

A quick snapshot of Medicaid care coordination and integration initiatives . . .

What links all of these? The desire to improve health outcomes and care experience.

Behavioral Health Homes

Key goal: integration of behavioral health care, medical care and social services

Who: individuals with Serious and Persistent Mental Illness served by Local Mental Health Authorities who have annual expenses in excess of \$10,000

What: multi-disciplinary care coordination team funded by Medicaid care coordination payments

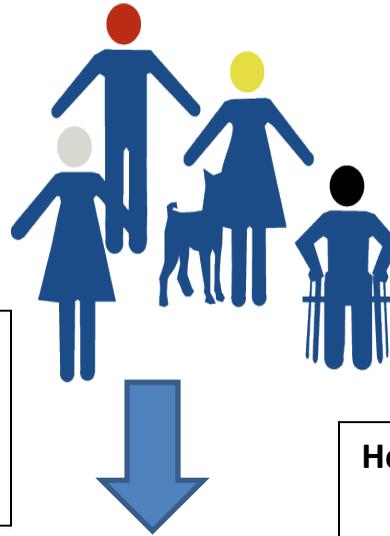
How: enrollment with provider from whom receiving services, with opt-out provision

Shared savings model? No



People served by Medicaid who have behavioral health conditions

People served by Medicaid who receive their care at Federally Qualified Health Centers and Accountable Care Organizations



People served by Medicaid who need community-based Long-Term Services and Supports (LTSS)

Medicaid Quality Improvement Shared Savings Initiative (MQISSP)

Key goal: clinical and community integration

Who: individuals who are served by Federally Qualified Health Centers and “advanced networks”

What: care coordination funded by Medicaid supplemental payments to FQHCs only

How: (proposed) retrospective attribution to provider from whom individual has received services

Shared savings model? Yes

Home and Community-Based Waivers

Key goal: diversion of individuals from institutional care

Who: individuals who have functional limitations that put them at risk of nursing home placement

What: care coordination and LTSS services funded by Medicaid

How: through assigned care manager

Shared savings model? No

Money Follows the Person

Key goal: community integration

Who: individuals with need for LTSS who have received care in a hospital or nursing home for three or more months

What: care coordination, transition assistance, and services funded by a federal grant for first year, state-funded housing vouchers

How: through assigned transition staff

Shared savings model? No

Duals Demonstration

Key goal: integration of Medicare and Medicaid supports

Who: individuals who are dually eligible for Medicare and Medicaid, age 18 and older

What: care coordination funded by Medicaid care coordination payments

How: Model 2: enrollment in Health Neighborhood based on provider from whom receiving services, with opt-out provision; Model 1: all other eligible s

Shared savings model? Yes