SECTION 1: MEDICAID EXPENDITURES & ENROLLMENT

1. **Medicaid Expenditure Growth: FYs 2018-2020.** 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 2018 over FY 2017	%	%	%
b. FY 2019 over FY 2018	%	%	%
c. FY 2020 over FY 2019 (proj.)	%	%	%

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

2. **Non-Federal Share.** For FY 2019, about what percentage of the non-federal share is state general revenues / general funds (vs. other state or local funds)? **%**
Comments on non-federal share (Question 2): _____

3. **Shortfall.** How likely is a FY 2020 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 2019 and projected for FY 2020?

Total Medicaid Spending		FY 2019	FY 2020 (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. **Change in Total Enrollment.** Indicate percentage changes in total Medicaid (Title XIX - funded) enrollment. *(Exclude CHIP-funded enrollees and family planning-only enrollees)*.

Fiscal Year	Percentage Change in Enrollment				
	All Enrollees	Children	Expansion Adults	Aged/Disabled	All Other Adults
a. FY 2019 over FY 2018	%	%	%	%	%
b. FY 2020 over FY 2019 (proj.)	%	%	%	%	%

Comments on enrollment changes by eligibility group (Question 5): _____

6. **Factors Driving Change in Enrollment.**
   a. In the table below, please identify what you believe were the key factors that were upward and downward pressures on total enrollment in FY 2019, and expected to be in FY 2020.

	FY 2019	FY 2020 (projected)
i. Upward Pressures		
ii. Downward Pressures		

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

7. **Per Enrollee Spending.** Is per enrollee spending for some groups (e.g., expansion adults, aged/disabled) growing faster or slower than others? *<choose one>* If yes, please briefly explain: _____

8. **ACA Medicaid Expansion Population Non-Federal Share Financing** (*Non-expansion states may skip*)
Please identify the source(s) of financing for the state share in the table below:

ACA Expansion Non-Federal Share Sources *(Check all that apply)*		
a. ☐ New Provider Tax/Fee	**b.** ☐ Increase of Existing Provider Tax/Fee	**c.** ☐ Savings from Medicaid Expansion
d. ☐ State General Fund	**e.** ☐ Other	**f.** ☐ Don't know

Comments on expansion financing (Question 8): _____

9. **Births Financed by Medicaid.** *(Respond with the most recent 12-month period for which you have data)*
   a. What share of all births in the state were financed by Medicaid? _____
   b. Indicate the data reference period (specify CY or FY) and any comments on Question 9: _____

SECTION 2: MEDICAID ELIGIBILITY STANDARDS, PREMIUMS, APPLICATION AND RENEWAL PROCESSES

1. **Changes in Medicaid Eligibility Standards**.* Describe changes implemented in FY 2019 or adopted and likely to be implemented for FY 2020. *(Exclude federally mandated and CHIP-funded changes and HCBS waiver slot increases or decreases.)* Use the drop-down boxes to indicate the Year, Nature of Impact (Expansion, Restriction, or Neutral

effect from a beneficiary perspective) and waiver or SPA authority. Please do not include Section 1115 waiver changes if they have not yet been submitted to CMS. If no changes, check the box on line "d."

Nature of Eligibility Standards Change	State Fiscal Year	Elig. Group(s) Affected	Est. # of People 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. ☐ No changes in either FY 2019 or FY 2020					

*"Eligibility standards" include income and asset limits, work/community engagement requirements, retroactive coverage, continuous eligibility, time limits, coverage lock-outs, treatment of asset transfers or income, or implementing buy-in options (including TWWIA or DRA).

Comments on changes in eligibility standards or waivers under development that are not yet pending at CMS: _____

2. **Section 1115 Eligibility Waivers.** If your state has implemented in FY 2019 or plans to implement in FY 2020 a Section 1115 waiver that includes eligibility conditions (e.g., work requirements, coverage lock-outs, premium requirements, etc.), please indicate whether implementation included or will include any of the following:
   a. Increased administrative expenses due to systems changes *<choose one>* If so, please explain: _____
   b. Increased admin. expenses due to staffing or contractor changes *<choose one>* If so, please explain: _____
   c. MCO contract changes to add new MCO responsibilities *<choose one>* If yes, please briefly describe: _____

3. **Changes in Monthly Contributions / Premiums.** In the table below, please describe any monthly contribution / premium policy changes made in FY 2019 or planned for FY 2020. 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. ☐ No changes in either FY 2019 or FY 2020					

