

Appendix B: Survey Instrument

MEDICAID BUDGET SURVEY FOR STATE FISCAL YEARS 2017 AND 2018

This survey is being conducted by Health Management Associates for the Kaiser Program on Medicaid and the Uninsured and in collaboration with NAMD. If you have any questions, please call Kathy Gifford at (317) 818-1005, ext. 561.

Return Completed Survey to: kgifford@healthmanagement.com

State _____ Name _____
 Phone _____ Email _____ Date _____

SECTION 1: MEDICAID EXPENDITURES & ENROLLMENT

1. **Medicaid Expenditure Growth: SFYs 2016-2018.** For each year, indicate the annual percentage change in total Medicaid expenditures for each source of funds. (*Exclude admin. and Medicare Part D Clawback payments.*)

Fiscal Year (generally, July 1 to June 30)	Percentage Change of Each Fund Source		
	Non-Federal Share*	Federal	Total: All Sources
a. FY 2016 over FY 2015	%	%	%
b. FY 2017 over FY 2016	%	%	%
c. FY 2018 over FY 2017 (proj.)	%	%	%

*Non-federal share includes state general revenues/ state general funds and local or other funds.

2. **Non-Federal Share.** For FY 2018, about what percentage of the non-federal share is state general revenues/ general funds? _____% If less than 100%, indicate in the table below other sources for the non-federal share in FY 2018.

Local or Other Funds (Check all that apply)		
i. <input type="checkbox"/> IGTs and/or CPEs	ii. <input type="checkbox"/> Provider taxes	iii. <input type="checkbox"/> Tobacco taxes
iv. <input type="checkbox"/> Other fees	v. <input type="checkbox"/> County matching funds	vi. <input type="checkbox"/> Other

Comments on non-federal share (Question 2): _____

3. **Shortfall.** How likely is a FY 2018 Medicaid budget shortfall given the funding authorized? <choose one>

Comments on Medicaid expenditures (Questions 1-3): _____

4. **Factors Driving Total Expenditure Changes.** What were the most significant factors that affected growth or decline in total Medicaid spending (all funds) in FY 2017 and projected for FY 2018?

Total Medicaid Spending		FY 2017	FY 2018 (projected)
a. Upward Pressures	i. Most significant factor?		
	ii. Other significant factors?		
b. Downward Pressures	i. Most significant factor?		
	ii. Other significant factors?		

Comments on factors (Question 4): _____

5. **Enrollment and Spending Change.** Indicate percentage changes in total Medicaid (Title XIX - funded) enrollment and per enrollee spending. (*Exclude CHIP-funded enrollees and family planning only enrollees.*)

Fiscal Year	Percentage Change in Enrollment and Per Enrollee Spending				
	All Enrollees	Children	Expansion Adults	Aged/Disabled	All other Adults
Enrollment					
a. 2017 over 2016	%	%	%	%	%
b. 2018 over 2017 (proj.)	%	%	%	%	%
Per Enrollee Spending					
c. 2017 over 2016	%	%	%	%	%
d. 2018 over 2017 (proj.)	%	%	%	%	%

Comments on enrollment changes and per enrollee spending by eligibility group (Question 5): _____

6. **Key Factors Driving Change in Enrollment.** In the table below, please identify what you believe were the key factors that were upward and downward pressures on total enrollment in FY 2017, and expected to be in FY 2018.

	FY 2017	FY 2018 (projected)
a. Upward Pressures		
b. Downward Pressures		

Comments on factors driving enrollment changes (Question 6): _____

- 7. DSH Payment and CHIP Budget Assumptions.** Does your state budget for FY 2018 assume:
- a. The continuation of federal CHIP funding? <choose one>
 - b. A decrease in your state's federal disproportionate share hospital (DSH) allotment? <choose one>
- Comments on budget assumptions (including fiscal/coverage impact of CHIP funding expiration) (Question 7): _____
- 8. ACA Medicaid Expansion Population Non-Federal Share Financing** (*Non-expansion states may skip*)
- a. Use the drop-down to identify the source of financing for the state share: <choose one>
 - b. If answered "other" for 8a, please briefly describe: _____
- Comments on expansion financing (Question 8): _____

SECTION 2: MEDICAID ELIGIBILITY STANDARDS, APPLICATION AND RENEWAL PROCESSES

- 1. Changes in Medicaid Eligibility Standards.** Describe changes in Medicaid eligibility standards* implemented in FY 2017 or adopted for FY 2018. (*Exclude federally mandated changes and CHIP-funded changes.*) Use the drop-down boxes to indicate the Year, Eligibility Group Affected ("Children," "Expansion Adults," "Aged & Disabled," or "All Other Adults,") and the "Nature of Impact" ("Expansion," "Restriction," or "Neutral" effect from the beneficiary's perspective). If no changes, check the box on line "d."

