



A Review of Extended Home- and Community-Based Services (HCBS) in Section 1115 Waiver Programs

REVIEW FINDINGS

1. Project Background

Long-Term Quality Alliance (LTQA) in partnership with O’Leary Marketing Associates worked with the Minnesota Department of Human Services (DHS) to explore the feasibility of a program that would assist older adults to stay in their homes as their long-term care needs increase. Analysis through the DHS Own Your Future initiative identified that potential program targets should include reduced use of Medical Assistance (Medicaid) to pay for non-medical supports, reduced Medicare hospitalizations, and a more coordinated health and human services infrastructure to serve older adults. Applying for a Section 1115 Waiver was identified by the team as a possible pathway to pilot such a program. This report explores the findings from a review of approved 1115 Waiver programs in other states related to long-term services and supports (LTSS) and home- and community-based services (HCBS) delivery to inform work in Minnesota.

2. Introduction

Section 1115 of the Social Security Act permits the Secretary of Health and Human Services to approve state demonstration or pilot projects that promote the aims of the Medicaid program and “demonstrate and evaluate state-specific policy approaches to better serving Medicaid populations”.¹ As long-term services and supports (LTSS) are

¹ Medicaid.gov. About Section 1115 Demonstrations: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/about-section-1115-demonstrations/index.html>.



largely not covered by private insurance or Medicare, but are covered by Medicaid, Section 1115 demonstrations in the Medicaid program are an avenue for states to test innovations in LTSS and HCBS delivery. Several are using Section 1115 waivers to expand access to HCBS to beneficiaries who do not yet meet functional or financial eligibility requirements but are deemed “at risk” of future LTSS use or institutionalization. The purpose of this report is to examine those 1115 waiver programs that expand access to HCBS services, particularly to older adults.

3. Methods

An initial rapid review of approved 1115 waiver programs² was conducted of all approved 1115 waivers in areas of interest – managed LTSS (MLTSS), eligibility expansion, and delivery system reform – to eliminate those not relevant to LTSS and HCBS. As of April 16, 2021, there were 63 approved waivers across 45 states.³ From the initial review, 15 programs were advanced to a second-round review, which sought to identify programs with direct relevance to Minnesota DHS’ aim to assist older adults to stay in their homes. Of these programs, 7 were identified for as relevant for inclusion – programs in Arizona, Delaware, Hawaii, Rhode Island, Tennessee, Vermont, and Washington State. Each of these programs extends HCBS to populations who would not otherwise have been eligible based on functional or financial need. In addition to these programs, the Minnesota Reform 2020 program, which also expands eligibility for HCBS, was examined.

4. Findings

4.1 Program Aims

The larger aims of each 1115 program were examined to understand how extending HCBS served those aims. Overall program aims included testing the use of a managed care delivery system, expanding access to healthcare for low-income individuals, controlling the growth of health care expenditures, providing cost effective services, and

² KFF. Medicaid Waiver Tracker: Approved and Pending Section 1115 Waivers by State. Accessed at: <https://www.kff.org/medicaid/issue-brief/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/>.

³ KFF. Section 1115 Waivers Approved as of April 16, 2021. Accessed at: <https://www.kff.org/medicaid/issue-brief/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/#Map1>.



delivering high-quality care. The Rhode Island Comprehensive Demonstration specifically seeks to ensure that beneficiaries “receive the appropriate services in the least restrictive and most appropriate setting.” The Vermont Global Commitment to Health has a stated goal to offer beneficiaries a choice of long-term services and supports and HCBS “recognized to be more cost-effective than institutional based supports.” (Refer to the table in [Appendix B](#) for more information).

4.2 Eligibility

Programs that extend HCBS services often do so for individuals who have functional needs but do not meet the functional eligibility requirements for a nursing facility level of care in the state (individuals “at risk” of institutionalization). There are, therefore, different functional eligibility requirements for the extended benefit packages. Financial eligibility requirements are often the same or, in the case of Rhode Island and Vermont, higher, than those required for institutionalization.⁴

While the other six states we looked at extend HCBS to those who do not yet meet a nursing facility level of care, Minnesota and Washington State extend access to HCBS to those who meet a nursing facility level of care but who are not yet eligible for Medicaid. In other words, they extend eligibility to those who do not meet financial eligibility requirements, while the other states we looked at extend eligibility to those who do not yet meet functional eligibility requirements.