Comments on premiums (Question 3): _____

4. **Corrections-Related Enrollment Policies & Processes.**
   a. Please use the drop-downs to indicate whether your state is currently suspending or plans to implement suspensions of Medicaid eligibility for enrollees who become incarcerated in jails and/or prisons. Please include "suspension-like" policies (i.e., if Medicaid eligibility continues but benefit coverage is limited to inpatient hospitalizations). **Jails:** *<choose one>*   **Prisons:** *<choose one>*
   b. Do the corrections and Medicaid eligibility agencies have an electronic, automated data exchange process to facilitate suspension and reinstatement of enrollment for incarcerated individuals? *<choose one>*
   c. As of October 2019, the SUPPORT Act prohibits states from terminating Medicaid eligibility for individuals under age 21 or former foster care youth up to age 26 while they are incarcerated and also requires states to redetermine eligibility for these populations prior to release without requiring a new application and restore coverage upon release. Please describe challenges or issues, if any, that your state is facing to come into compliance with these requirements: _____
   d. Please describe any other changes to corrections-related enrollment policies in FY 2019 or FY 2020, including changes in outreach/assistance strategies to facilitate enrollment prior to release, Medicaid coverage for inpatient care provided to incarcerated individuals, etc. _____

   Comments on corrections-related enrollment policies & processes (Question 4): _____

SECTION 3: 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 2019 or planned for FY 2020. Use "+" to denote an increase, "-" to denote a decrease, or "0" to denote "no change." *(Include COLA or inflationary changes as "+".)* Also, use the drop-downs to indicate requirements for MCO provider payments by provider type.

| Provider Type/MCO | FY 2019 | FY 2020 | Do MCO contracts: | |
			Require payment changes that match uniform $ or % changes made in FFS?	Mandate a minimum reimbursement rate floor?
a. Inpatient hospital*			*<choose one>*	*<choose one>*
b. Outpatient hospital			*<choose one>*	*<choose one>*
c. Doctors – primary care			*<choose one>*	*<choose one>*
d. Doctors – specialists			*<choose one>*	*<choose one>*
e. Dentists			*<choose one>*	*<choose one>*
f. MCOs *(N/A if no MCOs)*			*N/A*	*N/A*
g. Nursing Facilities*			*<choose one>*	*<choose one>*
h. HCBS			*<choose one>*	*<choose one>*
			Explain any "varies" above _____	Explain any "varies" above _____

* For inpatient hospitals and nursing facilities, both "0" and "-" responses will be counted as rate restrictions in the budget survey report because unlike other provider groups, these providers typically receive routine cost-of-living adjustments.

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

2. **MCO Payment Arrangements.** As of July 1, 2019, does your state have one or more value-based purchasing State Directed Payment arrangements in place for MCOs? *<choose one>* If yes, please briefly describe: _____

3. **Rural Payment Adjustments**. Please briefly describe any payment adjustments or enhancements in place for FY 2020 designed or intended to promote access to hospitals or other providers in rural areas:_____

4. **Provider Taxes / Assessments.**
   a. Use the drop-downs to indicate state provider taxes in place in FY 2019, new taxes or changes for FY 2020, and the approximate size of the tax as a percentage of net patient revenues as of July 1, 2019.

Provider Group Subject to Tax	In place in FY 2019	Provider Tax Changes (New, Increased, Decreased, Eliminated, No Change, or N/A) in FY 2020	Size of tax as a percentage of net patient revenues (as of July 1, 2019)
i. Hospitals	☐	*<choose one>*	*<choose one>*
ii. ICF/ID	☐	*<choose one>*	*<choose one>*
iii. Nursing Facilities	☐	*<choose one>*	*<choose one>*
iv. Other*:	☐	*<choose one>*	*<choose one>*
v. Other*:	☐	*<choose one>*	*<choose one>*

*"Other" can include an MCO tax if specifically used to fund Medicaid. Exclude broad-based MCO taxes not dedicated to funding Medicaid.

   b. Does your state have in place or have plans to implement any provider taxes/assessments that are levied at the local level (cities, counties, hospital districts, etc.)? *<choose one>* If so, please describe: _____

