <p><b>AA</b> M (28) V (18) E (12) NS (4) N/A (3)</p>	M (12) V (23) E (3) M/V (1) NS (23) N/A (3)	M (26) V (7) E (3) M/E (1) M/V/E (1) NS (24) N/A (3)	M (12) V (6) E (2) NS (42) N/A (3)	M (15) V (8) E (14) M/E (1) M/V/E (1) NS (23) N/A (3)	N/A	MCO (41) Carve-Out BHO (6) Carve-Out FFS (6) n/a (3)	Yes (29) No (21) Unknown (4) N/A (3)	Yes (39) No (10) Unknown (3) N/A (3)

\* The information NASHP compiled about this state was not confirmed by the state's Medicaid agency as of August 2020.

**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.

Notes

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<sup>1</sup> Most CYSHCN in California are enrolled in a hybrid FFS-MCO Medicaid structure for CYSHCN, where the specialty services are carved-out of managed care (provided through a Medicaid FFS system known as California Children’s Services (CCS)), and primary care is through Medicaid managed care providers. CYSHCN in certain counties in California are in an alternate model, where children’s specialty care is carved in to the Medicaid managed care plan (known as Whole Child Model).

<sup>2</sup> 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. 98 – [Non-CCI Two Plan Boilerplate Contract Document](#)

<sup>3</sup> “Special Health Care Needs: An enrollee who is at an increased risk for chronic physical, developmental, behavioral, or emotional conditions and who all require health and related services of a type or amount beyond those required by Enrollees generally.” – Pg 42 June 2016 [Department of Health Care Finance Contract](#)

<sup>4</sup> “Children with Special Health Care Needs: Children who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related service of a type or amount beyond that required by children generally.” 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](#)

<sup>5</sup> 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 receiving LTC services under this Contract..” – [Medicaid Managed Care Contract Provisions](#)

<sup>6</sup> 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

<sup>7</sup> 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. 37 Georgia Families Georgia Families 360<sup>9</sup> Shell Contract

<sup>8</sup> Children with Special Health Care Needs (CSHCN) are defined as “A child with SHCN is a member under twenty-one (21) years of age who fall into one or more of the following groups: Children who become pregnant; Children with at least one chronic condition such as asthma, diabetes, hypertension, chronic obstructive lung disease; Children with cancer, Hepatitis B, Hepatitis C, HIV/AIDS, or tuberculosis; Children who take medications for any serious behavioral/medical conditions that has lasted, or is expected to last, at least (12) months (excludes vitamins and fluoride); Children who are limited in their ability to do things that most children of the same age can do because of a serious medical/behavioral health condition that has lasted or is expected to last at least twelve (12) months (i.e. need assistance with one or more ADLs); Children who need or receive treatment or counseling for an emotional, developmental, or behavioral problems that has lasted or is expected to last at least twelve (12) months; Children who need or receive speech therapy, occupational therapy, and/or physical therapy for a medical condition that has lasted or is expected to last at least twelve (12) months; Children with social conditions such as homelessness or who have multiple Adverse Childhood Events (ACE); Children being discharged from an acute care setting when the length of is greater than ten (10) days during a six (6) month period; and Children with multiple hospital and emergency department visits during a six (6) month period. .” – p. 134-135, [Request for Proposals: QUEST Integration \(QI\) Managed Care to Cover Medicaid and Other Eligible Individuals](#)

<sup>9</sup> Kids with Special Needs: “Children under age 19 who care considered disabled based on SSI disability criteria and have gross family income at or below 300% FPL”

<sup>10</sup> “Special Needs Children means Children under the age of twenty-one (21) who are eligible under the Medicaid Program pursuant to Article III of the Public Aid Code (305 ILCS 5/3-1 et seq.) or Medicaid-eligible and eligible to receive benefits pursuant to Title XVI of the Social Security Act. Special Needs Children also includes Medicaid-eligible Children under the age of twenty-one (21) who receive services under the Specialized Care for Children Act (110 ILCS 345/0.01 et seq.) via the Division of Specialized Care for Children (DSCC) or such other entity that the Department may designate for providing such services and Children with special needs as specified in section 1932 (a)(2)(A) of the Social Security Act” – Page 32 [MCO Family Health Program Contract](#)

<sup>11</sup> Children with special health care needs are defined as “those 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. 78-79 [contract](#)

<sup>12</sup> Children with special health care needs are defined as “Young persons with disabilities or diseases which require specialty care and who qualify for services under Special Health Services, Title V, through the Kansas Department of Health & Environment and are enrolled in the KanCare, the CONTRACTOR(S) must contact the Bureau of Children and Families within Kansas Department of Health & Environment.”

