State Innovations in Long-Term Services and Supports: Providing Person-Centered, Community-Based Care and Advancing Quality and Purchasing Strategies

NASUAD HCBS Conference
September 1, 2015

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Supported by The SCAN Foundation
Welcome and Introductions

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I. CHCS Introduction and Overview of National Long-Term Services and Support Scan

II. Texas: State Innovations in Long-Term Services and Supports: Providing Person-Centered, Community-Based Care

III. Tennessee: TennCare Long Term Services & Supports Value Based Purchasing

IV. Kansas: Integrating Long-Term Services and Supports in Managed Care

V. Questions and Answers
A non-profit health policy center dedicated to improving the health of low-income Americans
ACA Vehicles to Rebalance Long-Term Care Settings

Historically, Medicaid programs were not designed to support individual choice of settings:

- Facility-based care is an “entitlement”
- HCBS often has waiting lists
- Limited coordination for HCBS participants across all service areas

The ACA provides states with opportunities to move individuals to or support them in the community through:

- Money Follows the Person (MFP) Demonstration
- Balancing Incentive Payment Program
- Community First Choice (CFC) Options Program
State Migration to Managed Long-Term Supports and Services

- States moving from FFS to MMC; 16 states have comprehensive, state-wide MLTSS
- Populations and services included vary by state
National LTSS Scan: Introduction

• CHCS project supported by The SCAN Foundation
• Analyze LTSS delivery system innovations in states using both MLTSS programs and ACA vehicles to transform care for vulnerable LTSS populations
• Seven states interviewed:
  - Arizona
  - California
  - Kansas
  - Minnesota
  - New Jersey
  - Tennessee
  - Texas
• Policy brief will highlight key takeaways
National LTSS Scan: Emerging Themes

- Continuous stakeholder engagement: NJ
- Reinvestment in HCBS: TX, TN
- Addressing housing and other social determinants of health: CA, TN
- Integrating all services for individuals using LTSS: KS
- Value-based purchasing in NF and HCBS settings: AZ, TN
- Workforce development to strengthen LTSS purchasing and delivery systems: TN, TX
- Medicaid/Medicare integration through both financial alignment demonstrations and D-SNPs
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State Innovations in Long-Term Services and Supports: Providing Person-Centered, Community-Based Care

Chris Welch
LTSS Program Specialist
Texas
Money Follows the Person
Behavioral Health Pilot (MFP-BHP) Goals

• Builds off long-standing MFP efforts
• Transitions adults with severe mental illness and/or substance abuse disorders from nursing facilities to the community
• Helps people be successful in the community by integrating mental health and substance abuse services with Long-term Services and Supports (LTSS)
• Includes Cognitive Adaptation Training (CA) and substance abuse services provided up to six months before and after discharge
• Results in positive, long-term changes to the Medicaid system
MFP-BHP Outcomes

• 381 individuals have transitioned into the community under the pilot since 2008

• To date, 72% of individuals in the pilot have maintained independence in the community

• Examples of increased independence include getting a job at competitive wages, driving, volunteering, getting a GED, teaching art classes, leading substance use peer support groups and working toward a college degree
Community First Choice

- Senate Bill 7, 83rd Legislative Session, requires the most cost-effective approach to basic attendant and habilitation service delivery
- Health and Human Services Commission (HHSC) met this requirement by implementing Community First Choice (CFC) services on June 1, 2015
- CFC benefits are state plan benefits and available to all individuals enrolled in Medicaid who meet criteria
• For CFC eligibility, an individual must:
  • Be a child or an adult who is eligible for Medicaid;
  • Require an institutional level of care for:
    • a nursing facility;
    • a hospital;
    • an institution of mental disease (under age 21 or 65 or older); or
    • an intermediate care facility for individuals with an intellectual disability or related condition; and
  • Receive an annual redetermination.
CFC Services