Nature of Eligibility Standards Change	Fiscal Year	Group Affected	Est.#of People Affected	Nature of Impact	Waiver or SPA
a.	<choose one>	<choose one>		<choose one>	<choose one>
b.	<choose one>	<choose one>		<choose one>	<choose one>
c.	<choose one>	<choose one>		<choose one>	<choose one>
d. <input type="checkbox"/> No changes in either FY 2017 or FY 2018					

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

Comments on change in eligibility standards (Question 1): _____

- 2. Corrections-Related Enrollment Policies.** Please indicate if your state's Medicaid program had the following policies in place for jails, prisons, and/or parolees in FY 2017 and if these policies will be adopted or expanded in FY 2018.

Select Corrections-Related Medicaid Policies	Jails		Prisons		Parolees	
	In Place FY17	FY18 Changes	In Place FY17	FY18 Changes	In Place FY17	FY18 Changes
a. Medicaid outreach/assistance strategies to facilitate enrollment prior to release	<input type="checkbox"/>	<choose one>	<input type="checkbox"/>	<choose one>	<input type="checkbox"/>	<choose one>
b. Medicaid coverage for inpatient care provided to incarcerated individuals	<input type="checkbox"/>	<choose one>	<input type="checkbox"/>	<choose one>	N/A	N/A
c. Medicaid eligibility suspended for enrollees who become incarcerated	<input type="checkbox"/>	<choose one>	<input type="checkbox"/>	<choose one>	N/A	N/A
d. Other: _____	<input type="checkbox"/>	<choose one>	<input type="checkbox"/>	<choose one>	<input type="checkbox"/>	<choose one>

Please briefly describe corrections-related Medicaid actions listed above (Question 2): _____

SECTION 3: MONTHLY CONTRIBUTIONS / PREMIUMS AND COST-SHARING CHANGES

- 1. Changes in Monthly Contributions / Premiums.** In the table below, please describe any monthly contribution / premium policy changes made in FY 2017 or planned for FY 2018. Use the drop-down boxes to indicate Year, Nature of Impact, and Waiver or SPA Authority. Also indicate Effective Date and Eligibility Group(s) Affected. If there are no monthly contribution/premium changes to report for either year, check the box on line "d."

Monthly Contribution/Premium Action	Fiscal Year	Eff. Date	Elig. Group(s) Affected	Nature of Impact	Waiver or SPA
a.	<choose one>			<choose one>	<choose one>
b.	<choose one>			<choose one>	<choose one>
c.	<choose one>			<choose one>	<choose one>
d. <input type="checkbox"/> No changes in either FY 2017 or FY 2018					

Comments on premiums (Question 1): _____

2. **Changes in Cost-Sharing.** In the table below, please describe any cost-sharing policy changes in FY 2017 or planned for FY 2018. Use the drop-down boxes to indicate Year, Nature of Impact, and Waiver or SPA Authority. Also indicate Effective Date and Eligibility Group(s) Affected. If there are no cost-sharing changes to report for either year, check the box on line “d.”

Cost-Sharing Action	Fiscal Year	Eff. Date	Elig. Group(s) Affected	Nature of Impact	Waiver or SPA
a.	<choose one>			<choose one>	<choose one>
b.	<choose one>			<choose one>	<choose one>
c.	<choose one>			<choose one>	<choose one>
d. <input type="checkbox"/> No changes in either FY 2017 or FY 2018					

Comments on cost-sharing (Question 2): _____

SECTION 4: PROVIDER PAYMENT RATES AND PROVIDER TAXES / ASSESSMENTS

1. **Fee-For-Service (FFS) Provider/MCO Payment Rates.** Compared to the prior year, indicate by provider type any FFS rate changes implemented in FY 2017 or planned for FY 2018. Use “+” to denote an increase, “-” to denote a decrease, or “0” to denote “no change.” (Include COLA or inflationary changes as “+”.)

Provider Type/MCO	FY 2017	FY 2018
a. Inpatient hospital		
b. Outpatient hospital		
c. Doctors – primary care		
d. Doctors – specialists		
e. Dentists		
f. Managed care organizations (put N/A if there are no Medicaid MCOs)		
g. Nursing Facilities		
h. HCBS		

Comments on provider/MCO payment rates (Question 1): _____

2. **Managed Care Organization (MCO) Payment Rates (Skip if your state does not have Medicaid MCOs)**

- a. Does your state require MCOs to implement provider payment changes in accordance with changes made to FFS payment rates? <choose one> Please describe: _____
- b. Do MCO contracts mandate a minimum provider reimbursement rate floor? <choose one>
- i. If “yes for some,” please identify which provider types: _____

3. **Supplemental Payments**

- a. What share of your total FY 2016 FFS inpatient hospital payments were supplemental payments (such as UPL payments, but excluding DSH) not tied to a specific service for a specific beneficiary? <choose one>
- b. Do you make payments to hospitals and other providers through your MCOs that count as non-DSH supplemental payments subject to phase-down or elimination under the 2016 Medicaid Managed Care Final Rule? <choose one>
- i. If yes, what share of your MCO capitation do supplemental payments comprise? <choose one>
- ii. How will your Medicaid program be affected by the phase-out requirements? _____

4. **Provider Taxes / Assessments.** Use the drop-downs to indicate provider taxes in place in FY 2017 and new taxes or changes for FY 2018. Also indicate whether the tax exceeds 3.5% or 5.5% of net patient revenues.