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<sup>13</sup> Children with Special Health Care Needs (CSHCN) are defined as “Enrollees 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 3 – [Kentucky Medicaid Managed Care Contract](#)

<sup>14</sup> 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](#)

<sup>15</sup> Enrollees (who include individuals of all ages, including children and youth) with Special Health Care Needs (CSHCN) is defined as follows in the MCO, ACPP, and Primary Care ACO contracts:

A. Have complex or chronic medical needs requiring specialized health care services, including persons with multiple chronic conditions, co-morbidities, and/or co-existing functional impairments, and including persons with physical, mental/substance use, and/or developmental disabilities, such as persons with cognitive, intellectual, mobility, psychiatric, and/or sensory disabilities described below;

1. Cognitive Disability – a condition that leads to disturbances in brain functions, such as memory, orientation, awareness, perception, reasoning, and judgment. Many conditions can cause cognitive disabilities, including but not limited to Alzheimer’s disease, bipolar disorder, Parkinson disease, traumatic injury, stroke, depression, alcoholism, and chronic fatigue syndrome.

2. Intellectual Disability – is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior that affect many everyday social and practical skills.

3. Mobility Disability - an impairment or condition that limits or makes difficult the major life activity of moving a person’s body or a portion of his or her body. “Mobility disability” includes, but is not limited to, orthopedic and neuro-motor disabilities and any other impairment or condition that limits an individual’s ability to walk, maneuver around objects, ascend or descend steps or slopes, and/or operate controls. An individual with a mobility disability may use a wheelchair or other assistive device for mobility or may be semi-ambulatory.

4. Psychiatric Disability – a mental disorder that is a health condition characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning. Examples include, but are not limited to, depression, bipolar disorder, anxiety disorder, schizophrenia, and addiction.

5. Sensory Disability - any condition that substantially affects hearing, speech, or vision.

B. Are 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;

C. Are at high risk for admission/readmission to a 24-hour level of care within the next six months;

D. Are at high risk of institutionalization;

E. Have been diagnosed with a Serious Emotional Disturbance, a Severe and Persistent Mental Illness, or a substance use disorder, or otherwise have significant BH needs;

F. Are chronically homeless;

G. Are at high risk of inpatient admission or Emergency Department visits, including certain Enrollees transitioning care across acute hospital, chronic disease and rehabilitation hospital or nursing facility setting; or

H. Receive care from other state agency programs, including but not limited to programs through Department of Mental Health (DMH), Department of Developmental Services (DDS), Department of Children and Families (DCF), and Department of Youth Services (DYS).

<sup>16</sup>“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.” – [Contract Page 27](#)

<sup>17</sup> 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>.

<sup>18</sup> As of May 2020, North Carolina is in the process of transitioning from a PCCM model to an MCO model. The NC Department of Health and Human Services has developed a plan for this transition and has entered into [contracts](#) with MCOs. The launch is currently on hold pending legislative funding and program authority.

<sup>19</sup>The special health care needs (SHCNs) population is defined through the Special Needs Client Indicator, which is defined as “children eighteen years of age and younger receiving SSI benefits; children eighteen years of age and younger in foster care; children eighteen years of age and younger receiving Title V services”; or any combination of these sub-populations. – pg. 1356 – [Nebraska and WellCare Service Contract Amendment](#)

<sup>20</sup> 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. 11 – [New Hampshire Medicaid Managed Care Contract](#)

<sup>21</sup> Children with Special Health Care Needs (CSHCN) are defined as “those children 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. This includes all children who are MLTSS Members.”. – pg. 6 - [New Jersey Managed Care Contract](#)



