

## Financial Alignment Initiative: Texas

States participate in the Financial Alignment Initiative, a demonstration program administered by the Centers for Medicare & Medicaid Services, under either a capitated model, a managed fee-for-service model, or an alternative model. The purpose of the demonstration is to test ways to improve care for dually eligible beneficiaries and reduce program costs by aligning financing and coordinating care across Medicaid and Medicare. This fact sheet provides details on Texas's demonstration.

**TABLE 1.** Texas's Capitated Model

<b>Demonstration name: Dual Eligible Integrated Care Demonstration Project</b>	
<b>Timeline</b>	
MOU signed	May 23, 2014
Opt-in enrollment starts	March 1, 2015
Passive enrollment	April 1, 2015
Scheduled to end	December 31, 2022
<b>Enrollment</b>	
Covered population	Age 21 and older; qualify for SSI or Medicaid HCBS STAR+PLUS waiver services and not enrolled in certain HCBS waivers and not residing in an ICF/IID; and living in Bexar, Dallas, El Paso, Harris, Hidalgo, or Tarrant counties.
Enrolled (as of January 2022)	37,505
<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	Not specified
<b>Benefits</b>	
Expanded benefits	HCBS
Carved out benefits	Hospice
Required community involvement	Not specified
<b>Care coordination</b>	
Number of days to complete HRA	Within 90 days of enrollment
Number of days to establish ICP	Within 90 days of enrollment



Demonstration name: Dual Eligible Integrated Care Demonstration Project	
Education requirements for care coordinator	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; or have a minimum of a high school diploma, or GED and direct experience with the aged, blind, or disabled in three of the last five years prior to beginning in the role of care coordinator
Care coordinator caseload requirements	Not specified
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 LTSS, plans must maintain continued authorization for those services for up to 6 months after initial enrollment into the demonstration</li> </ul>
Consumer protections	
Ombudsman	Texas HHS Office of the Ombudsman

**Notes:** HCBS is home- and community-based services. HRA is health risk assessment. ICP is individualized care plan. ICF/IID is intermediate care facility for individuals with intellectual disabilities. ICP is individualized care plan. LTSS is long-term services and supports. MOU is memorandum of understanding. SSI is supplemental security income.

<sup>1</sup> In applying savings percentages, year 1 is defined as May 31, 2015 through December 31, 2016. Year 1 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:** CMS 2014, 2017, 2020, and 2021; ICRC 2022; Medicare Payment Advisory Commission (MedPAC) 2018; and Texas HHS 2021.

## References

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