Provider Group Subject to Tax	In place in FY 2017	Provider Tax Changes (New, Increased, Decreased, Eliminated, No Change, or N/A) in FY 2018	Does tax exceed specified percentage of Net Patient Revenues (as of July 1, 2017)	
			Exceeds 3.5%	Exceeds 5.5%
a. Hospitals	<input type="checkbox"/>	<choose one>	<choose one>	<choose one>
b. ICF/ID	<input type="checkbox"/>	<choose one>	<choose one>	<choose one>
c. Nursing Facilities	<input type="checkbox"/>	<choose one>	<choose one>	<choose one>
d. Other:	<input type="checkbox"/>	<choose one>	<choose one>	<choose one>
e. Other:	<input type="checkbox"/>	<choose one>	<choose one>	<choose one>

Comments on provider taxes/assessments (Question 4): _____

5. **Non-Federal Share Funded by Provider Taxes.** For FY 2017, please estimate the proportion (%) of the non-federal share of your state’s Medicaid expenditures that are funded through provider tax revenue. If unknown, please indicate “don’t know”. <choose one>
6. Does your state have a tax on MCOs, health insurance premiums, or health care claims that does not apply to other goods and services? <choose one>
- a. If yes, is this tax dedicated to funding the Medicaid program? <choose one>

SECTION 5A: BENEFIT AND PHARMACY CHANGES

1. **Benefit Actions.** Describe below any benefits changes implemented during FY 2017 or planned for FY 2018. (Exclude HCBS and pharmacy benefit changes, which are covered later.) Use drop-downs to indicate Year and Nature of Impact (i.e., from beneficiary’s perspective, is it an “Expansion,” a “Limitation,” an “Elimination,” or a change with a “Neutral Effect”?). If there are no benefit changes for either year, check the box on line “d.”

Benefit Change	Fiscal Year	Eff. Date	Elig. Group(s) Affected	Nature of Impact
a.	<choose one>			<choose one>
b.	<choose one>			<choose one>
c.	<choose one>			<choose one>
d. <input type="checkbox"/> No changes in either FY 2017 or FY 2018				

Comments on benefit actions (Question 1): _____

2. **Top Pharmacy Cost Drivers.** Please list the biggest cost drivers that affected growth in total pharmacy spending (all funds) in FY 2017 _____ and projected for FY 2018 _____.

3. **Medicaid Covered Outpatient Drug Final Rule (“Rx Rule”).** The Rx Rule requires states to come into compliance with new requirements for drug ingredient cost reimbursement and professional dispensing fees by April 1, 2017. Please use the drop down to indicate the expected budget impact of these changes. <choose one>

4. **Managed Care's Role in Delivering Pharmacy Benefits. (Skip if your state does not have Medicaid MCOs)**

- a. If your state uses MCOs to deliver acute care benefits, were pharmacy benefits covered under your managed care contracts as of July 1, 2017? <choose one> If “other,” please briefly describe: _____
- b. If pharmacy benefits are carved-in, please indicate if the policies listed in the table below were in place in MCO contracts in FY 2017 and if changes were made in FY 2018. Use the comment section to provide additional details or clarification (e.g., if these requirements were implemented in some but not all contracts).

Managed Care Pharmacy Policies	In Place in FY 2017	Changes in FY 2018	Comments
i. Uniform clinical protocols, one or more drugs	<input type="checkbox"/>	<choose one>	
ii. Uniform PDL	<input type="checkbox"/>	<choose one>	
iii. Risk-sharing for one or more drugs (e.g., risk corridors/pool, reinsurance, etc.)	<input type="checkbox"/>	<choose one>	
iv. Other:	<input type="checkbox"/>	<choose one>	

5. **Pharmacy Cost Containment.** Please indicate in the table below any new or expanded pharmacy cost containment strategies implemented in FY 2017 or planned for FY 2018. Please exclude changes reported under questions 3 and 4 above or routine updates (e.g., to PDLs or State Maximum Allowable Cost programs).