⁴ KFF. Medicaid Section 1115 Managed Long Term Services and Supports Waivers. Accessed at: <https://files.kff.org/attachment/Report-Medicaid-Section-1115-Managed-Long-Term-Services-and-Supports-Waivers#:~:text=Most%20%C2%A7%201115%20MLTSS%20waivers,to%20expedite%20access%20to%20HCBS>.



Table 1: Eligibility

| State and Program | Functional Eligibility for Extended HCBS | Financial Eligibility for Extended HCBS |
|--|---|---|
| Arizona Health Care Cost Containment System | Extended HCBS eligibility (to those without a nursing facility level of need) is limited to working age adults with mental illness or I/DD. ⁵ | Resources not more than \$2,000. ⁶ |
| Delaware Diamond State Health Plan | Extended HCBS eligibility to at risk adults and children with disabilities. Nursing facility level of care is defined as needing assistance with 2 ADLs, and those requiring assistance with 1 ADL at risk of institutionalization. | Income up to 250% of the Federal Poverty Level (same as for those who meet NFLOC). ⁷ |
| Hawaii QUEST Integration | “The at risk population is defined as Medicaid beneficiaries who do not meet criteria for nursing facility level of care (NFLOC), but who are assessed to be at risk of deteriorating to the institutional level of care.” ⁸ | SSI related using SSI payment standard. ⁹ |
| Rhode Island Comprehensive Demonstration | HCBS to adults aged 19-64 with Alzheimer’s Disease or a related dementia. | Income up to 250% of the Federal Poverty Level. ¹⁰ |
| Tennessee TennCare III | Long-term care benefits are provided to individuals aged 65 and older and adults aged 21 and older with physical disabilities, who qualify as SSI recipients and who do not meet the nursing facility level of care, but who in the absence of HCBS are “at risk” for institutionalization, as defined by the state: “such that, in the absence of the provision of a moderate level of home and community based services and | Income up to 300% SSI/FBR; resources at or below \$2,000. |

⁵ KFF. Medicaid Section 1115 Managed Long Term Services and Supports Waivers. Accessed at: <https://files.kff.org/attachment/Report-Medicaid-Section-1115-Managed-Long-Term-Services-and-Supports-Waivers#:~:text=Most%20C2%A7%201115%20MLTSS%20waivers,to%20expedite%20access%20to%20HCBS>.

⁶ Filing an Application for the Arizona Long Term Care Containment System. Accessed at: https://www.azahcccs.gov/Members/Downloads/Publications/DE-828_english.pdf.

⁷ KFF. Medicaid Section 1115 Managed Long Term Services and Supports Waivers. Accessed at: <https://files.kff.org/attachment/Report-Medicaid-Section-1115-Managed-Long-Term-Services-and-Supports-Waivers#:~:text=Most%20C2%A7%201115%20MLTSS%20waivers,to%20expedite%20access%20to%20HCBS>.

⁸ QUEST Integration Medicaid Section 1115 Demonstration. October 2020. Accessed at: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/hi/hi-quest-expanded-ca.pdf>.

⁹ QUEST Expanded Medicaid Section 1115 Demonstration Special Terms and Conditions (2013-2018). Accessed at: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/hi/QUEST-Expanded/hi-quest-expanded-stc-12182012-12312013-amended-032013.pdf>.

¹⁰ Rhode Island Comprehensive Section 1115 Demonstration Fact Sheet. February 2020. <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ri/ri-global-consumer-choice-compact-fs.pdf>.



| State and Program | Functional Eligibility for Extended HCBS | Financial Eligibility for Extended HCBS |
|---|--|--|
| | supports, the individual’s condition and/or ability to continue living in the community will likely deteriorate, resulting in the need for more expensive institutional placement” ¹¹ | |
| Vermont Global Commitment to Health | <p>This group is determined to be at risk of institutionalization as defined by the following clinical criteria.</p> <ul style="list-style-type: none"> • ADL: Supervision or assistance 3 or more times in 7 days with one ADL or combination of ADL and IADLs. • Physical: Chronic condition that requires monitoring at least monthly. • Behavioral: Impaired judgment or decision-making that requires general supervision on a daily basis.¹² | Not otherwise eligible for Medicaid; income up to 300% of the Federal Benefit Rate (FBR); resources below \$10,000. |
| Washington Medicaid Transformation Project (MTP) | <p>MAC: Age 55 or older; eligible for Categorically Needy (CN) services; meet functional eligibility criteria for HCBS as determined through an eligibility assessment; have not chosen to receive the LTSS Medicaid benefit currently available under optional state plan or HCBS authorities.</p> <p>TSOA: Age 55 or older; meet functional eligibility criteria for HCBS as determined through an eligibility assessment.¹³</p> | <p>MAC: Income at or below 150% of the Federal Poverty Level.</p> <p>TSOA: Not currently eligible for Medicaid but have income up to 300% of the Federal Benefit Rate.</p> |

4.3 Extended HCBS Benefit Packages

Benefits offered to the populations for whom HCBS was extended are often more limited than the standard HCBS benefit package. Benefits for these populations vary across states, but popular benefits include caregiver support/respite care, home-delivered meals, homemaker services, and adult day care.