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

5. **Disproportionate Share Hospital (DSH) Payments.**
   a. Does your state intend to draw down its entire federal fiscal year 2019 DSH allotment?   *<choose one>*
   b. If "no" to question a, please use the drop-down to indicate the primary reason for why your state does not plan to draw down the entire 2019 DSH allotment: *<choose one>*   If "other," please describe: _____

SECTION 4A: BENEFIT, COST-SHARING, AND PHARMACY CHANGES

1. **Benefit Actions.** Describe benefits changes implemented during FY 2019 or planned for FY 2020. (*Include changes in IMD coverage here and please specify whether the change is for patients with SUD, SMI/SED, or both. Exclude pharmacy benefit changes and HCBS benefit changes.*)

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. ☐ No benefit changes (excluding HCBS and pharmacy) in either FY 2019 or FY 2020				

   e. Has or will your state adopt the new State Plan option for residential pediatric recovery centers for infants under age 1 with neonatal abstinence syndrome (NAS) and their families?   *<choose one>*
   f. Does your state cover or have plans to cover routine (not just medically necessary) HIV testing for traditional (non-ACA Medicaid expansion) populations?   *<choose one>*

   Comments on benefit actions (Question 1): _____

2. **IMD Services.**
   a. Does your state plan to adopt the SUPPORT Act State Plan option (available from 10/1/2019 – 9/30/2023) to cover IMD services for nonelderly adults with at least one SUD for up to 30 days in a 12-month period?   *<choose one>*
   b. If your state plans to pursue a Section 1115 IMD SUD waiver instead of or in addition to using a SPA, explain why (e.g., are there limitations in the SUPPORT Act State Plan option that prompted the pursuit of a waiver)? _____
   c. Will your state pursue a Section 1115 IMD waiver for services for individuals with SMI or SED?   *<choose one>*
   d. Did/will your state use the Medicaid managed care "in lieu of" authority for enrollees (ages 21-64) receiving inpatient treatment in an IMD (as detailed in the 2016 final rule) in FY 2019 or in FY 2020?   *<choose one>*
   Comments on IMD Services (Question 2): _____
3. **Changes in Cost-Sharing.** Describe any cost-sharing policy changes in FY 2019 or planned for FY 2020. Use the drop-down boxes to indicate Year, Nature of Impact, and Waiver or SPA Authority. Indicate Effective Date and Eligibility Group(s) Affected. If there are no 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. ☐ No changes in either FY 2019 or FY 2020					

Comments on cost-sharing (Question 3): _____
4. **Pharmacy Cost Drivers and Cost Control Challenges.**
   a. Please list the biggest cost drivers (excluding enrollment growth) that affected growth in total pharmacy spending (all funds) in FY 2019 _____ and projected for FY 2020 _____
   b. Please briefly describe the biggest challenges your program faces in controlling pharmacy costs: _____
5. **Pharmacy Cost Containment Policy Changes.** Please indicate any new or expanded pharmacy program cost containment strategies implemented in FY 2019 or planned for FY 2020. *(Please exclude routine updates, e.g., to PDLs or State Maximum Allowable Cost programs).* Check the box on line "d" if there are no changes for either year.

Pharmacy Cost Containment Policy Changes	FY 2019		FY 2020	
	New	**Expanded**	**New**	**Expanded**
a.	☐	☐	☐	☐
b.	☐	☐	☐	☐
c.	☐	☐	☐	☐
d. ☐ No changes in either FY 2019 or FY 2020				

Comments on pharmacy (Questions 4-5): _____

SECTION 4B: OPIOID USE DISORDER PREVENTION, HARM REDUCTION, AND TREATMENT

1. **Pharmacy Benefit Management (PBM) Strategies**. Please indicate whether your state had one or more of the listed strategies in place in FFS for non-MAT opioids in FY 2019 and use the drop-downs to indicate changes in FY 2020. (Use "expanded/enhanced" to indicate expansions in policies, including restrictive policies (e.g., adding more or tighter quantity limits would count as a policy expansion).) Identify any point-of-service opioid safety edits in 1.h.