Pharmacy Cost Containment Actions Implemented or Enhanced	FY 2017	FY 2018	Pharmacy Cost Containment Actions Implemented or Enhanced	FY 2017	FY 2018
a. Rebate enhancement initiative	<choose one>	<choose one>	b. New utilization controls applied	<choose one>	<choose one>
c. Enrollee Rx cost sharing increased	<choose one>	<choose one>	d. Rx fraud/waste/abuse initiative	<choose one>	<choose one>
e. Ingredient cost reimbursement reduced	<choose one>	<choose one>	f. Provider education / profiling initiative	<choose one>	<choose one>
g. Dispensing fees reduced	<choose one>	<choose one>	h. Other	<choose one>	<choose one>
i. Medication Therapy Management program	<choose one>	<choose one>	j. Other	<choose one>	<choose one>

Comments on pharmacy actions (Questions 2-5): _____

SECTION 5B: OPIOID USE DISORDER PREVENTION, HARM REDUCTION, AND TREATMENT

1. **CDC Guidelines.** Has your Medicaid program adopted or is it planning to adopt the [CDC opioid prescribing guidelines](#):
 - a. For FFS? <choose one>
 - b. As a requirement for **MCOs** to adopt? <choose one>
 - c. Please briefly describe any implementation challenges: _____
2. **Pharmacy Benefit Management (PBM) Strategies.** A 2016 [CMCS Informational Bulletin](#) highlighted Medicaid PBM strategies for preventing opioid-related harms. In the table below, please indicate whether your state had one or more of the listed strategies in place in FFS in FY 2017 or will make changes to any of these strategies in FY 2018.

Medicaid FFS PBM Strategies to Address Opioid Misuse & Addiction	In place in FY 2017	FY 2018 Changes (New, Expand, Restrict, Eliminate, No Change)	Comments (briefly describe changes)
a. Clinical criteria claim system edits for opioids (subject to Prior Authorization (PA) override)	<input type="checkbox"/>	<choose one>	
b. Step therapy PA criteria for opioids	<input type="checkbox"/>	<choose one>	
c. Quantity limits on opioids	<input type="checkbox"/>	<choose one>	
d. Other PA requirements for opioids	<input type="checkbox"/>	<choose one>	
e. Naloxone: <ol style="list-style-type: none"> i. Available in at least one formulation without PA ii. Nasal spray covered without PA iii. Nasal spray atomizer covered without PA iv. Auto-injectors covered without PA v. Coverage provided for family members or friends obtaining prescriptions on enrollee’s behalf 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<choose one> <choose one> <choose one> <choose one> <choose one>	
f. Medicaid prescribers must check Prescription Drug Monitoring Program before prescribing opioids	<input type="checkbox"/>	<choose one>	
g. Other:	<input type="checkbox"/>	<choose one>	
h. <input type="checkbox"/> No changes in FFS PBM opioid harm reduction strategies in place in FY 2017 or planned for FY 2018			

3. **Managed Care PBM Opioid Policies. (Skip if your state does not have Medicaid MCOs)**
 - a. If your state uses MCOs to deliver pharmacy benefits, please indicate whether, *as of July 1, 2017*, MCOs are required to follow the FFS PBM strategies described in Question 2 above: <choose one>
 - b. If “Yes, in part”, please briefly describe the notable FFS/managed care policy differences: _____
Comments on PBM strategies (Questions 2 and 3): _____
4. **Medication Assisted Treatment.** Please use the dropdowns in the table below to indicate whether your state covers or has plans to add coverage for the medications listed below **when used to treat opioid use disorders**. (If only covered for pain management, please select “Not covered.”)

Coverage of Opioid Use Disorder Medications			
a. Buprenorphine	<choose one>	b. Oral naltrexone	<choose one>
c. Injectable naltrexone	<choose one>	d. Methadone	<choose one>

Comments on opioid medication assisted treatment (Question 4): _____

SECTION 6A: MEDICAID DELIVERY SYSTEM

1. **Medicaid Managed Care Overview.** What types of managed care systems were in place in your state’s Medicaid program as of July 1, 2017? (*check all that apply*):

 MCO **PCCM** - Primary Care Case Management **PHP** - PIHP or PAHP **Other:** _____

 No managed care programs operating in your state Medicaid program as of July 1, 2017
2. **Managed Care Changes.** Has your state changed its managed care systems in FY 2017 or does it have plans to make changes in FY 2018 (e.g., eliminating PCCM, adding a new PHP, implementing MCO contracts when there were none the previous year)? _____

3. **Population.** Please indicate the approximate share of your total Medicaid population served by **each acute care delivery system** model listed in the table below, **as of July 1, 2017**. If possible, please also indicate the share of each eligibility group served by each delivery system model. *Include full-benefit beneficiaries only; exclude partial-benefit dual eligibles and family planning-only enrollees.*

Delivery System	Distribution of Medicaid population as of July 1, 2017 (Each column should sum to 100%)				
	Total Population	Children	Expansion Adults	Aged & Disabled	All other Adults
a. MCOs					
b. PCCM (managed FFS)					
c. Traditional FFS					
Total	100%	100%	100%	100%	100%

Comments on populations served (Question 3): _____

If your state does not have Medicaid MCOs, please skip Sections 6B-6C.

