

## State Profile for the Capitated Financial Alignment Demonstration

<b>Texas: Dual Eligible Integrated Care Demonstration Project</b>	
<b>Dates</b>	
Memorandum of understanding signed date	May 23, 2014
Opt-in enrollment start date	March 1, 2015
Passive enrollment start date	April 1, 2015
<b>Enrollment</b>	
Covered population	<ul style="list-style-type: none"> <li>Age 21 and older;</li> <li>who qualify for Supplemental Security Income or Medicaid home and community-based STAR+PLUS waiver services, and not enrolled in certain home and community-based services waivers, and not residing in an intermediate care facility for the intellectually disabled; and,</li> <li>living in Bexar, Dallas, El Paso, Harris, Hidalgo, or Tarrant counties</li> </ul>
Number eligible	165,000
Number enrolled as of April 2016	46,119
Percent of eligible that opted out as of April 1, 2016	<ul style="list-style-type: none"> <li>Not available</li> </ul>
<b>Payment</b>	
Number of participating plans	5
Savings percentage range	1.25–5.5% <sup>1</sup>
Number of rating categories	3
Other risk mitigation strategies	<ul style="list-style-type: none"> <li>None</li> </ul>
<b>Benefits</b>	
Expanded benefits	<ul style="list-style-type: none"> <li>Home and community-based services</li> </ul>
Carved out benefits	<ul style="list-style-type: none"> <li>Hospice</li> </ul>
Required community involvement	<ul style="list-style-type: none"> <li>Not specified</li> </ul>
<b>Care Coordination</b>	
Number of days to complete health risk assessment	<ul style="list-style-type: none"> <li>Within 90 days of enrollment</li> </ul>
Number of days to establish individualized care plan	<ul style="list-style-type: none"> <li>Not specified</li> </ul>
Education requirements for care coordinator	<ul style="list-style-type: none"> <li>Must have an undergraduate or graduate degree in social work or a related field, or be a registered nurse, licensed vocational nurse, nurse practitioner, or a physician assistant</li> </ul>
Care coordinator caseload requirements	<ul style="list-style-type: none"> <li>Not specified</li> </ul>
Number of days to maintain continuity of care from previous coverage	<ul style="list-style-type: none"> <li>Maintain enrollees' current providers and service authorizations at the time of enrollment for a period of up to 90 days</li> <li>For enrollees receiving long-term services and supports, plans must maintain continued authorization of those services for up to 6 months after initial enrollment into the demonstration</li> </ul>
<b>Consumer Protections</b>	
Integrated Medicaid and Medicare appeals process	<ul style="list-style-type: none"> <li>No</li> </ul>
Organization acting as ombudsman	<ul style="list-style-type: none"> <li>Texas Health and Human Services Commission Office of the Ombudsman</li> </ul>

**Notes:**

<sup>1</sup>In applying savings percentages, year one is defined as May 31, 2015 through December 31, 2016. Year one is also divided into year 1a (March 1, 2015–December 31, 2015) and year 1b (January 1, 2016–December 31, 2016). Savings percentages for year 1a are 1.25 percent and for year 1b are 2.75 percent.



**Sources:**

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Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2014a. Memorandum of understanding (MOU) between the Centers for Medicare & Medicaid Services (CMS) and the State of Texas regarding a federal-state partnership to test a capitated financial alignment model for Medicare-Medicaid enrollees: Texas dual eligibles integrated care demonstration project. Baltimore, MD: CMS. <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/TXMOU.pdf>.

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Medicare Payment Advisory Commission. 2016. *Report to Congress: Medicare and the health care delivery system*. Washington, DC: MedPAC. <http://medpac.gov/documents/reports/june-2016-report-to-the-congress-medicare-and-the-health-care-delivery-system.pdf>.