Medicaid FFS PBM Strategies to Address Opioid Misuse	In place in FY 2019	FY 2020 Changes	Comments (briefly describe changes)
a. Adoption of opioid prescribing guidelines	☐	*<choose one>*	
b. Prospective Drug Utilization Review	☐	*<choose one>*	
c. Prior authorization based on clinical criteria	☐	*<choose one>*	
d. Step therapy	☐	*<choose one>*	
e. Drug lock-in programs with enrollment criteria related to opioid use	☐	*<choose one>*	
f. Retrospective Drug Utilization Review (e.g., provider profiling and education)	☐	*<choose one>*	
g. Medicaid prescribers must query the PDMP before prescribing opioids*	☐	*<choose one>*	
h. Other:	☐	*<choose one>*	
i. ☐ No FFS PBM opioid harm reduction strategies in place in FY 2019 or changes planned for FY 2020			

*For "g", include Prescription Drug Monitoring Program (PDMP) legislative initiatives that are broader than Medicaid but affect Medicaid providers.

j. Is your state accessing or planning to access the 100% FMAP available under the SUPPORT Act for federal FYs 2019 and 2020 for PDMP implementation activities (if state has agreements with contiguous states for providers to access PDMP)? *<choose one>*

2. **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, 2019*, MCOs are required to follow the FFS PBM strategies described in Question 1 above: *<choose one>*
   b. If "Yes, in part", please briefly describe the notable FFS/managed care policy differences: _____
   Comments on opioid PBM strategies (Questions 1-2): _____

3. **Coverage of Non-Opioid Pain Management Alternatives**. Does your state cover the following benefits or services when provided for the treatment and management of pain *(check all that apply)*? Use the check boxes and drop-downs to indicate whether the benefit is covered and whether your state plans to make changes in FY 2020.

Benefit/Service	In Place FY 19	FY 2020 Changes	Benefit/Service	In Place FY 19	FY 2020 Changes
a. Acupuncture	☐	*<choose one>*	**b.** Massage therapy	☐	*<choose one>*
c. Chiropractic services	☐	*<choose one>*	**d.** Physical therapy	☐	*<choose one>*
e. Cognitive behavioral therapy	☐	*<choose one>*	**f.** OTC pain medications	☐	*<choose one>*
g. Biofeedback	☐	*<choose one>*	**h.** Other:	☐	*<choose one>*

   Comments on non-opioid pain management alternatives (Question 3): _____

4. **Medication Assisted Treatment (MAT).**
   a. **MAT Access Challenges**. In the table below, please identify any challenges related to access to MAT for Medicaid enrollees in your state (select all that apply).

MAT Access Challenges *(Check all that apply)*		
i. ☐ Shortage of waivered providers	**ii.** ☐ Rural area provider shortages	**iii.** ☐ Low reimbursement rates
iv. ☐ Lack of treatment resources for patients at all ASAM levels	**v.** ☐ Waivered prescribers only accepting cash payment	**vi.** ☐ Shortage of behavioral therapy services for patients using MAT
vii. ☐ Lack of knowledge among providers or community of evidence-based best practices for SUD treatment, including MAT	**viii.** ☐ Stigma associated with SUD among providers or in the community	**ix.** ☐ Abstinence approach preferred by some providers or populations served
x. ☐ Lack of access for pregnant women	**xi.** ☐ Other (describe):	**xii.** ☐ No MAT access challenges

   Comments/additional details on MAT access challenges: _____
   b. **MAT Access Initiatives.** Please briefly describe any initiatives or policies implemented in FY 2019 or planned for FY 2020 intended to address MAT access challenges in your state including changes to pharmacy benefit management policies (e.g., removal of PA requirements), if any. _____
   c. **Methadone Coverage**. Please use the drop-down below to indicate whether your state covers methadone *when used to treat opioid use disorders* or, if not covered as of FY 2019, when your state plans to add coverage ahead of the SUPPORT Act requirement that states cover all MAT drugs by October 1, 2020. *<choose one>*
   d. If your state has any concerns about or expects to face any challenges related to complying with the SUPPORT Act's MAT drug coverage requirement, please describe: _____
   Comments on opioid medication assisted treatment (Question 4): _____

SECTION 5A: 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, 2019? *(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, 2019

2. **Managed Care Changes**. Has your state changed its managed care systems in FY 2019 or does it plan to make changes in FY 2020 (e.g., eliminating PCCM, adding PHP, implementing MCO contracts for the first time)? _____

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, 2019**. 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, 2019 *(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 MCOs, skip Sections 5B-5C. See Section 7 for non-MCO quality strategy questions.