SECTION 6B: GEOGRAPHIC SCOPE, ENROLLMENT, & BENEFITS – ACUTE CARE MCOS

1. Geographic scope

- a. Were acute care MCOs operating statewide as of July 1, 2017? <choose one>
 b. If not, does your state have plans to expand to new regions in FY 2018? <choose one>

2. **Enrollment Requirements.** For geographic areas where MCOs operate, use the drop-downs in the table below to indicate for each group whether enrollment in MCOs is "always mandatory," "always voluntary," "varies," or the group is "always excluded" from MCOs **as of July 1, 2017**. You may provide additional detail under "Comments" (below the table).

MCO Enrollment Policies for Specified Populations			
a. Pregnant women	<choose one>	b. Children with special health care needs	<choose one>
c. Foster children	<choose one>	d. Persons with a Serious Mental Illness (SMI) or SED?	<choose one>
e. Persons with ID/DD	<choose one>	f. Adults with physical disabilities	<choose one>

Comments on acute care MCO enrollment requirements (Question 2): _____

3. New Populations

- a. Did (or will) you enroll previously excluded populations in acute care MCOs in FY 2017 or FY 2018? <choose one>
 b. If yes, please identify the new populations and which year they were added: _____
 c. If yes, please indicate whether enrollment is (or will be) mandatory: _____

4. Changes to MCO Enrollment Requirements

- a. Did (or will) your state shift from voluntary to mandatory MCO enrollment for any Medicaid population in FY 2017 or FY 2018? <choose one>
 b. If yes, please identify the populations shifted and the year the change was made: _____

5. **Reducing Acute Care MCO Enrollment.** Did (or will) your state implement policy changes designed to reduce acute care MCO enrollment in FY 2017 or FY 2018? <choose one> If so, briefly describe the changes in each year: _____

6. **MCO Coverage of Behavioral Health (BH) Benefits as of July 1, 2017.** For beneficiaries enrolled in an MCO for acute care benefits, please indicate whether the following BH benefits are always carved-in (i.e., virtually all services are provided directly by the MCO or through MCO sub-contracts), always carved-out (i.e., services are provided by a PHP or via FFS, not by the MCO), or whether carve-in policies vary by geography or other factors.

Services	Always Carved-in	Always Carved-out	Varies by:		Comments
			Geography	Other (describe)	
a. Specialty outpatient mental health*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Inpatient mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Inpatient SUD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Outpatient SUD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*"Specialty outpatient mental health" refers to services utilized by adults with Serious Mental Illness (SMI) and/or youth with serious emotional disturbance (SED), often provided by specialty providers such as community mental health centers.

7. Did (or will) your state make any changes to how BH benefits were delivered under MCO contracts (i.e., carve in/out) in FY 2017 or in FY 2018? <choose one> If so, briefly describe the changes: _____

- 8. IMD Services.** The 2016 Medicaid Managed Care Final Rule allows states to make a monthly capitation payment to an MCO or PIHP for an enrollee ages 21-64 receiving inpatient treatment in an IMD if the length of stay in the IMD is no more than 15 days during the period of the monthly capitation payment.
- Did (or will) your state use this authority in FY 2017 or in FY 2018? <choose one>
 - In your opinion, does the Final Rule allow MCOs sufficient flexibility to provide cost-effective “in lieu of” IMD services to meet acute inpatient or residential treatment needs for members with:
 - SMI** <choose one>
 - SUD** <choose one>
- Comments on IMD Services (Question 8): _____

SECTION 6C: QUALITY & CONTRACT ADMIN FOR MCOS (INCLUDING MLTSS)

- HEDIS Measures in Contracting.** Does your state include or plan to include MCO HEDIS® scores among its criteria for selecting plans to contract with? <choose one> Comments: _____
 - MLR.** As of July 1, 2017, does your state have a minimum MLR requirement for Medicaid MCOs? <choose one>
 - If so, what is the minimum MLR for acute care MCOs? _____
 - If so, what is the minimum MLR for MLTSS (if applicable)? _____
 - Does your state require MCOs that do not meet the minimum MLR to pay remittances? <choose one>
- Comments on MLR (Question 2): _____

- Auto Enrollment:** Does your state include quality performance in its auto enrollment algorithm? <choose one>
If yes, please describe. _____
- MCO Program Initiatives to Improve Quality of Care.** While all states track certain quality measures (e.g., HEDIS®), we are also interested in states’ use of contractual mechanisms to improve MCO quality performance. In the table below, please indicate whether your state included any of the following strategies in its MCO contracts in FY 2017 or added or significantly expanded such strategies in FY 2018.