• Personal assistance services
• Habilitation
• Emergency response services
• Support management
Community First Choice Goals

• Provides an expanded array of state plan Long-term Services and Supports (LTSS) for eligible individuals
• Provides access to services for individuals with intellectual or developmental disabilities (IDD) currently on waiver interest lists
• Allows Texas to claim an enhanced state match for CFC services
CFC Implementation Challenges

• Timeframe for implementation
  • Competing staffing resources:
    • Nursing facility carved into managed care
    • Dual Demonstration
    • Residual work from managed care expansion statewide

• Obtaining an approved State Plan Amendment

• Creating additional LTSS for a state with a robust array of existing LTSS
CFC Implementation Challenges

• Collaboration between multiple state agencies, managed care organizations, provider agencies, stakeholder groups, etc.
• Ability to assess and begin delivery of services timely
• Stakeholders with competing priorities
CFC Implementation Successes

- Able to offer benefits to individuals who would otherwise continue to wait for services
- Used existing provider base
- Used existing Level of Care assessments
- Modified existing functional assessments
- Stakeholder support for implementing CFC
- Fostering closer collaboration between multiple entities
Lessons Learned

• Start early
• Stakeholder input and buy-in early in development process
• Adequate stakeholder education
• Develop program independent of existing infrastructures
Future Goals for LTSS in Texas

• Legislative direction to offer additional services for STAR+PLUS members with intellectual or developmental disabilities was provided in 84th Legislative session
  • Non-medical transportation
  • Respite care
• Implement the successful interventions and practices from the Behavioral Health Pilot in Medicaid managed care system
Contact Information for CFC

- Community First Choice –
  http://www.hhsc.state.tx.us/medicaid/managed-care/community-first-choice/
  - Email questions to: MCD_CFC@hhsc.state.tx.us

- MFP-BHP -
  http://www.dshs.state.tx.us/mhsa/MFP/
  - Jessie Aric, MHP-BHP Program Manager
    Jessie.aric@dshs.state.tx.us
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TENNCARE
LONG TERM SERVICES & SUPPORTS (LTSS)
Value Based Purchasing
Presentation Goals

• Provide an overview of TennCare LTSS Value Based Purchasing (VBP) initiatives

• Discuss the Quality Improvement in LTSS (QuILTSS) development process, including stakeholder engagement

• Discuss the lessons learned from QuILTSS for Nursing Facilities (NFs)

• Preview next steps for LTSS VBP, applying lessons learned to HCBS
TennCare’s LTSS VBP

- QuILTSS focused on the member’s experience in NFs and HCBS for seniors and adults with physical disabilities
- Enhanced Respiratory Care initiative for ventilator-dependent individuals or others with significant respiratory care needs receiving services in a NF
- Services provided to individuals with I/DD:
  - New Behavioral Health Crisis Prevention, Intervention and Stabilization services and Model of Support
  - Section 1915(c) waivers
  - New MLTSS program – Employment and Community First CHOICES
  - May include ICF/IID services in the future
QuILTSS Stakeholder Engagement

- RWJF grant for technical assistance provided by Lipscomb University School of TransformAging
- 18 community forums in 9 cities and online survey of consumers, families, and providers
- Findings: [http://www.lipscomb.edu/transformaging/tareport](http://www.lipscomb.edu/transformaging/tareport) used to develop a Quality Framework
- Stakeholders provided input into the design of the bridge payment approach and reconsideration process
- Stakeholder processes continue as the model evolves
QuILTSS Timeline

- October and November 2013: Community forums
- December 2013: Technical Assistance Report
- Spring 2014: Stakeholder meetings to establish QuILTSS framework and specific measures
- August 2014: Implement Bridge payment process for NFs, including online submission, multiple reviews, feedback, and reconsideration process with external stakeholder committee
- Fall 2014: Stakeholder meetings to establish HCBS measures
- 2015: MCO contract changes, HCBS settings rule assessments (system, MCOs, and provider), NCI-AD, new technologies to collect point-of-service quality data
QuILTSS Quality Framework

