State Medicaid Report

Description: Three huge shifts are occurring in terms of Medicaid dollars: rapidly increasing enrollment; a shift in spending from institutional care to other settings, especially home care; and increasing use of managed care organizations to run state Medicaid programs.

This Medicaid360 Report, published annually, outlines these shifts and provides reimbursement and budget allocations – where available – for each state's Medicaid program for FY 2016.

The report focuses first and foremost on payment for what Medicaid programs call “long-term services and supports (LTSS),” which includes care in skilled nursing facilities, intermediate care facilities for individuals with intellectual disabilities (ICF/IID), and mental health facilities, along with rehabilitative services and some personal care services. Medicaid is the largest payer for this healthcare segment. The report explains major changes including the expansion of home and community-based services programs, the increase in Medicaid managed care programs, and dual-eligible demonstration projects. It also touches on trends and policy changes impacting acute care and alternate site providers.

Data and Sources

This report captures the most recent comprehensive state-by-state Medicaid LTSS expenditure data as released by the Centers for Medicare & Medicaid Services (CMS) in October 2015. The data includes funding allocated via the Money Follows the Person rebalancing demonstration, which provides participating states with an increase in federal matching for up to one year for each eligible Medicaid beneficiary transitioned out of an institution into a community based setting. Also included is funding allocated to the Program for All-Inclusive Care for the Elderly (PACE), which provides comprehensive and coordinated long-term services and supports to Medicaid and Medicare enrollees at home rather than in a nursing home.

The report also captures whether state decisions have been made on two key healthcare reform provisions:

- Medicaid expansion
- Type of health insurance exchange

The report reflects the most recent status of the Medicaid expansion and the type of health insurance exchange to be administered in each state. Every effort has been made to capture current information for each state. However, in some cases state information was unclear, not easily accessible, or unavailable at the time of publication due to various state budgetary practices.

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