Quality Initiatives in MCO Contracts	In Place FY 2017	FY 2018		Comments:
		New	Expanded	
a. Pay-for-performance/performance bonus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Capitation withhold or penalty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Required data collection and reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments on quality initiatives in MCO contracts (Question 4): _____

- Managed Care Capitation Withhold.** If your state uses MCO capitation withholds, what share of MCO capitation payments was withheld:
 - For acute care services in FY 2017? _____% and in FY 2018 _____%
 - For LTSS (if applicable) in FY 2017? _____% and in FY 2018 _____%
- Alternative Provider Payment Models.**
 - In your MCO contracts, does your state set a target percentage of MCO provider payments that MCOs must make through alternative provider payment models? <choose one>
If so, please briefly describe. _____
 - In your MCO contracts, does your state encourage or require MCOs to implement specific alternative provider payment models (e.g., episode-based payment, shared savings/shared risk)? <choose one>
If so, please briefly describe. _____
- Social Determinants of Health.** Does your state encourage or require MCOs to screen enrollees for social needs and/or provide enrollees with referrals to social services (e.g., housing services, SNAP)? <choose one>
If so, please briefly describe (including whether requirement differs for screening vs. referrals): _____
- Corrections-Related Populations.** Does your state encourage or require MCOs to provide care coordination services to enrollees prior to release from incarceration? <choose one>
If so, please briefly describe. _____
- Additional Services.** Medicaid MCOs may have flexibility to use administrative savings within their capitation rates to provide services beyond Medicaid benefits required under their contracts.
 - Do any MCOs in your state provide additional services to Medicaid enrollees? <choose one>
 - If yes, please provide examples of the most commonly provided additional services: _____

SECTION 6D: PRIMARY CARE CASE MANAGEMENT (PCCM)

1. **PCCM Policy Changes.** Did your state implement, or does it plan to implement, policy changes designed to *increase* or *decrease* the number of enrollees served through your PCCM program in:
- a. FY 2017? <choose one> b. FY 2018? <choose one>
- c. If yes in either FY 2017 or FY 2018, please briefly describe the change(s): _____

SECTION 6E: LIMITED-BENEFIT PREPAID HEALTH PLANS (PHP)

1. **PHP Services.** If your state contracted with at least one PHP as of July 1, 2017, please indicate in the table below the services provided under PHP contracts:

PHP Services (Check all that apply)		
a. <input type="checkbox"/> Outpatient mental health	b. <input type="checkbox"/> Inpatient mental health	c. <input type="checkbox"/> Outpatient SUD treatment
d. <input type="checkbox"/> Inpatient SUD treatment	e. <input type="checkbox"/> Dental care	f. <input type="checkbox"/> Vision care
g. <input type="checkbox"/> NEMT	h. <input type="checkbox"/> LTSS	

2. **PHP Policy Changes.** Did your state implement, or does it plan to implement, policy changes designed to *increase* or *decrease* the number of enrollees served through a PHP in:
- a. FY 2017? <choose one> b. FY 2018? <choose one>
- c. If yes in either FY 2017 or FY 2018, please briefly describe the change(s): _____

SECTION 7A: LONG-TERM SERVICES AND SUPPORTS (LTSS) REBALANCING

1. Did (or will) your state increase the number of persons receiving LTSS in home and community- based settings in FY 2017 or 2018? <choose one> If “yes,” please check below all rebalancing tools used to accomplish the increase:

LTSS Rebalancing Tools/Methods	FY 17	FY 18
a. Section 1915(c) or Section 1115 HCBS Waiver (new waiver adopted, more slots added and filled, or more slots filled)	<input type="checkbox"/>	<input type="checkbox"/>
b. Section 1915(i) HCBS State Plan Option (new SPA or more enrollees served)	<input type="checkbox"/>	<input type="checkbox"/>
c. Section 1915(k) Community First Choice Option (new SPA or more enrollees served)	<input type="checkbox"/>	<input type="checkbox"/>
d. Rebalancing incentives built into managed care contracts covering LTSS	<input type="checkbox"/>	<input type="checkbox"/>
e. PACE (new provider added and/or number of persons served increased)	<input type="checkbox"/>	<input type="checkbox"/>
f. Close/down-size a state institution and transition residents into community settings	<input type="checkbox"/>	<input type="checkbox"/>
g. Implement/ tighten Certificate of Need program or impose a new or extended moratorium on construction of new nursing facility beds or ICF/IDD beds	<input type="checkbox"/>	<input type="checkbox"/>
h. Other:	<input type="checkbox"/>	<input type="checkbox"/>

Comments on rebalancing tools/methods including type of incentives built into managed care contracts if applicable (e.g., blended NF/HCBS rate, etc.) (Question 1): _____