SECTION 5B: GEOGRAPHIC SCOPE, ENROLLMENT, & BENEFITS – ACUTE CARE MCOS

1. **Geographic Scope.**
   a. Were acute care MCOs operating statewide as of July 1, 2019?   *<choose one>*
   b. If not, does your state have plans to expand to new regions in FY 2020?   *<choose one>*
2. **Enrollment of Specified Non-Dual, Non-LTSS Groups.** For geographic areas where MCOs operate, use the drop-downs in the table to indicate for each group whether enrollment in acute care MCOs is "always mandatory," "always voluntary," "varies," or the group is "always excluded" from MCOs *as of July 1, 2019*.

Acute Care MCO Enrollment Policies for Specified Non-Dual, Non-LTSS* Populations			
a. Pregnant women	*<choose one>*	**b.** Medically fragile/technology dependent children	*<choose one>*
c. Foster children	*<choose one>*	**d.** Persons with a SMI or SED	*<choose one>*
e. Persons with ID/DD	*<choose one>*	**f.** Persons with physical disabilities	*<choose one>*
g. Seniors	*<choose one>*		

   *LTSS includes institutional care and HCBS for persons with an institutional level of care, including ID/DD specialty services.
   h. Dual Eligibles. Briefly describe acute care MCO enrollment policies for full benefit Dual Eligibles: _____
   i. LTSS Enrollees. Briefly describe acute care MCO enrollment policies for persons receiving LTSS: _____
   Comments on acute care MCO enrollment requirements (Question 2): _____
3. **New Populations.**
   a. Did (or will) you enroll previously excluded groups in acute care MCOs in FY 2019 or FY 2020?   *<choose one>*
   b. If yes, please identify the new populations and which year they were (or will be) added: _____
   c. If yes, please indicate whether enrollment is (or will be) mandatory: _____
4. **Changes to MCO Enrollment Requirements.**
   a. Did (or will) any group shift from voluntary to mandatory MCO enrollment in FY 2019 or FY 2020?   *<choose one>*
   b. If yes, please identify the groups shifted and the fiscal year the change was or will be made: _____
5. **Reducing Acute Care MCO Enrollment.** Did (or will) your state implement policy changes designed to reduce acute care MCO enrollment in FY 2019 or FY 2020? *<choose one>* If so, briefly describe the changes in each year: _____
6. **MCO Coverage of Behavioral Health (BH) Benefits as of July 1, 2019.** *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*	☐	☐	☐	☐	
b. Inpatient mental health	☐	☐	☐	☐	
c. Outpatient SUD	☐	☐	☐	☐	
d. Inpatient SUD	☐	☐	☐	☐	

*"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 are *delivered under MCO contracts* (i.e., carve in/out) in FY 2019 or in FY 2020? *<choose one>* If so, briefly describe the changes: _____

1. **MLR.** Does your state require MCOs that do not meet the minimum MLR to pay remittances?   *<choose one>*
   Comments on MLR (including clarification on "yes – sometimes" responses above) (Question 1)**:** _____

2. **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 for FY 2019 and use the drop-down options to indicate any changes for FY 2020. (Please use "expanded/enhanced" to indicate expansions in policies, including restrictive policies. For example, a withhold percentage increase would count as a policy expansion.)

Quality Initiatives	In Place FY 2019	FY 2020 Changes	Acute Care or MLTSS	Comments:
a. Pay-for-performance/performance bonus or penalty	☐	*<choose one>*	*<choose one>*	
b. Capitation withhold* (specify % in comment field)	☐	*<choose one>*	*<choose one>*	
c. Auto-assignment algorithm includes quality performance measures	☐	*<choose one>*	*<choose one>*	
d. Publicly available comparison data about MCOs	☐	*<choose one>*	*<choose one>*	
e. Other:	☐	*<choose one>*	*<choose one>*	

*"Capitation withhold" is defined as money withheld that MCOs are not guaranteed to earn back.

f. If your state employed any of the quality strategies listed in 2a-2c above as of July 1, 2019, please indicate whether the related performance measures address one or more of the topics listed in the table below.