¹¹ TennCare Waiver. Accessed at:

<https://www.tn.gov/content/dam/tn/tenncare/documents/tenncarewaiver.pdf>.

¹² Vermont Global Commitment to Health Special Terms and Conditions. May 2017. Accessed at:

<https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/vt/Global-Commitment-to-Health/vt-global-commitment-to-health-splc-05212017.pdf>.

¹³ Washington State Medicaid Transformation Project Section 1115 Demonstration Extension Request. January 2021. Accessed at:

<https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/wa-medicaid-transformation-pa3.pdf>.



Table 2: Extended HCBS Benefit Packages

| State and Program | Extended HCBS Benefits |
|--|---|
| Arizona Health Care Cost Containment System | For individuals who qualify based on mental illness or I/DD only. Home health care, homemaker services, personal care, adult day health, hospice, respite care, transportation, attendant care, environmental modification, lifeline alert, and home-delivered meals. Habilitation and day-care services are also covered for the IDD population. ¹⁴ |
| Delaware Diamond State Health Plan | Benefit package is the same as for those who meet NFLOC. In addition to the HCBS provided through the Medicaid state plan institutional and E/D 1915(c) waiver (community based residential alternatives, personal care, respite care, day habilitation, emergency response system, attendant care, IADL (chore), specialized durable medical equipment, minor home modifications, home delivered meals, and case management), expanded services include home modifications, community transition services, and home-delivered meals. ¹⁵ |
| Hawaii QUEST Integration | Limited benefit package, including adult day care, adult day health, home-delivered meals, personal assistance, personal emergency response system, and skilled nursing. ¹⁶ |
| Rhode Island Comprehensive Demonstration | Limited benefit package: “Individuals who do not presently need an institutional level of care will have access to services targeted at preventing admission, re-admissions or reducing lengths of stay in an institution.” Preventative services include homemaker, minor environmental modifications, physical therapy evaluation services, and respite services. ¹⁷ |
| Tennessee TennCare III | Limited in that the cost of HCBS may not exceed \$15,000 per calendar year, excluding the cost of minor home modification. Benefits include short-term nursing facility care, community-based residential alternatives, personal care visits, attendant care, home-delivered meals, personal emergency response systems, adult |

¹⁴ Arizona Demonstration Fact Sheet. January 2018. Accessed at: <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/1115/downloads/az/az-hccc-fs.pdf>.

¹⁵ Delaware Diamond State Health Plan Plus Waiver Amendment Request. July 2011. Accessed at: https://www.dhss.delaware.gov/dhss/dmma/files/dshpplus_waiver.pdf.

¹⁶ Accessed at: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/hi/hi-quest-expanded-pa2.pdf>.

¹⁷ Rhode Island Comprehensive Section 1115 Waiver Special Terms and Conditions. Accessed at: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ri/Comprehensive-Demonstration/ri-global-consumer-choice-compact-stc-12232013-12312018.pdf>.



| State and Program | Extended HCBS Benefits |
|---|--|
| | day care, in-home respite care, in-patient respite care, and assistive technology. ¹⁸ |
| Vermont Global Commitment to Health | Limited benefit package, including adult day services, case management, and homemaker services. ¹⁹ |
| Washington Medicaid Transformation Project (MTP) | Limited benefit package given that the services are intended for caregivers. Caregiver assistance services, training and education for caregivers, specialized medical equipment and supplies, health maintenance and therapies, and personal assistance services. ²⁰ |

4.4 Delivery System

As many states that extend HCBS services through their 1115 programs are testing the cost efficiency of managed care models, it is not surprising that most are using a capitated managed care delivery model or, in the case of Vermont, a “managed care-like” model. (Refer to the table in [Appendix D](#) for more information).