2. **Restrict Number Served in the Community.** If your state adopted, or plans to adopt, new restrictions on the number of people served in the community (e.g., eliminating a PACE site, reducing or newly capping HCBS waiver enrollment) **OR** if your state removed restrictions, or plans to do so, on institutional LTSS development (e.g., lift or liberalize a CON program or moratorium) in FY 2017 or FY 2018, briefly describe the changes in each year: _____
3. **HCBS Benefit Actions.** Describe below any HCBS benefits changes (including those required in MLTSS contracts) implemented during FY 2017 or planned for FY 2018. (Include and specify in the table below 1915(c) or 1115 HCBS waivers; 1915(i), 1915(k), and State Plan personal care, home health private duty nursing; and new PACE sites.) Use drop-downs to indicate Year, Nature of Impact (i.e., from beneficiary’s perspective, is it an “Expansion,” a “Limitation,” an “Elimination,” or a change with a “Neutral Effect”?).

HCBS Benefit Change	Year	Effective Date	Nature of Impact	Specify Authority (e.g., 1915(c), SPA)
a.	<choose one>		<choose one>	
b.	<choose one>		<choose one>	
c.	<choose one>		<choose one>	

Comments on HCBS benefit changes (Question 3): _____

4. **LTSS Direct Care Workforce.** Please briefly describe if your state has or will implement a Medicaid initiative in FY 2017 or FY 2018 to address LTSS direct care workforce shortages and/or turnover. _____

5. **Housing Supports.** A 2015 [CMCS Informational Bulletin](#) clarified housing-related activities that may be eligible for Medicaid reimbursement (i.e., Individual Housing Transition services, Individual Housing & Tenancy Sustaining services, State-level Housing Related Collaboration Activities).
- Did (or will) your state implement/expand any strategy outlined in the CMCS Bulletin in FYs 2017 or 2018? *<choose one>*
 - If "yes," please briefly describe and indicate the target populations: _____
 - Does your state currently offer housing-related services under a State Plan, 1915(c) HCBS waiver, or Section 1115 waiver that will continue after the Money Follows the Person (MFP) program expires? *<choose one>*
 - If "yes," please briefly describe and indicate the target populations (e.g., individuals with physical disabilities, SMI, or chronically homeless): _____
 - If your state participated in the MFP program, when does grant funding expire? _____
 - Please also list any services your state will discontinue due to the expiration of the MFP program: _____

SECTION 7B: CAPITATED MANAGED LONG-TERM SERVICES AND SUPPORTS (MLTSS)

- As of July 1, 2017, does your state cover long-term services supports through any of the following managed care (capitated) arrangements? (*Check all that apply*)
 - Medicaid MCO** (MCO covers Medicaid acute + Medicaid LTSS) **PHP** (PHP covers only Medicaid LTSS)
 - MCO Arrangement for dual eligibles** (MCO covers Medicaid and Medicare acute + Medicaid LTSS in a single contract, under the Financial Alignment Demonstration) **No MLTSS**
- 2. Geographic Scope**
 - Were MLTSS plans operating in all regions of your state as of July 1, 2017? *<choose one>*
 - If not, did your state expand to new regions in FY 2017 or plan to do so in FY 2018? *<choose one>*
 Comments on arrangements or geographic scope of MLTSS (Questions 1 and 2): _____
- 3. Populations Covered.** For geographic areas where MLTSS plans operate, please use the drop-downs in the table below to indicate if enrollment into MLTSS plans for each of the groups listed is "always mandatory," "always voluntary," "varies," or is "always excluded." You may provide additional detail under "Comments" (below the table). If the program is *not* statewide but is mandatory in the counties where the program operates, please record as "mandatory."

MLTSS Enrollment Policies for Specified Populations (As of July 1, 2017)			
a. Seniors	<i><choose one></i>	b. Persons with physical disabilities < age 65	<i><choose one></i>
c. Persons with ID/DD	<i><choose one></i>	d. Full benefit dual eligibles	<i><choose one></i>

Comments on populations covered under MLTSS (Question 3): _____

- 4. New Populations**
 - Did (or will) you enroll previously excluded populations in MLTSS in FY 2017 or FY 2018? *<choose one>*
 - If yes, please identify the new populations and which year they were added: _____
 - If yes, please indicate whether enrollment is (or will be) mandatory: _____
- 5. MLTSS Benefits/Medicare Alignment**
 - As of July 1, 2017, were both institutional and HCBS services covered under an MLTSS contract? *<choose one>*
 - Did (or will) your state make MLTSS benefits changes in FY 2017 or FY 2018? *<choose one>*
If so, please briefly describe: _____
 - Does your state require or encourage MCOs to be dual eligible special needs plans (D-SNPs) or Fully Integrated Dual Eligible (FIDE) plans? *<choose one>*
 - If known, please indicate the approximate percentage of your dual eligible MLTSS enrollees that are enrolled in an aligned D-SNP or FIDE plan (and the time period for this percentage): _____
 Comments on MLTSS benefits/Medicare alignment (Question 5): _____
- 6. Decrease Enrollees Served.** If your state implemented, or plans to implement, policy changes designed to **decrease** the number of enrollees served in MLTSS plans in FY 2017 or FY 2018, please briefly describe the changes: _____