Performance Measure Focus Areas for MCO Incentives *(Check all that apply)*					
i. ☐	Member Satisfaction	**ii.** ☐	Perinatal/Birth outcomes	**iii.** ☐	Value-Based Purchasing
iv. ☐	Chronic Disease Mgmt.	**v.** ☐	Potentially Preventable Events	**vi.** ☐	Health Info Exchange
vii. ☐	Dental Services	**viii.** ☐	Mental Health	**ix.** ☐	Substance Use Disorder
x. ☐	Health Disparities	**xi.** ☐	Telehealth/Telemedicine	**xii.** ☐	Other (describe):
xiii. ☐	N/A – no incentive programs				

Comments on quality initiatives in MCO contracts (Question 2): _____

3. **Performance Improvement Projects (PIPs).** Does your state mandate MCO PIPs *in a particular focus area* (e.g., health disparities, birth outcomes)? *<choose one>* If so, please briefly describe. _____

4. **Alternative Provider Payment Models (APMs).** In your MCO contracts**,** does your state:
   a. Set a target percentage of MCO provider payments that must be made through APMs? *<choose one>* If so, please briefly indicate:
      i. The target percentage: _____
      ii. Any Health Care Payment Learning and Action Network (LAN) category requirements: _____
      iii. If there are incentives or penalties for meeting/failing to meet these requirements: *<choose one>*
   b. **Require** MCOs to:
      i. Participate in a state-directed VBP initiative (e.g., episode of care or ACO)   *<choose one>*
      ii. Develop a VBP strategy within state-specified guidelines   *<choose one>*
      iii. If "yes" to "i" or "ii" above, please briefly describe. _____

   Comments on APMs (Question 4): _____

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 2019?   *<choose one>*   b. FY 2020?   *<choose one>*
   c. If yes in either FY 2019 or FY 2020, please briefly describe the change(s): _____

1. **PHP Services.** If your state contracted with at least one PHP as of July 1, 2019, please indicate in the table below the services provided under PHP contracts:

PHP Services *(Check all that apply)*					
a. ☐	Outpatient mental health	**b.** ☐	Inpatient mental health	**c.** ☐	Outpatient SUD treatment
d. ☐	Inpatient SUD treatment	**e.** ☐	Dental care	**f.** ☐	Vision care
g. ☐	NEMT	**h.** ☐	LTSS	**i.** ☐	Other _____

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 2019?   *<choose one>*   **b**. FY 2020?   *<choose one>*
   c. If yes in either FY 2019 or FY 2020, please briefly describe the change(s): _____
3. **PHP Initiatives to Improve Quality of Care**. If your state has or will implement any quality strategies (HEDIS measures, withholds etc.) in its PHP contract(s) in FY 2019 or FY 2020, please briefly describe: _____

SECTION 6A: LONG-TERM SERVICES AND SUPPORTS (LTSS) REBALANCING

1. If your state has or will increase the number of persons receiving LTSS in home and community- based settings in FY 2019 or FY 2020, please indicate below all rebalancing tools used to accomplish the increase:

LTSS Rebalancing Tools/Methods	FY 2019	FY 2020
a. Section 1915(c) or Section 1115 HCBS Waiver (new waiver adopted, more slots added and filled, or more slots filled)	☐	☐
b. Section 1915(i) HCBS State Plan Option (new SPA or more enrollees served)	☐	☐
c. Section 1915(k) Community First Choice Option (new SPA or more enrollees served)	☐	☐
d. Rebalancing incentives built into managed care contracts covering LTSS	☐	☐
e. Close/down-size a state institution and transition residents into community settings	☐	☐
f. Other:	☐	☐

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. **Program of All-Inclusive Care for the Elderly (PACE).**
   a. Did/will your state add one or more new PACE site(s) in FY 2019 or FY 2020?   *<choose one>*
   b. Did/will your state increase the number of persons served through PACE in FY 2019 or FY 2020?   *<choose one>*
   Comments on PACE changes (Question 2): _____
3. **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) in FY 2019 or FY 2020, please briefly describe and specify fiscal year: _____
4. **LTSS Direct Care Workforce.** Please indicate if your state has or will implement any of the following Medicaid initiatives in FY 2019 or FY 2020 to address LTSS direct care workforce shortages and/or turnover.
   a. Wage Increase: *<choose one>*
   b. Workforce Development (e.g., recruiting, training, credentialing): FY 2019 *<choose one>*; FY 2020 *<choose one>*
   c. Other *(please specify year)* _____
5. **Housing Supports.**
   a. Please use the table below to describe any housing-related services offered under the State Plan, 1915(c) HCBS waiver, or Section 1115 waiver to promote community integration for individuals with disabilities, seniors in need of LTSS, individuals experiencing homelessness, or individuals with SMI/SUD.