¹⁸ TennCare Waiver. Accessed at:

<https://www.tn.gov/content/dam/tn/tenncare/documents/tenncarewaiver.pdf>.

¹⁹ Vermont Global Commitment to Health Special Terms and Conditions. May 2017. Accessed at:

<https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/vt/Global-Commitment-to-Health/vt-global-commitment-to-health-spl-stc-05212017.pdf>.

²⁰ Washington State Medicaid Transformation Project Section 1115 Demonstration Extension Request. January 2021. Accessed at:

<https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/wa-medicaid-transformation-pa3.pdf>.



Appendix A: Key Terms

Area Agency on Aging (AAA): A nonprofit agency “designated by a state to address the needs and concerns of all older persons at the regional and local levels.”²¹

Activities of Daily Living (ADLs): Basic daily activities that are necessary for independent living (i.e. maintaining personal hygiene, eating, dressing, toileting, etc.)

Centers for Medicare and Medicaid Services (CMS): The federal agency responsible for administering Medicare and working with States to administer Medicaid. Part of the Department for Health and Human Services (HHS).

Federal Benefit Rate (FBR): The maximum amount that someone who qualifies for Supplemental Security Income (SSI) may receive each month, determined by the Social Security Administration (SSA). In 2021, the FBR is \$794 for an individual and \$1,191 for a couple.²²

Federal Poverty Level (FPL): An income measure determined each year by the Department of Health and Human Services (HHS). In 2021, the FPL is \$12,880 for an individual, \$17,420 for a family of 2, and \$26,500 for a family of 4.²³

Home- and Community-Based Services (HCBS): HCBS allows Medicaid beneficiaries to receive services in their home or a community setting rather than an institutional setting.

Long-Term Services and Supports (LTSS): Services, such as personal care, that individuals may require to perform activities of daily living, such as bathing and dressing.

Managed Care Organizations (MCOs): Organizations that practice the principles of managed care, “to manage cost, utilization, and quality.”²⁴

Nursing Facility Level of Care (NFLOC)/Nursing Home Level of Care (NHLOC): A level of care designation used to determine eligibility for a nursing facility in the Medicaid program. Determinations differ from state to state.

²¹ <https://acl.gov/programs/aging-and-disability-networks/area-agencies-aging>.

²² <https://www.ssa.gov/ssi/text-benefits-ussi.htm>.

²³ <https://www.healthcare.gov/glossary/federal-poverty-level-fpl/#:~:text=A%20measure%20of%20income%20issued,and%20Medicaid%20and%20CHIP%20coverage>.

²⁴ <https://www.medicaid.gov/medicaid/managed-care/index.html>.



Appendix B: Program Aims

Table 3: Program Aims

| State and Program | Program Start | Overall Program Aims |
|--|------------------------|---|
| Arizona Health Care Cost Containment System | October 2011 | “The demonstration will test the use of managed care entities to provide cost effective care coordination . In addition, the demonstration will provide for payments to IHS and tribal 638 facilities to address the fiscal burden of services provided in or by such facilities. This authority will enable the state to ensure the continued availability of a robust health care delivery network for current and future Medicaid beneficiaries.” ²⁵ |
| Delaware Diamond State Health Plan | January 1996 | “The original goal of the demonstration was to improve the health status of low-income Delawareans by expanding access to healthcare to more individuals throughout the State; creating and maintaining a managed care delivery system with an emphasis on primary care; and controlling the growth of healthcare expenditures for the Medicaid population . The DSHP 1115 Demonstration was designed to mandatorily enroll eligible Medicaid recipients into managed care organizations (MCOs) and create cost efficiencies in the Medicaid program that could be used to expand coverage.” ²⁶ |
| Hawaii QUEST Integration | August 1994 | “[Hawaii’s] QUEST program was designed to increase access to health care and control the rate of annual increases in health care expenditures . The demonstration also allowed the State to expand coverage beyond its Medicaid State plan.” ²⁷ |
| Rhode Island Comprehensive Demonstration | July 2009 | “Rhode Island’s Comprehensive demonstration establishes a new State-Federal compact that provides the State with substantially greater flexibility than is available under existing program guidelines. Rhode Island will use the additional flexibility afforded by the waiver to redesign the State’s Medicaid program to provide cost-effective services that will ensure that beneficiaries receive the appropriate services in the least restrictive and most appropriate setting .” ²⁸ |
| Tennessee TennCare III | May 2002 (TennCare II) | “The goal of the TennCare Demonstration is to show that careful use of a managed care approach can enable the State to deliver quality care to all enrollees without spending more |

²⁵ Arizona Demonstration Fact Sheet. January 2018. Accessed at: <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/1115/downloads/az/az-hccc-fs.pdf>.