SECTION 8: MEDICAID DELIVERY SYSTEM OR PAYMENT REFORMS

1. Please indicate in the table below all delivery system and payment reform initiatives (including multi-payer initiatives that Medicaid is a part of) in place in your state in FY 2017. Use the drop-downs to indicate changes to these initiatives in FY 2018. Use the “Additional Information” column to describe or **provide a web link** where such information can be found.

Delivery System or Payment Reform Initiatives	In Place FY 2017	Changes in FY 2018:	Additional Information: (specify if part of multi-payer initiative)
a. Patient-Centered Medical Home	<input type="checkbox"/>	<choose one>	
b. Health Home (under ACA Section 2703)	<input type="checkbox"/>	<choose one>	
c. Accountable Care Organization	<input type="checkbox"/>	<choose one>	
d. Dual Eligible Initiative (Outside the FAD)	<input type="checkbox"/>	<choose one>	
e. Episode of Care Payments	<input type="checkbox"/>	<choose one>	
f. Delivery System Reform Incentive Payment (DSRIP) waiver	<input type="checkbox"/>	<choose one>	
g. All-Payer Claims Database	<input type="checkbox"/>	<choose one>	
h. Other:	<input type="checkbox"/>	<choose one>	

Comments on delivery system and payment reforms (Question 1): _____

2. **Other Medicaid Initiatives.** If your state has or will implement an initiative in either of the areas listed below in FY 2017 or FY 2018, please briefly describe.
- a. Initiative(s) to increase access to dental care or improve oral health outcomes: _____
 - b. Initiative(s) to increase access to telehealth: _____

Comments on dental or telehealth initiatives (including any challenges or opportunities experienced so far): _____

3. **Social Determinants of Health.** If your state has or will implement an initiative to address one or more social determinants of health (SDHs) in FY 2017 or FY 2018 (other than housing supports already reported), please briefly describe the types SDHs addressed (e.g., employment, education, food access, etc.) and the delivery system(s) being used: _____

SECTION 9: ADMINISTRATION AND FUTURE OUTLOOK FOR THE MEDICAID PROGRAM

1. Planned Future Section 1115 Medicaid Waiver Activity

- a. Has your state submitted or is it planning to submit a Section 1115 waiver to CMS that will not be implemented until *after* FY 2018? <choose one>
- b. If yes, please identify in the table below the key components and/or topics addressed in the waiver.

Section 1115 Waiver Provisions (Check all that apply)		
i. <input type="checkbox"/> Premiums	ii. <input type="checkbox"/> Premium assistance (QHP or ESI)	iii. <input type="checkbox"/> Health Savings Accounts
iv. <input type="checkbox"/> Healthy Behavior Incentives	v. <input type="checkbox"/> Copayments above statutory limits	vi. <input type="checkbox"/> Work requirement
vii. <input type="checkbox"/> Retroactive coverage waiver	viii. <input type="checkbox"/> Reasonable promptness waiver	ix. <input type="checkbox"/> Time limit on coverage
x. <input type="checkbox"/> NEMT waiver	xi. <input type="checkbox"/> DSRIP	xii. <input type="checkbox"/> MLTSS
xiii. <input type="checkbox"/> Behavioral health	xiv. <input type="checkbox"/> Other:	xv. <input type="checkbox"/> Other:

Comments (including populations impacted): _____

2. ACA Repeal/Medicaid Expansion (Expansion States Only)

- a. Describe the top two or three potential implications of ending the enhanced FMAP for the ACA Medicaid expansion in your state (e.g., fiscal/coverage impacts, implications for access to MH/addiction services). _____
- b. Has your state calculated or estimated the fiscal impact on Medicaid and/or the overall state budget of ending the enhanced FMAP for the ACA Medicaid expansion? <choose one> Comments: _____

3. **ACA Medicaid Expansion (Non-Expansion States Only).** If there has been activity in your state around potential adoption of the ACA Medicaid expansion, how have federal health reform negotiations impacted this activity? _____

4. **Financing Changes.** What do you see as the top two or three challenges or opportunities for your state of capping federal Medicaid financing under a per capita cap or block grant system? _____

5. **Conclusions/Outlook.** Is there anything else that we have not discussed that you would like to highlight about your state’s current program or changes under consideration for the future? _____

This completes the survey. Thank you very much.