Services (please describe)	Target Population	Authority	In Place FY 2019?	FY 2020 Changes
i.		*<choose one>*	☐	*<choose one>*
ii.		*<choose one>*	☐	*<choose one>*
iii.		*<choose one>*	☐	*<choose one>*
iv. ☐ No housing-related services in place in FY 2019 or planned for FY 2020.				

   b. If your state participated in the MFP program, has your state exhausted its grant funding?   *<choose one>*
      i. If not, when are funds expected to run out? _____
   c. List any services/admin activities your state will discontinue due to the expiration of the MFP program: _____

SECTION 6B: MANAGED LONG-TERM SERVICES AND SUPPORTS (MLTSS)

1. As of July 1, 2019, does your state cover long-term services and supports (LTSS) through any of the following managed care (capitated or managed fee-for-service) arrangements? *(Check all that apply):*

   ☐ **Medicaid MCO** (MCO covers Medicaid acute + Medicaid LTSS)   ☐ **PHP** (PHP covers only Medicaid LTSS)
   ☐ **Managed fee-for-service** (PCCM entity or other non-capitated)   ☐ **No MLTSS**
   If your state does not have MLTSS as of July 1, 2019, please skip questions #2-7 below in this section.

2. **MLTSS Benefits.**
   a. As of July 1, 2019, were both institutional and HCBS services covered under an MLTSS contract?   *<choose one>*
3. **Geographic Scope.**
   a. Were MLTSS plans operating in all regions of your state as of July 1, 2019?   *<choose one>*
   b. If not, did your state expand to new regions in FY 2019 or does it plan to do so in FY 2020?   *<choose one>*
   Comments on arrangements, benefits, or geographic scope of MLTSS (Questions 1-3): _____
4. **Populations Covered.** For geographic areas where MLTSS operates, use the table drop-downs below to indicate if enrollment into MLTSS plans for each of the groups listed is "always mandatory," "always voluntary," "varies," or is "always excluded" as of July 1, 2019. You may provide additional 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, 2019)		
	Duals	**Non-Duals**
a. Seniors	*<choose one>*	*<choose one>*
b. Persons with physical disabilities	*<choose one>*	*<choose one>*
c. Persons with ID/DD	*<choose one>*	*<choose one>*
d. Medically fragile/technology dependent children	*<choose one>*	*<choose one>*
e. Persons with a SMI or SED	*<choose one>*	*<choose one>*

Comments on populations covered under MLTSS (Question 4): _____
5. **New Populations.**
   a. Did (or will) you enroll previously excluded populations in MLTSS in FY 2019 or FY 2020?   *<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: _____
6. **Medicare-Medicaid Integrated Care.**
   a. <u>Financial Alignment Initiative (FAI)</u>. As of July 1, 2019, does your state offer an FAI demonstration for dual eligible individuals?   *<choose one>*
      i. If "yes," will your state seek an extension beyond the end of the demonstration?   *<choose one>*
         A. Will the extension include a geographic expansion?   *<choose one>*
      ii. If "no," will your state apply for a capitated FAI, a managed fee-for-service FAI, or a new state-developed model?   *<choose one>*
   b. <u>D-SNPs/FIDE Plans</u>. As of July 1, 2019:
      i. Does your state contract with dual eligible special needs plans (D-SNPs)?   *<choose one>*
      ii. Does your state require MLTSS plans to also offer dual eligible special needs plans (D-SNPs) or Fully Integrated Dual Eligible (FIDE) plans?   *<choose one>*
      iii. Has your state applied for "default enrollment" into integrated D-SNPs or FIDE plans (when Medicaid enrollees first become Medicare eligible)?   *<choose one>*
   Comments on Medicare-Medicaid Integrated Care (Question 6): _____
7. **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 2019 or FY 2020, please briefly describe the changes: _____

SECTION 7: MEDICAID DELIVERY SYSTEM AND PAYMENT REFORMS

1. Please indicate in the table below delivery system and payment reform initiatives (including multi-payer initiatives that Medicaid is a part of) in place in FY 2019. Use the drop-downs to indicate changes to these initiatives in FY 2020. Use the "Additional Information" column to describe the initiatives or **provide a web link** for more info.