²⁶ Diamond State Health Plan Section 1115 CY 2020 1st Quarterly Report. May 2020. Accessed at: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/de-dshp-qtrly-rpt-jan-mar-2020>.

²⁷ Hawaii QUEST Expanded 1115 Demonstration: Fact Sheet. October 2015. Accessed at: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/hi/hi-quest-expanded-fs.pdf>.

²⁸ Quarterly Operations Report Rhode Island Comprehensive 1115 Waiver Demonstration. November 2020. Accessed at: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ri-global-consumer-choice-compact-qtrly-rpt-jan-mar-2020.pdf>.



| State and Program | Program Start | Overall Program Aims |
|--|---------------------|--|
| <p>Vermont Global Commitment to Health</p> | <p>October 2005</p> | <p>than would have been spent had the State continued its Medicaid program.²⁹</p> <p>“The State’s goal in implementing the Demonstration is to improve the health status of all Vermonters by:</p> <ul style="list-style-type: none"> • Promoting delivery system reform through value based payment models and alignment across public payers; • Increasing access to affordable and high-quality health care by assisting lower income individuals who can qualify for private insurance through the Marketplace; • Improving access to primary care; • Improving the health care delivery for individuals with chronic care needs; and <p>Allowing beneficiaries a choice in long-term services and supports and providing an array of home and community-based (HCBS) alternatives recognized to be more cost-effective than institutional based supports.”³⁰</p> |
| <p>Washington Medicaid Transformation Project (MTP)</p> | <p>January 2017</p> | <p>“The activities of [Washington State’s Medicaid Transformation Project] aim to:</p> <ul style="list-style-type: none"> • Improve the health care delivery system’s capacity to address local health priorities. • Deliver high-quality, cost-effective, and whole-person care. <p>Create a sustainable link between clinical and community-based services.”³¹</p> |

²⁹ TennCare II Section 1115 Quarterly Report. May 2019. Accessed at: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/tn/TennCare-II/tn-tenncare-qrt-rpt-jan-mar-2019.pdf>.

³⁰ Global Commitment to Health Section 1115 Medicaid Demonstration Evaluation Design. August 2017. Accessed at: <https://dvha.vermont.gov/sites/dvha/files/documents/Administration/vt-gc-evaluation-plan-final-8.31.17-final-cms-submission.pdf>.

³¹ Washington State Medicaid Transformation Project Section 1115 Demonstration Extension Request. January 2021. Accessed at: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/wa-medicaid-transformation-pa3.pdf>.



Appendix C: Relevant Components of 1115 Programs

HCBS, and extended HCBS to a population who would not have otherwise been eligible, are often just one component of larger 1115 waiver programs in each state. Instances in which the component of the 1115 program that provides HCBS or extended HCBS has a different name than the overall program are outlined below (Hawaii and Rhode Island’s programs do not have a separate name).

Table 4: Relevant Components of 1115 Programs

| State and Program | Component of Program that Extends HCBS | Summary |
|--|---|---|
| Arizona Health Care Cost Containment System | Arizona Long Term Care System (ALTCS) | “The ALTCS program is for individuals who are age 65 and over, blind, disabled, or who need ongoing services at a nursing facility or ICF/MR level of care. ALTCS enrollees do not have to reside in a nursing home and may live in their own homes or an alternative residential setting and receive needed in-home services. The ALTCS package also includes all medical care covered under AACP inclusive of doctor’s office visits, hospitalization, prescriptions, lab work, behavioral health services, and rehabilitative services. Rehabilitative services may only be eligible for FFP if these services reduce disability or restore the program enrollee to the best possible level of functionality.” ³² |
| Delaware Diamond State Health Plan | Delaware Diamond State Health Plan Plus (DHSP-Plus) | Aims include improving access to health care for the Medicaid population, rebalancing in favor of HCBS; promoting early intervention for individuals with LTSS need or individuals at risk of LTSS need, increasing coordination and choice; improving quality of services, creating incentives for resources to shift from institutions to HCBS, improving integration for full dual eligible beneficiaries, and expanding managed care coverage to low-income Delawareans. ³³ |
| Hawaii QUEST Integration | Hawaii Medicaid combined QUEST (for families and children) and QUEST Expanded Access (for aged, blind and | |

³² Special Terms and Conditions, Arizona Health Care Cost Containment System. 2014. Accessed at: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/az/Health-Care-Cost-Containment-System/az-hccc-stc-10012011-09302016-amended-122014.pdf>.