This framework was developed with the stakeholder group based on the input received during the community forums, with the intent of applying across LTSS and settings, where appropriate (some measures will be different for HCBS)

- **Threshold Measures**
  - Minimum standards to participate in QuILTSS

- **Quality Measures**
  - Satisfaction of Member/Resident, Family and Staff (35 points)
    - Conducting surveys and taking action based on results
  - Culture Change/Quality of Life (30 Points)
    - Respectful treatment, member choice, member/family input, meaningful activities
  - Staffing/Staff Competency (25 Points)
    - Volume of staff, choice of staff, consistency of staff, initial and ongoing staff training
  - Clinical Performance (10 Points)
    - Health related measures, prevention and early detection, ongoing functional assessment
Current Status

As of August 1, 2015:

- QuILTSS for NFs has been active for one year
  - 291 NFs have made submissions (296 Medicaid)
  - NFs have completed 5 quarterly submissions
  - MCOs have distributed over $16 million in payments for quality-based rate adjustments for the first 4 submissions

- QuILTSS for HCBS is in development
  - Hosted a series of HCBS-specific stakeholder meetings
  - Program changes / capacity development to support QuILTSS in process
NF Performance
Total QuILTSS Scores

Available Points

QuILTSS Submission

#1 #2 #3 #4 #5

46 61 65 69 72
NF Performance
Total QuILTSS Scores

# of Facilities

QuILTSS Submission

Score
- 0-25
- 26-50
- 51-75
- 76-110

# of Facilities: 0-25, 26-50, 51-75, 76-110
NF Performance
Facilities receiving QuILTSS points

QuILTSS Submission

% of Facilities

Resident Satisfaction Survey
Took Action based on Resident Survey
Family Satisfaction Survey
Took Action based on Family Survey
Staff Satisfaction Survey
Took Action based on Staff Survey
NF Performance
Facilities receiving QuILTSS points

QuILTSS Submission

% of Facilities

#1 #2 #3 #4 #5

CC/PCP Assessment

Took action based on CC/PCP Assessment
TN 5 Star rating is improving

October 2013, average=2.9
- 2% 1 Star
- 20% 2 Star
- 17% 3 Star
- 22% 4 Star
- 19% 5 Star
- 2% Too New

February 2015, average=3.2
- 2% 1 Star
- 14% 2 Star
- 24% 3 Star
- 19% 4 Star
- 18% 5 Star
- 2% Too New
Comparison of QuILTSS for NF vs. HCBS

NFs
• 296 facilities
• Homogeneous providers
• History of data collection
• History of QI processes
• 24/7 interaction with members
• Well-organized industry groups
• New money to support quality component of rate

HCBS
• 500+ providers
• Heterogeneous providers
• Diversity of
  – Data collection history
  – QI process history
  – Organizational structure
• Periodic interaction with members
• Industry group is not as well-organized
• No new money, rates adjust higher and lower
Lessons Learned

- Stakeholder involvement (formal and informal)
- Transparency is key (nobody likes surprises)
- This is an iterative process (you cannot get there all at once)
- You will need to develop the capacity of the system to measure and improve quality
- Be at least two steps ahead of the system (you need a lot of lead time for the planning)
- Communication, communication, communication (and then communicate some more)
  - Frequent
  - Consistent
  - Questions
- Program must support member-focused quality
- Clear expectations and clear feedback to providers
QuILTSS for HCBS

• Focus on Personal Assistance and Residential Services
• Utilize the QuILTSS framework, with adjustments as appropriate
• Person-Centered Plan is key to driving the member experience
  – Goals and preferences
  – Employment and community integration
• Leverage technology
  – Point-of-service satisfaction survey in Electronic Visit Verification
VBP for I/DD services

