

1115 Waiver - Fiscal Sustainability Design Team
State Analysis Subgroup
July 13, 2011

Comparison of Other Systems

	Arizona 1115	North Carolina Innovations Waiver 1915-b and 1915-c	Vermont Global Commitment to Health Waiver 1115	Wisconsin Family Care Waiver 1915-b and 1915-c
Populations served	All Medicaid recipients. ALTCS- ICF, People w/physical & developmental disabilities, Elderly	People w/physical & developmental disabilities, mental illness	People w/physical & developmental disabilities , TBI, other	Adults w/physical & developmental disabilities , frail elderly
Number of individuals served with DD diagnoses	22,000	<700	3,900	15,000
Type of System	Managed Care	Managed Care	Managed Care	Managed Care
Mandatory enrollment?	Yes	No	Yes	No
State operated services?	Yes	Yes	No	Yes-institutional and competes through MCO

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Entities involved	AHCCCS (Medicaid Agency), Arizona Long Term Care System (ALTCS), Health Plans, DDD (state agency and MCO)	Prepaid Inpatient Health Plan (PIHP), Local Management Entity (LME)	OHVA (Medicaid Agency and MCO), Designated Agency, Committees	Aging and Disability Resource Center (ADRC), MCO
Eligibility tool tied to reimbursement/Tool used	No/State functional assessment	Yes/SIS	No/State functional assessment	Partially/State functional assessment
Financial methodology	Capitation	Capitation	Individualized budget	Capitation
Payment amount	\$3559/mo	Up to 135,000/yr	Up to \$200,000/yr.	\$2,900 to \$4,600/mo.
Accommodates risk?	1-2% contingency fund	Mandatory risk pool- 2% of capitation payments	No	Reserve funds

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System in place to achieve savings?	No In 2011, provider cuts, institutional rate freezes, member cost sharing	No	No Established with the goal of flexibility	No In 2011, enrollment and expansion caps, service providers cuts
Key implementation issues	Increased federal requirements with an 1115 waiver	Started as a 5 county pilot and expanded to the entire state	Amended reporting and tracking duties	Started as a 5 county pilot and expanded to 60 of 72 counties