³³ Delaware Diamond State Health Plan Plus Waiver Amendment Request. July 2011. Accessed at: https://www.dhss.delaware.gov/dhss/dmma/files/dshpplus_waiver.pdf.



| State and Program | Component of Program that Extends HCBS | Summary |
|---|--|---|
| | disabled) as QUEST Integration in 2015 | |
| Rhode Island Comprehensive Demonstration | Expanded HCBS in 2013 renewal | “Individuals eligible as aged, blind or disabled (ABD) under the Medicaid state plan will receive benefits for institutional and home and community-based long term care services including an option for self-direction.” ³⁴ |
| Tennessee TennCare III | CHOICES Program (CHOICES 3) | Provides LTSS and HCBS to individuals 65+ and 21+ with disabilities. Eligibility extends to SSI-eligible individuals 65+ or 21+ with disabilities, who do not have need for nursing facility services, but “have a lesser number/level of functional deficits in activities of daily living as defined by the state...such that, in the absence of the provision of a moderate level of home and community based services and supports, the individual’s condition and/or ability to continue living in the community will likely deteriorate, resulting in the need for more expensive institutional placement” ³⁵ |
| Vermont Global Commitment to Health | Demonstration Population 6: Moderate Needs Group (Expansion Group) | One of 8 population groups eligible under the demonstration, Population 6 is described as “individuals who have incomes below 300 percent of the SSI Federal Benefit rate and would be described in Populations 4 or 5 except that they meet the clinical criteria for the moderate needs group and are at risk of institutionalization.” ³⁶ |
| Washington Medicaid Transformation Project (MTP) | Medicaid Alternative Care | MAC: “a benefit package for individuals who are eligible for Medicaid but not currently accessing Medicaid funded LTSS. This benefit package will provide services to unpaid caregivers, which is designed to assist them in getting supports necessary to continue to provide high-quality care and focus on their own health and well-being.” TSOA: “a new eligibility category and benefit package for individuals “at risk” of future Medicaid LTSS use who currently do not meet Medicaid financial eligibility criteria. This is designed to help individuals avoid or delay impoverishment and the need for Medicaid-funded services. The TSOA benefit package provides services and supports to unpaid family caregivers as well as services and supports to individuals without unpaid caregivers.” ³⁷ |

³⁴ Rhode Island Comprehensive Section 1115 Waiver Special Terms and Conditions. Accessed at: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ri/Comprehensive-Demonstration/ri-global-consumer-choice-compact-stc-12232013-12312018.pdf>.

³⁵ TennCare Waiver. Accessed at: <https://www.tn.gov/content/dam/tn/tenncare/documents/tenncarewaiver.pdf>.

³⁶ Vermont Global Commitment to Health Special Terms and Conditions. May 2017. Accessed at: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/vt/Global-Commitment-to-Health/vt-global-commitment-to-health-spcl-stc-05212017.pdf>.

³⁷ Medicaid Transformation Demonstration. Accessed at: <https://www.dshs.wa.gov/altsa/stakeholders/medicaid-transformation-demonstration>.



Appendix D: Delivery System

Table 5: Delivery System

| State and Program | Delivery System |
|---|--|
| Arizona Health Care Cost Containment System | Pre-paid, capitated, managed care delivery model |
| Delaware Diamond State Health Plan | Medicaid state plan benefits and LTSS provided through a mandatory managed care delivery system with some services paid for by the state (fee-for-service) |
| Hawaii QUEST Integration | Capitated managed care |
| Rhode Island Comprehensive Demonstration | Pre-paid, fully capitated, managed care delivery model |
| Tennessee TennCare III | State contracts with full or partial risk managed care organizations |
| Vermont Global Commitment to Health | Capitated contracts and a “managed care-like model applying utilization controls and care management” |
| Washington Medicaid Transformation Project (MTP) | Managed care organizations incentivized to implement value-based payment; MAC and TSOA are run by AAAs |



Long-Term Quality Alliance

Long-Term Quality Alliance (LTQA) is a 501(c)3 membership organization aimed at improving outcomes and quality of life for people who need long-term services and supports (LTSS), and their families. LTQA advances person- and family-centered, integrated LTSS through research, education, and advocacy. For more information, visit [ltqa.org](https://www.ltqa.org).

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