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- <sup>22</sup> 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. 96 [New York Managed Care Model Contract](#)
- <sup>23</sup> 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
- <sup>24</sup> 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.
- <sup>25</sup> Beginning January, 2017, enrollment in managed care for this population became mandatory.
- <sup>26</sup> 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.
- <sup>27</sup> “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](#)
- <sup>28</sup> 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, 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, or 3) are a Member of the Prioritized Populations listed in the Contract.” p. 43 – [CCO Model Contract 2019](#)
- <sup>29</sup> “A member with Special Needs is based upon a non-categorical or generic definition of Special Needs. This definition will include but not be limited to key attributes of ongoing physical, developmental, emotional, or behavioral conditions or life circumstance which may serve as a barrier to the member’s access to care or services. .” – p. 201 – [2019 Managed Care Regulatory Compliance Guidelines](#) (examples of factors that could lead to special needs designation listed in document).
- <sup>30</sup> Children with Special Health Care Needs (CSHCN) are defined as “those children with complex health conditions who are enrolled in managed care.” – p. 19 – [Rhode Island MCO Contract](#)
- <sup>31</sup> Children with Special Health Care Needs are defined as “enrollees who are in the custody of Department of Children’s Services (DCS)”. – p. 71 – [TennCare Select Contract](#)
- <sup>32</sup> In June 2020, Texas submitted an 1115 amendment, effective September 2020, that “will allow children in AA and PCA Medicaid who are receiving SSI, 1915(c) waiver services, or Medicare to have the choice between STAR Health and STAR Kids, instead of being mandatory for STAR Kids. Additionally, children in AA and PCA Medicaid who had been receiving SSI but lost SSI upon becoming eligible for AA or PCA will have the option of enrolling in STAR Kids or STAR Health, instead of being mandatory for STAR. If no choice is made, HHSC will enroll the person in STAR Kids.” – p. 3 – [Texas Healthcare Transformation and Quality Improvement Program Section 1115 Amendment](#)
- <sup>33</sup> Children with Special Health Care Needs are defined as “a Member, including a child enrolled in the DSHS CSHCN Program as further defined in Tex. Health & Safety Code § 35.0022, who: (1) has a serious ongoing illness, a Chronic or Complex Condition, or a Disability that has lasted or is anticipated to last for a significant period of time, and (2) requires regular, ongoing therapeutic intervention and evaluation by appropriately trained health care personnel.” – p. 37 – [Texas Uniform Managed Care Terms & Conditions](#)
- <sup>34</sup> Enrollment is mandatory for enrollees living in 13 counties. For those living in other areas of the state, enrollment is voluntary.
- <sup>35</sup> 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

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*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](#)*

<sup>36</sup> Children and Youth with Special Health Care Needs (CYSHCN) include “*children and youth with special needs that 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. These include, but are not limited to, the children in the eligibility categories of foster care and adoption assistance (aid category 076 and 072), youth who have aged out of the foster care system (Aid Category 70), children identified as Early Intervention (EI) participants, members identified as experiencing childhood obesity and others as identified through the Contractor’s assessment or by the Department .*” – p.23 - [Medallion 4.0 Managed Care Contract](#)

<sup>37</sup> [Commonwealth Coordinated Care Plus \(CCC Plus\)](#) is a statewide Medicaid MCO program that mandatorily enrolls adults and children with complex care needs (including all Medicare/Medicaid dual eligibles, the aged, blind, and disabled Medicaid groups, enrollees in four 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).

<sup>38</sup> Children with Special Health Care Needs (CSHCN) include “*Children with special needs 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. These include, but are not limited to, the children in the eligibility category of SSI, foster care, adoption assistance, or children participating in any of the Department’s HCBS waivers. CSHCN shall include Members with childhood obesity.*” – p. 343 – [CCC Plus Contract](#)

<sup>39</sup> Vermont operates the entirety of its Medicaid program under an 1115 waiver using a model similar to a public managed care model that complies with federal regulations that would be applicable to a non-risk PIHP .

<sup>40</sup>Children with Special Health Care Needs (CSHCN) are defined as “*children under 19 years of age who are any one of the following: eligible for Supplemental Security Income (SSI) under Title XVI of the Social Security Act; eligible for Medicaid under Section 1902(e)(3) of the Act; in foster care or other out-of-home placement; receiving foster care or adoption assistance; and/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 of the Social Security Act.*” - [Washington Apple Health 2020 Managed Care Contract](#) - p.20

<sup>41</sup> 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.

<sup>42</sup> 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](#)

<sup>43</sup> Children and Youth with Special Health Care Needs (CYSHCN) are defined as “*those 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.*” – p.7 - [Model Purchase of Service Provider Agreement for Mountain Health Promise](#)