Delivery System and Payment Reform Initiatives	In Place FY 2019	Changes in FY 2020:	Additional Information: (specify if part of multi-payer initiative)
a. Patient-Centered Medical Home	☐	*<choose one>*	
b. Health Home (under ACA Section 2703)	☐	*<choose one>*	
c. Accountable Care Organization	☐	*<choose one>*	
d. Episode of Care Payments	☐	*<choose one>*	
e. Delivery System Reform Incentive Payment (DSRIP) Waiver	☐	*<choose one>*	
f. All-Payer Claims Database	☐	*<choose one>*	
g. Other:	☐	*<choose one>*	

h. As of July 1, 2019, has your state requested or received approval, or do you plan to request, to extend the ACA enhanced match rate for two additional quarters (i.e., for a total of 10 quarters) for SUD Health Homes approved on or after October 1, 2018, as permitted under the SUPPORT Act?   *<choose one>*

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

2. **SUD/Opioids Initiatives.** Did your state submit an application to pursue the following models/programs:

CMMI SUD/Opioids Initiatives *(Check all that apply)*	
a. ☐ The Maternal Opioid Misuse (MOM) Model	**b.** ☐ Integrated Care for Kids (InCK) Model

Comments (Question 2): _____

3. **Non-MCO Program Initiatives to Improve Quality of Care.** If your state has or will implement any quality strategies (HEDIS© measures, bonuses, withholds, etc.) in its FFS delivery system (which may include PCCMs, ASO arrangements etc.) in FY 2019 or FY 2020, please describe. _____

4. **Other Medicaid Initiatives.** If your state has or will implement an initiative in either of the areas listed below in FY 2019 or FY 2020, please briefly describe.
   a. Initiative(s) to improve birth outcomes/address maternal mortality challenges: _____
   b. Initiative(s) to support employment without imposing a work requirement: _____

Comments on "Other" Medicaid Initiatives (including any challenges or opportunities experienced so far): _____

SECTION 8: SOCIAL DETERMINANTS OF HEALTH (SDH)

1. **Policies.** Please indicate whether the policies listed below are MCO requirements or part of non-MCO initiatives.

		Requirement in MCO Contracts	Non-MCO Initiative
a.	Screen enrollees for social needs (e.g., housing services, SNAP)?	*<choose one>*	*<choose one>*
b.	Provide enrollees with referrals to social services?	*<choose one>*	*<choose one>*
c.	Track the outcome of the referrals to social services (if "yes" to b)?	*<choose one>*	*<choose one>*
d.	Encourage or require providers to capture member SDH data using ICD-10 Z codes?	*<choose one>*	*<choose one>*
e.	Partner with community-based organizations or social service providers?	*<choose one>*	*<choose one>*
f.	Employ Community Health Workers or other non-Traditional Health Workers?	*<choose one>*	*<choose one>*

Comments on SDH requirements/initiatives (Question 1): _____

2. **Corrections-Related Populations.** Are care coordination services provided to enrollees prior to release from incarceration through FFS: *<choose one>* and/or are MCOs required to provide such services: *<choose one>* If yes to either, briefly describe including types of services (e.g., prescription drugs and MAT) and target populations. _____

SECTION 9: ADMINISTRATION AND FUTURE OUTLOOK FOR THE MEDICAID PROGRAM

1. **Block Grant Waiver.** CMS is developing guidance about block grant waivers / capped federal financing. Do you think your state would be interested in pursuing such a model? _____

2. **Preparing for Future Program Pressures.** Please describe initiatives or plans to better prepare your state for an aging population or plans to prepare for a potential economic downturn or recession. _____

3. **Immigration.** Please briefly describe any notable Medicaid enrollment and/or or service utilization changes for immigrant populations (including related to citizen children of immigrant families) in FY 2019 or anticipated for FY 2020 if known.   Enrollment changes: _____ Service utilization changes: _____

4. **ACA Medicaid Expansion.** Please describe the likelihood of future changes related to the ACA Medicaid expansion in your state. _____

5. **Federal / State Coverage Expansion Proposals.** What do you see as the top two or three potential challenges or opportunities for your state Medicaid program related to proposed federal or state-level coverage expansions such as Medicare-for-all, public plan options and Medicaid Buy-in options? _____

6. **Conclusions/Outlook**.
   a. What do you see as the top priorities for your state's Medicaid program over the next year or so? _____
   b. When you step back and look at your Medicaid program, what is it that you take the most pride in about Medicaid in your state — considering things such as Medicaid's impact in the community and health care insurance market, administration, new policies or initiatives? _____

This completes the survey. Thank you very much!