- New Behavioral Health Crisis Prevention, Intervention and Stabilization services and Model of Support to be implemented later this year
  - Delivered under managed care program, in collaboration with I/DD agency
  - Focus on crisis prevention and in-home stabilization, sustained community living, reduced inpatient utilization
  - Performance measures (e.g., decrease in PRN use of anti-psychotics, decrease in crisis events, increase in in-place stabilization when crises occur, and decrease in inpatient psychiatric admissions and inpatient days) will be tracked and utilized to establish a VBP component (incentive or shared savings) for the reimbursement structure

- Section 1915(c) waivers
  - Under SIM grant, developing acuity-based reimbursement approach for residential and day services, using the Supports Intensity Scale
  - Plan to develop a “QuILTSS-like” quality component or reimbursement as well
VBP for I/DD services

- Employment and Community First CHOICES
  - MLTSS program to be implemented in 2016
  - Promotes integrated employment and community living as the first and preferred outcome for individuals with I/DD
  - Outcome-based reimbursement for certain employment services
  - Reimbursement approach for other services will take into account provider’s performance on key outcomes, including number of persons employed in integrated settings and # of hours of employment (after a reasonable period for data collection and benchmarking)

- May modify ICF/IID reimbursement structure in the future, using approach similar to NF services (with modifications, as appropriate)
Enhanced Respiratory Care (ERC)

- Chronic Ventilator Care, Ventilator Weaning, Tracheal Suctioning

- Clinical Components
  - Liberation rates
  - Time to liberation
  - Infection rates
  - Hospitalization rates

- Technology Components
  - Availability and use of state of the art technology that supports liberation and maximizes independence
The Bottom Line...

- At the end of the day, LTSS VBP is not about the money. It is not about the system. It is not about the provider. VBP is about the members and the quality of their experience.

- We want to pay for the right service, in the right place, at the right time...delivered in a manner that is consistent with members’ needs, goals and preferences, and that helps them live the lives they want to live.
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Better Lives for Aging and Disabled Persons in Kansas

- Self-Determination
- Greater Independence
- Competitive Employment
- Improved Access to Services
- Better Overall Care
Top Service Challenges for States

• Highest Cost Individuals
  – People with challenging behavior
    – Criminal offenses adjudicated and non-adjudicated
    – Sexual offenders
    – Mental health disorders
  – People with significant medical care needs

• Waiting Lists
  – Decreasing or minimizing use
  – Serving based on priority need or place in line

• Managing Cost
  – Equity & Fairness
  – Reasonableness

• Implementing Promising Practices
  – Person-Centered Practices
  – Positive Behavioral Approaches
  – Competitive Employment
KanCare History

• January 1, 2013
• Coordination of care under 1115 Demonstration
  • Physical health/Medical services
  • Behavioral health services
  • Non-emergency medical transportation
  • Nursing facility and other long-term care facilities
  • Value-added benefits and in lieu of services
  • Long-term services and supports (Waiver HCBS)

• Mandatory enrollment in managed care
  • BUT the HCBS programs continue to operate under the 1915(c) waiver authority concurrently with the 1115 waiver
  • Excluded I/DD long-term services and supports
1115 WAIVER SERVICES
- Medical services
- Behavioral health services
- EPSDT & state plan benefits
- Transportation
- Nursing facilities
- Other long-term care
- Value-added benefits
- In lieu of services

1915(c) HCBS WAIVERS
- Autism
- Frail elderly (FE)
- Intellectual/Developmental disability (I/DD)
- Physical disability (PD)
- Serious emotional disturbance (SED)
- Technology assistance (TA)
- Traumatic brain injury (TBI)
Under the 1915(c) waivers, more than 25,000 individuals receive long-term services and supports in one of seven waivers:

<table>
<thead>
<tr>
<th>WAIVER</th>
<th>POPULATION SERVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism</td>
<td>individuals with Autism Spectrum Disorder (ASD) ages 0-5 years</td>
</tr>
<tr>
<td>Frail Elderly</td>
<td>frail individuals over age 64</td>
</tr>
<tr>
<td>Intellectual and Developmental Disability</td>
<td>individuals with intellectual disabilities and developmental disabilities (I/DD) ages 5 and older</td>
</tr>
<tr>
<td>Physical Disability</td>
<td>individuals ages 16-64 with physical disabilities</td>
</tr>
<tr>
<td>Serious Emotional Disturbance</td>
<td>individuals with serious emotional disturbance (SED) ages 4-21</td>
</tr>
<tr>
<td>Technology Assisted</td>
<td>medically fragile and technology dependent (MFTD) individuals ages 0-21</td>
</tr>
<tr>
<td>Traumatic Brain Injury</td>
<td>individuals with traumatic brain injury (TBI) ages 16-64</td>
</tr>
</tbody>
</table>
The goals of managed care are to provide better results through service and support coordination across multiple services and providers to meet individuals’ needs.

Managed Care & I/DD

Isaiah at our Family Reunion – August 2013
KanCare I/DD Implementation

• I/DD Pilot Project in 2013
  • Stakeholder, provider, MCO and state workgroup
  • ~ 500 I/DD consumers and 25 providers participated
  • Tested billing and claims system, updated workflows and process, evaluated coordination outcomes

• MCO Readiness Reviews in November 2013
  • Full day onsite reviews to cover five core areas
  • Reviewed policies, staffing, training, procedures, and billing/claims
KanCare I/DD Implementation

- Implemented February 1, 2014
  - Eliminated secondary waiting list
  - Trained care coordinators and targeted case managers on person-centered planning process
  - Regular engagement calls with MCO and state
    - Weekly consumer calls at noon on Wednesdays
    - 2x weekly provider calls on Mondays and Fridays
- Reports and Updates
  - Bulletins: I/DD (weekly), HCBS (monthly)
  - MCO billing, claims & credentialing report
KanCare Health Homes Implementation

- Implemented July, 1, 2015 for SMI (including I/DD) populations
- Stakeholder Engagement (July 2014 to July 2015)
  - Conducted two public forums
  - Consumer and provider tours
- Federal rules: Members enrolled in a health home cannot have a targeted case manager who is not part of their health home
  - Kansas Model: Blended health home model for I/DD to all TCMs to bill for 2 of the 6 core services and be paid monthly by Health Home Partner (HHP)
  - Limitation: If a TCM is not contracted with a (HHP), the member can choose another HHP or opt out of health homes entirely
- Robust website
- Over 100 presentations.
Not Being Able To Speak... Is Not The Same As Not Having Anything To Say.

KanCare Lessons Learned
KanCare Lessons Learned

Engagement is Critical
- Provider Education – increased sophistication in contracting, billing, and claims
- Consumer Education – early and frequent engagement across disability populations

Pay for Quality
- Pay for Performance is about results and outcomes
- Pay for Quality is about quality of life, quality controls, and quality assurance

Communication is Constant
- Develop consistent avenues for communication from stakeholders early on
- Develop a system for sharing, gathering, and updating information frequently

Measure Progress AND Outcomes
- Improvements in coordination of care may occur in unexpected areas
- Ongoing technical assistances allows for constant improvement and innovation
MANAGED CARE IS more than a financing mechanism.

Defining quality outcomes for people with disabilities
- Seeking opportunities for integrating care with services
- Improving independence and self-determination
- Working and living in the community with strong relationships
- Focusing on the person: their dreams, hope and desires
- Collaborating together to find innovative solutions

PROGRESS
- supporting more people and their families in the community
Why Integrate the Waivers?

• To create fairness for groups that get HCBS

• To offer a larger set of services

• To improve transitions between HCBS programs and from children’s to adults’ services

• To support development and expansion of community-based services

• To make things simpler for KanCare members, their families, providers and the state
How Will Waiver Integration Work?

Full integration of seven 1915(c) waivers into the 1115 waiver

HCBS eligibility requirements by waiver population will remain the same, but there will be two sets of services instead of seven:

• Children’s benefit
• Adults’ benefit

Core Features - No Changes

• Eligibility rules, processes and assessing entities stay
• Early Periodic Screening Diagnosis and Treatment (EPSDT)
• Access to state plan services
• Person-centered integrated service plans of care
• Core quality measurements of the 1915(c) waivers
• HCBS Transition Plan and HCBS Final Rule
There is a wide variation in mental abilities, behavior and physical development in individuals with Down syndrome [or any disability]. Each individual has his/her own unique personality, capabilities and talents. In other words, people with Down syndrome [or any disability] are not all the same; just like individuals in the typical population are NOT all the same.
1115 WAIVER SERVICES

- Medical services
- Behavioral health services
- EPSDT & state plan benefits
- Transportation
- Nursing facilities
- Other long-term care
- Value-added benefits
- In lieu of services

- KanCare CommunityCare
  - Children’s HCBS benefit
    - Short-term
    - Long-term
  - Adults’ HCBS benefit
    - Short-term
    - Long-term
## Cross-Walk of HCBS Waivers

### Children’s HCBS
- Autism (0-5)
- Intellectual/Developmental disabilities (5-21)
- Serious emotional disturbance (0-21)
- Technology assisted (0-21)
- Physical disability (16-21)
- Traumatic brain injury (16-21)

### Adults’ HCBS
- Frail elderly (65+)
- Intellectual/Developmental disability (22+)
- Physical disability (22-64)
- Traumatic brain injury (22-64)

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Note: The ages are proposed population groups and subject to change based on public comment and feedback.
How Will Integration Improve Services?

Increase Access to Services
• People will get needed services and supports no matter which disability group they are in
• Reduce or get rid of waiting list for services by improving traditional service models
• Provide supports for natural caregivers

Improve Community Integration
• Help more people get real jobs in the community
• Offer better supports for person-centered independent living no matter what disability a person has
Nothing about me without me.

Cathy, 45, has a killer freestyle and is a jazz connoisseur.
# Timeline

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTIVITY</th>
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<tbody>
<tr>
<td>Aug-Sept 2015</td>
<td>Public meetings &amp; conference calls</td>
</tr>
<tr>
<td>September 30, 2015</td>
<td>Publicly post draft 1115 amendment</td>
</tr>
<tr>
<td>Sept-Nov 2015</td>
<td>Stakeholder engagement – technical</td>
</tr>
<tr>
<td>November 9-13, 2015</td>
<td>Public meetings on draft amendment</td>
</tr>
<tr>
<td>November 20, 2015</td>
<td>Post public comments</td>
</tr>
<tr>
<td>January 4, 2016</td>
<td>Submit 1115 amendment to CMS</td>
</tr>
<tr>
<td>Jan-May, 2016</td>
<td>Stakeholder engagement – operations</td>
</tr>
<tr>
<td>July 1, 2016</td>
<td>KanCare CommunityCare begins</td>
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</table>
State Considerations

Technical Elements of the Amendment
• Stakeholder workgroups and engagement
• Statutory and regulatory compliance
• Service definitions, limitations, and rates
• Quality assurance and performance measures

Operational Elements of Implementation
• Education of state staff, consumers, providers, legislators, and other stakeholders
• MCO and provider readiness reviews
• Assessments, eligibility & workflows
• Updated policies, tools, and protocols
• Transitions, terminations & appeals
Most People with Disabilities in Services Live with Family

Sustainability depends on how well the system supports:

• Person-centered independent living
• Families
• People with employment
For more information about KanCare:
www.kancare.ks.gov

For more information about waiver integration:
http://www.kancare.ks.gov/section_1115_waiver.htm
OR
www.kdads.ks.gov
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Questions?

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